

**PROCEEDING  
ABSTRACT**



# 5<sup>th</sup> International Nursing Conference

“ASEAN Economic Community: Step up Actions in Health and Nursing  
in Relation to Education, Services, and Research”



September 16 - 18, 2015  
Mercure Hotel, Jakarta, Indonesia.

CPB 5

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**Partnership With:**

Chiang Mai University, Thailand  
National University of Singapore, Singapore  
National Cheng Kung University, Taiwan  
University of The Philippines, Philippines

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**THE 5<sup>TH</sup> INTERNATIONAL NURSING CONFERENCE 2015**  
**"ASEAN Economic Community: Step up Actions in Health and Nursing**  
**in Relation to Education, Services and Research"**  
**September 16 - 17, 2015**

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# THE CORRELATION BETWEEN THE COLLABORATION INDICATORS AND THE NURSES' PERFORMANCE IN CARRYING OUT THE NURSE-DOCTOR COLLABORATION IN THE IN-CARE WARDS OF ANDI MAKKASAU REGIONAL GENERAL HOSPITAL PAREPARE CITY

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## Abstrak

*Performa* perawat dalam pelaksanaan praktik kolaborasi tergantung kepada pengetahuan perawat tentang indikator kolaborasi. Penelitian ini bertujuan untuk mengetahui hubungan indikator kolaborasi kontrol kekuasaan, lingkup praktik, kepentingan bersama dan tujuan bersama dengan *performa* perawat dalam pelaksanaan kolaborasi dengan dokter di ruang perawatan kritis (ICU, NICU, Cardiac Centre) dan non kritis (Penyakit dalam, Orthopedi, Neurologi) RSUD Andi Makkasau Kota Parepare. Desain yang digunakan *Cross Sectional Study*, subjek penelitian (N=35) adalah perawat dengan latar belakang pendidikan profesi Ners. Pengumpulan data dilakukan melalui kuesioner, observasi dan dokumentasi. Data dianalisis dengan menggunakan uji *Chi-Square*. Hasil Penelitian menunjukkan bahwa terdapat hubungan indikator kolaborasi kontrol kekuasaan ( $p=0,018$ ), lingkup praktik ( $p=0,011$ ), kepentingan bersama ( $p=0,020$ ) dan tujuan bersama ( $p=0,000$ ) dengan *performa* perawat dalam pelaksanaan kolaborasi perawat-dokter. Kesimpulan, pelaksanaan praktik kolaborasi lebih baik di ruang perawatan kritis dibandingkan di ruang perawatan non kritis disebabkan terwujudnya kesesuaian indikator kolaborasi perawat dan dokter dalam praktik kolaborasi sehingga disimpulkan bahwa pelaksanaan kolaborasi perawat-dokter baik bila ada kesesuaian antara kontrol kekuasaan, lingkup praktik, kepentingan bersama serta tujuan bersama antara perawat dan dokter dengan tetap perfokus pada peningkatan mutu pelayanan terhadap pasien.

Kata kunci : Indikator kolaborasi, *performa* perawat, pelaksanaan kolaborasi

## Abstract

Nurses' performance in the collaboration practice is related to nurse's knowledge about collaboration indicators. This research aimed to investigate the collaboration indicators, authority controls, practice scopes, common interest, and common targets, and the nurses' performance in carrying out the nurse-doctor collaboration in the critical care rooms (ICU, NICU, Cardiac Center) and in the non-critical rooms (internist, orthopedic, neurology) of Andi Makkasau Regional General Hospital, Parepare city. The research used the cross-sectional study design. The subjects (N=35) were nurses with the nursing profession. The data were collected through questionnaires, observation, and documentation. The collected data were then analyzed using the Chi-square test. The research results revealed that there was a significant correlation between the collaboration indicators of authority control ( $p=0,018$ ), the practice scope ( $p=0,11$ ), the common interests ( $p=0,020$ ), and the shared goals ( $p=0,000$ ), and the nurses' performance in the nurse-doctor collaboration. Conclusion, the better implementation of collaboration practice in critical care space than in non-critical care space due to the realization of the suitability collaboration indicators of nurse-doctor in collaboration practice so it concluded that the implementation of nurse-doctor collaboration better when there is a match between authority control, the practice scope, the common interests, and the shared goals between nurse-doctor to remain focused on improving the quality of patient care.

