



Implementation of Interprofessional Collaboration (IPC) in Patient Safety Efforts at Ibnu Sina Hospital, Makassar City

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ABSTRACT

Efforts to improve the quality of health services in dealing with patient safety issues continue to be carried out in a collaborative work system, there is a need to implement Interprofessional Collaboration (IPC) in a health service system, to handle problems that will arise due to miscommunication between health workers, there needs to be strong collaboration both inter-professionally to improve the quality of health services for patient safety. The aim of the research is to determine the implementation of IPC in patient safety efforts at Ibnu Sina Hospital Makassar. This type of research is quantitative research with survey methods. The sample in this study was 79 health workers using purposive sampling technique. In this research, the research results showed that; 1) Implementation of IPC in Patient Safety Efforts in the Partnership domain in the category towards collaboration (82.2%), 2) Implementation of IPC in Patient Safety Efforts in the Cooperation domain in the category towards collaboration (75.9%), 3) Implementation of IPC in Patient Safety Efforts Coordination domain in the category towards collaboration (78.5%). Suggestions for health workers need to improve communication with patient families and fellow health service providers and hospitals to encourage better implementation of IPC by developing policies and service support related to IPC as well as maintaining and further improving service quality and all IPC domains of partnership, cooperation and coordination, so that the three of them are in good collaboration

INTRODUCTION

Cooperation or collaboration between health workers is very important to overcome the many problems faced by patients. These various problems cannot be solved by one health professional alone, but must involve all health workers. This is caused by the inability of health professionals to create good collaboration or cooperation, such as a lack of interprofessional communication skills and a lack of discussion culture with other health workers in family/community clinical decision making. To overcome problems arising from interprofessional misconduct, good cooperation between health workers is needed, namely Interprofessional Collaboration (IPC) (Falah, 2020).

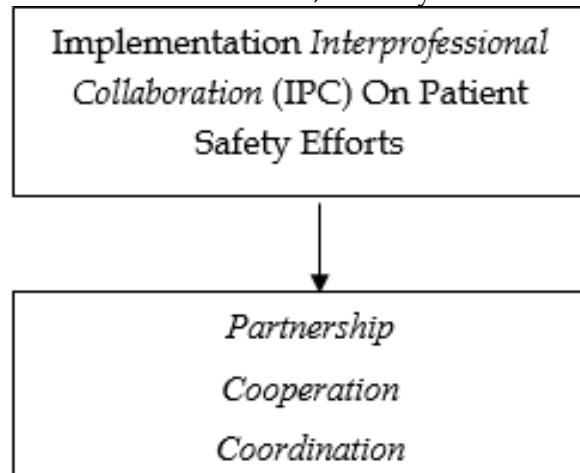
In 2017 the National Patient Safety Agency (NPSA) reported that patient safety incidents or known as IKP in the UK reached 1,879,822 cases. NPSA also reported 700 cases of patient falls in the United States. Not only that, in 2013 the Malaysian Ministry of Health stated that IKP in that country was 2,769 incidents in one year. The World Health Organization (WHO) also stated that adverse events (KTD) in patients treated in several areas ranged from 3-16% (Purnamasari, 2021). In 2015, reports related to IKP were only carried out by 14 hospitals, but in 2019 as many as 334 hospitals, in this case there was an increase. In 2015, reports related to IKP were 289 cases, and in 2019 there was an increase of 7,465 cases (Isti Haritsa & Haskas, 2021). In the South Sulawesi region, Stella Maris Makassar Hospital recorded 13 types of IKP in 2013, namely 9% of patients fell, 16% gave the wrong medicine at the pharmacy, gave the wrong medicine in the inpatient department of the hospital 6%, misdiagnosed 6%, wrong 13% drug distribution, 3% wrong drug dosage, 3% wrong interpretation, 6% wrong writing of results in the laboratory, 9% chance of injury, 3% sentinel events, 3% wrong drug administration, and 14% unwanted events. Meanwhile, patient safety incidents at Makassar City Hospital in 2019 included 1 unexpected incident, 22 non-injury incidents, 1 potential incident and 11 near-injury incidents in the last 10 months (Djariyah, Sumiyati, & Andayante, 2020). Improving patient safety and creating optimal services, internationally, collaboration is very important between health professions. Can provide optimal health services. The health team includes various experts who collaborate synergistically, structured and systematically according to their roles and duties. 2.6 million deaths are reported annually due to poor collaboration between health professionals, poor patient safety, and high rates of medication errors (Patel, Begum, & Kayyali, 2016).

Interprofessional Collaboration based on the Institute of Medicine (IOM) has an important role in improving organizational practices, namely teams that work together effectively to provide patient-centered services that are more effective, efficient and safer. The ability of specialists from different fields and other specialties to collaborate to provide patient-centered care is seen as a key component of interprofessional activities that require specialized knowledge. Collaboration is useful in reducing patient safety incidents, long treatments, complications, error rates, conflicts between health workers and death rates. The existence of collaborative communication is an important part in reducing errors in patient safety care and can improve the quality of service (Ita, Pramana, Righo, & Nursing Studies, 2021). The ability of specialists from different fields and other

specialties to collaborate to provide patient-centered care is seen as a key component of interprofessional activities that require specialized knowledge. (Prayetni et al., 2018).

