
CONFERENCE ABSTRACT

The influence of different stages of professional self-esteem in integrated care projects: An Integrated Personalised Care Approach

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Introduction

Professional stakeholders in Integrated Care projects represent different professions. Between different professions power positions and power play (can) play an important role, which influence processes of decision making around problem solving situations negatively.

Theory/Methods

Longitudinal research in a German forensic hospital revealed that all members of the multidisciplinary team functioned in a stark hierarchical construction, not really discussing within the team the goals they wanted to achieve with their patients, and ignoring one group of professionals (the nurses).

Results

This had a negative outcome on patient care: one group of professionals was unable to carry out their interventions. And this had a negative outcome on communication, since one group professionals was not taken seriously in the discussions over patients treatment. The nurses showed low professional self-esteem, which was visible in the way they were talking about the position their profession had within the organisation, and in the resignation to actively contribute to the discussion about patient care. They stopped participating with the members of the multidisciplinary team on a professional basis: they were considered as handmaiden for the other disciplines and behaved as such.

Conclusions

In a 5 years project nurses regained professional self-esteem, became more and more partner in decision making, and the members of other disciplines gained respect for nurses' contribution to personalized and integrated patient care. 'Power over' (dominance) and 'power to' (power from within, influencing self-esteem) were important issues in the project and are important issues in both integrated care situations and multidisciplinary or interdisciplinary teams.

Lessons learned

Participants will gain insight in consequences of a low professional self-esteem in one of the partners in integrated personalized care and how this knowledge can be used in implementation projects.

Limitations

Although this research adds to the knowledge of implementation strategies in considering methods to create a balance in the way participating disciplines can start cooperating, full cooperation in dynamic networks still need to be discussed.

Suggestions for future research

The working of full cooperation of participating disciplines in dynamic networks.