

The professionals' voice matters

– a cultural-theoretical and discourse-analytical exploration of the relationship between the organization of home care in interdisciplinary teams and the roles of professionals, professionalism, professional identity, and collaboration.

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Abstract

Denmark and other European welfare states face changes in the organization of home care. Based on a cultural-theoretical and discourse-analytical approach, this article of a literature study analyzes the development of interdisciplinary teams in home care in Denmark (2017-2022), where home care has shifted from being multidisciplinary, towards interdisciplinary or transdisciplinary models. The article focuses on the importance of organization in teams for roles, professionalism, professional identity, and collaboration of home care's various professionals.

The cultural-theoretical and discourse-analytical exploration shows there have been profound changes in home care over a short period of time with regard to centralization, decentralization, reforms and new ways of organizing home care shared between the state and municipalities. The new models, where the professionals are organized in interdisciplinary teams are seen politically and administratively as a solution to challenges such as an ageing population and shortage of professionals.

Municipalities focus on professionals but not on the development of conditions and frameworks within their own forms of collaboration and organization. In the interdisciplinary teams, some professionals are designated new roles, tasks, and positions, while others relinquish them, and the

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role of some professionals is not even stated. Such development is significant for the professionals' experiences of their professionalism and professional identity. The new forms of collaboration affect the professionals; social and healthcare- helpers and assistants, nurses, physiotherapists, and occupational therapists, differently.

The analysis of the literature shows that the Dutch Buurtzorg- and the Swedish Västervik-models are emphasized. Both models focus on citizens and not on the expertise of professionals and changes within. The municipalities' inspirations and processes for reorganizing the international models seem inadequately explored.

The article concludes with perspectives on the findings of the exploration, as well as what is lacking in terms of knowledge, and thus calls for further exploration; perspectives of relevance in Denmark and internationally to qualify the future development of the organization in home care.

Keywords: Interdisciplinary teams, professional identity, home care, the four-dimensional concept of culture, Højrup, Foucault.