LITERATURE REVIEW

This research has a variable, namely the Implementation of Interprofessional Collaboration (IPC). According to (Orchard et al., 2018), there are 3 components in IPC that will be studied, namely:



Picture 1. Conceptual Framework

METHODOLOGY

This research is survey research with quantitative analysis. Quantitative analysis is a research method based on positivist philosophy in studying certain populations or samples and using research instruments to synthesize information, where the analysis is quantitative/statistical in nature. In this research, a questionnaire was used as a data collection tool. The survey method chosen for this research was the implementation of Interprofessional Collaboration (IPC) on Patient Safety Efforts at Ibnu Sina Hospital Makassar, which was carried out at Ibnu Sina Hospital Makassar City in August 2023 (Sugiyono, 2018).

RESULTS

The results of data collection were processed using the SPSS version 26 computer program, then edited, coded, tabulated and analyzed. presented in table form with explanations.

1. Respondent Characteristics

Table 1. Frequency Distribution of Respondent Characteristics (Gender, Age, Education, Profession, and Length of Work) at Ibnu Sina Hospital Makassar

Respondent Characteristics	Frequency (n)	Percentage (%)
a. Gender		
Man	19	24,1%
Woman	60	75,9%
b. Age		
Late teens	17	21,5%
Early adulthood	56	70,9%
Late adulthood	6	7,6%
Early seniors	-	-
c. Education		
D-III & D-IV	31	39,2%
S1/Bachelor	14	17,7%
Profession (Doctor, Nurse, Pharmacist)	33	41,8%
S2	1	1,3%
S3	-	-
d. Profession		
Tenaga Medis		
Clinical Psychology Personnel	3	3,8%
Nursing Personnel	-	-
Midwifery Staff	46	58,2%
Pharmaceutical Personnel	7	8,9%
Public Health Workers	13	16,5%
Environmental Health Workers	3	3,8%
Nutritionist	-	-
Physical Therapy Personnel	6	7,6%
Medical Technician	-	-
Biomedical Engineering Staff	1	1,3%
Traditional Health Workers	-	-
-	-	-
d. Length of working		
<1 Tahun		
1-5 Years	1	1,3%
6-10 Years	5	6,3%
>10 Years	35	44,3%
	38	48,1%

Source: Primary Data, June 2023

Based on this table, from 79 respondents, the gender distribution of respondents is predominantly female, 60 respondents (75.9%) compared to 19 respondents (24.1%) male. Showing the proportion of respondents' characteristics based on age, the largest number was the 26-35 year old age group (early adulthood) with 56 respondents (70.9%), while none of the 46-55 year old group (early elderly) filled out the questionnaire in this study. For the dominant education distribution, namely profession, there were 33 respondents (41.8%) compared to S2, namely 1 respondent (1.3%). In terms of profession distribution, the most numerous were nursing staff, namely 46 respondents (58.2%) and the

profession that filled out the questionnaire the least was medical technicians, namely 1 respondent (1.3%). The dominant length of work distribution is > 10 years, namely 38 respondents (48.1%) compared to < 1 year, namely 1 respondent (1.3%).

2. Univariate Analysis

To provide more detailed information from the research results regarding respondents' assessments of the Partnership, Cooperation and Coordination domain at Ibnu Sina Hospital Makassar, it can be seen in the following table:

Table 2. Distribution of Partnership, Cooperation and Coordination at Ibnu Sina Hospital Makassar in 2023

Category	Good Collaboration		Towards Collaboration		Collaboration Required		Total	
	N	%	N	%	N	%	N	%
Partnership	2	2,5	65	82,2	12	15,3	79	100
Cooperation	1	1,3	60	75,9	18	22,8	79	100
Coordination	0	0	62	78,5	17	21,5	79	100

Source: Primary Data, June 2023

Based on the table above, of the 79 respondents, 65 respondents (82.2%) stated that the partnership domain at Ibnu Sina Hospital Makassar was in the category towards collaboration and 2 respondents (2.5%) stated that collaboration was good. In the collaboration domain, 60 respondents (75.9%) stated that they were towards collaboration and 18 respondents (22.8%) stated that collaboration was needed. In the coordination domain, 62 respondents (78.5%) said they were moving towards collaboration and 17 respondents (21.5%) said they needed collaboration (Primary data, 2023).

a. Partnership

Providing more detailed information from the research results regarding respondents' assessments in statements regarding the Partnership domain at Ibnu Sina Hospital Makassar can be seen in the following table:

Table 3. Distribution of Partnership Statement Assessment at Ibnu Sina Hospital Makassar

Variables	Amount									
	Never		Seldom		Sometime		Often		Always	
	n	%	n	%	n	%	n	%	n	%
1) Implement interprofessional collaboration practices in the work environment	0	0	0	0	14	17,7	55	69,6	10	12,7
2) Sharing roles	0	0	1	1,3	10	12,3	58	73,4	10	12,7
3) Very compact	0	0	0	0	19	24,1	47	59,5	13	16,5
4) Feel comfortable working with each other	0	0	0	0	13	16,5	54	68,4	12	15,2
5) Help and support each other	0	0	0	0	10	12,7	54	68,4	15	19,0
6) Have excellent communication skills with other team members,	0	0	0	0	10	12,7	54	68,4	15	19,0

patients and patient families										
7) Mutual respect and trust in each other	0	0	0	0	9	11,4	41	51,9	29	36,7
8) Be open and honest with each other	0	0	1	1,3	12	15,2	42	53,25	24	30,4
9) Any differences of opinion are negotiated	0	0	0	0	15	19,0	53	67,1	11	13,9
10) Encourage each other and the patient and patient's family to use knowledge and skills that can develop a treatment plan	0	0	0	0	14	17,7	54	68,4	11	13,9
11) Be protective of issues that could damage the interests of our team	0	0	0	0	22	27,8	48	60,8	9	11,4
12) Make an agreement about the goals for each patient treated	0	0	0	0	15	19,0	48	60,8	16	20,3
13) Sense of belonging to the team	10	12,7	3	3,8	14	17,7	40	50,6	12	15,2
14) Strive to reach a mutually satisfactory resolution when there are differences of opinion	0	0	0	0	20	25,3	43	54,4	16	20,3

Source: Primary Data, June 2023

Question number 1 shows that the majority of respondents considered that implementing interprofessional collaboration practices in the work environment often (69.6%) and respondents who chose never (0%).

