

Stakeholder Collaboration to Address the Psychosocial Needs of Women Living With Hypertension: A Community Development Approach

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Abstract: Stakeholder collaboration is crucial in enhancing the psychosocial functioning of women with hypertension. By engaging various stakeholders such as healthcare providers, community organizations, and patients, responsive interventions can be tailored to address the unique needs of this population. This collaborative approach not only fosters a supportive environment but also promotes treatment adherence and improves overall health outcomes. The values of inclusivity and empowerment which are essential in fortifying collaboration with a shared goal make a community development approach pertinent. A narrative review was used to identify and synthesize the literature to obtain a broad overview of the topic. This narrative review aims (1) to explore stakeholders' collaboration in addressing psychosocial needs confronting women living with hypertension and (2) to identify an appropriate theoretical approach for stakeholder collaboration. To enhance the psychosocial functioning of women living with hypertension, efficient, effective and sustainable multi-stakeholder collaboration is essential. Although the roles and functions of social workers are under-recognized in the provision of psychosocial needs for women living with HTN, they are equipped with professional knowledge and skills to facilitate stakeholder engagement in addressing psychosocial needs, enhancing community support, and promoting treatment adherence. Literature shows that coordinated efforts by multiple stakeholders to address chronic illnesses have been successful across various healthcare settings. The significance of stakeholder participation in supporting women living with HTN warrants a scientific investigation. A multi-sectoral, collaborative approach that combines medical care, psychosocial support, and community resources will ensure women with hypertension are supported holistically to improve their social functioning.

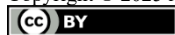
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Globally, hypertension (HTN) is regarded as one of the Non-Communicable Diseases (NCDs; Moussouni et al., 2022), and remains a significant public health problem (Kario et al., 2024). It is the predominant cause of heart failure (American Heart Association, 2023), mortality (Martín-Fernández et al., 2023), and disability among women (Wu et al., 2021). The highest prevalence of HTN in South Africa is observed among older African women (Jordaan et al., 2023).

In 1998, a few years after the advent of South African democracy, HTN was one of the five major chronic diseases identified by the Reconstruction and Development Program (RDP) and the Department of Health (1998) as a priority disease. While earlier studies

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(Peer, 2013) described hypertension as the next major health challenge after HIV in sub-Saharan Africa, more recent evidence highlights hypertension as a significant public health problem underscoring the urgent need for comprehensive interventions (Dzudie et al., 2025). HTN is the most common risk factor for cardiovascular disease (Pillay-van Wyk, 2016). South Africa is one of the nations in sub-Saharan Africa with the highest prevalence of hypertension (Gómez-Olivé et al., 2017). For example, Gómez-Olivé et al. (2017) discovered that, in selected places, South Africa had among the highest incidence of hypertension, ranging from 41.6% to 54.1%, with women exhibiting a considerably higher sex-stratified prevalence. Despite various factors contributing towards HTN, healthy lifestyles in under-resourced communities must be encouraged and implemented. Therefore, treating this disease calls for multi-stakeholder collaboration as working in silos has proven inefficient, costly and has led to duplicated efforts (Oliver et al., 2022).

This conceptual paper was informed by the findings of the doctoral study conducted by the first author. The study undertook qualitative research to explore and describe the social, economic, and health challenges of women living with hypertension in rural areas. Based on the challenges expressed by women living with hypertension, the authors decided to explore the relevance of stakeholder collaboration in addressing the needs of the affected women using a traditional literature review. A research gap was identified in the area of collaboration and women with hypertension, to bring practitioners up to date with new or current issues. Hence, the following questions were formulated: (1) What is the relevance of stakeholder collaboration aimed at addressing the psychosocial needs of women living with hypertension? (2) Which theoretical approach is appropriate for stakeholder collaboration?

