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Interprofessional Collaboration of Health Care Providers in Botswana: A Holistic Approach to Health Care

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Abstract

Notwithstanding the availability of Western medicine across the country, many of Batswana continue to utilize either of the three or all available health systems; namely traditional, Western and pastoral systems of healing and care. There is therefore a need to develop models of collaboration that promote a workable relationship between these three health systems. This paper seeks to establish the possibility of the interprofessional collaboration by medical professionals, African traditional healers and pastoral care givers in Botswana health care system. It is based on both primary and secondary data collected for a period of two years in Botswana. Although it used mixed methods, the study was primarily qualitative in nature. The paper advocates for holistic care as it acknowledges attention to all dimensions of human existence and ultimate healing. It also calls for the implementation of interprofessional health policy in Botswana, collaborative patient centred practice, changes in attitude towards interprofessional collaboration and for the development of interprofessional curriculum in our local educational institutions.

KEY WORDS: Health, Collaboration, Health Care Professionals, Holistic Care, Interprofessional, Patient-Based Care

Introduction

Studies on health and healing in the African region and specifically in Botswana show that in spite of the widespread use of Western medicine and consultation for modern health practitioners, Batswana continue to utilize alternative health systems, particularly traditional and faith healing systems (Togarasei, Mmolai and Kealotswe 2016). Earlier studies on the status of traditional medicine and complementary or alternative medicine: revealed that there are about 3100 traditional health practitioners in Botswana, of which approximately 95% of them reside in rural areas (WHO, 2001). Further, the National Development Plan of 1976–1981 had acknowledged that "Although not part of the modern health care system, the traditional healer (*ngaka*) performs a significant role in Botswana, especially in the rural areas" (NDP 1981). A more recent study that investigated the prevalence in the use of traditional, complementary and alternative medicine in

Botswana shows that 48.9% of the population under study utilized traditional, alternative and complementary medicine (Ntsetselele 2017).

Moreover, the former Minister of Nationality, Immigration and Gender Affairs, Mr Edwin Batshu noted that the Societies Act had registered 2 238 religious organizations in Botswana as at 30 June 2017. He added that Hindu had registered four, Muslims seven, Rastafarian five while Sikh had registered two. Christian churches on the other hand have registered 2 218 (Danani 2017).

Looking at the statistics provided by the Societies Act, Christian Churches registered constitutes about more than ten percent of the population of Botswana. It could therefore be concluded that most of Batswana are members of Christian churches. Scholars maintain that religious faith and practices have a central role in the lives of many people, especially during illness (Hirsto and Tirri 2009). This means that the impact of Christian religion on people's health should not be undermined. The existence of traditional practitioners and their impact on human health can neither be denied.

This paper is therefore an attempt to engage the health and hospital care delivery system in Botswana made up of medical, traditional healers and pastors on the need to appreciate interprofessional collaboration in patients' caregiving to promote holistic care of the sick. The paper argues that even though the National Development Plan of 1979–1984 promised to improve mutual understanding between the Ministry of Health and traditional practitioners, health system in Botswana is highly fragmented and linkages between different levels are weak. Little is captured about the relationship between traditional healers, medical doctors and pastoral care givers or chaplains in Botswana.

This paper is based on the view that pastoral care and traditional healing resources and practices should be of recognizable value to the health care system in Botswana, and as such the inclusion of pastoral care, medical care and traditional healing in hospital care could contribute to holistic and quality hospital care for patients' satisfaction. In order to bring across this position, we begin below by attempting to conceptualize health from various perspectives.

