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Exploring the implementation of multidisciplinary collaboration at nursing homes in Jakarta, Indonesia: A descriptive phenomenological study

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Abstract

Background: A well-functioning multidisciplinary team optimizes resource utilization and reduces care redundancy, fragmentation, and wastage. Collaborative efforts yield a clearer understanding of older people's needs and desires, significantly reducing hospitalization days. Despite limited studies, particularly in Indonesia, investigating professionals' experiences in implementing multidisciplinary collaboration in government nursing homes, nursing care quality remains a concern.

Objective: This study aimed to explore the implementation of multidisciplinary collaboration in nursing homes from the perspectives of various disciplines.

Methods: A descriptive phenomenological study was used with semi-structured interviews and focus group discussions with multidisciplinary care providers, including nurses, doctors, social workers, physiotherapists, psychologists, occupational and recreational activity instructors, and clergy in nursing homes owned by the Jakarta provincial government. A total of 64 participants were involved, and data were collected from September 2022 to July 2023. Data were analyzed using content-based analysis.

Results: Three main themes emerged: 1) context of multiple collaborations, 2) barriers to implementing multiple collaborations, and 3) impacts of non-optimal multidisciplinary collaborations. Nursing home management's multidisciplinary teams predominantly implement professional-centered care with limited support systems. While providers generally perceive collaboration positively, shared responsibility and joint work among professionals are lacking.

Conclusion: This study highlights the need to improve multidisciplinary collaboration in nursing homes to enhance care quality for older individuals. While providers view collaboration positively, barriers like a lack of shared responsibility and joint work persist. Enhancing teamwork cohesion through improved communication and integrated case reporting systems is crucial. Addressing human resource and systemic barriers is also vital. By overcoming these challenges, nursing homes can optimize resource use, reduce care redundancy, and better meet the diverse needs of older residents.

Keywords

aged; collaboration; communication; Indonesia; nursing homes; patient care team; workforce

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Background

In the last decades, the increased number of older people in Indonesia and the limited time of caregivers have led these individuals to live in institutionalized nursing homes managed by public or private agencies (Central Bureau of Statistics Indonesia, 2017; Rekawati et al., 2014; Setiati et al., 2019). The increasing sandwich generation phenomenon (Central Bureau of Statistics Indonesia, 2020) and complaints from seniors' caregivers reinforce the choice of a nursing home as their final place of residence (Leocadie et al., 2020). Meanwhile, nursing homes face challenges in improving their services to enhance the quality of life among their senior residents (Chamberlain et al., 2017; Sahar et al., 2019). As residential healthcare systems become more complex, the need for collaboration among functioning multidisciplinary teams will reduce care redundancy, fragmentation, and waste (Touhy & Jett, 2022). Collaboration would provide better representation and result in a statistically significant reduction in the number of older people on inpatient days (Drenth et al., 2023), and it is critical to provide excellent care for frail older adults (Grol et al., 2018).

Services that were previously fragmented into relational practices are currently collaborative, and they have been found to improve patient care (Eltaybani et al., 2023; Ruebling et al., 2023; Steel et al., 2022; Svensberg et al., 2021).

Collaborative efforts include promoting, nurturing, involving, sustaining mutual trust, maintaining a positive attitude, being flexible, supporting, respecting, and appreciating other team members (Doornebosch et al., 2022). Collaborative work is conducted using a multidisciplinary team collaboration model involving various scientific disciplines (Kalantari et al., 2021). Nursing home professionals will effectively execute their job if they manage on-call schedules, make regular weekend visits, hold joint team meetings, collaborate on documentation, and ensure drug safety (Piotrowski et al., 2020). Joint geriatric assessments to facilitate clinical decision-making and case conference meetings are conducted to enhance the quality of care and life among older people in nursing homes (Nakrem et al., 2019).

Past studies in Canada and Indonesia suggest that the low quality of care in nursing homes is caused by poor teamwork fueled by gaps in education and communication among care providers (Chamberlain et al., 2017; Sahar et al., 2019). An increased level of depression among caregivers who work in nursing homes in Jakarta province is a risk that could lead to neglect of these providers' health since they feel the heavy burden of working in nursing homes (Sahar et al., 2019). This condition needs to be addressed by increasing multidisciplinary collaborations, as fast and timely involvement in planning, clarification, and decision-making on senior problems can improve the quality of emergency case management in nursing homes (Schwabe et al., 2022). As a lack of studies regarding multidisciplinary collaboration in Indonesian nursing homes was found, this research aims to gain an in-depth understanding of care providers' perceptions towards multidisciplinary collaboration, including their responses to the implementation, obstacles and impacts that arise from collaborative practices in nursing homes. This study is expected to lay the foundation for developing an interdisciplinary collaborative model that can improve the quality of life of senior residents in institutional nursing homes in Indonesia.

Methods

Study Design

A descriptive phenomenological approach was conducted to gain insight into the meaning of multidisciplinary collaborations from the perspectives of care providers working in institutionalized nursing homes. Phenomenology is an inquiry into the intrinsic nature of human experience regarding certain phenomena (Creswell, 2014). Descriptive phenomenology is typically adhered to in order to explore and describe participants' lived experiences and define what and how a specific phenomenon of interest is perceived by the participants (Shorey & Ng, 2022).

