Improving quality of care in Saudi Arabia: An Interprofessional Practice Model and Evidence based practice approach

Fatchima L Moussa

Abstract

From the nursing perspective, interprofessional collaboration is important as it helps to ensure that a greater continuity and quality of care can be provided to patients, which is the nurse's top aim. Interprofessional collaboration allows patient centered care to be more fully realized by nurses. Evidence-based practice also facilitates the delivery of quality care by nurses. The more that nurses are able to work with other health care professionals, communicate effectively with them, share information, and collaborate with them, the more the patient is likely to benefit. This chapter discusses the ways in which nurses in Saudi Arabia can think about interprofessional collaboration and evidence-based practice as conduits to patient centered, quality care.

Introduction

In Saudi Arabia, solutions to the problems of low quality care need to be developed and implemented (Almutairi, 2015). To this end, the Institute of Medicine's (IOM) recommended collaborative professional practice/Interprofessional practice model as a means of achieving high quality care is the first step in a positive direction for nurses. Currently there is a lack of awareness among nurses in Saudi Arabia about the potential positive impact of collaborative professional practice (Al-Shaikh et al., 2018). A second solution that will be examined in this chapter is the achievement of quality care through the use of evidence-based practice. Thirdly, how collaborative professional practice (CPP) and evidence-based practice (EBP) provide greater support for patient centered care (PCC) will be discussed. This study will thus examine how CPP, EBP and PCC can help nurses improve quality of care for patients in the KSA.

Quality care is what patients seek to receive and what nurses hope to deliver. However, certain obstacles get in the way of delivery—obstacles such as poor working environment, which negatively impacts nurses' ability to give efficient, effective and timely care; burnout which causes nurses to fail to deliver safe care or to follow safety guidelines; and a lack of equitability among staff, which causes care to be uneven from one provider to the next. All of this can be addressed through careful analysis of the IOM's quality health care indicators and implementation of the same institute's recommended practices and models for quality care delivery.

Methodology

The literature review was conducted using Google Scholar and searching the online databases such as NCBI, Medline and others with keywords "collaborative professional practice," "interprofessional practice model," "interprofessional practice Saudi Arabia," "evidence based practice," and "patient centered care."

