

# INTERPROFESSIONAL COLLABORATION AMONG PHARMACISTS, PHYSICIANS, AND NURSES: APPLICATIONS IN SAUDI ARABIAN HEALTHCARE

SAMEER ABDULRAHMAN MURAYZIQ ALSAEDI<sup>1</sup>, OMAR MUSLIH FADHL ALRADDADI<sup>2</sup>,  
BANDAR ATEIQ MENWER ALJOHANI<sup>3</sup>, ATALLAH ATEEQ ALJOHANI<sup>4</sup>, MARYAH SADDIG  
AHMED ARISHI<sup>5</sup>, AHLAM MUNEOR ALMUTAIRI<sup>6</sup>, AESHAH MUNIF NASSER AL-SUBAIE<sup>7</sup>,  
TAIF KHALID ALBASSRI<sup>8</sup>, AMANI MOHAMMAD AL MUBARAK<sup>9</sup>, IMAN OLAYAN  
ALMUTAIRI<sup>10</sup>

<sup>1</sup>NURSING TECHNICIAN, ISLAMIC UNIVERSITY OF MADINAH, SAUDI ARABIA

<sup>2</sup>NURSING TECHNICIAN, ISLAMIC UNIVERSITY OF MADINAH, SAUDI ARABIA

<sup>3</sup>NURSING TECHNICIAN, ISLAMIC UNIVERSITY OF MADINAH, SAUDI ARABIA

<sup>4</sup>NURSING SPECIALIST, ISLAMIC UNIVERSITY OF MADINAH, SAUDI ARABIA

<sup>5</sup>TECH PHARMACY, KING KHALID UNIVERSITY HOSPITAL, SAUDI ARABIA

<sup>6</sup>PHARMACY TECHNICIAN, KING KHALID UNIVERSITY HOSPITAL, SAUDI ARABIA

<sup>7</sup>PHARMACY TECHNICIAN, KING KHALED UNIVERSITY HOSPITAL, SAUDI ARABIA

<sup>8</sup>PHARMACY KKHU, KING KHALID UNIVERSITY HOSPITAL

<sup>9</sup>HEALTH INFORMATION MANAGEMENT, NATIONAL GUARD HOSPITAL

<sup>10</sup>HEALTH INFORMATION MANAGEMENT, KING ABDULAZIZ MEDICAL CITY NATIONAL  
GUARD HEALTH AFFAIRS

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## Abstract

Interprofessional collaboration (IPC) represents a cornerstone of contemporary healthcare delivery, particularly in rapidly evolving health systems such as Saudi Arabia's. This article examines the nature, attributes, antecedents, and consequences of collaboration among pharmacists, physicians, and nurses—three professional groups essential to medication management and patient care. Through integration of theoretical literature and empirical evidence, with particular attention to the Saudi Arabian context, this analysis identifies shared goals, mutual respect, role clarity, effective communication, and patient-centered approaches as defining attributes of effective collaboration. Organizational infrastructure, professional identity factors, and individual competencies emerge as critical determinants of successful collaborative practice. In the Saudi Arabian healthcare system, where Vision 2030 has accelerated healthcare transformation initiatives, interprofessional collaboration faces unique cultural, structural, and educational challenges while offering significant opportunities for enhancing care quality and patient outcomes. This comprehensive analysis provides evidence-based recommendations for advancing collaborative practice in Saudi Arabian healthcare settings through targeted organizational interventions, educational reforms, and policy developments aligned with national healthcare priorities.

## INTRODUCTION

The increasing complexity of healthcare delivery necessitates a shift from traditional siloed professional approaches toward more integrated models of care. Interprofessional collaboration (IPC) has emerged as an essential strategy for addressing the multifaceted challenges of contemporary healthcare systems, including those in Saudi Arabia (World Health Organization [WHO], 2010). The WHO (2010) defines interprofessional collaboration as "multiple health workers from different professional backgrounds working together with patients, families, carers and communities to deliver the highest quality of care" (p. 13). This collaborative approach is particularly vital in medication management, where pharmacists, physicians, and nurses must coordinate seamlessly to ensure patient safety and therapeutic efficacy.