Methods

The "traditional" method of assessing the body of literature is the narrative review, which tends to emphasize a qualitative interpretation of prior knowledge (Taherdoost, 2023). A narrative review was selected as a means of condensing the research paper's content. Notably, the goal was not to generalize the examined publications, but rather to synthesize the literature to highlight the importance of different viewpoints on the subject under research (Lavarda et al., 2020; Bronzini & Polini, 2025). The objective was to provide a thorough foundation for understanding current knowledge and to highlight the significance of new insights or research (Hall & Leeder, 2024; Mousa, 2025). Since a narrative review is more flexible and can incorporate a wider range of evidence (Sukhera, 2022), peer-reviewed journal articles (from databases such as EBSCOhost, PubMed, Scopus, etc.), books and book chapters, reports and policy documents (e.g., World Health Organization [WHO], United Nations Children's Fund [UNICEF], government agencies), conference proceedings, Internet sources (e.g., official authoritative organizational websites, reputable Non-Governmental Organisations (NGOs), and recognized think tanks) as well as grey literature (such as dissertations, working papers, or technical reports) were considered. The following search strings were used: "women OR females," "hypertension OR high blood pressure or elevated blood pressure," "psychosocial needs OR psychosocial experiences," "social work OR social workers", "community development approach," and "stakeholder collaboration OR stakeholder partnerships."

Scientific papers based on various research designs were also considered to broaden the understanding of the phenomenon under investigation. Searches were limited to English-language publications with full-text availability. Sources that do not address the topic or scope of the review, non-scholarly websites, as well as sources not available in English were excluded. The search yielded 126 records, of which 89 sources were included after relevance screening. These sources ensure the paper is supported by relevant and credible sources, providing a foundation for the discussion across the introduction, methods, results, theoretical framework, discussion, and conclusion. The research questions presented were used to determine which papers were appropriate.

The authors applied Yin's (2016) five phases to analyzing literature: compiling, disassembling, reassembling, interpreting, and drawing conclusions. During the compiling phase, the authors gathered all relevant articles, reports and organizational documents. For disassembling and coding, the data were categorised by creating folders with labels to code the articles according to specific search strings. Guided by the author's research questions, coding was conducted deductively, while remaining flexible to inductive insights that emerged from the texts. Codes were grouped into broader themes during reassembling, for example, "psychosocial needs and risk factors contributing to hypertension." To ensure rigor, multiple reviewers were involved in the coding and interpretation. The authors analysed the themes, drew conclusions and formulated recommendations.

Results

Literature related to the topic of the paper is discussed and synthesized. The following sub-topics/ themes are briefly discussed: psychosocial needs and risk factors contributing to hypertension; stakeholders supporting NCD; the relevance of stakeholder collaboration and partnership; the role of social workers; programs and services available to support hypertension care; and legislation supporting hypertension care.

Psychosocial Needs and Risk Factors Contributing to Hypertension

Understanding the psychosocial needs of women living with HTN is critical for service providers to offer a holistic approach. The psychosocial needs of women living with HTN may include emotional, social, and information needs that appear throughout the care process. These are essential for improving a patient's psychosocial health and might profoundly affect their recovery and quality of life. It is observable that poverty and inequalities as social determinants have a bearing on the increase of NCD (South Africa: National Department of Health [SA: NDH], 2022). Ongoing exposure to stressors may lead to chronic diseases such as elevated blood pressure (Oei et al., 2025). Increasing age, low level of education, poor diet, lack of physical activity (Kebede et al., 2022), widowhood, divorce, and a family history of HTN are significant risk factors among women (American Heart Association, 2026).

These risk factors may negatively affect the psychosocial well-being of women with HTN. Women often face a double burden of high family responsibilities and work-related stress, contributing to increased hypertension risk (Gilbert-Ouimet et al., 2017). Evidence

suggests that psychosocial factors have a more pronounced effect on women compared to men, highlighting the need for gender-specific approaches in hypertension management (Di Pilla et al., 2016). Hence, the complexity of preventing and managing HTN among women demands multi-stakeholder collaboration (WHO, 2013) to work towards enhancing women's emotional well-being and quality of life and consequently contribute to reducing the burden of hypertension (Awuah et al., 2019).

