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Interprofessional Approach in Healthcare Services: Its Impact on Patient Safety and Service Quality

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ABSTRACT

The increasing complexity of modern healthcare systems requires integrated and collaborative approaches to ensure patient safety and service quality. Interprofessional collaboration (IPC) has been widely recognized as a strategic response to fragmented care and preventable adverse events. This study aimed to analyze the impact of the interprofessional approach on patient safety and service quality within healthcare institutions. A quantitative cross-sectional design was employed involving 210 healthcare professionals, including physicians, nurses, pharmacists, and allied health workers. Data were collected using validated structured questionnaires measuring interprofessional collaboration, patient safety indicators, and service quality dimensions. Statistical analyses included descriptive statistics, Pearson correlation, multiple regression, and mediation testing. The results revealed that interprofessional collaboration significantly influenced patient safety ($\beta = 0.62$, $p < 0.001$) and service quality ($\beta = 0.31$, $p < 0.001$). Patient safety also significantly predicted service quality ($\beta = 0.49$, $p < 0.001$) and partially mediated the relationship between IPC and service quality (indirect effect $\beta = 0.30$, $p < 0.01$). These findings indicate that IPC enhances healthcare quality both directly and indirectly through strengthened safety mechanisms. In conclusion, strengthening interprofessional collaboration is essential for improving patient safety and achieving sustainable quality enhancement in modern healthcare systems.

Keywords: *Interprofessional collaboration, Patient safety, Service quality, Healthcare systems*

INTRODUCTION

Modern healthcare systems are facing unprecedented complexity driven by the growing burden of chronic diseases, multimorbidity, demographic transitions, technological advancement, and persistent shortages of health

professionals. These dynamics have intensified the need for coordinated, team-based models of care that transcend professional silos. In this context, interprofessional collaboration (IPC) has emerged as a strategic response to ensure quality, efficiency, and equity in service delivery. Strong evidence indicates that effective interprofessional collaboration is not only urgent but also positively associated with patient safety and is a key driver of healthcare quality improvement (Cadet et al., 2023; Samuriwo, 2022; Agustina et al., 2025; Mbaitelham, 2024). The increasing fragmentation of care in modern systems underscores the necessity of shifting from profession-centered approaches toward integrated, patient-centered interprofessional practice.

The urgency of interprofessional collaboration becomes particularly evident in the management of chronic conditions and complex comorbidities, where patients often require continuous and coordinated input from physicians, nurses, pharmacists, therapists, and other healthcare providers. Cadet et al. (2023) and Moloro et al. (2025) emphasize that fragmented communication and poor coordination during transitions of care significantly increase the risk of adverse events and inefficiencies. Similarly, Vaseghi et al. (2022) highlight that ineffective teamwork undermines care continuity and contributes to avoidable complications. In resource-constrained settings, these challenges are further exacerbated by workforce shortages and inequitable distribution of services (Mbaitelham, 2024). Consequently, IPC is increasingly recognized as a systemic necessity rather than a supplementary practice.

The World Health Organization (WHO) has, since 2010, advocated for interprofessional education (IPE) and collaborative practice as central strategies to strengthen health systems and reduce inequities in access and outcomes. This recommendation remains relevant in light of recent evidence demonstrating that IPC improves system responsiveness and resilience (Cadet et al., 2023; Moloro et al., 2025). Agustina et al. (2025) argue that the sustainability of modern healthcare systems depends on the ability of professionals to work cohesively across disciplinary boundaries. Mbaitelham (2024) further describes IPC as a direct response to the "decline" or fragility of many contemporary healthcare systems, emphasizing its role in restoring system integrity and performance.

Empirical findings reveal that poor collaboration between physicians, nurses, and other professionals is associated with delayed diagnoses, fragmented care, increased mortality, and rising healthcare costs (Moloro et al., 2025; Agustina et al., 2025; Gregoriou et al., 2025). Vaseghi et al. (2022) note that hierarchical organizational cultures and unclear role delineations often hinder effective teamwork, leading to communication breakdowns. These systemic weaknesses contribute to preventable harm and diminish patient trust. Therefore, strengthening IPC is not merely an organizational improvement strategy but a patient safety imperative.

