

## Patient-Centered Interprofessional Collaboration in Dyslipidemia Management: A Health Psychology Perspective

Fiktina Vifri Ismiriyam<sup>1\*</sup>, M. Imron Rosyidi<sup>2</sup>, Puji Purwaningsih<sup>3</sup>, Mona Saparwati<sup>4</sup>, Wulansari<sup>5</sup>

University of Ngudi Waluyo

**Corresponding Author:** Fiktina Vifri Ismiriyam

[fiktinavifriismiriyam@yahoo.co.id](mailto:fiktinavifriismiriyam@yahoo.co.id)

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### ABSTRACT

Dyslipidemia is problem health chronic whose management demand compliance term long to treatment and change style live, so that No can released from factor psychological and behavioral patient. Approach patient-centered *interprofessional collaborative practice* (ICP) become framework strategic for integrate aspect medical and psychological in a way comprehensive. Article This aim for analyze role psychology health in a collaborative model interprofessional in management dyslipidemia, with emphasis on strengthening role patient as agent active in management health. The method used is study literature narrative-analytical to published international primary sources in five years lastly, which was obtained from a reputable database such as Scopus and PubMed. Analysis focused on contribution intervention psychological in context collaboration between doctors, nurses, experts' nutrition, and psychology. The results of the study show that integration approach psychology health – includes improvement *self-efficacy*, regulation emotions, motivation intrinsic, and changes behavior health – plays a role significant in increase compliance therapy and quality life patient dyslipidemia. A patient-centered approach also strengthens connection therapeutic and effectiveness communication interprofessional, so that support sustainability care. In educational, findings This indicates the need strengthening cargo psychology health and competence collaborative in education power health. In general, practical, articles This recommend integration role psychologist in a way systematic in team interprofessional as part from standard service management holistic and well-being - oriented dyslipidemia patient.

## INTRODUCTION

### *Background Behind Problem*

Dyslipidemia is one of the factor risk main disease cardiovascular diseases, the prevalence of which Keep going increase globally. Although therapy pharmacological has growing, success term length is very dependent on behavior health patient. From the perspective psychology health, patients often face challenge psychosocial like low motivation intrinsic and limitations self-efficacy. Appropriate with Self-Determination Theory, autonomy and competence become key in change sustainable behavior (Deci & Ryan, 2023).

From the perspective psychology health, patients with dyslipidemia often face various challenge psychosocial, including low motivation intrinsic, limitations self-efficacy, ambivalence to change style live, and stress emotional consequence demands maintenance chronic. Research latest show that factor psychological like perception risk health, regulation emotions, and support social own role significant in determine success change behavior patient health disease metabolic. Without intervention adequate psychological approach medical conventional tend produce compliance that is temporary and not sustainable.

Approach patient-centered care put patient as subject active in the treatment process, with emphasize importance understanding to experience subjective, values, and preferences individual. In context this, psychology contribute fundamentally through strengthening connection therapeutic, communication empathetic, as well as facilitation taking decision together. However, the implementation approach patient - centered in management dyslipidemia often still fragmented and not yet integrated optimally in practice service health daily.

Therefore that, interprofessional collaborative practice (ICP) becomes framework relevant strategies for answer complexity said. Collaboration between doctors, nurses, experts' nutrition and psychology allows integration intervention medical and psychological in a way holistic study three-year final confirm that involvement psychologist in team interprofessional contribute significant to improvement compliance treatment, quality live, and welfare psychological patient with disease chronic, including dyslipidemia. With Thus, the study This become important for confirm role central psychology in approach patient - centered interprofessional as effort increase effectiveness and sustainability management dyslipidemia.

### *Perspective Psychology in Management Dyslipidemia*

Management dyslipidemia No can understand in a way adequate without consider dimensions underlying psychology behavior health individual. In psychology health, dyslipidemia positioned as condition chronic demanding adaptation psychological term long (Sarafino & Smith, 2022). In conceptual, Health Belief Model emphasize role perception vulnerability, however perception risk solely No Enough without existence efficacy strong self (Glanz et al., 2022). Social Cognitive Theory put self-efficacy as determinant main, where belief individual to his abilities managing diet and activity physique become predictor strong success (Bandura, 2021).

