

Healthcare Administration, And Their Roles Of Supporting Public Health, Family Medicine & Dental Clinic, Pharmacy, Clinical Laboratory And Nursing To Promote Patient Care

Abdulaziz Mahdi Alqarni¹, Saeed Mahdi Alqarni², Dr. Afnan Mohammed Saeed³, Ahmed Bishi Alqarni⁴, Afnan Hamadan Alharbi⁵, Bayyidih Mansor Ahmed A.⁶, Hanan Ali Mohammed Mashragi⁷, Halima Hadi Ahmed Zayid⁸, Shroug Hamzah Alsayed⁹, Faisal Wusayl Khalifah Alsulami¹⁰, Maha Awadh Eid Alanazi¹¹, Amnah Mohammed Ali Mokhtarash¹², Ahmed Ali Asiri¹³, Abdulmajeed Mohammed Ali Asiri¹⁴, Abdullah Hassan Jaber Asiri¹⁵, Ahlam Darwesh Almowlad¹⁶

¹Hospital administration specialist, Albashaer hospital

²Healthcare assistant, Alsalamh & Alzariah PHCC

³Dentist at PHCC

⁴Pharmacy technician, King Abdulaziz Hospital_Jeddah

⁵Nursing, Ministry of Health

⁶Family medicine specialist, Ministry of Health Al-Aridah PHC

⁷Technician-Laboratory, Alhombokah primary health center

⁸Laboratory technician, Al Aredah

⁹Nurse, King Fahad hospital Jeddah

¹⁰Epidemiological technician, Ministry of Health

¹¹Nursing Technician, Haddaj Dispensary

¹²Nursing technician, PHC Al Hanbakah

¹³Specialist Laboratory, Muhayil general hospital

¹⁴Epidemiology, Public health department, Jeddah

¹⁵Health Informatics, Muhayil Specialist Dental Center

¹⁶Nurse, Ministry of health

Abstract

Primary health care encompasses many strategies that emphasize the pivotal role of healthcare administration in fostering exceptional patient care. This is achieved by facilitating effective collaboration among multidisciplinary teams from various specialties and addressing their specific requirements. Health care administrators and nurses could fulfill many roles in delivering primary health care services in hospital facilities, encompassing pharmacy, dentistry clinics, and family medicine clinics. These findings are beneficial for countries that are seeking to extend their Family Physician Program (FPP) and are in need of guidance for the replanning or reform of their primary health care systems. Caring is defined as the fundamental essence of nursing, manifested within the dynamic connection between the patient and the caregiver. While nursing care is typically linked to the preservation and enhancement of a patient's dignity and personhood, there appears to be a disconnect between nursing theories on care, healthcare policies, and the actual provision of care by professional nurses in primary health care clinics.

Keywords: Family Physician Program (FPP), healthcare, patient care.

Introduction

According to the World Health Organization (WHO), a team is a collection of two or more people who work together in a flexible and independent manner to achieve a shared and important objective or purpose. Each team member is assigned certain duties or tasks to be completed within a given timeframe [1]. In the healthcare field, teams are often created to tackle complex clinical problems through the implementation of inventive solutions. The fundamental justification is based on the notion that the team's decisions and actions should be more efficient in resolving complex challenges [2]. In healthcare, different types of teams are distinguished based on the level of responsibility for patient care and the degree of interaction among team members. These include the interdisciplinary team (IDT), multidisciplinary team (MDT), and transdisciplinary team (TDT) [3]. These phrases are frequently used interchangeably, despite having distinct differences in both their origins and meanings.

A multidisciplinary team is typically understood as a team where each individual works within their specialized area of competence and collaborates in a formal manner. Interdisciplinary teams are distinguished by a significant convergence of professional positions, both in formal and informal communication, and collaborative problem-solving aimed at improving patient outcomes. In addition, a transdisciplinary team exhibits a higher degree of role overlap, such as when one team member takes on the responsibility of being the team leader, overseeing the coordination of all aspects of patient care [4].

It is possible for multidisciplinary teams to transform into interdisciplinary teams. While often used interchangeably, these two phrases refer to distinct methods of organizing, collaborating, and exchanging information. In the multidisciplinary paradigm, each discipline establishes patient care objectives based on its specific area of competence, without being influenced by other specialists. On the other hand, professionals who work together in interdisciplinary teams depend on the expert

opinions of each discipline, leading to the establishment of shared patient objectives [4,5].

To improve the healthcare system, it is necessary to simultaneously focus on four objectives: raising the quality of care, improving the overall health of the population, reducing healthcare expenses, and increasing job satisfaction among healthcare personnel [6]. Multiple studies suggest that the aforementioned objectives can be accomplished through collaboration in interdisciplinary teams. According to Littlechild and Smith [7], collaborating in interdisciplinary teams enhances productivity, optimizes the utilization of team members' skills, fosters a stronger sense of individual accountability towards achieving the objective, and guarantees comprehensive patient care. Additionally, it stimulates creativity and yields innovative solutions in patient care.

