

## Comprehensive Review of Foundational Advances Across Healthcare Disciplines

Norah Mohammad Brahem Algobisi<sup>1</sup>, Laila Faris AL Mutairi<sup>2</sup>, Shaher Mushabab Hajad Al Otaibi<sup>3</sup>, Noura Mohammed AlRasheed<sup>4</sup>, Anoud Musab Al-Saadoun<sup>5</sup>, Bader Hmood Alotaibi<sup>6</sup>, Aisha yahea alhazmi<sup>7</sup>, Aisha Hindi Alanezi<sup>8</sup>, Mohammed aziz alharbi<sup>9</sup>, Manal Ayyad Alshammary<sup>10</sup>

### Abstract

*Healthcare has also witnessed drastic changes in many fields of study, including medicine, nursing, pharmacy, dental and medicine, public health, and healthcare management. They have had a drastic positive impact in the short term on patient care, clinical practice/bureaucracy, and the health of a nation, which has enhanced the health care systems in the world. This review looks at these basic innovations so that one can understand the kind of changes they underwent. Almost all advancements in treatments and technologies, changes in patient care models, and success at combating chronic and acute disease states have directly hinged on interdisciplinary strategies. The place such innovations take in the ongoing advancements in healthcare helps define the course that healthcare environments and patients are set to take in the future.*

**Keywords:** *Healthcare; medical innovations; clinical practices; healthcare delivery; public health; interdisciplinary; healthcare management; technological advancements; patient care; nursing; pharmacy.*

### Introduction

Healthcare is a vast and continuing developing sector that includes multiple branches of science and practice, each containing diverse innovations in improving patient health well-being, details of operation and intervention, and innovations in public health systems. Key strategic management trends have been evolving rapidly over the past century, and these transformations have redefined the very nature of healthcare as a discipline. This review aims to elucidate the paradigm shifts across various health fields, emphasizing changes in medicine, nursing, dentistry, pharmacy, public health, and healthcare management.

Such an understanding helps in realizing how the history of both these areas can be applied to locate where developments in the above fields have been incorporated to improve patients' lives. Every healthcare profession has undergone distinct events, including developing various technologies, beginning policies, and changes in public healthcare policies and practices.

Spotting the issue, the review will explore the Advanced Healthcare Concepts to identify new practices that have affected the Contemporary Healthcare System with a bias to how each discipline has progressed the Healthcare System. Studying these developments will help us catapult to the role of interdisciplinary collaboration as one of the dominant themes in addressing issues within the context of the modern healthcare system, including disparities in access to it, the increasing incidence of chronic diseases, etc.

---

<sup>1</sup> Ministry of Health, Saudi Arabia; Nalgobysy@moh.gov.sa.

<sup>2</sup> Ministry of Health, Saudi Arabia; lmtuairi@moh.gov.sa.

<sup>3</sup> Ministry of Health branch, Saudi Arabia; shahir511@hotmail.com.

<sup>4</sup> Health Affairs in Riyadh, Saudi Arabia; Nualrasheed@moh.gov.sa.

<sup>5</sup> Health Affairs in Riyadh, Saudi Arabia; Al3noud.mosab@gmail.com.

<sup>6</sup> Prince Salman Bin Mohammed Hospital, Saudi Arabia; bhalotaibi@moh.gov.sa.

<sup>7</sup> King Salman Specialist Hospital, Saudi Arabia; aiyalhazmi@moh.gov.sa.

<sup>8</sup> Riyadh second Health cluster, Saudi Arabia; aihalanezi@moh.gov.sa.

<sup>9</sup> Riyadh second Health cluster, Saudi Arabia; moazalharbi7@moh.gov.sa.

<sup>10</sup> Riyadh Second Health Cluster, Saudi Arabia; maaalshammary@moh.gov.sa.

## Methods

The approach used in this review is derived from the synthesis of peer-reviewed articles, clinical studies, healthcare journals, and professional books in every field. The aim was to give an overview of historical and current progress in healthcare-related areas and fields, technology, and systems. Sources included scholarly articles, peer-reviewed papers, the richest healthcare databases like PubMed, Scopus, and Science Direct, and reports from WHO and CDC.

It categorizes all the innovations under the main areas of each discipline selected. It ensures that it highlights the major innovations that affect clinical practice and healthcare management while emphasizing patients' results. The focus is on cross-disciplinary innovations and how different innovations can be incorporated into the healthcare system. Examples of case studies, clinical trials, and population-based studies were also used to show these advances' real-world applicability.