Question number 2 shows that the majority of respondents considered sharing roles often (73.4%) and respondents who chose never (0%).

Question number 3 shows that most respondents considered it very compact often (59.5%) and those who chose never (0%).

Question number 4 shows that most respondents considered that they felt comfortable working with each other often (68.4%) and those who chose never (0%).

Question number 5 shows that most respondents considered helping and supporting each other often (68.4%) and those who chose never (0%).

Question number 6 shows that most respondents considered having excellent communication skills with other team members, patients and patient families often (68.4%) and those who chose never (0%).

Question number 7 shows that most respondents considered that mutual respect and trust in each other often (51.9%) and those who chose never (0%).

Question number 8 shows that most respondents considered being open and honest with each other often (53.25%) and those who chose never (0%).

Question number 9 shows that most respondents think that differences of opinion are negotiated often (67.1%) and those who choose never (0%).

Question number 10 showed that most respondents considered encouraging each other and the patient and the patient's family to use knowledge and skills that can develop a treatment plan often (68.4%) and those who chose never (0%).

Question number 11 showed that most respondents considered being protective of issues that could damage the interests of our team often (60.8%) and those who chose never (0%).

Question number 12 shows that most respondents considered that making an agreement about goals for each patient being treated often (60.8%) and those who chose never (0%).

In question number 13, it appears that most respondents felt that they felt a sense of belonging to the team often (50.6%) and those who chose never (12.7%).

Question number 14 shows that most respondents believe that they often try hard to reach a mutually satisfactory solution if there is a difference of opinion (54.4%) and those who choose never do so (0%).

b. Cooperation

Providing more detailed information from the research results regarding respondents' assessments in statements regarding the Collaboration domain at Ibnu Sina Hospital Makassar can be seen in the table as follows:

Table 4. Distribution of Collaboration Statement Ratings at Ibnu Sina Hospital Makassar

Variables	Amount									
	Never		Seldom		Sometimes		Often		Always	
	n	%	n	%	n	%	n	%	n	%
1) Involve patients in setting their care goals	0	0	1	1,3	24	30,4	46	58,2	8	10,1
2) Choosing a leader for our team	5	6,3	4	5,1	17	21,5	45	57,0	8	10,1
3) Assumes care responsibilities within their scope of practice	1	1,3	1	1,3	18	22,8	43	54,4	15	19,0
4) Listen to the patient's wishes when the team determines the treatment process chosen by the team	1	1,3	1	1,3	19	24,1	48	60,8	10	12,7
5) Encourage and support open communication, involve/include patients in team meetings	1	1,3	1	1,3	14	17,7	47	59,5	16	20,3
6) Feel satisfied with the results of conflict management	1	1,3	4	5,1	17	21,5	40	50,6	17	21,5
7) Understand the limits of what each team member can do	0	0	1	1,3	18	22,8	49	62,0	11	13,9
8) Understand the need to share knowledge and skills between various health professions	0	0	0	0	14	17,7	51	64,6	14	17,7
9) Give top priority to the patient's desires/needs	0	0	0	0	13	16,5	51	64,6	15	19,0
10) Listen to and consider the voices and opinions/views of other members regarding the	0	0	0	0	16	20,3	46	58,2	17	21,5

individual care planning process										
11) Create a cooperative atmosphere among members when treating patients	0	0	0	0	14	17,7	49	62,0	16	20,3
12) The focus of team work is consistently the patient	6	7, 6	1	1,3	12	15,2	42	53,2	18	22,8
13) Complete tasks as a contribution to team cohesion	1	1, 3	1	1,3	14	17,7	48	60,8	15	19,0
14) Collaborates with clients and relatives in adjusting treatment plans	0	0	0	0	21	26,6	42	53,2	16	20,3
15) Openly discuss the roles of each profession	0	0	0	0	12	15,2	45	57,0	22	27,8

Source: Primary Data, June 2023

Question number 1 showed that most respondents considered involving patients in setting their treatment goals often (58.2%) and those who chose never (0%).

Question number 2 shows that most respondents think that choosing a leader for our team often (57.0%) and those who choose never (6.3%).

Question number 3 shows that most respondents considered that assuming responsibility for care in their scope of practice often (54.4%) and those who chose never (1.3%).

Question number 4 shows that most respondents think that listening to the patient's wishes when the team determines the treatment process that the team chooses often (60.8%) and those that choose never (1.3%).

For question number 5, it appears that the majority of respondents considered that encouraging and supporting open communication, involving/including patients in team meetings often (59.5%) and those who chose never (1.3%).

Question number 6 shows that most respondents considered that they were satisfied with the results of conflict management often (50.6%) and those who chose never (1.3%).

Question number 7 shows that most respondents think that understanding the limits of what each team member can do often (62.0%) and those who choose never (1.3%).

Question number 8 shows that most respondents considered that they often understand the need to share knowledge and skills between various health professions (64.6%) and those who chose never (0%).

Question number 9 shows that most respondents think that understanding gives top priority to the patient's desires/needs often (64.6%) and those who choose never (0%).

