

INTERPROFESSIONAL COLLABORATION IN LONG-TERM CARE AND GERIATRIC REHABILITATION:

a qualitative study on influencing factors in general and during team meetings

Introduction

Interprofessional collaboration (IPC)¹ is essential to maintain high-quality care in long-term care and geriatric rehabilitation. Research shows three main factors of IPC; 1) team performance, 2) sharing information, and 3) organizational conditions.² However, little is known regarding perceived factors influencing IPC by healthcare professionals, patients, and informal caregivers. Moreover, knowledge of using patient outcome measures to enhance IPC during multidisciplinary team meetings (MDTMs) is insufficient.

Objectives

This study examined the perceived facilitators of and barriers to IPC in general and during MDTMs, specifically by healthcare professionals, patients, and informal caregivers. Differences between long-term care and geriatric rehabilitation were also investigated. Finally, it was examined which patient outcome measures were used in MDTMs.

Methods

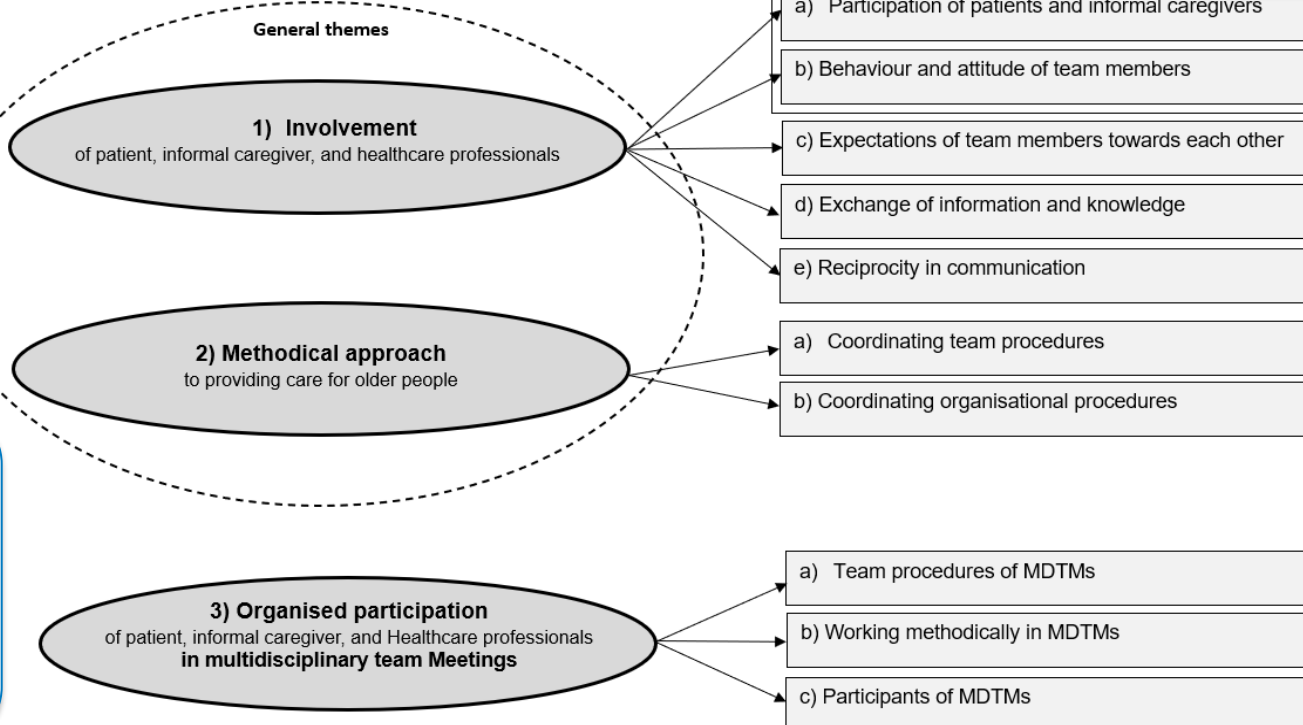
A constructivist qualitative study using 10 focus groups and 18 semi-structured interviews with 14 patients, 13 informal caregivers, 10 managers, and 22 healthcare professionals from eight Dutch long-term care and geriatric rehabilitation facilities. A combined inductive and deductive approach to a thematic analysis was performed.

Results

"This morning my father was informed in like five seconds; your wife is going to move. I think, as her daughter I would like to be there. Why am I not told beforehand?" Informal caregiver - GR in focus group 16901

"When I have a complaint about the care of my stepmother, to whom do I go? You see healthcare professionals with blue, lilac, and white uniforms. Some have name tags, others don't. You don't know who to turn to because you are insufficiently informed." Informal caregiver - LTC in focus group 15901

"Should someone undergoing rehabilitation be able to make their own bed, or does care staff do it for them?" Patient - GR in interview 26801



"And those rules, because the more rules there are, the more leeway you have to bypass them. You need a shared vision rather than a whole bunch of separate rules." Patient - GR in interview 26801

"We intentionally pay attention to each other, and our cooperation is improving more and more, so we are increasingly open towards each other. It becomes easier to bring up and discuss collaboration problems." Healthcare professional (Manager) - GR in focus group 16701

"Now, we often call the therapist in the morning to say the patient will be 15 minutes late because he is getting dressed. The effort of getting washed and dressed is also often an exhausting activity the patient has to learn, besides the activities learned by a specific therapist, before returning home." Healthcare professional (nurse) - GR in interview 26703

"The power of taking care of people and doing that together, especially to empower the client. Being in charge in life, looking for goals that are important to that particular person, because I can think up all kinds of stuff, but it has to benefit the person in question." Healthcare professional (therapist) - LTC in interview 25702

Conclusions

The complexity of care for older people in long-term care and geriatric rehabilitation necessitates a well-organised collaboration between healthcare professionals, patients, and informal caregivers both in general and in MDTMs. It involves a systematic approach, effective coordination, and anticipatory behaviour to work in complementary ways towards shared goals. Besides, the use of patient outcome measures in MDTMs may enhance IPC by facilitating common language, providing a comparable view of a patient's functional status, and managing expectations.

References

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