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Building a Strong Healthcare Ecosystem: Collaboration and Expertise of Nurses and Technicians in Mental Health and Primary Care in Saudi Arabia

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Abstract

The purpose of this essay is to explore the importance of collaboration among professionals who work in mental health and primary care. It outlines the main roles within the Saudi healthcare ecosystem: those of the nurse and the technician, describes the healthcare environment and the main issues that simultaneously challenge these professions, as well as mentioning the numerous ways in which they can, in turn, offer more to those who are currently suffering. The essay is designed primarily for a Saudi Arabian audience and for nephrology nurses, but the main concepts described in the essay are generally suitable for a number of different clinical and healthcare settings.

The core of this essay is the argument that by working collaboratively with others, and by sharing expert practical knowledge, nurses and technicians can make a significant change to the lives of those who find themselves in their care. Based upon an explanation of the present state of the healthcare ecosystem in Saudi Arabia, the essay outlines the main roles of the Saudi nurse and outlines some of the main nursing roles present in the Kingdom, particularly those that work to improve conditions for those suffering from long-term conditions. It also describes the nursing care in Saudi Arabia's Primary Care and Mental Health services. In particular, the essay outlines some of the challenges faced by nurses currently working in Saudi Arabia.

The healthcare ecosystem in Saudi Arabia is comprised of various professions, who play their complementary role as part of a single, caring whole. The nurse in a psychiatric hospital will care for the patient who is suffering from some form of illness that affects their mental stability, but the nurse will also offer empathy and support to their family and friends. The family technician who works in primary care will follow the blood pressure of hypertensive patients, spending time experimenting to find the most suitable dosages, seeking the views and voluntary collaboration of their patients, and will also work with the school teacher to establish healthy habits that are of benefit to the entire family and community that surrounds it, and will work with the social worker to mediate disagreements and take action when an entire family is unable to reconcile with itself. In summary, the work of these professionals is at the core of our healthcare ecosystem, so they are in a position to make the most difference when things go wrong.

1. Introduction

In Saudi Arabia, there is a move towards integrating mental health into primary care, which is driven by a nurse or a technician. Mental healthcare is highly dependent on collaboration between healthcare professionals. As in other study settings, there are no specific competencies related to the roles of mental health nurses or technicians yet, thus offering value to their verbalized expertise. The Saudi healthcare ecosystem is made up of health practitioners with different expertise levels, with different portfolios and roles. In the past, Saudi physicians, particularly those working in primary healthcare, were generalists, but recent years have seen a move to having specialists. (Al-Subaie et al.2020)

Psychological interventions are still not a part of the generalist portfolio, but psychiatrists are trained to work as part of a multidisciplinary team. The GP/specialist ratio in Saudi Arabia is among the lowest in the world.

Patients prefer to interact with nurses or technicians due to their personal qualities. However, they are often not a part of the care team held in high regard and often express a lack of desire to expand their skills or advance in the presence of a physician. Shortages in patient care are closely related to team-based healthcare. Studies have shown very positive outcomes when doctors and nurses interact and manage care together. Despite the many divisions between nurses and physicians, both groups generally agree on the areas of work that are important for effective care. (Yosef, 2023)

Overall, the research attempts to understand how nurses and technicians are approaching their proposed mental health and primary care roles, to get feedback specifically about their integrated roles and to understand both the areas of professional practice and healthcare organizations. There is a gap in the literature according to our knowledge, which examines collaborative mental health nursing adaptation in primary care from the Saudi point of view, especially from professionals' perspectives. The study contributes to the understanding of establishing a healthcare partnership ecosystem in Saudi Arabia by highlighting areas where collaboration may affect professional roles, identities and autonomy, training, practice, and interactions. (Cassidy et al.2021)

1.1. Background and Rationale

Building a strong healthcare ecosystem is essential for consultancy and interprofessional roles to address mental health demands. Saudi Arabia has undergone significant health development that recently addressed mental health services. As part of healthcare reforms, Saudi Arabia is currently implementing and developing initiatives to enhance mental health services. Historically, for many people, two separate systems operated in Saudi Arabia to provide mental health care services, which were related to asylums for acute cases and charity primary care settings, providing care mainly by spiritual experts for late-onset and low-risk cases. (Chowdhury et al., 2021)

