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30 <https://oamjms.eu/index.php/mjms/index> Scientific Foundation SPIROSKI, Skopje, Republic of Macedonia Open Access Macedonian Journal of Medical Sciences. 2022 Jan 03; 10(T8):30-34. <https://doi.org/10.3889/oamjms.2022.9465> eISSN: 1857-9655 Category: T8 –"APHNI: Health Improvement Strategies Post Pandemic Covid-19" Section: Public Health Epidemiology Exploring Challenges and Opportunities in Interprofessional Collaboration of Health Workers during COVID-19 Pandemic at the Public Health Center in Bantul Regency Ari Wulandari 1 \* , Nurinda 1 , Radne Putri 2 , Samutri 3 , Sakti 1 , Najla Firsty Shofia Ahmad 1 , Vina Awallina Diroh 1 1Department of Clinical Pharmacy, Faculty of Health Science, Alma Ata University, Kasihan, Yogyakarta, Indonesia; 2Department of Hospital Administration, Faculty of Health Science, Alma Ata University, Kasihan, Yogyakarta, Indonesia; 3Department of Nursing, Faculty of Health Science, University Alma Ata, Kasihan, Yogyakarta, Indonesia Abstract BACKGROUND: The disease-19 pandemic of concern all of world, including Indonesia.

The number of active cases also continues to increase in most provinces in Indonesia, especially in Special of This requires workers collaborate in and handling COVID-19 patients. AIM: The of study to out collaboration between workers handling 19. This identifies and for Collaboration health at Primary Health Center of Bantul Regency. METHODS: The design of this study was a cross-sectional study. We used the purposive sampling method to recruit participants. study followed 200 who health at Primary Center in Regency. used questionnaire the The consists four of IPC as collaboration, and role a The obtained statistically analyzed using Chi-square and Spearman.

RESULTS: The showed IPC worker Health Center Bantul categorized good (45%). However, IPC at the Health Primary Center is still not optimal. There were top three obstacles in collaborating, namely, of perception complicated and of from workers their

knowledge skill. Based Spearman  $p$ -value age, education years service, were 0,732; 0.189; 0.746. result that sociodemographic of participants did not significantly affect the IPC ( $P > 0.05$ ). CONCLUSIONS: The key practicing was a work good and relationship, for other keep from other being and the ethics of each profession.

Thus, effective and efficient collaboration will be established. Edited by: Sasho Stoleski  
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<https://doi.org/10.3889/oamjms.2022.9465> Keywords: Interprofessional collaboration; Health worker; Challenges; COVID-19; Public health center \*Correspondence: Ari Susiana Wulandari, Department of Clinical Pharmacy, Faculty of Health Science, Alma Ata University, Kasihan, Yogyakarta, Indonesia.

E-mail: arisusianaw@almaata.ac.id Received: 13-Oct-2021 Revised: 21-Nov-2021  
Accepted: 02-Dec-2021 Copyright: © 2022 Ari Susiana Wulandari, Eva Nurinda, Imram Radne Rimba Putri, Erni Samutri, Rahma Sakti Oktavia, Najla Firsty Shofia Ahmad, Vina Awallina Diroh Funding: The Ministry of Education of the Republic of Indonesia in 2021 at Program Kreatifitas Mahasiswa Event Competing Interest: The authors have declared that no competing interest exists Open Access: This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0) Introduction Figure 1 an about Interprofessional (IPC) at the health in Regency. of respondents public center Bantul were as fair, poor.

Figure 2 describes the obstacles encountered by health workers in IPC implementation at public health center of Bantul. Coronavirus 19 has become pandemic the including Indonesia. It is caused by the SARS-CoV-2 virus, which is from to as as humans humans droplets direct with the sufferers [1]. This pandemic has become a particular concern in with that to The number COVID-19 cases of 17, reached with new added [2]. the number of COVID-19 cases in Yogyakarta Province, in 2021, number positive cases was 92.084. The number of confirmed positive cases in Bantul is cases, is cases, Yogyakarta is cases, Kidul 4217 cases, Kulon is cases.

data that Regency the number of COVID-19 cases in the Special Region of Yogyakarta [3]. The number COVID-19 cases good from personnel health workers serving and these If is properly, collaboration health workers will reduce the number of complications, reduce the spread of COVID-19, reduce mortality rates, and increase patient satisfaction [4]. Health are the of COVID-19. pandemic a challenge Open Access Maced J Med Sci. 2022 Jan 03; 10(T8):30-34.

31 for workers improve services the community carrying good and cooperation solve problems the COVID-19 IPC a practice that many care from professional backgrounds working closely with patients, families, and to the highest quality care across the continuum [5]. Regular continuous are keys achieve control COVID-19. is to a comprehensive to prevent spread COVID-19, causative factors, provide best solutions the The of health-care can optimized achieve quality efficient patient care [6]. Primary Health Center is the first health service visited people obtain services.

