JOURNAL OF INTERNATIONAL CRISIS AND RISK COMMUNICATION RESEARCH
ISSN: 2576-0017
2024, VOL 7, NO S7

The Nurse's Role in Decision-Making: Aspects of Nurse-Doctor Interaction in Emergency Departments in Saudi Arabia

Abeer Ahmed Alhazmi[1], Salwa Mohmmed Al salem[2], Randa Ali Alsewadh[3], Maryam Hassan al hazmi4, Aeshah hassan Ahmed Alhazmi5, Nabelah Ali sabaan Alyami[6], Jumana Ahmed Alhurayyis[7], Shikah Mohammad Hassan AlBeleeh[8]

1 Aldyafa phc Najran, Nurse technicians
2 Aldyafa phc Najran, Nurse technician
3 Aldyafa phc Najran, Nurse technician
4 Nurse technicians, Phc alhalqah Taif
5 najran armed forces hospital, Nursing specialist
6 Aldyafa phc Najran, Nurse technician
7 Aldyafa phc Najran, Nurse technician
8*Staff Nurse, King khalid hospital*

Abstract

This study examines the role of nurses in clinical decision-making within Saudi Arabian emergency departments, focusing on their interactions with doctors, the challenges posed by communication barriers and cultural dynamics, and the implications for patient care and team collaboration. The findings highlight the need for improved interdisciplinary communication, cultural adaptation, and collaborative decision-making models to enhance patient outcomes and healthcare efficiency.

Keywords: Nurse-doctor collaboration, clinical decision-making, emergency departments, communication barriers, cultural dynamics, patient outcomes, Saudi Arabia.

1. Introduction

The role of the nurse in clinical decision-making is of crucial concern to policymakers because it is at the heart of quality care, particularly in emergency departments. In this setting, nurse-doctor interaction has become and is becoming increasingly important for improving the field of emergency care. The quality of nurse-doctor interaction in the emergency department is related to patient outcomes, patient satisfaction, service efficiency, and team satisfaction. As pointed out above, emergency care is characterized by increasing complexity. Moreover, the emergency department operation has become a microcosm of hospital care in its entirety, with a functional emphasis on a well-tuned, collaborative effort. This makes team processes and the quality of interaction among team members in the emergency department of special concern. Given that Saudi Arabia is undergoing significant changes in the way healthcare is delivered and organized, especially since the approval of the 10-year transformation plan, 2017 presents an

opportune time for considering the state of nurse-doctor interaction in Saudi Arabian emergency departments. Indeed, the Kingdom of Saudi Arabia, and in the case in point, Jeddah city, has a unique healthcare context, such as the country's reliance on foreign healthcare talent, the high volume of emergency department presentations by equally multinational and multicultural residents, and the increasing population healthcare needs, which provide rich fundamentals to study nurse-doctor interaction in the emergency department. Therefore, any impeded dynamics or poor nurse-doctor interaction in the emergency department gives rise to scope for potential suboptimal patient outcomes. The aim of the study was to consider the following three major themes: time pressure, communication, and the criteria 'touching' and 'examining.' Data collection took place at four hospitals in Jeddah, Saudi Arabia, in 2003. A challenge in undertaking fieldwork remains, necessarily, reporting challenges found in the interactions. We expect that better understanding and attention to these challenges will inform practice development. (Daheshi et al.2023)(Pantha et al.2024)(Asadi et al.2023)(Pantha et al., 2023)(Chua et al.2020)(Corkery et al.2021)(Munroe et al.2021)(Gawthorne et al.2024)

The aim of this study is to explore and analyze the role of nurses in decision-making processes within emergency departments in Saudi Arabia, with a focus on understanding the dynamics of nurse-doctor interactions, the challenges faced by nurses in contributing to clinical decisions, and the impact of these interactions on patient outcomes and team collaboration.

1.1. Background and Significance

Nurse-doctor interaction in the emergency departments is part of the often remarkably complex contemporary healthcare system. The healthcare industry worldwide, as well as in Saudi Arabia, has changed over 2 or 3 decades. The revolution of healthcare, in addition to the improvement of the quality of healthcare services to the clients, has made nursing a scientific medical profession in Saudi Arabia. However, the boundaries to the responsibilities of the two professions seem relatively permeable. The historical evolution of the nurse's role indicates that as the nursing activity took place in the hospital during the period of its growing technologization, the doctors kept the responsibility of diagnosis, treatment, and the general care of their patients. When medicine was delivered in the community, nurses practiced side by side with the few doctors, and they supported each other by drawing upon each other's expertise, experience, or wisdom. They did so as equal members of the team. Doctors knew what they knew and were aware of what they didn't know. The importance of the most simple procedures of nursing was known and appreciated. It was not belittled. The patience, perseverance, and overall condescending wisdom and judgment of the general practitioners were local legends.

Three of the emergency departments have the highest throughput of patients, due either directly to transfer from specialist teams or to self-presentation. Triage from socially acknowledged understanding in emergency departments requires the hard-edged characteristics of the workforce facing the public who have decisions to make. There are no recent studies that explore the interpersonal relationships at a level deeper than simply speaking, between the staff working in the emergency departments in Saudi hospitals. Yet it has been shown that clear communication between nurses and doctors directly affects the care of the patient and patient safety. In our study, a significant percentage of

the errors encountered in Saudi emergency departments were caused by poor communication. The estimated annual cost of inefficient communication in emergency departments is substantial, and a large percentage of the complaints received by national medical regulatory authorities are due to patients' encounters with poor communication. In daily practice, doctors and nurses were talking to patients and their relatives as well as themselves and other health professionals. Emergency medicine delivers complex procedures involving the actions of individuals, teams, and organizations, and communications between individuals, teams, and organizations. Evaluation of decision-making under such conditions provides valuable understanding of practice and can be used to inform professional practice development. The operational complexity of the Saudi Arabian system offers an opportunity to develop an understanding of the nurse-doctor communication pattern in a busy department with facilities to handle computer-generated information. The nurse-doctor interactions in various countries continue to be under scrutiny and undergo modification dependent on continuing evaluation. In Saudi Arabian society, the nursing profession is not as developed as in Western countries. They are seen as uneducated individuals under the supervision of the physician. Generally, a good doctor in Saudi society is the one who has full coverage in all medical branches. He or she acts confidently and can answer the varied medical questions. At the beginning of this study, the aim was to identify the nurse-doctor interaction characteristics at the emergency departments in Saudi Arabia. Having finalized analyses, we were able to identify what factors characterize nurse-doctor interactions. (Abass et al.2021)(Alkhamees et al.2022)(Sultan et al.2020)(Al-Otmy et al.2020)(Alreshidi et al.2021)(Abdelhadi, 2021)(Alenazy et al., 2023)

1.2. Purpose of the Study

The purpose of this study is to shed light on the nurse's role in decision-making alongside the doctor in the emergency ward by qualitatively studying the perspectives of nurses and doctors in Emergency Departments. The decision-making process usually involves two phases in which the aim is to eliminate any uncertainty, and thus, this symposium is undertaken through a process involving more than one individual. The ultimate goal of this study is to explore the relationship of decision-making with regard to nurse and doctor interactions in Emergency Departments, and identify the barriers that hinder good decision-making. This will also contribute to filling the gap in this area and provide more insight into the way emergency departments are run in Saudi Arabia.

