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Interprofessional Integration in Saudi Arabia's Healthcare System: Strengthening Collaboration Across Nursing, Dentistry, Public Health, and Health Administration

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ABSTRACT: Interprofessional collaboration is a fundamental component of integrated healthcare delivery and a key enabler of Saudi Arabia's Vision 2030 healthcare transformation. As the Kingdom continues to shift toward a value-based, preventive, and patient-centered healthcare model, strengthening collaboration among nursing, dentistry, public health, and health administration has become increasingly important. This narrative review explores the current landscape, opportunities, challenges, and future directions of interprofessional integration across these four healthcare domains within the Saudi healthcare system.

The review highlights the expanding role of nursing in coordinating multidisciplinary care, promoting continuity of services, and supporting healthcare system transformation. It also examines the contribution of dentistry to preventive care and the integration of oral health with general healthcare services, emphasizing the importance of multidisciplinary approaches to addressing oral-systemic health relationships. Furthermore, public health is recognized as a critical component of population health management through surveillance, disease prevention, health promotion, health equity, and addressing social determinants of health. Health administration plays a central role in facilitating integration through

governance, policy development, resource allocation, financing mechanisms, regulatory alignment, and performance evaluation.

Despite ongoing national reforms and emerging collaborative initiatives, several challenges remain, including fragmented governance structures, limited interprofessional education, insufficient workforce development, unclear professional roles, inadequate coordination across sectors, and a lack of standardized approaches for evaluating collaborative practice. Sustainable integration requires coordinated educational and training strategies, supportive regulatory frameworks, effective leadership, stakeholder engagement, and stronger collaboration between healthcare institutions and policymakers.

This review emphasizes the need for a comprehensive, system-wide framework that integrates nursing, dentistry, public health, and health administration to strengthen collaborative practice, improve healthcare quality and accessibility, enhance population health outcomes, and support the achievement of Saudi Arabia's Vision 2030 healthcare objectives.

The Kingdom of Saudi Arabia is undergoing a transition towards a value-driven health system that reorients the mission of the health sector towards wellness. Recent changes in governance[1], policy, regulation, and financing enable this transformation, which represents a window of opportunity for interprofessional collaboration among nursing, dentistry, public health, and administration. Effective interprofessional collaboration—collectively defined as knowledge generation and sharing across professions, teamwork, and alignment of policies, regulations, and financing—enhances health system performance and improves health outcomes. This narrative review examines the opportunities, challenges, and lessons learned thus far in integrating these four professions into a unified framework .[2]

The first step towards interprofessional integration is to establish a common understanding of current conditions. For nursing, this involves identifying newly expanded roles in integrated care delivery, documenting competencies required to work effectively in interprofessional teams, and assessing existing patterns of interprofessional education, training, and evaluation. Similar mapping exercises for dentistry and public health clarify the contributions each discipline can make to further national and system-wide goals. The administrative dimension addresses collaboration across the four health domains and aligns them with ongoing governance, regulatory, and financing reforms aimed at achieving national health priorities [3].

2. HISTORICAL AND POLICY CONTEXT

A historical and policy context frames Saudi Arabia's interprofessional (IP) collaboration movement within health-system reform and workforce development. National health priorities emphasize integration, early intervention, preventive services, and person-centred care. The goal is to enhance population health, equity, and quality of life while controlling costs [2].

Alignment among health-care professions fosters collaborative practice (Figure 1). While the National Unified Health Program, implemented in 2020, enables ministries to align goals and strategies across sectors, complementary frameworks remain fragmented [3]. Governing and administrative structures often prescribe collaboration without defining mechanisms to achieve it. Health-care professions multisector plans include collaborative service delivery, yet health education and workforce strategies remain disconnected. The Third Health Services Development Plan (2016–2025) prioritizes establishing undergraduate interprofessional education in colleges of health professions. [4]

3. NURSING: ROLES, CHALLENGES, AND COLLABORATIVE MODELS

Nursing professionals play crucial roles in promoting health, preventing disease, managing illness, and providing palliative care. In integrated systems, they improve access and continuity, influence service utilization, and support patient navigation. Competencies required for effective teamwork include roles and responsibilities, communication, cooperative decision-making, conflict management, and sharing of credit and blame [5]. Several models of interprofessional education exist. The Saudi Commission offers online interprofessional sessions, but evaluations indicate limited transfer to practice. Integrating collaborative competencies into basic curricula may enhance outcomes and continuity of care.

