

Interprofessional Collaboration for Effective Communication in Integrated Patient Development Records: A Systematic Review

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Abstract: Interprofessional collaboration (IPC) involves integrating health professionals with diverse educational backgrounds into a cohesive team, with the aim of enhancing the quality of healthcare services. This research aims to identify the types of professions involved in interprofessional collaboration, delineate the components of effective communication within interprofessional collaboration, understand the elements of collaboration in its implementation, and identify inhibiting factors in interprofessional collaboration. The chosen methodology is a Systematic Review design. The findings indicate that the components of collaboration in implementing interprofessional collaboration encompass cooperation, partnership, coordination, and decision-making. Inhibiting factors in interprofessional collaboration include attitudes and behaviors, instances of laziness, forgetfulness, fatigue, differing opinions, and hastiness, leading to ineffective documentation of integrated patient development records. Integrated patient development records rely on collaboration among professionals, including doctors, nurses/midwives, support staff, nutritionists, and others. It is suggested that leaders motivate their subordinates by providing incentives and sanctions.

1 INTRODUCTION

Integrated Patient Development Records form a crucial component of the stages involved in assessing the action process. These records are instrumental in gathering data to determine the success of the service, with evaluation being a key aspect of the nursing process (Hickey & Giardino, 2019). During the evaluation stage, a comprehensive review is conducted to assess the patient's response to the actions administered by the collaborative interprofessional team. Integrating this stage with the Development records of patients undergoing regular treatment facilitates the determination of the effectiveness of the action plan. This evaluation enables decisions on whether to continue, revise, or halt the current plan. When implemented effectively, this approach enhances optimal communication within interprofessional collaboration (Smith, 2021; Houston, 2022).

Within the nursing evaluation process, a crucial

objective is to establish effective communication between patients and service providers. The ability to build this communication is a key element influencing nurses' ease in optimally collecting patient data (Al-Hussami, 2017). Furthermore, effective communication in the nursing process serves as an indicator of patient satisfaction with the provided services (Harding & Hagler, 2022). Recognizing its significance, effective communication emerges as a cornerstone for nurses and other health workers in ensuring patient safety. Communication that is both effective and timely, complete, clear, and comprehensible to the recipient is pivotal in reducing errors and enhancing overall patient safety (Ministry of Health Republic Indonesia, 2018).

Interprofessional collaboration (IPC) refers to the cooperation among health professionals with diverse educational backgrounds, forming a collaborative team aimed at enhancing the quality of effective health services (WHO, 2021). This collaborative framework encompasses various professionals such as doctors,

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dentists, nurses, midwives, nutritionists, pharmacists, and other health workers, all contributing to the provision of healthcare services for patients (Ku, 2017).

According to Rao (2019), an unintegrated patient Development evaluation recording system can lead to inefficiencies between units and other departments due to repetitive and separate data recording, starting from registration, through polyclinics, and culminating in medical records reporting. Conversely, an integrated nursing evaluation system streamlines the process, facilitating corrective clinical decisions for nurses and interprofessional staff when analyzing and treating patient conditions. In line with the Hospital Accreditation Committee in Indonesia (Ministry of Health the Republic of Indonesia, 2019), integrated nursing evaluation, as part of the medical record model, serves as a standard for assessing hospital quality. In practice, hospitals are encouraged to evolve patient health records into integrated medical records, with one crucial component being the implementation of an integrated patient Development record form.

The completeness of documents in nursing evaluation supports effective communication through qualitative and quantitative analysis, an activity that assesses both the content's completeness and the quality's consistency in a medical record. The thoroughness of medical record documents is crucial as it directly impacts the treatment process and patient health services (Einarsen & Giske, 2019). This assertion aligns with Mayang Sari & Fitriyani (2022) that implementing patient Development records serves several objectives, including concluding the nursing action plan, modifying it, and continuing it. Evaluation, conducted through various stages and methods, requires nurses to have a comprehensive understanding and to execute it appropriately for the optimal functioning of nursing care. Consequently, the role of nurses is pivotal in coordinating health services for patients and fostering positive relationships among professions in hospitals.

2 METHODS

The methodology employed in this study is a Systematic Review, involving critical and systematic thinking through the examination and analysis of various research articles using logical and argumentative methods. The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-analyses) method serves as the guiding framework for this study, assisting in the analysis of the literature

obtained. Articles were evaluated for inclusion using the Critical Appraisal Skills Program (CASP), specifically applying Duffy's Research Appraisal Checklist Approach. The research employed the PICO framework, defining the Problem (P) as Effective Communication, Intervention (I) as Interprofessional Collaboration, Comparison (C) as not applicable, and Output (O) as the role of integrated patient Development notes.