Roles in both mental health and primary care are continuously evolving. Research shows that family doctors and nurses in primary care settings primarily managed mental illnesses closer to the gate. They were the first to meet most individuals with serious mental illness, even if they did not recognize it. Recent evidence points to concepts and developments in the awareness of mental health training for all health professionals. Professionals are usually encouraged to join and seek help for any of their patients that hinder their recovery, be aware of every possible mental health problem, have the skills to encourage patients to improve their mental health, and discuss the assessments and results within the team. In this setting, there is a society-wide need for someone to provide support for problems that slip mainly from specialized mental health services, and there is an increasing demand for support from primary care mental health services. Interprofessional roles are outlined and reflect the previously discussed paradigms in which members of two or more professions are integrated to provide comprehensive mental-emotional healthcare. (Xu et al.2022)

1.2. Scope and Significance of the Study

Establishing how primary care nurses and mental health center technicians combine their expertise across multiple settings is the focus of this research, utilizing the learning healthcare system. These settings include the family medicine clinic at three primary care centers that are co-located and integrated with the mental health centers as well as two new national newborn screening initiatives with the family medicine clinic at two different primary care centers. The primary care centers are part of a large integrated tertiary care and teaching healthcare system in Saudi Arabia. Successfully implementing collaborative care is important since it is a key element of the Saudi healthcare model, which provides quality primary healthcare services. Furthermore, both primary and collaborative care have been promoted as healthcare policies in many countries.

(Alshowair et al.2022)Applying the learning healthcare system in the Saudi context can provide a better understanding of inter- and intra-professional collaboration dynamics in a mental health and quality primary care setting. To our knowledge, no previous studies were conducted to analyze the roles of nurses and technicians together in the care continuum of mental and primary care. In conclusion, unlike physicians, these professionals have been neglected in the synthesis of the literature and could significantly impact patients' treatment and assessments by the quality of their services. This study could significantly contribute to understanding the whole operation of these professionals in a tailored interprofessional collaborative care setting. The Saudi Ministry of Health established the Health Care Transformation Strategy in 2017 along with an initiation for mental health transformation. This mandate for healthcare policy reform aims to enhance the quality and access of primary care services, with mental health being one of the five main chronic diseases prioritized for integration to achieve comprehensive care.

2. The Role of Nurses in Mental Health and Primary Care

Nursing professionals play an important role in mental health and primary care settings. In mental health, nurses provide and coordinate care for individuals experiencing mental health problems. They work with patients, their families, and friends to assess their needs and provide care to improve their quality of life. They promote health and help in preventing mental health problems, educate patients, and administer medications when necessary. In primary care, many nursing professionals act as health educators and play a crucial role in advising and teaching patients about preventing illness or managing long-term health conditions. A nurse may be responsible for running clinics, checking blood pressure, working with other nursing professionals, and taking the lead on patient consultations. Other responsibilities include triaging patient queries and sorting appointments in clinics

or surgeries. Other specialist areas include school nursing and practice nursing, which cover health promotion, etc. (Pérez-García et al.2021)

Nurses face several challenges in Saudi Arabia that impair their ability to provide optimal care. These challenges span many sectors, including economic and social barriers, structural issues, and governmental systems. Opportunities for nurses' professional development include education, specialty certification, and theoretical and empirical research. When nurses can assume roles matching their educational levels, patients benefit from improved outcomes. Nurses require continuous education to maintain their current roles, provide evidence-based care, and develop expertise. Knowledgeable and competent nurses are assets in the healthcare ecosystem. (Alruwaili et al.2024)

Therefore, improving nurses' roles and responsibilities in mental health and primary care results in improved patient outcomes. Nurses have a big responsibility; they advocate for and uphold patients' rights, provide holistic care in various fields, teach patients to enhance self-care abilities, and use current trends in technology to meet the needs of society. Thus, the development and improvement of the nursing profession can change the face of the healthcare industry.