Stakeholders in Support of Non-Communicable Diseases (NCD)

Scholars have shown the importance of mobilizing a broader base of stakeholders to support NCD prevention and control (Shrestha et al., 2022). Relevant stakeholders such as educators, nurses, social workers, clinicians, and medical assistants (O'Donnell et al., 2016), patients and communities (Okoli et al., 2021), and academics (Nakwafila et al., 2023) are noted. The findings of a Tanzanian study also acknowledge that future interventions may consider traditional healers to function as partners in the continuum of hypertension care (Sundararajan et al., 2023). King et al. (2016) emphasize the importance of improving community health, which begins with real collaboration, access to relevant information, and available resources for community health stakeholders. Consistent with the latter study findings, a South African study on initiatives to improve the quality and efficiency of medicine use within the public healthcare system demonstrates the role of multidisciplinary teams and potential research activities. Amongst other tasks and roles is having a good attitude towards patients and developing programs relevant to their needs, and improving future NCD management (Meyer et al., 2017). However, in various studies reviewed related to the title of this paper, little is known on how each stakeholder perceives interventions in addressing psychosocial needs and challenges of women living with hypertension. In addition, the role and functions of social workers are needed in community health. There is an assumption that HTN can only be addressed by other healthcare professionals. In this regard, social workers are made aware that women living with HTN need someone to listen to them. In particular, social workers demonstrate their roles among patients living with HTN by collaborating in response to their needs.

The Relevance of Stakeholder Collaboration and Partnership

The term stakeholder refers to "an individual, group, or organization, who may affect, be affected by, or perceive themselves to be affected by a project's decision, activity, or outcome" (Project Management Institute, 2013, p. 29). The role of stakeholders may include, among others, coming together to pursue a common purpose and create structures and processes best suited to achieving that purpose. Stakeholders' collaboration is essential to support women living with HTN since it affords different role players a platform to exchange viewpoints to find common solutions for health and social problems. Collaboration is likened to the principle of "Ubuntu," that is, the profound sense of human kindness shaping African people's positive behavior and attitude (Chetty & Price, 2024). For this reason, collaboration remains critical and relevant in addressing challenges experienced by women living with hypertension. It is important for social workers and

other relevant stakeholders to come together towards providing responsive interventions to improve the social functioning of women living with HTN.

Collaboration enables stakeholders to explore innovative ideas to search for a solution (Rehbinder et al., 2025). A collaborative approach is seen as a solution for addressing complex healthcare challenges across different fields of health (Fielding et al., 2025). Working in a team is like a puzzle. Every member has a unique shape that becomes part of the big picture. Being able to experience the role of each piece in the puzzle brings a satisfying gratitude from a concerted effort. A team comprising community stakeholders and health and social care professionals can help address complex, multifaceted challenges faced by chronically ill patients and the underprivileged (Ballou et al., 2025; Rehbinder et al., 2025).

HTN prevention and management are multifaceted and necessitate collaboration from a variety of stakeholders, including governments, academics, civil society, NGOs, and the food and beverage sector (UK Health Forum, 2018; WHO, 2013a).

Table 1.1. *Potential Benefits and Possible Challenges in Collaboration and Partnership*

| Element | Potential benefits | Possible challenges |
|--|---|---|
| Different aspects are combined (convergence level) to solve complex issues | Intersectoral collaboration views health as a shared responsibility (Mathias et al., 2024), and collaborative approaches can address the complex needs (Shimbre & Tanga, 2025). | Power-related challenges in intersectoral health initiatives (Aivalli et al., 2025). |
| Collaborative integration | Joint effort in health-care partnerships, mobilise partners' complementary financial and nonfinancial resources (Loban et al., 2021). | Overlap of roles and unclear boundaries can impair workflow and disrupt team relationships (Yan et al., 2026), leading to conflict and confusion. |
| Balanced decision-making is reached | Engagement strategies enhance decision-making, improve fairness, and stakeholder satisfaction (Yusif & Hafeez-Baig, 2024). | Slow decision-making due to lengthy consensus-building processes (Belrhiti, et al., 2024). |
| Delivery timelines are improved | Various time management techniques, tools, planning, and scheduling are essential for meeting deadlines in collaborative projects (Pamuji et al., 2025). | Among other factors, communication hurdles or poor planning could delay project timelines (Prakash et al., 2022). |

