OVERVIEW HEALTH ADMINISTRATIVE, GENERAL PRACTITIONER AND NURSES, CLINICAL LABORATORY, WORKING TOGETHER TOWARD OPTIMAL PATIENT CARE

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Abstract:
Although cooperation and collaboration material are well integrated into our MBBS curriculum, there is a necessity to review the curricular content in various courses at all year levels to effectively implement and evaluate Interprofessional Education (IPE) and integrate it into teaching and training. The College of Medicine and Nursing must mandate interprofessional educational courses for medical and nursing students. Hospital administrators must provide continuous Interprofessional Education (IPE) and cooperation opportunities for all members of the interdisciplinary team to provide excellent healthcare through multidisciplinary teamwork.

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Introduction:

It is becoming increasingly necessary for healthcare professionals (HCP) from many fields to work together in order to improve the quality and efficiency of health services. This is because healthcare systems are making progress in providing better health services. It is thus necessary for healthcare professionals to acquire the necessary competences and cultivate the skills necessary to collaborate successfully in order to have a beneficial impact on the results of patient care. As a consequence of this, the World Health Organization (WHO) released a key document in the year 2010, which received the title [1]. Within the context of this framework, the World Health Organization (WHO) aggressively campaigned for the creation of team-based collaboration models in several sectors of healthcare in order to improve the management of healthcare services. Interprofessional cooperation (IPC) in healthcare settings is described by the World Health Organization (WHO) as the process by which various health workers from diverse professional backgrounds provide complete services by collaborating with patients, families, caregivers, and communities to provide the greatest quality of care across all settings. Shared obligations, common choices, interprofessional communication, accountability, and education are some of the fundamental ideas that underpin the concept of cooperation [2]. Therefore, cooperation requires healthcare professionals from a variety of backgrounds to work together in a synergistic rhythm in order to fulfill the requirements of patients and enhance the outcomes of patient care when they collaborate. There are six key criteria that must be met in order to have an effective collaborative practice, as outlined in the Canadian National Interprofessional Competency Framework. These criteria include interprofessional communication, team function, collaborative leadership, confidence in one's own professional role, knowledge of other roles and responsibilities within the healthcare team, and the ability to negotiate in order to resolve conflicts while working toward patient-, client-, family-, and community-centered care [3]. The benefits of collaborative practice are numerous and may be broken down into four categories: organizational, healthcare team, patient, and healthcare professional benefits. The World Health Organization (WHO) framework emphasizes that the implementation of IPC results in the enhancement of healthcare systems, the optimization of healthcare services, and the enhancement of health outcomes and the quality of patient care. These are often the primary motivators for the implementation of institution-based care teams. In addition, Integrated Patient Care (IPC) leads to an increased degree of patient satisfaction, greater acceptance of care, and enhanced health outcomes in both acute and primary healthcare (PHC) settings," as stated in reference [4]. In addition, it has been stated that misunderstandings in communication and a lack of collaboration have a detrimental influence on the healthcare system and the results of health care, and that they are the major source of errors that might have been avoided for patients and a deterioration in the quality of treatment [5].

Because it is typically the initial point of contact for a large number of patients, the primary health care setting is considered to be an essential component of the healthcare delivery system. In addition, because of the rising complexity of healthcare demands in primary health care, there is a requirement for greater and more efficient information and communication technology (IPC). This is necessary in order to provide quality services, achieve improved health outcomes and the satisfaction of patients, and improve work satisfaction among healthcare professionals [6]. A conceptual model was suggested at these various levels as a result of a systematic review that was conducted with the purpose of identifying studies that evaluate connections between policy (macro), organizational (meso), care team (micro), and individual characteristics, as well as collaboration in interprofessional primary care teams [7]. Over seventy percent of the determinants that were discovered were found to be at the micro-level, which is the level at which interventions might be focused to enhance illness prevention and control in primary care teams. Formal procedures, which include audits and having a team vision, social processes, which include open communication and supporting colleagues, team attitude in feeling like a member of the team, and team structure are the categories that were used to categorize these variables, which are important considerations within the healthcare team in PHC. On the other hand, cooperation and teamwork in primary health care are sometimes considerably more complicated than they appear to be. In order to guarantee that the objectives of the collaboration are accomplished, it is necessary to plan and allocate resources [9]. Integrated patient care (IPC) is being considered as an integrated cooperation amongst various healthcare professionals (HCP), mixing complementing competencies and abilities for the benefit of patients while making the most efficient use of resources. It has been demonstrated that