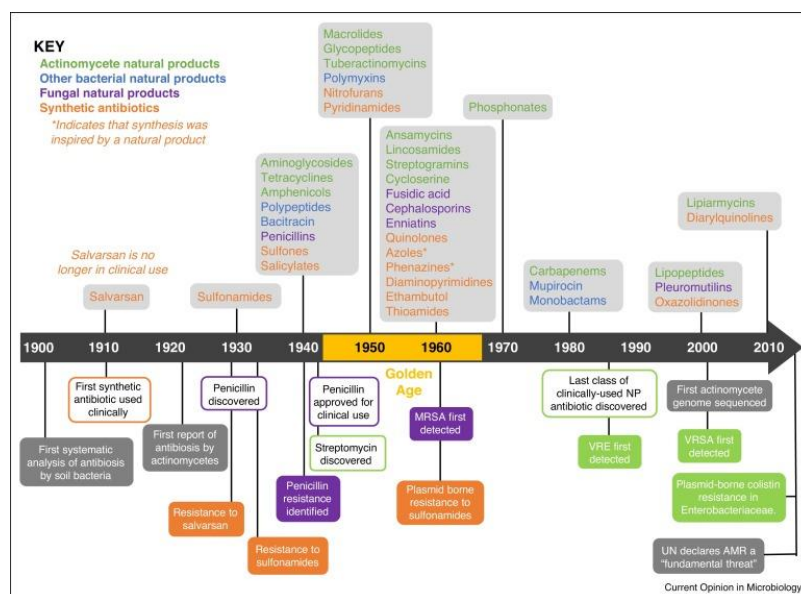
Discussions are also presented regarding current issues in each discipline and how these innovations are still progressing in healthcare delivery. As healthcare constantly evolves, this review outlines potential future development directions for each discipline alongside technological, social, and legislative changes.

## Results

### Medicine

#### *Antibiotic Discovery and Development*

Penicillin in 1928 by Alexander Fleming could be considered one of the most shining moments in medical science. It changed the treatment of bacterial infections, lowering mortality rates and providing better recovery results. Since then, antibiotics have been constant, and many other agents have been launched to fight many other bacterial pathogens. Antibiotic resistance, however, represents a new threat that has stimulated the constant discovery of fresh antibiotics and other treatment-related solutions still to this day.



(Bhat & Phelps, 2020)

### *Surgical Innovations*

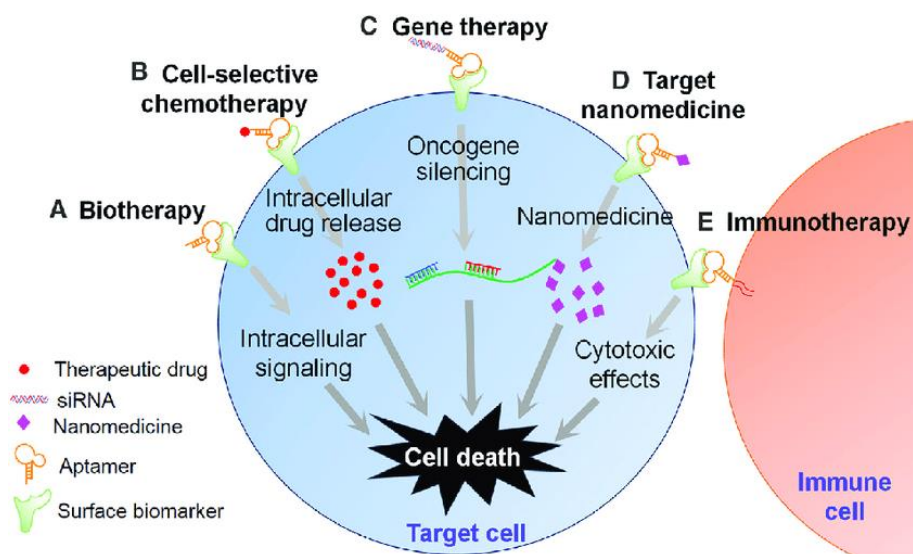
Surgical activity has evolved from basic procedures to more spectacular and highly specialized procedures that do not require intense invasion. Laparoscopy was introduced in the 1960s, and robotic surgery in the early twenty-first century has helped to reduce the recovery period and scarring and enhance patients' results. Such development makes it possible to be more sensitive to the body and, therefore, reduce the extremes at which most patients are put, hence the improvement in the number of days the patient spends at the hospital.

### *Medical Imaging*

Due to technological advancements, MRI, CT scans, ultrasound, and other medical imaging tools have dramatically increased in recent years. These imaging methods show the body's interior without causing tissue damage and help clinicians diagnose and treat diseases. Imaging has been especially useful in diagnosing and treating malignant tumors, heart diseases, and nervous disorders.

