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POSTER ABSTRACT

The Politics of Collaboration and the Care Continuum

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Introduction: Collaboration is considered a necessary constituent of good healthcare practice and a means to integrate care. While much research has focused on defining collaboration, this research focused on the processes underpinning the construction and application of the concept of collaboration.

Methods: The research focused on knowledge and meaning construction at both the individual and social levels. The context was the transition between hospital and community healthcare interpreted through semi-structured interviews with women, nurses and midwives. Three key concepts were generated through an interpretive analysis. The concepts of identity, knowledge and institutions of care formed the lens for a critical analysis of 25 Australian government and professional nursing and midwifery policy statements published between 2006 and 2013 that referenced collaboration.

Results: The policy analysis produced four key analytical findings. First, policies conceived of collaboration as a largely professional concern which positioned clients as less salient identities in the process. Second, collaboration appeared as a taken for granted, unproblematic concept that assumed knowledge was neutral and interests were shared within complex healthcare systems. Third, policy documents reflected a predilection with formal agreements, guidelines and decision frameworks that clearly defined roles for collaboration while concealing how these artefacts functioned to shape the behaviours of others. Fourth, while the policies of professional healthcare groups focused on boundaries that reified status, it is shared goals and the distribution of power that underpins collaborative work.

Discussion: Of importance was the way in which the language of policies around collaboration obscured issues of power and competing interests. The concept of collaboration concealed how power and authority defined healthcare interactions and context. Collaboration assumed multiple meanings which allowed prevailing views to be reconfigured for specific purposes. As a result, healthcare consumers, professionals and governments become socialised to the rhetoric of collaboration in a way that supports the status quo despite calls for change.

Conclusion: The ambiguity surrounding collaboration means it is a potent political resource because it can be invoked to service disparate interests in different situations.

Lessons learned: Rather than adopting an unquestioning attitude to the concept of collaboration health professionals should assume the presence of particular interests where this term is applied. Looking beyond the veneer of consensus to recognise the value in the process of collaboration may hold important lessons for future work.

Limitations: The research acknowledges that contextually situated realities exist in specific healthcare situations. While this implies that the application of findings is limited, the focus on process broadens the relevance of the research.

Further research: This research has highlighted a significant practice/policy disjuncture. This gives credence to the call for policy-making to be more closely aligned with the interactional level of healthcare. Further work must focus on the process of collaboration and engage clinicians and consumers in the policy process.

Keywords: collaboration; policy; critical; care continuum