interprofessional primary care teams increase collaboration, which is why they are being put forth as an alternative to the traditional physician-led team-based treatment. There has been a shift in the direction of the deployment of new models of care in many primary health care settings, such as family medicine groups, with the objective of interprofessional cooperation at the center of the movement.22. Therefore, it is vital to research the attitudes of healthcare professionals (HCP) toward cooperation in order to establish effective IPC methods in practice settings. This is because good attitudes are essential to the successful implementation of IPC practices. In addition, in order to successfully develop a collaborative environment, it is necessary to identify the obstacles and barriers that exist and subsequently address them in an appropriate manner [10]. IPC is driven by a number of factors, including the mutual desire of healthcare professionals in working together, the possibility of enhancing practice experiences, and the potential for bettering the quality of care provided to patients. On the other hand, obstacles to interprofessional collaboration include secrecy, a lack of interprofessional training, and a lack of knowledge of the roles, responsibilities, and scope of practice of other healthcare professionals.

Review:

The current conversations in the field of health studies about the necessity of providing high-quality medical care are centered on the concept of cross-professional collaboration as a primary concern in the process of enhancing the quality of medical treatment [10]. However, the idea that collaboration between professionals from different fields is essential for providing high-quality care is not a new one. In 1978, the International Conference on Primary Health Care (Alma-Ata) declared that cross-professional health teams were necessary in order to fulfill the numerous primary health needs that exist within the community. Since then, a number of nations have adopted this concept, putting into practice primary care teams in addition to multi-professional primary health centers, and as a result, they have been able to provide complete treatment by including health promotion activities, preventive care, curative care, and rehabilitative care [11]. The potential for cross-professional collaboration in the field of primary health care has become even greater than the founders of the Alma-Ata Declaration and the initiators of health teams initially imagined it to be. This is true in light of the rapidly ageing population that exists today as well as the growing number of patients who have complex needs. According to the World Health Report 2008 (46f), primary care teams are better equipped to optimize the care process when they take on the position of coordinator. This helps them prevent job fragmentation and improves the continuity of treatment even for patients who are in high demand. The provision of primary health care can be seen as a significant driving force behind innovation in the context of interprofessional collaboration. As a result of working in cross-professional health teams, care concepts that have been dominated by physicians have been challenged. This has led to the implementation of new and more extensive responsibilities for nurses, midwives, physiotherapists, psychologists, social workers, and other health professionals who work alongside family physicians to promote care that is patient-centered and community-oriented [12]. It is because of this that nurses and other non-medical health workers have become more professionalized as a result of team-based primary health care, which has liberated them from the traditional submissive position that they have played in the health care system. The first findings of the investigation indicate that nurses, in particular, have profited from this specific improvement. New conceptions of chronic care that have been introduced in a number of countries over the course of the past few years have enhanced the role of nurses as a first contact partner in primary health care, with the goal of establishing long-lasting connections between nurses and patients [12].

In a cross-professional team, it is ideal for each individual health professional to be accountable for the field in which they have specialized expertise. A team that brings together the knowledge, experience, and expertise of each profession is considered to have the most significant advantage. This is because the members of the team have access to a wide range of knowledge and competencies, which enables the team to provide a comprehensive range of services and generate a more comprehensive perspective on the situation of the patients [12]. The collaboration between the experts helps to prevent the weaknesses of sequential care procedures, makes it easier to learn from other disciplines, and promotes both the happiness of patients and the satisfaction of the professionals themselves [13].

