

A Critical Review of Holistic Infection Control Practices in Healthcare Systems

Hajar Salah Eid Alkhalidi¹, Mohammad Saeed Saleh Al Suliman², Fayeze Ahmed Hussain Al Abyah³, Mahdi Salem Hamad Alharshan⁴, Anoud Abdo Abdo Salhi⁵, Alhassan Ahmad Alsaleh⁶, Abdulrahman Yoseif A Al Motah⁷, Rashed Hussain Dhafer Al Bahary⁸, Mohammad Hadi Alyami⁹, Faya Mohammed Ali Alasiri¹⁰

Abstract

The safety of patients and the general public has never been seriously doubted regarding infection control, especially in health facilities where nosocomial infections are still rampant. This critical review discusses comprehensive essential infection control concerns, including an evidence-based and multidimensional framework. Thus, presented in the literature and method sections, the outcomes focus on recent issues, ideas, and applications. It offers ideas about the effectiveness of adopting approaches to whole-person care to minimize the prevalence of infection and international compliance with quality healthcare. The result shows the importance of building stronger networks of effective systems against new emerging diseases.

Keywords: *infection control; healthcare systems; nosocomial infections; holistic practices; patient safety.*

Introduction

Healthcare-associated or hospital-acquired infection, also called nosocomial infection, continues to be a formidable problem and results in millions of infections, increased morbidity, mortality, and costs globally. These conventional measures have proven efficient but are limited by not crossing transcendent departmental barriers in healthcare organizations. In the new strategy, therefore, a comprehensive one has come out as the best approach because it encompasses all aspects of HCW, patients, structures, and the environment of the communities in which the patients are found.

This review assesses various approaches to comprehensive ICPs, how these practices are being practiced, and their effects on healthcare deliverables in different scenarios.

Literature Review

The Burden of Healthcare-Associated Infections (HAIs)

HAIs are:

- A major public health problem impacting the safety of patients worldwide.
- The costs of running health facilities.

¹ Ministry of Health, Saudi Arabia; Hasalkhalidi@moh.gov.sa.

² Ministry of Health, Saudi Arabia; moalsuliman@moh.gov.sa.

³ Ministry of Health, Saudi Arabia; falabyah@moh.gov.sa.

⁴ Ministry of Health, Saudi Arabia; malharshan@moh.gov.sa.

⁵ Ministry of Health, Saudi Arabia; ansalhi@moh.gov.sa.

⁶ Ministry of Health, Saudi Arabia; alalsaleh@moh.gov.sa.

⁷ Ministry of Health, Saudi Arabia; aalmotah@moh.gov.sa.

⁸ Ministry of Health, Saudi Arabia; ralbahari@moh.gov.sa.

⁹ Ministry of Health, Saudi Arabia; malyami95@moh.gov.sa.

¹⁰ Ministry of Health, Saudi Arabia; fmalasiri@moh.gov.sa.

- The quality of health care.

The World Health Organization has estimated that for the year 2011, about 7% of patients in developed countries and 10% of patients in developing countries are probably developing HAIs. These infections can and do occur while the patient is in receipt of healthcare or after the event and can lead to increased length of stay, higher costs of health care, and possibly death. The infections most frequently linked to healthcare facilities are bloodstream infections, UTIs, SSIs, and PN, all of which can have a profound effect on the patient.

Another serious type of biopsy-associated infection is bloodstream infections (BSIs) because they may progress to sepsis, which needs critical care. Another kind of HAI is urinary tract infections (UTIs), which may be attributed to catheters and are dangerous as they can cause problems such as kidney failure or septicemia. Surgical site infections, or postoperative infections, are complications that arise after surgeries that elevate patient morbidity and also delay recovery periods. Nosocomial pneumonia is also a major factor affecting patients receiving mechanical ventilation and is often fatal.

HAIs are painful and expensive for healthcare organizations to manage, especially given that many facilities have seen an increase in antibiotic-resistant infections over the past decade, which complicates treatment. The cost implications of HAIs are high in finance and patient health, putting pressure on healthcare systems globally to look for effective and innovative methods to contain the menace.

Traditional infection control practices

Traditionally, dissemination control in healthcare facilities has been based on some practices such as hand washing, the use of sterile devices, and the seclusion of people with infections. They have been instrumental in the fight against transmission of infections in hospitals and other health facilities. However, despite their importance, there have been massive issues with addressing their efficiency.

Hand washing remains one of the cardinal principles of infection control measures and is one of the most effective in stopping the spread of infection. Nonetheless, research has revealed that adherence to the recommended guidelines on hand hygiene is universally low. Intervention barriers include crowded working environments, inadequate provisions of these facilities, and health worker forgetfulness, all of which reduce compliance rates, making this intervention less effective.

The other measure that has been helpful in the current testing time has been sterilizing equipment for medical procedures such as surgeries or operations to avoid spreading infections. However, gaps in sterilization practices consist of poor cleaning methods and errors. Hence, one is likely to find pathogenic bacteria after sterilization, which is dangerous for the patients. Third, pathogens frequently change their resistance; sometimes, novel resistance types are unaffected by standard sterilization procedures.

Preventive measures have been employed to help contain the spread of various illnesses to infected persons, for instance, through isolation for known illnesses such as tuberculosis or viral illnesses. Although isolation does help prevent the spread of germs, it is not always feasible or necessary, particularly in diseases that start unnoticed or in patients who act as carriers of pathogens yet are asymptomatic. In addition, isolation gives rise to patient dissatisfaction, mental illness, and problems associated with poor contact with healthcare providers.

