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Hengelaar, Rieke; van Hartingsveldt, Margo; Verdonk, Petra; Abma, Tineke

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Impact of diversity on the collaboration between clients, informal caregivers and health professionals: an intersectionality perspective.

RIEKE HENGELAAR, MARGO VAN HARTINGSVELDT, PETRA VERDONK & TINEKE ABMA

INTRODUCTION

Collaboration between professionals and (informal) caregivers is not always effective. The AUAS elaborates on the differences between groups when it comes to giving and receiving informal care. This is important, because professionals and caregivers have different frames of reference when it comes to providing care. Cultural assumptions cause different experiences, but individual and cultural needs are not always taken into account (Wittenberg et al. 2018). Diversity can be experienced as stressful by (healthcare) professionals, which can complicate the collaboration (Hengelaar et al. 2018).

AIM

1) gain insight in the role of diversity in collaboration within care networks consisting of a client and caregiver, with and without a background in migration, and professionals. 2) interpret differences in collaboration within care networks from an intersectionality perspective (e.g. gender, age, ethnicity, SES).

METHOD

40 semi-structured interviews were conducted with clients with TBI, caregivers (with and without a migration background), divers (healthcare) professionals. Interview data is combined with a visualisation exercise regarding care networks and discussions in care networks about moral dilemmas. Analysis is done with a community of practice consisting of 12 actors from different care networks. Creative hermeneutics is used as a method of analysis.

IMPLICATIONS

- Professionals are positive about provided care, while caregivers don't feel supported. They have other ideas about what caregivers' responsibilities should be.
- Discrepancies in experiences between formal and informal care should be eliminated by dialogue.
- Social work and (allied) health professions should put more emphasis on collaboration between formal and informal care with an emphasis on open dialogue and true partnership.

MORE INFORMATION AND CONTACT

Rieke Hengelaar:
Faculty of Health
www.hva.nl/achieve
a.h.hengelaar@hva.nl
Twitter: @RiekeHengelaar

RESULTS

Division of care responsibilities is subject to tension and moral dilemmas. The main dilemmas concern division of care responsibility, autonomy, privacy, self reliance, professional attitude, loyalty, self care, caring for the other, empowerment, openness.

"I want to let go, always to having to be there is too much. I takeover control of everything this is sometimes also self-preservation; Letting go and choosing for personal care seems much more difficult for M. Norms and values play an important role here".

Regarding the role of diversity several preliminary themes come forward:

Dealing with assumptions, (mis)communication, prejudice, powerlessness, verbal versus nonverbal, politically correct, difficulty to make explicit, process evaluation.

INFORMAL CARE
PROFESSIONAL-CAREGIVER
COLLABORATION
DIVISION OF CARE / DIVERSITY