
INDIVIDUAL CHARACTERISTIC FACTORS IN THE IMPLEMENTATION OF MULTIDISCIPLINARY TEAM COLLABORATION IN NURSING HOMES OF JAKARTA PROVINCIAL GOVERNMENT

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ABSTRACT

Low quality of care such as limited assistance, slow response to the needs and complaints of the elderly in the home, history of falls, risk of malnutrition, lack of social support are problems faced in elderly homes. These conditions are caused by poor teamwork, institutional origin, organisational structure and gaps in education and communication among care providers. The concept of team collaboration is expected to be a solution. The purpose of the study was to analyse individual characteristic factors associated with the implementation of multidisciplinary team collaboration in Jakarta Provincial Government Nursing Homes. Quantitative research in the form of a descriptive survey was conducted by distributing Collaborative Practice Assessment Tool (CPAT) questionnaires to multidisciplinary teams. The population of the multidisciplinary team: nurses, doctors, social workers, psychologists, instructors, clergy, physiotherapists, including nursing home leaders (76 respondents in total). A purposive sampling technique was used to determine the multidisciplinary team sample with the inclusion criteria being individuals involved in the multidisciplinary team who had been in charge of providing care to the elderly in the orphanage for at least 1 month. Data were analysed using binary logistic regression. The results showed that the majority of the multidisciplinary team perceived multidisciplinary collaboration in the nursing home to be good; most of them were not nurses by profession; more than 30 years old; female; college-level education; Muslim; contract employment status; married; and length of work ≥ 3 years. Profession and age were related to collaboration, while those that were not related included gender, education, religion, employment status, marital status and length of service. Age was found to be the most dominant variable after controlling for profession and gender.

Keywords: multidisciplinary team, collaboration, elderly homes

INTRODUCTION

Elders in care homes require three dimensions of climate: "safety" (staff who are approachable, competent and respond quickly, and a physical environment that is well organised and clean); "everydayness" (the experience of an environment that feels familiar, every day like home); and "friendliness" (an environment that is welcoming, offers excellent care, and is characterised by generosity) (Uno et al., 2017; Yoon, 2018). As people get older, they tend to think that health, social participation and food are important factors that influence perceptions of their quality of life (Ghența et al., 2021).

The phenomenon of low-quality elderly care in Indonesia is a problem faced in elderly homes. This is stated by several previous studies such as limited assistance, slow response to the needs and complaints of the elderly in the nursing home (Royani et al., 2024) the prevalence of falls, which is associated with a lack of understanding of the elderly who are at risk of falling (Sianturi et al., 2023); the elderly are at risk of malnutrition due to a decrease in appetite due to the lack of variety in the food menu provided by staff (Ronitawati et al., 2021) and the elderly have sad mood behaviour, loss of interest, loss of energy and difficulty sleeping, which is associated with a lack of social support (Assagaf et al., 2021). These conditions are partly caused by poor teamwork, resulting from institutions, organisational structures and gaps in education and communication among care providers (Chamberlain et al., 2017; Sahar et al, 2019). *Caregivers* working in care homes have also been found to have higher rates of depression, leading to self-neglect of health due to the heavy burden of caring for older people with multiple functional impairments (Sahar et al, 2019).

To reduce the above problems, it is necessary to integrate various services in the

implementation scheme of multidisciplinary team collaboration in nursing homes. The concept of multidisciplinary collaboration, as a form of closer cooperation with nursing home staff, is implemented by providing *on call* schedules, weekend visits, joint team meetings, joint documentation, and improved drug safety and multidisciplinary team interventions (Piotrowski et al., 2020). Positive impacts have been found on aspects of physical and mental health of older adults such as reduced polypharmacy by an average of 2 medications per older adult, 63% improvement in cardiopulmonary resuscitation decisions, 76% improvement in advanced care planning discussions, and collaboration was perceived as a valuable opportunity to share learning between multidisciplinary teams as they carry out interventions in older adults' homes (Steel et al., 2022). It can even reduce costs, as well as length of stay when an older person is referred to hospital (Amri, 2019; Nakrem et al., 2019; Piotrowski et al., 2020; Royani et al., 2024).