Conceptualising Health

Scholars approach the definition of health from different perspectives, such as the religious/theological, medical and cultural dimensions. However, it appears that what often influence the definition that the different scholars hold are their metaphysical notions of what human reality consists of. Most sources acknowledge the multifaceted nature of human reality. For example, the World Health Organization holds that health is not simply the absence of disease. It covers holistic well-being in the physical, mental and social aspects of human-beings (WHO 2008). This definition is dualistic in nature as it appreciates the two entities, the body –"Physical" and the mind—"mental" as aspects that may be affected by ill-health. The inclusion of the "social" sphere in this definition does not seem to add any other distinct aspect to human reality. It seems to simply appreciate how an individual's health may be affected by their relationship with other "mind[s]" and "body[-ies]". This definition thus overlooks the third dimension of human life, which other sources include. For example, health has been defined as "optimal functioning of the human organism to meet biological, psychological, social and spiritual needs" (Ashley and O'Rourke 1997). From this triad definition of health, we don't only see an appreciation of

the mind and the body as entities that make up a human person, but also the third aspect, the spirit. Like the previous, this definition also brings in the relatedness of a human being to others, (the "social needs") as important to health.

From the preceding, it would seem that defining health should include not only how the metaphysical notions of body, mind, and/or spirit may be affected, but also how these realities of an individual person interact with other humans. In fact, others in their definition of health expound the relatedness of humanity to other beings and realities, that is, other than humans. Cook for example defines health in terms of relationships with God, self, others and the environment (Cook 1990).

The table below actually demonstrates how the different dimensions of human existence can contribute to ill health:

Table 1: Dimensions of Human Existence

	Physical	Social	Psychological	Spiritual
Deals with **I AM ...**	Body Material world Nature	Place in society Relations	Identity character traits Thinking and feeling	Soul Meaning Self-transcending ideals
Values **ENERGY, time, money**	Health Safety Comfort	Esteem, succes Connection	Autonomy Freedom Knowledge Authenticity	A better world, Consciousness of unity 'Being values'
Threats **WORRIES**	Pain, sickness Death Poverty	Rejection Loliness Guilt, shame	Confusion Doubt Imperfection	Meaninglessness Futillity Evil
JOY Perenial philosophy	BEAUTY	GOODNESS	TRUTH	LOVE

(Leijssen, 2014; van Deurzen, 2009)

From this table, one may appreciate how one type of health system, for example, allopathic health system, may not singlehandedly address health needs of humanity. At least it seems logical to hold that allopathic medicine may easily deal with certain threats like physical pain and sickness than they can with a feeling of meaninglessness or loneliness. Someone's ill health may have emanated from societal rejection or lack of understanding of the meaning of life. Therefore, remedies like forgiveness of oneself and the people we live with may guarantee good health. For example, it is argued that the physical and mental health benefits of forgiveness can be amazing, regardless of age, gender or even the most unimaginable hurts (Worthington 2006, Witvleit and McCullough 2007). Reconnecting with God and understanding the meaning of life during stressful situations may therefore yield positive outcomes in health.

Thinking of health from these various realms demonstrates the need for a multifaceted health care, which addresses all these aspects of humanity. This understanding of the multidimensional notion of health and healing is underscored in the literature (Van Deurzen 2008, 2009) and indeed buttresses the understanding of health care that is crucial to this paper. This paper aims at contributing something further to the mainstream or conventional understanding of health care in Botswana. It could be maintained that health

care professionals are challenged to acknowledge the complexity of the human beings that they treat. Based on the discussed understanding of health and care, this paper asserts that health care should address a multi-dimensional being, should be holistic, culture sensitive and patient based. The multifaceted nature of illness makes it impossible to address healing from one perspective only. In fact, according to the World Health Organization, "the medical model which seeks to treat patients by focusing on medicine and surgery and gives less importance to belief and to faith in healing … is no longer satisfactory" (WHO 1998). Therefore the medical model, which may be effective in treating illnesses, should be holistic in nature.

Holistic care is understood in this paper to refer to caring for the whole person. This caring model should focus on the therapeutic interventions that are directed to meet the needs of the whole person. This paper also argues that healthcare professionals need to learn to recognize their own cultural beliefs and attitudes as well as the cultural beliefs and attitudes of the different people they serve; understanding and respect develop through this recognition. Health care is vital to people in general and leaving it exclusively to medical professionals may not be a very helpful approach.

