

P5 REFLECTION

BETTER TOGETHER: The short-term care centre as a means for integrated care - a qualitative study
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1. PROCESS

This graduation process started with the decision to join the new Cross Domain Health lab. About two things I was unsure: which topic to choose, and what was required of me as student in this new, interdisciplinary lab which had a lot of great ideas but no track record.

One of the reasons why I chose to immerse myself into the healthcare sector is because it is so dynamic and complex. That was also the reason why it was difficult for me to choose one topic. A topic that not only would keep me interested for a whole year, but also one that is relevant to the care provider for which I was going to write an advice. I wanted to find a topic in which real estate could be beneficial for multiple aspects.

Something that has cost me a lot of time is that I changed my research plan all the time, also after the P2. Not knowing what you exactly want to research, makes it impossible to start retrieving useful data.

After a while, my process reminded me of what I learned during the first year of my master: the strategy theory of Mintzberg (1978). I started with an intended strategy of focusing on intermediate care only, but after a couple of interviews I decided that I would achieve more if I researched all types of short-term care. Although the general idea remained quite the same, the focus changed multiple times, and respondents gave me new ideas. This taught me that you can plan a lot, but that you should also allow space for new and better ideas.

The second thing I was unsure about was how the idea of an interdisciplinary lab would turn out in reality. The road has not been without its bumps, but for me it was very valuable to have a group of students that have each other's backs and look at things from a different perspective. The collective passion for healthcare (users) gave me the energy and optimism that our research and designs can have a positive impact on people.

Healthcare regulations and policies, literature on real estate and integrated care, in depth interviews and focus group sessions were the main ingredients of this research. Because I broadened my research topic after the P2, I only had time to organize focus groups after the P4. I am glad that this was allowed, because it helped me with developing more concrete answers on issues that I was still unsure about. I was feeling quite apprehensive at the start of each session: what if no one liked my idea? However, I found that everyone was quite convinced and supportive of my findings and real estate proposal, and the willingness of almost all respondents to invest time in helping me showed me that they at least consider short-term care (and thus my research) to be an important topic.

One of the lessons that I learned is that there is a fine line between choosing a relevant topic that is new and a topic that is too new. You need some scientific research for the problem analysis and literature research. Because intermediate care is such a new product, research only started to become available right before my P3. However, it was nice to see that the conclusions that were drawn by large healthcare institutions are very similar to mine.

2. RESEARCH APPROACH

My research approach consisted of three basic elements: understanding the core business and deciding to what extent integration is possible; determining how real estate can add value to these new and more integrated processes; and establishing the most important changes that the organisation needs to make in order to realise this new way of working. Qualitative data analysis always relies on the interpretation of the researcher, and it cannot be said that the solution that I propose is the perfect solution. Especially for care providers there is a large tension between business and client perspectives.

There are always drawbacks to a plan, and an important limitation of my research is that no financial impact analysis was performed. However, there are opportunities regarding optimising the workforce, the value of real estate, quality of care and the chance to strategically reposition the care provider by making it an expert in short-term care. That makes this research significant for the care provider.

3. RESEARCH TOPIC

Position within the graduation laboratory

The Cross Domain Health lab is based on three pillars: healthcare, the built environment, and users. This research concerns the possibility of combining short-term care processes (healthcare), and determines a functional real estate program that is aligned with these processes (built environment). According to literature, integration of care should benefit three types of user: clients, healthcare professionals and the organisation. Therefore this thesis covers all elements of the lab.

Part of this graduation process was the creation of a docufilm and board game with the other students of the laboratory. The docufilm was a medium to let users speak for themselves. Because of privacy issues it was difficult to film actual clients, but managers and other employees were willing to explain more about the chosen research topics of the students. It gave insight into practice, while in the first stages of research it is usually only about making sense of scientific literature. Besides this, it allowed me to develop a new practical skill: editing movies. The board game was devised to combine the conclusions from the six theses. The game aspect lets users (employees of the care provider, clients, family et cetera) think actively about the conclusions that were found. This can create some ownership of the ideas and will hopefully lead to real actions.

Position within Management and the Built Environment

The Cross Domain Health lab is, as it says, a cross-over between different domains within the faculty. This provided the possibility to choose from a broad range of topics, as long as it was related to healthcare. My research topic is about understanding the primary process in order to develop a strategic real estate advice. This is typical for real estate management and fits within the Management in the Built Environment master.

4. DISSEMINATION

Transferability

Although this research can be used as a first exploration of the possibilities for the care provider that was studied, it must be said that the conclusions cannot directly be transferred to other organisations. Other care providers have different organisational structures, cultures and different contextual circumstances. The characteristics of the care provider that was studied needs to be taken into account when aiming to transfer the results onto another care organisation.

Validity

Due to this research approach, some bias can exist in the results. Sometimes, only one person for each type of short-term care was interviewed. Preferably, this would have been at least three people for each type of short-term care so statements can be compared, but this was unfeasible due to time restrictions. Secondly, bias can exist because only people with a managerial position were interviewed. For the same reason stated above, it was not feasible to talk to all types of healthcare professionals. However, most of the data that was retrieved through semi-structured interviews is quite consistent with available literature and research, and information about the healthcare sector in general. The focus groups were used to add validity by discussing a few topics that were raised by individual respondents with the whole group.

Societal relevance

The underlying aim of this research was to provide higher quality care to clients while optimizing business operations through the alignment of real estate to the care processes. Fragmented, small scale short-term care units do not offer the best care environment and facilities. Clients are in a vulnerable position, so optimizing work processes and the built environment can have an important positive impact on them. More efficient business operations means that money can be spent on quality instead of inefficiencies. Besides this, personnel can be used more efficiently, which is especially important considering the difficulties in finding enough qualified personnel (RTL Nieuws, 2018). What is an added bonus is that with creating a short-term care location with a clear identity, healthcare professionals can be targeted more effectively. A respondent with a nursing degree was quite enthusiastic about the idea of having all types of short-term care together, because it is much more dynamic than long-term care. It offers the possibility to visit other departments to learn more (Appendix M). It could therefore become a new type of work environment in the elderly care sector which is appealing to a certain group that now rather works in hospitals.

Scientific relevance

This research is about how real estate can add value to accomplishing integration of short-term care. What was remarkable is that there is very little scientific literature on the impact or value of real estate for the health related care and service providers. Literature and government policies mainly discuss the financial side of healthcare real estate. An important finding from this research is that real estate can play an important role in creating an identity that corresponds with the type of care (environment) that is provided, but that it can also be a barrier to integrated care.

Besides a lack of literature on the added value of real estate for health related care and service providers, it also became apparent that there is very little to no literature on examples of integration of short-term care. With 'integrated care' being a buzzword in the scientific community, I expected to be able to find more research. This means that this research is one of the first to explore the possibilities of horizontally integrated short-term care, while also being one of few that looks at how real estate can play a role in adding value to the care processes.

Sectoral relevance

Since the announcement of the healthcare reform, real estate managers and consultancy firms have busied themselves with aligning real estate to the new healthcare processes. Care homes were transformed, sold or demolished, and the total number of long-term care beds have been brought down. Currently, short-term care is developing fast, and it seems that many care providers have not yet aligned their real estate to these new developments. This research can be viewed as the first exploration of the issues regarding short-term care in relation to real estate. It can give more clarity in the benefits and disadvantages of concentrating short-term care. Other care providers can take these ideas and fit them to their situation.