



NURSE AND DOCTOR COLLABORATION CHALLENGES ON SERVICE OF PATIENTS WITH ACUTE CORONARY SYNDROME (ACS) AT EMERGENCY ROOM IN PRIMARY HEALTH CARE, INDONESIA: PHENOMENOLOGY STUDY

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ABSTRACT

Introduction: ACS (Acute Coronary Syndrome) cases have many deaths due to factor such as delayed treatment. Service needs to be integrated from primary, secondary and tertiary services that prioritize multidisciplinary cooperation. Collaboration is one of the main supporters that can improve the quality of care and cure of patients. **Objective:** The purpose of this study was to explore the challenges of collaboration between nurses and doctors on service of patients with acute coronary syndrome at emergency room in primary health care. **Participants and Methods:** This research used qualitative method with descriptive-phenomenological approach by using the process of analysis of Clark and Brown, 2013. that was done through in-depth interviews involving eight subjects of nurses working in the Emergency Department (ED) of Primary Health Care. **Results:** Two themes were successfully obtained, namely: 1) Team harmony in collaboration, 2) Dependence of nurses on doctors in service implementation. **Conclusion:** In collaboration of multidisciplinary teams (nurses and doctors) had their respective duties and authorities in which each member had the authority to make autonomous decisions. Keeping the ethics of each profession was a key in collaboration to avoid gap in collaborative practice. This study are expected to be considered as a consideration of efforts to improve the quality of collaboration, both in terms of nurse skills and collaboration process policies in the treatment of ACS patients in primary health care, Indonesia.

KEYWORDS: Collaboration, Acute Coronary Syndrome, Emergency Nursing, Primary Health Care.

INTRODUCTION

Healthcare services are transformed from hospital-centered to providing primary health care to local communities. The goal is to help the community to access health services easily, to get qualified and equal health services for all levels, regardless of socioeconomic status. Primary health care acts as the spearhead of health services that affect the role of nurses from the focus of the community, with promotive efforts to be curative with improvement of nurses' skill to be more competent.^[1-2] The role of nurses in the past decades was dubbed as *prolonged arm, extended role doctrine, verlengde arm theorie* as Bene and Bennis stated in 1986. This illustrates that nurses act as "extention of doctors' hands", which illustrates the nurse's dependence on the doctor. This assumption began to fade in 1985, the stigma of nurses as "extention of doctors' hands" turned into a partnership.^[3]

Primary health care is the main point of public health care in a country. Community Health Center handles 70% -90% of health problems in the population. One of the integral elements of health is the treatment that should be given at all times of medication fulfillment and at an affordable price.^[4] According to the World Health Organization (2008), acute coronary syndrome is the leading cause of death in the world. As many as 7,200,000 (12.2%) of death occurred due to acute coronary syndrome.^[5] The handling of patients who suffer from ACS depends on the speed of time and immediate action. Rescue at cardiac arrest decreases from 7-10% every minute in delayed therapy/rescue.^[6] At the time of pre-hospital, a positive relationship between trained nurse support with sufficient time in better ACS management is better to be done first than making a direct decision to go to hospital (Mehta et al., 2006). Emergency nursing services in patients with ACS

at Community Health Center will help the patient pass a critical period during the initial attack. However, the current skill of curative action in the treatment of pain is still less than optimal. The service of Community Health Center should be considered not only as the first facility of health, but for collaboration in early diagnosis, triage and treatment.^[8,1] Collaboration is one of the main supporters that can improve the quality of service and healing of patients.^[2] The nurses and doctors' collaboration practices require knowledge and professional attitudes, ranging from communication methods, ways of cooperation with patients and nurse skills in making decisions.

The service needs to be integrated from primary, secondary and tertiary services that prioritize multidisciplinary cooperation. The focus in service delivery is person-centered or patient-centered.^[2] The study of implementing nurses at primary care in New Zealand showed that nurses were trying to apply the principles of nursing philosophy, undertaking a collaborative approach in service delivery. Implementation of primary care also prioritized to provide broad coverage in the provision of primary health care services that promoted public health and welfare. Every nurse must have 3 main elements of principle of success in dealing with the future development trend of nursing, namely: vision (science-concept), real activity, and high motivation to achieve a goal. So it should always be embedded in a principle of "Success is my Right,... not just to belong to other profession."^[9] Therefore, it needs to be instilled a consistent attitude, commitment, collaborative, conducive, and high discipline. The results of this study are expected to be used as a consideration of efforts to improve the quality of collaboration both in terms of nurse skills and policy. Collaboration of nurses and doctors is necessary in the achievement of health services that is integrated in the treatment of ACS patients in Emergency Facility of Community Health Center.

