

## FAKTOR PENDUKUNG DAN PENGHAMBAT PELAKSANAAN INTERPROFESSIONAL COLLABORATIVE PRACTICE (IPCP) DI RUMAH SAKIT JEJARING PENDIDIKAN DALAM LINGKUP ACADEMIC HEALTH SYSTEM (AHS) DI DAERAH ISTIMEWA YOGYAKARTA

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### INTISARI

**Latar Belakang:** Kompleksitas masalah kesehatan berpotensi untuk implementasi *interprofessional collaborative practice* (IPCP) oleh profesi kesehatan. Diperlukan evaluasi capaian terutama di rumah sakit jejaring *academic health system* (AHS) yang masih terbatas jumlah penelitiannya.

**Tujuan Penelitian:** Untuk mengukur implementasi IPCP dan mengeksplorasi faktor pendukung dan penghambat berdasarkan persepsi profesi kesehatan.

**Metode:** Penelitian ini menggunakan metode *mixed-method – explanatory sequential* yang melibatkan 149 responden (tahap kuantitatif) dan 12 partisipan (tahap kualitatif). Responden merupakan profesi kesehatan (dokter spesialis, ners, apoteker, nutrisionis) yang secara sukarela bersedia terlibat dan dipilih menggunakan metode *cluster random sampling* di rumah sakit jejaring AHS. Penelitian ini menggunakan *Collaborative Practice Assessment Tool* (CPAT) berbahasa Indonesia yang terdiri dari 8 domain pada tahap kuantitatif yang diikuti dengan wawancara mendalam pada tahap kualitatif. Analisis komparatif terhadap data demografi kuantitatif dan analisis tematik terhadap data kualitatif dilakukan. Integrasi data (*joint display*) dilakukan terhadap data kualitatif yang mendukung data kuantitatif.

**Hasil:** Berdasarkan pengukuran IPCP, median skor total adalah 209 yang menandakan implementasi IPCP mengarah ke performa bagus/optimal. Terdapat perbedaan yang signifikan berdasarkan jenis kelamin (domain hubungan antar anggota tim), profesi kesehatan (domain hubungan antar anggota tim; hambatan dalam kolaborasi tim; pembagian peran dan koordinasi; kepemimpinan; dan misi, tujuan, dan sasaran; skor total), lama bekerja (skor total). Analisis tematik menghasilkan lima tema: pendukung, penghambat, model, manfaat yang dirasakan, serta peluang dan tantangan kolaborasi lintas institusi. Sub-kategori tema mendukung hasil pengukuran IPCP pada setiap domain.

**Kesimpulan:** Responden menunjukkan implementasi IPCP yang mengarah ke performa optimal walaupun masih terdapat perbedaan antar profesi kesehatan. Penelitian ini merekomendasikan sesi pelatihan dan pembaruan tentang IPCP untuk semua jenis profesi kesehatan di rumah sakit jaringan AHS secara terintegrasi dan berkelanjutan.

Kata kunci : academic health system, CPAT, interprofessional collaborative practice, mixed-method

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## THE SUPPORTING AND INHIBITING FACTORS OF INTERPROFESSIONAL COLLABORATIVE PRACTICE (IPCP) AT ACADEMIC HEALTH SYSTEM (AHS) INTEGRATED HOSPITAL IN YOGYAKARTA: A MIXED-METHODS STUDY

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### ABSTRACT

**Background:** The complexity of health problems has the potential for the implementation of interprofessional collaborative practice (IPCP) by health professionals. Evaluation of performance is needed, especially in academic health system (AHS) network hospitals, where the number of studies is still limited.

**Objective:** To measure the implementation of IPCP and explore the supporting and inhibiting factors in the healthcare professionals' perception.

**Methods:** This mixed-method - explanatory sequential study involved 149 respondents (quantitative stage) and 12 participants (qualitative stage). Respondents were health professionals (specialists, nurses, pharmacists, nutritionists) who volunteered to be involved and were selected using cluster random sampling method in AHS network hospitals. This study used the Collaborative Practice Assessment Tool (CPAT) in Bahasa Indonesia consisting of 8 domains in the quantitative stage followed by in-depth interviews in the qualitative stage. Comparative analysis of quantitative demographic data and thematic analysis of qualitative data were conducted. Data integration (joint display) was conducted on qualitative data that supported quantitative data.

**Results:** Based on the CPAT questionnaire, the median total score was 209 compared to a maximum score of 265. There were significant differences by gender (domain of relationships among team members), health profession (domain of relationships among team members; barriers to team collaboration; role distribution and coordination; leadership; and mission, goals, and objectives; total score), and length of service (total score). Thematic analysis resulted in five themes: supporting, inhibiting, model, perceived benefits, and opportunities and challenges of cross-institutional collaboration. Theme sub-categories support IPCP measurement results on individual domains.

**Conclusion:** There was good openness to IPCP based on health workers' perceptions although there were still differences between health professional groups. This study recommends training and rejuvenation sessions on IPCP to all types of health professionals in AHS network hospitals in an integrated and sustainable manner time.

**Keywords:** academic health system, CPAT, interprofessional collaborative practice, mixed-methods

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