Optimizing Interdisciplinary Communication In General Nursing: A Review

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Abstract
Globally, there is a scarcity of physicians choosing and staying in general practice, coupled with a growing load of chronic illnesses, which has expanded the responsibilities of nurses in this context. Although there is a well-established workforce of general practice nurses, there has been a lack of focus on the collaborative efforts between physicians and nurses in this particular context. The objective is to determine the factors that promote or hinder cooperation and teamwork between general practitioners and nurses in general (family) practice. Papers published were searched in CINAHL, Scopus, Web of Life, Cochrane Library, Joanna Briggs Institute Library of Systematic Reviews, and Trove (dissertations and theses). This study was guided by the methodology proposed by Whittemore and Knafl (2005). The methodological quality of all the included articles was evaluated. The findings were retrieved, thoroughly analyzed, and categorized into themes. This comprehensive research has offered valuable understanding of the factors that affect the collaboration between nurses and general practitioners in a team setting, including role definition, communication, and organizational restrictions. Further study should delve into the specific dynamics of cooperation between physicians and nurses in general practice, as well as the effects of this collaboration on nursing leadership and staff retention.

Keywords: chronic illnesses, review, general practice nurses, physicians.

1. Introduction

The global primary care workforce is facing a significant shortage of general practitioners (GPs) and nurses, which is a matter of worldwide concern (Grover & Niecko-Najjum 2013). Given the difficulties linked to a higher occurrence of long-lasting and intricate diseases, it is crucial for primary care teams to cooperate in order to guarantee that the most suitable healthcare provider delivers treatment in an effective and prompt way. Currently, the diverse range of medical conditions that are seen in general practice, together with the unclear boundaries of nursing responsibilities, create difficulties in assigning duties and leadership within the general practice team (Jacobson 2012, Grover & Niecko-Najjum 2013).

The lack of physicians in the healthcare sector has been worsened by many factors, including an increase in the retirement of general practitioners, GP burnout, and a shift towards the feminization and part-time employment of the GP profession. This issue has been documented internationally by Teljeur et al. (2010), Harrison & Britt (2011), and Willard-Grace et al. (2014). By 2016, the United States will have a shortage of primary care physicians as the number of clinicians departing from general practice will surpass the number of new doctors joining the field (Schwartz 2012). This phenomenon is seen globally in Canada, Europe, Australia, and New Zealand (Gutkin 2008, Chamberlain 2010, McCarthy et al. 2012, Liedvogel et al. 2013). In order to address the rising scarcity of GPs, it is crucial to consider ways that enable nurses in general practice to provide additional care within their professional capabilities (Bodenheimer & Smith, 2013).

The general practice workplace is widely acknowledged to be a complicated and diverse work environment. In the UK, US, Canada, Australia, and New Zealand, general practices are mostly privately held small businesses (Crampton 2005, Fuller et al. 2014). Income mostly comes from publicly sponsored national health insurance schemes or a payment mechanism that combines fixed capitation with variable fee for service (Altschuler et al. 2012, Fuller et al. 2014).

2. General practice workplaces

To showcase the variety of general practice workplaces, they can function as a solo practice, a practice with multiple physicians, a complex corporate entity where all staff, including doctors, are employees, or as a 'superclinic' that may incorporate a pharmacy, radiology, community nurse, and pathology services. In addition to the intricacy of the general practice workforce, many classifications of nurses are hired in general practice. These may include a range of healthcare professionals, ranging from Diploma-prepared enrolled nurses with a limited range of responsibilities, to Baccalaureate-prepared Registered Nurses, and Masters-prepared nurse practitioners with an expanded range of responsibilities (Grover & Niecko-Najjum 2013).The nurse's responsibilities in this context are influenced by several environmental elements,

such as the size of the practice, the characteristics of the patients, the structure of the practice, and the individual employment agreements.

