

A Description of Inter Professional Collaboration in Professional Caregivers at Public Hospitals and Mental Hospitals in Jambi

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Abstract:-

➤ *Background:*

IPC is a cooperation among medical professionals with different educational backgrounds into a collaborating team to improve the quality of effective health services (WHO, 2010).

➤ *Objectives:*

This study aimed to determine the description of IPC by the Professional Caregivers (PPA) at public hospitals and mental hospitals in Jambi in 2019.

➤ *Methods:*

A quantitative research, quantitative descriptive design. The population was Nurses, Doctors, Pharmacists and Nutritionists at Public Hospital (RSU) and Mental Hospital (RSJ) in Jambi. There were 171 professionals at Public Hospital and 105 professionals at Mental Hospital in Jambi. The samples were chosen by total sampling technique.

➤ *Results and Discussion:*

Most of the application of the IPC PPA at Jambi Public Hospital is well implemented. Meanwhile, at Jambi Mental Hospital, the application of IPC PPA is poorly implemented only for the dimension of cooperation (more than a half).

➤ *Conclusion:*

It is expected to create good cooperation among PPA in RSJ, to maximize the care given to patients and to avoid unappreciated feeling on other teams and also to create effective time and work contracts. Thus, the researchers hope the PPA at RSJ, especially Nurses and Doctors, can listen and consider the opinions of other team members.

communicate directly with the patients are nurses, doctors, pharmacists and nutritionists. They become potential for the errors occurred in providing care.

The errors in providing care caused by PPA (nurses, doctors, pharmacists and nutritionists) were observed based on the data from September 2006-2012 by KKPRS. It consists of 207 reports, including 80 reports on pharmacy, 41 on analysts, 33 on doctors and 25 reports on facilities. Meanwhile, in Jambi, 1-6 incidents of patient safety occurred within 1 year (Elrifda, 2011). The above data shows that incidents occurred tend to be caused by PPAs (nurses, doctors, pharmacists and nutritionists).

Incidents that tend to be caused by PPA harm the patients, one of which results from poor collaboration (Hamlan, 2015). Several studies revealed that poor IPC occurred because of different organizational cultures (Romijn, At al, 2017). Constraints from organizational cultural differences can affect important components of IPC, such as communication, mutual trust, understanding responsibilities (skills, knowledge, and functions of each team member) to achieve common goals and knowing the responsibilities and duties of each team member (Donovan *et al.*, 2018; Lancaster *et al.*, 2015; Regan & Regan, 2015). Partnership Collaboration will produce good outcomes, especially for PCC.

Outcomes generated for IPC toward PCC will be good if PPAs (nurses, doctors, pharmacists and nutritionists) perform IPC processes effectively (Bosch & Mansell, 2015; Bursiek, April A, 2017; Goldman, Joanne, 2016). According to Temkin-Greener, (2004), IPC can be measured by the process of team performance in the form of leadership, coordination, communication, conflict management, team cohesion and effectiveness. Meanwhile, Orchard *et al.*, (2018) assert that the implementation of IPC is divided into 4 dimensions in the Assessment of Interprofessional Team Collaboration Scale (AITCS), including partnerships, Cooperation, Coordination, Shared Decision Making.

Partnerships create open and respectful relationships in which all members work fairly, to achieve the mutual results. In the meantime, cooperation is an act of working together which includes the ability to listen and evaluate opinions from the perspective of all team members to achieve a common goal. Then, coordination is the act of negotiating with team members to work effectively together so that it is easier to transfer the information from one to the

I. INTRODUCTION

IPC is a patient care founded on accreditation standards, which is conducted based on Patient Centered Care (PCC) patterns. Patients are service centers whose positions are surrounded by professional caregivers (PPA) with DPJP as a clinical team leader. PPAs are nurses, doctors, pharmacists, nutritionists, midwives, anesthesia therapists, and other who have adequate competence. When taking care of the patients, PPAs who most frequently

other. At last, Shared Decision Making or decision making is a process in which all parties work together to explore options and to plan patient care by consulting to one another, to patients and relevant patients’ family members. This dimension of IPC really needs to be considered and conducted by the hospitals.

