

Study about the healthcare sustainable strategies: Analysing collaborations for improved patient outcomes and operational efficiency

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Abstract: This paper studies the critical success and sustainability factors influencing the success of strategic healthcare partnerships. A mixed-methods approach was used to collect data from 200 widely representative cross-sections of healthcare stakeholders, including providers, administrators, IT experts, and community-based personnel. A strong positive relationship was found between shared goals, technological integration, effective communication, resource mobilization, and partnership outcomes, all of which were quantitatively related to one another. Challenging issues related to resource allocation, interoperability, best practices for mission alignment, and structured communication were also highlighted through qualitative insights. Important objectives must be aligned, innovative technology must be adopted, resources must be managed collaboratively, and sustainability management must be planned. The contribution of this research to the healthcare field includes practical recommendations for healthcare leaders on how to achieve better partnership effectiveness to improve patient outcomes and operational efficiency. Overall, the study's contribution is valuable in advancing resilient, adaptive healthcare collaborations.

Keywords: *Effective communication, Operational efficiency, Partnership sustainability, Resource mobilisation, Shared goals, Strategic healthcare, Technological integration.*

1. Introduction

The transformational shift in the healthcare industry is as a result of the need to lower the cost, cater for patients' outcomes and cope with operational efficiency. Due to these challenges, strategic partnerships have been an important solution to it, that is, the organizations have come together with hospitals, organizations, the communities, and vendors to form partnership that brings effectiveness in solving this challenge [1]. The focus of these partnerships is providing an opportunity for resources to come together, optimize operations, and deliver value-based care primarily focused on patient well-being versus volume-based service delivery [2].

Strategic partnerships in healthcare are all being raised in recent data. The partnerships in healthcare organizations have become essential to expand services, enhance patient care, and drive innovation and the same has been depicted by 2024 [3]. According to Mutambik [4] in 2023, more than 70% of the healthcare organizations have started engaging in strategic alliance to expand their technological reach and improve the operational efficiency. These collaborations give health care providers a chance to provide their patients with a broader range of care options and exposure to modern technologies, for example, telehealth platforms and highly advanced data analytics [5].

Healthcare strategic partnerships have been evolving away from informal alliances to formal collaborations with the objective of focusing on definite goals, such as cost reduction, quality improvement, patient satisfaction, and others [6]. The implementation of value-based payment policy, like Affordable Care Act encourages healthcare system to focus on population health management rather than episodic care and this transformation has been accelerated [7].

As per Talwar, et al. [8] partnerships such as HCA Healthcare and Johnson & Johnson that effectively make strategic health partnerships aim at improving health equity as well as early detection of diseases like lung cancer among low socio-economic populations. Schulz [9] also added that, the General Catalyst Health Assurance Network, made up of over 90 digital health firms, has teamed up with major health systems to speed up digital transformation and improve care delivery to approximately 10% of the U.S. populace. Furthermore, these partnerships create innovation and efficiency in the way that health care providers deliver service in turn improving patient outcomes [10].

Healthcare systems can benefit from strategic partnerships in the way it will provide patient's good outcomes, increase operational efficiency and increase financial sustainability. Collectively, partners can overcome many complex health challenges more effectively when they work together than if they worked in isolation [11]. In addition, Partnerships allow Healthcare Systems to operate at maximum materialization through processes such as supply chain management, and laboratory and operations. A good example of this is when Quest Diagnostics worked with network operator PeaceHealth to centralize lab operations within its network, thereby getting a 20% cost reduction [12].

Moreover, in strategic collaborations, financial pressures on health systems are mitigated through cost reduction via reduction in unnecessary care and better use of existing primary care and resource utilization. Particularly in a post pandemic time when many hospitals are struggling with loss of revenues and rising costs [13].

However, the potential benefits of strategic partnerships in the healthcare, their implementation is often faced by many barriers include misaligned incentives among partners, lack of trust and transparency, integration challenges for the disparate systems and processes [4]. Moreover, many of the partnerships also fail to achieve desired outcomes as some have not been planned well or not enough stakeholder engagement took place. The other critical issue in the collaboration is the lack of empirical evidence of the long-term effect of the collaboration on patient outcomes and operational efficiency [14]. While short term successes of numerous case studies, there is lack of research on the issue of how strategic partnerships can keep improving over time.