In a way conceptual, various theory psychology health explain dynamics Health Belief Model emphasize role perception vulnerability and seriousness disease in push compliance, however findings empirical latest show that perception risk solely No Enough For produce change sustainable behavior in patients dyslipidemia. Social Cognitive Theory put self-efficacy as determinant main behavior health, where belief individual to his abilities managing diet, activities physical and therapy pharmacological become predictor strong success management dyslipidemia. In framework this, failure change behavior often related with low self-regulatory capacity and lack of support systematic psychosocial.

More continued, Self-Determination Theory give runway conceptual important with emphasize need psychological base will autonomy, competence, and relatedness. Patients treated dyslipidemia as recipient passive instructions medical tend show motivation fragile extrinsic and compliance term short. On the contrary, an approach that supports autonomy and involvement active patient proven increase motivation intrinsic, sustainability change style live, and welfare psychological. In context this, role psychologist become crucial in facilitate the internalization process mark health and strengthening personal meaning of behavior Healthy.

Besides that, factor emotional like stress chronic, anxiety, and depression subclinical contribute significant to dysregulation behavior eating and activities physical, which is No direct make things worse lipid profile. Research latest show that intervention psychological based regulations emotions and coping strategies No only increase mental well-being, but also has an impact positive on the indicator clinical metabolic. With thus, psychology in management dyslipidemia No functioning as complement, but rather as component essential bridging knowledge medical and behavioral health real.

#### *Interprofessional Collaborative Practice (ICP) in Management Dyslipidemia: Perspective Health Psychology*

Interprofessional Collaborative Practice (ICP) is understood as approach service health that involves Work The same structured interprofessional with objective increase quality services and results health patient. In context management dyslipidemia, ICP becomes the more relevant remember complexity condition this is not only covers aspect biological, but also dimensions psychological, social, and behavioral.

Interprofessional Collaborative Practice (ICP) involves Work The same structured interprofessional for increase quality services (World Health Organization, 2024). Collaboration between doctors, nurses, experts' nutrition and psychology create framework support cohesive psychosocial. Psychologist contribute through technique motivational interviewing for overcome ambivalence patient (Miller & Rollnick, 2024). From the perspective psychology health, collaboration interprofessional No just coordination technical between power health, but rather a relational and communicative process that influences experience psychological patient as well as effectiveness change behavior health.

In a way conceptually, ICP is based on the assumption that behavior health patient formed through interaction dynamic between individual and environmental factors socio-professional. When the service given in a way fragmented, patient dyslipidemia tends accept message health that is not consistent, which can lower clarity cognitive, improving ambiguity emotional, and debilitating motivation change behavior. On the other hand, effective collaboration interprofessional – doctors, nurses, experts' nutrition, and psychology – create framework support cohesive psychosocial, so that strengthening the sense of security, trust, and engagement active patient in the process of treatment.

From the corner view psychology, the role of ICP is very close relation with quality communication therapeutic and formation alliance working alliance between patients and team health. Psychologist contribute in facilitate understanding together interprofessional about dynamics emotions, resistance changes, and factor motivational patient. Collaboration This allows integration intervention psychological – such as counseling behavior, motivational interviewing, and reinforcement self-efficacy – to in plan maintenance medical and nutritional in a way systematically. With Thus, ICP functions as bridging mechanism knowledge medical and implementation behavior Healthy in life daily patient.

Further, patient - centered ICP approach in line with principal psychology humanistic and self-determination, which emphasizes importance autonomy, competence, and relationships supportive. When the patient treated as partners collaborative in team interprofessional, they show increased sense of control self, responsibility answer to health, as well as sustainability compliance to therapy. Therefore that, from perspective psychology health, ICP is not just an organizational model services, but also frameworks strategic psychosocial in increase effectiveness and sustainability management dyslipidemia.

#### *Objectives*

Objective in a way special, purpose writing This is:

1. **To describe contribution psychology health** in understand factor psychological and behavioral influences compliance treatment as well as change style life in patients with dyslipidemia.
2. **Analyze role collaboration interprofessional** – which involves doctors, nurses, experts' nutrition, and psychology – in create approach management holistic and sustainable dyslipidemia from perspective psychological.
3. **Integrate theories psychology health contemporary** to in ICP framework as base conceptual for strengthen approach patient-centered care.
4. **Identifying implications educative** for development curriculum and competencies collaborative power health, in particular related literacy psychology health and skills interprofessional.

