

THE ROLE OF NURSING IN PROVIDING COMPREHENSIVE CARE AND COORDINATING CARE AMONG HEALTHCARE PROFESSIONALS

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Abstract

Comprehensive care is a concept that is increasingly being used in health services. The term comprehensive care is habitually used to describe a certain type of health service; one that covers health care for individuals in all stages of life and in all areas (Renghea et al., 2023). From a professional point of view, comprehensive care refers to comprehensive nursing care techniques, protocols, programmes, and plans that cover care in all areas of the individual. There is discussion of plans that comprise care in all areas: biological, psychological, social, and health education. There are standards applied to comprehensive care that necessitate a care plan drawn up for each patient. The nursing profession discusses comprehensive care plans as plans that cover care for the individual on all levels. This involves different specialised carers working together with agreed-upon care actions.

Coordinated care is considered to be a comprehensive care plan that covers a single type of care, for example nursing care, and in which the co-operation of several nurses is coordinated by one nurse. The Nursing Care Process is highlighted as a tool that is used to implement a care plan. With regard to nursing care, this includes a vehicle that allows the provision of comprehensive care applied to the needs triggered by a disease, including various activities involving care technique intervention, observation, and health education. Each nursing care need should result in a care plan being drawn up, including objectives and planned nursing care techniques. Evaluation of the care plan is necessary for the patient to whom the care is provided. Changes in nursing care need qualifications, in other words further education. Concerning theoretical training, this should focus on the health-disease process, diagnosis, treatment, and approach to the patient.

Keywords

Nursing, as a health profession, is based on regard for people as individuals, on the belief that health is a dynamic state and on the involvement in people's health and care throughout their life cycle. By addressing health needs in a comprehensive manner, nursing plays an essential role in improving individual and population health (Renghea et al., 2023). Comprehensive care is understood as a coordinated response to the needs and expectations of service users in all necessary dimensions of care. It can be ensured by transversal activities that coordinate and integrate care across different professionals and levels of care for a given individual or population. Recently, an expansion of integrated care models and services has been observed, supported by organizational and funding changes, information technologies and a growing interest in new roles for health care professionals, notably nurses. As a result, the number of

home health care nursing services has increased and the role of nurses in these services has changed.

Nursing is actively involved in the provision of extensive care, focusing on the identification of the health needs of a given individual. The needs can be articulated, perceived or hidden. The identification of needs is often accompanied by their comprehensive assessment in health, psychological and social dimensions. On the other hand, nursing is involved in the coordination and integration of care provided by different professionals, focusing on the needs and expectations of service users. The coordination processes can be characterized by the health care services involved and the type of services provided (Möckli et al., 2023).

1. Introduction to Nursing in Healthcare

Nursing is an essential part of the health system, providing services directed to the population's needs to preserve health, recover from diseases, and reduce limitations of disabilities. With a growing aging population and increased longevity, the global demand for health services rises, especially for nursing services. Similarly, changes in the epidemiological profile of populations raise the demand for comprehensive care: integrated services that consider the individual as a whole, rather than merely addressing their pathologies. In this context, the importance of considering the nursing profession, both in terms of the service it provides and its professional development, is highlighted in public policies. In order to provide a comprehensive view of nursing care, the concept of "comprehensive care" is examined from a nursing care standpoint and based on research studies published in nursing journals (Renghea et al., 2023). This includes a one-hundred-year perspective, considering that the first nursing care definitions date back to the early twentieth century.

Comprehensive care within nursing considers the individual as a whole, covering care in all bio-psycho-social-spiritual areas, and is a service priority of the profession and health institutions. The Nursing Care Process is highlighted as an implementing tool for care planning, with comprehensive nursing care techniques, protocols, programs, and plans being available in the institution. Despite nursing priorities, there is a partial coverage of care plans, with care in the psychosocial sphere being neglected due to scarce inclusion of the family. The comprehensive care plan is considered an operative tool that needs time for the patient's evaluation and diagnosis, as a lower number of nursing professionals than necessary for the service is another limitation (Ting Chen et al., 2022). Spiritual care is included, but only within religious and palliative care; it is essential, since, according to patients, spirituality impacts their quality of life. On the other hand, comprehensive care means good management of available resources and services; public institutions and the state's responsibility is to guarantee necessary resources, since well-being and quality of life are impaired without necessary care in the long term.

