

## CONFERENCE ABSTRACT

### **Multi-disciplinary workforce development: How managerial collaboration influences professional roles development in rural regions**

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#### ***Introduction***

Integrated care systems in Western countries are expected to meet multi-faceted challenges in contemporary health practice, such as an ageing population against the backdrop of increasing workforce shortage. In the Netherlands, particularly rural regions face great difficulties in attracting healthcare professionals, and healthcare organizations are increasingly confronted with emergency admissions of elderly patients due to staff shortages and related capacity issues, putting pressure on elderly, their relatives as well as healthcare professionals. However, scarce attention in research is paid on how managerial collaboration and professionals influence professional roles development across organisational boundaries.

#### ***Methods***

This study is part of an action-oriented research project ('RegioZ') in the Netherlands, in which healthcare organizations experiment with new forms of elderly care, focusing on the combination of professional roles development and organisational structures. In the region Zeeland, which is central to this study, elderly care facilities experiment with new professional roles development and collaboration between healthcare organizations (sharing medical capacity) to maintain regional coverage. However, professionals are employed within organisational boundaries, which makes initiatives on multi-disciplinary workforce development challenging – and particularly cumbersome in light of a geographic island structure and cultural religious differences between these islands. Interviews with professionals (n=23) and elderly care executives (n=7) are conducted as well as observations during project meetings, to deepen managerial collaboration in light of roles development. We use institutional theory to analyse this professional governance.

#### ***Results***

Professionals state that shared infrastructures (access to digital systems, agreements on task reallocation and triage) may strengthen roles development, yet point to historical conflicts and distrust between elderly care executives and professionals that hinder such initiatives. Interestingly, emphasis is placed on the clarification of roles and tasks, while some call for overlap in roles, tasks and responsibilities between professionals.

Interestingly, professional roles development serves as a strategy to build regional care networks, in which elderly care executives and professionals create momentum for closer collaboration.

### ***Discussion and conclusion***

The added value of this research lies within a deeper understanding how professional roles development is central in re-organizing care for growing elderly populations, and how this is used in the creation of collaborative structures, such as regional care networks. To sustain medical regional coverage, rural regions emphasize on professional roles development to deal with medical scarcity and changing client' needs. However, this study foregrounds the seemingly need for overlap in roles, tasks and responsibilities between professionals. Elderly care executives act as institutional entrepreneurs, in which closer collaboration is sought with professionals. This study learns us that the development of professional roles in light of regional collaboration is easily said, but hard to realize given region specific characteristics. Although Zeeland as a rural region is central in this study, results might be hard to generalize to more urbanised regions. However, this study contributes to other Western countries facing comparable demographic and epidemiological trends. We suggest further research unravelling collaboration structures that underpin the overlap in roles, tasks and responsibilities between professionals, and how managerial collaboration (re)adjusts for this.