

Implementation of *Interprofessional Collaboration Practice* on Health Worker Satisfaction in Bali Royal Hospital

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ABSTRACT

Collaboration between health workers is very important in creating synergy to provide efficient, safe, and high-quality patient services. The aim of this study was to determine the effect of the implementation of *Interprofessional Collaborative Practice* on the satisfaction of health workers in RSU Bali Royal Denpasar using a *observational cross-sectional*. His research of 138 health workers. The analyzed using ordinal regression statistical tests. The results of the value = 0.000 <0.05, on the cooperation factor is, namely p-value = 0.000 <0.05, on the coordination factor p-value = 0.000 <0.05, the partnership, cooperation and coordination factors affect the satisfaction of health workers. Partnership, coordination and cooperation the affect the satisfaction of health workers. Teamwork has a significant influence on the performance of health services in hospitals and on patient satisfaction with health care services in RSU Bali Royal Denpasar.

Keywords: collaborative practice, cooperation, coordination, health worker satisfaction

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BACKGROUND

Collaboration between health workers is essential in creating synergy to provide efficient, safe, and high-quality patient care. Interprofessional Collaborative Practice (IPCP) has become a core step in promoting health service practices (Wei et al., 2020). Good collaboration occurs when individuals in a team respect each other, between one profession and another, and can work well together (Penney, 2015 cit Patima 2022). The implementation of collaborative practice between professions is the interaction or relationship of two or more health workers who work together to share information aimed at making joint decisions, and knowing the optimal time to collaborate in patient safety care and providing good care to patients (Ita et al, 2021). Collaborative practice can reduce the number of complications, length of hospital stay, conflict between health teams and mortality rates (Fatalina et al, 2015 cit Prasetyo, 2023).

Based on data from *the World Health Organization* (WHO) in 2017 as stated in Anisah et al. (2023) that 70-80% of errors in health services are caused by poor communication and understanding within the team. In a survey, data was obtained that the implementation of collaboration between professions in Indonesia is still very minimal, namely 87% have not implemented collaboration between professions properly, where the medical profession still dominates 96% of decisions on patient services. According to Panca et al (2018, *cit.* Sunarto & Murharyati, 2023) in Indonesia the medical error rate ranges from 4.1% to 91.6%. The biggest causes are prescription errors of 54%, inappropriate use of drugs of 46% and medication errors of 11%. Based on the results of the 2023 safety culture survey conducted by the Quality Committee of Bali Royal Hospital, data was obtained that 78% of employees were worried that the mistakes they made would be recorded in their personal files. As many as 48% of employees stated that if a patient is transferred from one unit to another, it will definitely cause problems related to patient information, and 40% of employees stated that sometimes problems arise in the exchange of information between units in the hospital. An organization is required to understand the job satisfaction of its employees, both in terms of job satisfaction and the factors that influence job satisfaction (Perdana, 2023).

Working conditions are one of the factors for the comfort of employees working in the Hospital so that it will affect the level of job satisfaction . A good work environment greatly helps employees in completing their duties (Ramli & Yudhistira, 2018) that health workers on duty in the hospital will serve patients well, which will have an impact on the progress of the hospital.

To optimize the implementation of IPCP at RSU Bali Royal, 1 general practitioner was appointed who specifically served as a *case manager* who had the function of a collaborator who facilitated coordination between professional care providers (PPA) who treated patients in the inpatient room, especially for patients who were treated with complex cases. Based on the existing data and that currently collaboration between professions is very much needed in the hospital service system in accordance with the concept of patient-focused service and hospital accreditation standards, and because so far there has been no evaluation of the extent to which the implementation of IPCP at RSU Bali Royal affects the satisfaction of health workers, so the researcher is interested in conducting a study to find out how "IPCP Implementation on the satisfaction of health workers at RSU Bali Royal Denpasar".

METHODS

This type of research is research with an observational analytical approach using a cross sectional design. Population in this study is health workers who are directly involved in patient care in Bali Royal Denpasar Hospital with sample of 138 the inclusion criteria. Variables independent that is the implementation of IPCP includes partnership, cooperation and coordination while the dependent variable is the satisfaction of health workers. Study

implemented on July-September 2024. IPCP implementation was measured using the 23-question AITCS II questionnaire, which has been validated and validated by previous researchers with a Cronbach's alpha coefficient of 0.894 (Orchard et al., 2018). Healthcare worker satisfaction was measured using a 25-question questionnaire with a Cronbach's alpha value of 0.895. Data analysis in this study is ordinal regression statistical tests. Has been approved by the ethics committee number Nomor: 001499/EC/KEPK/I/07/2024.