Nursing leadership sustains national programs, facilitates collaboration, and aligns strategic thinking with health-system goals. The Lead the Way, Nursing Now Saudi Arabia, and Pavilion for Nursing initiatives are addressing workforce challenges and

positioning the profession as a national priority. The Saudi Arabian Nursing Act and accompanying regulations are in development to delineate licensing, scope, and responsibilities, support workforce planning, and inform educational requirements. Establishing a national nursing directorate would clarify accountability and enable interprofessional, system-wide engagement and coordination. [6]

3.1. Interprofessional Education and Team-Based Care in Nursing

The rapid transition towards universal health coverage globally during the COVID-19 pandemic and the ensuing challenges have further compounded the emphasis on collaboration across the healthcare system. Interprofessional education and team-based care are increasingly seen as key enablers to improve population health, streamline access to health service, and enhance the quality of care. In Saudi Arabia, the need for interdisciplinary integration has never been more pertinent or urgent. [7]

As the cornerstone of Saudi Arabia's health workforce, nurses have a critical role to play in this collaborative endeavor. Policy documents promoting integrated care, such as the Vision 2030 National Health Strategy, the Sixth Health Services Development Plan, and the Saudi Health Communication Framework, reiterate the objective of establishing a health system in which patients receive the right care from the right provider at the right time, yet system-wide integration still requires improvement. To coordinate multidisciplinary healthcare teams effectively, nurses ought to possess interprofessional education (IPE) competencies, defined as the knowledge, skills, and attitudes necessary to work collaboratively with other health professionals and sectors to enable high-quality team-based care. [2]

3.2. Nursing Leadership and Health System Integration

Nursing leadership has not fully capitalized on recent opportunities for system-level integration of interprofessional services and alignment with national health system goals. The subsequent recommendations build on these insights and extend them into additional professions. [8]

Strategic priorities outlined in the Kingdom's Vision 2030 and Health Sector Transformation programs establish the foundation for interprofessional collaboration across health professions, yet the integrated roles for nursing leadership and population health management remain poorly defined. Multiple governance and management structures are present within the national healthcare delivery system, complicating interprofessional strategies and the alignment of nursing leadership with overall health-system priorities. Comprehensive systems and opportunities for integration and collaboration outside the public setting remain largely undeveloped [2]. Integration pathways among health-professions leadership have initially focused on community-focused dentistry, preventive dental care, public health, and health-promoting oral-care behaviours to advance shared population health priorities and improve system-wide collaboration. Establishing similar cross-professional pathways from nursing leadership to the interprofessions is underway to significantly enhance health-system alignment and advance population health metrics such as sedentary behaviour, obesity, diabetes, and tobacco prevention [9].

4. DENTISTRY: INTERPROFESSIONAL COLLABORATION AND SYSTEMIC IMPACT

Nursing provides essential health services and coordinates team-based care that addresses both individual patients and the wider population, including an increasing burden of oral disease [2]. At the system level, these contributions are framed by multidisciplinary strategies that reflect governance, financing, and regulatory contexts [10]. Multidisciplinary oral health programs integrate dental public health priorities and services into core activities, thereby facilitating partnerships with public health and other sectors that further advance system goals. Interprofessional team-based management of these programs warrants institutional policy enhancements to standardize multidisciplinary collaboration across specialties. [11][12]