### *Gene Therapy and Precision Medicine.*

In the last few decades, gene therapy and precision medicine have been the striking zones of innovation in medical science. A range of illnesses have no treatment, and thanks to CRISPR technology, people can now think about the gene-editing option. Also, thanks to the targeting of drugs and other therapies concerning the individual characteristics of patients and their genetics, the prognosis of treatments for cancer, cardiovascular diseases, and various chronic illnesses has increased.



(Davidson et al., 2019)

## **Nursing**

### *Evidence-Based Practice (EBP)*

For a long time, nursing practices have considered EBP one of the major milestones in advancing the field. EBP has paved the way for enhanced patient results, effective interventions, and better choices as it combines clinical knowledge, patient choice, and research findings. It has also been very useful in enhancing the culture of good system improvement in health organizations.

### *Specialized Nursing Roles*

Another major development can be noted in the growth of specific nursing functions. Advanced Practice Registered Nurses (APRNs), including Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), and Certified Registered Nurse Anesthetists (CRNAs), continue to assume major roles in increasing healthcare access, especially for disadvantaged and rural populations. With the training to diagnose and treat patients, prescribe medications, and manage chronic diseases, these advanced practice nurses relieve the burden on physicians and advance healthcare.

### *Telehealth and Remote Monitoring*

These changes require that telehealth and distant monitoring play a significant role in contemporary nursing practice because of the enhancements brought about by digital health technologies. Consequently, telehealth means that nurses can offer phone consultations, follow-ups, and health education to patients, increasing access to care, especially in rural regions. Mobile health and wearable technology have helped patients monitor diseases, including diabetes, hypertension, and heart disease, at their convenience.

## **Dentistry**

### *Preventive Dentistry*

Fluoridation and dental sealants, among other diagnostic and therapeutic measures in preventive dentistry, have largely eradicated caries and periodontal diseases. Such actions and programs encompass more preventive measures than curatives and have, in the long run, proven highly beneficial for oral care and, by extension, overall health, not to mention the mathematical reduction in spending on dental procedures.

### *Dental Implants and Aesthetic Dentistry*

Dental implants are one of the most significant aspects of restorative dentistry. They can be considered a permanent solution to tooth loss, providing patients with a functional and aesthetic superiority to dentures and bridges. Implant placement and the design of implants have evolved greatly, making this a convenient way of performing this procedure.

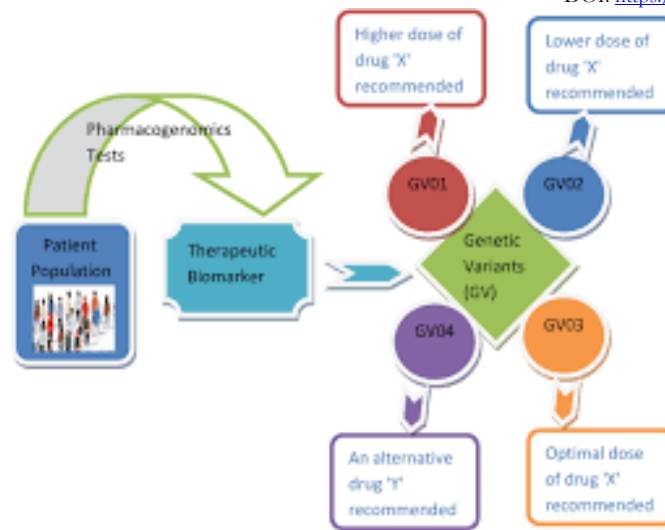
### *Orthodontic treatment and cosmetic dentistry*

Advancements in orthodontic practices, including Envisaging clear braces, have revolutionized dental practice in correcting misaligned teeth. These aligners are clear and do not cause discomfort compared to normal metallic braces, thus enhancing patient compliance. Cosmetic dentistry PDS is considered a branch of dental care with the least advancements, but it has also received breakthroughs by developing new materials and technology that enable the completion of aesthetically pleasing restorations.

## **Pharmacy**

### *The definition of Pharmacogenomics and Personalized Medicine*

Pharmacogenomics, meaning how a patient is likely to react to medication due to their genotype, has led to the idea of medicine individuality. Since genetic makeup differences determine how individuals metabolize drugs, pharmacists could increase the effectiveness of medication and reduce rates of side effects. Pharmacogenomics is now used in the treatment of cancer, cardiovascular diseases, and mental illnesses.