2.1. Importance of Nursing in Healthcare Ecosystems

Nursing is a basic component of healthcare. It is the largest of the healthcare professions, and nurses consistently rank high in yearly surveys of the most trusted occupational positions. Along with healthcare providers, nurses are the patient's best advocate, taking seriously their healthcare right to "get involved" with those who provide care. Patient trust is worth the effort because without trust, patients are less likely to seek care, a critical social determinant of health and contributor to morbidity and mortality. The design principles for patient-centered practice, the basis for chronic care models, include practice population, care team, management support, decision support, and clinical information systems. There is a critical need to reconsider assumptions about healthcare in order to create "a new path to excellent care" to promote health and prevent disease, including individual behaviors and the design of patient care delivery systems. These recommendations focus on mental health-primary care practice but are consistent with the mentioned design principles. (Maria et al.2020)

"Good nursing practice … contributes to optimization of health outcomes and organizational effectiveness." The "urgent" need for innovations in nursing practice has been recognized by other healthcare leaders. Nurses engage with patients each day, providing comprehensive information and support for improved decision-making about personal health and patient care delivery. This practice guidance has been shaped by a century of nursing empirics, ethics, and nursing philosophies. What nurses do as a professional skill varies according to the community's values, resources, and unique healthcare needs. From community to community, healthcare is enacted, and nursing as enactment can and should differ. All people are in some ways ill, and all, in some ways, can get well. To compromise between the polarities of stopped or unlimited human beings, nurses provide care designed to bring enough care to the patient (or population) to either stabilize a patient's condition or exacerbations and/or to bring health trajectories back to normal ranges. It follows that good nursing practice does matter in terms of patient care. Effective primary care models have continued to call for effective "core groups of nurses" who work effectively as interdisciplinary team members. Should nurses not deliver effective care for patients or decrease the effectiveness of primary care delivery, patients may not derive the predicted care benefits. (Olorunyomi et al.2024)

Practical observations include that the marginalization of nurses at work and in debates about nursing inadequately reflect the critical actions and contributions of most professionals who work in nursing. A possible practical implication is that failing to recognize the value of much of today's nursing through the falsely corrupting lens of the minority of nurses who do "failure to rescue," or failing to apply for magnet status, emphasizes external necessity instead of internal habits. Whatever the complex metaphysical superstructures of these results, it is a practical inference that doing "excellent" nursing requires excellent observational skills and disciplined inquiry in order to gauge what does and does not happen consistently among the predicted beneficiaries of care: patients and populations. Optimal nursing workforce "treatment" occurs when internal habits reflect and reinforce the external necessity of patient-directed team care. (Mohammed et al.2021)

2.2. Challenges and Opportunities for Nurses in KSA

Some of the unique challenges of being a nurse in Saudi Arabia include short staffing, a high patient-to-nurse ratio, unfamiliarity with new technologies, chronic care models, and language barriers among patients. Cultural and organizational inertia act as a barrier to the nurse's full participation and effectiveness in his or her role in nursing care. Many times in primary care, this barrier with nurses is understood by the patient, who still demands to see the doctor at each visit and who has little knowledge of the training nurses receive and what they do. (Alsulami et al.2022)

Certainly, the burden from all of the above is influencing a shortage of nurses in Saudi Arabia, particularly at the primary healthcare level. First, currently in Saudi Arabia, owing mainly to the increase in the elderly who tend to come with comorbidities, nurses, more than in the past, are being exposed to aggravated chronic cases, psychiatric cases, and significantly higher numbers of patients, plus some of the big infectious diseases, which a specialist must check for. Secondly, the current series of events seem to have had, or will have, some sort of

impact on what the roles and tasks the nurse practices in Saudi Arabia might look like. Nursing, in general, is overwhelmed at all these levels in all countries. (Alqahtani et al.2022)

However, primary care has always been viewed as the entry level of the healthcare system in Saudi Arabia, and improving it will influence the whole healthcare delivery system. The vast majority of patients, especially those with mental health conditions, who seek help do so at this level. But an adequate description of the roles of a nurse, or the above-mentioned categories adopted from international classical standards in any specialty, has to be tailored to meet diagnosis, treatment, assessment, counseling, health education, and the co-management system. Because of these modern diseases, a parallel section may be needed. (Al et al.2021)