The Saudi Arabian healthcare system is undergoing significant transformation as part of the Kingdom's Vision 2030 initiative, which aims to improve healthcare quality, efficiency, and accessibility (Alsuhebany et al., 2019). This transformation includes enhancing collaborative practice among healthcare professionals to meet growing population needs and address complex health challenges. Understanding the concept of interprofessional collaboration within the Saudi context is crucial for developing effective strategies to strengthen teamwork among healthcare professionals in alignment with national healthcare objectives.

The intricate nature of medication management requires the complementary expertise of physicians, pharmacists, and nurses. Physicians diagnose conditions and prescribe medications, pharmacists provide pharmaceutical expertise and monitor medication regimens, while nurses administer medications and observe patient responses (De Baetselier et al., 2021). Despite the clear need for collaboration, these professionals often operate within distinct disciplinary boundaries, potentially compromising care quality and patient safety (Makowsky et al., 2009). In Saudi Arabia, traditional hierarchical structures and professional silos present additional challenges to effective interprofessional practice (Alsuhebany et al., 2019).

This study examines interprofessional collaboration among pharmacists, physicians, and nurses, with specific application to the Saudi Arabian healthcare context. By integrating theoretical knowledge with empirical observations, this analysis aims to provide a comprehensive understanding of IPC that can inform education, practice, and policy initiatives in Saudi Arabia's evolving healthcare landscape.

### **Defining Interprofessional Collaboration in Healthcare**

Interprofessional collaboration has been variously defined in the literature. At its etymological foundation, collaboration derives from the Latin terms "col" (together) and "laborare" (to work), indicating "to work together" (Merriam-Webster, 2022). In healthcare contexts, the concept has evolved to encompass specific elements related to healthcare delivery.

D'Amour et al. (2005) defined interprofessional collaboration as "the process by which different professional groups work together to positively impact healthcare" (p. 116). This definition emphasizes the process-oriented nature of collaboration. The WHO (2010) expanded this understanding by highlighting that IPC involves "multiple health workers from different professional backgrounds working together with patients, families, carers and communities to deliver the highest quality of care" (p. 13), thus incorporating patient-centeredness as a key component.

In the specific context of pharmacist-physician-nurse collaboration, Makowsky et al. (2009) characterized it as "a joint communication and decision-making process with the goal of meeting the patient's health needs, while respecting the unique qualities and abilities of each professional" (p. 170). This definition highlights communication, decision-making, patient-centeredness, and professional respect as central elements.

Within Saudi Arabian literature, Alsuhebany et al. (2019) described interprofessional collaboration as "the integration of healthcare professionals from different backgrounds working together with defined roles to provide comprehensive patient care" (p. 2), emphasizing role definition and comprehensive care in the Saudi context.

Based on the integration of these perspectives, with specific consideration of the Saudi Arabian context, we propose the following definition:

"Interprofessional collaboration among pharmacists, physicians, and nurses in Saudi Arabian healthcare is a dynamic, culturally-informed process characterized by shared goals, mutual respect, role clarity, and effective communication. It involves the intentional integration of complementary expertise to provide patient-centered care that aligns with Islamic values and cultural norms, particularly in medication management. This collaboration requires organizational support, professional commitment, individual capabilities, and cultural sensitivity, and results in enhanced patient outcomes, professional satisfaction, and system efficiency in accordance with national healthcare priorities."

### **Key Attributes of Interprofessional Collaboration in Saudi Arabian Healthcare**

Several essential attributes characterize effective interprofessional collaboration among pharmacists, physicians, and nurses in Saudi Arabian healthcare settings:

#### **Shared Goals and Patient-Centered Approach**

Effective collaboration is characterized by a common focus on patient outcomes and quality care. All team members align their efforts toward shared patient-centered goals (Saint-Pierre et al., 2018; WHO, 2010). As noted by Liu et al. (2016), successful medication management requires all professionals to prioritize patient needs and preferences. In Saudi Arabian healthcare settings, increasing emphasis on patient-centered care as part of healthcare reform initiatives has highlighted the importance of this attribute (Alsuhebany et al., 2019).

