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Strategic collaboration: Transforming healthcare delivery through physician, nursing, and medical secretarial integration

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***Abstract*---**Redefining healthcare delivery through strategic collaboration is essential, with an emphasis on the integration of doctors, nurses, and medical secretaries. By working together, we hope to improve patient outcomes, reduce medical errors, and create a culture of patient-centered healthcare. The subtleties of interdisciplinary teamwork were discussed, with a focus on respect for one another, good communication, and the importance of recognizing the contributions of each expert. The function of medical assistants was examined, highlighting their emphasis on communication and teamwork. Furthermore, the need to maintain professional relationships in guaranteeing patient safety was emphasized, as were the possible consequences of internal disagreements on patient care. This story emphasizes the importance of seamless integration among healthcare experts in order to manage the complexities of the medical field and maximize the quality of patient care, acknowledging the transformative potential of teamwork.

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1. Introduction

In various healthcare settings, the call for collaboration among healthcare professionals, notably physicians and nurses, has become more pronounced. This collaborative approach is aimed at enhancing patient care in environments such as hospital emergency rooms, community care networks, and integrated care chains. Societal expectations for improved care quality through interprofessional collaboration have spurred scholarly interest in this field (Leathard, 2003; Bagayogo et al., 2016; Paradis & Reeves, 2013). Despite these aspirations, challenges such as diverse information technology systems and professional domain distinctions hinder effective collaboration among healthcare professionals (Hall, 2005; Lingard et al., 2017; Suter et al., 2009).

Numerous authors have sought to identify key elements fostering productive teamwork, emphasizing the importance of organizational structures, well-defined guidelines, suitable information frameworks, and the provision of resources, time, and space for professionals to meet and discuss relevant topics. Open and responsive professional cultures, a cooperative mindset, and clear communication are also highlighted as crucial components (D'Amour et al., 2008; San Martin-Rodriguez et al., 2005; Nancarrow et al., 2013). Healthcare administrators play a vital role in encouraging and supporting these essential prerequisites (Bronstein, 2003; Valentijn et al., 2013).

However, some argue that there remains a gap in understanding the active role professionals play in promoting collaboration. Petrakou (2009) asserts that collaborative work involves more than policies and structures; it encompasses how healthcare professionals collaborate daily to fulfill their responsibilities. Edwards (2011), in his exploration of interprofessional boundaries, emphasizes the proactive boundary work professionals engage in during team meetings to create shared knowledge. A deeper comprehension of professionals' collaborative work is necessary for a comprehensive understanding of the dynamics and development of interprofessional collaboration (Croker, Trede, & Higgs, 2012; Nugus & Forero, 2011).

While the focus on physicians and nurses in Electronic Health Record (EHR) research is logical given their significant roles, our exploration of the ACM library and medical informatics journals revealed a notable lack of research on medical secretaries. Only one study examined the crucial role of unit secretaries in information-seeking within a multidisciplinary team in an emergency room (Spence & Reddy, 2007). Medical secretaries, along with other non-clinical hospital staff, are often overlooked, as seen in a study on patient transfers that vaguely references a non-specific group of non-clinical workers (Abraham & Reddy, 2008).

This invisibility extends to secretaries and assistants in general, as noted in computer-supported cooperative work (CSCW) and human-computer interaction

(HCI) literature, where studies explicitly focusing on administrative assistants are lacking (Erickson et al., 2008). Termed 'articulation workers' by Erickson et al., administrative assistants possess specific knowledge and skills required for their roles. The seeming invisibility of secretaries and administrative assistants may stem from the perception that their work, like that of technicians, is routine, unskilled, or not considered "knowledge work" [7; 21]. However, CSCW studies reveal that seemingly ordinary positions, such as phone operators and copy machine technicians, involve high levels of expertise and are crucial to organizational functioning (Blomberg, et al., 1996; Muller, 1999). The enigma of the invisibility of clerical work persists, particularly in light of the importance of making work visible in CSCW (Star & Strauss, 1999). In conclusion, as healthcare evolves towards increased collaboration, understanding the dynamics and contributions of various healthcare professionals, including medical secretaries, becomes crucial for shaping effective strategies and improving overall healthcare delivery (Vision 2030, 2023).

2. Strategic Contribution of Medical Secretary

In the healthcare industry, medical assistants or medical secretary are extremely important, especially in outpatient or ambulatory care environments like clinics and doctor's offices. The US Bureau of Labor Statistics reports that there is a substantial need for medical assistants and that the field is expanding quickly. Numerous factors, such as the expected rise in the number of outpatient care centers and doctor's offices, technology developments, and the aging population's growing need for medical services, are responsible for this trend. The Occupational Analysis of Medical Assistants describes medical assistants as adaptable workers qualified to do both administrative and clinical tasks. The precise duties could change according to the medical practice's location, size, specialization, and state laws, among other things. Within their positions, secretaries carry out a wide range of duties, some of which may include or exclude the following (Hooke, 2012):

1. Typing: To ensure accuracy and efficiency, secretaries frequently type a variety of papers, letters, and reports.
2. Handling calls: They efficiently and professionally manage communication by fielding both incoming and outgoing calls.
3. General administration: Secretaries help the office run smoothly by doing general administrative duties including filing, data entry, and document organizing.
4. Diary management: Keeping track of appointments, schedules, and significant dates is a crucial duty that contributes to the organization's efficient use of its time.
5. Checking outcomes: Secretaries may be tasked with checking the accuracy and completeness of reports, records, or results by reviewing and verifying them.
6. Keeping waiting lists and appointments structured: They help to ensure that patients or clients are managed effectively by keeping waiting lists and appointment schedules orderly.
7. Setting up meetings and taking minutes: Secretaries help with the scheduling and execution of meetings, frequently recording important talks and decisions with the taking of minutes.

