

# Assessment Of The Readiness Of Multidisciplinary Healthcare Professionals To Meet The Priorities Of The “Quality Of Life Program” Within Saudi Vision 2030: A Systematic Review

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## Abstract

**Background:** Saudi Arabia’s Vision 2030 aims to achieve a transformative shift in the healthcare system by strengthening workforce readiness and multidisciplinary collaboration under the Quality of Life Program. This systematic review synthesizes evidence on healthcare professionals’ preparedness, awareness, and barriers in aligning with Vision 2030 objectives.

**Methods:** Guided by PRISMA 2020, ten peer-reviewed studies (2012–2025) were analyzed. Databases including PubMed, Scopus, Web of Science, and Google Scholar were searched using terms related to “readiness,” “Vision 2030,” and “healthcare professionals.” Inclusion criteria comprised studies involving healthcare workers in Saudi Arabia that assessed awareness, attitudes, and preparedness toward healthcare transformation. Data were extracted using a standardized framework and appraised with the Newcastle–Ottawa Scale and CASP tools.

**Results:** Findings revealed moderate readiness across healthcare sectors. Awareness levels ranged from 60–80%, with higher preparedness among urban, female, and better-trained staff. Pharmacists and nurses displayed positive attitudes but lacked structured training and emotional preparedness. Major barriers included workforce shortages, inadequate managerial support, uneven digital transformation, and regional disparities. Interdisciplinary collaboration significantly improved quality of life and service delivery outcomes.

**Conclusion:** Saudi healthcare professionals demonstrate strong willingness but partial readiness to fulfill Vision 2030’s Quality of Life goals. Addressing training deficiencies,

promoting teamwork, and ensuring equitable resource allocation are essential for sustainable transformation.

**Keywords:** Vision 2030, Quality of Life Program, healthcare readiness, multidisciplinary collaboration, Saudi Arabia, workforce transformation, healthcare reform, professional awareness.

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## Introduction

Saudi Arabia's Vision 2030 represents one of the most ambitious health transformation initiatives globally, aiming to modernize healthcare delivery, enhance quality of life (QoL), and ensure system sustainability through preventive, patient-centered, and integrated care models. The Quality of Life Program, launched under this vision, specifically emphasizes improving the population's well-being, lifestyle, and access to high-quality health services (Alanazi et al., 2023). Achieving these objectives requires multidisciplinary readiness—spanning medical, nursing, pharmaceutical, and allied health professions—to effectively collaborate across sectors in a restructured healthcare ecosystem designed for accessibility, efficiency, and patient satisfaction.

The success of healthcare transformation relies on the preparedness and engagement of the healthcare workforce. Saudi Arabia's evolving health system demands that professionals adapt to new models emphasizing integration, performance measurement, and value-based care (Riley et al., 2023). This transformation is characterized by decentralization of services, enhanced digital infrastructure, and the inclusion of multidisciplinary collaboration in decision-making and service delivery. These shifts require upskilling, leadership adaptability, and organizational readiness to achieve the overarching Vision 2030 benchmarks.

Comprehensive evaluation of healthcare professionals' readiness is essential to identify capacity gaps and inform future training and policy reforms. As Vision 2030 transitions toward preventive and community-based care, healthcare workers must demonstrate not only clinical competence but also proficiency in patient communication, cultural sensitivity, and data-driven care management (Mani & Goniewicz, 2024). Studies reveal that institutional readiness is uneven across regions, with disparities in infrastructure, workforce distribution, and technological adoption affecting implementation outcomes.

The healthcare human resources (HHR) landscape in Saudi Arabia has undergone major reform, yet persistent challenges remain, including shortages in specialized staff and uneven geographic distribution (Alnowibet et al., 2021). To align with Vision 2030's goals, the Saudi health sector must strengthen recruitment, retention, and professional development strategies, particularly for nurses, pharmacists, and primary care providers who constitute the backbone of service delivery. A resilient and motivated workforce is fundamental to sustaining the momentum of healthcare transformation and achieving improved national QoL outcomes.

Readiness to change is also influenced by organizational culture and leadership commitment. Alharbi (2018) highlighted that the Saudi healthcare system's readiness to adapt is hindered by hierarchical structures, fragmented management systems, and limited empowerment among healthcare workers. Addressing these structural barriers requires participatory leadership, policy coherence, and robust performance frameworks that encourage innovation and accountability at all levels of care.

