

Analysis of the Implementation of Effective Communication on Interprofessional Collaboration in the Inpatient Installation of Hasanuddin University Hospital

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Abstract

Interprofessional Collaboration (IPC) is the provision of health services carried out by involving various health professional professions and providing comprehensive services, in collaboration with patients, families, groups and communities to provide quality health services. This study aims to analyze the implementation of effective communication on IPC in the Inpatient Installation of Hasanuddin University Hospital. The type of research conducted is qualitative research using a phenomenological approach. Informants/samples in this study were taken by purposive sampling totaling 15 informants. The results of this study indicate that of the 9 effective communication variables in the implementation of IPC in the inpatient installation of Unhas Hospital, there is 1 variable, namely frequent which has not run optimally because it is constrained by the limited time owned by DPJP and feelings of inferiority felt by other professions besides doctors and staff. junior medical. Factors that influence effective communication in the implementation of IPC in the Inpatient Installation of Hasanuddin University Hospital include training and planning factors, technology, reporting and communication patterns, willingness to adapt and accept technology and leadership and administrative support. Factors that cause IPC has not been implemented perfectly are the factors of training and technology. Therefore, it is hoped that the hospital leadership will make special policies related to the implementation of IPC and design a model of IPC implementation that involves all service departments so that it is easy to implement according to hospital conditions.

Keywords: Interprofessional Collaboration, Hospital, Inpatient Installation, Effective Communication

Introduction

Interprofessional Collaboration (IPC) is a partnership between people with different professional backgrounds and work together to solve health problems and provide health services (Morgan et al., 2015). According to WHO, IPC occurs when various health professions work together with patients, families and communities to provide comprehensive and high-quality services (WHO, 2010). IPC is intended to achieve goals and provide mutual benefits for all involved (Green & Johnson, 2015).

IPC was first introduced by WHO with a concept called the Framework for Action on Interprofessional Education & Collaborative Practice. This concept underlies the

implementation of Interprofessional Education and Collaborative Practice around the world. Interprofessional Education and Collaborative Practice are implemented to improve public health status. In the interaction between health workers from various professions, it is hoped that with the implementation of the IPC, the care team can have the same way of thinking, appreciate interprofessional education and be committed to realizing collaborative practice.

IPC includes 6 important things, namely effective interprofessional communication, patient-centered, family and community-oriented, population and relationship oriented services, understanding and being able to position individuals as professionals and being able to place themselves in interprofessional teams, understanding teamwork in collaboration, implementing leadership principles that support collaboration and involvement with other professions, patients and families in solving problems that arise (The Canadian Interprofessional Health Collaborative, 2010). The focus in this research is effective communication between professions.

The implementation of interprofessional cooperation has a good impact on health services, interprofessional communication, teamwork, and professional attitudes can affect the quality of services in hospitals. The results of this study are supported by the results of research Bright et al. (2017) The survey results found that interprofessional collaboration between doctors and nurses can reduce the risk of infection so that it has an impact on patient safety. Research by Matzioul, et al. (2014) demonstrated that effective interprofessional collaboration between health care professionals is important to deliver efficient treatment, reduce the risk of infection, and demonstrated that poor communication between other healthcare professionals can be detrimental to patients. Urisman et al. (2017) in his research showed, the results of pre-intervention compared with post-intervention were an increase in satisfaction in carrying out interprofessional collaboration after socialization about interprofessional collaboration on patient safety such as reducing the risk of infection, medication, medical errors and patient injuries / falls. Studies conducted Lemieux-Charles & McGuire (2006) on the effectiveness of teamwork in health services describes that collaboration is needed to avoid conflict and achieve service effectiveness.

However, working collaboratively is not an easy task. There are important barriers that hinder interprofessional collaboration, such as communication problems among health professionals, ignorance of the professional roles and responsibilities of other staff members, power and hierarchies, lack of trust (in others) and even lack of respect. To overcome this obstacle, it is imperative to hold actual interprofessional meetings, given that some professional groups that are actually or de facto not present at these meetings (where patient care is decided) are still common. However, having such a meeting is not sufficient, and it is important that those gathered at the meeting appreciate the contribution of each team member to the patient's health, so that the meeting does not simply overlap with the assembled professionals. in the same setting with little interaction between them (Lancaster et al., 2015).