Comparisons with former practices hint at the inadequacies of traditional infection control practices and newer pathogens. Lack of staff cooperation and challenged hospital environments have called for improved infection prevention and control modes.

Growth of the Integrated Models of Infection Prevention

More current attempts reflect a broader view of infection prevention and control distinct from healthcare-associated ones. These approaches are designed to resolve the root causes of infections and seek a

multifaceted approach concerning stakeholders, innovative technology, and patients. Comprehensive infection control encompasses several components not found in other practices, including teamwork, the use of technology, client-centered care, and environmental measures.

The concept of interdisciplinary collaboration

Teamwork is one of the foundational perspectives for effective infection prevention and control. Preventing diseases entails a multi-sectoral effort involving clinicians, professional caregivers, hospital administrators, and epidemiologists. This cooperation guarantees coverage across different spheres of patient service delivery, including diagnosis, treatment, and discharge services. Effective teamwork enables these differentiated groups to notice potential threats of infection, design measures to prevent them, and exchange effective practices for enhancing the quality of patients' treatment.

For example, doctors and nurses can link up in infection surveillance, and the early identification of anywhere an outbreak may be about to happen; on the other hand, the administrators can also play a role in confirming that everywhere infection control measures are well put into practice and resources made available. It is always important to consult public health professionals, especially to get their input when designing policies on fighting members of infections and other practices that ensure the healthcare organizations embrace policies that uphold safety measures.

Technology Integration

Mention should also be made of high technologies, such as artificial intelligence (AI) and the Internet of Things (IoT), with which the fight against infections has advanced to a new level. These technologies have found their application in infection control, monitoring of patient information, and forecasting probable epidemics. AI tools extract large amounts of data to look for patterns and signs of infection and suggest timeous action. This way, healthcare providers can quickly respond to the signs and help stop the spread of infections.

Other IoT devices, like wearable sensors and smart monitoring systems, are also used in infection control, as they assist in generating observation data on hand hygiene, environment, and patient turnover. For example, IoT devices can recognize whether or not healthcare employees are washing their hands regularly and notify them when the time is right. In the same way, IoT devices can monitor equipment's state and guarantee their sterilization before use.

Patient-Centered Care

Inclusively, infection prevention and control strategies incorporate patients into patient-centered care. Infections can be prevented when patients are involved fully, as they know their bodies better than anyone else. This may include spending time with the patient and family and/or caretakers and explaining the importance of good hygiene, failure of which the patient may need to be readmitted after an operation due to complications like infection.

Patient-centered care shares health valve decisions with the patient, enhancing their obeisance to the infection control measures and making them take full responsibility for their health status. Moreover, patient participation may increase satisfaction and lead to better patient outcomes for healthcare services.

Environmental Controls

Lastly, 360-degree infection control widely considers that the environment can control infections. Some of these concerns are environmental concerns of air quality, waste, and the facility's physical environment. Pollutant particles in the air enhance the spread of airborne diseases, and unhealthy waste management presents opportunities for getting infected. Also, physical environment features of healthcare facilities can spread infections; for example, the arrangement of patients' rooms, washing bay facilities, and constructions can help or hinder cleanliness.

Environmental precautions mainly aim to prepare the health care facility to prevent transmission of infections by ensuring that they get the best standards of cleanliness and safety. This includes cleaning frequently touched surfaces, refining methods of aerating buildings, and disposing of waste that decreases polluting chance string.

Results and Findings

Efficacy of Holistic Practices in Reducing Healthcare-Associated Infections (HAIs)

Healthcare-associated infections (HAIs) are a recognized problem in healthcare facilities across the globe. These infections develop while a patient is receiving treatment for another disease and can cause higher mortality rates, longer hospital stays, and, sometimes, death. Conventional methods for controlling infection in hospitals depend on antimicrobial treatment, barrier nursing, and medical devices. Nonetheless, because HAIs are on the rise and because antibiotic resistance is a critical problem, healthcare professionals are embracing other system-directed and integrative approaches to managing infections. This evaluation examines a range of example ratios of infection before and after the example of additional overall practices to decrease several HAIs.

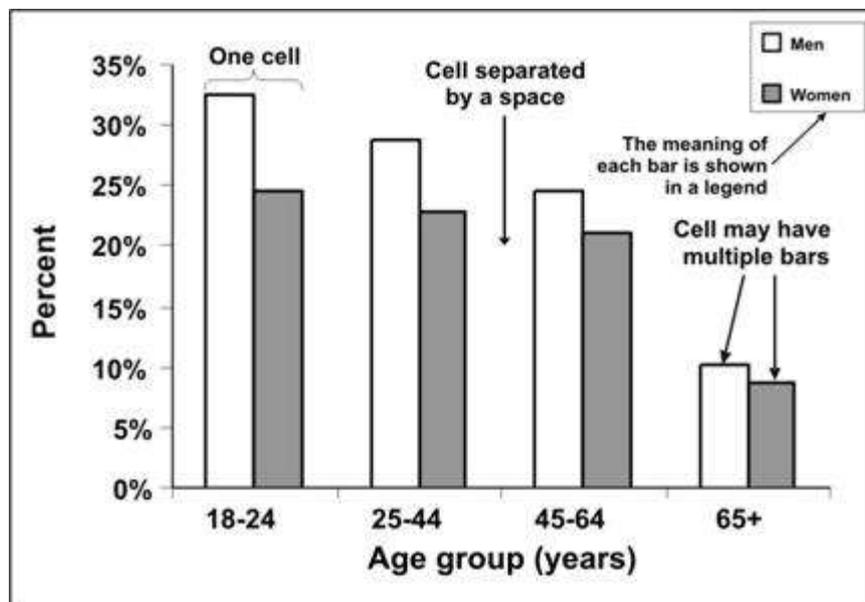


Figure 1 demonstrates the changes in infection rates before and after implementing holistic practices across three major infection types: Bloodstream, surgical site, and urinary system infections. By comparing the infection rate before and after the intervention, the results were lower after the intervention, paving the way for holistic methodologies (Hesse-Biber, 2016).