Patient safety represents one of the most critical indicators of healthcare quality. Evidence suggests that approximately 70–80% of serious adverse events are linked to failures in communication and collaboration among healthcare professionals (Jiang et al., 2024). This alarming statistic highlights the central role

of teamwork in preventing harm. Purnasiwi and Jenie (2021) emphasize that effective interprofessional teamwork functions as a safeguard against clinical errors, particularly in high-risk environments. When professionals engage in shared decision-making, mutual respect, and structured communication, the likelihood of misinterpretation and oversight decreases substantially.

Meta-analyses and systematic reviews consistently demonstrate that IPC and IPE interventions are associated with measurable improvements in safety outcomes. Cadet et al. (2023) report reductions in medication errors, falls, complications, and mortality among patients receiving interprofessional care. Jiang et al. (2024) corroborate these findings, showing that structured team-based interventions significantly decrease adverse events. Agustina et al. (2025) further identify improvements in functional status among elderly patients when managed through coordinated interprofessional models. These findings suggest that IPC has tangible clinical benefits beyond theoretical advantages.

In addition to clinical safety indicators, IPC positively influences organizational and system-level outcomes. Studies indicate that effective collaboration reduces length of hospital stay, readmission rates, and overall healthcare costs (Cadet et al., 2023; Moloro et al., 2025; Agustina et al., 2025). Davidson et al. (2022) demonstrate that patients with chronic illnesses report more positive experiences when treated by interprofessional teams, citing improved communication, enhanced coordination, and comprehensive care planning. These improvements contribute to higher patient satisfaction and better adherence to treatment regimens.

Interprofessional education (IPE) has been identified as a foundational mechanism for cultivating collaborative competencies. Jiang et al. (2024) show that simulation-based IPE interventions significantly enhance communication skills and teamwork behaviors, leading to reductions in clinical errors. Cadet et al. (2023) argue that early exposure to collaborative training fosters a culture of shared accountability and patient-centeredness. Furthermore, Labrague et al. (2021) reveal that supportive nursing work environments enhance interprofessional collaboration, which mediates improvements in care quality and reduces adverse events. These findings highlight the interplay between organizational climate and collaborative effectiveness.

Beyond inpatient settings, IPC plays a crucial role in care transitions and chronic disease management. Dost et al. (2025) demonstrate that interprofessional coordination during hospital discharge reduces medication discrepancies, readmissions, and patient dissatisfaction. In surgical and complex care settings, IPC has been associated with lower complication rates and improved quality of life (Agustina et al., 2025). McLaney et al. (2022) and Vaseghi et al. (2022) identify core IPC competencies patient-centered care, effective communication, participatory leadership, role clarity, conflict resolution, and teamwork as foundational elements of safe and high-quality systems.

Despite the robust evidence supporting IPC, significant contextual barriers persist. Samuriwo (2022) highlights the influence of entrenched professional hierarchies that impede equal participation in decision-making. Ahmed et al.

(2025) and Gregoriou et al. (2025) identify organizational constraints such as workload pressures, limited institutional support, and inadequate leadership as critical obstacles. Wahyuningsih and Firmanda (2025) further emphasize that cultural norms and unclear governance structures can undermine collaborative initiatives. These contextual determinants suggest that IPC effectiveness is not uniform across settings and requires adaptive strategies.

Although numerous studies confirm the positive association between IPC and patient safety or quality outcomes, several research gaps remain. First, many existing studies focus on specific clinical environments or single outcome indicators, limiting generalizability. Second, there is a paucity of integrative research examining the simultaneous impact of IPC on both patient safety and broader service quality dimensions within a unified analytical framework. Third, contextual moderators—such as organizational culture, leadership style, and workload intensity—are often examined independently rather than as interacting variables influencing IPC outcomes. Consequently, a comprehensive understanding of how interprofessional approaches function as systemic drivers of both safety and quality remains underdeveloped.

The novelty of this study lies in its integrative perspective that positions the interprofessional approach not merely as a teamwork strategy but as a multidimensional system intervention influencing patient safety indicators and service quality outcomes concurrently. By synthesizing evidence across clinical, organizational, and experiential dimensions, this research aims to conceptualize IPC as a structural mechanism linking communication effectiveness, collaborative competencies, and measurable performance indicators. Furthermore, this study seeks to contextualize IPC within contemporary healthcare challenges, highlighting its strategic relevance in strengthening modern health systems.