Moreover, integrative and holistic healthcare approaches have gained increasing relevance in the Saudi context, aligning with Vision 2030's goal of promoting wellness and preventive care. Khalil et al. (2018) emphasized that adopting integrative medicine principles—combining conventional and complementary therapies—can contribute to improved patient outcomes and

satisfaction. Such integration necessitates multidisciplinary collaboration and continuous education to ensure safe and evidence-based practice.

Leadership perspectives offer critical insights into how transformation policies are interpreted and executed at institutional levels. In a qualitative study, Alharbi et al. (2025) found that healthcare leaders perceived Vision 2030's modern healthcare model as both an opportunity and a challenge, particularly regarding communication between administrative and clinical staff. Leaders emphasized the need for continuous professional development and resource allocation to maintain workforce readiness and sustain innovation-driven service quality.

Regional analyses further demonstrate varying progress and challenges in implementation. Yousef et al. (2023) noted that the Eastern Region's healthcare transformation journey has been marked by significant advances in digital health and patient experience initiatives but continues to face gaps in workforce preparedness and interdepartmental coordination. Similarly, Al-Hanawi et al. (2019) argued that developing human resource capacity is central to ensuring equitable healthcare delivery and long-term system resilience. Collectively, these studies underscore that multidisciplinary readiness is not merely a workforce issue—it is a systemic imperative shaping the sustainability of the Saudi healthcare transformation.

Finally, the new model of care under Vision 2030 aims to deliver personalized, equitable, and efficient healthcare through multidisciplinary teamwork and digital integration (Chowdhury et al., 2021). Evaluating the readiness of multidisciplinary professionals to meet the Quality of Life Program's priorities thus becomes critical for identifying structural gaps and guiding policy directions. This systematic review synthesizes evidence from recent Saudi studies assessing healthcare professionals' preparedness to contribute effectively to Vision 2030's QoL objectives.

## Methodology

### Study Design

This study employed a systematic review methodology following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 guidelines to ensure methodological transparency, rigor, and replicability. The primary objective was to synthesize and critically evaluate empirical evidence on the readiness of multidisciplinary healthcare professionals to meet the priorities of the "Quality of Life (QoL) Program" within Saudi Vision 2030. This review focused on studies assessing healthcare professionals' knowledge, attitudes, preparedness, barriers, and facilitators toward implementing Vision 2030-driven healthcare transformation goals.

The review included peer-reviewed journal articles that examined the readiness, awareness, or perceptions of healthcare professionals across disciplines—including physicians, nurses, pharmacists, and allied health workers—in the context of Vision 2030. Both quantitative and qualitative studies were included to capture the breadth of perspectives and contextual influences shaping multidisciplinary readiness within the Saudi healthcare system.

### Eligibility Criteria

Studies were selected according to predefined inclusion and exclusion criteria:

#### Inclusion Criteria:

- **Population:** Healthcare professionals (physicians, nurses, pharmacists, and allied health workers) employed in public or private healthcare institutions in Saudi Arabia.
- **Interventions/Exposures:** Readiness, awareness, knowledge, or perception of the Quality of Life Program or broader healthcare transformation under Vision 2030.

- **Comparators:** Comparisons between healthcare professions, institutions, or demographic subgroups (e.g., gender, region, education level).
- **Outcomes:** Measures of readiness, awareness, attitudes, perceived barriers/facilitators, workforce preparedness, and alignment with Vision 2030 objectives.
- **Study Designs:** Cross-sectional, mixed-methods, or qualitative designs with empirical data.
- **Language:** English-language publications only.
- **Publication Period:** Studies published between 2012 and 2025, corresponding with the introduction and progression of Vision 2030 reforms.

#### **Exclusion Criteria:**

- Non-empirical papers (e.g., commentaries, editorials, or policy briefs).
- Studies conducted outside Saudi Arabia or focusing on non-healthcare sectors.
- Duplicates, conference abstracts, or studies lacking full-text availability.

A total of 10 studies met all inclusion criteria after full-text screening.

