

ANALYSIS OF THE RELATIONSHIP BETWEEN KNOWLEDGE, PERCEPTION, ATTITUDE, AND BEHAVIOR OF EMERGENCY ROOM NURSES TOWARD INTERPROFESSIONAL COLABORATION

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ABSTRACT

As the main health worker in the Emergency Room (ER), nurses have a strategic approach to improving interprofessional communication and coordination. Effective professional collaboration is facilitated by the knowledge, skills, attitudes and behavior of nurses in the Emergency Room. Objective to analyze the relationship between knowledge, perceptions, attitudes and behavior of nurses towards inter-professional collaboration. This research is a quantitative research with a cross sectional approach to analyze the relationship between knowledge, perceptions, attitudes and behavior of nurses towards inter-professional collaboration. The research population was 59 ER nurses. The sampling technique used was total sampling. Data was collected by a questionnaire on nurses' knowledge, perceptions, attitudes and behavior using observation sheets. Data analysis used the Kolmogorov-Smirnov normality test, and the correlation test used Kendall Tau. The majority of nurses' knowledge is in the sufficient category, 32 respondents (59.5%), and the perception of nurses in the good and bad categories is same, namely 27 respondents (50.5%). The majority of nurses' attitudes were in the positive category of 29 respondents (53.7%), and the behavior of nurses was in the good category 38 respondents (70.4%). Data is normally distributed. The Kendall Tau test shows that there is a relationship between knowledge, perceptions, attitudes, and behaviors of emergency room nurses towards interprofessional collaborative practices. Every healthcare professional needs specific instructions on inter-professional collaboration in order to understand their respective responsibilities and roles. Additionally, nurses' self-development needs to be improved in order for them to comprehend inter-professional cooperation adequately through ongoing education and professional collaboration training.

Keywords: emergency room; interprofesional colaboration; nurses

INTRODUCTION

The Emergency Room (ER) is the first door for patients who need immediate treatment. The diverse health conditions of patients that require rapid treatment make the emergency room environment very dynamic and sometimes full of pressure, therefore collaboration between health professions is one way to ensure patient safety and improve the quality of health services provided. As (Rezaei et al., 2021) stated that interprofessional collaboration practices in the emergency room can reduce clinical errors and patient waiting times in the emergency room, as well as improve the quality of health services and patient safety. (Kurniasih et al., 2019) in their research found that there is a positive influence between interprofessional collaboration practices and patient safety. Efforts to achieve increased patient safety require dynamic alignment of steps between various clinical and scientific disciplines to build a service team with structure and culture through an interprofessional collaborative approach (Dewi et al., 2019). The existence of an interprofessional collaborative practice environment can reduce conflict between staff, strengthen the health system, assist humanitarian efforts, resulting in better outcomes for patients in achieving healing efforts and improving quality of life as well as reducing the number of patient safety incidents (Falk et al., 2017).

The implementation of interprofessional collaboration practices is still not implemented optimally by health workers, including nurses. This is due to various obstacles during its implementation (L. C. Utami, 2018). The obstacles in question include, among others, the existence of stereotypes and professional culture, namely each health profession assesses other professions based on its own perceptions, inconsistent use of language and communication, lack of knowledge regarding the role of other health professions, low education, lack of trust in nurses, and a lack of mutual respect between professions (WHO, 2013). Although the nurse's duties are still limited to assisting in the assessment and examination of patients (Astuti et al., 2018). Nurses have a very strategic role in bridging communication and coordination between professions in the ER. So the knowledge, attitudes, perceptions and behavior of emergency room nurses play an important role in supporting the creation of effective inter-professional collaboration. Therefore, a deep understanding of nurses' knowledge, attitudes, perceptions and behavior towards collaboration is essential to improve teamwork.

However, research on how the knowledge, perceptions, attitudes and behavior of ED nurses influence interprofessional collaboration is still very limited. Based on the results of interviews with 5 nurses regarding collaboration in the emergency room, collaboration in the ER has been spontaneous, sometimes it has led to miscommunication due to differences in perception regarding the actions taken which has caused response time to be disrupted so that collaboration does not run optimally, and the presence of staff from one of the health professions. who feel superior compared to other health professions. It is hoped that this research will provide deeper insight into the factors that influence nurses in implementing collaboration in the ER, as well as provide recommendations that can be used to increase the effectiveness of team work in emergency services. Thus, the results of this research can contribute to improving the quality of health services and patient safety in the ER.