3. The Role of Technicians in Mental Health and Primary Care

The roles and expectations of the healthcare technician often differ as a function of the healthcare specialty in which they are employed. In mental health and primary care – the two areas we represent – the healthcare technician often has basic nursing and secretarial functions in their organizational role descriptions. Many technicians stream into these positions as a career placeholder before their level of commitment drives them to seek advanced practice opportunities either as nurses, physicians, or other technical roles. At baseline, the healthcare technician provides cost-efficient mechanisms of follow-up and supplementary patient care. Technicians also provide versatile role coverage when compassionate healthcare workers are in short supply. They can provide supervision, consultation, and follow-up for disease management programs and field telephone calls to redirect the non-urgent ones away from professionals. (Milewski et al.2022)

In on-demand work settings, the healthcare technician is the first contact that potentially problematic citizens make in an intervention cascade, and their influence ends up affecting every procedure that comes after. Technicians are key in training fundamental self-management strategies and in diverting those who require more systematic solutions toward appropriate community resources. As part of community-based mental healthcare services completed or nearly completed, the health technician bridges the mental health service system and the community. The technician contributes to the healthcare team's implementation of the treatment plan by establishing therapeutic contacts with patients and providing outreach, advocacy, and social rehabilitation. Comprehensive clinical mental health, neurological, basic medical, health promotion, and disease education competencies are required for the healthcare technician to function effectively in the primary care setting, in addition to administrative and operational functions. Technicians also work as part of interdisciplinary mental health crisis teams or diagnostic teams. They too require comprehensive training and development that includes appropriate use of standardized mental health education tools and the ability to discuss early intervention resources, diagnostics, and treatments or service resources. (Dallendörfer et al.2022)

At the international, national, specialty, and resiliency assistant level of care, healthcare technicians occupy important roles in a range of employment contexts. They now provide secretarial oversight, care coordination, report generation and transmission, academic assistance, billing, and other creative functions designed to make the most professional use of their employers' valuable time. There is a growing recognition of the valuable role that the healthcare technician plays in the delivery of quality, team-delivered care in a busy professional environment. The healthcare technician requires skills custom-tailored to their specific positions and would greatly benefit from focused training and educational programs to develop these competencies. Cross-training opportunities in areas where on-the-job training may not provide a well-rounded experience, and forums to discuss best practices, would be of significant benefit. Opportunities for specialization might include a surgically administered patient technician and an obstetrics specialty technician in more technologically advanced settings involved in ultrasounds. A higher level of training similar to medical school would be required to elevate this role. It is important for participants to acknowledge that the roles of health technicians are varied and function as an important part of the healthcare team in the area for which they are trained. (Chinguwo, 2024)

3.1. Technician's Contributions to Healthcare

In healthcare, and primary care in particular, technicians have many roles and functions that are essential for healthcare provision. Technicians provide direct patient support through running laboratories, performing diagnostic tests, dispensing medications, taking vital signs, and more. In some instances, they have completed training to perform non-surgical procedures, such as applying casts, and some have the skills to engage in prescribed tasks for those living with chronic conditions. Another important function technicians provide is care coordination which can occur via communication with other professionals or acting as social support to patients. (Dignos et al.2023)

For patients, technicians can either identify what they can and cannot treat or refer the patient to another professional within the clinic, referred to as triage. There is an increasing recognition of the important work of technicians worldwide, particularly for their role in improving healthcare productivity, i.e., providing quality services in an efficient manner. Much of the innovative health reforms currently taking place include growing numbers of technicians in the health team, who have the same goals as promoting patients and the healthcare team. Technicians are often described as the 'doers', in contrast with the more 'cognitive' work of nurses and physicians, reflecting their focus on a task or disease and reducing the load from a busy list of routine activities

carried out by mid-level team members from almost all professions. Nurses and doctors increasingly rely on technicians to provide the stable structure for healthcare services, thereby increasing staff satisfaction. (Lee and Lee, 2022)