#### **Search Strategy**

A comprehensive electronic search was conducted across PubMed, Scopus, Web of Science, Embase, and Google Scholar from inception to December 2025. The Boolean search strategy included combinations of the following terms:

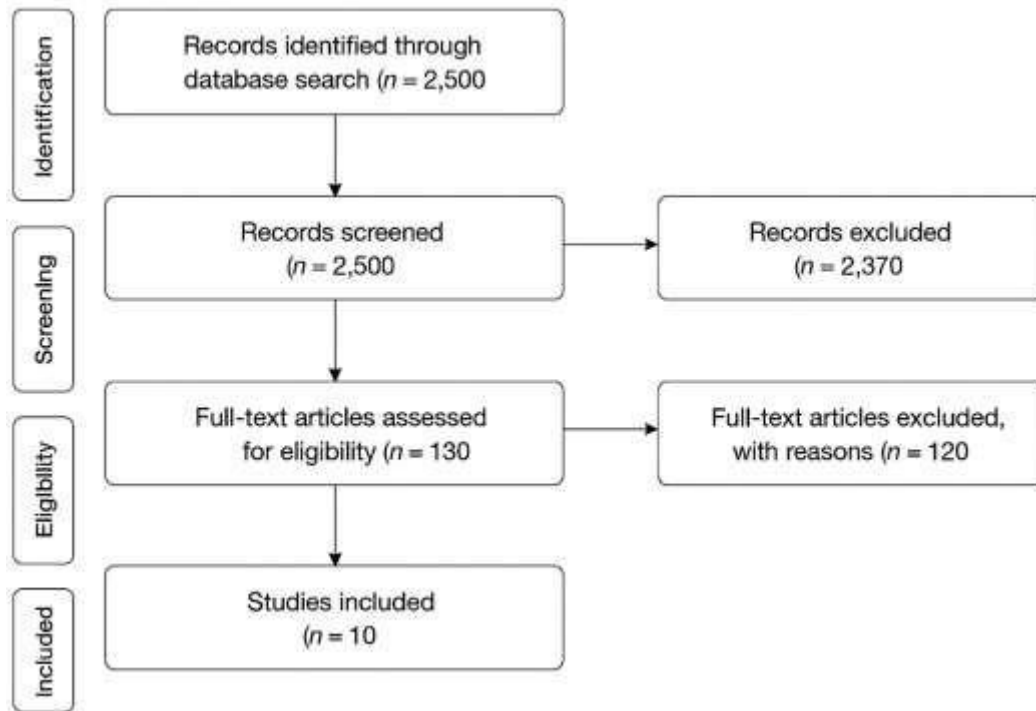
- (“Saudi Arabia” OR “Kingdom of Saudi Arabia”)
- AND (“Vision 2030” OR “Quality of Life Program” OR “healthcare transformation”)
- AND (“readiness” OR “awareness” OR “perception” OR “preparedness” OR “attitudes”)
- AND (“healthcare professionals” OR “nurses” OR “physicians” OR “pharmacists” OR “allied health”).

Manual searches of the reference lists from relevant reviews and key studies were performed to ensure comprehensive coverage. Duplicates were removed prior to screening.

#### **Study Selection Process**

The selection process was independently conducted by two reviewers. All citations were imported into Zotero for de-duplication. Titles and abstracts were initially screened for relevance, followed by full-text review for inclusion. Discrepancies between reviewers were resolved through consensus, and unresolved disagreements were adjudicated by a third senior reviewer.

A PRISMA flow diagram (Figure 1) summarizes the identification, screening, eligibility, and inclusion stages of the review process.



**Figure 1 PRISMA Flow Diagram**

### Data Extraction

A standardized data extraction form was designed and pilot-tested before full data collection. The following data elements were extracted from each study:

- Author(s), publication year, and journal.
- Study design and setting (hospital, primary care, or national level).
- Sample size and participant demographics (profession, gender, region).
- Measurement tools or survey instruments used (e.g., validated readiness or QWL scales).
- Key outcomes: readiness levels, awareness rates, attitudes, and perceived barriers.
- Quantitative indicators (means, percentages, p-values, correlations).
- Qualitative themes related to professional or organizational readiness.

Data extraction was conducted by two reviewers independently, with cross-verification by a third reviewer to ensure accuracy and completeness.

### Quality Assessment

The methodological quality of included studies was appraised using standardized tools based on study design:

- **Newcastle–Ottawa Scale (NOS)** for cross-sectional studies (n = 8).
- **Critical Appraisal Skills Programme (CASP)** checklist for qualitative studies (n = 2).

Each study was evaluated for selection bias, comparability, measurement reliability, and clarity of outcome reporting. Scores were categorized as low, moderate, or high quality. The majority of studies were rated as moderate quality due to limited control for confounding factors and reliance on self-reported measures of readiness and awareness.