For the literature search, databases such as Google Scholar, ScienceDirect, PubMed, Garuda, and ProQuest were utilized. The search included keywords like "Effective communication in interprofessional collaboration" and "integrated patient Development records." Inclusion criteria covered articles related to the role of interprofessional collaboration in the integrated evaluation of patient Development records, methods used to complete patient Development records in interprofessional collaboration, factors influencing effective communication, and articles in Indonesian and English published from 2019 to 2023. Exclusion criteria comprised reviews of direct verbal communication between professions, reviews of interprofessional readiness in collaboration, topics related to community health centers, doctor-patient communication, and journals displaying only abstracts or incomplete text. Study selection and data quality are illustrated in Figure 1.

3 RESULTS

Based on the search results from databases such as Google Scholar, Garuda, Science Direct, and ProQuest, 685 articles were initially identified. Applying filtering criteria, including full text availability and the publication period of 2019-2023, refined the search and yielded a total of 183 articles relevant to the research topic. Subsequently, a duplication check was conducted on the 183 collected articles, resulting in the identification and exclusion of 147 duplicates. Following an analysis based on the specified inclusion and exclusion criteria, 30 articles did not meet the requirements. Consequently, the remaining six articles will be presented in the research results and analyzed in the discussion section, leading to the formulation of conclusions and suggestions. The results of data extraction are presented in Table 1.

