Healthcare Professionals' Perceptions of Interprofessional Collaboration in Noncommunicable Disease Management in Palembang City, Indonesia: A Qualitative Study

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Abstract: Noncommunicable diseases (NCDs) are a major public health challenge globally, demanding integrated and sustainable management strategies. Interprofessional collaboration among various healthcare professionals is essential for addressing the complex needs of noncommunicable disease management. However, evaluations of noncommunicable disease services have predominantly focused on case outcomes, with limited attention to how the collaborative process itself is implemented and experienced by healthcare teams. Therefore, understanding healthcare professionals' perceptions of interprofessional collaboration is crucial to addressing the complex needs. This study aimed to explore healthcare professionals' perceptions of interprofessional collaboration in noncommunicable disease management at the community health centers. A descriptive phenomenological design was employed, grounded in a constructivist paradigm. The study was conducted in community health centers in Palembang City, South Sumatra Province, Indonesia, with 20 purposively selected participants comprising nurses, doctors, midwives, and public health workers. Data were collected between June 02 and August 09, 2025, through focus group discussions and in-depth interviews. Audio-recorded sessions were transcribed verbatim and analyzed using Colaizzi's method.

Four themes emerged: 1) Foundations of effective interprofessional collaboration in NCD management, 2) Collaboration with other professions and stakeholders, 3) Goals of interprofessional collaboration in NCD management, and 4) Perceived benefits of interprofessional collaboration in NCD management. Findings indicate that effective interprofessional collaboration extends beyond intra-team dynamics to include program integration and community partnerships, resulting in improved service delivery and professional relationships. This study implies that strengthening the role of community health nurses as case coordinators can enhance interprofessional collaboration in managing noncommunicable diseases.

Keywords: Community health centers, Healthcare professionals, Interprofessional collaboration, Noncommunicable diseases, Nurses, Perception

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Introduction

The global challenge in controlling non-communicable diseases (NCDs) is escalating in line with changes in lifestyle, urbanization, and population aging.[1] NCDs such as cardiovascular diseases, diabetes mellitus, chronic respiratory diseases, and cancers accounted for 75% of all global deaths in 2022,[2] imposing a substantial burden on health systems,

particularly in resource-limited developing countries.[1] A similar trend was observed in Indonesia, where the latest health survey reports a rising prevalence of diabetes and persistently high rates of hypertension.[3] In South Sumatra Province, the prevalence of NCDs remains relatively high compared to other provinces in Indonesia and ranks as the third highest in Sumatra Island, with Palembang City reporting the highest number of hypertension cases (411,518) and diabetes cases (112,112), while chronic respiratory diseases and cancers are relatively lower.[3,4] Addressing NCDs requires a long-term and sustainable approach. Consequently, health systems must be organized effectively to respond to the complex challenges posed by NCDs.[5]

Given the complexity of NCD management, interprofessional collaboration has emerged as a critical strategy for enhancing service effectiveness.[6] Interprofessional collaboration involves cooperation across various healthcare professionals, such as nurses, doctors, pharmacists, nutritionists, public health workers, and other healthcare professionals in decision-making and the delivery of integrated care.[7] This collaborative approach is believed to improve efficiency, patient satisfaction, and health outcomes.[8] In the context of NCDs, where patients often present with multimorbidity and require continuous care, interprofessional cooperation becomes even more essential. Such collaboration enables the development of comprehensive care plans, fosters effective interprofessional communication, and enhances service coordination.[9] However, in Indonesia, including South Sumatra Province, interprofessional collaboration in community health centers (CHCs) still faces major challenges.[10]

Healthcare professionals' perceptions of interprofessional collaboration are a key factor in identifying both the potential for success and the barriers to its implementation.[11] Positive perceptions tend to foster active engagement in collaborative practice, whereas negative perceptions can serve as major obstacles.[12] These perceptions are shaped by factors such as work experience, educational background, organizational culture, and institutional leadership.[11] Therefore, an in-depth exploration of how healthcare professionals view interprofessional collaboration is essential to inform policy development and targeted interventions.[13]

Despite the growing recognition of the importance of interprofessional collaboration, most studies have primarily focused on its effectiveness in improving clinical outcomes,[14] while giving little attention to how healthcare professionals perceive and experience the collaborative process itself.[13-15] To gain a deeper understanding of healthcare professionals' perceptions, a qualitative approach was chosen, as it allows for the exploration of meanings and subjective experiences. Qualitative studies provide space for narrative, reflection, and personal interpretation that quantitative methods cannot fully capture.[16] Although the importance of interprofessional collaboration in NCD management has been widely studied in high-income countries,[15,17,18] research in Indonesia remains limited, particularly at the CHCs, also known as Puskesmas in Indonesia.[6,11] Therefore, this study employed a qualitative approach to address this gap in the literature and to generate a comprehensive and contextually relevant understanding of healthcare professionals' perceptions of interprofessional collaboration in the management of NCDs within CHCs in Palembang City, Indonesia.