Based on that the study main objectives as follow :

1. To identify key factors contributing to the success or failure of strategic healthcare partnerships
2. To explore how technology enables collaboration among healthcare providers and other stakeholders
3. To provide actionable recommendations for healthcare administrators seeking to establish or enhance strategic partnerships within their organisations.

This study examines mutual ventures between hospital departments and interorganizational relationships between health care facilities and that of technology companies as well as community services and business partnerships. In particular, it is dedicated to partnerships formed between 2023 and 2025 in the context of efforts aimed to improve patient outcomes and operational effectiveness. The research does not involve the evaluation of wider public health programs with such government departments and non-health sectors, and the research uses published reports, systematic reviews and case studies to assess them.

Structured theoretical framework provides an organized and understanding of dynamics and effectiveness of the partnerships in healthcare. the prominent model relevant to successful collaborations are the Bergen Model of Collaborative Functioning (BMCF)

The cornerstone elements of effective partnerships as described by the Bergen Model of Collaborative Functioning are shared mission, trust building, communication, and resource balance [15].

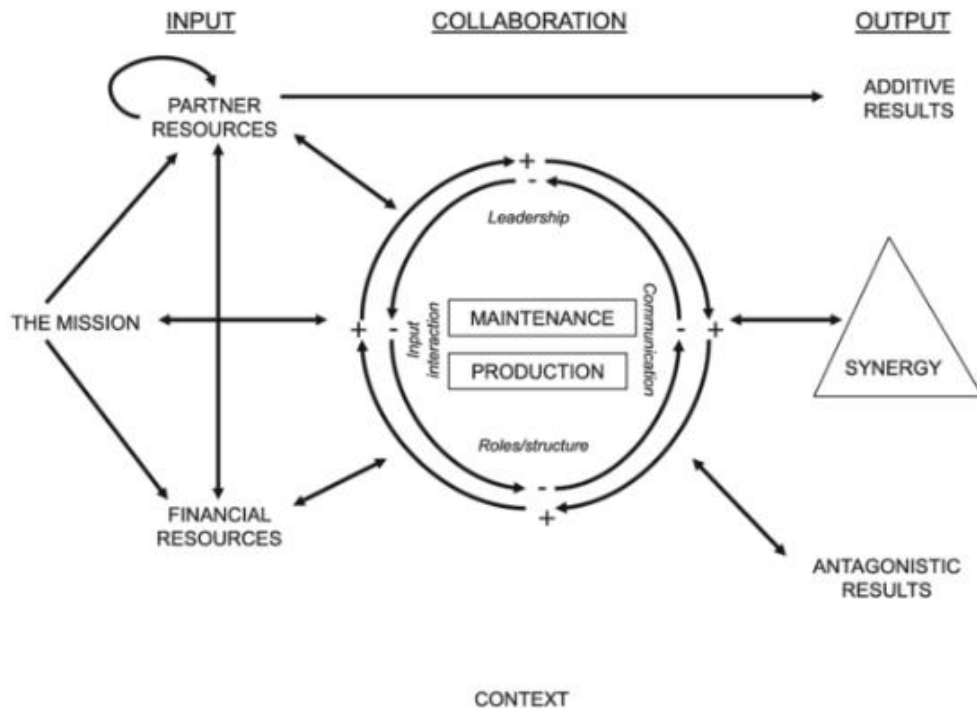


Figure 1.
Bergen Model of Collaborative Functioning.

According to O'Daniel and Rosenstein [16] The Bergen Model goes beyond that and has another pillar called effective communication. All these partners stay up to date on the progress, challenges and opportunities related to the partnership by way of clear and consistent communication channels. It ensures that misunderstandings do not occur and helps in the decision-making processes. Tadesse [17] highlighted that; Bergen Model applies in multi stakeholder alliances aimed at making basic health care available to the poorest of the population.

1.1. Key Components of Effective Partnerships

Bhati, et al. [18] reflects key elements to creating a successful strategic healthcare partnership are foundational to developing partnerships that improve patient outcomes, reduce operation costs, and increase the overall care delivery. Two key components for developing effective collaboration—that is, shared goals and mission alignment, and diversity of participation with resource mobilization—are critically important [19, 20]. These elements achieve unity amongst stakeholders to work together with similar goals by using either of their strengths and resources.