**Formulate recommendation practical** for implementation role psychologist in a way systematic in team interprofessional use increase quality life and well-being psychological patient dyslipidemia.

## LITERATURE REVIEW

### *Dyslipidemia and its Impact Psychosocial*

Dyslipidemia is condition metabolic chronic characterized by imbalance lipid profile in blood and contribute significant to improvement risk disease cardiovascular. In study psychology health, dyslipidemia No only understood as disturbance physiological, but also as conditions that affect welfare psychological, identity self, as well as pattern interaction social individual. Status as sufferers' disease chronic put individual on demand adaptation ongoing psychological, especially in face change style life and obedience to the therapy regimen term long.

In a way psychosocial, Diagnosis of dyslipidemia often trigger response emotional in the form of anxiety to risk complications ( Nugraha & Saputra, 2022). Stress psychological chronic relate with low compliance to treatment (Thompson, 2023). Support social from family play a role as factor protective strengthening motivation (Zhang & Miller, 2025). Diagnosis of dyslipidemia often triggers response emotional in the form of anxiety to risk complications, guilt related pattern life previously, and concern will limitations future activities. Study latest show that stress psychological chronic and anxiety subclinical relate with low compliance to treatment and difficulties maintain change behavior healthy. In term length, condition This can make things worse quality live and create cycle negative between psychological distress and control suboptimal metabolism.

Besides factor emotional aspects cognitive also plays a role important in management dyslipidemia. Perception individual to disease, understanding about risk health, as well as belief about effectiveness treatment influence taking decisions and involvement active patient in care. Patient with perception control low self- esteem and confidence negative to ability manage disease tend show avoidance behavior and dependence passive on power health. On the other hand, high self-efficacy relates with consistency healthy diet behavior, activities physical, and compliance pharmacological.

Impact psychosocial dyslipidemia is also related close with context social and interpersonal relationships. Support social from family and environment around play a role as factor protective strengthening motivation and sustainability change behavior. However, the pressure social, stigma related condition health, as well as conflict role social can become obstacle significant psychological. In a number of cases, dietary and lifestyle demands life Healthy precisely trigger isolation social and decline welfare emotional if no balanced with support adequate psychosocial support.

With Thus, literature psychology health confirm that dyslipidemia is condition biopsychosocial demands approach holistic. Neglect aspect psychosocial in management dyslipidemia potential produce lack of intervention effective and not sustainable. Therefore that, understanding deep about impact psychosocial dyslipidemia become base important for integration intervention

psychological in framework patient -centered interprofessional collaborative practice.

#### *Patient-Centered Care in Health Psychology*

Patient-centered care (PCC) is paradigm service health that places patient as subject active in the treatment process, with notice experience subjective, personal values, and context psychosocial individual. Patient-Centered Care (PCC) places patient as subject active, which is in line with principal psychology humanistic (Brown & Williams, 2024). In context this, the formation therapeutic alliance proven increase compliance and satisfaction patients (Peters et al., 2024). In psychology health, PCC is understood as an unbiased approach only results - oriented clinical, but also on well-being psychological, autonomy, and personal meaning attached patients in condition health. Approach This become the more important in management disease chronic like dyslipidemia, where success therapy is highly dependent on the involvement of active and sustainable behavior health patient.

From the perspective psychologically, PCC is rooted in the principle humanistic which emphasizes empathy, acceptance without conditions and relationships therapeutic equivalent between power health and patients. Relationship This play a role as foundation for formation therapeutic alliance, which is proven contribute significant to improvement compliance treatment and satisfaction patient. In context dyslipidemia, quality interaction between patients and staff health influence to what extent the patient feels heard, understood, and empowered for take decision related management his health.

In a way conceptual, PCC aligned with Self-Determination Theory which emphasizes fulfillment need psychological base will autonomy, competence, and connectedness. An approach that supports autonomy patient allows individual for internalize values health as part from identity self, so that change behavior No solely driven by pressure external, but rather by motivation intrinsic. In practice psychology health, strategies such as shared decision-making and motivational interviewing used for facilitate this process, in particular in help patient overcome ambivalence to change style life.

Besides aspect motivational, PCC also plays a role important in management aspect accompanying emotions disease chronic. Patient with dyslipidemia often experience stress, anxiety, or fatigue psychological consequence demands maintenance term long. Patient - centered approach allows power health for identify and respond need emotional them in a way adaptive, so that prevent the emergence of psychological distress which can hinder compliance therapy. In matter this, contribution psychology No only nature supportive, but also preventive to decline quality life.