Patients are empowered to make well-informed decisions about their treatment and lifestyle through active participation in collaborative decision-making processes (Shimbre & Tanga, 2025). Table 1.1 summarizes the findings of various studies, highlighting aspects that can be understood as potential benefits and possible challenges of collaborations and partnerships. For example, while collaborative approaches offer a way to resolve complex situations, unresolved power balances may hinder efficient participation and outcomes. Collaboration must be initiated and well facilitated, especially when organizations or

departments realize that a complex health problem cannot be addressed within their own mandate (Wise et al., 2022). It requires skilled people to handle complex, dynamic human behavior. Social workers fit well into this role based on their knowledge, skills, and attitudes. Historically, social work has taught and advocated for inter- and intra-professional collaboration as a practice skill (Graham & Barter, 1999; Lambert, 2025). Social workers are positioned to facilitate collaboration across various disciplines and stakeholders (Shimbre & Tanga, 2025) when they provide services to individuals and families affected by HTN in various settings (Francoeur, 2010). Beyond their specific domain, social workers contribute to a wide range of services that support individuals' health and wellbeing (Tadic, 2020). The authors suggest they could serve as important liaisons or intermediaries between social and healthcare providers and, service users and the community. Therefore, their responsibilities to negotiate, liaise, coordinate, and collaborate with various stakeholders will help mitigate the challenges facing women living with HTN.

The Role of Social Workers

Social workers provide psychosocial services across different areas of operation, including schools, health settings, and prisons, among others. Therefore, they are essential members of multi-disciplinary and interprofessional teams that offer insights into social determinants of health and advocate for clients' needs (Glaser & Suter, 2016). It has been noted that their participation is particularly significant in outpatient clinics and community organizations, where they address chronic care and mental health challenges (Noel et al., 2022). To overcome obstacles related to medication adherence or lifestyle modifications, as family therapists, educators, advocates, change agents and enablers of self-help, social workers are in a unique position to assist women and families in enhancing psychosocial dynamics related to hypertension (Francoeur, 2010).

Despite the reality that social workers play a critical role in hypertension management, it is important to acknowledge that their role can be affected by systemic barriers such as limited access to resources. Moreover, researchers observe that there are no specific services directed to women living with HTN; social workers in healthcare address an array of health problems affecting individuals with chronic illnesses (Kirst-Ashman, 2013). A holistic approach is ideal to render medical and social services to patients. Patients' perspectives and experiences regarding their disease and medication use must be considered when developing strategies to educate them on the potential consequences of the disease and the rationale for treatment (Kobson, et al., 2025). Furthermore, they should be supported in adopting behaviors that promote treatment adherence for beneficial health outcomes.

Acknowledging the reality that social workers cannot work in silos, the roles of relevant stakeholders are significant in ensuring a holistic approach to meet the needs of healthcare users. For instance, amongst other stakeholders, women living with HTN (patients) have the role of seeking healthcare and adhering to treatment plans. Healthcare professionals assist with managing patients' hypertension, offering accurate information,

and providing necessary medical support (Nakwafila et al., 2023). Community healthcare workers assist patients in accessing and navigating the healthcare system.

Programs and Services Available to Support Hypertension Care

Numerous initiatives addressing hypertension have been recognized globally. The World Health Organization (WHO, 2025a, 2025b) launched the Global Hearts Initiative, aiming to mitigate cardiovascular diseases through integrated hypertension management and promoting evidence-based guidelines. The 2023–2030 Implementation Roadmap for the Global Action Plan on Non-Communicable Diseases calls upon countries to formulate policies addressing various chronic conditions, including hypertension (WHO, 2025b). Multiple nations have established targeted national programs; for instance, the United States implemented the Million Hearts program to prevent a million heart attacks and strokes by enhancing hypertension management (Wall et al., 2023). Likewise, in India, the National Program for Prevention and Control of Cancer, Diabetes, Cardiovascular Diseases & Stroke incorporates strategies for monitoring and managing hypertension within its broader non-communicable disease initiative (Bhagwat & Kumar, 2023; Government of India-Ministry of Health & Family Welfare, 2023). The Hypertension Treatment in Nigeria Program is Africa's largest primary-care-based hypertension control program (Baldrige et al., 2022). All these initiatives emphasize collaborative efforts among sectors in diverse contexts.

Moreover, public or government healthcare facilities in South Africa provide free antihypertensive medication to treat HTN. Furthermore, HTN management programs (for example, educational talks and healthcare campaigns), which are provided by the healthcare team, are essential tools that enable patients to take precatory measures and preventative treatment to avoid complications. These programs encourage regular blood pressure checks and promote physical activity, dietary improvement, and salt reduction, and encourage patients to be mindful of their individual risks. Healthcare providers continue to establish effective tools for early identification of HTN risks, management, and control of HTN.