3. Collaboration among health professionals

The importance of collaboration and cooperation among health professionals has been shown to be crucial in providing cost-effective healthcare, achieving favorable patient outcomes, and increasing patient and professional satisfaction (Barrett et al., 2007; Zwarenstein et al., 2009; Jacobson, 2012). Alternatively, other perspectives associate cooperation with conflict and unfavorable team results (Jansen 2008, Mitchell et al. 2010). This indicates that, while teamwork among health professionals has proven advantages, it is a complicated and diverse matter.

An often misunderstood notion about cooperation and teamwork is the mistaken belief that the two are inseparably connected (Xyrichis & Ream 2008). Collaboration and teamwork have similarities in terms of shared objectives, decision-making, trust, and respect. However, they vary in terms of leadership, authority, and autonomy (D'Amour et al. 2005, Meads et al. 2005, Taggart et al. 2009). Shared care refers to a strategy in which many health professionals collaborate and pool their abilities, knowledge, decision-making, and responsibilities, similar to cooperation and teamwork (Condon et al., 2000; McCann & Baker, 2003). Within a complicated health system that aims to provide excellent primary care, it is crucial for health professionals to be able to distinguish between the attributes of cooperation and teamwork in their job.

Contrary to the extensive study on acute care, there has been a scarcity of studies examining the collaborative practices between general practitioners (GPs) and nurses in the general practice environment. However, it is believed that both disciplines play complementary roles and adopt a multidisciplinary approach to collaborating (Halcomb et al., 2006; Finlayson & Raymont, 2012). When examining teamwork in settings other than general practice, Körner (2010) observed that multidisciplinary teams consist of various disciplines with well-defined roles, specific tasks, and hierarchical lines of authority. These teams work independently and simultaneously with each other. In addition, members of multidisciplinary teams do not question the limits of their own professions, and there is minimal contact or cooperation across different disciplines (Choi & Pak 2006). Considering the significance of enhancing the quality of service delivery, it is appropriate to examine factors that impact the collaboration between general practitioners (GPs) and nurses in a general practice setting.

4. Literature on collaboration in primary care

The majority of the global literature on collaboration in primary care has primarily examined the collaboration between general practitioners (GPs) and community pharmacists (Dey et al., 2011; Jove et al., 2014), nurse practitioners (Almost & Laschinger, 2002; Clarin, 2007; Schadewaldt et al., 2013), and allied health providers (Chan et al., 2010; Frost et al., 2012). This integrative study has consolidated information on the methods by which general practitioners (GPs) and nurses work together in a team setting inside a general practice. Internationally, academics and healthcare professionals often merge or swap the characteristics of cooperation and teamwork into a unified concept, as confirmed by Xyrichis and Ream (2008). In addition, this comprehensive analysis has shown that there is a lack of understanding of the hierarchical limitations specific to general practice and how these limitations affect cooperation and teamwork.

An important factor that was not given enough attention in the context of cooperation between GPs and nurses was the exclusion of nurses as valued participants in practice meetings. Practice meetings provide significant possibilities for disciplines to engage in decision-making, goal setting, and sharing duties, which are essential aspects of cooperation and teamwork (D'Amour et al., 2005; Xyrichis & Ream, 2008). Concise and focused practice meetings help improve interprofessional awareness and allow nurses to showcase their professional talents and abilities (Goldman et al. 2010).

Aligned with other research, this study discovered that the allocation of tasks and activities that provide compensation to the practice was a significant factor in determining the workload of nurses (Bernard et al., 2005; Halcomb et al., 2008a). The process of delegating tasks by the General Practitioner (GP) was seen as a more effective approach than cooperation, as it enhanced the efficiency of the practice and enabled clinicians to better coordinate patient care and allocate more time to complicated situations (Bernard et al., 2005; Walker, 2006). The challenge lies in the fact that successful delegation relies on a precise delineation of the nurse's responsibilities, mutual trust in each other's abilities, confidence, and constructive feedback (Sibbald 2003). The papers included in this study consistently shown a notable lack of clarity on the nurse's responsibilities and the extent of their professional abilities. Additionally, there were varying degrees of trust and confidence in the nurse's skills, and little evidence of effective communication. Undoubtedly, the low attendance of nurses at practice meetings restricted the chances to provide feedback or contribute to the administration of healthcare.

