



COMPREHENSIVE REVIEW ON THE INTERDISCIPLINARY COLLABORATION IN HEALTHCARE MANAGEMENT— STRATEGIES FOR OPTIMIZING PATIENT CARE AND RESOURCE ALLOCATION

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Abstract

Interdisciplinary collaboration in healthcare management is essential to progress patient care and resource allotment. The review investigated diverse strategies utilized in clinical settings to encourage cooperation between various therapeutic experts. Highlights incorporate communication, group building, development and organizational structure. The study moreover examines the benefits of organization, quality of healthcare, and cost-effectiveness. Understanding and utilizing coordinated innovation is critical for healthcare organizations to address complex issues and provide quiet care greatness while making strides in delivery.

Keywords: Interdisciplinary collaboration, healthcare management, patient care, resource allocation, communication strategies, team-building, technology integration, leadership models, patient outcomes.

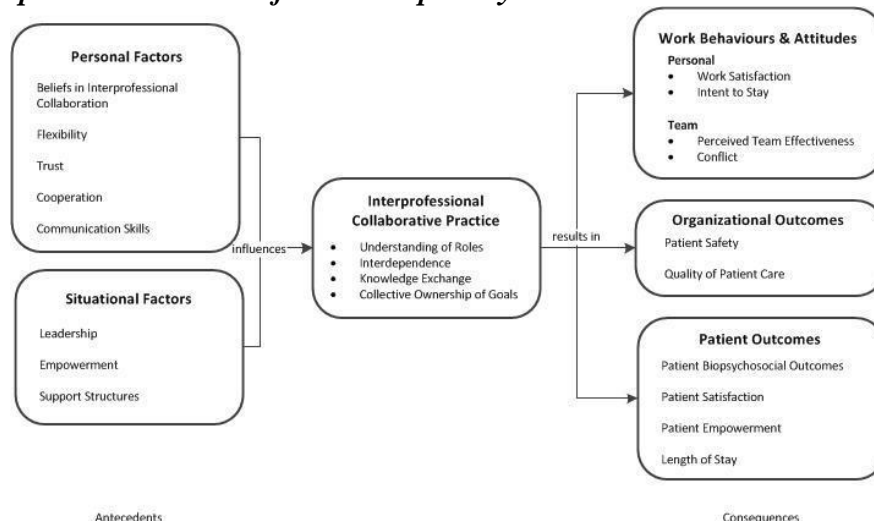
Introduction

In today's healthcare system, the complexity of patient needs, and the need for productive allotment of assets emphasize the significance of participation in solid utilization administration. This article explains the importance of collaboration inside collaboration and investigates different techniques to progress patient care and asset allotment in healthcare offices (Babarinde et al., 2023).

Understanding Interdisciplinary Collaboration

In today's healthcare system, the complexity of needs is muted, and the need for shared resources highlights the importance of collaboration in healthcare administration. This article points to understanding the significance of cooperation and looks at different ways to realize victory in nursing and resource assignments (Hudson, 2023).

Figure 1: Conceptual Framework of Interdisciplinary Collaboration in Healthcare Management



(Singh, 2024).

Importance of Interdisciplinary Collaboration Comprehensive Patient Care

Interdisciplinary Groups assist patients not only with their physical afflictions but with their mental, social and enthusiastic It also addresses their healthcare. They are giving Patients an advantage from comprehensive administrations that back recuperating and make strides in healthcare by drawing on the ability of experts from various disciplines. In this case, patients with unremitting infections may not require medicine but counselling facilities (. A group of specialists, medical attendants, clinicians, social specialists, and physical advisors can work together to create and execute a care arrangement that addresses the patient's healthcare and makes strides in quality and life span.