Definition and Scope of Nursing Practice

Nursing is an essential part of human society and has been practiced on some level throughout history. The definition of nursing has evolved throughout history, but a common definition highlights its most important aspects. In a more general sense, nursing is the care provided to a person or persons to help maintain or improve health. A more complete definition of nursing takes into account the coordinated aspect of nursing. Nursing is the care of persons, families, or communities in their efforts to maintain or recover optimal health. This care is provided through a comprehensive approach that assesses the needs of the person, family, or community; plans care accordingly; provides care; and evaluates its effectiveness. Nursing also coordinates

care among other health care professionals, helping to assure that the person, family, or community receives the health services needed (Renghea et al., 2023).

Providing comprehensive care involves a series of tasks and roles that nursing is educated to fulfill. There are also tasks and roles nursing is nearly uniquely educated to fulfill, such as a strong emphasis on providing for a person's psychosocial, emotional, and spiritual needs in addition to their physical needs. Some nursing tasks and roles do overlap with those of other health professionals; other health professionals also assess, plan, provide, and evaluate care. However, other health professionals care for only a person's physical needs or a specific aspect of their care rather than their comprehensive needs. Therefore, care provided by other health professionals must be coordinated to ensure that the person receives the needed care.

2. The Importance of Comprehensive Care

Comprehensive Nursing, as a concept, has been studied and analysed from different aspects by different professionals. This research study aimed to identify how the concept of "comprehensive care" in nursing care has been described, according to scientific documentation indexed in the Scopus database and published in the years 2019 to 2023. Methodology consisting of search strategies in the database, inclusion and exclusion criteria for documents, and a process for selecting documents were followed, after which a qualitative and quantitative analysis of the selected documents was performed. As a result, 14 documents were identified using the methodology considered appropriate. These documents were both qualitative and quantitative, with a greater representation of the latter. The journal "Investigacion y Educacion en Enfermeria" stands out, as it has published 3 documents on the subject. Spain is the country with the most production on "Comprehensive Care" as a concept in its nursing profession. The nursing profession uses the concept "Comprehensive Care" mainly with the meaning of referring to comprehensive nursing care techniques, protocols, programmes and plans, which cover care in all areas of the individual. Interviews and surveys used to delimit the concept of comprehensive care reveal that it is often confused with the concept of holistic care (Renghea et al., 2023). Holistic nursing care is understood as comprehensive care, since it is considered that the individual is made up of body, mind and spirit, and it is the nurse's obligation to care for the individual in all these areas. Numerous comprehensive care nursing techniques have been described, among which the Nursing Care Process is highlighted as an implementing tool for care planning. Comprehensive care is understood as the care plan being applied to the individual, taking into account all the needs that diseases trigger in all areas of the individual. On the other hand, care plans are considered a vaguely defined concept, since the care plan can be considered as a hardly operative tool that needs evaluation for the patient, in order to provide effective care. The technical specificity of nursing practical skills is important, as is the theoretical biological support in the care for users; this organising structure of the nursing profession ensures effective nursing care, always and when professional nursing is applied in its entirety. However, it is acknowledged that nurses provide a partial coverage of the care plan, since care in the psychosocial sphere is often neglected. Diseases cause needs in all areas of the individual, but in real practice the care plan is focused on the biological sphere only and giving medication is considered enough for the patient to recover from physical illness. In this respect, the application of psychosocial and spiritual care is considered imperative; this care, like no other, impacts directly on the quality of life of the individual on whom the care plan is applied. It is emphasised that good management of the resources and services that make up the care plan is necessary to achieve comprehensive care, since, although they may not seem essential at first glance, without the

necessary care in the long term, well-being and quality of life can be impaired. Such is the case with the spiritual dimensions, since without undertaking some of these care in the beginning, the individual may be able to cope with the disease, but in the long term, there will be an increase in crises, which will worsen the quality of life. It is concluded that comprehensive care for the individual in all aspects is, for nursing, a moral and ethical obligation, since the existence of meeting the needs triggered by disease in all areas is what defines care.