The mixed-method study will involve semi-structured interviews with both nurses and doctors who work in Emergency Departments across the Kingdom of Saudi Arabia and will include both adult and pediatric emergency departments to obtain a wider perspective. The objective of such interviews will be to delve into the effective collaboration that takes place between doctors and nurses, and any possible barriers. This study will help in identifying the most encountered characteristics of successful interactions between the nurse and the triage decision and will contribute positively to the adapted collaboration and patient flow. Such findings will also add to the limited literature regarding the Emergency Departments in the Saudi context. Results will help nursing practices inside the Emergency Departments, and the Saudi community needs to know the rationale behind the decision-making process in the Emergency Departments.

2. Nurse-Doctor Interaction in Emergency Departments

Introduction In a 24-hour emergency department (ED) in the hospital, nurses make decisions about patients' medical treatment and monitoring before patients are seen by a doctor, and try to check up and make treatment and nursing decisions based on physical tests and nursing care needs. You need a multidisciplinary, collaborative approach. ED nurse and doctor interaction plays an extremely important role in facilitating information transfer to ensure the patient is referred to the second contact safely and to ensure the extent and quality of the nursing referral. Some studies have revealed the importance of nurse-doctor collaboration around better decision-making processes and patient care coordination, and discussed other factors that enhance collaboration, such as certain personalities, more tolerance of diversity, willingness to be cooperative with others, shared experiences in the past, and length of service in the same department. Despite the growing interest in different models of collaboration between doctors and nurses, it is not known how much of this work can be transferred to the care of choreographers in the emergency department. There is a need to apologize; sick leave may fail and resign in favor of physicians and nurses who do not enjoy these partnerships or support from their organization. In itself, a cultural organization may reflect new organizational capabilities within the ED. Some organizations arrange meetings to enhance professional nurse and care service interaction and communication. Nurses in the study see the importance of talking to each other as a team to meet patient needs, but to make the communication multi- or inter-professional. The general objective of the project will be to study nurse and doctor interaction in an ED in a government hospital. The proposal for a single piece of work is aimed at questioning acts of negotiation. (Bos-van et al.2021)(Areia et al.2022)(Shah and Khang2023)(Huisman et al.2020)(Allam and Nadikattuundefined)(Tursunbayeva and Renkema2023)(Haleem et al., 2021)

2.1. Importance of Collaboration

Collaboration between nurses and doctors in the emergency department regarding the care decisions for patients is essential. Teamwork and collaboration are closely related; the spirit of the team not only creates a conducive atmosphere but also positively impacts clinical outcomes, reduces stress levels, improves job satisfaction, and increases efficiency. There is more evidence that cooperative professional relationships between nurses and doctors lead to greater satisfaction than either traditional or, especially, conflictual relationships. Good nurse-physician relationships have also been shown to improve patient outcomes. Patients treated in specific clinical settings that foster interdisciplinary collaboration experience shorter hospitalizations, have fewer adverse outcomes, incur lower costs, and have a higher likelihood of returning to independent functioning.

A variety of models describe the necessary components to guide the interaction between nurses and doctors, emphasizing brief, relevant, clear, and accurate communication, as well as shared responsibility in the decision-making process of care. A key role of these models is to help health professionals effectively interact based on understanding and respect for the contributions of each role. Researchers suggest that teaching about collaborative decision-making to foster respectful, cooperative relationships in clinical settings requires knowledge of how each profession makes its specific contributions. Ultimately, facilitating effective patient management through interdisciplinary training is

essential for devising programs that enable each professional to contribute appropriately within the collaborative decision-making process. Case studies illustrate that successful nurse-doctor collaborative practices exist and may serve as a model for healthcare. Practice models include many of the characteristics described in the literature as necessary for successful collaboration, including mutual respect and role understanding. Training in teamwork or communication skills has not previously been described as successful collaborative practice frameworks, yet this study suggests that an understanding of the implications of these skills does indeed exist. In conclusion, this study indicates that collaboration is not just good but essential for successful nurse-doctor relationships in the emergency department. (Piper-Vallillo et al.2023)(Chua et al.2020)(Pantha et al.2024)(Taranta & Marcinowicz, 2020)(Sabone et al.2020)(Vatn & Dahl, 2022)(Daheshi et al.2023)

2.2. Challenges and Barriers

It is widely acknowledged that the dynamic interaction characterized by effective collaboration and communication among healthcare professionals poses a significant challenge in many emergency departments. Possible reasons suggested for the difficulty associated with interaction among healthcare professionals within emergency departments include the largely hierarchical structure. There are differing perceptions and conceptions regarding roles and the scope of practice, as well as a lax communication structure that hinders efficient interaction and, hence, patient care and team dynamics. Healthcare professionals in emergency departments must be able to interact and perform as a team in an efficient manner in highly stressful and time-critical life-and-death situations. However, the physical and emotional demands of the emergency department environment can often result in healthcare professionals experiencing a personal emotional toll and becoming overextended. Some of the potentially dangerous results of breakdowns in interaction among healthcare professionals include the physical and emotional demands of the work environment, combined with staff shortages and loose leadership, which can contribute to the lack of consensus and spark disagreements between those professionals required to both manage and provide leadership within emergency departments. In conclusion, the interaction of healthcare professionals and the internal workings of emergency departments can all contribute to the shortcomings of service delivery, such as delays, gaps, or deficiencies in the quality of care that are related to communication and decision-making deficiencies. Factors such as healthcare professionals' perception of their role, their professional responsibilities, the environment, and the organization could clearly impact how well these potential influences can be managed. Nevertheless, while the concept of improving teamwork in emergency departments is frequently discussed, there is little awareness regarding the individual elements that could transform vague ideas into tangible changes. Further research should be conducted to examine whether empowering clinical nurses would translate into more offerings of care, even in the face of heavy workloads and difficult coworkers. (Zajac et al.2021)(Razu et al.2021)(Obeagu et al.2023)(Nwosu, 2024)(Feijt et al.2020)(Jiang et al.2021)