Enhanced Care Coordination

One of the points of interest in collaborative care is the advancement of nonstop care coordination between healthcare offices. Collaboration between doctors diminishes disturbance of care by guaranteeing patients get opportune intercession and follow-up care. In this case, patients experiencing surgery may require preoperative assessment, intraoperative care, and postoperative care (Yelne et., al 2023). Through compelling collaboration, doctors can arrange all perspectives of care, make changes to diverse care levels, and advance care coherence. This not, as it were, progresses quiet results, but moreover increments quiet fulfillment by diminishing delays and irregularities in care (Zhou et., al 2021).

Optimized Resource Allocation

Effective collaboration permits healthcare organizations to progress asset allotment, counting those who do the work, hardware and offices. Through collaboration, the collaborative group can distinguish wasteful aspects, streamline forms, and prioritize intercessions based on understanding needs (Shah, 2022). For case, a group of doctors, medical caretakers, drug specialists, and directors may conduct a comprehensive audit of clinical operations to recognize zones for enhancement and execution methodologies to be viable. This may incorporate moving workers to high-demand ranges, progressing item administration frameworks, or contributing to innovation arrangements to support communication and data frameworks. By advancing asset allotment, healthcare organizations can increment proficiency, decrease costs, and progress the significant quality of patient care.

Strategies for Enhancing Interdisciplinary Collaboration Communication Strategies

Clear and viable communication is essential for great collaboration. Healthcare organizations can utilize various communication techniques to encourage data sharing, collaboration, and group decision-making. Customary gatherings allow doctors from distinctive disciplines to examine patients, share experiences, and collaborate on treatment arrangements. Interdisciplinary gatherings permit individuals to frequently meet to survey patients in advance, resolve issues, and alter treatment plans as required. The communication handle is planned to decrease the hazard of blunders and mistaken assumptions by guaranteeing the bunch passes on imperative messages precisely and effectively. Also, electronic healthcare (EHRs) allows healthcare experts to get patient data safely and immediately, advancing collaboration, the combination of care, and continuity (Aminabee, 2024).

Team Building

Building a collaborative group requires building connections, beliefs, and shared understanding. Interprofessional instruction and preparing programs play a critical part in making a difference. Doctors create cooperation and appreciate the esteem of collaboration (Ayo-Farai et., al 2023). These programs offer experts from distinctive disciplines the opportunity to memorize together, get into each other's parts and duties, and create viable communication procedures. Also, reenactment games, role-playing, and cooperation permit individuals to collaborate in reenacted healthcare circumstances, advancing commonly achievable communication, problem-solving, and shared decision-making in a collaborative environment.

