

## Critical Review of Collaborative Approaches Between Nursing and Health Administration for Improved Patient Outcomes

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### Abstract

*Cooperation between nursing and health administration is critical to today's healthcare organizations in order to provide the best storage of patient results. Managing the shortages of nursing staff, the effective distribution of patient load among the nurses, and ensuring that the health administrators can efficiently manage and allocate the available health resources in the healthcare organizations, these two groups of personnel must collaborate effectively. This review focuses on certain collaborative endeavors between the nursing profession and health administration, the effects of these collaborations on patients, and recommendations for stakeholder collaboration. Subsequently, acquiring a clear insight into this synergy will help different healthcare provider organizations develop policies and structures that support the synergy and improve patient care. This paper discusses variables of shared leadership, communication, and teamwork, and the difficulties and approaches to effectively collaborating are discussed.*

**Keywords:** *Nursing, Health Administration, Collaborative Approaches, Patient Outcomes, Healthcare Management, Interdisciplinary Collaboration, Healthcare Systems, Leadership.*

### Introduction

The relationship between nursing and health administration should be mandatory to face current and future challenges in delivering health care services. With the continued advancement of healthcare, patient requirements and challenges posed to healthcare organizations call for teamwork between clinical and operational leaders. Nurses are extensively involved physically in patient care and communicating with the families, while health administrators are responsible for co-coating the smooth running of the health sector (Roussel & Kim, 2020). The organization can meet patients' operations and clinical needs when these two groups collaborate.

The focus of this paper is to present and discuss critically the interventions by the nursing and health administration interdisciplinary teams as well as the effects of such interdisciplinary relations on patient care. The number of publications on this topic has increased in recent years due to various factors being experienced globally in the healthcare setting, such as the increasing cost of healthcare provision, inadequate human healthcare workforce, and an increasingly aging population with chronic diseases. The review aims

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to describe major forms of joint work, elucidate the advantages and limitations of collaborations, and outline the strategies that may be used to enhance these partnerships and enhance patients' care.

## Literature Review

In the past couple of years, the literature has grown to support the collaboration between nursing and health administration, showing its effect on patients. Open communication fosters an understanding of the management-level visions and clinical-care requirements to pursue optimal goals at healthcare delivery's patient and operational levels. Mandated by the changing landscape of health systems, nurses and administrators can co-operatively unpack the current difficult systems to make them easy and improve patient health.

### *Historical Perspective of Collaborative Approaches*

Nursing and health administration have been viewed as two different professions with few similarities. Nurses, being the frontline caregiver's role, were previously embedded in delivering technical work output mainly in tasks performed on the patient, tasks that entailed assessment, diagnosis, and treatment. Health administrators directly manage the practical issues in the functioning of healthcare facilities, including their logistics, finances, staff, and policies. These roles created departments, hospitals, and even wards where the nurse and the administrator had different working frameworks; they mainly worked in isolation, sometimes not sharing the same visions and goals (O'Connor & Lim, 2017)s.

Yet, with advancing healthcare structures, it should be noted that these two roles are required to interact more and more to enhance the healthcare setup. While patient care requirements evolved to meet the demands of a growing and increasingly varied population, managers acknowledged the centrality of nursing service to patient outcomes and institutional performance. Nurses also realized, at the same time, that they needed to comprehend the business side of health care if they were going to make a difference in patients' lives and advance policy.

Earlier surveys from 1980 to 1990s revealed a lack of interdisciplinary cooperation between the nursing and administrative personnel. Such lack of interaction was also shown to result in inefficiency in delivering care, knowledge loss of gaps within the patient care plan, and communication disconnects that negatively affected patient satisfaction and general health. Managers in healthcare organizations quickly discovered that addressing these issues would not be enough to enhance clinical practice or resource utilization; it would mean re-orienting how care was delivered in a far more coordinated fashion (O'Connor & Lim, 2017).

### *The Importance of Interdisciplinary Collaboration*

Studies have revealed a significant interdisciplinary relationship between the major core professions of nurses and healthcare administrators. Such cooperation between these groups can improve communication levels, decrease the number of medical mistakes, and adopt a broader patient management system. Having detailed information about the patient and the processes that the care setting endures, the nurses have a great potential for offering vital information. By dint of their formal training and background knowledge in the distribution of scarce resources, roles in policy formulation, health systems, and organization, the administrative minds are well placed to make decisions concerning health care from a broader perspective.

