

EVALUATION RESULTS INTERPROFESSIONAL BEDSIDE ROUNDS ACTIVITIES INPATIENT ROOM RSUD DR RUBINI MEMPAWAH

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ABSTRACT

Introduction Interprofessional Bedside Rounds are a case of collaboration carried out by the Interdisciplinary case. Professional Care Providers (PCA) consist of doctors, nurses, pharmacists, nutritionists, and physiotherapists in case management, which consists of complex cases, rare cases, rare cases found, and new trials involving patients and families that contribute to improving patients and improving the quality of services. It carried methods. The research on using a mixed methods approach with parallel quantitative and qualitative convergent designs it carried out together. It carried out qualitative analysis using a phenomenological study approach, while in quantitative research, a practiced descriptive. In-depth interviews with 5 PCA participants carried qualitative data collection out. Meanwhiles, quantitative research uses secondary data from observation documents on patient safety and PPA safety goals. The results of the qualitative analysis get nine topics: interprofessional collaboration, activity systematics, collaboration characteristics, experiences, perceptions, patient safety goals, PCA safety, autonomy, and competence. While the results of quantitative research got data on patient safety targets of 97.52% and PCA safety data of 98.49% by following national standards. The results of qualitative and quantitative studies complement and reinforce each other. The conclusions of this study suggest that interprofessional bedside rounds between PCA have a synergistic relationship for the establishment of communication and cooperation, as well as an increase in knowledge so that it can realize optimal goals of patient safety and PCA safety.

INTRODUCTION

Professional Care Providers (PPA) is an interdisciplinary team consisting of doctors, nutritionists, physiotherapists, pharmacists and nurses who provide care to patients whose role is to facilitate the fulfillment of patient care needs, optimize the implementation of patient centered care, communication and coordination, education and advocacy, quality control and patient care costs (KARS, 2017). PPA works as a team in providing integrated care, where each performs an assessment based on information gathering, conducts analysis to create a care plan where the Doctor in Charge of Service (DPJP) is the head of the care team that integrates care, including determining the urgent needs for inpatients (KARS, 2018). To achieve the level

of safety and improve the quality of services, PPA must cooperate and coordinate well and continuously by collaborating between disciplines known as Interprofessional (IPC).

Interprofessional collaboration is a process of collaboration between groups of different health professionals to have a positive impact on care or care, professionals carry out regular negotiations and interactions by appreciating the expertise and contributions made by various health professionals in patient care, IPC can be well established if there is good communication. effectively and efficiently carried out by professional care providers so that patient safety can be achieved optimally (Dittman & Hughes, 2018). IPC can be affected by issues related to imbalance of authority, limited understanding of roles and responsibilities, and friction of professional boundaries when providing care to patients (Reeves et al., 2017).

Effective and efficient communication between PPAs in hospitals uses SBAR communication (Situation, Background, Assessment, Recommendation) (KARS, 2017). SBAR communication is used when PPAs conduct rounds involving various disciplines through interprofessional bedside rounds (IBR), this will have a positive impact on patient safety and improve the quality of care provided, where PPA is a Caregiver for patients and families. Therefore, PPA must cooperate well and effectively with patients and families by treating patients or their families as partners in case management. In case management, apart from having a Doctor in Charge of Service (DPJP), there are also Nurses in Charge of Care (PPJA), nutritionists, pharmacists, and physiotherapists, who have full responsibility for the patient in providing care.

The nurse in charge of care has full responsibility for the patient from admission to discharge (KARS, 2017). The PPJA assignment model aims to build good relationships between nurses, other PPAs and patients. A PPJA is a competent nurse with a functional level of expert nurse-Ners at least PK II who meets the competency assessment as PPJA (PerMenPan no 25 of 2014). PPJA together with other PPAs have responsibility for the care provided, for the creation of patient safety as implied in PMK no 26 of 2019.

