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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 PARE-PARE CITY**

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**Abstract**

Nurses' performance in the collaboration practice is related to a 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 critical care rooms (ICU, NICU, Cardiac Center) and in the non-critical rooms (internist, orthopedic, neurology) of Andi Makkasau Regional General Hospital, Pare-Pare city. The research used the cross-sectional study design. The subjects (N=35) were nurses with the nurse 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 is it concluded that the implementation of nurse-doctor collaboration is 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

The growth of nursing professionalism in Indonesia has experienced rapid development. Professional nursing practice is assessed from the ability to perform independent actions of nurses and the ability to collaborate collaboratively with patients and with other health teams in providing nursing care according to the scope of authority and responsibilities of their respective professions, the professional nursing practice focuses on the ability of authority, accountability, decision-making in a manner independence, collaboration, defense/support, facilities to identify and resolve nursing problems and health services (Asmadi, 2008).

The need for improved service to patients through enhancing the nurse-doctor collaboration ability is motivated by three things; the first is the development of science which has led to an increase in the number of competent specialists and nurses; second, patients now have more complex health problems that require treatment time; third, the increase in health care costs so that hospitals need to formulate goals in improving service quality and efficiency (Cooper, 2007).

The successful implementation of collaborative practices supports one of the improvements in quality and efficiency of service. Collaboration practices carried out by nurses and doctors require mutual respect's roles and responsibilities, open, honest, and trustworthy communication and clear determination of clinical authority so they can reduce the risk of errors in taking action, improve the quality of services to patients at a more cost-efficient. This statement shows how essential collaboration practices are in improving the quality of services that will be provided to patients. This matter can be seen from the performance of nurses and doctors in the implementation of collaboration (Marquis, 2010).

Nurses' performance in implementing collaborative practices is supported by nurses' knowledge of collaboration indicators, namely about control of power, the scope of practice, shared interests, and shared goals (Werdati, 2005). Rumanti (2009), shows that there is a meaningful relationship between nurses' knowledge about collaboration indicators with the practice of nurse-doctor collaboration in the inpatient unit of Dr. Amino Gondohutomo Semarang Hospital. Indicator of the scope of practice as much as 68% of nurses - doctors are still in the negotiation stage, meaning nurse-doctor collaboration has not reached the collaboration stage as expected. The results of the bivariate analysis showed that there was a significant relationship between knowledge of power control, the scope of practice, shared interests, shared goals with the practice of collaborating nurse doctors.

The personnel data of Andi Makkasau Hospital from 330 nurses, there are 98 nurses (29.6%) with nurses' educational background and have been spread evenly in 19 (nineteen) care rooms. However, the number of nurses has not shown the optimal implementation of collaboration with doctors. This finding was proven through preliminary observations in 4 (four) basic service rooms (Internal Medicine, Gynecology Obstetrics, Children and Surgery) using the Nurse-Doctor Practice Scale observation sheet the nurses had not yet shown optimal performance in implementing nurse collaboration with other health teams, 5 (five) nurses who were observed while visiting with the doctor, from 7 delegation tasks given, there was 1 task that was forgotten and was carried out by the next nurse shift. Interviews were also conducted with 10 (ten) nurses encountered, 8 (eight) nurses who did not yet know the indicators and stages of collaboration implementation.

Based on this phenomenon, the researcher is interested in researching collaboration indicators, intending to identify the relationship of collaboration indicators with nurse performance in the implementation of nurse-doctor collaboration in the inpatient room of Andi Makkasau Regional Hospital.

## **MATERIALS AND METHODS**

### ***Design and Setting***

This research was conducted in the inpatient room of Andi Makkasau Regional Hospital, Parepare City. The research design used was a Cross-Sectional Study to see the relationship between collaboration indicator variables and nurse performance in implementing nurse-doctor collaboration in Andi Makkasau Regional Hospital, Parepare City

### ***Population dan Sample***

The population in this study were all nurses graduating from professional nurses in the critical care room (ICU, Cardiac Center, NICU) and noncritical care rooms (Internal Medicine, Neurology, Orthopedics) Andi Makkasau Parepare Regional Hospital with 35 nurses.

The sample is determined based on the entire population of the sample, a total of 35 samples.

