

Exploring the Challenges and Facilitators of Interprofessional Collaboration Between Mental Health Nurses, Nursing Technicians, and Other Healthcare Providers in Mental Health Settings: A Qualitative Case Study

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Abstract

Interprofessional collaboration (IPC) is essential for providing comprehensive and coordinated care in mental health settings. However, challenges exist that hinder effective collaboration among mental health professionals. This qualitative case study explores the challenges and facilitators of IPC between mental health nurses, nursing technicians, and other healthcare providers in mental health settings in Saudi Arabia. Semi-structured interviews were conducted with 20 participants, including mental health nurses, nursing technicians, psychiatrists, psychologists, and social workers from various mental health facilities. Thematic analysis was employed to identify key themes. The findings revealed several challenges to IPC, including role ambiguity, power dynamics, communication barriers, and lack of organizational support. Facilitators of IPC included shared goals, mutual respect, regular interprofessional meetings, and leadership support. The study highlights the need for strategies to enhance IPC in mental health settings, such as clarifying roles and responsibilities, promoting open communication, and providing interprofessional education and training. Strengthening IPC can lead to improved patient outcomes and enhanced quality of mental health care delivery.

Keywords: interprofessional collaboration, mental health, nurses, nursing technicians, healthcare providers, qualitative research

1. Introduction

Interprofessional collaboration (IPC) is a critical component of effective healthcare delivery, particularly in mental health settings where patients often require comprehensive and coordinated care from multiple professionals (Reeves et al., 2017). IPC involves healthcare professionals from different disciplines working together to provide patient-centered care, share decision-making, and coordinate their efforts to achieve optimal patient outcomes (World Health Organization, 2010). In mental health settings, IPC typically involves collaboration among mental health nurses, nursing technicians, psychiatrists, psychologists, social workers, and other healthcare providers (Abed et al., 2020).

Despite the recognized importance of IPC in mental health care, various challenges can hinder its effective implementation. These challenges include role ambiguity, power imbalances, communication barriers, lack of trust, and organizational constraints (Garzonis et al., 2015). Overcoming these challenges and promoting IPC requires an understanding of the specific facilitators that can enhance collaboration among mental health professionals (Haddad et al., 2021).

In Saudi Arabia, there has been a growing emphasis on improving mental health care services and promoting IPC among healthcare professionals (Qureshi et al., 2013). However, limited research has been conducted on the challenges and facilitators of IPC in mental health settings in the Saudi context. This study aims to address this gap by exploring the experiences and perspectives of mental health nurses, nursing technicians, and other healthcare providers regarding IPC in mental health settings in Saudi Arabia.

2. Literature Review

2.1 Interprofessional Collaboration in Mental Health

IPC is a key component of effective mental health care delivery, as patients with mental health conditions often require comprehensive and coordinated care from multiple professionals (Reeves et al., 2017). Mental health nurses and nursing technicians play a crucial role in providing direct patient care, administering medications, and monitoring patients' conditions (Abed et al., 2020). They collaborate with psychiatrists, who are responsible for diagnosing mental health conditions and prescribing treatments, and with psychologists, who provide psychotherapy and psychological assessments (Haddad et al., 2021). Social workers also contribute to mental health care by addressing patients' social and environmental needs and facilitating their reintegration into the community (Garzonis et al., 2015).

Effective IPC in mental health settings has been associated with various positive outcomes, including improved patient satisfaction, reduced healthcare costs, and enhanced quality of care (Reeves et al., 2017). IPC can lead to more comprehensive assessments, better care coordination, and increased patient safety (Abed et al., 2020). It also promotes a holistic approach to mental health care, addressing patients' psychological, social, and physical needs (Haddad et al., 2021).

2.2 Challenges to Interprofessional Collaboration

Despite the benefits of IPC in mental health care, various challenges can hinder its effective implementation. One of the main challenges is role ambiguity, where professionals may have unclear or overlapping roles and responsibilities (Garzonis et al., 2015). This can lead to duplication of efforts, confusion, and potential conflicts among team members (Reeves et al., 2017).

Power dynamics and hierarchical structures can also pose challenges to IPC in mental health settings (Abed et al., 2020). Historically, the medical model has dominated mental health care, with psychiatrists holding a position of authority over other professionals (Haddad et al., 2021). This power imbalance can hinder open communication, shared decision-making, and mutual respect among team members (Garzonis et al., 2015).