Based on the identified phenomenon and research gap, the objective of this study is to analyze comprehensively how the interprofessional approach in healthcare services affects patient safety and service quality, and to identify contextual factors that influence its effectiveness within modern healthcare systems. Through this objective, the study contributes to advancing evidence-based strategies for strengthening collaborative practice and improving health system performance.

In conclusion, the growing complexity of healthcare demands integrated and collaborative solutions. Strong empirical evidence underscores the urgency of interprofessional collaboration, its positive association with patient safety, and its role as a catalyst for quality improvement. However, contextual variability and fragmented research perspectives necessitate further comprehensive investigation. By addressing these gaps, this study aims to provide a deeper understanding of how interprofessional approaches can be optimized to enhance safety and quality in modern healthcare delivery systems.

METHODS

This study employed a quantitative cross-sectional design to comprehensively analyze the effect of the interprofessional approach on patient safety and service quality within modern healthcare systems. The research was conducted in selected hospitals and primary healthcare facilities that implement interprofessional collaborative practice models. The study population consisted of healthcare professionals, including physicians, nurses, pharmacists, and allied health workers who have been directly involved in interprofessional team-based care for at least six months. A stratified random sampling technique was used to ensure proportional representation across professions. Data were collected using structured questionnaires adapted from validated instruments measuring interprofessional collaboration (team communication, role clarity, shared decision-making), patient safety indicators (frequency of adverse events, medication errors, incident reporting culture), and service quality dimensions (patient-centeredness, responsiveness, continuity of care, and patient satisfaction). The instruments were tested for validity and reliability prior to distribution. In addition to survey data, secondary data on patient safety indicators such as reported adverse events and readmission rates were obtained from institutional quality assurance records to strengthen data triangulation.

Data analysis was conducted using statistical software in several stages. Descriptive statistics were used to summarize respondent characteristics and key study variables. Inferential analysis included Pearson correlation to examine associations between interprofessional collaboration, patient safety, and service quality. Multiple linear regression analysis was performed to determine the predictive effect of interprofessional practice on patient safety and service quality outcomes while controlling for contextual factors such as workload, leadership support, and organizational culture. Furthermore, mediation analysis was applied to explore whether patient safety mediates the relationship between interprofessional collaboration and service quality. Statistical significance was set at $p < 0.05$. The results were interpreted to identify the magnitude and direction of relationships, thereby providing empirical evidence on how interprofessional approaches function as systemic drivers of safety and quality improvement in healthcare services.