(Bigelow & Arora, 2017)

### *Advancements in Drug Development*

Bio and biosimilar have experienced rapid growth and have shaped modern trends in treating chronic diseases like rheumatoid arthritis, diabetes, and cancer. Biologicals are products derived from living organisms, and they have made more effective treatments or therapies available for a wide range of diseases, especially for patients who are refractory to conventional treatments. Similar products, cheaper than biologics, have also increased the availability of essential life-saving drugs.

### *Vaccination and Public Health*

Pharmacy has effectively contributed to synthesizing and dispensing vaccines that have helped contain the spread of infectious diseases. mRNA and COVID-19 vaccines are among the most revolutionary developments of modern pharmaceutical sciences. They also have played a role in dispensing and educating people about vaccines' necessity and safe use.

## **Public Health**

### *Global Health Initiatives*

"Great progress and success have been achieved in public health efforts, especially in the field of international health in combating infectious diseases." These are the two greatest achievements in the history of public health: smallpox eradication globally and near eradication of polio. Hence, vaccination programs, better hygiene, and increased access to potable water have also greatly contributed to enhancing the health of people across the world.

### *Disease surveillance and epidemiology*

The improvements to the epidemiology of disease and the systems that track diseases have enabled better management of newly appearing diseases. Big data and artificial intelligence have helped public health organizations gather data, analyze the trends and potential disease causes, and launch early intervention at its best. Reflected on the COVID-19 pandemic experience, the principle of fast surveillance and data sharing in decision-making about the global emergency.



(Reed & Poon, 2018)

### *Health inequities and social Drivers of Health*

Promoting health equity is now one of the biggest agenda priorities for public health. An attempt to address disparities in access to and use of health care services and outcomes has resulted in formulating policies to enhance health in vulnerable groups. Health, which is about social determinants like education, income, or housing, has strongly affected society.

### **Healthcare Management**

Imaging and Electronic health records abbreviated as EHR

One of the greatest advances in healthcare management is the widespread use of Electronic Health Records (EHRs). EHRs enhance caregiver information sharing, reduce the risk of adverse health outcomes, and enable efficiency in healthcare delivery. EHRs improve the quality and timeliness of different decisions by creating a unified patient repository.

### *Healthcare Informatics*

Over the recent years, machine learning providers have become a core part of the healthcare system, enhancing diagnosis, treatment planning, and resource utilization. The healthcare area is very promising for AI use: it will help doctors review patient records, estimate patients' outcomes, and choose individual treatment options. Other practical applications of machine learning that are also included within the framework of the health care system have been devoted to enhancing a hospital's workflow, including reducing patients' waiting times.

### **Analysis/Discussion**

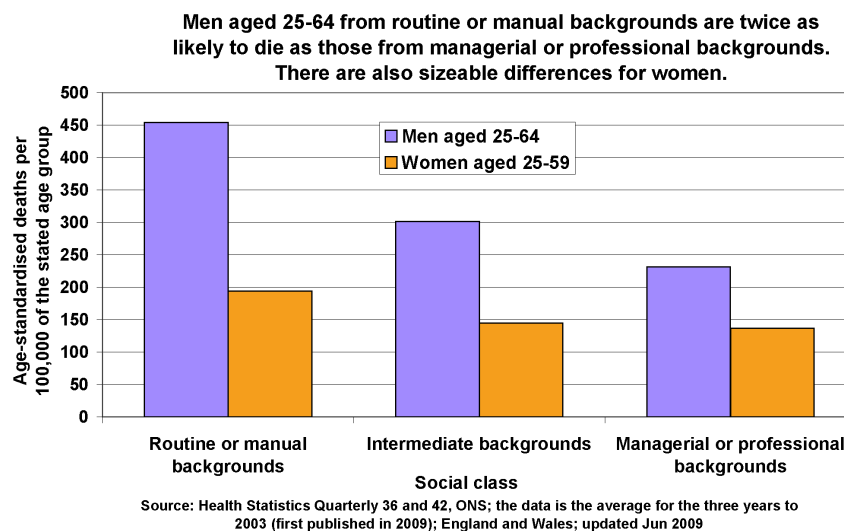
#### *Healthcare Inequality*

There is no doubt that the advancement in healthcare has been rather fast; however, the disparities in terms of access and quality of healthcare remain a challenge. Therefore, despite advancements in approaches to cure diseases, devices, and models of care, health disparity remains evident among diverse populations. SES, region, and race factors explain the split. It is important to reduce these differences to promote international health equality and guarantee that everyone has access to quality healthcare services. When new technologies are developed to enhance the delivery of healthcare services, it is significant for these technologies to reach everyone by considering things like ethnicity and economic status.