The research of Galleryzki, Hariyati, and Afriani (2021) which examined the relationship between safety attitudes and the implementation of patient safety goals stated that there were factors that affecting patient safety, including gender, age, work experience, and career path of ($P < 0.05$) so that it can be concluded that there is a significant relationship between safety attitudes and the implementation of nurse safety where it is obtained ($r = 0.441$, $p < 0, 01$). In order for interdisciplinary care to be carried out properly, adequate staff is needed which is the key to improving the quality of care and staff retention, inadequate staff will harm patients and will have a negative impact on the quality of care provided in addition to having an impact on the profession (Miller, 2019).

Hospitals and nurse managers in this case PPJA have an important role in improving patient safety to avoid unwanted incidents by utilizing resources optimally. Liana, Lestari, Dwijayanti, and Fauziah (2021) stated that there are three variables that influence patient safety culture, namely safety climate, situational and safety behavior where situational variables have the greatest influence on safety culture; both patient and staff safety. In addition, indicators of compliance and risk management are indicators that have an influence on safety culture.

Interprofessional bedside Rounds is a round carried out between PPA consisting of (doctors, nurses, pharmacists, nutritionists, physiotherapists) by involving patients and families as partners or partners in managing cases, in complex cases, rare cases, rare cases and new cases, which is an effective strategy that aims to improve services and quality of care so that patient safety is achieved. In line with that, the rounds carried out also aimed to develop skills

in decision making for the establishment of an effective and efficient IPC for the creation of a work safety culture.

Interprofessional bedside rounds are an important element in providing care for the creation of patient safety. The non-optimal process carried out in hospitals will affect the quality of health services so that a nurse's commitment is needed that leads to better changes in accordance with the hospital's vision and mission (Kasanah, 2021). In its implementation, IBR is influenced by several factors, including: knowledge, attitudes, subjective norms, and intentions (Moi et al., 2019). In order for IBR to be realized optimally, there must be a commitment made by the hospital by providing knowledge to PPA as a case manager, fostering positive attitudes, intentions and norms for the creation of quality care and creating a culture of patient safety. As stated by Marquis and Huston (2009), PPA case management must always refer to 5 management functions consisting of planning, organizing, staffing, directing and controlling which are interrelated and continuous so that IBR can run optimally.

Management residency program IV which was held at Dr Rubini Mempawah Hospital, on September 20, 2021 to December 15, 2021, researchers conducted observations and interviews in the implementation of 5 management functions. In the planning function, the researcher sees that the hospital has a vision and mission. Organizing Function The hospital has an organizational structure where there is a division of tasks from several sub-sections that are interconnected with each other.

The staffing includes staff reforms, namely by distributing the total number of nurses where 189 nurses are spread in 11 rooms including the ICU, IGD, Perinatology Room, Cempaka Room, Kenanga Room, Orchid Room, Jasmine Room, Puring Room, Ashoka Room, OK room and Mawar/midwifery room. The educational qualifications of DIII vocational nurses are 124 people, DIV are 23 people, professional nurses are 48 people, and credentials have been carried out in 11 rooms, but there is no PPJA determination and the distribution of nurses is not evenly distributed, with 169 beds available. spread over 11 rooms. On January 1, 2022, the managerial team made improvements by distributing nurses in the hospital. KARS (2018) states that in order to provide professional care, there must be a PPJA that is authorized to manage cases.

The function of direction: based on the findings obtained during the residency, among others; the rounds have not been implemented optimally and continuously, there is no special code blue team, there is still a lack of discipline of nursing staff in writing Nursing Care (ASKEP), the application of PPA has not been optimal. For this reason, nursing managers in particular and service managers direct and coordinate with various parties in order to find alternatives by providing direction to the head of the room and other PPAs to be able to carry out joint care by carrying out IBR, before doing IBR the researchers coordinate with the head of nursing and the head of the room. On November 18 to 23, researchers began to implement IBR together with other PPAs (Doctors, nurses, pharmacists, nutritionists and physiotherapists) by involving patients and families as partners, then the process that was applied needed to be controlled.