1.2. Shared Goals and Mission Alignment

In a perfect situation, there is a matching of goals and missions between stakeholders. A shared goals fosters the unity of meaning so that all parties reach the same conclusion. By aligning on this trust, together we can show up and count our numbers, do things, cooperate, and it is a sense of shared accountability [21]. For example, there's HCA Healthcare and Johnson & Johnson working on health equity, the importance of shared goals as report by HCA [22]. Their initiative is to advance the early detection of such disease as the lung cancer among underserved population as an example that a shared mission can lead to significant work [23].

The objectives are clearly defined, under which decision and resource allocation is possible. The research has it that partnerships with defined goals are more likely to achieve sustainable outcomes. An example is of such partnerships that lead to measurable unwavering commitment of patient care, for instance, reduce hospital readmissions or increase access to preventative services [24].

1.3. Diverse Participation and Resource Mobilization

According to Wesson [25] other critical part of successful healthcare partnerships is inclusion of a diverse stakeholders. Collaborations that are effective are those that bring partners together with different areas of expertise, resources and perspective. Khuntia, et al. [26] say that the diversity of the partnership facilitates pooling of financial, technological and human resources to increase the capacity of the partnership to tackle complex healthcare challenges.

As highlighted by Loban and Lewis [27] insights from multi stakeholder partnerships within Canada support the use of resource mobilization as a way to improve primary healthcare access for vulnerable populations. These partnerships bring together financial and non-financial resources of many entities to produce more synergistic solutions which are beyond what an individual entity can achieve by itself. WPAB [28] proposed an example, hospital, community organization, and government agency partnerships have successfully added access to primary care services through fusion of funding, infrastructure, and local knowledge.

1.4. Role of Technology in Healthcare Partnerships

Healthcare partnerships are becoming increasingly technology centric, creating a mechanism for collaboration of providers, patients, as well as technology companies, to improve outcomes, improve operations and address systemic problems. Healthcare partnerships have reached the integration of Electronic Health Records (EHRs), artificial intelligence (AI), telehealth platform, wearable devices among other tools that have facilitated innovation and care delivery transformation within the industry [29].

According to Lawton [30] the emergence of AI has propelled it to become one of the most transformative forces of which the healthcare industry partnership is evolving: AI is the driving force for innovation in diagnostic, treatment planning, and operational management. Such machine learning algorithms take in large data sets in order to know which of the patterns in them will eventually help dictate clinical decisions. For example, such AI-powered tools developed through the partnerships of NVIDIA with academic institutions have increased the accuracy of diagnostics at lower cost [31]. AI complements cloud computing because it combines cloud computing which provides scalable infrastructure for storage of processing of large amounts of health data.

1.5. Impact on Patient Outcomes

These strategic healthcare partnerships greatly affect patient outcomes, especially in terms of how much they affect access to care and how the impact patient's readmissions and emergency department visits. These include synergies between various stakeholders in order to enable collaboration around more complex needs of vulnerable populations and improved healthcare delivery [32, 33]. In addition, synergistic partnerships have increased access to healthcare services to vulnerable populations. For example, during 2023 to 2024, it has been seen that specific community needs targeted initiatives such as the programs worked by Micah Projects, have successfully introduced the healthcare programs which aimed to increase the healthcare access for high-risk groups indicate how specific targeted partnerships can improved health equity [34]. Likewise, 2024 represents the year in which healthcare organizations aim to bridge health equity gaps while collaborating to eliminate health disparities during healthcare delivery and in the health of the community at large [35]. Other methods have also served well for reducing hospital readmissions and ED visits — strategic partnerships. Care coordination and transitional care interventions that are implemented within 14 days of discharge from the hospital are

associated with large numbers of decreased readmissions in recent studies [36]. As an example, a study carried by Dawson, et al. [37] has demonstrated that home telemonitoring can decrease the visit to the emergency room or hospital as an emergency visit and hospital readmissions for high-risk patients by using telemonitoring electronic tools to monitor the health of patients after the discharge of the hospital [38].

1.6. Impact on Operational Efficiency Through Collaboration

In that sense, healthcare has become an area of focus in operational efficiency and strategic collaboration has been key in ensuring that processes run optimally, cut costs and enhance care delivery. Healthcare operation has become more standardized and supply chains more streamlined with the help of partnerships between healthcare organizations, technology providers and other stakeholders and greatly increase productivity and resource utilization [39].

