

The association between stereotyping and interprofessional collaborative practice

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KEYWORDS

Stereotyped behavior;
Interprofessional
relations;
Intersectoral
collaboration

Abstract

Objective: This study aimed to identify the association between stereotyping and professional intercollaborative practice.

Method: This study used a cross-sectional analytical study involving physicians, nurses, pharmacists, and dietitians in a hospital in Jakarta, Indonesia, who were selected using the stratified random sampling method. Data was collected using the Student Stereotypes Rating Questionnaire (SSRQ) and the Assessment of Interprofessional Team Collaboration Scale (AITCS). The stereotyping level was analyzed based on a nine-point SSRQ, while interprofessional collaborative practice was scored based on partnership/shared decision-making, cooperation, and coordination.

Results: Stereotyping was shown to significantly correlate with interprofessional collaborative practice as measured by the SSRQ and AITCS.

Conclusions: Poor interprofessional collaborative practice in subscale partnership/decision-making was dominant. Also, low-rating stereotyping was shown to be dominant with poor interprofessional collaborative practice.

Recommendation: The research recommends that health care providers improve partnership/decision-making skills for better interprofessional collaboration. For further research, it's recommended to explore another barrier of interprofessional collaborative practice.

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Introduction

Interprofessional collaboration in the workplace is likely to increase health care quality¹, achieve nurses' outcomes¹⁻⁴, reduce health care cost¹, influence patients' length of stay², and increase patient safety and patient-centered care (PCC) practice⁵.

Interprofessional collaborative practice has an obstacle that is referred to as a stereotype. Stereotyping was found to interfere with interprofessional collaboration^{6,7}. However,

studies about the association between stereotypes and interprofessional collaboration in the hospital are still rare.

Even though interprofessional collaborative practices in many hospitals at Jakarta are shown in documentation, the opinions from hospitalized patients as costumers of care are still limited. This phenomenon showed that a study exploring the association between stereotypes and interprofessional collaboration was required. This study aimed to identify the association between stereotyping and interprofessional collaborative practice in the hospital. The hypoth-

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esis of this study stated that there was an association between stereotyping and interprofessional collaborative practice.

Method

A cross-sectional design was selected to conduct this study using the descriptive-analytic method. Stratified random sampling identified 88 participants consisting of physicians, nurses, nutritionists, and pharmacists in hospital X at Jakarta. Inclusion criteria of this study were a willingness to participate, holding a bachelor’s degree (minimum), and being able to stay in the location of the study for the duration of the study.

The instrument of measurement for this research was divided into three parts. Part A was dedicated to participants’ characteristics and consisted of name initials, age, sex, and education level. Part B was used for stereotype measurement, and part C was used for collaborative practice evaluation.

Instrument validation was conducted by the researcher (N = 30). Reliability and validity test results of the stereotyping questionnaire using Cronbach’s alpha were 0.987, 0.992, 0.993, and 0.993 for physicians, nurses, nutritionists, and pharmacists, respectively, while it was 0.3061 using the R table. For the collaborative practice questionnaire, Cronbach’s alpha showed 0.974, and R table showed 0.3061.

The software was equipped for processing and analyzing data. Univariate and bivariate were carried out to analyze data. Chi-square was used in bivariate analysis.

Results

The most prominent age distribution in this study was 21-30 years old (60.2%), followed by 31-40 years old (29.5%), and finally, more than 40 years old (10.2%).

More than half of the participants were female (68.2%), while there were only 28 males (31.8%). Based on education level, the most dominant group of participants were vocational nurses (51 participants or 58%), followed by those with a bachelor’s in nursing (14 participants or 15.9%). Next were those with a bachelor’s in medicine (8 participants or 9.1%), vocational nutritionists (6 participants or 6.8%), and those with a bachelor’s in nutrition (3 participants or 3.4%). The next group in size were vocational pharmacists (3 participants or 3.4%), then those with a bachelor’s in pharmacy (2 participants or 2.3%), and one participant with a master’s

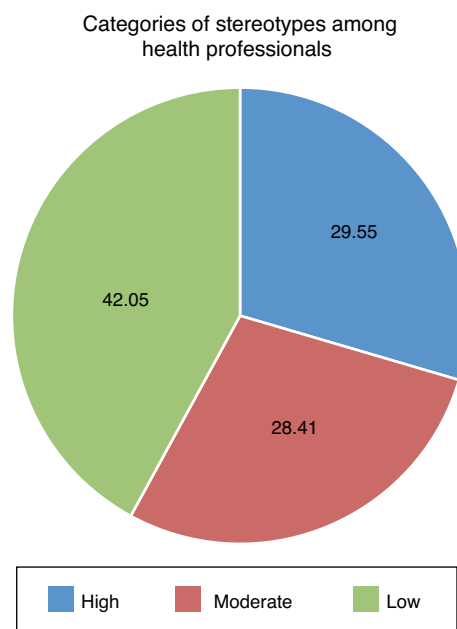


Figure 1 Stereotypes in hospital X, Jakarta, 2016 (n = 88).

in medicine (1 participant or 1.1%). More than half of the participants (52.3%) had been working for more than four years, while the rest had been working for 1-3 years.

Stereotype distribution in professionals can be seen in Figure 1.

In figure 1, it can be seen that the most dominant stereotype in health care professionals was a low stereotype based on a questionnaire that contained nine components, namely academic skill, professional competence, interpersonal skill (such as compassion, sympathy, and communication), leadership skill, independence, teamwork skill, decision-making skill, practical skill, and trust. Those stereotype levels used the cut of point; > 4 (high), 3.50-3.99 (moderate), and < 3.49 (low)⁸.

The detail of stereotyping among health professionals (physicians, nurses, nutritionists, and pharmacists) can be seen in Figure 1, which used the cut of point; > 4 (high), 3.50-3.99 (moderate), and < 3.49 (low). Based on that figure, a high stereotype is dominant. This means there are still high or positive stereotypes that exist among health professionals (Table 1).

Univariate analysis of collaborative practice evaluated three subscales consisting of partnership/decision-making, cooperation, and coordination. The analysis used the me-

	Characteristic			Total
	High	Moderate	Low	
Physicians	37 (46.8%)	17 (21.5%)	25 (31.6%)	Σ 79 Σ (100%)
Nurses	8 (34.8%)	7 (30.4%)	8 (34.8%)	Σ 23 Σ (100%)
Nutritionists	22 (27.8%)	19 (24.1%)	38 (48.1%)	Σ 79 Σ (100%)
Pharmacists	26 (31.3%)	11 (13.3%)	46 (55.4%)	Σ 83 Σ (100%)

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