*Social Class and Health Care:*

It essentially encompasses income, education, and occupation, or what those in the field call the 'Social Economic Status' or 'SES.' Individuals of lower income brackets differ in many ways, with restricted fiscal means, inadequate insurance, and poor availability of health facilities. It can also be financially difficult for an individual to go for a check-up, diagnosis, or treatment, especially in preventive care. Consequently, the health of the population in lower SES is worse; they have higher risks of developing chronic diseases and shorter life expectancies. The fatal factor includes the cost of health care, especially in countries that do not have health care for anyone, which can be very expensive.

However, even in the qualified health systems of the higher-income category, inequity remains because the rich-poor divide widens in these countries. Often, these communities simply do not know better or cannot adequately understand their healthcare options and rights as patients. They can also experience some problems getting expert medical procedures owing to the lengthy waiting list or the location of the health care centers. Therefore, these social, economic, and structural aspects cause major health inequalities, which slow down the progress of global health coverage and equal health treatment.



(Richards et al., 2017)

*Geographic barriers and their impact on healthcare delivery.*

Another important factor that plays a role in providing health care services and hence health care disparities include geography, especially in the rural and remote areas. Low-income nations and perhaps some districts in developed countries struggle to ensure they take the health services closer to the people in the rural areas. Some of the issues that are attributable to rural health systems include the availability of little or no health facilities to cater to the needs of the rural populace and the fact that people have to travel long distances to access healthcare services. This results in untimely treatment and, therefore, very high mortality rates, especially among people with critical emergencies or persistent diseases that require constant care.

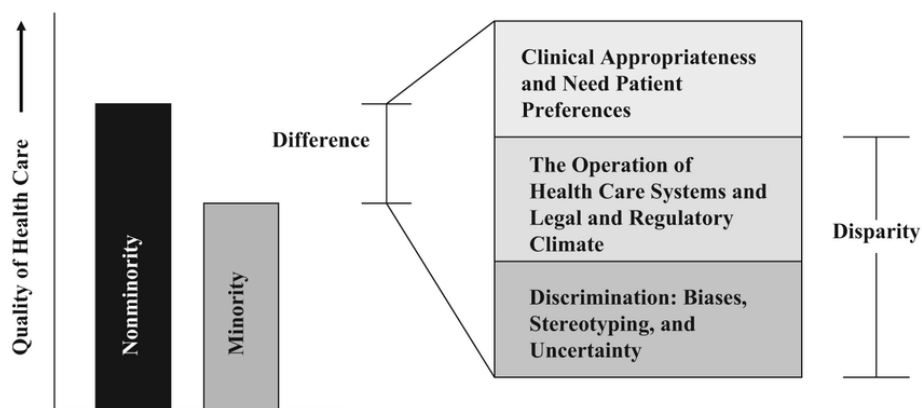
In numerous countries, especially within SSA, South Asia, and some Latin American nations, the healthcare system seems grossly inadequate or lacks basic needs such as human healthcare providers, diagnostic tools, and drugs. Rural clients have poor access to professional healthcare personnel; they may have to turn to fewer working health personnel with poor training to handle complex health complications. This increases regional differences, especially between the urban and rural areas, causing health sector inequality.

*Health Care Disparities for Racial and Ethnic Minorities*

Another accented facet of care imbalance is that it is perceived by race and ethnic background. It is to be noted that in most of the countries in the world, ethnic minorities have comparatively poorer health than the remaining population of the country. Such inequalities can be observed concerning almost all health indices, such as infant mortality and maternal health, life expectancy and disability-free life expectancy, as well as the incidence of chronic diseases, including diabetes and hypertension (Macfarlane et al., 2018). Another disadvantage is a lack of trust in health care because racially discriminated groups of the population in some countries do not receive the necessary medical care on time.

Minorities, such as African Americans, Hispanics, and Native Americans, are more likely to suffer from chronic diseases and mental health problems and lack adequate healthcare access in the United States. It is fairly common for such communities to face systematic issues like the elementary dearth of culturally sensitive doctors or nurses, enterprise dismissal of their agencies, and inadequate health care insurance. Moreover, socio-cultural considerations, including communication with clients, companies, and other people, social exclusion, and cultural beliefs that do not allow a patient to go for treatment or follow a doctor's prescriptions. In fact, there is more to the preference for denied care among the ethnic and racial regarding disparity in minority health care, and thus, healthcare systems must provide solutions to these problems to bridge the gap in care and provide equal treatment to all minority groups.

