



FACTORS THAT IMPROVE INTERPROFESSIONAL COLLABORATION BETWEEN NURSING AND CLINICAL LABORATORY TO IMPROVE PATIENT CARE

Hutaf Mohammed Mashat^{1*}, Nabail Hamadi Alshaikh², Abdulmajeed Marzouq Mutair Alqurashi³, Majid Faisal Qasim Doobi⁴, Ammar Sadiq Q Sendi⁵, Muhannad Ayman Bin Ibrahim Hijazi⁶, Fuad Abdulhamed Abdulsabor Bokhary⁷, Saleh Rashed S Alibrahim⁸, Sanad Ghusayn Jaber Althobaiti⁹, Mohammed Ali Mohammed Alghamdi¹⁰, Abdullah Ali Saad Al Garni¹¹, Moayad Essa M Alzaqarty¹², Maher Mohammed Alsubhi¹³, Areeg Hassan Aaledwani¹⁴

Abstract:

Inadequate interprofessional cooperation (IPC) between nursing and clinical laboratory professionals can significantly impact the provision of healthcare services and patient care. Interventions targeting IPC issues have the capacity to enhance professional practice and healthcare results. It is essential to provide education and training to nurses and laboratory workers in order to provide them with the requisite knowledge and abilities for efficient collaboration. In addition, cultivating managerial dedication to provide a conducive work environment, which includes sufficient staffing, can promote enhanced nurse collaboration and, consequently, patient-focused care.

^{1*}Lab Specialist at Rigiional lab makkah

²laboratory technician Asfan Primary health care center

³Laboratory specialist, Umm AlDoom general hospital

⁴MATERNITY AND CHILDREN, Technician-Laboratory

⁵Maternity and Children's , Hospital in Mecca, Technician-Laboratory

⁶MATERNITY AND CHILDREN, Technician-Laboratory

⁷LABORATORY TECHNICIAN, LABORATORY & blod bank, Maternity and Children's Hospital, Mecca Saudi Arabia

⁸MATERNITY AND CHILDREN, Technician-Laboratory

⁹Specialist Laboratory, Umm AlDoom general hospital

¹⁰MATERNITY AND CHILDREN 's hospital, Technician-Laboratory, Mecca saudi arabia

¹¹Maternity and children's , Specialist -Laboratory, Mecca saudi arbia

¹²Technician-Laboratory, Maternity and children hospital in Makkah

¹³Lab specialist, Maternity and Children's Hospital in Mecca

¹⁴Deploma of Nursing, King Adulaziz Hospitail

***Corresponding author:** Hutaf Mohammed Mashat

^{*}Lab Specialist at Rigiional lab Makkah

DOI: 10.53555/ecb/2022.11.8.63

Introduction:

Patient-centered care (PCC), which is sometimes referred to as person-focused or patient-focused care, is the established norm for nursing care. Patient-Centered treatment (PCC) is a method that prioritizes the individual patient and has three key elements: comprehensive, cooperative, and adaptable treatment [1]. This method can be executed autonomously or in cooperation between healthcare practitioners and patients to accurately represent patient requirements and preferences [2]. It is highly esteemed as an essential element of healthcare reform in the United States and brings advantages to individuals, healthcare providers, and organizations. Prior research has demonstrated that PCC is linked to decreased hospitalization rates and a reduction in the number of laboratory and diagnostic tests, resulting in a decrease in medical expenses [3]. Additionally, PCC has been found to enhance staff productivity and optimize resource allocation [3]. Moreover, when patients actively engage in the treatment process, they are empowered to retain authority over their own lives and have an enhanced standard of living. Research has shown that there is a positive relationship between nurses' professional competence and their overall well-being and work satisfaction [4]. In order to encourage nurses to actively participate in delivering Person-Centered Care (PCC), it is necessary to examine various issues that might impact the provision of PCC.