Multidisciplinary collaboration for older people in Indonesian institutions is still generally professional-centred rather than patient-centred, while barriers to implementing multidisciplinary collaboration are still found (Royani et al., 2024). There are also few reports on multidisciplinary collaboration in Indonesian nursing homes. Measuring multidisciplinary collaboration has been found to be difficult (Nishiguchi et al., 2021). Therefore, further research is needed to obtain data on the implementation of multidisciplinary team collaboration in elderly homes. Based on this, the purpose of this study is to analyse individual characteristic factors associated with the implementation of multidisciplinary team collaboration in the Jakarta Provincial Government Nursing Home. This research is expected to be one of the bases for developing a multidisciplinary collaboration model in Indonesia that will have an impact on



improving the quality of life of the elderly in nursing homes.

RESEARCH METHODS

This study uses a quantitative design with a descriptive survey method that aims to analyse individual characteristic factors associated with the implementation of multidisciplinary team collaboration in the Jakarta Provincial Government Nursing Home that occurred either in the past or present (Sugiyono, 2019). Quantitative data collection was carried out by distributing questionnaires to all multidisciplinary officers/teams who provide services to the elderly at the nursing home.

The population in this study were all members of the multidisciplinary team on duty at the home including nurses, doctors, social workers, psychologists, instructors, clergy, physiotherapists, including the head of the home. The purposive sampling method was used to determine the sample of the multidisciplinary team with certain considerations, which are commonly called judgemental, theoretical or purposeful. (Polit & Beck, 2014; Sugiyono, 2019). The criteria for participants in this study included: members of the multidisciplinary team who had been in charge of caring for the elderly in the home for at least 1 month. A total of 76 respondents were involved in this study.

Nursing homes owned by the DKI Jakarta Provincial Government were chosen as the research site because they have the largest capacity of elderly residents compared to homes in other provinces, including social centres for *tresna wreda* and *sasana tresna wreda* with a total bed capacity of 1572 beds (BPS DKI Jakarta, 2021).

The study was conducted from September 2022 to August 2023. Data were collected using the translated Collaborative Practice Assessment Tool (CPAT) (Schroder et al., 2011; Yusra, 2017). The components of the CPAT instrument consist of components

on mission, clear goals, objectives; general relationships; leadership in teams; general roles and responsibilities, autonomy; communication and information exchange; relationships with the community and coordination of services; decision making and conflict management; and client involvement.

The collected data were then coded and analysed using univariate analysis (Proportion Formula), bivariate (Chi Square Test) and multivariate (Logistic Regression Binary Test).

RESULTS AND DISCUSSION

The results of univariate, bivariate and multivariate analyses using the Proportion Formula, Chi Square Test and Logistic Regression Binaries are presented in the form of tables and discussion below.

Univariate Analysis

Multidisciplinary Collaboration

Univariate results in table 1, obtained data that as many as 50 respondents (65.8%) perceived the implementation of multidisciplinary collaboration in nursing homes to be good with the most aspects perceived to be well implemented were communication and information exchange (85.5%) and the least perceived to be well implemented was the general relationship. Univariate results in table 1, obtained data that as many as 50 respondents (65.8%) perceived the implementation of multidisciplinary collaboration in nursing homes to be good with the most aspects perceived to be well implemented were communication and information exchange (85.5%) and the least perceived to be well implemented was the general relationship aspect (56.6%). This is in accordance with the results of research on collaboration between care-giving professionals at the Makassar Hajj Hospital which states that the implementation of collaboration in the form of a commitment to documenting joint discharge planning by a



team of professionals has not been optimally implemented, discharge planning is only filled

in by nurses or doctors (Juwita et al., 2021)

Table 1. Overview of the Implementation of Multidisciplinary Collaboration in Nursing Homes of DKI Jakarta Provincial Government

No	Variable/sub variable	Total	Percentage (%)
1	Multidisciplinary Collaboration		
	Not good	26	34,2
	Good	50	65,8
2	Mission, Clear Objectives, Goals		
	Not good	32	42,1
	Good	44	57,9
3	Public Relations		
	Not good	33	43,4
	Good	43	56,6
4	Team Leadership		
	Not good	24	31,6
	Good	52	68,4
5	Roles and Responsibilities in General, Autonomy		
	Not good	20	26,3
	Good	56	73,7
6	Communication and Information Exchange		
	Not good	11	14,5
	Good	65	85,5
7	Community Relations and Service Coordination		
	Not good	14	18,4
	Good	62	81,6
8	Decision Making and Conflict Management		
	Not good	25	32,9
	Good	51	67,1
9	Client Engagement		
	Not good	15	19,7
	Good	61	80,3