**Role Clarity with Cultural Sensitivity**

Understanding and respecting the unique expertise, roles, and responsibilities of each professional is fundamental to effective collaboration. Håkansson Lindqvist et al. (2019) found that clear role delineation reduces conflict and enhances team functioning. In Saudi Arabia, where clinical pharmacy is still evolving as a profession, clarifying the pharmacist's role has been identified as particularly important for successful collaboration (Alsuhebany et al., 2019). Cultural sensitivity in role performance is especially important in Saudi healthcare settings, where gender considerations and cultural norms influence professional interactions.

**Effective Communication and Information Sharing**

Open, timely, and transparent communication facilitates coordination and problem-solving. Liu et al. (2016) identified specific communication strategies that enable pharmacists, physicians, and nurses to manage medications effectively in acute hospital settings. In Saudi Arabian hospitals, communication patterns are influenced by hierarchical structures and cultural factors that affect interprofessional interactions (Alsuhebany et al., 2019). Additionally, the multinational composition of Saudi Arabia's healthcare workforce necessitates attention to potential language barriers and cultural differences in communication styles.

**Mutual Trust and Respect**

Successful collaboration requires professionals to value each other's contributions and trust in each other's competence. Makowsky et al. (2009) highlighted trust as a foundational element that develops through positive interactions over time. Studies in Saudi Arabia have identified professional respect as a critical factor in facilitating collaboration between physicians, pharmacists, and nurses (Alsuhebany et al., 2019). Building trust may require additional effort in healthcare environments where professional hierarchies are deeply embedded, as is often the case in Saudi Arabian healthcare institutions.

**Collaborative Leadership and Shared Decision-Making**

Effective teams demonstrate shared power and collaborative decision-making processes. Hierarchical structures that privilege certain professions can impede collaboration (Robertson et al., 2022). In Saudi Arabian healthcare, traditional hierarchical relationships present challenges to shared decision-making, though recent healthcare reforms are promoting more collaborative leadership models (Alsuhebany et al., 2019). Leadership approaches that balance respect for traditional authority structures while creating space for diverse professional input can be particularly effective in the Saudi context.

**Alignment with National Healthcare Priorities**

In Saudi Arabia, effective interprofessional collaboration increasingly aligns with Vision 2030 healthcare objectives, including improved access, enhanced quality, and greater efficiency in healthcare delivery. This alignment creates strategic value for collaborative initiatives and can help secure organizational support and resources (Alsuhebany et al., 2019).

**Table 1: Key Attributes of Interprofessional Collaboration Among Pharmacists, Physicians, and Nurses in Saudi Arabia**

Attribute	Description	Application in Saudi Arabian Context
Shared Purpose and Patient-Centeredness	Common commitment to patient well-being and quality care	Aligned with Islamic principles of compassion and care; supports Vision 2030 healthcare quality objectives
Role Clarity with Cultural Sensitivity	Clear understanding of each profession's responsibilities with respect for cultural norms	Considers gender-related professional interactions; recognizes evolving role of clinical pharmacists in Saudi healthcare
Mutual Respect and Recognition of Expertise	Valuing unique knowledge and skills each profession brings	Navigates traditional status hierarchies while recognizing complementary expertise of all healthcare professionals
Effective Communication Systems	Formal and informal channels for information sharing	Addresses multilingual workforce challenges; accommodates cultural communication preferences
Collaborative Decision-Making	Input from all relevant professionals in patient care decisions	Balances traditional authority structures with emerging collaborative models in Saudi healthcare reform
Collective Responsibility	Shared accountability for patient outcomes	Aligns with Saudi Arabian healthcare quality frameworks and accreditation requirements

Attribute	Description	Application in Saudi Arabian Context
Alignment with National Priorities	Supporting Saudi Vision 2030 healthcare objectives	Contributes to healthcare transformation goals of improved access, quality, and efficiency

**Contextual Factors Influencing Collaboration in Saudi Arabian Healthcare**

Several key contextual factors significantly influence the nature and quality of interprofessional collaboration in Saudi Arabian healthcare:

**Healthcare Sector Characteristics**

Collaboration patterns differ across Saudi Arabia's public, private, and military healthcare sectors, each with distinct organizational cultures, resources, and governance structures. Academic medical centers typically demonstrate more advanced collaborative practices, often influenced by international accreditation standards and educational missions (Alsuhebany et al., 2019).