METHODS

Research Design

It was a qualitative research with descriptive phenomenology. The research was conducted by a researcher team of Brawijaya University, Indonesia, who have experiences and high integrity in the field of cardiovascular. The research was conducted for four months from October 2017 to January 2018.

Setting

The location of this research is in Primary Health Care of Turen, Malang Regency, East Java, Indonesia.

Population and Sample

In this study, population selection was done by using snowball sampling based on demographic data of participants that consisted of age range, education, length of work as nurse, length of work in Emergency Facility

room, work status, and training that have been attended. The number of participants in the study amounted to 8 people from Turen Primary Health Care. Specifically, nurses who were working in who had 3-15 years experience. The age of three participants was <30 years old and the rest of five participants were > 30 years old. From education level, there were seven participants who had Diploma III of nursing and there was one participant who was a nursing bachelor. The training attended by the nurses were BCLS, BTLS, PPGD and K3.

Data Collection Instrument

Data collection was done by in-depth interview and was done with the aid of recorder. This procedure was used to explore the experience of the participants in deeper manner, so it was expected to find new themes of the phenomenon being studied. In-depth interviews were conducted by using semi-structured interview guidelines with reference to the critical decision method by using open-ended questions that allowed participants to explain broadly and deeply about the themes of the questions that were asked by the researcher. The interview was conducted for 30-60 minutes because it was considered that participants were saturated. It was feared that participants could not concentrate on the answers given with consideration of the accuracy of the data provided.

Procedure

Researchers acted as the main instrument in this study. Prior to conducting the research, the researchers conducted data collection with participant selection which was assisted by one of the senior nurses at Turen Primary Health Care of East Java as a facilitator. Furthermore, the researcher explained to prospective participants about the purpose, objective, and benefits of the research, as well as the rights of the participants. Once the prospective participants had understood the explanation and were willing to be participants in the study, the participants were asked to sign the consent study form, i.e. informed consent. After the participants signed the informed consent, the researcher made a contract of time and place to conduct the interview. The principle of data collection in qualitative research was the achievement of data saturation, i.e. there was no other new informant/participant. This study was conducted for 4 months, from September to December 2017.

Data Analysis

Interview data were obtained by making verbatim transcripts. Then the researchers performed data analysis by using thematic analysis of Clark and Brown (2013).^[10] The process of thematic analysis was as follows; [1] making transcript of interview recording; [2] recognizing research data by reading it over and over again; [3] coding by marking important words as keywords; [4] grouping keywords into categories, sub themes; [5] composing themes. [6] creating a report. Data analysis was done manually, this was because the

research results contained nurse expression about experience that could not be analyzed with software.

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Ethics

The researcher conducted ethical clearance process and was approved by the ethics committee of Faculty of

RESULT

The research results that were obtained based on the purpose of research obtained three themes, namely:

Table 1: Themes, Sub-themes, and Statements Supporting Participants' Collaboration Experience.

Theme	Sub theme	Keywords
Team harmony in collaboration	Effective interprofessional communication	If there are no fatal things that have occurred so far, then it is reasonable that the cooperation is also harmonious. So there are 4 doctors, if one doctor can not do his duties, then we can contact the others. P (6)
		Involvement of the composing of SOP of the nurse in the Emergency Unit (UGD) was done through the coordinator to the doctor. (P8). Yes, if the results of electrocardiography leads to Acute Myocardial Infarction, the patients usually will leave immediately. Yes, the patients have already loaded with stabilization drugs. Patients' transfer to RSSA needs to wait for a bit longer, waiting for the decision of ACS group. Thus, firstly, the doctor does a consultation in the heart specialist group about the transfer of the patients to hospitals, we explain the complaints and the results of electrocardiography by phone and whatsapp. And we wait. If it has been answered to give the treatment at the Community Health Center, we will do as we told, in accordance with the decision. So the patients were not always transferred to hospitals (P7).
	Sharing knowledge and experience in service	There is hardly any training, so we studied the related cases with the current doctor, and there is no formal training. (P3 <P2).
Nurse dependence on doctors in service delivery	Doctors have primary authority in decision making	All this time, we have conducted ttv to the patients who come with any condition in the Emergency Facility. If the patients are suspicious of ACS, the we conduct electrocardiography, then we will do a consultation with the doctor. (P8, P6, P1).
		What the nurse does when he/she found the data was to automatically do a consultation with doctors. The policy is in the hand of the doctor, we can not include the results of ECG. I only take the photo and gave it to the doctor (P4). Not all nurses participate in training, the nurses can read about it themselves, but they are afraid that it will be wrong, because the medicine also depends on the results of electrocardiography. Thus, I gave the photo of the results of electrocardiography when I call the doctor (P5).