4.1. Dental Public Health and Preventive Care

Established at the beginning of the 1980s, the General Directorate of Dental Public Health within Saudi Arabia's Ministry of Health has coordinated public awareness programs, preventive measures, and oral health care delivery for school-aged children [13]. Recognizing the social and economic adverse effects stemming from untreated dental disease and an overall epidemic of dental caries in children and adolescents, this governmental body has also established multi-organization and inter-professional collaboration networks aimed at promoting health education. Particular emphasis has been placed on the importance of integrated preventive programs, since international public health initiatives and scientific research have consistently demonstrated the need for comprehensive approaches across different professionals and specialists from other health occupations [2]. Such strategies should focus not only on prevention and promotion, but also on stabilization and maintenance, and would ideally be implemented in collaboration with other public and private sectors.

4.2. Multidisciplinary Care Pathways in Oral Health

Without adequate attention to these interrelated matters, sustainability and continuity of care are jeopardized. Individuals returning from temporary personal or professional commitments to seek treatment are at an elevated risk of experiencing consequences associated with inadequate oral health. Such problems may escalate to include persistent discomfort, loss of teeth, or the onset of systemic diseases. The far-reaching implications of oral health establish the field as a key area whereby interprofessional education (IPE) and collaborative practice can directly influence population health in Saudi Arabia [2]. Addressing the relationship between oral and general health impacts various social determinants, shifting the focus of collaborative work to more basic and fundamental health conditions. Multidisciplinary care pathways represent an essential component of interprofessional collaboration and may be implemented across the health-care spectrum.

Oral health care ranks as a highly prevalent condition in Saudi Arabia, where public health executives emphasize the need for preventive interventions. Despite public-delivery systems, individuals from all segments of the population initiate oral health–related encounters in private facilities. Considerable demand accompanies requests for preventive interventions at dental outlets. Acknowledging and embracing the emphasis on provision of appropriate preventive procedures represents a key condition for achieving interprofessional collaboration across the public and private sectors. Integration of oral health as part of national strategies to promote overall health and well-being remains critical in Saudi Arabia. Initiatives directed toward the provision of preventive care within the oral health domain are viewed as productive avenues for health professionals across all disciplines. [14][15]

5. PUBLIC HEALTH: POPULATION HEALTH MANAGEMENT AND COLLABORATION

Public health plays a vital role in care collaboration and health system integration. Its functions span population health surveillance, program implementation, preventive services, and health promotion. Public health coordinates training for integrated practice and reinforces the links between clinical services and population health. [16]

In a collaborative context, public health prioritizes health equity and addresses social determinants of health that affect population access and use of services. The national health strategy identifies 23 health conditions as national priorities; public health is integral to overcoming associated barriers and improving service access across the health system. [17]

Public health officers contribute to government functions aligned with national health goals and facilitate interprofessional collaboration across multiple government ministries. Responsibilities include epidemiological surveillance, health needs assessment, policy formulation, program implementation, and research coordination. Public health regulatory bodies are structured to ensure appropriate and effective policy development [18] [2].

5.1. Surveillance, Prevention, and Health Promotion

Surveillance, prevention, and health promotion are fundamental in public health and primary care, integral to the Saudi healthcare strategy and health professions' roles. Saudi Arabia's surveillance system gathers real-time, directed information at the population level for surveillance and epidemiology purposes. The country's health strategy prioritizes prevention alongside control to avert subsequent mass gatherings that pose significant health risks, such as Hajj and the Global Accessibility Conference [18].

Population health management engages public health in integrated, team-based care focused on surveillance, prevention, and promotion [2]. Public health education enhances workers' capacity for surveillance, prevention, and promotion, meeting a need heightened by COVID-19, which compromised surveillance, recording, epidemiology, and service delivery during healthcare restrictions. Public health education may also promote healthy behaviour and reduce susceptibility to transmission, adding value to integrated interventions and lessening subsequent care demand.

