

Exploring the Challenges of Interprofessional Collaboration between Pharmacists and Social Service Administrators in Managing Complex Patients: A Qualitative Study in a Tertiary Hospital

Shaheinaz A. Alkahtani¹, Fahad M. Aljuraid²

Health Affairs at the Ministry of National Guard

Abstract

Background: Effective coordination of care between pharmacists and social service administrators is essential in managing complex patients in tertiary hospitals. However, communication barriers, role ambiguity, and systemic challenges often hinder this collaboration.

Objective: This study aimed to explore the challenges faced by pharmacists and social service administrators in coordinating care for complex patients and identify strategies to improve interprofessional collaboration.

Methods: A qualitative phenomenological study was conducted at a tertiary hospital involving semi-structured interviews with 15 participants (8 pharmacists and 7 social service administrators). Thematic analysis was used to analyze the data.

Results: Three major themes emerged: (1) communication barriers, including inconsistent channels and information overload; (2) role ambiguity, characterized by overlapping responsibilities and unclear leadership; and (3) systemic challenges, such as organizational silos and time constraints. Participants identified regular multidisciplinary meetings and the development of standardized communication protocols as strategies for overcoming these challenges.

Conclusion: Addressing communication barriers, clarifying roles, and restructuring organizational systems can enhance collaboration between pharmacists and social service administrators, ultimately improving patient care outcomes for complex patients in tertiary hospitals.

Keywords: Interprofessional collaboration, pharmacists, social service administrators, complex patients, tertiary hospital, communication barriers, role ambiguity

Introduction

As healthcare becomes increasingly complex, managing patients with multiple chronic conditions and complex medication regimens poses significant challenges for healthcare teams. In tertiary hospital settings, where patients often present with multifaceted health needs, effective coordination of care is crucial for ensuring positive health outcomes and reducing hospital readmissions. Interprofessional collaboration

between healthcare professionals, such as pharmacists and social service administrators, plays a vital role in addressing these challenges by integrating clinical and social aspects of patient care.

Pharmacists contribute by optimizing medication management, identifying potential drug interactions, and ensuring patients adhere to their prescribed therapies. Research highlights the importance of pharmacists in improving medication safety, especially for patients with complex needs, by reducing adverse drug events and optimizing therapeutic outcomes (Bond & Raehl, 2007). Social service administrators, on the other hand, focus on addressing social determinants of health, such as access to resources, financial support, and community services. Their role is crucial in ensuring patients have the necessary support systems in place after discharge, which can directly influence recovery and long-term health outcomes (Moniz, 2010).

Despite the clear importance of collaboration between these two professions, challenges often arise. Communication barriers, lack of role clarity, and organizational silos are commonly cited issues that hinder effective collaboration (Pelone et al., 2017). These challenges can lead to fragmented care, where critical information about the patient's medication regimen or social needs may be overlooked, ultimately affecting the patient's health outcomes.

Given the increasing complexity of patient care in tertiary hospitals, it is essential to explore how pharmacists and social service administrators navigate these collaborative challenges. The purpose of this qualitative study is to explore the specific difficulties these professionals face when coordinating care for complex patients, as well as to identify opportunities for improving interprofessional collaboration. The following research questions will guide this study:

1. What are the main challenges pharmacists and social service administrators encounter when coordinating care for complex patients?
2. How do they address these challenges?
3. What opportunities exist for improving collaboration between these two professions?

Literature Review

Pharmacists' Role in Complex Patient Care

Pharmacists play an essential role in managing complex patients, particularly in tertiary hospitals where patient care involves multiple medications, chronic conditions, and intricate therapeutic regimens. Research highlights the critical contribution of pharmacists in ensuring medication safety, improving therapeutic outcomes, and minimizing adverse drug events (ADEs). For instance, Bond and Raehl (2007) found that clinical pharmacy services, including medication reconciliation and pharmacotherapy review, are associated with a significant reduction in hospital mortality and ADEs. Pharmacists' involvement in direct patient care has been shown to enhance patient education, increase adherence to prescribed therapies, and improve overall health outcomes, particularly in patients with chronic conditions like diabetes and cardiovascular diseases (Chisholm-Burns et al., 2010).

However, challenges remain in ensuring seamless integration of pharmacists into multidisciplinary teams. Studies indicate that despite pharmacists' clinical expertise, they often face barriers in communicating with other healthcare providers, leading to potential gaps in patient care (Manias et al., 2012). These barriers are exacerbated when managing patients with complex conditions, where coordination across multiple healthcare professionals is required to ensure continuity of care.