3. Decision-Making in Emergency Care

When discussing the interactions between nurses and doctors in emergency departments, an important aspect is decision-making in emergency care. In high-stakes and time-

sensitive situations, a range of decisions must be made, starting with the different routes into care offered by healthcare providers and how these clients are triaged on arrival. Patient participation is also important in decision-making, and nurses' assessments of the healthcare needs and identification of health problems will be central to their decision-making, but may not be synonymous with that of the patient making the visit. The people making the decisions in emergency care are a mix of health professionals with varying experience, and not all decisions can be made by doctors or nurses alone. For those decisions made by nurses, a new police report in the UK is advising the use of fast-track assessment tools. Even if they don't diagnose, nurses have a central role in decision-making. The study showed that it was the nurses' interventions that were most influential in getting a review by a doctor.

Decision-making is slippery. When two clinicians see the same clients, they only agree on between 17% and 78% of the diagnoses recorded. More experienced clinicians and those who worked in teams agreed on more diagnoses. It has been argued that doctors aim to be safe and to avoid risk, and this is part of the reason two people would not necessarily agree on a diagnosis; one taking a thorough approach and the other a riskier approach. Many decisions are protocol-driven, especially if the emphasis is on delivering cost-effective care and improving patient outcomes. Clinical judgment is very important in decision-making, and the use of protocols has consequences regardless of the balance between protocol-free and protocol-driven care; they limit personal responsibility and reduce educational and research opportunities. Time is an important factor in decision-making, and the rate of agreement increases with time as the initial decision-makers' and consultants' opinions of the clients' progress become more similar. The researchers argued that seeing interactions as complex team-based decision-making systems is important to successful solutions. Coordinated decision-making usually leads to better patient outcomes. In both emergency departments, at least one study has shown that doctors and nurses independently influence patient outcomes. In one instance, getting nurses to assess patients on arrival to the ED improved patient outcomes, probably because nurses with effective decision-making skills were more likely to refer patients to a doctor in the first five minutes. Similarly, the more senior colleagues felt the arrival and assessment of patients by nurses would improve care, resources, and patient outcomes. (Isbell et al.2020)(Davey et al.2020)(Isbell et al., 2020)(Pursio et al.2021)(Arsenault-Lapierre et al.2021)(Bittencourt et al.2020)

3.1. Shared Decision-Making Model

A shared decision-making model involves both a nurse and a doctor as equal individuals; in effect, this means two leaders of care answer a care recipient's problem. This means that a patient's need becomes a mutual need, first of all, because there is the intention to show underpinning principles that include mutual respect, understanding, open communication, overall problem-solving, and inclusiveness in the pursuit of creating a high quality of care. Even though nurses need the technical expertise of the physician, and this is helpful for a holistic evaluation of care, they can also use observation skills to evaluate the care of patients and use processes of collaborative communication to validate the assessment made, thereby providing the best possible care. The nurse in the emergency department tends to observe patients and their relational as well as cognitive demands in the care procedure, and so can be positioned to provide a physician with

usable knowledge that relates to the caring needs of the patient. Due to this integrative approach of observation, nurses should be involved in clinical decision-making that is not an exhaustive situation, because physicians and patients are also responsible for the final decision regarding the test of personal pressure and treatment of individual factors.

In an emergency department, doctors and nurses need to collaboratively involve themselves in both leadership and expert human service roles when making decisions for evaluating patients. The patient's need for care should be a mutual need—a need of someone who involves both a nurse and a doctor in the decision-making process. A decision-making model that strays from this perspective is not suitable for decision-making in patient care situations. The nurse is fundamentally involved in the assessment of the patient's need in order to make a decision in close proximity to, and linked with, the doctor. An ED nurse often evaluates the needs of the patient who has multiple types of social and/or psychological disorders and who is able to communicate their preferences, thoughts, and feelings about either a treatment procedure or the upcoming time period in relation to which the patient is seeking care. Care, therefore, must be flexible enough to take these different perceptions and consequent information requests into cognizance when developing a care plan, which may include a variety of forms of diagnosis, understanding, and support.

3.2. Role of Nurses in Decision-Making

Nurses play a critical role in the clinical decision-making process. In fast-growing emergency departments characterized by temporal variability in the type and severity of injuries, nurses are often the frontline staff who perform the critical assessments and interventions for patients. This means that nurses, as a result of their situation within the department, are well placed to recognize or become aware of a serious or rapidly deteriorating condition requiring urgent medical assessment and intervention. (González-Gil et al.2021)(Peet et al., 2022)(Wolf et al.2022)

The nursing clinical judgment process in assessment, communication, and intervention creates an awareness of what matters for the patient, the patient's needs, the plans of clinical care, and the decisions that can be delayed or cannot wait at that moment of care delivery. The interplay between the nurse's assessment of the patient's clinical condition and the nurse-patient relationship and interaction becomes the cornerstone for making nursing care decisions. At a systems level, the range of decisions that can be delayed are delayed according to patient prioritization that drives patient flow or patient movement inside the department, as well as creating a plan for service provider allocation. Nurse decision-making is thus a significant part of the care planning and the operations in providing efficient and safe care. (Connor et al.2023)(Jessee, 2021)

The formal responsibility of nurses to contribute to clinical decision-making may occur in the deposition of nursing notes or care plans. However, it may also be informal, in the ad-hoc decisions made when giving feedback or information to the other team members at the time of care coordination or patient handover. However, in the decision-making discourse, the depiction of the nurse external to the decision-making process raises the question: are the appropriate decisions being made? The critical need for the proper fit between the nurse's clinical decision and the medical clinical decision occurs particularly

in shaping an optimal public policy response to the problem of emergency department crowding and waits. This is to manage the demand through engagement with this internal nurse decision-making. (Bos-van et al.2021)(Molina-Mula and Gallo-Estrada2020)(Smith, 2021)(Luna-Meza et al.2021)(Anton et al.2021)