RESULTS

Table 1. Characteristics of Respondents based on age, gender, education, length of working, profession in Bali Royal Denpasar Hospital

No	Variables	Frequency (n)	Percentage (%)
1	Age		
	20-30 years	31	22.5
	>30-55 years	101	73.5
	>55 years	6	4.3
	Total	138	100
2	Gender		
	Man	42	30.4
	Woman	96	69,
	Man	49	40.8
	Total	138	100
3	Education		
	DIII	28	20.8
	S1	67	48.6
	S2	43	31.2
	Total	138	100
4	Length of working		
	1-5 years	38	27.5
	6-10 years	52	37.7
	>10 years	48	34.8
	Total	138	100
5	Profession		
	Doctor	55	39.9
	Nurse	43	31.2
	Midwife	8	5.8
	Analyst	9	6.5
	Pharmacy	18	13.0
	Radiographer	5	3.6
	Total	138	100

Based on Table 1 of 138 respondents, most of the respondents were aged >30-55 years, totaling 101 respondents (73.5%) and most of the respondents were female, totaling 96 respondents (69.6%). Based on education, almost half of the respondents had a bachelor's degree, totaling 67 respondents (48.6%) and almost half of the respondents had worked for 5-10 years, totaling 52 respondents (37.7%). Based on profession, almost half of the respondents were doctors, totaling 55 respondents (39.9%).

Table 2. Variables Independent (implementation of *interprofessional collaboration practice*)

No	Variables	Frequency (n)	Percentage (%)
1	Partnership in IPCP implementation		
	Not enough	13	9.4
	Enough	29	21.0
	Good	96	69.6
	Total	138	100.0
2	Cooperation in IPCP implementation		
	Not enough	3	2.2
	Enough	27	19.6
	Good	108	78.3
	Total	138	100.0
3	Coordination in IPCP implementation		
	Negative	10	7.2
	Positive	46	33.3
	Total	82	59.4

Based on table 2 above known that of 138 respondents, most big from Respondent state partnership in the implementation of IPCP is good, namely 96 respondents (69.6%) and most of the respondents stated that cooperation in the implementation of IPCP is good, namely 108 respondents (78.3%). Based on coordination in the implementation of IPCP is good, namely 82 respondents (59.4%).

Table 3. Variables Dependent (health worker satisfaction)

No	Variables	Frequency (n)	Percentage (%)
1	Health Worker Satisfaction		
	Not enough	7	5.1
	Enough	25	18.1
	Good	106	76.8
	Total	138	100.0

Based on table 3 above known that of the 138 respondents, the majority of respondents stated that they were satisfied with the implementation of IPCP, namely 106 respondents (76.8%).

Table 4. Tabulation Cross- Partnership on Healthcare Worker Satisfaction

Variables	Category		Satisfaction health workers			Total
			Not enough	Enough	Good	
Partnership	Not enough	N	7	2	4	13
		%	5.1%	1.4%	2.9%	9.4%
	Enough	N	0	15	14	29
		%	.0%	10.9%	10.1%	21.0%
	Good	N	0	8	88	96
		%	.0%	5.8%	63.8%	69.6%
Total		N	15	7	25	106
		%	12.5%	5.1%	18.1%	76.8%

Based on table 4 above there is There were 88 respondents (63.8%) who stated that there was a good partnership and also satisfaction in implementing IPCP.

Table 5. Cross Tabulation of Cooperation on Health Worker Satisfaction

Variables	Category		Health Worker Satisfaction			Total
			Not enough	Enough	Good	
Cooperation	Not enough	N	3	0	0	3
		%	2.2%	.0%	.0%	2.2%
	Enough	N	3	14	10	27
		%	2.2%	10.1%	7.2%	19.6%
	Good	N	1	11	96	108
		%	.7%	8.0%	69.6%	78.3%
Total		N	15	7	25	106
		%	12.5%	5.1%	18.1%	76.8%

Based on Table 5 shows 96 respondents (69.6%) who stated good cooperation and satisfaction in the implementation of IPCP.