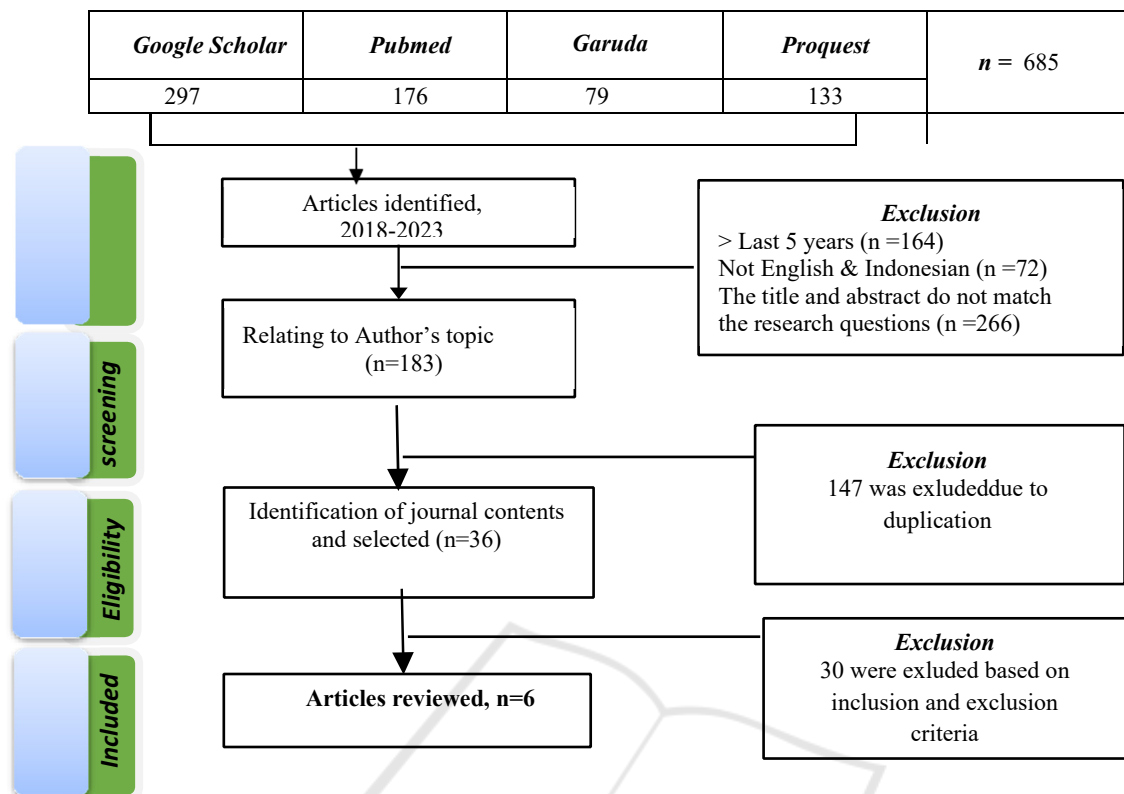


Figure 1. Flowcharts for the results of data extraction are shown in Figure

Table 1: Data Extraction of Research Articles

Author Name (Year)	Name Journal (Vol, No)	Title	Method (Population / Sample)	Research result
(Kusumaningrum et al., 2019)	Indonesian Journal of Nurses and Midwifery.	The Implementation of Integrated Patient Development Notes in Interprofessional Collaboration Practice	A correlational descriptive design was employed for this study. Samples were randomly selected, resulting in a total of 47 nurses.	1. Types of professions involved in IPC include doctors, nurses, midwives, nutritionists, and physiotherapists. 2. There is no communication component in IPC. 3. Collaboration components in implementing IPC include cooperation, partnership, coordination, and joint decision-making. 4. There are no inhibitors in IPC.
(Bakhtiar & Duma, 2020)	Husada Mahakam: Jurnal Kesehatan	Implementation of Interprofessional Collaboration in Health Service Facilities	A qualitative design with a phenomenological approach was employed, involving participants such as medical specialists, nurses, pharmacists,	1. Types of professions involved in IPC include specialist doctors, nurses, pharmacists, nutritionists, and physiotherapists. 2. There is no communication component in

			nutritionists, and physiotherapists.	IPC. 3. Collaboration components in implementing IPC include cooperation, discussion, coordination, and decision-making. 4. Factors that hinder health in IPC are workload, attitude, interprofessional coordination, and communication.
(Fathya et al., 2021)	Jurnal Pendidikan Kedokteran Indonesia: The Indonesian Journal of Medical Education	Implementation of Interprofessional Collaborative Practice in Type B Teaching General Hospitals.	A mixed-methods design was employed, involving participants such as medical specialists, nurses, pharmacists, nutritionists, and physiotherapists.	1. Types of professions involved in IPC are nurses and specialist doctors. 2. The communication components in IPC are trust, support, empathy, and an open attitude. 3. Collaboration components in implementing IPC include control of power, field of practice, common interests, and common goals. 4. Factors inhibiting IPC are doctors, and the nurse will discuss if the instructions are not in accordance with the scope of nursing practice.
(Abd El Rahman et al., 2021)	<i>Journal of Multidisciplinary Healthcare.</i>	Quality of Interprofessional Collaboration; Development notes in damage evaluation and its impact on Continuity of patient care	A correlational descriptive design was employed for this study. Samples were randomly selected, resulting in 47 respondents.	1. Types of professions involved in IPC include midwives, nurses, physiotherapists, dietitians, general practitioners, dentists, specialist doctors, and pharmacists. 2. There is no specific communication component mentioned in IPC. 3. Collaboration components in implementing IPC include partnerships, aspects of cooperation and coordination, and interprofessional communication. 4. Barriers to IPC are inequality, overlapping authority, the ratio of patients to health workers, personal character, communication barriers, and lack of institutional support.
Suéli Regina Sulzbach, Carla Argenta, Edlamar Kátia Adamy, William Campo Meschial (2022)	<i>Menoufia Nursing Journal Faculty of Nursing Menoufia University</i>	Evaluation of nursing records through Quality Diagnosis, Interventions, and Outcomes inpatient Development notes	This is a cross-sectional study using document analysis, which is part of the research macro-project 'Nursing Process as Care Technology in the Health Care	1. There is no specific type of profession mentioned in IPC. 2. Communication components in IPC include empathy, equality, openness,

		by Interprofessional Collaboration	Network: Teaching Interprofessional Collaboration.' The sample consisted of 54 respondents.	and support. 3. There is no specific collaboration component mentioned in implementing IPC. 4. There are no specified inhibitors mentioned in IPC.
(Noviyanti et al., 2023)	Indonesian Journal of Health Information Management (IJHIM)	Effective Communication In The Implementation Of Interprofessional Collaboration In The Hospital	This study utilized a mixed-methods design involving medical specialists, nurses, pharmacists, nutritionists, and physiotherapists.	1. The types of professions involved in IPC include midwives, nurses, physiotherapists, dietitians, general practitioners, dentists, specialist doctors, and pharmacists. 2. There is no specific communication component mentioned in IPC. 3. The collaboration component in implementing IPC involves partnership and cooperation towards predetermined goals. 4. The obstacles to IPC include the ratio of patients to health workers and the absence of established standards.

3.1 Synthesis Results

Based on the results of data extraction, the following synthesis findings were identified:

- Understanding the types of professions involved in interprofessional collaboration in hospitals.
- Recognizing the components of effective communication in interprofessional collaboration in hospitals.
- Identifying the components of collaboration in implementing interprofessional collaboration in hospitals.
- Understanding the inhibiting factors in interprofessional collaboration in hospitals.