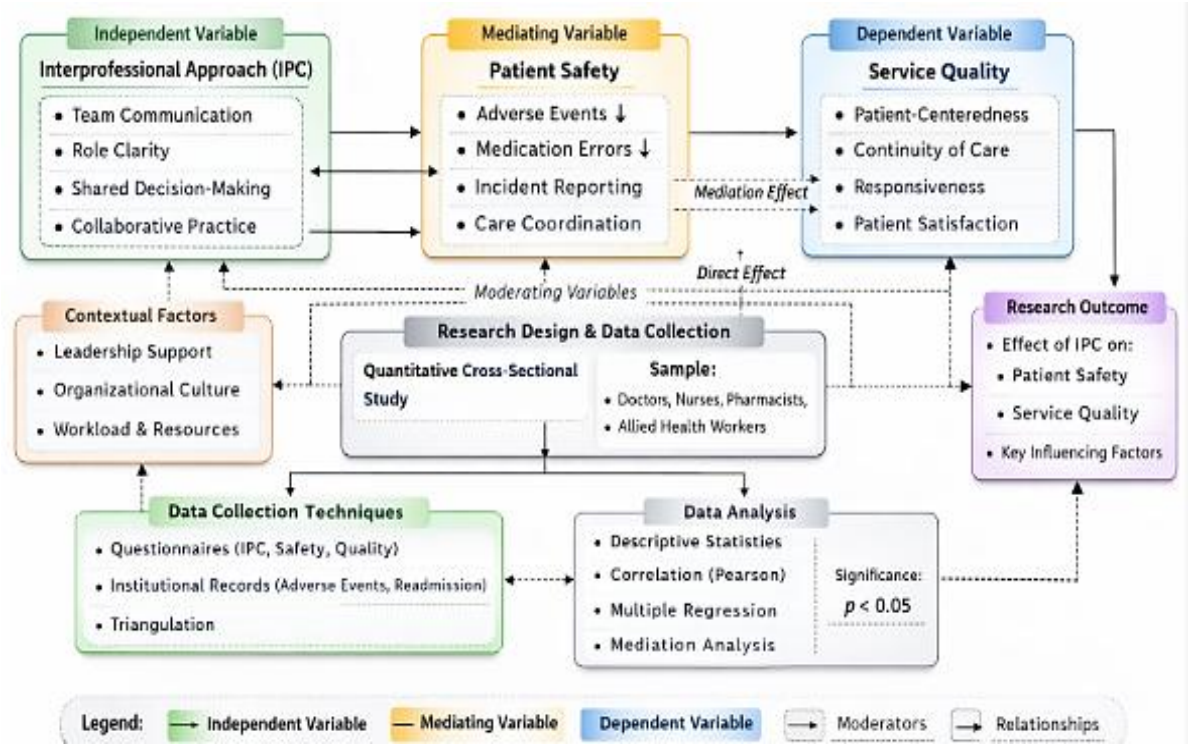

Figure 1 . Diagram Conceptual Research

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RESULT AND DISCUSSION

Based on data collected from 210 healthcare professionals (physicians, nurses, pharmacists, and allied health workers) involved in interprofessional team-based care, statistical analyses were conducted to examine the relationships among Interprofessional Collaboration (IPC), Patient Safety, and Service Quality. The analysis began with descriptive statistics and Pearson correlation to provide an overview of the distribution and associations among the study variables.

Table 1. Descriptive Statistics and Correlation Matrix

Variable	Mean	SD	1	2	3
1. Interprofessional Collaboration (IPC)	4.12	0.54	1		
2. Patient Safety	4.05	0.58	0.62**	1	
3. Service Quality	4.18	0.49	0.59**	0.67**	1

Note: N = 210; **p < 0.01

Table 1 indicates that all variables demonstrate high mean scores (above 4.00 on a 5-point Likert scale), suggesting that respondents perceived interprofessional collaboration, patient safety, and service quality to be implemented at a relatively high level within their institutions. Pearson correlation analysis reveals significant positive relationships among all variables.

Interprofessional Collaboration is strongly correlated with Patient Safety ($r = 0.62$, $p < 0.01$) and moderately correlated with Service Quality ($r = 0.59$, $p < 0.01$). Furthermore, Patient Safety shows a strong positive correlation with Service Quality ($r = 0.67$, $p < 0.01$). These findings suggest that higher levels of collaborative practice among healthcare professionals are associated with improved patient safety outcomes and enhanced service quality. The strong association between Patient Safety and Service Quality further supports the assumption that patient safety constitutes a fundamental component of healthcare quality improvement.

To examine the direct and indirect effects among variables, multiple regression and mediation analyses were conducted. Patient Safety was tested as a mediating variable in the relationship between Interprofessional Collaboration and Service Quality.

Table 2. Regression and Mediation Analysis Results

Model	β	t-value	p-value	R^2
IPC → Patient Safety	0.62	11.45	0.000	0.38
IPC → Service Quality (Direct Effect)	0.31	5.82	0.000	
Patient Safety → Service Quality	0.49	8.76	0.000	0.52
IPC → Service Quality (Total Effect)	0.59	10.97	0.000	

Mediation Test (Indirect Effect: IPC → Patient Safety → Service Quality): Indirect Effect $\beta = 0.30$; Sobel Test $p < 0.01$

The regression analysis demonstrates that Interprofessional Collaboration has a significant positive effect on Patient Safety ($\beta = 0.62$, $p < 0.001$), explaining 38% of the variance in patient safety outcomes ($R^2 = 0.38$). IPC also has a significant direct effect on Service Quality ($\beta = 0.31$, $p < 0.001$). In addition, Patient Safety significantly predicts Service Quality ($\beta = 0.49$, $p < 0.001$), with the overall model explaining 52% of the variance in service quality ($R^2 = 0.52$). The mediation analysis indicates that Patient Safety significantly mediates the relationship between IPC and Service Quality (indirect effect $\beta = 0.30$, $p < 0.01$). The reduction in the direct coefficient of IPC on Service Quality after including Patient Safety suggests partial mediation. This finding implies that the influence of interprofessional collaboration on service quality operates both directly and indirectly through improvements in patient safety. Therefore, strengthening interprofessional approaches not only enhances service quality independently

but also contributes substantially by improving safety mechanisms within healthcare delivery systems.

