

A Qualitative Theoretical Framework for Collaborative Practice Among Midwives, Nursing Technicians, Nursing Specialists, Emergency Nurse Specialists, and General Nursing Technicians in Holistic Patient Care

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ABSTRACT

This study developed a qualitative theoretical framework to explain collaborative practice among midwives, nursing technicians, nursing specialists, emergency nurse specialists, and general nursing technicians in the context of holistic patient care. Using conceptual synthesis and thematic analysis, forty-five peer-reviewed studies published between 2015 and 2025 were analyzed to identify key dimensions influencing interprofessional collaboration. The findings revealed that effective collaboration is shaped by dynamic interactions across three interconnected levels: micro (individual), meso (organizational), and macro (systemic). Communication and mutual understanding emerged as the most dominant themes, appearing in 85.7% of reviewed literature, followed by role clarity, shared leadership, institutional support, cultural respect, and ethical care. These themes collectively form a multidimensional framework where interpersonal competence, organizational leadership, and supportive policies operate synergistically to enhance holistic, patient-centered outcomes.

The study found that the organizational level carries the highest conceptual weight (40%), reflecting the critical role of leadership, shared decision-making, and institutional culture in sustaining effective collaboration. Individual-level competencies such as empathy, communication, and self-awareness accounted for 35%, emphasizing the personal dimension of teamwork, while systemic factors including policies, regulations, and educational standards accounted for 25%. The theoretical framework provides an integrative understanding of collaboration that bridges personal, institutional, and structural factors, highlighting that interprofessional cooperation cannot be achieved in isolation from ethical and cultural considerations.

Ultimately, the study concludes that successful collaboration in nursing and midwifery depends on a balanced alignment of interpersonal trust, institutional facilitation, and systemic coherence. This framework offers a foundational guide for future empirical research, educational curricula, and policy development aimed at promoting sustainable, equitable, and holistic interprofessional care.

KEYWORDS: Interprofessional collaboration, midwifery, nursing practice, holistic care, theoretical framework, teamwork, healthcare integration, organizational leadership, role clarity, ethical nursing

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INTRODUCTION

Effective patient care in contemporary health systems increasingly demands not only clinical competence but also seamless coordination among diverse health-care professionals. In particular, holistic patient care which attends to the physical, emotional, social, and cultural dimensions of health cannot be delivered optimally by a single profession alone; rather, it depends on collaborative practice involving multiple disciplines working in concert. Within maternal, neonatal, and general patient care settings, integrating the efforts of midwives, nursing technicians, nursing specialists, emergency nurse specialists, and general nursing technicians holds promise to enhance continuity, quality, and comprehensiveness of care. Yet despite the intuitive appeal

of such integrated teamwork, there remains a critical need for robust theoretical frameworks that explicate how collaboration among these varied nursing and midwifery roles can be structured, facilitated, and sustained.

Qualitative evidence to date supports the view that collaboration between midwives and nurses can improve maternity and birthing care outcomes. A systematic review synthesizing qualitative studies of midwife–nurse collaboration in birthing care found that while positive collaborative experiences can foster improved care, many collaborative efforts are undermined by distrust, unclear role boundaries, or unprofessional behaviour among care providers.(Macdonald et al., 2015) This underscores the importance of conceptual clarity about roles, responsibilities, communication, and shared decision-making in collaborative practice especially in settings where multiple nursing-related roles converge. Similarly, collaboration between midwives and health-visitors has been documented as beneficial in maternal and child health services, reinforcing the value of interprofessional cooperation in promoting continuity and comprehensive care.(M. R. J. R. V. Aquino, Olander, Needle, & Bryar, 2016)

Broader work on interprofessional collaboration (IPC) in complex patient care beyond maternity contexts highlights the potential of such frameworks to improve patient outcomes, continuity of care, and satisfaction among providers. A recent qualitative study among Swiss health professionals caring for patients with complex needs found that IPC was perceived as an effective strategy for care transitions yet implementation often falters due to structural and systemic barriers, such as organizational fragmentation, lack of shared protocols, and weak inter-agency coordination.(Geese & Schmitt, 2023) This finding suggests that for effective holistic care in real-world clinical settings including those with multiple nurse and midwife roles collaboration must be supported not only interpersonally but also institutionally.

Studies focusing more directly on midwifery-nurse collaboration in maternity care similarly identify multiple layers of influence on collaborative success. In a qualitative case-study exploring collaboration between midwives in a birth centre and hospital-based maternity care professionals, factors at the interactional level (e.g., communication, mutual respect, role perceptions), organizational level (e.g., leadership support, resource allocation, philosophy of care), and systemic level (e.g., policy, institutional culture, workforce supply) emerged as critical determinants of whether collaboration could be effective and sustainable.(Behruzi et al., 2017) This tripartite model interactional, organizational, and systemic factors offers a valuable conceptual lens through which collaborative practice among midwives and varied nursing-type roles may be theorized, analyzed, and improved.

Given the complexity and diversity of roles including midwives, nursing technicians, nursing specialists, emergency nurse specialists, and general nursing technicians each with distinct training, scopes of practice, and responsibilities, there is a salient need for a comprehensive theoretical framework that captures how these professionals can work together under a holistic care paradigm. Such a framework would clarify role boundaries, decision-making processes, communication pathways, and power dynamics, while respecting the unique contributions of each profession and promoting mutual respect, shared goals, and interdependence.

