

Exploring the role of home care organizations in the composition and functioning of mixed care networks of frail older adults

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ILPN, 5th-8th September 2012, London



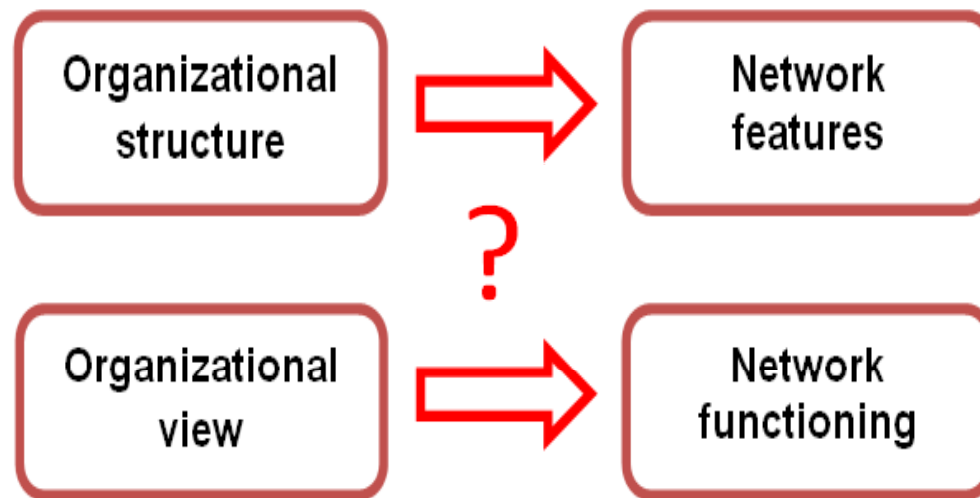
BACKGROUND

- Mixed care network = informal & formal caregivers (Geerts, 2010)
- Relevance & prevalence increases
- Differ in size, composition, contact and coordination
 - Impact of care receiver and informal caregiver (Jacobs et al, forthcoming; Tonkens et al, 2008)
 - Impact of home care organizations?

OBJECTIVE

Exploring the role of home care organizations in the composition and functioning of mixed care networks of frail older adults

By looking at:



THEORETICAL FRAMEWORK (1)

Organizational structure

Mechanistic

- Hierarchic
- Centralization of knowledge
- Top-down communication
- Differentiation & formalization of tasks

(Burns & Stalker, 1961)

Organic

- Flat
- Distribution of knowledge
- Lateral communication
- Redefinition of tasks in interaction

(Burns & Stalker, 1961)

Mechanistic elements in home care organizations, 'new' organizational forms are increasingly signaled

(Da Roit, 2012; Kim, 2011; Van der Boom, 2008; Van Dalen, 2010).

THEORETICAL FRAMEWORK (2)

Organizational view on informal caregivers

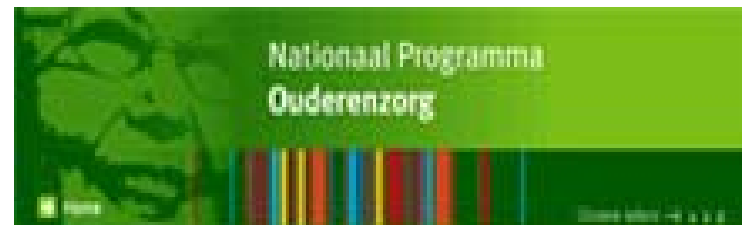
- Carer as resource
 - First informal care
- Carer as co-worker
 - Cooperation
- Carer as co-client
 - Cooperation, support, well-being
- Superseded carer
 - Relieving informal caregiver



(Twigg 1989; Twigg & Atkin, 1994)

METHODS (1)

- Research project: Care networks of frail older adults
- 8 home care organizations & 3 voluntary organizations
- Semi-structured interviews with
 - 75 older adults
 - 94 informal caregivers
 - 102 professionals



*National care for the elderly program

METHODS (2)