Abd El Rahman et al. (2021). According to Kusumaningrum et al. (2019), the professions engaged in IPC include doctors, nurses, midwives, nutritionists, and physiotherapists. This study revealed that among the seven respondents, 8.6% were doctors, 61.7% were nurses, 13.0% were midwives, 7.4% were nutritionists, and 6.2% were physiotherapists.

Research conducted by Bakhtiar & Duma (2020) reveals that the professionals involved in IPC encompass specialist doctors, nurses, pharmacists, nutritionists, and physiotherapists. This study elucidates that the treating doctor plays a crucial role in determining a medical diagnosis, administering therapy, making decisions about the patient's treatment, and deciding when to discharge the patient from the hospital. In addition, nurses serve as communicators between health professionals and facilitate communication between patients and health professionals. The role of a nutritionist involves providing nutritional care, offering dietary guidance, and educating patients about nutrition. Lastly, physiotherapists specialize in addressing movement and body function problems.

Research conducted by Fathya et al. (2021) indicates that the professions involved in IPC are nurses and specialist doctors. The study reports that out of 160 respondents, 130 were D3 nurses (81.2%), 19 were S1 nurses (11.9%), and 11 were specialist

4 DISCUSSION

4.1 Types of Professions Involved in Interprofessional Collaboration in Hospitals

The types of professions involved in IPC are detailed in several studies, including those by Kusumaningrum et al. (2019), Bakhtiar & Duma (2020), Fathya et al. (2021), Suéli Regina Sulzbach, Carla Argenta, Edlamar Kátia Adamy, William Campo Meschial (2022), Noviyanti et al. (2023), and

doctors (6.9%). Similarly, in a study by Suéli Regina Sulzbach, Carla Argenta, Edlamar Kátia Adamy, William Campo Meschial (2022), the types of professions engaged in IPC include nurses and specialist doctors. This study highlights that 82% of the respondents belonged to the nursing profession, while 76% were specialist doctors.

Research by Abd El Rahman et al. (2021) reveals that various professions are involved in IPC, encompassing midwives, nurses, physiotherapists, dietitians, general practitioners, dentists, specialist doctors, and pharmacists. The distribution of respondents across these professions is as follows: 72 midwives (22.5%), 166 nurses (51.9%), five physiotherapists (1.6%), six dietitians (1.9%), 15 general practitioners (4.7%), three dentists (0.9%), 33 specialist doctors (10.3%), and 20 pharmacists (6.3%). Contrastingly, Noviyanti et al. (2023) found that various professions participate in interprofessional collaboration, including general practitioners, specialist doctors, dentists, nurses, midwives, physiotherapists, dietitians, and pharmacists.

According to Republic Government Regulation No. 93 of 2015, a teaching hospital is defined as a facility that serves as a hub for education, research, and integrated health services within the realms of medical and dental education, continuous education, and various health education initiatives, all conducted in a multi-professional manner. To achieve this, the Hospital Accreditation Commission in MKE (Communication and Education Management) standard five outlines regulations pertaining to communication and education management among health professions. MKE Standard 5 emphasizes that the communication of patient care information and outcomes must occur seamlessly among health professionals working in shifts. Effective communication between health professionals is deemed crucial for the smooth operation of the care process (Ministry of Health the Republic of Indonesia, 2019).

The World Health Organization (WHO), in both unspecified past instances and in 2022, has launched patient safety initiatives with an Interprofessional Collaboration (IPC) strategy to reduce incidents causing harm to patients. Both the Institute of Medicine (IOM) and WHO advocate for health professionals to collaborate in IPC to enhance health services (Rørtveit et al., 2020). Ineffective IPC can negatively impact hospitals, staff, and patients as service recipients, leading to increased dissatisfaction and heightened demands from patients or their families. Adverse incidents arising at

the collaborative practice level are often attributed to a failure to communicate crucial information among health workers, particularly doctors and nurses (Haugen, 2022). The implementation of interprofessional collaboration in health services describes a process wherein professionals from various scientific fields collaborate to provide holistic and integrated health services, aiming to achieve healing and well-being for patients (Harding & Hagler, 2022).

Interprofessionalism is currently a priority in healthcare (Whelton et al., 2018). Numerous health professionals endorse interprofessional collaboration, firmly believing that such collaboration enhances the quality of care. Over the past decade, interprofessional health teams have garnered significant attention, as healthcare delivery increasingly relies on collaboration, healthcare provider competency, and knowledge (van den Heuvel et al., 2022).