Participants

The participants in this study provide care services in four institutional nursing homes owned by the Jakarta provincial government. Jakarta, as the capital of Indonesia, generally sets the standard for services, including those for older people. The participants consist of 64 individuals, including nurses, doctors, physiotherapists, psychologists, instructors, clergy, social workers, and nursing home officials, who were purposefully recruited according to specific criteria (purposive sampling). Participants were selected based on their work experience serving older people in nursing homes for more than three months. Before data collection, officials at each nursing home facilitated the first author's connection with potential participants.

Data Collection

The research was conducted in four institutionalized nursing homes. Data were collected from September 2022 to July 2023, comprising interviews, focus group discussions (FGDs), document analysis, and observations. After obtaining permission from the relevant department and ethical approval, data were collected by the first author with the support of the nursing home's manager through interviews and FGDs with the multidisciplinary team. All interactions were conducted in Bahasa Indonesia. FGDs were conducted with three types of care providers (nurses, social workers, and psychologists). Meanwhile, the researcher individually interviewed four other providers and nursing home officials. These various data collection methods were chosen to accommodate the participants' work schedules and to enhance the study findings.

The example of questions posed to the participants during the FGDs and interviews can be seen in **Table 1**. An FGD and interview guide were developed by the research team and reviewed by an expert panel to ensure the feasibility and comprehensibility of data collection. FGD activities and interviews lasted approximately 15 to 50 minutes each session, with audio recorded and transcribed verbatim. The data collection process ceased when saturation was reached, and no new information emerged during data analysis.

Table 1 Examples of interview questions

Example Questions
How do you understand the multidisciplinary collaboration system in the nursing home?
How is the multidisciplinary collaboration system in the nursing home implemented in your daily life?
How do you feel when carrying out your duties in collaboration with other multidisciplinary teams at the nursing home?
What makes you feel this way when implementing multidisciplinary collaboration in a nursing home?
What are the obstacles to implementing a multidisciplinary collaboration system in nursing homes?
What was your attitude and feelings when you encountered these obstacles?
What is the impact of these obstacles?
How do you feel about seeing the impact of the barriers to multidisciplinary collaborations?

Data Analysis

The collected data were coded and analyzed using an inductive content-based qualitative approach (Elo & Kyngäs, 2008). The analysis process began with organizing the qualitative data into verbatim transcriptions. This process involved open coding, category creation, and abstraction. Open coding was conducted by making notes and identifying themes in the text while reading it. The text was then re-read, and the researcher noted as many themes as necessary to cover all aspects of the study content comprehensively. Themes and categories were freely generated during this stage. Following open coding, the list of categories was

organized based on higher-order themes. Data grouping aimed to condense the number of categories by grouping similar or related categories into broader, higher-level categories. Researchers abstracted by formulating a general description of the research topic and generating categories. Each category was labeled using words that characterized its content. Subcategories with similar events and incidents were grouped into categories, and categories were grouped into main categories.

Trustworthiness

The researchers utilized references from Creswell (2014) to enhance the trustworthiness of this research. The method employed involved the first and second authors summarizing the main issues and confirming with the participants whether they aligned with the description of their thoughts during the interview. Fifteen participants, each representing a different discipline, were also asked if there were any corrections or additions regarding the information presented. All participants agreed with the summary of the main themes. The researchers conducted several online and offline meetings to discuss the data collection results, the need for further exploration, activity plans, data analysis, and findings. The first and second researchers maintained diaries during fieldwork, documenting various findings in the data collection process and verifying the data obtained from the participants.

Ethical Considerations

This research adheres to the ethical provisions outlined in the international ethical guidelines for health-related research involving humans (Council for International Organizations of Medical Sciences, 2016) and obtained approval from the Ethics Committee of the Faculty of Nursing, Universitas Indonesia (Number: KET-232/UN2.F12.D1.2.1/PPM.00.02/2022). Participants were given an explanation of the voluntary principles and their freedom to participate in this research before data collection commenced. They had the option to withdraw from the study without any consequences during the data collection process. After receiving the research information, participants signed an information sheet and provided consent. This agreement was conveyed through phone or WhatsApp chat. Then, the first author scheduled interview times and assured participants that all provided data would remain confidential.

Results

Ten focus group sessions (with 43 participants) and 21 semi-structured interviews (with 21 participants) were conducted in the nursing home office. Each FGD was conducted separately among different disciplines, including nurses, psychologists, nursing home managers, and social workers. The majority of the participants were nurses (*n* = 23), social workers (*n* = 15), and nursing home staff (*n* = 19), with an average age of 36 years old. The participants were predominantly male providers with university education, Muslim, non-public employees, and married. The average duration of work for the participants was five years (See **Table 2**).

Table 2 Characteristics of multidisciplinary teams in nursing homes

Characteristics	Quantity
Types of technical team expertise/participant position	Nurse (N) = 23 participants General Practitioner (GP) = 3 participants Social worker (SW)= 15 participants Psychologist (PS) = 4 participants Physiotherapist (PT)= 2 participants Spiritualist (S) = 3 participants Occupational instructor (OI) = 4 participants Nursing home manager (M)= 10 participants
Age	Average= 36.6 years; Minimal= 22 years; Maximal= 62 years
Sex	Women= 29.7%; Men= 70.3%
Education	>High School= 90.6%; < High School = 9.4%
Religion	Muslim= 89%; non-Muslim=11%
Employment status	Civil servant=18.7%; non-civil servant= 81.3%
Marital status	Married= 68.75%; Not married/divorced/widowed= 31.25%
Length of work	Average = 5 years; Minimal= 1 year; Maximal= 18 years

Three main themes emerged from the analysis regarding implementing multidisciplinary collaborations in nursing homes (**Table 3**).