Poor communication causes various bad problems in health services, including discontinuation of care, non-achievement of patient safety, patient dissatisfaction, inefficient use of resources and inefficient working time of doctors and has an impact on economic consequences. The quality of medical information is very important to provide appropriate care for elderly patients to know the potential health hazards that may occur. Between health professions, mutual agreement must be built, both in content and form of communication between health service providers (Chung et al., 2012).

Hasanuddin University Hospital as a hospital that has a vision of "Being a trusted pioneer in integrating education, research and international standard health care" is expected to work

together to provide effective and efficient health services, including for students who are receiving education at the hospital. Unhas Hospital has implemented IPC since 2017, and those involved in the IPC are doctors, nurses, pharmacy, nutrition, midwives and physiotherapy (Unhas Hospital Quality Assurance Unit. 2020).

As for the data obtained about the implementation of communication at the Hasanuddin University Hospital, it is known that the completeness of filling out the drug reconciliation form has been achieved by 100%, the completeness of filling out integrated education records with an average achievement in 2020 of 98%, and the completeness of filling out the CPPT with the achievement the average in 2020 is 97.6% (Unhas Hospital Quality Assurance Unit. 2020). The results of the interview also obtained information that IPC at Unhas Hospital had been initiated since 2010 through the IPE (Interprofessional Education) program and then IPC began to be implemented in 2017, but in its implementation there are still obstacles, including the limited clinical pathways that have been established, although the CPPT it has been 98% filled but the Caregiver Professionals in writing the information have not been integrated with one another, there are still DPJPs who are not yet orderly filling out the CPPT so that it hinders communication in service to patients. IPC is an important thing to be implemented in Inpatient Installations because patients are in the treatment room from hour to hour, day to day so it requires proper attention and action to get quality and efficient service.

This study aims to analyze the implementation of effective communication on IPC which is applied in the inpatient installation of Unhas Hospital, whether the communication has been effective so that it supports the implementation of IPC in the inpatient installation of Unhas Hospital. That's why researchers are interested in conducting research on "analysis of the implementation of effective communication on Interprofessional Collaboration at the Hasanuddin University Hospital Inpatient Installation"

Methods

This research was conducted at the Inpatient Installation of Hasanuddin University Hospital. The type of research conducted is qualitative research using a phenomenological approach. Informants/samples in this study were taken by purposive sampling. Informants were selected based on their abilities and knowledge related to all interprofessional collaboration activities. The distribution of informants in this study were as many as 15 informants who were overall related to the implementation of Interprofessional Collaboration focusing on effective communication in the Inpatient Installation of Hasanuddin University Hospital. The instruments used in in-depth interviews with research informants were using interview guidelines and conducting direct observations with observation sheets and checklist sheets as a tool when making observations. Qualitative research has examined the validity of the data using the triangulation method, namely triangulation of sources, techniques and time. Data that has been processed will produce information. Information from in-depth interviews, observations, and secondary data will then be analyzed. Writing analyzes thematically.

Results and Discussion

Shared Knowledge

Based on the interviews conducted, it was found that all informants who served in the inpatient installations of the Unhas Hospital exchanged knowledge in care, both among professions, between professions and with patients. The process of exchanging knowledge is often carried out in the form of in-house training, during doctor visits, shift operations and while on duty at the nurse station. This is in accordance with the following interview results:

"The training that has just been carried out is effective communication, which is usually held by nurses, doctors, pharmacists, and nutritionists too" (LN, 33 years old).

For the time of implementing the training to convey knowledge between employees, it is quite intensive, both scheduled and non-permanent, one of which is a morning report or join meeting. The informant's statement emphasized that when there was training, there was a dissemination agenda to present knowledge to other nurses so that there would be knowledge transfer. exchanging knowledge in care, both among professions, between professions and with patients, this process is carried out well although there is communication between professions that is still not continuous, including DPJP with dietitians and pharmacy due to time constraints and the DPJP schedule which does not have a definite schedule at the time visit as a consequence of the duties of DPJP who are also responsible for other hospitals as well as duties as academics. The activity of delivering information and suggestions only works for several parties, the delivery of information between DPJP and between professions is carried out through patient medical records written on the consul sheet or the Integrated Patient Progress Record (CPPT).