The control function in the implementation of IBR uses SBAR communication which aims to save time so that the information obtained can be more optimal and accurate, work security and safety becomes more effective and efficient. will create a culture of patient safety, job satisfaction and security for PPAs, so that service quality and patient satisfaction are achieved.

IBR implementation activities that have been carried out are evaluated to see the context, inputs, processes and products (Sugiyono, 2019). This evaluation is very important to do to assess the benefits and feasibility of the IBR program that has been developed.

This study aims to evaluate the results of the implementation of the rounds conducted between PPA (Interprofessional bedside rounds) which were carried out in the inpatient room of

Dr. Rubini Mempawah Hospital. And specifically, the objectives were 1) Identifying PPA's experience regarding the implementation of Interprofessional bedside Rounds inpatient room of RSUD dr Rubini Mempawah 2) Identifying PPA's perception about the implementation of Interprofessional activities beside Rounds inpatient room at RSUD dr Rubini Mempawah. 3) Identification of patient safety target documentation /Patient Safety in the Inpatient Room of RSUD Dr. Rubini Mempawah 4) Identification of Documentation of Safety of PPA in the Inpatient Room of RSUD Dr. Rubini Mempawah.

METHOD

The research method used in this study is a combination method (mix method). In this study, researchers used Mixed Methods in the evaluation. Where the evaluation is carried out with Mixed Methods, carried out systematically by integrating two or more evaluation methods (qualitative and quantitative). At each stage of the evaluation process by describing quantitative and qualitative data (Ambiyar & Dewi, 2019). The researcher uses The Convergent Parallel Design (parallel together) where the researcher uses mixed methods (qualitative and quantitative). Qualitative and quantitative data that have been obtained or have been collected are combined to reinforce or complete the research problems found and to provide a more complete understanding of the results of research that has been carried out.

RESULTS AND DISCUSSION

Table 1
Analysis of Experience Overview of PPA's Patient Safety and Security Goals

No	Category	Qualitative Data	Quantitative Data		Conclusions
			Goals of patient safety	Security of PPA	
1	Characteristics of collaboration	Collaboration: P3: "... teamwork seems to be more solid if for example together... " P4 : "At that time, we were discussing about one patient, together with all PPA... we were patients... assessing the patient's condition, we were both discussing... " P5: "... in... do rounds together... "	97.52%	98.49%	Qualitative data consisting of the characteristics of collaboration with the collaboration between PPAs; the implementation time of activities can be seen from the opinion of the PPA; the feeling of being appreciated by the feeling of pleasure felt by PPA was confirmed by quantitative data on patient safety goals of 97.52% and PPA safety of 98.49%.
2	Timing of implementation				
3	Feelings of Appreciation				

The themes obtained in this study provide an overview of the experiences experienced by PPA in conducting interprofessional collaborations. Wolff and Resnick (2012) states that experience is a category of thinking, a minimal unit of analysis that includes people (intellectual, affective, and practical characteristics), material and social environments, transactional relationships (influence each other) and influence, this is in line with the results interviews were conducted in which three sub-themes were found that compose the theme. The first sub-theme found in this study is the characteristics of collaboration. The characteristics of collaboration are the characteristics that exist or are found when collaboration is carried out. the category

obtained in this sub-theme is collaboration, the second sub-theme is the timing of the activity, which is the sequence of activities carried out or carried out. The category obtained in this sub-theme is opinion. The third sub-theme found in this study is feeling valued. Feeling valued is feeling given an opportunity or feeling respected. The category obtained in this sub-theme is happy. The sub-themes and categories emphasize team members to learn work skills (Stevens & Campion, 1994) to develop the "executive consciousness" needed to self-regulate and manage their work processes (Mills, 1967). Zhao et al. (2021) in his research stated that the collaboration between nurses and doctors as a whole showed a positive attitude towards the collaboration carried out by nurses and doctors in the implementation of IBR, with no significant differences found between nurses and doctors. While information sharing was reported as the most frequent collaborative activity, cooperative relationships were rated as the least frequent. The most common barrier was related to time issues, where nurses reported significantly greater perceived barriers to attending IBR were doctors. This is in line with the results of interviews obtained where a good work process is carried out by collaboration between PPA, opinions, creates feelings of pleasure when carrying out activities or interventions and is confirmed by data from observations of patient safety targets of 97.52% and PPA safety. of 98.49% means that it has a positive impact on the implementation of Interprofessional Collaboration.