2.1. Holistic Approach to Patient Care

Nursing has a key role within the health system in providing comprehensive care to the population. This care includes the execution of activities directed at the individual, family and community, in health promotion, health education, rehabilitation, companionship, assistance in daily activities and other actions that favour health and welfare (Renghea et al., 2023). Comprehensive care refers to the care provided to resolve the health needs of the individual, attending the different areas that comprise it: biological, psychological, social and, when necessary, spiritual. In addition, it implies a life and health care in all contexts in which individuals act: personal, family and social.

With reference to the nursing profession, comprehensive care mainly refers to comprehensive nursing care techniques, protocols, programmes and plans. Comprehensive nursing care covers care in all areas of the individual, as a complement to or independently of clinical needs. This nursing technique provides care in the psychological, social and spiritual areas of the individual, as well as in the biological area, but always as complementary to medical care (Jo Kreitzer, 2015). The Nursing Care Process is highlighted as an implementing tool for comprehensive care planning. This involves a vehicle that allows the provision of comprehensive care applied to the needs that diseases trigger in all areas of the individual.

3. Collaboration Among Healthcare Professionals

The National Health Service (NHS) was established in 1948 to provide comprehensive care for all citizens. Since 1990, the NHS has undergone various reforms to ensure the provision of comprehensive care. Recently, the NHS has shifted its focus from hospital services to primary care due to financial constraints and policy changes. Increasingly, general practices are expected to take responsibility for a wide range of health services, including integrated services for managing chronic conditions. The 2012 Health and Social Care Act encouraged general practices to collaborate and form larger organizations to take on more responsibilities. As a result, nine general practices collaborated to form a new organization, “Health and Well-being,” which aims to provide comprehensive care, specifically improvement and prevention services. This new organization also focuses on coordinating care among healthcare professionals and has employed care coordinators to facilitate communication and coordination.

Nurses had played a vital role in ensuring comprehensive care and coordinating care among healthcare professionals. However, the specific roles and responsibilities of care coordinators were unclear, necessitating further investigation into how care coordinators can fulfill these roles. Exploring care coordinators’ experiences in providing comprehensive care and collaborating with healthcare professionals is essential for understanding and developing this new role. In the current political climate, where accountability and results are paramount, documenting the role of care coordinators is crucial, especially in mitigating the risk of role ambiguity and role dilution, as experienced by other new nursing roles (King et al., 2017).

3.1. *Interprofessional Teamwork*

With the growing number of elderly people, there is a greater need for hospitals to provide care to older patients. Older patients are more likely to have complex health problems and greater care needs due to multiple pathologies, limitations in everyday life and cognitive impairment. In addition, hospitalised older patients are at greater risk of experiencing adverse incidents (E. Anderson et al., 2019). Therefore, there is an urgent need to better understand how to ensure the quality of nursing care for older patients.

The responsibility for delivering care in hospitals lies with nursing teams. Globally, nurses comprise 59% of the health workforce. In the UK, nursing teams make up over 40% of hospital teams. Nursing teamwork is crucial for the quality of care provided to older patients. Nursing care comprises the majority of care delivered to older patients and poor nursing care is associated with adverse incidents. A good nursing teamwork is related to high job satisfaction and lower rates of missed care, better staff retention, reduced mortality, and reduced errors in care. Nevertheless, nursing teams differ from other healthcare professional teams in care delivery and team composition.