The IOM's Collaborative Professional Practice/Interprofessional Practice Model

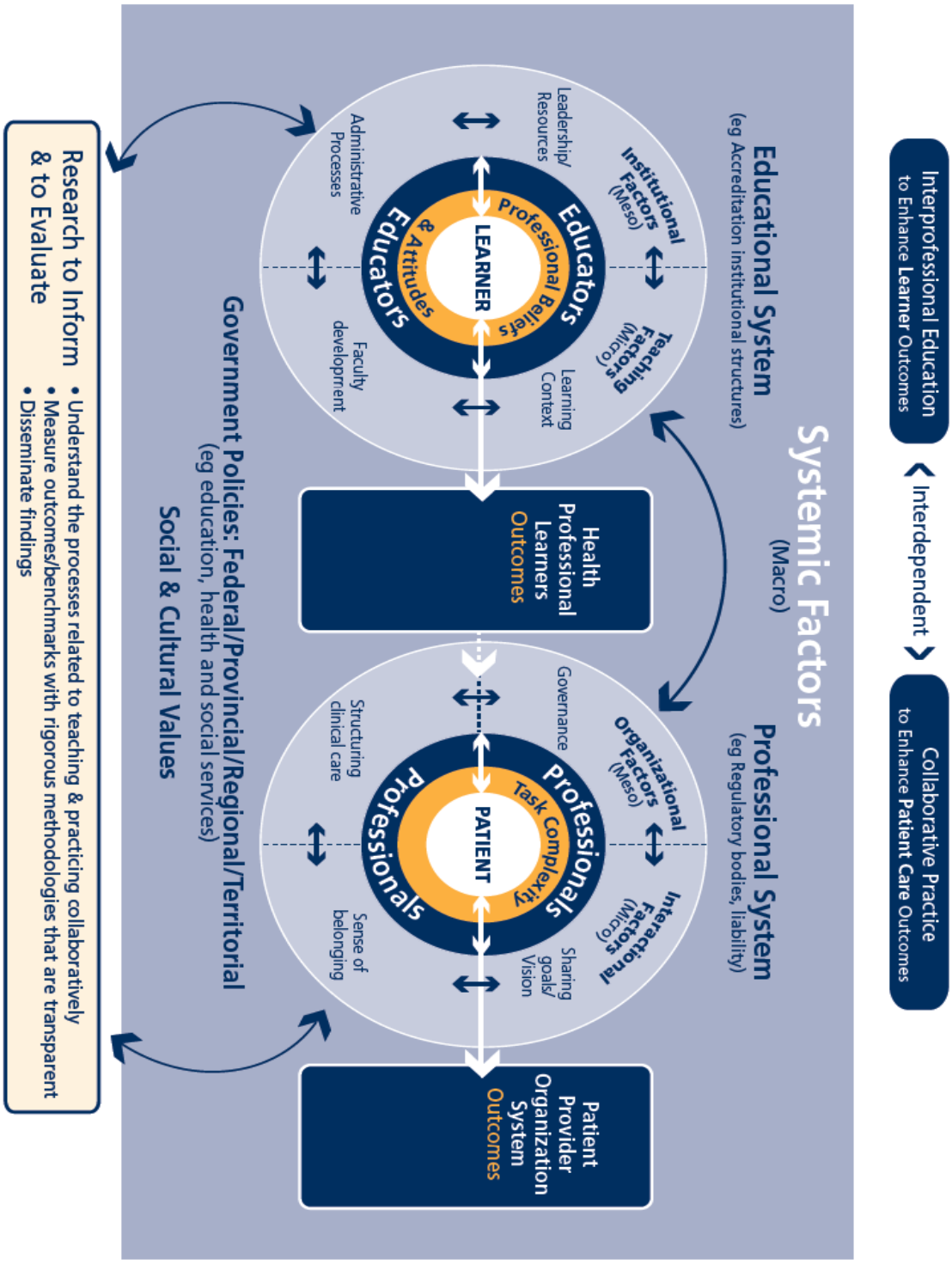
Skochelak et al. (2016) state that interprofessional practice is another way of identifying what is known as collaborative teamwork in healthcare. This concept is defined as "multiple health workers from different professional backgrounds work together with patients, families, caregivers, and communities to deliver the highest quality of care" (Skochelak et al., 2016, p. 82). According to the Natoinal Academies of Sciences, Engineering & Medicine (2010), the main points of collaborative professional practice that should be implemented by care givers are the following are:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.

- Nurses should be full partners, with physicians and other health care professionals, in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and information infrastructure.

In essence, this type of collaboration is being pursued around the world and especially in health care markets where discord is problematic. For this reason, the IOM and other health care organizations and professional consulting services have put out "a call for a transformed healthcare system in which 'interprofessional collaboration and coordination are the norm'" (O'Brien, 2013).

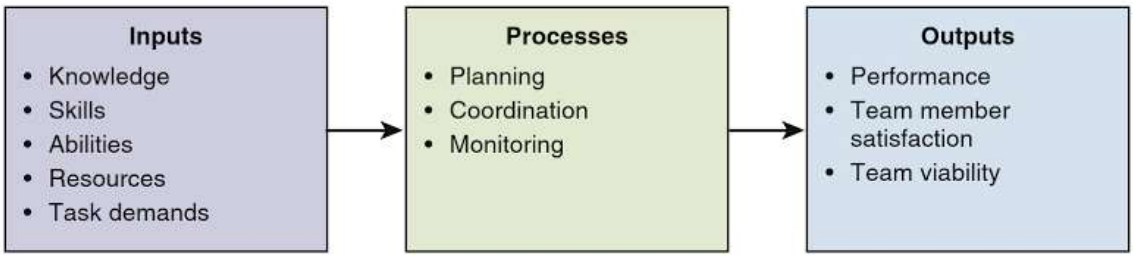
As the Institute for Research, Education & Training in Addictions (2017) has shown, there is a strong link between education and collaborative practice—i.e., without the former, the latter is unlikely to be achievable. Just as health literacy is needed to support preventive care, education is needed to support collaborative practice. Indeed, the future of nursing, according to the IOM model depends upon all stakeholders in the health care industry working together—from educators to practitioners. The graph below helps to illustrate this macro perspective:



