

## Factors Influencing Implementation Of IPC At Beriman Hospital, Balikpapan

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### ABSTRACT

*Background: Interprofessional Collaboration (IPC) is a crucial component in improving the quality of health services. However, its implementation in Indonesian hospitals still faces various challenges. Objective: This study aims to analyze the influence of individual, group, and organizational factors on the implementation of IPC at RSUD Beriman Balikpapan.*

*Methods: This cross-sectional study involved 350 health workers at RSUD Beriman Balikpapan. Data were collected using a validated questionnaire that measured aspects of IPC, individual, group, and organizational factors. Data analysis included descriptive statistics, chi-square test, and logistic regression.*

*Results: The analysis showed that Group factors (OR=2.586, p=0.003) and Leadership (OR=2.547, p=0.003) had the most significant influence on organizational effectiveness. Organizational factors (OR=2.434, p=0.005), Motivation (OR=2.252, p=0.010), and Communication (OR=2.069, p=0.020) also showed significant positive influence. Interestingly, organizational culture and organizational environment did not show significant influence in the multivariate model, although both had significant relationship in the bivariate analysis.*

*Conclusion: The implementation of IPC in RSUD Beriman Balikpapan is influenced by complex interactions between individual, group, and organizational factors. A holistic approach that considers these three aspects simultaneously is needed to improve the effectiveness of IPC*

### Keywords:

*Interprofessional Collaboration, Individual Factors, Group Factors, Organizational Factors, RSUD*

### INTRODUCTION

Interprofessional Collaboration (IPC) is an approach that is increasingly recognized as important in improving the quality of health services worldwide. According to the World Health Organization (WHO), IPC is defined as a collaborative process between health professionals working together as a team to achieve a common goal, namely improving the quality of better and more comprehensive health services (WHO, 2010). The implementation of IPC is crucial, especially in hospitals that treat patients with complex health conditions. Interprofessional collaboration in providing integrated health services can improve the quality of care and reduce the risk of medical errors and complications (Broers et al., 2009).

However, in Indonesia, the implementation of IPC still faces many challenges. The organizational structure of hospitals that still tend to be hierarchical often causes interprofessional collaboration to run less than

optimally. Health workers such as doctors, nurses, and pharmacists still work separately, with the dominant role of doctors in decision making (Fatalina, 2015). This phenomenon creates a gap in collaboration that has the potential to affect patient safety, especially in large and dynamic hospitals such as RSUD Beriman Balikpapan.

This study aims to identify the influence of various factors that can affect the effectiveness of IPC implementation at RSUD Beriman Balikpapan. This study focuses on three main aspects, namely individual factors (motivation and communication), group/team factors (leadership and partnership), and organizational factors (organizational culture and work environment). These factors were chosen because each plays an important role in building cross-professional cooperation in hospitals (Reeves et al., 2010).

RSUD Beriman Balikpapan was chosen as the research location because it is one of the main referral hospitals in East Kalimantan that faces challenges in improving the quality of IPC. Based on the results of initial observations, it was found that interprofessional collaboration in this hospital still needs improvement, especially in terms of leadership that supports effective interprofessional collaboration and communication. Therefore, this study is important to provide an overview of how individual, group, and organizational factors can play a role in optimizing IPC at RSUD Beriman Balikpapan.

The references used in this study include various literature on IPC and the factors that influence it, such as research by D'Amour et al. (2005), Reeves et al. (2010), and Broers et al. (2009). The results of this study are expected to provide recommendations for improving the quality of IPC at Beriman Hospital and can also be a reference for other hospitals in Indonesia that face similar challenges in implementing IPC.

#### Literature review

##### 1. Interprofessional Collaboration (IPC)

Interprofessional Collaboration (IPC) is an approach in which health workers from various professional backgrounds work together as a team to provide comprehensive and quality health care. According to the World Health Organization (2010), IPC improves interprofessional collaboration and reduces the risk of medical errors and improves patient safety. This collaboration allows health workers to utilize the specialized knowledge and skills of each profession to provide better and more comprehensive care (Broers et al., 2009). The success of IPC implementation is highly dependent on several important factors, including interprofessional communication competency, leadership roles, individual motivation, and organizational culture and environment. Effective IPC implementation also contributes to increased patient satisfaction and overall health care quality (Reeves et al., 2010).