METHOD

This research is quantitative research with a cross sectional approach and is associative research which aims to analyze the relationship between independent variables, namely knowledge, perceptions, attitudes and behavior of nurses and the dependent variable, namely collaboration between professions. The population in this study was 59 Emergency Room (IGD) nurses. The sampling technique used was a total sampling technique with a sample size of 59 respondents. Data collection uses a questionnaire instrument that measures nurses' knowledge, perceptions, attitudes and behavior. Perception data was collected using a knowledge questionnaire, Perception of Interprofessional Collaboration Model Questionnaire (PINCOM-Q). Perception measurement instruments use The Jefferson Scale of Attitudes Toward Physician Nurse Collaboration (JSAPNC) and Collaborative Practice Assessment Tool (CPAT) while nurse behavior uses observation sheets. Data collection was carried out both directly and indirectly (google form). Data analysis was carried out using the Kolmogorov-Smirnov normality test, percentage frequency distribution, and correlation test using Kendall Tau. The research has received ethical permission no. 173/KEPK-AWS/XII/2022

RESULTS AND DISCUSSION

Table 1 shows data related to gender, showing 54 respondents, dominated by male, 28 (51.9%) respondents, and age dominated by early adulthood, namely 38 (70.4%) respondents, then data related to length of work shows 45 (83.3%) respondents had a long working period of > 5 years,

while the last level of education was dominated by D3 Nursing graduates amounting to 43 (79.6%) respondents.

Tabel 1.
Respondent characteristics (n= 54)

Respondent characteristics	f	%
Gender		
Male	28	51,9
Female	26	48,1
Age		
26-35 years	38	70,4
36-45 years	12	24,1
46-55 years	2	3,7
56-65 years	1	1,9
Lenght of working		
≤ 5 years	9	16,7
> 5 years	45	83,3
Background		
Diploma	43	79,6
Ners	11	20,4

Table 2, it shows that the majority of nurses' knowledge is in the sufficient category, namely 32 people (59.5%), for nurses' perceptions, they have the same results in the good and bad perception categories, namely 27 people (50.0%) each. Meanwhile, the attitude of nurses was in the positive attitude category, namely 29 people (53.7%), and the behavior of nurses was in the good category, 38 people (70.4%).

Table 2.
Frequency and Percentage Values of Independent Variables (n=54)

Variable	Category	f	%
Knowledge	Good	21	38,9
	Enough	32	59,5
	Not enough	1	1,9
Perception	Good	27	50,0
	Bad	27	50,0
Attitude	Negatif	25	46,3
	Positif	29	53,7
Behavior	Good	38	70,4
	Bad	16	29,6

Table 3 shows that 27 (50.0%) respondents in the emergency room were in the good category and 27 (50.0%) respondents had poor collaboration practices

Table 3.
Frequency Interprofessional Collaboration

IPC	f	%
Good	27	50,0
Poor	27	50,0
Total	54	100

Based on the results of the analysis in table 4, it can be seen that of the 54 respondents, there were 6 respondents who had good knowledge of good interprofessional collaboration practices (22.2%), and respondents who had good knowledge of poor interprofessional collaboration practices were 15 respondents (55.6%). Respondents who had sufficient knowledge of good interprofessional

collaboration practices were 21 respondents (77.8%), and respondents who had sufficient knowledge of poor collaboration practices were 11 respondents (40.7%). Meanwhile, there is no data for poor knowledge with good interprofessional collaboration practices (0%), and there are 4 respondents with poor knowledge with poor interprofessional collaboration practices (26.7%).

Table 4.

Analysis of the Relationship between Nurses' Knowledge and Interprofessional Collaborative

Knowledge	IPC				Total		Koefisien Korelasi	P Value
	Good		Bad					
	f	%	f	%	f	%		
Good	6	22,2	15	55,6	21	38,9	-,305	0,003
Enough	21	77,8	11	40,7	32	59,3		
Not enough	0	0	1	3,7	1	1,9		

Table 5 shows that 8 (29.6%) respondents had a bad perception of bad collaboration practices, and 19 (70.4%) respondents had a bad perception of good collaboration practices. Nurses who had good perceptions of poor collaboration practices were 19 (70.4%) respondents, and nurses who had good perceptions of good collaboration practices were 8 (29.6%) respondents. The results of statistical tests using the Kendall Tau test obtained a p value <0.05, namely a p value of 0.003, so statistically there is a relationship between nurses' perceptions and the practice of interprofessional collaboration in the emergency room of Samarinda City.

Table 5.

Analysis of the Relationship between Nurses' Perceptions of Interprofessional Collaborative

Perception	IPC				Total		Koefisien Korelasi	P-Value
	Bad		Good					
	f	%	f	%	f	%		
Negatif	8	29,6	19	70,4	27	100	-0,407*	0.003
Positif	19	70,4	8	29,6	27	100		
Total	27	50.0	27	50.0	54	100		

Table 6. Shows that nurses have a negative attitude with interprofessional collaboration practices going poorly by 17 respondents (31.5%), nurses have a positive attitude with interprofessional collaboration practices going well by 27 respondents (50%). The results of the Kendall Tau correlation test analysis show a correlation coefficient value of 0.334 and a P-value of 0.015.

Table 6.

Analysis of the Relationship between nurses attitude of Interprofesinal Collaborative

Attitude	IPC				Total		Koefisien Korelasi	P-Value
	Bad		Good					
	f	%	f	%	f	%		
Negatif	17	31.5	8	14.8	25	100	0.334*	0.015
Positif	10	18.5	19	35.2	29	100		
Total	27	50.0	27	50.0	54	100		

Based on the bivariate test data in table 7, the results showed that respondents who had good behavior with good interprofessional collaboration were 24 (88.9%), bad behavior with good interprofessional collaboration was 3 (11.1%), good behavior with bad interprofessional collaboration was 14 (51.9%). %), bad behavior with poor interprofessional collaboration amounted to 13 (48.1%). The results of statistical test calculations in the bivariate test using

Kendall's tau resulted in a p-value of 0.045 (<0.05) so it can be said that there is a relationship between the independent variable (behavior) and the dependent variable (interprofessional collaboration).

