

## INTERPROFESSIONAL COLLABORATION AND TEAMWORK PRACTICES IN POST-OPERATIVE WOUND CARE MANAGEMENT AT HOSPITAL OF BANDA ACEH

Isneini<sup>1</sup> \*, Hermansyah<sup>1</sup>, Nurleli<sup>1</sup>, Erlangga Galih Zulva Nugroho<sup>1</sup>, Fida' Husain<sup>2</sup>

<sup>1</sup>Jurusan Keperawatan Banda Aceh, Poltekkes Kemenkes Aceh, Indonesia

<sup>2</sup> Program Studi Ilmu Keperawatan, Fakultas Ilmu Kesehatan, Universitas 'Aisyiyah Surakarta

\*e-mail: [isnmanaf@yahoo.co.id](mailto:isnmanaf@yahoo.co.id)

### ARTICLE INFO

**Keywords** : *Interprofessional collaboration; teamwork; wound care management, postoperative wound*

### ABSTRACT

**Background:** The practice of treating surgical wounds is a nursing action that has a risk of bacteria entering the body which can cause infection. This treatment requires the cooperation of a team of wound nurses and interprofessional collaboration in providing quality wound care. **Objective:** To determine the relationship between interprofessional collaborative practice and nurse teamwork on the quality of wound care management in postoperative patients at RSUD Dr. Zainoel Abidin Banda Aceh in 2022. **Methods:** research design using cross-sectional observation with a sample size of 58 nurses in 6 dr. Zainoel Abidin Hospital (RSUDZA), Banda Aceh. **Results:** There is a significant relationship between Interprofessional collaborative practice and the quality of postoperative wound care management ( $p = 0.0001$ ) and there is a significant relationship between Nurse Team Work Practices and the quality of postoperative wound care management ( $p = 0.014$ ). **Conclusion:** There is a relationship between the medical team's interprofessional collaborative practice and the nurse's teamwork practice with the quality of postoperative wound care management in the postoperative ward dr. RS Zainoel Abidin. So it is suggested that there is an increase in collaboration practices, teamwork and better management of surgical wound care in the service.

### INTRODUCTION

Currently the practice of wound care is experiencing rapid development. This is in line with the high number of wound infections that are spread throughout the world (Br. Sidabutar et al., 2019). In the hospital, one of the priority acute wound care is incision wounds in postoperative patients. Incisions wounds that are intentionally made into the skin using a scalpel according to surgical procedures (Aminuddin et al., 2020).

The size of the surgical wound depends on the type and location of the operation performed. The large diameter of this surgical wound is a door for bacteria that triggers infection as the main complication of surgery. This incident was due to the entry of microorganisms into the wound from nurses and teams, the environment, instruments and from the patient himself (Nursanty & Arofiati, 2020).

Many cases of recent wound infection patients require the cooperation of a team of wound nurses and interventions from various interprofessionals in developing quality wound care procedures by adding elements of good wound medicine, adequate nutritional intake and professional wound dressing changes. This is possible through good communication between doctors, nurses, nutritionists and other professionals who participate in wound care. However, several realities that have occurred so far have not worked out that way because health workers in Indonesia are still not able to collaborate properly due to egos in each and every profession. (Titania, 2017). This shows doubts about the implementation of quality wound care management. Especially in the treatment of postoperative patient wounds which are corrective actions or repairing the body's organs so that they return to normal so it is very important to treat these wounds from infection (Susilaningsih et al., 2017).

Postoperative wound care requires a multidisciplinary approach so collaboration is very important. Quality wound care management is carried out through changing clean and sterile mouths by nurses, regulating adequate nutritional intake by nutritionists and using drugs to prevent infection prescribed by doctors. However, in reality, various factors inhibit the implementation of interprofessional collaboration practices, starting from

Volume 21 Number 1, Februari 2023

individual factors such as character, competence and communication between professions, group factors such as limited staff both in quantity and quality and hierarchy/seniority), to organizational factors such as influencing the existence of a National Health Insurance financing scheme that limiting multidisciplinary collaboration in outpatient care. Currently the collaboration pattern formed is still at a consultative level (Yulianti, 2021).