8. Organizing rotes: They might be in charge of developing and overseeing work schedules or rotes, making sure that duties are adequately covered and distributed.
9. Coordination of child protection efforts: In some situations, secretaries may be in charge of organizing child protection-related activities while following all applicable rules and guidelines.
10. Supporting medical education for junior doctors: Secretaries can help with junior doctor educational initiatives, which helps with medical professionals' training and development.

Despite the widespread belief that most secretaries are capable, and their decisions can be trusted, it is important to acknowledge the wide range of skills and backgrounds that these professionals possess. It could be essential to evaluate and comprehend the unique abilities and inclinations of a secretary in order to guarantee productive collaboration. Since secretaries frequently take a different approach to their work, having open interactions with them is crucial to developing a productive working relationship (Vision 2030, 2023).

3. Collaboration Between Nurse and Physician

Together, the medical and nursing professions make up a sizable portion of the healthcare workforce. It is critical to promote cooperation between these two sectors in order to develop treatment regimens that are effective and eventually result in the best possible outcomes for patients. Patients see a cohesive healthcare team working together to guarantee proper care delivery when healthcare professionals in various fields actively participate in collaborative efforts. Patients' favorable experiences with healthcare are enhanced by this observation, which boosts their trust in the healthcare system. The visual representation of active collaboration, as noted by Starmer et al. in 2014, supports the idea of a well-oiled healthcare team dedicated to delivering superior patient care.

Collaboration is defined by El Sayed and Sleem (2011) as a cooperation between autonomous people inside a relationship. They describe it as "the process of joint decision-making among independent parties, involving joint ownership of decisions and collective responsibility for outcomes." This definition rejects any idea of subservience in the relationship and places an emphasis on the independence of those making decisions. This viewpoint holds that collaboration comprises both shared decision-making and shared accountability for the decisions' results. The cooperation of doctors and nurses is seen to be crucial to improving patient outcomes. This cooperation and understanding between the two parties improves patient outcomes and nurses' job satisfaction, which may have an impact on nurse retention. Integrity and trust are essential components of a successful nurse-physician interaction since their absence might prevent important patient information from being shared and cause delays in the execution of orders (ElHanafy, 2018).

Ushiro et al. (2009) created the Nurses and Physicians Collaboration Scale, which includes three categories: sharing clinical patient information, taking part in decision-making, and cooperation between nurses and physicians (Rapetti et al.,

2014). The scale is intended to evaluate the level of collaboration between nurses and physicians. Participating together in the decision-making process entails reaching cooperative decisions regarding patient care, issues, and discharge. Exchanging patient data signifies a reciprocal exchange to confirm the impact of treatment and sustain a mutual comprehension of modifications to the treatment regimen. In their combined efforts, nurses and doctors demonstrate consideration and mutual help, which is reflected in their cooperativeness (Mohamed, 2016).

Autonomy in the context of modern healthcare is the capacity to choose and behave as one pleases. For nurses, autonomy is the ability to act independently and carry out tasks within the purview of their profession, such as patient assessment and observation, without needing consent from others. According to Shohani et al. (2018), nurses must establish professional connections with other healthcare workers in order to maintain their professional autonomy. According to Kuwano et al. (2016), professional autonomy is the capacity to decide and the liberty to act in conformity with one's body of professional knowledge. This knowledge enables nurses to function within the full extent of their practice by providing care for patients who are culturally and linguistically diverse.

Autonomy is divided into structural and attitudinal dimensions by Supametaporn (2013). The freedom of an employee to make decisions based on job requirements is known as structural autonomy, and it is impacted by a number of variables, including the practice setting, managed care, and educational background. Nurses' authority shapes the practice environment; managed care improves planning and coordination; and formal education, clinical training, critical thinking, and communication skills are all part of an educator's background (El-ksas, 2015). Conversely, attitude autonomy refers to the conviction that one is free to use discretion while making decisions, representing a nurse's unique perspective on their line of work.

4. Physician Communication Patterns

Proficiency in interpersonal communication is a fundamental, yet frequently disregarded, component of a doctor's everyday duties. Over the course of their busy day, doctors have a variety of communication issues as they juggle many tasks while attending to numerous patients. One of the many difficult duties that doctors must perform on a daily basis is the deft transition between sensitive, educational conversations with patients and skillful, instructive chats with other medical experts. Doctors working in emergency rooms or intensive care units sometimes have to break bad news to worried relatives, which calls for tact, thoughtfulness, and respect. When speaking with other doctors, surgical assistants, and nurses in the operating room, it is crucial to use clear, concise, and straightforward language. Doctors must skillfully and gently answer the inquiries of newly diagnosed cancer patients in outpatient oncology clinics. Doctors in family medicine clinics have to pay close attention to patients' accounts when they present with new, unexplained illnesses. These discussions can be difficult to manage, but they are essential and a crucial component of a doctor's duties (Valentini, 2020).