With Thus, patient-centered care in psychology health functioning as framework conceptual bridging intervention medical and behavioral health. Approach This confirm that success management dyslipidemia No only determined by compliance to protocol clinical, but also by the extent to which services health capable empowering patient in a way psychological. Integration of PCC in framework interprofessional collaborative practice become runway

important for create holistic, sustainable, and welfare - oriented services patient in a way comprehensive.

#### *Interprofessional Collaboration in Perspective Psychology*

Interprofessional collaboration (IPC) in service health understood as a work process the same interprofessional involving communication, decision making decision together, and distribution mutual roles complete for reach objective maintenance patient optimally. From the perspective psychology health, IPC does not only is structure organization services, but also a psychosocial process influenced by the dynamics relational, perception role and quality interaction between individuals in team health. Therefore that, effectiveness collaboration interprofessional is highly dependent on factors psychological influences behavior professional and experienced patient.

In a way conceptually, IPC can understand through framework psychology social and psychological organizations, especially related with theory identity social and dynamics group. Each profession brings identity professionalism, values, and norms potential practices enriching, but also can cause tension if no managed in a way reflective. In context management dyslipidemia, asynchrony perspective interprofessional can produce message health that is not consistent for patients, who are psychological can lower trust, increase confusion cognitive, and debilitating motivation change behavior. On the other hand, effective collaboration creates coherence message and sense of security psychological for patient.

From the corner view psychology health, the role of IPC is closely related with quality communication therapeutic and formation alliance working alliance between patients and team interprofessional. Psychologist own contribution strategic in facilitate understanding together interprofessional about factor motivational, obstacles psychological, as well as dynamics emotion patient. Integration of perspectives psychology allows team health for designing more interventions sensitive to need psychosocial, such as use approach motivational interviewing and reinforcement strategies self-efficacy in plan maintenance.

Besides impact on patients, IPC also affects welfare psychological power health. Collaboration based on each other respect and clarity role contribute to the decline stress work, improvement satisfaction professional, as well as creation environment supportive work psychological safety. Conditions This important for guard quality service term long, especially in management disease chronic requiring coordination sustainable.

From the perspective psychology, psychological safety in team interprofessional become prerequisite for communication open, reflection practice and learning along with Thus, interprofessional collaboration in perspective psychology health functioning as mechanism integrative that connects individual, relational, and systemic aspects in service health. In management dyslipidemia, IPC allows integration intervention medical, nutritional, and psychological in a way synergistic, so that support approach Holistic patient-centered care. Approach This confirm that collaboration interprofessional No only service strategies, but also psychological processes that play a role important in increase quality life and well-being patient.

*Theory Relevant Psychology in Supporting Interprofessional Collaborative Practice (ICP)*

Approach Interprofessional Collaborative Practice (ICP) in management dyslipidemia need runway strong theoretical for explain mechanism underlying psychology change behavior health and engagement active patients. Various theory psychology health give framework conceptually interconnected complete in understand How collaboration interprofessional can influence perception, motivation, and behavior patient in a way sustainable. Four theories relevant main in context This is Health Belief Model, Theory of Planned Behavior, Self-Determination Theory, and Social Cognitive Theory.

*Health Belief Model (HBM)*

Health Belief Model explain behavior health as results from perception individual to perceived susceptibility, level severity disease (perceived severity), benefits action health (perceived benefits), as well as perceived barriers. In ICP framework, each profession contributes in form perception This in a way consistent and complementary. Doctor give understanding about risk medical dyslipidemia, expert nutrition explains benefit change pattern eat, while psychologist help patient manage obstacle psychological like fear, resistance, and distortion cognitive. Collaboration effective interprofessional ensure that message health No nature fragmentary, so that strengthen cognitive processes that drive adoption behavior Healthy.

*Theory of Planned Behavior (TPB)*

Theory of Planned Behavior emphasize that intention behave is predictor main behavior health, which is influenced by attitude to behavior, norms subjective and perceptual control behavior. In ICP context, norms subjective formed through consistency attitude and support from all over member team health, while perception control strengthened through ongoing education and mentoring. Psychology play a role important in help patient build realistic and planned intentions, at the same time identify factor social and emotional influences taking decision. With Thus, ICP creates environment psychosocial support realization intention behavior become action real.