Table 7.

Analysis of the Relationship between nurses behavior of Interprofesinal Collaborative

Behavior	IPC				Koefisien Korelasi	Sig. (2 tailed)
	Good		Bad			
	f	%	f	%		
Good	24	88.9	14	51.9	.213*	.045
Bad	3	11.1	13	48.1		
Total	27	100.0	27	100.0		

Based on the findings, the majority of respondents have knowledge in the sufficient category. Knowledge is greatly influenced by a person's education as stated by (Mubarak et al., 2015) that education is one of the factors that the higher a person's education, the easier it is for them to receive information, and in the end the more knowledge they have, this is also supported by research by (Widyastuti D, 2023) which states that there is a relationship between nurse education and collaboration between professions. The majority of ED nurses' education is D3 nursing, which is one of the supports that nurses have sufficient knowledge about collaboration between professions. Meanwhile, nurses' perceptions show that the same number of nurses have perceptions in the good and bad categories regarding collaboration between professions. A good or bad perception depends on the level of knowledge of the individuals involved, the level of knowledge is the main factor that influences a person's perception of being good or bad. Perceptions that are affected will determine individual behavior and attitudes in doing something, and this can be a factor inhibiting collaboration, including stereotypes regarding IPCP knowledge, understanding the role of each individual involved, and the curriculum (Rachma Sari et al., 2018).

Based on the research results, it is known that the quantity of nurses who have a positive attitude is greater than that of nurses who have a negative attitude. This is motivated by the fact that nurses' attitudes are formed by attitudinal components (affective, behavioral and cognitive) which are related to the ability to control emotions, the level of knowledge possessed, the ability to make decisions, and others. Attitude is an integrated activity that is based on motivation and human thought processes regarding certain objects as well as a sense of responsibility for everything they have chosen so that each individual has a different attitude towards an object. This is in line with the research results of (L. Utami et al., 2016) who concluded that nurses have a positive attitude even though they are faced with stigma which assumes that the nurse-doctor relationship is unequal and doctors are seen as superior. Nurses' good attitudes regarding collaboration between professions also influence nurses' behavior, as research results show that the majority of nurses have good behavior regarding the implementation of collaboration.

A person's good or bad behavior can be influenced by several factors, according to Green quoted by Notoatmodjo (2007 in Irwan, 2017) there are several factors that cause behavior, namely predisposing factors (such as knowledge, attitudes, beliefs and values related to motivation for human behavior), enabling factors or enabling factors (enabling) behavior (such as facilities, means or infrastructure that support or facilitate a person's or community's behavior) and reinforcing factors (such as family, health workers and others). Based on this, researchers assume that if there is one factor or perhaps even more than one of these factors that is not fulfilled in their behavior, this will also influence the categorization of their behavior. Research conducted by (L. Utami et

al., 2016) found that understanding will give rise to new awareness and motivation, and motivation will foster attitudes to change behavior. These changes in behavior will of course return to the form of awareness, motivation and attitudes that emerge, whether they lead to something good or bad. The results of statistical tests using Kendall's tau showed that there was a relationship between nurses' knowledge, perceptions, attitudes and behavior towards inter-professional collaboration. These variables are interconnected and support each other. Each variable has an influence on the implementation of collaboration between professions. Nurses need knowledge to be able to carry out their role in collaboration, because good knowledge will make it easier for someone to improve skills and influence new views and values as well as health service coordination, appropriate use of clinical resources, health outcomes for chronic diseases, and services can be achieved. supports Schneider patient safety (Liunokas, 2018).

Likewise, nurses' perceptions, when nurses have a good perception of inter-professional collaboration, the nurse has demonstrated an understanding regarding the implementation of collaboration, this is likely to be greatly influenced by personal, interactional, organizational and professional factors. This is in accordance with the results of research by (Yuliana et al., 2022), which states that nurses who have good perceptions have a greater chance of being satisfied with the implementation of interprofessional collaboration practices compared to nurses who have bad perceptions. Understanding and mutual respect for other professions is a competency that includes aspects of attitude, this attitude of respect and understanding will result in readiness to collaborate to provide services (Novianto et al., 2022). Attitudes can be grown and developed through the learning process. The interaction between understanding, motivation and attitude occurs in the learning process. Understanding will give rise to new awareness and motivation, motivation fosters attitudes to change behavior (L. Utami et al., 2016).

CONCLUSION

There is a relationship between the knowledge, perceptions, attitudes and behavior of emergency room nurses towards inter-professional collaboration. Efforts are needed to improve the ability of nurses to collaborate between professions, including by increasing the educational level of nurses with the hope that nurses will increasingly have professionalism in carrying out their roles. Apart from that, it is also necessary to increase the knowledge and abilities of nurses through seminars, training on collaboration between professions, especially in special units such as emergency departments

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