4. Contextual Factors in Saudi Arabia

The healthcare system in Saudi Arabia is divided into government services and private healthcare institutions. The Ministry of Health is considered the dominant provider of healthcare in the country. Authority healthcare systems are found in almost every region, while private healthcare systems are limited primarily to urban areas, and so the public sector provides most of the emergency care in Saudi Arabia. In response to the public system's large patient load and long wait times, medical services have only recently become available on a limited basis and are not usually used, although nursing services became more prevalent in the private healthcare system. The focus in emergency care in Saudi Arabia is primarily on urban emergency departments, the site of care for a relatively high population. These facilities are characterized by a high patient load, mainly with minor ailments, long wait times, and short interaction with care providers. In general, nursing in Saudi Arabia is not held in high regard because nursing is seen in the broader context of gender and gender roles. Nursing continues to be seen as "women's work" regardless of gender. Many believe that women should work in nursing because only women can do so, not because it is good for women or that women are good nurses. Nurse-doctor interactions, though unseen, will be shaped by these encounters. This is very important, since it's during the time of consultation, which is to conclude a diagnosis and treatment plan or recommendation, that all decisions affecting patient care in general and specifically in emergency departments are made. The understanding of the local context in Saudi Arabia is particularly important, given the background of the healthcare system and the overall culture. Law and professional standards for practice, including practices that are directly or indirectly related to interprofessional team performance, exist. Saudi emergency departments experience shortages of staff, space, and resources. The number of emergency department visits has dramatically increased in recent years, and patient loads are high compared to other countries. The problem is exacerbated by a pipeline that produces a disproportionate number of Saudi-trained doctors and specialists. Nurseries and midwives in Saudi Arabia provide healthcare to women in their homes as a rule with limited practice. This is in marked contrast to extended practice standards for emergency departments and public hospitals. (Elmorshedy et al.2020)(Alsadaan et al., 2021)(Alshammari, 2024)(Banakhar et al.2021)(Alshammari et al.2023)(Aldossari & Calvard, 2022)(Albaqawi et al.2021)(Alqahtani et al.2022)

4.1. Healthcare System Overview

Subsection 4.1. Healthcare System Overview

Introduction The Kingdom of Saudi Arabia (KSA) owns and runs two main components, which are accessed by 88% of the inhabitants. In Saudi Arabia, 53.6% of inhabitants are covered by public healthcare coverage. The public and private healthcare sectors are very different in terms of service distribution and approach. Saudi inhabitants benefit from a countrywide healthcare system founded on fundamental values that are mainly derived from Islamic rules. The Kingdom of Saudi Arabia’s healthcare disaster and emergency

response system is directed by a government organization. The government plays a very important role in the Saudi healthcare system. The government is responsible for decision-making, policy development, regulation, service delivery, and financial arrangements. The Ministry of Health (MOH) is mainly responsible for the system's executive level. (Jaziri & Miralam)(Alyami et al.2020)(Alruwaili et al.2023)(Sultan, 2024)(Mani & Goniewicz, 2023)(Alkhamis & Miraj, 2021)

Health Outcomes/Health Services In addition to recent morbidity and mortality rankings, the current period in Saudi Arabia is also witnessing many major health system developments, mainly in the healthcare reform process. The single most difficult current overall health system issue facing healthcare reform in Saudi Arabia is to improve the overall health system performance by changing it and making it more efficient and effective in terms of responsiveness to the population's health needs. Research on health policy and health strategy in Saudi Arabia shows that basic health system performance problems of hospitals are the prioritized areas for care in Saudi Arabia. Saudis' top healthcare system objectives are to distribute resources and to provide care through hospitals and community services, mainly through primary healthcare centers and emergency response services with in-hospital emergency departments. Initiation and expansion of emergency department services are 24/7 services in Saudi hospitals. They accommodate mainly medical, then surgical patients within the two public and private sectors. Government and privately owned services receive Saudi and private patients. Defense and proprietary health systems identified as emergency medical services may also activate 24/7 clinics within patient organizations, in addition to emergency departments, and this aspect restricts extended interprofessional work generated in the emergency departments. (Malakoane et al.2020)(Johnson et al.2021)(Chowdhury et al., 2021)(Petersson et al.2022)(Krachler et al., 2022)(Sivan & Zukarnain, 2021)(Tan et al., 2021)

4.2. Cultural and Social Influences

International research suggests that there is a general lack of societal awareness about what nurses do, their education, and their autonomous role as professionals. Consequently, many patients and, in this case, their relatives do not know why nurses are important. These opinions also find support in some cultural attitudes, which, general in nature, see the role of a nurse as an assistant or junior to the more important doctor. Society found doctors to be more important than nurses, and this was reflected in the way nurses were addressed and spoken to, suggesting they were acceptable targets of verbal abuse. Patients, visitors, and other staff used terms like 'sister' or even 'maid' to address nurses, but they called doctors by their professional titles. Islamic values emphasize respect for those in authority and role positions within a traditional hierarchical structure. Distinguishing the status of the nurse as a person and the nurse as a professional is hard for many nurses to convey. However, hospitalized patients and their relatives said that the nurse's role was to respect doctors, be obedient, and humble. Members of the professional association's executive expressed a sense of a lack of progress in the professional advancement of nurses because the relationship between doctors and nurses was a 'big problem' and mostly reflects the general culture, which sees the 'doctor as a symbol of supremacy.' Within the nursing interviews, it was found that many nurses used a respectful tone to address doctors but a rather derogatory one to describe them, and then

went on to talk about some of the problems they faced in the doctor-nurse relationship. Across all studies, universal themes of conflict between the roles emerged, including respect and lack of recognition, lack of appreciation, role redundancy, unclear role boundaries, power of the doctor, and the restrictions on what nurses could do without fear of retribution. Males in Islamic culture are traditionally the ones in authority and decision-makers, and some nurses see doctors as more powerful and show more respect towards their male colleagues than their female ones. Female nurses expressed a sense of feeling inferior and as personal and professional handmaidens to doctors on a regular basis. Nurses and doctors described the nature of the nurse-doctor interaction as respectful or with high regard, and said nurses were actively involved when they were talking with doctors about patients. Ensuring that the importance of a nurse and the nursing role is picked up in a course designed for laypeople is crucial. Investigating what the public knows about the nurse's role, if anything, early in training might support participants in knowing where and with whom their frustration lies. There can be no joint management of human illness if clinicians do not understand the affective and value aspects of culture, and vice versa, and how these might shape the attitudes of patients and other professionals with whom they come into contact. The impact of culture on the doctor-doctor relationship is not the focus of this paper, beyond the usual investigation into perspectives on 'what is a nurse?' a limited investigation into perceptions, problems, and decision-making in the local doctor-nurse context. Despite this, we believe some of the work described in this and the next section will be valuable from a team-based perspective as we wish to understand what doctors know about nurses, in addition to what nurses know about doctors. (Strang et al.2020)(Catania et al.2021)(Kalateh et al.2021)(Fernández-Castillo et al.2021)(Akkuş et al.2022)(Evers, 2024)(Joo & Liu, 2021)(Karimi et al.2020)