Review:

In addition to being the top source of difficulties linked to oral health, these chronic disorders are also the leading cause of readmissions to hospitals. There are more parallels between dental health and physical health that have been thoroughly studied. To give one example, children who suffer from asthma are disproportionately affected by dental caries, also known as cavities, which is the most prevalent chronic condition that affects children [8]. To put that into perspective, children who had poor oral health were nearly three times more likely to miss school due to dental pain than their peers who had good oral health. Furthermore, there is a correlation between poor dental health among pregnant women and increased risk of adverse birth outcomes, particularly for babies born with a low birth weight [9]. Systemic complications of oral illness Similarly, in a similar vein, the systemic complications of oral disease impose major loads on communities and the public health infrastructure in terms of the financial cost, the disability, and the mortality rate [10]. These overlapping social, economic, and health challenges, which are made worse by the absence of integrated care, continue to

perpetuate inequities and unfavorable health outcomes. By addressing only the acute problem rather than the underlying, causal problem(s), care is frequently focused on reactive rather than preventive approaches [11]. This is because the acute problem is the only one that is being addressed.

Numerous pieces of data suggest that mental illness and substance use disorders are factors that contribute to poor health outcomes and unmet treatment needs, not just in terms of oral health but also in terms of general health. It is important to note that this reciprocal interaction exists. A significant number of psychiatric drugs are known to cause xerostomia, often known as dry mouth, which is a known risk factor for oral health disorders [12]. The oral health of people with severe mental illness (SMI) was compared to the oral health of the general population in a systematic review that was conducted in 2015. The findings of this review revealed that people with SMI had significantly higher rates of decayed teeth, missing teeth, and fillings, and that they were almost three times more likely to have lost all of their teeth. On the other hand, the Surgeon General of the United States has indicated how oral disease can contribute to a negative self-image, low self-esteem, and normal interactions with other people, which can then lead to chronic stress and depression [13]. When an individual's oral health is bad, it can have an effect on how they eat, the foods they choose to eat, and their ability to speak, all of which can have an impact on their quality of life. The expansion of integrated care services to include dental health is a logical step toward better supporting a patient's overall health [14]. This is because oral, physical, and mental health issues are intricately connected to one another.

Oral health treatments are still not frequently included as part of integrated service delivery, despite the fact that the World Health Organization acknowledges that oral health is an essential component of overall health and a significant indicator of quality of life. Despite the fact that dental settings have not traditionally been considered access points for whole-person care, many co-morbidities might present and/or have an impact on oral health. As a result, it is essential to make use of the dental setting as a

point of entry. The findings of Vujicic and colleagues, which are based on information obtained from the Health Policy Resources Center of the American Dental Association, indicate that "in any given year, 27 million Americans visit a dentist but do not see a general practitioner." Another 108 million people go to the doctor, but they do not go to the dentist. This includes more than sixty percent of children between the ages of one and four years old [15].

As health care systems and educational institutions continue to make progress toward the quadruple purpose of health care, which is to improve patient outcomes, increase efficiency, reduce costs, and minimize provider burnout, it is vital that they respond in a coordinated and innovative manner in order to address health needs [15].

The findings indicate that the implementation of collaboration that is based on interdisciplinary teams results in a reduction in the number of complications that occur within the departments that deal with internal ailments. Additionally, it was found that there was a reduction in the number of complications that occurred as a result of intravenous cannula insertions. This reduction was ascribed to the presence of an infectious diseases specialist and an epidemiological nurse who were both members of the therapeutic team participating in the procedure. Furthermore, there was a decrease in the number of instances of adverse medication responses that were recorded that occurred. Both the presence of a pharmacist on the team and the adoption of interdisciplinary ward rounds were found to be associated with this, as stated in reference [16].

In the field of palliative and hospice care, one of the fundamental approaches to patient care is the utilization of an interdisciplinary team. The holistic approach, which is utilized in both palliative and hospice care, is, in point of fact, an integral component of patient care. Improved symptom control, less stress, and enhanced quality of life for caregivers of patients are all outcomes that can be attributed to the holistic approach, which also leads to higher efficiency in the accomplishment of care objectives. Additionally, this method makes it easier for the

patient to go through the process of dying in the surroundings that they have chosen [15]. In addition, caregivers for patients have a tendency to evaluate the care more favorably in terms of the effectiveness of pain management and the communication skills of healthcare professionals, as well as in terms of care and respect for dignity [16]. Additionally, a mindset like this has been linked to increased levels of motivation, increased levels of job satisfaction, and a view of ongoing improvement among medical professionals [17].