Keywords : collaboration indicators, nurses' performance, collaboration implementation

## INTRODUCTION

Nursing professionalism growth in Indonesia is now experiencing rapid development. Professional nursing practice assessed on the ability to act independently of nurses as well as the ability to work is collaborative with the patient or with other health team in providing nursing care within the scope of authority and responsibility of their respective professions; professional nursing practice focuses on the ability of authority, accountability, independent decision making, collaboration, advocacy / support; facilities in identifying and addressing issues of nursing and health care (Asmadi, 2008).

The need to service upgrading to patients by improving nurse-physician collaboration is motivated by three things; first, the development of science leading to an increasing number of specialist doctors and nurses who are competent; second, patients today have more complex health problems that require treatment time; third, the rising cost of health care, causing hospitals need to formulate goals in improving service quality and efficiency(Cooper, 2007).

Improved quality and efficiency of services are supported by the successful implementation of the collaboration practice, which conducted by nurses and doctors and requires their respect for each other's role and responsibilities of each, open communication, honest and trustworthy and is necessary to determine the authority of clinically apparent to reduce the risk of errors in action, improve the quality of service to patients with a more efficient cost. This shows that the importance of collaboration practices towards improving the quality of the services to be provided to the patient, it can be seen from the performance of nurses and physicians in the implementation of the collaboration (Marquis, 2010).

Nurses' performance in implementing collaborative practices supported by the nurses' knowledge about the indicators of collaboration which is about the control of power, scope of practice, common interests and shared goals (Werdati, 2005). Rumanti (2009), showed a significant relationship between the knowledge of nurses about indicators collaboration with collaborative practice nurse—doctor in inpatient units RSJD Dr. Amino Gondohutomo Semarang. Indicators of the scope of practice for about 68% nurses—doctors are still in the negotiating stage, means that the nurse—doctor collaboration has not yet reached the stage of

collaboration as expected. The results of the bivariate analysis showed no significant relationship between the knowledge of power control, the scope of practice, common interests, common objectives with the practice nurse physician collaboration.

Workforces' data from Andi Makkasau Hospital, Pare Pare, said that of 330 nurses, there were 98 nurses (29.6%) had registered nurses educational background, and had been spread evenly in 19 wards, but the number of nurses had not shown the implementation of the collaboration with physicians optimally, this was evidenced through the initial observation in 4 (four) rooms basic services (Internal medicine, Obstetrics Gynecology, Paediatric, and Surgery) using "Scale Practice Nurse-Physician" observation sheet, nurses were still not showed prominent optimally in the implementation of nurses and other health team collaboration. Five nurses were observed while doing visits with doctors, of 7 delegates tasks given, there was one task that was forgotten then was done by the next-shift nurses. Interviews were also conducted on ten encountered nurses, eight nurses did not know the indicators as well as the phase of the collaboration.

Based on this phenomenon, the researchers were interested in doing research on collaboration indicators, with the aim to identify the relationship of collaboration with the performance indicators in the implementation of nurse-physician collaboration nurses in the care-wards of Andi Makkasau Hospital, Parepare.

## **METHODS**

### ***Place and Research Design***

This research was conducted in the care-wards room of Andi Makkasau Hospital, Parepare. The study design was cross sectional study to examine the relationship between the variables of performance indicators in collaboration with nurses to implement of nurse-physician collaboration in Andi Makkasau hospital, Parepare.