Health services can be considered good if the roles function the workers different professional do overlap Research conducted Pamungkasari Parwatiningsih proved it necessary develop around globe, in communication [8]. This pandemic becomes a new challenge for health workers to improve health services to the community by carrying out coordination cooperation solve problems the pandemic. a on IPC health in the COVID-19 the Health needs be carried out. Methods This non-experimental which employed (survey) cross-sectional study empirical This has received approval the Ethics Commission Alma University Indonesia. number ethical was AA/VI/10490/EC/2021.

data in research are data directly respondents an in form a which made Google The technique chosen purposive The variable this was sociodemographic characteristics health respondents, the dependent variable was the IPC. The samples were taken 2 months July August There were health used respondents work in public health centers in Bantul Regency, such as Kasihan Pleret Pajangan and Imogiri The criteria this were follows: to respondents, as health (doctors, clinical staffs, staffs, staffs, staffs, community workers, health workers, medical personnel, physiotherapists), aged years. the criteria those resigned, not out Google and not the research questionnaire.

45% 51% 4% good fair po or Figure 1: The Interprofessional Collaboration category at the public health center in Bantul Regency 96 17 16 15 8 8 5 2 33 02 04 06 08 01 00 120 Lack of time Complicated bureaucracy Lack of trust in the knowledge or skills of health workers to take advice Concerns about responsibility for the shared information Lack of belief that collaborative practice will improve patient care Lack of financial compensation Feeling unconfident Team leader pays no attention to concerns and perceptions No obstacle Total Participant (n=200) Figure 2: The obstacles of implementation Interprofessional Collaboration health workers at the public health center in Bantul Regency 32 <https://oamjms.eu/index.php/mjms/index> This research utilized a questionnaire modified from previous which been and for reliability 30 Based the validity result, questions considered because r-count >0.361. reliability was out Cronbach's technique and significance of The of > 0.666 obtained.

it be that questions used were reliable. The questionnaire of respondent's such age, education level, occupation. questionnaire several of including dimension, collaboration dimension, service dimension, and role The of questionnaire used a dichotomous scale with yes or no options. The data obtained were then analyzed using a statistical application, the and Chi-square tests. Results The of respondents are in Table 1 , contains age, education, employment and of service.

**Table 1: Characteristics of sociodemographic respondents in conducting interprofessional collaboration of health workers at the public health center in Bantul Regency Sociodemographic variables** Number of respondents (n = 200), (percentage) p-value Gender Man 25 (12.5) 0.764 Woman 175 (87.5) Age Young adult (18–40 years old) 125 (62.5) 0.732 Middle age (41–<60 years old) 75 (37.5) Education D3 (Diploma 3) 101 (50.5) 0.808 D4 (Diploma 4) 22 (11.0) S1 (Bachelor 56 (28.0) S2 (Master 8 (4.0) Etc. 13 (6.5) Years of service 0.189 0–1 years 17 (8.5) 2–3 years 14 (7.0) 3–4 years 3 (1.5) 4–5 years 5 (2.5) >5 years 161 (80.5) Occupation Doctors 24 (12.0) 0.582 Dentists 10 (5.0) Nurses 47 (23.5) Midwives 53 (26.5) Pharmacists 6 (3.0) Pharmacist assistants 10 (5.0) **Environmental health clerks 7 (3.5) Medical record clerks 2** (1.0) Physiotherapists 5 (2.55) Nutritionists 10 (5.0) Public health workers 7 (3.5) Etc. 19 (9.5) Employment status 0.746 Non-civil servants 37 (18.5) Civil servants 163 (81.5) In education "others" the table above refer to professional education and doctoral degrees, "other mentioned are other those Analysis of the relationship between sociodemographic variables and quality conducted Spearman Based the of research the of IPC, respondents public center Bantul Regency categorized good, and The of criteria is in Table 2 .

**Table 2: The distribution of interprofessional collaboration criteria assessment health workers at the public health center in Bantul regency** Health center **Number of respondents (n = 200)** Categories Good (n) Fair (n) Poor (n) Pleret 20 8 11 1 Kasihan I 17 8 7 2 Kasihan II 13 3 10 0 Jetis II 30 12 16 2 Pajangan 25 10 15 0 Srandakan 15 11 3 1 Imogiri II 25 17 8 0 Bantul II 20 7 13 0 Dlingo II 20 8 10 2 Banguntapan II 15 6 9 0 Total 200 90 102 8 Based Table 2, indicated of 200 respondents across health in Regency, respondents categorized good in IPC 102 were categorized fair and respondents categorized poor The questionnaire contains four dimensions: The dimensions of knowledge, collaboration, and role pharmacy.