Due to the fact that the Polish population is experiencing the process of aging, there has been an increase in the demand for comprehensive medical care. In this regard, the geriatric approach, which involves the collaboration of numerous professionals from different fields, such as a physician, nurse, physiotherapist, psychologist, medical caregiver, community therapist, social worker, and, if necessary, even a speech therapist, nutritionist, pharmacist, or chaplain, has been approved. A full evaluation of the geriatric patient's health issues, physical fitness, and mental state, as well as the amount of social support, which includes support from family members, economic condition, and living conditions, is included in the approach that is taken by the geriatric team. Furthermore, the aforementioned steps that have been adopted by the interdisciplinary geriatric team are targeted at enhancing the level and quality of health care, as well as improving the functional status and quality of life of the patient [18].

In addition to geriatric, hospice, and palliative care, in addition to gynecological conditions, such as infertility, premenstrual syndrome, and premenstrual dystrophic disorders, as well as in the prevention of pressure ulcers, interdisciplinary teams are recommended as a form of medical care in pediatrics, in patients suffering from infantile cerebral palsy, in the course of obesity and diabetes mellitus, and in the prevention of pressure ulcers [19].

This strategy involves addressing the disempowering PHC clinic systems, which are identified as overcrowding of PHC clinics. This overcrowding causes patients to wait for a

significant amount of time to receive health care services, as well as a shortage of professional nurses, medicines, functional medical equipment, and other essential resources. In the primary health care clinics, the facilitation of addressing the long lines of patients was considered to be an important issue. This is because long lines led to long waiting times, which patients perceived as a barrier to obtaining services. This indicates that the length of time that patients wait to be seen is an important indicator of the quality of services, and for this reason, it is one of the factors that affects the utilization of the services. In order to facilitate the plan, professional nurses engage in the reduction of long lineups and long waiting times for patients. This is accomplished through the utilization of queue management systems and the monitoring of patient waiting times. This is one of the conditions that the government has set forth in order to ensure that patients in healthcare institutions receive effective care [20].

An additional strain was placed on the staff that was available as a result of the shortage of professional nurses, which led to a lack of ability to provide appropriate care for patients being treated in the primary health care clinics that were the focus of this study. During the staff meetings, the nurse manager advised and encouraged professional nurses to voice their concerns regarding the scarcity of professional nurses to management. This would assist in resolving the pressure of the heavy workload that they were required to encounter on a daily basis. According to the findings of one study, the majority of clinics are experiencing a shortage of nursing staff. This finding is consistent with the severe shortage of nurses that exists in the public healthcare facilities across the nation. It should be brought to your attention, Somahela, because clinics that have a limited staff complement and higher workloads depending on the number of patients spend less time dealing with patient consultations [21].

It was difficult for professional nurses to provide appropriate care for patients because there was a shortage of important resources such as medicines, medical equipment that was in working order, and other essential supplies. It

was difficult for professional nurses to provide the appropriate treatment, the appropriate amount of treatment, and the appropriate doses of treatment for patients since there was a lack of drugs. Because of the shortage of drugs, some patients are turned away without any treatment at all, while others are instructed to purchase their medication over the counter. This is according to the findings of another study. Disruptions in the administration of medications might, under some circumstances, increase the likelihood that patients' infections will develop resistance to the medications and fail to respond to treatment. Professional nurses were instructed to motivate their management to purchase appropriate critical medications and medical equipment in order to enable effective patient care [21]. This was done in order to address the shortage of medicines, the lack of functional medical equipment, and other resources that were present in primary health care clinics.

Conclusion:

The study's findings have indicated deficiencies in patient care. Therefore, it is advised that prioritizing caring be seen as a fundamental principle for implementing improvements. The techniques should be considered a core principle for enhancing the culture of compassion and transforming the way professional nurses carry out their work. Implementing this will guarantee that the nursing settings prioritize respect, decency, and enhanced experiences for both professional nurses and patients. In order to enhance the provision of quality care by professional nurses in public primary healthcare (PHC) and dentistry clinics, it would be advantageous to adopt and sustain the devised methods aimed at addressing the identified issues. Ensuring the facilitation of professional nurses in preserving empowering experiences would promote positive interpersonal interactions and efficient communication. Implementing techniques that focus on resolving the disempowering experiences of professional nurses will be advantageous. This will help them tackle difficulties such as absenteeism, unfair discrimination, bad attitudes, and uncaring behaviors. This will

enable them to provide equitable and respectful care to patients.

Healthcare administration should formulate techniques to advise and support professional nurses in primary healthcare clinics in effectively demonstrating caring behaviors such as compassion, empathy, respect, and helpfulness towards patients. These behaviors should be practiced within an ethical, reflective, and knowledgeable framework. The implemented tactics will also equip professional nurses to sustain positive experiences and effectively address any negative experiences in this setting.

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