Question number 10 shows that most respondents considered listening to and considering the voices and opinions/views of other members regarding the individual care planning process often (58.2%) and those who chose never (0%).

Question number 11 shows that most respondents considered creating a cooperative atmosphere among members when handling patients often (62.0%) and those who chose never (0%).

Question number 12 shows that most respondents think that the focus of teamwork is consistently on frequent patients (53.2%) and those who choose never (7.6%).

Question number 13 shows that most respondents consider completing tasks as a contribution to team cohesion often (60.8%) and those who choose never (1.3%). Question number 14 shows that most respondents considered that working together with clients and relatives in adjusting treatment plans often (53.2%) and those who chose never (0%).

Question number 15 showed that most respondents considered that they often openly discuss the roles of each profession (57.0%) and those who chose never (0%).

c. Coordination

Providing more detailed information from the research results regarding respondents' assessments in statements regarding the Coordination domain at Ibnu Sina Hospital Makassar can be seen in the following table:

Table 5. Distribution of Collaboration Statement Ratings at Ibnu Sina Hospital Makassar

Variables	Amount									
	Never		Seldom		Sometimes		Often		Always	
	n	%	n	%	n	%	n	%	n	%
1) Involve patients in setting their care goals	0	0	1	1,3	24	30,4	46	58,2	8	10,1
2) Choosing a leader for our team	5	6,3	4	5,1	17	21,5	45	57,0	8	10,1
3) Assumes care responsibilities within their scope of practice	1	1,3	1	1,3	18	22,8	43	54,4	15	19,0
4) Listen to the patient's wishes when the team determines the treatment process chosen by the team	1	1,3	1	1,3	19	24,1	48	60,8	10	12,7
5) Encourage and support open communication, involve/include patients in team meetings	1	1,3	1	1,3	14	17,7	47	59,5	16	20,3
6) Feel satisfied with the results of conflict management	1	1,3	4	5,1	17	21,5	40	50,6	17	21,5
7) Understand the limits of what each team member can do	0	0	1	1,3	18	22,8	49	62,0	11	13,9
8) Understand the need to share knowledge and skills between various health professions	0	0	0	0	14	17,7	51	64,6	14	17,7
9) Give top priority to the patient's desires/needs	0	0	0	0	13	16,5	51	64,6	15	19,0
10) Listen to and consider the voices and opinions/views of other members regarding the	0	0	0	0	16	20,3	46	58,2	17	21,5

individual care planning process										
11) Create a cooperative atmosphere among members when treating patients	0	0	0	0	14	17,7	49	62,0	16	20,3
12) The focus of team work is consistently the patient	6	7,6	1	1,3	12	15,2	42	53,2	18	22,8
13) Complete tasks as a contribution to team cohesion	1	1,3	1	1,3	14	17,7	48	60,8	15	19,0
14) Collaborates with clients and relatives in adjusting treatment plans	0	0	0	0	21	26,6	42	53,2	16	20,3
15) Openly discuss the roles of each profession	0	0	0	0	12	15,2	45	57,0	22	27,8

Source: Primary Data, June 2023

Question number 1 showed that most respondents considered involving patients in setting their treatment goals often (58.2%) and those who chose never (0%).

Question number 2 shows that most respondents think that choosing a leader for our team often (57.0%) and those who choose never (6.3%).

Question number 3 shows that most respondents considered that assuming responsibility for care in their scope of practice often (54.4%) and those who chose never (1.3%).

Question number 4 shows that most respondents think that listening to the patient's wishes when the team determines the treatment process that the team chooses often (60.8%) and those that choose never (1.3%).

For question number 5, it appears that the majority of respondents considered that encouraging and supporting open communication, involving/including patients in team meetings often (59.5%) and those who chose never (1.3%).

Question number 6 shows that most respondents considered that they were satisfied with the results of conflict management often (50.6%) and those who chose never (1.3%).

Question number 7 shows that most respondents think that understanding the limits of what each team member can do often (62.0%) and those who choose never (1.3%).

Question number 8 shows that most respondents considered that they often understand the need to share knowledge and skills between various health professions (64.6%) and those who chose never (0%).

Question number 9 shows that most respondents think that understanding gives top priority to the patient's desires/needs often (64.6%) and those who choose never (0%).

Question number 10 shows that most respondents considered listening to and considering the voices and opinions/views of other members regarding the individual care planning process often (58.2%) and those who chose never (0%).

Question number 11 shows that most respondents considered creating a cooperative atmosphere among members when handling patients often (62.0%) and those who chose never (0%).

Question number 12 shows that most respondents think that the focus of teamwork is consistently on frequent patients (53.2%) and those who choose never (7.6%).

Question number 13 shows that most respondents consider completing tasks as a contribution to team cohesion often (60.8%) and those who choose never (1.3%). Question number 14 shows that most respondents considered that working together with clients and relatives in adjusting treatment plans often (53.2%) and those who chose never (0%).