It is possible to claim that the most important element in any healthcare setting is patient-centered communication abilities. A significant body of evidence demonstrates that patient-centered communication has a considerably favorable impact on patient satisfaction, adherence to recommended treatment, and self-management of chronic conditions (Levinson, Lesser, & Epstein, 2010). Given the critical importance of communication, further research on physician communication skills training is clearly needed in order to produce actionable findings that practitioners can quickly put into practice (Cegala & Broz, 2002). Enhancing patient experiences, encouraging adherence to treatment regimens, and ultimately increasing healthcare results depend on doctors having better communication skills.

It is critical to investigate strategies for improving communication between doctors and their medical associates because of the significant influence that doctors' communication styles have on patients' health outcomes. Even though they are highly trained critical thinkers and problem solvers, doctors, like everyone else, occasionally have communication difficulties that need to be resolved in order to provide the best possible care for their patients. Egocentricism and an unwillingness to acknowledge mistakes are two frequent criticisms in this regard, which are said to contribute to a "lone-wolf mentality," in which doctors may not work as effectively as they could with the medical team (Foronda et al., 2016).

This mindset may have its origins in the pre-professional curriculum of medical schools, which may have placed too little emphasis on collaboration and respect for other medical specialties. Research indicates that certain medical school graduates might become doctors who, in contrast to their colleagues in other medical specialties, place a lower emphasis on extraprofessional education and teamwork (Curran, Sharpe, Forristal, & Flynn, 2008). This disregard for cooperation and comprehension may have contributed to the interpersonal communication deficits that are currently seen among doctors.

Being leaders and highly trusted by the entire healthcare team, physicians are essential to the integrity of any healthcare system. Since doctors are the ones who are usually called upon for instructions, clarification, and direction—basically acting as the head of operations in a team-based medical system—they must have strong communication skills. Physicians have to be able to remain calm under pressure, manage their team, and process information while dealing with a lot of sensory input. Interestingly, research shows that doctors are the most commonly interrupted profession in the ER—more so than nurse practitioners, physician assistants, and licensed practical nurses. Moreover, rather than interrupting themselves, doctors are more frequently the target of interruptions caused by others (Berg, L. M. et al., 2013). This emphasizes how important it is for doctors to be able to manage their workload, speak clearly under pressure, and function well in a constantly chaotic environment. Improving communication abilities is essential for fostering teamwork as well as for maximizing patient care in fast-paced, demanding medical settings.

5. Medical Assistants Communication Pattern

Since physician assistants (PAs) must operate in tandem with supervising physicians, their function in the healthcare system is intrinsically focused on communication and teamwork. While PAs fulfill patient care tasks with a degree of autonomy, their practice is under indirect or nominal supervision, stressing their team-oriented approach (Morgan & Hooker, 2010). The collaborative approach noticed in PAs may be impacted by their education, as studies demonstrate that PA students prioritize interdisciplinary learning and teamwork, realizing the benefit of working with other healthcare providers (Hertweck et al., 2012; Lie et al., 2013).

While PA students show a greater appreciation for interdisciplinary learning than students in medical school, they tend to place less emphasis on working with professionals like physical therapists and occupational therapists than students in other healthcare professions (Hertweck et al., 2012). This emphasizes how the distinct team-based mindset ingrained in PA education has shaped the way that they see collaborative care. Although PAs, like other professionals, may have areas for interpersonal improvement, their underlying team-oriented perspective is obvious, showing a heightened awareness of provider-provider communication needs (Hertweck et al., 2012).

The PA profession is made up of people who are inherently predisposed to collaborate with other physicians because of the institutional level of PA education, which instills a strong work ethic. An exemplary study (Marion et al., 2008) evaluated the proficiency of English-speaking PA students in providing treatment for patients who do not speak English. The study showed how PAs used interpreters to their advantage, demonstrating their ability to work as a team to provide the best possible care for patients—even in the face of difficult language obstacles. This team-based strategy, which is demonstrated in a variety of settings, highlights the flexibility and resilience of PAs in handling challenging healthcare circumstances (Marion et al., 2008). Furthermore, PAs are positioned as culturally significant assets in a healthcare sector marked by increased linguistic variety because of their ability to communicate, especially with translators (Duffin, 2020).

Finally, the team-centered attitude that permeates PA education is evident in the profession's propensity for cooperation and clear communication. PAs are flexible and culturally competent members of the healthcare team because they can collaborate with other professionals in a fluid manner and use a range of abilities to deliver excellent patient care in a range of situations.