5.2. Health Equity and Social Determinants of Health

Health equity and social determinants of health (SDoH) are critically relevant in Saudi Arabia, where the engagement of public health stakeholders is vital for advancing health promotion across the entire continuum of care and achieving an integrated collaborative healthcare system. There is growing recognition that health equity must be embedded within all stages of collaborative interprofessional education and practice [2] in order to achieve equitable access to health services. There is a need to clearly address the equitable delivery of care and collaboration among various health professions in integrated population health programs such as early childhood—an important SDoH in Saudi Arabia [10] that remains under-resourced, resulting in

disparities in access to dental and oral healthcare services. Increased collaboration among various educators and at multiple levels within health and allied health schools in Saudi Arabia is needed to respond to these challenges.

Integration cannot be achieved without a commitment to collaboration and coordination among health professionals across disciplines. Administrative collaboration across national agendas, strategic priorities, and professional policies is thereby necessary to develop, establish, and maintain collaborative interprofessional practice mechanisms. [19]

Interprofessional public health surveillance, prevention, and health promotion activities lie at the system level of collaborative care and encompass a range of governance roles that span the managerial and administrative and the strategic and operational. Public health authorities are positioned to collect and monitor health-related data and share information throughout the health system, identifying high-risk communities and individuals with limited access, guiding collaborative strategies, and reinforcing whole-of-system action on SDoH with respect to health services, early childhood development, and other policies.[1]

Access to health services is determined by multiple factors—understanding the barriers to care requires knowledge of both service provision and the full range of SDoH. Access is commonly defined in the health context as a multifaceted construct that includes not only availability and equitability of health services but also reach, acceptability, affordability, awareness, service quality, and distribution.

6. ADMINISTRATIVE COLLABORATION: GOVERNANCE, POLICY, AND IMPLEMENTATION

Interprofessional collaboration is structured through administrative collaboration which includes governance, policy, and implementation [2]. In general, health system governance refers to the lawful regulations, entities, and decision-making processes that determine how health systems operate, specifically the establishment of goals, the allocation of resources towards adopting strategies, and the provision of services. Health systems worldwide are shifting from healthcare service delivery-sectors based systems toward a multi-profession and inter-professional organizational model where the functional and administrative structure is established around-functioning professionals, e.g., medical, nursing, and public health professionals. A common professional governance model capable of dynamically executing regulatory powers of each profession under the whole system, capable of reflecting individual profession policy objectives and direction, has received considerable attention.

Trained professionals may not be employed when the service environment lacks a common aligning policy and programming — rather, trained assets are directed elsewhere. The experience of health systems both within the GCC and beyond indicates that health professional sectors can coordinate governance complexity by collectively, as a whole, carrying out establishing, steering, reviewing, and influencing of governance and operational arrangements. [20]

6.1. Health System Governance and Professional Alignment

Saudi Arabia's health system is centralised, which allows for unified governance, financing, and regulation. The country's Ministry of Health and other agencies engage with education and training providers to ensure alignment between workforce development and the health system's strategic objectives. Interprofessional collaboration has the potential to improve population health, particularly if core issues are addressed. First, there is limited administrative coordination of interprofessional alignment across the country's nursing, dentistry, public health, and administrative practices [2]. Second, the health workforce does not have common training in interprofessional collaboration. Third, continuing professional development opportunities in interprofessional collaboration are lacking for those who already have training. Finally, more needs to be understood about health professionals' motivations for collaborating with other sectors and the perceived barriers to doing so. Addressing these issues will support the delivery of a coordinated, integrated health system.

6.2. Financing, Incentives, and Performance Measurement

Collaboration among health professions in Saudi Arabia is also influenced by the financing of the health sector, the type and nature of incentives, and the processes of performance measurement. The health sector in the country plays a pivotal role in the national economy and, by extension, in the achievement of Vision 2030. Both the Ministry of Finance and the Health Sector Transformation Program prioritize health financing [21].

