
POSTER ABSTRACT

Integration and its association with stress and quality of care – exploring collaboration between sectors

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Salla Lehtoaro, Laura Hietapakka, Timo Sinervo

National Institute for Health and Welfare, Finland

Introduction: A reform of health and social care services is a work in progress in Finland. Some counties have already started to restructure their services for the national reform by integrating their services and care. As a part of Competent Workforce for the Future project we aimed to examine if integration is associated with work stressors and quality of care (QoC) among health and social care workers.

Methods: Data were gathered in 2017. A questionnaire was sent to all workers of three different health and social care districts in Finland which are in a different stage of integrating their services. Total number of respondents was 1943 (88 % females). Integration was measured with a set of questions by asking participants to assess how well the collaboration with six different sectors (e.g. elderly care services, specialized health care, primary care) works. Stress was measured with a mean of four items (time pressure, The Nurse Stress Index). For the QoC, a 5-point Likert scale was used to assess whether quality of care had improved or decreased during the past three years. Covariance analysis was used to examine the QoC and work stressors with integration and district variables. Seven sectors were examined individually.

Results: The respondents assessed the collaboration to work best with social services and worst with mental health and substance abuse services (MHSA). Lower QoC in social work, elderly care services and MHSA sectors was associated with worse collaboration with primary care ($F=2.5$, $p=.05$; $F=4.1$, $p=.003$ and $F=3.1$, $p=.023$, respectively). Furthermore, in primary care lower QoC was associated with worse collaboration with specialized health care ($F=2.9$, $p=.036$). Higher rated stress in MHSA was associated with worse collaboration with specialized health care ($F=4.8$, $p=.002$). Further, higher stress in primary care was associated with worse collaboration with two sectors; other social services ($F=3.9$, $p=.01$) and specialized health care ($F=5.4$, $p=.002$).

Discussion: Our study demonstrated that in several sectors lower QoC was associated with worse collaboration with primary care, but not vice versa. When examining stress, this study showed that problems in collaboration with specialized health care were associated with more stress. The results could also indicate that health and social care are still very separated, despite the integration process and that workers in social care may have troubles in collaboration with health care workers. But in primary health care collaboration with social care is not valued as much.

Conclusion: It is important to facilitate the integration of services and collaboration between social and health care in order to improve the quality of care. Furthermore, since integration was associated with stress it would be important to support the workers in the implementation of the integrated services.

Lessons learned: Collaboration between social and health care needs to be strengthened.

Limitations: In order to get more reliable results regarding integration, a longitudinal data should be used.

Suggestions for future research: In the future research is needed regarding the problems in collaboration between sectors.

Keywords: integration; quality of care; stress