*Self-Determination Theory (SDT)*

Self-Determination Theory emphasize importance fulfillment need psychological base will autonomy, competence, and connectedness in push motivation intrinsic. In patient - centered ICP, the approach collaborative allows patient participate active in taking decision, so that strengthening the sense of autonomy and ownership towards the treatment process. Psychologist play a role strategic in facilitate supportive communication autonomy and building relation supportive between patients and team health. When the need arises psychological base fulfilled, changes behavior in management dyslipidemia become more meaningful and sustainable.

*Social Cognitive Theory and Self-Efficacy*

Social Cognitive Theory put self-efficacy as determinant main behavior health, namely belief individual to his abilities manages demands care. In ICP framework, self-efficacy strengthened through learning social, strengthening positive, and experience team - facilitated success interprofessional. Psychologist help patient develop coping and regulation strategies self, while other professions provide instrumental and educational support. Synergy This allows patient build trust self in manage dyslipidemia in a way independent.

Fourth theory the confirm that effectiveness of ICP is not only lies in coordination technical interprofessional, but on their abilities influence psychological processes patient in a way integrated. With blend approach cognitive, motivational, and social, ICP functions as framework psychological support change behavior adaptive and sustainable health in management dyslipidemia.

**METHODOLOGY***Research Design*

Study This use design studies literature narrative (narrative literature review). This design chosen for facilitate synthesis comprehensive about role psychology health in practice collaboration patient - centered interprofessional (Interprofessional Collaborative Practice/IPCP) with dyslipidemia. Different with systematic review that has protocol stiff, review narrative allows researchers for give interpretation critical and interesting connection between theory psychology behavior with implementation clinical research in the field. This use design studies literature narrative (Green & Thorogood, 2023). Search done through the Scopus and PsycINFO databases with range five years last (2021-2026) use ensure novelty information

Use design This aim for:

- **Integrate Theory:** Connecting psychological models health (such as Health Belief Model or Self-Determination Theory) to in framework Work collaboration power health (doctors, nurses, specialists) nutrition, and psychology).
- **Identification:** Map obstacle psychological in communication interprofessional influence compliance treatment patient dyslipidemia.
- **Synthesis Contextual:** Provide view holistic about How patient - centered care approach can increase efficacy self-patient in manage blood lipid levels through change style life.

Studies This do review to various source primary and secondary libraries, including article journal original, book text and reports clinically relevant with keywords: interprofessional collaboration, patient-centered care, health psychology, dyslipidemia management, and treatment adherence.

### *Data Sources and Criteria Selection*

Data used in study This originate from source literature secondary data obtained through search electronics on international databases reputable, namely **Scopus** and **PsycINFO**. This database selection aim for ensure reviewed literature own standard quality high academic and strong relevance with the domain of psychology health as well as intervention clinical.

Criteria selection literature set as following:

1. **span:** Selected literature limited to publication **5 years last** (2021–2026) use ensure novelty related (up-to-date) information trend management dyslipidemia and dynamics collaboration interprofessional latest.
2. **Focus Field:** Selection prioritized on articles that **emphasize field Psychology**, particularly that which explores factor behavior, motivation, regulation self and perception patient to disease chronic.
3. **Criteria Inclusions:**
  - Articles discussing collaboration models interprofessional (IPCP) with involvement psychologist or approach psychological.
  - Studies that focus on the approach Patient-Centered Care in handling dyslipidemia.
  - Article in Language English or Indonesian language which has text full text.
4. **Criteria Exclusions:** Articles that only discuss aspect pharmacological pure or medical clinical without include analysis psychosocial or behavior in management patient.

### *Analysis Techniques*

Data that has been collected Then analyzed use technique **analysis thematic literature** (thematic analysis). This technique used for identify, analyze, and report patterns (themes) that emerge from literature reviewed about collaboration interprofessional in management dyslipidemia.

Procedure analysis done through steps following:

1. **Data Familiarization:** Do reading deep to articles selected for understand context psychological in collaboration interprofessional.
2. **Codification:** Give code on segment relevant text with variables psychology health (such as motivation patient, communication power health, and efficacy self).
3. **Compilation Theme:** Grouping similar codes to in themes big, for example " Obstacles Psychological in Collaboration " or " Impact Patient-Centered Care to Diet Compliance ".
4. **Review and Definition Theme:** Reviewing return the theme that is formed for ensure suitability with objective research, then define every theme in a way specific in context psychology health.