### ***Data Collection***

Data collection methods in this study used a questionnaire. For the collaboration control indicator variable in the form of an observation sheet with 12 interaction items, the collaboration indicator scope for practice with a Likert scale consisting of 16 statement items, a shared interest

variable with a Likert scale consisting of 19 statement items, the common goal variable with the Guttman scale consists of 29 statements, Nurse Performance variable in the implementation of collaboration with a Likert scale consisting of 30 statements. The questionnaire used previously met the validity and reliability of test requirements.

### ***Analysis of Data***

Data were analyzed based on measuring scale and research objectives using computerized program software. Data were analyzed univariately to see the frequency distribution of the characteristics of respondents and each variable. The bivariate analysis uses the Chi-Square test to see the relationship of collaboration indicators with nurse performance in implementing nurse-doctor collaboration.

## **RESULTS**

### ***Relationship between Collaboration Indicators of Power Control and Nurse Performance in the Implementation of Nurse-Doctor Collaboration***

Based on table 1 shows the relationship between indicators of the collaboration of power control with the performance of nurses in the implementation of nurse-doctor collaboration in the Inpatient Room, obtained as many as 8 (88.9%) of 9 nurses have poor power control with poor nurse performance in the implementation of nurse collaboration doctors, while nurses who have good power control with the poor performance of nurses in the collaboration of nurse-doctors are 10 (38.5%) out of 26 nurses. Statistical test results obtained  $p\text{-value} = 0.018$ , it can be concluded that there is a relationship between indicators of power control collaboration with nurse performance in the implementation of nurse-doctor collaboration.

### ***Relationship of Collaboration Indicators of Practice Scope with Nurse Performance in Implementing Nurse-Doctor Collaboration***

Table 2 shows the relationship between collaboration scope indicators of practice with nurse performance in the implementation of nurse-doctor collaboration in the Inpatient Room, obtained as many as 13 (72.2%) of 18 nurses had poor practice scope with poor nurse performance in implementing nurse-collaboration doctors, while nurses who have good practice scope with poor nurse performance in implementing nurse-doctor collaboration are 5 (29.4%) out of 17 nurses. The

<sup>1</sup> statistical test results obtained  $p\text{-value} = 0.011$ , it can be concluded that there is a relationship between collaboration indicators of the scope of practice with nurse performance in the implementation of nurse-doctor collaboration.

#### ***Relationship of Collaboration Indicators of Common Interest with Nurse Performance in the Implementation of Nurse-Doctor Collaboration***

Table 3 shows the relationship between indicators of the collaboration of shared interests and the performance of nurses in the implementation of nurse-doctor collaboration in the Inpatient Room, obtained as many as 10 (76.9%) of the 13 nurses had unfavorable common interests and poor nurse performance in the implementation of nurse-collaboration doctors. In comparison, nurses who have a common good interest in nurse performance is not good in implementing nurse-doctor collaboration as many as 8 (36.4%) of 22 nurses. <sup>1</sup> Statistical test results obtained  $p\text{-value} = 0.020$ , so it can be concluded that there is a relationship between collaborative indicators of mutual interest and nurse performance in implementing nurse-doctor collaboration.

#### ***Relationship of Collaboration Indicators the Common Goal with Nurse Performance in the Implementation of Nurse-Doctor Collaboration***

Table 4 shows the relationship between collaborative goal indicators together with nurse performance in the implementation of nurse-doctor collaboration in the Inpatient Room, as many as 13 (86.7%) of the 15 nurses had poor shared goals and poor nurse performance in implementing nurse-collaboration doctors. In comparison, nurses who have good common goals and poor nurse performance in implementing nurse-doctor collaboration are 5 (25%) of 20 nurses. The <sup>1</sup> statistical test results obtained  $p\text{-value} = 0.000$ , it can be concluded that there is a relationship between collaboration indicators of shared goals with the performance of nurses in the implementation of nurse-doctor collaboration.

## **DISCUSSION**

<sup>6</sup> The results showed that there was a relationship between collaboration indicators and nurse performance in implementing nurse-doctor collaboration. Based on the results of the study found that respondents who have indicators of poor control of power control and showed poor performance as many as 8 (88.9%) with a value of  $p = 0.018$ . Based on the results of observations of poor performance in collaboration practice due to the lack of nurses' understanding of power control, nurses do not understand their role as collaborators, do not dare to convey information,

ask doctors' opinions, and are less involved in decision making. EL Sayed dan Sleem (2011), explained that nurses' knowledge about the role of collaborators would provide positive changes in the implementation of nurse-doctor collaboration. This research is following what was done by Rumanti (2009), showing that there is a relationship of knowledge about indicators of power control collaboration with the practice of collaboration with values ( $p = 0.004$ ).

