

The Culture of Interprofessional Practice in Maternal and Child Healthcare: an Axiological Study of Nursing, Midwifery, Health Information, Healthcare Security, Medical Secretariat, and Administrative Management Roles in Saudi Arabia

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Abstract

Interprofessional practice has become a central focus in contemporary healthcare research; however, it is most often examined through technical, competency-based, or outcome-oriented frameworks. Such approaches, while valuable, tend to overlook the cultural and value-based dimensions through which interprofessional collaboration is enacted in everyday healthcare work. This study reconceptualizes interprofessional practice in maternal and child healthcare as a cultural and axiological phenomenon, emphasizing values, meanings, and lived professional interactions rather than procedural coordination alone.

Using a qualitative interpretive design grounded in axiological inquiry, the study synthesizes evidence from peer-reviewed systematic reviews and meta-analyses published between 2010 and 2023. The analysis focuses on interprofessional collaboration across nursing, midwifery, health information, healthcare security, medical secretariat, and administrative management roles. A thematic axiological synthesis was conducted to identify core values embedded in interprofessional practice and to interpret how these values are enacted across diverse professional roles within healthcare institutions.

The findings reveal that interprofessional practice is sustained by five interrelated axiological themes: care as a shared moral commitment, trust and relational accountability, negotiated responsibility, safety as an ethical and cultural practice, and coordination as a source of institutional belonging. These values are not confined to clinical professions but are distributed across administrative and support roles, highlighting interprofessional practice as a collective moral enterprise rather than a profession-specific function.

By situating interprofessional practice within the Saudi maternal and child healthcare context, the study addresses a significant gap in the literature concerning culturally grounded and non-Western perspectives. The findings contribute to philosophical discussions on healthcare work by demonstrating that interprofessional collaboration operates as a value-enacting cultural practice that shapes professional identity, organizational culture, and ethical responsibility. This axiological perspective aligns with

Cultura's focus on meaning, values, and lived social practices, offering a deeper understanding of interprofessional healthcare beyond instrumental performance metrics.

1. INTRODUCTION

Healthcare systems are not merely technical or clinical structures; they are complex cultural spaces in which professional values, ethical norms, and shared meanings are continuously constructed and negotiated through everyday practice. Within this context, interprofessional collaboration represents more than functional coordination among different roles—it reflects a distinct professional culture shaped by axiological orientations such as responsibility, trust, care, accountability, and institutional belonging (Schein, 2017; Råholm, 2018).

Maternal and child healthcare settings provide a particularly rich environment for examining interprofessional practice as a cultural phenomenon. These settings involve sustained interaction among nursing staff, midwives, health information specialists, healthcare security personnel, medical secretaries, and administrative management professionals, each contributing not only technical expertise but also value-laden practices that shape patient experience, organizational climate, and ethical decision-making (Hall, 2005; World Health Organization [WHO], 2010). The convergence of clinical care, administrative coordination, information governance, and institutional safety underscores the inherently cultural nature of healthcare work in such environments.

From an axiological perspective, professional roles in healthcare are embedded in value systems that influence how care is delivered, how authority is exercised, and how collaboration is enacted. Nursing and midwifery practices, for example, are traditionally grounded in values of compassion, relational care, and ethical responsibility toward vulnerable populations, particularly mothers and children (Fry & Johnstone, 2008). Similarly, health information roles embody values related to accuracy, confidentiality, and epistemic responsibility, while healthcare security roles reflect institutional values of protection, order, and risk prevention within care environments (Evetts, 2014).

Administrative management and medical secretariat roles further contribute to the cultural fabric of healthcare institutions by mediating between policy, practice, and daily operational realities. These roles operationalize values such as efficiency, transparency, procedural justice, and organizational accountability, thereby shaping how clinical and support professionals interact within institutional frameworks (Scott et al., 2019). Collectively, these diverse roles form an interprofessional culture in which values are enacted through routine practices rather than abstract ethical declarations.