Having explored the meaning of health and implications of this meaning, the next section looks at the concept of collaboration among different health providers. Actually, one may argue that the concept of collaboration is implied in the very meaning of health. If the aspects of a human being that need health attention are diverse, and each of the available health systems address specific aspects of this health, from this logic, it follows then that collaboration of the various systems is required for the restoration and maintenance of the patient's wholeness.

Collaboration of Health Care Providers

If collaboration is to be properly realized, it ought to be properly understood. Collaboration is understood as a process through which members of different disciplines contribute to a common goal that cannot be reached when individual professionals act alone (Bronstein 2003). This means that a collaborative process demands that one should appreciate that their contribution or their expertise is important but not adequate, by itself. The last part of this statement is probably the most difficult for professionals to deal with, and thus warrants some emphasis. Collaboration demands that a professional should deliberately step out of one's professional pride to appreciate the other. The 'other' here is used to distinguish between the practitioner and other practitioners that may be outside one's professional purview. Further, the 'other' is used here to distinguish between the practitioner and the patient. In both cases, the practitioner is cautioned to deliberately confront any overt or covert professional bigotry. Collaboration demands that the practitioner should not let their individual or professional prejudice to blind them from genuinely seeing the significance of other alternative health practitioners and from failing to put the interest of the patient at the forefront.

Clinebell argues that "in a society that fragments persons and relationships, it is imperative that healers get together. Otherwise, they will continue to contribute to the splintering of contemporary man" (Balch 1991:47). These words are very relevant to our health care system in Botswana. If the aim of care giving is directed to improving ones' health, and if healing is patient centred, interprofessional collaboration should not be a problem. Campbell *et al.* (2005:31) remark that:

> ... the most dangerous practitioner is the 'loner' who attempts to work in isolation from colleagues in the field, and without reference to those who have different expertise either within the medical disciplines or other professional field. In order to work in the best interest of patients, every practitioner must learn to share the decision-making process with others, to consider alternative diagnoses and treatment, and to find correction or support when the decisions are especially difficult and uncertain.

The danger lies with the fact that one who fails to collaborate with others is somewhat tempted to ignore what we discussed in the previous section as the multifaceted nature of human reality. Such an individual goes ahead to attend to 'an aspect' of human reality as if it were the whole person. Collaboration is therefore an ethical and moral responsibility that medical professionals, pastoral care givers and traditional healers should have towards the sick despite the challenges. In cases where health care providers see that there is need for other systems of care which contradicts theirs, it is imperative to do transferals. This view entails that it is imperative to serve the interests of those that seek help rather than serving one's personal interests.

Collaboration also demands that a practitioner should step out of their 'world' into the realities of the world of those they are serving, that is, the world of the patients. A practitioner, for example, may come from a background that recognizes allopathic remedies as the only solution to human ailing. But in their medical practice, they now need to appreciate the worldview of their patient, which may be different to the worldview of the practitioner. For instance, in health seeking, most Africans simultaneously combine the efforts of traditional healers, health practitioners and pastoral care. This health seeking behavioral pattern is particularly informed by the African understanding of a holistic approach to life and its importance to health. A holistic approach and readiness for different remedies in African thought was demonstrated through a study according to which traditional healers expressed a lack of appreciation from Western medicine. However, they were open to training in Western biomedical approaches and in establishing a collaborative relationship in the interests of improving patient care. On the other hand, Western biomedically trained practitioners were less interested in such an arrangement (Campbell-Hall et. al. 2010). If we are to go by these findings, one may then say that a holistic approach to healing, which demands a collaborative relationship between different practitioners seems to be analogous to African world view. In this world view, it is the other that is given preeminence. Collaboration therefore involves working towards measurable goals for utilitarian reasons or for the greater good.

