

Nurses Perceptions of the Implementation of Interprofessional Collaborative Co-Assistant at the Professional Stage in Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi Year 2023

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ABSTRACT

Interprofessional collaborative (IPC) aims to improve the performance of various health professionals to improve health services such as patient safety, patient satisfaction and quality of hospital services. According to the WHO, 70-80% of healthcare errors result from poor communication and understanding among team members. There is a gap in the practice of collaboration between doctors and nurses, doctors are considered as the main health service while other health workers are only as executors. The purpose of this study was to determine partnership, cooperation, coordination, and joint decision making in IPC of young doctors according to nurses' perceptions. The research method used descriptive quantitative with a cross-sectional approach. The subjects of this study were nurses in the inpatient department of Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi in 2023. Data is primary data using the Assessment of Interprofessional Team Collaboration Scale (AITCS) questionnaire. The results showed that the gender of the respondents was 80 women (79,2%) and 21 men (20,8%). The highest age was 26-30 years, 34 people (33,7%) and the most length of work was 6-10 years, 40 people (39,6%). The results showed that according to nurses' perceptions of co-assistant' collaborative practices based on four domains showed that they had collaborated well, namely the partnership domain 77,2%, cooperation 82,2%, coordination 77,2% and joint decision making 84,2%. Interprofessional Collaborative of co-assistant at the professional stage shows good collaboration, namely 74,3% and 25,7% moving towards collaboration. Based on this data, co-assistant have shown good Interprofessional Collaborative but still need to be developed and improved again.. This research was conducted only in the inpatient room, therefore in order to get an overall picture of the hospital which will be the place of further research it is recommended to take samples from various rooms.

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INTRODUCTION

The ASEAN Medical Council meeting produced a formulation of the characteristics of an ideal doctor. Along with the development of the world that is entering the era of globalisation, it requires the world of medicine to improve the interprofessionalism of doctors. As one of the efforts to improve health services, institutions have now begun to implement Interprofessional Education (IPE) which aims to improve collaboration skills and the quality of health services.^{1,2} IPE is also called the term Interprofessional Learning is an educational concept recommended by the World Health Organisation (WHO). After students receive education about IPE, they are expected to practice it in collaborative practice. Interprofessional education is an effective way to develop collaboration skills, generally such learning is only carried out in teaching hospitals.^{3,6} According to the Canadian Interprofessional Health Collaborative defines that Interprofessional Collaborative (IPC) is a participatory partnership between health workers who have different professional backgrounds

using a coordinated collaborative approach to reach joint decisions to solve health problems.^{4,7} IPC is the process of developing and implementing a collaborative approach to solve health problems.⁷ IPC is the process of developing and maintaining collaborative relationships with colleagues, other professions, patients and their families and communities to provide comprehensive care.^{8,9} Interprofessional Collaborative (IPC) is a form of effort to improve health services. IPC can be implemented in hospitals, IPC has a positive impact on improving patient safety.⁷ In hospitals, health workers provide comprehensive services such as outpatient care, inpatient care and emergency care. Hospitals are a form of multidisciplinary services carried out by various professional fields of health workers which can potentially lead to interprofessional conflicts. According to data from (WHO) there are around 421 million inpatients worldwide and every year there are 42,7 million patients who experience adverse events in patient safety due to medical errors and improper patient handling.^{8,9}