Another important management function of technicians is assisting with chronic disease management in primary care, particularly the reordering of healthcare work within this disease focus in less debilitative and more functional and fulfilling ways. Technicians can help redeploy doctors and nurses from what they now do more of in primary care, which is chronic disease management or the management of mental illness and the complex social problems that accompany them to more acute care and continuing inpatient care. Technicians have become a vehicle in all of these societies not just for delivering healthcare in particularly efficient and profitable ways; they have been a vehicle for delivering healthcare more in tune with the needs of actual patients. (Plagg et al.2021)

Professionally, knowledge of a biomechanical function as a labor division can have a role to play in providing equality through the subordination of clinical concepts that would normally be related to specific products and processes. It can help to explain the idea of a technician as part of a team-based approach for giving advice and dispelling the "cult of the expert." The career of a questionnaire highlights the importance of recognizing the inter-professional component of practice and the need for team-based patient care, while also focusing attention on that technician who is both overlooked in the hierarchy and a specialist in providing comprehensive and effective explanations that exceed description. (Rawls, 2024)

3.2. Training and Development Opportunities for Technicians

There are existing one-off programs that have focused on enhancing specific skills and competencies of healthcare technicians. A specific program has recently completed its pilot phase involving nearly 100 technicians working in the field of primary care and mental health, across a range of job roles. It is clear that technicians are expected to undergo continuous professional development due to the rate of change in the development of new therapeutics and requirements for a new model of care in healthcare sectors. Medicine and therefore the role of technician is ever-evolving; thus, it could be argued that curriculums should meet the forecasted future requirements. One-off residential training was indicated to be influenced by the way technicians wanted the training to display relevant and meaningful information that relates directly to their job and is directly transferable. This has been noted to be an influential factor for training programs for other professional roles, including nurses transitioning from mental health to registered nursing. (Wieland et al.2021)

Accessing such training is key. If we are to expect the need for such role change, we need to increase the understanding and uptake of restructured training. A further barrier to training, such as a supporting technician program, is that there is often a lack of time and resources for a technician to attend a program. Training opportunities based on the undergraduate training of technicians were shown to involve nursing with their experiences; such collaborative opportunities help to establish the importance of the role differences and the equal juxtaposition of roles between technicians and nursing professionals. By nursing professionals sharing their experiences, this can help technicians understand different roles and specialist areas that might appeal to them as a potential career change. Not only is this beneficial in terms of understanding roles, but the interaction between professionals aids learning and understanding of different professional groups, thereby facilitating a greater understanding of person-centered care. It has been recommended that mentors of healthcare technicians should have access to the necessary knowledge, skills, abilities, and resources, including time, to undertake mentoring effectively, along with clear expectations regarding the level of organizational support required to fulfill this role. (Panda et al.2022)

4. Collaboration between Nurses and Technicians

Nurses and technicians often have a collaborative relationship in healthcare environments, sharing the clinical care of patients. In instances where nursing care is well coordinated with the technicians' role and shared responsibility in quality patient care, it is a win-win situation for professional practice development and patient satisfaction. Effective interprofessional relationship strategies potentially decrease the barriers to care management, improve the health outcomes of patients with chronic care needs, diminish the disparities seen, and further decrease additional outcomes such as unethical behavior. The interdependence in knowledge, skills, and abilities of the two roles and working hand in hand reaps countless advantages. (Williams et al.2022)

It is essential that in any productive work environment, the two roles in this paper must have mutual respect, appreciation of each other's role, and understanding of what each other's roles are. Moreover, teamwork is an essential component as it is not uncommon for roles to overlap and duties to be cross-delegated, a strategy that promotes continuity of care while evoking fraternity and increasing problem-solving efforts. The old saying, "Two heads are always better than one," is a prime motivational crux for this position paper that we strive to endorse within the working boundaries of an international healthcare system. Although both nursing and technician roles provide quality patient care, several barriers dominate the effective collaboration of these roles. Role confusion, miscommunication, and misunderstood information sharing prevent quality patient care. Patients who require both physical and mental healthcare suffer the most. To team effectively, both roles must

develop effective collaborative skills. Understanding the other's work through education and limits of cross-training promotes successful healthcare outcomes. (Htay and Whitehead, 2021)