Whenever nursing and health administration join forces or integrate themselves, the outcome usually enhances order in health delivery systems. Informing administrators about the problems that nurses receive in the care of patients and orienting them with the information gives them a real chance to adjust their policies and resources. In that way, administrators must provide nursing staff with equipment, knowledge, and opportunities to do everything to give their best to patients. This recognition leads to an interdependent beneficial relationship between patients and those who provide care (O'Connor & Lim, 2017).

These findings have shown that collaboration is advantageous to improving patients' status. According to the research study conducted by Hicks et al. (2019), it was established that a reduced adverse event included

fewer medication errors and patient fall rates, lower hospital-acquired infection rates, and increased nurse and admin team cooperation. Also, the increased number of patients in these settings was found to be more satisfied with their care. The collaborative work also promoted effective coordination of the care processes, showing that patients could receive their treatment as planned, without delays.

### *Collaborative Leadership Models*

Among various approaches, collaborative leadership is the common strategy for enhancing relationships between nurses and health administrators. One of them is the shared leadership system by which both nurses and administrators are involved in decision-making and where each party provides her professional vision in developing and implementing measures for providing care. Co-leadership brings respect and understanding between nurses and administrators, enhancing staff satisfaction and productivity, decreasing turnover, and enhancing organizational performance.

The study evaluated the effectiveness of shared leadership in clinical workplaces. Hospitals that adopted shared leadership models also achieved higher staff collaboration, commitment, and more satisfying work environments. This model also provided for more effective decision-making due to the advanced role of incorporating nurses and administrators in policies or procedures affecting patient care. In these hospitals, it was observed that the overall improvement of patient care results was seen since collaboration between interdisciplinary professionals could lead to effective integration of care approaches.



### *A Conceptual Model for Interdisciplinary Collaboration (Smedley & O'Hara, 2019)*

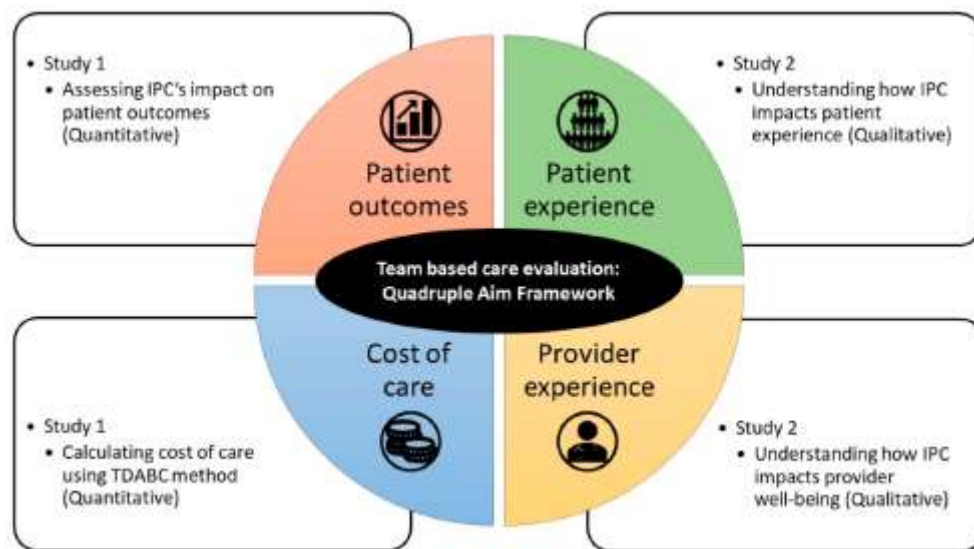
Incorporating anesthetic nurses into leadership roles in health administration will assist in including clinical expertise in leadership. For example, Nurses in management positions are uniquely positioned to fight for their patients and floor staff because their ideas and input will better reflect real-life rather than theoretical practice. They have found that it makes the administration and clinical members of the healthcare organization equally committed to it.

