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The Implementation of Islamic-Based Interprofessional Collaboration on the Quality of Life of Older Adults

Aidah Fitriani[1*], Eny Sutria[2], Nur Azizah[3]

[1,2,3]Nursing Study Program, Faculty of Medicine and Health Sciences, UIN Alauddin Makassar, HM. Yasin Limpo Street No. 36, Samata, Gowa Regency, South Sulawesi, Indonesia, 90222

*Corresponding email: aidah.fitriani@uin-alauddin.ac.id

ABSTRACT
Older adults frequently encounter fragmented healthcare services that predominantly focus on medical aspects. One contributing factor is the limited implementation of interprofessional collaboration (IPC), both in health and non-health sectors, due to insufficient understanding, facilities, and infrastructure. These limitations may negatively impact the quality of life of older adults. Therefore, this study aimed to examine the effect of implementing Islamic-based Interprofessional Collaboration (IPC) on the quality of life of older adults at Sentra Gau Mabaji Gowa. This research employed a quasi-experimental design with a quantitative approach and was conducted from May to July 2024. The sample consisted of older adults at Sentra Gau Mabaji Gowa. The World Health Organization Quality of Life for Older Adults (WHOQOL-Old) instrument was used, and data were analyzed using the Paired t-test. The results indicated a significant effect of the Islamic-based IPC implementation on the quality of life of older adults, with a p-value of 0.023. The better the implementation of IPC, the better the quality of life of the elderly.

Keywords: Interprofessional Collaboration, Older Adults, Quality of Life

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INTRODUCTION

Interprofessional collaboration refers to the cooperative effort among various professional groups, particularly in the health sector. Each healthcare profession operates under its own set of guidelines that direct collaborative practices and define their roles and responsibilities as health workers. This system has a positive impact on patient outcomes, as it prevents overlapping of health services and ensures accountability in delivering comprehensive care (1).

Interprofessional Education and Collaborative Practice, or Interprofessional Collaboration (IPC), is implemented to improve public health outcomes, deliver family-centered care, and enhance the quality of services for patients with communicable and non-communicable diseases (2). A fundamental shift in healthcare funding, management, and service delivery underpins the need for IPC. The primary goal of IPC is to improve healthcare services through teamwork among professionals (3). IPC involves more than one healthcare professional working together to address patients' health problems by applying knowledge and skills within their respective disciplines. Effective collaboration is achieved when team members demonstrate mutual respect, including across professional boundaries (4).

Older adults represent the final stage of the human life cycle. This phase is marked by a decline in biological, psychological, social, and economic functions in response to environmental stressors (5). These conditions result in various physical symptoms as

physiological responses to aging, making older adults more vulnerable to illnesses such as circulatory disorders, metabolic and hormonal imbalances, joint issues, and neoplastic conditions (6).

Age is one of the key factors contributing to the reduced quality of life among older adults. Research (7) shows that an increase in life expectancy does not necessarily correspond to a high quality of life. In fact, many older adults experience a lower quality of life in later years. Factors such as age, gender, and education level were found to influence the quality of life in this demographic (8). The assumption that aging reduces quality of life is often based on the understanding that advancing age brings about physical, psychological, and social changes that affect well-being. These changes include declining organ function, muscle strength, immunity, and increased risk of chronic illness, all of which contribute to limited daily activity and decreased quality of life (9).

Older adults at the end-of-life stage require spiritual approaches to cope with the changes they face. Therefore, Islamic integration in elderly nursing care is essential (5). The World Health Organization (WHO) introduced the Integrated Care for Older People (ICOPE) framework between 2017 and 2019 (2). This framework aims to screen, assess, and manage declines in intrinsic capacity in older people, emphasizing interprofessional education and collaboration, and highlighting the role of families in providing holistic and effective healthcare for the elderly (10).

