



THE IMPACT OF COOPERATION AMONG WORKERS IN EMERGENCY DEPARTMENTS (DOCTORS - NURSES - EMERGENCY PHYSICIANS)

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Abstract:

The emergency department is considered one of the most dangerous working environments in hospitals, as preserving patients' lives and avoiding health complications, creating effective cooperation between nurses and physicians is very important matter should be applied in ED work. This study aims to clarify collaboration between nurses and doctors in emergency department. Material and Quantitative research, cross sectional study design carried out in three emergency department at Mecca hospital from period of 2021 to 2022.

Keywords: Interprofessional Collaboration, Doctors, Nurses, Emergency Departments, Health Facilities

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1- Introduction:

The emergency department is the vital and important part of the hospital, it considered one of the most dangerous working environments in hospitals, as preserving patients' lives and avoiding health complications are requiring accurate work, rapid activity and high communication among health care personnel to control on any urgent change that occurs in patient health that could lead to death⁽¹⁾. Therefore, these changes always have a serious impact on the health of patients and their families, as well as health care workers, which leads to increased work problems in this department⁽²⁾. Nurses are a group of people who have received an educational program in nursing sciences over a period of years to acquire the clinical skills that they use to provide health care to individuals of different ages⁽³⁾. Emergency nursing focuses on providing urgent nursing care to people who suffer from health problems, whether diagnosed or not that resulting from various factors such as psychological, social and physical for different age groups, children, adults and the elderly⁽⁴⁾, the philosophy of emergency nursing focuses on the importance of credibility and high professionalism in clinical services and nursing interventions which is provided to the patients in the emergency department and the imperious need to promote evidence-based nursing practice⁽⁵⁾. The (ED) is often as a messy work environment which lead to making a big challenge for increasing the communication and cohesiveness between multidisciplinary health team. The failure in communication between multidisciplinary team consider the main cause in providing bad health care for patients⁽⁶⁾. Interdisciplinary teamwork is essential to the success of emergency care. For building effective teamwork in the emergency unit, there must be a successful and effective communication in the work between the nurses and the rest of the health team. Good training and competence in carrying out of a clinical skill is very important in the team's work during the emergency room⁽⁷⁾. In ED of any health institutions that provide health care, the active relationship between doctors and nurses, which is characterized by effective and vital communication is one of the essential and necessary aspects to provide high-quality health care as well as help them in making the right decision regarding the health of the patient and promotes the increase and persistence of positive results⁽⁸⁾, this relationship is based on mutual respect and fellowship for the benefit of the patient. One of the manifestations of this relationship is the doing episode of dialogue between the doctor and the nurse and the patient is

essential in the treatment process⁽⁹⁾. Collaboration among health care professionals in the emergency unit is critical concept to reach for the care with high quality, patient safety and proper decision-making regarding patient health⁽¹⁰⁾. Nevertheless, over the years the nurses and doctors are associated with a complex and unstable relationship that is affected by many factors such as social, health system strength, and state health policy. Too often, this relationship passes in practical conflicts and tensions that sometimes result from lack of consensus and working style⁽¹¹⁾.

Interprofessional collaboration is viewed as one of the main factors that could help increase patient safety in the coming years⁽¹²⁾. The World Health Organization (WHO) published the Framework for Action on Interprofessional Education and Collaborative Practice in 2010. This highlighted that the use of interprofessional teams in treatment can contribute to reducing mortality and reduce undesirable events and complications for patients⁽¹³⁾. The focus on patient safety has intensified in recent years. Through the national patient safety program, the Norwegian Health Directorate set a goal for reducing patient injuries using targeted measures throughout the health services. Through a scheme requiring the notification of undesirable incidents to the Ministry of Health and Care Services, it is estimated that one in ten patients may experience one unwanted event in connection with hospitalization. The greatest risk factors associated with these events are ineffective care processes, poor communication and lack of documentation.

Interprofessional collaboration in healthcare is characterized as the process of different professional groups working together (on a common task or a joint project), to positively impact patientcare. This collaboration involves regular negotiation and interaction between professionals, valuing the expertise and contributions that various disciplines bring to patientcare⁽¹⁴⁾. Professionals view problems differently and from different perspectives because their professions are based on different knowledge traditions⁽¹⁵⁾. In health institutions, interprofessional collaboration is a complex process. Reeves et al. (2010) studied interprofessional collaboration in primary care and highlighted four main theoretical factors that influence this complexity: relational, procedural, organizational and contextual. The relational factors address what directly affects the relationship between the professions, such as team processes, hierarchy and professional struggles. The procedural factors include the complexity of the working environment and the time allocated for

cooperation. Organizational factors are important in rooting collaboration in management and common goals, whereas contextual factors address the influence of cooperation on, among other things, culture and gender role patterns.

In effective interprofessional teams, the professions have knowledge of each other's roles and a common understanding of tasks and goals⁽¹⁶⁾, while the ability to plan and reflect, communicate clearly and have effective routines in critical situations is also highlighted⁽¹⁷⁾. Effective interprofessional cooperation is closely linked to a working environment characterized by a flat structure, where the various professions can contribute their views on patient treatment equally without fear of criticism⁽¹⁷⁾.