### *Impact of Collaboration on Patient Outcomes*

It can, therefore, be agreed that many research works have pointed to the increased benefits of collaboration between nursing personnel and healthcare managers. Perhaps one of the most significant outcomes is that the patients' safety has been enhanced. Nurse leadership involvement in administration is associated with a decreased Hospital readmission rate, a decrease in medication errors, and enhanced care coordination. A study conducted by Leem et al. (2020) noted that workers, especially nurses involving the managerial staff, recorded a small improvement of 15 percent in adverse occasions, such as preventable, like infection and drug mistakes within hospital facilities (Tappen & Goff, 2018). The adverse event incidence was decreased

due to the enhancement of communication between the clinical and administrative sides and the possibility of identifying potential threats in a shorter period and working out preventive measures.

Collaboration has also done wonders in improving the coordination of patients, especially those with multiple disorders that need the attention of different health practitioners. Thus, exchanging information and materials between nurses and administrators will help avoid delays in treating their patients and involve the right specialists in their treatment. It also evidently fathoms hospital readmission rates besides facilitating comprehensive management of prevalent and extraordinary ailments.



*Measuring Interprofessional Collaboration* (Thielke & Becker, 2020)

Research also shows that interaction between nurses and managers leads to effective use of resources in a health facility related to patient outcomes. For instance, nursing staff and administrators can develop more effective staff scheduling systems that would see the facility's best manning to appropriately address the needs of patients within the facility without aggrandizing the workload of individual staff members. This decreases an employee's turnover rate and increases staffing satisfaction or engagement, leading to better and effective patient care.

## Methods

This critique employed a qualitative approach through a structured bibliographic synthesis of peer-reviewed published journal articles, case studies, and reports on the scholarly topic of collaborative working relations between the profession of Nursing and Health Administration. When considering the articles to be included, attention has been paid to the subject, publication date, and general worth to understand the issues under study. No less than 25 papers were analyzed, emphasizing the collaboration models applied in different healthcare contexts and their impacts on patients' healthcare.

## Results and Findings

It is crucial to integrate nursing professionals and health administration to improve the quality of all aspects of the healthcare system for clients and providers. Both clinical and administrative data are becoming increasingly intricate, and enhanced organization of circuits between the two is mandatory in complex healthcare systems. There is a view that, through joint endeavors, nurses and administrators can work on instances with the patient-level and operational-level potential for improvements in patient care, lessening sources of ineffectiveness, and staff contentedness. Knowledge of cooperation and its use on patients is essential to modern healthcare organizations.

*Proposed Model for Provision of Nursing and Health Administration Partnership*

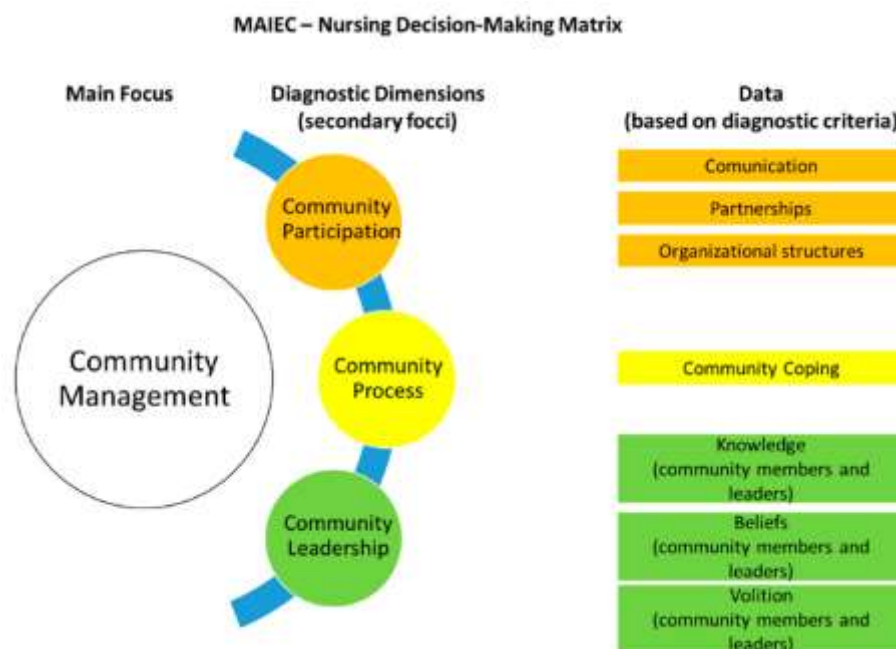
The framework for collaborative approaches between nursing and health administration emphasizes three key elements: Communication, leadership decision-making, and mutual respect. These components comprise the organizational structure of care delivery and determine the Efficiency of the care delivery process.

