

Strengthening the continuous integration model through multi-professional collaboration: Community midwifery project at Salam Babaris Health Center

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ABSTRACT

The existence of demands for health services today faces various phenomena, including aspects of medical services, the lack of professional health human resources, and also the uneven distribution of personnel. Likewise, in the scope of midwifery practice, innovations are needed that focus on the transfer of information, knowledge, skills, and knowledge to the community to develop how midwives position their profession as coordinators and facilitators of work between multi-professionals and other disciplines in their work programs. As in Indonesia, studies on collaborative practice are also very slightly known to this information down to the primary care level or at the individual level. This analysis uses a theoretical framework and narrative thinking. Participants in this program involve professional practitioners of primary care providers and non-professional staff as cross-program supporters, students, and accompanying lecturers. This project report describes a program developed by the Department of Midwifery, Faculty of Health, Sari Mulia University that links applied ICD-IPE learning with service practices at the Salam Babaris Health Center to provide comprehensive thematic-based maternal and child health services to reduce the incidence of anemia in pregnant women. The principle of inter-collaboration-based practice and health services has implications for best practice using a multi-professional and multidisciplinary model to become a replica program of an integrated sustainable program towards complete and comprehensive health globally.

INTRODUCTION

Nowadays, the world is facing various healthcare challenges both from the aspect of medical services, the lack of a number of health human resources, and also the uneven distribution [1]. Likewise in Indonesia, according to the IPC and IPE studies, information on best practices, one of which is a collaborative practice, is still very limited or has not been widely disseminated to the level of primary care facilities or the individual level [2]. It is important to understand the concept of collaboration well because even though health professionals face increasingly complex health problems, it certainly creates more dependence between them because the knowledge they have still occurs only in the internal relationships of each professional [3].

Collaboration, here, is the main term to answer the challenges of the complexity of the health care system. This is the center of attention for all of us because collaboration offers the right solutions that play many roles and interests in integrating, communicating, and negotiating to achieve common goals, improve process results and service performance, and patient satisfaction performance [4, 5, 6].

IPC is a key factor designed and initiated by the Indonesian government to increase the effectiveness of health services currently offered to the public [7]. It is so important for health professional organizations to provide safe, effective, and efficient services and strategic efforts, and has a strong potential to achieve optimal health outcomes [8]. Prenatal care qualification requires the performance of a multi-professional team based on an interdisciplinary approach aimed at producing comprehensive care centered on the needs of families and individuals, as well as providing opportunities and space for collaborative practice studies [9]. IPC refers to structured collective action through permanent information exchange and shared decision-making [10], as well as providing important influence on the work of the health team [11].

Therefore, according to the recommendation of the Health Professional Education Quality -Directorate General of Higher Education (HPEQ-DGHE), Ministry of National Education (MONE), and Nusantara Health

Collaborative (NHC) in 2014, one solution to overcome this problem is to work together between care providers. And then, based on research over the last 50 years, the IPC model of nursing care has been effective and proven to strengthen the healthcare system and optimize and improve the quality of service performance. Thus, it can be stated that collaboration occurs when care providers work cooperatively with colleagues from other professions, patients, and families. Regarding the implementation of this community midwifery project that is integrated into IPC, to make it happen is to introduce collaborative practices from an early age through the educational process, which aims to increase teamwork, complement each others between one profession and another, and are expected to be able to close the gap in patient problems while at the same time streamlining collaboration and improve health services.

Furthermore, from the description of the background above, this undergraduate midwifery student community project raises one of the latest issues: accelerating the reduction of stunting through specific interventions in the theme of case studies on the management of anemia in pregnant women at the Salam Babaris Health Center, Tapin Regency, South Kalimantan. The aim of this project is to increase interdisciplinary understanding, foster communication competently, manage resources effectively and efficiently and improve the quality of patient care in a comprehensive manner.

LITERATURE REVIEW

The concept of Interprofessional Collaboration (IPC)

Based on the history of the emergence of IPC, it started with the concept of IPE put forward by d'Amour & San, [10] and Barr et al. (2006), where this model has first introduced in the world of education in multi-professional healthcare. Collaboration is a combination of two or more parties involved in the practice, where one party is intellectual. Willingness to participate becomes important in planning and decision-making. Collaboration is a complex process and requires competence, confidence, and commitment from all parties involved [12, 13].

