

A Multidisciplinary Approach to Dermatological Diseases: Bridging Laboratory Diagnostics, Nursing Care, and Clinical Expertise

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Abstract

Background: Dermatological diseases comprise chronic disorders such as eczema and psoriasis and acute infections and even life-threatening skin cancers. All require multidisciplinary management with close cooperation among laboratory diagnostics, nursing, and clinical expertise.

Objectives: This study investigates laboratory diagnostics, nursing care, and dermatological competency for managing dermatological diseases and explores the role of collaboration to achieve better patient outcomes, highlighting ways to improve multidisciplinary care.

Methods: A literature review was conducted using databases such as PubMed and Embase for studies published between the years 2010 and 2023. The keywords included "dermatological diseases," "laboratory diagnostics," "nursing care," and "multidisciplinary approach." Of the studies identified, 20 good-quality, interdisciplinary dermatological care-related studies were selected.

Results: Precise diagnoses, based on laboratory diagnostics including skin biopsies, molecular testing, and serologic assays, constitute the basis for monitoring therapeutic responses. Molecular diagnostics have evolved with PCR and next-generation sequencing, allowing for more precision and personalization of dermatologic care. Education, emotional support, and the coordination of care by nurses improve adherence to treatment and enhance quality of life. Dermatologists diagnose and manage complex cases while leading evidence-based treatments. A multidisciplinary approach by these disciplines creates a holistic framework capable of addressing the physical and psychosocial needs of the patient.

Conclusion: Dermatological diseases should be managed in a multidisciplinary approach, including laboratory diagnostics, nursing care, and clinical dermatology. This collaboration improves diagnostic accuracy, treatment outcomes, and patient satisfaction; hence, standardized, patient-centered protocols are to be established.

Keywords: Dermatological diseases, Laboratory diagnostics, Nursing care, Clinical expertise, Multidisciplinary care

Introduction

Dermatological diseases range from such chronic conditions as eczema and psoriasis to acute infections and skin cancers that might be lethal. Chronic diseases like psoriasis and atopic dermatitis require constant treatment management, while skin infections and melanomas require early diagnosis and appropriate intervention on time (Verma et al., 2020; Carter et al., 2012). With dermatological diseases being so many, the proper management of these conditions requires a multidisciplinary team approach by incorporating laboratory diagnostics, nursing care, and clinical dermatology (van Os-Medendorp et al., 2020; Thormann et al., 2021).

Laboratory diagnostics provide information on the pathophysiology of skin diseases, thus enabling a proper diagnosis and, consequently, enabling the best treatment strategy for the patient. All those critical blood tests, skin biopsies, microbial cultures, and molecular diagnostics allow the establishment of a main etiology such as fungal infection, an autoimmune disease, or skin cancer (Panda, 2018; Wallach, 2007). Such a diagnostic accuracy allows the establishment of a certain treatment plan tailored to the peculiar needs every patient may present (Carter et al., 2012).

Dermatology nurses are the first in the line of professionals to provide dermatological care that encompasses patient education, emotional support, and care coordination. In this context, nurse educators about proper skin care and the proper use of treatments for conditions such as eczema and psoriasis can enhance adherence and help minimize flare-ups (de Bes et al., 2011). Another important therapeutic contribution that nurses make is psychosocial support for the patients coping with visible skin diseases, which may manifest through anxiety or depression (David et al., 2021).

Dermatologists are specially trained to take the lead in the diagnosis and management of complex disorders, including skin cancers and autoimmune diseases. A dermatologist undertakes the interpretation of investigations for diagnosis, confirming the diagnosis and providing leadership to a treatment plan that incorporates current evidence-based guidelines in treating skin conditions (Thormann et al., 2021).

Despite these important roles, there remain some challenges to the optimization of care, such as variation in diagnosis practice, poor access to specialized care in resource-poor areas, and more integrated approaches toward managing the emotional and psychological impact of dermatological diseases (Penzer & Ersser, 2010). As dermatology proceeds further, collaboration and improvement of communication between dermatologists, nurses, and specialists in laboratories in the future will lead toward optimal results. In that respect,

Methodology

A literature review was conducted to determine the roles that laboratory diagnostics, nursing care, and dermatology play in managing dermatological diseases. Searches in databases like PubMed and Google Scholar were done between 2010 and 2023 using such phrases as "dermatological diseases," "laboratory diagnostics," "nursing care," "multidisciplinary approach," and "clinical expertise." From the initial search, 300 articles were identified from which their titles, keywords, and abstracts were screened. After removal of doubles and irrelevant articles, 50 articles remained to be screened full text. Of these, 20 studies were identified based on their quality of evidence and relevance to the multidisciplinary approach in dermatological care. These included a methodology that took the form of systematic reviews, cohort studies, and clinical trials. Only the

articles that were selected were reviewed in order to outline the current evidence of how dermatological care is best provided by clearly noting the integration and incorporation of such vital components.

