



Collaborative Practice between Doctors and Nurses in Patients Management: Attitude of Teamwork

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Article Info	Abstract
<p>Article history: Received 18 August 2022 Revised 12 December 2022 Accepted 23 December 2022 Available online 01 February 2023</p>	<p>Background: Interprofessional collaboration is essential in providing higher-quality health services and ensuring patient safety.</p>
<p>Keywords: collaborative practice; doctors; nurses; teamwork</p>	<p>Objective: This study aims to assess the attitude of cooperation between doctors and nurses as first line health workers in an academic health facility and explore their perspectives on the collaboration attitude between doctors and nurses.</p>
<p>Correspondence: wiwik@umy.ac.id</p>	<p>Methods: This study used a mixed-method design. The quantitative sample was chosen randomly but with total sampling for the primary clinic. Data on the attitude of cooperation between doctors and nurses from the questionnaire results were analyzed descriptively. The sample for the qualitative study was selected purposively, each health service consisted of 1 doctor and one nurse, so the number of informants was six. The qualitative data were transcribed verbatim and analyzed qualitatively using the constant comparative method.</p>
<p>How to cite this article: Kusumawati W, Romdzati R. Collaborative practice between doctors and nurses in patients management: attitude of teamwork. MAGNA MEDIKA Berk Ilm Kedokt dan Kesehat. 2023;10(1):48-59</p>	<p>Results: The results showed that of 84 respondents, 54 doctors, and 30 nurses, 95% showed a good teamwork attitude. Some respondents (5%) showed a bad attitude, especially on three items, namely item no 4 (doctors do not have the right to change the treatment plan that has been made), 13 (doctors do not have to be the final determinant) and 18 (possibility of other professions to become leaders). The results of the qualitative analysis show that there are five final themes, namely: 1. teamwork is good; 2. the role of the profession; 3. the importance of interprofessional communication; 4. openness to receive feedback; 5—patient safety and PCC.</p> <p>Conclusion: Both professions have distinct but equal and complementary roles in patient management, each with their own advantages or capabilities. Open communication, which includes getting criticism, can help overcome a poor cooperative attitude.</p>

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INTRODUCTION

Interprofessional collaboration is essential in providing higher-quality health services and ensuring patient safety. Doctors and nurses are two health professions closely related to managing health problems or patient illnesses, and other health workers. This condition is in line with what was stated by Hamid et al.¹ that the relationship between these two professions is vital for effective and affordable health services. As first line health workers, doctors and nurses, in addition to being competent in their knowledge, must have a good teamwork mindset to carry out collaborative practices effectively. According to Goldsberry², interprofessional collaboration is a method to improve health services and outcomes (outcomes), obstacles such as hierarchy and professional ego need to be overcome to achieve goals.

In the era of patient-centered care (PCC), collaborative practices are important among healthcare providers. Following the expert panel report³ the competence of teamwork or teamwork is one of the must-have domains. This study was conducted to determine the attitude of cooperation between doctors and nurses as first line health workers in dealing with patients. By knowing the teamwork attitude, weaknesses can be identified so that feedback can be given to the doctor and nurse professionals for improvement.

METHODS

This study used a mixed method. The quantitative approach was carried out using an

observational analytic design, while phenomenological studies were used for the qualitative approach. The data was taken by using indepth interviews. The Attitudes Toward Health Care Teams Scale questionnaire consisted of 21 question items with 4 Lickert scales used as the research instrument. It was adapted from research conducted by Denti & Orbaniyah⁴, translated into Indonesian, then validity and reliability tests were carried out with a Cronbach alpha value of 0.979.

The research sample is taken from three health facilities owned by UMY that are used as places of education for UMY health students in the professional stage. The sample is made up of doctors and nurses since they play essential roles in the care of patients. The number of healthcare professionals at the three research sites affected the sample size. Total doctors and nurses were used to determine the KPF sample size, whereas simple random sampling was used at AMC General Hospital and PKU Muhammadiyah Gamping Hospital. Data was collected by distributing questionnaires to general practitioners/specialists and nurses in 3 health services, namely two hospitals (PKU Muhammadiyah Gamping Hospital and AMC Hospital) and one Pratama clinic (Pratama Firdaus Clinic). Data on the attitude of cooperation between doctors and nurses from the questionnaire results were analyzed descriptively. The sample size for indepth interviews was selected purposively, each health service consisted of 1 doctor and one nurse, so the number of informants was six. Qualitative data were made verbatim transcription and analyzed qualitatively using the constant comparative method.