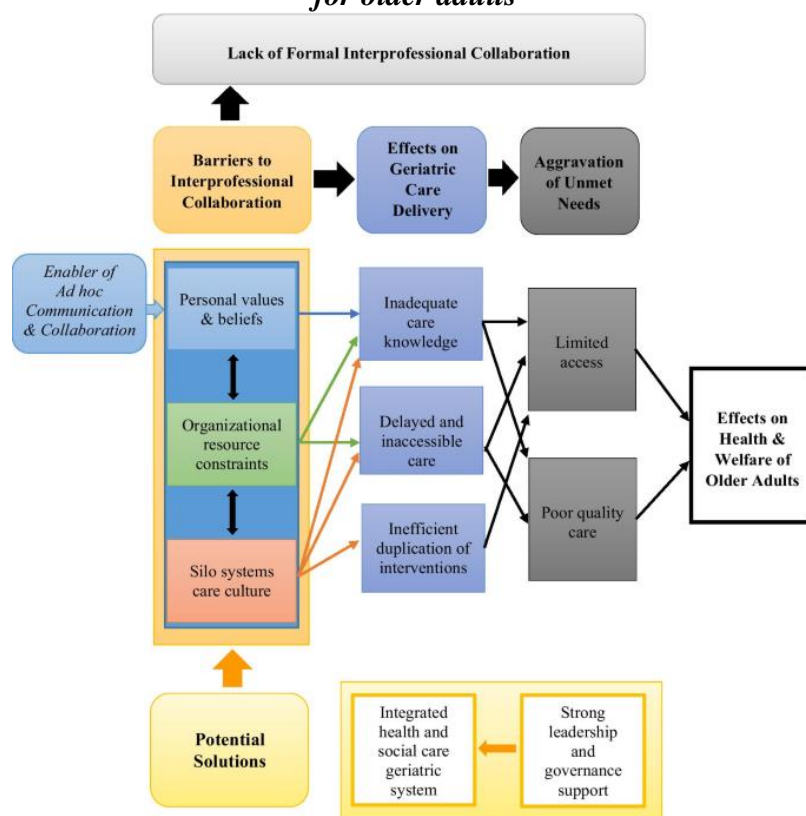
Technology Integration

Integrating innovation apparatuses and stages can make strides in communication, data sharing and collaboration among discourse bunches. Electronic healthcare records (EHRs) are the central source of patient data, permitting healthcare suppliers to oversee restorative records securely and effectively (Patil & Shankar 2023). This encourages care coordination and coherence over clinical locales, guaranteeing everybody on the team access to the most up-to-date therapeutic data. Telemedicine and virtual care stages empower collaboration and communication in farther ranges, grow group communication, and make strides to care for patients in underserved zones. Moreover, versatile applications and computerized communication apparatuses encourage momentary communication and collaboration between group individuals, permitting them to be superior, facilitate care and reasonably react to quiet needs.

Leadership Models

Great leaders are essential to creating collaborative organizations in healthcare organizations. Diverse administration styles can energize collaboration, cooperation, and advancement among intuitive bunches. Transformational administration is characterized by a vision of administration, strengthening, and collaboration that empowers cross-functional groups to work toward common objectives and overcome deterrents. Administration emphasizes the significance of making a difference in others, creating cooperation among group individuals, and empowering belief, compassion, and consideration. The organizational authority show empowers shared decision-making and responsibility among a bunch of individuals and energizes the creation of upgrades and ceaseless enhancement, utilizing members' aptitudes and opinions (Guzzo et., al 2022).

Figure 4: Interprofessional collaboration and barriers among health and social workers caring for older adults



(Sami et., al 2021).

Barriers to Interdisciplinary Collaboration in Healthcare Management

Although the clinical esteem of collaboration in administration is well known, the victory of its successful utilization can, as it were, be accomplished. There are still impediments ahead. Understanding these issues is imperative for healthcare organizations to fathom and overcome the challenges of empowering collaboration between doctors from different disciplines.

Professional Silos: One of the critical challenges of collaborative collaboration is the presence of proficient silos, where professionals lean toward working inside their claim to teach and may deny collaborating with others (Sahoo & Goswami 2023). This mentality can repress communication, data sharing, and collaboration, as experts may put their interface and conclusions ahead of the wants of others, the understanding, or the complete team.

Communication: Destitute communication can be a significant issue for collaboration in healthcare administration. Contrasts in communication styles, concepts, and desires between doctors from different disciplines can lead to errors, clashes, and clashes. Collaboration could be better. In expansion, communication issues may emerge due to the progressive structure in healthcare teaching, and control contrasts may avoid open and straightforward communication between group members.

Lack of Leadership Support: Great leadership is essential to cultivating collaboration in healthcare organizations. In any case, a need for authority back and buy-in can prevent endeavours from enabling supplier collaboration. With the precise course, assets, and bolster from organizational pioneers, collaborative groups can overcome challenges and accomplish common goals (George et., al 2023).

Time and Resource Constraints: Doctors frequently confront time and asset imperatives that constrain their capacity to take an interest in collaboration. Active plans, competing needs, and

restricted assets may repress the practitioner's curiosity or capacity to participate in collaborative exercises such as bunch discourses, workshops, or quality advancement. Moreover, these challenges can be exacerbated by understaffing and overwork, leaving little time or vitality for collaboration.