In Greece, the importance of Interprofessional Collaboration (IPC) is outlined in the "Code of Nursing Deontology". Specifically, Article 12 of the Code emphasizes that "A nurse must maintain positive relationships with fellow nurses, doctors, and other professionals while carrying out their duties. This involves recognizing and respecting any differences, always considering the operational benefits of services." Correspondingly, Section 4 in Article 21 of the Code of Medical Deontology highlights that Physicians are expected to promote respect, nurture positive relationships, and collaborate with nurses and other personnel in their practices. This involves acknowledging and accommodating differences, while prioritizing the interests of the patient and the efficient operation of service benefits (Hardy, 2020).

According to the American Nurses Association (ANA), collaboration is a reciprocal relationship in which care providers hold the primary responsibility for patient care within the framework of their respective fields (Hickey & Giardino, 2019). Collaborative practice emphasizes shared responsibility in patient care management, featuring a mutual decision-making process based on the education and abilities of each practitioner.

From the perspective of the Department of Veterans Affairs in the United States, as highlighted by (Herdman & Heather, 2021), the components of Interprofessional Collaboration (IPC) encompass doctors, nurses, pharmacists, psychiatrists, and technical personnel in health agencies. The implementation of IPC has been successful in several countries. The World Health Organization (WHO)

noted that, in 2013, five countries excelled in implementing the IPC concept, namely Canada, the United States, India, Brazil, and South Africa.

In the 1st edition of the National Standards for Accreditation of Hospitals (SNARS), specifically in Part II, Patient Focused Service Standards, it is outlined that one of the competencies of Care Service Providers (PPA) is interprofessional collaboration. This competency is divided into four domains: values/ethics in interprofessional practice, roles/responsibilities, interprofessional communication, and teams and teamwork (Santosa & Ariyani, 2020). The application of Interprofessional Collaboration (IPC) in health services is considered a strategic approach to achieve effective and efficient quality outcomes. In developed countries, IPC has become an integral part of health services in hospitals. The Health Profession Accreditors Collaborative (HPAC) has also published a guide on implementing IPC (Ministry of Health the Republic of Indonesia, 2019).

Therefore, based on the information presented in the four articles mentioned above, it can be concluded that the types of professions involved in interprofessional collaboration include general practitioners, specialist doctors, dentists, nurses, midwives, nutritionists, physiotherapists, and dietitians. Among the five articles, there is one that does not specify any types of professions involved in interprofessional collaboration.

4.2 Components of Effective Communication in Interprofessional Collaboration in Hospitals

The effective communication component in IPC is found in the research of Fathya et al. (2021) and Abd El Rahman et al. (2021). The components of effective communication in interprofessional collaboration consist of several, namely:

a. Believe

The research by Fathya et al. (2021) elucidated that 77.07% of respondents reported the establishment of trust when engaging in effective collaboration.

b. Support

The research by Fathya et al. (2021) revealed that 77.73% of respondents obtained support through effective collaboration. Additionally, the research conducted by Abd El Rahman et al. (2021) explained that the majority of respondents, specifically 39 individuals, rated their collaboration as good, constituting 53.8% of the

total.

c. Empathy

Research by Fathya et al. (2021) explained that the highest score was obtained, namely 80.37%, with the statement, "Doctors and nurses understand each other's need for humor in establishing communication within reasonable limits. Research by Abd El Rahman et al. (2021) explains that the majority of 39 respondents rated empathy as good (64.1%).

d. Open attitude

Research by Fathya et al. (2021) revealed that the highest score, namely 80.37%, was obtained with the statement, "Doctors and nurses understand each other's need for humor in establishing communication within reasonable limits." Additionally, research conducted by Abd El Rahman et al. (2021) explained that the majority of 39 respondents rated empathy as good, comprising 64.1% of the total.

e. Similarity

Research by Abd El Rahman et al. (2021) explained that the majority of 39 respondents rated similarity as good (66.7%).

Communication is a fundamental clinical skill that must be consistently, competently, and efficiently practiced to facilitate the establishment of trust between medical staff and patients (Singh et al., 2019). Effective collaboration requires proficient communication not only within health teams but also in developing doctor-patient relationships. This fosters information sharing, delivery of treatment, and overall patient satisfaction (Mohamadirizi et al., 2021). Consequently, health services can be carried out safely and effectively. This principle is also enshrined in Minister of Health Regulation 1691/MENKES/PER/VIII/2011, where effective communication is identified as one of the goals of patient safety. Through strong collaboration among health professionals in health services, patients can receive holistic treatment, leading to improved treatment outcomes and increased patient satisfaction (Ministry of Health Republic Indonesia, 2018).