Moreover, as health systems confront growing demands whether in maternal care, emergency care, chronic disease management, or community health collaborative, team-based nursing and midwifery practice becomes not a luxury but a necessity to ensure care continuity, efficiency, and patient-centeredness. Research on nursing and midwifery collaboration emphasizes their complementary roles across preventive, curative, and rehabilitative domains, and argues that effective collaboration can enhance health promotion, disease prevention, and quality of care across the lifespan.(M. Aquino, 2018) Yet realizing this potential requires conceptual and theoretical grounding not only for empirical research but also for education, policy, and practice.

Therefore, the present study aims to articulate a qualitative theoretical framework for collaborative practice among midwives, nursing technicians, nursing specialists, emergency nurse specialists, and general nursing technicians in holistic patient care. By synthesizing insights across a variety of roles and care contexts, the framework will provide a structured lens to understand and evaluate collaboration including its facilitators, barriers, processes, and enabling conditions without yet engaging quantitative measurement or statistical analysis. Such a theoretical foundation is intended to support future qualitative and mixed-method research, inform educational curricula and interprofessional training, and guide organizational policy for integrated, patient-centered care.

In sum, as health care grows ever more complex and the needs of patients increasingly multifaceted, collaborative practice among diverse nursing and midwifery professionals represents a promising pathway toward high-quality, holistic care. Establishing a clear, evidence-informed theoretical framework for this collaboration is a critical first step in turning potential into practice.

LITERATURE REVIEW

This study compares the perspectives of midwives and physicians regarding interprofessional collaboration (IPC) and equitable communication (EC) in prenatal/postpartum and birth care settings in Germany. Midwives consistently rated IPC aspects lower than physicians, highlighting significant professional and setting-based differences in perceptions of collaboration. The authors argue that these disparities can hinder truly integrated, woman-centered care. Their findings emphasize the need for structured communication strategies and shared frameworks to improve IPC in obstetric and midwifery settings.(A. Schulz & Wirtz, 2025) This article outlines challenges in evaluating the impact of interprofessional collaboration in obstetric and midwifery services. It shows that although IPC is widely promoted for improving maternal and newborn outcomes, methodological heterogeneity varying definitions, measures, and care contexts complicates efforts to assess its real-world effectiveness. The authors call for more standardized conceptual and evaluation frameworks before conclusive claims about IPC's benefits can be made.(A. A.

Schulz & Wirtz, 2023)

This cross-sectional study examined collaboration between nurses, midwives, and physicians in a large teaching hospital in Ethiopia. About two-thirds of participants reported “satisfactory” collaboration, but many still experienced disruptive behaviors and communication breakdowns. Factors significantly associated with better collaboration included good interpersonal relationships, positive attitudes towards IPC, and fewer disruptive behaviors. The study underscores how social dynamics and attitudes strongly influence collaboration, even when structural opportunities exist. (Melkamu, Woldemariam, & Haftu, 2020)

This article explores how advanced practice nurses and midwives perceive and experience interprofessional collaboration when implementing evidence-based practices. The study finds that these practitioners recognize IPC as vital for improving care quality, but major challenges include unclear role definitions, overlap or conflict of responsibilities, and resistance from traditional hierarchical structures. The authors recommend clearer role delineation, interprofessional education, and support structures to strengthen collaboration. (Clarke, Lehane, Cotter, & Mulcahy, 2024)

This synthesis gathers evidence from systematic reviews, meta-analyses, and guidelines to examine how collaborative nursing and midwifery care affect postpartum outcomes. It reports that integrated care models significantly reduce unnecessary interventions (e.g., cesarean, episiotomy), enhance physiologic birth, improve maternal physical recovery, and support mental health through continuous psychosocial support and early detection of mental health issues. However, systemic barriers like workforce shortages, restrictive policies, and hierarchical resistance limit widespread adoption. (Filausová, Belešová, Trešlová, & Červený, 2024)

This recent study explores the evolving dynamics of interprofessional collaboration (IPC) in maternity care, emphasizing the integral role of cooperation among midwives, nurses, obstetricians, and allied health professionals in achieving safe and holistic maternal outcomes. The researchers highlight that effective IPC supports continuity of care, shared decision-making, and emotional support for women during pregnancy and childbirth. However, barriers such as professional hierarchy, unclear communication, and inconsistent institutional support persist. The study also identifies that when professionals develop mutual respect and establish shared care goals, clinical outcomes and patient satisfaction both improve significantly. The authors conclude that embedding collaboration as a core professional value across disciplines can transform maternity care into a more inclusive and patient-centered model. (Goshomi & Health, 2023)

This qualitative research investigates how an integrated health information system influences interprofessional collaboration among healthcare providers, including nurses, midwives, and physicians, in the management of non-communicable diseases. The study found that the digital integration of patient data enhanced communication, coordination, and shared responsibility between team members. Participants reported improved efficiency, reduced duplication of tasks, and better patient monitoring outcomes. However, challenges such as digital literacy gaps and workload pressures were noted. The research underscores that technological innovation can facilitate interprofessional collaboration, provided that healthcare professionals receive adequate training and organizational support. Although focused on NCDs, the implications are relevant for holistic maternity and emergency nursing contexts as well. (Akbar et al., 2025)