This does not rule out the possibility of nurses working under pressure. In addition, wound care procedures that do not follow standards are the cause of post-surgical infections. This condition occurs because the nurse considers that the existing Standard Operating Procedures (SOP) are impractical to implement resulting in poor quality care, such as not using sterile gloves or equipment, food that is not nutritious, or an irregular schedule for using antibiotics (Nursanty & Arofiati, 2020).

Currently, the practice of collaboration and teamwork is felt to be not optimal as a result of the interests of each profession. Differences in the level of medical knowledge, skills in medical action and communication between health professionals should be the subject of study. There is no clear description of the implementation of the collaboration and teamwork of implementing nurses at RSUDZA Banda Aceh that needs to be studied.

## **METHODS AND MATERIALS**

This type of research is quantitative research with a correlative approach. The research design was based on a cross-sectional approach conducted in dr. Zainoel Abidin hospital (RSUDZA), Banda Aceh. The population in this study were all practicing nurses in the inpatient rooms for male and female surgical care, namely the Raudah 2, Raudah 3, Raudah 4, Raudah 5, Raudah 6 and Raudah 7 rooms at RSUDZA in 2022 with a total of approximately 108 people. By using the Slovin formula with a coefficient of 0.10, a sample of 52 people is obtained. Furthermore, the determination of the research sample used a total sampling technique, where all nurses who worked/served in the morning, afternoon/evening and night shifts, were not unwell, were not on maternity/birth leave or permission not to work and were willing to be respondents as evidenced by signing the Informed Consent.

The distribution of questionnaires served as the means of data collecting. The first step in measuring the results of this study's respondents' participation is to explain to them the goals and advantages of the study, how to complete the questionnaire, how long it will take, and the time commitment necessary. By taking measurements of respondents who are comparable to the research sample, the validity and reliability of the questionnaire have been validated. Experts corrected the substance of several of

Volume 21 Number 1, Februari 2023

the same assertions as those in questions 1 and 15, which were similar and had already been corrected, as part of the instrument validity test. The instrument was also tested on 10 nurses whose patients had conditions that were almost identical to those of the research participants. The results of the analysis lead to the deletion, repair and creation of several statement items so that they become valid and reliable.

Data analysis in this study was carried out using univariate and bivariate chi square tests. this research was conducted after obtaining permission or approval from the aceh ministry of health poltekkes research ethics commission, permission to use research land from the hospital and approval to fill out a questionnaire from respondents. this activity is carried out by taking into account aspects of research ethics which include informed consent, anonymity, and confidentiality.

## **RESULTS AND DISCUSSION**

Table 1 shows that nurses in post operative ward of RSUDZA hospital are dominated by early adulthood and there are female nurses. In employment status, most nurses have become civil servants, 79.3% compared to non-civil employee nurses. The nurse is above the average nurse graduate with a maximum working period of between 5-10 years at the hospital. The last, the most widely of nurse position were care giver.

**Table 1. Characteristics of nurses of postoperative ward of dr. Zainoel abidin Hospital in Banda Aceh city (n = 58)**

	<b>Catagory</b>	<b>f</b>	<b>%</b>
Ages	Latest Adolescent	0	0
	Early Adults	<b>55</b>	<b>94.8</b>
	Latest Adult	3	5.2
Sex	Male	8	13.8
	female	<b>50</b>	<b>86.2</b>
Employment status	NON Civil servant	12	20.7
	Civil servant	<b>46</b>	<b>79.3</b>
The last education	Ners	34	58.6
	D-III	24	41.4
Period of employment	> 10 years	9	15.5
	5 - 10 years	<b>33</b>	<b>56.9</b>
	< 5 years	16	27.6
Position	Team leader	6	10.3
	Care giver	<b>47</b>	<b>81</b>
	Konselor	1	1.7
	Assosiate	1	1.7
	Nursing assistant	1	1.7
	Vice head of ward	2	3.4
Total		58	100

Table 2 shows that most of the interprofessional collaboration practices at RSUDZA hospital are in the fairly good category. This is shown from the data where 62.1% of nurses said the practice of collaboration in the room was quite good.

**Table 2. Frequency distribution of interprofessional collaboration practices in ward**

<b>Catagory</b>	<b>f</b>	<b>%</b>
Excelent	12	20.7
Good	34	58.6
Not good/bad	12	20.7
<b>Total</b>	<b>58</b>	<b>100 %</b>

In table 3 it can be seen that most of the team work practices of nurses at RSUDZA Hospital are mostly in the pretty good category. This is shown from the data where 58.6% are nurses said the practice of team work in the room was quite good.