Source: http://ireta.org/2015/01/06/together-health-professional-associations-determine-core-competencies-in-collaboration/

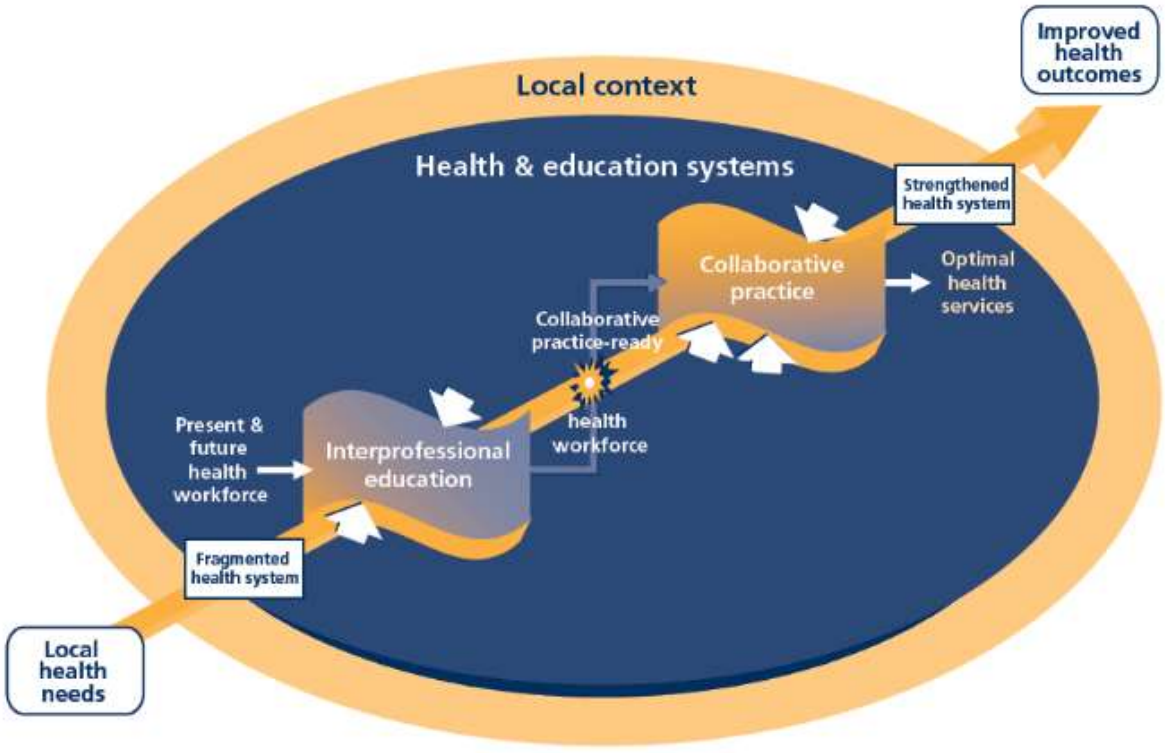
The goals of collaborative care are myriad—but some of the main ones include: improving quality of care for patients, bettering the status of communities in terms of health, and lowering health care costs (Stiefel, Nolan, 2012). In Saudi Arabia, these goals can be used to help guide care providers in working together with other health care professionals to ensure that the aims of the IOM-recommended model for interprofessional collaboration are achieved. Indeed, the study by Mason and Suresh (2017) showed that an "interprofessional team facilitated improved coordination of efforts, situationalleadership, communication and feedback" (p. 563) in reducing infections in the hospital. This kind of interproffesional team approach to safety can revolutionize the way that nursing care is practiced in the Kingdom and drastically alter the health care landscape for the better. Likewise, the study by Molaeb (2017) showed how interprofessional team work in Saudi hospitals can help lead to more effective safety precautions being taken and overall safety culture being promoted. Through leadership commitment, accountability, education and feedback, professionals are able to come together and unite under a collaborative practice model that orients them all towards benefitting the patient to the fullest.