6. Requirements for Healthcare Professionals Collaboration

Effective communication between doctors, nurses, and medical secretaries is crucial in healthcare environments to maximize patient care and operational efficiency. A core part of successful collaboration is the establishment of clear communication channels, enabling an environment where team members feel comfortable voicing problems and sharing information (Foronda et al., 2016). Furthermore, encouraging cooperative decision-making procedures that

appreciate the opinions of all team members helps to foster a shared responsibility culture (El Sayed & Sleem, 2011). According to Reeves et al. (2017), interprofessional education and training programs are essential for improving healthcare professionals' ability to function as a team and for promoting mutual understanding. For improved communication and administrative efficiency, the adoption of effective information systems and technology is essential (Lapkin et al., 2010). Moreover, developing a culture of respect and understanding for the specific roles of physicians, nurses, and medical secretaries is crucial for efficient collaboration (Xyrichis & Lowton, 2008). These ideas, tailored to the unique circumstances of every healthcare facility, foster a cooperative atmosphere that eventually improves patient care.

7. Strategic Collaboration for Patient Care

In a variety of healthcare scenarios, it is acknowledged that effective interprofessional collaboration between doctors and nurses is essential (Sollami, 2015; Ward, 2008). To create and carry out patient care plans, this partnership entails combined efforts, shared duties, and joint decision-making (Boev & Xia, 2015). Promoting collaboration among healthcare professionals is critical as healthcare delivery gets more complex, especially in hospital settings where experts are in constant contact with one another. Research has demonstrated that fostering collaboration and teamwork between nurses and physicians can improve patient outcomes, lower healthcare costs, boost job satisfaction, and preserve patient safety (Tjia, 2009). Evidence indicates that poor communication can result in disagreements, medical errors, and unfavorable outcomes. Nurse-physician communication is essential to the information flow in healthcare (Tjia, 2009).

The attrition of nursing professionals and the scarcity of nurses have been linked to unsatisfactory interprofessional partnerships between physicians and nurses (Steinbrook, 2002). It's possible that nurses and doctors don't always recognize one other's contributions to patient care, despite the fact that they play crucial roles in it (Anderson, 1996). Research shows that different people have different ideas about collaboration. Doctors typically see it as following directions, but nurses see it as playing a more complementary role (Baggs, 1997). While highlighting the critical responsibilities that doctors and nurses play in patient care, Bujak and Bartholomew also point out that there are obstacles to good communication between these two vital healthcare professionals (Bujak & Bartholomew, 2011).

Physician domination and the view of nurses as assistants rather than partners in providing comprehensive care have historically defined the hierarchical interaction between doctors and nurses (Vazirani, et al., 2005). Improving patient care, lowering conflict, and raising the general efficacy of healthcare teams all depend on addressing these historical patterns and developing cooperative partnerships.

8. Strategic Collaboration for Patient Safety

In healthcare companies, patient safety is of utmost importance, especially as international accreditation agencies place a strong emphasis on evaluating the patient safety culture. Hospitals can strengthen patient safety measures by using this assessment to help them identify areas that need improvement (Deilkås and Hofoss, 2008; Smits et al., 2009). Patient safety, as defined by the World Health Organization (WHO, 2018), entails avoiding mistakes and unfavorable outcomes related to medical care. Healthcare practitioners, notably physicians and nurses, play crucial roles in deciding the quality of healthcare supplied to patients. Patient outcomes are directly impacted by the choices and abilities of these professions, and patient safety and results are greatly impacted by the successful collaboration between doctors and nurses (Holden et al., 2013). Research continuously shows that joint decision-making between doctors and nurses lowers medical errors, promotes overall patient safety, and improves patient outcomes.

In order to reduce medical errors and improve patient safety, the Institute of Medicine (I.O.M.) highlights the importance of implementing a patient safety culture (Donaldson et al., 1999; Donaldson et al., 2000; Corrigan, 2005). In order to create a patient safety culture, it is determined that a blame-free culture is essential since it motivates healthcare professionals to disclose problems without worrying about being held accountable. Reporting errors facilitates the discovery of system failures and supports continuous improvement to prevent future accidents, matching with patient safety culture standards (Cooper et al., 2017). Teams, patients, tasks, environmental elements, technology, organizational features, and institutional considerations are just a few of the contextual factors that affect patient safety (Holden et al., 2013). The management's promotion of safety, the creation of teamwork structures, transparent communication, efficient information transfer, a culture devoid of blame, sufficient staffing, ongoing education, safety consciousness, and hospital-wide systems and procedures are other elements that support patient safety (Morello et al., 2013). Among these, multi-professional cooperation and teamwork stand out as important elements that support patient safety in healthcare settings (Wami et al., 2016).

Teamwork among healthcare professionals is defined as the interaction of two or more individuals working interdependently toward common goals that benefit from leadership, stability maintenance, honest discussion, and problem-solving (H.R.H., 2018). Multi-functional teamwork comprises a sequence of considerable tasks and handovers, with strongly aligned team procedures deemed really "inter-professional" (Katzenbach and Smith, 2015). Respect and helpfulness among team members define collaboration, which can be interprofessional or inter-professional. According to the Institute of Medicine, interprofessional collaboration is the regular meeting of health and social care experts to address issues, offer services, and improve health outcomes (O'connor et al., 2016). In a cross-sectional survey conducted in China, patients exhibited openness to contribute to patient safety, however their awareness of patient safety was found to be poor (Zhang et al., 2020). This emphasizes how crucial patient education and awareness campaigns are for fostering a culture of safety and teamwork in the healthcare industry.