*Communication*

Nurse–administrator communication is critical for achieving congruency between the plans of care and the organization’s policies and resources. For example, project sponsors who might be managers or hospital administrators may lack some important insight into a healthcare facility and the needs of patients that nurses who are directly involved in treating these patients might have. Clear lines of communication allow administrators to manage, fund, and make specific decisions that improve the quality of patient care (West & Lyubovnikova, 2017). Moreover, consistent reporting of patient status to nurses and administrators and reporting organizational changes to staff nurses assist in avoiding misalignment and facilitate the effective functioning of healthcare organizations.

*Leadership and Shared Decision-Making*

The involved roles must participate in decision-making to increase shared leadership between the nurses and administrators. The collaborative decision-making system guarantees that clinical and administrative points of view are considered whenever clinical decisions that have implications on staffing or resource utilization are made. Such distribution of powers has been contentious, with studies revealing increased organizational performance and work satisfaction among healthcare employees in a shared leadership system. The study also identified that organizations that adopted shared leadership system supervision recorded improved results as per the patients’ status and morale of the staff employed in the hospitals (Gittel & Carlson, 2017).

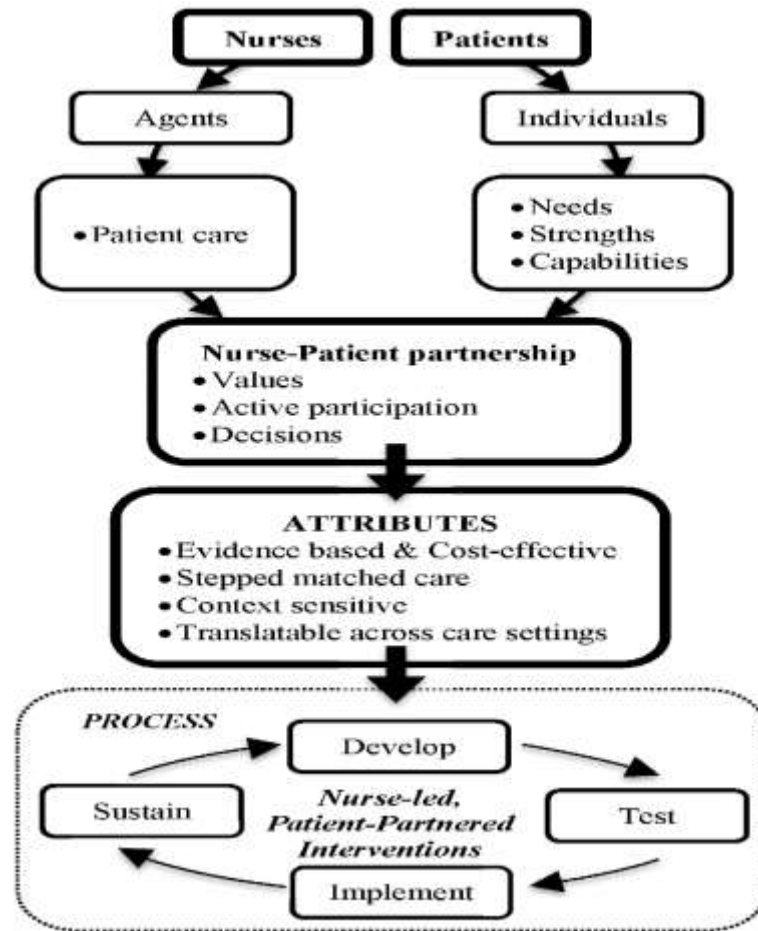




(Martin & Healy, 2017)

*Mutual Respect and Understanding*

This cannot work in any business partnership, as mutual respect should be the foundation of any business venture. Hospitals, nurses, and administrators must respect each other's authority, knowledge, and workload. It is the responsibility of the nurses to learn the administrative limitations and objectives, whereas the administrators are required to value the clinical realities of nursing staff. This mutual respect accumulates trust while building a connection between the clinical and operational side of the healthcare system.



