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

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

By looking at:

- Organizational structure
- Organizational view
- Network features
- Network functioning
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<th><strong>Mechanistic</strong></th>
<th><strong>Organic</strong></th>
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<tr>
<td>• Hierarchic</td>
<td>• Flat</td>
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<td>• Centralization of knowledge</td>
<td>• Distribution of knowledge</td>
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<td>• Top-down communication</td>
<td>• Lateral communication</td>
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<td>• Differentiation &amp; formalization of tasks</td>
<td>• Redefinition of tasks in interaction</td>
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(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• Superseded carer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)
• 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**
‘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.
• 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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