##### 2. Individual Factors in IPC Implementation

Individual factors, such as motivation and communication skills, play an important role in IPC. Individual motivation to collaborate with other professions is influenced by intrinsic factors, such as job satisfaction, as well as extrinsic factors, such as rewards and organizational support (D'Amour et al., 2005). According to research by Reeves et al. (2010), health workers who have high motivation to collaborate tend to be more proactive and contribute better to IPC teams. In addition, effective communication between professions is a key to reducing misunderstandings and improving the quality of interactions within the team (Penney, 2015). Individual factors are also related to the development of collaborative skills. Every health worker must have the awareness and ability to work in a cross-professional team and appreciate the role of other professions. Open and transparent communication between health workers is essential to achieve understanding in clinical decision making (Broers et al., 2009).

##### 3. Group Factors in IPC Implementation

Group factors include aspects of leadership and partnership within the team. Collaborative leadership, where the leader is able to encourage the involvement of all team members in decision making, greatly influences the success of IPC (D'Amour et al., 2005). Leaders who support a culture of cross-disciplinary collaboration are able to create an environment that is more conducive for health workers to interact and work together effectively (Reeves et al., 2010).

Partnership within the group is also an important aspect of IPC. Strong partnerships between health professionals, such as doctors, nurses, and pharmacists, allow each team member to contribute based on their expertise, thereby increasing the effectiveness of care. According to Reeves et al. (2010), good relationships between professionals contribute to improving the quality of patient care and accelerating healing.

#### 4. Organizational Factors in IPC Implementation

Organizational factors, such as organizational culture and work environment, play an important role in supporting or inhibiting IPC implementation. An organizational culture that supports cross-professional collaboration and encourages openness in communication will increase the success of IPC (Green & Johnson, 2015). Conversely, a hierarchical and rigid organizational culture can hinder interprofessional collaboration and reduce the quality of care.

A work environment that supports collaboration is also important. Physical facilities, information technology, and operational procedures that facilitate interprofessional interaction can increase the effectiveness of IPC. According to research conducted by D'Amour et al. (2005), hospitals that have a work environment that is conducive to interprofessional collaboration tend to have higher IPC success rates.

#### 5. IPC Implementation Theory

D'Amour et al.'s (2005) theory on IPC states that cross-professional collaboration requires synergy between individuals, groups, and organizations. This synergy is formed when there is alignment of goals between individuals who are motivated to work together, well-led groups, and organizations that support collaboration through policies and organizational culture.

Successful implementation of IPC is also influenced by the dynamic interaction between these factors. Reeves et al. (2010) added that interprofessional collaboration requires not only technical cooperation, but also a commitment to mutual respect for the roles and responsibilities of each profession.

### Research methods

#### Research Design

This study uses a cross-sectional research design that aims to analyze the influence of individual, group, and organizational factors on the implementation of Interprofessional Collaboration (IPC) at RSUD Beriman Balikpapan. This design was chosen because it allows to see the relationship between the variables studied at a certain time (point in time) without any intervention from the researcher (Creswell, 2014).

#### Location and Time of Research

This study was conducted at Beriman Hospital, Balikpapan, East Kalimantan. Beriman Hospital was chosen because it is a type C hospital that is a referral center in the area and is trying to improve the implementation of IPC in its health services. The study period lasted for 3 months, from January to March 2024.

#### Population and Sample

The population in this study was all health workers working at Beriman Balikpapan Regional Hospital, including doctors, nurses, pharmacists, and other health workers directly involved in patient care.

#### Inclusion Criteria :

Health workers who work at Beriman Regional Hospital for at least 6 months.

Engage in cross-professional collaborative activities.

Exclusion Criteria:

Health workers who are on long leave or in the process of retiring.

stratified random sampling method to ensure the representation of each profession involved in the IPC. Based on calculations using the Slovin formula with a 5% error rate, the sample used in this study amounted to 350 respondents .

Research Instruments

The main instrument used in this study is a structured questionnaire developed based on the concept of Interprofessional Collaboration (IPC) and the factors that influence it. This questionnaire consists of several parts:

Part 1 : Respondent demographic data (age, gender, profession, length of service).

Part 2 : Measurement of individual variables including motivation (5 items) and communication (5 items).

Part 3 : Measurement of group/team variables including leadership (5 items) and partnership (5 items).

Part 4 : Measurement of organizational variables including organizational culture (5 items) and work environment (5 items).

Part 5 : Measuring the level of IPC implementation at Beriman Regional Hospital (10 items).

