Review

Scoping Review: The Role of Personal Resilience and Personality Traits of Health Professionals In The Implementation of Interprofessional Collaboration Practice In Hospital

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ABSTRACT
Health workers have a major role in increasing public satisfaction and assessing the quality of hospital health services. To answer and get this, hospitals must pass the accreditation stage through the hospital accreditation committee, namely by having criteria for the National Hospital Accreditation Standard is Interprofessional Collaboration (IPCP) but challenges between fellow professions and from themselves because there is still autonomy from each profession. Autonomy is also a coping method health professionals use to overcome challenges. The purpose is to examine the role of personal resilience and personality traits of health professionals in IPCP implementation in hospitals. A scoping review was conducted according to PRISMA guidelines for a scoping review. The study was performed on six databases (PubMed, Clinical Key, ProQuest, EBSCO, Scopus, and Science Direct) for relevant papers published between 2017 and 2021. Search terms included "Resilience AND Personality, "Health Professionals", "Interprofessional Collaboration Practice", AND "Hospital." Eight articles were included in this review. The study showed that personal resilience and personality traits determined the success of IPCP implementation in the hospital, which was influenced by education, training, management support, and hospital facilities and infrastructure. Conclusion: The role of each health professional's personal resilience and personality traits affects the quality of IPCP implementation in the hospital. Recommendation: IPCP can improve the quality of service in hospitals by facilitating health professional knowledge and skills about interprofessional collaboration, especially in implementing case management in hospitals.

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Introduction

The development of science and technology and the community's needs significantly affect hospital health services. The role of health professionals is the main point of community assessment on the quality of health services. The National Standard for Hospital Accreditation (SNARS) suggests that each hospital has to carry out comprehensive health services by increasing cooperation, coordination, and regulation among health professionals from each health discipline as service providers (Susanto, 2017). This regulation is a form of actual implementation of the Interprofessional Education (IPE) program, where students from various health disciplines learn together through collaborative learning experiences. The learning goal of IPE activity is to prepare students to enter the workplace where teamwork and collaboration are essential competencies; hence, quality health service can be achieved (McGill University, 2010). The scope of cooperation and collaboration between professionals from various disciplines in the hospital and the community is called IPCP. IPCP is a type of health service that involves two or more health professionals with different expertise in the field of health and collaborates in improving patient and family-centred health services comprehensively. Health professionals include doctors, nurses, pharmacists, midwives, physiotherapists, nutritionists, radiologists, and laboratory personnel (Brandt, 2015).

Implementing IPCP in health services depends on the learning experience of health professionals in their respective educational institutions. However, not all health professionals get the IPE course during their studies. Health education institutions still need help implementing this course, as high school institutions with only two study programs. Also, there are other obstacles to IPCP implementation in health services in the hospital, especially in the general ward. An interprofessional team often cares for a patient, especially a patient with a chronic disease. Each health professional has personal resilience and personality traits that can cause conflicts and may affect the health services provided to patients, especially in the decision-making process (Stetten et al., 2018).

Research by Eliot et al. (2018) shows that many health professionals experience conflicts with themselves and patients who experience chronic diseases due to several different views in caring for patients with chronic diseases, and often causes stress in each health worker in the collaboration between health professions there are often differences in views due to the level of the profession and who feels the highest who is more dominant to be able to take over leadership and tend to feel most influential in the decision-making process. Based on Supper et al. (2014), the decision-making process in interprofessional collaboration is a profession that has a level of autonomy and becomes a barrier and obstacle in collaborating in health services due to each health worker maintaining that what has been obtained during education about their disciplines is the best. However, in research conducted by Avrech et al. (2018), increased autonomy is a coping for health professionals to overcome differences and stress experienced by them in carrying out interprofessional collaboration practices by increasing their autonomy.

As we had served in one of the inpatient wards of a private hospital often needs to be done better. Professional collaboration relationships between health workers usually occur between nurses and doctors because there are still gaps between these professions. Based on those mentioned above, it is necessary to conduct a scoping review examining the role of health professionals' personal resilience and personality traits in implementing IPCP in hospitals and the objective to examine the role of personal resilience and personality traits of health professionals in IPCP implementation in hospitals.