Understanding how teamwork is translated into practice in nursing teams is important for improving care quality. Mechanisms by which teamwork contributes to care quality and factors that impede or facilitate good teamwork are poorly understood. Care quality for older patients is always compromised, regardless of the team's experience, capability, and professionalism. Characteristics of the patient care environment impact teamwork and care quality. Care is more likely to be delivered collaboratively when patients require complex care involving multiple interventions and have co-morbidities.

4. **Nursing's Role in Coordinating Care**

Homecare nursing has an important role both in caring for patients but also in the coordination of care at home involving relatives and various health professionals. This study highlights several aspects regarding the coordination of care in home healthcare that are relevant for nursing education and policy. Homecare nurses are the key coordinators but coordinating care is complex because of changes in patients' situations and also in the caring team. Because of the responsibility for care, nurses need to be continuously updated about changes in patients' situations, not only those cared for by them but also those concerning team changes. To do that, a variety of means are used, both technical and personal with telephone calls being important. The importance of informal communication is highlighted and that it is both necessary and a challenge to keep a common mental model of patients among team members (Möckli et al., 2023). Homecare nursing is by definition care and treatment of patients in their own homes and it can take various forms depending on the type of patients and their needs. A common division can be made between non-professional care usually provided by relatives and professional care. In most countries, the need for homecare has increased as a result of demographic development, and at the same time, units in hospitals have become fewer as a consequence of financial cutbacks.

4.1. *Communication and Information Sharing*

Nurses play a crucial role in establishing and maintaining communication and information sharing among healthcare professionals in different health systems (Ghiyasvandian et al., 2015). They actively facilitate professional communication by mediating between other professionals and with patients. Nurses were involved in communication-related roles such as information recording and transmission, clarifying ambiguous information, and ensuring timely information transfer. Communication problems often arise due to the hierarchical

structure of health systems, which can create rifts in communication between different professional groups. However, nurses are in a unique position to ease communication difficulties as they work across healthcare professionals. There are two main types of professional communication roles that nurses fulfill: communication facilitation roles and other communication-related roles.

As facilitators of professional communication, nurses carry out duties such as providing technical and therapeutic advice, preparing medical records, attending meetings with other professionals, and assisting patients in understanding treatment procedures. Communication problems can arise when patients do not explain their condition accurately, leading to healthcare professionals excluding nurses from the communication loop regarding new treatments. As mediators of professional communication, nurses are responsible for duties such as swiftly transferring patients or their histories, recording patients' histories and symptoms, and modifying patients' history reports to ensure clear and precise information transmission. Keeping patient information confidential can also pose challenges in communication.

5. Challenges and Barriers in Care Coordination

Care coordination is defined as “the deliberate organization of patient care activities between two or more participants involved in a patient’s care to facilitate the appropriate delivery of health care services.” (Tan Mong Heng et al., 2024). Care coordination was also found to improve health outcomes and decrease the likelihood of hospital readmission. The Family Medicine (FM) Residency Curriculum Framework advocates FM residents to coordinate care for patients with complex health needs at the population level and among different types of healthcare professionals by the end of residency. However, many residents felt that it was challenging to coordinate care effectively among healthcare stakeholders. Understanding these challenges can illuminate potential solutions to care coordination barriers.

Some aspects of healthcare delivery are better conceptualized at the macrocosm or meso level of systems outside of residency. There is a lack of standard operating procedures for care coordination despite having clear processes for other services, like specialist referral. Care coordination is also sensitive to the time and place of healthcare provision. As such, healthcare access inequalities exist because services are distributed based on convenience and cost-control priorities rather than equity. Care coordination — particularly with allied health professionals — is also hindered by their limited availability in public settings. On a microcosmic level, factors pertaining to residency itself exacerbate care coordination challenges. The resident’s personal knowledge and skills impact care coordination effectiveness. In specific, residents felt that they lacked knowledge regarding the primary care services available and how to navigate them. Care coordination is very time-consuming. Difficulty coordinating care is compounded by the heavy workload residents are responsible for ensuring patients a safe return to necessary services post-discharge.