Measurement using a Likert Scale of 1-5, with the following categories: 1 = Strongly Disagree 2 = Disagree 3 = Neutral 4 = Agree 5 = Strongly Agree

Validity and Reliability Test

Before being used, the questionnaire was first tested on 30 respondents in other hospitals to test its validity and reliability. Validity testing was carried out using Pearson Product Moment , while reliability was tested with Cronbach's Alpha to ensure internal consistency of the questionnaire. The test results showed that the questionnaire was valid with an r value  $> 0.30$  and reliable with a Cronbach's Alpha value  $> 0.70$ .

Data collection technique

Data were collected through questionnaires by respondents who had been selected as samples. The questionnaires were distributed directly to health workers at RSUD Beriman Balikpapan. To ensure a high level of participation, the researchers worked closely with hospital management and provided complete information to potential respondents regarding the purpose of the study and the importance of their participation.

Data Analysis Techniques

The collected data was analyzed using SPSS software version 25. Data analysis was carried out in several stages:

Descriptive Analysis : Used to see the frequency distribution of demographic variables and the average score of each research variable.

Chi-Square Test : This test is used to see the relationship between independent variables (individuals, groups, organizations) with the implementation of IPC as a dependent variable.

Logistic Regression Analysis : This analysis is used to identify the factors that most influence the implementation of IPC. Independent variables that have a p value  $< 0.05$  are considered to significantly influence the implementation of IPC.

Research Ethics

This study was conducted in accordance with the principles of research ethics. Prior to data collection, ethical approval was obtained from the Ethics Committee of the Faculty of Public Health, Hasanuddin University .

All respondents were given informed consent and explained that participation was voluntary and anonymous. The data collected were used only for research purposes and kept confidential.

Results

Respondent Characteristics:

Table 1 Demographic and Professional Characteristics of Respondents at Beriman Balikpapan Regional Hospital

Characteristics		n	%
Gender	Man	184	52.6
	Woman	166	47.4
Age	20-30 years	86	24.6
	31-40 years	89	25.4
	41-50 years	79	22.6
	> 50 years	96	27.4
Profession	Doctor	68	19.4
	Nurse	75	21.4
	Pharmacist	76	21.7
	Physiotherapist	74	21.1
	Other	57	16.3
Education	D3	116	33.1
	S1	108	30.9
	S2	126	36.0
Length of working	< 5 years	91	26.0
	5-10 years	87	24.9
	11-15 years	81	23.1
	> 15 years	91	26.0
Unit	Inpatient	72	20.6
	Outpatient	66	18.9
	Emergency Room	63	18.0
	ICU	76	21.7
	Other	73	20.9
Experience	Yes	209	59.7
	No	141	40.3
Amount		350	100.0

Source: Primary Data, 2024

Table 1 shows significant demographic and professional diversity among respondents. There is a gender balance with a slight male predominance (52.6%). Age distribution is fairly even, with the over 50 age group being the largest (27.4%). Professional diversity is evident with almost equal representation of doctors, nurses, pharmacists and physiotherapists.

Relationship Analysis:

Table 2 Relationship between Individual Factors, Motivation, and Communication with the Implementation

of Interprofessional Collaboration at RSUD Beriman Balikpapan

Variable/Category		IPC			Amount	P-value
		Good	Not enough			
Individual	Good	n	130	84	214	0.023
		%	60.7%	39.3%	100.0%	
	Not enough	n	65	71	136	
		%	47.8%	52.2%	100.0%	
Motivation	Good	n	139	85	224	0.002
		%	62.1%	37.9%	100.0%	
	Not enough	n	56	70	126	
		%	44.4%	55.6%	100.0%	
Communication	Good	n	137	91	228	0.032
		%	60.1%	39.9%	100.0%	
	Not enough	n	58	64	122	
		%	47.5%	52.5%	100.0%	
Amount	n	195	155	350		
	%	55.7%	44.3%	100.0%		

Source: Primary Data, 2024

Table 2 reveals a significant relationship between individual factors, motivation, and communication with the implementation of Interprofessional Collaboration (IPC) at RSUD Beriman Balikpapan. Individual factors showed a significant relationship (p=0.023), with 60.7% of respondents who rated this factor as good also rated the implementation of IPC as good. Motivation had a very significant relationship (p=0.002), with 62.1% of respondents with good motivation rating the implementation of IPC as good. Communication also showed a significant relationship (p=0.032), with 60.1% of respondents who rated communication as good also rated the implementation of IPC as good. Overall, 55.7% of respondents rated the implementation of IPC as good, indicating that individual factors, especially motivation and communication, play a crucial role in the success of IPC implementation at this hospital.