The results showed that there were 13 (72.2%) respondents who had poor practice scope with poor performance in implementing nurse-doctor collaboration with  $p = 0.011$ . Nurses do not yet fully know about nurse autonomy in the delivery of services. According to Catalano (2008), nurses have autonomy means the nurse profession in carrying out tasks according to science and always have to wait for instructions the new doctor can work. Ismaniar (2015), shows that collaboration will work well if all professions have the same vision and mission; each profession knows the limits of authority.

The results showed that there were 10 (76.9%) respondents who had poor common interests with poor performance in implementing nurse-doctor collaboration with  $p = 0.020$ . According to Ismaniar (2015), the realization of a collaboration of mutual trust and respect for understanding and accepting knowledge, having a positive image, and recognizing other professions as partners. Research supported by Zuraidah (2005), shows the relationship of mutual understanding between nurses and doctors profession shows a strong relationship ( $r = 0.667$ ) and leads to a positive relationship.

The results showed that there were 13 (86.7%) respondents who had poor common goals with poor performance in implementing nurse-doctor collaboration with  $p = 0,000$ . Lindeke dan Sieckert (2005), explains the same goal of nurse-doctor collaboration as being in the best interests of patients. Improving the quality of services that focus on patients is an indicator of the success of a collaborative relationship. El Sayed and Sleem (2011), in their research, showed a positive correlation between nurses and doctors would show a more positive attitude of cooperation.

## **CONCLUSION AND RECOMMENDATION**

Based on the results of research that has been done, it can be concluded that there is a relationship between the collaboration indicators of power control with nurse performance in the implementation of nurse-doctor collaboration, there is a relationship between collaboration indicators of practice scope with nurse performance in the implementation of nurse-doctor

collaboration, there is a relationship between collaboration indicators of mutual interest with the performance of nurses in the implementation of nurse-doctor collaboration, and there is a relationship of indicators of shared goals with the performance of nurses in the implementation of nurse-doctor collaboration in the inpatient room of Andi Makkasau Pare-Pare Regional Hospital. Suggestions in this research are expected by the management of RSUD Andi Makkasau Pare-Pare to make policies related to Standard Operating Procedures in implementing interdisciplinary collaboration. Future studies are suggested to compare indicators of collaboration between nurses and doctors.

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Appendix

**Table 1: The Relationship of Collaboration Indicator "Control of Power" with Nurses' Performance in Implementing Collaboration in Inpatient Room of Andi Makkasau Regional Hospital, Pare-Pare City in 2015.**

		<i>Nurse Performance in the Implementation of Nurse-Doctor Collaboration</i>				Total		<i>*p</i>
		Poor		Good		n	%	
		n	%	n	%			
Collaboration Indicator "Control of Power"	Poor	8	88,9	1	11,1	9	100	0,018
	Good	10	38,5	16	61,5	26	100	

\*Chi-Square Test

Source: Data Primer 2015

**Table 2: The Relationship of Collaboration Indicators of "Practice Scope" with Nurses' Performance in Implementing Collaboration in Inpatient Room of Andi Makkasau Regional Hospital, Pare-Pare City, in 2015.**

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

\*Chi-Square Test

Source: Primary Data 2015

**Table 3: Relationship of Collaboration Indicator of "Common Interest" with Nurses' Performance in Implementing Collaboration in Inpatient Room of Andi Makkasau Regional Hospital, Pare-Pare City 2015**

		<i>Nurse Performance in the Implementation of Nurse-Doctor Collaboration</i>				Total		<i>*p</i>
		Poor		Good		n	%	
		n	%	n	%			
Collaboration Indicator "Common Interest"	Poor	10	76,9	3	23,1	13	100	0,020
	Good	8	36,4	14	63,6	22	100	

\*Chi-Square Test

Source: Primary Data 2015

**Table 4: The Relationship of Collaboration Indicators of "Common Goals" with Nurses' Performance in the Implementation of Collaboration in the Inpatient Room of Andi Makkasau Regional Hospital, Pare-Pare City, in 2015.**

		<i>Nurse Performance in the Implementation of Nurse-Doctor Collaboration</i>				Total		<i>*p</i>
		Poor		Good		n	%	
		N	%	n	%			
Collaboration Indicator "Common Goals"	Poor	13	86,7	2	13,3	15	100	0,000
	Good	5	25,0	15	75	20	100	

\*Chi-Square Test

Source: Primary Data 2015

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