**Table 3. Distribution of the frequency of nurses' team work practice in ward**

<b>Catagory</b>	<b>f</b>	<b>%</b>
excelent	7	12.1
Good	36	62.1
Not good/bad	15	25.9
<b>Total</b>	<b>50</b>	<b>100 %</b>

Based on table 4, it can be seen that the quality of postoperative wound care management in ward is mostly at moderate or medium levels. This is shown from the data where 67.2% of nurses have experienced the practice of postoperative wound care which has been carried out quite well.

**Table 4. Frequency distribution of the quality of postoperative wound care management in ward**

<b>Catagory</b>	<b>f</b>	<b>%</b>
High	13	22.4
Moderate	39	67.2
Low	6	10.3
<b>Total</b>	<b>58</b>	<b>100 %</b>

The statistical test results in Table 5 show a value of 0.0001 <0.05, which means that there is a significant relationship between Interprofessional Collaborative Practices and the quality of postoperative wound care

collaboration practices result in a moderate level of quality wound care management.

**Table 5. The practice of interprofessional collaboration with the quality of postoperative wound care management in ward**

		the quality of postoperative wound care management			Total
		High	Moderate/average	Low	
Interprofessional Collaborative Practices	Good	4 57.1%	3 42.9%	0 0.0%	7 100 %
	Enough	9 25.0%	27 75.0%	0 0.0%	36 100 %
	Less	0 0.0%	9 60.0%	6 40.0%	15 100 %
Total		13 22.4%	39 67.2%	6 10.3%	58 100 %

The table 6 illustrates the value of data analysis p 0.014 <0.05 so that it can be interpreted that there is a significant relationship between nurse team work practices and the quality of postoperative

wound care management. In the practice of nurse teamwork that is quite good in wound care, the quality of wound care management is at a moderate level or at a standard position.

**Table 6. Relationship between nurse team work practices and the quality of postoperative wound care management in ward.**

		the quality of postoperative wound care management			Total
		High	Average	Low	
Team Work practices	Good	10 83.3 %	2 16.7 %	0 0.0 %	12 100 %
	Moderate	2 5.9 %	30 88.2 %	2 5.9 %	34 100 %
	Less	1 8.3 %	7 58.3 %	4 33.3 %	12 100.0%
Total		13 22.4 %	39 67.2 %	6 10.3 %	58 100 %

## **DISCUSSION**

### **Interprofessional Collaborative Practice in the surgical ward of RSUDZA Banda Aceh.**

Based on the analysis of the data, it was found that the majority of nurses thought that interprofessional collaborative practice in the surgical ward had been well implemented. This is evidenced by the nurses assessing that each member of the medical team has listened to each other and share information, work together to clarify ideas, ask questions and provide feedback during collaborative discussions between nurses, midwives, doctors, nutritionists and pharmacists taking place every day. This situation is in accordance with research conducted by Cahya, L,U in 2018 at dr. Soebandi Hospital of Jember which shows that all nurses have a positive collaborative attitude or support collaborative attitudes. Likewise research by Wardhani, U, C. et al, in 2021 it was found that most of the interprofessional collaboration at Batam City hospital had positive collaboration. The highest collaboration assessment lies in the statement that the nurse is a co-worker and doctor's colleague, not a doctor's assistant and the nurse must make clarifications when they know that the doctor's orders may have the potential to be harmful to the patient. Other factors that influence collaborative practice in hospitals are age, education, social and

Volume 21 Number 1, Februari 2023

interpersonal considerations, physical, organizational and institutional environment, behavior, intrapersonal and intellectual. Health worker partnerships in interprofessional collaboration can be grown from the results of good interpersonal relationships (Widyastuti, 2018).

Models of collaborative practices that can be implemented are also an influence. Like a study at Cibabat Hospital, West Java. Where by disseminating models of inter-professional collaborative practice to the profession of doctors, nurses, clinical pharmacists and nutritionists it becomes the basis for realizing integrated, focused patient care and getting more attention (Susilaningsih et al., 2017).

