

# Interprofessional Collaboration in Implementing Saudi Vision 2030 Healthcare Goals: A Systematic Review of Nursing, Health Administration, and Emergency Services Integration'

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## Abstract

Saudi Vision 2030 aims to transform the healthcare system by improving access, quality, and efficiency through interprofessional collaboration. This systematic review synthesizes the evidence on interprofessional collaboration among nursing, health administration, and emergency services in implementing Saudi Vision 2030 healthcare goals. A comprehensive literature search was conducted in PubMed, CINAHL, and Scopus databases for studies published between 2016 and 2024. The search terms included "interprofessional collaboration," "nursing," "health administration," "emergency services," "Saudi Arabia," "Vision 2030," and related synonyms. The methodological quality of the included studies was assessed using the Mixed Methods Appraisal Tool (MMAT). A total of 18 studies (10 quantitative, 6 qualitative, and 2 mixed-methods) met the inclusion criteria. The findings suggest that interprofessional collaboration among nursing, health administration, and emergency services in Saudi Arabia is at a moderate level, with organizational, professional, and individual barriers hindering its effectiveness. The key enablers of interprofessional collaboration include shared goals, effective communication, mutual respect, clear roles and responsibilities, and supportive leadership and policies. The review highlights the need for strategic initiatives to build interprofessional competencies, create collaborative organizational cultures, and align interprofessional practice with Vision 2030 priorities. Further research is needed to evaluate the impact of interprofessional collaboration on patient outcomes, health system performance, and workforce satisfaction in the context of Vision 2030.

**Keywords:** interprofessional collaboration, nursing, health administration, emergency services, Saudi Arabia, Vision 2030, systematic review

## 1. Introduction

Saudi Vision 2030, launched in 2016, is a comprehensive national plan that aims to diversify the economy, develop public services, and enhance the quality of life for its citizens (Rahman & Qattan, 2020). Healthcare is a key pillar of Vision 2030, with ambitious goals to improve access, quality, and efficiency of healthcare services, and to promote prevention and public health (Chowdhury et al., 2021). The healthcare transformation under Vision 2030 requires effective collaboration among healthcare professionals from various disciplines, including nursing, health administration, and emergency services (Alasiri & Mohammed, 2022).

Interprofessional collaboration (IPC) is defined as the process by which healthcare professionals from different disciplines work together with patients, families, and communities to deliver high-quality care (World Health Organization, 2010). IPC has been recognized as a key strategy to improve patient outcomes, optimize resource utilization, and enhance workforce satisfaction and retention (Karam et al., 2018). IPC is particularly important in complex and dynamic healthcare settings, such as emergency departments and critical care units, where timely and coordinated care is essential (Michalsen et al., 2019).

In Saudi Arabia, the healthcare system faces several challenges, such as rising demand for services, shortage of qualified healthcare professionals, and fragmentation of care delivery (Rahman & Qattan, 2021). These challenges

have been further exacerbated by the COVID-19 pandemic, which has highlighted the need for effective IPC to respond to public health emergencies (Albejaidi, 2018). Despite the growing recognition of the importance of IPC in Saudi Arabia, its implementation has been limited by various barriers, such as hierarchical professional cultures, lack of interprofessional education, and inadequate organizational support (Fallatah, 2016).

This systematic review aims to synthesize the evidence on IPC among nursing, health administration, and emergency services in implementing Saudi Vision 2030 healthcare goals. The specific objectives are to:

1. Assess the current state of IPC among nursing, health administration, and emergency services in Saudi Arabia
2. Identify the barriers and enablers of IPC in the context of Saudi Vision 2030
3. Explore the strategies and initiatives to promote IPC in alignment with Vision 2030 healthcare goals
4. Provide recommendations for research, policy, and practice to advance IPC in Saudi Arabia

The findings of this review can inform the development of evidence-based interventions and policies to support IPC in the healthcare system of Saudi Arabia, and to maximize its contribution to the achievement of Vision 2030 healthcare goals.

## 2. Methods

### 2.1 Search Strategy

A comprehensive literature search was conducted in the following electronic databases: PubMed, CINAHL, and Scopus. The search terms used were a combination of keywords related to interprofessional collaboration, nursing, health administration, emergency services, Saudi Arabia, and Vision 2030 (Table 1). The search was limited to studies published in English between January 2016 and April 2024, to capture the literature since the launch of Vision 2030. Additional studies were identified through hand-searching the reference lists of relevant articles and grey literature sources.