Community caregiver programs play a critical role in response to the overburdened public health system (Van Pletzen & MacGregor, 2013). South Africa has a long history of community participation, such as mobilization organized through civil society structures as well as community care provision to vulnerable communities through community and home-based care (CHBC) programs. Several NGOs are available to provide home-based care services while working closely with formal healthcare systems such as local clinics, targeting patients with chronic illnesses such as TB and HIV (Tsolekile et al., 2018). Home-based care workers are often referred to as caregivers or community health workers. Community health workers are lay individuals without formal professional training, but they receive targeted instruction to deliver healthcare-related services. They act as trusted intermediaries between communities and health systems, providing education, basic care, and referrals to improve access to essential health services (Department of Health South Africa, 2024; WHO, 2026). Their main role is to promote, restore, and maintain a person's maximum level of comfort, function, and health, including care towards a dignified death.

Successful treatment of women living with HTN requires collaboration between social and healthcare professionals during service delivery. In South Africa, most healthcare users living with HTN receive treatment in clinics and might be referred to a hospital if a more specialised service is required (SA: NDH, 2021). Moreover, healthcare professionals provide patients with relevant information and guidance. It has been observed that women living with HTN are empowered by healthcare providers through health talks offered on specific days of the week (Wandai & Dixon, 2025).

Legislation in Support of Hypertension Care

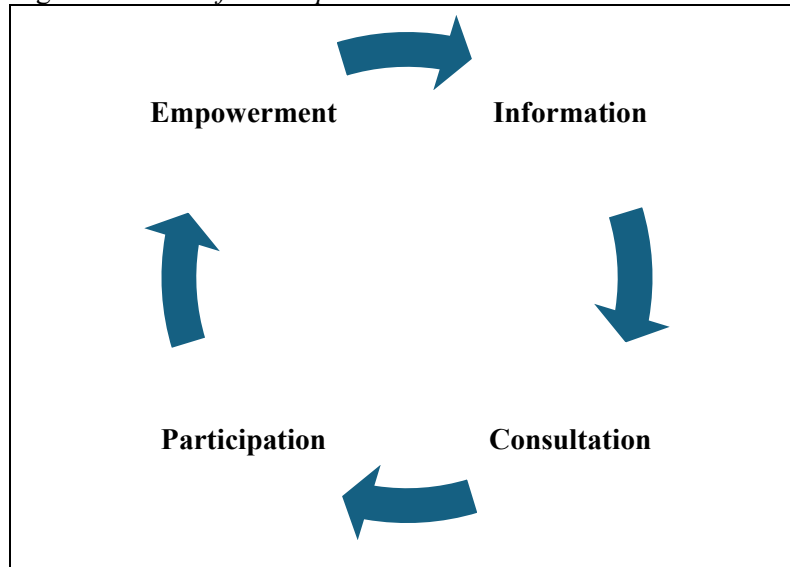
Suggested measures for various countries to consider including legislation to help reduce the prevalence of high blood pressure are shared by WHO (2025a). At a practical level, in South Africa, the Department of Social Development (SA: DSD, 2013a, 2013b) has developed instruments for public institutions to transform and improve service delivery. For instance, the generic norms and standards for social welfare services (SA: DSD, 2011), including the Integrated Service Delivery Model (SA: DSD, 2013a) and Framework for Social Welfare Service Delivery (SA: DSD, 2013b), recognize collaboration in service delivery (SA: DSD, 2013a, 2013b). With specific reference to health issues, South Africa's 2022–2027 National Strategic Plan for the Prevention and Control of Non-Communicable Diseases is designed to support South Africa's progress toward SDG 3.4, which calls to reduce premature mortality from NCDs by 2030. Through an integrated, person-centred approach, it fosters collaboration with stakeholders across all levels of care (SA: NDH, 2022). These policy documents promote facilitation of integrated approach with relevant stakeholders (government departments and/or provinces, NGOs, local community structures, faith-based organizations, amongst others). Social workers are encouraged to work effectively with members of inter-sectoral and multi- and/or interdisciplinary teams in social service delivery, for improving the social functioning of individuals (SA: DSD, 2013a, 2013b; South African Council for Social Service Professions [SACSSP], 2025; Social Service Professions Act 110 of 1978; SA: NDH, 2021). All these pieces of legislation are geared towards management and improvement of lives of those who are vulnerable, particularly those in under-resourced areas.