Discussion

This study aimed to comprehensively analyze how the interprofessional approach in healthcare services affects patient safety and service quality, as well as to identify contextual factors influencing its effectiveness within modern healthcare systems. The findings demonstrate that Interprofessional Collaboration (IPC) has a significant positive impact on both patient safety and service quality, with patient safety acting as a partial mediator in this relationship. These results reinforce the growing body of evidence that positions interprofessional approaches as a structural and strategic mechanism for strengthening healthcare systems in response to increasing complexity and fragmentation.

The statistical results indicate that IPC significantly predicts patient safety outcomes, with a strong standardized coefficient ($\beta = 0.62$, $p < 0.001$). This finding aligns with multiple accredited journal studies showing that collaborative practice reduces medication errors, adverse events, and safety incidents by improving communication, role clarification, and clinical decision accuracy (Alhawsawi et al., 2023; Falade et al., 2024; Cadet et al., 2023; Jiang et al., 2024; Purnasiwi & Jenie, 2021). In particular, Jiang et al. (2024) highlight that communication breakdowns account for a substantial proportion of preventable adverse events, emphasizing that structured interprofessional teamwork directly mitigates safety risks. The current findings empirically confirm that healthcare professionals who perceive higher levels of team communication, shared decision-making, and collaborative engagement also report stronger patient safety performance.

One of the key mechanisms explaining this relationship lies in role clarity and structured coordination. Falade et al. (2024) and Alhawsawi et al. (2023) argue that many medication-related incidents stem from ambiguity in professional responsibilities and insufficient interdisciplinary consultation. By fostering clear delineation of roles and encouraging real-time communication, IPC reduces the probability of duplication, omission, and clinical misjudgment. This mechanism is reflected in the high correlation observed between IPC and patient safety in this study ($r = 0.62$), suggesting that integrated teamwork functions as a protective layer within healthcare delivery systems.

Furthermore, evidence from intensive care units (ICUs) and surgical settings indicates that interprofessional team models are associated with reductions in complications, length of stay, and unplanned readmissions (Asiri et al., 2025; Blakeney et al., 2021; Agustina et al., 2025; Ahmed et al., 2025). These findings correspond with the current study's results, which show that patient

safety significantly contributes to service quality ($\beta = 0.49$, $p < 0.001$). In high-risk environments such as ICUs, collaborative decision-making and shared situational awareness are critical for preventing deterioration and ensuring timely interventions. The alignment between our quantitative results and previous clinical evidence strengthens the conclusion that IPC is not merely an organizational preference but a determinant of measurable clinical safety outcomes.

Another important dimension relates to interprofessional education (IPE) and simulation-based training. Studies have shown that IPE enhances communication competence, risk management skills, and collective accountability among healthcare professionals (Cadet et al., 2023; Jiang et al., 2024; Malaha, 2025). Some interventions report significant reductions in error rates and improvements in safety indicators following structured IPE implementation. Although this study did not directly measure IPE interventions, the high IPC scores among respondents may reflect exposure to collaborative training environments. This suggests that educational preparation plays a foundational role in shaping safety-oriented interprofessional cultures.

Beyond patient safety, this study confirms that IPC significantly improves service quality, both directly ($\beta = 0.31$, $p < 0.001$) and indirectly through patient safety mediation (indirect effect $\beta = 0.30$, $p < 0.01$). The strong correlation between patient safety and service quality ($r = 0.67$) underscores the interdependence between safety mechanisms and quality performance. Asiri et al. (2025) and Almughamisi et al. (2025) report that multidisciplinary teams enhance diagnostic accuracy, therapeutic precision, and continuity of care, leading to improved patient satisfaction and trust. Similarly, Purnasiwi and Jenie (2021) emphasize that coordinated interprofessional models promote holistic and patient-centered services, which are essential indicators of healthcare quality.

