



Interprofessional Education and Practice in Community Empowerment Insights for Nursing Profession: A Scoping Review

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Abstract. In community empowerment, collaborative work among health professionals is an essential element that cannot be ignored and becomes the most necessary for the outcomes. This scoping review discussed how interprofessional education and practice could be implemented into community empowerment. This study followed the acronym of population, concept, and context (PCC). Papers were obtained through the Science Direct, ProQuest, and PubMed databases. The study selection process was used Endnote X9. The search results found 2402 papers and screened them with inclusion and exclusion criteria. It obtained 13 documents for scoping review. The process of community empowerment can be realized supported by many things, including active participation from the community and facilitated by empowering actors. This is where interprofessional education is needed. The ultimate goal of community empowerment is to establish a community to improve family living standards and optimize the resources owned by each member. The 13 articles obtained through scoping reviews explained that interprofessional education or interprofessional collaboration practice could improve community empowerment. This form of empowerment is various - kinds according to the needs of the community.

Keywords: interprofessional education, community empowerment, interprofessional collaboration



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INTRODUCTION

Health problems in various countries will decrease, and public health status will increase if health workers collaborate and coordinate. The WHO explained that one of these efforts was to introduce collaborative practices, especially during education through interprofessional education (IPE). Interprofessional education (IPE) is a learning process integrated with health services and group-based interactive learning to create a collaborative atmosphere (1).

Society is a group with interactions that have a specific identity and have a fundamental function in life. Community empowerment in the health sector is a process of interaction between elements in society to maintain the welfare and sustainability of a group, which relies on the group's strength. So that when a health problem arises, the community can handle it independently with the available resources, besides that the community has the freedom to make decisions about the solution to the problem. (2).

The community's awareness, willingness, and ability to identify, overcome, maintain, protect, and improve their welfare. Community empowerment in the health sector is an effort to create awareness of willingness and ability to maintain and enhance health. Enabling the community, "from, by, and for" the community itself (3).

Several professions participated in the implementation of Interprofessional Education or Interprofessional Collaboration in community empowerment. It consisted of the health team, community leaders who determine who is given responsibility, and the mass media, which provides information about services that can be utilized by the community and are controlling members of the community. Itself as subject, health system, community empowerment strategy, dialogue in society, collective action, social change, social impact (4).

Community empowerment in the health sector is a form of a community effort to living a healthy life following the Republic of Indonesia Number 36 of 2009 concerning health, which explains empowerment, which aims to increase awareness, willingness, and ability to live in society. This law emphasizes that everyone is obliged to be involved in realizing, maintaining, and improving public health. In contrast, the government is obliged to empower and encourage the role of the community through various health efforts and programs that are applied.

OBJECTIVE

This scoping review discussed how Interprofessional Education could be implemented for community empowerment.

METHOD

Design

The method used by the author in the preparation of this paper is Scoping Review with an electronic-based search strategy. The paper selection process in this scoping review uses Endnote X9.

Search methods

This study followed the acronym PCC (P = population; C = concept; C = context). Journals were obtained through the Science Direct, Proquest, and PubMed databases. The paper used in the scoping review is obtained through the journal Science Direct, Clinical Key, and PubMed database provider. The researcher wrote the keywords according to the MESH (Medical Subject Heading), namely "Interprofessional Education," "Community Empowerment," "Interprofessional Collaboration," and the full text was selected. Search time

from February 2011 to February 2021. This paper explains that the use of Interprofessional Education is in a community service setting.

Search outcome.

There are 2.402 papers from ProQuest, Science Direct, and PubMed. Then narrowed down to the limitation of the last 10 years in the year of publication, full-text article / open access, using English, type of article is a research article, related to how IPE can be implemented for community empowerment. After excluded 10 of the same papers, 2.392 papers were obtained. The combinations used in the search terms were checked based on the inclusion criteria, and finally, 13 papers were obtained. Inclusion criteria from researchers: those in community settings, a journal for community empowerment, IPE implementation in the community, not abstracts or posters and the like, full text, published 2010 – 2021, written in English. In the paper selection process, researchers used the Endnote X9.9 application.

Data analysis / Synthesis.