Sentra Gau Mabaji serves as a healthcare and social service center for older adults. It provides early detection of activity limitations, regular health checkups, and integrated primary care services based on ICOPE principles. Under the Ministry of Social Affairs, Sentra Gau Mabaji offers Social Rehabilitation Assistance (ATENSI) for older adults through community-, family-, and residence-based approaches. While integrated service programs are in place, structured interprofessional collaboration and IPC implementation with Islamic integration have not yet been fully realized. The integration of Islamic values into IPC brings spiritual, moral, and cultural dimensions that can strengthen the structure of healthcare teams. According to research, key factors such as communication, role clarity, organizational culture, and policy form the foundation for implementing IPC integrated with Islamic values (11).

Several challenges, including a lack of preliminary studies on IPC failures, insufficient conceptual understanding of IPC preparation and implementation, and weak supporting infrastructure, must be addressed to ensure the successful execution of IPC. Emphasizing Islamic values such as cooperation (taʿāwun), justice, and mutual respect, drawn from the Qur'an and Sunnah, is critical for moral-based healthcare collaboration (12). Additionally, involving religious leaders enhances the four IPC domains (communication, ethical values, teamwork, and role-sharing), strengthens patients' self-reliance, and improves interprofessional intervention effectiveness (13).

Data obtained by researchers indicate that older adults often face fragmented healthcare services that focus predominantly on medical aspects. This condition stems from limited interprofessional collaboration practices, inadequate understanding of IPC integrated with Islamic values, and insufficient infrastructure to support its implementation. Thus, this study aims to examine the application of Islamic-based interprofessional collaboration at Sentra Gau Mabaji, Gowa Regency, and its

impact on the quality of life among older adults.

METHODS

This study employed a quasi-experimental design with a quantitative approach, conducted at Sentra Gau Mabaji Gowa from May to July 2024. The study population included older adults residing in Sentra Gau Mabaji Gowa, selected through purposive sampling, totaling 18 participants. The inclusion criteria for the sample were: aged 60 years and above, able to communicate effectively, not experiencing psychiatric disorders, and willing to participate, resulting in a sample size of 13 older adults.

The instrument used to measure the quality of life after IPC implementation was the *World Health Organization Quality of Life for Older Adults* (WHOQOL-OLD). This questionnaire, designed specifically for older populations, consists of six domains: sensory functioning, death and dying, autonomy, past/present/future activities, social participation, and intimacy. The English version of the WHOQOL-OLD has been validated and found reliable with a Cronbach's alpha of 0.884 (14), making it a suitable tool for assessing elderly quality of life. It includes 24 items using a Likert scale (15).

Data were analyzed using a paired t-test to determine the effect of interprofessional collaboration (IPC) intervention on the quality of life of older adults.

The implementation of Islamic-based IPC began with a Focus Group Discussion (FGD) involving healthcare and non-healthcare workers at Sentra Gau Mabaji Gowa. The goal was to assess their perspectives on IPC with Islamic integration. Based on the FGD findings, an IPC module incorporating Islamic values was developed and implemented by health and non-health professionals over four weeks. Each professional provided interventions aligned with their roles and responsibilities.

Islamic integration in IPC at Sentra Gau Mabaji also involved weekly spiritual lectures delivered by religious leaders. These sessions aimed to uplift the elderly spiritually, helping them adapt to physical, emotional, social, and spiritual changes. Alongside the professional interventions, this spiritual support fostered increased motivation and resilience among the elderly.

RESULTS AND DISCUSSION

Table 1 presents the characteristics of older adult respondents at Sentra Gau Mabaji, Gowa Regency. The average age of respondents was 80 years, with the majority being female (69.2%). Most were widowed (76.9%), and all (100%) were Muslim. In terms of independence, 79.2% of the elderly were categorized as independent.