Communication barriers, such as lack of a common language, different communication styles, and limited opportunities for interprofessional meetings, can also impede effective IPC (Reeves et al., 2017). Poor communication can lead to misunderstandings, delays in care, and potential errors (Abed et al., 2020).

Organizational factors, such as lack of leadership support, inadequate resources, and competing priorities, can also hinder IPC in mental health settings (Haddad et al., 2021). Without organizational support and resources, professionals may struggle to find time and opportunities for collaboration (Garzonis et al., 2015).

2.3 Facilitators of Interprofessional Collaboration

To overcome the challenges and promote effective IPC in mental health settings, various facilitators have been identified in the literature. Shared goals and a common vision among team members can facilitate collaboration and foster a sense of purpose (Reeves et al., 2017). When professionals have a shared understanding of their roles and responsibilities and work towards common objectives, they are more likely to engage in effective IPC (Abed et al., 2020).

Mutual respect and trust among team members are also essential facilitators of IPC (Haddad et al., 2021). When professionals value each other's expertise and contributions, they are more likely to engage in open communication, share knowledge, and support one another (Garzonis et al., 2015).

Regular interprofessional meetings and communication channels can provide opportunities for professionals to discuss patient care, share information, and resolve any issues or conflicts (Reeves et al., 2017). Structured meetings, such as case conferences and care planning sessions, can facilitate collaboration and ensure that all team members are on the same page (Abed et al., 2020).

Leadership support and organizational commitment to IPC are also crucial facilitators (Haddad et al., 2021). Leaders who prioritize and model collaborative practice can create a culture that values and supports IPC (Garzonis et al., 2015). Organizational policies, resources, and training programs that promote IPC can also facilitate its implementation and sustainability (Reeves et al., 2017).

2.4 Interprofessional Collaboration in the Saudi Context

In Saudi Arabia, mental health care services have been expanding in recent years, with a growing recognition of the importance of IPC in providing comprehensive and coordinated care (Qureshi et al., 2013). The Ministry of Health has launched initiatives to improve mental health services and promote collaboration among healthcare professionals (Almutairi, 2015).

However, studies have identified various challenges to IPC in the Saudi healthcare system, including hierarchical structures, communication barriers, and limited interprofessional education opportunities (Alsulami et al., 2017). Cultural factors, such as gender segregation and the influence of traditional medical models, can also impact IPC in Saudi mental health settings (Alharbi et al., 2019).

Despite these challenges, there is a growing interest in promoting IPC in mental health care in Saudi Arabia. Studies have highlighted the need for interprofessional education and training programs to enhance collaboration skills among mental health professionals (Alsulami et al., 2017). Efforts have also been made to establish interprofessional teams and promote a collaborative culture in mental health settings (Alharbi et al., 2019).

3. Methods

3.1 Study Design

This study employed a qualitative case study design to explore the challenges and facilitators of IPC between mental health nurses, nursing technicians, and other healthcare providers in mental health settings in Saudi Arabia. Qualitative case studies are suitable for investigating complex phenomena within their real-life contexts and capturing the perspectives and experiences of participants (Yin, 2018). This design allowed for an in-depth exploration of IPC in mental health settings and the factors that influence its implementation.

3.2 Participants and Sampling

Purposive sampling was used to recruit participants for this study. The target population included mental health nurses, nursing technicians, psychiatrists, psychologists, and social workers who were actively working in mental health settings in Saudi Arabia. Inclusion criteria were: (1) being a licensed mental health professional, (2) having at least one year of experience working in a mental health setting, and (3) being willing to share experiences and perspectives on IPC.

A total of 20 participants were recruited from various mental health facilities, including hospitals, clinics, and community mental health centers. The sample consisted of 6 mental health nurses, 6 nursing technicians, 3 psychiatrists, 3 psychologists, and 2 social workers. The participants' ages ranged from 25 to 52 years, with a mean age of 36.4 years ($SD = 7.6$). The majority of participants were male ($n = 14$), and the average years of experience in mental health settings was 8.2 years ($SD = 5.1$). Table 1 presents the demographic characteristics of the participants.