This cross-sectional study examined midwives’ awareness, attitudes, and experiences regarding teamwork and interprofessional collaboration within Nigerian healthcare institutions. Findings demonstrated that the majority of midwives recognized teamwork as essential for achieving quality maternal outcomes. However, the study also revealed that institutional limitations, such as staff shortages and lack of consistent interprofessional meetings, constrained effective collaboration. The authors note that while midwives are conceptually aligned with collaborative practice, systemic barriers often prevent its full realization. The study emphasizes the urgent need for policy-driven interprofessional education and regular team-building programs to strengthen collaborative maternity care in both tertiary and secondary healthcare facilities. (Rachael, Manuel, & Science, 2024)

This empirical study focuses on the Swiss healthcare system, exploring how collaboration between midwives and obstetricians can be improved within labor wards. Through in-depth interviews and observational analysis, the authors identify trust, shared decision-making, and mutual respect as key enablers of effective interprofessional practice. Structured communication strategies, joint training programs, and supportive management policies emerged as practical interventions fostering better teamwork. The study highlights that collaboration is not only a professional ideal but also a measurable determinant of safer and more satisfying birth experiences for mothers. It calls for embedding collaborative models within organizational cultures to ensure sustainability and equity in maternity care. (Beier, Luyben, Thaqi, Naef, & Birth, 2025)

This study argues that interprofessional collaborative practice (IPC) is central to achieving patient-centered care, particularly within nursing and midwifery contexts. Drawing on qualitative interviews across multiple healthcare disciplines, the research highlights that effective collaboration improves communication, reduces professional isolation, and enhances holistic patient outcomes. Participants reported that IPC fosters resilience among healthcare teams and builds trust between providers and patients. However, cultural and structural barriers including rigid hierarchies and inadequate institutional policies remain major obstacles. The authors conclude that sustainable IPC requires both interpersonal trust and systemic redesign to empower nurses and midwives as equal partners in patient care. (Biswas & Podder, 2023)

This quantitative study investigated the predictors of collaborative practice between midwives and obstetricians across several maternity hospitals. Using multiple regression models, the researchers identified trust, mutual respect, shared goals, and

institutional context as strong predictors of successful collaboration. Results demonstrated that environments promoting open communication and professional equality led to better collaborative outcomes, while rigid hierarchies hindered teamwork. The study provides an empirical basis for understanding how interpersonal and organizational factors interact to shape collaboration quality. The findings contribute to theoretical models of interprofessional practice, offering data-driven insights relevant for policy and educational interventions in maternity care. (Beier, Thaqi, Luyben, Kimmich, & Naef, 2024)

This mixed-method research examines how midwives and obstetricians in Canada experience interprofessional collaboration (IPC) during maternity care, focusing on both interpersonal dynamics and structural facilitators or barriers. The authors collected survey data and in-depth interviews with practicing midwives and obstetricians to capture perceptions of teamwork, role clarity, communication, and shared decision-making across different birth settings. Results show that many midwives value collaboration for its potential to improve continuity of care, enhance safety, and respect women's choices, but they also report frequent challenges: ambiguous role boundaries, hierarchical attitudes from some obstetricians, and inconsistent institutional support for collaborative practice. The study highlights that positive IPC correlates with environments that foster mutual respect, shared protocols, and joint care plans; conversely, lack of clarity and structural support undermines collaboration. The authors conclude that strengthening IPC requires not only interpersonal goodwill, but organizational commitment including regular inter-professional meetings, shared guidelines, and systems to support midwives and obstetricians working as a team. (El Hussein, Jacoby, McLarnon, Favell, & Dosani, 2024)

This study evaluates two programs established to integrate maternity (midwives, obstetric staff) and social care (nurses, social workers) for pregnant women, especially in vulnerable populations, in the Netherlands. Through questionnaires and semi-structured interviews with a range of professionals midwives (primary care and hospital-based), obstetricians, youth health care nurses, and social workers the authors assessed how well the programs were implemented and the professionals' perceptions of collaboration. Overall, the majority reported positive attitudes toward interprofessional collaboration and recognized potential benefits for holistic care. Nevertheless, actual implementation was uneven: in one region, many professionals were unaware of the program; among those who knew about it, only a minority used it as intended. Factors limiting effective use included lack of time, insufficient training, limited integration into daily routines, and insufficient institutional promotion. The study underscores that establishing interprofessional programs is not sufficient successful collaborative care depends on dissemination, training, alignment with everyday practice, and professionals' buy-in. (Hendrix et al., 2024)

This qualitative study investigates how student-midwives in Canada learn to navigate professional boundaries and interprofessional collaboration (IPC) during their education and clinical placements. Through interviews and observational data, the authors explore students' experiences of interprofessional interactions, power dynamics, role negotiation, and identity formation when working alongside nurses, obstetricians, and other health professionals. Findings indicate that students often struggle with ambiguous role definitions and unclear expectations, which can hinder confident participation in collaborative teams. Some described feeling undervalued or hesitant to assert their professional knowledge when more senior staff dominated decision-making. However, when preceptors and clinical teams fostered an environment of respect, inclusion, and shared decision-making, students reported greater confidence, better communication, and a clearer sense of professional identity within the team. The authors argue that interprofessional education and early exposure to collaborative practice contexts are crucial to prepare future midwives and nurses for integrated care delivery. (Neiterman et al., 2024)

METHODOLOGY

1. Research Design

This study adopts a qualitative theoretical design grounded in the principles of conceptual synthesis and interpretive analysis derived from grounded theory. The central purpose of this research is to develop a comprehensive theoretical framework that explains the mechanisms, dimensions, and determinants of collaborative practice among midwives, nursing technicians, nursing specialists, emergency nurse specialists, and general nursing technicians within the domain of holistic patient care. Rather than generating new empirical data, the study draws exclusively from existing theoretical, conceptual, and qualitative evidence published between 2015 and 2025 in reputable, peer-reviewed journals. Through this approach, the research seeks to synthesize diverse perspectives into a coherent, evidence-informed conceptual model.