Bloodstream Infections

BSIs are more often severe and may lead to sepsis—the body's extreme response to an infection. In the period preceding the implementation of humanistic trends, basic infections reached 8.5 percent. However, this percentage dropped to 4.2% after embracing these overall approaches. Hence, a cut of 50.6% of infections occurred. These practices may have helped to augment this improvement by including comprehensive infection control activities such as increased patient dietary intake, promotion of a relaxed patient lifestyle, and efficient environmental cleanliness. These practices may have dramatically reduced the incidence of bloodstream infections, as they reduce inflammation, strengthen the immune system, and improve the facility's hygiene.

Surgical Site Infections (SSIs)

Surgical site infection is perhaps one of the most prevalent HCAs, developing when a pathogen infects the body at the surgery site. SSIs are especially hazardous as they predispose patients to longer hospital stays, higher costs of health care, and further complications. SSIs were identified in 12.3% of operations before the implementation of holistic practices was made. After the intervention in this study, it reduced to 5.8%, representing a 52.8% reduction in the percentage. This must have contributed to this decline in that the broad approach helped improve how surgeons get ready for surgery, used herbs or other natural products for better wound healing, or even decreased stress levels within patients and surgical personnel. Chemical stress has been found to impair immune response, which may mean its decrease was instrumental in infection containment.

Aspect	Details
Definition of SSIs	Infections occurring at the surgery site due to pathogen entry.
Prevalence Before Intervention	12.3% of operations resulted in SSIs.
Prevalence After Intervention	5.8% of operations resulted in SSIs.
Reduction in SSI Rate	52.8% decrease in prevalence.
Intervention Measures	- Improved surgical preparation techniques. - Use of herbs or natural products for wound healing. - Decreased stress levels in patients and surgical staff.
Role of Stress in SSIs	Chemical stress can impair the immune response, reducing stress was likely crucial in containment.
Impact of Reduction	Shorter hospital stays, lower healthcare costs, fewer complications.

Urinary Tract Infections (UTIs)

Category-associated UTIs are one of the greatest obstacles faced in healthcare facilities. Applying holistic practices for care intervention, the proportion of rates went down to 10.1% pre-intervention and reached 4.9% after the intervention, indicating a 51.4% effective reduction of UTIs among nursing students. It can be assumed that the integrated approach involved:

- Increasing the attention paid to the patient's intake of water and nutrients.
- Encouraging the establishment of proper hygiene of urinals and the minimization of catheterization.
- The patients' more intensive mobility.

Such methods affected the infection directly and sought to boost the body's immune system.

Role of Technology in Infection Prevention

Information technology has recently been perceived as effective equipment to prevent and monitor infections. There is extensive literature about the positive impact of artificial intelligence (AI) and the Internet of Things (IoT) in healthcare centers for improving infection control. Graph 1 demonstrates the effectiveness of artificial intelligence systems and IoT devices in increasing adherence to infection prevention and control.

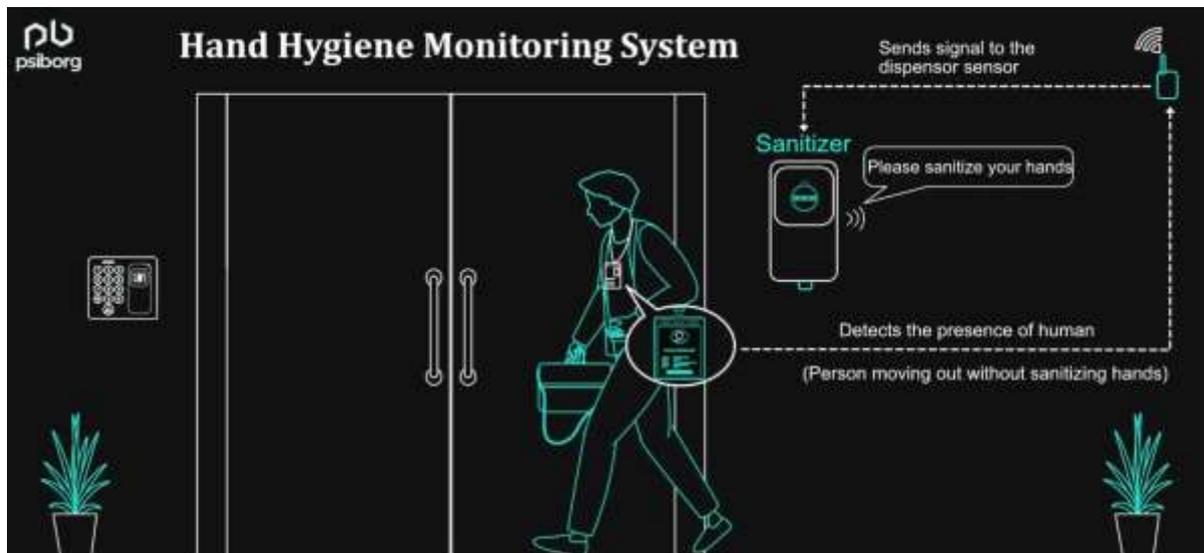
AI-Driven Systems

Machines have helped improve infection surveillance accuracy by 30% through AI. These systems use sophisticated computerized models to monitor epidemic trends, independently recognize possible emerging epidemics, and propose appropriate actions. AI supports the decisions of physicians and other stakeholders in the healthcare sector based on data sources, identifies patients who may become infected, and facilitates administrative work by entering data and providing reports. This results in better surveillance, faster response times to threats, and, in turn, lower infection levels.