Table 3 Relationship Between Group Factors, Leadership, and Partnership with the Implementation of Interprofessional Collaboration at Beriman Balikpapan Regional Hospital

Variable/Category		IPC			Amount	P-value
		Good	Not enough			
Group	Good	n	141	61	202	0.000
		%	69.8%	30.2%	100.0%	
	Not enough	n	54	94	148	
		%	36.5%	63.5%	100.0%	
Leadership	Good	n	146	78	224	0.000
		%	65.2%	34.8%	100.0%	
	Not enough	n	49	77	126	
		%	38.9%	61.1%	100.0%	

Variable/Category		IPC			Amount	p-value
		Good	Not enough			
Partnership	Good	n	140	76	216	0.000
		%	64.8%	35.2%	100.0%	
	Not enough	n	55	79	134	
		%	41.0%	59.0%	100.0%	
Amount	n	195	155	350		
	%	55.7%	44.3%	100.0%		

Source: Primary Data, 2024

Table 3 shows a very significant relationship between group factors, leadership, and partnership with the implementation of Interprofessional Collaboration (IPC) at RSUD Beriman Balikpapan. The group factor has a very strong relationship ( $p=0.000$ ), with 69.8% of respondents who rated this factor as good also rating the implementation of IPC as good. Leadership also showed a very significant relationship ( $p=0.000$ ), where 65.2% of respondents who rated leadership as good also rated the implementation of IPC as good. Likewise, partnership has a very significant relationship ( $p=0.000$ ), with 64.8% of respondents who rated the partnership as good also rated the implementation of IPC as good. Overall, 55.7% of respondents rated the implementation of IPC as good, emphasizing the importance of group factors, especially leadership and partnership, in supporting effective implementation of IPC in hospitals.

Table 4 Relationship between Organizational, Cultural, and Environmental Factors with the Implementation of Interprofessional Collaboration at Beriman Balikpapan Regional Hospital

Variable/Category		IPC			Amount	p-value
		Good	Not enough			
Organization	Good	n	134	71	205	0.000
		%	65.4%	34.6%	100.0%	
	Not enough	n	61	84	145	
		%	42.1%	57.9%	100.0%	
Culture	Good	n	138	90	228	0.018
		%	60.5%	39.5%	100.0%	
	Not enough	n	57	65	122	
		%	46.7%	53.3%	100.0%	
Environment	Good	n	131	80	211	0.004
		%	62.1%	37.9%	100.0%	
	Not enough	n	64	75	139	
		%	46.0%	54.0%	100.0%	
Amount	n	195	155	350		
	%	55.7%	44.3%	100.0%		

Source: Primary Data, 2024

Table 4 reveals a significant relationship between organizational, cultural, and environmental factors with the

implementation of Interprofessional Collaboration (IPC) at RSUD Beriman Balikpapan. The organizational factor showed a very significant relationship ( $p=0.000$ ), with 65.4% of respondents who rated this factor as good also rating the implementation of IPC as good. Organizational culture had a significant relationship ( $p=0.018$ ), with 60.5% of respondents who rated the culture as good also rating the implementation of IPC as good. The organizational environment also showed a significant relationship ( $p=0.004$ ), with 62.1% of respondents who rated the environment as good also rating the implementation of IPC as good. Overall, 55.7% of respondents rated the implementation of IPC as good, emphasizing the importance of organizational factors, including culture and environment, in supporting effective implementation of IPC at this hospital.

### Logistic Regression Analysis

Table 5 Logistic Regression Analysis of Factors Influencing the Implementation of Interprofessional Collaboration at Beriman Balikpapan Regional Hospital

Variables	B	SE	Wald	df	p-value	OR	95% CI for OR	
							Lower	Upper
<b>Individual</b>	0.093	0.354	0.068	1	0.794	1,097	0.548	2.196
<b>Motivation</b>	0.812	0.315	6,639	1	0.010	2.252	1.214	4.176
<b>Communication</b>	0.727	0.313	5.402	1	0.020	2,069	1.121	3,819
<b>Group</b>	0.950	0.320	8,820	1	0.003	2,586	1,381	4,842
<b>Leadership</b>	0.935	0.318	8,650	1	0.003	2,547	1,365	4,754
<b>Partnership</b>	0.757	0.330	5.259	1	0.022	2.132	1.116	4.073
<b>Organization</b>	0.890	0.315	7,992	1	0.005	2.434	1,314	4,510
<b>Culture</b>	-0.015	0.328	0.002	1	0.963	0.985	0.518	1,872
<b>Environment</b>	0.232	0.310	0.561	1	0.454	1,261	0.687	2,317
<b>Constant</b>	-2.293	0.307	55,806	1	0.000	0.101		

Source: Primary Data, 2024

The results of the logistic regression analysis showed that the Group factor ( $OR=2.586$ ,  $p=0.003$ ) and Leadership ( $OR=2.547$ ,  $p=0.003$ ) had the most significant influence on IPC implementation. Organizational factors ( $OR=2.434$ ,  $p=0.005$ ), Motivation ( $OR=2.252$ ,  $p=0.010$ ), and Communication ( $OR=2.069$ ,  $p=0.020$ ) also showed a significant positive influence.