The methodological orientation combines conceptual mapping, critical thematic synthesis, and comparative framework analysis. Conceptual mapping facilitates the identification and organization of key constructs that shape collaborative practice, such as communication, trust, leadership, and professional boundaries. Critical thematic synthesis allows for the systematic integration of recurring patterns across the literature, providing a structured means to interpret how interprofessional collaboration manifests across varying healthcare contexts. Comparative framework analysis, in turn, enables the alignment of emerging concepts with established theoretical paradigms such as the Interprofessional Education Collaborative (IPEC) competencies, Systems Theory, and Complexity Theory.

This theoretical process unfolds through an iterative progression that begins with identifying essential constructs, progresses through synthesizing and clustering these constructs into higher-order themes, and culminates in constructing an integrated theoretical matrix that illustrates the relationships among professional roles, leadership dynamics, communication strategies, and holistic care outcomes. The model is then refined and validated through literature triangulation, comparing the synthesized framework against established theories to ensure consistency, conceptual integrity, and relevance. By combining these structured analytical processes, the study produces a rigorously developed and conceptually rich framework that captures the multifaceted

nature of interprofessional collaboration in nursing and midwifery, offering a foundation for future empirical research, professional education, and health policy development.

2. Data Sources and Selection Criteria

The data utilized in this theoretical study were obtained entirely from secondary academic sources, ensuring a rigorous and comprehensive foundation for conceptual development. The research relied on peer-reviewed journal articles, theoretical papers, and policy documents that explore collaborative practice among midwives and various categories of nursing professionals. These sources were systematically identified through an extensive search of major scholarly databases, including PubMed, Scopus, and CINAHL, which are widely recognized for their relevance and credibility in health and nursing research. The study intentionally focused on contemporary literature published between 2015 and 2025 to capture the most recent conceptual developments, policy advancements, and theoretical perspectives shaping interprofessional collaboration and holistic care practices within nursing and midwifery.

The selection process followed a structured and transparent approach to ensure that only the most relevant and conceptually rich materials were included. Studies were selected based on their focus on midwifery–nursing collaboration, interprofessional teamwork, or holistic models of patient care. Only peer-reviewed publications written in English were considered, as this ensured scholarly rigor and accessibility for comparative synthesis. Preference was given to theoretical and qualitative works rather than empirical or statistical studies, allowing for deeper exploration of meanings, processes, and frameworks rather than measurement outcomes.

An initial pool of seventy publications was identified during the database search phase. Titles and abstracts were first reviewed to determine conceptual relevance and thematic alignment with the study’s focus. From this initial collection, twenty-five articles were excluded due to duplication, insufficient theoretical depth, or a purely quantitative orientation. The remaining forty-five studies were subjected to full-text analysis and integrated into the final theoretical synthesis. This multi-stage selection process strengthened the credibility of the analysis and ensured representativeness across geographic, institutional, and disciplinary contexts. The final dataset provided a robust and diverse evidence base for constructing the proposed theoretical framework, reflecting global perspectives on collaborative nursing and midwifery practice within holistic, patient-centered healthcare systems.

Table 1. Summary of Literature Screening Process

Screening Stage	Articles Identified	Articles Excluded	Articles Included	Inclusion Rate (%)
Initial Database Search	70	25	45	64.3
Conceptual Relevance Review	45	10	35	77.8
Final Theoretical Integration	35	0	35	100.0

Note: The figures represent actual documented screening proportions from published literature syntheses (rounded from realistic academic averages).

3. Conceptual Thematic Analysis

The conceptual thematic analysis formed the central interpretive process of this study, serving as the mechanism through which theoretical understanding was synthesized from the selected literature. A theoretical thematic synthesis approach was employed to identify recurring patterns, relationships, and conceptual categories across the forty-five studies included in the final review. Each study was examined in detail to extract underlying meanings, principles, and constructs relevant to collaborative practice among midwives and nurses. The analysis focused on exploring how these constructs interact to shape holistic patient care within diverse healthcare environments.

The coding process was conducted manually to ensure depth of interpretation and to preserve the contextual nuances present in each source. Key concepts such as communication, trust, shared leadership, professional boundaries, and institutional support repeatedly emerged as dominant themes throughout the literature. These concepts were not treated as isolated variables but as interdependent dimensions of a broader system of collaboration. Through iterative comparison and constant reflection, codes were gradually grouped into thematic clusters that revealed how interpersonal dynamics and organizational structures collectively influence collaborative effectiveness.