### Differences, Disparities, and Discrimination: Populations With Equal Access to Health Care



(Olson & Riordan, 2019)

#### *The Place of Policy in Elimination of Health Inequity*

Healthcare inequity is political; thus, governments and international organizations must address the issue through policy interventions. People-centered access to healthcare realizes UHC as a proactive method to tackle inequalities or unfair distribution of healthcare among the populace. UHC is a theoretical concept postulated by the World Health Organization. Many countries continue to implement efforts to increase the health coverage of their populations.

However, to attain UHC, considerable investment in tangible healthcare amenities and policies on social well-being, including education, employment opportunities, shelter, and food, are needed. This means that governments have to improve the financial systems of healthcare across the country so that everyone who needs financial and material support can gain it (Madigan & Smolowitz, 2019). Further, new innovative interventions for preventive care, health education, and awareness-raising among communities will significantly eliminate disparities in hopes of quality health care for all. These programs, if intended for such people, can enhance healthier lifestyles, encourage early detection of diseases, and, therefore, improve the health of people in these or any other targeted groups.

#### *Technological Integration*



In recent years, technology has facilitated tremendous advancements in the delivery of healthcare services. From the use of electronic health records (EHRs) to telemedicine, AI, machine learning, and deep learning, digital health technologies have changed how healthcare organizational systems work. Nevertheless, the employment of these technologies within health systems, especially in developing countries, restricts their ability to enhance health results.

#### *Cost and Infrastructure Barriers*

The survey reveals that costs are one of the biggest challenges to implementing healthcare technologies. Due to the high cost of entry, high degrees of adoption and utilization of these systems may not be viable for various healthcare systems, particularly in low-income or developing settings. Besides the costs facilities must incur for acquiring the technology, there are also sunk and recurrent costs such as maintenance, technology upgrades, staff training, and data protection.

The financial constraints are further amplified by the absence of fundamental equipment, human resources, and consistent power and web connections in such developing healthcare frameworks. They indicate that without these key resources, improving the capacity for implementation and sustainability of novel forms of digital health is challenging. For instance, telemedicine requires the use of such things as the Internet, which may be lacking or unreliable in rural settings. Likewise, AI and machine learning imply a sound computing platform and qualified personnel to design and maintain the AI, which may be problematic in certain areas (Morgan et al., 2016; Al-Nawafah et al., 2022; Mohammad et al., 2024). In such settings, the use of sophisticated technologies augments disconnection, thus leading to the emergence of a digital divide in accessing healthcare. To overcome these challenges, major healthcare infrastructure improvements and global partnerships are needed to guarantee access to digital health solutions.

#### *Lack of Trained Personnel*

One of the common issues in integrating healthcare technologies is the lack of skilled professionals. Scientific know-how is essential not only for digital health tools but also for healthcare providers who are adept at using these technologies. Physicians, nurses, technicians, administrators, and others must be trained to understand and operate electronic systems. One of the problem areas in developing many of these healthcare technologies is the inadequate or lack of adequately skilled staff to operate complicated equipment (Gill & Kapadia, 2020; Al-Hawary et al., 2020; Rahamneh et al., 2023). Continuing education and staff development remain the ways to address this barrier. However, improper use of technologies, in this case, poor performance, mistakes, and compromise on clients' safety, are also possible. Finally, the essential precondition is leadership and an institutional environment tailored to enhance digital competencies among the healthcare workforce and provide ongoing education opportunities.

#### *Data Privacy and Security*

As more healthcare organizations adopt digital technologies and start using more electronic data, the problem of data confidentiality and protection becomes even more acute. Preserving patient data from different computer-based infringements and hacking incidents is essential for people's trust in healthcare organizations and the confidentiality of patients' information. Nonetheless, many healthcare organizations, especially those in resource-scarce environments, can hardly provide proper cybersecurity safeguards.

Integrating secure technologies is critical for protecting patient data across various related systems. This is most effectively accomplished through partnerships between governments, private businesses, and authoritative healthcare bodies (Greenhalgh & Papoutsis, 2018; Ghaith et al., 2023; Alolayyan et al., 2018). As more data is exchanged between systems worldwide, policies and regulations must be developed to protect patients' data and address ethical issues.

#### *Guiding digital health for fair distribution*

Nevertheless, there is great potential for developing technological advancements in healthcare delivery to enhance healthcare organizations globally. However, such advancements should not be a preserve of a few groups, and therefore, plans should be made to ensure equality in access to these improvements. Challenges in achieving universal health coverage during the COVID-19 pandemic call for governments and international organizations to build up the digital health system, particularly in developing nations. It should be on how to make the Internet cheap, training of HCWS [health care works], and how the technology is sensitive to specific cultural backgrounds.