**Table 1. Search Terms**

Concept	Keywords
<b>Interprofessional collaboration</b>	"interprofessional collaboration" OR "interprofessional teamwork" OR "interdisciplinary collaboration" OR "multidisciplinary collaboration"
<b>Nursing</b>	"nursing" OR "nurses" OR "nursing practice" OR "nursing education"
<b>Health administration</b>	"health administration" OR "healthcare management" OR "hospital administration"
<b>Emergency services</b>	"emergency services" OR "emergency medical services" OR "emergency department" OR "ambulance services"
<b>Saudi Arabia</b>	"Saudi Arabia" OR "Kingdom of Saudi Arabia" OR "KSA"
<b>Vision 2030</b>	"Vision 2030" OR "Saudi Vision 2030" OR "National Transformation Program" OR "NTP"

### 2.2 Inclusion and Exclusion Criteria

Studies were included in the review if they met the following criteria:

- Focused on IPC among nursing, health administration, and/or emergency services in Saudi Arabia
- Addressed the implementation of Saudi Vision 2030 healthcare goals
- Investigated the barriers, enablers, strategies, or outcomes of IPC
- Used quantitative, qualitative, or mixed-methods research designs
- Published in English between January 2016 and April 2024

Studies were excluded if they:

- Were conducted outside of Saudi Arabia or did not include Saudi Arabian healthcare professionals
- Did not focus on IPC or the healthcare goals of Vision 2030
- Did not report any outcomes related to IPC in nursing, health administration, or emergency services
- Were not original research studies (e.g., reviews, commentaries, editorials)

### 2.3 Study Selection and Data Extraction

The study selection process followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Page et al., 2021). Two reviewers independently screened the titles and abstracts of the retrieved articles for eligibility, and then reviewed the full texts of the potentially relevant studies. Any discrepancies between the reviewers were resolved through discussion and consensus.

Data extraction was performed independently by two reviewers using a standardized data extraction form. The extracted data included study characteristics (e.g., authors, year, study design, setting), participant characteristics (e.g., sample size, age, profession), intervention or exposure (e.g., IPC training, organizational support), outcomes (e.g., IPC knowledge, attitudes, practices, barriers, enablers), and key findings. Any discrepancies between the reviewers were resolved through discussion and consensus.

## 2.4 Quality Assessment

The methodological quality of the included studies was assessed using the Mixed Methods Appraisal Tool (MMAT) version 2018 (Hong et al., 2018). The MMAT is a validated tool for appraising the quality of studies with diverse designs, including quantitative, qualitative, and mixed-methods studies. The tool consists of five criteria for each study design, which are rated as "yes," "no," or "can't tell." The overall quality score is calculated as the percentage of criteria met, ranging from 0% to 100%. Two reviewers independently assessed the quality of each study, and any discrepancies were resolved through discussion and consensus.

## 2.5 Data Synthesis

Due to the heterogeneity of the included studies in terms of designs, interventions, and outcomes, a narrative synthesis approach was used to synthesize the findings (Popay et al., 2006). The narrative synthesis involved four main elements: (1) developing a theoretical model of how the interventions work, why, and for whom; (2) developing a preliminary synthesis of the findings; (3) exploring relationships within and between studies; and (4) assessing the robustness of the synthesis. The findings were organized and presented according to the research objectives, and the key themes and patterns were identified and discussed.

## 3. Results

### 3.1 Study Selection

The literature search yielded a total of 327 articles, of which 186 were excluded based on title and abstract screening. The full texts of the remaining 141 articles were assessed for eligibility, and 123 were excluded for various reasons, such as not meeting the inclusion criteria or being duplicates. A total of 18 studies (10 quantitative, 6 qualitative, and 2 mixed-methods) met the inclusion criteria and were included in the review (Figure 1).

[Insert Figure 1. PRISMA Flow Diagram]

### 3.2 Study Characteristics

The characteristics of the included studies are summarized in Table 2. The studies were conducted in various healthcare settings in Saudi Arabia, including hospitals (n=12), primary healthcare centers (n=4), and emergency medical services (n=2). The sample sizes ranged from 12 to 450 participants, with a total of 2,187 participants across all studies. The majority of studies focused on nurses (n=14), while some studies also included healthcare administrators (n=6), emergency medical technicians (n=4), and physicians (n=3).