In the Saudi Arabian context, maternal and child healthcare institutions operate within a rapidly transforming healthcare system influenced by national reform agendas, cultural norms, and evolving professional identities. Vision 2030 has emphasized interprofessional collaboration, quality of care, and institutional governance as central pillars of healthcare development, making the exploration of professional culture and values particularly timely (Ministry of Health [MOH], 2021). Despite this, existing literature has largely focused on clinical outcomes or organizational performance, with limited attention to the cultural and axiological dimensions of interprofessional practice.

Therefore, this study aims to examine interprofessional healthcare as a form of cultural practice by analyzing the value structures embedded in nursing, midwifery, health information, healthcare security, medical secretariat, and administrative management roles within maternal and child healthcare settings in Saudi Arabia. By adopting an axiological lens, the study seeks to contribute to philosophical and cultural understandings of healthcare work, aligning with *Cultura's* focus on values, meaning, and lived professional practice.

2. LITERATURE REVIEW

2.1 Interprofessional Practice as a Cultural Phenomenon in Healthcare

Interprofessional practice in healthcare has increasingly been conceptualized not merely as a coordination mechanism among different professional groups, but as a culturally embedded form of practice shaped by shared meanings, norms, and value systems. From a sociocultural perspective, professional interactions are understood as situated activities in which identities, hierarchies, and ethical orientations are continuously negotiated (Reeves et al., 2017). This framing aligns with cultural theory, which views organizations—particularly healthcare institutions—as moral and symbolic systems rather than purely technical entities (Schein, 2017).

Several studies emphasize that interprofessional collaboration is deeply influenced by professional cultures that may either facilitate or constrain cooperation. Hall (2005) argues that differences in professional values, communication styles, and role perceptions often act as invisible cultural barriers within healthcare teams. These cultural distinctions are especially salient in complex care environments such as maternal and child healthcare, where clinical urgency, emotional labor, and ethical sensitivity intersect.

From an axiological standpoint, interprofessional practice embodies value commitments that go beyond efficiency or task completion. Values such as mutual respect, trust, accountability, and ethical responsibility are enacted through everyday interactions among nurses, midwives, administrative staff, and support personnel (Råholm, 2018). Thus, interprofessional practice can be interpreted as a form of cultural praxis in which values are lived and reproduced through routine professional conduct.

2.2 Nursing and Midwifery: Care, Ethics, and Relational Values

Nursing and midwifery professions have long been associated with value-centered models of care emphasizing compassion, relational engagement, and moral responsibility toward patients, particularly vulnerable populations such as mothers and children. Ethical scholarship in nursing highlights caring as both a moral value and a cultural practice embedded in professional identity (Fry & Johnstone, 2008; Watson, 2008).

In maternal and child healthcare settings, midwifery practice is especially value-laden, grounded in principles of respect for autonomy, dignity, and culturally sensitive care (International Confederation of Midwives [ICM], 2014). Studies suggest that midwives and nurses often act as cultural mediators between patients, families, and healthcare institutions, translating medical protocols into humane and context-sensitive practices (Downe et al., 2018).

From an axiological perspective, these roles contribute significantly to the moral climate of healthcare organizations. Their practices reinforce values of empathy, advocacy, and ethical vigilance, which shape interprofessional relationships and influence how other professional roles—such as administration or security—interpret their own responsibilities within care environments.

2.3 Health Information Roles and the Culture of Knowledge Governance

Health information professionals occupy a critical yet often underexamined position within interprofessional healthcare culture. Their work is anchored in values related to accuracy, confidentiality, transparency, and epistemic responsibility. As custodians of patient data and clinical documentation, health information specialists contribute to the moral infrastructure of healthcare systems by safeguarding informational integrity (Dixon et al., 2016).

From a cultural and axiological lens, information practices are not value-neutral. Decisions about data recording, access, and reporting reflect underlying assumptions about accountability, trust, and professional authority (Evetts, 2014). In maternal and child healthcare settings, where continuity of care and risk sensitivity are paramount, the ethical

management of information becomes a shared interprofessional concern rather than a purely technical task.

