POSTER ABSTRACT

Interprofessional collaboration between general practitioners and home nurses in Belgium: a participatory action research

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Introduction: Interprofessional Collaboration (IPC) has long been considered as an essential principle underpinning effective primary health care, [1]. The Belgian primary care level is characterized by a shortage of General practitioners (GPs), the absence of shared patients list between GPs and home nurses, and a diversity of practices and payment systems. The Belgian population is aging and suffering from chronic diseases [2]. It becomes essential to enable primary healthcare providers to face these sociodemographic changes and increased health and social care needs. We therefore aim at 1) assessing IPC between GPs and nurses; 2) identifying target priorities for improving IPC; and 3) endorsing their improvement projects.

Methods: A participatory action research (PAR) was initiated based on the methodological scheme for health systems research of Mercenier [3]. Six groups of GPs and nurses were chosen based on diversity of practices, payment systems, environment, and resources. Researchers met on a monthly basis with participants of each area. The conceptual model of Reeves on teamwork was used as a descriptive model for this PAR[4].

Preliminary results (ongoing research): Each group performed a SWOT analysis of their collaborative practice. Identified strengths were about shared values and objectives, previous positive experiences of IPC, and recognition of each other’s competencies and specific roles. Weaknesses revolved around managerial and informational fragmentation, hierarchical relations, lack of trust, lack of consideration, and lack of responsibilities clarification. Opportunities and threats were related to the different financing systems which impeded or facilitated multidisciplinary team meetings and communication, the weak functional integration, the shortage of workforces, the lack of shared patients list, and the lack of of interprofessional education. Two issues were co-identified as common priorities: communication and task delegation. Actions prioritized by each area were related to these two issues and took local needs into account.

Discussions: Communication could be supported locally by improved ICT tools, and dedicating time for multidisciplinary team meetings. Task delegation is a more challenging issue to address and rises questions related to the nurses training and continuing education, task clarification, restrictive legislation and payment system. IPC seems to be easier to achieve when healthcare professionals belong to the same organization, with shared patients list, spaces and communication tools, and consider themselves as a “team”.
Conclusions: Benefits of interprofessional collaboration are widely agreed upon for the healthcare system in general. However, implementation of collaborative interventions depends on both governmental and local factors and has not yet been fully explored.

Lessons learned: IPC is more challenging to achieve in a context where healthcare providers don’t share a patients population and effective communication tools.

Limitations: The PAR did not include patients, only a patient organization in the steering committee of this project.

Suggestions for future research: Future research should address patient’s acceptance of task delegation.

Keywords: interprofessional collaboration; primary care; participatory action research