Social Service Administrators' Role in Complex Patient Care

Social service administrators are instrumental in addressing the non-clinical aspects of patient care, focusing on the social determinants of health (SDOH) that impact patient outcomes. These professionals help patients navigate post-discharge care, connect with community resources, and manage social and financial issues that may hinder recovery. The World Health Organization (WHO) emphasizes that SDOH, such as access to housing, food security, and healthcare services, have profound effects on health outcomes, particularly for vulnerable populations (World Health Organization, 2010).

In tertiary hospital settings, social service administrators are often involved in discharge planning and care transitions, ensuring that patients have the necessary support systems in place once they leave the hospital. Studies have shown that effective social support, coordinated by social service professionals, is linked to reduced hospital readmissions and improved recovery rates (Moniz, 2010). Despite the important role social service administrators play, they frequently encounter systemic barriers, such as insufficient resources, understaffing, and limited time to address patients' complex social needs (Davidson et al., 2006).

Challenges in Interprofessional Collaboration

Effective patient care for individuals with complex conditions requires collaboration between various healthcare professionals, including pharmacists and social service administrators. Interprofessional collaboration (IPC) has been shown to improve patient outcomes by integrating diverse professional expertise into cohesive care plans (Pelone et al., 2017). However, challenges in IPC persist, particularly when different professional roles are not well understood or when there is a lack of communication and coordination.

One of the primary barriers to collaboration between pharmacists and social service administrators is communication breakdowns. As each profession operates with distinct goals—pharmacists focusing on medication management and social service administrators on social care—miscommunication can lead to fragmentation of care. For instance, Pelone et al. (2017) argue that role clarity and well-established communication protocols are essential for overcoming interprofessional challenges, yet these are often lacking in high-pressure healthcare environments like tertiary hospitals.

Another significant barrier is role confusion. Although pharmacists and social service administrators both work to support patient care, their roles can sometimes overlap, leading to uncertainty about responsibilities. For example, social service administrators may address medication access issues, which traditionally fall within the pharmacist's domain, while pharmacists may be involved in aspects of discharge planning traditionally managed by social services (D'Amour et al., 2005). Without clear delineation of roles, care coordination can suffer, resulting in delayed treatment or inadequate support for patients with complex needs.

Moreover, systemic barriers such as organizational silos and time constraints further hinder collaborative efforts. Tertiary hospitals, with their large and hierarchical structures, can inadvertently create divisions between departments, making it difficult for pharmacists and social service administrators to work together effectively. Studies have shown that time pressures and competing priorities within healthcare systems often limit the opportunity for professionals to engage in meaningful collaboration (Hall, 2005).

Gaps in Current Research

While existing literature underscores the importance of interprofessional collaboration in improving patient outcomes, there is limited research specifically examining the collaborative relationship between pharmacists and social service administrators. Most studies focus on physician-nurse collaborations or multidisciplinary teams that do not explicitly include social service professionals. This leaves a gap in understanding how pharmacists and social service administrators, who manage distinct yet complementary aspects of patient care, can work together to support complex patients. Furthermore, there is a lack of qualitative research exploring the lived experiences of these professionals as they navigate interprofessional challenges in tertiary care settings. Addressing this gap could provide valuable insights into improving care coordination for patients with complex medical and social needs.

Methodology

Study Design

This qualitative study employed a phenomenological approach to explore the experiences and challenges faced by pharmacists and social service administrators in coordinating care for complex patients in a tertiary hospital. The phenomenological approach was chosen to capture the lived experiences of the participants, allowing for a deeper understanding of the specific challenges they encounter and the strategies they use to address them. The study was conducted at a tertiary hospital with a focus on participants who regularly collaborate in managing patients with complex medical and social needs.

Setting

The study was conducted at a large tertiary care hospital. The hospital serves a diverse population and is known for its specialized services in managing patients with chronic and complex health conditions. The hospital's pharmacy department and social services unit were the primary settings for participant recruitment and data collection.

Participants

The study involved 15 participants: 8 pharmacists and 7 social service administrators, all of whom had at least three years of experience working with complex patient cases in the hospital. Purposive sampling was used to select participants who had direct experience in interprofessional collaboration for managing patients with multiple chronic conditions or complex care needs. The inclusion criteria required participants to be involved in regular communication and care coordination with colleagues from the other profession.