The following graph illustrates the concept of interprofessional collaboration and coordination as a series of inputs that lead to the implementation of processes and ultimately to substantial and desired outputs.



Source: Skochelak, S. et al. (2016). *Health systems science*. Philadelphia, PA: Elsevier, p. 82.

The graph below shows how collaborative practice facilitates the strengthening of health systems and leads to improved health outcomes:

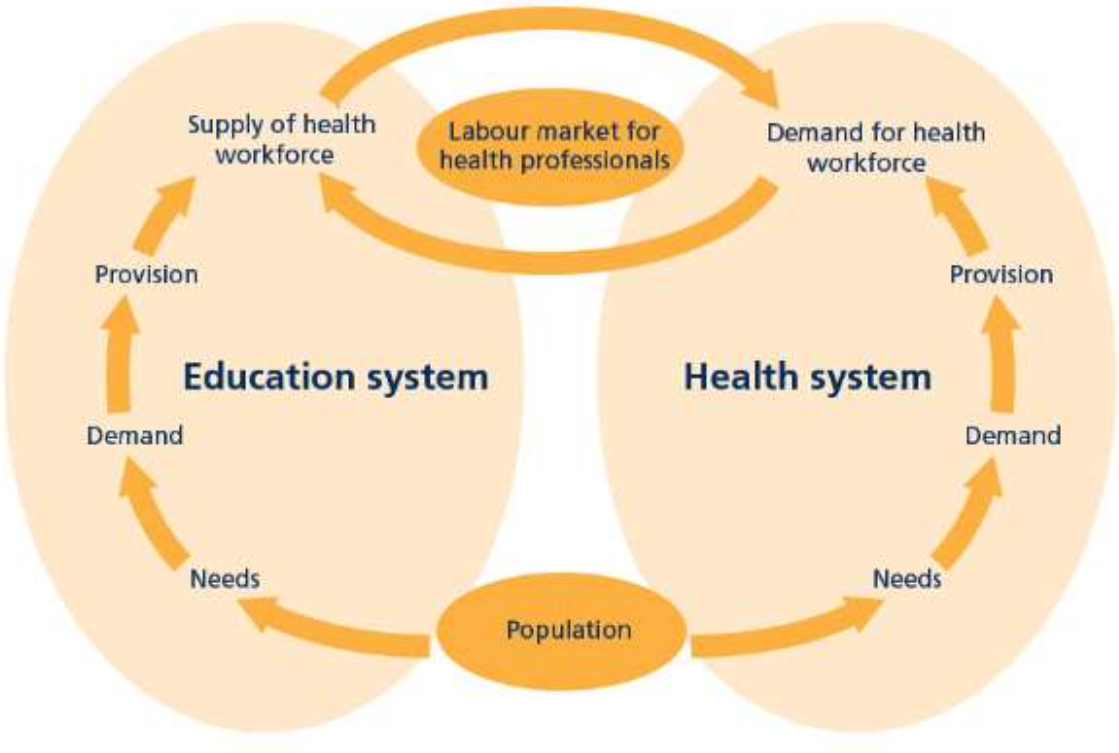


Source: http://ireta.org/2015/01/06/together-health-professional-associations-determine-core-competencies-in-collaboration/

In Saudi Arabia, these inputs should come at the educational level, through the several higher learning institutions available to students of nursing and health care. These institutions, moreover, should be united in their overall program (from designing curriculum to measuring student development) with health care professionals as they plan for the future of health care in the Kingdom. Additionally, professionals should be including patients in these processes because patients are stakeholders in health care as well and—after all—it is their health that is at stake. Patients are the ones whom health care providers aim to satisfy. The more satisfaction that can be delivered to patients, the better health care providers will feel about their jobs. This means that patient needs should be thoroughly understood by

professionals, and professional providers should be working with educators to help form students into nurses who are ready to engage in collaborative practice and evidence-based practice.

