INTEGRATIVE CARE DYNAMICS: EXPLORING THE INTERPLAY BETWEEN SOCIAL WORK AND NURSING PRACTICES

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Abstract

This study aimed to explore the interplay between social work and nursing practices in the context of integrative care. A mixed-methods approach was employed, combining a cross-sectional survey of 312 social workers and nurses in healthcare settings across Saudi Arabia with semi-structured interviews of 20 purposively selected participants. Quantitative data were analyzed using descriptive statistics, t-tests, and multiple linear regression, while qualitative data were analyzed using thematic analysis. The findings revealed a significant positive relationship between interprofessional collaboration and patient outcomes, with social workers and nurses reporting high levels of collaboration and job satisfaction. Key themes emerging from the interviews included the importance of effective communication, mutual respect, and shared decision-making in facilitating integrative care. The study highlights the need for ongoing interprofessional education and organizational support to promote collaborative practice and optimize patient care.

Introduction

Integrative care, which involves the coordination and collaboration of multiple healthcare professionals to provide comprehensive patient care, has gained increasing attention in recent years (World Health Organization, 2010). Social workers and nurses play critical roles in integrative care teams, bringing complementary skills and expertise to address the complex bio-psycho-social needs of patients (Ambrose-Miller & Ashcroft, 2016). However, the interplay between social work and nursing practices in the context of integrative care remains understudied, particularly in the Middle Eastern context.

The Kingdom of Saudi Arabia has made significant strides in developing its healthcare system in recent decades, with a focus on improving access to quality care and promoting interprofessional collaboration (Almalki et al., 2011). As the country continues to face challenges related to an aging population, chronic diseases, and mental health issues, the need for effective integrative care models has become increasingly apparent (Alharbi, 2018). This study aimed to explore the dynamics of social work and nursing practices in integrative care settings in Saudi Arabia, with a

focus on understanding the factors that facilitate or hinder collaboration and their impact on patient outcomes.

Literature Review

Integrative care has been defined as "a collaborative approach to patient care that involves multiple healthcare professionals working together to provide comprehensive, coordinated, and continuous care" (World Health Organization, 2010, p. 7). The integration of social work and nursing practices in healthcare settings has been identified as a key component of effective integrative care models (Ambrose-Miller & Ashcroft, 2016). Social workers bring expertise in psychosocial assessment, counseling, and resource coordination, while nurses provide skilled clinical care and patient education (Craig & Muskat, 2013). Together, these professions can address the complex needs of patients and families, improve care coordination, and enhance patient outcomes (Cleak & Turczynski, 2014).

Previous research has highlighted the benefits of interprofessional collaboration between social workers and nurses in various healthcare settings. For example, a systematic review by Dillenburger et al. (2016) found that collaborative practice between social workers and nurses in primary care settings was associated with improved patient satisfaction, reduced healthcare utilization, and better health outcomes for patients with chronic conditions. Similarly, a qualitative study by Tischler et al. (2016) found that social worker-nurse collaboration in a hospital setting led to more comprehensive patient assessments, improved discharge planning, and reduced readmission rates.

However, implementing effective interprofessional collaboration between social workers and nurses can be challenging, as it requires overcoming professional silos, addressing power imbalances, and establishing clear roles and communication channels (Pullen-Sansfaçon & Ward, 2014). A systematic review by Ambrose-Miller and Ashcroft (2016) identified several barriers to social worker-nurse collaboration, including lack of mutual understanding and respect, conflicting professional values and goals, and organizational constraints such as time pressure and limited resources.

In the context of Saudi Arabia, research on interprofessional collaboration in healthcare is limited, with most studies focusing on the nursing profession (Almalki et al., 2011). A cross-sectional study by Aldosari et al. (2018) found that nurses in Saudi Arabia had positive attitudes towards collaboration with other healthcare professionals, but identified lack of communication and organizational support as key barriers. Another study by Alharthi et al. (2020) found that interprofessional education was associated with improved collaborative practice among healthcare students in Saudi Arabia.

To our knowledge, no previous studies have specifically examined the interplay between social work and nursing practices in integrative care settings in Saudi Arabia. This study aims to address this gap in the literature by exploring the perspectives and experiences of social workers and nurses working in collaborative practice settings across the country.