This research has received ethical approval from the Health Research Ethics Committee (KEPK) FKIK UMY and the Ethics Committee of PKU Muhammadiyah Gamping Hospital. In addition, informed consent was also carried out to all respondents prior to data collection by questionnaires and interviews.

RESULTS

There were 84 respondents, doctors/specialists, and nurses, at three research sites: Pratama Firdaus Clinic (KPF), AMC Hospital, and PKU Muhammadiyah Gamping Hospital. Based on Table 1, we can see that from 84

respondents, 54 are doctors and 30 are nurses, with most of them from PKU Muhammadiyah Gamping hospital, which counts for 48 respondents. There are more male doctor respondents (29 of 54) and more female nurses (24 of 30). On Table 2, it can be seen that 95% of respondents have a good teamwork attitude. The extraordinary things found in this study were on three questionnaire items, namely item no 4 (doctors have no right to change treatment plans that have been made unilaterally), 13 (doctors do not have to be the final determinant), and 18 (possibility of other professions to become leaders) show lousy attitude.

Table 1. Respondents' characteristic

Research sites	Doctors (N = 54)		Nurses (N = 30)		N (84)
	Male	Female	Male	Female	
Pratama Firdaus Clinic	6 (7,14%)	9 (10,71%)	1 (1,19%)	3 (3,57%)	19 (22,62)
AMC Muhammadiyah Hospital	5 (5,95%)	8 (9,52%)	1 (1,19%)	3 (3,57%)	17 (20,24%)
PKU Muhammadiyah Gamping Hospital	18 (21,43%)	8 (9,52%)	4 (4,76%)	18 (21,43%)	48 (57,14%)
Total	29 (34,52%)	25 (29,76%)	6 (7,14%)	24 (28,57%)	84 (100%)

Table 2. The attitude of teamwork between doctors and nurses

No.	Question	SD	D	A	SA
		1	2	3	4
1.	Working in a team often makes complicated things uncomplicated	3 (4%)	2 (2%)	42 (50%)	37 (44%)
2.	Health team collaboration improves the quality of service to patients	-	-	26 (31%)	58 (69%)
3.	Team discussions improve communication among team members from different disciplines	-	-	34 (40%)	50 (60%)
4.	Doctors have no right to change the treatment plan that the team has prepared unilaterally	3 (4%)	12 (14%)	50 (60%)	19 (23%)
5.	Patients treated by an interdisciplinary team tend to be treated more comprehensively and consider many factors	-	-	49 (58%)	35 (42%)

6.	The primary purpose of the interdisciplinary team is not only to help doctors carry out their duties, and consider other professions	-	-	58 (69%)	26 (31%)
7.	Working in a team helps most health workers stay enthusiastic and interested in their work	-	-	52 (62%)	32 (38%)
8.	Patients become satisfied with health services with interdisciplinary methods	-	1 (1%)	52 (62%)	31 (37%)
9.	Develop a patient care plan with team members from other disciplines to prevent errors in care delivery	-	1 (1%)	47 (56%)	36 (43%)
10.	The process of developing a patient care plan with other health professionals does not cause much time to be wasted just sharing perceptions	-	5 (6%)	63 (75%)	16 (19%)
11.	Health workers who work in teams are more concerned with the emotional and financial needs of patients	1 (1%)	9 (11%)	56 (67%)	18 (21%)
12.	Planning patient care in an interdisciplinary team makes it time efficient	-	2 (2%)	58 (69%)	24 (29%)
13.	Doctors are not the final decision maker made by a team of health workers	3 (4%)	24 (29%)	45 (54%)	12 (14%)
14.	Reciprocity among team members helps make better patient care decisions	-	-	51 (61%)	33 (39%)
15.	In an interdisciplinary team, there needs to be a discussion between the health professions	-	-	43 (51%)	41 (49%)
16.	When the team makes an error (malpractice), it is not only doctors who are legally responsible	1 (1%)	4 (5%)	50 (60%)	29 (35%)
17.	Inpatients receiving care from an interdisciplinary team will be more ready to go home from the hospital than other patients	-	2 (2%)	58 (69%)	24 (29%)
18.	Doctors are natural team leaders, but other professions have the right to be team leaders	5 (6%)	26 (31%)	43 (51%)	10 (12%)
19.	An interdisciplinary team approach makes patient care delivery more efficient	-	-	61 (73%)	23 (27%)
20.	Collaboration between health professionals will meet the needs of the caring family (Family Care Giver), as well as meet the needs of the patient	-	3 (4%)	57 (68%)	24 (29%)
21.	Reporting observations to the team will help team members understand the work of other health workers	-	-	55 (65%)	35%

The results of indepth interviews with the professions of doctors and nurses obtained five final themes, namely:

1. Teamwork is good
2. The role of the profession

3. The importance of interprofessional communication
4. Openness to receiving feedback
5. Patient safety and PCC

1. Teamwork is good

The teamwork carried out on the three health services has been good, as stated by the following informants.