Collaboration is a pattern and form of relationship between individuals who wish to share, participate fully, and mutually agree or agree to take joint action by sharing information, sharing resources, sharing benefits, and sharing responsibility in joint decision making. to achieve common goals or to solve various problems faced by who collaborate (Sari & Wiryansyah, 2020). In the example of collaboration sharing information such as the type of medicine needed, sharing resources such as sharing tasks and managing joint care costs, sharing benefits such as getting incentives for medical

ISSN 1858-3385, E-ISSN 2549-7006 128

services, and responsibilities to make work lighter.

Researchers assume that every collaborative practice in hospital services always gets a positive response from various professions. However fluency is distinguished by the level of education, work experience and communication skills. This also depends on the coordination of the roles of each profession which causes collaboration in nursing services to be good.

#### **Team work practice for wound nurses in the surgical ward of RSUDZA Banda Aceh.**

From the research data collected, it shows that the practice of team work for wound nurses in the surgical ward of RSUDZA Banda Aceh is quite good. This can be seen from the positive perceptions of nurses who are quite good in teamwork practices both in delegating nursing duties, caring for co-workers, adapting to work groups, respecting others, being able to work together, being selfless and having mutual trust among team members.

Previous research at RSUD Dr. Saiful Anwar Malang, described the value of team work as higher. This is because the cooperation of nurses in completing nursing tasks is very good, nurses are very good in expressions that describe the emergence of synergy in people who bind themselves in groups. Senior nurses and junior nurses, nurses on duty in the

morning, afternoon and evening will have a relationship of interdependence and work together to solve patient problems relay from time to time, any changes in patient data are always reported in the next shift (Saleh, 2020). The results of the same study were conducted on nurses at Kotamobagu Hospital, North Sulawesi. In this study it was explained that the perception of teamwork on nurse performance was 85.4% good. This shows that the practice of nurses in a work team at the hospital is considered good (Darmin et al., 2022). Nurses who have good teamwork will improve the quality of service in the workplace because each nurse will feel that the work they are doing will give meaning to the nurse's life, a sense of togetherness will grow because they can help colleagues in the team to complete tasks, and Psychological support will encourage the desire of nurses to improve the quality of nursing services for each patient (Riana, 2019). Working in teams at each hospital must have an effective, efficient and accountable organization. One way to improve performance is to create solid teamwork and build a strong organizational culture. The author argues that teamwork practices can be implemented well in nursing services in hospital inpatient rooms because nurses feel that the work they do together will provide a good work

experience where a sense of togetherness grows, helping colleagues, completing tasks, encouraging nurses. to improve the quality of nursing services to each patient. So that it creates a positive perception of the application of teamwork practices and encourages or motivates the desire of nurses to work in teams both in delegating nurse duties, caring for co-workers, adapting to work groups, respecting others, being able to work together, being selfless and having an attitude of mutual trust fellow team members.

#### **Quality of postoperative wound care management in the postoperative inpatient room of RSUZA Banda Aceh.**

Research data on the quality of postoperative wound care management in the Raudhah inpatient room at RSUDZA Banda Aceh is at moderate or medium level. This is shown by the fact that the majority of nurses have experienced postoperative wound care practices that have been carried out quite well, such as basic wound assessment, wound washing and cleaning, wound dressings and how to prevent infection of the wound that has been carried out properly.

The results of this study are similar to previous studies related to the ability of wound nurses at Pusri Hospital and Ar-Rasyid Palembang Islamic Hospital in 2020. This is due to the sufficient level of knowledge of nurses due to the

Volume 21 Number 1, Februari 2023

socialization of wound care methods so that nurses working at the hospital have Able to understand wound care techniques If traced, the factors that influence the management of postoperative patient wound care is knowledge (Sari & Wiryansyah, 2020). There is a relationship between nurses' knowledge of wound care and postoperative wound care techniques. Skills, understanding, and experience are needed in performing wound care techniques. Where without skills, understanding and experience, nurses will not be able to follow methods or techniques in wound care (Darmin et al., 2022).

The author assumes that good management of postoperative wound care in hospitals can be carried out properly because nurses have good knowledge and experience. Nurses must be able to understand wound care techniques, especially postoperative wounds which must be handled specifically to prevent infection. According The existence of mastery of information, skills, understanding, and experience causes postoperative wound care techniques to be carried out with good judgment (Purba, 2020). This happens because knowledge and information provide positive aspects that encourage nurses to behave and practice good wound care management.