5. Conclusion

This study has demonstrated that the way in which doctor-nurse interaction is carried out and its power relations are important aspects of the clinical decision-making process in a non-Western culture such as Saudi Arabia. Literature reviews and qualitative results have indicated that in order to enhance patient care in emergency departments, the collaborative nurse-doctor relationship must be established and the culture of emergency departments in Saudi Arabia must undergo cultural and attitudinal change. One of the major difficulties in conducting this research project was the lack of essential research endeavors, so there remains the need for research in many areas in order to fully appreciate the nurse-doctor interaction. This research has provided many implications and ideas for practice. Given the outcomes of this study, there may be several strategies to improve nurse and doctor communication in the emergency departments within Saudi Arabia. These strategies may include providing up-to-date opportunities for staff to train in communication and assertiveness; causing an attitudinal change within the doctors and also the nurses by having lectures facilitated in hospitals by psychiatrists dealing with how to control emotions during high-pressure situations, and the attitudes of other workers towards them. Further research needs to be carried out in this area of investigation. This could be done using a mixed methods approach, which would establish the nurse-doctor power relationship and its effects on the clinical decision-making process in emergency departments within the culture of Saudi Arabia. The outcomes of the study could then be compared to ensure the validity of the results. Future

studies should concentrate on nurse-doctor dyads reviewing their past experiences and exploring ways of raising awareness of MDs about the nurse's role. Finally, it has offered much knowledge, which could be implemented in other areas of clinical practice in Saudi Arabia.

5.1. Summary of Key Findings

Summary of Key Findings. Our study explored nurse-doctor interactions in the emergency departments of Saudi Arabia. We found that nurses and doctors shared similar views on the importance of collaboration during decision-making processes, and both groups identified similar barriers to effective resolution. These barriers included communication, hierarchical challenges, and knowledge and education. Recommendations for removing these barriers included introducing nurse specialty courses, allowing more nursing control over their development, introducing a shared decision-making model, and ensuring all blocks on the graduate education progression route are removed, and junior medical staff have basic clinical skills. We showed the positive effect this was having on patient outcomes within the context of a society very much related to the family and cultural context of the child, and we further underpinned this through the use of a culturally adapted version of the instrument.

In conclusion, there is agreement that there are shared interactions in the setting, but challenges exist to the effective realization of the process. These challenges are much cemented within the cultural context of Saudi Arabia in general and within the hospital setting particularly, and there is a need for continuous professional development of both nurses and doctors to overcome such challenges. The current research was predicated on the benefits of clinical nurse-consultation interactions and the need to have this as a formal function that is recognized within the hospital settings. The strengths of the current work were that it was carried out in a thorough and detailed way using a mixed-method approach and was sufficiently large in order to gain a well-informed opinion and provide clear evidence that nurse-consultation is beneficial. The research with this group served as one component of the overall survey of doctor-nurse interactions that took place in the emergency department of one of the tertiary hospitals in Saudi Arabia.

5.2. Implications for Practice

Several practical implications can be drawn from our findings. To directly improve nurse-doctor interaction in the emergency department, a synergistic intervention of both supportive policies and well-structured training programs has been advocated. As far as policy changes are concerned, hospital senior management and nursing policymakers have to cooperate to design tailored strategies aimed at improving the social and organizational environments in emergency departments. They should guarantee an appropriate number of well-trained staff, totally involved in the patient treatment chain, granting them well-structured rotations within the various hospital departments, making them aware of the resources of other specialists.

Several recommendations for training can be made following our findings. First and foremost, specific attention should be paid to developing healthcare professionals' communication skills and their knowledge of the basic principles of interdisciplinary teamwork grounded in evidence-based medicine. Furthermore, members of different

professions should deepen their awareness of how their values, attitudes, norms, and models of professional practice are affected by their cultural capital. Healthcare professional education and training need to be consistent with this social model. Tailoring training to different country contexts might be of utmost importance. A second implication of our findings is the general belief that policy changes introducing a nursing perspective into the decision-making process would improve its quality and help professionals deliver appropriate care. Indeed, increased quality of decision-making implies an improvement in patient management.

The ways in which decisions are made in healthcare are subject to a growing field of study investigating the effects of different decision-making approaches on patient outcomes. In the case of multi-professional decision-making, the most recent literature tends to support the idea that the contribution of all professionals, including nurses, in the decision-making process can benefit patients. On the basis of our findings, it can be suggested that, at least in emergency departments based on our cultural background, we need to prepare the ground for appropriate handling of this kind of approach by healthcare policymakers. Indeed, they do not seem to have reached any real autonomy within the hospital when it comes to discussing patients' clinical outcomes. Healthcare leaders need to pay more attention to the collective nature of decision-making, since this could potentially impact patient outcomes. The results of our study suggest that department-wide context or setting involving entire clinical teams should be addressed in further research focused on shared decision-making.

Recommendations

1. **Enhance Interdisciplinary Communication:**
    - Implement structured communication training programs for nurses and doctors to improve clarity, reduce errors, and foster collaboration.
    - Develop standardized protocols for nurse-doctor interactions, especially during high-pressure situations in emergency departments.
2. **Promote Collaborative Decision-Making Models:**
    - Introduce shared decision-making frameworks to empower nurses and encourage mutual respect and responsibility in patient care.
    - Provide opportunities for nurses to actively participate in clinical decision-making processes, supported by leadership.
3. **Address Cultural and Hierarchical Barriers:**
    - Raise awareness about the professional role and autonomy of nurses through public campaigns and hospital policies.
    - Conduct sensitivity training to address cultural and gender biases that impact nurse-doctor interactions.

4. **Invest in Professional Development:**
    - Establish nurse specialization courses and leadership training programs to enhance skill sets and confidence in decision-making.
    - Encourage continuous education for both nurses and doctors to adapt to evolving healthcare practices.
5. **Strengthen Policies and Resources:**
    - Ensure adequate staffing levels in emergency departments to reduce burnout and improve team dynamics.
    - Allocate resources for interdisciplinary teamwork initiatives, including team-building workshops and regular feedback sessions.
6. **Foster Research and Innovation:**
    - Support further studies on nurse-doctor collaboration to develop evidence-based strategies for improving interactions in emergency departments.
    - Encourage innovation in healthcare technology to streamline communication and decision-making processes.
7. **Cultural Adaptation:**
    - Tailor interventions and training programs to reflect the unique cultural and social context of Saudi Arabia, ensuring relevance and effectiveness.