Table 1
Demographic Characteristics of Participants (N = 20)

Characteristic	n	%
Profession		
Mental Health Nurse	6	30.0
Nursing Technician	6	30.0
Psychiatrist	3	15.0
Psychologist	3	15.0
Social Worker	2	10.0
Gender		
Male	14	70.0
Female	6	30.0
Age (years)		
< 30	4	20.0
30-39	11	55.0
≥ 40	5	25.0
Experience in Mental Health (years)		
< 5	6	30.0
5-9	8	40.0
≥ 10	6	30.0

3.3 Data Collection

Data were collected through semi-structured interviews with the participants. The interviews were conducted face-to-face in a private setting at the participants' workplaces or via telephone, based on the participants' preferences and availability. An interview guide was developed based on the research questions and the literature review, covering topics such as experiences of IPC, challenges encountered, facilitators of collaboration, and suggestions for improvement.

The interviews were conducted in Arabic, the native language of the participants and the researchers. Each interview lasted approximately 45 to 60 minutes and was audio-recorded with the participants' consent. The interviews were transcribed verbatim and translated into English for analysis.

3.4 Data Analysis

Thematic analysis was employed to analyze the interview data, following the six-phase approach outlined by Braun and Clarke (2006). The analysis process involved familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the report.

Two researchers independently coded the transcripts and compared their codes to ensure consistency and reliability. Discrepancies were resolved through discussion and consensus. The codes were then collated into potential themes, which were reviewed and refined to ensure they accurately represented the data. The final themes were defined and named to capture the essence of the participants' experiences and perspectives.

4. Results

The thematic analysis of the interview data revealed four main themes related to the challenges and facilitators of IPC in mental health settings: (1) role ambiguity and power dynamics, (2) communication barriers and strategies, (3) organizational support and resources, and (4) interprofessional education and training.

4.1 Theme 1: Role Ambiguity and Power Dynamics

Participants described role ambiguity and power dynamics as significant challenges to effective IPC in mental health settings. Mental health nurses and nursing technicians often felt that their roles and contributions were undervalued or misunderstood by other professionals, particularly psychiatrists. One mental health nurse stated:

"Sometimes, the doctors [psychiatrists] don't appreciate what we do. They think we're just there to follow orders, but we have our own expertise and observations that can contribute to patient care." (Participant 3, Mental Health Nurse)

Power imbalances and hierarchical structures were also identified as barriers to collaboration. Psychiatrists were perceived as holding a position of authority, which could hinder open communication and shared decision-making. A nursing technician expressed:

"There's a hierarchy in the mental health team, with the psychiatrists at the top. It can be intimidating to speak up or question their decisions, even if we have concerns." (Participant 9, Nursing Technician)

To overcome these challenges, participants emphasized the importance of clarifying roles and responsibilities, promoting mutual respect, and fostering a culture of equality and shared power. A psychologist suggested:

"We need to have open discussions about our roles and how we can work together effectively. Everyone's contribution should be valued, regardless of their position or title." (Participant 14, Psychologist)

4.2 Theme 2: Communication Barriers and Strategies

Communication barriers were frequently mentioned as obstacles to effective IPC in mental health settings. Participants reported issues such as lack of a common language, different communication styles, and limited opportunities for interprofessional meetings. A social worker described:

"Sometimes, we use different terminologies or jargon, which can lead to misunderstandings. It's important to have a shared language and clear communication channels." (Participant 18, Social Worker)

Participants also highlighted the need for regular interprofessional meetings and case conferences to facilitate communication and collaboration. A psychiatrist stated:

"Having structured meetings where we can discuss patient cases and treatment plans is crucial. It allows us to share information, discuss any issues, and make joint decisions." (Participant 12, Psychiatrist)

Other strategies to enhance communication included using standardized documentation, establishing clear communication protocols, and leveraging technology for information sharing.

