

The Professional Experience of Caregivers in Implementing Interprofessional Collaboration at Regional General Hospitals in Aceh Province: A Qualitative Study

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ABSTRACT

Background: Interprofessional collaboration is considered important and often carried out in an inpatient setting. Therefore, the common perception amongst professional care providers is needed to ensure the implementation of the Interprofessional collaboration in hospitals. However, there are still obstacles that cause limitations in the implementation of Interprofessional collaboration in practices.

Objectives: The purpose of the study was to explore professional experience of care givers in the implementation of interprofessional collaboration at one of general public hospitals in the capital of Aceh Province, Indonesia.

Methods: This qualitative research used phenomenological study design. Data were collected using in-depth interviews with five participants in one inpatient room of the selected general public hospital. The Collaizi method was used to analyze the data.

Results: The study identified four themes: (1) The implementation of Interprofessional collaboration was perceived as integrated care; (2) Application of values, ethics and professionalism in Interprofessional collaboration are important; (3) Collaboration as a responsibility between caregiver professionals, and; (4) Lack of communication and teamwork can be as barriers to Interprofessional collaboration implementation. Based on the findings, hospital managers are recommended to consider the existence of obstacles in the implementation of interprofessional collaboration and to develop standard operating procedures on interprofessional collaboration.

Keyword: Interprofessional collaboration, professional care givers, hospital.

INTRODUCTION

The World Health Organization (WHO) has articulated the importance of collaboration in meeting the goals of Primary Health Care (PHC) and has provided support for interprofessional education as a means to

achieve collaborative teamwork among health professionals since its inception in 1973.¹ To improve the quality of health services requires a strong team so that they can work together in synergy. One study suggests that an effective teamwork is required for

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optimal patient care and data show lacks understanding of the interactions between doctors and nurses.² Junior doctors and nurses recognized the importance of working together and strived to achieve better patient care, but they struggled to cope due to heavy clinical workloads, organizational constraints and different power relationships. Nurses should take more responsibility in the patient care decision-making process to encourage effective interprofessional collaboration.³

There are four competency domains in the Expert Panel, namely values/ethics for interprofessional practices, responsibilities/roles, interprofessional communication, teams and teamwork.⁴ Potential barriers to collaboration can occur given that the core elements of collaboration come from different cultures and authorities. Interprofessional Collaboration (IPC) is basically a melting pot of professions, and each profession has its own unique cultural history, attitudes, values, customs, and beliefs.⁵

In Indonesia, the Patient/Person Centered Care (PCC) concept is part of patient care management, where hospitals carry out patient care by implementing a patient-focused service pattern, which is under the umbrella of the World Health Organization (WHO) as the Conceptual framework for integrated people-centered health services.⁶ Hospital care is part of an integrated service system with caregiver professional and service levels that will build a continuity of service, starting with screening patients quickly and identifying patient needs. It is expected that this integrated service will align the needs of patient care with existing services in the hospital.⁷ The purpose of this study was to explore professional experience of care givers in the implementation of interprofessional collaboration in hospitals.

METHODS

The research used a phenomenological descriptive study design and was conducted in the Aceh Province, Indonesia. Five participants, including one doctor, one

nurse, one pharmacist, one dietetician, and one physiotherapy; aged between 27 to 45 years from a general public hospital in Aceh were conveniently selected for this study. The Sampling criteria were having a practice permit at hospital; having signed the details of clinical authority; having worked for over 2 years at the hospital; willing to be a study participant; not being in self-isolation due to COVID-19 infection, and; not being in annual or maternity leave.

Data were collected using in-depth interviews, lasted between 20 to 30 minutes, recorded, and transcribed verbatim. The interview questions stem from the research objectives and are open-ended. Once data saturation had been achieved, data collection was stopped. The Colaizzi's seven-step phenomenological approach was used to examine the data obtained in the study. Participants were allowed to view the analyzed data and study findings. Participants' participation were voluntary. All participants provided their written consent for participation in the study.

