

CONFERENCE ABSTRACT

Integrated Home Care Service: Qualitative Study on Collaboration between Home Care Nursing and Social Service

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Introduction: Strategic aims of health authorities internationally call for a strengthening of home care service. An overriding majority of the expanding older population prefers to live at home as long as possible, given that the appropriate assistance is available. This trend demands a close cooperation of a wide range of specialized workforce in close coordination. Integration of home care nursing and social service in Reykjavik has been in process since 2009. At time of study, in 2015, the home care services were considered fully integrate. Collectively governed and financed with shared administrative structure¹. Studies show that integration improves quality of service with better flow of information, resource optimization and simplification of daily routines of treatments and care at home. Collaboration is prerequisite for integration but cooperation requires effective flow of information with closed loop communication, mutual trust and clear definition of staff members' roles and responsibilities².

Aim: Explore nature of collaboration of nursing and social services in a fully integrated service. Analyse actual situation of cooperation, its motivation and obstacles using Leutz's integration model¹ and Salas's model of teamwork².

Method: Qualitative interview study with participants from a broad range of staff members. Data collection in two phases. 1) Individual semi-structured interviews (n=14), interview guide developed from literature on integration. 2) Five focus groups (n=25) where issues from interviews were further explored. Findings analysed using qualitative content analysis and framework analysis.

Results: Integration of work between nursing and social services team leaders, who readily shared tasks and information, was successful. On other hand shortcomings were voiced by other members of both teams. They did not know each other, had no common meetings and therefore not a shared vision of the service provided. They had limited knowledge of the assistance provided by the other team members and felt unclear about their role in coordinated teamwork.

Discussions: Although the home care services studied were seen as fully integrated our findings showed that the process was incomplete. The coordination between different team

leaders is functional while opportunities for discussions among other staff members were lacking. Staff members needed more support and information about their role in coordinated teamwork.

Conclusions: Full integration of home care nursing and social services calls for attention to opportunities among staff members to meet and discuss the care provided. Such meetings enhance mutual understandings of the services provided. The fundamental of successful teamwork is to understand one's own role and others within the team. In order to complete integration, team members need continuous flow of information and strong supportive leadership.

Lessons learned: Integration does not come instantly by combining workgroups under one roof with one director. Priority must be in terms of time and space to getting staff together, with common meetings, providing support and understanding.

Limitations: Each focus group only met once. Repeated sessions could have provided more trust between participants with deeper conversation and more sincere answers.

Suggestions for future research: Impact of regular meetings among social service and home care nursing staff members.

References:

1. Leutz WN. Five laws for integrating medical and social services: lessons from the United States and the United Kingdom. *Milbank quarterly*. 1999 Mar 1;77(1):77-110.
2. Salas E, Sims DE, Burke CS. Is there a "Big Five" in teamwork? *Small group research*. 2005 Oct 1;36(5):555-99.

Keywords: integration; homecare; homecare nursing; cooperation; teamwork