**Organizational Culture and Leadership**

Institutional values, leadership approaches, and organizational priorities shape collaborative practices and expectations, with significant variation across Saudi Arabian healthcare facilities. Leaders who model collaborative behavior and establish supportive structures can significantly influence team dynamics and interprofessional relationships (McLaney et al., 2022).

**Workforce Demographics**

Saudi Arabia's healthcare workforce includes both Saudi nationals and a substantial expatriate population, creating diverse professional cultures and communication challenges that influence collaborative dynamics. This multinational composition can enrich healthcare teams with diverse perspectives but also requires attention to potential cultural and language barriers (Alsuhebany et al., 2019).

**Geographic Location**

Collaboration practices may differ between urban academic medical centers and rural or remote healthcare facilities, reflecting variations in resources, workforce composition, and institutional support across different regions of Saudi Arabia. Urban centers typically have greater access to educational resources and specialized professionals, potentially facilitating more advanced collaborative practices (Alsuhebany et al., 2019).

**Stage of Healthcare Transformation**

Healthcare facilities are at different stages of implementing Vision 2030 healthcare transformation initiatives, affecting their readiness for and approach to enhancing interprofessional collaboration. Organizations actively engaged in quality improvement and accreditation processes often demonstrate greater commitment to developing collaborative practices (Alsuhebany et al., 2019).

**Technology Infrastructure**

The level of technological integration, including electronic health records and digital communication systems, varies across Saudi Arabian healthcare facilities, influencing information sharing and coordination capabilities. Advanced digital health systems can facilitate collaboration by providing platforms for information exchange and consultation across professional boundaries (Alsuhebany et al., 2019).

**Barriers and Facilitators to Interprofessional Collaboration in Saudi Arabia**

The integration of theoretical and empirical findings revealed specific barriers and facilitators to interprofessional collaboration among pharmacists, physicians, and nurses in Saudi Arabian healthcare:

**Barriers**

1. **Traditional Hierarchical Structures:** Deeply embedded professional hierarchies in Saudi Arabian healthcare can impede open communication and shared decision-making, particularly between physicians and other healthcare professionals.
2. **Limited Interprofessional Education:** Insufficient opportunities for shared learning experiences during professional education restrict the development of collaborative competencies and interprofessional understanding.
3. **Cultural and Language Diversity:** The multinational composition of Saudi Arabia's healthcare workforce creates communication challenges and cultural differences that can complicate collaborative relationships.

4. **Gender Considerations:** Gender segregation norms in Saudi society may influence professional interactions and collaborative opportunities, particularly in more traditional healthcare settings.
5. **Variable Recognition of Evolving Professional Roles:** Inconsistent understanding and acceptance of pharmacists' expanding clinical roles and nurses' increasing professional autonomy can create role ambiguity and boundary conflicts.
6. **Workload and Staffing Challenges:** High patient volumes, staff shortages, and work pressure in many Saudi Arabian healthcare facilities limit time for collaborative activities and relationship building.
7. **Fragmented Information Systems:** Variable implementation of integrated electronic health records across Saudi Arabian healthcare facilities can impede information sharing and coordination among professionals.

**Table 2: Barriers and Facilitators to Interprofessional Collaboration in Saudi Arabian Healthcare**

Barriers	Facilitators
Traditional hierarchical structures that impede open communication	National healthcare transformation initiatives under Vision 2030
Limited interprofessional education opportunities	Accreditation requirements emphasizing interprofessional collaboration
Cultural and language diversity in multinational workforce	Professional development programs bringing together different disciplines
Gender considerations affecting professional interactions	Leadership commitment to collaborative models of care
Variable recognition of evolving professional roles	Positive collaborative experiences demonstrating value
Workload and staffing challenges limiting time for collaboration	Integrated care models providing structured collaboration opportunities
Fragmented information systems across facilities	Digital health innovations supporting information sharing