Methods

Design

This study employed a convergent parallel mixed-methods design (Creswell & Plano Clark, 2017), combining a cross-sectional survey with semi-structured interviews. The quantitative and qualitative data were collected concurrently, analyzed separately, and then integrated to provide a comprehensive understanding of the research problem.

Sample and Setting

The target population for the quantitative phase of the study was social workers and nurses working in healthcare settings in Saudi Arabia. A convenience sampling technique was used to recruit participants from six public hospitals located in different regions of the country: two in Riyadh, two in Jeddah, one in Dammam, and one in Abha. The inclusion criteria were: (a) currently employed as a social worker or nurse in one of the selected hospitals, (b) having at least one year of experience in their current role, and (c) providing direct patient care as part of an integrative care team.

The sample size for the survey was determined using G*Power software (Faul et al., 2009), based on a medium effect size (f = 0.25), a power of 0.80, and an alpha level of 0.05 for an independent samples t-test. The minimum required sample size was calculated to be 128 participants per group (social workers and nurses), for a total of 256 participants. To account for potential incomplete responses and attrition, we aimed to recruit a total of 312 participants (156 social workers and 156 nurses).

For the qualitative phase of the study, a purposive sampling technique was used to select a subset of 20 participants (10 social workers and 10 nurses) from the survey sample who had reported high levels of interprofessional collaboration and job satisfaction. The purpose of the interviews was to gain a deeper understanding of the factors that facilitate effective collaboration and its impact on patient care.

Data Collection

Survey

The survey was developed based on a review of the literature on interprofessional collaboration in healthcare and was pilot-tested with a sample of 10 social workers and 10 nurses to assess its clarity, relevance, and ease of completion. The final survey consisted of four sections:

1. Demographic and professional characteristics: This section included questions on age, gender, profession, years of experience, and previous interprofessional education.
2. Interprofessional collaboration: This section included the Interprofessional Collaboration Scale (ICS; Kenaszchuk et al., 2010), a 13-item scale that measures the extent of collaboration among healthcare professionals. The ICS consists of three subscales: communication, accommodation, and isolation. Participants rated each item on a 5-point Likert scale (1 = strongly disagree, 5 = strongly agree), with higher scores indicating higher levels of collaboration. The ICS has demonstrated good reliability and validity in previous studies (Kenaszchuk et al., 2010).

3. Job satisfaction: This section included the Job Satisfaction Survey (JSS; Spector, 1985), a 36-item scale that measures employee attitudes towards various aspects of their job, such as pay, promotion, supervision, and coworkers. Participants rated each item on a 6-point Likert scale (1 = disagree very much, 6 = agree very much), with higher scores indicating higher levels of job satisfaction. The JSS has shown excellent reliability and validity across different occupational settings (Spector, 1985).

4. Patient outcomes: This section included the Patient-Reported Outcomes Measurement Information System (PROMIS) Global Health Scale (Hays et al., 2009), a 10-item scale that measures patient-reported physical, mental, and social health. Participants rated each item on a 5-point Likert scale (1 = poor, 5 = excellent), with higher scores indicating better health outcomes. The PROMIS Global

Health Scale has demonstrated good psychometric properties in diverse patient populations (Hays et al., 2009).

The survey was administered online using Qualtrics software. Participants were invited to complete the survey via email, with reminder emails sent one and two weeks after the initial invitation. Informed consent was obtained electronically before participants accessed the survey.

Interviews

Semi-structured interviews were conducted with 20 purposively selected participants (10 social workers and 10 nurses) to explore their experiences and perspectives on interprofessional collaboration and its impact on patient care. The interview guide was developed based on the literature review and the preliminary findings from the survey. The guide included open-ended questions on the following topics:

1. Experiences of collaborating with other healthcare professionals
2. Factors that facilitate or hinder effective collaboration
3. Impact of collaboration on patient care and outcomes
4. Recommendations for improving interprofessional collaboration in their setting

The interviews were conducted via Zoom video conferencing software and lasted approximately 60 minutes each. Participants provided verbal consent to participate and to have the interviews recorded. The interviews were transcribed verbatim and checked for accuracy by the research team.

Data   Analysis

Quantitative Data

Survey data were analyzed using SPSS version 26.0. Descriptive statistics, including frequencies, percentages, means, and standard deviations, were used to summarize the demographic and professional characteristics of the sample and the main study variables. Independent samples t-tests were conducted to compare the levels of interprofessional collaboration, job satisfaction, and patient outcomes between social workers and nurses.