"..... there is teamwork so that we can serve patients professionally, we can serve patients well even the distance between doctors and nurses we always take care so that it does not seem like there is such a limit so that teamwork can be maintained well" (P2)

"In general, the performance of teamwork is excellent in the ER, and maybe there are many factors. The average is the same age, so that the communication patterns, the interaction patterns are still on point, so that it becomes a beneficial thing in the performance in the ER" (P3)

"If there is a problem, we work together. So we as a team can work solidly." (P4)

"...patients will express satisfaction and patients will also get optimal service; also LOS is not too long, ideal." (P5)

"So, we get knowledge or knowledge from other professions." (P5)

Several nurses interviewed considered teamwork an interaction involving more than one person or discipline. Teamwork also requires a common goal between the parties involved in it. This condition can be seen in the statement of the following informants.

"...work done together to get the job done quickly or made easy." (P4)

"...there is an interaction of more than one person or one unit or maybe more than one discipline to create the same goal or a predetermined goal..." (P5)

"Cooperation between teams is a cooperation between officers." (P6)

2. Professions' role

According to the statements of the following resource persons, the health profession's role demonstrates equality, complementarity, and the strengths of each.

"..... if there is service and especially emergency, we cannot stand alone, we have to work with a team, so that later the position will be the same, maybe the only difference is the leader and the team,, when there is no leader, we cannot decide anything, action to be taken On the other hand, doctors have this ability while nurses have other abilities that doctors do not have, so they complement each other for the main goal, namely patient safety" (P3)

"So like actions, maybe wound care, maybe from taking, inserting, installing infusions, catheters like that, now maybe it is more expensive, maybe because you are used to it, well, but in terms of analysis, the patient is ... for decision making, the analysis may be stronger, go to the doctor" (P2)

Health professionals involved in teamwork carry out different roles according to the peculiarities of their respective professions.

"...because our knowledge is different..." (P4)

"We cannot dominate a job." (P5)

"Yes, there are independent actions and even then on the advice of the doctor." (P7)

3. The importance of interprofessional communication

Communication is essential in addition to ensuring good service and patient safety, as stated by the informant.

"Whatever must be communicated, learn to communicate well with patients eh.. according to capacity, with language that is like calming patients like that, I advise that still we have to say according to the procedure, the right procedure but in a way good delivery" (P1)

"Most of the communication between professions for actions or carrying out their duties is also by telephone or through groups" (P2)

Communication is one of the competencies that must be mastered by health professionals when working in teams. Each party can provide and receive input in the context of collaborative care for patients. This condition is illustrated in the statements of the sources as follows.

"... if, for example, there is something wrong, then ask for a reprimand." (P4)

"Sometimes the doctor also asks for the nurse's consideration, what is the best thing to give it, sis." (P4)

"So, it does not seem like it is ordering or patronizing ..." (P5)

"... if it is arranged via telephone and via WA because it is related to reporting the patient's condition." (P6)

"...because almost all doctors are familiar with it, so the communication is easier." (P7)

4. Openness to receiving feedback

Openness to receiving feedback on deficiencies is conveyed by several approaches, such as the statement of the informant as follows.

"So, sometimes during collaborating with nurses, differences can happen, so when treating patients with that, from an analysis point of view, from a medical point of view like this, there is a certain reason for that. I will convey when outside the patient, so the opinions from the nurse to the doctor will be accommodated, so which one is important, following the evidence or the argument is strong The argument or reason presented is strong, God willing, so far it is still acceptable..." (P1)

"Every month we hold a meeting, yes, I am with my friends, nurses, and midwives but it is not only as if they are the only ones who have shortcomings, but on the one hand, I also have many shortcomings or mistakes, and thank God they are not afraid to convey it" (P2)

"We wisely advise each other, Doc, then if we are reluctant to give advice, maybe we can ask for help from other team members that what was conveyed was in a language that might be more familiar to them when delivered by a friend" (P3)

5. Patient safety and PCC

The three health services have implemented routine monitoring and evaluation to ensure patient safety, as stated by the informant.

"Every month there is a report, so they are obliged to report the potentials or what happened that month that may have almost been injured or have been injured or have been – or just potential ... there tend to be more reports of these incidents about drugs (P1)

"It is a unit meeting, we can go in there with messages from management to make improvements, now the evaluation is also done monthly but involves the

customer, then involves other units related to the performance of the ER" (P3)

"If there is a near miss incident, for example in the ER, sometimes it does not just stand as a separate unit, for example, wrong identity, then wrong identity that does not match, patient A and patient B, it can double-check with other units, meaning mutual feedback, that this is KNC" (P3)

Following the new paradigm in health care, the center is not one of the health professions but the patient. It can be found from the results of interviews that health workers become more concerned with patients.