By the use/introduction of hospital policies, quality assurance committees, and professional development units, the inputs at the educational level can lead to processes being developed and implemented at the professional level (Al-Shaikh et al., 2018; El-Awaisi et al., 2017). Awareness of how team care can increase quality of care, etter planning among care givers, increased coordination and monitoring—all of can result in greater levels of equitability, timeliness, safety (Al-Shaikh et al., 2018). In other words, quality care indicators across the board rise. As the graph below shows, education is crucial to the development of improved care. These are evident in the outputs: better overall performance from providers, greater team member satisfaction and improved team viability, as quality assurance committees provide oversight; hospital policies provide guidance, and professional development units provide training (El-Awaisi et al., 2017). The problem of burnout and overwork is addressed as a result and the working environment itself becomes infused with a culture that is positive and supportive because the team members within that culture are all aware of working on the same team, being on the same page, and striving towards the same goal—quality care for patients through interprofessional practice.



Source: http://ireta.org/2015/01/06/together-health-professional-associations-determine-core-competencies-in-collaboration/

Collaborative Care and EBP

As Newhouse and Spring (2010) note, "Despite the assumption that health care providers work synergistically in practice, professions have tended to be more exclusive than inclusive when it comes to educating students in a collaborative approach to interdisciplinary evidence-based practice" (p. 309). Moreover, the Committee on the Health Professions Education Summit (2003) showed that current health care systems along with a variety of complex patient needs have thwarted health care providers from producing high quality care for patients. In fact, the situation is made worse by the "exponentially expanding evidence base" which is not being utilized or properly to help achieve quality care (Newhouse, Spring, 2010).

To help address this issue, the IOM has issued recommendations that can be used to promote evidence-based practice (EBP) with a view towards better collaborative care. IOM has emphasized that practice should be guided by systematic reviews, and that skills learned in school should include the knowledge and ability to turn evidence into practice. Likewise, education should adopt an interdisciplinary approach so that the different sectors and departments of health care are not so isolated from one another—after all, health care is ultimately a holistic practice and for holistic practice to be achieved, it should have a total or holistic basis or source—and that means collaboration among professionals (Committee on Reviewing Evidence to Identify Highly Effective Clinical Services, Board on Health Care Services, 2008).

Al-Ansary and Khoja (2002) have shown that by utilizing evidence-based practice in primary care, the health of communities in Saudi Arabia would improve substantially. The majority of the nearly 700 primary health care physicians practicing at the Ministry of Health Primary Health Care Centres in Riyadh at the start of the 21st century recognized that evidence-based medicine would improve the quality of care of patients (Al-Ansary, Khoja, 2002). Moving away from opinion-based care to evidence-based care is a recommended practice that can greatly impact both patients and practitioners throughout the Kingdom.

The barriers to implementing EBP in Saudi Arabia include “lack of personal time, critical appraisal skills, and resources” (Al-Jazairi, Alharbi, 2017). These barriers, however, can be overcome through collaboration among health care stakeholders as described above. Personal time issues are factors that might seem like considerable obstacles that are different for everyone—but by setting aside personal time for workers, who might otherwise have no chance to engage with health literature, health facilities can promote EBP in their very own workplace environments. With the advancements of technology in recent decades, electronic journals and databases can be accessed from personal computers—and having access to these