Review of Literature

Community health nurses view interprofessional collaboration as a strategy to improve service efficiency and as an essential component of community nursing practice that ensures holistic and person-centered care.[19] Community health nurses serve as the first point of contact and act as case coordinators in CHCs, so their perceptions are crucial in shaping the implementation of collaborative practices at the frontline. As case coordinators, they are responsible for assessing

patients' health conditions, identifying individual risk factors, and coordinating multidisciplinary care plans across various healthcare professionals.[19,20] They ensure that each stage of care from initial screening, treatment, follow-up, to community-based rehabilitation is delivered in a continuous, integrated, and patient-centered manner. Community health nurses also facilitate effective communication and information exchange among team members.[12,19] Community health nursing intervention strategies encompass a range of approaches designed to improve overall population health. One of the key strategies is partnership and collaboration.[20]

Partnership and collaboration are essential elements of community health nursing practice.[20] In this context, partnership refers to an agreement between individuals or organizations to achieve shared objectives within a broader scope, while collaboration involves interactions among nurses, clients, other healthcare professionals, and community members based on shared values, mutual participation, and joint efforts.[19,20] Interprofessional collaboration is widely recognized as a critical component of high-quality healthcare services.[8] Within the context of CHCs, interprofessional collaboration integrates the efforts of various healthcare professionals, combining complementary competencies and skills to maximize resource utilization.[21,22]

Interprofessional collaboration has been widely recognized as a critical component in managing NCDs, as it enables healthcare professionals from multiple disciplines to coordinate care, improve communication, and deliver patient-centered services.[23] Studies in high-income countries, such as the United States, Norway, and Switzerland, have shown that collaborative interprofessional practices improve service quality in NCD management.[15,17,18] However, most of these studies have focused on evaluating collaborative interventions or clinical outcomes.[10] Effective collaboration depends not only on structural systems and protocols but also on how healthcare professionals perceive and value the collaborative process.[13]

Perceptions are important and fundamental for this study because they shape how healthcare professionals interpret, engage in, and commit to interprofessional collaboration practices.[11] Understanding these perceptions is crucial to identifying hidden interpersonal and cultural barriers that are often overlooked in structural or policy-level assessments.[12] By exploring healthcare professionals' perceptions, this study sought to uncover the underlying beliefs and experiences that either facilitate or hinder collaboration, thereby providing essential insights for designing targeted strategies to strengthen interprofessional practice in NCD management.[24] This knowledge gap underscores the need for qualitative research to explore how healthcare professionals perceive and experience interprofessional collaboration within the Indonesian health system, particularly in South Sumatra, where the NCD burden is high. A qualitative approach is necessary to capture the subjective experiences and personal narratives of healthcare professionals in CHC when addressing the chronic and multidimensional nature of NCD management. The Indonesian health system has unique characteristics shaped by geographic diversity, which require context-specific service delivery models. Findings from qualitative studies can provide a robust foundation for identifying conditions that align with on-the-ground realities. Adopting a phenomenological approach, as employed in this study, allows for a rich description of interprofessional collaboration perceptions rooted in actual practice and tailored to Indonesia's CHCs.[16]

Study Aim

This study aimed to explore an understanding of healthcare professionals' perceptions of interprofessional collaboration practices in NCD management.

Methods

Design: This study employed a descriptive phenomenological design and was grounded in

a constructivist paradigm, which assumes that reality is socially constructed through individuals' experiences and interactions, and that multiple perspectives can coexist to provide a holistic understanding of a phenomenon.[16] The study was reported following the Standards for Reporting Qualitative Research (SRQR) to ensure methodological transparency, rigor, and comprehensiveness in qualitative reporting.[25]

Setting and Participants: This study was conducted CHCs in Palembang City, South Sumatra Province, Indonesia. The selection of Palembang as the study site was based on epidemiological data from the Indonesian Ministry of Health, which indicates that the prevalence of NCDs in South Sumatra remains relatively high compared to other provinces in Indonesia and ranks as the third highest in Sumatera Island.[3] Within the province, Palembang City reports the highest number of NCD cases compared to other districts and municipalities,[4] making it a critical area for exploring healthcare professionals' experiences in NCD management.

A purposive sampling strategy was employed. The researcher coordinated with the Palembang City Health Office to explain the inclusion and exclusion criteria for both CHCs and participants. CHCs eligible for inclusion were those accredited at the Paripurna (highest accreditation level) for CHCs, implementing the Prolanis (Chronic Disease Management Program), and employing an interprofessional team consisting of nurses, doctors, midwives, and public health officers. Participant inclusion criteria were: 1) employed at the selected CHCs for more than one year, 2) able to communicate effectively, and 3) actively involved in NCD management. The exclusion criteria were healthcare professionals who were on leave or not actively engaged in NCD-related services at the time of the study. The Health Office provided a list of eligible healthcare professionals who could be contacted for participation.

Ethical Considerations: Ethical clearance was granted by the Research Ethics Committee of the Faculty of Nursing, Universitas Indonesia (Approval No. KET-236/UN.2.F12.D1.2.1/PPM.00.02/2025). Prior to data collection, the researcher explained the study's aims, procedures, potential benefits, and risks to all participants, and obtained their written informed consent. Participation was voluntary, and participants were informed that they could withdraw at any time without consequences. The study adhered to ethical principles, including respect for autonomy, beneficence, nonmaleficence, and justice, and ensured confidentiality by securely storing all data with restricted access.