Resistance to Change: Resistance to change may be a common deterrent to interdisciplinary collaboration in healthcare administration. Doctors may be safe with other working methods, mainly if they accept collaboration will disturb set-up forms or hones. Moreover, an organizational culture that stands up to alter or needs a culture of collaboration can lead to expanded resistance among doctors, making it troublesome to execute successful collaboration strategies (Kasula & Whig 2023).

Legal and Regulatory Constraints: Legitimate and administrative confinements may moreover influence healthcare suppliers. Interdisciplinary collaboration in healthcare administration. For case, protection and secrecy approaches may ruin communication and cooperation by denying the sharing of understanding data among talk bunches (Akin dote et., al 2023). Furthermore, hone limitations and limits on specialists characterize the parts and obligations of healthcare experts, which can repress collaboration and restrain their capacity to work over disciplines.

Table 2: Barriers to Interdisciplinary Collaboration in Healthcare Management

Barrier	Description
Professional Silos	Healthcare professionals working within their disciplines, hindering collaboration
Communication Challenges	Differences in communication styles, terminology, and hierarchical structures
Lack of Leadership Support	Absence of clear direction, resources, and support from organizational leaders
Time and Resource Constraints	Limited availability of time and resources for collaboration efforts
Resistance to Change	Reluctance to adopt new ways of working or disruptive practices
Legal and Regulatory Constraints	Privacy regulations, scope of practice restrictions, and licensure requirements

Impact on Patient Care and Resource Allocation

Collaboration may be a prerequisite for today's healthcare, and its potential is critical. It influences the understanding of care outcomes and the resource assignment handled within the medical center (Kasula, 2023). By leveraging the different capabilities of collaborative groups, healthcare organizations can make care plans that meet the assorted needs of their patients. This approach progresses treatment results and gives calm fulfillment while lessening treatment costs.

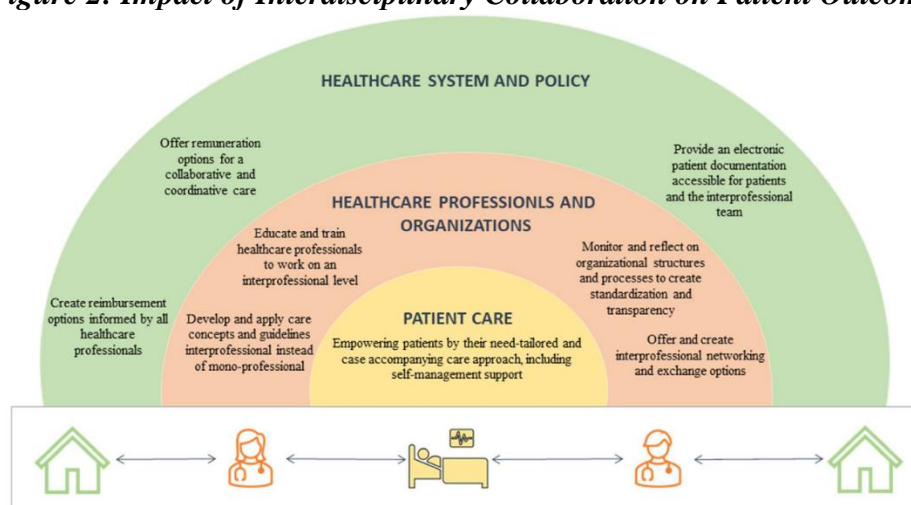
By joining distinctive disciplines, the team can offer an assortment of points of view and experiences, permitting them to make personalized care plans since each patient's needs are varied. Whether understanding a troublesome medical problem or finding a tricky treatment, collaboration between these groups guarantees that nothing is compromised within the patient's treatment. As a result, patients' involvement is more noteworthy in self-care and effectiveness. This implies fewer examinations, fewer looks, and superior treatment results, such as advancing with critical well-being (Padhi et al., 2023).