The WHO explains that 70-80% of errors that occur in health care are due to a lack of understanding by team members. According to the Institute for Health Care Improvement (IHI), the implementation of collaborative practices showed a 50% decrease in waiting time for services, a 25% decrease in worker absenteeism, a 25% decrease in Intensive Care Unit (ICU) costs and a 50% decrease in the number of hospitalisations. According to Australia's National Prescribing Service, 6% of cases that occur in hospitals are due to adverse drug effects and errors during treatment. Meanwhile, according to the Ministry of Health of the Republic of Indonesia, one of patient safety is Unexpected Events (KTD). The most KTD were in the form of 69 events (43.67%). While the Near Injury Events (KNC) in inpatients are wrong drug administration (29.2%), patient falls (23.4%), cancelled operations (14.3%), and patient identification errors (11%).¹⁰ Based on previous research at Dr Sardjito Hospital, there are obstacles to collaboration including egocentric attitudes and feelings of superiority from one profession. In another study, after the implementation of Interprofessional Collaboration, the value of patient safety implementation in the intervention group increased from the average value from 27,40 to 29,93. This increase occurred after the intervention of implementing collaborative practices. Whereas in the control group the implementation did not show any improvement. The results of other studies show that the collaboration between nurses and doctors in the inpatient room of Arifin Achmad Hospital Riau Province is still not good.^{8,11} The results of a study conducted by Henny *et al.* (2019) indicated that there is a gap in collaboration. Doctors feel their role is more important and have more knowledge than other health workers. Setiadi's research (2017) showed that there is a hierarchy of power in the practice of collaboration. Doctors are considered as the main health care providers while other health workers are only implementers.^{8,9} Based on research at Banyuwangi Hospital, it illustrates that there are differences in perceptions in the 'coordination and division of roles' domain. This proves that there has been an imbalance between health workers in certain domains. Based on research at the Batam City Enterprise Hospital in 2020, it shows that the practice of collaboration between nurses and doctors has been good. However, this Interprofessional collaboration is still not optimal such as surgical site marking which is still 65% and drug labelling 72%.^{9,10}

Communication in the implementation of IPC is an important factor, personal factors, functional factors and structural factors affect Interprofessional Collaboration Practice.^{7,8} Good perception and acceptance will support the successful implementation of interprofessional collaboration.^{11,12} According to the Executive Director of Toward Unity for Health (TUFH), Nicholas Torres, until now there has been no successful world country in practicing interprofessional collaboration.^{13,15} The Indonesian Medical Council has formulated competency areas that must be possessed by a doctor graduate profile, one of which is the competency area of the ability to collaborate and cooperate by applying values, ethics, roles and responsibilities and managing problems effectively. Co-assistant must be able to apply collaborative practice, leadership, effective

communication with fellow doctors, other health professionals and other professions in the management of health problems.³³ Interprofessional behaviour can be evaluated through a perspective that includes an assessment of the knowledge, attitudes, and behaviour of the doctor. The Assessment of Interprofessional Team Collaboration Scale (AITCS) developed by Orchard, et al is a diagnostic instrument designed to measure Interprofessional Collaborative within members of a team.^{9,14,15} This study aims to determine the description of the application of Interprofessional Collaborative based on the domains of partnership, coordination cooperation, joint decision making by co-assistant from the perception of nurses. The reason for choosing this research site is because Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi is the main teaching hospital affiliated with Jenderal Achmad Yani University. In addition, there has been no research measuring Interprofessional Collaborative before, especially between co-assistant and nurses at Dustira Cimahi hospital.

MATERIALS AND METHODS

This research design uses quantitative descriptive methods. This research uses a cross-sectional approach which is a form of observational study. The subjects of this study were nurses at Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi who met the inclusion and exclusion criteria. This research was conducted at Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi in 2023. The sampling method in this study used non-probability sampling with consecutive sampling technique. This study used primary data using the Assessment Interprofessional Team Collaboration Scale (AITCS) questionnaire. Data analysis in this study used univariate analysis. This study has received ethical approval from the Research and Research Ethics Committee of Rumkit Tk. II Dustira Number: Ethics.RSD / 007 / I / 2023.