Theoretical Framework - Community Development Approach

Among the various perspectives on community development intervention strategies, the community development approach is particularly relevant for empowering communities on health matters, as it recognizes that community members are experts in addressing their own challenges (Walters et al., 2023). Collaborative interventions from various sectors are the building blocks towards developing communities. Hart and De Beer (2022) assert that community development is a complex, holistic, interdisciplinary, and multifaceted field of study grounded on the principle of empowerment. Community development promotes community support mobilization and strengthens capacity building through community organizations and networks. Therefore, collaboration encourages freedom of expression, collective decision-making, and participation. It has been pointed out by Mattessich and Rausch (2014) that collaboration and partnership among community

development and healthcare sectors are critical to improving community health. Hence, the ‘wheel of participation’ (see Figure 1) is relevant in promoting stakeholder collaboration.

Figure 1. *Wheel of Participation*



Adapted from Davidson (1998) in Dooris & Heritage (2013)

Figure 1 is the classic “wheel of participation” as adapted from Davidson (1998). It is still applicable today and may be adopted in various settings by stakeholders to address some health and social ills affecting communities. For instance, the “wheel of participation” promotes information sharing on available resources and services. Community members are thus encouraged to participate in issues affecting them, be consulted, and become participants in decision-making when policies are developed or improved. Hence stakeholder collaboration may best be achieved when a community development approach, coupled with empowerment and the “wheel of participation,” is applied.

The authors acknowledge the value of Community-Based Participatory Research (CBPR), which aligns with social work principles (Branom, 2012), to promote community development, empowerment, sustainable change, and capacity building (Stanley et al., 2015). This approach acknowledges patient-centred and community-driven research approaches to address growing health disparities (Collins et al., 2018). By recognising the unique strengths of each stakeholder, CBPR reinforces the involvement of community members and researchers across the research phases.

Discussion and Implications for Social Work Practice

Given the complexity of social and health issues affecting women living with HTN, there is a need for service integration across departments and concerted efforts to utilize various stakeholders to facilitate this integration effectively. Social workers are at the

forefront to address the psychosocial challenges affecting women living with HTN. This can be done through facilitating and establishing intersectoral collaboration and partnerships with various stakeholders (community-based organizations, faith-based organizations, NGOs, the business sector, the public sector, and the broader community) in the provision of direct support to women living with HTN in rural communities. For instance, their contribution should include strengthening the capacity to facilitate the prevention of non-communicable diseases by effectively identifying behavioral, environmental, and physical risk factors. HTN is regarded as a silent killer (WHO, 2013a). Some women tend to remain silent when they are sick, fearing that sharing their illness might cause unease within their families. This silence is compounded by the fact that hypertension itself is often symptomless until it has already caused significant damage. Their silence will worsen their condition and subsequently put them at risk for cancer (Han et al., 2017). Therefore, women living with HTN need social workers to listen to their needs.

Partnership and collaboration of different stakeholders may bring together the expertise and resources needed to build workforce capacity and the life skills of individuals, families, and communities (WHO, 2013a) to improve good health and the quality of life of women living with HTN. The “wheel of participation” may be used in collaborative initiatives to empower, inform, consult and involve affected women living with HTN. Social workers must keep abreast of issues related to public health. Social workers in public health must collaborate with universities to design and develop short learning programs to provide psychosocial support for patients with HTN. Community engagement is one of the key performance areas for social work educators. It is a vehicle that provides educators an opportunity to coordinate and collaborate with various stakeholders to meet the health needs of communities.

Recent evidence (Mengesha et al., 2024) shows that social work interventions with hypertension are increasingly guided by evidence-based approaches, emphasizing collaboration, education, and community empowerment to improve health outcomes. Social workers may collaborate with healthcare professionals to plan and conduct awareness campaigns to prevent the rise of Chronic Diseases of Lifestyles. They may involve the participation of local decision-makers or political activists, religious leaders, traditional healers, and other individuals in the healthcare field. They may further identify existing community and faith-based organizations to promote the campaign. Media may be used to reinforce the message. World HTN day may be used as a platform to raise awareness by sharing HTN information and marketing services of social workers and healthcare professionals.