Literature suggests that effective interprofessional collaboration depends significantly on shared informational cultures, where data practices align with clinical and administrative values (Reeves et al., 2017). This reinforces the view that health information roles are integral to the cultural coherence of healthcare organizations.

2.4 Healthcare Security, Medical Secretariat, and Administrative Management as Value-Enacting Roles

Support and administrative roles—such as healthcare security, medical secretariat, and administrative management—are increasingly recognized as essential contributors to healthcare culture. Healthcare security personnel, for instance, embody institutional values of safety, order, and protection, particularly in high-stress environments such as maternity and children's hospitals (Johnston & Davey, 2019). Their interactions with patients and staff shape perceptions of safety, authority, and care boundaries.

Medical secretaries function as organizational intermediaries who operationalize values of efficiency, accessibility, and procedural fairness. Through scheduling, documentation, and coordination, they influence patient flow and interprofessional communication, thereby shaping everyday organizational culture (Scott et al., 2019). Administrative management roles further reinforce values related to governance, accountability, and strategic alignment between policy and practice.

From an axiological perspective, these roles enact institutional values through routine practices rather than formal ethical discourse. Their inclusion in interprofessional analyses broadens the understanding of healthcare culture beyond clinical domains, highlighting how values are collectively sustained across administrative, clinical, and support functions.

2.5 Interprofessional Practice in the Saudi Healthcare Context

In Saudi Arabia, healthcare institutions operate within a distinctive cultural and organizational context shaped by national values, social norms, and ongoing systemic reforms. Vision 2030 has emphasized quality of care, institutional accountability, and interprofessional collaboration as central to healthcare transformation (Ministry of Health [MOH], 2021). This policy orientation underscores the relevance of examining healthcare practice through cultural and axiological lenses.

Interprofessional collaboration (IPC) and interprofessional education (IPE) have become foundational domains in healthcare research, reflecting their influence on professional practice, education, teamwork, and patient outcomes. The literature demonstrates that interprofessional approaches are widely researched, yet conceptualization varies across contexts, outcomes, and frameworks. Several comprehensive syntheses focus on collaborative competencies, facilitators and barriers, and educational impacts, while other reviews investigate specific practice settings such as patient education and primary care. Despite the breadth of evidence, most reviews emphasize measurable outcomes (e.g., attitudes, knowledge, patient satisfaction) rather than deep cultural or axiological interpretations of how professional roles enact values within healthcare systems. The table below summarizes the most relevant **systematic reviews and meta-analyses** published up to 2023 that contribute to this field.

Table 1 Peer-Reviewed Systematic Reviews and Meta-Analyses on Interprofessional Practice in Healthcare

Authors (Year)	Title	Journal / Source	Study Type	Focus / Key Findings
Spaulding et al. (2019)	Interprofessional education and collaboration among	<i>Journal of Interprofessional Care</i>	Systematic Review	Assessed IPE impacts on attitudes, knowledge, and

	healthcare professionals			collaborative behaviors; found improvements in attitudes toward teamwork and understanding of roles.
Wei et al. (2022)	A systematic meta-review of systematic reviews about interprofessional collaboration: facilitators, barriers, and outcomes	<i>Journal of Interprofessional Care</i>	Systematic Meta-review	Synthesized facilitators, barriers, and outcomes of IPC; highlighted organizational, team, and individual factors.
Carron et al. (2021)	An overview of reviews on interprofessional collaboration in primary care	<i>PMC Open Access</i>	Overview of Reviews	Found evidence for IPC benefits in primary care but mixed results; emphasized complexity and need for IPC process research.
Reeves et al. (2017)	Interprofessional collaboration to improve professional practice and healthcare outcomes	<i>Cochrane Database of Systematic Reviews</i>	Systematic Review	Provided high-level synthesis showing potential improvements in practice and selected patient outcomes, though evidence varied by context.
Schot et al. (2020)	Working on working together: how healthcare professionals contribute to interprofessional collaboration	<i>Journal of Interprofessional Care</i>	Systematic Review	Emphasized professional identity and contextual factors as determinants of IPC effectiveness.
McCutcheon et al. (2020)	Impact of interprofessional primary care	<i>SAGE Open Medicine</i>	Systematic Review	Reported positive impacts on care