Question number 15 showed that most respondents considered that they often openly discuss the roles of each profession (57.0%) and those who chose never (0%).

d. coordination

Providing more detailed information from the research results regarding respondents' assessments in statements regarding the Coordination domain at Ibnu Sina Hospital Makassar can be seen in the following table:

Table 6. Distribution of Coordination Statement Assessments at Ibnu Sina Hospital Makassar

Variables	Amount									
	Never		Seldom		Sometimes		Often		Always	
	n	%	n	%	n	%	n	%	n	%
1) Team members meet and discuss patient care regularly	0	0	0	0	25	31,6	44	55,7	10	12,7
2) Get support from the organization for teamwork	0	0	2	2,5	23	29,1	36	45,6	18	22,8
3) The system provides the necessary equipment and supplies to support the team's maintenance plan	0	0	0	0	19	24,1	52	65,8	8	10,1
4) Team members coordinate health and social services (e.g. financial, employment, housing, community networks, spiritual) based on patient care needs	0	0	3	3,8	25	31,6	47	59,5	4	5,1
5) Team members set deadlines for steps and outcomes related to patient care	0	0	1	1,3	20	25,3	51	64,6	7	8,9
6) Team members use multiple means of communication (e.g. written messages, email, electronic patient records, telephone, informal discussions, etc.)	0	0	1	1,3	20	25,3	45	57,0	13	16,5
7) Communicate consistently with team members to discuss patient care	0	0	0	0	18	22,8	49	62,0	12	15,2

Source: Primary Data, June 2023

Question number 1 showed that most respondents considered that team members met and discussed patient care regularly often (55.7%) and those who chose never (0%).

Question number 2 shows that most respondents considered that getting support from the organization for teamwork often (45.5%) and those who chose never (0%).

Question number 3 showed that most respondents considered that the system provided the equipment and supplies needed to support the team's care plan (65.8%) and those who chose never (0%).

Question number 4 showed that most respondents considered that team members coordinated health and social services (eg. financial, employment, housing, community networks, spiritual) based on patient care needs often (59.5%) and those who chose never (0%).

Question number 5 showed that most respondents considered that team members set deadlines for steps and outcomes related to patient care often (64.6%) and those who chose never (0%).

Question number 6 shows that most respondents think that team members use various means of communication (eg. written messages, emails, electronic patient records, telephone, informal discussions, etc.) often (57.0%) and those who choose never (0%).

Question number 7 showed that most respondents considered communicating consistently with team members to discuss patient care (62.0%) and those who chose never (0%).

e. Frequency of Partnership Domains Based on Gender, Age, Education, Profession, Length of Work

Table 7. Frequency Distribution of Partnership Domains Based on Gender, Age, Education, Profession, Length of Work

Respondent Characteristics	Partnership Domain						Total		P Value	
	Good Collaboration		Towards Collaboration		Collaboration Required					
	n	%	n	%	n	%	N	%		
A. Gender										
	0	0	18	22,8	1	1,3	79	100	0,889	
	2	2,5	47	59,5	11	13,9				
Man										
	0	0	14	17,7	3	3,8	79	100	0,823	
	2	2,5	45	57,0	9	11,4				
	0	0	6	7,6	0	0				
Woman										
	1	1,3	26	32,9	4	5	79	100	0,039	
	0	0	11	13,9	3	3,8				
	1	1,3	27	34,2	5	6,3				
	0	0	1	1,3	0	0				
	0	0	3	3,8	0	0	79	100	0,072	
	4	5,1	40	50,6	2	2,5				
	1	1,3	4	5,1	0	0				
	3	3,8	10	12,7	0	0				

	2	2,5	1	1,3	0	0			
	2	2,5	4	5,1	0	0			
	0	0	1	1,3	0	0			
B. Age									
	0	0	0	0	1	1,3			
	0	0	5	6,3	0	0	79	100	0,382
	0	0	29	36,7	6	7,6			
	2	2,5	32	39,3	5	6,3			

Chi Square Test

In the collaboration domain based on gender, respondents were dominated by women in the category towards collaboration with 45 respondents (57.0%), based on age the respondents were dominated by those aged 26-35 years (early adulthood) in the category towards collaboration with 45 respondents (57.0%). .0%), based on the most recent education, respondents were dominated by professions in the category towards collaboration with 30 (38.0%), based on profession the respondents were dominated by nursing staff in the category towards collaboration with 38 respondents (48.1%), and based on length of time work dominated by > 10 years in the category towards collaboration with 29 respondents (36.7%). In the chi square analysis, it is known that the characteristics of respondents in the last educational variable (P Value = 0.000) and profession (P Value = 0.001) have a relationship in the IPC domain of cooperation with P Value < 0.05.

f. Frequency of Coordination Domains Based on Gender, Age, Education, Profession, Length of Work

Table 8. Frequency Distribution of Coordination Domains Based on Gender, Age, Education, Profession, Length of Work

Respondent Characteristics	Coordination Domain						Total		P Value	
	Good Collaboration		Towards Collaboration		Need Collaboration					
	n	%	n	%	n	%	N	%		
a. Gender										
Man	0	0	11	13,9	6	7,6	79	100	0,078	
	1	1,3	45	57,0	10	12,7				
Woman	0	9	1	1,3	1	1,3				
	1	1,3	24	30,4	6	7,6				
	0	0	10	12,7	4	5,1				
	0	0	26	32,9	7	8,7	79	100	0,223	
	0	0	1	1,3	0	0				
							79	100	0,000	

	0 0	0 0	3 41	3,8 51,8	0 5	0 6,3			
	1	1,3	4	5,1	2	2,5			
	0	0	9	11,4	4	5,1			
	0	0	0	0	3	3,8			
	0 0	0 0	3 1	3,8 1,3	3 0	3,8 0			
b. Age									
Late teens	0	0	0	0	1	1,3			
Early adulthood	0	0	5	6,3	0	0			
Late adulthood	1	1,3	25	31,6	9	11,4			
	0	0	31	39,4	7	8,7			
c. Education							79	100	0,008
D-III & D-IV									
S1									
Profession (doctor, nurse, pharmacist)									
S2									
d. Profession									
Medical personnel									
Nursing staff									
Midwifery staff									
Pharmaceutical staff									
Public health workers									
Nutritionist									
Medical technicians									
e. Length of working									
<1 year									
1-5 years									
6-10 years									
>10 years									