Although there are still varying perceptions of the implementation of KMD in this elderly home, the other side (the high number of perceptions of KMD implementation in the good category) shows that the results of this study are in line with Japanese research which states that interprofessional collaboration between nurses, care managers, and professional *caregivers* or *care givers* is necessary for care in Japanese elderly homes (Nishiguchi et al.,

2021). The results showed that respondents' perceptions of the aspects of collaboration that were perceived to be good, the majority answered aspects of communication and information exchange, this is in accordance with the results of research that the components in collaboration that are perceived to be important include accountability, communication, leadership, discipline, coordination, the team has clear



goals and has a strategy (Bosch & Mansell, 2015).

Table 2. Characteristics of Multidisciplinary Team in Nursing Homes of DKI Jakarta Provincial Government

No.	Variables	Total	Percentage (%)
1	Profession/Employment		
	Not a nurse	51	67,1
	Nurse	25	32,9
2	Age of Respondent		
	>30 years	42	55,3
	≤30 years	34	44,7
3	Gender		
	Women	49	64,5
	Male	27	35,5
4	Education		
	Junior/High School	19	25
	University	57	75
5	Religion		
	Christian/Catholic/Hindu/Buddhist	9	11,8
	Islam	67	88,2
6	Employment Status		
	Civil Servants/ASN	11	14,5
	Contract/private/honorary	65	85,5
7	Marital Status		
	Married	50	65,8
	Not married	26	34,2
8	Length of Service		
	< 3 years	29	38,2
	≥ 3 years	47	61,8

Multidisciplinary Team Characteristics (Profession, Age, Gender, Education, Employment Status, Marital Status, Length of Service)

The univariate results in table 2 show that the characteristics of the multidisciplinary team who are not nurses as many as 51 respondents (67.1%); the results of this study are in accordance with the statement that services in the nursing home are mostly provided by caregivers (Sahar et al., 2019). However, this result is less consistent with the results of research on multidisciplinary collaboration of PPA (professional care giver) which states that collaboration is mostly

carried out by the nursing profession (74%) (Juwita et al., 2021). This difference is due to the fact that services in elderly homes are provided mostly by non-nurses, such as caregivers, and physiotherapists (Moncatar et al., 2021).

The univariate results in table 2 show that the characteristics of the multidisciplinary team are more than 30 years old as many as 42 respondents (55.3%); the results of this study are in line with the research of (Nishiguchi et al., 2021; Setiawati et al., 2020) which shows that most of the officers in elderly homes are more than 30 years old. The age of more than 30 years is expected to have the emotional



maturity needed when meeting stress at work (Awalia et al., 2021).

The univariate results in table 2 show that the characteristics of the multidisciplinary team who are female are 49 respondents (64.5%); this result is in accordance with research in Japan which shows that most of the interprofessional collaboration teams are more than 80% female (Nishiguchi et al., 2021). Based on gender analysis, the results of the study are in accordance with Kotler's (2002) statement that each man and woman have a different orientation, some of which are based on genetic elements and others are based on socialisation practices. Most of the gender of the multidisciplinary team at the Jakarta provincial elderly home is female. This situation shows that women have feminine qualities, which are attributes that build dynamic and healthy social relations. (Huriani, 2021). This suggests that women have feminine qualities, which are attributes that build dynamic and healthy social relationships (Huriani, 2021), and that they are in line with the needs of the elderly.

The univariate results in table 2 show that the characteristics of the multidisciplinary team with educational background, the majority of respondents showed a high education (75%), this will support the improvement of individual interpersonal skills which include aspects of social sensitivity, social insight, and social communication as a component of partnership implementation (Adib, 2022).

The univariate results in table 2 show that the characteristics of the multidisciplinary team with a background of the majority of respondents are Muslim, in accordance with

the understanding that elderly people need attention, care, and care, especially elderly people who are sick, and caring for elderly parents who are sick, which is interpreted as jihad in Islam (Ferdinand et al, 2022).