Several successful models on collaborative teamwork that address the relationship between the roles have been presented. Thus, there is a growing demand for these two roles to be competent and knowledgeable not only in the basic specialty of nursing but also to have a vast biomedical knowledge bank. This also aids the nursing personnel to potentially administer emergency care procedures and psychiatric medication, which cannot be performed by a lay professional. Creating an effective team requires that the team players should have an adequate understanding of one another and respect for one another's role, a good working environment, and psychological forecasts on the needs of the mentally ill patient and their family. The aim of any healthcare work setting should be the effective and efficient maximization of staff input, development of a matrix to improve outpatient attendance, and reduction in mental health casualties. This also allows senior nursing personnel and junior psychiatric technicians to interact and network for the evolution or revolution of new practices, thus opening fields for research in nursing. Innovative, interdisciplinary, or transdisciplinary practice and a realistic genuine change to help the delivery of patient care has a validation of excellence in healing the community and in mental health. (Mtegha et al.2022)

4.1. Benefits of Interprofessional Collaboration

The patient-centered care movement has fueled interest in examining the effects of clinicians working together as a team. Researchers have suggested that the benefits of working together as a team include improved patient safety and reduced medical errors, enhanced patient satisfaction, decreased healthcare costs, a reduction in the number of hospital admissions, fewer emergency department visits, and improved quality of care through enhanced clinical outcomes. Interprofessional approaches have been used in a variety of settings, such as mental health, stroke care, chronic disease self-management, and primary care. (McCutcheon et al.2020)

In mental health, collaboration with addiction psychiatry has been seen to have an impact on supporting clinicians in initiating opioid substitution therapy in the emergency department, in an inpatient setting, and in outpatient primary health care. Interprofessional collaboration, including the team-up of replacement psychiatry and nursing and midwifery when caring for individuals with opioid use disorder, has benefits for primary healthcare organizations dealing with the delivery of opioid substitution therapy. In terms of quality, interprofessional collaboration facilitates improved professional development, role clarification, job satisfaction, support mechanisms, consistency of care, as well as reduced burnout and retention of staff. In other settings, interprofessional collaboration in primary care for people with depressive symptoms has been linked to early intervention, providing better access to psychological treatments, and producing better health outcomes when professionals work together to build community capacity to support mental health. (Hughes et al., 2022)

As a complementary approach to nursing and physician collaboration, this setting uses staff to brief GPs on physical assessment activity and results in the shared care planning consultation through weekly interprofessional meetings. Interprofessional collaboration has advantages for health professionals and their clients. The purpose of identifying case examples is to demonstrate that a structured interprofessional process produces improved health outcomes compared to a non-structured and ad hoc multidisciplinary model. In these cases, the structured process was intensive but relied little on the contribution of primary care clinicians or patients to the interprofessional process. However, this is a demonstration of the potential and the need for more requests for a structured approach to interprofessional practice. (Seaton et al.2021)

4.2. Barriers to Effective Collaboration

Despite the benefits of working together, effective collaboration between nurses and technicians is far from being fully achieved. This may be due to a variety of factors, including hierarchical culture, which negatively influences effective collaboration. Staff are often used to copying the work model of their direct supervisor, which shows that the hierarchical system is endorsed at different organizational levels. Many respondents agreed that even if guidelines supported including them at meetings, their contribution was undervalued. The negative attitude towards nurses and administrative staff regarding how they viewed the work of technicians is influenced by role ambiguity and the lack of reciprocity in the decision-making processes, interpretation of data, and problem-solving activities related to collaborative roles. Likewise, unclear role definition may predispose personnel to a breakdown of the workflow of the collaborative model. Interpersonal tensions, as experienced in the operation of a team, group dynamics, and processes of change, are factors that can influence effectiveness in interprofessional collaboration. (Williams et al.2022)

In addition, traditional training programs do not develop effective teamwork practices, and they fail to promote mutual respect for the unique contributions of each member, irrespective of their background. In terms of education, the silo nature of most healthcare science and technology education programs reinforces boundaries among professionals. Cultural differences, such as education, familiarity, distrust, and lack of mutual respect for others' training, create barriers to interprofessional education and collaboration among members of the healthcare team. Trusted communication among healthcare providers is a necessity, especially when changing or adding treatments or when the order of treatment priorities is unclear. In this context, staff from different professional cultures must have clarity on their contributions, as this will help in effective communication.