"... improve security, patient safety." (P5)

"More concerned with the patient, hub." (P6)

"... so, the focus is on the patient, whether the patient's needs are met by medical personnel." (P7)

Doctors and nurses have shown good teamwork in health services in hospitals and primary clinics. The two professions have different roles, and each has different strengths or advantages when managing patients. In the ER setting, the roles of doctors and nurses are equal and complementary. Openness in receiving feedback and communication is vital to keep patient services running professionally. Periodic routine evaluations and double checks have been carried out because this is very much needed to guarantee service quality for patient safety in the era of patient-centered care (PCC).

DISCUSSION

This study shows 95% of respondents have a good teamwork attitude, this is due, among others, to the health workers in the three research hospitals, most of whom, especially

the medical professionals, have had IPE experience, so they already know and understand the importance of collaborative practice. This condition is in line with Homeyer *et al.*⁵ that one of the benefits of doing IPE is increasing interprofessional cooperation between doctors and nurses. Judging from the readiness to practice collaboration, the nursing profession is better and ready to collaborate than the medical profession⁶, this is in line with what was stated by Elsous *et al.*⁷, that nurses have a positive attitude towards collaboration compared to doctors.

From the interview, it was reported that teamwork was good, it was stated that good teamwork between doctors and nurses was beneficial for providing professional patient services. At KPF, a collaboration between doctors and nurses was carried out at the beginning of discussing SOPs with shared perceptions. Likewise, another resource person stated that teamwork was good between doctors and nurses in the emergency room setting.

In managing patients, doctors and nurses as first line health workers need to understand the essential collaboration competencies. According to Hornby & Atkins⁸ relational, organizational, and judgmental skills are the three primary collaborative skills required for healthcare professionals. Another opinion states that knowledge, skills, and attitudes are essential competencies for practitioners in collaborating.⁹ This condition is also related to the roles or duties and responsibilities of healthcare providers, without clearly defining these roles and responsibilities, healthcare professionals cannot work effectively and can

cause conflict in a complex healthcare organization environment. As stated by the participants, teamwork is carried out to achieve the goals that have been determined together.¹⁰ describe that collaboration has several determinants, including opportunity (opportunity), ability (ability), and desire (willingness).

Based on interviews with resource persons from PKU Muhammadiyah Gamping Hospital, it was stated that there was an equal position in managing patients so that they complemented each other. Here there are strengths and weaknesses of each profession in carrying out its duties. Doctors are stated to be stronger in the ability to analyze, intervene and make decisions, while nurses carry out nursing care interventions that are usually carried out. Some participants also expressed their awareness that each profession has different knowledge.

The results of quantitative data show a bad attitude, especially in the case that doctors do not have the right to change treatment plans that have been made unilaterally, doctors do not have to be the final determinant, from interviews with doctors and nurses, it is found that there is a need for communication and openness in managing health problems or patients' illnesses. If something is not appropriate to be done by one profession, then the other profession needs to be reminded or appropriately notified. A study conducted by Siedlecki & Hickson¹¹ found that in decision-making, some nurses were affected by the attitude of doctors. Similarly, younger or less experienced nurses tend to be more susceptible to the attitude of doctors than older or more experienced nurses.

Differences of opinion or different roles can be well communicated and done not in front of the patient. A reasonable opinion based on scientific solid evidence can be accepted as a joint decision. This condition can be seen in the informants' statements in this study. Information conveyed by someone in the communication process must be balanced with reliable evidence¹².

From the questionnaire, it was found that some respondents stated the possibility of other professions also having rights or opportunities as leaders. This condition should be overcome by evaluating the possibility with the management according to the patient's condition. The knowledge possessed by each profession needs to be strengthened to provide the best service for patients. The hierarchical system that emerges from the medical profession needs to be minimized with effective communication strategies in communicating patient problems, and mutual respect needs to be built. One of the informants stated that the management of patients is a team, so a leader is indeed needed.

Communication between the two professions needs to be continuously developed to perform the function of a good health worker¹³. However, in its implementation, several gaps have the potential to become obstacles. Research conducted by Amudha *et al.*¹⁴ explains the factors that contribute to hindering communication between the professions of doctors and nurses. Constraints from nurses in the form of work readiness include lack of knowledge related to specialization, lack of mastery of competence in newly graduated nurses, and time management. Meanwhile, factors related to the medical profession

include varying moods, handwriting, and power authority which is seen as having a higher position.