	practice on health outcomes			processes and patient satisfaction, though outcomes varied.
Saragih et al. (2023)	Outcomes of interprofessional education for healthcare students: a systematic review and meta-analysis	<i>Nurse Education in Practice</i>	Systematic Review & Meta-Analysis	Found positive effects of IPE on healthcare students' knowledge; attitude and competence outcomes were less consistent.
Ho et al. (2023)	Healthcare professionals' experiences of interprofessional collaboration in patient education	<i>Systematic Review</i>	Systematic Review	Identified role clarification, communication, trust, and shared space as key themes affecting IPC in patient education.
Vaseghi et al. (2022)	Interprofessional collaboration competencies in the health system	<i>Iranian Journal of Nursing and Midwifery Research</i>	Systematic Review	Highlighted the importance of IPC competencies (quality, safety, patient-centeredness) across settings.
Waller et al. (2022)	Components of interprofessional education implementation	<i>BMJ Open</i>	Scoping/Systematic Overview	Reported on how IPC education is operationalized (presage, process, product) and its implications for collaborative practice.
Bouchez et al. (2023)	Effect of interprofessional collaboration in primary care on patient-centred outcomes	<i>PMC Open Access</i>	Systematic Review	Indicated effectiveness of IPC for specific patient groups (e.g., cardiovascular risk), though evidence was heterogeneous.

Saragih et al. (2024)	Impacts of interprofessional education on collaborative practice of healthcare professionals			
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Conceptual and Axiological Framework

Interprofessional practice in healthcare can be understood not only as a structural or procedural arrangement among diverse professional roles, but as a **cultural practice grounded in shared and contested values**. Drawing on the findings of the systematic reviews summarized in Table 1, this study adopts an **axiological framework** that positions interprofessional collaboration as a value-enacting phenomenon embedded in everyday professional life.

4.1 Interprofessional Practice as Cultural Practice

From a cultural perspective, healthcare organizations function as moral and symbolic systems in which professional roles are shaped by norms, expectations, and shared meanings (Schein, 2017). Interprofessional collaboration emerges within these systems as a lived practice through which professionals negotiate authority, responsibility, and ethical obligation. The reviewed literature consistently demonstrates that collaboration is influenced by professional identity, communication norms, and organizational context rather than by technical competence alone (Schot et al., 2020; Reeves et al., 2017).

Within maternal and child healthcare settings, interprofessional practice is particularly value-laden. Care is delivered in contexts characterized by vulnerability, emotional intensity, and ethical sensitivity, where professional actions are continuously evaluated against moral expectations of safety, dignity, compassion, and accountability. Thus, interprofessional practice in these settings constitutes a form of **cultural action**, wherein values are enacted through routine interactions rather than formal ethical discourse.

4.2 Axiological Dimensions of Interprofessional Roles

The axiological lens adopted in this study focuses on how different professional roles embody and operationalize distinct yet interconnected value orientations:

- **Nursing and Midwifery** practices are primarily grounded in values of care, relational ethics, empathy, and advocacy. These roles often function as moral anchors within healthcare teams, shaping the ethical climate of maternal and child care through sustained patient interaction (Fry & Johnstone, 2008; Downe et al., 2018).
- **Health Information** roles reflect epistemic values such as accuracy, confidentiality, transparency, and responsibility for knowledge governance. Their practices influence trust, continuity of care, and institutional accountability by mediating how information is recorded, accessed, and interpreted (Dixon et al., 2016).
- **Healthcare Security** roles enact values related to safety, order, protection, and risk management. While often perceived as peripheral to care, these roles shape the moral boundaries of healthcare environments by balancing institutional authority with patient dignity and staff protection.
- **Medical Secretariat** roles operationalize values of accessibility, coordination, procedural fairness, and organizational efficiency. Through administrative mediation, these professionals influence interprofessional communication and patient flow, thereby shaping everyday institutional culture.
- **Administrative Management** roles embody values of governance, accountability, strategic coherence, and policy implementation. Their decisions translate institutional values into operational realities that directly affect how interprofessional collaboration is structured and sustained.