From 13 papers, it was explained that interprofessional education is a good supplement for health services, doctors, pharmacies, social workers, and other teams because this model can give patients a sense of security and positively impact everyone. The community was greatly helped by interprofessional education and interprofessional collaborative practice. The paper that was synthesized consisted of 9 qualitative papers and four quantitative papers. For synthesis, more details are in table 1.

RESULTS

From the search results obtained 2402 papers from Proquest, Science Direct, and PubMed. After evaluation and selection, 13 scientific papers were included in the scoping review. The number of articles were identified in the initial search and included in the limited research on Interprofessional Education And Interprofessional Collaboration Practice. The review consists of 13 studies in English and all published in 2021.

In these 13 selected papers, there are 9 qualitative and 4 quantitative papers. The author extracted data using Excel consisting of 9 columns and 15 rows and divided it into 9 analysis items, namely, number, author, title, method, sample size, Profession/Communities Collaboration, Community empowerment's programs, Effectiveness & Output, and Barrier.

The application of IPE for community empowerment itself can be within the scope of clinicians/hospitals, education, communities, and other communities. All of this can work by involving collaboration from multi-disciplines. From these 13 papers, it is stated that there are pharmacy, nursing, medicine, public health, and social work, students from nutrition, physical therapy, and health education, the mental health community, and heat care other providers.

Many program names are used for its implementation in the community and hospital clinicians or the education sector, such as VISTA (Visionary Interprofessional Health Sciences Training for Arizona), case discussion (clinical setting), small group discussion, didactics, and case discussion (community). setting), International service-learning (ISL), Canadian Interprofessional Health Collaborative [CIHC], HMTD, Interprofessional Education Collaborative (IPEC), and so on.

There are many benefits and effectiveness of implementing this IPE, such as improving good communication, building mutual respect for fellow health providers, being responsible, increasing positive perspectives among staff, and the outcome is the realization of integrated and sustainable care.

Of course, the implementation of IPE does not always run smoothly. Some obstacles can occur when we carry out community empowerment. For example, it isn't easy to arrange

a schedule for its implementation in the education sector. It has not received full support from the faculty. In contrast, it is possible in the clinician/hospital sector because there is still a lack of good communication and the community line. The community is that there are still some community groups that refuse collaboration for fear of being intimidated by experts.

Thematic content analysis in the output category can be grouped into three subcategories: comprehensive care, continuity of care, team-patient communication, and collaboration.

Comprehensive service

The health program provided by the health care team IPE improves patient health conditions and improves patient's insight into health. The lack of family involvement resulted in the decline of the role of the family in following health programs being run by patients with the service team IPE health. The result is a decrease in benefits that can be given from the program health, which is implemented like family counseling and education.

Continuity of Care

In this case, there is a follow-up on the patient via long-distance communication using a cell phone or other media. So here, there is a continuity of service to patients that do not stop in-hospital services or other health services.

Team - patient communication and collaboration

Implementation in IPE can improve the relationship between service teams IPE health with intertwined patients and create a good perception in patients and the patient's family towards communication conducted by the service team IPE health. The communication formed centered on the patient and non-push through informed consent. Patients and families patient feels good performance from the IPE healthcare team. Good communication will create a good collaboration because everything can be discussed; clearly, there is a common perception between disciplines, and there will be no intimidation.

DISCUSSION

This review identifies and synthesizes the most significant part of the study using the scoping review method. Some other reviews only discuss the benefits of interprofessional education or collaboration, but this paper illustrates how empowerment is in community or community settings.