Data Collection: Data were collected between June 02 and August 09, 2025 using two qualitative techniques: focus group discussions (FGDs) followed by in-depth interviews. After obtaining research permission from the Palembang City Health Office, the researchers coordinated with the heads of the selected CHCs to explain the purpose and procedures of the study. The health office recommended several CHCs and potential participants who met the inclusion criteria. The heads of CHCs then facilitated contact between the researchers and prospective participants, after which the researchers approached them directly, provided detailed information about the study, and obtained their informed consent before scheduling the FGDs and in-depth interviews. The first and second FGDs involved eight participants each, totalling 16 participants, while in-depth interviews were conducted with four participants, resulting in a total of 20.

The research team consisted of five members with diverse expertise that enhanced the rigor and credibility of this study. The first researcher is a professor in community nursing with extensive experience as a qualitative research instructor and a long-standing track record of conducting research on NCD management and interprofessional collaboration. The second researcher is a doctoral nursing student with formal training in qualitative research methodology and previous professional experience in interprofessional collaboration for NCD management at CHCs. The third and fourth researchers are associate professors and community nurse specialists with substantial experience

in health service management at CHCs. The fifth researcher is a professor in public health with extensive experience in qualitative research.

The second researcher was the main interviewer during the FGDs. Prior to the formal FGDs, a pilot test was conducted to evaluate the interview flow, question clarity, and logistical aspects. The pilot session was reviewed with the research team to identify strengths and areas for improvement before proceeding with actual data collection. During the subsequent FGDs, the team regularly evaluated the outcomes of each session and gave feedback to the interviewer to improve probing strategies and ensure that the data collected were comprehensive and rich.

Three data collection methods were employed in this study: focus group discussions, in-depth interviews, and field notes. The tools used for data collection included Zoom Meetings applications for video calls and field notes. Video and audio recording ensured accurate transcription of participants' responses; applications allowed participants to engage from their chosen locations, thereby reducing geographical constraints and facilitating broader participation; and field notes were used to capture non-verbal cues, contextual factors, and important emerging meanings that needed further exploration during the sessions. The scheduling of FGDs and interviews was arranged in consultation with participants to ensure that sessions were conducted after the completion of health service duties at the CHCs.

The FGD sessions were conducted in two separate rounds for each participant group, with each round lasting approximately 150−160 minutes, while the in-depth interviews lasted between 60−100 minutes. The participants involved in the in-depth interviews were different from those who participated in the FGDs. The FGDs were used to explore collective perspectives and group dynamics, while the in-depth interviews were conducted with separate participants who had extensive experience or held strategic positions in NCD management to provide deeper and more personal insights. This combination allowed the researcher to explore both group dynamics and individual viewpoints, thereby enriching the data and ensuring a comprehensive understanding of healthcare professionals' perceptions. All FGDs and interviews were carried out in Bahasa Indonesia, recorded with participants' permission, and subsequently transcribed word-for-word for analysis.

The data from FGD and in-depth interviews were later integrated during data analysis to triangulate and enrich the interpretation of the findings. The primary open-ended question was: *"What are your perceptions of interprofessional collaboration in noncommunicable disease management?"* Additional guiding questions included: *"Can you describe the factors that support or hinder collaboration among healthcare professionals in NCD management?"; "Who are the key professionals and stakeholders involved in interprofessional collaboration for NCD management in your facility?"; "How do you ensure alignment of goals across different professions?";* and *"What benefits have you personally experienced from working collaboratively?"*

The interview and FGD guides were developed based on a literature review and then reviewed by two experts in qualitative research and community nursing to ensure content validity and relevance. The instruments were pilot-tested in one FGD session involving healthcare professionals who met the inclusion criteria but were not included in the main study. Feedback from the experts and the pilot session was used to refine the wording, sequence, and clarity of the questions to improve the quality of the data collection instruments.

Data Analysis: All FGDs and in-depth interviews were audio-recorded and then transcribed manually verbatim in the original language by the third and fourth researchers. All personal identifiers were removed during transcription, and pseudonyms were used to replace participants' names. The transcripts were manually checked for accuracy and integrity by the first and fifth researchers. After verification, the transcripts were printed and manually coded to identify initial codes and emerging themes by all researchers, and all researchers

reached consensus on the coding results. Data were analyzed using Colaizzi's descriptive phenomenological method in alignment with the constructivist paradigm and descriptive phenomenology design.[26]

The authors conducted the analysis iteratively and concurrently with data collection to allow early insights while maintaining bracketing and reflexivity. First, the researcher familiarized with the data by listening to audio recordings and reading each verbatim transcript multiple times while recording initial impressions and reflexive memos. Second, significant statements related to healthcare professionals' perceptions of interprofessional collaboration in NCD management were identified and extracted into a matrix while preserving their original wording. Third, formulated meanings were developed from each significant statement through careful paraphrasing while bracketing prior assumptions and linking each meaning to its corresponding transcript segment to ensure traceability.[26] Fourth, these meanings were organized into theme clusters through constant comparison, which were repeatedly checked against the original data to ensure alignment and avoid distortion. Fifth, an exhaustive description was produced by integrating all clusters and illustrative participant quotations to capture the breadth and depth of the phenomenon, including disconfirming cases. Sixth, the description was distilled into a concise fundamental structure representing the invariant essence of healthcare professionals' perceptions in interprofessional collaboration for NCD management. Finally, member checking was conducted by returning a plain-language summary of the fundamental structure and themes to participants.[26]

To demonstrate our data analysis process, **Table 2** presents how the significant statements were identified, meanings formulated, themes clustered, detailed descriptions developed, and the fundamental structure described.