Theme 1. Context of Multidisciplinary Collaborations

In this theme, almost all participants in the study expressed their perspectives on the context of multidisciplinary collaborations in nursing homes, such as working with internal team members and external professionals or agencies. Some defined collaboration as an act of discussing, coordinating, cooperating, consulting, or referring residents' cases to other care professionals. Through focus group sessions, some participants described the collaboration implemented in the nursing home in various ways, including case conferences and regular multidisciplinary team meetings. They stated:

> *"...once a month, there is a case conference meeting, where we discuss how many senior residents need more intensive care or need to be referred to a psychiatrist at the Duren Sawit clinic"* (N4)

> *"For example, if we have resolved the health problem but encounter seniors with psychosocial issues, we refer them to the social worker. If we believe we may not be able to handle a resident's problem, we involve other providers in the nursing home. When a resident falls sick, we, as nurses, administer medication. However, if their condition deteriorates and they refuse to eat, we seek advice from the doctor or refer them to the hospital"* (N16)

Other participants also described that their collaborative tasks included consulting or referring patients to external care providers or services. However, coordinating works with external agencies was only for incidental cases or based on demand. One of the physiotherapists stated:

> *"There are no regular collaborative works between us and the Community Health Centre, although I used to contact their doctor often to discuss unresolved issues with senior residents."* (PT2)

One nursing home staff member and one social worker asserted:

> *"Thank God, the sub-district health centers and authorities are very open to helping us. We coordinate with them regarding health examination events and the needs of senior residents for health screening"* (M6)

> *"We always coordinate and cooperate with the funeral agency, the church, and the population and civil registration agency to assist in obtaining the residents' death certificates and national identity cards so we can register them for national health insurance"* (SW7)

One social worker described how they visit the residents' families for exceptional cases to discuss issues concerning older people. They typically collaborate with the senior residents' families to deliver optimal care. She explained:

> *"We conduct a case conference and invite various parties, including the director of the nursing home, the head of the coaching service unit, fellow companions, nurses, psychologists, doctors, and then the residents' family, if possible... they can be invited... but if they do not come. After the meeting, we visit the residents' family home. We prioritize our work within the internal institution first. Home visits are carried out with the senior's family for certain cases; then we conduct a case conference again for those cases"* (SW1)

Although some participants stated that the available collaboration was effectively implemented in handling cases involving older people, others expressed that it was not effectively executed and was merely routine work.

> *"I don't think there is multidisciplinary collaboration yet [laughs]. I don't think there is one yet. There should be a psychologist here. If the sub-district health center already has a psychologist, we can consult there"* (GP2)

Different disciplines involved in multidisciplinary teamwork present themselves, focusing on services, the authority to handle cases, and the code of ethics of professional work. The collaboration context is more professional-centered than patient-centered in these institutions. Some participants from different disciplines expressed:

> *"Only doctors are allowed to procure medicines; we are not allowed to procure them. That is the authority of health professionals"* (SW10)

> *"As psychologists, we can't discuss collaboration with many disciplines. For example, discussing someone's psychology in a public forum would be unethical. Even if we want to discuss it, we can't mention names at all. There is a code of ethics. If I mention it, I am violating it because I have also been sworn to maintain client confidentiality"* (PS1)

Table 3 The emerging themes of multidisciplinary collaborations in institutionalized nursing homes

Theme	Sub-theme	Category
Context of Multidisciplinary Collaborations	Coordinate, consult, and refer internally and externally	• Discuss, cooperate, coordinate, and consult with internal multi-disciplines. • Consult and refer patients to external care providers or services • Involve family in delivering care to the patients
	Professional-centered services than patient-centered	• Differences in the focus of team services • Differences in the authority to manage cases • Differences in the professional code of ethics
Barriers to Implementing Multidisciplinary Collaborations	Insufficient team members	• Shortage of nurses, psychologists, physiotherapists, nutritionists, and expert instructor • Lower education members
	Limited internal support system	• No integrated reporting system • Less effective communication system. • Fund constraints affect the time and range of services provided to care providers
	Long flow for external collaborations	• Inconvenient access • Bureaucracy in management
Impact of Non-Optimal Multidisciplinary Collaborations	Lower quality of care services	• Limited assistance • Delayed response to the resident's needs and complaints
	Workload envy	• Overload tasks • High turnover of care providers • Decrease of job satisfaction

Theme 2. Barriers to implementing multidisciplinary collaborations

The implementation of collaborative work across disciplines cannot be optimally performed due to a disproportionate number of care providers compared to the number of older people living in nursing homes. According to the researchers' observations, some nursing homes lack technical teams to support services, such as doctors, nurses, psychologists, physiotherapists, occupational instructors, and clergy. One institution offers physiotherapist services but lacks psychologist services, while another has psychologist services but lacks physiotherapists. Two institutions do not have physiotherapist or psychologist services at all. Additionally, in all institutions, nutritionists are not available, so the nutritional

needs of older adults rely on general policies suggested by local health centers. This situation has persisted since the COVID-19 pandemic until the time of this research. Some care providers noted the need for more staff in their institutions, citing shortages of nurses, psychologists, physiotherapists, and nutritionists and limited availability of occupational instructors, all of which have impacted the effectiveness of multidisciplinary collaborations.