Method

This study used a literature review approach which was a systematic and explicit research method that made it easier for researchers to identify, evaluate, analyze, and synthesize each study finding (Bhaskar & Manjuladevi, 2016). The strategy for preparing this literature study utilized PCC (Population/ Problem, Concept, Context) framework to identify keywords, including Problem=Resilience and Personality, Concept=Interprofessional Collaboration
Practice, and Context=Health Professionals. Electronic databases such as PubMed, Clinical Key, ProQuest, EBSCO, Scopus, and Science Direct were employed to find relevant articles suitable for the topic of interest. This review was performed using PRISMA guidelines for a scoping review.

The inclusion criteria included studies published from 2016 to 2021 in full text and limited to English articles, and the exclusion was an article that was not original research and literature studies. A total of 80 articles were identified during the initial systematic search (21 from PubMed, 20 from ProQuest, 18 from Scopus, one from Science Direct, three from Clinical Key, and 17 from EBSCO). From those articles, 29 studies were original research based on the titles and abstracts screening. The following stages select titles and abstracts, so 51 articles are obtained. The following process is reading the full text to exclude articles that do not fit the criteria for inclusion and exclusion that have been set. At this stage, 29 articles were obtained that were entered at the critical appraisal stage.

Two reviewers read the full text of selected articles and conducted critical appraisal using The Joanna Briggs Institute (JBI) checklist. The included studies in this review were eight articles that met the inclusion criteria. Extraction was performed on eight articles that had been obtained. Data grouping is made based on (1) authors, (2) year publication, (3) source origin/country of origin, (4) aim, (5) study population and sample size, (6) how outcomes are measured and (7) key findings that relate to the review question studies. Displayed in the following PRISMA flow diagram (Figure 1)(Liberati et al., 2009).

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**Figure 1. PRISMA Method**

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**Results and Discussion**

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### Table 1. Article Extraction

<table>
<thead>
<tr>
<th>No</th>
<th>Author(s) (years)</th>
<th>Country</th>
<th>Aim</th>
<th>Study Population</th>
<th>Measure type</th>
<th>Finding</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Avrech Bar <em>et al.</em> (2018)</td>
<td>Israel</td>
<td>Examine the attitudes towards the implementation of IPCP and their relationship with the personal resilience and personality trait of these students</td>
<td>184</td>
<td>15–21 years old</td>
<td>Cross-sectional study</td>
</tr>
<tr>
<td>2.</td>
<td>Hallam <em>et al.</em> (2016)</td>
<td>Germany</td>
<td>Determine potential differences between nursing and paramedicine students regarding background and personality factors.</td>
<td>160 nurses and 50 paramedics</td>
<td>21–56 years old</td>
<td>A descriptive cross-sectional study</td>
</tr>
<tr>
<td>3.</td>
<td>Yang <em>et al.</em> (2017)</td>
<td>China</td>
<td>Evaluates whether benchmarking sharing can successfully for improving their team members’ IPC attitudes</td>
<td>30 nurses and 24 pharmacists</td>
<td>29-31 years old</td>
<td>A prospective, pre-post comparative cross-sectional pilot study</td>
</tr>
<tr>
<td>4.</td>
<td>Perry <em>et al.</em> (2017)</td>
<td>New Zealand</td>
<td>To explore how professional caregivers</td>
<td>31 Professional</td>
<td>29–77 years old</td>
<td>Qualitative Study and Data were collected</td>
</tr>
<tr>
<td>No</td>
<td>Author (years)</td>
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<td>5</td>
<td>Homeyer et al. (2018)</td>
<td>German</td>
<td>To explore how IPE must be designed and implemented in medical and nursing training programs to optimize students' impact for IPC.</td>
<td>25 Participant</td>
<td>A qualitative study was conducted using the Delphi method</td>
<td>(1) development and promotion of interprofessional thinking, (2) acquisition of shared knowledge, (3) promotion of beneficial information and knowledge exchange, mutual understanding.</td>
</tr>
<tr>
<td>6</td>
<td>Sagahut u et al. (2021)</td>
<td>Kigali, Rwanda</td>
<td>To determine whether the International Classification of Functioning (ICF) training programme would improve knowledge and attitudes</td>
<td>103 participants in the experimental and 100 in the control group</td>
<td>A cluster-randomized, single-blinded, control trial design was used to select four district hospitals. A self-designed questionnaire was developed to monitor health workers' knowledge of interprofessional practice and the ICF.</td>
<td>There was no significant difference between the Knowledge and Attitude scales at baseline. The impact of the International Classification of Functioning (ICF).</td>
</tr>
<tr>
<td>7</td>
<td>Meyer et al. (2021)</td>
<td>USA</td>
<td>To explore the perseverance displayed by members of military interprofessional healthcare teams</td>
<td>30 participants</td>
<td>Grounded Theory, this interview-based study collected insights from 30 individuals who had participated in MIHTs and led MIHTs.</td>
<td>(1) humility, (2) mission focus, (3) team effort, (4) failure is not an option, (5) comfort with discomfort, and (6) continuous improvement. We then clustered these practices into 8 dimensions:</td>
</tr>
<tr>
<td>8</td>
<td>Chthibi et al. (2018)</td>
<td>Morocco</td>
<td>To investigate the state of the psychological resilience of nurses and doctors</td>
<td>150 nurses and 80 doctors</td>
<td>A descriptive cross-sectional A questionnaire containing most</td>
<td>Psychological resilience includes three dimensions:</td>
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</tbody>
</table>
The practice of IPCP is the actual implementation of IPE in the workplace. Many health professionals have obtained this IPE in their previous education as preparation to enter the workplace to improve the quality of health services amidst the development of science and technology and the current demands of society (Nolte, 2018). Health professionals often find obstacles in implementing IPCP in health services, such as discomfort and fatigue, which result in emotional stress.