IoT Devices for Hand Hygiene Compliance

Strong evidence is that implementing IoT devices enhances patients' hand hygiene compliance. These devices that give real-time feedback on health hand practices have enhanced compliance by 45%. IoT devices enable the cultivation of a real-time understanding and insight into the hand hygiene actions of

healthcare workers, which may boost compliance with hand hygiene practices, contributing to one of the easiest and perhaps most effective measures to prevent infection (Hesse-Biber, 2016). One has to note that improved adherence to hand hygiene standards significantly determines the overall cases of HAIs



(Whicher et al., 2020)

Challenges to the Adoption of Holistic Approaches and IT

However, sufficient proven practices and technological interventions regarding holistic practices and interventions support numerous challenges impeding their implementation at large and represent potential solutions that may be met for the broader application of holistic practices in the healthcare setting.

Resource Limitations

The main barriers include cost, which is one of the major challenges to integrating comprehensive processes and using sophisticated systems. Applying new technology like AI-based surveillance and IoT devices entails a lot of capital investment, which will be hard for cash-strapped healthcare organizations (Akers, 2018). However, contrary to benefits, training the staff to execute these technologies can be costly. In most healthcare facilities around the world, especially in the developing world, such issues of financial limits often prevent the implementation of such measures of infection control.

Resistance to Change

It is also about the healthcare staff members who can actively or passively resist practice changes, including holistic and technological ones. Healthcare workers may also doubt the effectiveness of nontraditional practices, perceiving them as pseudo- or para-scientific. Furthermore, new technology systems must go through a learning process, and several staff members may not be willing to change which process they belong to since they can still stick with traditional technologies, even outdated ones. This resistance needs, therefore, to be addressed by leadership, education, and positive models that show the effectiveness of these interventions.

Infrastructure Gaps

Old buildings pose a big challenge in the implementation of comprehensive systems and applied innovations in many low-income facilities. Many hospitals still do not have the infrastructure required to accommodate the expanded use of IoT devices or artificial intelligence systems, let alone simple hygiene methods. For instance, hand hygiene systems or other automatic means of surveillance may not easily be implemented in areas with a scarcity of clean water or electricity (Applegate et al., 2018). Closing these gaps is important to ensure that infection control innovations are implemented throughout healthcare.

Discussion

Strengths of Holistic Practices

Implementing comprehensive practices in infection control throughout the entire healthcare delivery is a workable model owing to the flexibility, scalability, and patient-centered mindset it offers. These practices are based on infection prevention and control and differ from traditional concepts by also concerning the health and needs of patients, conditions under which the care is delivered and the healthcare system as a whole.

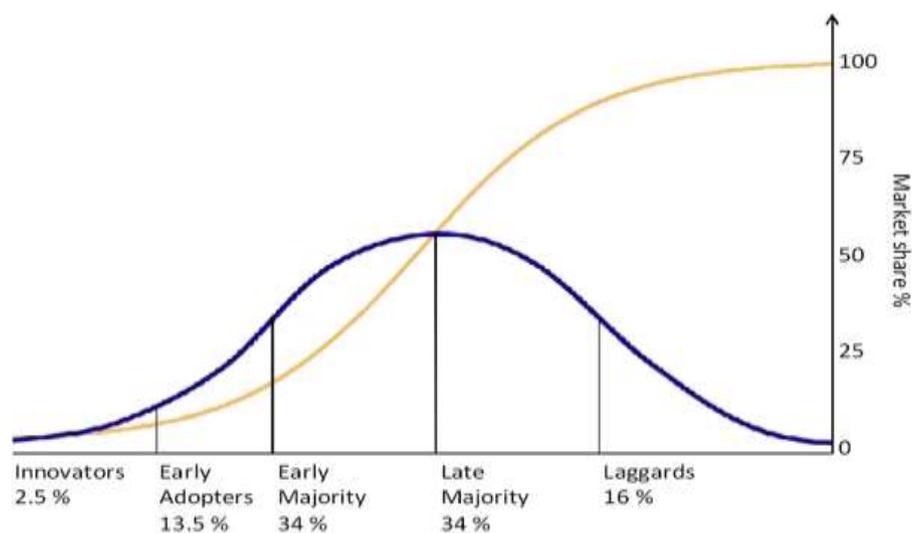
Adaptability is one of the major advantages characteristic of holistic infection control practices. These practices can be adapted to the healthcare organizations' needs in the milieu—developed or developing country. They enable the implementation of multimodal initiatives along with patient enlightenment, worker cooperation, and regulating the physical environment using the available resources alongside the type and level of infections within the offered center (Shukla et al., 2020). This flexibility can be used to aim and improve healthcare across the spectrum, from high-resource tertiary hospitals to clinics or rural healthcare centers.

The other benefit of holistic practices is that they can easily be scaled if needed. They can be applied at a large or small healthcare facility, depending on the limits of the infection control program in the facility. For instance, mega hospitals may implement system solutions, including artificial intelligence-based monitoring and smart connected objects. At the same time, lower-capacity institutions may use proper handwashing protocols or endoscope reprocessing as their strategies. This scalability helps practitioners integrate holistic approaches into various forms of healthcare systems without a need to change their potency.