Because many health services and goods are provided free of charge or at subsidized rates, it is crucial that health financing—including spending, distribution, and strategy—be specified in the 10th Development Plan. Effective spending on health groups, zeroing in on the age pyramid of Saudi society and its diseases, and fulfilling other public needs are essential. Effective planning

and collaboration require appropriate session organization and outcome follow-up, highlighting the importance of appropriate financing. [22]

Ministries are encouraged to seek alternative financing by engaging with potential private-sector investors [2]. Informed incentives also support collaboration among health-service providers and reward preventative focus in the Kingdom. The performance of recipients of these incentives should be adequately measured and assessed, and results communicated back to health and educational bodies.

7. EDUCATION, TRAINING, AND WORKFORCE DEVELOPMENT

1. To reinforce interprofessional integration across the health system, education and training strategies should explicitly consider workforce requirements and align with national development plans. Educators, regulators, and employers must collaborate to identify high-priority competencies for effective teamwork and jointly develop the corresponding curricula and skill-building activities. These efforts can be supported by engaging stakeholders from diverse professional backgrounds and encouraging multidisciplinary participation in integrated training programs [2].

2. Strategies to sustain interprofessional initiatives amid changes in personnel and leadership should also be addressed. Change management concepts and frameworks informed by the literature may provide valuable guidance for establishing an effective implementation strategy. Identifying key stakeholders and their respective interests is essential for engagement and commitment [3].

7.1. Curriculum Integration and Continuing Professional Development

Formal integrative frameworks require attention to education and training, beginning with the prequalifying curriculum. Integrating both entry-to-practice education and the continuous professional development of dentists, nurses, and other health professions is equally critical, with graduated responsibilities supported by ongoing learning folded into the job. Nurse education in Saudi Arabia has traditionally been delivered by health-college institutions affiliated with Ministry of Health hospitals or health-affiliated universities. The Saudi Commission for Health Specialties (SCFHS) serves both as a regulator and an educator of the nursing workforce at the postgraduate level, including specialist accreditation in nursing administration.

Nursing, public health, and administrative leadership should evaluate undergraduate and postgraduate courses and develop integrated programs across disciplines to serve the needs of integrated health services in Saudi Arabia. A collaborative interprofessional education model during nursing training has been introduced in selected colleges in the Western Province and is supported by a growing body of literature demonstrating its effectiveness in Saudi Arabia. Yet despite successful implementation, interprofessional education remains limited. Integrating nursing education with other professions, particularly medicine, remains a major challenge. In-service continuing education programs support life-long development and competence maintenance but often lack appreciation of emerging demands for a multi-professional approach.

7.2. Change Management and Stakeholder Engagement

Efforts to integrate interprofessional health systems are far-reaching and continuous and hinge on change management and stakeholder engagement [2]. By fostering a collaborative approach among professionals, the National Health Sector Strategy can provide patients with needed services and ensure that health issues are intertwined with larger administrative, public policy, and socio-environmental matters. In Saudi Arabia, a significant proportion of the population experiences oral diseases. Surprisingly, only a small minority of health professionals follow up with patients on oral health issues during routine consultations [3]. Barriers exist at macro, meso, and micro levels; hence, a strategy focusing on the same levels could overcome obstacles to oral health integration. Such synergy is needed, given that oral-from-dental diseases take on a wide variety of forms. The messages and mechanisms an organization employs constitute change management. If the health system is to be successful in identifying and addressing problems, it must be adept in the art and science of change management [23]. At the institutional organizational and individual levels, the factors governing success in transformation can be gauged.

8. CASE STUDIES AND REGIONAL INITIATIVES

Integration of oral health and dentistry within Saudi Arabia is pursued at multiple levels through regional programs and reforms that link nursing, public health, administration, and financing. National initiatives leverage both local experiences and international best practices to inform policy, regulation, and system development across professions, professions, allowing several health and integrated-care goals to be pursued simultaneously beyond dental goals. Regional dental initiatives are rooted

in systemic conditions that resemble those faced by other regions of Saudi Arabia. A need exists to exchange lessons learned and consider broader applicability both nationally and internationally.