4.3 Theme 3: Organizational Support and Resources

Organizational support and resources were identified as key facilitators of IPC in mental health settings. Participants emphasized the importance of leadership commitment, adequate staffing, and allocated time for collaboration. A mental health nurse explained:

"When our managers prioritize collaboration and provide the necessary resources, it makes a big difference. We need enough staff, time, and space to work together effectively." (Participant 5, Mental Health Nurse)

Participants also highlighted the need for organizational policies and protocols that support IPC, such as joint care planning and shared decision-making. A nursing technician suggested:

"Having clear policies and guidelines for collaboration can help ensure that everyone is on the same page and working towards the same goals." (Participant 11, Nursing Technician)

4.4 Theme 4: Interprofessional Education and Training

Interprofessional education and training were seen as essential for promoting IPC skills and fostering a collaborative culture in mental health settings. Participants expressed the need for joint learning opportunities, where professionals from different disciplines can learn with, from, and about each other. A psychologist stated:

"Interprofessional education is crucial for breaking down silos and building collaborative relationships. It helps us understand each other's roles, perspectives, and expertise." (Participant 16, Psychologist)

Participants also suggested that interprofessional training should focus on communication skills, teamwork, conflict resolution, and shared decision-making. A psychiatrist emphasized:

"We need training programs that go beyond clinical knowledge and focus on the skills needed for effective collaboration, such as active listening, assertive communication, and problem-solving." (Participant 13, Psychiatrist)

5. Discussion

This qualitative case study explored the challenges and facilitators of IPC between mental health nurses, nursing technicians, and other healthcare providers in mental health settings in Saudi Arabia. The findings highlight the complex nature of IPC and the various factors that influence its implementation and effectiveness.

The challenges identified in this study, such as role ambiguity, power dynamics, and communication barriers, are consistent with previous research on IPC in mental health settings (Garzonis et al., 2015; Reeves et al., 2017). These challenges can hinder collaboration, lead to duplication of efforts, and potentially impact the quality of patient care (Abed et al., 2020). Addressing these challenges requires a multifaceted approach that involves clarifying roles and responsibilities, promoting mutual respect and equality, and establishing effective communication strategies (Haddad et al., 2021).

The facilitators of IPC identified in this study, including organizational support, resources, and interprofessional education and training, align with the literature on promoting collaboration in healthcare settings (Reeves et al., 2017; Alsulami et al., 2017). Leadership commitment and organizational policies that prioritize IPC can create a supportive environment for collaboration (Haddad et al., 2021). Adequate staffing, time, and space for collaboration are also essential for enabling professionals to work together effectively (Garzonis et al., 2015).

Interprofessional education and training emerged as a key facilitator of IPC in this study, consistent with previous research (Alsulami et al., 2017; Alharbi et al., 2019). Joint learning opportunities can help professionals develop the skills and attitudes needed for effective collaboration, such as communication, teamwork, and shared decision-making (Reeves et al., 2017). Incorporating interprofessional education into the curricula of mental health professionals and providing ongoing training can foster a collaborative culture and enhance IPC in practice (Haddad et al., 2021).

The findings of this study have implications for mental health service delivery and policy in Saudi Arabia. The challenges and facilitators identified can inform the development of strategies and interventions to enhance IPC in mental health settings. This may involve reviewing and clarifying professional roles and responsibilities, establishing interprofessional communication protocols, and providing resources and support for collaboration (Qureshi et al., 2013). Incorporating interprofessional education and training into the education and professional development of mental health professionals can also promote a collaborative culture and enhance IPC skills (Alsulami et al., 2017).

6. Conclusion

This qualitative case study explored the challenges and facilitators of IPC between mental health nurses, nursing technicians, and other healthcare providers in mental health settings in Saudi Arabia. The findings highlight the need to address role ambiguity, power dynamics, communication barriers, and organizational constraints to promote effective IPC. Facilitators of IPC, such as organizational support, resources, and interprofessional education and training, can help create a supportive environment for collaboration and enhance the skills and attitudes needed for effective teamwork.

The study has implications for mental health service delivery and policy in Saudi Arabia, emphasizing the importance of strategies and interventions to enhance IPC in mental health settings. Further research is needed to evaluate the effectiveness of these strategies and to explore the perspectives of patients and families on IPC in mental health care.

Strengthening IPC in mental health settings can lead to improved patient outcomes, enhanced quality of care, and increased job satisfaction among professionals. By addressing the challenges and leveraging the facilitators identified in this study, mental health services in Saudi Arabia can work towards providing comprehensive, coordinated, and patient-centered care through effective interprofessional collaboration.

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