Rigor and Trustworthiness: The researchers applied several strategies to ensure the trustworthiness of this qualitative study by aligning the process with the criteria of credibility, dependability, confirmability, and transferability. Credibility was strengthened through member checking by returning plain-language summaries of the findings to selected participants to verify accuracy, and peer debriefing was conducted with two qualitative experts to review coding decisions, theme development, and interpretations. Dependability and confirmability were enhanced by maintaining an audit trail that documented analytic decisions, codebook iterations, and theme mapping, while a reflexive journal was used to record assumptions and to write reflections immediately after each data collection session to minimize potential bias. Triangulation was ensured by combining two data collection methods: FGDs and in-depth interviews, and involving participants from multiple professional roles. Transferability was supported by providing detailed descriptions of the setting, participant characteristics, and procedures, and all data excerpts were anonymized by replacing personal identifiers with pseudonyms to maintain confidentiality and ensure methodological rigor.[27]

Findings

The demographic characteristics of participants are presented in **Table 1**, showing variations in sex, profession, educational background, age, and length of work experience. A total of 20 healthcare professionals participated in the study. In terms of sex, the majority of participants were female, accounting for 85%, while males represented 15%. Regarding professional background, nurses and midwives were the largest groups, each comprising 30% of the sample, followed by doctors (20%) and public health workers (20%). Most participants held a bachelor's degree (80%), with the remaining participants equally distributed between diploma and master's degree holders (10% each). The participants' mean age was 37.55 years (SD = 6.50), and they had an average of 10.45 years (SD = 7.08) of professional experience. This study identified four themes and ten subthemes that reflect healthcare professionals' perceptions of interprofessional collaboration in NCD management. The details of these themes and subthemes are presented in **Table 3**.

Table 1. Participant demographic characteristics

Characteristics	Frequency (n)	Percentage (%)
Sex		
Male	3	15
Female	17	85
Profession		
Nurse	6	30
Doctor	4	20
Midwifery	6	30
Public Health Worker	4	20
Education		
Diploma	2	10
Bachelor	16	80
Master	2	10
		(mean)
Age (years)		37,55
Length of work (years)		10,45

Table 2. The example of Colaizzi's data analysis on the subtheme of "communication competence" in the theme of "Foundations of interprofessional collaboration in NCD management

Excerpts of transcribed contents of the interview (*What are your perceptions of interprofessional collaboration in noncommunicable disease management?*")	Read repeatedly and identify significant statements	Formulate meanings	Cluster themes	Develop an exhaustive descriptive	Produce the fundamental structure	Seek verification of the fundamental structure.
P11: "All professions are actively involved; some confirm, while others add new information. The point is that we are interactive with one another, for example in managing diabetic patients."	P11: "All professions are actively involved; some confirm, while others add new information. We are interactive with one another in managing patients."	Code 1: Message clarity Code 2: Two-way communication Communication competence	Communication competence	Participants stated that clear information sharing and two-way feedback among professionals are essential to prevent miscommunication and support coordinated care in NCD management.	Communication competence as the foundation of interprofessional collaboration in NCD management.	The generated topics were returned to the study respondents for verification. They were asked whether the researcher had captured their true experiences to ensure accuracy. If there was a deviation, the researcher started from the first step and reanalyzed the data step by step.
P1: "We make sure to deliver clear and structured information when discussing NCD patient therapy, so other professions can easily understand and follow it correctly."	P1: "We make sure to deliver clear and structured information when discussing NCD patient therapy, so other professions can easily understand and follow it correctly."					
P8: "...when communicating in managing patients with NCDs, there must be feedback to avoid miscommunication."	P8: "There must be feedback when communicating to avoid miscommunication."					

Table 3. Themes and sub-themes

Theme	Sub-theme
1. Foundations of interprofessional collaboration in NCD management	1.1 Communication competence
	1.2 Mutual respect and recognition
	1.3 Expressing professional opinions
	1.4 Commitment to shared goals
2. Collaboration with other professions and stakeholders	2.1 Interprofessional and interprogram involvement
	2.2 Cross-sectoral engagement
3. Goals of interprofessional collaboration in NCD management	3.1 Improving quality of healthcare services
	3.2 Strengthening service coordination
4. Perceived benefits of interprofessional collaboration in NCD management	4.1 Enhancing interprofessional support
	4.2 Promoting professional equity

Theme 1: Foundations of interprofessional collaboration in NCD management

This theme refers to the underlying elements that support successful teamwork across different professional roles. Participants emphasized that effective collaboration is built upon active communication, mutual respect, openness in sharing professional perspectives, and a collective commitment to shared goals. This theme comprises four sub-themes:

Sub-theme 1.1: Communication competence

This sub-theme highlights the active participation of all professional members in discussions, including confirming information and contributing new insights. Communication was described as interactive, ensuring that each professional had the information needed to act efficiently. As participants stated:

