



# A cross-sectional exploration of the generative mechanisms and potential staff outcomes associated with interprofessional collaboration within the newly established community specialist teams integrating care for older people in Ireland



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## Background



- The National Clinical Programme for Older Persons Service Model<sup>1</sup> describes comprehensive service delivery supported by interdisciplinary teams transitioning care for older people along end-to-end integrated care pathways. Interprofessional Collaboration (IPC) is core to the implementation of this service model. However, there is an evidence gap in understanding what works to support IPC in this context. Furthermore, little is known about the staff outcomes that may be associated with these new ways of working for Medicine, Nursing and Health and Social Professionals (HSCPs) employed in interprofessional teams.
- This study describes the generative mechanisms and staff outcomes that may be associated with IPC among professionals employed in the 30 newly established community specialist teams for older persons (CST-OPs). This local stakeholder knowledge supports an ongoing realist review of international evidence generating initial programme theory (IPTs) on what works and why to support IPC in community-based care integration for older people.

## Method

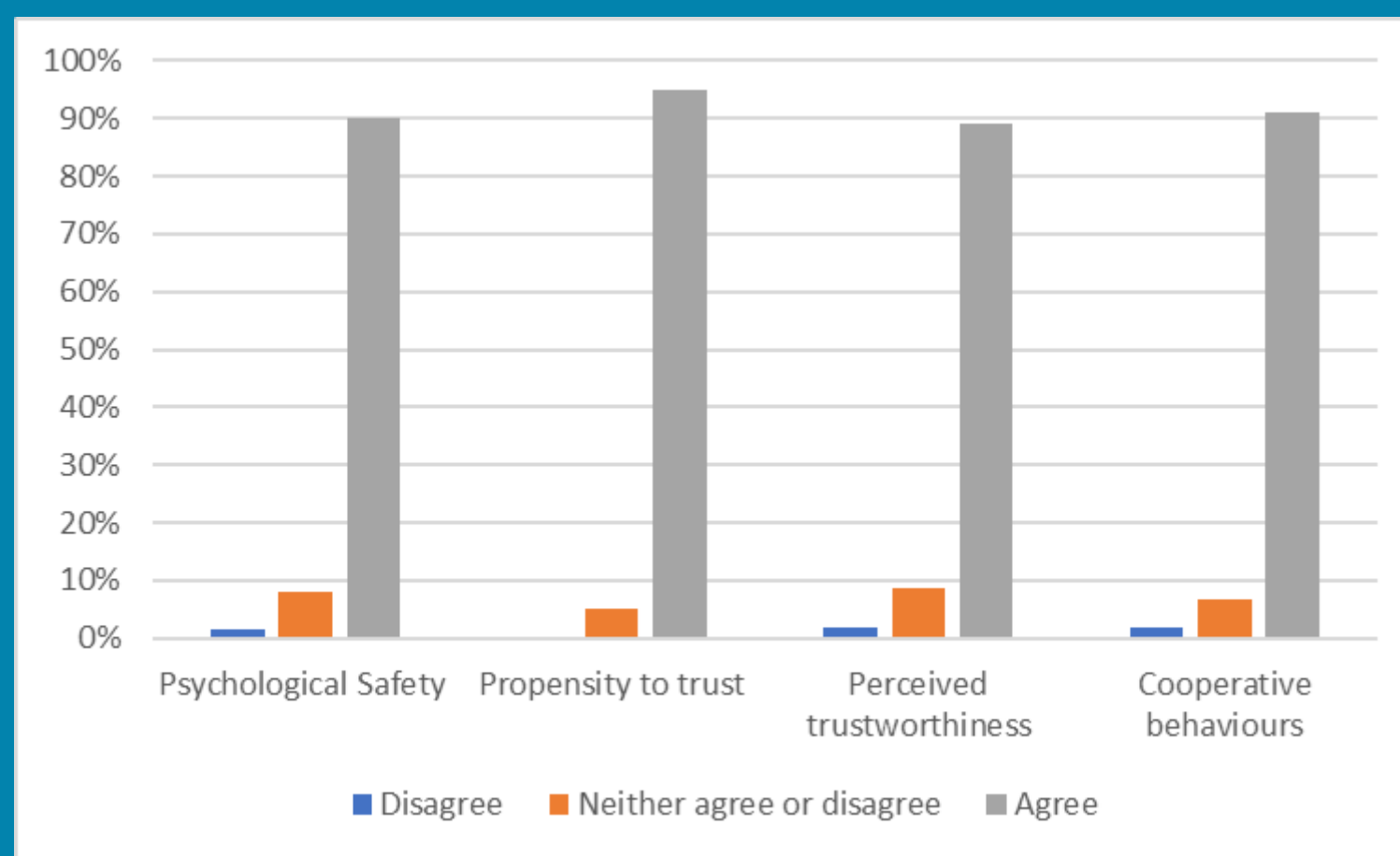


- The study employed a cross-sectional survey of all members of the community specialist teams for older people (N=30). This included administrative support staff, operational leads, clinical leads as well as healthcare professionals.
- The survey measured the team's level of competencies related to effective IPC as identified in the co-designed ECLECTIC framework<sup>2</sup>, trust<sup>3</sup>, work engagement<sup>4</sup> and psychological safety<sup>5</sup>. The survey further explored the resources, barriers and enablers to introducing service improvement initiatives as part of the new interprofessional teams.
- In addition to the survey, a focus group meeting was held with 11 operational team leads representing CST-OP's from 7 Community Health Organisations.
- The focus group explored barriers and enablers for interprofessional working in the newly developed CST-OP's.
- From the survey respondents (N=69), 56.5% were working in a CST-OP that is operational for less than one year. Furthermore, 68.1% of respondents were employed in the CST-OP for less than one year.