Definition of IPC

WHO definition (1988), is "the process whereby a group of students or workers related to health workers from various educational backgrounds learn together during a certain period in education, with the important aim of collaborating in providing promotional, preventive, curative, rehabilitative and related services other health". [14]

According to The Toronto Model for Interprofessional Education and Practice, care collaboration is a key strategy to move the current underperforming healthcare system towards a model that is safer, efficient, integrated, and cost-effective [15]. IPC is a condition when various health professions work together with patients, patient families, the community, and other health professionals to provide the highest quality health services [16].

Support and Barrier Factors of IPC

According to Setiadi et al., [17], the supporting factors that contribute to inter-professional collaboration are: First, the individual level: interaction between professionals; Second, the organizational level: the work environment; and Third, the system level: government regulations and policies. The IECPCP framework highlights the micro (interactional), meso (organizational), and macro (systemic) factors that influence collaborative practice, while the ecological model highlights different levels of influence, which are both interactive and reinforcing. Strengthening the developing primary care service system in Indonesia is needed in overcoming the health burden through IPC [17].

Some of the obstacles that may occur include academic calendar barriers, academic regulations, place of activity, evaluation, human resource requirements (human resources), funds, geographical distance, time, and student readiness [18]. Other obstacles that can occur in the IPE process also come from the ego of each health worker, physical facilities, and learning concepts, as well as the paradigm of the profession and the role of each profession. It is very important to overcome the obstacles that may occur in preparation for health students and health practitioners to establish good collaborative practices in health services [19].

The concept of Integrated Community Development (ICD)

Jones, J. & Wiggle, I. (1987), in the Community Development Journal, put forward the basic concept of ICD as local community empowerment through leadership development and capacity building starting from the individual level to the community level [20]. Some definitions of ICD according to experts:

Definition of ICD

Phillips & Pittman [21]: A process of developing and enhancing the ability to act collectively, and an outcome: 1) taking collective action and 2) the result that action is for improvement within a community in any or all of the realms; physical, environmental, cultural, social, political, economic and others [21].

Palmer (2004): A process in which a community is strengthened to creatively help meet its own needs such as physical, spiritual, mental, psychological, social, economic, and political [20]. Gales 1981: A planned and organized process and effort which enables people to acquire the necessary knowledge, attitudes, and skills so that they can organize and participate with others in efforts to solve societal problems [22].

Support and Barrier Factors of ICD

The first factor is individual factors such as character, competence, and communication between professions; the second is group factors such as limited manpower both in quantity and quality and hierarchy/seniority. Third, organizational factors include leadership, motivation, organizational policies, supporting facilities, and inadequate application of health information systems.

Model in The Context of ICD by Nitu A. & Cace C.

Community Development or known in Indonesia as community development, from the beginning consisted of economic and political development goals. According to [23], this is good for forming a democracy for the material welfare of rural communities. The integrated community development approach (ICD) according to Jones & Wiggle (1987), mentions the fact that ICD is a management of resources that needs to be built away from connotations of social welfare in the past, and towards the realization of true economic potential, and has a number of political implications. The implementation of this ICD includes many different interventions with the belief that all are needed to achieve the goals set and reinforce each other [20].

In the case study in the Philippines, the ICD review examines the analysis of the evolution and development of various community development approaches and methods. An empirical and evidence-based contextual review of Filipino community development approaches and methods, emphasizing participatory roles and a sustainable community-based approach. This study recommends an integrated model of community development practice in the Philippines that is useful for researchers and practitioners [24]. The Integrated Community Development Program has identified local community development as an important strategy for poverty alleviation as well as sustainable economic, community, and cultural development [25].

Stunting Prevalence Regarding Children's Health

Based on data from the 2021 Indonesian Toddler Nutrition Status Study (SSGBI), the national prevalence of stunting is (24.4%) or around 5.33 million toddlers. This number and figure are still very high even though it has decreased compared to the previous year 2020, where Indonesia ranks second (31.8%) among Southeast Asian countries in 2021. ([https:// databoks. katadata. co.id/ datapublish/ 2021 /11/25/prevalensi-stunting-toddler-indonesia-tertinggi-2-asia-southeast](https://databoks.katadata.co.id/datapublish/2021/11/25/prevalensi-stunting-toddler-indonesia-tertinggi-2-asia-southeast). accessed August 1, 2022).