### ***Population and Samples***

The population in this study are all professional nurses graduate whose education was registered nurses who were in a critical care (ICU, Cardiac Centre, NICU) and non-critical care room (Internal medicine, Neurology, Orthopedic) Andi Makkasau Hospital, Pare Pare. The number of nurses were 35 people.

Sample set based on the entire population of the sample, the number were 35 samples.

### ***Collecting Data Method***

Methods of data collection in this study used a questionnaire. Indicator variable for power control collaborations was observation sheet with 12 items interactions; indicator variable of practice scope collaboration used Likert scale, consisted of: 16 statement items; the variable of mutual interest used Likert scale, consisted of 19 statement items; the variable of mutual purposes used Guttman scale, consisted of 29 statement items, the variable of nurses performance in implementing the collaboration used Likert scale, consisted of 30 statement items. The questionnaires were used qualified validity and reliability advanced.

### ***Data Analyzing***

Data were analyzed by measuring scale and purpose of the study using a computerized software program. Data was analyzed by univariate to see the frequency distribution of the characteristics of respondents and each variable. The bivariate analysis used *Chi Square* to see the connection of collaboration's indicator with the nurses' performance in implementing nurse—physician collaboration.

## **RESULTS**

### ***Relationships of Power Control Collaboration Indicators with the nurse's performance in implementing the Nurse—Physician Collaboration***

Table 1 shows the relationship between indicators of power control collaboration with nurses performance in the implementation of nurse—physician collaboration in care-wards, where 8 (88.9%) of 9 nurses have poor power control performance with poor implementation of nurse-physician collaboration.

Good power control performance with poor implementation of nurse-physician collaboration are 10 (38.5%) of 26 nurses. Statistical test results obtained  $p = 0,018$ . It can be concluded that there is a collaborative relationship between indicators of power control with a nurse's performance in the implementation of nurse—physician collaboration.

### ***Relationships Collaboration Practice Indicators with Nurse Performance in the Implementation of Nurse—Physician Collaboration***

Table 2 shows the relationship between indicators of collaboration practice with nurses performance in the implementation of nurse—physician collaboration in care-wards were 13

(72.2%) of 18 nurses have poor scope of practice with less performance in the implementation of the nurse—physician collaboration.

Nurses who have good scope of practice with less performance in the implementation of nurse—physician collaboration were 5 (29.4%) of 17 nurses. Statistical test results obtained  $p = 0,011$ . It can be concluded that there is a relationship between indicators of collaboration with scope of practice with the nurses performance in the implementation of nurse—physician collaboration.

### ***Relationships between Mutual Interests Collaboration Indicators with Nurse Performance in the Implementation of Nurse—Physician Collaboration***

Table 3 shows the relationship between mutual interest collaboration indicators with the nurses performance in the implementation of nurse—physician collaboration in care-wards were 10 (76.9%) of 13 nurses have poor common interests with less nurse performance in the implementation of nurse—physician collaboration, while nurses who share good common interest with less nurses performance in the implementation of nurse—physician collaboration were 8 (36.4%) of 22 nurses. Statistical test results obtained  $p = 0,020$ . It can be concluded that there is a collaborative relationship between indicators of common interest with nurses performance in the implementation of nurse—physician collaboration.

### ***Collaborative Relationships between Mutual Objectives Indicators with Nurse Performance in the Implementation of Nurse—Physician Collaboration***

Table 4 shows the relationship between mutual objective indicators with the nurses performance in the implementation of nurse—physician collaboration in care-wards were 13 (86.7%) of 15 nurses have poor common objective with less nurse performance in the implementation of nurse—physician collaboration. While nurses who have better common objective with less nurse in the implementation of nurse—physician collaboration were 5 (25%) of 20 nurses. Statistical test results obtained  $p = 0,000$  means that there is a correlation between the common objective indicators with nurses performance in the implementation of nurse—physician collaboration.