## KEY FINDINGS

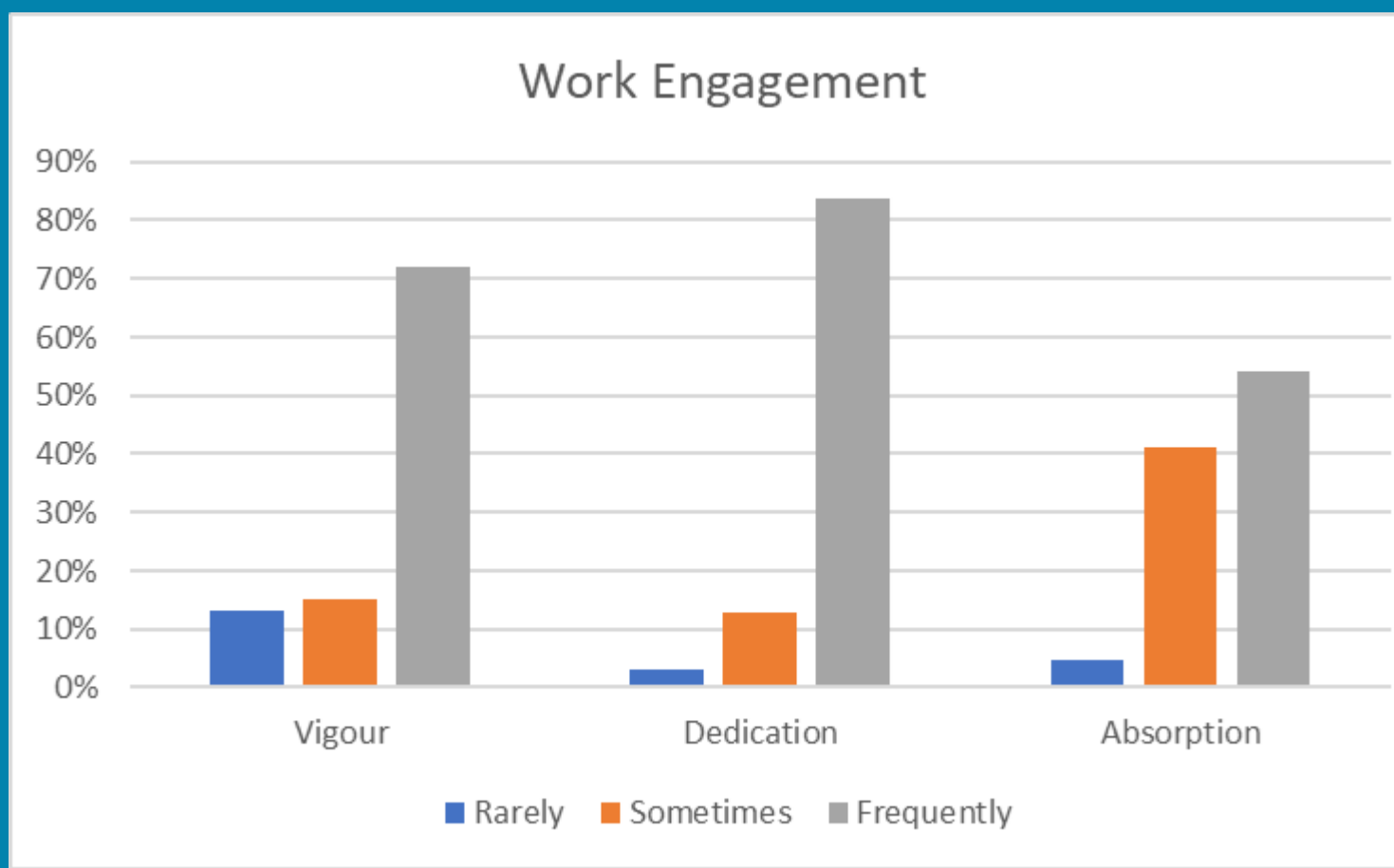


### Reasoning mechanisms



- The presence of **psychological safety** and **trust** within an interprofessional (IP) team are hypothesised to be reasoning mechanisms that enable IPC among medicine, nursing and health and social care professionals (O'Donnell et al., 2021).
- The respondents of the survey reported high levels of both psychological safety and trust. 90% of respondents experience **psychological safety** within their team. Moreover, 92% agreed that the teams they worked for **demonstrated cooperative behaviours** and 94.5% **perceived high levels of trustworthiness** in their teams.

### Work Engagement Outcomes



- The research team hypothesised that high levels of psychological safety and trust within a team working within the context of IPC leads to positive outcomes related to work engagement.
- There was evidence of high levels of work engagement among the survey respondents. The respondent mean score for overall work engagement was 5.8 (min=1, max=7). Over 70% of respondents indicated that they experienced feelings of **vigour** in their work frequently (a few times a week or everyday). Over 80% of respondents frequently experienced a sense of **dedication** to their work and 54% indicated feeling **absorbed** in their work frequently.

## Implementing Interprofessional Service Improvement Initiatives

### Case Study 1

#### Introduction of a new care plan process

##### Generative Mechanisms

###### Resource mechanisms

- Human and time resources for planning.
- Sufficient time to introduce the change.
- IT resources- IT hardware, AV equipment, a shared drive and specialised care planning software.
- Infrastructural resources- on-site space for multidisciplinary team meetings.

###### Reasoning mechanisms

- Positive interdisciplinary team dynamics and relationships.
- A shared understanding of the need for change.
- A shared goal to improve the care plan.
- Support from management to develop the change.
- Feeling of agency within the team to introduce change.
- Clarity about what the care plan should include.

