POSTER ABSTRACT

Analysing cross-sectorial cooperation in the Danish health care system

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Despite the current discourse to improve the cross-sectorial collaboration of the Danish health care in 2017, it seems almost impossible for the health care professionals to contribute with any of their professional knowledge and experience to the collaboration. In particular, the recent decades of improvement through the use of evidence-based knowledge, documentation, efficiency and standardization have forced the health professionals to contribute with their specific professional knowledge in the work of improving practice. The purpose of this presentation is to show the complexities and tendencies that affect health professionals' work on improvement processes in a healthcare under pressure. I show how the improvement work is infiltrated by a top down management culture, where the incentive is streamlining, an increased flow of patients, and fast discharge - and from the bottom up ideology's idea that if only those who are close to the issue participate in the improvement work, then will succeed.

Method and Theory: This project is inspired by leadership theories about management of improvement process through bottom-up and top-down management, as well as the theory of governmentality and discourse by Michel Foucault.

The data which has been used belongs to a Danish action research project: Communication between the healthcare staff when elderly patients are discharged from the hospital. The project was concentrated around the healthcare staff from hospitals and municipality home care, who collaborates when elderly patients are discharged. The empirical material is a extract of eight workshops.

Findings: A qualitative analysis of the emperical material shows how complexities and tendencies complexity is highlighted when the healthcare professionals work towards improving their cross-sectorial cooperation. Furthermore, the analysis shows how the collaboration opens up for a wider understanding.

"A hope for influence can contribute to the improvement of cross-sectorial cooperation". This is an example that illustrates the premise of participation in the improvement task is different.

"When they finally get the opportunity to participation in a cross-sectorial collaboration project". The example shows how the desire for the democratic process is thrilling and that the health professionals surprisingly do not want to participate in the improvement process.
“When professional experience is not appropriate and is excluded in the improvement process” shows how health professionals feel that their experiences and occupational knowledge are excluded

“Operations do not fit for themselves” This shows how a market-oriented logic infiltrates the "patient care" speech, but also how the operation becomes a defense of the continuous flow of change and improvement demands.

**Conclusion:** The challenge of improving cross-sectoral cooperation is to establish cross-sectoral collaboration forums where there is confidence that health professionals can contribute bottom-up and experience-based knowledge. I would argue that there is a further need for research in how both a top down and bottom up management perspective can be included in the improvement work, creating room for improvement through deepening and engagement. This is an essential key to the development of a more progressive and holistic cross-sectorial collaboration and communication.

**Keywords:** improvement discourses; cross-sectoral cooperation; action research; communication