## DISCUSSION

The results showed that there was a relationship between indicators of collaboration with the nurses performance in the implementation of nurse—physician collaboration. Based on the results, the study found respondents who had less power control indicator and less nurse performance were eight (88.9%), with  $p = 0.018$ . It is caused by a lack of understanding of the power control nurse, nurses have not understood their role as a collaborator, have not dared to convey information, ask the opinion of the doctor, as well as less involved in decision making. EL Sayed dan Sleem (2011), explained that the nurse's knowledge about the role of collaborators will provide a positive change in the implementation of collaborative consistent nurse-physician. This study is similar with Rumanti (2009), showed no correlation between knowledge about the collaboration indicators of power control by the practice of collaboration ( $p = 0.004$ ).

The relationship between indicators of collaboration practice with nurses performance in the implementation of nurse—physician collaboration in care-wards were 13 (72.2%) of 18 nurses have poor scope of practice with less performance in the implementation of the nurse—physician collaboration ( $p = 0,011$ ). According Catalano (2008), nurse autonomy means that the nursing profession in carrying out tasks according to science and always have to wait for a new doctor's instructions might work. Ismaniar (2015), indicates that the collaboration will go well if all professions have the same vision and mission, each profession to know the limits of authority.

The relationship between mutual interest collaboration indicators with the nurses performance in the implementation of nurse—physician collaboration in care-ards were 10 (76.9%) of 13 nurses have poor common interests with less nurse performance in the implementation of nurse—physician collaboration,  $p = 0,020$ . According to Ismaniar (2015), the creation of a collaboration of the lack of mutual trust and menghormatin salaing understand and accept the science, has a positive image, and recognizes other profession as a partner. The research was supported by Zuraidah (2005), showed a relationship of mutual understanding between the profession of nurses and doctors showed a strong relationship ( $r = 0.667$ ) and leads to a positive relationship.

The relationship between mutual objective indicators with the nurses performance in the implementation of nurse—physician collaboration in care-wards were 13 (86.7%) of 15 nurses have poor common objective with less nurse performance the implementation of nurse—physician

collaboration,  $p = 0,000$ . Lindeke dan Sieckert (2005), describes the same goal nurse-physician collaboration is for the benefit and good of the patient. Improving quality of care that focuses on patients becoming an indicator of the success of collaborative relationships. El Sayed and sleem (2011), in his research shows a positive kolrelasi between the nurse and the doctor showed a more positive attitude of cooperation.

## CONCLUSION AND SUGESTION

Based on the research that has been done, it can be concluded that there is a relationship between power control indicator with the nurses performance in the implementation of nurse—physician collaboration. There is a corelation indicator of the collaboration scope of practice with the nurses performance in the implementation of nurse-physician collaboration. There is a corelation of mutual interest indicator with the nurses performance in the implementation of nurse—physician collaboration, and there is correlation between mutual objective indicators with nurse performance in the implementation of nurse-physician collaboration in Andi Makkasau Hospital, Pare Pare. Suggestions in this study is expected that the management of Andi Makkasau Hospital, Pare-Pare related policy making in the implementation of Standard Operating Procedures for interdisciplinary collaboration. Future studies are recommended to compare indicators of collaboration nurses and doctors.

## RESOURCES

- Asmadi. (2008). *Konsep dasar keperawatan*. Jakarta: EGC.
- Catalano J. T. (2008). *Nursing now: Today's issues, tomorrows trends* (5th ed.). FA Davis Company.
- Cooper R. (2007). New directions for nurse practitioners and physician assistants in the era of physician shortages. *Academic Medicine*.
- EL Sayed K. A., & Sleem W. F. (2011). Nurse-physician collaboration : A comparative study of the attitudes of nurses and physicians at Mansoura University Hospital. *Life Science*, 2(8), 140–146. Retrieved from <http://www.lifesciencesite.com>
- Ismaniar H. (2015). *Manajemen unit kerja : Untuk perekam medis dan informatika kesehatan, ilmu kesehatan masyarakat, keperawatan dan kebidanan* (1st ed.). Yogyakarta: deepublish.
- Lindeke L., & Sieckert A. (2005) Nurse-physician workplace collaboration. *Online J Issues Nurs*, 10(1), 5. Retrieved from [http://www.nursingworld.org//MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume102005/No1Jan05/tpc26\\_416011](http://www.nursingworld.org//MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Volume102005/No1Jan05/tpc26_416011)
- Marquis B., & Houston C. (2010). *Kepemimpinan dan Manajemen Keperawatan, Teori & Aplikasi* (4th ed.). Jakarta: EGC.