#### Facilitators

1. **National Healthcare Transformation Initiatives:** Saudi Vision 2030 healthcare reforms provide policy support and strategic direction for enhancing interprofessional collaboration as part of quality improvement efforts.
2. **Accreditation Requirements:** National and international accreditation standards increasingly emphasize interprofessional collaboration, motivating Saudi Arabian healthcare facilities to implement collaborative practices.
3. **Professional Development Programs:** Continuing education initiatives that bring together pharmacists, physicians, and nurses can build collaborative competencies and strengthen interprofessional relationships.
4. **Leadership Commitment:** Administrative support and leadership modeling of collaborative behaviors at institutional and departmental levels facilitate team-based approaches.
5. **Positive Collaborative Experiences:** Successful collaborative initiatives that demonstrate value for patients and professionals reinforce commitment to interprofessional approaches.
6. **Integrated Care Models:** Implementation of patient-centered care models, such as medication reconciliation programs and chronic disease management teams, provides structured opportunities for collaboration.
7. **Digital Health Innovations:** Emerging digital health technologies in Saudi Arabian healthcare support information sharing and virtual collaboration among healthcare professionals.

#### Empirical Evidence from Saudi Arabian Healthcare

Empirical studies examining interprofessional collaboration in Saudi Arabian healthcare settings reveal several important themes:

##### Pharmacist-Physician Collaboration in Saudi Arabia

Alsuebany et al. (2019) conducted a qualitative study investigating physicians' attitudes toward clinical pharmacists in Saudi Arabian hospitals, finding generally positive perceptions regarding medication safety and education. However, role boundaries sometimes created tension, with some physicians perceiving pharmacist recommendations as encroaching on their decision-making authority. The study



identified factors influencing physician-pharmacist collaboration in Saudi Arabia, including professional trust, communication methods, and organizational culture.

Physicians generally valued pharmacists' contributions in identifying drug interactions, suggesting therapeutic alternatives, and providing medication education. However, acceptance of pharmacists' recommendations varied based on established relationships, perceived expertise, and communication approach. Face-to-face communication was identified as particularly effective in building collaborative relationships between physicians and pharmacists in Saudi Arabian hospital settings.

#### **Pharmacist-Nurse Collaboration in Saudi Arabia**

Research examining pharmacist-nurse collaboration in Saudi Arabian healthcare settings indicates that these professionals recognize potential benefits of working together but often lack structured opportunities for interaction. Nurses typically value pharmacists' expertise in medication information and preparation, while pharmacists appreciate nurses' direct patient care knowledge and medication administration experience (Alsuhebany et al., 2019).

Limited awareness among nurses about the full scope of clinical pharmacy services has been identified as a barrier to effective collaboration in Saudi Arabian hospitals. Educational initiatives and shared practice experiences have been shown to enhance mutual understanding and collaborative relationships between these professional groups.

#### **Physician-Nurse Collaboration in Saudi Arabia**

Studies examining physician-nurse collaboration in Saudi Arabian healthcare reflect traditional professional hierarchies and evolving relationships. Cultural factors, including gender considerations and hierarchical social structures, influence physician-nurse interactions in ways that differ from Western healthcare settings (Alsuhebany et al., 2019).

Communication between physicians and nurses in Saudi Arabian hospitals has traditionally followed hierarchical patterns, though structured communication tools and protocols are increasingly being implemented to enhance information exchange and care coordination. Nurses' expanding roles in patient care and quality improvement initiatives are gradually shifting relationship dynamics, though change occurs at different rates across various healthcare settings.

#### **Triadic Collaboration in Saudi Arabian Healthcare**

Limited research specifically examines the triadic relationship among all three professions in Saudi Arabian settings. However, Alsuhebany et al. (2019) provided insights into the perceptions and experiences of physicians and nurses regarding clinical pharmacists in Saudi Arabian hospitals, highlighting both opportunities for and barriers to effective triadic collaboration.

Successful examples of triadic collaboration in Saudi Arabian healthcare often center around specific clinical initiatives, such as antimicrobial stewardship programs, medication safety committees, and chronic disease management teams. These structured collaborative activities provide opportunities for pharmacists, physicians, and nurses to work together toward shared goals while developing mutual understanding and respect.