Table 6. Cross Tabulation of Coordination on Health Worker Satisfaction

Variables	Category		Health Worker Satisfaction			Total
			Not enough	Enough	Good	
Coordination	Not enough	N	4	2	4	10
		%	2.9%	1.4%	2.9%	7.2%
	Enough	N	3	20	23	46
		%	2.2%	14.5%	16.7%	33.3%
	Good	N	0	3	79	82
		%	.0%	2.2%	57.2%	59.4%
Total		N	15	7	25	106
		%	12.5%	5.1%	18.1%	76.8%

Based on table 6 above There were 79 respondents (57.2%) who stated that coordination was good and also satisfied with the implementation of IPCP.

Table 7. The influence of IPCP partnership on the satisfaction of health workers at RSU Bali Royal Denpasar

Parameter Estimates								
							95% Confidence Interval	
		Estimate	Std. Error	Wald	df	Sig.	Lower Bound	Upper Bound
Threshold	[Satisfaction_of_Health_Nurses = 1]	1,941	.732	7,026	1	.008	.506	3.376
	[Satisfaction_of_Health_Nurses = 2]	4.460	.875	25,948	1	.000	2,744	6.176
Location	Partnership	2.283	.359	40,541	1	.000	1,580	2.985
Link function: Logit.								

Based on table 7 is known results analysis with the results of the analysis using the *ordinal regression test* are known obtained the *Sig. value* on the partnership factor, namely $p\text{-value} = 0.000 < 0.05$, then H_0 is rejected, which means that the partnership factor in IPCP has an effect on the satisfaction of health workers at RSU Bali Royal Denpasar

Table 8. The Influence of IPCP Cooperation on the Satisfaction of Health Workers at Bali Royal Denpasar Hospital

Parameter Estimates								
							95% Confidence Interval	
		Estimate	Std. Error	Wald	df	Sig.	Lower Bound	Upper Bound
Threshold	[Satisfaction_of_Health_Nurses = 1]	3,940	1,092	13,020	1	.000	1,800	6,080
	[Satisfaction_of_Health_Nurses = 2]	6.445	1.206	28,567	1	.000	4,081	8,808
Location	Cooperation	2,866	.455	39,662	1	.000	1,974	3,758
Link function: Logit.								

Based on table 8, it is known that the results of the analysis with the Spearman Rho test obtained a *Sig. value* on the cooperation factor, namely $p\text{-value} = 0.000 < 0.05$, so H_0 is rejected, which means that the cooperation factor in IPCP has an effect on the satisfaction of health workers at RSU Bali Royal Denpasar.

Table 9. The Influence of IPCP Coordination on the Satisfaction of Health Workers at Bali Royal Denpasar Hospital

Parameter Estimates								
							95% Confidence Interval	
		Estimate	Std. Error	Wald	df	Sig.	Lower Bound	Upper Bound
Threshold	[Satisfaction_of_Health_Nurses = 1]	2.137	.817	6,836	1	.009	.535	3,738
	[Satisfaction_of_Health_Nurses = 2]	4.420	.909	23,621	1	.000	2,637	6.202
Location	Coordination	2.392	.403	35.136	1	.000	1,601	3.183
Link function: Logit.								

Based on table 9, it is known that the results of the analysis with the *Spearman Rho test* obtained a *Sig. value* on the coordination factor, namely $p\text{-value} = 0.000 < 0.05$, so H_0 is rejected, which means that the coordination factor in IPCP has an effect on the satisfaction of health workers at RSU Bali Royal Denpasar.