9. Importance of Good Relationships Between Healthcare Providers

The phenomenon of "turf wars" is challenged by Associate Professor Thiru Thirumoorthy, who underlines its adverse impact on medical professionalism, the dignity of the profession, and collegiality. Thirumoorthy highlights that physicians should concentrate on reducing patient suffering as the real rivalry in medicine should be aimed at illness and ignorance. This emphasizes how important it is to keep cordial and courteous interactions with coworkers in order to uphold one's professional ethics as well as the vital goals of reporting near misses, limiting adverse events, and attaining optimal patient outcomes. A recent Queensland study highlights the need for a patient-safe culture by linking undesirable behavior by healthcare professionals to higher rates of medical errors, adverse events, and difficulties associated with healthcare. Even while there is always rivalry in the medical field, it is argued that this should take a backseat to the dedication to treating patients well in order to get the respect and possibly even referrals from other professionals. Section 5.2 of the Australian code of conduct, titled "Good medical practice," emphasizes that effective communication and mutual respect are essential for improving patient care among all healthcare practitioners (*News GP)*. The three essential elements of upholding good medical practice are listed in Section 5.2:

1. Recognizing and honoring the input of every medical expert engaged in the patient's care (section 5.2.1): This means appreciating and acknowledging the various responsibilities that medical professionals play in the treatment of patients.
2. Speaking with other physicians and healthcare providers who are treating the patient in a clear, efficient, polite, respectful, and timely manner (section 5.2.2): This emphasizes how crucial it is for medical staff participating in patient care to communicate openly and respectfully in order to foster productive teamwork.
3. Using social media in a polite and professional manner, as well as acting appropriately toward coworkers and other practitioners (section 5.2.3): This includes acting with civility and professionalism when interacting with coworkers in both online and conventional professional contexts, such as social media.

A particular incidence from a 2017 coronial inquest in South Australia, involving the deaths of two stroke patients, brought to light the ramifications of an interventional neuroradiologist's personal animosity preventing her from arranging coverage during her leave. Patient outcomes suffered as a result of this failure, which was caused by interpersonal problems. The investigation raises the possibility that patients in need of clot retrieval may have had different results if interventional neuroradiology services had been accessible. Additionally, a 2019 Trust in Health Care article highlights the significance of acknowledging and resolving differences as a way to learn, identify the best course of action, and unite all parties involved in the service-oriented pursuit of implementing that course of action—rather than as a way to win arguments or demonstrate dominance. In healthcare decision-making, this viewpoint emphasizes cooperation and service-oriented objectives (*News GP)*.

Eleven crucial tactics are suggested in order to promote excellent professional connections among healthcare practitioners (*News GP*):

1. Limiting the substance of Medical Records: Keep complaints and disparaging remarks about coworkers out of medical records and limit their substance to patient care only. This guarantees a patient-centered approach without jeopardizing professional ties.
2. Acknowledging Contributions: Give due recognition to the efforts performed by other medical experts. This acknowledgement promotes a climate of cooperation and respect for one another.
3. Advocating for Colleagues: Encourage a cooperative and encouraging work atmosphere by actively supporting and standing up for colleagues when needed.
4. Handling Conflicts Professionally: Handle disagreements with coworkers in a timely and courteous manner, keeping patients out of the picture. Efficient resolution promotes harmony in the workplace.
5. Stressing Patient-Centric Concerns: When voicing concerns over conflicts regarding patient care, stress that reaching the greatest possible outcome for the patient is a shared aim. Respect your coworkers and look for solutions that all parties can agree on.
6. Positively Framing Suggestions: When making suggestions for enhancements, discuss the shared risk involved in order to encourage a positive and cooperative attitude to problem-solving.
7. Consciousness of Coworkers' Welfare: Be aware that coworkers can be in pain or have disabilities, and handle conversations with tact.
8. Preventing Complaints on Public venues Like social media or Email: Steer clear of voicing complaints via email or on public venues like social media. Professional problem solving requires open communication.
9. Making the Most of Conferences for Networking: Take advantage of the chance to network with colleagues at conferences, cultivate relationships, and look for different viewpoints on difficult clinical topics.
10. Value Differences: Recognize and capitalize on divergent viewpoints as a useful tool that may be applied to creative and all-encompassing patient care.
11. Handling Disrespectful Behavior: In order to foster a superior work environment, kindly identify and deal with disrespectful behavior among coworkers.

The importance of putting patients' needs ahead of healthcare providers' personal grudges is underlined. Neglecting patients in favor of personal matters can have unfavorable consequences that outweigh any imagined win over a coworker. It is essential to focus on high-risk regions while keeping patients' best interests in mind in order to achieve positive results and individual fulfillment.