DISCUSSION

Collaboration in the implementation of service of Community Health Center in Indonesia was very harmonious. Good collaboration required good team work, responsibility for their respective roles, communication, good relationships, mutual learning and critiques. Moreover, keeping the ethics of each profession was a key in collaboration among health professionals. Thus, cooperation would be as effective and efficient as possible. This collaboration proved to be effective in achieving performance among nurses and

general practitioners.^[3] Collaboration was one of the main supporters that could improve the quality of service and healing of patient.

The nurses and doctors' collaboration practices required knowledge and professional attitudes, ranging from communication methods, ways of cooperation with patients and nurse's skills in making decisions. This was consistent with Goodwin et al's (2012) opinion that the multidisciplinary team approach integrated service providers as a form of collaboration. The challenge of collaboration between health professions on primary

health care which was on how to work together regardless of educational status and employment status needed to be understood together.

The service needed to be integrated from primary, secondary and tertiary services that prioritized multidisciplinary cooperation.^[11] The focus in service delivery was person-centered or patient-centered.^[2] The study of implementing nurses at primary care in New Zealand showed that nurses were trying to apply the principles of nursing philosophy, undertaking a collaborative approach in service delivery. Implementation of primary care also prioritized to provide broad coverage in the provision of primary health care services that promoted public health and welfare.^[2]

There was nurse dependence on doctors in the process of service implementation. This was because the initial handling of the patient was always a medical act. Some opinions stated that medical treatment was prioritized for the benefit of the patient. Primary care nurses were not only limited to focusing on promoting health to the community, but also in providing medical handling. Improvement of skills was needed by the nurses. Involvement of the doctors as the primary controllers which made the nurses act as assistant caused a gap in collaborative practice. Therefore, the nurses felt that there was a gap between doctors and nurses, such as that of employers and servants.^[12]

In developed countries, New Zealand emphasized multidisciplinary and patient-centered integration teams. Patients got better service when care was done by multidisciplinary teams. In multidisciplinary team collaboration, each member of the team had individual duties and authorities in which each member had the authority to make autonomous decisions.^[3] Nurses were often faced with a dilemma because of unclear authority limits in the implementation of nursing actions. This situation would obviously affect the role of nurses in improving the quality of nursing services.^[13] According to Kumboyono (2018), he stated that the role of nurses was very important in the collaboration as educators and counselors in dealing with patients with chronic diseases by providing knowledge about chronic diseases either individually or in groups. It was hoped that with good collaboration, it could help patients in getting maximum service and reduce the number of delay in handling patients who were suffering from ACS.^[14]

CONCLUSION

In the collaboration of multidisciplinary team, (nurses and doctors) had their respective duties and authorities in which each member had the authority to make autonomous decisions. Improvement of skills were needed by nurses. Involvement of the doctors as the primary controllers which made the nurses act as assistant caused a gap in collaborative practice. Good collaboration required good team work, responsibility for

their respective roles, communication, good relationships, mutual learning and critiques. Keeping the ethics of each profession became a key in collaboration among health professionals.

Limitation

This research is about nursing service in primary health care of peripheral area in Indonesia. It can not be generalized to other areas.

Implications for further research

The result of this research can be used as consideration for preparing primary service manual in collaboration practice of providing nursing service at Emergency Facility of Community Health Center.

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Conflic of interest

There is no conflict of interest in this research.

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