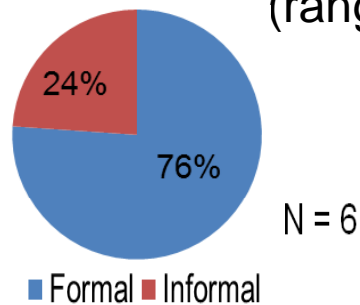
- 12 mixed care networks from 2 home care organizations
- Organizational structure & view on informal caregivers (informants & policy documents)
- Information about mixed care networks:
 - Size, % formal & informal caregivers (older adult & caregivers)
 - Task differentiation (older adult & caregivers)
 - Frequency communication formal & informal caregivers (formal caregivers)
 - Evaluation of communication and cooperation between formal and informal caregivers (formal & informal caregivers)

RESULTS (1)

Organizational structure & network composition

Organization A

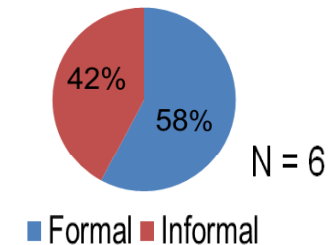
- Relatively mechanistic oriented
- Average no. caregivers: 13.8
(range 10-22)



- High task differentiation, more teams

Organization B

- Organic oriented
- Average no. caregivers: 9.0
(range 2-16)



- Lower task differentiation

Organization of work processes from organization A requires more formal caregivers

RESULTS (2)

View on informal caregivers & functioning of networks

‘Carer as co-client’ frame in organization A & B

But in practice:

- Low frequency of communication
- ‘No cooperation’
- No support offered to informal caregivers

Suggestions for improvements

- Initiative for additional tasks
- Stability in no. of caregivers
- More contact

Resp: ‘Well, I think they should at least make some more contact, yes, with regard to what they will be doing, or yes, what can be done. Or whatever.’

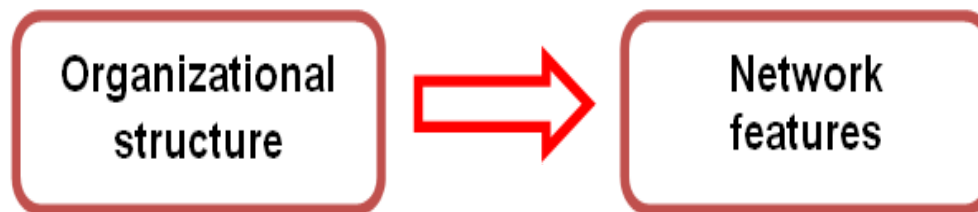
Interv: ‘What you could do or...?’

Resp: ‘Yes! Or in any case, when something is the matter, that there is at least consultation. But now they just do.’

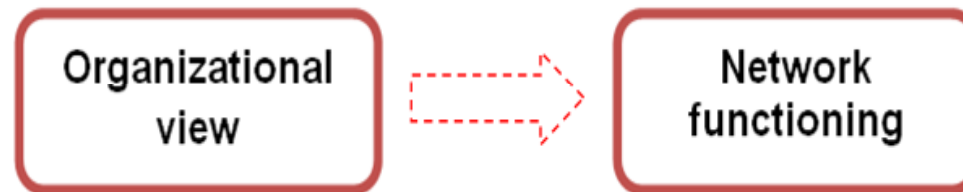
MAIN CONCLUSIONS

Trends found:

- Organizational structure leads to different network features. Mechanistic organization needs more professionals when care needs of older adults are comparable



- Organizational view on informal caregivers is not seemingly reflected in functioning of mixed care networks



DISCUSSION

- Efficiency & costs of care delivery
- Consultation between formal and informal caregivers?
 - One formal and one informal caregiver (Jacobs et al, forthcoming)
- Discrepancy organizational policy and daily work practices
 - Work processes in line with organizational policy?
 - Role of individual professionals in policy development and application?



Questions?

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