RESULTS AND DISCUSSION

The results of research conducted in the inpatient Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi based on a minimum sample of 80 people, however, the total respondents obtained reached 102 nurses. Of the total respondents who met the inclusion and exclusion criteria were 101 people. There are 9 inpatient rooms that are sampled, namely; 1. Teratai 2. Dahlia 3. Kenanga 4. Cempaka 5. Kemuning 6. Asoka I and II 7. Seruni 8. Bougenvile 9. Sakura I and II. This study is primary data with data collection using the AITCS questionnaire and data analysed using univariate analysis. The following is a table of inpatient rooms and a table of respondent characteristics:

Table 1 Inpatient respondents Rumah Sakit Tingkat II 03.05.01 Dustira Year 2023

Inpatient Room	N	%
Teratai	3	3
Dahlia	18	17,8
Kenanga	16	15,9
Cempaka	7	6,9
Kemuning	14	13,9
Asoka I dan II	21	20,8
Seruni	8	7,9
Bougenvile	4	3,9
Sakura I dan II	10	9,9
Total	101	100

Source: primary data processing

Based on Table 1, the most respondents from the inpatient room were in Asoka I and II rooms, namely 21 people (20,8%). From the data it can be seen that the participation of respondents from each hospitalisation varies greatly.

results SPSS

Table 2 Respondent characteristics Rumah Sakit Tingkat II 03.05.01 Dustira Year 2023

Respondent Characteristics	N	%
Gender		
Men	21	20,8
Women	80	79,2
Total	101	100
Age Category (years)		
20-25	15	14,9
26-30	34	33,7
31-35	25	24,8
36-40	16	15,8
41-45	10	9,9
46-50	1	1
Total	101	100
Category Length of Service (years)		
1-5	32	31,7
6-10	40	39,6
11-15	17	16,8
16-20	7	6,9
21-25	5	5
Total	101	100

Source: primary data processing results SPSS

Based on Table 2, the characteristics of respondents in the inpatient room of Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi show that out of a total of 101 samples, the most dominant gender is 80 women (79,2%) and 21 men (20,8%). While based on the age of the most, namely the age in the range of 26-30 years around 34 people (33,7%) and based on the length of service in the range of 6-10 years shows the largest number of 40 people (39,6%).

Interprofessional Collaborative

Interprofessional Collaborative (IPC) is a collaboration between health professionals into one team to carry out their duties. The IPC process is divided into four domains, namely partnership, coordination, cooperation and reaching a joint decision to take action. The benefits of IPC can improve the efficiency and coordination of health services. In this study, the four domains have their respective assessments and if combined and calculated the average will get an IPC assessment.

Table 3 Interprofessional Collaborative Rumah Sakit Tingkat II 03.05.01 Dustira Year 2023

	Good Collaboration		Move Toward Collaboration		Needed Collaboration Development		Total	%
	N	%	N	%	N	%		
Interprofessional Collaborative	75	74,3	26	25,7	0	0	101	100

Source: primary data processing results SPSS

Based on Table 3, it shows that the Interprofessional Collaborative of co-assistant according to the perception of nurses in the inpatient room of Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi is classified as good collaboration, namely 74,3% and 25,7% moving towards collaboration, according to the assessment of nurses that the practice of collaboration of co-assistant does not need development. This is in line with research at the inpatient hospital Toto Kabila from a total of 129 people, there were 117 (90,7%) nurses

assessed that the doctor's collaboration behaviour was included in the good category and 12 (9,3%) nurses assessed the doctor's behaviour was included in the sufficient category. This is supported by research conducted by Utami (2018), that nurses and doctors always discuss the impact of treatment on patients.^{37,38} According to nurses' perceptions, collaboration practices at Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi are still lagging behind when compared to Toto Kabila Hospital.

Interprofessional Collaborative based on gender, age and length of service

Many factors influence one's perception of another individual's Interprofessional Collaborative judgement. These factors include gender, age and length of service.³⁸

Table 4 Interprofessional Collaborative based on gender, age and length of service Rumah Sakit Tingkat II 03.05.01 Dustira Year 2023