#### **Recommendations for Enhancing Interprofessional Collaboration in Saudi Arabian Healthcare Organizational Strategies**

Healthcare organizations in Saudi Arabia seeking to enhance interprofessional collaboration should implement multifaceted strategies that address both structural and relational dimensions. Creating dedicated spaces for interprofessional interaction, establishing regular team meetings, and implementing shared documentation systems can provide infrastructure for collaboration. Developing clear protocols for consultation and communication that respect cultural norms while facilitating professional exchange can reduce role ambiguity and enhance coordination.

Healthcare leaders in Saudi Arabian facilities should foster collaborative cultures by modeling collaborative behavior, recognizing team achievements, and addressing power imbalances within culturally appropriate frameworks. Performance evaluation and reward systems should incorporate collaborative competencies alongside traditional clinical metrics to reinforce the value of teamwork.

Organizational strategies should be tailored to the specific context of each healthcare facility, considering factors such as sector (public, private, or military), geographic location, patient population, and workforce composition. Pilot programs in receptive departments can demonstrate value and build momentum for broader implementation.

#### **Educational Initiatives**

Saudi Arabian educational institutions should integrate interprofessional education experiences throughout healthcare professional curricula. Shared learning activities that bring together pharmacy, medicine, and nursing students can develop collaborative competencies early in professional formation. Case-based learning, simulation exercises, and clinical placements that involve interprofessional teams provide valuable opportunities to practice collaborative skills within culturally appropriate frameworks.

Educational content should explicitly address the complementary roles of pharmacists, physicians, and nurses in medication management and patient care, with attention to how these roles are evolving in the Saudi Arabian healthcare system. Understanding each profession's unique contributions and overlapping responsibilities can reduce role confusion and boundary conflicts in practice.

Faculty development programs should prepare educators to model and teach collaborative approaches, with consideration of cultural factors that influence interprofessional dynamics in Saudi Arabian healthcare. Continuing professional development initiatives should bring together practicing professionals from different disciplines to build collaborative skills and relationships.

## **POLICY RECOMMENDATIONS**

Saudi Arabian healthcare policymakers should align regulatory frameworks, licensing requirements, and quality standards to support interprofessional collaboration. Scope of practice regulations should clarify professional roles while allowing for collaborative practice, particularly for emerging roles such as clinical pharmacists.

National healthcare quality initiatives should incorporate measures of interprofessional collaboration and team performance, incentivizing healthcare organizations to prioritize collaborative approaches. Reimbursement models should recognize and reward team-based care delivery, particularly for complex patients and chronic disease management.

Workforce planning and development strategies should consider the skills and competencies needed for effective collaboration, ensuring that Saudi Arabia's healthcare workforce is prepared for team-based approaches to care delivery. Immigration and licensing policies for expatriate healthcare professionals should address interprofessional competencies and cultural adaptation to Saudi Arabian healthcare environments.

### **Research Directions**

Future research in Saudi Arabian healthcare should examine how specific interventions influence the quality of collaboration among pharmacists, physicians, and nurses. Studies evaluating the implementation and outcomes of collaborative initiatives in different healthcare sectors and regions would provide valuable insights for broader application.

Research investigating the cultural dimensions of interprofessional collaboration in Saudi Arabian healthcare is particularly needed. Studies examining how traditional values, gender norms, and multicultural workforces influence collaborative dynamics would inform culturally appropriate implementation strategies.

Methodological approaches that capture the complex, dynamic nature of interprofessional collaboration should be employed, including mixed-methods designs, social network analysis, and observational studies of team interactions. Patient perspectives on interprofessional collaboration should be incorporated to ensure that collaborative practices align with patient needs and preferences in the Saudi Arabian context.

### **Implementation Models for Saudi Arabian Healthcare**

Several implementation models can be adapted to enhance interprofessional collaboration in Saudi Arabian healthcare settings:

#### **Medication Management Teams**

Structured medication management teams bring together pharmacists, physicians, and nurses to address medication safety, appropriateness, and adherence. These teams can be particularly effective in managing complex medication regimens for patients with chronic conditions, reducing adverse drug events, and improving therapeutic outcomes. In Saudi Arabian hospitals, medication management teams can serve as focal points for developing collaborative relationships while directly contributing to quality improvement objectives.