Table 1. Frequency Distribution of Elderly Characteristics at Sentra Gau Mabaji Gowa

Characteristics	Frequency (n)	Percentage (%)
Age		
Mean	80.31	
Median	82.00	
Gender		
Male	4	30.8
Female	9	69.2
Marital Status		
Married	3	23.1
Widowed/Divorced	10	76.9
Religion		
Islam	13	100.0
Level of Independence		
Independent	10	76.9
Partially Dependen	2	15.4
Fully Dependent	1	7.7

Source: Primary Data

Table 2. Analysis of the Effect of Islamic-Based Interprofessional Collaboration (IPC) Implementation on the Quality of Life of Older Adults at Sentra Gau Mabaji Gowa

No.	Quality of Life	Before Intervention		After Intervention		p-value
		n	%	n	%	
1	Poor	11	85%	7	53.8%	0.023
2	Good	2	15%	6	46.2%	
Total		13	100%	13	100%	

Source: Primary Data

Table 2 shows the condition of older adults before and after the implementation of Interprofessional Collaboration (IPC) at Sentra Gau Mabaji Gowa regarding their quality of life. The data revealed that prior to the intervention, the majority of older adults (85%) had a poor quality of life. After one month of intervention, although most older adults still had a poor quality of life, the proportion decreased to 53.8%.

Bivariate analysis using the paired t-test showed a p-value of 0.023 (< 0.05), indicating a significant effect of the Islamic-integrated IPC intervention on the quality of life of older adults at Sentra Gau Mabaji, Gowa Regency.

The findings indicate that prior to the intervention, 85% of older adults had a poor quality of life. Following one month of IPC implementation, this number decreased to 53.8%. The paired t-test analysis confirmed a statistically significant impact of the Islamic-integrated IPC intervention on elderly quality of life (p = 0.023).

Assessment using the WHOQOL-OLD questionnaire identified that among the six domains—sensory abilities, death and dying, past/present/future activities, social participation, autonomy, and intimacy—the domain of "death and dying" had the highest mean score (16.85), indicating it was the most influential factor on elderly quality of life. Meanwhile, the domain "past/present/future activities" had the lowest influence. Interview findings revealed that many older adults viewed old age as a time approaching death, prompting them to prioritize spiritual preparation. At Sentra Gau Mabaji, religious leaders visit weekly to provide spiritual counseling, reinforcing the significance of death as a determinant of quality of life.

This aligns with findings by (16), which suggest that religious figures help older adults enhance their worship and spiritual reflection, providing inner peace and a sense of life meaning—key elements for improving quality of life. The low relevance of the "activity" domain may be due to the participants' physical limitations, leading them to deprioritize physical activity aspirations.

Observations further indicated that older adults at Sentra Gau Mabaji generally experience reduced quality of life due to the absence of familial support and their need to carry out daily tasks independently. This supports prior findings by (17), which established a relationship between family support and elderly quality of life. Age, gender, and education level were found to be influential factors (18).

Age-related decline in quality of life is commonly attributed to physiological, psychological, and social changes that naturally occur in old age, including decreased organ function, muscle strength, immunity, and increased vulnerability to chronic diseases. These changes limit daily functioning and

ultimately impair quality of life. This is consistent with (19), who explained that aging brings a decline in health status, bodily function, and increased fall risk—factors that contradict the elderly's desire to remain independent and active.

Other studies concur that age is a major determinant of reduced elderly quality of life. Research by (20) notes that despite improvements in healthcare and increasing life expectancy in Indonesia, quality of life in old age does not always follow. Cognitive decline theory suggests that aging is associated with cognitive impairments such as memory loss, reduced decision-making capacity, and intellectual deterioration. Brain changes, such as neuron loss, can lead to dementia or Alzheimer's, directly impacting quality of life (21).

Gender is another factor. The researchers hypothesize that gender influences physical health status in older adults. Women tend to live longer but are more susceptible to chronic conditions such as osteoporosis, arthritis, and cardiovascular disease—resulting in reduced mobility and increased dependence. Men, although having shorter life expectancy, face serious health threats like heart disease and stroke in old age (22). According to Moons (2004), gender influences quality of life, with women scoring higher due to more positive relational aspects, while men's well-being is more tied to education and employment (23). However, [24] argue that chronic illness and limited mobility are more decisive factors than gender itself in determining elderly quality of life.