Situation/Goal Awareness

Perception of self-situation awareness between the physical environment and performance. In this case, each individual is sensitive to the situation around him, for example if a problem occurs, co-workers experience problems in patient care, readiness in dealing with problems that will occur and have responsibility for what their duties are when they arrive at work. This has been running in the work environment between nurses, pharmacists and dietitians as well as DPJP assisted by resident doctors. This is in line with the results of the interviews as follows:

"If you see a lot of patients, you might be a bit shocked, but we have to think positively and see that in the future it is for the patients themselves. What are the service targets that we want to achieve in the future for these patients to return home quickly, recover, in good health. So we'll see what the target of each patient is, if there are patients who need further treatment, do they need to be coordinated with the doctor so that the term is shorter but with good quality" (LN, 33 years old)

Officers who provide patient care at the inpatient installations of the Unhas Hospital look sensitive and alert if a colleague is in trouble or needs help while carrying out treatment. This is shown when performing shift operations, where operations are performed in a short time, considering that there are many patients that must be treated. In addition, if there are colleagues who are still treating the patient at the time of the operation, the other colleagues can understand and the rest time is changed at the next time. Nurses, pharmacy staff and dietitians are also initiative in their work, especially if their colleagues have difficulties in handling patients, they do not hesitate to help each other. In addition, if the patient suddenly needs the help of a nurse but they cannot find a nurse who should treat them, then another nurse will usually replace him. Officers at inpatient installations who make mistakes in patient care also swiftly correct these errors and report according to established procedures or SOPs.

Problem Solving

This variable discusses the perception of the problem solving process in the team by making decisions and conflict management. Problems that occur are related to communication within the patient care team, one of which is in the administration of drugs such as mismatches in the packaging and the drugs given. However, this is usually checked again by the nurse and then if there is a problem it will be reported to the pharmacy. This is in accordance with the following interview results:

“Sometimes there are adaji, oh, for example, there is something wrong with giving the medicine, this should be the packaging but the contents are different. no, the identity matched but the medicine was different from what was written on the inside. His family protested that he said cefixime but in it was asmet, adaji the previous medicine was also asmet, that's how it is. asked the head of the room, the head of the photokanki room then sent it to the pharmacy later the pharmacy would report” (AE, 26 years old)

Problems that arose in the inpatient installation of Unhas Hospital based on the results of interviews conducted, were resolved based on the type of problem. If the problem that arises is mild, the problem is solved at the level of the implementing nurse, implementing pharmacist or dietitian with the help of primary nurses and pharmacists, and problem solving is carried out within 1 × 24 hours. Problems that are classified as moderate can then be reported to the head of the room or to the head of the installation, then if there is no significant progress of the patient and has passed the length of stay, a joint meeting will be held, in which all PPA and the Head of Yanmed Division are also involved. In general, the resolution of problems at the Unhas Hospital is trying to be resolved optimally in order to achieve patient safety and satisfaction and improve patient conditions so that patients can return home in good health.

Mutual Respect

The results of the interview also showed that all informants stated that differences were normal. If there was a difference of opinion during a discussion, try to understand the opinions of others first. Trying to understand from various points of view so that no one is cornered, because different opinions must have reasons and knowledge bases.

"It's discussed, usually if it's been explained well or shown, for example, clinical practical guidelines, issued by the collegium, usually the administration can accept it" (JY, 39 years old).

All interviewed respondents agreed that their co-workers understand each other, respect each other and value each other's contribution in patient care. Even though there are differences in perceptions of doing treatment, they still respect each other's opinions, this usually often happens between doctors and pharmacy staff regarding drug prescriptions that must be given to patients, but this does not cause conflict but will add insight for others to find and determine the most appropriate treatment that is patient-centred and prioritizes patient safety.

Transparent

This variable is related to the perception of openness or honest attitude for input or advice given to a problem that occurs.

The results of the interviews also showed that all of the informants stated that their openness in communicating gave them ideas or solutions for any problems they faced. This is revealed from the following interview results:

“Success in a work team will be greatly influenced by effective communication between members in it. The best way to do this is by interacting during breaks, discussing informal topics, and being friendly in the process” (KP, 71 years).

Based on interviews conducted, respondents stated that in general all staff in inpatient installations are quite open to problems that occur, in handling patients who are not appropriate and mistakes made. Although the direct interaction of nurses, dietitians and pharmacy staff with DPJP is still lacking due to time constraints, communication is assisted through notes made by each profession in the CPPT (Integrated Patient Progress Record) sheet.