Table 2
Analysis of PPA's Perception of PPA's Patient Safety Goals and PPA's security

No	Category	Qualitative Data	Quantitative Data		Conclusions
			Goals of patient safety	Security of PPA	
1	Wishing	Wish : P 1: "... hopefully...can run until the next and hopefully jak runs smoothly... " And P5 reveals: " ...should be more often done... "	97.52%	98.49%	Qualitative data consisting of wishes with expectations conveyed from PPA; processes that are passed automatically; science with a lack of confidence; quality of care with a caring attitude; analyzing interprofessional collaboration with the opinions expressed is confirmed by quantitative data on patient safety goals of 97.52% and PPA safety of 98.49%.
2	The Processes	automatically: P3" ... so that the patient is comfortable, we are comfortable... ", if for example he doesn't feel comfortable, it's automatically ... "			
3	Science	Lack of Confidence: P5" ... preparation of knowledge in their respective fields each ... afraid that there might be a shortage or we lack the bibliography ".			
4	Quality of care	Caring Attitude: P5 " ... more care, more care... " " ... forms of drug interactions... ", " ...more patient safety, care for patients ".			
5	Analyzing Interprofessional collaboration	Opinion: P 3: " ...there is doesn't take long for a while... if it's only 's not enough... each person asks maybe there's a lack of time.. because of the time..." Q 4: " ... 30 minutes is enough... " " ...from preparation, assessment, to discussion...from each PPA... "P 5: " ...the time may have to be extended ... "			

The themes obtained in this study provide an overview of PPA's perception of interprofessional collaboration. [Langton \(2006\)](#) states that perception is influenced by the situation (time, work setting, social setting), the perceiver (attitudes, motivations, interest, experience, expectation); the target (novelty, motion, sounds, size, background, proximity). This is in line with the results of interviews obtained where five sub-themes were found that make up the theme, which consist of; The first sub-theme found in this study is desire. Desire is having a desire to make changes or improvements. the categories found in this sub-theme are hope; The second sub-theme found in this study is the process that is passed. The process that is passed is a series of events that are lived or passed. the categories obtained in this sub-theme are automatically; The third sub-theme found in this research is science. Scientific knowledge is knowledge obtained from interprofessional collaboration, the categories obtained in this sub-theme are lack of confidence; The fourth sub-theme found in this study is the quality of care. Quality of care is the quality of care in terms of service delivery by PPA. The category found in this sub-theme is showing caring attitude. The fifth sub-theme found in this study is the process of analyzing interprofessional collaboration. The process of analyzing interprofessional collaboration is a process or method of studying, describing or analyzing collaborations or collaborations between professions, the categories found in this sub-theme are opinions.

[Liu and He \(2022\)](#) revealed that the components of the Health belief model (HMB) include: perceived susceptibility; perception of severity (perceived severity); perception of benefits (perceived benefits); perception of barriers (perceived barriers); (Cies to action) and self-efficacy). [Gonzalo, Kuperman, et al. \(2014\)](#) stated that the staff's perception of IBR The highest benefits were related to communication or coordination, including "improved nurse-physician communication;" the lowest benefits were related to efficiency, process, and outcomes, including "reduced length of stay" and "improved consultation timeliness." where Nurses reported the most favorable ratings for all items ($P < 0.05$). The ranking order for the 3 provider groups showed a high correlation ($r = 0.92$, $P < 0.001$). The highest barriers were related to time, including "nursing staff have limited time;" the lowest barriers were related to provider and patient factors, including "patient discomfort". [Sutoto \(2017\)](#) stated that the case manager has a very important role, namely as a coordinator, facilitator, education provider and also an educator. This is in line with the results of interviews where the PPA's perception that it was found that there was hope from the PPA to make changes or improvements by applying knowledge through the process that was passed or carried out to improve the quality of care by conducting analysis was confirmed by the observation results of patient safety targets of 97.52%. and the safety of PPA is 98.49%, which means that the implementation of the Interprofessional bedside round (IBR) has a positive impact on improving the quality of care or service quality.