## **Interprofessional Collaborative Practice relationship with the quality of postoperative wound care management.**

The results of statistical tests showed that there was a significant relationship between interprofessional collaboration practices and the quality of postoperative wound care management. Interprofessional collaboration practices that are quite well carried out by the team result in the value of the quality of wound care management at a moderate or quite good level as well. This means that the values of the variables that affect and are affected are balanced. This is more due to the fact that not all nurses have perfect knowledge about collaboration practices and management of postoperative wound care. However, nurses realize that collaborative practice and management of postoperative wound care is very necessary for patients because in this practice the professions involved will share information or ideas, give each other ideas, activities that generate discussion and give feedback to each other are a form of service effort. healthcare to ensure patient safety (Febriansyah et al., 2020).

In a previous study, a literature review entitled the implementation of interprofessional collaboration between health workers in hospitals in Indonesia described that Interprofessional Collaboration (IPC) can increase the level

of patient safety and improve the quality of service in hospitals (Ita et al., 2021). Interprofessional Collaboration between health workers has several impacts such as the impact on patient safety, patient satisfaction and quality of hospital services, while several factors that influence the implementation of interprofessional collaboration are communication, different educational backgrounds and limitations in understanding each other's roles (Wardhani et al., 2021).

On the other hand, postoperative wound care management needs to consider the homeostatic state of the patient's body by paying attention to nutritional status, hydration, and comorbidities.(Novita et al., 2018). To administer antibiotics and treat co-morbidities, you need a doctor and to prevent malnutrition, you need collaboration with a nutritionist. This collaborative activity is part of the nurse's actions in wound nursing management (Wijaya, I, M, S,. 2018).

Interprofessional collaboration is run to work together, collaborate, communicate, and integrate services in teams to ensure continuous and reliable care (Sharfina, 2019). Collaboration requires nurses to be able to communicate effectively with the healthcare team, patients and caregivers to integrate safe and effective care. So it can be said that communication is the key to

collaborative patient care (Rokhmah & Anggorowati, 2017).

In addition, educational background affects collaboration which has an impact on the knowledge level of nurses. There is a relationship between the level of knowledge about wound care and nurse compliance in carrying out wound care procedures. Good knowledge can affect nurse compliance in carrying out wound care procedures (Mugianti, S. 2016).

In this case the researchers argue that the quality of postoperative wound care management really requires interprofessional collaboration. However, effective communication skills are needed for every team member involved. When collaborative practice is effective, it will have an impact on increasing the knowledge of nurses who will integrate the information obtained into the practice of postoperative wound care.

### **The relationship between nurse teamwork practices and the quality of postoperative wound care management.**

Based on research statistical tests, it was found that there was a significant relationship between nurses' Teamwork practices and the quality of postoperative wound care management. The findings show that the nurse's teamwork practice is quite good so that the quality of postoperative wound care management is at a moderate level or wound care activities

Volume 21 Number 1, Februari 2023

are at standard limits. Many nurses think that their work in the work team is very good even though it is not good when assessed objectively. So that the nurse's knowledge and perceptions have an impact on the implementation of team work and wound care management which is of good value.

In research at RSUD Dr. Saiful Anwar Malang described that there is a positive and significant influence between teamwork on nurse performance where the average value of teamwork is in the very high category. The nurse work team looks very expressive, giving rise to synergy in the people who are involved in the work group (Rianto et al., 2020).

The results of other studies at the Sunan Kalijaga Regional General Hospital, Demakd Regency, found that team work has a positive and significant effect on nurse performance. Team work practices that go well will have a positive impact on the performance of nurses in carrying out their obligations to complete their duties as a nurse (Rahma et al., 2016). Team work makes a more dominant contribution to nurse performance. Thus giving birth to the performance of nurses as a team which makes a work organization continue to grow (Siregar et al., 2020).

In another study at Kotamobagu City Hospital, North Sulawesi, it was found that the perception of teamwork had a

ISSN 1858-3385, E-ISSN 2549-7006 132

significant effect on the performance shown by nurses in carrying out nursing care. The nursing team needs to discuss ideas and ideas for solving problems using various methods (Darmin et al., 2022).

In the care of surgical wounds requires a team of nurses who will manage postoperative wound care procedures. In a study in the inpatient room of the TK Hospital. II Pelamonia Makassar said that there was a significant relationship between communication, the role of team leader, responsibility, and the performance of nurses in carrying out nursing care Nurse's good performance in the team is related to the role of team leader (Novita et al., 2018). This is because the nurse still accepts and appreciates the leadership of the team leader, but has no impact on improving the performance of its members (Siregar et al., 2020).