Then, the understanding of doctors and nurses on the concept of teamwork is still lacking, and in practice collaboration, it is necessary to respect the decisions that have been agreed upon. In exceptional conditions, professional colleagues other than doctors are also possibly leaders in the team. The leadership competence of each health profession needs to be mastered in collaborative practice. From the results of interviews with nurses, it was also found that there was a hierarchical theme in the relationship between health professions, especially doctors and nurses, this is in line with what was conveyed by Goldsberry², that collaborative practice runs slowly in health services due to various obstacles, one of which is caused by factors hierarchies and professional territories of service providers. IPE is taught to overcome these obstacles, and transformational leadership competencies in nursing education in the future can ensure the achievement of collaborative partnerships with other health workers.

From the results of indepth interviews with doctors and nurses, the final theme was about openness, inevitably, certain professions sometimes have inadequate competence or weakness in knowledge skills so that the feedback given by certain professions (doctors/nurses) can be accepted openly. Openness between doctors and nurses has been done well in providing feedback on patient management. In managing a disease or patient health problems, each health worker has different scientific competencies managing patients, they need openness, develop mutual

respect between professions, and appropriate and effective communication strategies. According to Flood et al.¹⁵, only individuals who have enthusiasm and openness will be able to work with the spirit of inter-professional or collaborative practice, and this needs to be taught since they are students.

According to Franco & Cordero¹⁶, it is suggested that collaborative communication be developed as part of the culture. This activity can be done by holding multidisciplinary meetings every day to discuss patients, conducting simulation exercises, and designing the structure of the nurse station to make it more conducive to two-way discussion and communication. Efforts to increase the spirit and adaptation in collaboration can also be carried out with seminars or role-play among health workers such as doctors and nurses, as well as being expected to improve knowledge, attitude, and skill competencies in managing patients. The ultimate goal of improving service quality and patient safety can be achieved with effective teamwork¹⁷. Sometimes, efforts to improve collaborative communication in different settings require different strategies. Based on the research results of Wang et al.¹⁸, communication strategies that can be applied in special units such as the Intensive Care Unit (ICU) include communication tools or checklists, team training, work shift evaluation, and SBAR documents (Situation-Background-Assessment-Recommendation) electronically. From the statement of the informants, it was stated that there were special efforts by the management to improve the teamwork of health workers. Management can facilitate teamwork training to provide high-quality care. Studies reveal that teamwork can be enhanced

when related components develop. These components include communication skills and interpersonal skills¹⁹.

Concerning the patient safety, all informants stated that there is monitoring, evaluation, or reporting regularly for each unit and double check-ups in patient management. The hospital also facilitates reporting when an undesirable event is found. This reporting system is carried out manually using paper or paperless by utilizing information technology. Reporting on unwanted events has the primary function as a form of public accountability, response to patients and families, communication of danger, barometer of risk in health services, and a foundation for learning and self-improvement²⁰. Communication with patients is vital to prevent unexpected or fatal events and misunderstandings. This condition is emphasized when providing feedback related to the incidence of nurses who made mistakes in communication with patients and caused complaints. In interprofessional life, patients and fellow health workers can provide feedback. It is crucial for the person who will provide feedback to consider the most appropriate time so that feedback can be given immediately but can also be delayed²¹.

This study has several limitations. Respondents were nurses and doctors working in various departments, and the questionnaire was analyzed collectively, so we cannot see the more focused evaluation of each department. The informants for the qualitative method were chosen purposively, and most of them have the experience of learning IPE during college time, this is, therefore, subject to bias. For future studies, it is suggested to carry out the research in a more specific and focused

manner, using comparison with the code of conduct in the health facility and employing a sequential explanatory mixed method design to understand the result of the quantitative study better.

CONCLUSION

The results showed that 95% of the respondents showed a good teamwork attitude. 5% showed a bad attitude, especially when doctors do not have the right to change the treatment plan made unilaterally, doctors do not have to be the final decision maker, and the possibility of other professions being leaders. The results of the qualitative analysis show five final themes: 1. teamwork is good; 2. the role of the profession; 3. the importance of interprofessional communication; 4. openness to receive feedback; 5. patient safety and PCC. The excellent teamwork of doctors and nurses is because most medical professions, especially the medical profession, have had IPE experience, so they already know and understand the importance of collaborative practice. Both professions have their strengths or advantages, different but equal and complementary roles in managing patients. A poor cooperative attitude can be overcome by open communication, including receiving feedback. Periodic routine evaluations and double checks are carried out for quality health services and to ensure patient safety.

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