A. Interprofessional Collaboration

The themes obtained in this study provide an overview of the collaboration between PPA. Dittman K, Hughes S, 2018 states interprofessional collaboration (IPC) is a process of collaboration between different professional groups to have a positive impact on care or care through regular negotiations and interactions by valuing the expertise and contributions made by various health professionals in patient care. IPC can be well established if there is effective and efficient communication carried out by PPA so that patient safety can be achieved optimally, for [Aini et al. \(2021\)](#) stated the presence of the Patient Service Manager (MPP) has an important role as part of the implementation of the Patient Center Care (PCC), in helping to improve interprofessional collaboration and increasing involvement and

empowerment of patients and families in patient care, resulting in outcomes, increasing patient satisfaction and service quality in hospitals, is in line with the results of in-depth interviews with four sub-themes found which composes the theme as described below:

- 1) The PPA's experience with the collaboration. Experience is the learning gained by a person or individual or team in the process of interacting with an event that is experienced or passed. Some of the categories found in this sub-theme are fear of dealing and self-confidence.
- 2) the PPA's perception of the collaboration. Perception is an interpretation process that is influenced by various factors, both internal and external factors from an individual in an effort to express his views on an action or intervention. Some of the categories found in this sub-theme are self-confidence and feelings of pleasure towards the profession.
- 3) Professional autonomy is the right, authority and obligation of a profession. The categories obtained in this sub-theme are competence, ensuring, agreeing, scientific.
- 4) Desire is having a desire to make changes or improvements. The category found in this sub-theme is hope.
- 5) Competence is the authority (power) to determine or decide something. the category found in this sub-theme is autonomy.

[Gonzalo, Wolpaw, Lehman, and Chuang \(2014\)](#) stated that there were independent factors associated with an increase in the incidence of IBR, namely senior residents, working days, team census size, and experience. In this study, researchers found the perceived experiences and positive perceptions of the PPA, the existence of professional autonomy, the wishes or expectations of the PPA and competence which is a complete component that has relevance in the implementation of Interprofessional Collaboration (IPC) for the creation of service continuity and quality care improvement.

B. Activity Systematic

This study provides an overview of the systematics of IBR activities. IBR is a model process carried out by two or more health professionals (doctors, nurses, pharmacists, nutritionists, physiotherapists) together with patients and families as part of a consistent team-based routine in order to share information and collaborate on daily care plans. This is in line with the results of interviews found with the sub-theme of activity procedures. The activity procedure is the activity stage to complete an activity. The category obtained in this sub-theme is the process of implementing activities. [Alberini et al. \(2022\)](#) stated that the IBR functioned to meet the needs of patients on a regular basis and to ensure patient safety. Peter R Lichstein and Hal H Atkinson 2018 state that efficient IBR requires patient and team preparation. by providing structure and timing activities. By using effective patient-centred communication. Clinical examinations can be integrated into the presentation flow and become a material for discussion, this has an impact on the creation of patient safety and PPA security in the process of providing care SOPs 97.52% and PPA security data when working as much as 98.49%. This illustrates that cooperation carried out in a harmonious, consistent and sustainable manner will have a positive impact on optimizing the quality of care.