Interprofessional Collaborative	Good Collaboration		Move Toward Collaboration		Needed Collaboration Development		Total	%
	N	%	N	%	N	%		
Gender								
Men	17	81	4	19	0	0	21	100
Women	58	72,5	22	28	0	0	80	100
Age Category (years)								
20-25 Tahun	12	11,9	3	3	0	0	15	14,9
26-30 Tahun	24	23,8	10	9,9	0	0	34	33,7
31-35 Tahun	18	17,8	7	6,9	0	0	25	24,8
36-40 Tahun	13	12,9	3	3	0	0	16	15,8
41-45 Tahun	7	6,9	3	3	0	0	10	9,9
46-50 Tahun	1	1	0	0	0	0	1	0,9
Total							101	100
Category Length of Service (years)								
1-5 Tahun	22	21,8	10	9,9	0	0	32	31,7
6-10 Tahun	29	28,7	11	11	0	0	40	39,6
11-15 Tahun	14	13,9	3	3	0	0	17	16,8
16-20 Tahun	6	5,9	1	1	0	0	7	6,9
21-25 Tahun	4	4	1	1	0	0	5	5
Total							101	100

Source: primary data processing results SPSS

Based on Table 4, nurses' perceptions can be categorised based on gender, age and length of service. The Interprofessional Collaborative process of co-assistant in the inpatient room of Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi has shown good collaboration, namely 73%, according to the perception of nurses who are female. Meanwhile, according to the perception of nurses who are male, they give an assessment to co-assistant who have collaborated well, namely 81%. Whereas based on previous research gender does not affect the attitude of collaboration.³⁸

Based on nurses aged 26-30 years, the perception that co-assistant have collaborated well with a percentage of 23,8% is the highest of other age categories. Meanwhile, based on the length of service according to the perception of nurses who have worked 6-10 years, they gave the highest assessment that young doctors have collaborated well, namely 28,7%. Based on research by Nagorska *et al.*, (2017) and Baljoon *et al.*, (2018) stated that health workers who have little work experience have higher motivation because they want to explore their work more. And based on this research, the higher the length of service undertaken, the higher the expected expectations, but in

reality these expectations are not all fulfilled. Every increase in tenure will certainly increase the age of a person in living it, it can be interpreted that age and tenure are interrelated to determine the attitude of collaboration.³⁸

Table 5 Interprofessional Collaborative based on the four domains of partnership, cooperation, coordination and joint decision-making Rumah Sakit Tingkat II 03.05.01 Dustira Year 2023

Interprofessional Collaborative	Good Collaboration		Move Toward Collaboration		Needed Collaboration Development		Total	%
	N	%	N	%	N	%		
Partnership	78	77,2	23	22,8	0	0	101	100
Cooperation	83	82,2	18	17,8	0	0	101	100
Coordination	78	77,2	23	22,8	0	0	101	100
Joint Decision-Making	85	84,2	15	14,9	1	1	101	100

Source: primary data processing results SPSS

Partnership

Interprofessional Collaborative is a partnership between professions that have different educational backgrounds and work together to solve a patient's health problems and provide the health services needed. Based on Table 5, the results of the research in the inpatient room of Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi show that according to the perception of nurses, the Interprofessional Collaborative carried out by co-assistant in the partnership domain process has been included in the good category, namely 77,2%. This indicates that the collaboration carried out by co-assistant has gone well even though it is still not perfect and needs to be improved.

Meanwhile, based on research conducted in the inpatient room of Arifin Achmad Hospital, Riau Province, nurses' perceptions of collaboration between doctors and nurses are still not good. This is an obstacle in the implementation of collaboration between health workers, especially nurses and doctors, which has an adverse impact on patient safety.³⁷ In collaborating, each individual cannot work individually, according to research conducted by Anggreny (2019) doctors and nurses must always make partners with each other.³⁹

Cooperation

When cooperation does not effectively, it becomes an obstacle in the implementation of collaboration. This will affect the communication process with doctors when implementing interprofessional collaboration. Based on Table 5, the results of research in the inpatient room of Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi according to the perception of nurses, the collaboration carried out by co-assistant in terms of collaborative practices has shown a high percentage of 82,2%. This indicates that the collaboration carried out by co-assistant has gone well. Cooperation can be shown by means of behaviour that always communicates well. This can make the working relationship between nurses and doctors work well. Based on previous research, the results of nurse satisfaction in collaboration were 97%.^{39,41} However, from the two data above, it can be seen that the practice of collaboration at Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi is still far below the results of previous studies.