- Rumanti E. (2009). *Analisis pengaruh pengetahuan perawat tentang indikator kolaborasi terhadap praktik kolaborasi perawat dokter di Unit Rawat Inap RSJD Dr.Amino Gondohutomo Semarang*. Universitas Diponegoro Semarang. Retrieved from [http://eprints.undip.ac.id/24300/1/ERLINA\\_RUMANTI.pdf](http://eprints.undip.ac.id/24300/1/ERLINA_RUMANTI.pdf)
- Werdati. (2005). *Peranan dan tanggung jawab perawat dalam pelayanan keperawatan/kesehatan kepada pasien*. Universitas Gajah Mada.
- Zuraidah. (2005). *Analisis faktor-faktor yang berhubungan dengan kolaborasi perawat dokter ditinjau dari perspektif perawat di rsud tarakan jakarta*. universitas indonesia.

**Lampiran**

**Tabel 1 : Relationships of Power Control Collaboration Indicators with the nurse's performance in implementing the Nurse—Physician Collaboration in Care-WardsRoom, RSUD Andi Makkasau, Parepare 2015.**

		Nurse Performace in Nurse-Physician Collaborative Implementation				Total		<i>*p</i>
		Poor		Good		n	%	
		n	%	n	%			
Power control of Collaoration Indicators	Poor	8	88,9	1	11,1	9	100	0,018
	Good	10	38,5	16	61,5	26	100	

\*Chi-Square

Source:Primary Data, 2015

**Tabel 2: Relationships Collaboration Practice Indicators with Nurse Performance in the Implementation of Nurse—Physician Collaboration in Care-Wards Room, RSUD Andi Makkasau, Parepare 2015.**

		Nurse Performace in Nurse-Physician Collaborative Implementation				Total		<i>*p</i>
		Poor		Good		n	%	
		n	%	n	%			
Scope Practice of Collaboration Indicators	Poor	13	72,2	5	27,8	18	100	0,011
	Good	5	29,4	12	70,6	17	100	

\*Chi-Square

Source: Primary Data, 2015

**Tabel 3 : Relationships between Mutual Interests Collaboration Indicators with Nurse Performance in the Implementation of Nurse—Physician Collaboration in Care-Wards Room, RSUD Andi Makkasau, Parepare 2015.**

		Nurse Performance in Nurse-Physician Collaborative Implementation				Total		<i>*p</i>
		Poor		Good		n	%	
		n	%	n	%			
Mutual interest of Collaboration Indicators	Poor	10	76,9	3	23,1	13	100	0,020
	Good	8	36,4	14	63,6	22	100	

\*Chi-Square

Source: Primary Data, 2015

**Tabel 4:** *Collaborative Relationships between Mutual Objectives Indicators with Nurse Performance in the Implementation of Nurse—Physician Collaboration in Care-Wards Room, RSUD Andi Makkasau, Parepare 2015.*

		Nurse Performance in Nurse-Physician Collaborative Implementation				Total		<i>*p</i>
		Poor		Good		n	%	
		n	%	n	%			
Mutual objectives of Collaboration Indicators	Poor	13	86,7	2	13,3	15	100	0,000
	Good	5	25,0	15	75	20	100	

\*Chi-Square

Source: Primary Data, 2015