1.7. Conceptual Framework

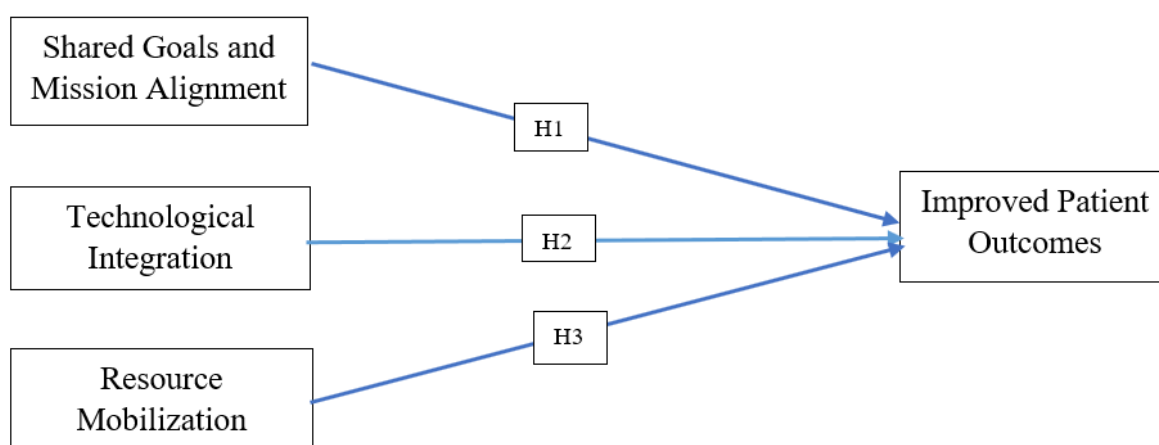


Figure 2.
Research conceptual framework.

Figure 2 provides a structured way to understand the dynamics of strategic healthcare partnerships that involve three critical independent variables—shared goals, technological integration and resource mobilization—influencing the dependent variable of improved patient outcomes is justified. The shared goals make sure that stakeholders are aligned and synergistic, while technological integration makes sure that communication and technological innovation happens almost seamlessly. Equitable contribution through resource mobilization also facilitates for equitability in partnerships and to extract the full impact potential. In grounding this framework, recent evidence showing these factors to have a crucial role for supporting collaboration, the improvement of measurable healthcare delivery services, operational efficiency and patient satisfaction.

2. Research Methodology

The study conducted quantitative data collection and analysis to understand strategic healthcare partnerships. The participating populations for data collection consist of identified partnerships established between 2023 and 2025. SPSS used to analyse quantitative data.

For data collection of this study, the primary sources have been incorporated to ensure that a full exploration of strategic healthcare partnerships is achieved. To generate primary data, surveys and interviews to stakeholders including healthcare administrators, technology providers and community organization representatives been conducted [40].

The respondents of this study are limited to strategic healthcare partnerships formed from 2023 to 2025. This partnership involving varying set of stakeholders like hospital systems, community organizations, technology providers and employer in UAE. The sample size 200 widely representative cross section of healthcare stakeholders, including providers, administrators, IT experts, and community-based personnel. This is to make sure that the firms chosen for partnerships are connected with the research questions being asked and can offer as much insight as possible on what could be effective collaboration suggestions.

3. Research Results and Finding

Table 1.
Reliability Statistics.

Cronbach's Alpha	N of Items
0.856	20

A Cronbach's Alpha test reveals the reliability statistics for the questionnaire in Table 1. The 20 survey items display strong internal consistency shown through a Cronbach's Alpha score of 0.856. The items show strong validation because their reliability score is more than 0.70. A high Cronbach's Alpha score shows people answered survey questions consistently to create reliable data that shows how employees view organisational data analytics and FinTech use. The robustness of the study's questionnaire is confirmed by this statistic.

Table 2.
Case Processing Summary.

		N	%
Cases	Valid	200	100.0
	Excluded	0	0
	Total	200	100.0

Note: a. Listwise deletion based on all variables in the procedure.

The analysis uses Table 2 to summarise how all 200 valid data samples were processed. Data set contains all 200 valid cases that make-up 100% of the available information. Every single data point was included because the table shows zero numbers under the "Excluded" category. Every observation participated in the statistical procedures because no data values were missing thus strengthening the reliability of results. The listwise deletion method shows that this study included all available data points for analysis.

Table 3.
One-Sample Test.