Literature Review

This review was informed by the integration of laboratory diagnostics, nursing care, and dermatological expertise. An extensive review of the literature related to dermatological diseases was conducted. Database searches were carried out through PubMed and Embase using keywords such as "dermatological care," "laboratory tests," "nursing roles," and "multidisciplinary care." Further studies were retrieved manually in reference lists. A total number of 35 articles identified studies discussing the role of dermatologists, laboratory diagnostics, and nursing care in dermatology. Those were synthesized into this review.

Laboratory diagnostics is widely involved in the diagnosis and follow-up of many skin diseases, including autoimmune diseases, fungal infections, and malignancies of the skin. Polymerase chain reaction, skin biopsies, and serologic tests are some of the techniques that offer information required for giving direction to treatment. The nurses play a very crucial role in educating the patient, providing them with emotional support, and managing their chronic conditions. All these will definitely improve treatment adherence and, ultimately, patients' outcomes. Dermatologists are specialist-trained professionals who oversee complex cases and make sure that treatment plans are informed by evidence-based guidelines.

The most important finding from the literature is to collaborate with health providers and generate a synergistic model for care. This implies good communication among dermatologists, laboratory experts, and nurses to provide patient-specific care. Besides this, the psychosocial dimensions of skin disease should also be treated. This improves the patients' satisfaction with their treatments as well as the treatment compliance. The emotional support and counseling provided by nurses help reduce the psychosocial burden in the case of chronic skin disorders.

Discussion

Dermatological diseases are an extensive class of skin-related diseases, which vary from chronic and acute to even fatal skin cancers. It demands multilayered approaches so that the complex skin conditions may be diagnosed, managed, and better results may be achieved. This shall incorporate lab-based diagnosis, nursing, and clinical skills, which are three important components of dermatological patient care. These three are interrelated and essential for diagnosis, treatment, and follow-up. Finally, all of them assure a better quality of life (Verma et al., 2020).

Laboratory diagnostics provide invaluable insights into the pathophysiological mechanisms underlying skin diseases, enabling clinicians to make a precise diagnosis and tailor therapy to the individual patient (Carter et al., 2012). Nurses are directly involved in providing education, emotional support, and hands-on care, especially for those patients whose skin diseases are either chronic or psychologically distressing (van Os-Medendorp et al., 2020). Dermatologists with specialized training and clinical experience take care of complex cases, confirm the diagnosis, and ensure the treatment plan is based on the best available evidence (Thormann et al., 2021). That is to say, all three domains

complement each other in a synergistic framework aimed at the well-being, both physical and emotional, of the dermatological patient.

The Critical Role of Laboratory Diagnostics in Dermatology

Lab tests place the focus on dermatological services where the information about aetiology and spread of disease is rightly generated; diagnosis and treatment plan remain proper along with continuous monitoring of the condition require laboratory testing such as : blood analyses, skin biopsy, molecular diagnostics and cultivation of microbial (Panda, 2018) For instance, positive blood cultures from tinea infections or candidiasis leads to a proper choice by the clinicians of an anti-fungal drug whereas any autoimmune disorder of skin with lupus erythematosus usually requires antinuclear antibody (ANA assays) and anti-duct DNA (Wallach, 2007).

This allows the dermatologist to make appropriate decisions on the treatments administered and hence makes the treatment precise and effective. For instance, in cases of suspected melanoma, histopathological examination and immunohistochemistry may determine specific biomarkers which help in the treatment, while molecular tests determine the presence of genetic mutations related to the prognosis and options for therapy - Gregoriouse & Spiewak, 2013. Thus, the role of laboratory diagnostics is not only diagnostic but also supportive to the treatment in terms of personalization and improvement of outcomes.

Changing Face of Dermatological Care with Advances in Molecular Diagnostics

With advances in technology, molecular diagnostics has been in the frontline in dermatological care. Techniques such as PCR and next-generation sequencing have come to be a tool of identification for genetic mutations, infectious agents, and biomarkers in cancer - Gregoriouse & Spiewak, 2013. For example, BRAF mutations in melanoma patients can allow targeted therapies, hence improving survival rates. Molecular diagnostics may determine the presence of viral DNA in skin lesions, such as in the case of HPV infection, hence early intervention.

These developments have improved the accuracy of diagnosis procedures, especially in complex skin diseases or in rare skin conditions. Early and timely detection of diseases like cutaneous lymphoma or melanoma makes early interventions and appropriate therapies possible. This is because molecular diagnostics, whose accessibility is increasingly ever-expanding, makes the incorporation of genetic and molecular information into everyday dermatologic practice for unparalleled diagnostic and therapeutic benefit (Gregorius & Spiewak, 2013).