Stunting is still a serious health problem seriously faced by Indonesia and globally, where there are 178 million children under 5 years of age experiencing stunting and this can happen in the first 1000 days of life. If you look at the condition of the prevalence of stunting in Indonesia in 2018 (30.8%) or as many as 1 in 3 babies under 2 years or around 9 million children suffer from stunting. This prevalence decreased by 6.4% from 2013 (37.2%). [26]

Data for 2021 (24.4%) and 2019 (27.7%). Meanwhile, the prevalence of South Kalimantan in 2021 (30.0%) is lower than in 2018 (33.2%), and decreased by around 11% from 2013 (44.2%). Intervention efforts for stunting toddlers focus on the First 1,000 Days of Life (HPK): Pregnant Women, Breastfeeding Mothers, and children
0-23 Months.
(<https://www.litbang.kemkes.go.id/buku-saku-hasil-studi-status-gizi-indonesia-ssgi-tahun-2021/> diakses 1 April 2022).

Significant of Study

This case study is the most important community project. This work project is not only beneficial for stakeholders and related agencies but also important for planners who will make future plans related to

accelerating the reduction of stunting and treating anemia in pregnant women. Therefore, an integrated effort is needed between various elements to improve and empower the community. And then, this paradigm shift is what is needed, where all parties are encouraged to contribute and make it possible to support integrated educational, research, and collaborative practices in an effort to achieve community development results and community capacity building based on multi-disciplines.

METHOD

The method used in this community project is a case study with a descriptive approach. First, an analysis of the input situation. Situation analysis of the input aspect regarding the situation of the Salam Babaris Health Center through three components, including (1) the geographical conditions of the work area of the health center; (2) demographic data; and (3) employment data or human resources. Second, process analysis through the interdisciplinary and multidisciplinary situation of the Salam Babaris Health Center. Third, process analysis through the implementation of IPC-based practices. Fourth, the analysis of the output regarding the achievement and success of the program. And, Fifth, there are challenges and opportunities which are impact analysis toward program sustainability. The time of this study was carried out for 4 days.

RESULTS AND DISCUSSION

All figures should be numbered with Arabic numerals (1,2,...n). All photographs, schemas, graphs and diagrams are to be referred to as figures. Line drawings should be good quality scans or true electronic output. Low-quality scans are not acceptable. Figures must be embedded into the text and not supplied separately. Lettering and symbols should be clearly defined either in the caption or in a legend provided as part of the figure. Figure is center, as shown Figure 1 and cited in the manuscript.

Situation Analysis of Salam Babaris Health Center

1. Geographical conditions of the health center work area

Area: Geographically, the Salam Babaris Health Center is located in Salam Babaris District, Tapin Regency. The total area of the sub-district is a land area of 64.63 km². Administratively, the working area of the Puskesmas consists of 6 villages with 80% mountainous areas, 5% rivers, and temperatures ranging from 28°C - 29°C.

2. Demographic Data

The total population in the working area of the Salam Babaris Health Center in 2020 is 11,646 people, with details in table 1 below:

Table 1. Distribution of population by village and gender in 2021

Village	RT (n)	R W (n)	KK (n)	Total population		Total (person)
				Male (person)	Female (person)	
Pantai Cabe	15	3	726	1.181	1.123	2.304
Salam Babaris	13	4	864	1.318	1.232	2.550
Suato Baru	8	2	425	646	632	1.278
Suato Lama	14	4	607	944	877	1.821
Kambang Habang Baru	9	4	617	909	879	1.788
Kambang Habang Lama	13	2	622	1.001	904	1.905
Total	72	19	3.86	5.999	5.647	11.646

1

Source: Salam Babaris District Profile Report, 2021

Health facilities: physical health facilities, are in table 2 as follows:

Table 2. Distribution of physical health facilities in 2021

Kind Facilities	Total
Main Health Center	1
Pusling Car	1

Wheel Service Vehicle 2	17
Doctor's Office	1
Paramedic Office	3
Auxiliary Health Center	4
Village Health Post	5
Posyandu Toddler	12
Posyandu Elderly	6
Posbindu	6
Total	56