**Synthesis Narrative:** Compiling findings the two in A narrative scientific explanation How collaboration patient - centered interprofessional can optimized through approach psychology health for management more dyslipidemia effective.

## RESULTS AND DISCUSSION

### *The Role of Psychologists in Interprofessional Teams*

Review results literature show that success management dyslipidemia No only depends on intervention pharmacological, but also to what extent the aspects psychological patient managed in team interprofessional. Psychologist health play a role as bridge between instructions clinical (from doctor or expert nutrition) with implementation behavior by patients. Psychologist health play a role as bridge between instructions clinical with implementation behavior (Badrudin & Wahyuni, 2023). Intervention based Cognitive Behavioral Therapy (CBT) is used for identify obstacle cognitive and improve control self-patients (Fisher & Lee, 2025).

#### 1. **Intervention Psychological for Change Behavior**

In team collaborative, psychologist give contribution through modification style structured life. Management dyslipidemia need change permanent on pattern eating and activities physical intervention based *Cognitive Behavioral Therapy* (CBT) is used for identify obstacle cognitive patient and replace it with pattern supportive thinking efficacy self. This is ensured that change behavior No just compliance term short, but rather transformation style sustainable living.

#### 2. **Counseling Motivation and Management Stres**

Psychologist apply technique *Motivational Interviewing* (MI) for overcome ambivalence patient to change behavior. Many patients' dyslipidemia feel difficulty leave old habits; here it is counseling motivational functioning for increase patient's internal intentions.

Besides that, management stress become crucial Because stress psychological chronic has proven in a way clinical can trigger lipid dysregulation through hormonal mechanisms (such as cortisol). Psychologist in team help patient develop adaptive coping strategies, so that stress No become trigger behavior eat something that is not healthy (emotional eating) or neglect timetable treatment. With Thus, the role psychologist ensures that team interprofessional handle patient in a way holistic, good from side physiological and psychological. *Dynamics Collaboration Interprofessional*

Effective synergy created when every profession understands limit roles and values added each (Gordon & Hart, 2023). However, the obstacles like hierarchy traditional and differences paradigm between biomedical and psychosocial models Still often found (Chen et al., 2022). The results of the study show that effectiveness lipid management is greatly influenced by the quality interaction between member team.

#### 1. **Synergy of Interprofessional Roles**

Effective synergy created when every profession (doctor, nurse, specialist nutrition, and psychologists) understand limit roles and values add each one. In context dyslipidemia:

- **Doctors and Nurses** focus on control clinical and compliance medication.
- **Nutritionists** designing specific dietary interventions.

- **Psychologist** integrate aspect behavior and emotions for intervention from other professions can accepted and implemented in a way consistent by the patient.

Synergy This produce A more Integrated *Care Plan* comprehensive, where the message received patient become consistent (not overlapping overlap), so that increase trust patient to the treatment process.

## 2. Obstacles and Challenges Collaboration

Although give benefit large, the literature also identifies a number of challenge main in implementation collaboration interprofessional:

- **Obstacle Communication:** Difference terminology technical interprofessional often cause misinterpretation to plan maintenance.
- **Hierarchy Profession:** The existence of culture hierarchy traditional in the environment clinical can hinder participation active member team certain , including psychologist , in taking decision medical .
- **Difference Paradigm:** Challenge appear when happen collision between approach *biomedical* purely focused on numbers (LDL/HDL levels) with approach more *psychosocial* emphasizes mental well- being and preparedness behavior patient.
- **Time Limitation:** Coordination intensive need time more many, which are often difficult filled in environment service solid health.

### *Impact Approach Patient - Centered*

Approach *Patient-Centered Care* (PCC) in management dyslipidemia shift focus from just " treating" disease " becomes " care individual ". Based on review literature, approach This give impact significant in three main domains:

#### 1. Improvement Compliance Treatment

Compliance to statin therapy and changes pattern Eat often low Because characteristic asymptomatic dyslipidemia. Patient - centered approach ensure that plan treatment in harmony with values, preferences, and styles life patient. When the patient involved in a way active in taking decision medical (shared *decision-making*), they tend have a sense of ownership of their treatment program, which is direct increase adherence term long.