Timely (prompt)

This variable is related to the perception of the communication process that handles a matter or problem quickly. For handling problems quickly, DPJP usually goes down so that the response is faster. This is revealed from the following interview results:

"In my experience, the response is usually rather fast, if we go directly there, for example, my patient, I came there, I met the nurse, if there was a problem, I looked for a quick solution. But for example, yes, because I have to be honest, sometimes I'm not there 100%." (USA, 36 years old).

Every problem in the inpatient installation of Unhas Hospital is taken seriously and quickly by every profession assisted by the head of the room and the head of the related installation. Any problems that occur are immediately reported by the officer at the inpatient installation according to the existing SOP so that problems that occur can quickly get a solution. Based on the results of interviews with the head of nursing and the head of the pharmacy installation, officers at the inpatient installation swiftly report if a problem occurs and the problem is resolved within 1x24 hours except in certain cases that require time to be handled by the medical committee. The medical committee of the Unhas Hospital at a certain time will carry out audits based on daily reports related to effective communication, IPC implementation, and clinical pathways.

Frequent

This variable is related to the perception of the communication process that is carried out frequently when dealing with a thing or problem that occurs. For communication problems related to drug availability, currently it has been going well because the existing officers are always in one area so that they can be directly communicated regarding the availability of the drug. This is in line with the following interview results:

"Nowadays, it's a bit better than before, because in the past there was no pharmacy on standby in the room, now it's in every room. They used to be downstairs, at the pharmacy, now they are in the room, so we communicate directly if for example there is no medicine or medicine is not covered or needs procurement" (LN, 33 years old)

Based on interviews conducted, inpatients at Unhas Hospital, the profession that most often interacts directly is nurses with doctors, which in teaching hospitals in this case DPJP and resident doctors are of the same status, recommendations written by resident doctors are approved by DPJP. Based on observations, the DPJP visit time is quite short, but there are resident doctors who assist in communication and can be contacted at any time. Other professions that interact quite frequently are pharmacists and doctors. Nurses, pharmacists and dietitians interact intensely about patient care, because currently they are together in the same area, namely at the nurse station, making it easier and faster to communicate everything related to patient care needs. The obstacle that still occurs in this variable is that there is still a gap between professions due to feelings of inferiority felt by medical officers who are still juniors and professions who feel their education is much lower than DPJP, so that sometimes communication does not work effectively.

Consistent

This variable is related to the communication process that is carried out routinely according to the rules set in dealing with a thing or problem that occurs. The implementation of communication in the inpatient installation of Unhas Hospital runs smoothly and is carried out

every time the service is provided to patients. The communication process is carried out both verbally and recorded in the CPPT.

"In the past, doctors had different sheets, nurses had different sheets, pharmacies had different sheets, dietitians had different sheets, now they are arranged according to time, so when it happens, it's easy for every doctor to see the progress of his patient" (DS, 45 years old)

Communication in inpatient installations is carried out routinely and continuously. Although there is limited time to be able to communicate directly, officers who are in the inpatient installation communicate through CPPT. According to several informants, even though it was done through CPPT, the communication was still effective because each officer made a patient record so that the message was conveyed properly and nothing was missed.

Parsimonious

"Actually, if the pass is at least 15 minutes before the hour, they must have arrived, for example, at 2.00, then at 1.45 it must be there, so it's not at 2 o'clock that they pass." "So we have made a commitment with them that for the 15-minute shift change, there must be standby there and then the operation will be carried out, so that later the time to provide the service it will not be taken from 2 o'clock to do the operation." (KP, 71 years)

Based on interviews and observations made, each PPA has communicated effectively and efficiently. Free time when there is no action or serving patient complaints, every PPA has a CPPT writing activity so that no information is missed. However, sometimes PPA has to divide their time when on duty by participating in webinars, so sometimes they can't concentrate when communicating about the patient's condition and of course because service is the main thing, the material that is followed is not entirely acceptable.

Basically, effective communication is very much needed in a health institution whose services are concerned with patient safety. Good and appropriate service is certainly the main factor in determining the way an institution works, the more people who depend on health services for an institution, the more types of health services needed by patients. In this situation, of course, various types of needs or treatments must be prepared by the health service (Inpatient Hasanuddin University Hospital). In addition to preparing quality resources and services, speed and accuracy of service are needed in determining the type of diagnosis or treatment that will be used for each patient. We recognize the important role of interprofessional collaboration because it is impossible to rely on one type of profession alone when treating patients with various types. For this reason, the knowledge sharing factor between professions is needed in order to achieve effective and efficient services.