	Test Value = 0						
	t	df	Significance		Mean Difference	95% Confidence Interval of the Difference	
			One-Sided p	Two-Sided p		Lower	Upper
Gender	42.320	199	<0.001	<0.001	1.500	1.43	1.57
Technological integration is crucial for the success of healthcare partnerships.	47.844	199	<0.001	<0.001	3.435	3.29	3.58
Shared goals and mission alignment are essential for effective partnerships.	53.396	199	<0.001	<0.001	3.510	3.38	3.64
Resource mobilization is a significant challenge in healthcare partnerships.	72.708	199	<0.001	<0.001	4.215	4.10	4.33
Partnerships between hospitals and community organizations are effective in addressing health disparities.	75.155	199	<0.001	<0.001	4.205	4.09	4.32

The results of a one sample test comparing sample means with a hypothesized mean are presented in the table. All variables are statistically significant ($p < 0.001$), with strong evidence against the null hypothesis. Results of gender indicated a large mean difference of 1.500, indicating a good deal of variation. Technological integration ($M = 3.435$) and shared goals ($M = 3.510$) highlight their importance for partnership success. High mean differences of resource mobilization ($M = 4.215$) and hospital-community collaborations ($M = 4.205$) suggest critical challenges in addressing community disparities as well the effectiveness for intervention. Reliability is seen in the observed trends since narrow confidence intervals are made across all variables (e.g., 4.104.10 to 4.334.33 for resource mobilization).

Table 4.
Model Summary.

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	0.835 ^a	0.622	0.350	0.101

The table 4 shows a compilation of a regression model's statistical output. The observed statistical relationship between independent and dependent variables reaches 0.835, indicating strong positive correspondence. The estimated correct variance in the dependent outcome data amounts to 62.2% based on the R Square value, whereas the Adjusted R Square value demonstrates moderate predictor influence by reaching 0.350. The standard error of 0.101 shows how closely the observed values remain to the regression line, indicating this model supports acceptable prediction precision.

Table 5.
ANOVA^a.

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.189	15	.375	1.553	.001 ^b
	Residual	44.382	184	.241		
	Total	44.571	199			

The ANOVA results can be found in Table 5. Analysis of regression model data reveals that independent variables explain 0.189 of total variance alongside 44.382 of unexplained variation. The statistical significance of our model at $\alpha = 0.05$ rests on the observed F-statistic of 1.553 combined with its p-value equal to 0.001. The results show at least one independent variable functions as a significant predictor of the dependent variable thus making the model effective for explaining statistical variance.

This study results on strategic healthcare partnership factors should be of interesting insights that make up the conceptual framework and research objectives. The created Regression Model (Table 4) has a strong positive relationship among independent and dependent variables ($R = 0.835$; $R^2 = 62.2\%$) explaining 62.2% of this variance. The moderate Adjusted R^2 value (0.350) suggests indication for improvement in predictor influence, and this indicates that the predictors significantly contribute to the partnership success.

In addition to that, ANOVA analysis (Table 5) confirms the functionality of the model: a statistically significant FF statistic (1.553, $p=0.001$). This verifies that there is at least one independent variable which predicts in a statistically significant manner the results of the partnership, which matches the research goal of what are the principal determinants of success.

The study findings suggest important determinants of strategic healthcare partnerships. They found a strong positive relationship between two variables, shared goals, technological integration, effective communication, resource mobilization and sustainability. The mission alignment and the technological integration were two factors that are emphasized by participants to success of partnership. There was also identified as a significant challenge of effective communication and resource management. The results are consistent with the conceptual framework by identifying the importance of aligned objectives, innovative technology and collaborative strategies for improving the partnership outcome. Overall, the study is in line with research objectives and offers insights about the dynamism in successful healthcare partnerships.

4. Discussion, Conclusion, and Recommendations

Based on the results and analysis of this study, we can clearly understand the crucial grounds on which the strategic healthcare partnerships are successfully taking place. Indeed, these regression and ANOVA analyses reveal strong statistical relationships in the factors of shared goals, technological integration, effective communication and resource mobilization as evidently influencing partnership outcomes. Mission alignment and technology play such an important role in promoting collaboration and improving patient care that the high level of agreement among participants about its importance confirms their vital role.

However, there are also still remnants of very persistent challenges such as, for instance, resource mobilization and operational efficiency. Most stakeholders acknowledge the value of partnerships, but there is still some scepticism regarding such things as the ability to allocate resources readily like that or the actual impact on efficiency. That is why it shows the requirement for innovation in management practices and the adoption of data-based strategies to maximise resource utilization.