### Case Study 2

#### Development of a service user feedback survey

##### Generative Mechanisms

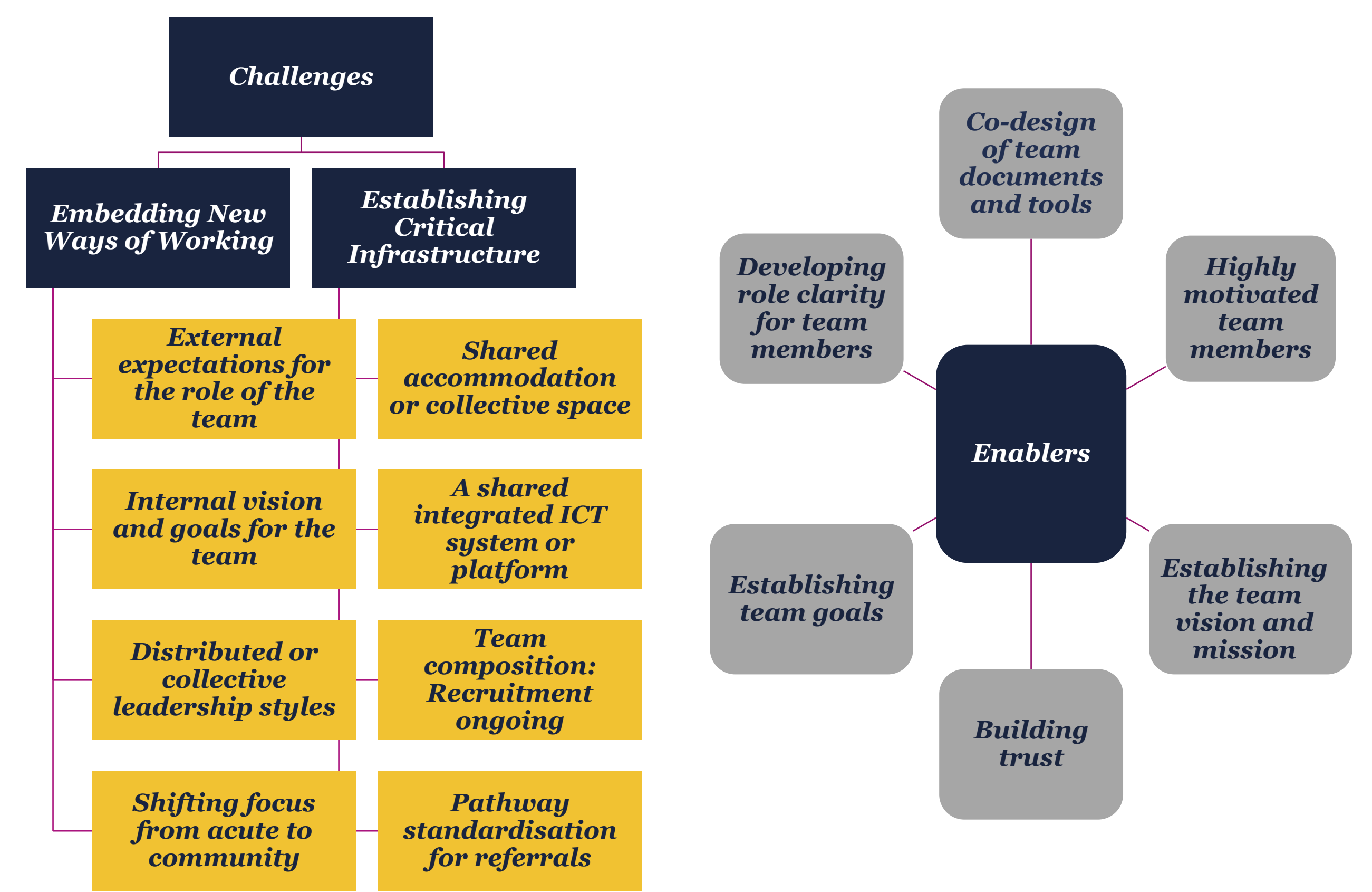
###### Resource Mechanisms

- Financial resources for postage.
- Administrative support.
- IT resources for data collection, accessing relevant information and research
- Infrastructural resources- on-site office space for meetings.

###### Reasoning Mechanisms

- High level of input and engagement from different disciplines to co-design the questionnaire.
- Support from leadership.
- Timely communication and responsiveness from team members

## Understanding Implementation Barriers and Enablers of Collaboration: Operational Lead Perspectives from Focus Group



## CONCLUSION

The barriers to developing interprofessional collaborative working identified by the operational leads can largely be attributed to the relatively recent establishment of the programme.

- They noted that there was a **need to embed new ways of working** with the culture of care for older persons.
- They also described the need for **critical infrastructural investment** to support emerging teams.

- Operational leads described the **highly motivated team members** recruited to the community specialist teams. This corresponds to the high levels of work engagement identified in the survey.
- Establishing **trust, role clarity and team vision, mission and goals** were identified as critical to supporting IPC.
- Collaborative **co-design of standardised documents and tools** was noted an important mechanism for building IPC. For example a co-designed interprofessional screening tool for triaging referrals was described.
- Three important resources** recognised by the group as supporting team development were:
  - The ECLECTIC Step-By-Step Guide to Developing Core Competencies for Interprofessional Collaboration in Integrated Care for Older Persons (with UCD Co-Lead Resources)
  - HSE Practice Guidance for Older Person Multi-Disciplinary Teams
  - 10-Step Integrated Care Framework for Older Persons.

The research team hypothesised that there is an association between the reasoning mechanisms, psychological safety and trust, and work engagement outcomes in nursing, medicine and health and social care staff working within interprofessional teams.

However, a prospective study is required to determine the causal relationship between psychological safety, trust and levels of work engagement within the context of IPC in healthcare. Moreover, further research is required to identify and measure the care outcomes of IPC for older people.