The univariate results in table 2 show that the characteristics of multidisciplinary teams with contract / private / temporary employment status make up most multidisciplinary teams in nursing homes (85.5%). This is in accordance with the statement that without the support of human resources, the operations of organisations and companies will not run effectively (Budiman, 2023). However, in this case, the provincial government of DKI Jakarta as the owner of the orphanage tries to continue recruiting employees through the employee recruitment scheme through non-permanent/contract employees, in accordance with the statement that this mechanism will reduce the number of additional civil servants, in order to save budget and optimise employee functions in accordance with the principles of bureaucratic reform and good governance (Jati, 2015).

The univariate results in table 2 show that the characteristics of the multidisciplinary team with marital status and length of work show that most multidisciplinary teams in elderly homes are married (65.8%) and have a length of work of more than or equal to 3 years (61.8%). This is in accordance with research on the relationship between workload and work stress levels in caregivers at Panti Sosial Tresnawerdha Budi Mulia 03 Ciracas East Jakarta which states that the majority of caregivers are married and have a work period of more than 3 years (Rakhmaningrum & Idris, 2023).

Table 3. Relationship between Respondents' Characteristic Factors and the Implementation of Multidisciplinary Collaboration in Nursing Homes of DKI Jakarta Provincial Government

Variables	Measurement result	Not good		Both		P value	OR	95% CI	
		n	%	n	%			min	max
Profession	Not a nurse	22	43,1	29	56,9	0,037	3,98	1,194	13,28
	Nurse	4	16	21	84				
Age	>30 Years	21	50	21	50	0,003	5,80	1,882	17,87
	≤30 years	5	14,7	29	85,3				
Gender	Women	20	40,8	29	59,2	0,167	2,41	0,827	7,046
	Male	6	22,2	21	77,8				
Education	Junior/Senior High School	7	36,8	12	63,2	1,000	1,16	0,395	3,445
	University	19	33,3	38	66,7				
Religion	Protestant/Catholic	5	55,6	4	44,4	0,260	2,74	0,667	11,43
	Christian								
Employment status	Islam	21	31,3	46	68,7	0,739	0,68	0,165	2,836
	Civil Servants/ASN	3	27,3	8	72,7				
Marital status	Contract/Private/Honorary	23	35,4	42	64,6	0,841	1,26	0,459	3,487
	Married	18	36	32	64				
Length of service	Not married	8	30,8	18	69,2	0,834	0,79	0,296	2,129
	< 3 years	9	31	20	69				
	≥3 years	17	36,2	30	63,8				

Bivariate and Multivariate Analysis

The results of the analysis of the 8 individual characteristics, there are 2 variables associated with the perception of the implementation of collaboration in elderly homes, namely: professional characteristics (p value = 0.037; OR = 3.983; 95%CI = 1.194-13.280) and age of respondents (p value = 0.003; OR = 5.800; 95%CI = 1.882-17.873) and there are 6 individual characteristics that are not related to the perception of the implementation of multidisciplinary collaboration: gender (p value=0.167; OR=2.414; 95%CI=0.827-7.046), education (p value=1.000; OR=1.167; 95%CI=0.395-3.445), religion (p value=0.260; OR=2.738;

95%CI=0.667-11.43), employment status (p value=0.739; OR=0.685; 95%CI=0.165-2.836), marital status (p value=0.841; OR=1.266; 95%CI=0.459-3.487) and length of service (p value=0.834; OR=0.794; 95%CI=0.296-2.129).

Multidisciplinary team professions are related to collaboration in elderly homes because collaboration in homes is one of the health promotion strategies carried out to involve all components of various disciplines. (Kemenkes RI, 2019; Mauk, 2010). A comprehensive interdisciplinary team care approach is needed to avoid functional loss and promote the best possible health care for older adults (Mauk, 2010). Multidisciplinary



interventions, including physical rehabilitation programmes, are associated with reduced functional decline in older adults (de Vos et al., 2017). The results of the analysis showed that the odds ratio (OR) of profession was 3.829 (95% CI: 1.032-14.205), meaning that multidisciplinary teams who are

nurses will have odds (potentially) of perceiving the implementation of good multidisciplinary collaboration 4 times higher than multidisciplinary teams who are not nurses, after controlling for gender and age variables.