Some research that investigated the impact of team-based care have revealed evidence of favorable patient outcomes, such as better levels of self-perceived health and life satisfaction, as well as higher levels of satisfaction with health care [13].

These studies have been critiqued for specific methodological inadequacies. According to the findings of other research, team-based approaches in primary care are somewhat cost-effective. Despite this, the conclusions of studies evaluating the effectiveness and effects of cross-professional collaboration, in general, continue to be unclear.
[14] The most typical challenges that arise when attempting to collaborate on work in cross-professional teams are on the concept of professional and organizational separatism. Researchers have determined that in order for general practitioners and nurses to work together effectively as a team, they must have a mutual respect and trust for one another, as well as an awareness of each other's professional identities and the unique roles they play in the care process [14]. As a result of inequalities in rank and ongoing professional competition, traditional hierarchical systems amongst health professionals make it difficult for professional collaboration to occur. In order to achieve successful partnership on an equal footing, one of the most important motivators is the possibility of working (more) independently of the physician. Nevertheless, this is not something that ought to be taken for granted, not even for the nurse practitioners who have a high level of education and training [14].

Each general practitioner (GP) in a general practice unit in Slovenia is responsible for organizing his or her own patient list, with the assistance of an assistant nurse for administrative purposes. Community nurses, on the other hand, are accountable for the whole population within a certain geographical region, which in this case is around 2500 individuals. The community nursing unit is where they create their daily routines and schedules. They conduct house calls to pregnant women, families with newborns, and schoolchildren in order to check their health condition, identify any potential health issues, and provide answers to inquiries regarding pregnancy and childcare opportunities. Community nurses are increasingly offering preventative care during home visits for older persons. This includes evaluating the health and social circumstances of the individual, monitoring health parameters, providing health counseling, and educating patients about their health. Both types of labor are referred to as "preventive care tasks," and they are differentiated from the "curative activities" that nurses are responsible for. Community nurses are responsible for planning and coordinating their actions independently, and they operate independently of general practitioners when it comes to preventative care chores. However, if an individual's health concerns become apparent, their obligations become more restricted. It is recommended that the patient seek medical attention in such circumstances. When carrying out their curative duties, nurses execute the home treatment in accordance with the directions given by the physician. GPs are the ones who decide on the treatment plan for patients, and nurses are the ones who report to GPs about any changes in the patients' health state. [15] The Slovenian community nurses who were questioned thought that they were competent, to a certain degree, of analyzing the status of their patients and altering their treatment plans. This was due to the fact that they had gathered experience and information from the patients' situation, as well as the family and societal background, over the course of many years of attendance.

IPC among healthcare professionals in the Middle East has not been well investigated in the existing body of research. There are a few studies that have concentrated on cooperation between two professions, such as collaboration between physicians and nurses, and other studies have focused on collaboration between physicians and pharmacists. In addition, there is a lack of information about the attitudes of healthcare professionals working in primary health care settings in Qatar with regard to IPC. In Qatar, a study was conducted to investigate the opinions of practicing pharmacists about interprofessional education (IPE) and collaborative practice in a variety of situations. A dearth of collaborative practice in community pharmacies was emphasized in the research, along with reports of collaboration arising in certain hospitals, recent developments in primary health care settings, and other areas. Despite this, the pharmacists who participated in that survey showed signs of being prepared for IPC. An additional study was conducted in Qatar to investigate the opinions of physicians regarding the responsibilities of pharmacists in primary health care settings. The findings of this study revealed that physicians were more at ease with pharmacists' activities that focused on product rather than clinical-based collaboration activities. On the other hand, this is inconsistent with the perceptions of physicians working in tertiary institutions, where they have reported being knowledgeable with and supportive of the clinical responsibilities that pharmacists play [10,13].
In light of the initiatives that are being taken to incorporate IPE into various healthcare professional education curricula, which plays a