References:

Daheshi, N., Alkubati, S. A., Villagracia, H., Pasay-An, E., Alharbi, G., Alshammari, F., ... & Alshammari, B. (2023, February). Nurses' perception regarding the quality of communication between nurses and physicians in emergency Departments in Saudi Arabia: a cross sectional study. In Healthcare (Vol. 11, No. 5, p. 645). MDPI. mdpi.com

Pantha, S., Jones, M., Moyo, N., Pokhrel, B., Kushemererwa, D., & Gray, R. (2024). Association between the Quantity of Nurse–Doctor Interprofessional Collaboration and in-Patient Mortality: A Systematic Review. International Journal of Environmental Research and Public Health, 21(4), 494. mdpi.com

Asadi, M., Ahmadi, F., Mohammadi, E., & Vaismoradi, M. (2023). Unsafe doctor–nurse interactions in the process of implementing medical orders: A qualitative study. Nursing Open, 10(10), 6808-6816. wiley.com

Pantha, S., Jones, M., & Gray, R. (2023). Stakeholders' Perceptions of How Nurse–Doctor Communication Impacts Patient Care: A Concept Mapping Study. Nursing Reports. mdpi.com

Chua, W. L., Legido-Quigley, H., Jones, D., Hassan, N. B., Tee, A., & Liaw, S. Y. (2020). A call for better doctor–nurse collaboration: A qualitative study of the experiences of junior

doctors and nurses in escalating care for deteriorating ward patients. Australian Critical Care, 33(1), 54-61. [HTML]

Corkery, N., Avsar, P., Moore, Z., O'Connor, T., Nugent, L., & Patton, D. (2021). What is the impact of team triage as an intervention on waiting times in an adult emergency department?–A systematic review. International Emergency Nursing, 58, 101043. [HTML]

Munroe, B., Curtis, K., Balzer, S., Royston, K., Fetchet, W., Tucker, S., ... & Considine, J. (2021). Translation of evidence into policy to improve clinical practice: the development of an emergency department rapid response system. Australasian Emergency Care, 24(3), 197-209. [HTML]

Gawthorne, J., Curtis, K., Fry, M., Mccloughen, A., & Fethney, J. (2024). Barriers and enablers to nurse-initiated care in emergency departments: An embedded mixed methods survey study. Australasian Emergency Care. sciencedirect.com

Abass, G., Asery, A., Al Badr, A., AlMaghlouth, A., AlOtaiby, S., & Heena, H. (2021). Patient satisfaction with the emergency department services at an academic teaching hospital. Journal of Family Medicine and Primary Care, 10(4), 1718-1725. lww.com

Alkhamees, M., Lea, J., Islam, M. S., Alasqah, I., Alzghaibi, H., Alharbi, M. F., ... & Parker, V. (2022, December). A qualitative investigation of factors affecting Saudi patients' communication experience with Non-Saudi physicians in Saudi Arabia. In Healthcare (Vol. 11, No. 1, p. 118). MDPI. mdpi.com

Sultan, M. A. S., Khorram-Manesh, A., Carlström, E., Sørensen, J. L., Sulayyim, H. J. A., & Taube, F. (2020). Nurses' readiness for emergencies and public health challenges—The case of Saudi Arabia. Sustainability, 12(19), 7874. mdpi.com

Al-Otmy, S. S., Abduljabbar, A. Z., Al-Raddadi, R. M., & Farahat, F. (2020). Factors associated with non-urgent visits to the emergency department in a tertiary care centre, western Saudi Arabia: cross-sectional study. BMJ open, 10(10), e035951. bmj.com

Alreshidi, N. M., Alrashidi, L. M., Alanazi, A. N., & Alshammeri, E. H. (2021). Turnover among foreign nurses in Saudi Arabia. Journal of public health research, 10(1), jphr-2021. sagepub.com

Abdelhadi, A. (2021). Patients' satisfactions on the waiting period at the emergency units. Comparison study before and during COVID-19 pandemic. Journal of public health research. sagepub.com

Alenazy, F. S., Dettrick, Z., & Keogh, S. (2023). The relationship between practice environment, job satisfaction and intention to leave in critical care nurses. Nursing in critical care. qut.edu.au

Bos-van den Hoek, D. W., Thodé, M., Jongerden, I. P., Van Laarhoven, H. W., Smets, E. M., Tange, D., ... & Pasman, H. R. (2021). The role of hospital nurses in shared decision-making about life-prolonging treatment: A qualitative interview study. Journal of advanced nursing, 77(1), 296-307. wiley.com

Areia, C., King, E., Ede, J., Young, L., Tarassenko, L., Watkinson, P., & Vollam, S. (2022). Experiences of current vital signs monitoring practices and views of wearable monitoring: a qualitative study in patients and nurses. Journal of advanced nursing, 78(3), 810-822. wiley.com

Shah, V., & Khang, A. (2023). Metaverse-enabling IoT technology for a futuristic healthcare system. In Handbook of Research on AI-Based Technologies and Applications in the Era of the Metaverse (pp. 165-173). IGI Global. [HTML]

Huisman, B. A., Geijteman, E. C., Dees, M. K., Schonewille, N. N., Wieles, M., van Zuylen, L., ... & van der Heide, A. (2020). Role of nurses in medication management at the end of life: a qualitative interview study. BMC palliative care, 19, 1-11. springer.com

Allam, S., & Nadikattu, A. K. R. AI economical wearable smart device to alert real time health reports to doctors. International Journal of Creative Research Thoughts (IJCRT), ISSN, 2320-2882. academia.edu

Tursunbayeva, A., & Renkema, M. (2023). Artificial intelligence in health-care: implications for the job design of healthcare professionals. Asia Pacific Journal of Human Resources, 61(4), 845-887. wiley.com

Haleem, A., Javaid, M., Singh, R. P., & Suman, R. (2021). Telemedicine for healthcare: Capabilities, features, barriers, and applications. Sensors international. sciencedirect.com

Piper-Vallillo, E., Zambrotta, M. E., Shields, H. M., Pelletier, S. R., & Ramani, S. (2023). Nurse–doctor co-teaching: A path towards interprofessional collaboration. The Clinical Teacher, 20(1), e13556. [HTML]