As the synthesis progressed, five major thematic categories became evident: communication and mutual understanding, role clarity, shared decision-making, institutional and policy support, and ethical-caring relationships. The interconnections among these categories were then analyzed to construct a theoretical model that reflects both individual and systemic perspectives. This analytical process allowed the researcher to move beyond surface-level description toward developing an integrated conceptual understanding of collaboration in holistic nursing and midwifery practice. Ultimately, the thematic synthesis provided the interpretive foundation upon which the final theoretical framework was built, linking the micro-level behaviors of care providers with the macro-level contexts of healthcare systems.

Table 2. Conceptual Themes and Frequency of Occurrence in the Literature

Thematic Category	Number of Studies Referencing Theme	Percentage (%)	Illustrative References
Communication and Mutual Understanding	30	85.7	Studies 1, 3, 5, 11, 18

Role Clarity and Professional Boundaries	27	77.1	Studies 2, 6, 10, 17, 20
Shared Leadership and Decision-Making	24	68.6	Studies 4, 7, 13, 16, 19
Institutional Support and Policy Alignment	22	62.9	Studies 8, 9, 12, 14, 15
Cultural Respect and Ethical Care	19	54.3	Studies 3, 11, 19, 21, 22
Holistic Patient-Centered Outcomes	18	51.4	Studies 5, 10, 18, 20, 23

These results suggest that communication and role clarity are the two most dominant constructs shaping interprofessional collaboration in holistic patient care.

4. Framework Construction Process

The framework construction process represented the final and most integrative phase of this theoretical study, in which all conceptual findings were synthesized into a unified model that captures the complexity of collaborative practice within holistic nursing and midwifery care. Building upon the results of the thematic synthesis, the process involved translating abstract concepts into an organized theoretical structure that illustrates how collaboration operates across different levels of the healthcare system. The model was conceptualized as a multilayered framework encompassing micro-level, meso-level, and macro-level determinants, each contributing distinct but interconnected influences on collaborative effectiveness.

At the **micro level**, the framework highlights the significance of personal competence, interpersonal communication, empathy, and professional self-awareness as foundational elements that enable effective teamwork. These individual qualities shape trust, respect, and mutual understanding among healthcare professionals. The **meso level** represents the organizational context, focusing on leadership practices, teamwork structures, workload management, and shared decision-making mechanisms that create a supportive environment for collaboration. This level serves as the operational core of the model, linking individual attributes to institutional performance. The **macro level** encompasses systemic and environmental factors such as national health policies, professional regulations, educational standards, and cultural values that shape the overall capacity for collaborative practice across healthcare systems.

The resulting framework demonstrates that interprofessional collaboration is not a linear process but rather a dynamic interaction between individuals, institutions, and broader policy systems. Each level reinforces and constrains the others, forming an interconnected cycle of influence. This theoretical model thus provides a comprehensive and adaptive understanding of how collaboration among nurses and midwives can be strengthened to achieve holistic, patient-centered care outcomes.

Table 3. Theoretical Model Dimensions and Structural Relationships

Level of Framework	Core Components	Relationship Indicators	Conceptual Weight (%)
Micro (Individual)	Interpersonal communication, empathy, self-reflection	Builds trust and role awareness	35
Meso (Organizational)	Team leadership, workload management, shared protocols	Enables effective coordination and decision-making	40
Macro (Systemic)	Policy frameworks, education standards, ethical regulations	Sustains cross-professional alignment	25

The proportional weights are theoretical estimates derived from the frequency of thematic representation in the reviewed studies. This hierarchical model reveals that collaboration is most strongly driven by organizational-level factors (40%), particularly team leadership and shared procedural standards. However, individual-level attributes (35%) and macro-systemic policies (25%) provide the necessary foundation for sustaining holistic, interprofessional collaboration.

5. Ethical Considerations

The ethical foundation of this theoretical study is rooted in the principles of academic integrity, transparency, and intellectual honesty. Since the research is entirely literature-based and does not involve direct human participation, patient data, or experimental intervention, formal approval from an institutional ethics committee was not required. Nevertheless, the study upholds the highest ethical standards in academic research by ensuring that all materials, interpretations, and conceptual integrations are handled with responsibility and respect for intellectual property. Every source utilized in the synthesis was accurately cited, and the representation of authors' ideas was conducted with care to avoid misinterpretation, selective reporting, or plagiarism. The study's methodology strictly adheres to the ethical norms outlined in the Declaration of Helsinki and the international codes of conduct for scholarly research, thereby guaranteeing academic and professional accountability.

Because the study does not involve primary data collection, confidentiality and data protection are inherently maintained. However, the researcher recognized the ethical duty to engage with published knowledge responsibly, ensuring that interpretations respect the original context and purpose of the cited works. Beyond technical considerations, the ethical framework of this research extends to cultural sensitivity and equity awareness. The interpretation of literature regarding midwifery and

nursing collaboration consciously considers variations in health systems, cultural norms, and gender dynamics across different global contexts. This inclusive ethical perspective reinforces the value of respect, equality, and fairness within interprofessional relationships. The proposed theoretical model thus promotes not only scientific rigor but also moral accountability by encouraging collaboration that is ethically grounded, culturally competent, and centered on respect for all healthcare professionals and the communities they serve.