10. Conclusion

In conclusion, this topic has covered a wide range of healthcare-related topics, with a focus on the value of professional, courteous, and cooperative relationships amongst medical personnel. The significance of proficient communication, collaborative efforts, and reciprocal regard have been emphasized consistently, acknowledging their indispensable function in attaining the best possible patient

results and guaranteeing the security and welfare of patients receiving medical attention. The intricacies and difficulties of interdisciplinary teamwork have been examined, encompassing everything from the function of physician assistants to the dynamics between nurses and doctors. The development of a patient-centric culture, the necessity of transparent communication, and the recognition of varied viewpoints have become important topics. Moreover, research has demonstrated the possible influence of interpersonal dynamics on medical errors, patient safety, and healthcare quality. As a result, healthcare workers are being urged to place a high priority on fostering a respectful and collaborative culture. The research also covered the larger healthcare ecosystem, stressing the value of upholding professional relationships and approaching disagreements with a patient-focused perspective. Healthcare professionals can use the tactics for building strong professional connections as a roadmap to help them negotiate the complexities of their workplace and create a culture of teamwork and continuous development. The main takeaway is that there is a close correlation between the caliber of patient care and the caliber of professional relationships among healthcare providers. Focusing on cooperation, clear communication, and respect for one another, the medical community may work together to improve patient outcomes and make the hospital environment safer and more encouraging. Effective communication and education strategies will increase the awareness and readiness of healthcare staff for the transformation process.

References

Abraham, J., & Reddy, M. C. (2008, November). Moving patients around: a field study of coordination between clinical and non-clinical staff in hospitals. In *Proceedings of the 2008 ACM conference on Computer supported cooperative work* (pp. 225-228).

Anderson, A. (1996). Nurse-physician interaction and job satisfaction. *Nursing Management*, *27*(6), 33.

Bagayogo, F. F., Lepage, A., Denis, J.-L., Lamothe, L., Lapointe, L., & Vedel, I. (2016). Grassroots inter-professional networks: The case of organizing care for older cancer patients. Journal of Health Organization and Management, 30(6), 971–984. doi:10.1108/JHOM-01-2016-0013

Baggs, J. G., Schmitt, M. H., Mushlin, A. I., Eldredge, D. H., Oakes, D., & Hutson, A. D. (1997). Nurse-physician collaboration and satisfaction with the decision-making process in three critical care units. *American Journal of Critical Care*, *6*(5), 393-399.

Berg, L. M., Källberg, A. S., Göransson, K. E., Östergren, J., Florin, J., & Ehrenberg, A. (2013). Interruptions in emergency department work: an observational and interview study. *BMJ Qual Saf, 22(*8), 656-663. http://dx.doi.org/10.1136/bmjqs-2013-001967

Blomberg, J., Suchman, L., & Trigg, R. H. (1996). Reflections on a work-oriented design project. *Human–Computer Interaction*, *11*(3), 237-265.

Boev, C., & Xia, Y. (2015). Nurse-physician collaboration and hospital-acquired infections in critical care. *Critical Care Nurse*, *35*(2), 66-72.

Bronstein, L. L. (2003). A model for interdisciplinary collaboration. *Social Work*, 48(3), 297–306.

Bujak, J. S., & Bartholomew, K. (2011). Transforming physician-nurse communication. Deteriorating relationships must be reversed for the benefit of patients, staff and the organization. *Healthcare Executive*, *26*(4), 56-59.

Cegala, D. J., & Broz, S. L. (2002). Physician communication skills training: a review of theoretical backgrounds, objectives and skills. *Medical Education, 36*(11), 1004–1016. doi: 10.1046/j.1365-2923.2002.01331.x

Cooper, J., Edwards, A., Williams, H., Sheikh, A., Parry, G., Hibbert, P., CarsonStevens, A., 2017. Nature of blame in patient safety incident reports mixed-methods analysis of a national database. Ann. Fam. Med. 15 (5), 455–461.

Corrigan, J.M., 2005. Crossing the quality chasm. Building a better delivery system.

Creating a vision for all. 2022 [cited 2023 February 20]. Available from: https://na.vision2030.gov.sa/v2030/creating-a-vision-for-all/

Croker, A., Trede, F., & Higgs, J. (2012). Collaboration: What is it like? - Phenomenological interpretation of the experience of collaborating within rehabilitation teams. *Journal of Interprofessional Care*, 26(1), 13–20. doi:10.3109/13561820.2011.623802

Curran, V. R., Sharpe, D., Forristal, J., & Flynn, K. (2008). Attitudes of health science students towards interprofessional teamwork and education. *Learn Health Soc Care, 7*(3), 146- 156. https://doi.org/10.1111/j.1473-6861.2008.00184.x

D'Amour, D., Goulet, L., Labadie, J.-F., San Martín-Rodriguez, L., & Pineault, R. (2008). A model and typology of collaboration between professionals in healthcare organizations. *BMC Health Services Research*, 8(1), 1–14.

D'Amour, D., Goulet, L., Labadie, J.-F., San Martín-Rodriguez, L., & Pineault, R. (2008). A model and typology of collaboration between professionals in healthcare organizations. *BMC Health Services Research*, 8(1), 1–14.

DDeilkås, E.T., Hofoss, D., 2008. Psychometric properties of the Norwegian version of the Safety Attitudes Questionnaire (S.A.Q.), generic version (short form 2006). BMC Health Serv. Res. 8 (1), 191.

Donaldson, M.S., Corrigan, J.M., Kohn, L.T. (Eds.), 2000. To err is human: building a safer health system, 6. National Academies Press. Available from: https ://www.ncbi.nlm.nih.gov/pumbed/25077248.