Support a culture of shared care through collaborative work essential to quality patient care. By empowering communication and participation between doctors, the group works together to guarantee that care forms are productive and patients have simply get-to administrations, overseeing their needs at each organization treatment organization. This approach decreases incongruities in care, diminishes the potential for medical blunders, extends safety nets, and leads to cross-competition over numerous care lines (Akindote et al., 2024).

In addition to affecting patient care results, joint wanders also critically affect a healthcare organization's resource assignment. By working together, beneficial individuals can share resources, maximize proficiency, and give ideal get to resources, maintaining a strategic distance from intemperate or pointless get. Get-to will increment investment in healthcare organizations as conveyance becomes more effective and the number of blunders decreases.

A collaborative approach empowers healthcare organizations to require a more productive and fruitful approach to resource assignment. Utilizing diverse discourse perspectives, healthcare organizations can separate ranges of ownership improvement and carry out intervention plans to fathom issues of squandering or disparity within the conveyance of resources (Saovapakhiran et al., 2022). This activity, not as it were, moves forward the monetary quality of the company but also guarantees that the company's objectives and needs apportion resources.

Figure 2: Impact of Interdisciplinary Collaboration on Patient Outcomes



(Elkefi & Asan 2022).

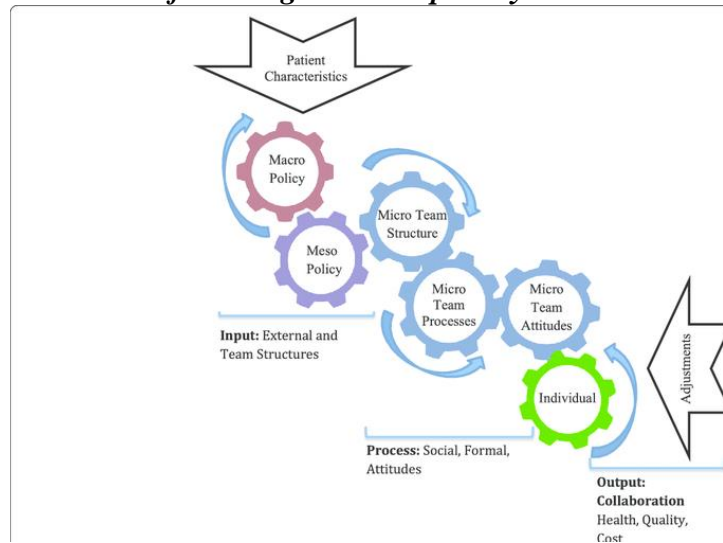
Factors Influencing Interdisciplinary Collaboration in Healthcare Settings

Organizational Culture: Organizational culture in a healthcare office plays a vital part in impacting the adequacy of collaboration. A culture that values cooperation, collaboration, and open communication energizes collaboration among healthcare experts. On the other hand, societies that prioritize pecking order, silos, or competition can make obstructions to communication and cooperation that ruin collaboration (Najjar, 2023).

Leadership Support: Great administration is fundamental to back collaboration in healthcare. Steady administration gives heading, assets, and inspiration to collaborative groups working together to realize common objectives. Pioneers who advocate for collaboration, provide proficient advancement openings and support cooperation can progress healthcare providers' collaboration (Shah & Konda 2022).

Communication and Information Sharing: Successful communication and data sharing are significant to collaboration within the healthcare environment. Open lines of communication, formal methods, and access to patient-related data encourage collaboration between healthcare suppliers (Halawa et., al 2020). For example, communication issues, such as differences in communication styles or lack of needing more data sharing, can ensure care coordination.

Figure 3: Factors Influencing Interdisciplinary Collaboration in Healthcare Settings



(Telli et., al 2023).

Team Dynamics: Flow in group individuals influences collaboration in treatment. A cohesive group with belief, regard, and shared objectives is fundamental to viable partnership. Alternately, clashes, control battles, or the need for coordination between accomplices can ruin participation and anticipate patient birth (Gagliardi et., al 2021).