Approaches to Health

Having explored the meaning of health and collaboration, at this point the paper explores the common approaches to health in Botswana. If collaboration of health systems is to be a success, it seems necessary to have some clarity on how each system approaches health and healing. In this way then not only the differences will be appreciated, but also the points that necessitates the synergies between the systems. In every society, there are various systems that have been developed in order to maintain and restore health and general well-being (Figueras and McKee 2012). These systems will usually consist of the allopathic or professional health systems and the alternative medical system (McCleod and Chung 2012).

Besides allopathic health system, in Botswana the most common approaches of health are traditional African health and pastoral health systems. The systems are influenced by differences between cultures and their understanding of health and disease. It is also undeniable that philosophical approaches to life may determine access and utilization of different health services in a given locality.

Basically, the modern system of medicine and the alternative health systems have diverging perspectives towards what causes ill-health, and thus how to ameliorate situations of ill-health. The traditional and pastoral health systems, whilst administering healing, look into the world of the spirit to know the origins of a sickness. For example, for traditional healing, ancestors are consulted for direction and instruction. On the other hand, the allopathic system looks at material causations in treating illnesses. Whereas in Western biomedicine ill-health is approached from the perspective of 'what' caused it and 'how', traditional healing deals with 'who' caused it and 'why' (Juma 2011). The type of knowledge applied in these systems also differs. The allopathic is characterized by the application of scientific medical knowledge and technology to health and the healing process (Kreitzer, Kligler and Meeker). On the other hand, the traditional and pastoral health systems rely exclusively on observation and practical experience, handed down from generation to generation verbally or in writing (WHO 2002). Cultural experience plays a very significant role in the traditional health system. In this health system, culture becomes, "the bridge to the past as well as a guide to the future" (Carpenter 1960). Tapping into the peculiarities of how people in a given place think and what they value, provides materials for the maintenance and restoration of their health.

From the preceding, it seems that the wealth of knowledge within which each health system develops is distinct and may be of some significance to the patient. While the allopathic constitutes knowledge gathered from a general study of human ailments, the traditional health system is informed by the wealth of knowledge developed over the years from the local experiences on sicknesses and diseases. Having discussed the peculiarities that each health system brings into the collaboration, perhaps one would want to understand the challenges that arise in the collaboration of the various health systems. These are derived from a recent study that was carried out in Botswana.

Complexities of Collaboration – A Botswana Study

A fifteen-month mixed-methods study that revealed the complexities of collaboration between different health systems in the country was carried out between July 2018 and September 2019 in Botswana. Through the use of both interviews and questionnaires, the study collected data on the views of health seekers and the different health providers, like the medical health practitioner, traditional healers and faith healers in Botswana on causes of illnesses, medication and collaboration of different health systems. Both focus-group discussions and in-depth individual interviews were used to collect data from 826 respondents. This paper, however, focuses on the views of different health providers in the study. Through purposive and snowball sampling methods, participants were identified and interviewed from eight different geographical areas, representing the north-south and rural-urban areas of Botswana. The three types of health systems in Botswana were represented in the study, namely, modern medicine, traditional healing and faith healing (churches). The modern medical system was represented by medical doctors, nurses and other health practitioners from different hospitals and clinics in the country, while a pull of pastors and church leaders were drawn from the three Christian umbrella organizations

in the country, namely, the Botswana Christian Council, the Evangelical Fellowship of Botswana and the Organization of African Independent Churches.

From the study several challenges and obstacles towards collaboration of different health systems were identified, which are discussed below. In discussing these challenges, it will be observed that some suggestions were made from the field as possible ways of dealing with some of the challenges.

Prevalence of One-sided Referral

The study showed that while faith healers and traditional healers were willing to collaborate with medical health practitioners, the latter were not equally keen about the collaboration. One faith healer, for example, expressed his willingness to collaborate with medical practitioners by saying,

> … my wish is that the hospital practitioners should send patients to us, that is, when they meet some hitches in the treatment, so that we try our best in treating the patients and then give feedback to the medical doctors. My desire is to have direct communication with hospital practitioners; A situation where I can say to them, "I have this patient, may you check him/her for me? So far I have administered such-and-such treatment; I began here and ended there. That is my desire" (MAFH003) [1].