#### 2. Regulation Emotions and Control Self

Psychological Integration **Patient** in team interprofessional help patient manage burden emotional consequence diagnosis disease chronic. Approach This facilitate development control self - *control* through technique regulations emotions. Patients taught for recognize trigger psychological that can ruin their diet (such as *stress-eating*) and replace it with more response adaptive. Improvement control self This is predictor strong for stability blood lipid levels.

#### 3. Improvement Quality Life

Impact end from patient - centered collaboration is repair quality life in a way comprehensive (*Health-Related Quality of Life*). Patient No only experience improvements to indicators clinical (level cholesterol), but also feel more powerless, reduced anxiety related risk cardiovascular, and increased welfare psychological. Literacy better health Good through education interprofessional allows patient undergo life with more productive although with condition dyslipidemia.

### *Implications for Practice Health Psychology*

Findings in study This give implications strategic for development profession psychology health, especially in face burden disease No infectious like persistent dyslipidemia increase.

#### **1. Strengthening the Role of Psychologists in Primary and Community Services**

During this, role psychologist often limited to services tertiary or clinical acute. Study results This confirm urgency placement psychologist health at the **service level primary health care (Community Health Center / Clinic)**. At the level community, psychologist can play a role in detection early obstacle behavior and doing intervention group for patient with risk cardiovascular. The presence of psychologists in primary care enables handling mental and behavioral aspects done in a way preventive before complications more medical heavy happen.

#### **2. Integration Approach Educational and Therapeutic**

Practice psychology health in management dyslipidemia No may only nature educational (giving information), but must integrated with approach therapeutic. Psychologist need align:

- **Educational Side:** Increase literacy health patient about connection between style life, stress, and lipid profile.
- **Therapeutic Side:** Use technique like *Cognitive Behavioral Therapy (CBT)* or *Acceptance and Commitment Therapy (ACT)* for help patient accept condition chronic them and remain committed to change behavior although face challenge emotional. This integration ensures that patient No just " know " what to do done, but also " able " and " willing " to do it in a way consistent.

In a way whole, part results and Discussion This show that collaboration effective interprofessional need shift paradigm, from the rigid medical model towards a biopsychosocial model that places psychologist as partners strategic in team medical.

## **CONCLUSIONS AND RECOMMENDATIONS**

### *Summary Key Findings*

Literature review This show that management effective dyslipidemia beyond just intervention pharmacological findings main confirm that factor psychological like efficacy self, regulation emotions and motivation intrinsic is predictor crucial for compliance patient to treatment regimens and modifications style life. Psychological integration in team interprofessional proven capable bridge gap between plan medical and implementation behavior patients in life daily management effective dyslipidemia beyond intervention pharmacological and must covers aspect psychological in a way systematic. Recommendation's practical covering formal inclusion of psychologists in team management disease No contagious in-service primary health (Ministry of Health of the Republic of Indonesia, 2024).

### *Importance Approach Interprofessional Based Psychology*

Approach interprofessional patient -centered care (*Patient -Centered Care*) is not Again just choice, but rather must in handle disease chronic asymptomatic like dyslipidemia. Without support psychology health, intervention medical often face obstacle in the form of *non* - adherence and resistance behavior. Synergy between doctor, expert nutrition and psychology create system holistic support, where aspects biological, psychological, and social patient handled in a way simultaneous for achieve optimal lipid profile targets.

### *Recommendations Practice Clinical*

Based on results analysis, some recommendation practical for provider service health includes:

- **Inclusion Psychologist:** Involving psychologist health formally in team management disease No infectious diseases (NCDs) at home Sick and center primary health.
- **Training Communication Interprofessional:** Organize training together interprofessional for reduce obstacle hierarchy and equalization perception about approach *patient-centered*.
- **Protocol Intervention Behavior:** Adopt technique *Motivational Interviewing* (MI) and *Cognitive Behavioral Therapy* (CBT) as part standard from education patient dyslipidemia.

### **FURTHER STUDY**

Future research need explore effectiveness collaboration interprofessional through studies experimental or longitudinally for measure impact directly to decline LDL levels in general quantitative. In addition, that, is necessary study about utilization digital technology (*e-Health*) based psychology in support collaboration team distance far, and study about obstacle culture specific in implementation *shared decision-making* in context service health in Indonesia.

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