databases at the health care facilities can be part of a plan to promote EBP as well. Work shifts are already segmented for nurses and doctors—and adding an hour or two during the week in which each provider is obliged to engage with scholarly literature on a particular subject related to health care (whether safety, timeliness, effectiveness, equitability, etc.) would help to remove the barriers cited by Al-Jazairi and Alharbi (2017). Moreover, weekly or monthly meetings could be held in which nurses and care providers discuss their readings for the week so that everyone can be made more aware of the most recent and important research in their fields. Sharing information can help improve everyone's attention to detail—and in the 21st century's sharing economy there are even tools online that can facilitate this idea—tools such as social media sites like Twitter and Facebook that can keep everyone informed about what team members are reading and what they are learning. This is a true example of collaboration in health care. EBP does not have to be based on one care giver's engagement with scholarly material in an isolated context: sharing information, stories, experiences and data helps everyone to come together more effectively as a team. It helps everyone to learn together, to act together and to be mindful together; it also helps providers to be aware as one—to be oriented towards the same goals through a united and concentrated effort to implement EBP throughout the workplace environment. Facilities should certainly recognize the advantages that social media can bring to this type of operation.

Simply registering team members on a social media site like Facebook can have a profound impact on how teams begin to approach their roles as health care providers. Indeed, this simple step would help to substantially reduce at least two of the barriers to implementing EBP—a lack of personal time and a lack of resources. By sharing on a popular media site that is quick and easy to access, team members can have access to what others have read and shared. This could become a regular part of nursing and practice in facilities,

from hospitals to primary care. The use of social media is transforming many sectors throughout the world and should be utilized in health care to promote concepts that are important to the industry. Because it is such a convenient tool it can also used because it is a cost-effective way to distribute information to a wide number of people. Moreover, many hospitals have their own databases for sharing and their own means of communicating as well using an intranet.

The lack of appraisal skills that serves as another barrier could be overcome through proper training in both universities and at the workplace. Training is received at every workplace primarily because many organizations have their own unique set-up, arrangements, culture, leaders, and so on. Workers are expected to conform to policies that are established at the workplace. By giving workers training in appraisal skills, EBP can be promoted more efficiently. Facilities could even hire full-time staff who are trained in appraising scholarly literature to read the latest evidence-based research, take notes, and share the main bullet points with hospitals, nurses, doctors and primary care givers. This would address the issue of so much evidence being published with so little time to read it. It would also take the stress off care givers who are already pushed to the maximum with regards to making the utmost of their time while on and off the clock. The important concept here is not that each individual be studying the latest in evidence-based research but that a mechanism be put in place that allows nurses and other care givers to share information among one another, stay informed, and have this intellectual basis for implementing EBP on the job. By devoting time, energy and resources to such a policy, health care organizations in Saudi Arabia could greatly enhance the level of quality care they are able to provide patients.

As Ubbinik, Guyatt and Vermeulen (2013) find in their study of evidence-based practice, “policy exerted at microlevel, middlelevel and macrolevel, and supported by professional, educational and managerial role models, may further facilitate EBP.” In other

words, in order for EBP to be applied, it has to begin at the local level—the micro-level, with managers developing and implementing policy changes that would promote the use of EBP in their facilities. Using social media to help bring nurses and research together is a great way that health care in the 21st century can use technology that everyone has (smart phones are popular all around the world) along with a sharing platform that is the most popular of its kind (Facebook allows closed groups to form pages so that everyone can share information just to the members of that group).

Knowledge sharing in online environments has been shown to be an effective strategy (Hew, Hara, 2007) and Bahkali, Almaiman, Bahkali et al. (2015) show in their study of the relationship between social media and health in Saudi Arabia that these two elements can go together in a positive way. Indeed, by allowing nurses and primary care givers to share important information about what a select group of researchers is able to share, using outlines, bullets, or even simple but effective tweets, health care facilities in the Kingdom could literally lead the world in revolutionizing the way that EBP is taught, implemented and used to reach the desired end goal of quality care.