Source: Profile Report of Salam Babaris Health Center, 2021
Employment Data (HR)

The human resources or staff at the Salam Babaris Health Center in 2021 are as follows:

Table 3. Distribution of manpower (HR)

Kind of Employment/Profession	Employment Status			Total
	AS N	PT T	TK S	
General doctor	2	0	0	2
Bachelor of Public Health	1	1	0	1
Pharmacist	0	1	0	1
D3 Nutrition	1	2	0	3
D3 Nurse	6	2	0	8
S1 Nurse	1	0	0	1
D3 Dental Nurse	3	0	0	3
D3 Midwifery	4	4	5	13
D4 Midwifery	1	0	0	1
D3 Environmental Health	1	0	0	1
D3 Analyst	1	1	0	2
Careworker	0	0	1	1
Senior high school	2	0	0	2
Total	24	11	6	41

Source: Profile Report of Salam Babaris Health Center, 2021

Interdisciplinary and Multidisciplinary Situation Analysis

The interdisciplinary and multidisciplinary situation at the Salam Babaris Health Center in midwifery services involves teams from various professions, namely midwives, doctors, and other health teams who have a work coordination relationship with determining diagnoses, medical actions, and support or care, especially for midwifery patients.

The service will function well if it includes contributions from team members providing the best health services to patients. Therefore, an interdisciplinary collaborative team should have adequate knowledge, effective communication, and managerial skills such as communication, responsibility and mutual respect among members of the disciplinary team.

In observations related to interdisciplinary in IPC, examples of cases of services for pregnant women with anemia coordinated by midwives also include collaboration with doctors and nurses, the other officers involved are as follows:

Screening officer

During the COVID-19 pandemic, at the Salam Babaris Health Center, before entering the health center, patients must first be screened by midwives or nurses who take turns on duty according to screening indications of COVID-19.

Counter clerk

After passing the screening, the patient goes straight to the registration counter by submitting the medical record number in the Family Folder of the puskesmas, the patient is welcome to wait in front of the KIA Polyclinic and the counter staff delivers the patient's status.

Midwives at the MCH polyclinic

The midwife performs the history and examination according to the 14 T standard. In the 1st trimester, a complete laboratory examination is required and in the following trimester, according to the patient's

complaints, for example, in cases of frequent dizziness, pale face, and anemic conjunctiva, the patient is directed for laboratory tests to check hemoglobin levels.

Laboratory officer

The laboratory worker checks according to the results of the examination from the midwife.

Nutrition officer

If the results are out, and it is found that the pregnant woman is anemic, then the midwife will convey the results and impact if the pregnant woman is anemic and collaborate with nutritionists to provide counseling about a high-iron diet and giving blood-boosting tablets.

Doctor

If a pregnant woman is found with moderate-severe anemia, the patient is consulted with a doctor and also referred to the hospital for further treatment and examination.

Cashier and P care officer

After the patient has finished the examination, then go to the cashier and P care officer if a referral is necessary.

Pharmacy officer

If anemia can be treated and a prescription for iron supplements and other medicines is given, then the patient submits the prescription and gets an explanation from the pharmacy staff regarding the medicine to be taken.

In this discussion, it is explained that doctors, midwives, nurses, and other multidisciplinary team members facilitate and assist patients to obtain health services from the medical services of other health professions. Here the midwife acts as an important liaison between the patient and the health provider. Doctors have a major role in diagnosing, treating, and preventing disease. In this situation, the doctor uses treatment modalities as well as consults and referrals if needed.

Regarding aspects of cooperation, the team also observed a process of mutual respect for other people's opinions and was willing to examine several alternative opinions and service changes for problem-solving. Assertiveness is important when individuals in a team support each other's opinions with confidence. Assertive action ensures that their opinions are actually heard and a consensus is reached.

Related to the coordination aspect, in decision-making based on consensus results, the support and involvement of the team are very much needed. Team autonomy which includes the independence of team members requires responsibilities and limits of authority according to the competence of each discipline and profession. This coordination requires efficient use of organizational resources needed in patient care, so as to minimize overlapping of resources and guarantee qualified people to solve the problems of pregnant women with anemia both biological, psychological, and social.