Table 10. The Influence of Partnership, Cooperation and Coordination on the Satisfaction of Health Workers at Bali Royal Denpasar Hospital

Parameter Estimates							
		Estimate	Std. Error	Wald	df	Sig.	95% Confidence Interval

							Lower Bound	Upper Bound
Threshold	[Satisfaction_of_Health_Nurses = 1]	-3,450	1,869	3.407	1	.065	-7.114	.213
	[Satisfaction_of_Health_Nurses = 2]	-.334	1,858	.032	1	.857	-3.976	3.308
Location	Cooperation	1,230	.586	4.407	1	.036	.082	2,379
	[Partnership=1]	-2,489	.930	7.155	1	.007	-4.312	-.665
	[Partnership=2]	-1,733	.627	7,632	1	.006	-2.963	-.504
	[Partnership=3]	0 ^a	.	.	0	.	.	.
	[Coordination=1]	-3.254	.973	11,197	1	.001	-5.161	-1.348
	[Coordination=2]	-2,497	.723	11,932	1	.001	-3.914	-1,080
	[Coordination=3]	0 ^a	.	.	0	.	.	.
Link function: Logit.								
a. This parameter is set to zero because it is redundant.								

Based on table 10, it is known that the results of the analysis with the ordinal regression test obtained a Sig. value on the partnership factor in IPCP, namely p-value = 0.007 < 0.05, on the cooperation factor in IPCP, namely p-value = 0.036 < 0.05, on the coordination factor in IPCP, namely p-value = 0.001 < 0.05, so H_0 is rejected, which means that the partnership, cooperation and coordination factors have an effect on the satisfaction of health workers at RSU Bali Royal Denpasar

DISCUSSION

The Influence of IPCP Partnership on Health Worker Satisfaction at Bali Royal Denpasar Hospital

Based on the results of the analysis with the ordinal regression test, the Sig. value was obtained on the partnership factor, namely p-value = 0.000 < 0.05, then H_0 was rejected, which means that the partnership factor in IPCP has an effect on the satisfaction of health workers at RSU Bali Royal Denpasar. Partnership is a fundamental thing in a collaborative relationship.

The relationship between health workers is a relationship of partners, not a relationship of superiors and subordinates. Understanding that other health workers have professionalism and roles in the team, so that no profession is considered superior. The desired partnership in Interprofessional Collaboration is a complementary model, namely that no one profession is more dominant than another profession. However, in reality there are still health workers who do not understand the role of each profession correctly. Nurses have a concept of compassion and humility in devoting themselves to the health and welfare of others, without thinking about professional autonomy since the Florence Nightingale period. Although now nursing has undergone transformation, higher levels of education, emancipation, independent practice and new roles, nurses still have a low self-image (Wong, 2018). In addition to health workers, Wong, et al. found that some health students said that doctors have complete competencies compared to other health professions so that there is an inequality in the competencies they have.

The results of the study above indicate that the partnership factor in the implementation of IPCP is one of the supporting factors for the satisfaction of health workers. The results of the implementation of good partnerships in IPCP prove that health workers have been able to build harmonious working relationships as partners, not gaps between subordinates or superiors, or between seniors and juniors and so on. The results of this study also show that patients are placed as patient centers and are viewed as working partners in a team that together plans what the team will do to the patient. Joint decision-making with patients has become a habit in current practice, as a form of implementing the ethical principle of respecting patient autonomy.

The influence of IPCP cooperation on the satisfaction of health workers at RSU Bali Royal Denpasar

Based on the results of the analysis with the ordinal regression test, the Sig. value was obtained for the cooperation factor, namely $p\text{-value} = 0.000 < 0.05$, so H_0 was rejected, which means that the cooperation factor in IPCP has an effect on the satisfaction of health workers at RSU Bali Royal Denpasar.

Experience in implementing cooperation components in collaboration as a form of division of tasks according to authority, carrying out other professional tasks in the form of delegation of authority. Understanding the importance of cooperation and having motivation to cooperate is important in this component. Cooperation encourages inter-professionals to use their respective knowledge and skills in developing care plans, and all team members are involved in setting goals for each patient. So that joint decision-making is not only limited between DPJP and patients, but with all members of the care team (Fathnya, 2021).

The results of the study above prove that the cooperation factor is an important factor in the implementation of IPCP, as evidenced by the results of cooperation which are mostly good and also make the satisfaction of most health workers also satisfied. Cooperation will occur when health workers work together and share knowledge and skills. Health workers are able to apply the authority and competence of each profession, then elaborated within the team so that a division of tasks is created that is mutually agreed upon. In interprofessional collaboration, several health workers from different professional backgrounds work together with patients/families in a team to provide comprehensive services. Understanding the role and authority of each health profession is an important factor for effective teamwork. The results of this study also prove that an attitude of mutual respect in an interprofessional team can improve understanding of the role of team members, rather than by power struggles or competition so that a positive work culture is created. A culture of cooperation can also be built by respecting the values held by each other, namely interprofessional ethics.