Conclusion

NCD, particularly HTN, is surging consistently in under-resourced communities because of various risk factors, including poverty. It should be acknowledged that HTN is a lifestyle disease that knows no race, educational status, religion, or sexual orientation, amongst others. The tasks and responsibilities of social workers in meeting the psychosocial needs of women living with HTN are under-recognized due to lack of

understanding about the value of the profession. The psychosocial approach may be employed to address the needs of women living with HTN to promote a good quality of life; subsequently, their social functioning should be improved.

A narrative review method was essential to offer a comprehensive view of the topic. Based on literature search findings, collaborative partnerships are presented as a solution to address complex issues and problems facing women living with HTN in particular. Maintaining an ongoing dialogue with relevant stakeholders is key to strong partnership and collaboration. This may become possible by directly working with local leaders, community members, and healthcare users to holistically understand the effects of HTN with the aim of developing responsive solutions from the ground up. The literature findings further demonstrated that effective management and control of NCDs, including hypertension in women, need genuine teamwork, access to pertinent information, and resources for community stakeholders. Stakeholders may play a role in establishing structures and procedures most appropriate for accomplishing a shared goal and uniting to pursue that goal. Social workers are vital members of interprofessional and multidisciplinary teams because they represent the interests of their clients and provide insights into the social determinants of health.

In summary, it is essential to recognize that social workers have an ethical obligation to foster collaboration with various stakeholders to enhance the psychosocial functioning of healthcare users (National Association of Social Workers, 2024). This collaboration is essential in integrated healthcare settings, where a holistic approach to health is increasingly recognized as the standard of care. For instance, integrated healthcare models prioritize collaboration among healthcare providers, including social workers, to effectively address both physical and mental health needs (Weng, 2022). Research has demonstrated that partnerships between social workers and community health workers significantly enhance health outcomes, particularly in combating health inequities (Noel et al., 2022).

Recommendations

Social workers are equipped in their professional training to work collaboratively; this foundational skill positions them to facilitate and build multi-stakeholder partnerships aimed at addressing the psychosocial realities of women living with HTN. Although some social workers operate with limited resources, they still have the responsibility to reach women in marginalised areas to ensure they get the necessary psychosocial support. In practice, this can be achieved through creative, innovative, and context-appropriate strategies to extend service delivery beyond traditional offices. For example, community-friendly online platforms and mobile outreach teams may be considered to offer practical ways to engage women who seldom have access to mainstream care.

Today, the growing influence of the Fourth Industrial Revolution prompts healthcare professionals, including social workers, to reconsider how interventions are delivered. Whilst acknowledging that technology should not replace face-to-face contact, it can support more accessible patient-centred psychosocial interventions. For instance, a "mobile phone application reminder" could be designed for low data usage to remind patients to

take their medication and their next check-up or social work visit. Similarly, virtual methods, such as Skype or other low-bandwidth online tools, may help social workers provide emotional support to individuals in distress, especially when physical visits are not possible.

To strengthen collaborations and partnerships among stakeholders, structured communication systems are essential. Virtual or in-person case conferences are necessary to monitor teams' efforts for each patient's case. Such meetings help ensure accountability and clarify gaps that may require additional support. In addition to regular case discussions, social workers may, in collaboration with relevant stakeholders, strengthen the referral system by developing a referral-tracking device, such as a referral spreadsheet, to monitor referred patients.

Disseminating information remains another need for consideration. Some women in rural areas find it difficult to navigate the social and health care services because information is presented in an unfamiliar language. A comprehensive resource booklet serving as a guide detailing emergency contacts and available health and social services should be developed in print, in various key indigenous languages understood by patients.

Beyond the health professions, wider intersectoral collaboration is essential. Collaborations with community-based organisations, faith-based organisations, non-governmental organisations, the business sector, and local government structures can strengthen community responses to hypertension and improve the quality of psychosocial support. Finally, future research should prioritise mixed-method designs to examine the roles of various stakeholders in supporting individuals with hypertension. Placing stakeholder collaboration at the centre of such research will generate findings that are practical and responsive to community needs.

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