Together, these roles constitute an interprofessional value system in which no single profession monopolizes ethical authority. Instead, values are distributed, negotiated, and enacted across clinical, administrative, and support domains.

4.3 Value Tensions and Cultural Negotiation

The systematic review evidence highlights that interprofessional collaboration is often marked by **value tensions** rather than seamless integration. Differences in professional status, epistemic authority, and organizational power can create friction that affects collaboration quality (Hall, 2005; Wei et al., 2022). These tensions are not merely operational challenges but reflect deeper cultural negotiations over legitimacy, responsibility, and moral accountability.

An axiological framework allows these tensions to be interpreted as culturally productive rather than inherently problematic. Through negotiation, compromise, and adaptation, professionals collectively construct a shared culture of practice. This perspective moves beyond instrumental evaluations of collaboration toward a philosophical understanding of how healthcare work acquires meaning.

4.4 Conceptual Model of the Study

Based on the reviewed literature and axiological analysis, this study conceptualizes interprofessional practice in maternal and child healthcare as a dynamic interaction among:

1. **Professional Roles** (nursing, midwifery, health information, healthcare security, medical secretariat, administrative management)
2. **Core Values** (care, responsibility, safety, trust, accountability, dignity, coordination)
3. **Cultural Context** (organizational norms, institutional structures, national healthcare reforms)
4. **Everyday Practices** (communication, documentation, decision-making, coordination, risk management)

5. METHODOLOGY

5.1 Research Design

This study adopts a **qualitative, interpretive research design** informed by **axiological inquiry** and cultural analysis. Rather than measuring interprofessional practice as a set of technical outcomes, the study seeks to understand it as a **value-laden cultural practice** embedded in everyday healthcare work. This approach is consistent with the philosophical orientation of *Cultura*, which emphasizes meaning, values, and lived experience over purely instrumental evaluation.

The design integrates **systematic literature synthesis** with **conceptual interpretation**, allowing empirical evidence from published studies to be re-examined through a cultural and axiological lens. Such an approach is appropriate for exploring how professional roles enact values within institutional settings, particularly in complex environments such as maternal and child healthcare.

5.2 Data Sources and Selection Strategy

The primary data source for this study consisted of **peer-reviewed systematic reviews, meta-analyses, and high-level syntheses** addressing interprofessional practice, collaboration, or education in healthcare. Articles were identified through established academic databases, including **PubMed, Scopus, Web of Science, and CINAHL**, ensuring coverage of medical, nursing, and interdisciplinary scholarship.

The literature search focused on publications between **2010 and 2023**, reflecting the period during which interprofessional practice became a consolidated field of inquiry. Search terms included combinations of:

- *interprofessional practice*
- *interprofessional collaboration*
- *interprofessional education*

- *healthcare teams*

- *professional roles*

Inclusion criteria were:

1. Peer-reviewed publications written in English
2. Systematic reviews, meta-analyses, or overviews of reviews
3. Explicit focus on interprofessional collaboration or practice in healthcare
4. Clear methodological description and transparent synthesis process

Exclusion criteria included:

- Opinion pieces or editorials without systematic methodology
- Studies focused exclusively on single professions
- Articles addressing collaboration outside healthcare contexts

The final corpus of studies is summarized in **Table 1**, which presents key characteristics and contributions of the selected literature.

5.3 Analytical Approach

Data analysis was conducted using a **thematic and axiological synthesis** approach. Rather than extracting quantitative effect sizes, the analysis focused on identifying **recurring value-oriented themes** embedded within the reviewed studies. This process involved three iterative stages:

1. Descriptive Mapping

Key features of each study—such as focus, professional roles involved, and stated outcomes—were mapped to identify patterns across the literature.

2. Thematic Interpretation

The content of each review was examined to identify implicit and explicit references to values, professional norms, ethical orientations, and cultural assumptions underpinning interprofessional practice.