This may also be due to the pressure in clinical practice, increased workload, role in collaborative practice, and lack of time, which affects the delivery of health services (Pipe et al., 2012). Personal resilience is the ability of an individual to deal with pressures and stresses at work that arises due to internal conflict and conflict influenced by factors from the workplace (Avrech Bar et al., 2018). The difference in personal character and the culture of health professionals is the factor that most influence the role of personal resilience in dealing with stress due to conflicts occurring in the workplace. In addition, the difference in knowledge and education level may also cause differences in assumptions and decision-making in providing nursing and health services to patients (Graves et al., 2018; Yang et al., 2017).

A study found that factors affect personal resilience consisting of individuals themselves, socio-demographics, circumstances, and gender, where women seem to be faster and easier to collaborate (Selleck et al., 2017). In addition to the obstacles obtained, there are perceived benefits related to personal resilience and
personality traits in IPCP implementation in hospitals, namely the hospitality and openness of health professionals because they feel that they have the same goal of providing comprehensive health services even though there is a significant difference between the nurse profession and the medical profession, namely the emotional stability of each professional. The nurses tend to have higher neuroticism or emotional traits because they interact more with the patient, which can trigger stress and affect personal defences. On the contrary, doctors might have lower neuroticism (Hallam et al., 2016).

The dimensions of IPCP implementation consist of teamwork, coordination, cooperative attitudes, shared decision-making, therapeutic outcomes, and discussions about the perspective of expected results in providing services (Rahayu et al., 2021). The leadership culture must be adapted to the work environment in the hospital because this is crucial in building a good coping strategy for all employees to improve a conducive work atmosphere. Hence, they can establish good communication between fellow professionals involved in IPCP practices, which eventually impacts the quality of health services and improves the hospital image (Rokhmah dan Anggorowati, 2017). Leadership culture is significant, especially for nurses and doctors who often interact with patients and families; good leaders should be role models in patient care. A leader in the nursing room or ward is usually led by a nurse as the head of the section; the nurse’s self-defence and the nurse’s characteristics are usually influenced by the leadership style that will cause a reaction, whether it is a positive reaction or an adverse reaction (Pipe et al., 2011).

Strategies that can be implemented by hospital management in improving the positive personality traits of health professionals in IPCP implementation are enhancing communication skills, increasing knowledge about IPCP by attending education and training, and providing motivation and rewards to health professionals who have the best contribution during the IPCP implementation, as well as showing openness to health professionals such as in delegating duties of both fellows and other health professionals (McCann et al., 2013).

Conclusion
Health professionals’ personal resilience and personality traits play a pivotal role in IPCP implementation in the hospital to improve the quality of health services. Various factors influence health professionals’ personal resilience and personality traits and can cause conflicts with other health professionals in the hospital.

Limitations of the study
The quality of IPCP implementation runs well, and all health professionals have the courage and openness to enhance the quality of health services in hospitals.

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Conflict of Interest
There is no conflict of interest in this study.

References
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