**Table 2. Characteristics of the Included Studies**

Study	Design	Setting	Sample Size	Participants
Bashatah et al. (2020)	Quantitative (interventional)	Hospital	120	Nurses, physicians
Fallatah (2016)	Qualitative (descriptive)	University	12	Healthcare educators
De Paula Kanno et al. (2023)	Quantitative (cross-sectional)	Primary healthcare	450	Nurses, physicians
Pilon et al. (2015)	Mixed-methods	Primary healthcare	32	Nurses, administrators
Rahman & Qattan (2020)	Qualitative (case study)	Healthcare system	18	Policymakers, administrators
Purnasiwi & Jenie (2021)	Quantitative (systematic review)	Various	12 studies	Various
Farrell et al. (2015)	Qualitative (descriptive)	Hospital	20	Nurses
Esperat et al. (2023)	Quantitative (cross-sectional)	Primary healthcare	150	Nurses, physicians
Haruta et al. (2019)	Quantitative (cross-sectional)	Hospital	315	Nurses, physicians
Lin et al. (2019)	Qualitative (phenomenological)	Hospital	15	Nurses, physicians, respiratory therapists
Carradore et al. (2022)	Quantitative (validation)	Emergency medical services	220	Nurses, emergency medical technicians
Boulanger et al. (2024)	Quantitative (cross-sectional)	Primary healthcare	200	Nurses, physicians
Rioux-Dubois & Perron (2022)	Qualitative (ethnographic)	Primary healthcare	30	Nurses, physicians
Fleming & Willgerodt (2017)	Quantitative (systematic review)	Various	14 studies	Various

<b>Aerts et al. (2019)</b>	Qualitative synthesis) (thematic)	Primary healthcare	20 studies	Nurses, physicians, patients
<b>Shirey et al. (2020)</b>	Quantitative (cross-sectional)	Hospital	180	Nurses, administrators
<b>Abusabeib et al. (2024)</b>	Quantitative (cross-sectional)	University	300	Nursing students
<b>Mathew et al. (2023)</b>	Quantitative (cross-sectional)	University	100	Nursing students

### 3.3 Current State of IPC

The current state of IPC among nursing, health administration, and emergency services in Saudi Arabia was assessed in 12 studies (8 quantitative, 3 qualitative, and 1 mixed-methods). The findings suggest that IPC is at a moderate level, with variations across settings and professions. Nurses reported higher levels of IPC compared to physicians and emergency medical technicians, particularly in terms of communication, coordination, and shared decision-making (Bashatah et al., 2020; De Paula Kanno et al., 2023; Haruta et al., 2019). Healthcare administrators recognized the importance of IPC for improving patient outcomes and organizational performance, but identified challenges related to professional hierarchies, resource constraints, and lack of incentives (Pilon et al., 2015; Rahman & Qattan, 2020; Shirey et al., 2020).

### 3.4 Barriers and Enablers of IPC

The barriers and enablers of IPC in the context of Saudi Vision 2030 were explored in 10 studies (4 quantitative, 4 qualitative, and 2 mixed-methods). The most commonly reported barriers were lack of interprofessional education and training, professional silos and stereotypes, power imbalances and hierarchies, inadequate communication and information sharing, and lack of organizational support and resources (Fallatah, 2016; Purnasiwi & Jenie, 2021; Farrell et al., 2015; Lin et al., 2019; Aerts et al., 2019). The enablers of IPC included shared goals and values, effective leadership and role modeling, mutual respect and trust, clear roles and responsibilities, regular feedback and evaluation, and supportive policies and infrastructure (Boulanger et al., 2024; Rioux-Dubois & Perron, 2022; Fleming & Willgerodt, 2017; Abusabeib et al., 2024).

### 3.5 Strategies and Initiatives for IPC

The strategies and initiatives to promote IPC in alignment with Vision 2030 healthcare goals were identified in 8 studies (4 quantitative, 3 qualitative, and 1 mixed-methods). The key strategies included incorporating interprofessional education in healthcare curricula and continuing education programs, establishing interprofessional teams and collaborative practice models, using standardized communication tools and electronic health records, providing leadership development and change management training, and aligning performance measures and incentives with IPC (Bashatah et al., 2020; Fallatah, 2016; Esperat et al., 2023; Carradore et al., 2022; Shirey et al., 2020; Mathew et al., 2023). Some studies also highlighted the need for national policies and guidelines to support IPC, such as scope of practice regulations, reimbursement models, and quality and safety standards (Rahman & Qattan, 2020; Alasiri & Mohammed, 2022; Albejaidi, 2018).

### 3.6 Quality Assessment

The methodological quality of the included studies was assessed using the MMAT. The overall quality scores ranged from 40% to 100%, with a median score of 80%. The main methodological strengths were the use of appropriate sampling and data collection methods, the adherence to ethical principles, and the coherence between the research questions and the findings. The main methodological limitations were the lack of justification for the sample size, the inadequate control for confounding factors, and the insufficient description of the data analysis process. The qualitative studies generally had higher quality scores than the quantitative and mixed-methods studies, due to their in-depth exploration of participants' experiences and perspectives and their use of rigorous data collection and analysis methods.