Coordination

Coordination between doctors and nurses will work well when both professions are open to discussing what actions will be taken next for patient care. However, in some conditions there is a slight communication error that results in coordination between the health workers involved not effectively. Open communication is needed between health workers who are carrying out interprofessional collaboration and have an understanding of the problems being faced. Based on

Table 5, according to the perception of nurses in the inpatient room of Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi, the coordination of co-assistant with nurses has been carried out well, namely 77,2%. Meanwhile, based on research in one of the hospital inpatient rooms in Tangerang, the name of the hospital is confidential, namely RS X Tangerang in 2021, the results of nurse satisfaction in coordination were 95%.^{37,39} The results of research at Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi in 2023 showed that nurse satisfaction with collaborative practices in the coordination domain was still lagging behind nurse satisfaction at RS X Tangerang in 2021 with a fairly high difference of 17,8%.

Join decision-making

Decisions made by doctors and nurses will have a good impact on patients if these parties discuss what actions will be taken next for patient care until the patient recovers. There is good cooperation between nurses and doctors in providing health services to patients on an ongoing basis by conducting mutual examinations to determine the patient's clinical condition and discussing the problems experienced by the patient. Then the implementation of interprofessional collaboration practices of nurses and doctors will good well because in principle the implementation of collaborative practices must be maintained or further enhanced. Based on Table 5, the results of research in the inpatient room of Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi show that according to nurses' perceptions, joint decision-making by co-assistant with nurses is 84,2%, this percentage is the highest of the partnership, cooperation and coordination domains.

Meanwhile, based on research by Nguyen (2019), the study explained that according to nurses' perceptions, they did not feel comfortable in terms of giving opinions to doctors because they felt that there was dominance owned by doctors in terms of patient care so that nurses only carried out the directions given by doctors without a discussion.^{37,39} Although the results of research at Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi in the domain of joint decision-making have shown a fairly high percentage, these results do not show a perfect percentage, therefore in accordance with Nguyen's research (2019), there will always be a feeling of discomfort from nurses when giving opinions to doctors.

Partnership, cooperation, coordination and joint decision-making based on gender

Many factors influence an individual's perception of the process of assessing the attitudes and behaviour of other individuals. Based on Bronstein's (2003) model, research from San Martin-Rodriguez *et al* (2005), and Mulvale *et al* (2006), these factors are divided into four factors: personal. Personal factors include (e.g. gender and age).³⁸

Table 6 Partnership, cooperation, coordination and joint decision-making based on gender Rumah Sakit Tingkat II 03.05.01 Dustira Year 2023

	Good Collaboration		Move Toward Collaboration		Needed Collaboration Development		Total	%
	N	%	N	%	N	%		
Partnership								
Men	18	85,7	3	14,3	0	0	21	100
Women	60	75	20	25	0	0	80	100
Cooperation								
Men	19	90,5	2	9,5	0	0	21	100
Women	64	80	16	20	0	0	80	100
Coordination								
Men	19	90,5	2	9,5	0	0	21	100
Women	59	73,8	21	26,3	0	0	80	100
Joint Decision-Making								

Men	21	100	0	0	0	0	21	100
Women	64	80	15	18,8	1	1,2	80	100

Source: primary data processing results SPSS

Based on Table 6, the results of research in the inpatient room of Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi IPC process from four domains according to the perception of nurses who are women show that young doctors have collaborated well in the partnership domain 75%, cooperation 80%, coordination 73,8% and joint decision-making 80%, the percentage is much higher when compared to the assessment of moving towards collaboration and needing collaboration development. Meanwhile, according to the perceptions of nurses who are men, co-assistant have collaborated well, namely in partnership 85,7%, cooperation 85,7%, coordination 90,5% and joint decision-making 100%. Based on research by Akbari *et al.*, (2020) there is no significant relationship between gender and perceptions with satisfaction with the implementation of collaborative practices, this is in line with the results of research conducted (Ongkowijaya & Tanoto, 2019) showing that gender is not positively and insignificantly related to job satisfaction.³⁸ Based on research at Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi, it shows that there is no too much difference in percentage between men and women gender, this is in accordance with previous research that gender does not affect.