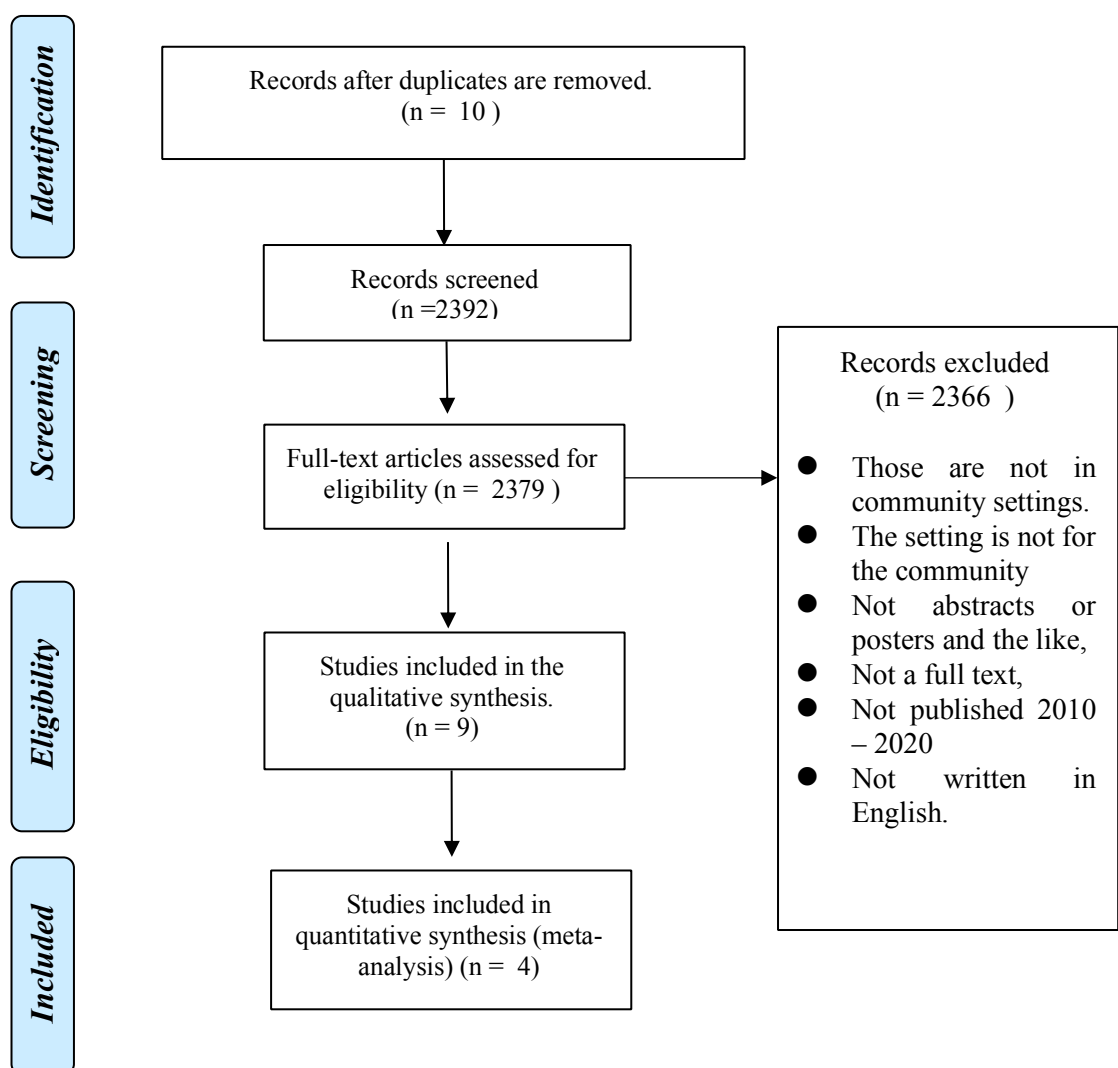
Interprofessional education is a collaborative approach to develop health students as an interprofessional team in the future. Complex medical problems are best handled by an interprofessional team (5).

Currently, the focus is on health problems, particularly the paradigm of illness and health, which so far is believed to be more curative and rehabilitative. At the same time, the fundamental paradigm is promotion and prevention. Changing the paradigm will also change the role in realizing public health by not neglecting the government and health workers. These changes can play the community's leading role in achieving health status. By changing the illness paradigm into a healthy paradigm, people can become independent in seeking and implementing health efforts. This follows the vision of a healthy Indonesia, namely "Healthy and Independent Society" (6).

Improving professional practice, collaboration capabilities strives to implement interprofessional education through the education process. It was due to interprofessional education is an innovative learning and reactivating professional networks for collaboration to improve public health services (7). Therefore, interprofessional education or interprofessional

collaboration practice is essential for empowerment in the community. It is also supported by the government that has hitherto included this model in the education curriculum.