Chi Square Test

In the coordination domain based on gender, respondents were dominated by women in the category towards collaboration with 45 respondents (57.0%), based on age the respondents were dominated by those aged 26-35 years (early adulthood) in the category towards collaboration with 45 respondents (57.0%). 0%, based on their last education, respondents were dominated by professions in the category towards collaboration with 26 (32.9%), based on their profession, respondents were dominated by nursing staff in the category towards

collaboration with 41 respondents (51.8%), and based on length of work dominated by > 10 years in the category towards collaboration with 31 respondents (39.4%). In the chi square analysis, it is known that the characteristics of respondents in the variable profession (P Value = 0.000) and length of work (P Value = 0.008) have a relationship in the IPC domain of cooperation with P Value < 0.05.

DISCUSSION

1. Respondent Characteristics

a. Gender

The research results showed that the majority of respondents were dominated by women, namely 60 respondents out of a total of 79 respondents. The results of this research provide an explanation that the health workers who work at Ibnu Sina Hospital Makassar are dominated by women and this can influence the implementation of service delivery policies.

Women do not imitate men's way of thinking and do not shy away from their natural gentleness. Women have their own mindset and leadership style that is different from men. Women themselves have feminine and masculine characteristics when leading, these principles support and complement each other when leading. The principles of women's feminism can be used as capital for developing intuitive character, orientation and relationships with other people, prioritizing and instilling human values, sensitivity and understanding of other people's feelings, intelligence, self-confidence, creativity and versatility of perspective (Sahban, Ramalu , & Syahputra, 2016).

Researchers assume that women who dominate in the gender domain are one of the factors that ensure the implementation of IPC in hospitals goes well because women can take an approach in understanding the problems that affect patients and families.

b. Age

The results of this study show that the majority of respondents who participated were aged 26-35 years (early adulthood) with 56 respondents out of a total of 79 respondents, the next were aged 17-25 years (late adolescence) with 17 respondents, aged 36-45 years (late adulthood) as many as 6 respondents.

Several research results show the influence of age and working time on collaboration between professionals. Respondents with older age or working longer hours will be more positive towards collaboration and will interact more often with other professions, this can strengthen the collaborative nature between professions (Bochatay et al., 2017).

Based on the researcher's assumption that, as age increases, the experience and maturity of health workers in dealing with and serving patients and families becomes better and the professionalism and service received by patients and families will get better.

c. Education

The research results showed that most of the respondents in this study were mostly respondents with professional education, namely 33 respondents out of a total of 79 respondents. Followed by D-III & D-IV with 31 respondents

then S1 with 14 respondents then S2 with 1 respondent. The educational background of each health worker influences individual behavior in fulfilling roles and responsibilities in carrying out collective action. It can be concluded that the higher a person's education, the higher the desire, skills and abilities used in implementing an activity (Kurniasih et al., 2019).

According to researchers, the health workers at Ibnu Sina Hospital Makassar are predominantly aged 30-40 years with a professional education level, which means that the knowledge and experience they have acquired quite a lot after taking a short education can be applied in the world of work by fostering good service. at Ibnu Sina Hospital Makassar.

d. Profession

The research results showed that the majority of respondents in this study were nursing staff with 46 respondents and pharmaceutical staff with 13 respondents. Then follow other health workers with their respective jobs. Professional background is a very important factor in collaborative practice, because the concept that was first created was a specialization center with health workers who are used to working independently. Until now, some people think that the medical profession still works independently and is superior to other health workers, creating unequal relationships between professions and creating stereotypes (Sari et al., 2020).

Limited understanding of the roles and responsibilities of each profession can affect the implementation of IPC, including poor collaborative implementation between nurses and doctors, those who do not understand the scope of practice so that their work often overlaps, and doctors who lack confidence in their ability to make decisions about the care to be given to patients (Hardin, 2019).

The researcher's assumption is that cooperation between health workers in hospitals is very good, this is because they often meet in hospitals and the attitude between professions is mutual respect for each other and understand each other's roles and trust that their colleagues can complete the task.

e. Length of work

Most respondents had more than 10 years of service, with 38 out of 79 respondents. A study suggests that the longer they work in a team, the more personal character understanding is formed among other team members and the more likely they are to avoid rather than negotiate when conflict occurs (Bochatay et al., 2017).

Researchers assume that health workers in hospitals are dominated by long periods of work, some have worked for 15 years, some have worked for 18 years, some even more than that, so that their existing experience makes them a source and knowledge in implementing policies. health services.

2. IPC Domain Partnership Overview

According to (Fathyah et al., 2021) partnership is the basis of cooperation. The relationship between health workers is a partnership, not a relationship between superiors and subordinates. Realize that no profession is considered superior because health workers have a role in teams and professionalism. The AITCS results in the partnership domain of this survey showed that 65

respondents were willing to work together. Only 2 respondents considered collaboration good, compared to 12 respondents who considered collaboration necessary. There is inequality and hierarchy between health workers. The partnership envisioned by PKIP (Interprofessional Collaborative Practice) is a complementary model. In this case, there is no job that is more dominant than other professions. However, in reality there are still some health workers who do not properly understand the role of their respective professions.

The partnership variable statement item, all statements filled in by respondents were dominantly frequent and the statement: Sharing roles (73.4%), was the statement item with the highest answer. It can be concluded that partnership with assessment leads to collaboration with a good communication model.