Spirituality plays a crucial role in the elderly's end-of-life experience. Hence, incorporating Islamic values into case management is essential for comprehensive care. A study in Ardebil, Iran, in 2014–2015 on 30 grieving older adults using Cognitive Behavioral Therapy (CBT) showed significant improvement in spiritual well-being and emotional intelligence, aiding in grief recovery and quality of life enhancement. The study recommends further exploration of such therapies with broader populations (25).

Quality of life in the elderly consists of several dimensions, including physical condition, emotional well-being, social welfare, and spirituality. At an advanced age, spiritual concerns become dominant—concerning life's purpose, religious devotion, and being of service despite functional limitations. The study by (12) found a significant relationship between spiritual well-being and quality of life among elderly residents at Wisma Cinta Kasih Padang in 2019 ($\rho = 0.001$; $\rho < 0.05$) (26).

The implementation of Islamic-integrated IPC at Sentra Gau Mabaji Gowa proved effective in improving service efficiency, strengthening interprofessional collaboration, and increasing patient satisfaction—making it a leading approach in spiritually grounded care. The IPC team at Sentra Gau Mabaji includes doctors, nurses, occupational therapists, social workers, spiritual advisors, and psychologists, each contributing according to their professional role. This aligns with [12], which found that structured IPC improves clinical outcomes, accelerates recovery, and reduces professional conflict. This study further confirms that IPC facilitates open communication and collaborative decision-making—especially crucial for vulnerable populations like the elderly and disabled.

The integration of Islamic values within IPC aligns with the *Islamic Holistic Health* concept, which regards spirituality as an essential element of healing. Within this framework, health

interventions address not only the body but also the soul and character. According to (10), spiritual nursing care enhances patient comfort and spiritual coping. Similarly, (27) emphasize the importance of cultural and religious sensitivity in multicultural healthcare teams.

The Islamic-based IPC model enhances patient satisfaction—particularly among older adults and individuals with disabilities—by making them feel spiritually and emotionally respected. At the same time, healthcare providers experience moral and religious fulfillment, as Islamic values reinforce the spiritual intent of their work as an act of worship. This is consistent with Jean Watson's *Caring Science* theory, which highlights the power of compassionate, spiritual care in establishing therapeutic relationships. In the Islamic context, sincere intention (*ikhlas*) and compassion (*rahmah*) serve as the unifying principles that guide interprofessional teams in their shared mission to sustain and improve the quality of life for older adults.

LIMITATIONS

This study had several limitations. Respondents experienced difficulties in answering the questionnaire due to factors such as age-related sensory decline, including reduced hearing and memory function.

RESEARCH ETHIC

This study was conducted in accordance with ethical research standards. Informed consent was obtained from all elderly participants prior to their involvement. The confidentiality of respondent data was strictly maintained, and no harm was caused to participants. Ethical approval was granted by the Ethics Committee of the Faculty of Medicine and Health Sciences, UIN Alauddin Makassar, with approval number No. C.07x/KEPK/FKIK/VIII/2024.

CONFLICT OF INTEREST

The authors declare no conflict of interest in this study.

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CONCLUSION

The application of a collaborative approach in healthcare for older adults is essential. The integration of spiritual care has a positive impact on the mental health of elderly individuals. Healthcare professionals should consider incorporating religious practices such as dzikr and other forms of worship into mental and spiritual health interventions for the elderly population.

Interprofessional collaboration should begin at the educational level through integrated training programs, thereby equipping nursing professionals with the knowledge, attitudes, and skills necessary for gerontological care. Health professionals are encouraged to work together in interprofessional teams to provide more holistic and effective care for elderly patients. Future studies should involve larger sample sizes and be conducted in different settings, such as hospitals or primary/community healthcare services, to assess the implementation of IPC in broader contexts.

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