An important consideration, namely innovating learning methods to provide mutual respect, mutual respect, and sharing for health workers to achieve optimal service. Collaboration in collaboration is one of the competencies that all team members must possess to realize Inter-professional Education or Inter-professional Cooperation Practices. Collaborative competencies are Team cohesiveness: the strength and ability of the team to remain in the team membership, be part of and play a role in increasing efficiency; Mutual trust: is a positive attitude of all members, including the feelings, moods, and environment of the group itself; Collective orientation: belief is a better way than taking a personal approach to solving a problem and finding a solution to the problem; The importance of cooperation: a positive attitude and applied to all team members and emphasizes the combination of various knowledge, skills, attitudes and behavior of members, as well as values that can support the creation of Interprofessional Education (8).



Graph 1. PRISMA Flow Diagram

Table 1. Table of Synthesis

No	Author	Method	Sample Size	Profession/Communities Collaboration	CE Program's	Effectiveness & Output	Barrier
1	Sather et al. (2019)	Descriptive qualitative	10	a combination of 5 different communities (mental health community services comprising GPs and mental health nurses/social workers who collaborate with somatic health services)	N/A	collaboration increases positive perspectives among staff. There is integrated and continuous care	there are still a few from the community who are willing to accept
2	Slack & Mc Ewen (2013)	Case study	37	pharmacy, nursing, medicine, public health, and social work but students from nutrition, physical therapy, and health education	VISTA (Visionary Interprofessional Health Sciences Training for Arizona)	this program can recruit, facilitate, distribute human resources to remote places, and the community is delighted with the collaboration	there are still groups in society that do not accept community collaboration with experts because they feel intimidated
3	Price et al. (2014)	cross-sectional survey	189	Filipino occupational therapists (OTs), physical therapists (PTs), and speech-language pathologists (SLPs);	case discussion (clinical setting), small group discussion, didactics, and case discussion (community setting).	improve the quality of care for patients	N/A
4	Johnson & Howell (2016)	transcendental phenomenological study	15	pharmacy, medicine, physical therapy, and nursing	International service-learning (ISL)	improve students to communicate between professions in the health sector, develop a model of care that is more satisfying to patients and the community.	not all students can speak the Ecuadorian language, so it is difficult to interpret it
5	Koskinen et al. (2012)	Quantitative	900	bachelor of the nursing degree program and diploma programs in practical nursing, paramedic, occupational therapist assistant and physiotherapist assistant (OTA and PTA), pharmacy technician, personal support worker, funeral services, and early childhood education	Canadian Interprofessional Health Collaborative [CIHC]	collaboration increases positive perspectives among students	N/A
7	Paul, 2017	mix method	30	nursing and doctor	IPE Integration	enhance the sense of cooperation and innovation in interdisciplinary cooperation	N/A
8	Alan et al., 2017	Qualitative	500	health care provider	HMTD	Increase responsibility, accountability, coordination, communication, cooperation, assertiveness, autonomy, and mutual trust and respect	there are still those who have not received support from the faculty
9	Bernard et al. (2017)	Qualitative	67	Doctoral and master's degree students from the School of Graduate Studies, doctoral students in Physical Therapy, and master's students in	Interprofessional Education Collaborative (IPEC)	improve communication and professional responsibility	a little difficult to schedule