The distribution of partnership domains based on gender, age, highest level of education, profession and length of work is dominated by the category towards collaboration, this means that the hospital is implementing IPC well and will lead to good collaboration. In the chi square analysis in the SPSS application, it is known that the characteristics of respondents in the last education variable (P Value = 0.039) have a relationship with the IPC domain of partnerships with P Value < 0.05.

It seems that there are more women than men. In terms of gender, the majority of female respondents fall into the partnership category leading to collaboration. The gender factor does not really influence the partnership sector. The concept of partnership between men and women, both must work together in partnership. Therefore, in every policy. equal interests and roles between men and women must be taken into account. The relationship between these two elements is not contradictory, but complementary so that they can complement each other (You, 2021).

a. Even though age has no effect on partnerships, age has an important role in relation to the Interprofessional Collaboration partnership domain. Younger people who exercise less often feel more resistance than older people who exercise longer (Findyartini et al., 2019) (Yusra et al., 2019).

b. Differences in knowledge and education between professions can affect the ability of industry players to exchange ideas with other professions, as well as have an impact on differences in interpretation of patient health problems which will affect the quality of treatment provided. Gaps in education and knowledge hinder effective communication (Renni, 2021). This partnership is built considering that no one party can complete each task alone with risks that are difficult for either party to bear. Therefore, true partnerships are driven by the need for collaborative programs to achieve the ultimate goal (Fachrysa et al., 2020).

c. Health professionals working in collaborative teams can improve patient perceptions of the services provided through effective communication. This includes being encouraged by listening, feeling understood, and understanding why you are in pain. Collaborative partnerships can improve access, quality, and efficiency of health services. More such partnerships need to be developed and

thoroughly evaluated, and lessons learned can be shared widely to guide policymakers (Ervina et al., 2018)

d. Even though the length of work does not matter, its role is also important in the partnership. In an effort to get to know their partners, employees of the organizations or institutions involved will go through a period of deepening working relationships based on shared experiences. Overall, partners focus on achieving work results, both in terms of output and impact, that are consistent with mutually agreed indicators of success.

3. Overview of Collaboration Domain IPC

Collaboration occurs when health professionals work together and share knowledge and skills. The field of collaboration includes the application of the strengths and skills of each specialty, teamwork, and creating an agreed division of work (Fathyah et al., 2021). The results of the questionnaire showed that there were 60 respondents towards collaboration in the cooperation domain. There were more respondents who thought collaboration was necessary, namely 18 respondents, compared to respondents who said collaboration was good, namely only 1 respondent. This was because most respondents did not choose a leader in the team and the focus of team work was inconsistent with patients.

In the cooperation variable statement item, all statements were filled in by respondents predominantly often and the statement: understanding the need to share knowledge and skills between various health professions (64.6%), was the statement item with the highest answer. This can be concluded from collaboration with assessment towards collaboration with mutual care between good health workers. Believe that each health worker has their own role and tasks that can be completed.

The distribution of collaboration domains based on gender, age, highest level of education, profession and length of work is dominated by the category towards collaboration, this means that the hospital is implementing IPC well and will lead to good collaboration. In the chi square analysis in the SPSS application, it is known that the characteristics of respondents in the last education variable (P Value = 0.000) and profession (P Value = 0.001) have a relationship in the IPC domain of cooperation with P Value < 0.05.

a. In terms of gender, the results of this study show that there is no relationship between gender and the cooperation domain. This is in line with research conducted by (Dinius et al., 2020) and (Elsous et al., 2017) which also states that there is no difference in the value of collaboration, age group, experience or seniority between women and men.

b. When they are adults, their mindset will be more mature and ready to take on a role in the work profession and communicate with anyone, according to theory. The older the person, the more mature and stronger they are in thinking and working, the higher the person's ability to communicate, both verbally and non-verbally. The more mature a person is, the better their verbal and nonverbal communication skills, so the better they are. Communication between nurses and doctors must be continuous and mutually dependent on each other to maintain patient safety. Therefore, collaboration means are very important in the practice of any profession (Rahayu et al., 2022).

This is in line with research (Martininghsih, 2019) which states that age influences the attitudes of nurses and doctors towards cooperative or cooperative practice. This finding is supported by data that most nurses and doctors are middle-aged (30-60 years). At this age, each partner is committed to constructive interactions to solve the client's problems and achieve established goals, objectives, or outcomes.

- a. There is a relationship between levels of education and areas of collaboration because the educational background of each health worker influences individual behavior in fulfilling roles and responsibilities in carrying out joint actions. It can be concluded that the higher a person's education, the higher the desire, skills and abilities used to collaborate well (Kurniasih et al., 2020).
- b. In interprofessional collaboration, several health professionals from different professional backgrounds work together as a team with the patient/family to provide comprehensive services. Doctors see collaboration when other health workers support their services by carrying out orders themselves (Sari et al., 2020). Other professionals on the other hand feel that they work individually on the same diagnosis of their patients, a form known as multi-professional collaboration (Thistlethwaite, 2012).
- c. Research (Sinubu et al., 2021) suggests that a person's work experience in carrying out tasks in an organization is very important. Someone with more professional experience will certainly understand better what to do if a problem occurs. Plus, you'll work faster and won't have to adapt to your current job because you already have experience. To make it easier for the organization to achieve its goals because it is supported by everyone who has experience in their field. Professional experience does not only mean years of work, but also takes into account the type of work that has been done or frequently encountered. As a job increases, a person's knowledge and skills in that job also increase. This is understandable because they are trained and often repeat work, so their skills and abilities are easier to learn, but without practicing first. The experience is reduced or even forgotten.