In the research conducted by Fathya et al. (2021), the components of effective communication in Interprofessional Collaboration (IPC) include trust, support, empathy, and an open attitude. Specifically, trust was reported by 77.07% of respondents who collaborated effectively, support was reported by 77.73% of respondents in effective collaboration, and empathy achieved the highest value at 80.37%, particularly with the statement "Doctors and nurses

understand each other's need for humor in establishing communication within reasonable limits." However, an open attitude received the lowest score at 75.54%, particularly with the statement "Doctors and nurses are able to understand the patient's psychosocial condition."

Research conducted by Abd El Rahman et al. (2021) reveals that the components of effective communication in Interprofessional Collaboration (IPC) include empathy, equality, openness, and support. The majority of the 39 respondents assessed empathy as good (64.1%), equality as good (66.7%), openness as good (64.1%), and support as good (53.8%).

This finding aligns with research by Kusumaningrum et al. (2019), Bakhtiar & Duma (2020), and Noviyanti et al. (2023), emphasizing the presence of IPC components in effective communication. According to Suéli Regina Sulzbach, Carla Argenta, Edlamar Kátia Adamy, William Campo Meschial (2022), effective communication is achieved when the understanding of the message conveyed by the communicator matches the understanding of the message by the communicant. Five general qualities contribute to effective communication: openness, supportiveness, a positive attitude, understanding others' feelings, and equality. Effective communication must also be based on effective interprofessional relationships which meet the following requirements:

- 1) Credibility, in a literal sense, refers to someone possessing advantages, and it involves the recipient recognizing the communicator's competence in the discussed matter. It is associated with the communicator's attitude or firm stance, ensuring that the conveyed message remains unchanged. The conveyed message typically has a purpose, aiming for positive change.
- 2) Context: The conveyed message aligns with the current needs.
- 3) Content: The message should be interesting, engaging, and adaptable to the audience.
- 4) Clarity: The conveyed message must be clear and free from multiple interpretations.
- 5) Continuity and consistency are essential; the conveyed message should remain consistent and continuous, adhering to the established topic and communication objectives.
- 6) Target capability (the audience's capability), material, and message delivery techniques are adjusted to the audience's reception ability to ensure clarity and avoid confusion.

From the two articles above, it can be concluded

that there are components of effective communication in interprofessional collaboration, namely trust, support, empathy, open attitude, and equality. However, out of the four articles, three articles did not mention the components of effective communication in interprofessional collaboration.

4.3 Collaboration Components in Implementing Interprofessional Collaboration in Hospitals

The collaboration component in implementing IPC can be found in the research of Kusumaningrum et al. (2019), Bakhtiar & Duma (2020), Fathya et al. (2021), and the research of Abd El Rahman et al. (2021). The collaboration components in implementing interprofessional collaboration consist of several, namely:

a. Cooperation

Collaboration is defined as work carried out by two or more people working together across professions to achieve previously planned and mutually agreed-upon goals. In hospitals, teamwork has become a necessity for achieving success in reaching goals (Iula et al., 2020). Research by Kusumaningrum et al. (2019) demonstrates a strong correlation strength with a positive correlation direction, and research by Bakhtiar & Duma (2020) indicates that the cooperation aspect has been well-implemented. Furthermore, research by Abd El Rahman et al. (2021) reveals that 82.2% of respondents have collaborated effectively in the cooperation domain.

b. Partnership

A partnership involves collaboration among various parties, including both government and private entities, where each participant serves as partners or colleagues working together to achieve common goals, fulfill obligations, and share risks, responsibilities, resources, capabilities, and profits. Research by Kusumaningrum et al. (2019) reveals moderate correlation strength with a positive correlation direction, while research by Abd El Rahman et al. (2021) indicates that 67.8% of respondents had a good correlation.

c. Coordination

Coordination is an activity carried out by various equal parties to jointly organize or agree on something and provide information to each other, ensuring that the process of carrying out tasks and the success of one party do not interfere with the other party (Suéli

Regina Sulzbach, Carla Argenta, Edlamar Kátia Adamy, William Campo Meschial, 2022).

Research by Kusumaningrum et al. (2019) reveals a strong correlation strength with a positive correlation direction. Additionally, research by Bakhtiar & Duma (2020) indicates that the coordination aspect has been implemented effectively. However, research by Abd El Rahman et al. (2021) shows that the coordination domain has the lowest percentage of good collaboration (66.7%), and the communication component can influence this. Therefore, it would be better to improve communication between health workers in the team to enhance overall performance.

d. Decision-making

Shared decision-making is the process of making decisions about patient care actions based on mutual agreement (Murdiany, 2021). According to Zamani et al. (2018), the characteristics of shared decision-making include: (a) involvement of two or more participants; (b) collaboration among all parties to reach an agreement on available treatments; (c) sharing of information among all individuals involved; and (d) reaching a collaborative agreement for the care to be carried out and implemented by the Care Service Provider (PPA).