> *"If patients are inside the building, they will be accompanied by an older people's companion. Our nurses serve as their companions here but cannot fully focus on their work. The manager assigns one nurse to one or two wards, which prevents them from concentrating on their tasks. For instance, Mr. B, one of the senior residents, requires personal assistance most of the time, almost like caring for a child throughout the day. This shouldn't be feasible."* (N11)

> *"There should be a psychologist on-site. If the sub-district health center already has a psychologist, we can consult with them regarding our residents. We also need a nutritionist. We should collaborate with the medical nutrition team from the Cengkareng sub-district health center."* (GP2)

The analysis of personal data of the care disciplines indicates that 9% of the care providers are non-university graduates. Additionally, some participants have educational backgrounds that need to be more specific in line with the needs of the nursing home. Moreover, nursing home staff with low education levels still have different perspectives on collaborative work. From the researchers' observations, most of these providers can only follow instructions from other professionals when performing their work.

> *"The average education level of the direct care providers or the employees could be higher, which would also lead to different thinking patterns that may not align with collaborative work."* (PT1)

Furthermore, another barrier to implementing multidisciplinary work is the ineffective communication system for integrated multidisciplinary efforts. Participants expressed dissatisfaction with the lack of an integrated reporting system among interdisciplinary providers. They write reports of their activities and residents' conditions in separate manual notes, regularly fill out community health center applications through Google Forms with residents' data, and conduct telemedicine to access health services. They stated:

> *"Later, the doctor's notes will mean that other care providers in the team can see, too, whatsoever, only them who can see the notes. Just them. We decided to make our manual notes to report our work."* (N16)

> *"There is an application that provides more information for the nurse to know and report. For example, if something happens to older people, just directly call the community health center or hospital or conduct telemedicine with the health institution."* (SW2)

> *"We write daily nursing care in the notebook. There are also Google forms from the Community Health Center to be completed."* (N2)

The data also indicates that the available communication systems, such as WhatsApp groups and meetings, are not effectively facilitating integrated collaboration between disciplines. The WhatsApp group is only available in a few nursing homes and is utilized by a particular group of care providers. This communication system has not been effectively used to discuss residents' concerns in an interdisciplinary manner.

> *"We are still using separate ways of handling and reporting patient issues because we know what is better for us"* (PT1)

> *"There are no WhatsApp groups or communication between doctors, nutritionists, nurses, and social workers"* (GP2)

> *"Well, there is a WhatsApp group for female care providers, but it could be more active because the coordinator, Mr. E, for example, keeps asking what is going on with resident X. But he could be more active in discussing patients' issues. There is communication between us to talk about patients' health, which is true. Nevertheless, it is not optimal"* (GP1)

They described the limited availability of services provided by some care providers and limitations in terms of the range of services, funds, and facilities.

> *"The most difficult thing is just a matter of time, ma'am. For example, physiotherapy is only available on Fridays, only twice a month"* (SW9)

The participants explained that the limited funds of the nursing home affected the availability and scope of services provided by some care providers.

> *"There is not one this year; there was not one in the last three years; in the past, there was one because we were refocusing the budget. Yes, something had to be sacrificed here in the end, but hopefully, we will have it proposed next year"* (M3)

The nursing home's care providers experience constraints in collaborating with external bodies. They face lengthy administrative processes or difficulty accessing government agencies to seek support for senior residents. Management bureaucracy hampers the implementation of collaboration, particularly when they need to refer extraordinary cases.

> *"I want to cut straight to the chase when referring patients to the community health center. They should give privileges to our residents since they are older people. That's a one-stop service, right? That is what I dream of"* (GP2)

> *"But once again, there are procedural standards at the nursing home that we should follow. It is a lengthy process that we cannot expedite. For example, it's straightforward if we can go directly to the resident's house and conduct a survey, but in reality, this requires a regional authorization letter, and each region must approve the visit first. Is it that difficult?"* (SW1)

Theme 3. Impacts of Non-Optimal Multidisciplinary Collaborations

The disruption of multidisciplinary collaboration impacts suboptimal services, delayed handling of older people's complaints, workload jealousy, and decreased job satisfaction among officers. The following are supporting quotes. Many participants described that the institution's services were not optimally performed because of less time for handling senior residents and high employee turnover. They explained that:

> *"There's no way to monitor the nutrition status of all senior residents because it takes much effort to reach them. There are 350 senior residents here with limited care providers"* (M6)

Many care providers have acknowledged that delays in handling older people's complaints often occur because external care providers cannot come according to the visit

schedule and reschedule their visit. The following are supporting quotes:

> *"However, the problem is that it reduces their satisfaction. 'I want this medicine, but I can't get it,' so they (the residents) get angry, and it can stop the given intervention"* (PS1)

> *"We contact the community health center to send their professional providers to this nursing home according to our needs. Unfortunately, they cannot come this week and reschedule their arrival to the following week"* (M1)

Some participants described their envy due to an imbalanced workload resulting from high demand to conduct additional tasks. The following are supporting quotes:

> *"Everyone wants all their problems solved at that time... even though the ratio between the care providers and the residents is 1 to 5"* (SW1)

> *"Medical personnel have already done work outside of their main responsibilities. I feel tired and no longer focused. I was more organized, focusing only on residents' health. I am even more confident about doing it"* (GP1)

In nursing homes, job satisfaction decreases due to unachieved idealism and reframing efforts from the team during various events. One of the general practitioners said:

> *"But for health reasons, I feel unsatisfied"* (GP1)

Discussion

This study aimed to understand the implementation and influencing factors of multidisciplinary collaboration within nursing homes in Jakarta, Indonesia. Three main themes emerged from the study's content analysis: the context, barriers, and impact of non-optimal multidisciplinary collaboration. These findings provide essential descriptions of how care providers working in institutionalized nursing homes perceive and carry out Indonesian interprofessional collaboration for older people.