Traditional healers too, confirmed that they collaborate with modern medical personnel by referring patients to them. They pointed out that there are a number of instances in which they would refer their patients to medical practitioners, such as when there is need for different scientific tests, for example blood tests and/or blood transfusion, when a person requires hydration, and when a patient is too weak. One of the traditional healers acknowledged their limitations saying,

> Yes, I do (refer patients to medical practitioners) because like I said, some illnesses are a result of the nature of a human body … I have not learned how the body works which means it is not easy for me to treat the body like those who have been trained on how it works (GATH001).

As argued earlier when defining collaboration, this bold acknowledgement of one's own limitation while at the same time appreciating the contribution that others may bring to the table is a very important ingredient towards healthy collaboration of different health systems. However, it is important to note that while other practitioners referred patients to medical practitioners, the medical practitioners rarely referred patients to them. When asked whether medical doctors referred patients to them, one of the faith healers noted with disappointment, "No, it has never happened. It is rather us who refer patients to them" (TSFH001). The prevalence of this one-sided referral was also confirmed by the medical practitioners themselves who responded overwhelmingly that they usually do not refer patients to faith healers nor to traditional healers. In the few instances where patients were referred to alternative health providers, it was for them to receive pastoral counselling

[1] MAFH003: These are anonymous codes used throughout the study to represent the different respondents. To maintain the anonymity of the respondents, respondents from different study sites were assigned codes.

and prayers. Faith healers also acknowledged that medical practitioners allow them to visit patients in hospitals to pray for their healing.

It may be interesting to note that notwithstanding this predominantly one-sided referral, the faith and traditional healers strongly felt that they have a greater influence on decisions that patients make, that is, more than medical practitioners. In this way they argued that ignoring them is futile. Hence, they argued for necessity of collaboration. To demonstrate their influence over the patients' decisions, one faith healer said, "if I tell 100 people in the community to stop taking modern medication, and the medical doctor tells the same 100 people to continue taking the drugs, I will win!" (MAFGDHP). Thus the alternative health providers felt that their influence over the daily decisions that patients make regarding their health necessitates that they should be taken as important collaboration partners in health matters.

Lack of Formalised Records for Referrals

Having pointed out that other health providers are willing to collaborate with medical professionals in the hospitals and clinics, and that they actually make referrals to the hospitals and clinics, they however regretted the fact that the referral system is not formalized and that there are no records for the referrals. One of the faith healers for example said,

> The problem is lack of some sort of evidence to show that a patient is referred to the medical doctor from a faith healer. There must be a sort of booklet or a card that shows that a patient was assisted by a faith healer and now is transferred to a medical doctor (HUFH001).

The faith healers expressed their wish that a common medical card should be developed, such that whenever they sense a need for an intervention of a medical professional in the healing process of the patient, they would simply write down their observation and the medical history of the patient (MAFH003).

Late Referrals of Patients from Traditional Healers

Another challenge to collaboration cited by allopathic doctors against traditional healers was delays in referrals. They complained that traditional health practitioners tend to refer the patients to hospitals as a last resort. In fact, these findings are confirmed in the extant literature. For example, there are claims that it is common for traditional healers to refer patients when they are in the final stages of illness. This sometimes leads to death because chances of successful treatment interventions are normally slim (Summerton 2006). Another study conducted by Sorsdahl, Stein and Flisher (2010) also brought to light the fact that in some places, traditional healers' referral to Western care comes as the last resort.