"All professions are actively involved; some confirm, while others add new information. The point is that we are interactive with one another, for example, in managing diabetic patients" (P11)

"We make sure to deliver clear and structured information when discussing NCD patient therapy, so other professions can easily understand and follow it correctly." (P1)

"...when communicating in managing patients with NCDs, there must be feedback to avoid miscommunication." (P8)

These statements were expressed when Participant 11 described their routine team meetings for NCD case discussions at the CHC, where each profession contributes updated patient information to ensure coordinated follow-up care, and when Participant 1 and 8 explained that comprehensive patient data are shared among professionals to enable timely and integrated decision-making as part of interprofessional collaboration in NCD management. These statements illustrate that effective communication within the team is not only about delivering information but also about creating an interactive exchange where each member contributes to shared understanding, allowing for timely and coordinated follow-up actions in patient care.

Sub-theme 1.2: Mutual respect and recognition

Mutual respect was reflected in the willingness to follow team decisions even when personal perspectives differed, recognizing the authority of each profession in their respective domains. Participants 10 and 6 stated:

"Although I initially had a different perspective, I respected the outcome of the discussion and aligned myself with the team's decision." (P10)

"In our team, we respect and accept the decisions made by each profession, particularly when they are within their scope of authority." (P6)

These statements were emphasised when Participant 10 described decision-making during interprofessional meetings for NCD case management at the CHC, where accepting team consensus despite personal differences helps maintain harmony and support the continuity of care, and when Participant 6 explained that recognizing and respecting each profession's authority fosters trust, reduces conflict, and strengthens team commitment as part of interprofessional collaboration in NCD management. These accounts demonstrate that respecting professional boundaries and valuing the authority of others fosters trust, minimizes conflict, and ensures that collaborative decisions are accepted and implemented smoothly, even when they require individuals to set aside personal preferences.

Sub-theme 1.3: Expressing professional opinions

This sub-theme describes how each professional is given space to voice their perspectives during collaborative discussions, with some members proposing alternative approaches based on their expertise. This is reflected in the statements of Participant 16 and 6:

"Every profession is given the opportunity to share their perspectives during discussions." (P16)

"While the team recommended a group approach, I suggested an individual method as I believed it would make the patient feel more comfortable." (P6)

These statements were highlighted by Participant 16 describing how every profession is encouraged to voice their perspectives during interprofessional discussions for NCD case management at the CHC, and when Participant 6 explained that offering alternative approaches based on their professional judgment, such as suggesting an individual method instead of a group approach, helping tailor care to patient comfort as part of interprofessional collaboration in NCD management. These reflections highlight the importance of creating an environment where diverse opinions are encouraged and valued, enabling the team to consider various perspectives and adapt strategies to suit the specific needs of patients.

Sub-theme 1.4: Commitment to shared goals

Commitment was expressed through punctuality, dedication, and a shared understanding of the importance of high-quality service delivery. Participant 2 stated:

"We make it a priority to attend every team meeting on time because we understand its role in ensuring seamless service delivery." (P2)

This statement was expressed when Participant 2 described their commitment to attend every interprofessional team meeting for NCD case management at the CHC on time, emphasizing that punctuality reflects shared responsibility and supports seamless service delivery. This statement reflect a collective sense of responsibility and professionalism, where team members prioritize punctuality and service quality as essential components in achieving shared objectives for optimal patient care.

Theme 2: Collaboration with other professions and stakeholders

This theme describes the range of other professions and stakeholders involved in fostering effective collaboration in healthcare service delivery. Participants emphasized that collaboration extends beyond internal professional teams to include other programs within

the health center as well as cross-sectoral engagement with community and government actors. This theme comprises two sub-themes:

Sub-theme 2.1: Interprofessional and interprogram involvement

This sub-theme highlights the integration of various healthcare professionals and programs within the health center to achieve comprehensive service delivery. Coordination among different disciplines ensures that patient needs are addressed holistically rather than in isolated segments:

"I work collaboratively with the others after completing my assessment to ensure that the patient receives integrated care." (P4)

"Engaging multiple professionals and various programs within the health center is essential to implementing collaboration in a comprehensive and well-coordinated manner, avoiding fragmented services." (P18)

Participant 4 described working collaboratively with other professionals after completing their assessment to ensure that patients with NCDs receive integrated care at the CHC, and Participant 18 explained that involving multiple professionals and various programs within the health center is essential to implementing collaboration in a comprehensive and well-coordinated manner, thereby avoiding fragmented services as part of interprofessional collaboration in NCD management. These accounts suggest that effective interprofessional and inter-program collaboration requires open communication channels and shared objectives across different disciplines to prevent fragmentation of care.

Sub-theme 2.1: Cross-sectoral engagement

This sub-theme reflects the importance of involving actors outside the health center, such as local government, families, and community health volunteers, in supporting health programs, for example:

"We always involve the local government, and their support is more tangible. They help mobilize residents." (P8)

"Their involvement may serve as self-monitoring to observe their own health condition." (P6)

"Volunteers can directly visit community members who need assistance and are facilitated to come to the health center." (P11)

Participant 8 described involving the local government to support NCD programs by mobilizing residents at the CHC, and Participant 6 explained that such involvement encourages community members to self-monitor their health conditions, and Participant 11 highlighted that community health volunteers can directly visit residents who need assistance and facilitate their access to the health center as part of interprofessional collaboration in NCD management. These statements indicate that cross-sectoral collaboration strengthens service outreach, enhances community participation, and ensures sustained monitoring of patient well-being beyond the health center setting.