II. MATERIALS AND METHODS

This research was a quantitative research with a descriptive design. The population was the medical staffs such as Nurses, Doctors, Pharmacists and Nutritionists in

Public Hospital (RSU) and Mental Hospital (RSJ) in Jambi. There were 171 staffs at RSU and 105 at RSJ. The samples were taken by total sampling techniques.

III. RESULTS

The frequency distribution of IPC application in the dimensions of partnership, cooperation, coordination and shared decision-making in professional caregivers (nurses, doctors, pharmacists and nutritionists) at Public Hospital in Jambi is displayed in the following table:

No	Dimensions	Good		Poor		Total	
		f	%	f	%	f	%
1	Partnership	277	54.0	236	46.0	513	100
2	Cooperation	279	54.4	234	45.6	513	100
3	Coordination	277	54.0	236	46.0	513	100
4	Shared Decision-Making	273	53.2	240	46.8	513	100

Table 1:- The Frequency Distribution of IPC Application Based on the Dimensions of Partnership, Cooperation, Coordination and Shared Decision - Making to Professional Caregivers (Nurses, Doctors, Pharmacists and Nutritionists) at Public Hospital in Jambi (n = 513)

Table 1 demonstrates that most of the partnership respondents at RSU are in the category of good (54.0%), while most of the cooperation respondents in RSU are also in the category of good (54.4%). This also happens for the coordination respondents in RSU, in which most of them are in the category of good (54 , 0%). Finally, most shared decision-making respondents in RSU are also in the category of good (53.2%). Hence, it can be concluded that

the majority of the application of IPC PPA at Public Hospital in Jambi is good.

Moreover, the frequency distribution of IPC application in the dimensions of partnership, cooperation, coordination and shared decision-making in professional caregivers (Nurses, Doctors, Pharmacists and Nutritionists) at the Mental Hospital in Jambi is illustrated in the following table:

No	Dimensions	Good		Poor		Total	
		f	%	f	%	f	%
1	Partnership	175	55.6	140	44.4	315	100
2	Cooperation	155	49.2	160	50.8	315	100
3	Coordination	167	53.0	148	47.0	315	100
4	Shared Decision-Making	163	51.7	152	48.3	315	100

Table 2:- The Frequency Distribution of IPC Application Based on Dimensions of Partnership, Cooperation, Coordination and Shared Decision - Making for Professional Caregivers (Nurses, Doctors, Pharmacists and Nutritionists) at the Mental Hospital of Jambi (N = 315)

Based on table 2, it can be inferred that most of the partnership respondents at RSJ are in the category of good (55.6%) but most of the cooperation respondents in RSJ are in the category of poor (50.8%). Meanwhile, most of the coordination respondents in RSJ are in good category (53.0%) and most of the shared decision-making respondents in the RSJ are also in the category of good (51.7%). Hence, it can be concluded that the application of IPC PPA at Mental Hospital in Jambi is poor only at the dimension of cooperation while others are good.

IV. DISCUSSION

The Application of IPC in Dimensions of Partnership, Cooperation, Coordination and Shared Decision-Making on Professional Caregivers (Nurses, Doctors, Pharmacists and Nutritionists) at Public Hospital and Mental Hospital in Jambi

Based on the results of research about the application of the dimensions of partnership, cooperation, coordination and shared decision-making on professional caregivers (Nurses, Doctors, Pharmacists and Nutritionists) at Public Hospital in Jambi, it was found that the majority of partnership respondents at RSU are in the category of good (54.0%). This also happens to most of the respondents' cooperation at RSU which is also in the category of good (54.4%). In addition, most of the respondents both in

coordination and shared decision-making at RSU are also in the category of good (respectively 54.0% and 53.2%).

The results of this research are in line with a research conducted by Alexanian, Janet et al (2015) who found that most of the scores of partnership and cooperation in North American ICU are in the category of good (66.3% and 68.2%). Beside, Bursiek & April (2017), in their research, also found that more than half of the coordination and shared decision-making dimensions are good (58.2% and 61.2%). Furthermore, Hamlan (2015) also revealed that the majority of medical workers' IPCs at *Tertiary-Level Acute Care Hospital* are mostly good (59.7%).