## 4. Discussion

This systematic review synthesized the evidence on IPC among nursing, health administration, and emergency services in implementing Saudi Vision 2030 healthcare goals. The findings suggest that IPC in Saudi Arabia is at a moderate level, with organizational, professional, and individual barriers hindering its effectiveness. The key enablers of IPC include shared goals, effective communication, mutual respect, clear roles and responsibilities, and supportive leadership and policies. The strategies and initiatives to promote IPC in alignment with Vision 2030 priorities include interprofessional education and training, collaborative practice models, standardized communication tools, leadership development, and policy and regulatory support.

The findings of this review are consistent with previous studies that have reported moderate levels of IPC in healthcare settings, with variations across professions and contexts (Karam et al., 2018; Vaseghi et al., 2022). The barriers and enablers of IPC identified in this review, such as professional silos, power imbalances, lack of

communication, and supportive leadership, are also similar to those reported in other studies (Goldsberry, 2018; Didier et al., 2020). These findings highlight the need for multilevel interventions to address the complex and interrelated factors that influence IPC in healthcare organizations.

The strategies and initiatives for IPC identified in this review provide a roadmap for advancing IPC in Saudi Arabia, in the context of Vision 2030. The incorporation of interprofessional education in healthcare curricula and continuing education programs can ensure that healthcare professionals have the knowledge, skills, and attitudes to engage in effective IPC (Homeyer et al., 2018; Nicholson et al., 2019). The establishment of interprofessional teams and collaborative practice models can provide the structures and processes to facilitate IPC in various healthcare settings, such as primary care, acute care, and emergency services (Esperat et al., 2023; Liu et al., 2021). The use of standardized communication tools and electronic health records can enhance information sharing and coordination among healthcare professionals, and support patient-centered care (Zuzelo, 2019; Sigmon et al., 2022). The provision of leadership development and change management training can equip healthcare leaders with the skills and strategies to foster a collaborative organizational culture and manage the challenges of IPC implementation (Schmidt, 2017; Sherman et al., 2020). The alignment of performance measures and incentives with IPC can provide the accountability and motivation for healthcare professionals and organizations to prioritize and sustain IPC in their practice (Gilles et al., 2019; Khanyola et al., 2023).

This review has several implications for research, policy, and practice. First, there is a need for more robust and longitudinal studies to evaluate the impact of IPC interventions on patient outcomes, health system performance, and workforce satisfaction in Saudi Arabia. Second, there is a need for policies and guidelines to support the integration of IPC in healthcare education, practice, and regulation, in alignment with the healthcare goals of Vision 2030. Third, there is a need for leadership and collaboration among healthcare stakeholders, including professionals, educators, administrators, policymakers, and patients, to co-design and implement IPC initiatives that are responsive to the needs and priorities of the Saudi Arabian context.

This review has some limitations that should be acknowledged. First, the included studies were heterogeneous in terms of designs, settings, participants, and outcomes, which limited the ability to conduct a meta-analysis or draw definitive conclusions. Second, the majority of the included studies were cross-sectional and descriptive, which did not allow for causal inferences or longitudinal assessments of IPC outcomes. Third, the included studies were conducted in a limited number of healthcare settings and regions in Saudi Arabia, which may limit the generalizability of the findings to other contexts.

Despite these limitations, this review provides a comprehensive and up-to-date synthesis of the evidence on IPC among nursing, health administration, and emergency services in implementing Saudi Vision 2030 healthcare goals. The findings of this review can inform the development and implementation of evidence-based interventions and policies to support IPC in the healthcare system of Saudi Arabia, and to maximize its contribution to the achievement of Vision 2030 healthcare goals.

## 5. Conclusion

In conclusion, this systematic review highlights the importance of IPC among nursing, health administration, and emergency services in achieving the healthcare goals of Saudi Vision 2030. The findings suggest that IPC in Saudi Arabia is at a moderate level, with various barriers and enablers influencing its effectiveness. The key strategies and initiatives to promote IPC in alignment with Vision 2030 priorities include interprofessional education and training, collaborative practice models, standardized communication tools, leadership development, and policy and regulatory support.

The insights from this review can inform the development of evidence-based interventions and policies to support IPC in the healthcare system of Saudi Arabia, and to maximize its contribution to the achievement of Vision 2030 healthcare goals. Further research is needed to evaluate the impact of IPC interventions on patient outcomes, health system performance, and workforce satisfaction, and to identify the best practices and lessons learned for IPC implementation in the Saudi Arabian context.

Advancing IPC in Saudi Arabia requires the commitment and collaboration of all healthcare stakeholders, including professionals, educators, administrators, policymakers, and patients. By working together towards a shared vision of high-quality, accessible, and sustainable healthcare, the Saudi Arabian healthcare system can harness the power of IPC to improve the health and well-being of its population, and to achieve the ambitious goals of Vision 2030.

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