4. Overview of IPC Domain Coordination

Coordination in the implementation of collaborative work is considered important to facilitate the implementation of interprofessional collaborative work. Several aspects of coordination: the need for agreement on the coordination process, the role of liaison professionals deemed appropriate to support the coordination process, and the need for a team leader (Fathyah et al., 2021). The results of the questionnaire showed that 62 respondents were towards collaboration in the coordination domain. There were no respondents who rated collaboration as good compared to 17 respondents who filled in the need for collaboration. Of the three Interprofessional Collaboration domains, the coordination domain has the highest percentage of items towards collaboration, this is because the majority of respondents work safely, cooperatively and in a coordinated way such as sharing knowledge and mutual respect between professions with the aim of avoiding gaps in quality assurance. .

In the coordination variable statement item, all statements were filled in by respondents predominantly frequently and in the statement: the system provides

the equipment and supplies needed to support the team's care plan (65.8%), it was the statement item with the highest answer. This can be concluded from coordination with assessment towards collaboration with complete equipment to encourage treatment plans within the team. This is important so that the team provides maximum care for patients with the necessary equipment available.

The distribution of coordination domains based on gender, age, highest level of education, profession and length of work is dominated by the category towards collaboration, this means that the hospital is implementing IPC well and will lead to good collaboration. In the chi square analysis in the SPSS application, it is known that the characteristics of respondents in the variable profession (P Value = 0.000) and length of work (P Value = 0.008) have a relationship in the IPC domain of collaboration with P Value < 0.05.

a. Research (Yuliana et al., 2021) examines Identify problems and develop improvement strategies to help caregivers have a voice in IPCP. As a result, more female nurses (91%) than male nurses (9.3%) responded to the IPCP Nurse Satisfaction Survey conducted during problem identification, and 95% were satisfied with the adjustment. The same as this research which is dominated by female gender. Even though in this study there was no relationship between gender and simultaneous coordination, the research results provide an illustration that the coordination domain is influenced by many factors. Research (Israyana et al., 2021) with research results dominated by women, because women are considered more caring. The results showed that professional collaboration practices were associated with increased nurse performance. Indicators of decision making, coordination, partnership and conflict are indicators that help build interprofessional collaborative practice variables on nurse effectiveness, the largest is the coordination indicator and the smallest is the decision indicator.

b. Research (Israyana et al., 2021) shows that research results are more common at ages 26-35 years (early adulthood), because being in productive age affects the ability to perceive thought patterns and be more active in tasks. The results showed that professional collaborative practice was associated with increased nurse performance, with the greatest indicator being coordination. This research is not in line with current research, where the age of the respondent does not affect the extent of coordination.

c. The level of knowledge is greatly influenced by educational background. The higher the education, the better the understanding of the concepts and the better the understanding of what we observe only through sharp thinking and analysis (Risnah, 2022). The need for coordination stems from many disciplines. These various aspects of knowledge specialization need to be integrated in the form of providing medical and social information to make patient care more inclusive.

d. Doekhie's research states that jobs with different specializations tend to view each other as members of the same team, and are therefore very cooperative (Doekhie et al, 2017). In addition, the division of roles according to each profession increases mutual understanding and harmonious coordination between health workers (Homeyer et al., 2018). With this, this research has a relationship between the profession and the IPC coordination domain.

e. There is a relationship between length of work and IPC in the coordination domain because length of work is important in the Interprofessional Collaboration coordination domain. Someone who has work life experience has better work skills compared to people who have just entered the world of work because they have learned about operations and problems in their work (Sinubu et al., 2021). Working time is closely related to the experience gained while carrying out tasks. The longer someone works, the better their skills (knowledge) will be karena telah beradaptasi dengan pekerjaannya (Martiningsih, 2019).

CONCLUSIONS AND RECOMMENDATIONS

Based on the results of the analysis and discussion of the data collected, it can be concluded as follows:

- a. Implementation of Interprofessional Collaboration in the Partnership domain in the category towards collaboration (82.2%) in Patient Safety Efforts at Ibnu Sina Hospital Makassar with respondent characteristics in the education variable (P Value = 0.039) which has a relationship with the Partnership domain IPC.
- b. Implementation of the Interprofessional Collaboration domain Cooperation in the category towards collaboration (75.9%) in Patient Safety Efforts at Ibnu Sina Hospital Makassar with the characteristics of respondents in the variables education (P Value = 0.000) and profession (P Value = 0.001) which have a relationship with IPC Collaboration domain.
- c. Implementation of Interprofessional Collaboration domain Coordination in the category towards collaboration (78.5%) in Patient Safety Efforts at Ibnu Sina Hospital Makassar with respondent characteristics in the variable profession (P Value = 0.000) and length of work (P Value = 0.008) which have a relationship to IPC domain Coordination

Suggestion:

For Health workers

1. There is a need to improve the skills of health workers so that they can communicate well with patients and their families as well as fellow health service providers, and also the sense of belonging to fellow colleagues/team should be further improved, especially for service providers in the inpatient department so that patient care is carried out well.

2. For Hospitals

In order to maintain and further improve the quality of service and all IPC domains, including; partnership, cooperation and coordination. It is hoped that hospitals can encourage better implementation of IPC by developing policies and service support related to IPC.

FURTHER STUDY

In order to develop this research by analyzing different IPC variables, an indicator of health worker satisfaction was added so that health worker satisfaction in implementing IPC can be seen.

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