Surgical wound care requires cooperation in a team and also involving the family in care, education and interprofessional collaboration is the key to successful treatment to prevent the after-effects of acute wounds (Murwaningsih & Waluyo, 2021). The division of tasks into groups is carried out by the group leader/Team Leader. In addition, the Team Leader is responsible for directing his members before assignments and receiving progress reports on client nursing services and assisting team members in completing

tasks when experiencing difficulties (Mugianti, S. 2016).

### **Conclusions and Suggestions**

The practice of interprofessional collaboration and teamwork of nurses in the postoperative ward is in the pretty good category and the quality of postoperative wound care management is in the middle or moderate quality level. however, there is a relationship between interprofessional collaborative practice and nurse teamwork with the quality of postoperative wound care management in the postoperative inpatient ward of general hospital dr. zainoel abidin banda aceh so that it is necessary to increase the knowledge and skills of nurses regarding the practice of interprofessional collaboration, teamwork and better management of postoperative wound care in services based on evidence based practice care every day. With the team method, there is a division of tasks for each member in the implementation of nursing care, including duties as a member in the practice of interprofessional collaboration. Researchers assume that wound care management cannot be carried out by just one nurse. However, nurses need a team that will manage the implementation of wound Therefore, it can be said that teamwork practices are related to the implementation of surgical wound care management.

## REFERENCES

- Aminuddin, M., Sukmana, M., Nopriyanto, D., & Sholichin. (2020). Modul Perawatan luka. In *Gunawana Lestari* (Vol. 1, Issue ISBN 978-623-94964-9-4).  
<https://jurnal.poltekkespalembang.ac.id/index.php/jkm/article/download/987/413/>
- Br. Sidabutar, A. M., Patty, R. A., Simanjuntak, S., Kartika, L., & Aiba, S. (2019). Gambaran Pengetahuan Perawat Tentang Perawatan Luka Modern Dressing di Satu Rumah Sakit Swasta di Indonesia Barat. *Jurnal Keperawatan Raflesia*, 1(2), 77–86.  
<https://doi.org/10.33088/jkr.v1i2.415>
- Darmin, D., Ningsih, S. R., Kaseger, H., Sarman, S., & Sudirman, S. (2022). Persepsi Teamwork terhadap Kinerja Perawat dalam Melaksanakan Asuhan Keperawatan. *JURNAL KESEHATAN PERINTIS (Perintis's Health Journal)*, 9(1), 1–6.  
<https://doi.org/10.33653/jkp.v9i1.777>
- Febriansyah, F., Kusumapradja, R., & Ahmad, H. (2020). The Role Of Teamwork In Improving Patient Safety Culture. *Jurnal Medicoeticolegal Dan Manajemen Rumah Sakit*, 9(1), 41–52.  
<https://doi.org/10.18196/jmmr.91115>
- Ita, K., Pramana, Y., & Righo, A. (2021). Implementasi interprofessional collaboration antar tenaga kesehatan yang ada di rumah sakit Indonesia : Literature review. *Jurnal ProNers*, 6(1), 1–6.
- Murwaningsih, E., & Waluyo, A. (2021). Manajemen Perawatan Luka Akut. *Jurnal of Telenursing (JOTING)*, 3(2), 173–180.  
<http://www.ufrgs.br/actavet/31-1/artigo552.pdf>
- Novita, E. B., Alfiah, A., & Latief, H. A. (2018). Hubungan Penerapan Teamwork Dengan Kinerja Perawat Dalam Melaksanakan Asuhan Keperawatan Di Ruang Rawat Inap Rumah sakit TK. II PELAMONIA Makasar. *Jurnal Ilmiah Kesehatan Diagnosis*, 12(4), 383–388.
- Nursanty, O. E., & Arofiati, F. (2020). Penerapan Standar Operasional Prosedur Perawatan Luka Bersih melalui Pelatihan Perawatan Pasca Operasi. *Jurnal Ilmiah Kesehatan*, 19(01), 29–37.  
<https://doi.org/10.33221/jikes.v19i01.532>
- Purba, M. A. (2020). Peningkatan Komunikasi Dalam Pelaksanaan Interprofessional Collaboration Pada Pasien Di Rumah Sakit. In *37th European Photovoltaic Solar Energy Conference (EUPVSEC)* (Vol. 16, Issue 1).
- Rahma, A., Mas'ud, F., & MIR. (2016). Pengaruh Penerapan Konsep Team Work Dan Budaya Organisasi Terhadap Kinerja Perawat (Studi Pada Rumah Sakit Umum Daerah Sunan Kalijaga Kabupaten Demak). *Diponegoro Journal of Management*, 5(4), 1–11.  
<http://ejournal-s1.undip.ac.id/index.php/dbr>
- Riana, L. W. (2019). Pengaruh Kerjasama Tim dan Kepuasan Kerja Terhadap Kualitas Pelayanan. *Psikoborneo: Jurnal Ilmiah Psikologi*, 7(1), 76–82.  
<https://doi.org/10.30872/psikoborneo.v7i1.4708>
- Rianto, Survival, & Purwanto, A. (2020). Pengaruh Beban Kerja Dan Komitmen Organisasional Terhadap Kinerja Perawat Serta Peran Teamwork Sebagai Variabel Mediasi. *Jurnal Ilmu Manajemen*, 6(2), 93–111.