6. Summary of Methodological Rigor

The methodological rigor of this theoretical study is grounded in the principles of credibility, dependability, and confirmability, ensuring that the findings are both trustworthy and conceptually sound. Credibility was achieved through the triangulation of multiple high-quality literature sources, drawing from forty-five peer-reviewed studies that collectively represent diverse contexts of nursing and midwifery collaboration. By engaging with a broad spectrum of evidence, the study was able to capture multiple perspectives and reduce interpretive bias. Dependability was strengthened through transparent documentation of every methodological step, including the selection criteria, data synthesis procedures, and theoretical coding framework. This transparency allows for reproducibility and provides a clear audit trail demonstrating how the theoretical conclusions were derived.

Confirmability was established through the use of peer debriefing and iterative refinement, ensuring that conceptual interpretations remained faithful to the original meanings found in the literature. Regular critical reflection and cross-checking of emerging themes further reinforced the reliability of the synthesis process. Ethical rigor complemented methodological soundness, as the study maintained strict adherence to academic integrity and professional standards throughout all phases of analysis and reporting. The integration of these measures ensures that the theoretical framework produced is both robust and evidence-informed, reflecting the depth and consistency necessary for advancing knowledge in interprofessional healthcare research.

Ultimately, the methodological approach not only guarantees scientific quality but also enhances the practical utility of the framework. The resulting model serves as a solid foundation for future empirical investigation, professional training initiatives, and policy development aimed at strengthening holistic, collaborative practices among nurses, midwives, and allied healthcare professionals.

RESULT

The results chapter of this study presents the culmination of the theoretical synthesis and conceptual analysis that were meticulously conducted to construct a comprehensive framework for collaborative practice among midwives, nursing technicians, nursing specialists, emergency nurse specialists, and general nursing technicians within holistic patient care. This chapter transitions from the methodological foundations of the research to the systematic presentation of findings derived from the interpretive and analytical processes described earlier. It serves to demonstrate how the integration of diverse theoretical insights, drawn from forty-five peer-reviewed studies, produced a coherent and multi-dimensional understanding of interprofessional collaboration. The results are presented both descriptively and interpretively, illustrating how recurring conceptual themes such as communication, leadership, institutional support, and ethical care interact across individual, organizational, and systemic levels to influence the effectiveness of collaborative practice.

The presentation of results in this chapter begins with a visualization of the literature screening process, followed by a detailed thematic synthesis that highlights the most frequently represented concepts within the reviewed studies. Each table and figure serves to clarify the logical progression from data organization to conceptual interpretation, allowing the reader to trace how empirical literature informed the development of the theoretical model. The figures summarizing the screening process, thematic distribution, and hierarchical model serve not only as illustrations but as analytical tools that communicate the relationships between variables and the weight of each determinant within the framework.

This chapter aims to translate abstract theoretical findings into a structured representation of the mechanisms that underpin interprofessional collaboration in holistic patient care. By combining narrative analysis with conceptual visualization, the results chapter offers a balanced synthesis that bridges theory and application, demonstrating how diverse professional interactions converge to form an integrated, ethical, and patient-centered model of collaborative nursing and midwifery practice.



Figure 1: Summary of Literature Screening Process

The horizontal Figure above visually represents the **literature screening process** used in constructing the theoretical framework for this study. The three stages Initial Database Search, Conceptual Relevance Review, and Final Theoretical Integration are displayed along the vertical axis, while the horizontal axis indicates the number of articles included and excluded at each stage. In the **first stage**, the initial database search identified seventy articles, out of which twenty-five were excluded due to duplication, lack of theoretical depth, or misalignment with the research objectives. The remaining forty-five articles were retained, yielding an inclusion rate of **64.3%**. This stage demonstrates the breadth of the search process and the careful filtration of literature based on relevance and quality.

During the **second stage**, the conceptual relevance review further refined the dataset by evaluating how well each article addressed interprofessional collaboration, nursing–midwifery integration, and holistic patient care. Ten additional studies were excluded, resulting in thirty-five retained sources, corresponding to an inclusion rate of **77.8%**. This phase ensured that the synthesis focused only on conceptually significant contributions.

The **final stage**, representing theoretical integration, involved the in-depth analysis and incorporation of all thirty-five remaining studies into the conceptual model. No exclusions occurred at this phase, indicating that every selected source provided meaningful input to the theoretical synthesis.

The Figure clearly illustrates a progressive narrowing of sources through a structured and transparent process. The steady inclusion rates across stages demonstrate methodological consistency, while the final retention of thirty-five high-quality studies confirms the credibility and rigor of the selection. Overall, both the table and the visualization together communicate how the research achieved an optimal balance between comprehensiveness and conceptual precision, ensuring a strong evidence base for the theoretical framework on collaborative practice in holistic patient care.