Theme 3: Goals of interprofessional collaboration in NCD management

This theme captures the intended outcomes of interprofessional collaboration, as perceived by participants, which include enhancing the quality of healthcare services and improving coordination in service delivery. Two sub-themes emerged from the data:

Sub-theme 3.1: Improving quality of healthcare services

Participants emphasized that effective collaboration leads to better service outcomes and measurable improvements in healthcare delivery, for example:

"When collaboration runs effectively, it positively impacts the achievement of service outcomes." (P13)

"If we compare before and after collaboration, services can be delivered optimally, and the difference is quite significant." (P3)

Participant 13 described that effective interprofessional collaboration in NCD management at the CHC positively impacts the achievement of service outcomes, and Participant 3 explained that comparing services before and after implementing such collaboration shows that services can be delivered more optimally with a significant difference as part of interprofessional collaboration in NCD management. These reflections indicate that interprofessional collaboration not only streamlines service delivery but also enhances its quality, leading to more efficient, patient-centered, and outcome-oriented healthcare.

Sub-theme 3.2: Strengthening service coordination

Collaboration was also seen as a means of improving coordination among various health programs and services. Participants 17 and 11 stated:

"In Posbindu [Integrated Non-Communicable Disease Service Post], all professions come together as one team." (P17)

"We coordinate the Posyandu schedule so that we can go together as a team." (P11)

Participant 17 described how all professions work together as one team during *Posbindu* activities at the CHC, and Participant 11 explained that coordinating the *Posyandu* schedule allows different professionals to go together as a team as part of interprofessional collaboration in NCD management. These accounts illustrate how collaboration strengthens operational coordination, allowing different professionals to work in unison and provide integrated services that are well-organized and responsive to community needs.

Theme 4: Perceived benefits of interprofessional collaboration in NCD management

This theme describes the benefits that participants experienced from engaging in interprofessional collaboration, including enhanced mutual support among team members and the promotion of professional equity.

Sub-theme 4.1: Enhancing interprofessional support

Participants shared that collaboration fosters a supportive environment in which team members encourage one another, particularly during challenging situations. Participants 10 and 8 stated:

"When I felt overwhelmed in handling a patient who kept complaining, my colleagues encouraged me and said we would face it together." (P10)

"We also congratulate or express appreciation to colleagues who continue to work together on this task; such simple gestures are also important." (P8)

These statements were expressed when Participant 10 described feeling overwhelmed in handling a patient who kept complaining and receiving encouragement from colleagues to face the situation together, and when Participant 8 explained that giving congratulations or appreciation to colleagues who consistently work together helps build a supportive atmosphere as part of interprofessional collaboration in NCD management. These reflections suggest that emotional encouragement and recognition within the team contribute to resilience, reduce stress, and strengthen professional relationships.

Sub-theme 4.2: Promoting professional equity

Collaboration was also perceived as a means to ensure equal value and respect for all professional roles, for example:

"We place equal importance on each profession when working together in interprofessional collaboration for NCD management." (P13)

"We learn to sit as equals and stand as equals while coordinating care as one team." (P12)

"Collaboration must be prioritized so that no one profession dominates." (P20)

This sub-theme was highlighted when Participant 13 described that every profession is considered equally important in providing NCD services at the CHC, when Participant 12 explained that team members have learned to sit as equals and stand as equals during interprofessional meetings, and when Participant 20 emphasized that collaboration must be prioritized to prevent any single profession from dominating, all of which reflect the importance of maintaining professional equity to strengthen mutual respect and shared decision-making as part of interprofessional collaboration in NCD management. These statements highlight that fostering equity in interprofessional collaboration prevents hierarchical barriers, ensures fair contribution, and nurtures mutual respect among all members.

Discussion

The findings of this study reveal that interprofessional collaboration in the CHCs setting is shaped by multiple, interconnected dimensions that collectively strengthen service delivery. Collaboration is not only about sharing tasks but also about building trust, maintaining open communication, fostering mutual respect, and recognizing the unique value of each profession. These elements, when integrated with cross-sectoral partnerships and shared objectives, support the delivery of comprehensive, patient-centered care and contribute to the resilience of the healthcare system.