<https://doi.org/10.1016/j.jnc.2020.125798%0>

- Rokhmah, N. A., & Anggorowati. (2017). Komunikasi Efektif Dalam Praktek Kolaborasi Interprofesi Sebagai Upaya Meningkatkan Kualitas Pelayanan. In *Journal of Health Studies* (Vol. 1, Issue 1).
- Saleh, C. (2020). Konsep, Pengertian, dan Tujuan Kolaborasi. In *Dapu6107* (Vol. 1).
- Sari, L., & Wiryansyah, O. A. (2020). Hubungan Tingkat Pengetahuan Perawatan Luka Terhadap Kepatuhan Perawat Dalam Prosedur Perawatan Luka. *Jurnal Kesehatan Dan Pembangunan*, 10(19), 44–55. <https://doi.org/10.52047/jkp.v10i19.60>
- Sharfina, D. (2019). Pentingnya Kolaborasi Antar Profesi Demi Keselamatan Pasien di RS. *Osf Preprints*, 1–8. <https://osf.io/k6cza>
- Siregar, P., Siregar, M., & Isnaniah. (2020). “Pengaruh Kerjasama Tim dan Kompetensi Terhadap Kinerja Perawat Rumah Sakit Permata Bunda Medan.” *Jurnal Ilmiah Manajemen Dan Bisnis*, 1(1), 1–13.
- Susilaningsih, F. S., Mediani, H. s, Kurniawan, T., Widiawati, M., Maryani, L., & Meherwati, I. (2017). Sosialisasi Model Praktik Kolaborasi Interprofesional pelayanan kesehatan di Rumah sakit. *Jurnal Aplikasi Ipteks Untuk Masyarakat*, 6(1), 10–13.
- Titania, E. L. (2017). Pentingnya Kolaborasi Antar Tenaga Kesehatan Dalam Menetapkan Keselamatan Pasien. *Journal of Chemical Information and Modeling*, 53(9), 1689–1699.
- Wardhani, U. C., Muharni, S., & Samosir, M. (2021). Hubungan Kolaborasi Interprofesional Perawat Deker Dengan Keselamatan Pasien Di RSBP Kota Batam Tahun 2021. *IVJ (Initium Variety Journal)*, 1(1), 1–5. <https://journal.medinerz.org/index.php/IVJ>
- Widyastuti, C. S. (2018). Analisis Faktor Kesiapan Perawat Dalam Praktik Kolaborasi Interprofesional Di Rumah Sakit Panti Nugroho Yogyakarta. *Media Ilmu Kesehatan*, 7(1), 71–81. <https://doi.org/10.30989/mik.v7i1.269>
- Yulianti, S. (2021). Faktor-Faktor Penghambat Penerapan Praktik Kolaborasi Interprofesi Kesehatan. In *Universitas Gadjah Mada*. <https://www.ugm.ac.id/id/berita/21444-faktor-faktor-penghambat-penerapan-praktik-kolaborasi-interprofesi-kesehatan>. Diakses tanggal 24 januari 2023
- Wijaya, I, M, S,. 2018. Perawatan luka dengan pendekatan multidisiplin, edisi 1, ANDI, Yokyakarta.