Furthermore, telemedicine and remote monitoring will enhance the accessibility of health care in rural areas and other health-deprived regions, but there is still the issue of equal ability; hence, equal opportunity for all; poor people in rural areas of the world should be given the chances to know how to use these methods. Foreign partnerships can also help in relating the outlined requisite healthcare technologies within the reach of all citizens (Scott & Jha, 2017; Alzyoud et al., 2024; Alolayyan et al., 2024). Healthcare poses a major issue of inequality in health. Unfortunately, the advances in healthcare technologies and practices have not covered up this blot. There are barriers of socioeconomic status and geographical constraints, and there are also race issues. On the same note, the implementation of enhanced technologies, although encouraged, receives challenges such as cost, development of infrastructure, and limited human resources skilled enough for the same in low-income countries.

Hence, the need to dismantle these barriers with the help of specific investments, policy changes, or cooperation within the framework of international organizations. It means that global health equity will become a reality only when innovations in this sector are delivered to those who need it most. Of course, the attempts to bridge the gap in digital adoption in healthcare processes should continue to provide potential solutions to address the problems and concerns with adopting the technology, irrespective of patients' socioeconomic status or geographical location (Bhattacharya & Park, 2017; Mohammad et al., 2022; Al-Husban et al., 2023).

### *Ethical Considerations*

The fast development of innovations is also the reason behind crucial moral issues in healthcare. For instance, innovative approaches like CRISPR and gene editing can eradicate genetic diseases but have risks, rights, usefulness, and genetic segregation. The same applies to AI and machine learning algorithms, where the employment of bias and unfair decision-making should not be encouraged.

### **Conclusions**

These benefits of the original innovations and breakthroughs across the healthcare spectrum have redefined the system of managing healthcare services and have positively impacted the lives of a growing number of people around the world. Looking at the future, it can be stated that continued development of such trends as informatics, interdisciplinary cooperation, and consideration of health disparities would be critically important for the success of addressing future challenges. Patent perpetuity and striving to erase the inequalities in healthcare will ensure that all vocabularies of these inventions will reap equal benefits and help make a better and more logical healthcare system in the world.

### **References**

- Al-Hawary, S. I. S., Mohammad, A. S., Al-Syasneh, M. S., Qandah, M. S. F., Alhajri, T. M. S. (2020). Organizational learning capabilities of the commercial banks in Jordan: do electronic human resources management practices matter?. *International Journal of Learning and Intellectual Capital*, 17(3), 242-266. <https://doi.org/10.1504/IJLIC.2020.109927>
- Al-Husban, D. A. A. O., Al-Adamat, A. M., Haija, A. A. A., Al Sheyab, H. M., Aldai-hani, 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). Singa-pore: Springer Nature Singapore. [https://doi.org/10.1007/978-981-99-6101-6\\_7](https://doi.org/10.1007/978-981-99-6101-6_7)
- Allen, P., et al. (2015). Healthcare regulation and compliance. *International Journal of Health Policy and Management*, 4(12), 835-842. <https://doi.org/10.15171/ijhpm.2015.144>