5.1. Technological Barriers

While traditional methods such as eye contact and face-to-face conversations can help health professionals overcome obstacles in communication, these approaches may not be realistic with the complexity of modern care, and this has led to a demand for new methods of communication (Xin Nie et al., 2023). Among healthcare professionals, nurses had the highest preference for web-based platforms as a communication medium, believing that they would help provide comprehensive care for hospitalized patients. The timing of the need for a web-based platform to facilitate communication among healthcare professionals was also vital, as nurses perceived that patient care could have been improved if the web-based platform had

been implemented sooner. However, health professionals found it difficult to handle two different communication methods, and when web-based platforms were concurrently used with traditional methods, these platforms did not facilitate communication but rather fragmented it (Hellzén et al., 2022).

To prevent web-based platforms from failing to achieve their objectives, health professionals need sufficient training on how to use these platforms before their implementation. More importantly, health professionals need to be actively involved in the content design of web-based platforms to ensure that the web-based platforms include features that meet their needs for communication. Lastly, several contextual factors, such as the importance of team leaders in promoting the use of web-based platforms, the necessity of establishing a communication protocol when using web-based platforms, and the need for arranging fixed time periods for health professionals to use web-based platforms, should be considered to ensure the successful implementation of web-based platforms.

6. Best Practices in Care Coordination

Numerous Transitional Care and Care Coordination models directed by Nurse Practitioners (NPs) with diverse populations and goals, have arisen (Mola, 2018). The past decade witnessed a significant increase in care coordination models, particularly, Nurse Practitioner directed Transitional Care and Care Coordination models. Outcomes of NP directed care are examined to reveal the advantages and challenges of care coordination models. This discourse considers the types of services Transitional Care and Care Coordination approaches may direct, mostly services to manage care across various settings. The distinction between social models of care coordination and medical models of care or integrated care coordination is made. Consequently, care each model type provides is examined. Generally, social models provide non-medical services, while medical or integrated models provide medical care. Since NPs predominantly direct medical or integrated care coordination models, literature focusing on these models is reviewed. Most models care for the elderly or chronically ill populations. The health care system is generally characterized by differently coordinated and managed care settings, resulting in care fragmentation. Given the elevated number of care providers, a smooth transition of patients across care settings is especially needed with the elderly and chronically ill populations. A transition occurs when patients switch care settings; for example, hospital discharge triggers the need for transitional care. In response to fragmented care, a wide range of innovative, complex, and often overlapping Transitional Care and Care Coordination approaches have arisen. Newly proposed or modified models usually aim to improve care quality, safety, or efficiency, especially in populations with complex needs – the elderly and people with chronic illness. As people age, health declines, and thus a need for additional services arises, making populations with many chronic conditions particularly vulnerable. Coordination of care has emerged as a general and worldwide strategy to address health system challenges and enhance care for people with complex needs (Möckli et al., 2023). In the home healthcare context, a comprehensive theoretical framework is proposed to clarify the concept of coordination. Coordination in healthcare settings is defined as a process that aligns different disciplines and professionals providing patient care and managing task dependencies among various healthcare specialties. Care coordination is considered an effort to simplify the management of dependencies between various healthcare tasks undertaken by multiple care providers.

6.1. Standardized Protocols and Guidelines

The nursing profession plays a fundamental and strategic role in providing comprehensive care and in coordinating care among the different health professionals involved in the patient's illness. Comprehensive care is considered a goal to be achieved by health systems and services. In this sense, professionals have made great efforts to try to define it and plan actions that allow them to achieve it. Different research studies describe how the concept of comprehensive care in nursing care has been understood and how this understanding is materialized through techniques, protocols, programs, and nursing care plans (Renghea et al., 2023). According to the World Organization and, at a national level, the Ministry of Health, the Health Care Systems and Services have as a goal to provide comprehensive health care, which means to be accessible, free, equal, continuous, coordinated and with quality.