Recently, there has been a growing interest in healthcare research towards multidisciplinary cooperation, which involves collaboration among physicians, nurses, and other healthcare workers to provide patient care [5]. Prior research has demonstrated that the collaboration of individuals from many disciplines results in enhanced patient-centered care. Teamwork deficiencies account for about 70% of sentinel events in the healthcare system [5]. Given that nurses comprise a substantial proportion of the worldwide healthcare workforce, it is crucial to cultivate enhanced collaboration among nursing personnel in order to facilitate efficient interdisciplinary teamwork [5]. Hence, it is crucial to conduct a more in-depth examination of the dynamics and consequences of nursing cooperation. Nurses are primary caregivers who dedicate the most of their time to patients, consistently observing and assisting them. Efficient nursing collaboration, characterized by successful cooperation among many nurses within a shared unit to deliver patient care and execute additional duties [6], is crucial for delivering healthcare of exceptional quality. Nurses play a crucial role in

healthcare settings by acting as intermediates between different healthcare professionals, thereby forming the basis for multidisciplinary collaboration. Hence, investigating the potential impact of nursing teamwork on PCC and identifying the ways in which it might help may offer valuable insights for promoting its facilitation [7].

Review

Interprofessional collaboration (IPC) refers to the cooperative efforts of diverse health and social care professional groups to effectively enhance care outcomes. Interprofessional collaboration (IPC) entails frequent negotiation and contact among experts, recognizing and appreciating the specialized knowledge and contributions that different healthcare professionals offer to the provision of patient care. Nevertheless, the effectiveness of IPC can be hindered by issues related to power imbalances, inadequate comprehension of others' duties and obligations, and conflicts arising from professional boundaries during the provision of patient care [8].

Multiple studies have consistently shown the detrimental effects of cooperation issues on both work procedures and the safety of patients. Instances of inadequate teamwork were identified as the primary cause of several care failures worldwide [9]. Hence, it is imperative for experts to maintain efficient collaboration in order to provide secure and superior patient care.

Health policy makers worldwide have consistently advocated for the implementation of Infection Prevention and Control (IPC) as a fundamental strategy to enhance the quality and safety of patient care. In the past decade, IPC has played a leading role in several educational, scientific, policy, and regulatory initiatives at both national and international levels. The promotion of Integrated Patient Care (IPC) arises from the intricate and diverse requirements of patients' health and care, as well as the health system. Research indicates that enhanced collaboration among various specialists is crucial for delivering effective and complete treatment [10].

The makeup of nursing teams exhibits significant variation across different countries. In the United States, a nursing team often comprises registered nurses (RNs), licensed practical nurses (LPNs), nursing assistants (NAs), and unit secretaries (USs) working together in the same unit within a hospital. A nursing team in Korean hospitals usually consists

of Registered Nurses (RNs) and Nursing Assistants (NAs) who collaborate closely within the same unit. As per the findings of Kaiser and Westers [11], the nursing team members have a collective objective and possess a unified understanding of the tasks and methods involved. They possess a clear comprehension of their own obligations as well as an awareness of one other's capabilities and limitations [11]. The team members engage in continual monitoring, communication, information sharing, and knowledge exchange, and freely offer assistance to each other when needed. This fosters the seamless provision of care [11]. In a team setting that emphasizes collaboration, nurses are not only listened to and valued, but patients are also more inclined to actively participate in their own healthcare.

Although there is a continued need to investigate nurse collaboration and patient-centered care (PCC), a comprehensive knowledge of this connection necessitates the examination of additional organizational elements. This is because PCC methods encompass all levels of an organization [12]. For instance, although a lack of personnel is an obstacle to providing effective care, prior research suggests that when there are enough staff members, strong cooperation can enhance the quality of nursing care [13]. Insufficient collaboration and staffing can result in the neglect of essential components of PCC, such as patient education and communication, as well as providing comfort to patients and their families [13].

An IPC intervention entails the collaboration of many healthcare or social care professionals with the specific goal of enhancing IPC. A scoping analysis investigating treatments in the interprofessional area identified three primary types: education-based interventions, practice-based interventions, and organisationally-based interventions [10].

This study specifically examines interventions that are centered around interprofessional practice, which are often referred to as practice-based IPC interventions. An interprofessional practice-based intervention refers to the use of a tool or routine in the workplace with the aim of enhancing interprofessional collaboration (IPC). Examples of such interventions include communication tools, interprofessional meetings, and checklists.

A recent update [10] was conducted on a review that specifically examines interprofessional education, which is an intervention focused on education. An interprofessional organisationally-based intervention refers to a modification made at

the organizational level with the aim of enhancing interprofessional cooperation. This may be achieved via many means such as implementing new policies and making adjustments to personnel arrangements [10,13]. It is necessary to do a review on the impacts of this intervention in order to have a comprehensive knowledge of the distinct yet complementary nature of these therapies.