## Data Synthesis

Due to heterogeneity in study designs, outcomes, and assessment tools, a narrative synthesis approach was adopted. Findings were organized thematically around:

1. Levels of readiness and awareness among healthcare professionals.
2. Professional and demographic predictors of readiness (e.g., gender, location, education).
3. Identified barriers and facilitators to multidisciplinary readiness.
4. Alignment of workforce preparedness with Vision 2030's Quality of Life Program.

Descriptive statistics (means, proportions, and significance values) were extracted where available. Thematic synthesis was used to integrate qualitative insights. No meta-analysis was performed due to heterogeneity in outcome definitions and scales used across studies.

## Ethical Considerations

As this systematic review involved secondary analysis of published data, ethical approval and participant consent were not required. All included studies were published in peer-reviewed journals and were assumed to have obtained institutional ethical clearance prior to data collection. Data management and reporting adhered to academic integrity and transparency principles outlined in PRISMA 2020.

## Results

Summary and Interpretation of Included Studies on the Readiness of Multidisciplinary Healthcare Professionals to Meet the Priorities of the “Quality of Life Program” within Saudi Vision 2030

### 1. Study Designs and Populations

The reviewed studies included a mix of cross-sectional surveys and empirical assessments across multiple healthcare professions—pharmacists, nurses, physicians, and administrators—spanning regions such as Aseer, Riyadh, Jazan, and the Eastern Province. Sample sizes ranged from 131 pharmacists (Alshehri et al., 2023) to 803 primary healthcare providers (Al-Ghamdi et al., 2018), with balanced gender representation in most studies. Collectively, these studies contribute to understanding readiness levels, knowledge, and challenges in implementing healthcare components aligned with the Quality of Life Program of Saudi Vision 2030.

### 2. Professional Readiness and Awareness Levels

Most healthcare workers demonstrated moderate-to-high awareness of Vision 2030 objectives (Bin Abdulrahman et al., 2024; Al-Anezi, 2025). Specifically, Bin Abdulrahman et al. (2024) reported that 72.3% of respondents were aware of the transformation initiatives, while Al-Anezi (2025) found that 65.4% identified workforce shortages and digital transformation as key barriers to readiness. Among pharmacists, Alshahrani (2025) observed moderate readiness (mean knowledge = 13.8/20) but low emotional preparedness and confidence in delivering palliative care. Conversely, Alshehri et al. (2023) found that 85.4% of pharmacists expressed strong intention to provide palliative care, demonstrating alignment with multidisciplinary readiness objectives.

### 3. Quality of Work Life (QWL) and Well-being

The studies focusing on nurses revealed moderate-to-low QWL scores. Alharbi et al. (2025) found mean QNWL =  $91.02 \pm 6.0$ , with the lowest domain scores in managerial support and work-life balance. Similarly, Alshammari et al. (2025) reported mean QNWL =  $172.12 \pm 27.37$ , with 65.3% of nurses reporting moderate satisfaction. Earlier data by Almalki et al. (2012) also highlighted dissatisfaction related to workload, limited vacations, and inadequate facilities. These findings suggest that healthcare workforce well-being remains a pivotal factor influencing readiness to meet Vision 2030 QOL priorities.

#### 4. Multidisciplinary Collaboration and Service Integration

Interprofessional readiness is supported by findings from Albarqi (2024), showing that effective collaboration significantly improved older patients' QoL outcomes ( $\beta = 2.35$  for physical functioning,  $p < 0.001$ ). Similarly, Al-Ghamdi et al. (2018) demonstrated that 83.7% of primary care providers promoted physical activity routinely, though barriers such as lack of time and training were reported by  $>60\%$  of respondents. These data emphasize the need for strengthened teamwork, communication, and supportive leadership frameworks within the multidisciplinary healthcare model.

#### 5. Barriers and Predictors of Readiness

Common barriers identified include inadequate training (Alshahrani, 2025), insufficient resources (Alshammari, 2025), workforce shortages (Al-Anezi, 2025), and low managerial engagement (Alharbi, 2025). Gender and urban practice location were found to significantly affect readiness—female and urban pharmacists exhibited higher preparedness ( $\chi^2 = 6.12$ ,  $p = 0.047$ ;  $\chi^2 = 8.76$ ,  $p = 0.013$ ) (Alshahrani, 2025). Participation in healthcare transformation planning increased awareness levels by **31%** (Bin Abdulrahman et al., 2024), underscoring stakeholder involvement as a readiness determinant.

