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Title: Interprofessional Collaboration in Academic Networks for Long-Term Care

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## Introduction

Academic networks for long-term care (LTC) are long-standing partnerships between universities and nursing homes aimed at strengthening infrastructure, fostering innovation, and promoting evidence-based practices. These collaborations seek to improve residents' quality of life, enhance care delivery, and support workforce sustainability. A central mechanism for achieving these goals is interprofessional collaboration (IPC), which brings together researchers, care professionals, and linking pins to bridge the gap between research, education, and practice. Despite its importance, research on IPC within these networks is limited.

## Objectives

To examine IPC within academic networks for LTC and investigate differences in partnership experience among key stakeholders (i.e., LTC directors, academic network chairs, researchers, research committee members, and linking pins).

## Methods

A cross-sectional survey was conducted across the six Dutch academic networks for LTC. The survey included the 26-item Coordinated Action Checklist, covering five dimensions: partners' relevance, network outcomes, interaction, effectiveness, and visibility. Additionally, six Visual Analogue Scales (VAS) assessed satisfaction with IPC, communication (in general and with chairs, linking pins, and researchers), and the preconditions for IPC in networks. Data analysis comprised descriptive statistics, Kruskal–Wallis tests with Bonferroni correction, ANOVA, and qualitative content analysis.

## Results

Key IPC challenges included ensuring adequate partner contributions, aligning missions and goals, evaluating and adjusting progress, maintaining open communication, and sustaining collaboration after project completion. Notably, researchers reported significantly lower satisfaction with IPC compared to other stakeholder groups. Their ratings were on average 2.37 points lower than research committee members, 6.69 points lower than "Other" stakeholders, 13.25 points lower than LTC directors, and 15.18 points lower than chairs or vice chairs. Differences were particularly pronounced in coordination ( $M = 27.0$  vs.  $61.4$ ), adaptability to shared goals ( $M = 29.2$  vs.  $56.9$ ), and overall interaction quality ( $M = 35.1$  vs.  $58.9$ ).

## Conclusion

Academic networks for LTC benefit from IPC, yet several areas for improvement remain. Stakeholder experiences highlight the importance of role clarity, structured engagement, mutual respect, and effective communication. To strengthen IPC, networks should clarify roles, promote equitable partnerships, and adopt structured approaches that support meaningful, consistent stakeholder involvement.

Keywords: Interprofessional collaboration, academic networks, long-term care.