As explained by Reni et al, (2010) Inter-professional Collaboration is a strategy to achieve the desired quality of results effectively and efficiently in health services. Communication in collaboration is an important element to improve the quality of care and patient safety. The ability to work with professionals from other disciplines to provide collaborative, patient-centred care is considered an essential element of professional practice that requires a specific set of competencies.

From the results of observations made to several informants, the process of exchanging knowledge is often carried out in the form of in-house training and examples that can be observed directly how IPC has become a reference for nurses and doctors in carrying out their respective duties. Of course, with the exchange of information between colleagues, it will create

an environment that supports the success of teamwork in solving problems faced related to providing the best and appropriate service to patients.

Based on the results of in-depth interviews with informants about the role of patient care providers in IPC, when collaborating between interdisciplinary, whatever problems arise, the officers have their respective roles according to their main duties and functions. Collaborative interprofessional practice has become a strategy to increase collaboration between health professions from two or more professions that work together and support each other so as to strengthen interprofessional relationships in providing services, joint decision-making on the clinical condition of patients, achieve common goals that result in quality service delivery. well and patient satisfaction.

Basically, the role of the situation/goal awareness dimension is an attitude of self-control towards environmental situations in the form of perceptions or observations, comprehensive understanding and projections of what will happen in the future. Situation Awareness (SA) is an important component of an individual's ability to function in a complex environment. Situation Awareness of the individual affects the work situation in seeing the current situation and the situation that will occur. In collaborative collaboration from various professions, this is certainly very fundamental because without the ability to understand the existing conditions, it is very unlikely that effective communication can be realized in interdisciplinary collaboration. Strengthening interprofessional collaboration can improve communication and mutual respect for fellow professions in providing quality services that can reduce unwanted events, increasing nurse-doctor-pharmacy communication and other professions in conducting interprofessional collaboration has the potential to increase patient confidence in the services received. According to research by Matzioul et.al. (2014) show that interprofessional communication in effective collaboration between health professionals is important to provide efficient treatment, reduce the risk of infection, and shows that poor communication between other health professions can harm patients especially when faced with critical and uncontrollable situations.

Based on the results of in-depth interviews about performance monitoring between friends (reminding each other) of each other. The application of interprofessional collaboration has a good impact on health services, interprofessional communication, teamwork, and professional attitudes that can affect service quality. This is supported by research by Bright et al. (2017). The survey results showed that the level of understanding of nurses and doctors related to interprofessional collaboration was high at 86.67% (n = 65). This is because the knowledge and attitudes of nurses and doctors have a positive effect on the application of interprofessional collaboration in hospitals. In line with Bright et al. (2017) research, it was found that health care providers found that one of the most common problems in health services was communication. Ineffective interprofessional communication has led to significant medical errors including preventable hospital deaths.

Interprofessional communication and decision-making that considers the sharing of knowledge and skills of each profession to exert influence and synergy on patient recovery (Jones, 2000). Collaboration between health workers is highly desirable in any form of health care setting, because no single profession can meet all patient needs. So a good quality of service depends on professionals working together in interprofessional teams. Effective communication between each health professional is also very important in providing efficient treatment and services (Matzioul at al, 2014).

Based on the results of in-depth interviews with professionals at the Unhhas Hospital, the actors talked and discussed with each other in interdisciplinary groups to find solutions to the problems they faced. The existence of a conflict will indirectly create a discussion between

fellow teams to find the root of the problem and the resolution of the problems encountered. The existence of a joint and open problem solving process will increase nurse-physician knowledge about values/ethics, roles and responsibilities, communication and teamwork in collaboration. Effective communication leads to better mutual understanding and more effective collaborative relationships. Interprofessional collaboration is the process of developing and maintaining effective interprofessional working relationships with students, practitioners, patients/clients/families and communities to enable optimal health outcomes. Elements of collaboration include respect, trust, shared decision making, and partnership (The Canadian Interprofessional Health Collaborative, 2010).