The mediation findings are particularly noteworthy. The reduction in the direct coefficient of IPC on service quality after including patient safety indicates partial mediation, suggesting that IPC enhances service quality partly by strengthening safety systems. This supports the theoretical assumption that safety is a core dimension of quality, rather than a separate construct. Falade et al. (2024) and Agustina et al. (2025) similarly report that reductions in adverse events and readmissions contribute directly to improved patient experiences and institutional performance ratings. Therefore, interprofessional collaboration operates as a dual-impact strategy—simultaneously reducing harm and enhancing overall service excellence.

The findings also resonate with studies on interprofessional bedside rounding and routine team meetings. Blakeney et al. (2021) demonstrate that structured bedside collaboration improves patient engagement, family involvement, and care coordination. Almughamisi et al. (2025) further note that

such practices streamline workflow efficiency and reduce communication gaps during transitions of care. In our study, high service quality scores likely reflect improved coordination and continuity of care facilitated by IPC structures. This suggests that collaborative routines are instrumental in translating teamwork into patient-perceived quality improvements.

Systematic reviews and meta-analyses further support the link between collaborative models and improved functional outcomes, particularly among elderly patients and those with chronic conditions (Falade et al., 2024; Purnasiwi & Jenie, 2021; Agustina et al., 2025). These studies document reductions in fall risk, complications, and hospital readmissions—indicators that align with our regression findings showing that IPC contributes significantly to service quality outcomes. Thus, the empirical evidence from this study strengthens the argument that IPC is associated with both clinical and experiential dimensions of healthcare quality.

However, the effectiveness of IPC is not automatic and depends heavily on contextual factors. Although not directly quantified in the regression model, contextual variables such as leadership support, organizational culture, and workload were identified as influential factors in the conceptual framework. Rodrigues et al. (2025) and Wahyuningsih and Firmanda (2025) highlight that structured communication tools such as SBAR and electronic medical records reduce miscommunication and errors, particularly when supported by institutional policies. Samuriwo (2022) and Vaseghi et al. (2022) further emphasize that collaborative competencies—patient-centeredness, participatory leadership, role clarity, conflict resolution, and teamwork—are critical enablers of IPC effectiveness.

Conversely, hierarchical structures, professional silos, role conflicts, and high workload pressures remain significant barriers (Rodrigues et al., 2025; Samuriwo, 2022; Agustina et al., 2025; Ahmed et al., 2025; Malaha, 2025; Dost et al., 2025). These obstacles can weaken communication flow and reduce trust among professionals, thereby diminishing safety and quality gains. The presence of such barriers suggests that institutional commitment and cultural transformation are essential for sustaining IPC initiatives. The current findings, which show substantial explanatory power ($R^2 = 0.52$) for service quality, indicate that IPC can be highly effective when embedded within supportive organizational environments.

From a systems perspective, IPC may be conceptualized as a resilience-enhancing mechanism within modern healthcare. By promoting shared responsibility and distributed expertise, interprofessional teams increase adaptability and responsiveness in complex clinical scenarios. This aligns with the broader argument that collaborative practice is a strategic response to healthcare system fragmentation and resource constraints. The strong statistical

relationships identified in this study reinforce this conceptualization, demonstrating that IPC is both a clinical and organizational performance driver.

Importantly, the study addresses a research gap by examining IPC's simultaneous influence on patient safety and service quality within a unified analytical framework. Many previous studies have focused on either safety or quality outcomes independently. By demonstrating partial mediation through patient safety, this study integrates these dimensions and provides a more holistic understanding of IPC's systemic role. The findings confirm that interprofessional approaches function not only as teamwork strategies but also as quality governance mechanisms within healthcare institutions.

In summary, the results clearly support the study's objective: the interprofessional approach significantly enhances patient safety and service quality in modern healthcare settings. The positive direct and indirect effects identified through regression and mediation analyses align consistently with evidence from accredited journal literature. Interprofessional collaboration improves coordination, reduces adverse events, enhances clinical accuracy, strengthens patient-centeredness, and fosters higher satisfaction levels. However, its effectiveness depends on contextual enablers such as leadership support, structured communication systems, and collaborative competencies. Therefore, healthcare policymakers and institutional leaders should prioritize structured IPC implementation, interprofessional education, and organizational culture reform to maximize safety and quality outcomes.