Table describes answers the IPC of workers the **Health Center of Bantul Regency**. **Table 3: The Distribution of Respondent's Answers Regarding IPC Dimensions of Health Workers at the Public Health Center of Bantul Regency** IPC dimensions in the questionnaire Respondents' answer (100%) Correct (%) Incorrect (%) Knowledge dimension The definition of IPC 96 4 The benefit of IPC 93.5 6.5 Responsibility of IPC 94.5 5.5 Collaboration dimension Discussing patient management 32.5 67.5

Understanding 68 32 Overlapping responsibilities 100 0 Health workers know the patient's medical actions 52 48 Service dimension Education about COVID-19 6 94 Special room 34 66 Avoiding tasks 23.5 76.5 Limitation on the number of health workers 52 48 Pharmaceutical dimension Pharmacy helps in managing side effects 94.5 5.5 Pharmacy chooses drugs 95.5 4.5 Drug dosage adjustment 96 4 Therapy decision-making 98 2 IPC: Interprofessional Collaboration. IPC the health has various in implementation. 200 respondents, respondents encountered obstacles, the 33 (16.5%) not any in COVID-19. Obstacles collaboration health can lead actions will harm danger as errors, events, can threaten the safety of the patients.

Table 4 presents the obstacles health regarding barriers collaborative practice. **Open Access Maced J Med Sci. 2022** Jan 03; 10(T8):30-34. 33 Table 4: Obstacles encountered by health workers in IPC implementation

No.	IPC implementation obstacles	Total Percentage
1	Lack of time	96 48
2	Complicated bureaucracy	17 8.5
3	Lack of trust in the knowledge or skills of health workers to take advice	16 8
4	Concerns about responsibility for the shared information	15 7.5
5	Lack of belief that collaborative practice will improve patient care	8 4
6	Lack of financial compensation	8 4
7	Feeling unconfident	5 2.5
8	Team leader pays no attention to concerns and perceptions	2 1
9	No obstacle	33 16.5

Total 200 100 IPC: Interprofessional Collaboration. Based The 4, can seen the **biggest obstacle in implementing IPC is lack of time. This condition indicates that each health worker is too busy at work so they don't focus on** doing IPC. Communication is essential in implementation IPC. Communication health at public center Bantul can carried in ways. The most preferred method of communication by health workers can be seen in The Table 5. Discussion Over 200 respondents agreed to IPC identified in 1. sociodemographic such as age, occupation, status, years service no with each of were 0.732; 0.582; and (p 0.05).

In there no relationship between sociodemographic of respondents the of health **at the public health center of Bantul Regency.** Based on the analysis of the data obtained, it can be seen that the IPC **at the public health center of Bantul Regency** categorized good indicating the of is not This was with Mawarni, Estika Ariany and Fajri. research "Explanation Knowledge IPC Professional Providers Specialized in Province: A Study." showed most the worker partnerships categorized the category (55.6%), cooperation respondents conducting IPC the category coordination the good category (53%), and most of the shared decision- **making in the good category (51.7%) [9], [10]. In** the of health workers has a main contribution so that IPC can run well.

Table 4 shows that the biggest obstacle in implementing IPC lack time. workers a every therefore, are optimal implement IPC. is relationship workload the completeness documentation nursing that supports the quality of health services [11]. With limited time, opportunity health to routine meetings between professions is becoming less so the of is than If each health worker is intense in communicating, then there will be no more obstacles, even though their time to meet is very limited. In hospitals, nurses not only provide services patients they expect from the management they to their work, to create optimal performance [12].

According qualitative at Sardjito the of is lacking and has not been implemented properly because most health workers do not have the correct perception of definition collaboration Furthermore, between workers the hospital is also still lacking [13]. Poor communication is one of the factors inhibiting the implementation of IPC in facilities Even in is the significant in quality care patient safety [15]. Another explained there three ways overcome in practice, namely, bridging types gaps, negotiating overlaps in roles and tasks, and by creating space do.

data some that collaborating different by involved within either teams or network settings, as well as within different subsectors [16]. Table 5: Various communication methods in IPC implementation

Communication methods in IPC implementation	Total Percentage
Face to face	157 78.5
Social media (WhatsApp, Instagram, Facebook, and Twitter)	29 14.5
Paper (letters and documents)	3 1.5
Google Meet, Zoom	3 1.5
Combination of offline and online meetings	8 4 34

<https://oamjms.eu/index.php/mjms/index> correlation between IPC and health service.

As evolution implications the COVID-19 crisis are still ongoing, we believe that exploring the and is way combat COVID-19 the In paper, emphasize the of setting strategy implementing IPC in the fight against COVID-19. Conclusions Based the of data it be that IPC the Regency Health is as (45%), that application collaboration health is not The of Spearman showed there no correlation between sociodemographic variables and IPC of health workers the health of Regency ( $p > 0.050$ ). The keys collaborating build a work include communication and responsibility the of profession, from other being and the of profession. effective and efficient cooperation will be established.

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