Research by Kusumaningrum et al. (2019) reveals moderate correlation strength with a positive correlation direction, and research by Bakhtiar & Duma (2020) indicates that the decision-making aspect has been implemented effectively.

e. Discussion

Bakhtiar & Duma (2020) conducted research that demonstrates the successful implementation of the discussion aspect.

f. Power control

Fathya et al. (2021) research explained that the control aspect of power received a rating of 76.37%.

g. Practice environment

In their research, Fathya et al. (2021) explained that the lowest score in this aspect was 75.28%, as indicated by the statement 'Doctors and nurses discuss their respective areas of practice.

h. Common interest

In their research, Fathya et al. (2021) explained that the aspect of shared interests received the highest score, namely 80.59%. This was indicated by the statement, 'The nurse asked the

doctor for advice on what might be needed to strengthen the patient's support system.

i. Common goals

In their research, Fathya et al. (2021) explained that the aspect of shared goals achieved a score of 76.83%.

j. Interprofessional communication

Fathya et al. (2021) research on the AITCS II questionnaire indicates that the communication component is not analyzed separately but is integrated into the coordination and partnership components. According to Singh et al. (2019), workers collaborate by consistently, sensitively, and professionally communicating, as well as demonstrating effective interpersonal skills." Indicators include:

- 1) Communicate clearly, comprehensively, and in a culturally appropriate manner both orally and in writing.
- 2) Actively listen to and respect client needs and concerns.
- 3) Actively listen to the knowledge and opinions of all team members.
- 4) Describes effective working relationships with clients and team members.
- 5) Use information and communication systems effectively to improve client services.
- 6) Respect the values, beliefs, and culture of all parties concerned.

Based on the four articles above, it can be concluded that the components of implementing interprofessional collaboration include cooperation, partnership, coordination, joint decision-making, discussion, control of power, field of practice, common interests, common goals, and interprofessional communication.

4.4 Inhibiting Factors in Interprofessional Collaboration in Hospitals

Inhibiting factors in IPC are found in the research of Bakhtiar & Duma (2020), Abd El Rahman et al. (2021), and the research of Noviyanti et al. (2023). The inhibiting factors in interprofessional collaboration consist of several factors, namely:

a. Workload

Bakhtiar & Duma (2020) research indicates that individuals bear varying workloads, leading to suboptimal recording on the Integrated Patient Development Notes due to excessive workload.

This is because care service providers (PPA) not only document patient care but also record additional responsibilities, such as attending to patient conditions, conducting doctor visits, performing surgeries, and so on.

b. Attitude and behavior

Bakhtiar & Duma (2020) research indicates that the attitudes and behavior of care service providers (PPA) include laziness, fatigue, differences in perception, forgetfulness, and haste, resulting in ineffective documentation of integrated patient Development notes. The leader or head of the medical records installation should motivate subordinates by providing rewards and sanctions to ensure disciplined documentation of Integrated Patient Development Notes. Additionally, the competency and educational backgrounds of team members vary; individuals with diplomas have different competencies from those with other educational backgrounds, posing an obstacle if training is not conducted. Hospitals, particularly the Human Resources Department (HRD), should pay more attention to medical record officers, ensuring education aligns with the Regulation of the Minister of Health of the Republic of Indonesia Number 55 of 2013 concerning the Implementation of Medical Recorder Work, where the minimum educational qualification is a Diploma in Medical Records and Health Information. Hospital management should conduct regular training or seminars related to Integrated Patient Development Notes documentation to enhance the knowledge and skills of officers.

c. Inequality

Abd El Rahman et al. (2021) research indicates that inequality is observed in the existence of professions whose domains are perceived as merely supportive to other professions.

d. Overlapping Authorities and the Ratio of Patients to Health Workers

Research by Abd El Rahman et al. (2021) and Noviyanti et al. (2023) states that overlapping actions or authority between health professions is common in the health sector. This phenomenon is associated with the unbalanced ratio of patients to health workers.

e. Personal Character.