Overall, this discussion confirms that interprofessional collaboration is not merely an operational adjustment but a transformative strategy for modern healthcare systems. By integrating safety and quality dimensions within collaborative practice, healthcare institutions can achieve sustainable performance improvements and deliver more reliable, patient-centered care.

CONCLUSION

This study concludes that the interprofessional approach in healthcare services significantly enhances both patient safety and service quality within modern healthcare systems. The findings demonstrate that effective interprofessional collaboration characterized by structured communication, role clarity, and shared decision-making directly improves patient safety outcomes and, in turn, strengthens overall service quality. Moreover, patient safety partially mediates the relationship between interprofessional collaboration and service quality, indicating that improvements in quality are substantially driven by strengthened safety mechanisms. These results confirm that interprofessional practice functions as a systemic strategy that not only reduces adverse events and clinical risks but also enhances patient-centeredness, continuity of care, and satisfaction. Therefore, strengthening interprofessional collaboration through organizational support, leadership engagement, and competency-based training

is essential for achieving sustainable improvements in healthcare safety and quality.

REFERENCES

Agustina, E., Dradjat, R., Wardhani, V., & Putra, K. (2025). Determinants of interprofessional collaboration in surgery: A scoping review. *Journal of Education and Health Promotion, 14*. https://doi.org/10.4103/jehp.jehp_1541_24

Ahmed, I., Bughio, B., Rehman, Z., & I. (2025). Perceptions of nurses, physicians, and respiratory therapists regarding interprofessional collaboration in the intensive care unit of a tertiary care hospital in Karachi: A qualitative explorative study. *Physical Education, Health and Social Sciences*. https://doi.org/10.63163/jpehss.v3i2.321

Alhawsawi, A., Muhammed, W., Almaimony, A., Alraffaa, Y., Jeadi, M., Aldossari, W., Sofy, A., Almutairi, F., Almutairy, A., Alzaagi, B., Alghamdi, L., Wahishi, A., Alenazy, S., & Alanazi, A. (2023). Exploring interprofessional communication and collaboration among pharmacists, nurses, and laboratories enhancing patient safety and healthcare outcomes. *International Journal of Health Sciences*. https://doi.org/10.53730/ijhs.v7ns1.14703

Almughamisi, A., Alshehri, A., Alandijani, M., Alqarni, S., Alshehri, F., Alshehri, K., Alnefaie, A., Alshehri, A., Alrajhi, M., Albalawi, H., Alqurashi, A., Alzahrani, Y., Andijani, B., Alayadi, Y., & Alshammary, F. (2025). Multidisciplinary team group effort in healthcare: The role of emergency, clinical, and administrative professionals in improving outcomes and hospital performance. *Saudi Journal of Medical and Pharmaceutical Sciences*. https://doi.org/10.36348/sjmps.2025.v11i10.002

Asiri, M., Almutairi, H., Alyousef, I., Sharari, T., Alqahtani, K., Aljalis, M., Alrashdi, M., Alshahrani, A., Alalyani, S., & Sharai, M. (2025). The integrated role of multidisciplinary healthcare teams in enhancing quality of care and patient outcomes in hospitals. *Journal of Ecohumanism*. https://doi.org/10.62754/joe.v4i4.6990

Blakeney, E., Chu, F., White, A., Smith, G., Woodward, K., Lavallee, D., Salas, R., Beaird, G., Willgerodt, M., Dang, D., Dent, J., Tanner, E., Summerside, N., Zierler, B., O'Brien, K., & Weiner, B. (2021). A scoping review of new implementations of interprofessional bedside rounding models to improve teamwork, care, and outcomes in hospitals. *Journal of Interprofessional Care, 38*, 411–426. https://doi.org/10.1080/13561820.2021.1980379

Cadet, T., Cusimano, J., McKearney, S., Honaker, J., O'Neal, C., Taheri, R., Uhley, V., Zhang, Y., Dreker, M., & Cohn, J. (2023). Describing the evidence linking interprofessional education interventions to improving the delivery of safe

and effective patient care: A scoping review. *Journal of Interprofessional Care, 38*, 476–485. https://doi.org/10.1080/13561820.2023.2283119