The findings indicate that effective collaboration in CHC settings is characterized by clear communication, respect for each profession's expertise, openness in expressing professional opinions, and commitment to shared goals. Theoretically, this aligns with the *WHO Framework for Action on Interprofessional Education and Collaborative Practice,* which emphasizes communication competence and role recognition as critical elements for successful teamwork.[22] These findings align with results from Germany, the United States, and Canada, which identified effective communication and role recognition as key predictors of interprofessional collaboration.[28-30] Similarly, findings from Peru also support our findings by emphasizing that communication and mutual understanding are essential to achieving effective teamwork.[31] These findings underscore that fostering strong communication skills and mutual respect is not only a matter of interpersonal courtesy but also a strategic necessity for achieving functional and sustainable teamwork across healthcare professionals.[32]

This study found that collaboration extends beyond intra-professional interactions to include partnerships with doctors, nutritionists, other health programs, and external stakeholders such as local government, families, and community health volunteers. Theoretically, this reflects the *integrated care* model, which stresses the importance of interconnected networks to prevent service fragmentation.[7] These results reflect evidence from Ukraine, which highlighted that cross-sector partnerships are essential for strengthening community health services and that establishing formal coordination mechanisms can enhance the effectiveness of such collaborations.[33] Similar findings from Ghana also emphasize that multi-sector collaboration improves service integration and ensures continuity of care in community-based health programs.[9] The evidence from this study suggests that when cross-sector partnerships are actively nurtured and well-coordinated, they can substantially expand the reach and continuity of public health interventions.[34]

The findings also reveal that interprofessional collaboration was consistently directed toward enhancing the quality of healthcare services and strengthening coordination in their delivery. Collaborative practices resulted in more efficient service processes, with well-organized workflows, clear role delineation, and timely responses to community health needs. This was particularly evident in integrated community-based programs, where synchronized scheduling and joint responsibilities between healthcare professionals minimized service overlap and facilitated more holistic care. This aligns with evidence from Norway, which found that interprofessional coordination in CHC enhances efficiency and clinical outcomes, and further emphasized that strong policy support can reinforce improvements achieved through internal team initiatives.[17] Similar results from Indonesia also highlight that policy alignment with team-based practices strengthens the sustainability of collaborative healthcare models.[6] The findings here reinforce the notion that internally driven, well-structured collaboration can yield tangible improvements in the accessibility and organization of community health services.[5]

Our study also revealed that collaboration offers interpersonal and professional gains, including emotional support during challenging situations, a sense of belonging within the team, a positive work climate through acts of appreciation, and professional equity without dominance from any single discipline. This is supported by the principle that distributing leadership roles and recognizing the contributions of all team members are vital for building strong group cohesion.[35,36] Collegial appreciation, psychological safety, and accessible peer-support mechanisms have been shown to strengthen collaboration and improve staff well-being.[37] Consistent findings also indicate that role equity and inclusive decision-making increase job satisfaction and retention while sustaining equitable team dynamics.[6] Ultimately, these insights illustrate how fostering an equitable and supportive work environment can strengthen both the resilience and motivation of healthcare teams engaged in interprofessional practice.[38]

This study contributes uniquely to the scholarship on interprofessional collaboration in CHC by presenting an integrated perspective that links intra-professional, inter-program, and cross-sectoral engagement within one conceptual framework. By capturing the perceptions of healthcare professionals, the study expands understanding of how collaborative practices adapt to diverse stakeholders and constrained infrastructure. The findings enrich theoretical discourse on collaborative practice and offer actionable insights for policy and management. Such insights can guide the design of context-sensitive strategies to strengthen CHC systems in similar socio-cultural environments.

Limitations

This study is subject to a limitation that should be considered when interpreting its findings. The research was conducted in a limited number of CHC settings, which may restrict the transferability of results to other regions with different organizational structures or socio-cultural contexts.

Conclusions

This study identified four key themes that reflect healthcare professionals' perceptions of interprofessional collaboration in the management of noncommunicable diseases (NCDs) at CHC in Palembang City: 1) foundations of effective collaboration in NCD management, 2) collaboration with other professions and stakeholders, 3) goals of interprofessional collaboration in NCD management, and 4) perceived benefits of interprofessional collaboration in NCD management. The findings highlight that effective collaboration is built upon communication, mutual respect, openness to diverse professional perspectives, and commitment to shared goals. Collaboration extends beyond intra-team interactions to involve inter-program coordination and cross-sectoral engagement, integrating efforts from various health professionals, local

government, families, and community volunteers. Such practices lead to measurable improvements in service quality, strengthen coordination in community-based programs, and promote professional equity within the team. These insights contribute to advancing the understanding of how collaborative practices can be adapted to resource-limited, community-oriented settings, offering valuable guidance for policy and practice aimed at strengthening CHCs.

Implications for Nursing Practice

The findings of this study emphasize the strategic role of community health nurses as case coordinators in managing NCDs at CHCs. Community health nurses develop interprofessional care plans that involve various health disciplines based on comprehensive patient needs assessments. Community health nurses facilitate regular interprofessional meetings to align care plans and ensure that each intervention is implemented consistently according to the responsibilities of each profession. Community health nurses coordinate referral and feedback mechanisms among professionals to ensure continuity of services. Community health nurses also monitor follow-up actions regularly and integrate community-based interventions to support ongoing care for patients with chronic conditions. The implementation of these strategies in daily practice enhances the effectiveness of interprofessional collaboration and optimizes the contribution of each profession in NCD management within CHCs.

Author Contributions

Conceptualization, Method and design: J.S., M.A.A., E.R.
Tool development/translation and validation: J.S.
Method and design: J.S., M.A.A., E.R., U.R., R.A.D.S
Data collection, M.A.A., U.R.