The general model that informs integrated oral health and dental development comprises intersectoral collaboration across departments responsible for regulation, education, training, and service delivery. Collaborative arrangements and joint funding across sectors also support high-level advisory services that shape a broader intersectoral strategic framework, link multiple health-system needs, and guide implementation through ad hoc working groups. At a specific program level, a common starting point is alignment with health-system constraints, ensuring that regional plans remain operational even if national development trajectories change. Prioritizing and structuring integration investments across separate dentsl-level activities also facilitates appropriate matching of collaboration types and body at each step.

Since its establishment in 2019, the Platform for Sector Collaboration in Education, Training, and Workforce Development for Health Professions has promoted interprofessional education, collaboration among health professions and disciplines, and development of the necessary accompanying policies. An overarching collaborative cycle coordinates the development, implementation, and evaluation of sector-specific strategies while strengthening the overall collaboration framework [2].

8.1. Regional Programs Informed by Best Practices

The integration of health professions in Saudi Arabia is gaining attention for its potential to advance interprofessional collaboration in support of national health priorities. Targeted initiatives at the provincial level present opportunities to transfer ideas and approaches informed by experiences in other countries. Three provinces have introduced educational and collaborative programs inspired by best practices in nursing, dentistry, and public health. These programs highlight the role of local champions and intergovernmental cooperation in sustaining implementation efforts. Nursing, dental public health, and system-wide, population-based, and integrated collaborative approaches are priority areas for the entire country. Since interprofessional integration is already formally acknowledged and structurally embedded in the regulatory health system, regional governance frameworks can often be adapted to facilitate collaboration across professions. These countrywide principles and local conditions help to identify and communicate transferable lessons for a broader audience. [24]

8.2. Lessons Learned and Scalability

A range of regional programs demonstrates how interprofessional collaboration can be integrated into the health system. Team-based approaches extend beyond core disciplines to encompass veterinary, pharmacy, medical laboratory, and other health services. The Health Services Council of Kuwait focused on interprofessional integration across the healthcare continuum; building on early visioning, workforce development, and policy implementation, it established essential principles for scalable collaboration [2]. Integrating governance across professions with dedicated leadership facilitates horizontal coordination and progression through anticipated stages of workforce engagement, entry-level integration, and advanced team-based service delivery. The Kazakhstan Health System Development Plan promotes team-based care in remote areas; regional initiatives emphasize interprofessional education for primary healthcare teamwork, alignment of financing incentives with interprofessional tasks, and stakeholder engagement within training programs. Addressing the population-based role of public health for integrated family care, the Integrated Family Care Strategy articulates health equity, social determinants of health, and capacity-building principles. Governance structures are being defined to enable collective leadership. Frameworks emerging from these programs may be readily adapted to alternative contexts, including Saudi Arabia.

9. CHALLENGES, GAPS, AND FUTURE DIRECTIONS

Effective and sustainable interprofessional collaboration across the health professions is crucial to achieving the national goals encapsulated within Saudi Vision 2030 and the National Health Plan [5]. Established models, supportive policies, stakeholder enthusiasm, and aspirational guidelines underscoring the need for coordination, interaction, and teamwork among nursing, dentistry, public health, and administration may not suffice. The proposal to broaden care roles and promote shared outcomes through interprofessional collaboration requires careful consideration of optimal and sustainable implementation pathways. Determining which measures to pursue first, which integrated-care capacities and competencies to develop, and how to address the anticipated challenges are fundamental questions demanding attention.

Legal and ethical controversies surround the extension of integrated care—already acknowledged in these disciplines, especially nursing—to interprofessional collaboration across the system. Where formal regulation and discipline-specific statutes do exist, such as in nursing and dentistry, the boundaries that restrict the scope of collective cooperation remain insufficiently addressed.