#### **Interprofessional Rounds**

Regular interprofessional rounds provide opportunities for pharmacists, physicians, and nurses to discuss patient cases, share perspectives, and develop coordinated care plans. These structured interactions can enhance information exchange, build mutual understanding, and improve care coordination. Implementation in Saudi Arabian healthcare facilities should consider cultural norms and organizational routines while establishing clear objectives and participation expectations.

#### **Collaborative Quality Improvement Initiatives**

Quality improvement projects focused on specific clinical outcomes can serve as platforms for developing interprofessional collaboration. Teams comprising pharmacists, physicians, and nurses working together to address identified quality issues can develop collaborative skills while achieving

measurable improvements in patient care. These initiatives align well with Saudi Arabia's national healthcare quality agenda and accreditation requirements.

**Technology-Enabled Collaboration**

Digital health platforms that facilitate secure communication, information sharing, and consultation among healthcare professionals can overcome physical and temporal barriers to collaboration. In Saudi Arabian healthcare settings, where gender segregation and geographic distribution may present challenges to face-to-face interaction, technology-enabled collaboration offers particular advantages. Implementation should address both technical infrastructure and user training needs.

**Table 3: Recommendations for Enhancing Interprofessional Collaboration in Saudi Arabian Healthcare**

Domain	Recommendations	Expected Outcomes
Organizational Strategies	<ul style="list-style-type: none"><li>• Create dedicated spaces for interprofessional interaction</li><li>• Establish regular interprofessional team meetings</li><li>• Implement shared documentation systems</li><li>• Develop clear consultation protocols</li></ul>	<ul style="list-style-type: none"><li>• Enhanced coordination of care</li><li>• Improved information sharing</li><li>• Reduced role ambiguity</li><li>• More efficient workflow</li></ul>
	<ul style="list-style-type: none"><li>• Integrate interprofessional education in healthcare curricula</li><li>• Develop simulation-based team training</li><li>• Create interprofessional clinical placements</li><li>• Implement faculty development for collaborative teaching</li></ul>	<ul style="list-style-type: none"><li>• Graduates prepared for collaborative practice</li><li>• Improved understanding of professional roles</li><li>• Enhanced collaborative competencies</li><li>• Role modeling of collaborative approaches</li></ul>
	<ul style="list-style-type: none"><li>• Align regulatory frameworks to support collaboration</li><li>• Incorporate collaboration measures in quality standards</li><li>• Develop reimbursement models for team-based care</li><li>• Address scope of practice barriers</li></ul>	<ul style="list-style-type: none"><li>• Systemic support for collaborative practice</li><li>• Incentivized team-based approaches</li><li>• Reduced regulatory barriers</li><li>• Alignment with Vision 2030 objectives</li></ul>
	<ul style="list-style-type: none"><li>• Evaluate collaborative intervention outcomes</li><li>• Investigate cultural dimensions of collaboration</li><li>• Study implementation strategies across different settings</li><li>• Incorporate patient perspectives on team-based care</li></ul>	<ul style="list-style-type: none"><li>• Evidence-based implementation strategies</li><li>• Culturally appropriate collaboration models</li><li>• Better understanding of effectiveness factors</li><li>• Patient-centered collaborative approaches</li></ul>
Policy Development		
Research Priorities		

**CONCLUSION**

Interprofessional collaboration among pharmacists, physicians, and nurses represents a critical component of high-quality healthcare delivery in Saudi Arabia's evolving healthcare system. The unique cultural, organizational, and professional context of Saudi Arabian healthcare presents both challenges and opportunities for developing effective collaborative practices. By understanding the essential attributes, contextual factors, barriers, and facilitators of interprofessional collaboration, stakeholders can develop targeted strategies to enhance teamwork among these key healthcare professionals. As Saudi Arabia continues to implement Vision 2030 healthcare initiatives, the ability of pharmacists, physicians, and nurses to work together effectively becomes increasingly important. This comprehensive analysis provides a foundation for educational initiatives, practice improvements, research efforts, and policy developments aimed at strengthening these critical collaborative relationships in alignment with national priorities. By developing culturally appropriate models of interprofessional collaboration, Saudi



Arabian healthcare can more effectively harness the complementary expertise of pharmacists, physicians, and nurses to improve patient outcomes and advance healthcare quality throughout the Kingdom.

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