Context of Multidisciplinary Collaborations

In this research, we found that multidisciplinary collaborations have generally been implemented in nursing homes for older people in Indonesia. However, they have not fully met the expectations of multidisciplinary teams and are not consistently carried out. Various forms of collaboration activities have been undertaken, including cooperation activities, coordination, case conferences, consultations with other multidisciplinary teams, involving families through home visits, task delegation, regular multidisciplinary team meetings at the facility, and making referrals both within and outside the institution. However, the partnership still operates within multidisciplinary task management with a focus on 'independent professional-centered services' rather than interprofessional care with a focus on 'patient-centered care.'

Multidisciplinary collaboration in nursing homes involves active and sustainable cooperation among service providers from various disciplines based on shared values, joint participation, and collective efforts to improve the health and welfare of older people in nursing homes (Adamson et al., 2018; Ministry of Health, 2022). In contrast, interprofessional collaboration entails integrated working among multiple professionals to ensure continuity of care, minimize duplication or fragmented services, and prioritize the patient as the focus of intervention (Tsakitzidis et al., 2017).

This research indicates that the multidisciplinary collaborations implemented in nursing homes for older people have not been based on an agreement on shared values, goals, and efforts through a relationship of mutual trust and communication in a continuous shared communication medium. Collaboration in Jakarta's nursing homes is understood to be limited to coordinating efforts in the context of resolving problems in older people. It has not yet been outlined in a contractual agreement or jointly signed by the multidisciplinary team. The professionals are still seen as separate groups and work collaboratively only on certain tasks that are not within their area of responsibility or expertise. Thus, the basic needs or issues of older people are not completely resolved. Collaborations between clients and health professionals usually involve signing a work agreement or contract tailored to meet specific client needs (Allender et al., 2010).

Interprofessional teams that promote integrated working have opportunities to improve collaborations, effectively handle work division, and successfully meet the demands of senior residents through the ongoing involvement of the residents and their family caregivers (Mulvale et al., 2016; Tsakitzidis et al., 2017). Interdisciplinary care addresses the complex needs of older adults, improves care and outcomes, benefits the healthcare system and caregivers, provides more holistic and comprehensive care, and is valued by professionals in the field (Mauk, 2010).

Barriers to Implementing Multidisciplinary Collaborations

The findings of this qualitative study highlight several barriers to implementing multidisciplinary collaborations in nursing homes, including the absence of integrated records in older people's homes, incomplete data on older people, non-specific educational backgrounds of multidisciplinary teams, insufficient human resources, and lack of supporting systems for collaborations.

These barriers can be managed through effective leadership and cohesive teams. Collaborations develop in nursing homes because of the need for shared decision-making from service providers for older people. This is achieved through empathetic practitioners providing holistic care and authentically engaging with older people (Sahar et al., 2019). Multidisciplinary interventions are associated with reduced functional decline in older adults (de Vos et al., 2017). Therefore, the key to success in collaboration is determined by cooperation (harmonious cooperation, sharing vision and mission), coordination (reasonable coordination-sharing goals), collaboration (equal collaboration sharing resources), creation of a dynamic team (establishing a dynamic team), and the existence of commitment (joint commitments) (Ministry of Health, 2022).

Collaboration teams in nursing homes should include nurses, caregivers (Sahar et al., 2019), social workers who provide care for older adults (Moncatar et al., 2021), care managers (Nishiguchi et al., 2021), and other health professionals (occupational therapy, physiotherapy, clinical psychology, and medicine) involved in older people's health service activities (Hudson et al., 2017). Nutritionists are essential for providing services to older adults in nursing

homes (de Medeiros et al., 2020). However, this study shows that all nursing homes face shortages of professional care providers. If this technical and professional team is not fully available, it will impact the ability of older adults to receive comprehensive services according to their needs. The main challenges for implementing and embedding care approaches for frail older people are structural and workforce financing and the availability of information and communication technology systems that facilitate collaborative work (Vestjens et al., 2018). Four strategies commonly used in community healthcare group settings include brainstorming, the nominal group technique, the Delphi technique, and online meetings (Allender et al., 2010).

Multidisciplinary team communication efforts have been carried out within the limits of coordination and efforts to resolve older people's problems. However, not all multidisciplinary teams have access to and the opportunity to communicate regularly within the team. Communication is limited to the need for consultation on certain older people's conditions and is restricted only to the required multidisciplinary team. Difficulties in communication and miscommunication, stereotypical perceptions of unequal power and authority given to specific disciplines, concerns about sharing information with teams, inflexibility, and discomfort with the more accessible boundaries required in collaboration, and failure to develop goals and objectives together are obstacles to effective teamwork and collaboration (Allender et al., 2010). Differences in personal values and beliefs, organizational resource constraints, and the culture of the care system, according to practitioners, will negatively influence the delivery of care (Moncatar et al., 2021). Structural factors, such as inadequate time, resources, and institutional support, were also cited as barriers (Allender et al., 2010).

Impact of Non-Optimal Multidisciplinary Collaborations

The findings also suggest that limited time, multidisciplinary team services, funds, and facilities, along with long management flows and differences in perception among the multidisciplinary team, can hinder the collaborative process. If the implementation of multidisciplinary collaborations in nursing homes is not optimal, it will impact both service recipients and providers. Services could be more optimal if there were no delays in handling older people's complaints, no jealousy over workload, and high job satisfaction in the workplace. The impacts perceived by the multidisciplinary team included suboptimal service and delayed handling of older people's complaints. In theory, an interdisciplinary team approach results in fewer emergency admissions and reduces the burden of treatment (Steel et al., 2022). If multidisciplinary collaborations are not optimal, the risk of delays in services to older people and suboptimal services increases, leading to increased financing due to less effective services.