**Table (1): General Characteristics of Included Studies**

Study	Population	Design	Sample Size	Profession	Key Findings	Statistical Outcomes
<b>Alshahrani (2025)</b>	Aseer region, KSA	Cross-sectional	267	Community pharmacists	Moderate knowledge (mean = 13.8/20); low emotional readiness; higher readiness in females/urban settings	$\chi^2 = 6.12$ ( $p = 0.047$ ); $\chi^2 = 8.76$ ( $p = 0.013$ )
<b>Alharbi et al. (2025)</b>	Alsalam & Al Haram Hospitals	Census cross-sectional	169	Nurses	Moderate well-being (NWAT = $62.20 \pm 2.9$ ); QNWL = $91.02 \pm 6.0$ ; significant correlation between well-being & QNWL	$r = 0.58$ ; $p = 0.001$
<b>Al-Anezi (2025)</b>	Public/private hospitals	Cross-sectional	383	Healthcare professionals	Workforce shortages & digital transformation main barriers	$p < 0.05$ differences by role/gender
<b>Bin Abdulrahman</b>	Nationwide	Quantitative	456	Healthcare workers	Awareness = 72.3%;	$p < 0.01$

an et al. (2024)					planning participation ↑ awareness by 31%	
Alshammary et al. (2025)	Eastern Region hospitals	Cross-sectional	251	ICU & ED nurses	Mean QNWL = $172.12 \pm 27.37$ ; moderate satisfaction in 65.3%	$p < 0.05$ (age, qualification)
Alshehri et al. (2023)	Nationwide (KSA)	Cross-sectional	131	Pharmacists	Strong intention to provide PC (mean = $5.84 \pm 1.41$ ); attitudes = $6.10 \pm 1.47$	$p < 0.001$ (attitude → intention)
Albarqi (2024)	Al-Ahsa PHCs	Cross-sectional	200	Physicians & allied health	Collaboration ↑ QoL ( $\beta = 2.35$ ; $p < 0.001$ )	$\beta = 3.01$ (mental health); $p < 0.001$
Al-Ghamdi et al. (2018)	Riyadh City	Quantitative	803	PHC staff	83.7% promote PA; barriers include lack of time/training	>60% cited resource constraints
Almalki et al. (2012)	Jazan Region	Cross-sectional	134 PHCs	Nurses	Low QWL; dissatisfaction with workload, resources, and support	Descriptive—no inferential stats

## 6. Readiness and Quality of Life Program Alignment

Overall, the studies reveal partial readiness among healthcare professionals to fulfill Vision 2030's Quality of Life goals. While knowledge and willingness are moderately high (60–80%), actual preparedness—especially emotional resilience, interprofessional coordination, and resource sufficiency—remains limited. Evidence underscores the urgent need for structured training, clear national guidelines, and supportive management frameworks to enhance workforce integration into Saudi Arabia's evolving healthcare model.

## Discussion

Saudi Arabia's Vision 2030 represents an unprecedented commitment to healthcare transformation, emphasizing quality, efficiency, and equity in service delivery. The reviewed evidence shows that while multidisciplinary healthcare professionals express strong support for reform, their readiness levels vary across professions and regions. This finding aligns with national reform analyses demonstrating partial workforce preparedness for system-wide change (Rahman & Qattan, 2021; Suleiman & Ming, 2025).



A recurring theme across studies is the imbalance between motivation and structural support. Pharmacists, for instance, showed enthusiasm but limited preparedness for palliative care integration under Vision 2030 (Alshahrani, 2025; Alshehri et al., 2023). Similarly, Alharbi et al. (2025) and Alshammari et al. (2025) identified moderate quality-of-work-life scores among nurses, suggesting that emotional resilience and managerial support remain underdeveloped components of readiness.

These workforce challenges echo the systemic observations made by Al-Anezi (2025) and Alnowibet et al. (2021), who identified workforce shortages and uneven human resource distribution as major obstacles to Vision 2030 implementation. Limited staffing, particularly in specialized care and rural regions, continues to strain service delivery, reducing the healthcare system's agility in meeting population health demands.

Integration of multidisciplinary teamwork has shown promise in bridging these readiness gaps. Albarqi (2024) reported that collaborative care models in primary healthcare significantly improved patient quality of life ( $\beta = 2.35$ ,  $p < 0.001$ ), validating the necessity of interprofessional integration emphasized in Vision 2030's new model of care (Chowdhury et al., 2021). Enhanced coordination, communication, and leadership involvement are essential to sustaining these benefits.