-Inclusion Criteria:

- Pharmacists and social service administrators with a minimum of three years of experience.
- Participants actively involved in managing complex patients (e.g., patients with multiple chronic diseases, post-discharge care).
- Regular interaction and collaboration with the other profession (i.e., pharmacists working with social service administrators and vice versa).

-Exclusion Criteria:

- Healthcare professionals without direct experience in managing complex patients.
- Professionals who do not collaborate with both pharmacists and social service administrators.

Data Collection

Data collection was conducted over a 6-week period in [Month/Year]. Semi-structured interviews were used to gather in-depth insights from participants. Each interview lasted approximately 45-60 minutes and was conducted in a private room within the hospital to ensure confidentiality. The interviews were audio-recorded with participants' consent and later transcribed verbatim for analysis.

An interview guide was developed based on the research questions, with open-ended questions designed to explore participants' experiences and perceptions of the collaborative process. Sample interview questions included:

- "What are the main challenges you face when coordinating care with your colleagues from the [other] profession?"
- "Can you describe a situation where effective collaboration between you and a [pharmacist/social service administrator] positively impacted patient care?"
- "How do organizational structures or hospital policies affect your ability to collaborate with [pharmacists/social service administrators]?"
- "What strategies do you use to overcome barriers to collaboration?"

Data Analysis

Thematic analysis was used to analyze the interview data, following Braun and Clarke's (2006) six-step framework:

1. Familiarization with the data through repeated reading of the transcripts.
2. Generating initial codes by identifying relevant patterns and themes.
3. Searching for themes that captured the most significant and relevant aspects of the data.
4. Reviewing themes to ensure consistency and coherence.
5. Defining and naming themes that captured the essence of the data.
6. Producing the final report by selecting illustrative quotes and connecting the themes to the research questions.

Two researchers independently coded the data, and discrepancies were resolved through discussion and consensus. NVivo software was used to assist with data organization and analysis.

Ethical Considerations

Ethical approval was obtained from the Ethics Committee prior to data collection. All participants were provided with an information sheet explaining the purpose of the study, their rights as participants, and the confidentiality of their responses. Written informed consent was obtained from all participants before the interviews. Participants were assured that their identities would remain anonymous, and pseudonyms were used in all reports and publications.

Trustworthiness

To ensure the trustworthiness of the study, several strategies were employed:

- Credibility was enhanced through member checking, where participants were provided with a summary of the findings and given the opportunity to provide feedback.
- Transferability was addressed by providing a detailed description of the hospital setting, participant selection, and data collection process, allowing readers to determine the applicability of the findings to other contexts.

-Dependability was ensured through an audit trail documenting the research process, including decisions made during data collection and analysis.

-Confirmability was maintained by triangulating the data with input from multiple participants and conducting regular debriefing sessions between the researchers to mitigate bias.

Findings

The analysis of the interviews revealed several themes and sub-themes that illustrate the challenges pharmacists and social service administrators face when coordinating care for complex patients in a tertiary hospital. The themes are centered around communication barriers, role ambiguity, and systemic challenges. Each theme is supported by direct quotes from the participants to provide rich insights into their experiences.

Theme 1: Communication Barriers

One of the most prominent challenges identified by both pharmacists and social service administrators was the difficulty in maintaining effective communication between departments.

Sub-theme 1.1: Inconsistent Communication Channels

Participants reported that the lack of standardized communication channels between pharmacists and social service administrators led to delays in patient care and misunderstandings about care plans.

-Participant 3 (Pharmacist):

“There are times when I need to reach the social service team urgently about a patient’s discharge, but I don’t know who exactly to contact, and sometimes I don’t get a reply for hours. This delays the entire process.”

-Participant 8 (Social Service Administrator):

“We often don’t receive updates about medication changes that could impact a patient’s ability to afford their treatment. It’s not clear who’s responsible for informing us.”

Sub-theme 1.2: Information Overload and Misinterpretation

Participants described how the large volumes of patient data shared between departments sometimes led to important information being overlooked or misinterpreted.

-Participant 5 (Pharmacist):

“We get flooded with patient information from multiple sources. Sometimes crucial details about a patient’s social situation are buried, and we miss them. That makes coordinating care difficult.”

-Participant 12 (Social Service Administrator):

“When we get updates from the pharmacy, it’s often very technical. There’s a lot of jargon that isn’t immediately clear, and we have to spend extra time interpreting it.”