Table 7 Partnership, cooperation, coordination and joint decision-making based on age Rumah Sakit Tingkat II 03.05.01 Dustira Year 2023

	Good Collaboration		Move Toward Collaboration		Needed Collaboration Development		Total	%
	N	%	N	%	N	%		
Partnership (years)								
20-25	13	12,9	2	2	0	0	15	14,9
26-30	25	24,8	9	8,9	0	0	34	33,7
31-35	19	18,8	6	5,9	0	0	25	24,8
36-40	13	12,9	3	3	0	0	16	15,8
41-45	7	6,9	3	3	0	0	10	9,9
46-50	1	1	0	0	0	0	1	0,9
Total							101	100
Cooperation (years)								
20-25	12	11,9	3	3	0	0	15	14,9
26-30	28	27,7	6	5,9	0	0	34	33,7
31-35	20	19,8	5	5	0	0	25	24,8
36-40	14	13,9	2	2	0	0	16	15,8
41-45	8	7,9	2	2	0	0	10	9,9
46-50	1	1	0	0	0	0	1	0,9
Total							101	100
Coordination (years)								
20-25	14	13,9	1	1	0	0	15	14,9
26-30	24	23,8	10	9,9	0	0	34	33,7
31-35	20	19,8	5	5	0	0	25	24,8
36-40	12	11,9	4	4	0	0	16	15,8
41-45	7	6,9	3	3	0	0	10	9,9

	Good Collaboration		Move Toward Collaboration		Needed Collaboration Development		Total	%
	N	%	N	%	N	%		
46-50	1	1	0	0	0	0	1	0,9
Total							101	100
Joint Decision-Making (years)								
20-25	15	14,9	0	0	0	0	15	14,9
26-30	28	27,7	5	5	1	1	34	33,7
31-35	21	20,8	4	4	0	0	25	24,8
36-40	14	13,9	2	2	0	0	16	15,8
41-45	6	5,9	4	4	0	0	10	9,9
46-50	1	1	0	0	0	0	1	0,9
Total							101	100

Source: primary data processing results SPSS

Partnership, cooperation, coordination and joint decision-making based on age

Basically, every individual will definitely experience an increase in age and when this happens when the individual is undergoing a job, there will also be an increase in tenure. This statement can be interpreted that age and tenure are related to attitude determination.^{37,38} Based on Table 7, the results of research in the inpatient room of Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi, the collaboration process of co-assistant from four IPC domains according to the perceptions of nurses in the age range of 26-30 years showed the highest percentage when compared to other age categories, namely in the partnership domain 24,8%, 27,7% cooperation, 23,8 coordination and 27,7% joint decision-making. Based on research in one of the Jakarta hospitals that did not mention the name of the hospital, namely RSUPN X Jakarta, it was found that nurse satisfaction in collaborative practices with doctors based on the perceptions of nurses aged ≤ 30 years was more satisfied at 70,2% while nurses aged > 30 years were 29,8%.³⁸ The study showed similar things to research at Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi that nurses aged 26-30 years gave a good perception of collaboration practices than other age categories.

Partnership, cooperation, coordination and joint decision-making based on length of service

The results of research conducted in the inpatient room of Rumah Sakit Tingkat II 03.05.01 Dustira show the length of service in the hospital from the lowest range of 1-5 years to 21-25 years. Each category of length of service can show the perception of nurses giving assessments to co-assistant.