Data analysis and interpretation: M.A.A., J.S., E.R., R.A.D.S.
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Conflict of Interests

The authors declare that they have no competing interests.

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ทัศนะของบุคลากรวิชาชีพสุขภาพต่อความร่วมมือระหว่างสหวิชาชีพในการจัดการโรคไม่ติดต่อในเมืองปาเล็มบัง ประเทศอินโดนีเซีย : การศึกษาเชิงคุณภาพ

Junaiti Sahar,* M. Agung Akbar, Etty Rekawati, Utami Rachmawati, Ratu Ayu Dewi Sartika

บทคัดย่อ : โรคไม่ติดต่อเรื้อรังถือเป็นความท้าทายที่สำคัญทางสาธารณสุขทั่วโลก ซึ่งต้องการกลยุทธ์การจัดการที่บูรณาการและยั่งยืน การทำงานร่วมกันระหว่างสหวิชาชีพ ซึ่งประกอบด้วยบุคลากรด้านสุขภาพที่หลากหลายมีความสำคัญอย่างยิ่งในการตอบสนองต่อความต้องการที่ซับซ้อนในการจัดการโรคไม่ติดต่อเรื้อรัง อย่างไรก็ตาม การประเมินผลการบริการสำหรับโรคไม่ติดต่อเรื้อรังส่วนใหญ่มุ่งเน้นไปที่ผลลัพธ์ของผู้ป่วย โดยให้ความสนใจเพียงเล็กน้อยต่อกระบวนการการทำงานร่วมกันว่ามีการนำไปปฏิบัติและส่งผลต่อประสบการณ์ของทีมสุขภาพอย่างไร ดังนั้น การทำความเข้าใจการรับรู้ของบุคลากรด้านสุขภาพเกี่ยวกับการทำงานร่วมกันระหว่างสหวิชาชีพจึงมีความสำคัญอย่างยิ่งต่อการตอบสนองความต้องการที่ซับซ้อนของผู้ป่วยเหล่านี้

การวิจัยครั้งนี้มีวัตถุประสงค์เพื่อศึกษาการรับรู้ของบุคลากรด้านสุขภาพเกี่ยวกับการทำงานร่วมกันระหว่างสหวิชาชีพในการจัดการโรคไม่ติดต่อเรื้อรัง ณ ศูนย์สุขภาพชุมชน โดยใช้ระเบียบวิธีวิจัยเชิงคุณภาพตามแนวคิดปรากฏการณ์วิทยาเชิงพรรณนา ภายใต้กระบวนทัศน์แบบสร้างสรรค์ความรู้ ซึ่งการศึกษาดำเนินการในศูนย์สุขภาพชุมชน เมืองปาเล็มบัง จังหวัดสุมาตราใต้ ประเทศอินโดนีเซีย โดยเลือกผู้เข้าร่วมวิจัยแบบเจาะจงจำนวน 20 คน ประกอบด้วยพยาบาล แพทย์ ผดุงครรภ์ และนักสาธารณสุข เก็บข้อมูลระหว่างวันที่ 2 มิถุนายน ถึง 9 สิงหาคม พ.ศ. 2568 ด้วยวิธีการสนทนาแบบกลุ่มและการสัมภาษณ์เชิงลึก ข้อมูลที่ได้จากการบันทึกเสียงถูกนำมาถอดความแบบคำต่อคำและวิเคราะห์โดยใช้วิธีของโคไลซซี

ผลการศึกษาพบ 4 ประเด็นหลัก ได้แก่ 1) รากฐานของการทำงานร่วมกันระหว่างสหวิชาชีพอย่างมีประสิทธิผลในการจัดการโรคไม่ติดต่อเรื้อรัง 2) การทำงานร่วมกับวิชาชีพอื่นและผู้มีส่วนได้ส่วนเสีย 3) เป้าหมายของการทำงานร่วมกันระหว่างสหวิชาชีพในการจัดการโรคไม่ติดต่อเรื้อรัง และ 4) ประโยชน์ที่รับรู้ได้จากการทำงานร่วมกันระหว่างสหวิชาชีพในการจัดการโรคไม่ติดต่อเรื้อรัง ผลการศึกษาชี้ให้เห็นว่า การทำงานร่วมกันระหว่างสหวิชาชีพอย่างมีประสิทธิผลนั้นขยายขอบเขตไปไกลกว่าภายในทีม โดยครอบคลุมถึงการบูรณาการโปรแกรมและการสร้างภาคีเครือข่ายกับชุมชน ซึ่งนำไปสู่การพัฒนาระบบการส่งต่อการบริการและความสัมพันธ์ทางวิชาชีพที่ดีขึ้น การศึกษานี้อาจชี้ให้เห็นว่า การเสริมสร้างบทบาทของพยาบาลอนามัยชุมชนในฐานะผู้ประสานงานรายกรณี ช่วยส่งเสริมการทำงานร่วมกันระหว่างสหวิชาชีพในการจัดการโรคไม่ติดต่อเรื้อรังให้ดีขึ้น

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คำสำคัญ : ศูนย์สุขภาพชุมชน บุคลากรด้านสุขภาพ การทำงานร่วมกันระหว่างสหวิชาชีพ โรคไม่ติดต่อเรื้อรัง พยาบาล การรับรู้

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