Currently EBP in Saudi Arabia is still at too low levels for the type of quality care envisioned by the IOM to be properly effected. Ashri, Al-Amro, Hamadah et al. (2014) report that "more efforts should be put into strengthening the skills and use of EBP among all medical practitioners" (p. 109)—and the best way to do that is through the implementation of an EBP policy that promotes learning on the job through the sharing of information. This is corroborated by studies in which communication tools have been found to support teamwork and efficiency. With interprofessional practice as the goal, any type of communication tool that can promote EBP and EBP-awareness is bound to have a place in health care. Leonard, Graham and Bonacum (2004) put it this way: "All too frequently, effective communication is situation or personality dependent. Other high reliability domains, such as commercial

aviation, have shown that the adoption of standardised tools and behaviours is a very effective strategy in enhancing teamwork and reducing risk." By removing communication from the situation- or personality-dependent domain and giving all team workers access to it via a social media site like Facebook or Twitter, health care providers can more fully integrate the information all providers need to use EBP on a daily basis.

Management could easily make EBP an effective part of health care strategy in any type of facility. Daily bullets from the latest research, compiled by on-staff researchers whose job it is to stay up-to-date on all available data can make slogging through all published information a thing of the past for providers. Giving quick, easy updates and repetitive reminders using this type of technology is how health care is certain to advance in the coming years. In this way, EBP and collaborative practice will more surely succeed in becoming a part of Saudi Arabian health care culture. It is the right spirit that promotes the right kind of action—and this type of forward-looking initiative that is grounded in present realities and the popular culture of sharing information is perfect for health care facilities that are looking for answers to the obstacles in the way of effective EBP implementation.

Conclusion

In conclusion, the IOM's collaborative professional practice model provides guidance for how health care providers should approach quality care:

- Providers should practice to the full extent of their education and training.
- Providers should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Providers should be full partners with one another, with physicians and other health care professionals, in redesigning health care in the United States.
- Effective workforce planning and policy making require better data collection and information infrastructure.

Through these guidelines, and with the help of evidence-based practice being implemented to support the achievement of quality care, health care professionals can be better aligned to achieve the recommended objectives of the IOM. The future of nursing and of health care not just in Saudi Arabia but also around the world depends on this type of quality care being achievable.

One way to advance the aims of EBP could be through the use of social media in the workplace as well. Social media is a popular tool that is transforming industries all over the world. It helps people to stay connected, to easily share information, to get up-to-date data on important topics, and to facilitate communication among professionals sharing their own professional social media group. The real estate firm Keller Williams in the U.S. places its Realtors in a social media group of their own on Facebook so that they can share questions, get answers and obtain feedback in real time. Everyone has access to the group and data can be shared instantly because everyone uses smart phones in today's Digital Era.

For nurses in Saudi Arabia, time is important as timeliness is one of the indicators of quality health care. However, nurses may not always have time to peruse the latest in evidence-based care—which means a lot of important information is not getting passed through to them. In order to overcome this obstacle, having a professional team of readers and researchers on staff at the facility to go over the latest in EBP care and distill these articles down to their important points then uploading those points to a social media platform that all in the group can see and process can be an effective way to ensure that EBP information is getting passed on to the right people. If the information is not getting through, there can be no way for EBP to happen and no way for quality care to be possible. Social media can be an extremely useful and helpful tool in this regard because it ensures that nurses are able to obtain the information and evidence-based practices essential to their job even if

they themselves cannot personally devote time to reading all the material on the subject that is published. This is why sharing sites like Facebook and Twitter can help.

In a diverse community like Saudi Arabia, culturally-tailored care can be an effective way to ensure patient satisfaction—especially in the 21st century where more and more people are coming and going all over the world, altering the social and cultural landscapes of nations and communities. Awareness of cultures and of differences attendant to these cultures can make all the difference in how efficiently quality care is delivered.

References

Al-Ansary, L., Khoja, T. (2002). The place of evidence-based medicine among primary health care physicians in Riyadh region, Saudi Arabia. *Family Practice, 19*(5): 537-542.