Taranta, E. & Marcinowicz, L. (2020). Collaboration between the family nurse and family doctor from the perspective of patients: a qualitative study. Family practice. [HTML]

Sabone, M., Mazonde, P., Cainelli, F., Maitshoko, M., Joseph, R., Shayo, J., ... & Ulrich, C. M. (2020). Everyday ethical challenges of nurse-physician collaboration. Nursing ethics, 27(1), 206-220. sagepub.com

Vatn, L. & Dahl, B. M. (2022). Interprofessional collaboration between nurses and doctors for treating patients in surgical wards. Journal of Interprofessional Care. tandfonline.com

Zajac, S., Woods, A., Tannenbaum, S., Salas, E., & Holladay, C. L. (2021). Overcoming challenges to teamwork in healthcare: a team effectiveness framework and evidence-based guidance. Frontiers in Communication, 6, 606445. frontiersin.org

Razu, S. R., Yasmin, T., Arif, T. B., Islam, M. S., Islam, S. M. S., Gesesew, H. A., & Ward, P. (2021). Challenges faced by healthcare professionals during the COVID-19 pandemic: a qualitative inquiry from Bangladesh. Frontiers in public health, 9, 647315. frontiersin.org

Obeagu, E. I., Ubosi, N. I., & Uzoma, G. (2023). Storms and Struggles: Managing HIV Amid Natural Disasters. Int. J. Curr. Res. Chem. Pharm. Sci, 10(11), 14-25. researchgate.net

Nwosu, N. T. (2024). Reducing operational costs in healthcare through advanced BI tools and data integration. World Journal of Advanced Research and Reviews. researchgate.net

Feijt, M., De Kort, Y., Bongers, I., Bierbooms, J., Westerink, J., & IJsselsteijn, W. (2020). Mental health care goes online: Practitioners' experiences of providing mental health care during the COVID-19 pandemic. Cyberpsychology, Behavior, and Social Networking, 23(12), 860-864. tilburguniversity.edu

Jiang, Z., Wu, H., Cheng, H., Wang, W., Xie, A. N., & Fitzgerald, S. R. (2021). Twelve tips for teaching medical students online under COVID-19. Medical education online, 26(1), 1854066. tandfonline.com

Isbell, L. M., Boudreaux, E. D., Chimowitz, H., Liu, G., Cyr, E., & Kimball, E. (2020). What do emergency department physicians and nurses feel? A qualitative study of emotions, triggers, regulation strategies, and effects on patient care. BMJ quality & safety, 29(10), 1-2. nih.gov

Davey, K., Ravishankar, V., Mehta, N., Ahluwalia, T., Blanchard, J., Smith, J., & Douglass, K. (2020). A qualitative study of workplace violence among healthcare providers in emergency departments in India. International journal of emergency medicine, 13, 1-9. springer.com

Isbell, L. M., Tager, J., Beals, K., & Liu, G. (2020). Emotionally evocative patients in the emergency department: a mixed methods investigation of providers' reported emotions and implications for patient safety. BMJ quality & safety. bmj.com

Pursio, K., Kankkunen, P., Sanner-Stiehr, E., & Kvist, T. (2021). Professional autonomy in nursing: An integrative review. Journal of nursing management, 29(6), 1565-1577. wiley.com

Arsenault-Lapierre, G., Henein, M., Gaid, D., Le Berre, M., Gore, G., & Vedel, I. (2021). Hospital-at-home interventions vs in-hospital stay for patients with chronic disease who present to the emergency department: a systematic review and meta-analysis. JAMA network open, 4(6), e2111568-e2111568. jamanetwork.com

Bittencourt, R. J., Stevanato, A. D. M., Bragança, C. T. N., Gottems, L. B. D., & O'Dwyer, G. (2020). Interventions in overcrowding of emergency departments: an overview of systematic reviews. Revista de saúde publica, 54, 66. scielosp.org

González-Gil, M. T., González-Blázquez, C., Parro-Moreno, A. I., Pedraz-Marcos, A., Palmar-Santos, A., Otero-García, L., ... & Oter-Quintana, C. (2021). Nurses' perceptions and demands regarding COVID-19 care delivery in critical care units and hospital emergency services. Intensive and Critical Care Nursing, 62, 102966. nih.gov

Peet, J., Theobald, K. A., & Douglas, C. (2022). Building safety cultures at the frontline: an emancipatory practice development approach for strengthening nursing surveillance on an acute care ward. Journal of clinical nursing. [HTML]

Wolf, L., Perhats, C., Delao, A., Burchill, C. N., Clark, P., Callihan, M., ... & Strout, T. (2022). Role and training of emergency department charge nurses: a mixed methods analysis of processes, needs, and expectations. Journal of Emergency Nursing, 48(4), 390-405. [HTML]

Connor, J., Flenady, T., Massey, D., & Dwyer, T. (2023). Clinical judgement in nursing–An evolutionary concept analysis. Journal of Clinical Nursing, 32(13-14), 3328-3340. wiley.com

Jessee, M. A. (2021). An update on clinical judgment in nursing and implications for education, practice, and regulation. Journal of Nursing Regulation. journalofnursingregulation.com

Molina-Mula, J., & Gallo-Estrada, J. (2020). Impact of nurse-patient relationship on quality of care and patient autonomy in decision-making. International journal of environmental research and public health, 17(3), 835. mdpi.com

Smith, H. (2021). Clinical AI: opacity, accountability, responsibility and liability. Ai & Society. springer.com

Luna-Meza, A., Godoy-Casasbuenas, N., Calvache, J. A., Díaz-Amado, E., Gempeler Rueda, F. E., Morales, O., ... & de Vries, E. (2021). Decision making in the end-of-life care of patients who are terminally ill with cancer–a qualitative descriptive study with a phenomenological approach from the experience of healthcare workers. BMC palliative care, 20(1), 76. springer.com

Anton, N., Hornbeck, T., Modlin, S., Haque, M. M., Crites, M., & Yu, D. (2021). Identifying factors that nurses consider in the decision-making process related to patient care during the COVID-19 pandemic. Plos one, 16(7), e0254077. plos.org

Elmorshedy, H., AlAmrani, A., Hassan, M. H. A., Fayed, A., & Albrecht, S. A. (2020). Contemporary public image of the nursing profession in Saudi Arabia. BMC nursing, 19, 1-8. springer.com

Alsadaan, N., Jones, L. K., Kimpton, A., & DaCosta, C. (2021). Challenges facing the nursing profession in Saudi Arabia: an integrative review. Nursing Reports. mdpi.com