The influence of IPCP coordination on the satisfaction of health workers at Bali Royal Denpasar Hospital

Based on the results of the analysis with the ordinal regression test, the Sig. value was obtained on the coordination factor, namely $p\text{-value} = 0.000 < 0.05$, so H_0 was rejected, which means that the coordination factor in IPCP has an effect on the satisfaction of health workers at RSU Bali Royal Denpasar.

Coordination is defined as the art of teamwork to achieve organizational goals in a collaborative manner where there is effective communication and exchange of information among health professionals. This domain requires good leadership, selection of team leaders and clear shared goal setting. In Wong et al.'s research, which considers doctors as a competent profession (Wong, 2018).

Interprofessional communication is a core competency that must be fulfilled by health workers in implementing Interprofessional Collaboration. The communication implemented is partnership-based communication, namely two-way communication (Fatalina, et al., 2015). The method of communication between health workers is divided into direct and indirect

communication. Direct communication is the most ideal way to create two-way communication and exchange information effectively. Lestari (2017) found that the lack of direct interaction and differences in perception about patient needs among health workers are one of the communication problems that hinder the practice of *Interprofessional Collaboration*.

The results of this study prove that respondents have been able to carry out good coordination between health workers consisting of various professions. Health workers have been able to apply the principles of effective and efficient communication. This is certainly because there is a patient service manager who is able to carry out his leadership functions well, including coordinating all teams well. The team leader here has been able to carry out therapeutic governance and is also able to provide effective guidance for managing the team. The leader has been able to be responsible for supervising, managing, and motivating team members and ensuring that the principles of interprofessional ethics are implemented. The results of this study also prove that respondents have been able to carry out the principles of effective communication between health workers in an important team in order to create good performance. This shows that coordination in the implementation of collaborative practices is felt to be important in facilitating the implementation of Interprofessional Collaboration. The need for an agreement on the coordination flow, the role of the liaison profession is considered to be able to help the coordination flow and the need for a team leader are part of the coordination components.

The influence of partnership, cooperation and coordination on the satisfaction of health workers at Bali Royal Denpasar Hospital

Based on the results of the analysis with ordinal regression test, the Sig. value was obtained on the partnership factor in IPCP, namely $p\text{-value} = 0.007 < 0.05$, on the cooperation factor in IPCP, namely $p\text{-value} = 0.036 < 0.05$, on the coordination factor in IPCP, namely $p\text{-value} = 0.001 < 0.05$, so H_0 was rejected, which means that the partnership, cooperation and coordination factors have an effect on the satisfaction of health workers at RSU Bali Royal Denpasar.

Employee job satisfaction is an employee's emotional state that is pleasant or unpleasant towards their work. Employees with a high level of job satisfaction show a positive attitude towards their work. Conversely, employees who are dissatisfied with their work show a negative attitude towards their work (Wiliandari, 2015). The results of the implementation of interprofessional collaboration on PCC will provide optimal results if the Care Provider Professions (PPA) carry out the interprofessional collaboration process effectively (Bursiek, (2017 cit Anisah, 2023). Interprofessional collaboration is very important because in some literature it is stated that poor interprofessional collaboration will have an impact on the occurrence of patient safety incidents.

The results of the study above indicate that the implementation of effective interprofessional collaboration, both in partnership, cooperation and coordination factors has been able to provide optimal results as evidenced by the good level of satisfaction of health workers. The results of this study also prove that the implementation of Interprofessional collaboration is carried out effectively so that the team is able to work together effectively in improving the organizational system so that the provision of services focuses on patients (*Patient Centered Care*), and is able to produce safer, more effective and efficient services. *The outcomes* produced in *interprofessional collaboration* on *Patient Centered Care* (PCC), will be good if the Care Provider Profession (Nurses, Midwives, Doctors, Pharmacists, Analysts and Radiographers) carry out the *interprofessional collaboration process* effectively. In the end, satisfaction will be created, not only the satisfaction of health workers, it is hoped that patient satisfaction and the environment around health services will be created.