Based on the communication aspect, to realize effective IPC practices, communication and information instruments and facilities are needed which are always updated. This is intended so that health data is focused and systemized so that it becomes a source of information for all team members in making decisions. Therefore it is necessary to develop a record of the patient's health status that allows communication between the team to be effective, efficient, and optimal. In this communication, it is also observed the importance of interpersonal skills, knowledge, and formal and informal education such as pieces of training, workshops, and seminars to increase the capacity of expertise that minimizes gaps between one team member and another.

IPC-based Practice Implementation Analysis

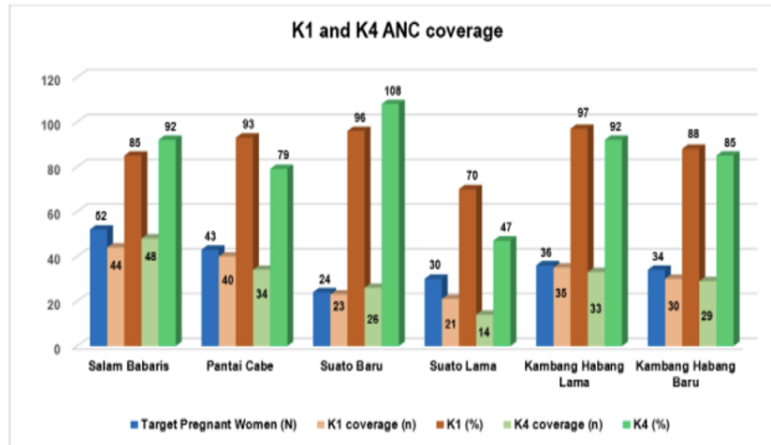
Collaboration has been carried out between health workers, patients, patient families, and the community to increase the effectiveness of health services, safety, and patient safety, there is good communication and coordination, and when there is a problem with a patient a joint solution can be decided by health professionals in the team. One example is the interaction of midwives and doctors in serving patients.

Health services involving a variety of multidisciplinary and interdisciplinary activities can be carried out properly and provide satisfaction to service recipients if all officers involved understand the main tasks and responsibilities of each and are able to work collaboratively in 1 team. Officers who understand and apply the ICD-IPE concept have soft skills in teamwork in collaboration through character building, application of effective communication, and application of the principles of roles and responsibility in providing health services. Officers who understand the concept and are able to apply ICD-IPE in health services will be able to provide the best service and provide satisfaction to the service recipient.

Analysis of Program Achievements and Successes (Good Practical)

The success of the KIA program at the Salam Babaris Health Center can be seen in the indicators of health status in the Maternal Mortality Rate, Infant Mortality Rate, and Under-five Mortality Rate in the last 5 years as follows in figure 1 to figure 4:

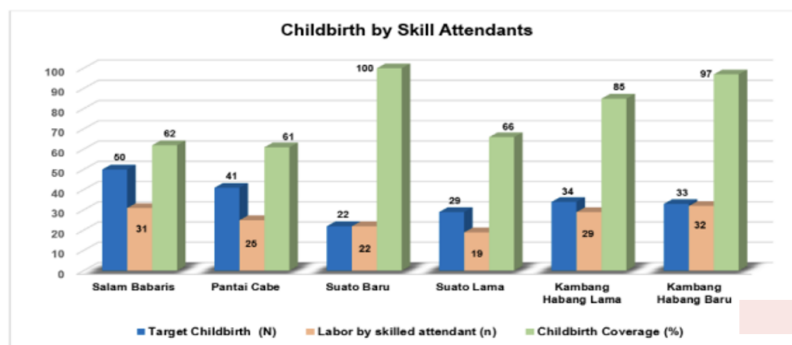
1. Health Services for Pregnant Women



Source: PWS-KIA Annual Report of Salam Babaris Health Center, 2021

Figure 1. Graph of K1 and K4 Antenatal Care in 2021

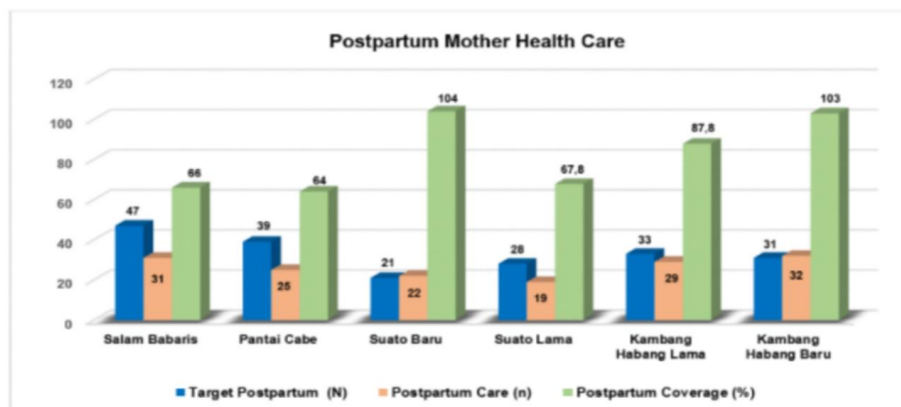
2. Labor by midwives or skilled attendants with midwifery competence



Source: PWS-KIA Annual Report of Salam Babaris Health Center, 2021

Figure 2. Graph of Childbirth Assistance in 2021

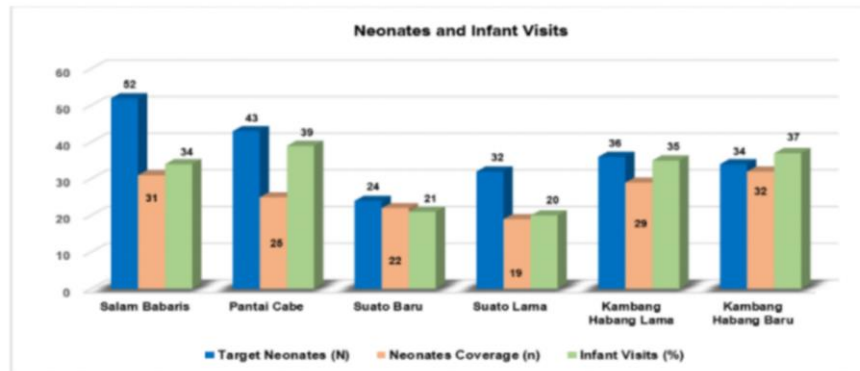
3. Postpartum Mother Health Services



Source: PWS-KIA Annual Report of Salam Babaris Health Center, 2021

Figure 3. Graph of Postpartum Mother Health Care in 2021

4. Neonatal and Infant Visits



Source: PWS-KIA Annual Report of Salam Babaris Health Center, 2021

Figure 4. Graph of Neonates and Infant Visits in 2021

Basic health service efforts are a very important first step in providing services to the community. The success of the program will be seen in the achievements of the health services provided. The infant mortality rate is an indicator that is commonly used to determine the health status of the community so many health programs are aimed at reducing this IMR. The under-five mortality rate reflects the magnitude of environmental factors that affect children's health such as nutrition, sanitation, infectious diseases, accidents, and others.

Analysis of Challenges and Opportunities Towards Program Sustainability

The sustainability of the Salam Babaris Health Center program can be explained by the fact that the challenges and opportunities are quite large due to the existence of human resources that are large enough and well-educated according to their profession. In order to achieve program sustainability, efforts are made to ensure that the resources owned can produce maximum service output. This requires good cross-program and cross-sector collaboration. The application of the ICD-IPE concept will be very useful in facing the challenges of the success of the next program. For example, in the case of pregnant women with anemia, adherence to taking iron tablets is a key factor in the management of anemia.

Advances in technology have made it possible to monitor adherence to pregnant women's visits and monitor the incidence of anemia in the antenatal period, so good cooperation is needed between nutrition officers, midwives, and health workers as well as non-health workers, each of whom has a role in program implementation. To achieve program sustainability at the Salam Babaris Health Center, one of the challenges discussed is the availability of data and information systems as indicators of decision-making in improving service quality and interdisciplinary teamwork.