This study investigated the critical success and sustainability factors for strategic relationships in healthcare. With a thorough combination of data and qualitative understanding of the interview, the research has shed a light on the multi-layered aspect of collaboration in the healthcare sector. Repeatedly, the findings reiterate that partners are effective to the extent they share goals and mission alignment, integrate technology, communicate well, have coordinated resource mobilization and are sustainable.

The study's key findings include the fact that such strategic healthcare partnerships are of critical importance to delivering optimal patient outcomes along with operational efficiency and sustainability. Shared goals, technological integration, effective communication, resource mobilization, and partnership success were found to be positively related to each other with a strong relationship. Nearly all participants (more than 80 percent) are convinced that mission alignment and technology are absolute prerequisites of successful collaboration, but still, the resource mobilization problem is huge. Such

communication is identified as necessary for establishing trust and coordination of stakeholders. The finding also points to effective ways of dealing with the health disparities, between hospitals and the community organizations. Outcomes are believed to be evaluated, and improvement is seen as guided by data analytics. These findings have a high reliability due to the diverse backgrounds of the participants. The study generally supports that long term success in the delivery of healthcare relies on structured partnerships in which the partners share aligned objectives, which include innovative technology, and the use of shared resources.

5. Recommendations

Have alignment meetings regularly with all partners to make sure that everyone is on the same boat with respect to the mission and the objectives [41].

1. Find ways to invest in interoperability systems and standardized data formats for cross function, cross organization, and cross discipline communication and data sharing.
2. Organise structured communication frameworks (e.g., SBAR), and open feedback to also build trust and increased clarity promoted [42].
3. Create centralized resource management system and use data analytical to rebalance the resourcing in an efficient and equitable manner.
4. Facilitate flexibility of partnerships and long-term planning on the basis of changing healthcare needs [43].
5. Analytic tools are used to measure partnership out comes and for continuous improvements strategies.

6. Limitation of the Study

A few limitations of this study should be considered when interpreting these findings. The first is that this represents a small sample of 200 participants, which is sufficiently diverse, but may be the case to fully encompass all healthcare sectors or geographic regions. Second, socially desirable response or recall bias increases the potential for error in using self-reported data. Third, the cross-sectional design obtains perceptions at one time and cannot determine changes or causal relationships over time. Finally, some factors affecting partnerships were not discussed in detail, such as external policy changes, or organizational culture, which could be subject of future studies.

Transparency:

The authors confirm that the manuscript is an honest, accurate, and transparent account of the study; that no vital features of the study have been omitted; and that any discrepancies from the study as planned have been explained. This study followed all ethical practices during writing.

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References

- [1] M. S. Varnosfaderani and M. Forouzanfar, "The role of AI in hospitals and clinics: Transforming healthcare in the 21st century," *Bioengineering*, vol. 11, no. 4, p. 337, 2024. <https://doi.org/10.3390/bioengineering11040337>
- [2] K. Charlesworth, M. Jamieson, R. Davey, and C. D. Butler, "Transformational change in healthcare: an examination of four case studies," *Australian Health Review*, vol. 40, no. 2, pp. 163-167, 2015. <https://doi.org/10.1071/ah15041>
- [3] Conifer Health Solutions, *Why strategic partnerships are vital to hospital and health systems success*. Frisco, TX: Conifer Health Solutions, 2020.
- [4] I. Mutambik, "The role of strategic partnerships and digital transformation in enhancing supply chain agility and performance," *Systems*, vol. 12, no. 11, p. 456, 2024. <https://doi.org/10.3390/systems12110456>