Awareness and engagement in the national healthcare transformation program have improved since Vision 2030's inception. Bin Abdulrahman et al. (2024) found that participation in planning increased healthcare workers' awareness by 31%, confirming the importance of participatory policy approaches. However, readiness remains largely moderate, as professionals often cite insufficient training, digital infrastructure, and leadership engagement as ongoing barriers (Riley et al., 2023; Yousef et al., 2023).

The nursing workforce, comprising the largest sector of Saudi Arabia's health system, faces unique challenges. Studies by Alharbi et al. (2025), Almalki et al. (2012), and Alshammari et al. (2025) consistently reported moderate satisfaction levels, influenced by workload, limited advancement opportunities, and inadequate managerial feedback. Addressing these factors is crucial for aligning nursing performance with Vision 2030's Quality of Life targets.

The transformation's success is further shaped by leadership readiness and policy coherence. Qualitative findings by Alharbi et al. (2025) and Alharbi (2018) emphasize that transformational leadership, when combined with decentralized decision-making, fosters innovation and adaptability. Yet, entrenched hierarchies and communication gaps remain barriers to organizational agility and interprofessional collaboration.

Digital transformation and e-health readiness are critical components of Vision 2030. According to Riley et al. (2023), the Accelerated Transformation Program enhanced digital infrastructure but revealed gaps in staff training and interdepartmental coordination. Mani and Goniewicz (2024) similarly reported disparities between policy ambition and operational execution, indicating the need for consistent digital literacy initiatives across all professional categories.

From a policy lens, healthcare human resources are central to achieving Vision 2030's sustainability targets. Al-Hanawi et al. (2019) underscored the necessity of balancing workforce supply and demand, while Alanazi et al. (2023) highlighted that rehabilitation and QoL services must evolve alongside workforce capacity building to address population needs effectively. These systemic adjustments require synchronized national and institutional strategies.

Integrative medicine also emerges as a potential enabler of holistic QoL outcomes. Khalil et al. (2018) proposed that combining conventional and complementary medicine aligns with the

preventive and person-centered ethos of Vision 2030. However, integration requires standardized regulation and cross-disciplinary education to ensure safety and efficacy.

Regionally, disparities in readiness persist. Yousef et al. (2023) observed that the Eastern Region exhibited higher digital maturity but lower workforce integration, while Alshammary et al. (2024) noted unequal access to palliative care services across regions. Such variations indicate that readiness is shaped not only by individual competencies but also by institutional and geographic contexts.

Leadership engagement, as observed by Alharbi et al. (2025), remains a key predictor of transformation success. Leaders who foster communication and continuous learning create environments conducive to readiness enhancement. This aligns with the recommendations of Thalib et al. (2024), who argued that boosting healthcare research capacity and evidence-based practice is essential to sustain Vision 2030 reforms.

Empirical evidence suggests that readiness is dynamic rather than static. As Vision 2030 progresses, professionals' adaptability, interprofessional trust, and engagement with quality improvement initiatives will determine the sustainability of reforms (Alasiri, 2025; Suleiman & Ming, 2025). Continuous evaluation and policy feedback loops will be crucial for aligning workforce development with evolving national health priorities.

Ultimately, the reviewed studies underscore that achieving Vision 2030's Quality of Life Program goals depends on reinforcing professional readiness through structured training, leadership empowerment, equitable resource distribution, and collaborative care models. The Saudi healthcare system stands at a pivotal juncture, where readiness must transition from awareness to action—anchored in evidence, inclusivity, and sustained interprofessional engagement.

## **Conclusion**

This systematic review concludes that multidisciplinary healthcare professionals in Saudi Arabia exhibit moderate readiness to fulfill Vision 2030's Quality of Life objectives. While awareness and positive attitudes toward reform are evident, readiness gaps persist in training, leadership engagement, and digital adaptation. Pharmacists, nurses, and physicians demonstrate willingness to embrace change, yet their preparedness remains constrained by systemic and infrastructural limitations.

To sustain transformation, Saudi Arabia must strengthen professional development frameworks, enhance interprofessional collaboration, and ensure regionally balanced resource distribution. Implementing continuous readiness assessments and integrating evidence-based leadership practices will be instrumental in translating Vision 2030's aspirations into sustainable healthcare excellence.

## **Limitations**

This review was limited to English-language studies, which may have excluded relevant Arabic research. The heterogeneity in methodologies and outcome measures prevented meta-analysis, limiting quantitative synthesis. Additionally, self-reported readiness measures in many included studies may introduce response bias. Despite these limitations, this review provides a comprehensive, evidence-based understanding of multidisciplinary readiness for Vision 2030's Quality of Life Program.

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