Conclusion:

On a daily basis, nurses face the challenges of providing rapid and urgent medical attention, while interacting with patients, doctors, colleagues, and the families of patients. A point-of-care testing (POCT) software can facilitate the prompt decision-making necessary for contemporary nursing personnel. Nevertheless, nurses face significant challenges in implementing a Point-of-Care Testing (POCT) program without the support of the central laboratory. POCT, like any other laboratory testing, must adhere to the standards and regulations set by certifying authorities. By integrating the nursing and central laboratory backgrounds into a cohesive concept, point of care testing can guarantee the highest level of patient care. Patient-centered care (PCC) necessitates the active engagement and courteous dialogue between healthcare practitioners and patients, fostering an interactive healthcare milieu. Within this particular framework, the study emphasizes the significance of collaborative efforts among nurses in order to achieve patient-centered care (PCC). Prioritizing management commitment and implementing suitable policies are essential for enhancing nurse collaboration in clinical practice. Furthermore, the implementation of effective management strategies, such as appropriate staffing levels and adherence to suitable working hours or schedules, fosters a conducive working atmosphere that promotes robust nursing cooperation. This, in turn, has the potential to improve nurses' provision of patient-centered care.

References:

1. Hobbs JL. A dimensional analysis of patient-centered care. *Nurs Res.* 2009;58(1):52–62. doi: 10.1097/NNR.0b013e31818c3e79.
2. Watson MJ. New dimensions of human caring theory. *Nurs Sci Q.* 1988;1(4):175–81. doi: 10.1177/089431848800100411.
3. Schoot T, Proot I, Meulen RT, de Witte L. Actual interaction and client centeredness in home care. *Clin Nurs Res.* 2005;14(4):370–93. doi: 10.1177/1054773805280093.
4. Sidani S, Collins L, Harbman P, MacMillan K, Reeves S, Hurlock-Chorostecki C, et al.

- Development of a measure to assess healthcare providers' implementation of patient-centered care. *Worldviews Evid Based Nurs.* 2014;11(4):248–57.
doi: 10.1111/wvn.12047.
5. Burman ME, Robinson B, Hart AM. Linking evidence-based nursing practice and patient-centered care through patient preferences. *Nurs Adm Q.* 2013;37(3):225–37. doi: 10.1097/NAQ.0b013e318295ed6b.
 6. Bertakis KD, Azari R. Patient-centered care is associated with decreased health care utilization. *J Am Board Fam Med.* 2011;24(3):229–39.
doi: 10.3122/jabfm.2011.03.100170.
 7. Rathert C, Wyrwich MD, Boren SA. Patient-centered care and outcomes: a systematic review of the literature. *Med Care Res Rev.* 2012;70(4):351–79.
doi: 10.1177/1077558712465774.
 8. Deneckere S, Euwema M, Lodewijckx C, Panella M, Mutsvari T, Sermeus W, et al. Better interprofessional teamwork, higher level of organized care, and lower risk of burnout in acute health care teams using care pathways: a cluster randomized controlled trial. *Medical Care* 2013;51(1):99-107.
 9. Bekelman DB, Plomondon ME, Carey EP, Sullivan MD, Nelson KM, Hattler B, et al. Primary results of the patient-centered disease management (PCDM) for heart failure study: a randomized clinical trial. *JAMA Internal Medicine* 2015;175(5):725-32.
 10. Black DA, Taggart J, Jayasinghe UW, Proudfoot J, Crookes P, Beilby J, et al. Teamwork Research Team. The Teamwork Study: enhancing the role of non-GP staff in chronic disease management in general practice. *Australian Journal of Primary Health* 2013;19(3):184-9.
 11. Dhalla IA, O'Brien T, Morra D, Thorpe KE, Wong BM, Mehta R, et al. Effect of a post-discharge virtual ward on readmission or death for high-risk patients: a randomized clinical trial. *JAMA* 2014;312(13):1305-12.
 12. Goud R, Keizer NF, ter Riet G, Wyatt JC, Hasman A, Hellems IM, et al. Effect of guideline based computerised decision support on decision making of multidisciplinary teams: cluster randomised trial in cardiac rehabilitation. *BMJ* 2009;338:b1440. [DOI: 10.1136/bmj.b1440]
 13. Hoffmann B, Müller V, Rochon J, Gondan M, Müller B, Albay Z, et al. Effects of a team-based assessment and intervention on patient safety culture in general practice: an open randomised controlled trial. *BMJ Quality & Safety* 2014;23(1):35-46.