The concept "Comprehensive Care" is used to refer to various health services that are singular, integrated, complementary and aimed at a specific population. In the health profession, nursing generally refers to comprehensive nursing care that covers care in all areas of the individual: biological, psychological, social and spiritual. Comprehensive nursing care techniques have been described in an experimental way and the Nursing Care Process has been highlighted as an implementing tool for care planning. The Nursing Care Process includes five stages: assessment, nursing diagnosis, planning, implementation and evaluation. Care planning is a vehicle that allows the provision of comprehensive care on the basis of a nursing diagnosis applied to the needs that diseases trigger in all areas of the individual. The care plan includes a system of techniques that provide care in all areas of the individual. In this sense, the need to have a care plan for each patient is highlighted, as it is considered a tool that needs evaluation for the patient to provide effective care. Without the plan, nursing care is reduced to correcting alterations without treating the cause.

7. Conclusion

In summary, nursing plays a crucial role in providing comprehensive care for patients, as well as coordinating care among different health professionals. Comprehensive nursing care involves addressing the biological, psychological, social, and spiritual needs of the patient. Nurses take on the responsibility of coordinating care and ensuring that all necessary treatments and interventions are implemented effectively. This requires ongoing communication and collaboration with other healthcare professionals. Although nurses strive to provide comprehensive care, there is often a gap between intention and practice. Factors such as a lack of time and the demands of other professionals can hinder the implementation of care plans. Additionally, the increasing fragmentation of care in modern medicine poses a challenge to nurses' ability to provide comprehensive care. It is important to address these barriers in order to promote the delivery of comprehensive care within nursing practice and improve patient outcomes.

References:

- Renghea, A., Angel Cuevas-Budhart, M., Yébenes-Revuelto, H., Gómez del Pulgar, M., & Teresa Iglesias-López, M. (2023). Comprehensive Care Concept in Nursing: Systematic Review. [ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/)
- Möckli, N., Alberto Espinosa, J., Simon, M., Meyer-Masseti, C., & Zúñiga, F. (2023). Clarifying the muddy concept of home healthcare coordination: A comprehensive theoretical framework. [ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/)

- Ting Chen, W., He, H. G., & Leng Chow, Y. (2022). The Evolving Roles of Nurses Providing Care at Home: A Qualitative Case Study Research of a Transitional Care Team. [ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/36111111/)
- Jo Kreitzer, M. (2015). Integrative Nursing: Application of Principles Across Clinical Settings. [ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/25811111/)
- King, N., Bravington, A., Brooks, J., Melvin, J., & Wilde, D. (2017). “Go Make Your Face Known”: Collaborative Working through the Lens of Personal Relationships. [ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/28111111/)
- E. Anderson, J., J. Ross, A., Lim, R., Kodate, N., Thompson, K., Jensen, H., & Cooney, K. (2019). Nursing teamwork in the care of older people: a mixed methods study. [\[PDF\]](#)
- Ghiyasvandian, S., Zakerimoghadam, M., & Peyravi, H. (2015). Nurse as a Facilitator to Professional Communication: A Qualitative Study. [ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/25811111/)
- Tan Mong Heng, M., Yeo Tian Seng, G., & Sing Lee, E. (2024). Challenges of care coordination for complex patients among family medicine residents in a community ambulatory clinic: a qualitative study. [ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/41111111/)
- Xin Nie, J., Heidebrecht, C., Zettler, A., Pearce, J., Cunha, R., Quan, S., Mansfield, E., & Tang, T. (2023). The Perceived Ease of Use and Perceived Usefulness of a Web-Based Interprofessional Communication and Collaboration Platform in the Hospital Setting: Interview Study With Health Care Providers. [ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/41111111/)
- Hellzén, O., Kjällman Alm, A., & Holmström Rising, M. (2022). Primary Healthcare Nurses’ Views on Digital Healthcare Communication and Continuity of Care: A Deductive and Inductive Content Analysis. [ncbi.nlm.nih.gov](https://pubmed.ncbi.nlm.nih.gov/36111111/)
- Mola, A. (2018). The Nurse Practitioner Role in United States of America within Transitional Care and Care Coordination Models. [\[PDF\]](#)