However, the view that traditional healers only refer patients to modern medicine as the last resort needs to be properly assessed from different perspectives, so that there is a balanced understanding and a lasting solution on the matter. It may be argued that as long as collaboration between different health systems is not in place, other alternative health providers will only receive patients as the last resort, when it may be too late to help the patient. This is because when there is no collaboration, one of the health systems, whether allopathic or one of the alternative health systems will view themselves as 'the' only health provider, at least until they fail. For example, it is common knowledge that when the

allopathic system fails, they normally ask the family to find alternative home-based means to help the patient, which may include consultation of alternative health providers. This is indirectly a last resort referral, which does not in any way differ from a situation when the traditional system refers patients to medical hospitals in the last stages of their illness. Thus, late referral of patients to other health practitioners should not by any means be regarded as a failure by the traditional system alone. It is fundamentally the failure in collaboration in general. Collaboration is more likely to solve this problem because communication barriers will be brought down. It will be through communication that traditional healers will know when to refer and when not to dispense their drugs.

Mistrust of Traditional Healers

One of the challenges that appeared to recur in the study is that of mistrust of traditional healers by other health providers, that is, both the modern medical professionals and some faith healers. The majority of the faith healers in the study stated that they do not seek help from nor refer their patients to traditional healers. Most of the faith healers who held this position were pastors from Pentecostal and charismatic backgrounds together with leaders from mainline churches.

Traditional healers also confirmed that they suffer from this prevailing mistrust from medical practitioners. One of the traditional healers said they never receive patients referred to them from medical practitioners. He said, "No, I haven't received patients from modern medical doctors. They say that we are witches, they rather refer them to *baruti* (faith healers)" (HUTH002). While the traditional healers receive this negative treatment from those in the modern medicine, they pointed out that different families continue to bring in their patients to them for traditional healing. Further, some traditional healers revealed that, under the concealment of the family, they are often invited to secretly administer traditional medicine to the patients who are already admitted in the hospitals (BOTH002).

From the above, it seems that sidelining of traditional healers and failing to bring them into the collaboration network is not helping any of the stakeholders in health provision. Instead of helping, it appears rather detrimental to the health of the patients, because without any communication between health providers, two remedies are administered concurrently, that is 'the apparent', modern medical treatment and 'the concealed', traditional medical treatment.

Doubt on the Efficacy of Traditional Healing and its Possible Interference with the Efficacy of Hospital Treatment

Almost all modern medical practitioners were negative on the question whether they refer patients to traditional healers. They categorically argued that they do not encourage their patients to consult traditional healers or to take traditional healers' medicine. One of the reasons given for not referring patients to traditional healers was that the medication is not tested, that is in terms of the active ingredients in the traditional medicine. For example, one respondent said,

> I don't encourage people to use them, most patients who use traditional medication come here with kidney problems because contents are not measured, their safety or side effects are not documented. So, usually I discourage the patients

> from going there because their medicine will interfere with the medicines we give (TSMP002).

Medical practitioners argued for the possible interference of traditional healers' concoctions with the modern medication. For example, one respondent stated,

> For me it is a requirement because the medication that I give may be based on the patient's condition, for example, it might be related the functionality of their kidneys and/or liver. So, if the patient is taking other medication out there especially those which I am not sure of, their safety and side effects will interfere with the ones given. For example, patients on traditional medicine will come here with acute kidney injuries and if they are in severe pain you can't give them medication like brufen because they will injure their kidneys even the more. That's how they interfere with what we give here and yes it is a requirement to know if the patient is on alternative medicine (TSMP002).

Although they did not refer patients to traditional healers, medical practitioners said they received patients referred to them by traditional and faith healers. Medical practitioners said these are referred for different reasons: to confirm the faith/ traditional healer's suspicion or to confirm if the traditional or faith healer's treatment has worked. "Actually, sometimes, I get two forms of referrals, before contact with the faith healers and afterwards" (MAGP002).

From the preceding observations from the study, a number of challenges continue to prevail in the quest for collaboration between different health systems in Botswana. While traditional healers are the ones who often receive a negative review from both scholars and health practitioners, it seems that the real problem goes beyond them. Failure for collaboration of the various health systems is bound to create more problems than solutions in the health of patients. Below, some useful strategies for collaboration are suggested.