### Discussion

#### The Influence of Individual Factors on IPC Implementation

The results of the study showed that individual factors, especially motivation ( $OR=2.252$ ,  $p=0.010$ ) and communication ( $OR=2.069$ ,  $p=0.020$ ), had a significant influence on the implementation of Interprofessional Collaboration (IPC) at RSUD Beriman Balikpapan. This finding is in line with the research of Schot et al. (2020), which emphasizes the importance of intrinsic motivation in encouraging effective interprofessional collaboration.

High individual motivation can encourage health workers to actively participate in collaborative practice. This is supported by the self-determination theory proposed by Ryan and Deci (2017), which states that

intrinsic motivation is a strong driver for continued engagement and performance in an activity. In the context of IPC, intrinsic motivation can encourage health professionals to seek collaboration opportunities and actively contribute to interprofessional teams.

Effective communication between healthcare professionals has also been shown to be a key factor in the successful implementation of IPC. This finding is consistent with Foronda et al.'s (2021) study, which emphasized the crucial role of communication in facilitating successful interprofessional collaboration. Good communication skills allow for the exchange of accurate and timely information, which is critical in coordinating complex patient care.

#### The Influence of Group Factors on IPC Implementation

Group factors, especially leadership aspects (OR=2.547,  $p=0.003$ ) and overall team dynamics (OR=2.586,  $p=0.003$ ), showed the most significant influence on IPC implementation. This finding supports previous research by Reeves et al. (2022), which emphasized the crucial role of team dynamics in interprofessional practice.

Effective leadership in the context of IPC is not only about providing direction, but also about facilitating collaboration and encouraging active participation from all team members. This is in line with the concept of collaborative leadership proposed by Chreim et al. (2013), which emphasizes the importance of leaders in creating a supportive environment for interprofessional collaboration.

Positive team dynamics, including mutual respect and strong partnerships across professions, have also been shown to be critical to effective IPC implementation. These findings support the Interprofessional Teamwork model developed by Reeves et al. (2010), which emphasizes the importance of relationships, team processes, and organizational context in facilitating effective collaboration.

#### The Influence of Organizational Factors on IPC Implementation

Overall organizational factors showed a significant influence on IPC implementation (OR=2.434,  $p=0.005$ ). However, interestingly, the components of organizational culture and environment did not show a significant influence in the multivariate model. This finding shows the complexity of organizational influences on IPC and is in line with the research of Xyrichis et al. (2023), which emphasizes the importance of understanding the organizational context in IPC implementation.

Although organizational culture and environment were not significant in the multivariate model, the overall importance of organizational factors cannot be ignored. This may indicate that the influence of organization on IPC is more complex and may be mediated by other factors. This finding supports the systems approach proposed by D'Amour et al. (2008), which emphasizes the interaction between structural and relational factors in interprofessional collaboration.

#### Conclusions and Implications

The findings of this study confirm that the implementation of IPC at RSUD Beriman Balikpapan is influenced by complex interactions between individual, group, and organizational factors. A holistic approach that considers these three aspects simultaneously is needed to improve the effectiveness of IPC.

#### Conflict of Interest Statement

The author declares that there is no conflict of interest in the implementation and reporting of this research. This research was conducted independently without any influence or intervention from any party that could affect the objectivity of the research results.

This research was independently funded by the author without receiving financial assistance from institutions

or other parties who have an interest in the research results. RSUD Beriman Balikpapan, as the research location, did not provide financial support and had no role in the research design, data collection, analysis, data interpretation, report writing, or decision to publish the research results.

The authors have no financial, professional, or personal relationships that could influence or be perceived to influence the objectivity of this research. All data collected and analyzed in this study were treated confidentially and anonymously, in accordance with approved research ethics protocols.

The authors are committed to maintaining scientific integrity and transparency throughout the research process and reporting of results. Any potential conflicts of interest that may have arisen during the research process have been openly disclosed and handled in accordance with applicable research ethics standards

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