Resources and Support: Satisfactory assets and support are essential to support collaboration in healthcare. Healthcare organizations must distribute satisfactory staff, financing, and foundations to back supplier cooperation. Furthermore, proceeding instruction, proficient improvement, and utilizing innovation can progress collaboration and empower doctors to work together effectively (Rony et., al 2024).

Conclusion

Collaborative collaboration is fundamental to understanding care and asset allotment in today's healthcare framework. By empowering successful communication, making cohesive groups, coordinating innovation, and utilizing fitting authority styles, healthcare organizations can make strides in collaboration between different suppliers and progress in understanding results while expanding effectiveness. In the future, continued efforts to fortify collaborative partnerships will be vital to reply to healthcare changes and give patients quality care.

Recommendation

1. Invest in Interprofessional Education and Training:

Healthcare organizations should prioritize making strides in instruction and preparation that guarantee healthcare experts are ready with the aptitudes and mentality to work effectively across disciplines. These programs should give openings for experts from diverse disciplines to memorize together, get each other's parts and viewpoints, and work as a group in a recreated environment (Khan & McNally 2023). By contributing to progressing instruction and preparation, healthcare organizations can cultivate a culture of collaboration and worker engagement, eventually making strides in patient care outcomes.

2. Foster a Collaborative Organizational Culture:

Leadership is imperative in creating a viable collaborative culture that energizes collaboration. Pioneers must build up precise desires of cooperation, give assets and support for group interaction, and recognize and compensate for partnership (Hick et., al 2020).

3. Utilize Technology to Facilitate Communication and Information Sharing:

Electronic healthcare records (EHRs), telemedicine stages, and versatile applications empower communication and collaboration, permitting accomplices to get to patient data securely and effectively. By contributing to innovation arrangements that empower collaboration, healthcare organizations can overcome communication obstructions and encourage care coordination over offices.

4. Promote Shared Decision-Making and Leadership

By including their individuals within the decision-making handle and supporting them in satisfying their parts and duties, healthcare organizations can upgrade the group's mindfulness of activity, possession and obligation (Schinas et., al 2023). This leads to more prominent interest and commitment to group objectives, eventually progressing collaboration and quiet care.

5. Encourage Continuous Quality Improvement

Advancing quality enhancement in quiet care. By routinely assessing group execution, distinguishing zones for enhancement, and actualizing intercession plans, healthcare organizations can foster collaborative collaboration and patient change in care. Moreover, by collaborating with staff on quality change, healthcare organizations can cultivate a culture of learning and advancement, leading to an enhanced understanding of care results over time (van Staalduinen et., al 2022).

Reference

1. Yelne, S., Chaudhary, M., Dod, K., Sayyad, A., & Sharma, R. (2023). Harnessing the power of AI: a comprehensive review of its impact and challenges in nursing science and healthcare. *Cureus*, 15(11). <https://www.cureus.com/articles/206741-harnessing-the-power-of-ai-a-comprehensive-review-of-its-impact-and-challenges-in-nursing-science-and-healthcare.pdf>
2. Babarinde, A. O., Ayo-Farai, O., Maduka, C. P., Okongwu, C. C., & Sodamade, O. (2023). Data analytics in public health, A USA perspective: A review. *World Journal of Advanced Research and Reviews*, 20(3), 211-224. <https://wjarr.com/content/data-analytics-public-health-usa-perspective-review>
3. Padhi, A., Agarwal, A., Saxena, S. K., & Katoch, C. D. S. (2023). Transforming clinical virology with AI, machine learning and deep learning: a comprehensive review and outlook. *Virus Disease*, 34(3), 345-355. <https://link.springer.com/article/10.1007/s13337-023-00841-y>
4. Hudson, J. (2023). Navigating Critical Care: A Comprehensive Guide for Emergency Medicine Physicians. *Indus Journal of Medical and Health Sciences*, 1(2), 14-28. <https://induspublishers.com/IJMHS/article/view/33>
5. Akindote, O. J., Adegbite, A. O., Dawodu, S. O., Omotosho, A., Anyanwu, A., & Maduka, C. P. (2023). Comparative review of big data analytics and GIS in healthcare decision-making. <https://wjarr.com/sites/default/files/WJARR-2023-2589.pdf>
6. Kasula, B. Y. (2023). AI Applications in Healthcare a Comprehensive Review of Advancements and Challenges. *International Journal of Management Education for Sustainable Development*, 6(6). <https://www.ijscs.com/index.php/IJMESD/article/view/400>
7. Kasula, B. Y., & Whig, P. (2023). AI-Driven Machine Learning Solutions for Sustainable Development in Healthcare—Pioneering Efficient, Equitable, and Innovative Health Service. *International Journal of Sustainable Development Through AI, ML and IoT*, 2(2), 1-7. <https://ijsdai.com/index.php/IJSDAI/article/view/26>
8. Singh, R. (2024). Advancements in Cardiovascular and Thoracic Nursing: A Comprehensive Review and Future Perspectives. *Brio International Journal of Nursing Research (BIJNR)*, 5 (1), 104, 111. <https://bijnr.in/wp-content/uploads/2024/01/BIJNR-202417.pdf>
9. George, A. S., George, A. H., & Martin, A. G. (2023). ChatGPT and the future of work: a comprehensive analysis of AI'S impact on jobs and employment. *Partners Universal*