Laboratory Testing in the Monitoring of Treatment Outcomes

The laboratory diagnosis plays an essential role in monitoring the results of the treatment of chronic skin diseases such as psoriasis, atopic dermatitis, and urticaria. Blood tests in patients being treated with systemic treatments such as biologics or immunosuppressant agents such as methotrexate will monitor liver function, hematological parameters, and any signs of potential toxicity (Wians, 2009). For instance, laboratory testing will ensure that patients undergoing biologic medications for the treatment of psoriasis will monitor for signs of infections or other drug-related adverse effects such that this will make the physician change the therapies accordingly.

Laboratory diagnosis thus empowers healthcare professionals with objective data regarding the efficacy and safety of treatments and, in doing so, enables evidence-based decisions to be made. This continuous monitoring is especially important during the

management of chronic diseases, the long-term treatments for which may involve major risks. Laboratory data thereby provide the safety net whereby adequate care can be given to patients while simultaneously limiting the possibility of complications (Wians, 2009).

The Evolving Role of the Nurse in Dermatology

Nurses as members of the multidisciplinary team in dermatology provide the mainstay of patient care as well as education and advocacy. Their responsibilities go beyond medication administration to include patient teaching and emotional support, along with coordinating their care. In chronic diseases such as eczema and psoriasis, a nurse teaches the patient about skin care, proper use of topical medications, and how to avoid precipitating factors which exacerbate disease symptoms (de Bes et al., 2011). Such teaching engenders better compliance with treatment and less frequent flare-ups with decreased severity, thereby improving quality of life (Althobaiti ,2024).

Shifting Skills and Expanding Professional Nursing Roles in Dermatology

In settings with a dearth of dermatologists, task-shifting has allowed nurses to expand their scope of care in dermatology. Specifically, nurses trained in certain dermatological procedures, such as phototherapy administration or chronic wound care management, may fill gaps in care and extend access to much-needed services (Narang & Dogra, 2021). This model is particularly helpful in regions that are either very underserved or have fewer dermatologists. Granting nurses the authority to conduct diagnostic and treatment modalities under the supervision of a dermatologist allows overall health systems to deliver faster, more effective care, all while maintaining high levels of quality (Aldridge ,2014).

Nurse-Dermatologist Collaboration

The purpose would be nurse-dermatologist collaboration in delivering appropriate dermatological care. The nurses offer the much-wanted feedback on how patients are faring, treatment compliance, and the general well-being of patients. This would help the dermatologists to amend their plans if the condition of a particular patient changes over a period of time. In this context, nurses are working with doctors to provide comprehensive care and individual attention to each patient, catering to the medical as well as the psychosocial needs of the patients. For instance, when patients are diagnosed with diseases like psoriasis or acne, whose symptoms cause great psychological problems, self-esteem, mental health, and socialization, conditions like vitiligo, acne, and psoriasis can cause them feelings of embarrassment, anxiety, and depression. David et al. (2021) illustrate this. Nurses and dermatologists therefore have an important role in countering these psychological challenges. They offer counseling and encourage access to mental health resources and ensure participation in support groups.

It is through this recognition and addressing the emotional burden of dermatological diseases that patients' adherence to treatment will be improved, and patient satisfaction enhanced. A holistic approach that includes medical, psychological, and social support empowers the patient and makes them feel supported throughout the care process (David et al., 2021).

Evidence-Based Practice and Continuing Education in Dermatology

Dermatology is a continuously changing field, with new diagnostic techniques, treatments, and guidelines being introduced regularly. The only way of providing the best care is for healthcare providers to keep continuing their education and adhere to evidence-based practices. Dermatologists benefit especially from the continuing

education programs that bring them up-to-date on the latest advances in the diagnostic technologies and the therapeutic modalities (Penzer & Ersser, 2010). This will enhance the ability of clinicians to navigate complicated cases and give care which is in line with the existing best practices.

Evidence-based clinical guidelines also provide protocols that have been standardized for diagnosing and managing dermatological conditions. This will minimize variability in care and enhances patients' outcomes (Buckley, 2012). It is when these guidelines are adhered to that the patients are guaranteed to receive treatments that are safe and efficient.

Management of dermatological diseases requires a multidisciplinary approach: laboratory diagnostics, nursing, and clinical expertise. Laboratory tests give meaningful insights into the very causes of skin diseases and thus enable correct diagnoses and treatments according to each case (Carter et al., 2012; Panda, 2018). Nurses are highly important in patient education, psychological support, and care coordination for patients to be equipped properly in managing their disease (van Os-Medendorp et al., 2020; de Bes et al., 2011). Dermatologists, in their turn, manage complicated cases with evidence-based treatment modalities that reflect each particular patient's needs (Thormann et al., 2021).