Factor influencing the satisfaction of health workers at Bali Royal Denpasar Hospital

Based on the table of analysis results with ordinal regression test, the Sig. value is obtained on the partnership factor in IPCP, namely $p\text{-value} = 0.007 < 0.05$, on the cooperation factor in IPCP, namely $p\text{-value} = 0.036 < 0.05$, on the coordination factor in IPCP, namely $p\text{-value} = 0.001 < 0.05$, so it can be concluded that the coordination factor in IPCP is the dominant factor that influences the satisfaction of health workers at RSU Bali Royal Denpasar.

The results of this study indicate that the coordination factor in the implementation of IPCP is the most dominant factor that influences the satisfaction of health workers. This proves that the implementation of effective coordination between professions in the implementation of IPCP will provide optimal results because the Caregiving Profession (PPA) carries out the coordination process between professions effectively. If the coordination between these teams runs well, good cooperation between professions/teams will be created. Teamwork greatly influences the performance of health services in hospitals and satisfaction with health services will be created.

CONCLUSION

Based on the research results, it was concluded that there was an influence of the implementation of IPCP on the satisfaction of health workers at RSU Bali Royal Denpasar. The results of this study answer all hypotheses at the beginning of the study that the implementation of IPCP partnerships has an influence on the satisfaction of health workers ($p\text{-value} = 0.000 < 0.05$), the implementation of IPCP cooperation has an influence on the satisfaction of health workers ($p\text{-value} = 0.000 < 0.05$), the implementation of IPCP coordination has an influence on the satisfaction of health workers ($p\text{-value} = 0.000 < 0.05$). Together, partnerships, cooperation and coordination in IPCP have an influence on the satisfaction of health workers at Bali Royal Denpasar Hospital ($p\text{-value}$ on the IPCP partnership factor = $0.007 < 0.05$; $p\text{-value}$ of the IPCP cooperation factor = $0.036 < 0.05$; $p\text{-value}$ of the IPCP coordination factor = $0.001 < 0.05$).

This study provides a new empirical contribution by comprehensively examining the influence of Interprofessional Collaborative Practice (IPCP) implementation - through its dimensions of partnership, cooperation, and coordination - on health worker satisfaction within a private hospital context. While previous studies have often focused on IPCP's effect on patient outcomes or service quality, this research uniquely emphasizes the internal perspective of healthcare professionals, demonstrating how IPCP dynamics directly affect their job satisfaction. The study also enriches evidence from Indonesia, where research linking IPCP components to health worker satisfaction, particularly in private hospital settings such as RSU Bali Royal Denpasar, remains limited.

The scientific contribution of this research lies in its ability to establish a clear statistical relationship between IPCP components (partnership, cooperation, and coordination) and health worker satisfaction. The findings reinforce the theoretical framework that effective interprofessional collaboration not only improves patient outcomes but also strengthens workplace harmony and job satisfaction. Practically, the results can serve as a foundation for hospital management to develop structured IPCP-based teamwork programs to enhance staff well-being and organizational performance. The study also provides a measurable model for assessing IPCP implementation in healthcare institutions.

Suggestions for hospitals to strengthen interprofessional coordination, considering that coordination is the most influential factor on health worker satisfaction which will ultimately impact patient satisfaction. Hospitals must build a culture of collaboration by adopting approaches that encourage deeper cooperation and partnerships between healthcare professionals. In addition, hospitals must evaluate and monitor the quality of team coordination and its impact on healthcare worker satisfaction. Hospital employee satisfaction surveys

(specifically for healthcare workers) include questions about the quality of interprofessional coordination, which can help identify areas for improvement.

Suggestions for the next researchers to expand the scope of the study by using a larger and more diverse sample from different types of hospitals or healthcare facilities. This would help validate the results and see whether similar findings apply across contexts. The next researcher could focus on the direct impact of coordination, collaboration, and partnership on patient clinical outcomes, such as speed of recovery, complication rates, or long-term patient satisfaction. Future researchers could further explore factors that may mediate the relationship between coordination and patient satisfaction, such as organizational culture, team leadership, or the availability of coordination-supporting technology. Also could use mixed methods, combining quantitative and qualitative data to gain a deeper understanding of how partnerships, collaboration, and coordination influence patient satisfaction and healthcare team performance

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