Mutual respect is also defined as assessing the contributions of other professionals involved in the same work process and for considering how one person's actions affect the other's ability to complete the requirements of their job (Gittell, 2006). Based on the results of in-depth interviews regarding the attitude of the informants if there are differences of opinion in interprofessional partnerships, it shows that, in practice, mutual respect cooperation has been well established. In the implementation, all informants stated that differences were normal, and if there was a difference of opinion during the discussion, each interdisciplinary group considered the differences to be a good thing so that they could add to the enrichment of knowledge and information. So at every opportunity they have the right to express opinions, ideas and input for discussion. Interprofessional Collaboration (IPC) is a condition in which various health professions collaborate with patients, patient families, communities, and other health professionals to provide health services of the best quality (Hinde et al, 2016). According to Hardin et al (2018) IPC in health care services is when there is interaction from health workers with different professional backgrounds with the aim of providing comprehensive services by working together to provide effective patient-centered services.

Today, a transparent role in public services has become a necessity. The transition of the process of openness to interested parties must be adequate both in terms of information and the administration. Transparency is built on the free and thorough flow of information, institutions and information need to be accessed by interested parties and the available information must be sufficient to be understood and monitored. A more detailed description of the transparency of public services is needed, because the implementation of transparency can improve the performance of public servants. Transparency must be implemented in all aspects of management, including policies, planning, implementation, supervision or control, and reports on performance results.

Based on the results of in-depth interviews about one profession giving ideas to other professions is a natural thing. If there is a difference of opinion during a discussion, try to understand the opinions of others first. Try to understand from various points of view so that no one is cornered, because different opinions must have some underlying science.

The definition of timely according to Ukago (2005) is "timely is the use of information by decision makers before the information loses its capacity for making decisions." has become an open secret.

Based on the results of in-depth interviews about the speed of communication to deal with a problem quickly, namely for handling it appropriately, in this case DPJP immediately intervened and was responsive. This is an important point how senior professionals always accompany other professions in dealing with patients. This is supported by the fast handling at the Unhas Hospital because it has employees, especially nurses who have a young age so they have a fast response and are easy to follow instructions. On the other hand, young nurses who are still new are considered to still lack initiative in responding to existing problems. According

to him, age, work experience and length of work have a significant influence on the quality of services provided. With the existence of DPJP, which is often directly involved in handling patients, it provides more space for nurses to interact with each other and learn more.

Frequent is the depth or emotional reaction and strength that supports an opinion or attitude. Intensity is also defined as the level or measure of its intensity (Rinjani & Firmanto, 2013) frequent is also understood as a strength that supports an opinion or an attitude (Chaplin, 2006). Officers at the inpatient installation of Unhas Hospital quite often interact and communicate with each other. The profession that interacts the most is a nurse with a doctor, in this case a resident doctor. The nurse admitted that she rarely interacted with DPJP because of her busy schedule. As a teaching hospital, Unhas Hospital has a flow of patient information delivery to the resident doctor before going to the DPJP if the DPJP is constrained in attendance, especially for DPJP who are seniors during the covid pandemic. Other professions that interact quite frequently are pharmacists and doctors. Dietitian admitted that he did not interact intensely enough about patient care. They admit that they rarely find cases in inpatient installations that require interaction with their profession.

The importance of consistent dimensions in a health service is certainly an absolute requirement that must be applied by interprofessionals. The routines carried out by nurses and doctors are repetitive and dense routines, so the nature of the inconsistency will adversely affect the services they create. Routines are expected to be in line with self-development and the goals of the relevant agencies, so the consistent dimension is a long-term process that is interdependent on all interprofessionals.

Based on the results of in-depth interviews about the intensity of communication in terms of quantity to deal with a thing or problem that occurs, namely the implementation of current communication runs smoothly and is carried out every time the service is provided to patients. The communication process is carried out by each service department and not done simultaneously. Nevertheless, communication in inpatient installations is carried out routinely and continuously. With the limited time to be able to communicate directly, officers who are in the inpatient installation communicate through CPPT. According to several informants, even though it was done through CPPT, the communication was still effective because each officer made detailed patient records so that the message was conveyed properly.

The Unhas Hospital Inpatient health service center has complex rules and procedures which contain various professional backgrounds that are joined and connected to each other. The more patients who depend on this complex system, the longer the flow of communication and services at the place will be. Based on interviews and observations made, each PPA has communicated effectively and efficiently. The free time when there is no action or handling patient complaints is used by PPA to write down the progress and treatment of patients on the CPPT sheet so that no information is missed. However, sometimes PPA has to divide their time when on duty by participating in webinars, so that sometimes they cannot concentrate when communicating about the patient's condition and of course because service is the main thing, the material that is followed is not fully so that sometimes the material provided is not well received.