Useful Strategies to Foster Collaboration

Positive attitudes and personal relationships are imperative for collaboration. There is too much stigma towards traditional medicine. All health care professionals should be firstly committed to collaboration, be patient focused, acknowledge holistic care, take interprofessional education into cognizance, and open doors of communication. Building social networks is important because together, different health care providers could come with strategies of dealing with problems they encounter in collaborative healing.

Commitment to Collaboration

Governments have come to the realization that as healthcare evolves, it is important to investigate possibilities of collaboration. New understanding of the traditional system brings about the need to make plans so as to benefit from traditional healing systems. It is not only a matter of benefits of the traditional health system; problems rooting from lack of collaboration are also real motivators. There is need for cultivating positive attitudes within the health care fraternity. Committing to working together in overcoming barriers of health should be encouraged. Maintaining equal relationships among health care

providers is important. There is no way people can work together coherently under unequal circumstances.

The World Health Organization advocates for the establishment of structures that would facilitate collaboration. Pretorius who, in his work, dealing with analogical model of the Biomedical and Traditional Medical Relationship, advocates for an inclusive parallel system that recognizes all faculties (Pretorius 1991). It has been argued earlier in the paper that healing by definition has to be holistic, taking into cognizance various aspects of human reality.

Being Patient-focused

The approach that is suggested is reaching out to the wellbeing of individual persons. In other words, it emphasises the patient-centred approach. This approach aims for the best possible outcomes and takes the plight of the patient into cognizance. Its focus is on the outcomes, rather than on the practitioner's health care system preference. Different health care providers can therefore work together for the sake of the welfare and the interest of their patients.

Inter-professional Education

Although interprofessional education could be a strategy to foster collaboration, it is not adequately introduced in higher institutions of learning which have health departments, especially in countries like Botswana. Curriculum resources that emphasize on teamwork should therefore be introduced for student doctors and nurses so that they can be in a position to provide better care and collaboration after graduating.

Acknowledging Holistic Care

A holistic approach includes all dimensions of life. Therefore, for health care to be holistic, there is need to meet people at their multiple points of need. Studies reveal that illness is multidimensional therefore it is important to address the needs of patients holistically.

Communication

Information technologies and telecommunication could lead to telemedicine and easy collaborative practice. It can also improve health outcomes. Other social media platforms such as Facebook and WhatsApp can create easier and faster communication channels. Through these platforms, health care practitioners from various health systems could share patients' issues. This is even possible nowadays in Botswana, where cellular phones are used practically in most regions and by all health providers.

Building Social Networks

It is necessary for healthcare providers to have a good relationship for the sake of quality healthcare services. Through communication they can know who is best in certain areas and to share ideas and learn from each other. Some of the strategies used to build interprofessional relationships include referring challenging cases to the most experienced health care provider, discussing with other health care professionals in order to provide the best treatment to the patient and teaching student doctors and nurses on collaboration of healthcare professionals.

Conclusion

This paper reviewed different scholarly works on the importance of collaboration of health care professionals. It also presented findings on the challenges of collaboration of the various health systems from a study that was held in Botswana. It was argued that our understanding of both healing and collaboration may go a long way in making collaboration of different health providers a reality. Approaches discussed are the allopathic medicine, traditional African approach and pastoral care approach. Through the literature and the data from the field, it may be concluded that collaboration is possible if it is built on mutual understanding, respect of uniqueness and understanding of systems. From the literature that was reviewed as well as field research, it came to light that capacity building is essential for collaboration to be effective. The importance of education for effective collaboration has been underscored. Education will assist traditional healers in understanding health issues, correct clinical procedures and the health system. The allopathic doctors will also understand the traditional healing systems, including culture and traditional healing through the inclusion of these in the nursing and allopathic curricula.

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