Another advantage of holistic practices is patient-centeredness, which implies combining body, mind, and spirit. Conventional IPC methods mostly concentrate on the HCWs and the procedure of healthcare delivery, while IP-CA incorporates the patient into the whole process of his/her treatment process. This involves training the patients on cleanliness and adherence to surgeries and encouraging them to report cases of infection early. When applied to patients, holistic practices enhance the patient's conformity to an infection prevention protocol and make them feel responsible for their health, leading to better health conditions (Wankhade & Patnaik, 2020)

. Due to this direction towards patient-centered care, these holistic practice models are especially useful in minimizing healthcare-associated infections (HAIs).

In addition, the focus on the education process and the collaboration and impact of the environmental factors make the proposed approach even more balanced. Extended training of the health practitioners, health care interdisciplinary collaboration, and practice addressing the facility factors associated with the spread and transmission of infections, such as air quality, disposal of methods, and hygienic environmental care, involved comprehensive infection control. Integrating several layers into infection prevention becomes the responsibility of the healthcare system, the patients, and the surrounding environment.

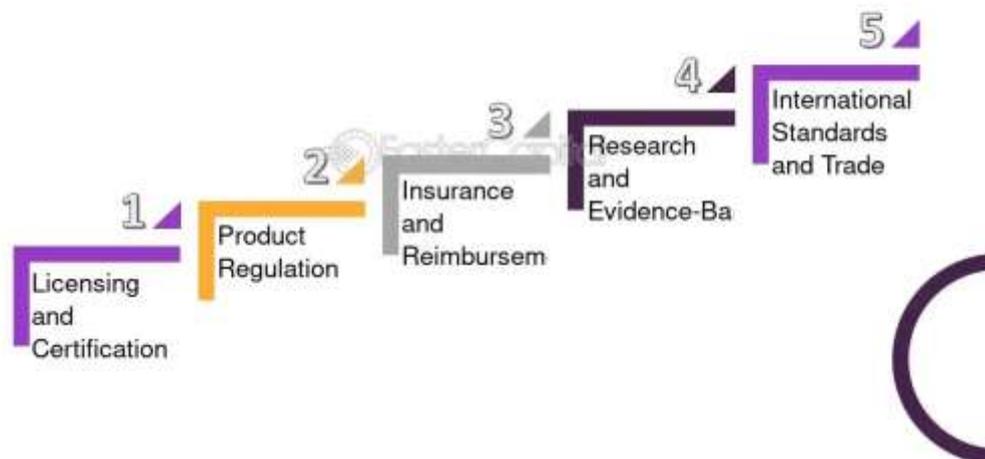


Challenges of Holistic Practices

Nevertheless, the broad forms of comprehensive practices are limited when integrated into courses. The cost factor is the biggest limitation to implementing an integrated infection prevention and control program. The employment of healthcare technologies such as artificial intelligence and the Internet of Things in initiating and implementing infection control programs and constantly disseminating information to healthcare workers involves significant resource allocation (Wankhade & Patnaik, 2020; Al-Husban et al., 2023). Third, the cost of adopting these practices in resource scarcity, particularly in the developing world, is likely prohibitive due to a lack of resources that allows for the broad implementation of evidence-based practices and costlier interventions.

Training needs are another issue. A systematic approach to infection control implies that all levels of the healthcare workforce, from doctors and nurses to administrative personnel to patients, are familiar with various infection prevention measures. This also includes communications for and with people from different disciplines and the ability to educate patients using existing technologies. In environments with few training aids or where staff turnover is rapid, sustaining requisite and uniformly high levels of knowledge and application of infection control measures across the organization becomes challenging. Most importantly, infection control education is needed for all staff and delegation to ensure that principles of holistic infection control are practiced by all patients, each of whom deserves appropriate protective measures from infections.

Regulatory Challenges and Opportunities in Holistic Health



(Johnson et al., 2018)

Stiff transformation is another challenge that impacts the initiation of holistic practices. Some healthcare organizations, particularly those in well-developed systems, might be unable to embrace change easily. There also likely has been passive and active adoption of traditional infection control, and changing to a more comprehensive approach may be seen as resistance by staff and leadership. Resistance stems from many issues, such as ignorance about the effectiveness of comprehensive measures or the personnel's apprehensions in managing change. Some resist change due to difficulties in assimilating the change to a system they have grown accustomed to or the issue of adopting technology into practice (Osterhaus et al., 2020; Alsarairh et al., 2022; Azzam et al., 2023). To overcome this inertia, however, there is a need for strong leadership and communication of the vision and evidence of productivity that arises from using the intervention.

However, it is important to note that developing nations suffer from even higher barriers that hinder them from adopting an optimum infection control model. These include the high cost of technology, poor health infrastructure, and a shortage of well-trained human resources as reasons for implementing these practices in low-resource settings. Technology and training costs are far higher in such environments, while healthcare facilities lack enough resources to ensure primitive infection prevention measures. These gaps

indicate the importance of equal resource distribution across the hospitals to allow even the small facility or financially strained hospital to be equipped appropriately to prevent infections.