The constraints in service time, coverage, funds, and facilities also diminish the quality of care services. The limited number of multidisciplinary officers affects the short service time and care coverage at any given time. There is a risk that many older adults will not receive comprehensive and maximum services. Implementing non-optimal multidisciplinary collaborations will impact both service recipients and providers. As an open system, humans interact with their environment. This condition is expected to change perceptions, produce positive meanings, and lead to positive actions (Alligood, 2013; Alligood et al., 2017). Collaborations in nursing homes are also expected to be a medium that can change perceptions and produce positive meaning. Positive, meaningful perceptions and results will only be achieved when this works. Multidisciplinary collaborations are expected to provide an understanding of how team functioning is achieved through the adoption of collaborative (shared) leadership, understanding the values/ethics, and the ability of team members to overcome and resolve conflicts between professionals so that shared goals can be achieved (Keumalasari et al., 2021).

This research identifies workload jealousy and decreased job satisfaction as non-optimal impacts of implementing multidisciplinary collaborations in older people's homes. This does not align with the definition of collaboration, which entails joint participation and agreement among team members to act as partners. Mutuality in collaborations serves as the middle ground, balancing the continuum between paternalism and autonomy (Allender et al., 2010). In collaborative small groups, discussions center around understanding and solving problems arising from their situations, impacting their surrounding environment (Alligood et al., 2017). Effective implementation of multidisciplinary collaboration involves discussing each senior's condition and progress and developing or modifying individual care plans accordingly (de Vos et al., 2017).

Additionally, multidisciplinary teams can benefit from opportunities to learn together and enhance relationships between professionals. Staff members also reported feeling more supported and proactive in raising concerns when educational sessions were open to all staff (Steel et al., 2022). However, suboptimal implementation of multidisciplinary collaborations can lead to workload jealousy and decreased job satisfaction.

Strengths and Limitations of the Study

This research study employed personal interviews and FGDs to gain a deeper understanding of the research phenomenon, which could not be fully explored through quantitative methods. To address the research questions comprehensively and obtain a complete picture of multidisciplinary work, the researchers utilized the same interview guide for all types of care professionals in institutionalized nursing homes for older people in Indonesia. Triangulation of data collection was achieved by incorporating additional observational methods to ensure comprehensive data acquisition. The analysis process was guided by a theoretical framework developed from themes emerging during the data collection phase.

The limitations of this research included the nature and the availability of care professionals in the multidisciplinary team of each nursing home, which were not similar. Participants' bias might have arisen when the same professionals from different nursing homes were allocated to the same focus group, as they probably felt it inappropriate to open up about workplace issues. In contrast, some participants interviewed in their own workplace might feel a similar situation as the employer who provided the information to the researcher. Thus, some important data might be concealed.

Implications for Nursing Practice and Healthcare Policy

This study holds direct implications for nursing institutions, multidisciplinary teams in homes catering to older adults, practice settings, services for older adults in nursing homes, and higher educational institutions. The central concept of multidisciplinary collaboration uncovered in this study may foster the establishment of comprehensive services for older individuals within these institutions, thereby enhancing service quality. The findings offer valuable guidance for developing practical guidelines for multidisciplinary collaboration in nursing homes for older adults in Indonesia.

Furthermore, nurses can utilize insights to lead multidisciplinary teams, facilitate effective communication, and champion comprehensive care for older adults. Policymakers can employ the findings to formulate policies supporting workforce development and resource allocation. Quality improvement initiatives can address communication challenges and resource constraints, while educational programs can integrate insights to prepare future professionals for collaborative healthcare settings. Overall, the study informs nursing practice, policy development, education, and quality improvement efforts to improve care for older individuals in nursing homes.

Conclusion

Multidisciplinary collaborations in nursing homes for older individuals vary in form, scope, and effectiveness. Persistent obstacles include deficiencies in reporting systems, electronic facilities, personnel numbers and qualifications, communication media, time availability, funding, facilities, management flows, and perceptions among multidisciplinary teams. Consequently, suboptimal service delivery, delayed complaint resolution, workload disparities, and diminished job satisfaction among team members occur. Future research should concentrate on developing models for interdisciplinary collaboration that enhance professional appreciation of the importance and value of patient-centered care, improve communication systems among team members, and ensure adequate staffing, operational funds, and facilities. Effective leadership and robust governance support are crucial for successful collaboration within institutionalized nursing homes.

Declaration of Conflicting Interest

The authors declared that there are no conflicts of interest in this study.

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Authors' Contributions

All authors met ICMJE authorship criteria, from study design and conception data analysis to manuscript writing and reviewing. All authors approved the final version of the article to be published. Data collector: Royani.

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Data Availability

Focus Group Discussion transcript data and interviews supporting this analysis may be available upon reasonable request from the corresponding author. The data is not publicly available because it contains information that may compromise privacy and must be obtained with the consent of study participants. A theoretical framework, a basic list of topics, and thematic coding are available from the corresponding author.

Declaration of Use of AI in Scientific Writing

Nothing to disclose.