Research by Abd El Rahman et al. (2021) and Noviyanti et al. (2023) state that health workers' lack of awareness regarding the roles of other professions in the team creates an obstacle to

collaboration.

f. Common interest

Research by Abd El Rahman et al. (2021) and Noviyanti et al. (2023) states that several participants emphasized the significance of hospital institutional support in promoting interprofessional collaboration, whether through policies or facility support. The absence of hospital institutional support in formulating policies related to interprofessional collaboration poses a barrier to its implementation. Institutional support, manifested through clear governance, structured protocols, defined authority boundaries, administrative support, and shared operational procedures, serves as a driving force for fostering interprofessional collaboration in hospitals. Facilities that support closer access to team members, such as team interaction rooms and accessible information technology for all team members to access medical records, are believed to enhance interprofessional communication.

g. Doctors and nurses discuss if what is instructed is not in accordance with the scope of care practice.

The nurse communicates to the doctor all the challenges the patient faces in navigating treatment options and their consequences. Additionally, the nurse provides the doctor with insights into specific areas of care. Furthermore, nurses emphasize the importance of medical care when discussing treatment options with patients.

Meanwhile, no inhibiting factors in IPC were identified in the research conducted by Kusumaningrum et al. (2019) and Suéli Regina Sulzbach, Carla Argenta, Edlamar Kátia Adamy, William Campo Meschial (2022). According to the Joint Commission on Accreditation of Healthcare Organizations, medical errors rank fifth among the top ten causes of death in the United States. The root of this problem is poor collaboration between health workers, leading to treatment delays and fatal errors in operations (Kamil et al., 2020). Additionally, according to the Australian National Prescribing Service, 6% of hospital cases result from drug side effects and treatment errors, both of which arise due to poor collaboration among health professionals (Hickey & Giardino, 2019).

Urquhart et al. (2018) explained that 70-80% of errors in health services result from poor communication and a lack of understanding among team members. Effective team collaboration is crucial

for reducing patient safety issues. In several large hospitals in Indonesia, evidence of equal team collaboration is lacking, and partnerships remain largely a government discourse. Only 15% of respondents consider the quality of patient safety, based on service and communication among health workers, to be good, as revealed in research conducted in 40 hospitals across Indonesia. This is evident in the high number of medication errors in places like Yogyakarta and Bali, where 1563 cases were reported in 20 weeks (Craven, 2016). The significant errors in prescription writing (98.69%) in Indonesia contribute to pharmacist errors in preparing and providing information about the medication. From 2015 to 2016, 317 cases of suspected malpractice were reported to the Indonesian Medical Council (KKI) (Fukada, 2018).

Collaboration between health professionals in Indonesia is still far from ideal, with overlapping roles between health professions persisting. One of the causes of this issue could be a lack of understanding among health professionals regarding each other's competence or insufficient communication among health workers in teamwork and collaboration (Rao, 2019). Improving interprofessional collaboration is essential to enhance satisfaction among health service users.

So, it can be concluded from the three articles above that inhibiting factors in interprofessional collaboration include workload, attitudes and behavior, inequality, overlapping authority, the ratio of patients to health workers, personal character, communication barriers, and lack of institutional support. It is noted that doctors and nurses discuss only when instructed and not within the scope of nursing practice. Among the five articles, two do not mention inhibiting factors in interprofessional collaboration.

5 CONCLUSIONS

1. The types of professions involved in interprofessional collaboration in hospitals include general practitioners, specialist doctors, dentists, nurses, midwives, nutritionists, physiotherapists, pharmacists, and dietitians.
2. The components of effective communication in interprofessional collaboration in hospitals encompass trust, support, empathy, an open attitude, and equality.
3. Collaboration components in implementing interprofessional collaboration in hospitals comprise cooperation, partnership, coordination,

joint decision-making, discussion, control of power, field of practice, common interests, common goals, and interprofessional communication.

4. Inhibiting factors in interprofessional collaboration in hospitals are workload, attitudes, and behavior; discussions between doctors and nurses may occur if instructions are not within the scope of nursing practice; inequality; overlapping authority; the ratio of patients to health workers; personal character; communication obstacles, and lack of institutional support.

Based on the conclusions above, the suggestions given are:

1. Communication between health workers in the team should be improved to enhance overall performance.
2. The hospital, particularly the Human Resources Department (HRD), should pay more attention to the education of medical records officers, with a focus on achieving a minimum educational qualification of a Diploma in Medical Records and Health Information.
3. The leader/head of the medical records installation should motivate subordinates by providing rewards and sanctions to ensure disciplined documentation of Integrated Patient Development Notes.
4. Hospital management should organize regular training seminars focused on Integrated Patient Development Notes documentation to enhance the knowledge and skills of officers.

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