
CONFERENCE ABSTRACT**Emotional Dynamics in Integrated Care**18th International Conference on Integrated Care, Utrecht, 23-25 May 2018Anneli Hujala¹, Sandra Schruijer², Erja Oksman³

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Introduction: Integrated care is needed especially by people with co-morbidity and other complex health and social care needs. Difficult situations in life caused by illnesses or social problems are a burden to patients and their relatives. Caring for people with complex problems may also be an emotional burden for care professionals. Professionals feel to have inadequate resources and lack of expertise to help people whose life situation is difficult. Although integrated care has been studied extensively, the emotional aspects embedded in it, giving rise to group dynamics within and among teams and between organizations, have received less attention.

Theory and methods: The aim of this paper is to address the emotional dynamics emerging in integrated care. Theoretically the paper draws on interorganizational and multisectoral collaboration and integrated care. The data was gathered in a Finnish research project Successful Integration of Health and Social Care. The research was conducted in close collaboration with the Better Everyday Life BEL development project, a pilot project of Finland's national integrated care reform. 250 care professionals working with people with multiple complex problems were involved. The data consists of a survey, observations, interviews of care professionals, managers and patients with multiple complex problems and an in-depth interactive workshop.

Results: The findings show that a broad spectrum of emotions runs through the encounters of care professionals and people with multiple problems. Patients get frustrated, worn out and have feelings of inferiority and even fear. Care professionals often experience the people with multiple problems as a burden, because they feel unsure if they are able to treat the emotional reactions of both clients and themselves. Further, group dynamic phenomena arise when working across professions and organizations. These dynamics are a consequence of the tensions that are stirred up when working with a diversity of professional and organizational identities and interests, while they are also exacerbated by the emotions that are inherent to the complex task of working with multiple problem patients.

Discussion: It is crucial to pay attention on the emotional dimensions of the integration, impacting group dynamic processes within teams and across professional and organizational boundaries.

Conclusions: The emotional burden of working with multiple-problem patients and of collaboration across professions and organizations influences the interaction between patients and professionals and interaction among professionals, and, as a consequence, the effectiveness of these interactions. Integrated care is not only rational action dealing with structures and processes.

Lessons learned: The ultimate success of implementing integrated care for people with multiple problems requires that emotional and relational dynamics involved in the interactions between human beings representing different professions and organizations are taken seriously into account.

Limitations: The study was conducted only in one country.

Suggestions for future research: More attention should be paid to emotional experiences of actors as well as to the group dynamics within and between teams, and the effects these relational and emotional experiences have on the wellbeing of both professionals and vulnerable people and on the effectiveness of the intergration of care.

Keywords: integrated care; group dynamics; vulnerable people; people with complex co-morbidity