Duffin, E. (2020). Languages spoken in the United States 2018. Retrieved from https://www.statista.com/statistics/183483/ranking-of-languages-spoken-at-home-intheus-in-2008/

Edwards, A. (2011). Building common knowledge at the boundaries between professional practices: Relational agency and relational expertise in systems of distributed expertise. *International Journal of Educational Research*, 50(1), 33–39. doi:10.1016/j.ijer.2011.04.007

El-Hanafy, E. (2018). Nurse /Physician Work-Related relationship as Perceived by Both of them. Egyptian Nursing Journal,15 (2):188-195.

El-ksas, E. (2017). Professional Nursing Autonomy and Organizational Support: Staff Nurses' Perspective, Un Published Master Thesis, Faculty of Nursing, Alexandria University.

El-Sayed, K. and Sleem, W. (2011). Nurse/Physician collaboration: A Comparative Study of the Attitudes of Nurses and Physicians at Mansoura University. Life Science Journal, 8 (2): 140–146.

Foronda, C., MacWilliams, B., & McArthur, E. (2016). Interprofessional communication in healthcare: An integrative review. ScienceDirect, 19, 36-40. https://doi.org/10.1016/j.nepr.2016.04.005

Foronda, C., MacWilliams, B., & McArthur, E. (2016). Interprofessional communication in healthcare: An integrative review. Nurse Education in Practice, 19, 36-40.

Hall, P. (2005). Interprofessional teamwork: Professional cultures as barriers. Journal of Interprofessional Care, 19(1), 188–196. doi:10.1080/13561820500081745

Health Sector Transformation Plan (HSTP) Guide. [cited 2023 March 24]. Available from: https://moh.gov.sa/en/Ministry/vro/Pages/manual.aspx

Health, H.R., 2018. Teamwork: Collaboration and enhanced communication. U.S.A: H.R.H.

Hertweck, M. L., Hawkins, S. R., Bednarek, M. L., Goreczny, A. J., Schreiber, J. L., & Sterrett, S. E. (2012). Attitudes toward interprofessional education: comparing physician assistant and other health care professions students. *Journal of Physician Assistant Education (Physician Assistant Education Association), 23*(2).

Hooke, R. (2012). How to work effectively with medical secretaries. *British Journal of Hospital Medicine*, *73*(Sup11), C174-C176.

Katzenbach, J.R., Smith, D.K., 2015. The wisdom of teams: Creating the Highperformance Organization. Harvard Business Review Press.

Kuwano, N., Fukuda, H. and Murashima, S. (2016). Factors Affecting Professional Autonomy of Japanese Nurses Caring for Culturally and Linguistically Diverse Patients in A Hospital Setting in Japan. Journal of Trans cultural Nursing, 27(6): 567-573.

Lapkin, S., Levett-Jones, T., Gilligan, C., & Hoffman, K. (2010). The effectiveness of interprofessional education in university-based health professional programs: A systematic review. Journal of Multidisciplinary Healthcare, 3, 145-167.

Leathard, A. (2003). Interprofessional collaboration. From policy to practice in health and social care. (A. Leathard, Ed.). New York, USA: Routledge.

Levinson, W., Lesser, C., & Epstein, R. (2010). Developing Physician Communication Skills for Patient-Centered Care. Health Affairs, 29(7). https://doi.org/10.1377/hlthaff.2009.0450

Lie, D., Walsh, A., Segal-Gidan, F., Banzali, Y., & Lohenry, K. (2013). Physician assistant students' views regarding interprofessional education: a focus group study. *Journal of Physician Assistant Education (Physician Assistant Education Association), 24*(1).

Lingard, L., Sue-Chue-Lam, C., Tait, G. R., Bates, J., Shadd, J., & Schulz, V. (2017). Pulling together and pulling apart: Influences of convergence and divergence on distributed healthcare teams. *Advances in Health Sciences Education Theory & Practice*, 22(5), 1085–1099. doi:10.1007/s10459-016-9741-2

Marion, G. S., Hildebrandt, C. A., Davis, S. W., Marín, A. J., & Crandall, S. J. (2008). Working effectively with interpreters: A model curriculum for physician assistant students. *Medical Teacher, 30*(6), 612–617. doi: 10.1080/01421590801986539

Morello, R.T., Lowthian, J.A., Barker, A.L., McGinnes, R., Dunt, D., Brand, C., 2013. Strategies for improving patient safety culture in hospitals: a systematic review. BMJ Qual. Saf. 22 (1), 11–18.

Morgan, P.A., & Hooker, R.S. (2010) Choice of specialty among physician assistants in the United States. Health Affairs 29(5), 887–891. doi:10.1377/hlthaff.2008.0835

Motamed-Jahromi, M., Jalali, T., Eshghi, F., Zaher, H. and Dehghani, L. (2015). Evaluation of Professional Autonomy and the Association with Individual Factors among Nurses in the Southeast of Iran. Journal of Nursing and Midwifery Sciences, 2: 37– 42.

Muller, M. J. (1999). Invisible work of telephone operators: An ethnocritical analysis. *Computer Supported Cooperative Work (CSCW)*, *8*(1-2), 31-61.