RESULTS

Perception about the implementation of IPC as an integrated patient care

Professional care providers' perceived that interprofessional collaboration is the same as an integrated patient care, and a patient-centered:

"So that the care given to the patient is more integrated and more comprehensive, not only does he need treatment from a doctor, for example he gives medical therapies, but we also take care of it, later from the part of his diet, nutrition, physiotherapy, because when he returns home Are you able to go home, the pharmacy also has a problem with the drugs, is the medicine really suitable for the patient, yes, fellow caregiver professionals must collaborate with each other so that the care provided is maximized." (Participant 1, 45 yo, female)

"What is it called, integrated patient care." (Participant 3, 23 yo, female)

Professional care providers involved patients and families in providing care:

“At the time of the division, it involved the patient, because it was done in the patient’s bed”. (Participant 1, 45 yo, female)

“Yes, involves patient and family.” (Participant 2, 32 yo, female)

“We involve families and patients.” (Participant 3, 23 yo, female)

Application of values, ethics and professionalism in Interprofessional collaboration are important

Caregiver professionals stressed the application of values and ethics, such as maintaining patient privacy, fostering a trusting relationship and put patients first. They also pay attention to and maintain patient privacy:

“Privacy is a curtain, right, a curtain between patients.” (Participant 1, 45 yo, female)

“Patient privacy does not tell anything that should not be told.” (Participant 3, 23 yo, female)

“Patient privacy, if in our room, we have a changing room, if we train our patients there is a palnning during the first interview, we teach the patient to dress in the position he is exercising, wear sports clothes, if the woman is wearing comfortable sports clothes, it’s not allowed to be closed, like using sports outside the area, if we have a patient with treadmill, for men, the work is done by male officers.” (Participant 5, 35 yo, male)

Caregiver professionals also explain the importance of building a trusting relationship, such as by introducing oneself, explaining goals:

“Yes, introduce ourself, explain the purpose of the action.” (Participant 1, 45 yo, female)

“ The first thing we did, for example, was when we went home for drug education, sis, first greeting, then introducing

ourselves, then later we will open two-way communication there, then the patient will also looks more active asking or telling stories even about his condition, like that.” (Participant 2, 32 yo, female)

Also, Caregiver profesional places the interests of patients more important:

“ Yes, if we are professionals, we must continue to put the patient first, sis, if it’s not an emergency, that’s a personal matter.” (Participant 4, 30 yo, female)

“We still prioritize the patient’s needs first.” (Participant 3, 23 yo, female)

Collaboration as part of the responsibility between caregiver profesional

There is collaboration between fellow caregiver professionals such as doctors, nurses, pharmacists, dietitians, and physiotherapy in the implementation of interprofessional collaboration. Collaboration can help caregiver professionals complement each other and to achieve better results. Caregiver profesional conducts discussions and collaborations during the implementation of patient care:

“We ask the opinion of another caregiver profesional, for example, we ask the one who is more senior, right, like we are the implementing nurses, we ask the team leader or head nurse if there is a difference, then if the leader of the caregiver profesional is a doctor, we ask the opinion of the doctor as well.” (Participant 1, 45 yo, female)

“...when we are reviewing or reviewing a patient’s medication, if we find a patient’s prescription, we will discuss with the medical doctor specialist education program students, then they will convey it to the doctor in charge of service as well as nutrition.we collaborate with ordinary nurses in the section on setting the schedule for drug use, especially for drugs that have interactions such as...” (Participant 2, 32 yo, female)

Caregiver professionals view interprofessional collaboration as a forum for discussion

and collaboration, which is part of the responsibility between caregiver professionals:

“Well, that’s good, Sis, and here, ... we are pharmacists and nurses as well as doctors, ..., so we as pharmacists, for example, are reviewing the patient’s medication, the patient’s prescription if we find problems we will discuss with medical doctor specialist education program students, ..., then with ordinary nurses we collaborate in the management section drug use schedule.” (Participant 2, 32 yo, female)

Barriers to the implementation of inter-professional Collaboration

Caregiver professional experiences several obstacles in implementing interprofessional collaboration including the short of time service time makes it difficult between caregiver professionals in carrying out optimal collaboration, this is also caused by the lack of team members in each installation:

“Actually no, Sis, but because there are not enough pharmacists, it has to be like that (not enough time).” (Participant 2, 32 yo, female)

“One 8-hour shift, from 8.00 to 14.00, I think it’s lacking, because maybe with 28 patients, because class 1 is quite fast, the patient changes are fast, the patient crosses, the patient puts on the ring, at least 2 days of treatment go home and then enter a new patient again, the patient from the ICCU, we still have to go to the doctor in charge of service doctor’s visit and then assess the patient again.” (Participant 3, 23 yo, female)