significant role in determining the efficacy of collaborative practice, the call for promoting an IPC practice culture across the various healthcare settings in an ever-increasingly complex healthcare system is rapidly evolving. In order to guarantee that the best possible health services are provided, IPE is not sufficient on its own. As a result, the culture of IPC starts with IPE as the foundation, which is an initiative that has been included into the various healthcare professional education curricula in Qatar over the course of the past five years. It is believed that after these students have completed their education, they would be able to put what they have learned into practice and apply the concepts of collaborative practice. Given the importance that is placed on IPE in educational settings, it is of the utmost importance to have a solid understanding of how IPC is implemented in primary health care settings. Positive attitudes among healthcare professionals are thought to be variables that facilitate the development of IPC. As a result, it is essential to comprehend and investigate the viewpoints of healthcare professionals. Additionally, the World Health Organization (WHO) stressed that the processes that form collaborative practice are not the same in different health systems; hence, suggestions need to be relevant for the regional context that was researched [1,15].

It is interesting to see that opposition from HCP and hierarchy were ranked the lowest in terms of hurdles, given that hierarchy is often one of the most highly rated barriers that act as a barrier to cooperation. One probable explanation for this is because healthcare professionals may not have a complete understanding of the notions of teamwork, particularly given the fact that primary care in Qatar has only just been adopted and exposed to this concept. The Primary Health Care Center (PHCC) is now Diamond Accredited by Accreditation Canada International (ACI), and their goal is to become a leader in altering the health and welfare of people's lives in Qatar. Additionally, they are working to enhance the quality of primary care provided. Because of this, there have been major improvements in quality improvement, and there has been a favorable influence on the organization's efforts to raise its organizational learning level. In addition to being a change agent in the process of promoting and putting collaborative principles into action at PHCC. As an additional point of interest, the most current strategy plan for 2019–2023 that was developed by the PHCC is focused toward changing care by means of interprofessional teams that provide a high-quality integrated family medicine style of care. In this concept, one of the fundamental ideas is that every patient will be assigned a designated general practitioner who will be assisted by a team of professionals from other fields. Prior to the formation of functional teams that are able to trust, respect, and work collaboratively with one another, it is essential to keep in mind that collaboration is a complicated process that requires a significant amount of time to develop skills in cooperation and invest in professional relationships. In order to achieve the aim of designing and directing an integrated patient-centered care plan; this may be accomplished through formal and social procedures, team attitudes, and team structure [16,17]. Interprofessional collaboration among healthcare professionals has to be purposeful.

Conclusion:

Interprofessional collaboration in healthcare involves teamwork, communication, and cooperation, all rooted in shared power and authority. It is an essential element of healthcare that is associated with patients achieving improved health results. To provide top-quality healthcare in different environments, a team of diverse healthcare professionals should work together with patients, their families, and the community to offer complete services. Furthermore, doctors and nurses require precise interpersonal and communication skills and training in multidisciplinary teamwork. These abilities and training will allow individuals to collaborate, share duties, resolve issues, and make choices to perform tasks aimed at patient care. Multiple studies have confirmed the significance of physician-nurse teamwork and collaboration in achieving outstanding clinical results and providing top-notch patient care. In a collaborative partnership, the doctor and nurse share responsibilities, resolve conflicts, and choose the approach to developing and implementing patient care plans. Both partners must possess equitable decision-making authority, responsibility, and power to successfully oversee patient care. Evidence of the parties' mutual esteem, trust, and open communication is necessary.

References:

1. World Health Organisation. *Framework for Action on Interprofessional Education and Collaborative Practice*; 2010.
2. Hojat M, Ward J, Spandorfer J, Arenson C, Van Winkle LJ, Williams B. The jefferson scale of attitudes toward interprofessional collaboration (JeffSATIC): development and multi-institution psychometric data. *J Interprof Care*.