Nancarrow, S. A., Booth, A., Ariss, S., Smith, T., Enderby, P., & Roots, A. (2013). Ten principles of good interdisciplinary team work. *Human Resources for Health*, 11(19), 1–11. doi:10.1186/1478-4491-11-1

National Transformation Program 2020. [cited 2023 March 01]. Available from: https://leap.unep.org/countries/sa/national-legislation/national-transformation-program-2020

National transformation program. 2022 [cited 2023 March 26]. Available from: https://www.vision2030.gov.sa/v2030/vrps/ntp/

News GP - The importance of good professional relationships. (n.d.). NewsGP. https://www1.racgp.org.au/newsgp/professional/the-importance-of-good-professional-relationships

Nugus, P., & Forero, R. (2011). Understanding interdepartmental and organizational work in the emergency department: An ethnographic approach. *International Emergency Nursing*, 19(2), 69–74. doi:10.1016/j.ienj.2010.03.001

O'connor, P., O'dea, A., Lydon, S., Offiah, G., Scott, J., Flannery, A., Byrne, D., 2016. A mixed-methods study of the causes and impact of poor teamwork between junior doctors and nurses. Int. J. Qual. Health Care 28 (3), 339–345.

Organization, W. H., 2018. Patient Safety. Europe: World Health Organization Europe.

Petrakou, A. (2009). Integrated care in the daily work: Coordination beyond organisational boundaries. *International Journal of Integrated Care*, 9(July), 1–8. doi:10.5334/ijic.325

Rapetti, R., Fiorini, B., Puntoni, M., DeCensi, A. and Lo Pinto, G. (2014). The Nurse/Physician Collaboration: A Survey among Internal Medical Units in Liguria Region. Italian Journal of Medicine, 8(4): 238-245.

Reeves, S., Pelone, F., Harrison, R., Goldman, J., & Zwarenstein, M. (2017). Interprofessional collaboration to improve professional practice and healthcare outcomes. The Cochrane Database of Systematic Reviews, 6(6), CD000072.

San Martin-Rodriguez, L., Beaulieu, M.-D., D'Amour, D., & Ferrada-Videla, M. (2005). The determinants of successful collaboration: A review of theoretical and empirical studies. *Journal of Interprofessional Care*, 19(S1), 132–147. doi:10.1080/13561820500082677

Saudi Vision 2030: Overview. 2022. [cited 2023 February 20]. Available from: https://na.vision2030.gov.sa/v2030/overview/

Smits, M., Wagner, C., Spreeuwenberg, P., Van der Wal, G., Groenewegen, P.P., 2009. Measuring patient safety culture: an assessment of the clustering of responses at unit level and hospital level. BMJ Qual. Saf. 18 (4), 292–296.

Sollami, A., Caricati, L., & Sarli, L. (2015). Nurse–physician collaboration: a meta-analytical investigation of survey scores. *Journal of interprofessional care*, *29*(3), 223-229.

Spence, P. R., & Reddy, M. C. (2007, November). The" active" gatekeeper in collaborative information seeking activities. In *Proceedings of the 2007 ACM International Conference on Supporting Group Work* (pp. 277-280).

Steinbrook, R. (2002). Nursing in the crossfire. *N Engl J Med*, *346*(22), 1757-1766.

Suter, E., Arndt, J., Arthur, N., Parboosingh, J., Taylor, E., & Deutschlander, S. (2009). Role understanding and effective communication as core competencies for collaborative practice. *Journal of Interprofessional Care*, 23(1), 41–51. doi:10.1080/13561820802338579

Tjia, J., Mazor, K. M., Field, T., Meterko, V., Spenard, A., & Gurwitz, J. H. (2009). Nurse-physician communication in the long-term care setting: perceived barriers and impact on patient safety. *Journal of patient safety*, *5*(3), 145.

Valentijn, P. P., Schepman, S. M., Opheij, W., & Bruijnzeels, M. A. (2013). Understanding integrated care: A comprehensive conceptual framework based on the integrative functions of primary care. *International Journal of Integrated Care*, 13(Jan–March), 1–12. doi:10.5334/ijic.886

Valentini, J. (2020). Communication patterns between physicians and physician assistants.

Vazirani, S., Hays, R. D., Shapiro, M. F., & Cowan, M. (2005). Effect of a multidisciplinary intervention on communication and collaboration among physicians and nurses. *American Journal of Critical Care*, *14*(1), 71-77.

Vision 2030. 2023 [cited 2023 March 02]. Available from: https://www.my.gov.sa/wps/portal/snp/content/saudivision/

Wami, S.D., Demssie, A.F., Wassie, M.M., Ahmed, A.N., 2016. Patient safety culture and associated factors: a quantitative and qualitative study of healthcare workers' view in Jimma zone Hospitals, Southwest Ethiopia. B.M.C. Health Serv. Res. 16 (1), 495.

Ward, J., Schaal, M., Sullivan, J., Bowen, M. E., Erdmann, J. B., & Hojat, M. (2008). The Jefferson scale of attitudes toward physician–nurse collaboration: A study with undergraduate nursing students. *Journal of interprofessional care*, *22*(4), 375-386.