- International Innovation Journal*, 1(3), 154-186. <https://www.puiij.com/index.php/research/article/view/57>
10. Sahoo, S. K., & Goswami, S. S. (2023). A comprehensive review of multiple criteria decision-making (MCDM) Methods: advancements, applications, and future directions. *Decision Making Advances*, 1(1), 25-48. <http://www.dma-journal.org/index.php/dema/article/view/7>
11. Guzzo, A., Rullo, A., & Vocaturo, E. (2022). Process mining applications in the healthcare domain: A comprehensive review. *Wiley Interdisciplinary Reviews: Data Mining and Knowledge Discovery*, 12(2), e1442. <https://wires.onlinelibrary.wiley.com/doi/abs/10.1002/widm.1442>
12. Sami, S. A., Marma, K. K. S., Chakraborty, A., Singha, T., Rakib, A., Uddin, M. G., ... & Uddin, S. N. (2021). A comprehensive review on global contributions and recognition of pharmacy professionals amidst COVID-19 pandemic: Moving from present to future. *Future journal of pharmaceutical sciences*, 7(1), 119. <https://link.springer.com/article/10.1186/s43094-021-00273-9>
13. Zhou, Y., Li, Z., & Li, Y. (2021). Interdisciplinary collaboration between nursing and engineering in health care: a scoping review. *International journal of nursing studies*, 117, 103900. <https://www.sciencedirect.com/science/article/pii/S0020748921000328>
14. Shah, V. (2022). AI in Mental Health: Predictive Analytics and Intervention Strategies. *Journal Environmental Sciences and Technology*, 1(2), 55-74. <https://jest.com.pk/index.php/jest/article/view/72>
15. Patil, S., & Shankar, H. (2023). Transforming healthcare: harnessing the power of AI in the modern era. *International Journal of Multidisciplinary Sciences and Arts*, 2(1), 60-70. <https://jurnal.itscience.org/index.php/ijmdsa/article/view/2513>
16. Ayo-Farai, O., Olaide, B. A., Maduka, C. P., & Okongwu, C. C. (2023). Engineering innovations in healthcare: a review of developments in the USA. *Engineering Science & Technology Journal*, 4(6), 381-400. <https://fepbl.com/index.php/estj/article/view/638>
17. Aminabee, S. (2024). The Future of Healthcare and Patient-Centric Care: Digital Innovations, Trends, and Predictions. In *Emerging Technologies for Health Literacy and Medical Practice* (pp. 240-262). IGI Global. <https://www.igi-global.com/chapter/the-future-of-healthcare-and-patient-centric-care/339355>
18. Akindote, O. J., Adegbite, A. O., Omotosho, A., Anyanwu, A., & Maduka, C. P. (2024). Evaluating the effectiveness of it project management in healthcare digitalization: a review. *International Medical Science Research Journal*, 4(1), 37-50. <https://fepbl.com/index.php/imsrj/article/view/698>
19. Saovapakhiran, B., Naruephiphat, W., Charnsripinyo, C., Baydere, S., & Özdemir, S. (2022). QoE-driven IoT architecture: a comprehensive review on system and resource management. *IEEE Access*, 10, 84579-84621. <https://ieeexplore.ieee.org/abstract/document/9852447/>
20. Elkefi, S., & Asan, O. (2022). Digital Twins for Managing Health Care Systems: Rapid Literature Review. *Journal of medical Internet research*, 24(8), e37641. <https://www.jmir.org/2022/8/e37641/>
21. Najjar, R. (2023). Redefining radiology: a review of artificial intelligence integration in medical imaging. *Diagnostics*, 13(17), 2760. <https://www.mdpi.com/2075-4418/13/17/2760>
22. Shah, V., & Konda, S. R. (2022). Cloud Computing in Healthcare: Opportunities, Risks, and Compliance. *Revista Espanola de Documentacion Cientifica*, 16(3), 50-71. <https://redc.revistas-csic.com/index.php/Jorunal/article/view/157>
23. Rony, M. K. K., Parvin, M. R., & Ferdousi, S. (2024). Advancing nursing practice with artificial intelligence: Enhancing preparedness for the future. *Nursing Open*, 11(1). <https://onlinelibrary.wiley.com/doi/abs/10.1002/nop2.2070>
24. Halawa, F., Madathil, S. C., Gittler, A., & Khasawneh, M. T. (2020). Advancing evidence-based healthcare facility design: a systematic literature review. *Health Care Management Science*, 23, 453-480. <https://link.springer.com/article/10.1007/s10729-020-09506-4>