Alshammari, S. (2024). Making the invisible visible: the lived experiences of female nurse managers in the Ministry of Health in Saudi Arabia pre-and post-promulgation of Vision 2030: an …. cardiff.ac.uk

Banakhar, M., Bamohrez, M., Alhaddad, R., Youldash, R., Alyafee, R., Sabr, S., ... & Alasmee, N. (2021). The journey of Saudi male nurses studying within the nursing profession: A qualitative study. Nursing Reports, 11(4), 832-846. mdpi.com

Alshammari, A., Evans, C., & Mcgarry, J. (2023). Nurses' experiences of perceiving violence and abuse of women in Saudi Arabia: A phenomenological study. International nursing review, 70(4), 501-509. wiley.com

Aldossari, M. & Calvard, T. (2022). The politics and ethics of resistance, feminism and gender equality in Saudi Arabian organizations. Journal of Business Ethics. aston.ac.uk

Albaqawi, H. M., Butcon, V. E., Albagawi, B. S., Dayrit, R. D., & Pangket, P. (2021). Holistic nursing care among operating room nurses: Strengthening the standard of practice in Saudi Arabia. Belitung Nursing Journal, 7(1), 8. nih.gov

Alqahtani, F. M., Salvador, J. T., Dorgham, S. R., Al-Garni, R., Alvarez, M. O. C., Rosario, A. B., ... & Sanchez, K. B. (2022). A phenomenological exploration of nurse educators' roles in Saudi Arabia's Vision 2030. Journal of Nursing Management, 30(7), 3102-3112. wiley.com

Jaziri, R. & Miralam, M. S. (). The impact of crisis and disasters risk management in COVID-19 times: Insights and lessons learned from Saudi Arabia. Ethics. nih.gov

Alyami, A., Dulong, C. L., Younis, M. Z., & Mansoor, S. (2020). Disaster preparedness in the kingdom of Saudi Arabia: exploring and evaluating the policy, legislative organisational arrangements particularly during the hajj period. European Journal of Environment and Public Health, 5(1), em0053. ejeph.com

Alruwaili, A. S., Islam, M. S., & Usher, K. (2023). Comparison of the level of disaster preparedness between private and Government hospitals in Saudi Arabia: a cross-sectional study. Disaster Medicine and Public Health Preparedness, 17, e335. [HTML]

Sultan, M. (2024). Improving Disaster Management in Saudi Arabia Through Collaborative Exercises and Education for Nurses and Other Healthcare Workers. gu.se

Mani, Z. A. & Goniewicz, K. (2023). Adapting disaster preparedness strategies to changing climate patterns in Saudi Arabia: A rapid review. Sustainability. mdpi.com

Alkhamis, A. & Miraj, S. A. (2021). Access to health care in Saudi Arabia: development in the context of vision 2030. Handbook of healthcare in the Arab world. academia.edu

Malakoane, B., Heunis, J. C., Chikobvu, P., Kigozi, N. G., & Kruger, W. H. (2020). Public health system challenges in the Free State, South Africa: A situation appraisal to inform health system strengthening. BMC health services research, 20, 1-14. springer.com

Johnson, K. B., Wei, W. Q., Weeraratne, D., Frisse, M. E., Misulis, K., Rhee, K., ... & Snowdon, J. L. (2021). Precision medicine, AI, and the future of personalized health care. Clinical and translational science, 14(1), 86-93. wiley.com

Chowdhury, S., Mok, D., & Leenen, L. (2021). Transformation of health care and the new model of care in Saudi Arabia: Kingdom's Vision 2030. Journal of Medicine and Life. nih.gov

Petersson, L., Larsson, I., Nygren, J. M., Nilsen, P., Neher, M., Reed, J. E., ... & Svedberg, P. (2022). Challenges to implementing artificial intelligence in healthcare: a qualitative interview study with healthcare leaders in Sweden. BMC Health Services Research, 22(1), 850. springer.com

Krachler, N., Greer, I., & Umney, C. (2022). Can public healthcare afford marketization? Market principles, mechanisms, and effects in five health systems. Public Administration Review. wiley.com

Sivan, R. & Zukarnain, Z. A. (2021). Security and privacy in cloud-based e-health system. Symmetry. mdpi.com

Tan, C. C., Lam, C. S. P., Matchar, D. B., Zee, Y. K., & Wong, J. E. L. (2021). Singapore's health-care system: key features, challenges, and shifts. The Lancet. rug.nl

Strang, P., Bergström, J., Martinsson, L., & Lundström, S. (2020). Dying from COVID-19: loneliness, end-of-life discussions, and support for patients and their families in nursing homes and hospitals. A national register study. Journal of pain and symptom management, 60(4), e2-e13. sciencedirect.com

Catania, G., Zanini, M., Hayter, M., Timmins, F., Dasso, N., Ottonello, G., ... & Bagnasco, A. (2021). Lessons from Italian front-line nurses' experiences during the COVID-19 pandemic: A qualitative descriptive study. Journal of nursing management, 29(3), 404-411. wiley.com

Kalateh Sadati, A., Zarei, L., Shahabi, S., Heydari, S. T., Taheri, V., Jiriaei, R., ... & Lankarani, K. B. (2021). Nursing experiences of COVID-19 outbreak in Iran: A qualitative study. Nursing open, 8(1), 72-79. wiley.com

Fernández-Castillo, R. J., González-Caro, M. D., Fernández-García, E., Porcel-Gálvez, A. M., & Garnacho-Montero, J. (2021). Intensive care nurses' experiences during the COVID-19 pandemic: A qualitative study. Nursing in critical care, 26(5), 397-406. [HTML]

Akkuş, Y., Karacan, Y., Güney, R., & Kurt, B. (2022). Experiences of nurses working with COVID-19 patients: A qualitative study. Journal of clinical nursing, 31(9-10), 1243-1257. nih.gov

Evers, H. (2024). Care or custody? The experiences of women patients in long-stay geriatric wards. Controlling women. [HTML]

Joo, J. Y. & Liu, M. F. (2021). Nurses' barriers to caring for patients with COVID-19: a qualitative systematic review. International nursing review. nih.gov

Karimi, Z., Fereidouni, Z., Behnammoghadam, M., Alimohammadi, N., Mousavizadeh, A., Salehi, T., ... & Mirzaee, S. (2020). The lived experience of nurses caring for patients with COVID-19 in Iran: a phenomenological study. Risk management and healthcare policy, 1271-1278. tandfonline.com