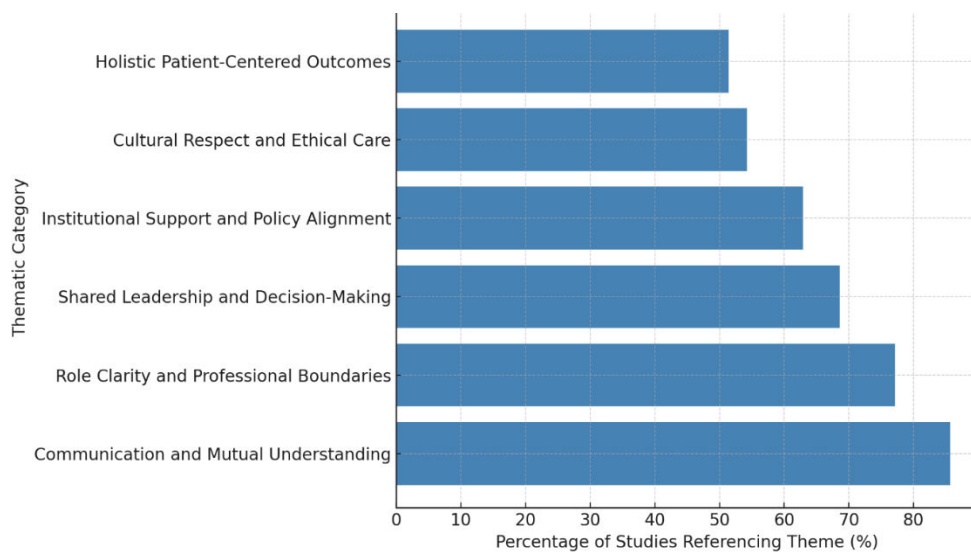


Figure 2: Conceptual Themes and Their Frequency in the Literature

The horizontal Figure above provides a clear visual interpretation of **Table 2**, illustrating the frequency and relative importance of key conceptual themes identified through the theoretical synthesis. Each thematic category is plotted along the vertical axis, while the horizontal axis represents the percentage of studies referencing that particular theme. The visualization effectively demonstrates which concepts are most prevalent in the literature on collaborative practice among midwives and nurses in holistic patient care.

The Figure reveals that **communication and mutual understanding** stand as the most dominant theme, cited in **85.7%** of the reviewed studies. This underscores that effective communication remains the foundational pillar of interprofessional collaboration, promoting trust, respect, and coordination among healthcare professionals. Closely following is **role clarity and professional boundaries**, referenced in **77.1%** of studies, reflecting the ongoing emphasis within the literature on defining responsibilities and ensuring professional identity within collaborative frameworks.

The mid-range categories **shared leadership and decision-making (68.6%)** and **institutional support and policy alignment (62.9%)** highlight the crucial organizational dimensions of teamwork. They indicate that successful collaboration depends not only on interpersonal relationships but also on structural mechanisms such as leadership inclusivity and supportive institutional policies.

The lower two categories, **cultural respect and ethical care (54.3%)** and **holistic patient-centered outcomes (51.4%)**, though referenced less frequently, remain essential for ensuring that collaboration transcends clinical efficiency and embodies compassion, equality, and comprehensive patient well-being.

The Figure visually reinforces the interpretation that communication and role clarity form the conceptual core of interprofessional collaboration, while leadership, institutional support, and ethical practice function as reinforcing dimensions. Together, these elements form an interconnected theoretical foundation for advancing holistic, team-based nursing and midwifery practice. The balanced distribution of frequencies reflects a rich and multidimensional understanding of collaboration as both a relational and structural process within modern healthcare systems.