25. Telli, K., Kraa, O., Himeur, Y., Ouamane, A., Boumehraz, M., Atalla, S., & Mansoor, W. (2023). A comprehensive review of recent research trends on unmanned aerial vehicles (uavs). *Systems*, 11(8), 400. <https://www.mdpi.com/2079-8954/11/8/400>
26. Gagliardi, A. R., Martinez, J. P. D., Baker, G. R., Moody, L., Scane, K., Urquhart, R., & Wodchis, W. P. (2021). Hospital capacity for patient engagement in planning and improving health services: a cross-sectional survey. *BMC health services research*, 21, 1-11. <https://link.springer.com/article/10.1186/s12913-021-06174-0>
27. Hick, J. L., Hanfling, D., Wynia, M. K., & Pavia, A. T. (2020). Duty to plan: health care, crisis standards of care, and novel coronavirus SARS-CoV-2. *Nam Perspectives*, 2020. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8406582/>
28. Khan, M., & McNally, C. (2023). A holistic review on the contribution of civil engineers for driving sustainable concrete construction in the built environment. *Developments in the Built Environment*, 100273. <https://www.sciencedirect.com/science/article/pii/S2666165923001552>
29. Schinas, G., Polyzou, E., Spervovasilis, N., Gogos, C., Dimopoulos, G., & Akinosoglou, K. (2023). Preventing multidrug-resistant bacterial transmission in the intensive care unit with a comprehensive approach: a policymaking manual. *Antibiotics*, 12(8), 1255. <https://www.mdpi.com/2079-6382/12/8/1255>
30. van Staalduinen, D. J., van den Bekerom, P., Groeneveld, S., Kidanemariam, M., Stiggelbout, A. M., & van den Akker-van Marle, M. E. (2022). The implementation of value-based healthcare: a scoping review. *BMC Health Services Research*, 22(1), 270. <https://link.springer.com/article/10.1186/s12913-022-07489-2>