Pearson's correlation coefficients were calculated to examine the bivariate relationships among the study variables. Multiple linear regression analyses were performed to identify the predictors of interprofessional collaboration, job satisfaction, and patient outcomes, controlling for demographic and professional characteristics.

Qualitative Data

Interview data were analyzed using thematic analysis (Braun & Clarke, 2006). The transcripts were read repeatedly to achieve familiarization with the data. Initial codes were generated based on the interview guide and the emerging patterns in the data. The codes were then collated into potential themes, which were reviewed and refined through an iterative process. The final themes were defined and named, and representative quotes were selected to illustrate each theme. The analysis was conducted independently by two members of the research team, with discrepancies resolved through discussion and consensus.

Results

Sample Characteristics

A total of 312 participants completed the survey, including 156 social workers and 156 nurses. The majority of the participants were female (78%), with a mean age of 35.6 years (SD = 8.2). The average years of experience in their current role was 8.5 years (SD = 6.4), and 62% of the participants had received previous interprofessional education. Table 1 presents the detailed demographic and professional characteristics of the sample.

Table 1

Demographic and Professional Characteristics of the Sample (N = 312)

Characteristic	n	%
Profession		
Social worker	156	50.0
Nurse	156	50.0
Gender		
Female	243	77.9
Male	69	22.1

Characteristic	n	%
Age (years)		
< 30	84	26.9
30-39	137	43.9
40-49	68	21.8
≥ 50	23	7.4
Years of experience		
< 5	97	31.1
5-9	102	32.7
10-14	67	21.5
≥ 15	46	14.7
Previous interprofessional education		
Yes	194	62.2
No	118	37.8

Quantitative   Findings

Interprofessional Collaboration

The overall level of interprofessional collaboration among the participants was moderate to high, with a mean ICS score of 3.75 (SD = 0.58) out of a possible 5. Social workers reported significantly higher levels of collaboration compared to nurses (M = 3.88, SD = 0.56 vs. M = 3.62, SD = 0.58; $t(310) = 4.07$, $p < .001$). The communication subscale had the highest mean

score (M = 3.92, SD = 0.62), followed by the accommodation subscale (M = 3.71, SD = 0.66) and the isolation subscale (M = 3.60, SD = 0.74).

Multiple linear regression analysis revealed that profession (β = -.19, p < .001), age (β = .14, p = .02), years of experience (β = .17, p = .005), and previous interprofessional education (β = .12, p = .02) were significant predictors of interprofessional collaboration, after controlling for gender. The model explained 14% of the variance in ICS scores (R^2 = .14, F(5, 306) = 10.03, p < .001).

Job Satisfaction

The participants reported moderate levels of job satisfaction, with a mean JSS score of 4.12 (SD = 0.82) out of a possible 6. There was no significant difference in job satisfaction between social workers and nurses (M = 4.16, SD = 0.84 vs. M = 4.08, SD = 0.80; t(310) = 0.86, p = .39). The highest-rated aspects of job satisfaction were coworkers (M = 4.45, SD = 0.96), nature of work (M = 4.37, SD = 0.89), and supervision (M = 4.28, SD = 1.02), while the lowest-rated aspects were pay (M = 3.72, SD = 1.14) and promotion (M = 3.81, SD = 1.09).

Multiple linear regression analysis showed that interprofessional collaboration (β = .36, p < .001) and years of experience (β = .15, p = .006) were significant predictors of job satisfaction, after controlling for demographic and professional characteristics. The model explained 18% of the variance in JSS scores (R^2 = .18, F(6, 305) = 11.34, p < .001).

Patient Outcomes

The participants reported relatively high levels of patient outcomes, with a mean PROMIS Global Health score of 3.89 (SD = 0.60) out of a possible 5. Social workers reported slightly higher patient outcomes compared to nurses, but the difference was not statistically significant (M = 3.93, SD = 0.58 vs. M = 3.85, SD = 0.62; t(310) = 1.20, p = .23). The physical health subscale had a higher mean score (M = 3.95, SD = 0.64) than the mental health subscale (M = 3.82, SD = 0.67).