Table 8 Partnership, cooperation, coordination and joint decision-making based on length of service Rumah Sakit Tingkat II 03.05.01 Dustira Year 2023

	Good Collaboration		Move Toward Collaboration		Needed Collaboration Development		Total	%
	N	%	N	%	N	%		
Partnership (years)								
1-5	24	23,8	8	7,9	0	0	32	31,7
6-10	30	29,7	10	9,9	0	0	40	39,6
11-15	14	13,9	3	3	0	0	17	16,8
16-20	6	5,9	1	1	0	0	7	6,9
21-25	4	4	1	1	0	0	5	5
Total							101	100
Cooperation (years)								
1-5	24	23,8	8	7,9	0	0	32	31,7
6-10	33	32,7	7	6,9	0	0	40	39,6
11-15	15	14,9	2	2	0	0	17	16,8
16-20	7	6,9	0	0	0	0	7	6,9
21-25	4	4	1	1	0	0	5	5
Total							101	100
Coordination (years)								
1-5	27	26,7	5	5	0	0	32	31,7
6-10	29	28,7	11	10,9	0	0	40	39,6
11-15	14	13,9	3	3	0	0	17	16,8
16-20	6	5,9	1	1	0	0	7	6,9
21-25	2	2	3	3	0	0	5	5
Total							101	100
Joint Decision-Making (years)								
1-5	30	29,7	2	2	0	0	32	31,7
6-10	30	29,7	9	8,9	1	1	40	39,6
11-15	15	14,9	2	2	0	0	17	16,8
16-20	6	5,9	1	1	0	0	7	6,9
21-25	4	4	1	1	0	0	5	5
Total							101	100

Source: primary data processing results SPSS

Based on Table 8, it shows that nurses with a length of service of 6-10 years in the inpatient room of Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi show the perception that young doctors practice good collaboration with a percentage in the partnership domain of 29,7%, cooperation of 32,7% and coordination of 28,7%, these results are the highest percentage of other length of service categories. Whereas in the domain of joint decision-making according to the perceptions of nurses with a length of service of 1-5 years and 6-10 years have the same assessment, namely 29,7% have

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collaborated well. Based on research by Muthiah, Dulahu & Hunawa (2022), it shows that nurses who have a working period of > 5 years will get used to the environment, get used to colleagues, and feel satisfied with the work they are doing.³⁷ Meanwhile, based on research in a hospital whose hospital name is confidential, namely RS X Tangerang in 2021, nurses with a length of service ≤ 6 showed satisfaction of 66,9% and nurses with a length of service > 6 years showed satisfaction of 33,1%.³⁸

The research at RS X Tangerang is different from the results of research at Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi which shows that the length of service of 6-10 years shows the highest collaboration practices of other length of service categories, this research is in accordance with the research of Muthiah, Dulahu & Hunawa (2022).

Research Limitations

The limitations of this study are:

1. This study was only conducted on nurses who served in some inpatient rooms.
2. The limitation of this study is that the ethical licensing only gets permission in the inpatient room section and that is not all. Therefore, sampling only in the inpatient room does not cover all parts of the hospital.
3. Participation from nurses was felt to be lacking, making it difficult to collect samples.
4. Co-assistant have very limited authority in terms of handling patients, therefore the collaboration is limited.

CONCLUSION

Based on research that has been conducted in the inpatient room of Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi in 2023, it can be concluded. Interprofessional Collaborative of co-assistant at the professional stage at Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi in 2023 based on the perception of nurses has shown good collaboration, namely 74.3% and 25,7% moving towards collaboration. Interprofessional Collaborative co-assistant need to be improved again in order to achieve the competencies that must be possessed by the profile of a doctor graduate, one of which is the ability to collaborate. Nurses' perceptions of the implementation of Interprofessional Collaborative carried out by co-assistant with nurses in the partnership domain of 77,2% have shown good collaboration. Nurses' perceptions of the collaboration carried out by co-assistant with nurses have shown good collaboration, namely 82,2% and co-assistant have shown good collaboration in the 77,2% coordination domain. Nurses' perceptions of the joint decision-making process carried out by co-assistant with nurses show that co-assistant have collaborated well, namely 84,2%. However, based on the discussion and previous research, Interprofessional Collaborative at Rumah Sakit Tingkat II 03.05.01 Dustira Cimahi is still lagging behind the practice of collaboration in other hospitals, therefore it needs to be improved and developed again to achieve the goals of Interprofessional Collaborative, namely improving health services. This study was only conducted in the inpatient room, for further research it is recommended to take samples in various rooms.

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