References

Adamson, K., Loomis, C., Cadell, S., & Verweel, L. C. (2018). Interprofessional empathy: A four-stage model for a new understanding of teamwork. *Journal of Interprofessional Care*, *32*(6), 752-761. https://doi.org/10.1080/13561820.2018.1511523

Allender, J., Rector, C., & Warner, K. (2010). *Community & public health nursing: Promoting the public's health* (7th ed.). Philadelphia: Wolters Kluwer Health. https://books.google.co.id/books?id=AXZz6JIV9ikC

Alligood, M. R. (2013). *Nursing theorists and their work* (8th ed.). Mosby: Elsevier Health Sciences.

Alligood, M. R., Hamid, A. Y., & Ibrahim, K. (2017). *Pakar teori keperawatan dan karya mereka [Nursing theorists and their work]* (Indo ed.). Singapore: Elsevier.

Central Bureau of Statistics Indonesia. (2017). *2017 older adults statistics [in Bahasa]*. https://www.bps.go.id/id/publication/2018/04/13/7a130a22aa29cc8219c5d153/statistik-penduduk-lanjut-usia-2017.html

Central Bureau of Statistics Indonesia. (2020). *2020 older adults statistics [in Bahasa]*. https://www.bps.go.id/id/publication/2020/12/21/0fc023221965624a644c1111/statistik-penduduk-lanjut-usia-2020.html

Chamberlain, S. A., Gruneir, A., Hoben, M., Squires, J. E., Cummings, G. G., & Estabrooks, C. A. (2017). Influence of organizational context on nursing home staff burnout: A cross-sectional survey of care aides in Western Canada. *International Journal of Nursing Studies*, *71*, 60-69. https://doi.org/10.1016/j.ijnurstu.2017.02.024

Council for International Organizations of Medical Sciences. (2016). *International ethical guidelines for health-related research involving humans* (4th ed.). Geneva: Council for International Organizations of Medical Sciences, (CIOMS).

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). California: SAGE Publications.

de Medeiros, M. M. D., Carletti, T. M., Magno, M. B., Maia, L. C., Cavalcanti, Y. W., & Rodrigues-Garcia, R. C. M. (2020). Does the institutionalization influence elderly's quality of life? A systematic review and meta–analysis. *BMC Geriatrics*, *20*, 44. https://doi.org/10.1186/s12877-020-1452-0

de Vos, A., Cramm, J. M., van Wijngaarden, J. D. H., Bakker, T. J. E. M., Mackenbach, J. P., & Nieboer, A. P. (2017). Understanding implementation of comprehensive geriatric care programs: A multiple perspective approach is preferred. *The International Journal of Health Planning and Management*, *32*(4), 608-636. https://doi.org/10.1002/hpm.2383

Doornebosch, A. J., Smaling, H. J. A., & Achterberg, W. P. (2022). Interprofessional collaboration in long-term care and rehabilitation: A systematic review. *Journal of the American Medical Directors*

Association, *23*(5), 764-777. https://doi.org/10.1016/j.jamda.2021.12.028

Drenth, H., Krijnen, W., van der Weerd, L., Reinders, J. J., & Hobbelen, H. (2023). Nursing home geriatric rehabilitation care and interprofessional collaboration; a practice-based study. *BMC Geriatrics*, *23*(1), 539. https://doi.org/10.1186/s12877-023-04212-6

Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of Advanced Nursing*, *62*(1), 107-115. https://doi.org/10.1111/j.1365-2648.2007.04569.x

Eltaybani, S., Kawase, K., Kato, R., Inagaki, A., Li, C.-C., Shinohara, M., Igarashi, A., Sakka, M., Sumikawa, Y., & Fukui, C. (2023). Effectiveness of home visit nursing on improving mortality, hospitalization, institutionalization, satisfaction, and quality of life among older people: Umbrella review. *Geriatric Nursing*, *51*, 330-345. https://doi.org/10.1016/j.gerinurse.2023.03.018

Grol, S. M., Molleman, G. R. M., Kuijpers, A., van der Sande, R., Fransen, G. A. J., Assendelft, W. J. J., & Schers, H. J. (2018). The role of the general practitioner in multidisciplinary teams: A qualitative study in elderly care. *BMC Family Practice*, *19*, 40. https://doi.org/10.1186/s12875-018-0726-5

Hudson, C. C., Gauvin, S., Tabanfar, R., Poffenroth, A. M., Lee, J. S., & O'riordan, A. L. (2017). Promotion of role clarification in the Health Care Team Challenge. *Journal of Interprofessional Care*, *31*(3), 401-403. https://doi.org/10.1080/13561820.2016.1258393

Kalantari, A. R., Mehrolhassani, M. H., Shati, M., & Dehnavieh, R. (2021). Health service delivery models for elderly people: A systematic review. *Medical Journal of the Islamic Republic of Iran*, *35*, 21. https://doi.org/10.47176%2Fmjiri.35.21

Keumalasari, K., Yetti, K., & Hariyati, R. T. S. (2021). Penerapan model kolaborasi interprofesional dalam upaya meningkatkan keselamatan pasien: A systematic review [Application of an interprofessional collaboration model in an effort to improve patient safety: A systematic review]. *REAL in Nursing Journal*, *4*(2), 65-76. https://dx.doi.org/10.32883/rnj.v4i2.1222

Leocadie, M.-C., Morvillers, J.-M., Pautex, S., & Rothan-Tondeur, M. (2020). Characteristics of the skills of caregivers of people with dementia: Observational study. *BMC Family Practice*, *21*, 149. https://doi.org/10.1186/s12875-020-01218-6

Mauk, K. L. (2010). *Gerontological nursing: Competencies for care* (2nd ed.). Boston: Jones & Bartlett Publishers.