In an organizational structure that involves various professions from different backgrounds, of course, requires a component that is specifically designed to ensure planned and directed goals. This component is the unification of learning for people who are members of it in reflecting creativity by utilizing existing facilities. Based on the interviews conducted, it can be concluded that every employee is given the freedom to express his opinion regarding IPC even though in practice there are those who agree or disagree. This is considered normal and normal in

expressing opinions and becomes its own dynamic in inter-professional performance. In addition, PPA is always involved in providing guidance and encouragement to employees regarding the implementation of IPC including the SOP for IPC implementation. The employees in question are all interprofessionals who play a holistic role in patient recovery.

Basically, the achievement of organizational or institutional goals that are collaborative in nature between professions has a very good impact when compared to not adhering to a collaborative system. However, if the aspect of qualified leadership does not work then the goals of an organization will be difficult to achieve. Sule & Saifullah (2008) define a leader as someone who has the ability to influence the behavior of others without using force, so that the people they lead accept themselves as worthy of leading them. So leadership style is a process of directing and influencing the behavior of individuals or groups to achieve common goals.

Judging from the vision and mission of the Hasanuddin University Hospital, we can see a clear statement that one of the objectives of implementing the IPC has been stated in the institution's vision and mission. This indicates that every strategy carried out by the leadership leads to the maximum possible implementation of IPC. This variable will show how the leadership's organized efforts towards IPC are carried out as well as how the leadership provides assistance to its implementation as a commitment to the hospital's vision and mission. Leadership must be owned by every profession in the management mix in achieving the goals to be achieved.

Based on the results of the interview, it was shown that the PPA at the Unhas Hospital implemented IPC even though the communication was carried out directly or indirectly between professions. although the informants' statements have not shown equal professional maturity, there has been a change in openness and a paradigm shift among health workers. This shows a positive change in how organizational culture works at the Unhas Hospital Inpatient Installation, the IPC provides space for inter-professional collaboration.

As explained earlier that knowledge is carried out through a learning and educational process, although it is not absolute, the process of change from not knowing to knowing can be integrated through the attitudes and behavior of a person or group and the practice of the knowledge gained. This is an attempt to mature humans through teaching and training efforts. This variable greatly influences interprofessional development in carrying out their duties and this variable will also be a benchmark for whether the staff at Unhas Hospital already know about IPC itself. This knowledge factor is still lacking which causes the implementation of IPC in the Unhas Hospital Inpatient Installation not to run perfectly. Information and management about IPC is still known by some people, where more senior nurses and pharmacists receive this information on an ongoing basis from their respective departments. Meanwhile, young nurses, dietitian, DPJP, knew about IPC armed with information from outside the Unhas Hospital or when they were still studying at their respective campuses.

Conclusion

The results of this study indicate that of the 9 effective communication variables in the implementation of IPC in the inpatient installation of Unhas Hospital, there is 1 variable, namely frequent which has not run optimally because it is constrained by the limited time owned by DPJP and feelings of inferiority felt by other professions besides doctors and staff. junior medical. Factors that influence effective communication in the implementation of IPC in the Inpatient Installation of Hasanuddin University Hospital include training and planning factors, technology, reporting and communication patterns, willingness to adapt and accept technology and leadership and administrative support. Factors that cause IPC has not been implemented perfectly are the factors of training and technology. The training factor is one of

the causes because information or training on how to communicate effectively in the implementation of IPC in the form of training and socialization of its implementation has not been conveyed thoroughly to all professions. Meanwhile, technology factors currently need to be increasingly utilized to maximize communication between professions and DPJP with patients so that existing situations or conditions and limitations do not become a barrier to effective communication. Therefore, it is expected that hospital leaders make special policies related to the implementation of IPC, carry out further developments on the effectiveness of information technology systems in recording and documenting integrated patient development using a computerized system as a means of communication between professions in providing comprehensive nursing care, for example by developing e-medical records, creating activities that aim to increase cooperation between professions by holding activities such as capacity building, family gatherings and designing an IPC implementation model that involves all service departments so that it is easy to implement according to hospital conditions.

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