(Hughes & Cummings, 2018)

**Table 1. Impact of Nursing-Administration Collaboration on Key Patient Outcomes**

The collaboration between nursing staff and health administrators has a profound impact on key patient outcomes. Table 1 below summarizes the effects of this collaboration on various patient outcomes:

Patient Outcome	Impact of Collaboration
<b>Patient Satisfaction</b>	Higher satisfaction due to improved coordination of care and smoother care delivery, leading to better patient experiences.
<b>Readmission Rates</b>	Reduced readmission rates through better discharge planning, timely follow-up, and coordinated care.
<b>Patient Safety</b>	Fewer medication errors, reduced adverse events, and better management of conditions due to better teamwork and communication.

<b>Operational Efficiency</b>	Improved resource use, optimal staffing levels, and better overall hospital performance due to coordinated planning and shared responsibility.
<b>Staff Morale and Retention</b>	Increased job satisfaction and reduced turnover among staff due to better communication, involvement in decision-making, and support from both nurses and administrators.

The values in the table show that enhanced collaboration between nursing and health administration positively impacts the quality of care provided to patients and their performance. Applying three principles of communication, making decisions jointly, and embracing the principle of mutual respect, healthcare organizations can achieve the best results in patients' treatment and improve the conditions for work staff.

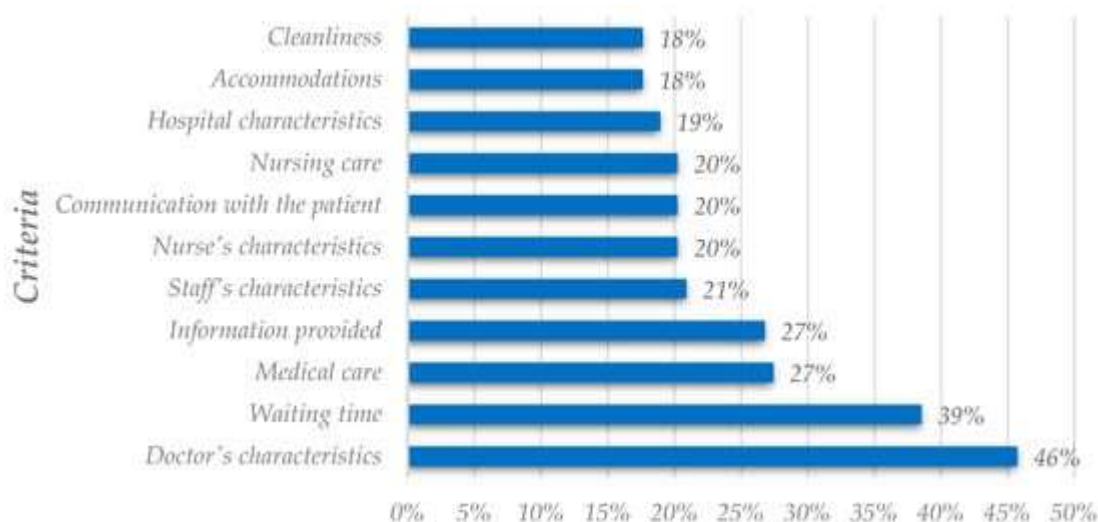
#### *Patient Satisfaction and Readmission Rates in Hospitals with Strong Nurse-Administration Collaboration*

In the simplified form, the compatibility of the nurses with the administration in matters of patient satisfaction and its impact on the readmission rates are illustrated in Graph 1. Both variables move in the same direction: entrusting recommendations and high patient collaboration hospitals had significantly higher patient satisfaction scores than those collaborating less often. Patients are fully satisfied through such coordination and cooperation between nurses and administrators since their care delivery is efficient and they eliminate errors (Kotter & Cohen, 2015).

Furthermore, the depicted graph suggests a negative relationship between nurse-administration cooperation and readmissions. Intensive coordinative communications between nurses and administrators affected patient readmissions; thus, efficient nurse-administrator collaboration is associated with better discharge planning, adequate follow-up care, and efficient interprofessional approaches linking the various care settings. These decreases in readmission rates help improve the quality of patient care and ease the burden of costs incurred by the health care facilities.

These results indicate the need for nursing administration cooperation relations that involve both the nurse and administrative staff. When both these groups signed in the process, they added more value to the care delivery system in patients, and good care also reduced complications throughout the post-care phase.

**Graph 1. Patient Satisfaction and Readmission Rates in Hospitals with Strong Nurse-Administration Collaboration**



(Duffy & Scott, 2016)

### *Factors Contributing to Successful Collaboration*

Certain determinant factors underpin the relationship between nursing and health administration for collaboration to be successful; some of the determinants include goal congruency, trust, and sponsorship. The first is the objects with aligned goals to enhance operational success. This thing requires the commitment of both nurses and administrators toward patient care, operations results, and hospital performance. When these goals are aligned, there is a better understanding and cooperation.