Furthermore, based on the results of the research conducted about the application of the dimensions of partnership, cooperation, coordination and shared decision-making to professional caregivers (Nurses, Doctors, Pharmacists and Nutritionists) at Mental Hospital in Jambi, it was found that most partnership respondents at RSJ are in the category of good (55.6%); most of the cooperation respondents at RSJ are in the category of poor (50.8%); most of the coordination respondents at RSJ are in the category of good (53.0%); and most of the shared decision-making respondents at RSJ are in the category of good (51.7%).

The results of this study are supported by a research by Hardin (2018) who found that most of the partnership values are in the category of good (60.6%). Then, Hinde et al (2016) also found that more than half of the dimensions of cooperation were not good (54.4%). Whereas, Lancaster (2015) found that coordination and shared decision-making of medical workers are good (59.5% and 64.8%).

Inter Professional Collaboration (IPC) is a condition in which various medical professionals work together with patients, families of the patients, communities, and other health professionals to provide the best quality of health services (Hinde et al, 2016). Menurut Hardin et al (2018) assert that IPC in health care services is when interactions occur among medical workers with different professional backgrounds with the aim of providing comprehensive services by working together to provide effective patient-centered services.

According to Orchard et al, (2018), the elements of IPC in the Assessment of Interprofessional Team Collaboration Scale (AITCS) consist of 4 items, namely partnerships, cooperation, coordination and shared decision making. Partnerships are from several parties, both government and private, in which all people involved become partners or colleagues in achieving common goals and fulfilling obligations and bearing the risks, responsibilities, resources, abilities and benefits together.

After that, cooperation is defined as the work performed by two or more people, who work together among the professions in order to achieve the goals planned

and agreed previously. At hospitals, the collaboration of a team has become a necessity in order to achieve success in achieving goals (Bosch & Mansell, 2015).

In the other hand, coordination refers to an activity performed by various equal parties to jointly arrange or agree on something and to provide information to each other, so that the process of implementing tasks and the success of one party does not disturb the other (Kitto et al, 2015).

Finally, shared decision-making or joint decision making is a process of decision-making about patient care actions based on mutual agreement (Orchard et al, 2018). Espin et al, (2015) state that the characteristics of joint decision making include: (a) two or more participants involved; (b) all parties work together to reach agreement on available treatments; (c) information is shared between all individuals involved; and (d) a collaborative agreement is reached for the care to be carried out and implemented by the Professional Provider (PPA).

PPA has a very crucial role at hospitals. According to Liu et al, (2016), within a maximum time of 24 hours after patients are admitted to be hospitalized, care planning is developed. The patients' progress can be monitored by PPA which is often associated with patients, like nurses, who are always beside patients for 24 hours, then Doctors, Pharmacists and Nutritionists. Based on the patient's reassessment done by PPA, the plan can be updated according to changes in the patient's condition. Therefore, the IPC among PPAs must be considered to run optimally.

In this research, it was inferred that the dimensions of the IPC of PPA at RSU and RSJ in Jambi are mostly good, except the dimensions of cooperation at RSJ, which were mostly poor (50.8%). Based on the analysis of the questionnaire conducted by researchers, it can be seen that the main source of lack of good cooperation at RSJ is derived from the distribution of answers to questionnaire number 8 about cooperation. 17.9% and 36.8% of respondents think that Nurses and Doctors at RSJ rarely listen and consider the opinions of other members regarding the individual care plan process.

The negative effects of team collaboration can contribute to mortality, high complications, length of stay, high treatment costs, and patient satisfaction (Liu et al, 2016; Vestergaard & Nørgaard 2017). Meanwhile, according to Liu, Gerdztz, & Manias (2016), Vestergaard & Nørgaard (2017), some of those negative impacts result in medical errors, nursing errors or unexpected events (KTD). Therefore, it is expected that PPA can become a solid team.

Therefore, to create a good collaboration among PPAs at RSJ, to maximize the care given to patients and to avoid the feeling of being unappreciated in other teams and for the effectiveness of time and work contract, the researchers hope that the PPAs at RSJ especially Nurses and Doctors listen to each other and consider the opinions of other team members. In addition, the researcher hopes that RSU and

RSJ can perform activities that can improve good relations and cooperation between professionals such as by holding family gathering activities on scheduled and inter professional integrated-work training so that IPC of PPAs can run as it should be.

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