C. Characteristics of Collaboration

This study provides an overview of the Characteristics of Collaboration. Interprofessional IPC is carried out as stated in [KARS \(2018\)](#) by conducting interprofessional collaboration in this case PPA consisting of (Doctors, nurses, nutritionists, pharmacists, physiotherapists) coordinating in providing care, interprofessional collaboration is carried out

in the context of making joint decisions about problems patient health (Susilaningsih, et.all, 2017) this is in line with the two sub-themes obtained, namely:

- 1) Decision is the way a person or individual or group takes a decision or action. The categories found in this sub-theme are autonomy
- 2) Professional autonomy is the right, authority and obligation of a profession. The category found in this sub-theme is science.

Heip, Van Hecke, Malfait, Van Biesen, and Eeckloo (2022) stated that Interprofessional bedside rounds have a potential positive influence on patient centering, quality of care, and team collaboration, and he also revealed that there are perceived barriers to the implementation of IBR, namely time constraints, lack of shared goals, varying responsibilities of different providers, hierarchies, and coordination challenges. This is in line with the results of interviews obtained by researchers regarding the characteristics of collaboration in the form of decisions and professional autonomy where decisions to be taken must be in accordance with the expertise of each profession, namely in accordance with their knowledge by prioritizing patient safety, where PPA is in accordance with the authority, and responsibilities are owned. the obligation to provide the best care for the creation of patient safety by intervening appropriately and correctly in accordance with existing guidelines so that not only optimal patient safety is realized, the safety of PPA will also be optimally realized. Sutoto (2017) states that MPP has the role of combining several characteristics such as coordinator, financial manager, problem solver, facilitator, counselor, planning manager, educator, and advocacy through a combination of several activities that are formed to support the goals and objectives of patient care programs and the application of guiding principles. to the practical side of the program.

D. Patient Safety Goals

This study provides an overview of patient safety goals. Patient safety goals are an effort made in order to realize patient safety. There is also an effort made by conducting interprofessional collaboration where PPA is an interdisciplinary team consisting of doctors, nutritionists, physiotherapists, pharmacists, nurses and others who provide care to patients where PPA plays a role in facilitating the fulfillment of patient care needs, optimizing the implementation service focuses on patients through communication, coordination, education, advocacy, quality control and patient care costs (KARS, 2018). The sub-theme of patient safety goals obtained from interviews is professional autonomy. Professional autonomy is the rights, authorities and obligations of a profession with categories found, among others: education, the process of implementing activities, science. This is in line with the role of the PPA. Cherry and Jacob (2017) states that by doing good and proper coordination, appropriate policies and procedures can be developed to help explain how a job will be done and by establishing position qualifications and clear job descriptions to determine who should do the job and this. gives the meaning that each PPA has rights, authorities and obligations in accordance with their knowledge. If a PPA knows their duties, rights and obligations, patient safety and PPA security will be created in harmony and sustainability so that the quality of care becomes more quantitative and quality.

Burdick et al. (2017) identified three main categories in IBR, including the process of implementing IBR, clinical information and the impact or value of patient-centered IBR that is effective to apply. The results of the interview found that patient safety goals will be achieved if there is a harmonious relationship between Interdisciplinary and respecting professional autonomy by prioritizing science, education in the process of implementing IBR

activities. ,49% which means that the quality of service is in accordance with the standard, so that the quality of care becomes optimal.

E. PPA safety in providing care

This study provides an overview of PPA security. Safe staffing is the availability of a number of staff who work together according to their level of expertise, available at all times to ensure that patient care needs are met and that hazard-free working conditions of staff. [Ana \(2019\)](#) identified the main elements needed to achieve the right care staff, which enhances the delivery of safe and quality health care. These principles include: Consumer Healthcare, Interprofessional Teams, Workplace Culture, Practice Environment, Evaluation. This is in line with the two sub-themes found from the interviews, namely competence and professional autonomy as described below:

- 1) Competence is the authority (power) to determine or decide something. The categories obtained in this sub-theme are in accordance with existing procedures and collaborations.
- 2) Professional autonomy is the right, authority and obligation of a profession. The category obtained in this sub-theme is scientific.