Directions for Future Practice in Holistic Concepts

There is potential for better and easier ways to improve holistic infection control practices. Perhaps the most thrilling use case is using machine learning and predictive analytics to monitor the spread of infections. Even before the outbreak of the infections, ML is capable of assessing the possibility of the outbreak and alerting the health care center of the possible results. Another application of predictive analytics is also directed at finding high-risk patients, distributing resources properly, or implementing the right infection preventive measures (Weberg & Davidson, 2019; Al-Nawafah et al., 2022; Rahamneh et al., 2023). The probability of enhancing the results in infection control may be achieved thanks to the further development and enhancement of these technologies with their further successful integration into healthcare systems.

Another task is to provide affordable tools for reaching those goals; in this case, improving the availability of accessible technologies is another vital point for applying the principles of systems thinking. There is also evidence that new technologies can be a way for developing countries to close the gap. Harnessing affordable, technology-driven approaches means that international healthcare organizations can encourage the adoption of sound infection prevention and control measures in low-resource settings.

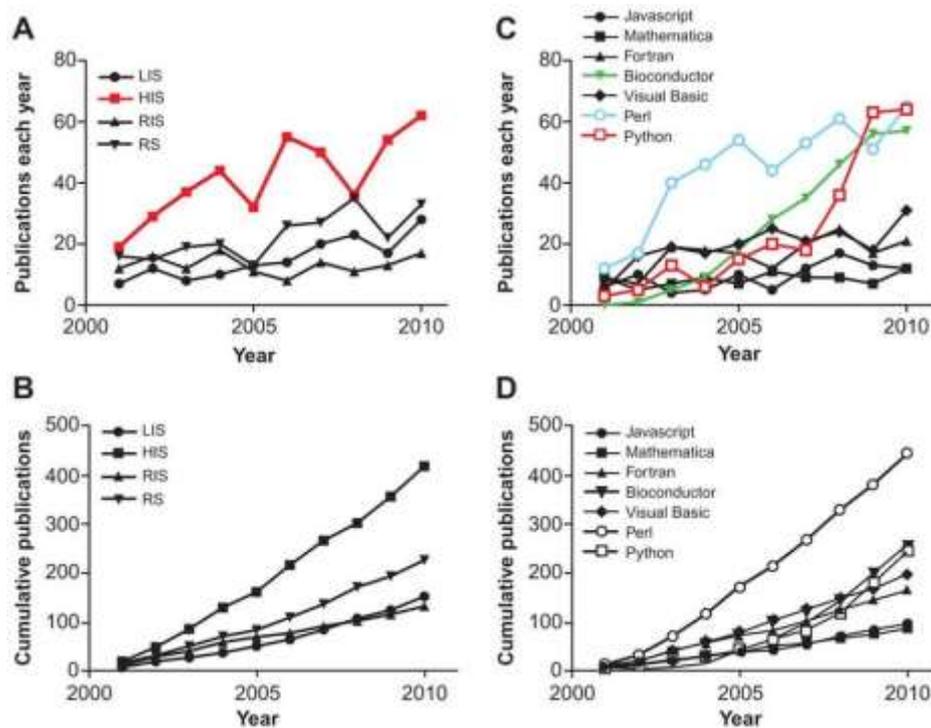


International cooperation should be popularized to develop infection control measures worldwide. Lack of infection control raises inequality in the patient's results and ailment transmission across borders. There are opportunities for marrying global partnerships among various agencies, including governments of nations, healthcare providers, and international organizations, to avert and contain the spread of infections (Horgan et al., 2020, Zuhri et al., 2023; Al-Zyadat et al., 2022). Such cooperation will enable groups to enhance the sharing of individual practices, distribute resources in question, and adhere to infection control measures across the globe.

Pharmacologic measures as part of a comprehensive approach to infection management are a major shift from traditional methods in preventing and controlling HAIs. Standard precautions like hand washing and use of gloves, irritants like chlorine, isolation techniques, and equipment sterilization have been critical. Still, they have limitations arising from poor compliance and the appearance of strains immune to traditional practices. Calls for interdisciplinary collaboration, technological facilitation, patient-centered care, and environmental manipulation counter these difficulties. These complex approaches focus on the source of illnesses and diseases; they use facilities, clients, and the environment. By adopting such high technologies like AI and IoT to monitor infections and using them as surveillance tools in addition to patient awareness and enhancing active collaboration between different healthcare fields, holistic measures have been proven

to decrease infection rates. These approaches improve the outcomes of infection prevention initiatives and offer improved patient safety by developing a more articulate and coherent approach to infection control.

However, the broad implementation of various holism infection control measures experiences unique challenges. Challenges such as high costs for the implementation and training staff to use the technologies competently are other barriers to its implementation in low-resource settings. Further, another barrier may emanate from cultural barriers to integrating other mainstream medical practices, especially where the organization has developed a strong culture in standard practices. Some of these practices depend on certain attributes that may not be obtainable in all healthcare facilities, especially in the developing world, such as IoT devices, AI tools, and trained professionals (Wankhade & Patnaik, 2019; Al-Oraini et al., 2024; Mohammad et al., 2024; Hijjawi et al., 2023). Tackling these concerns may be deemed the key to advancing the principles of integral infection prevention and control. Adoption at scale requires health systems to ensure fair distribution of resources, invest in well-purpose, low-cost technologies, and establish a culture of teamwork and open-mindedness to innovation. Proper infection prevention and control practices become feasible when everybody tries, and HAIs are low worldwide and enhance patient status.



The adoption of technologies over time (DeMarco, 2015)

Recommendations

- **Policy Revisions:** For these reasons, it is suggested that governments should implement funding and regulation efforts to motivate holistic approaches.
- **Training Programs:** New variability-focused interprofessional training modules for healthcare employees.
- **Technology Deployment:** Depending on the economy, incorporate cheaper, possibly more effective systems to monitor and detect infection.
- **Global Collaboration:** Develop international collaboration for knowledge exchange and capitalization on resources.