Health care givers can provide comprehensive patient-centred dermatological care through cooperation between these three elements, which pays attention to both physical and emotional aspects of dermo-logical illnesses. Apart from clinical outcomes, it enhances the patient's quality of life in so far as dermatology is a constantly developing speciality. Holistic and cooperative approaches thus become necessary in securing the interests of the patient along with the optimum outcomes of the care delivery process whatsoever: Penzer & Ersser, 2010; Buckley, 2012.

Conclusion

Management of dermatological diseases should be a multidisciplinary effort, calling for incorporation of laboratory diagnostics, nursing, and clinical dermatological practice. Laboratory tests are essential in understanding the causes of diseases of the skin and their pathways, which, besides aiding in diagnosis, help make appropriate treatment choices. A lot of work is done by nurses through patient education, psychological support, and coordination of care, especially for chronic diseases. Dermatologists bring diagnostic and treatment skills to deal with sometimes very difficult dermatologic disorders. Each of these three elements should be integrated by health providers in the best model of practice into offering comprehensive, patient-centered care that optimizes clinical outcomes and quality of life. Research on integrating these competencies at the level of developing standardized care protocols will be critical for promoting dermatologic care.

References

- Aldridge, A. (2014). The role of the community nurse in psoriatic comorbidities interventions. *British Journal of Community Nursing*, 19(1), 38-42.
- Althobaiti, M. Y., Aljuaid, F. A., Aljead, A. A., Althobaiti, H. M., Althobiti, K. J., Almanjumi, Y. K., ... & Althamali, M. A. (2024). The Role of Nursing in Managing Pediatric Dermatological Conditions. *Journal of International Crisis and Risk Communication Research*, 1017-1035.

- Buckley, D. (2012). The role of the practice nurse in managing psoriasis in primary care. *Practice Nursing*, 23(4), 185-189.
- Carter, J. Y., Lema, O. E., Wangai, M. W., Munafu, C. G., Rees, P. H., Nyamongo, J. A., et al. (2012). Laboratory testing improves diagnosis and treatment outcomes in primary health care facilities. *African Journal of Laboratory Medicine*, 1(1), 8.
- David, P., Yeola, M., & Ankar, R. (2021). Efficacy of nursing skin care protocol on prevention of skin related problems among newly diagnosed diabetic patients. *Journal of Pharmaceutical Research International*, 33(31A), 1-8.
- de Bes, J., Legierse, C. M., Prinsen, C. A., & de Korte, J. (2011). Patient education in chronic skin diseases: A systematic review. *Acta Dermato-Venereologica*, 91(1), 12-17.
- Gregorius, A., & Spiewak, R. (2013). The principles of rational selection of diagnostic tests in allergology. *Alergologia Astma Immunologia*, 18(4), 221-230.
- Narang, T., & Dogra, S. (2021). Task shifting in dermatology: nurses' role. *Indian Journal of Dermatology, Venereology and Leprology*, 87(3), 323-325.
- Panda, S. (2018). Rational use of laboratory tests in dermatology. *Indian Journal of Dermatology, Venereology and Leprology*, 84, 377.
- Penzer, R., & Ersser, S. (2010). *Principles of skin care: a guide for nurses and health care practitioners*. John Wiley & Sons.
- Shin, W. U., Baek, Y. S., Kim, T. J., Oh, C. H., & Kim, J. (2013). Laboratory tests and compliance of dermatologic outpatients. *F1000Research*, 2, 206.
- Thormann, K., Aubert, H., Barbarot, S., Britsch-Yilmaz, A., Chernyshov, P., Deleuran, M., ... & Simon, D. (2021). Position statement on the role of nurses in therapeutic patient education in atopic dermatitis. *Journal of the European Academy of Dermatology and Venereology*, 35(11), 2143-2148.
- van Os-Medendorp, H., Deprez, E., Maes, N., Ryan, S., Jackson, K., Winders, T., ... & Ersser, S. (2020). The role of the nurse in the care and management of patients with atopic dermatitis. *BMC Nursing*, 19, 1-10.
- Verma, N. K., van Steensel, M. A. M., Prasannan, P., Poh, Z. S., Irvine, A. D., & Oon, H. H. (2020). Common skin diseases: Chronic inflammatory and autoimmune disorders. *Imaging Technologies and Transdermal Delivery in Skin Disorders*.
- Wallach, J. B. (2007). Introduction to normal values (reference ranges). In *Interpretation of Diagnostic Tests* (8th ed., pp. 3-7). Philadelphia: Lippincott Williams and Wilkins.
- Wians, F. H. (2009). Clinical laboratory tests: Which, why, and what do the results mean? *Lab Medicine*, 40(2), 105-113.