Al-Jazairi, A., Alharbi, R. (2017). Assessment of evidence-based practice among hospital pharmacists in Saudi Arabia: attitude, awareness, and practice. *International Journal of Clinical Pharmacy*: 1-10. doi:10.1007/s11096-017-0430-x

Almutairi, K. M. (2015). Culture and language differences as a barrier to provision of quality care by the health workforce in Saudi Arabia. *Saudi Medical Journal*, *36*(4), 425.

Al-Shaikh, G. K., Al-Madi, E. M., Masood, J., Shaikh, Q., Syed, S. B., Bader, R. S., & McKimm, J. (2018). Interprofessional learning experiences: Exploring the perception and attitudes of Saudi Arabian medical and dental students. *Medical Teacher*, 1-6.

Ashri, N., Al-Amro, H., Hamadah, L., Al-Tuwaijri, S., & El Metwally, A. (2014). Dental and medical practitioners' awareness and attitude toward evidence based practice in Riyadh, Saudi Arabia. A comparative study. *The Saudi Journal for Dental Research, 5*(2), 109-116.

Bahkali, S., Almaiman, A., Bahkali, A., Almaiman, S., Househ, M. S., &Alsurimi, K. (2015). The Role of Social Media in Promoting Women's Health Education in Saudi Arabia. In *ICIMTH* (pp. 259-262).

Committee on the Health Professions Education Summit. (2003). Health professions education: A bridge to quality. National Academy of Sciences; Washington, D.C.

Committee on Reviewing Evidence to Identify Highly Effective Clinical Services, Board on Health Care Services. (2008). Knowing what works in health care: A roadmap for the nation. The National Academies Press; Washington, D.C.

El-Awaisi, A., Wilby, K. J., Wilbur, K., El Hajj, M. S., Awaisu, A., & Paravattil, B. (2017). A Middle Eastern journey of integrating Interprofessional Education into the healthcare curriculum: a SWOC analysis. *BMC Medical Education, 17*(1), 15.

Hew, F., Hara, N. (2007). Knowledge sharing in online environments: A qualitative case study. *Journal of Am SocInfSci, 58*: 2310-2324.

Institute for Research, Education & Training in Addictions. (2017). Together, health professional associations determine core competencies in collaboration. Retrieved from http://ireta.org/2015/01/06/together-health-professional-associations-determine-core-competencies-in-collaboration/

Leonard, M., Graham, S., &Bonacum, D. (2004). The human factor: the critical importance of effective teamwork and communication in providing safe care. *Quality and Safety in Health Care, 13*(suppl 1), i85-i90.

Mason, B., Suresh, S. (2017). Effectiveness of an interprofessional team approach at reducing CLABSI in a community hospital. *American Journal of Infection Control, 45*(6), S100.

Molaeb, B. (2017). Electronic Monitoring System Effect on Hand Hygiene Compliance and Hospital Acquired Infection Rate at a Tertiary-Care Hospital in Saudi Arabia. *American Journal of Infection Control, 45*(6), S100.

National Academies of Sciences, Engineering & Medicine. (2010). The Future of

Nursing: Leading Change, Advancing Health. Retrieved from http://www.nationalacademies.org/hmd/Reports/2010/The-Future-of-Nursing-Leading-Change-Advancing-Health.aspx

Newhouse,R., Spring, B. (2010). Interdisciplinary evidence-based practice: Moving from silos to synergy. *Nurs Outlook*, *58*(6): 309-317.

O'Brien, J. (2013). Interprofessional collaboration. AMN Healthcare Education Services. Retrieved from https://lms.rn.com/getpdf.php/1892.pdf

Skochelak, S. et al. (2016). *Health systems science*. Philadelphia, PA: Elsevier.

Stiefel, M., Nolan, K. (2012). A guide to measuring the triple aim: Population health, experience of care, and per capita cost. IHI Innovation Series white paper. Cambridge: Institute for Healthcare Improvement.

Ubbink, D. T., Guyatt, G. H., &Vermeulen, H. (2013). Framework of policy recommendations for implementation of evidence-based practice: a systematic scoping review. *BMJopen*, *3*(1), e001881.