			Physician Assistant programs in the School of Allied Health Professions			
10	Furness, Armitage & Pitt (2011)	Qualitative	56	The managers, practitioners, and students interviewed included seven nurses, one medic, three social workers, and two occupational therapists. A series of interprofessional problem-based learning (PBL), housing, support, care, activities, and training for adults with learning disabilities.	Gained new insights, reconsidered interprofessional relationships, and were prompted to develop innovations in practice, direct contact between service users and practitioners, and extension of the learning opportunities to students involved students and service users in practice-based interprofessional discussion groups with academic facilitators.	It could not confidently predict their long-term impact on students, practitioners, or settings. Although support was high, facilitators were aware that practitioners were busy, and PS2 facilitators' attempts to involve medical staff were unsuccessful due to workload pressures.
11.	Dematteo and Reeves (2011)	Qualitative	166	program developers, facilitators, and learners Appreciative inquiry (AI) in the IPE initiatives	a strong resonance and fit for AI among the health and social care professionals who participated in this initiative. Numerous individuals commented on the enthusiasm and energy AI engendered while praising it's enhancing their working lives and interprofessional relationships.	Problems with the translation of the AI process into achievable structural level (e.g., professional, cultural) changes will ultimately limit its ability to secure meaningful and lasting change within health care.
12	Ren, Wan & Zheng (2017)	Qualitative	20	social workers, psychiatric nurses, psychiatrists, and counselors disaster-related mental health relief work	to address the importance of people-centered mental health service provisions, ensure intentional and strategic training of relief workers using interprofessional concepts and strategies, and use culturally attuned and community-informed approaches in mental health training practices.	Issues surrounding the regulation of training, clinical supervision, empowerment, intentional and strategic training of mental health relief workers using interprofessional concepts and strategies, and the roles and responsibilities of different professions
13	Chong, Aslani, and Chen (2013)	Qualitative	31	medical practitioners (psychiatrists, general practitioners), pharmacists, nurses, occupational therapists, psychologists and social workers shared decision-making and interprofessional collaboration in mental healthcare	healthcare providers appeared to have differing perceptions on the level of consumer involvement in shared decision-making. It should be condition-dependent. Medical practitioners advocated more active participation from consumers in treatment decision-making. In contrast, other providers (e.g., pharmacists, occupational therapists) focused more on acknowledging consumers' needs in decisions, perceiving themselves to be in an advisory role in supporting consumers' decision-making.	Although healthcare providers acknowledged the importance of interprofessional collaboration, only a minority discussed it within the context of shared decision-making.

Not all health professionals understand what Interprofessional Education is. IPE is the first step towards achieving IPCP (Interprofessional Collaborative Practice). Interprofessional Education and Interprofessional Collaborative Practice have different but interrelated concepts. Practical work skills in the Interprofessional Collaborative Practice team will be better if the components previously received Inter-professional Education. IPE is very necessary for addition to the health and well-being of patients, is to prepare health workers in the future (9).

In lectures, for example, this process will require two or more students from different health study programs. The students then proceeded together and shared knowledge in their respective fields. This IPE aims so that health students can get the highest level of education, training, and work practice according to their abilities and expertise. So that they can put themselves in their respective roles and understand and appreciate all health professions. Interprofessional education can reduce feelings of discrimination or domination by various health professionals. As the saying goes, dealing with a health problem takes a lot of 'heads' with the best solution to solve the problem quickly, precisely, and precisely (10).

As nursing students, it is hoped that in practice in the field, they will protect and lead the team in solving problems. So that nursing students are required to position themselves not as someone who is always dominant but as good communicators so that teamwork can continue to run smoothly and well. Interprofessional education is implemented to improve team-based health services, where all health workers provide mutual support in delivering the best health services to the community. It is hoped that using team-based health services in the future will create universal health improvements in Indonesia (11). In addition, the most important thing is that patients feel the impact of IPE practices. From here, the community will feel how to improve quality of life due to increasing health status (12).

The main priority in community empowerment programs in the health sector is workforce, strengths, or abilities. The ability that is forced can be seen from many factors. For example, physical and material aspects, economy, institution, capacity, cooperation, intellectual, joint commitment, and members can apply all the principles of community empowerment. All of this is expected to shape society to become more independent and think to conclude taking solutions to problems that arise (13).

Community empowerment is a situation experienced by the community following the ability of each group. For example are cognitive, conative, psychomotor, affective, and other resources. The learning process can achieve independence in community empowerment. A good learning process can form a pattern of independent concepts from the community (14).

The process of community empowerment can be realized supported by many things, including active participation from the community and facilitated by empowering actors. This is where interprofessional education is needed. The ultimate goal of community empowerment is to establish a community to improve family living standards and optimize the resources owned by each member. The problem is the existence of social and economic powerlessness of the community. This is the benefit of implementing interprofessional education and interprofessional collaborative practice. This can be a consideration for interprofessional education stakeholders or stakeholders and interprofessional practice collaboration by paying attention to its culture. The community empowerment movement is also a way to grow and develop norms that make people capable of clean and healthy life behaviors (15).

CONCLUSION

In conclusion, From the analysis of 13 papers obtained, all explained that Interprofessional Education or Interprofessional Collaboration Practice could improve community empowerment. The forms of empowerment according to the needs of the community. Positive impacts were also obtained for the health team conducting IPE / IPCP.

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