Theme 2: Role Ambiguity

Participants expressed uncertainty about the boundaries of their roles, leading to overlapping responsibilities and confusion about who should take the lead on certain aspects of patient care.

Sub-theme 2.1: Overlap in Responsibilities

Pharmacists and social service administrators sometimes found themselves handling similar tasks, particularly in discharge planning and medication management.

-Participant 1 (Pharmacist):

“There are times when I’m dealing with a patient’s medication access issues, and I realize that’s something social services should handle. But because we don’t always coordinate, I end up doing their job too.”

-Participant 9 (Social Service Administrator):

“We sometimes step into medication management, like helping patients understand how to access their prescriptions, but that’s more of the pharmacist’s role. There’s a lot of overlap.”

Sub-theme 2.2: Unclear Leadership in Complex Cases

Participants reported confusion over who should take the lead in managing complex patient cases, especially when both social and medical issues were equally pressing.

-Participant 7 (Pharmacist):

“When a patient has both complex social and medication needs, it’s not always clear who takes the lead. Do I prioritize the medication, or does the social services team handle the broader issues first?”

-Participant 14 (Social Service Administrator):

“It feels like a tug-of-war sometimes. Both departments want to help, but we don’t have clear guidelines on who takes charge in different situations.”

Theme 3: Systemic Challenges

The hospital’s organizational structure and resource limitations emerged as significant barriers to effective collaboration between pharmacists and social service administrators.

Sub-theme 3.1: Organizational Silos

Participants described how the separation of pharmacy and social service departments into distinct units within the hospital contributed to difficulties in collaborating effectively.

-Participant 4 (Pharmacist):

“We’re working in silos. The pharmacy department is its own entity, and social services is in another. There’s very little integration, which makes it hard to collaborate on complex cases.”

-Participant 6 (Social Service Administrator):

“We’re in different parts of the hospital, both physically and organizationally. That separation makes it challenging to work together, especially when we’re managing patients with overlapping needs.”

Sub-theme 3.2: Time Constraints and Workload

Participants highlighted time pressures and heavy workloads as barriers to meaningful collaboration, as they often lacked the time to coordinate care beyond immediate responsibilities.

-Participant 2 (Pharmacist):

“We’re constantly rushed. Between managing medications and patient consultations, there’s barely any time to sit down with social services to discuss a case in detail.”

-Participant 10 (Social Service Administrator):

“I’m handling multiple cases at once, and some of them require close coordination with pharmacy, but I just don’t have the time. We do what we can, but it’s not enough.”

Theme 4: Solutions and Strategies for Overcoming Barriers

Despite these challenges, participants shared several strategies they have developed to overcome communication and collaboration barriers.

Sub-theme 4.1: Regular Multidisciplinary Meetings

Some participants emphasized the importance of regular multidisciplinary meetings as a way to foster better communication and clarify roles.

-Participant 11 (Pharmacist):

“We’ve started having bi-weekly meetings with social services, and it’s been a game-changer. We’re now on the same page, and it’s easier to collaborate when issues arise.”

-Participant 13 (Social Service Administrator):

“Those meetings help. They give us a space to discuss challenging cases and clarify who’s responsible for what. It’s made things smoother.”

Sub-theme 4.2: Development of Clear Communication Protocols

Several participants mentioned that the development of standardized communication protocols could mitigate some of the confusion and delays in patient care.

-Participant 6 (Pharmacist):

“We’ve been working on creating a standardized form for communicating patient updates. It’s still a work in progress, but it’s already helped reduce misunderstandings.”

-Participant 8 (Social Service Administrator):

“Having a clear communication protocol has made it easier to get quick updates from the pharmacy team. We no longer have to go back and forth as much.”

Discussion

The findings from this study provide valuable insights into the challenges faced by pharmacists and social service administrators when coordinating care for complex patients in a tertiary hospital setting. The themes that emerged—communication barriers, role ambiguity, and systemic challenges—highlight key areas that require attention to improve interprofessional collaboration and patient care outcomes.

Communication Barriers

One of the most significant challenges identified was the breakdown in communication between pharmacists and social service administrators. The study revealed that inconsistent communication channels and information overload often lead to delays and misunderstandings in patient care. This finding is consistent with previous literature, which emphasizes that poor communication is a common barrier in interprofessional collaboration (Pelone et al., 2017). In our study, participants noted that urgent updates, particularly about medication management and social support needs, were often delayed due to unclear lines of communication. These delays can have direct implications for patient safety, as crucial decisions regarding discharge or follow-up care may be hindered.