### Case Study 3

#### Operationalising a new DXA scan service within the CST-OP

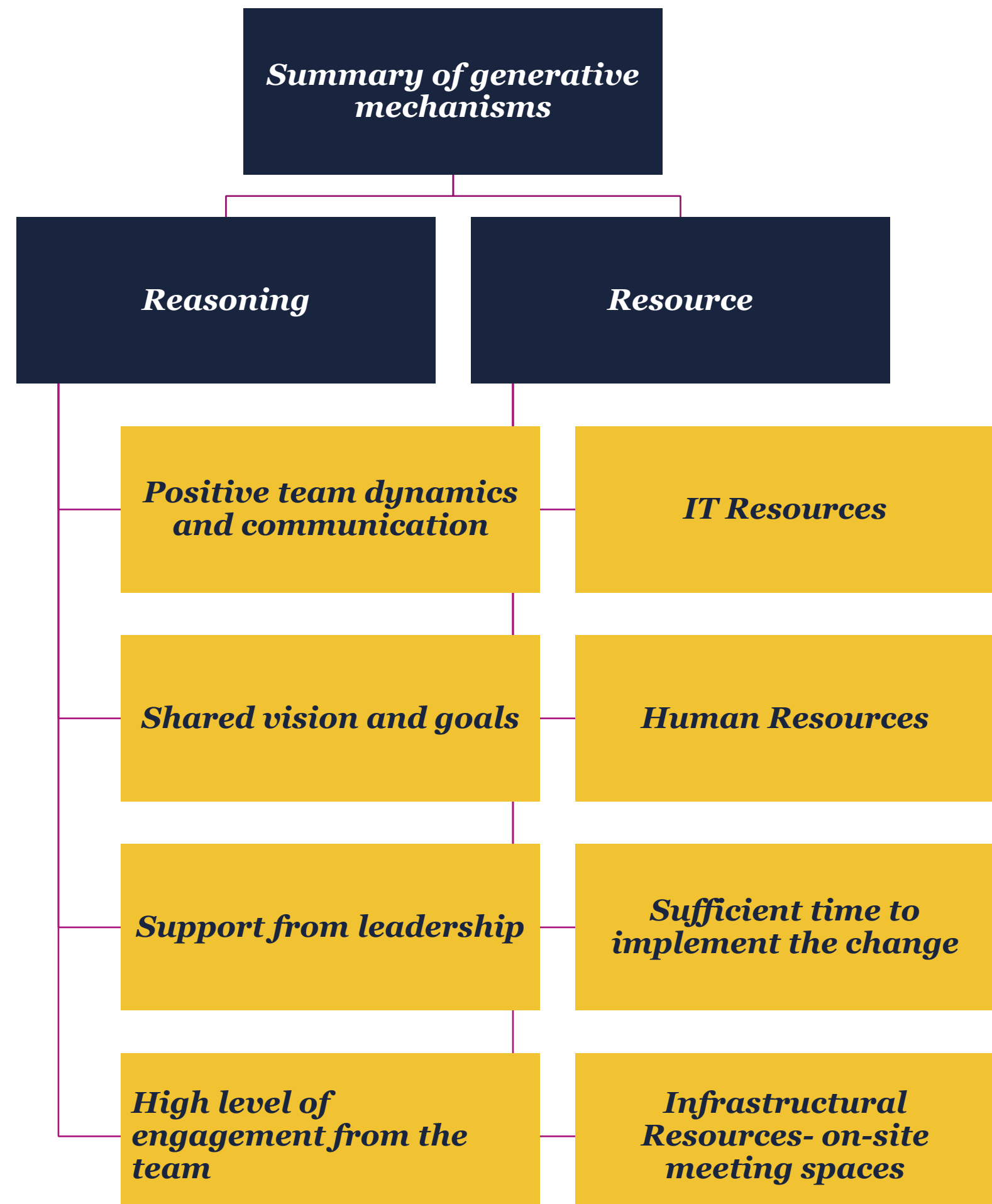
##### Generative Mechanisms

###### Resource mechanisms

- On-site training showcasing how to use the new device.
- Co-location with other radiation facilities (e.g., scanning, X-ray).

###### Reasoning mechanisms

- A high level of engagement and input from relevant national and local stakeholders.
- Willingness of staff to engage with a policy group which was necessary for registering the new device with the EPA as well as liaising with relevant stakeholders.
- Communication in the form of meetings.
- Information sharing with other sites that have experience using the new device.



## References

- Enhanced Community Care [Internet]. HSE.ie. Available from: <https://www.hse.ie/eng/about/ourorg/ourorg.asp>
- O'Donnell D, O'Shea M, Donnelly S, Ni She É, O'Donoghue G, Bourke N, et al. Getting Started in Developing Core Competencies for Interprofessional Collaboration Within Integrated Care Teams for Older People: A Framework for the National Integrated Care Programme for Older Persons [Internet]. ICPOP. University College Dublin; 2021 [cited 2023 May 16]. Available from: <https://www.ncpop.org/eng/about-us>
- Costa, A. C., & Anderson, N. (2011). Measuring trust in teams: Development and validation of a multifaceted measure of formative and reflective indicators of team trust. *European Journal of Work and Organizational Psychology*, 20(1), 115-154.
- Schaefer, W. B., Baker, A. B., & Sitkinova, M. (2006). The measurement of work engagement with a short questionnaire: A cross-national study. *Educational and Psychological Measurement*, 66(4), 701-716.
- Edmondson, A. (1999). Psychological Safety and Learning Behavior in Work Teams. *Administrative Science Quarterly*, 44(2), 350-383.

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Scan the QR code to download the ECLECTIC Step-by-Step Guide to Developing Core Competencies for Interprofessional Collaboration in Integrated Care for Older Persons