Unfortunately, these factors are not in place in many healthcare settings, which further negates the possibility of a well-functioning team. To date, most of the efforts in improving healthcare delivery have involved altering and removing barriers at the individual, team, or organizational levels. Though essential, these strategies do not affect or enhance systemic changes required to encourage the paradigm shift necessary to improve the current healthcare delivery system. (Bienstock and Heuer, 2022)

5. Conclusion and Recommendations

In conclusion, the qualitative exploratory interviews with the nurses and technicians identified that competence, trust, and motivation are evident in many within the healthcare field in Saudi Arabia. They believe that team leadership, when pursued in combination with technical expertise, contributes to the provision of high-quality care. The real problem is not whether or not to collaborate, but how to do so. The number of obstacles to effective working is formulated, but effective recommendations are developed to enable the provision of high-quality mental health care and care within the primary health care context in the Saudi settings—both collaboration between practitioners and across disciplines. Summary of Recommendations Enhancing BSN programs to include more and better staff training in the form of seniority, soft skills, the value of patient perspective care, the value of, and the skills for, interprofessional teamwork and leadership in the healthcare sector, and permanent tracking post-graduation are desirable. (Tedla and Hamid, 2022)

Faculty values must indicate respect for these qualitative care professional technicians. In addition, nursing schools should address soft-skill training in the context of the courses they offer. Target Health should focus on providing modern technological tools that facilitate teamwork, such as integrating electronic medical records. The IPTs should regularly visit the primary health care centers; visits should be flexible to allow field sharing. Furthermore, policymakers should allow, in reality, optometrists to carry out the activities we discussed with interviewees. There are implications of allowing independent practice for the other technical programs as well. Research should be carried out on the understanding of why the private and government sectors differ so much in this collaboration. It must be appreciated that the in-depth understanding that this study has provided has come from only one type of training institute. It is recommended that future research is extended to gather data from a variety of other training environments. (Orih et al.2024)

5.1. Key Findings and Implications

The findings of this research have demonstrated the potential role nurses can play in mental health promotion and prevention as part of a collaborative team in primary care. There is potential too for the training of mental health technicians to include enhancing their capacity in working with patients who have both a chronic physical condition and complex mental health needs. Our research found that the care experiences of patients from both a chronic care clinic and a mental health service were significantly enhanced by having access to a nurse technician in primary care. In line with the call to adopt a whole practice approach, our research suggests that sustainable relationships between different health professionals can be fostered to enhance patient care. (Giorgi et al.2020)

Our research recommends that any investment in building an inter-professional coalition across mental health and chronic physical illness services needs to extend beyond the research team. It is insufficient to prepare individual members of the health and social care workforce to clinically deliver mental health care to people with long-term conditions; team members are also a part of the community and must be equipped both individually and collectively to address the complexities of the contexts in which they work. Recruitment strategies today must work at the community level to ensure all stakeholders are 'on board' rather than relying on networks. Policies need to be in place to empower practice partners and managers to work with communities to re-evaluate and potentially shift aspects of clinical care in response to real-world problem-solving. Training new workers collaboratively is simply necessary but not sufficient. A range of systems-level levers are needed that support sustainable collaborative mutual adaptation within a culture of ongoing quality improvement.

5.2. Recommendations for Strengthening Collaboration

The participants' recommendations were grouped under the themes of leadership, mentoring and resources, and the use of technology and social media for recruitment. In this final section, we present recommendations from studies that have researched collaboration between junior nursing and allied health staff in mental health and primary care settings. These recommendations reflect the experiences of, and their contribution to the development of professional "team abilities" including communication and respect necessary for creating a positive, streamlined healthcare ecosystem. Participants in these studies have emphasized that teamwork skills such as listening, suggesting, and respecting other members' ideas, as well as patience in setting time for new ideas to be developed, are key components of an effective clinical team. Ongoing professional development is also suggested, and it is hoped that these study results will inspire corresponding changes in the fields of healthcare. Existing studies focused on the interprofessional collaboration of junior nursing and other healthcare professionals. The final study sought to examine participants' experiences of study and practice, including hopes and concerns related to the field of mental health.

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