To address these communication challenges, several participants suggested the need for standardized communication protocols. This aligns with findings from O’Daniel and Rosenstein (2008), who advocate for the development of clear communication strategies in hospital settings to enhance team-based care. By implementing structured communication methods, such as standardized handoff tools or electronic alerts, hospitals can improve the flow of information between departments, thereby reducing delays and enhancing the overall quality of care.

Role Ambiguity

The study also highlighted the issue of role ambiguity, with both pharmacists and social service administrators expressing confusion over the boundaries of their responsibilities. Role overlap, particularly

in discharge planning and medication management, often led to inefficiencies and duplication of efforts. This mirrors findings from D'Amour et al. (2005), who noted that lack of clarity in professional roles is a common barrier to effective interprofessional collaboration.

Our study suggests that the overlapping roles of pharmacists and social service administrators may stem from the complex nature of patient care, where both social and medical aspects are intertwined. For example, access to medications—traditionally managed by pharmacists—often involves navigating social and financial barriers, which falls under the purview of social services. To mitigate these role ambiguities, clearer definitions of responsibilities and collaborative care protocols are essential. Regular multidisciplinary meetings, as suggested by participants in this study, could help clarify roles and ensure that both professions are working together efficiently without duplication of effort.

Systemic Challenges

Systemic challenges, including organizational silos and time constraints, were also significant barriers to effective collaboration. Participants described the hospital's structure as siloed, with pharmacy and social services departments operating as distinct entities. This separation often resulted in a lack of coordination, particularly when managing patients with complex needs that required input from both professions. This finding aligns with Hall's (2005) research, which identified organizational silos as a common barrier to interdisciplinary teamwork in healthcare.

Time constraints, exacerbated by high workloads, further limited opportunities for collaboration. Both pharmacists and social service administrators reported feeling pressured by their individual responsibilities, leaving little time for joint patient care planning. These findings underscore the need for hospitals to re-evaluate their organizational structures and workflow designs to promote more integrated care. Solutions such as co-locating pharmacists and social service administrators within the same physical space or using shared electronic health records (EHRs) could facilitate better collaboration by increasing opportunities for interaction and communication.

Strategies for Improvement

Despite the challenges, participants identified several strategies for improving collaboration, including regular multidisciplinary meetings and the development of clear communication protocols. These solutions reflect a growing body of research advocating for structured interprofessional meetings to foster communication and teamwork (Buscemi, et al., 2012). By holding regular meetings, both pharmacists and social service administrators can share information, clarify roles, and jointly develop care plans that address both the medical and social needs of complex patients.

The implementation of standardized communication tools, such as shared care plans or electronic updates, was also seen as a potential solution. In line with recommendations from Faulkner (2001), such tools can streamline the sharing of critical information and ensure that all members of the care team are on the same page. By formalizing these communication processes, hospitals can reduce the risk of miscommunication and improve patient outcomes.

Implications for Practice

The findings of this study have several implications for practice. First, hospitals should prioritize the development of formal communication channels between pharmacists and social service administrators to reduce delays in patient care. Second, there is a need for clearer role delineation to avoid role overlap and

improve efficiency in managing complex patients. Third, hospitals should consider restructuring their workflows and organizational systems to reduce siloing and foster more collaborative environments. This may include joint training sessions, interdisciplinary rounds, and the use of shared technology platforms.

Finally, this study highlights the importance of addressing time constraints faced by both pharmacists and social service administrators. By allocating time for interprofessional collaboration, hospitals can ensure that patients with complex needs receive comprehensive care that addresses both their medical and social challenges.

Limitations

This study has several limitations. First, the sample size was relatively small, and participants were selected from a single tertiary hospital, limiting the generalizability of the findings. Future research could involve a larger and more diverse sample across multiple hospital settings. Second, the study focused only on the perspectives of pharmacists and social service administrators; future research could include the views of other healthcare professionals, such as physicians and nurses, to provide a more comprehensive understanding of interprofessional collaboration.

Conclusion

In conclusion, this study has highlighted the challenges faced by pharmacists and social service administrators in coordinating care for complex patients in a tertiary hospital setting. The findings emphasize the need for improved communication channels, clearer role definitions, and structural changes to foster better collaboration. By addressing these challenges, healthcare institutions can improve patient outcomes and enhance the quality of care for patients with complex medical and social needs.

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