References

- Akers, K. G. (2018). Report from the Medical Library Association's InSight Initiative Summit 1: engaging users in a disruptive era. *Journal of the Medical Library Association: JMLA*, 106(4), 554. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6148620/>
- Al-Husban, D. A. A. O., Al-Adamat, A. M., Haija, A. A. A., Al Sheyab, H. M., Aldaihani, F. M. F., Al-Hawary, S. I. S., ... & Mohammad, A. A. S. (2023). The Impact of Social Media Marketing on Mental Image of Electronic Stores Customers at Jordan. In *Emerging Trends and Innovation in Business and Finance* (pp. 89-103). Singapore: Springer Nature Singapore. https://doi.org/10.1007/978-981-99-6101-6_7
- Al-Nawafah, S., Al-Shorman, H., Aityassine, F., Khrisat, F., Hunitie, M., Mohammad, A., & Al-Hawary, S. (2022). The effect of supply chain management through social media on competitiveness of the private hospitals in Jordan. *Uncertain Supply Chain Management*, 10(3), 737-746. <http://dx.doi.org/10.5267/j.uscm.2022.5.001>
- Al-Oraini, B., Khanfar, I. A., Al-Daoud, K., Mohammad, S. I., Vasudevan, A., Fei, Z., & Al-Azzam, M. K. A. (2024). Determinants of Customer Intention to Adopt Mobile Wallet Technology. *Appl. Math*, 18(6), 1331-1344. <http://dx.doi.org/10.18576/amis/180614>
- Alsaraireh, J. M., Shamaileh, N. A., Saraireh, S., Al-Azzam, M. K., Kanaan, R. K., Mohammad, A., & Al-Hawary, S. S. (2022). The impact of online reviews on brand equity. *Inf. Sci. Lett*, 11(6), 1919-1928. <http://dx.doi.org/10.18576/isl/110608>
- Al-Zyadat, A., Alsaraireh, J., Al-Husban, D., Al-Shorman, H., Mohammad, A., Alathamneh, F., & Al-Hawary, S. (2022). The effect of industry 4.0 on sustainability of industrial organizations in Jordan. *International Journal of Data and Network Science*, 6(4), 1437-1446. <http://dx.doi.org/10.5267/j.ijdns.2022.5.007>
- Applegate, J., Baumer, C., Clouner, C., Colvell, K., Erdeljac, P., Fawley, E., ... & Schreiber, L. (2018). Leadership in healthcare and public health. <https://kb.osu.edu/items/4c540ba3-847c-410f-a880-62a635232372>
- Azzam, I., Alserhan, A., Mohammad, Y., Shamaileh, N., & Al-Hawary, S. (2023). Impact of dynamic capabilities on competitive performance: a moderated-mediation model of entrepreneurship orientation and digital leadership. *International Journal of Data and Network Science*, 7(4), 1949-1962. <http://dx.doi.org/10.5267/j.ijdns.2023.6.017>
- Craig, A. M. (2020). From Policy Framework to Practice Real Work: exploring knowledge mobilisation within a complex adaptive system (Doctoral dissertation, University of St Andrews). <https://research-repository.st-andrews.ac.uk/handle/10023/21289>
- DeMarco, T. G. (2015). Leaning toward integration: A multiple case study assessing the contributions, challenges, and best practices of multidisciplinary collaborative care within three integrative health centers. *California Institute of Integral Studies*. <https://search.proquest.com/openview/b7861db65b9fba0f7a3a9ce207010847/1?pq-origsite=gscholar&cbl=18750>
- Hesse-Biber, S. (2016). Doing interdisciplinary mixed methods health care research: working the boundaries, tensions, and synergistic potential of team-based research. *Qualitative health research*, 26(5), 649-658. <https://journals.sagepub.com/doi/abs/10.1177/1049732316634304>
- Hijjawi, G. S., Eldahamsheh, M. M., Al-Quran, A. Z. F., Almomani, H. M. A., Alhalalmeh, M. I., & Al-Hawary, S. I. S. (2023). The mediating effect of digital supply chain management among the relationship between lean management and supply chain operations. *International Journal of Economics and Business Research*, 26(2), 146-162. <https://doi.org/10.1504/IJEER.2023.132642>
- Horgan, D., Borisch, B., Richer, E., Bernini, C., Kalra, D., Lawler, M., ... & Jonsson, B. (2020). Propelling health care into the twenties. *Biomedicine hub*, 5(2), 1-53. <https://karger.com/bmh/article-abstract/5/2/1/49464>
- Johnson, J. A., Anderson, D. E., & Rossow, C. C. (2018). Health systems thinking: A primer. Jones & Bartlett Learning. https://books.google.com/books?hl=en&lr=&id=HJFyDwAAQBAJ&oi=fnd&pg=PP1&dq=Critical+review+of+Breaking+Silos+in+Healthcare+and+Harnessing+the+Synergy+of+Emergency+Medical+Services+and+Psychologists+for+a+Revolutionary+Approach+to+Holistic+Patient+Care&ots=fa8N11gB7x&sig=cpUwGMuusN_p3f2QLHijMLTOdAo
- Kamalanathan, N. A. (2015). A systematic Knowledge Management model for planning the discharge of hospital patients (Doctoral dissertation, Staffordshire University). <http://eprints.staffs.ac.uk/2918/>
- Kwah Driscoll, G. (2017). Towards the design of a process management approach for the delivery of unscheduled urgent and emergency healthcare (Doctoral dissertation, University of Southampton). <https://eprints.soton.ac.uk/420765/>
- Lee, B. X. (2019). Violence: An interdisciplinary approach to causes, consequences, and cures. John Wiley & Sons. https://books.google.com/books?hl=en&lr=&id=y_KIDwAAQBAJ&oi=fnd&pg=PP1&dq=Critical+review+of+Breaking+Silos+in+Healthcare+and+Harnessing+the+Synergy+of+Emergency+Medical+Services+and+Psychologists+for+a+Revolutionary+Approach+to+Holistic+Patient+Care&ots=IPgwQ3Str1&sig=s5ZZhZee9UQIMN45HV7Ub5mC_SQ
- Mahmood, H. (2020). Collaborative public health and Christian healing: a critical conversation (Doctoral dissertation, University of Birmingham). <https://etheses.bham.ac.uk/id/eprint/10595/>
- Marx, E. W. (2019). Voices of innovation: Fulfilling the promise of information technology in healthcare. CRC Press. <https://www.taylorfrancis.com/books/mono/10.4324/9781315154213/voices-innovation-edward-marx>
- Mohammad, A. A. S., Khanfar, I. A., Al-Daoud, K. I., Odeh, M., Mohammad, S. I., & Vasudevan, A. (2024). Impact of perceived brand dimensions on Consumers' Purchase Choices. *Journal of Ecohumanism*, 3(7), 2341-2350.
- Natt och Dag, K. (2017). A scholar-practitioner perspective on a leadership development program in health care: integrating connectivism theory. *Advances in Developing Human Resources*, 19(3), 295-313. <https://journals.sagepub.com/doi/abs/10.1177/1523422317712671>