3. Axiological Synthesis

Identified themes were interpreted through an axiological lens, focusing on how values such as care, trust, responsibility, safety, accountability, and coordination were enacted across different professional roles.

This interpretive process allowed the study to move beyond surface descriptions of collaboration toward a deeper understanding of **how interprofessional practice functions as a cultural and ethical phenomenon**.

5.4 Trustworthiness and Rigor

To enhance the rigor and credibility of the analysis, the study adhered to principles of **transparency, coherence, and reflexivity**. The use of systematic reviews as primary data sources ensured that the analysis was grounded in well-established empirical evidence. Consistent inclusion criteria and clear documentation of analytical steps further strengthened methodological trustworthiness.

Reflexivity was maintained throughout the analysis by acknowledging the interpretive role of the researcher in assigning meaning to value-laden practices. Rather than claiming neutrality, the study embraces interpretive responsibility as an integral component of axiological inquiry.

6. RESULTS AND DISCUSSION

6.1 Results: Axiological Themes of Interprofessional Practice

The axiological synthesis of the reviewed literature revealed that interprofessional practice in healthcare is consistently shaped by **value-based patterns** rather than purely technical coordination. Across diverse healthcare contexts, professional collaboration was enacted through shared, negotiated, and sometimes contested values that structure everyday practice. Five dominant axiological themes emerged from the analysis.

Theme 1: Care as a Shared Moral Commitment

Across the literature, care emerged as a foundational value underpinning interprofessional practice, particularly in settings involving vulnerable populations such as mothers and children. Nursing and midwifery roles were frequently positioned as primary carriers of caring values; however, the literature also demonstrated that care is enacted collectively through administrative coordination, information accuracy, and institutional safety. Interprofessional practice thus functions as a distributed moral activity rather than an individual professional attribute.

Theme 2: Trust and Relational Accountability

Trust was identified as a central condition for effective interprofessional collaboration. Studies consistently emphasized that trust is not generated through formal structures alone, but through repeated interactions, role recognition, and ethical reliability. Health information professionals, medical secretaries, and administrative staff contributed to trust by ensuring continuity, transparency, and procedural consistency, reinforcing the relational fabric of healthcare organizations.

Theme 3: Responsibility and Role Negotiation

Responsibility emerged as a negotiated value rather than a fixed professional boundary. The literature showed that interprofessional practice often involves ongoing clarification of "who is responsible for what," especially in complex care environments. This negotiation reflects cultural processes of meaning-making and professional identity formation rather than simple task allocation.

Theme 4: Safety as a Cultural and Ethical Practice

Safety was consistently framed as both an ethical obligation and a cultural norm. While healthcare security roles explicitly embodied safety values, the literature highlighted that safety is co-produced through clinical vigilance, accurate documentation, and effective communication. Interprofessional practice thus redefines safety as a collective moral responsibility embedded in organizational culture.

Theme 5: Coordination and Institutional Belonging

Coordination was repeatedly described as a value-laden practice associated with belonging, inclusion, and institutional coherence. Administrative management and medical secretariat roles played a key role in translating organizational values into daily workflows, thereby shaping how professionals perceive their place within the healthcare system.

Table 2 Axiological Themes of Interprofessional Practice Identified in the Literature

Axiological Theme	Core Values	Professional Roles Involved	Cultural Meaning
Care	Compassion, empathy, dignity	Nursing, Midwifery, All roles	Care enacted as a collective moral practice
Trust	Reliability, transparency, continuity	Health Information, Secretariat, Administration	Trust built through ethical consistency
Responsibility	Accountability, role clarity	Clinical & Administrative roles	Responsibility negotiated through practice
Safety	Protection, vigilance, ethical control	Healthcare Security, Clinical staff	Safety as shared ethical culture
Coordination	Order, inclusion, belonging	Administration, Secretariat, Information roles	Coordination as cultural glue

6.2 Discussion: Interprofessional Practice as Cultural and Value-Driven Action

The results of this axiological synthesis extend existing interprofessional literature by reframing collaboration as a **cultural practice grounded in values**, rather than a primarily technical or outcome-driven process. While previous systematic reviews emphasize competencies, efficiency, and measurable outcomes, the present analysis demonstrates that interprofessional practice is fundamentally sustained by shared moral orientations enacted through daily work.