System governance for overseeing a multi-professional workforce lacks clarity, creating further difficulties in informing providers about the legitimacy of interprofessional interactions permitting in-depth coordination. Efforts to strengthen shared governance, reposition interprofessional education in basic curricula, and accommodate ongoing education within a workforce-development framework deserve focused investigation as means of tackling these obstacles. [25]

In addition to prioritizing interprofessional care, the population urgently requires strategies aligned with the wider health agenda. Absence of reliable guidance and supporting research on suitable methodologies still hampers the design of effective and unifying interprofessional programs. Current evaluation studies adopting diverse and often program-specific measures impede aggregating evidence, and systematic overviews remain scarce. Additionally, underdeveloped academic foundations, including the absence of established academic chairs, organised seminars, and formal research training, retard progress toward a comprehensive interprofessional knowledge base. Addressing these salient gaps, clarifying interprofessional-care trajectories, and identifying disciplines without established integration frameworks to inform system-wide approaches constitute priority topics for further exploration.

9.1. Legal and Ethical Considerations

The Kingdom of Saudi Arabia has made significant investments to grow health professions education, seeking to link university programs to the national health priorities and broaden integration across the public and private sectors. Such investments are justified by a detailed analysis of the demographic and health factors that drive change and the influence of events and issues drawn along several timeframes. The National Vision 2030 and it's associated transformation programs is aligned with the long-term requirements of maintaining and enhancing the population's physical and psychological health. To support the integration of the health professions, the written response identifies common elements that characterize interprofessional collaboration, outlining how they fit into professional groups currently designated as nursing, dentistry, public health, and health administration. A further set of headings broadens the focus to areas selected to align with other Government priorities, including Primary Care, Universal Health Coverage, Health in All Policies, and Quality and Safety. Finally, a program of work is proposed to support applicants' future attempt to integrate health professions education and practice.

Legal and ethical considerations must be acknowledged as essential structural elements, not as peripheral issues to be appropriately addressed. Indeed, without a sufficiently detailed examination of the legal and ethical stipulations that govern the country's health professions, a proper assessment of the options for integration across the designated health professions cannot even be initiated. The principles for the protection of vulnerable populations have been drafted in the context of the international push to define and prioritize interprofessional education (IPE) and interprofessional collaborative practice (IPCP). Yet, even in the absence of the formal legal status conferred by legislation, considerable scope remains for collaborative activities that address health issues spanning prevention, detection, treatment, and rehabilitation. Integration must therefore be defined in a sufficiently broad manner that fully incorporates these options. The extent and type of collaboration that constitutes interprofessional practice vary greatly across countries, depending on cultural factors, burdens for various groups, and the wider institutional framework. The analysis is framed within a broad consideration of change processes across the health sector, with specific weight given to public health factors, including communicable disease performance in comparing professional groups [2] and socio-economic and health conditions at the national and regional levels [21].

9.2. Research Gaps and Methodological Considerations

Interprofessional collaboration (IPC) offers the potential to enhance the quality of health services, address a range of health determinants, and support the attainment of international targets. Various initiatives have sought to implement IPC in the nursing, dental, public health, and administrative sectors of the Saudi health system; however, only limited evidence is currently available on the state of, perspectives toward, and potential for greater collaboration beyond disciplinary and institutional silos [2].

A comprehensive synthesis of the evidence regarding existing collaborative practices across these sectors is therefore essential to support the development of a national vision, strategy, and roadmap for interprofessional collaboration. Such a synthesis should also support the advancement of policy objectives related to the enhancement of nursing, dental, and public health services, the expansion of primary care and preventive services within an integrated care framework, and the improvement of population health outcomes [9].

10. CONCLUSION

Sustainable and effective interprofessional integration requires a coordinated educational and training strategy that prepares health professionals for new collaborative roles. A sector-wide approach can align future workforce supply with evolving national priorities and promote the strategic diversification of health systems and human resources [2].

Saudi Arabia remains fully committed to the vision of new models of preventive, population-based, integrated, and multidisciplinary health services enabled through interprofessional collaboration and team-based care. Developing the case for such innovative models is a first step toward the realization of broader collaboration across health professions, including nursing, dentistry, public health, and administration, and their adaptation to local policy, context, and demand.

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