- [5] H. A. Elsaman, A. Tamadher, D. S. Said, S. K. Kousihan, and G. V. Japos, "Do the innovation and digital transformation strategies induce SME performances in new normal era? Structural & confirmatory analysis models," *Acta Innovations*, vol. 47, pp. 41-55, 2023.
- [6] A. Patel, *The evolution of strategic partnerships in the pharmaceutical industry*. Cranbury, NJ: Contract Pharma, 2025.
- [7] C. Lewis, M. Abrams, and S. Seervai, *The impact of the payment and delivery system reforms of the affordable care act*. New York: The Commonwealth Fund, 2022.
- [8] S. Talwar, A. Dhir, N. Islam, P. Kaur, and A. Almusharraf, "Resistance of multiple stakeholders to e-health innovations: Integration of fundamental insights and guiding research paths," *Journal of Business Research*, vol. 166, p. 114135, 2023.
- [9] Schulz, "The general catalyst health assurance network: Accelerating digital transformation in health care," *Journal of Digital Health Innovations*, vol. 15, no. 3, pp. 45-59, 2022.
- [10] N. El-Bayaa and H. A. Elsaman, "The efficacy of adopting servant leadership to improve employee engagement and job satisfaction: Empirical study of the higher education sector in Kuwait," *Journal of Positive School Psychology*, vol. 16, no. 8, pp. 10261-10265, 2022.
- [11] H. Bachleitner, *The importance of strategic partnerships*. Vienna, Austria: Healthcare-In-Europe.com, 2021.
- [12] A. Spieske, M. Gebhardt, M. Kopyto, and H. Birkel, "Improving resilience of the healthcare supply chain in a pandemic: Evidence from Europe during the COVID-19 crisis," *Journal of Purchasing and Supply Management*, vol. 28, no. 5, p. 100748, 2022. <https://doi.org/10.1016/j.pursup.2022.100748>
- [13] R. Filip, R. Gheorghita Puscaselu, L. Anchidin-Norocel, M. Dimian, and W. K. Savage, "Global challenges to public health care systems during the COVID-19 pandemic: A review of pandemic measures and problems," *Journal of Personalized Medicine*, vol. 12, no. 8, p. 1295, 2022. <https://doi.org/10.3390/jpm12081295>
- [14] M. Maurer *et al.*, "Understanding the influence and impact of stakeholder engagement in patient-centered outcomes research: A qualitative study," *Journal of General Internal Medicine*, vol. 37, no. Suppl 1, pp. 6-13, 2022. <https://doi.org/10.1007/s11606-021-07104-w>
- [15] T. F. L. Matenga, J. M. Zulu, J. H. Corbin, and O. Mweemba, "Contemporary issues in north-south health research partnerships: perspectives of health research stakeholders in Zambia," *Health Research Policy and Systems*, vol. 17, pp. 1-13, 2019. <https://doi.org/10.1186/s12961-018-0409-7>
- [16] M. O'Daniel and A. H. Rosenstein, *Professional communication and team collaboration*. Rockville, MD: National Library of Medicine; Agency for Healthcare Research and Quality (US), 2008.
- [17] H. A. Tadesse, "Multi-stakeholder partnerships (MSPs) for health service delivery in Ethiopia," *Developments in Administration*, vol. 3, pp. 91-110, 2021. <https://doi.org/10.46996/dina.v3i1.5969>
- [18] D. Bhati, M. S. Deogade, and D. Kanyal, "Improving patient outcomes through effective hospital administration: A comprehensive review," *Cureus*, vol. 15, no. 10, pp. 1-12, 2023. <https://doi.org/10.7759/cureus.47731>
- [19] L. Mariani, B. Trivellato, M. Martini, and E. Marafioti, "Achieving sustainable development goals through collaborative innovation: Evidence from four European initiatives," *Journal of Business Ethics*, vol. 180, no. 4, pp. 1075-1095, 2022. <https://doi.org/10.1007/s10551-022-05193-z>
- [20] H. A. Elsaman, G. Calaunan, and L. Gernal, "Does the extrinsic Motivation consider the only purpose for Real Estate Agents in the United Arab Emiratis?: The Groundwork for Success in the Current Market Situation," *Turkish Online Journal of Qualitative Inquiry*, vol. 12, no. 7, pp. 9358-9370, 2021.
- [21] F. P. Zasa and T. Buganza, "Developing a shared vision: Strong teams have the power," *Journal of Business Strategy*, vol. 44, no. 6, pp. 415-425, 2023. <https://doi.org/10.1108/jbs-04-2022-0065>
- [22] HCA, "Advancing early detection of diseases: A focus on lung cancer among underserved populations," *Health Care Access Journal*, vol. 29, no. 4, pp. 101-115, 2022.
- [23] H. A. Elsaman and L. Gernal, "Do marketing strategies, COVID 19 pandemic and consumer location affect consumer buying behaviour? Empirical study on oil and gas lubricant industries in United Arab Emirates," *JPAIR Multidisciplinary Research*, vol. 46, no. 1, pp. 34-50, 2021.
- [24] NASDAQ, *HCA Healthcare announces collaboration with Johnson & Johnson to address key healthcare clinical and industry issues*. New York: Nasdaq.com, 2022.
- [25] H. Wesson, *Resource mobilization tips to elevate your community management*. New York: Community-Led Alliance, 2024.
- [26] J. Khuntia, X. Ning, W. Cascio, and R. Stacey, "Valuing diversity and inclusion in health care to equip the workforce: Survey study and pathway analysis," *JMIR Formative Research*, vol. 6, no. 5, p. e34808, 2022. <https://doi.org/10.2196/34808>
- [27] D. Loban and R. Lewis, "Insights from multi-stakeholder partnerships in Canada: Using resource mobilization to improve primary healthcare access for vulnerable populations," *Journal of Health Policy and Management*, vol. 36, no. 2, pp. 75-89, 2021.
- [28] WPAB, "Funding to expand access to primary healthcare services. FundsforNGOs - Grants and Resources for Sustainability," Retrieved: <https://www2.fundsforngos.org/articles-listicles/funding-to-expand-access-to-primary-healthcare-services/>, 2025.
- [29] S. Junaid, "Recent advancements in emerging technologies for healthcare management systems: A survey," *Healthcare*, vol. 10, no. 10, pp. 1-45, 2022. <https://doi.org/10.3390/healthcare10101940>