Information system and data availability

The results of observations and the nutritional status of pregnant women at the Salam Babaris Health Center from 2021-2022 have changed significantly. Although experiencing a transitional period in which Tapin Regency and several sub-districts and villages are loci for stunting with a high prevalence of stunting and malnutrition and micronutrient deficiency iron deficiency anemia. However, as a step and commitment effort, Tapin Regency has also implemented and has one-stop data information on the online website <https://tapinkab.bps.go.id>, so that timely information can still be accessed easily and updated for the benefit of policy making. preparation of the puskesmas program planning agenda as well as various other opportunities to improve current health status.

Challenge

The health information system policy challenges require strengthening and commitment from various stakeholders. In particular, the timeliness and accuracy of data must be a priority and evenly distributed to all regions (top-down) that are integrated into the technical cooperation agenda, so that the government and other

stakeholders can also respond to changes in the health and nutrition situation of the community, especially the problem of anemic pregnant women in this case.

The next aspect of the challenge is that advanced program planning must be based on renewable evidence (evidence base). The government, in this case as a policy maker, can respond to the identification of problems and needs, including the allocation of the health budget to address different health problems in each working area of primary health care up to the tertiary level (bottom-up). This awareness must be initiated by the government and related agencies in implementing a sustainable information system.

The model approach by Thannhauser et al. (2010), that health care and social service professionals are called upon to engage in interprofessional education (IPE) and interprofessional collaboration (IPC) to provide efficient and effective care for clients and patients. Because of this, it is important to conduct research that contributes to the evaluation of collaborative practice [27].

Thus, the weaknesses that occurred in several intervention programs that had not been achieved depended on the monitoring and evaluation of the program. It is important to identify and address barriers related to the implementation, access, and utilization of health services, as well as compliance and coverage. Impact evaluation can be a useful instrument for determining the impact of interventions, and these results can in turn be used for program sustainability (toward sustainability).

Opportunity

The information system has been running systematically in providing the data needed to make decisions and target specific nutrition interventions as well as sensitive interventions from various cross-sectors. This policy is integrated with services to accelerate stunting reduction, the Ministry of Health and several other ministries stipulate survey publications and access to information, including Riskesdas, SSGI, PK-21, e-Bangda, and e-PPGBM.

Another opportunity is that Tapin Regency and its related staff have also committed to improving information systems and data availability in all sectors apart from health as well as education and the economy. The importance of government's commitment to requiring all stakeholders to adapt and produce high-quality data using new technologies for data collection and reporting. In addition, a database on nutritional status and maternal and child health status at the Salam Babaris Health Center is available and can be accessed on a computer, although there are still some technical and network barriers, in general, it has provided an opportunity to analyze reports and check patient data verification (pregnant women) without manual processes that require a long time.

LIMITATION

Limited time to socialize or introduce to colleagues in the puskesmas regarding the concept and purpose of holding interprofessional collaborative practices. Then, another technical limitation is that they are still a little burdened by the routine work in each service unit which has been scheduled from the start of every month so there are still some who go to the field during collaboration. However, so far this has been overcome by sharing and small team group discussions discussing the collaboration. As for the achievement of reducing anemia in pregnant women, it cannot be measured yet because this project was carried out for only 4 days.

Therefore, the results and conclusions of this analysis report are sufficient to provide an overview of the sustainability of the anemia prevention intervention program. It can be used to identify challenges and opportunities in overcoming health problems, especially services for pregnant women with anemia, and additional efforts are needed to strengthen communication. cross-sector cross-program coordination and policies and synergize in interdisciplinary collaboration. Finally, the information and data monitoring and evaluation system is very important to increase the effectiveness and sustainability of the program in the work area of the Salam Babaris Health Center and broadly for the community in Tapin Regency.

CONCLUSION

The MCH and Family Planning programs, one of which is the scope of Midwife independent services, have been integrated with other programs including Laboratory Examination, Nutrition, Dental and Oral Examination, Health Promotion, and Environmental Health and other programs. With this collaborative practice, the IPC service model can also be applied to manage cases or general health problems. As a form of innovation for the sustainability of this program, synergy and partnerships between the Salam Babaris Health Center and educational institutions are also needed, such as conducting community practices and thematic KKN forms, so that the implementation of interdisciplinary knowledge is not only carried out at the individual, community level but also at the service management system level. holistic, comprehensive, and integrated to guarantee the quality and continuity of health services in all programs.

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