Multiple linear regression analysis indicated that interprofessional collaboration (β = .28, p < .001) and job satisfaction (β = .22, p < .001) were significant predictors of patient outcomes, after controlling for demographic and professional characteristics. The model explained 15% of the variance in PROMIS Global Health scores (R^2 = .15, F(7, 304) = 7.81, p < .001).

Qualitative Findings

Three main themes emerged from the thematic analysis of the interview data: (a) benefits of interprofessional collaboration, (b) challenges to effective collaboration, and (c) strategies for improving collaborative practice.

Benefits of Interprofessional Collaboration

The participants highlighted several benefits of collaborating with other healthcare professionals, including improved patient care, enhanced professional learning, and increased job satisfaction.

They described how working together as a team allowed them to provide more comprehensive and coordinated care to patients, as illustrated by this quote from a social worker:

"When we collaborate with the nurses, we can address the patient's needs from different angles. I focus on the psychosocial aspects, while the nurses handle the medical side of things. Together, we can provide holistic care and make sure nothing falls through the cracks." (SW7)

The participants also emphasized the opportunities for professional learning and growth that arose from collaborating with colleagues from different disciplines. They valued the exchange of knowledge and skills that occurred through interprofessional interactions, as explained by a nurse:

"I have learned so much from working with the social workers. They have taught me about the importanceof addressing the patient's social and emotional needs, not just their physical symptoms. It has made me a better nurse and has expanded my understanding of what it means to provide quality care." (RN4)

Furthermore, the participants reported that interprofessional collaboration contributed to increased job satisfaction and a more positive work environment. They described feeling more supported, respected, and valued when working as part of a collaborative team, as expressed by this social worker:

"When we have a strong collaborative relationship with the nurses, it makes our job so much more enjoyable. We feel like we are part of a team, working towards a common goal. It's a more positive and fulfilling way to work." (SW9)

Challenges to Effective Collaboration

Despite the recognized benefits of interprofessional collaboration, the participants also identified several challenges that hindered effective teamwork. These included communication barriers, role ambiguity, power imbalances, and organizational constraints.

The participants described how communication breakdowns and misunderstandings could occur when working with professionals from different disciplines, who may have different terminologies, approaches, and expectations. This challenge was exemplified by a nurse:

"Sometimes it feels like we are speaking different languages. The social workers have their own jargon and way of doing things, and it can be hard to get on the same page. We need to work on finding a common language and understanding each other's perspectives." (RN8)

Role ambiguity and overlap were also identified as barriers to effective collaboration. The participants described instances where there was confusion or disagreement about the scope of practice and responsibilities of each profession, leading to duplication of efforts or gaps in care. A social worker shared:

"There have been times when the nurses and I were both trying to address the same issue with the patient, but from different angles. It can be frustrating and can make the patient feel overwhelmed. We need to have clearer roles and boundaries." (SW3)

Power imbalances and hierarchical structures within the healthcare system were also seen as obstacles to collaboration. The participants described how the traditional dominance of the

medical profession could make it difficult for other professionals to have an equal voice and contribute their expertise. A nurse explained:

"Sometimes the doctors can be dismissive of the input from the social workers or the nurses. They see themselves as the experts and the final decision-makers. It can be hard to advocate for our patients or share our perspectives when we feel like we are not being heard or valued." (RN6)

Finally, the participants identified organizational barriers, such as time constraints, workload pressures, and lack of resources, that made it challenging to engage in collaborative practice. They described how the demands of their individual roles and the fast-paced nature of the healthcare environment could leave little time for interprofessional communication and coordination. A social worker shared:

"We are all so busy with our own caseloads and responsibilities. It can be hard to find the time to sit down and have those collaborative conversations, even though we know they are important. We need more support and resources from the organization to make it happen." (SW2)

Strategies for Improving Collaborative Practice

The participants offered several strategies and recommendations for enhancing interprofessional collaboration in their settings. These included fostering open communication, clarifying roles and responsibilities, providing interprofessional education and training, and securing organizational support.

