
POSTER ABSTRACT**Norwegian municipal rehabilitation services in transition**18th International Conference on Integrated Care, Utrecht, 23-25 May 2018Grete Dagsvik¹, Eirik Abildsnes¹, Elin Thygesen²

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Background: Intending to meet increased demands of health care services due to the demographic change with an increasing elderly population, Norwegian municipalities along with many other western countries over the last couple of years have increased responsibility for providing rehabilitation services. The services include integrated homebased rehabilitation and institution- based rehabilitation services. The purpose of this study: How have workforces from the primary healthcare services experienced an increased responsibility for somatic rehabilitation?

Methods: The study was based on qualitative research methods. We conducted five focus-group interviews with 25 participants with professional backgrounds in nursing, health care practitioner, occupational therapy and physiotherapy. In analysis, we used Systematic Text Condensation.

Theory: We applied Self-determination Theory as a theoretical perspective to illuminate the impact of the workers' experience of autonomy, relatedness and competence on their contribution to the ongoing change in the rehabilitation field.

Results: The participants from home-based rehabilitation and institution-based rehabilitation expressed diverging level of self-determination and different opportunities of mobilizing competence. All participants described that more clients needed rehabilitation, and perceived an increased focus on home-based rehabilitation.

The participants working in rehabilitation institutions experienced that institution-based rehabilitation services were less prioritized, less autonomy and influence on the daily operations, and that their professional competence was not appreciated. They reported a need for increased competence in rehabilitation among clients, the clients' relatives and collaborators. They expressed multidisciplinary integration within their team and institution, but less connection to other municipal rehabilitation services.

Participants working with home-based rehabilitation experienced being involved in the development of services, and that management and other collaborators appreciated their competence. They expressed affiliation to a larger unit than participants from institution-based rehabilitation. They called for improvements of routines, but perceived improved collaboration with other professionals.

The identified differences may possibly be explained by lack of integration of institution-based and home-based municipal rehabilitation services when increasing efforts on developing home-based rehabilitation services.

Conclusion: We identified different perceptions of influence and mobilizing of competence between informants from homebased and institution-based rehabilitation services that might influence the workers well-being, enthusiasm and motivation for work.

Efforts should be made to ensure integration of institution-based rehabilitation in the ongoing development of municipal rehabilitation services and facilitate development of self-determination and mobilization of competence.

Keywords: focus groups; rehabilitation; self-determination; primary healthcare services