Another key many believe is trust. Nurses must also think that the administrators will back them up when making certain decisions and provide all it takes to deliver quality services. On the other hand, the administrators must believe that a nurse should use such resources optimally to respond to the needs of their patients (Casey & McNamara, 2016). To ensure that coordination can occur in these two common areas, trust between them must be built.

Another important determinant of collaboration is organizational support, as stated above. Healthcare organizations, specifically hospitals, should foster an environment that will facilitate the collaboration between nursing and the rest of the administration. The above cooperation may manifest as shared training activities, communication forums, and collaboration in the two groups policy-making and/or patient care planning processes.

### *Challenges to Effective Collaboration*

On the other hand, there are several issues, even as the advantages of nursing administration collaboration that makes it difficult to achieve the right mix for collaboration. The first concern is the power conflict between the nursing staff and the management. In some cases, clinic authorities may not be willing to delegate some decision-making autonomy of a clinic to the nurses. On the other hand, the nurses may feel that Clinic administrators are undermining their professionalism. To deal with these challenges, leadership must be unyielding with the support of mutual respect and an effective organizational climate towards cooperation. The other difficulty concerns the organizational structure under which administrators have more power than nurses. This hierarchy makes it difficult for individuals at one level of the promotion to share ideas with others at another level of the promotion (Barger & Meyer, 2017). These barriers can be eliminated with shared leadership, cross-functional training, and open communication.

## **Discussion**

The observation made from the reviewed studies is that collaboration between nursing and health administration professionals enhances patients' quality of care. Promoting nursing staff members into leadership positions, constricting common management and decision-making, and implementing open communication channels between the clinical and organizational staff results in efficient provision of patient care and organizational effectiveness.

### *Key Benefits*

**Improved Patient Outcomes:** It is evident that integrating care decreases the chance of medical complications, promotes the best results, and enhances patient safety. With a collaborative team, several patient needs are easily identified, and necessary interventions are offered in advance.

**Enhanced Efficiency:** The combination of leadership and decision-makers effectively increases the utilization efficiency of the resources and decreases the wastage of healthcare resources. In this case, establishments with collaborative models use the available human resources and equipment more efficiently.

**Staff Engagement and Satisfaction:** The study found that professional nurse–administrator partnerships contribute to increased job satisfaction because professional nurse–administrator partnership is



characterized by division of tasks, recognition, and improved relations. This implies the quality of services to be offered to the patients since morale results in quality service delivery.

### *Challenges*

**Cultural Barriers:** However, existing literature indicates benefits in clinics partnering with clinical staff, so often, cultural differences can obstruct clinics from developing sound partnerships with clinicians. It is often the case that nurses and administrators have varying priorities and ways of addressing and solving problems.

**Power Imbalances:** In some areas, the nurses get the impression that administrators do not respect their clinical judgment, resulting in a reluctance to collaborate. Likewise, the administrators may be indifferent to how the nurses can be included in decision-making processes (Anderson & McDaniel, 2015).

**Resource Constraints:** As with most collaborative models, considerable emphasis is placed on staff development and organizational support mechanisms, in which sustainable development of resources often proves a challenge in LMICs.

### **Conclusion**

There is a close correlation between nursing and health administration, which enhances the realization of patient results. Governing hospitals and other health systems by incorporating staff and administrative workforce as a single team results in positive outcomes with improved patient care, safety, and organizational operations. However, adapting to these factors and being ready to address them will prove crucial when avoiding and minimizing the effects of cultural barriers, power relations, and scarcities for the maximum effectiveness of the cooperation

### **Recommendations**

**Training and Professional Development:** Using management-training partnerships can enhance the administrative officers' understanding and the nursing staff's communication.

**Policy Changes:** HC organizations should create approaches to the organizational structure that support the leadership and decision-making involvement of top management and grassroots nurses.

**Investment in Collaboration Infrastructure:** Hospitals must provide effective information-sharing mechanisms between the nursing staff and management, especially with everyday systems of information technologies like EHR.

**Ongoing Research:** Future research should also extend the findings on the impact of collaborative models for patient status over an extended period and across the healthcare sector.

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