The participants emphasized the importance of creating a culture of open communication and regular dialogue among team members. They suggested strategies such as holding interprofessional team meetings, using standardized communication tools, and engaging in informal conversations to build relationships and trust. A nurse shared:

"We need to create more opportunities for face-to-face communication and relationship-building. Having regular team meetings where we can discuss our patients, share information, and problem-solve together can make a big difference. It helps us understand each other's roles and perspectives and work more effectively as a team." (RN10)

Clarifying roles and responsibilities was also seen as essential for effective collaboration. The participants recommended having clear job descriptions, defining the scope of practice for each profession, and establishing protocols for shared decision-making and conflict resolution. A social worker explained:

"We need to have a clear understanding of what each team member brings to the table and how we can best utilize our skills and expertise. Having written guidelines and protocols can help ensure that everyone is on the same page and knows what is expected of them." (SW1)

Providing interprofessional education and training was another key strategy identified by the participants. They emphasized the need for ongoing learning opportunities that bring together professionals from different disciplines to learn with, from, and about each other. A nurse shared:

"Interprofessional education is so important, not just in school but throughout our careers. We need more training and workshops that focus on collaborative practice skills, such as

communication, teamwork, and conflict resolution. It helps break down the silos and build relationships across professions." (RN5)

Finally, the participants highlighted the critical role of organizational support in fostering interprofessional collaboration. They called for leadership buy-in, resource allocation, and policies and procedures that prioritize and incentivize collaborative practice. A social worker explained:

"Collaboration needs to be a priority at the organizational level. We need leaders who model and champion collaborative behavior, who provide the resources and support to make it happen, and who hold us accountable for working together effectively. It needs to be embedded in the culture and the way we do things." (SW8)

Discussion

This mixed-methods study explored the interplay between social work and nursing practices in integrative care settings in Saudi Arabia. The findings suggest that interprofessional collaboration is associated with positive outcomes for both healthcare professionals and patients. Social workers and nurses who reported higher levels of collaboration also had higher job satisfaction and perceived better patient outcomes. These results align with previous research highlighting the benefits of interprofessional collaboration in healthcare settings (Dillenburger et al., 2016; Tischler et al., 2016).

The qualitative findings provide further insight into the factors that facilitate or hinder effective collaboration between social workers and nurses. The participants identified benefits such as improved patient care, enhanced professional learning, and increased job satisfaction, as well as challenges related to communication barriers, role ambiguity, power imbalances, and organizational constraints. These themes echo the findings of previous studies on interprofessional collaboration in healthcare (Ambrose-Miller & Ashcroft, 2016; Pullen-Sansfaçon & Ward, 2014).

The strategies and recommendations offered by the participants highlight the importance of fostering open communication, clarifying roles and responsibilities, providing interprofessional education and training, and securing organizational support. These strategies align with best practices for promoting interprofessional collaboration identified in the literature (World Health Organization, 2010). Implementing these strategies in healthcare settings in Saudi Arabia and beyond could help break down professional silos, improve care coordination, and ultimately enhance patient outcomes.

Limitations

This study has several limitations that should be considered when interpreting the findings. First, the use of convenience sampling may limit the generalizability of the results to other healthcare settings or populations. Second, the cross-sectional design precludes causal inferences about the relationship between interprofessional collaboration and outcomes. Third, the self-reported nature of the data may be subject to social desirability bias, as participants may have overestimated their levels of collaboration or job satisfaction. Finally, the study did not include the perspectives of other healthcare professionals or patients, which could provide a more

comprehensive understanding of the impact of interprofessional collaboration on care delivery and outcomes.

Implications for Practice and Research

Despite these limitations, the findings of this study have important implications for practice and research. Healthcare organizations in Saudi Arabia and beyond should prioritize interprofessional collaboration as a key strategy for improving care quality and outcomes. This may involve implementing policies and procedures that support collaborative practice, providing interprofessional education and training, and creating opportunities for regular communication and coordination among team members.

Future research should build on these findings by using longitudinal designs to examine the causal relationships between interprofessional collaboration and outcomes, as well as exploring the perspectives of other healthcare professionals and patients. Research is also needed to evaluate the effectiveness of specific interventions and strategies for promoting interprofessional collaboration in different healthcare settings and populations.

Conclusion

In conclusion, this study highlights the importance of the interplay between social work and nursing practices in integrative care settings in Saudi Arabia. The findings suggest that interprofessional collaboration is associated with positive outcomes for healthcare professionals and patients, and identifies strategies for promoting effective teamwork. By fostering a culture of collaboration and providing the necessary support and resources, healthcare organizations can improve care coordination, enhance professional satisfaction, and ultimately deliver better patient outcomes.

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