Ministry of Health. (2022). *Guide to building partnerships in the health Sector [in Bahasa]*. Jakarta: Ministry of Health of Indonesia.

Moncatar, T. J. R. T., Nakamura, K., Siongco, K. L. L., Seino, K., Carlson, R., Canila, C. C., Javier, R. S., & Lorenzo, F. M. E. (2021). Interprofessional collaboration and barriers among health and social workers caring for older adults: A Philippine case study. *Human Resources for Health*, *19*, 52. https://doi.org/10.1186/s12960-021-00568-1

Mulvale, G., Embrett, M., & Razavi, S. D. (2016). 'Gearing Up' to improve interprofessional collaboration in primary care: A systematic review and conceptual framework. *BMC Family Practice*, *17*, 83. https://doi.org/10.1186/s12875-016-0492-1

Nakrem, S., Stensvik, G.-T., Skjong, R. J., & Ostaszkiewicz, J. (2019). Staff experiences with implementing a case conferencing care model in nursing homes: A focus group study. *BMC Health Services Research*, *19*, 191. https://doi.org/10.1186/s12913-019-4034-0

Nishiguchi, S., Sugaya, N., Saigusa, Y., & Inamori, M. (2021). Effect of interprofessional collaboration among nursing home professionals on end-of-life care in nursing homes. *Drug Discoveries & Therapeutics*, *15*(2), 93-100. https://doi.org/10.5582/ddt.2021.01030

Piotrowski, A., Meyer, M., Burkholder, I., Renaud, D., Müller, M. A., Lehr, T., Laag, S., Meiser, J., Manderscheid, L., & Köberlein-Neu, J. (2020). Effect of an interprofessional care concept on the hospitalization of nursing home residents: Study protocol for a cluster-randomized controlled trial. *Trials*, *21*, 411. https://doi.org/10.1186/s13063-020-04325-y

Rekawati, E., Hamid, A. Y. S., Sahar, J., Mulyana, N., Fahrudin, A., Sari, N. K., Setiabudi, T., & Kamso, S. (2014). *Efektivitas model keperawatan keluarga santun lansia dalam upaya peningkatan kualitas asuhan keluarga pada lansia di Depok, Jawa Barat [The effectiveness of the cordial older family nursing model in order to improve the quality of family care for older persons]* Faculty of Nursing Universitas Indonesia]. Depok. https://lontar.ui.ac.id/detail?id=20390564&lokasi=lokal

Ruebling, I., Eggenberger, T., Frost, J. S., Gazenfried, E., Greer, A., Khalili, H., Ochs, J., Ronnebaum, J., & Stein, S. M. (2023). Interprofessional collaboration: A public policy healthcare transformation call for action. *Journal of Interprofessional Education & Practice*, *33*, 100675. https://doi.org/10.1016/j.xjep.2023.100675

Sahar, J., Rekawati, E., Wati, D. N. K., & Rachmawati, U. (2019). Improved functional status and quality of life among the public institutionalized elderly in Jakarta. *Enfermería Clínica*, *29*, 336-341. https://doi.org/10.1016/j.enfcli.2019.06.005

Schwabe, S., Bleidorn, J., Günther, A., Primc, N., Rubeis, G., Schneider, N., & Poeck, J. (2022). Nurses' perspectives on the role of relatives in emergency situations in nursing homes: A qualitative study from Germany. *BMC Geriatrics*, *22*, 283. https://doi.org/10.1186/s12877-022-02991-y

Setiati, S., Laksmi, P. W., Aryana, I. G. P. S., Sunarti, S., Widajanti, N., Dwipa, L., Seto, E., Istanti, R., Ardian, L. J., & Chotimah, S. C. (2019). Frailty state among Indonesian elderly: Prevalence, associated factors, and frailty state transition. *BMC Geriatrics*, *19*, 182. https://doi.org/10.1186/s12877-019-1198-8

Shorey, S., & Ng, E. D. (2022). Examining characteristics of descriptive phenomenological nursing studies: A scoping review. *Journal of Advanced Nursing*, *78*(7), 1968-1979. https://doi.org/10.1111/jan.15244

Steel, A., Hopwood, H., Goodwin, E., & Sampson, E. L. (2022). Multidisciplinary residential home intervention to improve outcomes for frail residents. *BMC Health Services Research*, *22*, 58. https://doi.org/10.1186/s12913-021-07407-y

Svensberg, K., Kalleberg, B. G., Rosvold, E. O., Mathiesen, L., Wøien, H., Hove, L. H., Andersen, R., Waaktaar, T., Schultz, H., & Sveaass, N. (2021). Interprofessional education on complex patients in nursing homes: A focus group study. *BMC Medical Education*, *21*, 1-11. https://doi.org/10.1186/s12909-021-02867-6

Touhy, T. A., & Jett, K. F. (2022). *Ebersole and Hess' Gerontological Nursing & Healthy Aging* (6th ed.). Elsevier.

Tsakitzidis, G., Anthierens, S., Timmermans, O., Truijen, S., Meulemans, H., & Van Royen, P. (2017). Do not confuse multidisciplinary task management in nursing homes with interprofessional care! *Primary Health Care Research & Development*, *18*(6), 591-602. https://doi.org/10.1017/S146342361700024X

Vestjens, L., Cramm, J. M., & Nieboer, A. P. (2018). An integrated primary care approach for frail community-dwelling older persons: A step forward in improving the quality of care. *BMC Health Services Research*, *18*, 28. https://doi.org/10.1186/s12913-017-2827-6

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