KARS, 2018 states that PPA works as a team in providing integrated care, where each performs an assessment based on information collection, conducts analysis to create a care plan where the Doctor in Charge of Service (DPJP) is the head of the care team that integrates care including urgent needs for patients. inpatient. [Zhao et al. \(2021\)](#) stated that the collaboration between nurses and doctors as a whole showed a positive attitude towards nurse-doctor collaboration in the implementation of IBR, with no significant differences found between nurses and doctors, so from the sub themes and categories that It was found that staff safety will be achieved optimally both in quality and quantity if PPA works according to their respective portions (duties and authorities) so that PPA security and patient safety goals become optimal. This data is confirmed by PPA safety data in providing care of 98.49% and patient safety target of 97.52% which means achieving results according to national standards which means an improvement or improvement in the quality of care.

F. Professional autonomy

This research provides an overview of Professional Autonomy. [KARS \(2017\)](#) states that PPA is an interdisciplinary team consisting of doctors, nutritionists, physiotherapists, pharmacists, nurses who provide care to patients, play a role in facilitating the fulfillment of patient care needs, optimizing the implementation of patient centered care, communication and coordination, education and advocacy, quality control. and patient care costs. This is in line with the sub-theme, namely competence. Competence is the authority (power) to determine or decide something. The categories obtained in this sub-theme share the experience and knowledge of [Nela et al. \(2021\)](#) that PPJA competence has a relationship with aspects of knowledge, aspects of skills, aspects of attitude, and aspects of clinical judgment with the quality of patient handovers. [Wolff & Resnick \(2012\)](#) states that experience is not something that is hidden in each individual, but extends to space and time through ongoing social relationships that affect the individual so that having experience means providing an explanation of events including the results obtained from the implementation of an activity.

[Pursio, Kankkunen, Sanner - Stiehr, and Kvist \(2021\)](#) states that the multidimensional nature of professional autonomy is very important to create an attractive work environment. It is important to enable nurses to participate in decision-making and develop nursing

through shared leadership to increase recruitment and retention of a skilled workforce. So that professional autonomy in interprofessional collaboration in terms of implementing IBR allows each interdisciplinary according to their knowledge to share experiences so that a harmonious and complementary working relationship will be created, this will have a positive impact on patient safety and PPA security in providing care.

CONCLUSION

Based on the results of the analysis and discussion, several conclusions can be drawn regarding the Interprofessional Bedside Round (IBR) where nine themes were found from in-depth interviews which were primary data and supported by secondary data from observations of patient safety goals and PPA safety, including:

Description of PPA's experience with the implementation of IBR, identifying the characteristics of collaboration with the interdisciplinary collaboration carried out between PPA consisting of doctors, nurses, pharmacists, physiotherapists, and nutritionists who provide integrated care; identifying the timing of activities, namely the existence of a timetable for the implementation of activities from pre-round, round and post-round: identification of feelings of appreciation with feelings of pleasure felt by PPA during IBR implementation.

Description of PPA's perception of interdisciplinary collaboration, the identification of a desire with the expectation of PPA for the implementation of interdisciplinary collaboration, in this case IBR; identification of processes that are passed automatically by feeling comfortable when collaboration is carried out; identification of science, in this case there is a lack of confidence from PPA if in the implementation of collaboration between PPA they are afraid of lack of knowledge preparation; the identification of the quality of care, namely the presence of a caring attitude from PPA towards patients with an attitude of more care, more care and more safety; It was identified that there was an analysis of interprofessional collaboration with the opinion of the PPA at the time of implementation where there was a PPA who said the time provided was sufficient, and there was also an opinion that said the time provided was still insufficient because each PPA reviewed and analyzed each according to their knowledge and carried out joint discussion.

Observational data on patient safety goals where identified 97.52% of PPAs have provided care in accordance with patient safety procedures

Data from PPA safety observations identified 98.49% PPA had provided care according to procedures.

There are seven themes besides the two main themes, some of the themes obtained include interprofessional collaboration, activity systematics, collaboration characteristics, patient safety goals, PPA security, professional autonomy and competence.

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