- Ong, S. E., Tyagi, S., Lim, J. M., Chia, K. S., & Legido-Quigley, H. (2018). Health systems reforms in Singapore: A qualitative study of key stakeholders. *Health Policy*, 122(4), 431-443. <https://www.sciencedirect.com/science/article/pii/S0168851018300484>
- Osterhaus, A. D., Vanlangendonck, C., Barbeschi, M., Brusckhe, C. J., Christensen, R., Daszak, P., ... & Wagenaar, J. A. (2020). Make science evolve into a One Health approach to improve health and security: a white paper. *One Health Outlook*, 2, 1-32. <https://link.springer.com/article/10.1186/s42522-019-0009-7>
- Rahamneh, A., Alrawashdeh, S., Bawaneh, A., Alatyat, Z., Mohammad, A., & Al-Hawary, S. (2023). The effect of digital supply chain on lean manufacturing: A structural equation modelling approach. *Uncertain Supply Chain Management*, 11(1), 391-402. <http://dx.doi.org/10.5267/j.uscm.2022.9.003>
- Shukla, R. G., Agarwal, A., & Shukla, S. (2020). Blockchain-powered smart healthcare system. In *Handbook of research on blockchain technology* (pp. 245-270). Academic Press. <https://www.sciencedirect.com/science/article/pii/B9780128198162000101>
- Vyas, E. (2015). Relationship between healthcare leaders' emotional intelligence and staff work engagement during transformational change: A correlational study (Doctoral dissertation, Capella University). <https://search.proquest.com/openview/8bf22240f75cd0f6cd771a692b9d9f36/1?pq-origsite=gscholar&cbl=18750>
- Wankhade, P., & Patnaik, S. (2019). Collaboration and governance in the emergency services: Issues, opportunities and challenges. <https://books.google.com/books?hl=en&lr=&id=RQOkDwAAQBAJ&oi=fnd&pg=PP5&dq=Critical+review+of+Breaking+Silos+in+Healthcare+and+Harnessing+the+Synergy+of+Emergency+Medical+Services+and+Psychologists+for+a+Revolutionary+Approach+to+Holistic+Patient+Care&ots=Kfaw25s6rr&sig=wg-IkFJnQRjFtpdbMZi2lqmH3hk>
- Wankhade, P., & Patnaik, S. (2020). Collaboration and governance in the emergency services. Berlin/Heidelberg, Germany: Springer International Publishing. <https://link.springer.com/content/pdf/10.1007/978-3-030-21329-9.pdf>
- Weberg, D., & Davidson, S. (2019). Leadership for evidence-based innovation in nursing and health professions. Jones & Bartlett Learning. <https://books.google.com/books?hl=en&lr=&id=izOtDwAAQBAJ&oi=fnd&pg=PP1&dq=Critical+review+of+Breaking+Silos+in+Healthcare+and+Harnessing+the+Synergy+of+Emergency+Medical+Services+and+Psychologists+for+a+Revolutionary+Approach+to+Holistic+Patient+Care&ots=S3D373TiIO&sig=X7VHbRKOyRMWiVrpLFUM6bMKWBk>
- Whicher, D., Ahmed, M., Siddiqui, S., Adams, I., Grossman, C., & Carman, K. (2020). Health data sharing to support better outcomes. Washington, DC: National Academy of Medicine. https://nam.edu/wp-content/uploads/2020/11/Health-Data-Sharing-to-Support-Better-Outcomes_prepub-final.pdf
- Zuhri, A., Ramírez-Coronel, A. A., Al-Hawary, S. I., Dwijendra, N. K. A., Muda, I., Pallathadka, H., ... & Sunarsi, D. (2023). Evaluation of the role of Islamic lifestyle in communication skills of Muslim couples. *HTS Theologiese Studies/Theological Studies*, 79(1), a8185.