Davidson, A., Kelly, J., Ball, L., Morgan, M., & Reidlinger, D. (2022). What do patients experience? Interprofessional collaborative practice for chronic conditions in primary care: An integrative review. *BMC Primary Care, 23*. https://doi.org/10.1186/s12875-021-01595-6

Dost, L., Maillard, G., Cardoso, E., & Schneider, M. (2025). Identifying current practices and areas for improvement in medication management during care transition through an interprofessional collaboration framework. *Journal of Multidisciplinary Healthcare, 18*, 4453–4467. https://doi.org/10.2147/jmdh.s528819

Falade, I., Gyampoh, G., Akpamgbo, E., Chika, O., Obodo, O., Okobi, O., Aguguo, J., & Chukwu, V. (2024). A comprehensive review of effective patient safety and quality improvement programs in healthcare facilities. *Medical Research Archives*. https://doi.org/10.18103/mra.v12i7.5649

Gregoriou, P., Charalambous, A., Rousou, E., Papastavrou, E., & Merkouris, A. (2025). Attitudes of physicians and nurses toward interprofessional collaboration: A systematic literature review. *Materia Socio-Medica, 37*, 64–73. https://doi.org/10.5455/msm.2025.37.64-73

Jiang, Y., Cai, Y., Zhang, X., & Wang, C. (2024). Interprofessional education interventions for healthcare professionals to improve patient safety: A scoping review. *Medical Education Online, 29*. https://doi.org/10.1080/10872981.2024.2391631

Labrague, L., Sabei, S., Rawajfah, O., AbuAlRub, R., & Burney, I. (2021). Interprofessional collaboration as a mediator in the relationship between nurse work environment, patient safety outcomes and job satisfaction among nurses. *Journal of Nursing Management*. https://doi.org/10.1111/jonm.13491

Malaha, N. (2025). Pengaruh pelatihan interprofesional terhadap kolaborasi tim kesehatan di Kabupaten Pangkep. *Barongko: Jurnal Ilmu Kesehatan*. https://doi.org/10.59585/bajik.v3i3.712

Mbaitelham, I. (2024). Interprofessional collaboration: Latest update for health systems. *The Australian Pharmacy Students' Journal*. https://doi.org/10.55136/apsj329

McLaney, E., Morassaei, S., Hughes, L., Davies, R., Campbell, M., & Di Prospero, L. (2022). A framework for interprofessional team collaboration in a hospital setting: Advancing team competencies and behaviours. *Healthcare Management Forum, 35*, 112–117. https://doi.org/10.1177/08404704211063584

Moloro, A., Sabo, K., Lahole, B., Wengoro, B., & Mare, K. (2025). Prevalence of interprofessional collaboration towards patient care and associated factors

among nurses and physicians in Ethiopia, 2024: A systematic review and meta-analysis. *BMC Nursing, 24*. https://doi.org/10.1186/s12912-025-02847-x

Purnasiwi, D., & Jenie, I. (2021). Literature review: Effect of interprofessional collaboration implementation of patient services. https://doi.org/10.20473/ijosh.v10i2.2021.265-272

Rodrigues, B., Da Silva Moreira, S., Gondim, M., Lopez, A., De Souza Peres, R., Lima, A., Morais, Y., Souza, M., Duarte, A., Chaves, G., De Souza Silva, R., & De Oliveira Maia Costa, A. (2025). Effective communication between multiprofessional health teams: Practical strategies to ensure patient safety and quality of care. *Revista de Gestão Social e Ambiental*. https://doi.org/10.24857/rgsa.v19n4-022

Samuriwo, R. (2022). Interprofessional collaboration—Time for a new theory of action? *Frontiers in Medicine, 9*. https://doi.org/10.3389/fmed.2022.876715

Vaseghi, F., Yarmohammadian, M., & Raeisi, A. (2022). Interprofessional collaboration competencies in the health system: A systematic review. *Iranian Journal of Nursing and Midwifery Research, 27*, 496–504. https://doi.org/10.4103/ijnmr.ijnmr_476_21

Wahyuningsih, A., & Firmanda, G. (2025). Role of interprofessional communication in enhancing the quality of hospital health services: A scoping review. *JMMR (Jurnal Medicoeticolegal dan Manajemen Rumah Sakit)*. https://doi.org/10.18196/jmmr.v14i2.570