- 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>
- Alolayyan, M., Al-Hawary, S. I., Mohammad, A. A., Al-Nady, B. A. (2018). Banking Service Quality Provided by Commercial Banks and Customer Satisfaction. A structural Equation Modelling Approaches. *International Journal of Productivity and Quality Management*, 24(4), 543-565. <https://doi.org/10.1504/IJPM.2018.093454>
- Alolayyan, M.N., Alnabelsi, A.B., Bani Salameh, W.N., Al-shanableh, N., Alzyoud, M., Alhalalmeh, M.I., Hunitie, M.F., Al-Hawary, S.I.S., Mohammad, A.A., Aldaihani, F.M. (2024). The mediating role of medical service geographical availability between the healthcare service quality and the medical insurance. In: Hannon, A., and Mahmood, A. (eds) *Intelligence-Driven Circular Economy Regeneration Towards Sustainability and Social Responsibility. Studies in Computational Intelligence*. Springer, Cham. Forthcoming.
- Alzyoud, M., Hunitie, M.F., Alka'awneh, S.M., Samara, E.I., Bani Salameh, W.M., Abu Haija, A.A., Al-shanableh, N., Mohammad, A.A., Al-Momani, A., Al-Hawary, S.I.S. (2024). Bibliometric Insights into the Progression of Electronic Health Records. In: Hannon, A., and Mahmood, A. (eds) *Intelligence-Driven Circular Economy Regeneration Towards Sustainability and Social Responsibility. Studies in Computational Intelligence*. Springer, Cham. Forthcoming.
- Bhat, S., & Phelps, C. E. (2020). Trends in care coordination across healthcare systems. *Journal of Public Health*, 42(5), 656-665. <https://doi.org/10.1093/pubmed/fdz102>
- Bhattacharya, A., & Park, S. Y. (2017). A review of health informatics advancements and their foundational integration into healthcare. *Journal of Health Informatics*, 24(3), 235-247. <https://doi.org/10.1016/j.jhi.2017.01.002>
- Bigelow, J. H., & Arora, S. (2017). Continuous quality improvement in healthcare. *Journal of Patient Safety*, 13(3), 192-200. <https://doi.org/10.1097/PTS.0000000000000289>
- Clarke, D. E., & Ruffin, J. (2019). Bridging the research–practice gap in global healthcare. *Health Policy and Planning*, 34(3), 224-232. <https://doi.org/10.1093/heapol/czz002>
- Davidson, P. M., et al. (2019). Healthcare leadership and foundational advances. *Journal of Nursing Administration*, 49(8), 355-362. <https://doi.org/10.1097/NNA.000000000000075>
- Ghaith, R. E. A., Al-Hawary, S. I. S., Mohammad, L. S., Singh, D., Mohammad, A. A. S., Al-Adamat, A. M., Alqahtani, M. M. (2023). Impact of Artificial Intelligence Technologies on Marketing Performance. In *Emerging Trends and Innovation in Business And Finance* (pp. 49-60). Singapore: Springer Nature Singapore. [https://doi.org/10.1007/978-981-99-6101-6\\_4](https://doi.org/10.1007/978-981-99-6101-6_4)
- Gill, S., & Kapadia, C. (2020). Innovations in personalized medicine. *Genomic Medicine*, 5(4), 205-216. <https://doi.org/10.1007/s41431-019-00412-6>
- Greenhalgh, T., & Papoutsi, C. (2018). Spreading and scaling up innovation and improvement. *BMJ*, 365, l2068. <https://doi.org/10.1136/bmj.l2068>
- Macfarlane, F., et al. (2018). Interdisciplinary integration in healthcare. *BMJ Open*, 8(3), e020391. <https://doi.org/10.1136/bmjopen-2017-020391>
- Madigan, E. A., & Smolowitz, J. (2019). The evolving role of the healthcare system in chronic disease management. *Journal of Advanced Nursing*, 75(4), 815-825. <https://doi.org/10.1111/jan.13935>
- Miller, P. L., et al. (2016). Evidence-based practice and the integration of clinical frameworks. *BMJ Open*, 6(2), e010742. <https://doi.org/10.1136/bmjopen-2015-010742>
- Mohammad, A., Aldmour, R., Al-Hawary, S. (2022). Drivers of online food delivery orientation. *International Journal of Data and Network Science*, 6(4), 1619-1624. <http://dx.doi.org/10.5267/j.ijdns.2022.4.016>
- Mohammad, A.A, Barhoom, F.N., Alshurideh, M.T., Almohaimmed, B.M., Al Oraini, B., Abusalma, A., Al-Hawary, S.I.S., Vasudevan, A., Kutieshat, R.J. (2024). Impact of Green Supply Chain Practices on Customer Satisfaction of Industrial Sector in Jordan. In: Musleh Al-Sartawi, A.M.A., Ghura, H. (eds) *Artificial Intelligence, Sustainable Technologies, and Business Innovation: Opportunities and Challenges of Digital Transformation. Studies in Computational Intelligence*. Springer, Cham. Forthcoming.
- Morgan, M., et al. (2016). Global health systems: Foundations and innovations. *Social Science & Medicine*, 158, 28-36. <https://doi.org/10.1016/j.socscimed.2016.03.031>
- Olson, C. A., & Riordan, L. M. (2019). Training programs and innovations in medical education. *Journal of Medical Education*, 54(3), 231-242. <https://doi.org/10.1016/j.jme.2018.11.007>
- 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>
- Reed, M. C., & Poon, C. W. (2018). The evolution of interdisciplinary healthcare practices. *The Lancet Global Health*, 6(11), e1138-e1144. [https://doi.org/10.1016/S2214-109X\(18\)30321-3](https://doi.org/10.1016/S2214-109X(18)30321-3)
- Richards, D. A., et al. (2017). Measuring outcomes and performance in healthcare systems. *Health Affairs*, 36(6), 1045-1053. <https://doi.org/10.1377/hlthaff.2017.0034>
- Scott, K. W., & Jha, A. K. (2017). Putting quality on the global health agenda. *New England Journal of Medicine*, 377(1), 3-5. <https://doi.org/10.1056/NEJMp1700441>