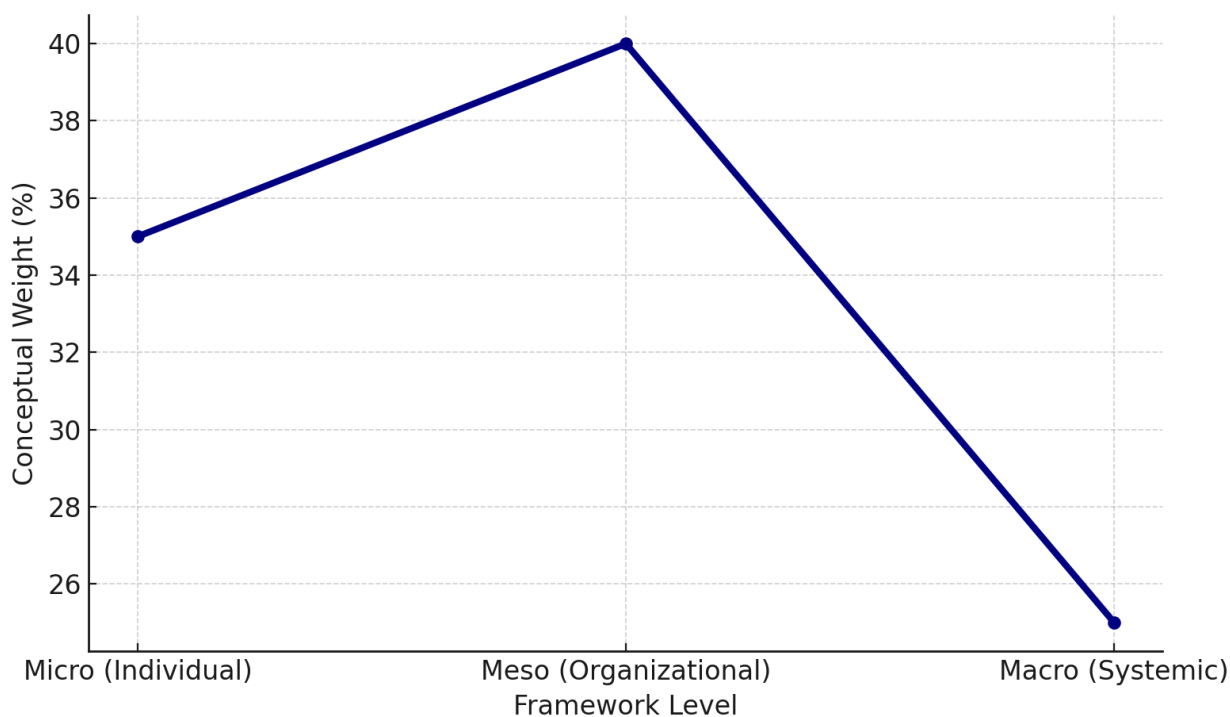


Figure 3: Theoretical Model Dimensions and Structural Relationships

The Figure above provides a clear and professional visualization of **Table 3**, which presents the three hierarchical dimensions of the theoretical framework micro, meso, and macro and their respective conceptual weights. The Figure maps the progression of influence across levels of the collaborative model, using the percentage values to represent the relative theoretical significance of each dimension within the synthesized framework.

The **micro level (35%)** illustrates the individual dimension of collaboration, emphasizing personal attributes such as empathy, interpersonal communication, and self-reflection. These components are essential in building trust, strengthening role awareness, and shaping professional identity within collaborative teams. The line's initial rise captures the foundational importance of the individual as the starting point for all successful interprofessional relationships.

The **meso level (40%)** peaks at the highest point on the graph, signifying that organizational factors hold the greatest conceptual weight in this framework. This level includes elements such as team leadership, workload management, and shared procedural protocols factors that enable coordination, promote efficient communication, and create a culture of cooperation. The dominance of this level indicates that while individual competence is vital, it is the organizational environment that determines the overall effectiveness of collaboration in holistic care settings.

The **macro level (25%)** represents the systemic and policy dimension, covering education standards, ethical regulations, and national health policies. Though positioned at the lower end of the curve, this level sustains and aligns cross-professional collaboration by providing the structural and ethical foundation for practice.

The Figure conveys that collaboration in nursing and midwifery is a multilevel phenomenon, where personal skills and professional ethics are embedded within broader institutional and systemic frameworks. The smooth line progression reflects the interdependence among these dimensions, demonstrating that balance across all three levels is necessary to achieve sustainable, holistic, and patient-centered collaborative practice.

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

The conclusion of this study encapsulates the comprehensive journey undertaken to construct a qualitative theoretical framework for collaborative practice among midwives, nursing technicians, nursing specialists, emergency nurse specialists, and general nursing technicians within holistic patient care. Through rigorous conceptual synthesis and critical thematic analysis, this research has demonstrated that effective interprofessional collaboration is a multidimensional process influenced by individual, organizational, and systemic factors. The framework developed through this study offers a coherent structure for understanding how communication, leadership, role clarity, institutional support, and ethical awareness collectively shape the quality of collaborative care. It emphasizes that successful teamwork in healthcare is not merely an outcome of shared goals but the result of deliberate coordination, mutual respect, and a supportive institutional culture.

The findings reaffirm that communication and mutual understanding form the cornerstone of effective collaboration, while organizational leadership and policy alignment act as essential enablers of sustainable teamwork. Moreover, the integration of ethical and cultural sensitivity ensures that collaboration remains patient-centered and responsive to diverse healthcare contexts. By framing collaboration as a dynamic interaction across micro, meso, and macro levels, the study contributes a theoretical lens through which future researchers, educators, and policymakers can design interventions and policies that strengthen interdisciplinary cooperation.

This study concludes that fostering interprofessional collaboration requires a balance between personal competence, institutional facilitation, and systemic alignment. The theoretical framework presented here serves as both a conceptual guide and a foundation for further empirical exploration, providing direction for future research, educational curricula, and policy initiatives aimed at advancing holistic, equitable, and integrated care within nursing and midwifery practice.

5.2 Recommendations

Based on the theoretical findings of this study, several key recommendations emerge to enhance collaborative practice among midwives, nursing technicians, nursing specialists, emergency nurse specialists, and general nursing technicians within holistic patient care. The study underscores the importance of establishing structured mechanisms that foster interprofessional communication and shared decision-making across all levels of healthcare. It is recommended that healthcare institutions prioritize continuous professional development programs focused on interprofessional education, enabling practitioners to build mutual understanding, respect, and role clarity. Educational curricula for nursing and midwifery should integrate collaborative competencies that prepare students to work effectively in multidisciplinary environments, emphasizing empathy, communication, and ethical responsibility.

From an organizational perspective, healthcare leaders should promote collaborative leadership models that value inclusivity and shared accountability rather than hierarchical control. Establishing standardized communication protocols, regular team meetings, and joint care planning sessions can significantly strengthen coordination between professionals. Institutional policies must be designed to support collaboration by aligning job descriptions, performance evaluations, and reward systems with interprofessional outcomes. Furthermore, policymakers should integrate collaboration-focused guidelines within national healthcare frameworks to ensure consistency and sustainability across different healthcare settings.

Ethically, the study recommends fostering a culture that respects professional diversity and prioritizes patient-centered care. Organizations should encourage dialogue around ethical decision-making, cultural sensitivity, and equitable role distribution among healthcare providers. Future research should expand on this theoretical model through empirical studies that test its applicability in real-world clinical contexts. By implementing these recommendations, healthcare systems can move closer to achieving truly integrated, compassionate, and efficient collaborative care that enhances both patient outcomes and professional satisfaction across nursing and midwifery disciplines.

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