Table 4. Final Model

Variables	B	P value	OR	95%CI
Profession	1,343	0,045	3,829	1,032-14,205
Age	1,688	0,005	5,406	1,649-17,725
Gender	1,195	0,050	3,302	0,998-10,929

This result is consistent with the statement that nurses as part of health professionals have an important role in multidisciplinary collaboration. Nurses are the main decision makers in aged care facilities and play an important role in transferring the elderly from aged care facilities to emergency units (Gurung et al., 2020). Interprofessional collaboration in *End of life* (EOL) care in elderly homes in Japan also suggests that only nurses may be a confounding factor in the collaboration system. (Nishiguchi et al., 2021). The role of the nurse in the American Green House concept introduces the nurse as a coaching partner and takes on the role of *Care Role Model Gerontological Expert, Care Partner, and Mentor and Teacher* and when the elderly are in direct contact with the care system, the ability to listen, reflect, and solve the problems of the elderly is an important skill for the nurse (Mueller et al., 2016).

Health care is undeniably the most significant need in nursing homes, but sometimes there is still an imbalance in the number of nurses and elderly in nursing homes (Sahar et al., 2019). The ability of home nurses is also required to be improved. Families and elderly people's expectations of nurses in nursing homes are reflected in five categories, namely, inference, empathic understanding, listening attitude, individual treatment, and reliable skills and explanations

(Uno et al., 2017). In addition, home nurses were also described as having to be confident and knowledgeable, which they perceived in relation to the decisions nurses had to make without direct support from physicians as a manifestation of strong professional autonomy that includes self-confidence, knowledge and personal courage to act (Carlson et al., 2014).

The age variable is stated as the most dominant variable associated with multidisciplinary team collaboration in elderly homes with an odds ratio (OR) of age of 5.406 (95% CI: 1.649-17.725), meaning that multidisciplinary teams aged less than equal to 30 years will have odds (potentially) perceive the implementation of good multidisciplinary collaboration by 5.4 times higher than multidisciplinary teams aged more than 30 years, after being controlled by gender and profession variables. This is in accordance with the results of research on the effect of age on employee productivity which states that there is a relationship or simultaneous influence between age variables on productivity of 0.832 (83.2%) (Kumbadewi et al, 2021). In accordance with research on the correlation between JSAPNC subscales with age and years of experience in the workplace, which revealed that more positive attitudes towards collaboration correlated with the age of nurses and doctors (Elsous et al., 2017).



The explanation is that mentality, thinking, and acceptance of the role of others in the complementary care practice model matures as age increases (Elsous et al., 2017). However, the results of the study are not in accordance with research on the perceptions of health workers in the practice of interprofessional collaboration which states that in terms of differences in gender, age and length of service, the results of this study showed no significant differences between the perceptions of these groups of respondents (Widya Kusuma et al., 2021). In research conducted by Dinius also explained that there were no differences related to the values of cooperation or collaboration between women and men, age groups, experience, or length of service in the profession (Dinius et al., 2020). However, in other studies, age and length of work experience are more experienced barriers in collaboration teams, where the more mature a person is and the longer work experience has fewer barriers in undergoing interprofessional collaboration practices (Yusra, 2017).

CONCLUSIONS

The majority of multidisciplinary teams (65.8%) perceived the implementation of multidisciplinary collaboration in nursing homes to be good with the most aspects perceived to be well implemented were communication and information exchange (85.5%). The characteristics of the multidisciplinary team were that the majority were non-nurses (67.1%); over 30 years old (55.3%); female (64.5%); tertiary education (75%); Muslim (88.2%); contract/private/honorary employment status (85.5%); married (65.8%); and had a work history of ≥ 3 years (61.8%).

There are 2 characteristics of the multidisciplinary team that are related to the perception of the implementation of collaboration in elderly homes, namely: professional characteristics and age of

respondents and there are 6 individual characteristics that are not related to the perception of the implementation of multidisciplinary collaboration including gender, education, religion, employment status, marital status and length of work.

Age was found to be the most dominant variable associated with multidisciplinary team collaboration in elderly homes with an odds value of multidisciplinary teams aged less than equal to 30 years having the potential to perceive the implementation of good multidisciplinary collaboration 5.4 times higher than multidisciplinary teams aged more than 30 years, after controlling for gender and profession variables.

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