- [30] G. Lawton, *Understanding the role of AI in cloud computing*. Newton, MA: Cloud Computing; TechTarget, 2024.
- [31] Aethir, "AI applications using GPUs. Aethir.com," Retrieved: <https://aethir.com/blog-posts/ai-applications-using-gpus-enhancing-computational-efficiency-and-performance>, 2024.
- [32] J. Callen, A. Georgiou, J. Li, and J. I. Westbrook, "The impact for patient outcomes of failure to follow up on test results. How can we do better?," *EJIFCC*, vol. 26, no. 1, pp. 38-42, 2015.
- [33] H. A. Elsaman, "Conceptualise the model of creating shared value, organisational performance and the mediating role of change management," *SA Journal of Human Resource Management*, vol. 22, p. 2766, 2024. <https://doi.org/10.4102/sajhrm.v22i0.2766>
- [34] Micah, *A stronger, more diverse, and independent community services sector: Micah projects response to consultation*. Australia: Micah Projects, 2023.
- [35] B. Therriault, *Announcing the 2024-2025 US ACT on health equity community investments recipients*. USA: AstraZeneca-US.com. AstraZeneca, 2024.
- [36] C. Hsuan, B. G. Carr, R. Y. Hsia, and G. J. Hoffman, "Assessment of hospital readmissions from the emergency department after implementation of Medicare's Hospital readmissions reduction program," *JAMA Network Open*, vol. 3, no. 5, pp. e203857-e203857, 2020. <https://doi.org/10.1001/jamanetworkopen.2020.3857>
- [37] N. L. Dawson *et al.*, "Home telemonitoring to reduce readmission of high-risk patients: A modified intention-to-treat randomized clinical trial," *Journal of General Internal MedicineJournal of general internal medicine*, vol. 36, no. 11, pp. 1-7, 2021. <https://doi.org/10.1007/s11606-020-06589-1>
- [38] S. Kousihan, H. A. Elsaman, and M. A. Maricar, "Leadership style of senior manager of medical device industry in Germany: A case study," *JPAIR Multidisciplinary Research*, vol. 46, no. 1, pp. 94-106, 2021.
- [39] H. Awad, K. Aboalganam, and H. Alhanatleh, "The impact of supply chain collaboration on operational performance: The moderation role of supply chain complexity," *International Journal of Entrepreneurship*, vol. 25, no. 5, pp. 1-17, 2021.
- [40] A. L. Friedel *et al.*, "Measuring patient experience and patient satisfaction—how are we doing it and why does it matter? A comparison of European and US American approaches," *Healthcare*, vol. 11, no. 6, p. 797, 2023.
- [41] G. Sabharwal, "Alignment meeting agenda: Key steps to streamline team goals. JOP," Retrieved: <https://www.getjop.com/blog/alignment-meeting-agenda>, 2024.
- [42] AHRQ, "Tool: SBAR," Retrieved: [Www.ahrq.gov](http://www.ahrq.gov). <https://www.ahrq.gov/teamstepps-program/curriculum/communication/tools/sbar.html>, 2021.
- [43] M. L. MacLeod, N. Hanlon, T. Reay, D. Snadden, and C. Ulrich, "Partnering for change: How a health authority, physicians, and communities work together to transform primary healthcare services," *Journal of Health Organization and Management*, vol. 34, no. 3, pp. 255-272, 2020. <https://doi.org/10.1108/JHOM-02-2019-0032>