The difficulty of coordinating with other caregiver professionals and the occurrence of misperceptions between fellow caregiver professionals in the implementation of interprofessional collaboration were also reported and considered as obstacles in the implementation of interprofessional collaboration:

“Thank God it’s been going well so far, but it’s for example pharmacists with nurses, nurses with nutrition, I myself with nutrition,

but maybe with doctor in charge of service it’s a bit difficult, because doctor in charge of service isn’t always there, at least it’s time to visit.” (Participant 2, 32 yo, female)

“I feel that the contribution from my friends has not been maximized, maybe because they are reluctant or something.” (Participant 5, 35 yo, male)

“In general, there are no obstacles, but there are examples when we do some collaborations, there is something wrong, wrong perception when doing therapists.” (Participant 4, 30 yo, female)

DISCUSSIONS

This study was intended to describe caregiver professional’s experience in implementing interprofessional collaboration in general public hospitals. Findings of this study highlighted several information about healthcare professionals’ perceptions about interprofessional collaboration, its’ implementation, and barriers.

It has been reported that more studies are requested to explore the collaboration between nurses and other professionals from different health organizations.⁸ It is acknowledged that the better caregiver professional’ perception about the implementation of interprofessional collaboration, the greater the opportunity to achieve the objectives of interprofessional collaboration implementation.

In this study, the caregivers stressed the need of collaboration in providing healthcare services that focuses on patient needs, including the involvement of patient and families. Other health professionals should be involved in assessing patient needs as well as being involved in care that supports the functional needs of adults who are older people as part of their recovery from acute illness.⁹

Integrated care is a dynamic and continuous process of patient care or services that involves many health care practitioners and various work units or services. Based on caregiver professionals’ experience, the actions taken by caregiver professional

while running interprofessional collaboration received positive support from their leaders and have become their rules in daily work even without supervision from their leaders/managers. Leaders/managers can facilitate a support process that provides opportunities for professionals to discuss their roles and the best way to do this is to work together. This can enhance interprofessional collaboration on patient-centred care.⁹

The advantages of interprofessional collaboration implementation include improving health caregiver professional knowledge about team members and maximizing therapy for patients. Healthcare professionals collaboration allowed for the provision of more comprehensive care to patients, improved health care, reduced incidence of medical malpractice, shortened hospitalizations, and lowered mortality rates.¹⁰

The caregiver professionals in this study suggest that the integration of services between caregiver professionals had been implemented. Participants had started to ask for opinions and recommendations from each others related to health services to patients, such as diet management, drug interactions and etc.

It is not uncommon for differences of opinion to occur in daily interactions between caregiver professionals, but this can be resolved by mutual respect, complementarity, mutual assistance and regular discussions so that good alternatives can be found that have been mutually agreed upon. In order for the implementation of interprofessional collaboration between caregiver professionals to run well, support from managers/leaders is needed. Consistent and strong leadership, as well as clear support from leaders, can contribute to the development of new roles in collaboration and to make personnel feel secure in this regard. It will also foster a better understanding of communality in a professional environment and develop new relationships and ways of working.¹¹

Findings of this study highlighted the importance of values and ethics in

the implementation of interprofessional collaboration. It has been reported that interprofessional collaboration has implications for the dual obligation of beneficence, the obligation to act for the benefit of the care recipient (patient) and the obligation to act for the benefit of others.¹²

Two obstacles were mentioned by participants in this study when implementing interprofessional collaboration, the lack of time and staffs or team members. A previous report also identified barriers for interprofessional collaboration include lack of time and medical staff in addition to previous negative experiences.¹⁰ Teamwork is a practice that is collective and facilitated by individual initiative in the areas of labor and management, despite the presence of structural, ideological, organizational, and relational barriers.⁷

CONCLUSION

Interprofessional collaboration is perceived positively by caregiver professionals. Important aspects of Interprofessional Collaboration include values, ethics and professionalism along with collaboration among caregivers. Lack of communication and teamwork could be as barriers to the success of interprofessional collaboration implementation. It is recommended that hospital managers need to consider the existence of obstacles and develop standard operating procedures on the interprofessional collaboration.

Ethical Clearance: Ethical approval was obtained from the Research Ethics Committee of the General Hospital of dr. Zainoel Abidin Banda Aceh, Indonesia.

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