The prominence of care as a collective value challenges profession-centric interpretations that locate ethical responsibility solely within nursing or midwifery roles. Instead, the findings support a relational ethics perspective in which administrative coordination, information governance, and institutional safety are equally integral to caring practice. This insight is particularly relevant to maternal and child healthcare, where ethical sensitivity permeates all dimensions of service delivery.

Similarly, the centrality of trust and responsibility underscores the limitations of structural approaches to interprofessional collaboration. Formal protocols and role descriptions alone cannot generate collaborative culture; rather, trust emerges through ethical reliability and mutual recognition over time. This finding aligns with cultural theories of organizations that emphasize lived norms and shared meanings over formal rules.

The reinterpretation of safety as a cultural and ethical practice also contributes to philosophical debates on healthcare governance. Rather than viewing safety as a technical outcome or compliance measure, the findings position it as a moral commitment enacted across professional boundaries. This perspective highlights the often-overlooked ethical contribution of healthcare security and administrative roles to patient-centered care.

From an axiological standpoint, coordination emerges not merely as logistical efficiency but as a symbolic practice that fosters institutional belonging. Administrative and secretariat roles, often marginalized in interprofessional research, appear central to sustaining the cultural coherence of healthcare organizations. Their inclusion in this study responds directly to gaps identified in prior reviews and aligns with *Cultura*'s interest in everyday practices that give meaning to social institutions.

Finally, the findings expose a significant gap in existing research: while interprofessional collaboration is widely studied, its **value foundations remain under-theorized**, particularly in non-Western healthcare contexts. By situating interprofessional practice within Saudi maternal and child healthcare settings, this study contributes a culturally grounded, axiological perspective that complements and deepens existing empirical evidence.

7. CONCLUSION

This study set out to reconceptualize interprofessional practice in maternal and child healthcare as a **cultural and axiological phenomenon**, rather than a purely technical or outcome-oriented process. Drawing on a systematic synthesis of high-level evidence, the findings demonstrate that interprofessional collaboration is fundamentally sustained by shared values enacted through everyday professional practices across nursing, midwifery, health information, healthcare security, medical secretariat, and administrative management roles.

The results reveal that interprofessional practice is not merely the coordination of tasks among distinct professions, but a **value-driven social practice** through which care, trust, responsibility, safety, and institutional belonging are continuously negotiated and reproduced. These values do not reside exclusively within any single profession; rather, they emerge relationally through interaction, role recognition, and ethical reliability within healthcare organizations. In maternal and child healthcare settings, where vulnerability and

ethical sensitivity are heightened, such value enactment becomes especially visible and consequential.

By adopting an axiological lens, this study extends existing interprofessional literature that has predominantly focused on competencies, efficiency, and measurable outcomes. While previous research has established the instrumental importance of interprofessional collaboration, the present analysis highlights its deeper cultural significance as a form of moral and symbolic action. This shift in perspective aligns closely with *Cultura*'s philosophical orientation, foregrounding meaning, values, and lived practice as central analytical categories.

Importantly, the study also addresses a contextual gap in the literature by situating interprofessional practice within the Saudi healthcare system. In a context shaped by rapid institutional transformation and evolving professional identities, understanding collaboration as a cultural practice provides critical insight into how healthcare reforms are experienced, interpreted, and enacted on the ground. Such an approach complements policy-driven and performance-based analyses by illuminating the ethical and cultural foundations of healthcare work.

In conclusion, interprofessional practice in maternal and child healthcare should be understood not only as a strategy for improving service delivery, but as a **shared moral enterprise** that sustains the cultural integrity of healthcare institutions. Future research would benefit from further empirical exploration of axiological dimensions across diverse cultural settings and from integrating philosophical inquiry more explicitly into interprofessional healthcare research.

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