2015;29(3):238–244. doi: 10.3109/13561820.2014.962129

3. El-Awaisi A, Diack L, Joseph S, El Hajj M. Perspectives of pharmacy students, pharmacy academics and practicing pharmacists on interprofessional education and collaborative practice: a comprehensive systematic review protocol. *JBI Database Systematic Rev Implementation Rep*. 2016;13(12):70–92. doi: 10.11124/jbisrir-2015-2115
4. Macdonald MB, Bally JM, Ferguson LM, Lee Murray B, Fowler-Kerry SE, Anonson JMS. Knowledge of the professional role of others: a key interprofessional competency. *Nurse Educ Pract*. 2010;10(4):238–242. doi: 10.1016/j.nepr.2009.11.012
5. WHO. *Framework for Action on Interprofessional Education and Collaborative Practice*; 2010.
6. Buring SM, Bhushan A, Brazeau G, Conway S, Hansen L, Westberg S. Keys to successful implementation of interprofessional education: learning location, faculty development, and curricular themes. *Am J Pharm Educ*. 2009;73:4. doi: 10.5688/aj730460
7. Baker L, Egan-Lee E, Martimianakis MA, Reeves S. Relationships of power: implications for interprofessional education. *J Interprof Care*. 2011;25(2):98–104. doi: 10.3109/13561820.2010.505350
8. Reeves S, Fletcher S, Barr H, et al. A BEME systematic review of the effects of interprofessional education: BEME Guide No. 39. *Med Teach*. 2016;38:1–13. doi: 10.3109/0142159x.2016.1173663
9. Pullon S, Morgan S, Macdonald L, McKinlay E, Gray B. Observation of interprofessional collaboration in primary care practice: A multiple case study. *J Interprof Care*. 2016;30(6):787–794. doi: 10.1080/13561820.2016.1220929
10. Starfield B, Shi L, Macinko J. Contribution of primary care to health systems and health. *Milbank Q*. 2005;83(3):457–502. doi: 10.1111/j.1468-0009.2005.00409.x
11. Mulvale G, Embrett M, Razavi SD. 'Gearing Up' to improve interprofessional collaboration in primary care: a systematic review and conceptual framework. *BMC Fam Pract*. 2016;17:83. doi: 10.1186/s12875-016-0492-1
12. Lawn S, Lloyd A, King A, Sweet L, Gum L. Integration of primary health services: being put together does not mean they will work together. *BMC Res Notes*. 2014;7(1):66. doi: 10.1186/1756-0500-7-66
13. Supper I, Catala O, Lustman M, Chemla C, Bourgueil Y, Letrilliart L. Interprofessional collaboration in primary health care: a review of facilitators and barriers perceived by involved actors. *J Public Health*. 2015;37(4):716–727. doi: 10.1093/pubmed/fdu102
14. Wranik WD, Price S, Haydt SM, et al. Implications of interprofessional primary care team characteristics for health services and patient health outcomes: A systematic review with narrative synthesis. *Health Policy*. 2019;123(6):550–563. doi: 10.1016/j.healthpol.2019.03.015
15. Perreault K, Pineault R, Da Silva RB, Provost S, Feldman DE. What can organizations do to improve family physicians' interprofessional collaboration? Results of a survey of primary care in Quebec. *Can Fam Physician*. 2017;63(9):e381–e388.
16. Zheng RM, Sim YF, Koh GC. Attitudes towards interprofessional collaboration among primary care physicians and nurses in Singapore. *J Interprof Care*. 2016;30(4):505–511. doi: 10.3109/13561820.2016.1160039
17. Elsous A, Radwan M, Nurses MS. Physicians attitudes toward nurse-physician collaboration: a survey from gaza strip, Palestine. *Nurs Res Pract*. 2017;2017:7406278. doi: 10.1155/2017/7406278