An emergency nurse is a registered nurse who specializes in providing care to patients in emergency situations, typically in an emergency room (ER) setting⁽¹⁸⁾. They work in a fast-paced environment where they must respond quickly to minimize pain and stabilize a patient's condition. Emergency nurses perform a variety of tasks, including leading emergency response teams, assessing and triaging patients, prioritizing care, reviewing medical histories, updating electronic medical records, carrying out treatment plans, assisting with diagnostic procedures and tests, using advanced equipment to monitor and treat patients, cleaning and dressing wounds, administering medications, and discharging patients from the ER when stable⁽¹⁹⁾. Emergency nurses are trained to handle a wide range of urgent health issues, from strokes and cardiac emergencies to broken bones and severe burns. They may also specialize in areas like triage nursing or emergency pediatric nursing, depending on the size and needs of the hospital⁽¹⁹⁾.

An emergency physician, often referred to as an "ER doctor" in the United States, is a medical professional who specializes in emergency medicine. They work primarily in emergency departments where they provide care for patients with illnesses or injuries that require immediate medical attention⁽²⁰⁾. Their role involves a wide range of responsibilities, including advanced cardiac life support (advanced life support in Europe), resuscitation, trauma care, such as managing fractures and soft tissue injuries, and management of other life-threatening situations. Emergency physicians are trained to treat unscheduled and undifferentiated patients of all ages. They must quickly assess and stabilize patients, determine the severity of their conditions, and decide whether they need to be admitted to the hospital for further care or can be discharged with

follow-up recommendations⁽²¹⁾. In the United States, the training for emergency physicians typically includes four years of college, four years of medical school, followed by a three- or four-year residency in emergency medicine. After completing their residency, they often work in hospital emergency departments and must pass a board certification exam to become certified in emergency medicine⁽²²⁾.

Emergency medicine is a medical specialty dedicated to the care of illnesses or injuries requiring immediate medical attention. As a field of practice, it involves the knowledge and skills needed to prevent, diagnose, and manage acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioral disorders⁽²³⁾. Emergency physicians, often called "ER doctors" in the United States, specialize in providing care for unscheduled and undifferentiated patients of all ages. They are responsible for initiating resuscitation and stabilization, performing initial investigations and interventions necessary to diagnose and treat illnesses or injuries in the acute phase. Emergency medicine can be practiced in various settings including hospital emergency departments, pre-hospital settings via emergency medical services, and intensive care units, but also in primary care settings such as urgent care clinics⁽²⁴⁾. Sub-specializations within emergency medicine include disaster medicine, medical toxicology, ultrasonography, critical care medicine, emergency medical services, hyperbaric medicine, sports medicine, palliative care, and aerospace medicine. Emergency medicine is still evolving, especially in developing countries, and international emergency medicine programs aim to improve primary emergency care where resources are limited⁽²⁵⁾.

2- Materials and Methods:

A cross sectional study design is one type of quantitative research conducted at Macca in three emergency departments of three hospitals from a period of 17 October 2021 to 26 January 2022. Non-probability purposive sample consist 81 male and female nurses who are working at ED participated in this study to identify their perceptions about cooperation with physicians in emergency departments. The researcher explained the objective of the study to all participating nurses after obtaining all administrative and official approvals related to data collection from the study sample, the researcher pledged to abide by the confidentiality of the data that is taken from the study sample. A questionnaire is a remarkable and

useful tool for gathering an enormous amount of data; however, social distancing regulations at the time prevented researchers and participants from becoming infected, so they were unable to conduct in-person interviews during the online survey (not completely eliminating coronavirus participation from society). He merely provided an electronic response to the 10 closed-ended questions that made up the questionnaire. Similar studies in Saudi Arabia and other countries have also generated viable samples using the online technique.

3- Results and discussion:

The study questionnaire had a 100% participation rate. The participants' ages were as follows: the percentage of participants aged 35–44 years was 64.1%, while the percentage of participants aged 23–35 years and the percentage of participants aged 45–55 years was equal at 17.9%. They were all Saudi nationals in every way, and they worked for the government in every capacity. Next, they responded to the research questions in the following ways: First question: Do you think that physicians and nurses in emergency rooms work together? The answer to the second question was, "Yes, absolutely," and it asked whether emergency room nurses were authorized to give patients medicine. Yes, 8.8%, but there was a high percentage of rejection—91.2%. Regarding the third query, it was: Does a nurse's job description only include treating patients in emergency rooms? Yes, by a tiny margin of 26.5%, and No, by 73.5%. The fourth query: Do nurses in emergency rooms face challenges when giving out medication? Absolutely, without a doubt. The final query: Do nurses in emergency rooms face challenges when giving out medication? Indeed, that is the same proportion, 100%. The sixth query concerned whether doctors in emergency rooms are reluctant to let nurses give out prescriptions. Yes, 77.2%, compared to 22.8% who reject it. The seventh query was whether the doctor had given the nurse permission to give prescriptions in order to save time and lessen the doctor's burden in emergency departments? Yes, 16.3%, while the naysayers are much more, at 83.7%.

4- Conclusions:

In the greatest interests of hospitalized patients, the doctor-nurse collaboration and coordination principle are crucial in emergency rooms. Consequently, we discover that every participant concurred that there is 100% cooperation between the nurse and the doctor in emergency departments, despite disagreements regarding the nurse's medication dispensing from the doctor's

perspective, which must respect patients' interests to the fullest extent possible despite the nurses' high level of education and training, professionalism, and experience.

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We would like to present this humble effort to all sincere people who wish to develop relevant health services for citizens and residents of the Holy Capital, asking God to grant us success in carrying out these works as we hope, Amen.

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