The diverse range of clinical presentations seen in general practice poses a challenge in defining the scope of practice for nurses, as stated in prior work (Grover & Niecko-Najjum, 2013). Nevertheless, it is worrisome that even though nursing in general practice has a lengthy history, there is still considerable confusion among different disciplines regarding the extent of a nurse's responsibilities and the perceived and actual roles of nurses (McCarthy et al. 2012, Jaruseviciene et al. 2013, MacNaughton et al. 2013). The persistent ambiguity over the nurse's scope of practice highlighted in this evaluation raises concerns about the contractual structure of nurses employed in general practice and the need for well-defined job descriptions.

This analysis provides evidence that nurses and general practitioners (GPs) operate in a multidisciplinary work setting, as stated in previous studies by Halcomb et al. (2006) and Finlayson & Raymont (2012). Like other settings outside of general practice, there were clear hierarchical lines of power, nurses did not question disciplinary limits, the nurse's job

was mostly confined to particular duties, and there was little evidence of cooperation between GPs and nurses (Choi & Pak 2006, Körner 2010). Undoubtedly, this research found little evidence of common knowledge among physicians and nurses. The only data indicating that physicians consulted with nurses was mostly limited to wound care (Condon et al., 2000). In order to improve cooperation and teamwork, general practitioners (GPs) and nurses should aim for a more effective multidisciplinary work arrangement where different disciplines work together to establish treatment plans and objectives (Körner 2010).

This analysis clearly indicates that the commercial model often seen in general practice often resulted in the GP having the dominant authority and leadership role, which had a detrimental impact on the collaboration between nurses and GPs. The presence of different job descriptions, uncertainty about roles, and a lack of clarity on the nurse's scope of practice all have a noticeable effect on the potential for nursing leadership in general practice (Halcomb et al., 2008b; Al Sayah et al., 2014). Nevertheless, it is clear that nurses employed in general practice may have a crucial function in a cooperative team setting, similar to pharmacists and other allied health professionals (Jacobson 2012). In order to improve productivity and the standard of care, practice owners and managers need to create methods that guarantee the most suitable healthcare professional provides effective interventions in a proficient and prompt way. However, it is important to note that leadership by the GP should not be seen as hindering the effectiveness of general practice teams (MacNaughton et al. 2013). Instead, the authority of the GP should be used to effectively expand the nurses' duties and improve their collaborative engagement with nurses (MacNaughton et al. 2013).

The lack of clear categorization of nurses working in general practice is a persistent and important problem. Additionally, the idea that GPs are responsible for the quality of nurses' work further emphasizes the need for leadership from GPs as employers (Phillips et al., 2008). As stated in the research, concerns about malpractice and liability were obstacles preventing general practitioners from delegating clinical leadership responsibilities to nurses in general practice (Thornhill et al., 2008). However, this viewpoint fails to recognize that nurses in general practice are indeed doctors who possess a decision-making framework and have the ability to function as independent clinicians (Phillips et al. 2008). In order to enhance the involvement of nurses in general practice and to empower their clinical leadership in this context, it is crucial to provide clear clarification on the indemnity of nurses in this setting.

5. Conclusion

Given the decreasing number of physicians entering and staying in general practice, it is vital to provide support and encouragement to nurses in order to include them in decision-making processes and goal setting for the practice. Without the combined assistance of GPs and clear understanding of the nurse's professional boundaries, it is probable that nurses employed in general practice will not be acknowledged as skilled and esteemed members of the multidisciplinary general practice team. Additional investigation of the collaboration and teamwork between general practitioners (GPs) and nurses in general practice might provide valuable understanding of the factors that impact nursing leadership and staff retention in this hierarchical healthcare environment.

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