CONFERENCE ABSTRACT

Does integrated health and care in community deliver its vision? A workforce perspective

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Introduction

There is a change of landscape of health and social care in the community with the movement of Integrated Care Systems which is dependable on the key contribution of the health and care workforce.

The purpose of this paper was to explore and capture workforce perceptions, experiences and insights of the phenomena of Integrated Care (IC) in a community health and care NHS Trust in England; including whether there any associated factors that are enablers, barriers, benefits or challenges; and the level of workforce engagement in the process of integrated health and care. DOI: https://doi.org/10.1108/JICA-10-2020-0061

Aims Objectives Theory or Methods

A qualitative design based on an interpretivist research paradigm was used with a purposive sampling technique. This was a small localised study with five in-depth semi-structured interviews conducted with community nursing, social workers and allied health professionals to explore and elicit from their own words their direct exposure to IC in the community. Colaizzi's (1978) descriptive phenomenological seven-step method was applied to analyse data, with the emergence of 170 significant statements, 170 formulated meanings and 8 thematic clustering of themes to reveal 4 emergent themes and 1 fundamental structure capturing the essential aspects of the structure of the phenomenon IC.

Highlights or Results or Key Findings

The study revealed four interdependent emergent themes: (1) Insight of IC and Collaboration: Affording the opportunity for collaboration, shared goals, vision, dovetailing knowledge, skills and expertise. Professional aspirations of person-centred and strength-based care to improve outcomes. (2) Awareness of Culture and Professionalism: Embracing inter-professional working whilst appreciating the fear of losing professional identity and values. Working relationships based on trust, respect and understanding of professional roles to improve outcomes. (3) Impact of Workforce Engagement: Participants felt strongly about their differing engagement experience in terms of restructuring and redesigning services. (4) Impact of Organisational Structure: Information

Technology (IT) highlighted a barrier to IC as differing IT platforms prevent interoperability with one system to one patient. Shared positivity of IC, embracing new ways of working.

Raising the importance for any IC strategies or policy to incorporate the "voice of workforce perceptions and experiences"as key enablers for a fully collaborative approach.

Conclusions

The value and understanding of workforce perspectives through lived experience in practice and the inquisitiveness to seek to listen, understand and learn what matters to people with the "voice of the workforce" a powerful notion and a critical factor to support the scaling up and expansion of the IC agenda.

Implications for applicability/transferability sustainability and limitations

Influencing societal change would warrant further insights, understanding and future research both locally, nationally and on a global platform to raise the equal profile of all professionals' unique contribution to IC to reach world health recognition and potential future health care sustainability.