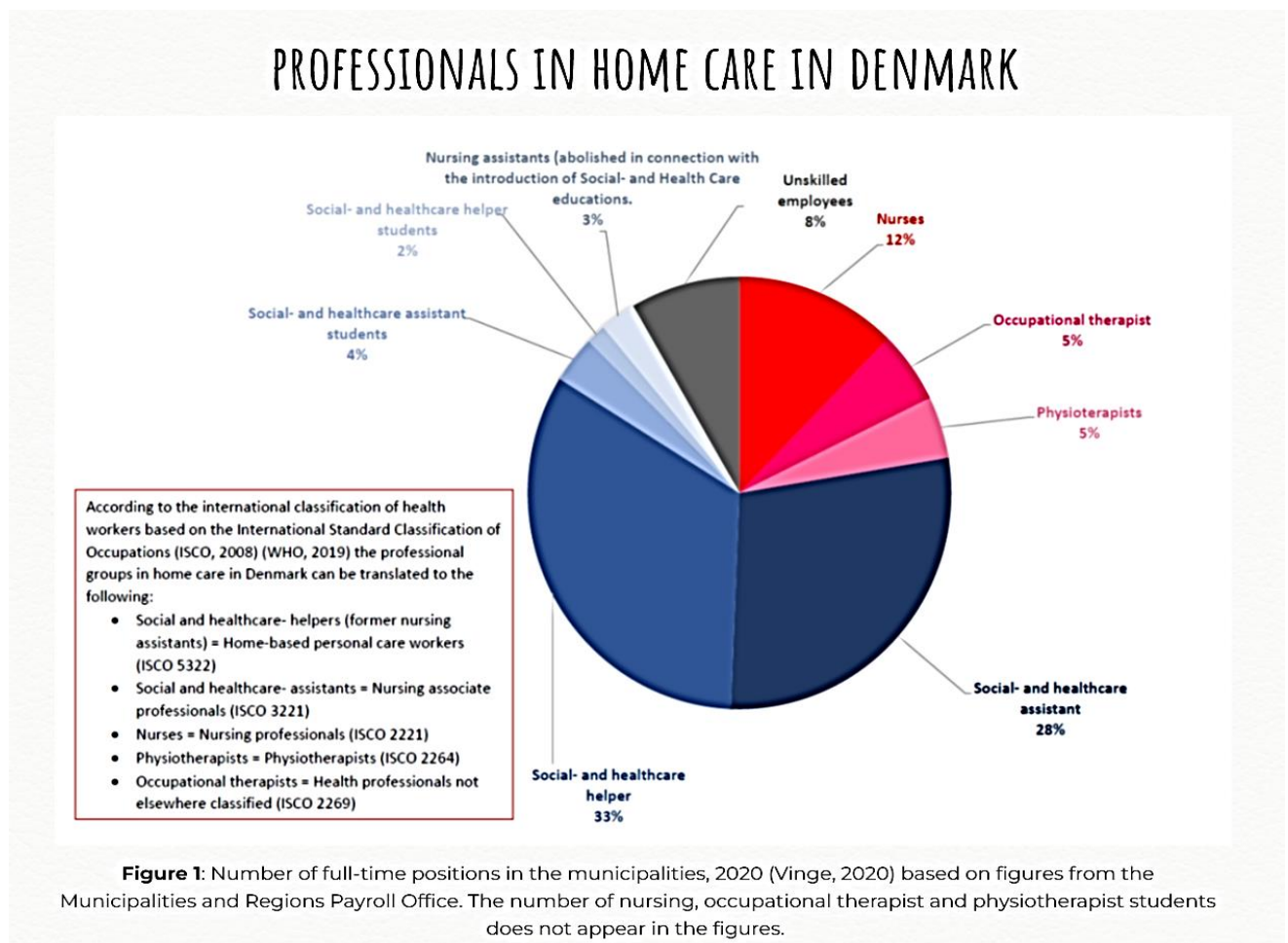
Introduction

In recent years, home care¹ has undergone profound changes all over Europe.

WHO (2012) points out that a larger part of the care and treatment of the elderly in European states has shifted from hospitals to home care. In Denmark, the Municipal Reform in 2007 meant a changed distribution of tasks, where municipalities were given responsibility for care and treatment of elderly (Indenrigs- & Sundhedsministeriet 2005).

The demographic development in Europe, with more elderly living longer (EU, 2021), also means that there are more elderly people with multimorbidity and chronic disease patterns (WHO, 2018), and there is thus also an increased need for support from the healthcare system (EU, 2021).

It has become difficult to recruit and retain professionals in home care everywhere in Europe (WHO, 2022). In Denmark, in 2021, around 40 percent of recruitment drives for social and healthcare -helpers and -assistants (hereafter helpers and assistants) and nurses, which make up the three largest professional groups (Figure 1), were unsuccessful. Likewise, the proportion of helpers, assistants and nurses who are employed in care of the elderly decreases the longer they have been in the labour market (Social- & Ældreministeriet, 2022).



The revised requirements and tasks for home care have called for new ways of managing and organizing the work. This may be regarded a consequence of the fact that fewer professionals are caring for an increasing number of elderly citizens in European states. New organization models are

¹ We use the term home care in line with WHO's understanding, i.e. as all services (home help and home nursing care) carried out in a citizen's own home (WHO, 2012, p. 1).

being tested in different versions of interdisciplinary teams in home care in Denmark (VIVE, 2022a) and Norway (Eide et al., 2018), Finland (Jantunen et al., 2020) and England (Hamm & Glyn-Jones, 2019). All of these models require that professionals from different professions work together in teams on person-centred home care, and with different professionalism and professional boundaries overlap, while the ways of understanding and managing teams are different. In Denmark, inspiration is sought especially from the Dutch Buurtzorg-model (VIVE, 2020).

What does the new form of organization mean for the professionals' roles, professionalism, professional identity, and collaboration? The delineation to other professionals is an essential element in professionals' professional identity (McNeil, Mitchell & Parker, 2014). With the development of interdisciplinary forms of collaboration in home care, the established boundaries between professions are being challenged, and the professional identity of the different professions may be challenged accordingly (Wackerhausen, 2004, 2009).

In a competence course on interdisciplinary collaboration in home care that one of this article's authors supervised, the professionals had different ways of articulating their experience of professional work and professional identity within the interdisciplinary organization. Several physiotherapists said that their rehabilitative tasks on busy days were canceled in favour of care tasks, which gave the impression that the physiotherapy tasks were less important than the care tasks. An occupational therapist who often took over the tasks of other professionals said: "I feel like a good interdisciplinary collaboration partner, but I doubt whether I'm a good occupational therapist". By contrast, one nurse felt that "if everyone else can take over my tasks, what is the special thing that I can do" (Absalon).

Through a literature study, this article explores the development of home care in Denmark over the past five years, with a focus on interdisciplinary collaboration in new organizational forms. We posed the following research question: *What significance does the organization in interdisciplinary teams in home care have for professionals' roles, professionalism, professional identity and cooperation with other professions and their employers, the municipalities?* The professionals we refer to belong to one of the five typical professional groups within Danish home care: social and healthcare -helpers and -assistants, nurses, physiotherapists, and occupational therapists.

The purpose of the study is to map and conceptualize the knowledge base for development within the organization of home care and the accompanying changes to the professionals' tasks, division of labour and cooperation in home care from the perspective of both the municipalities and employees. As an additional purpose, the study also aims to identify gaps in the existing knowledge base and point to areas that thus call for further exploration.

The literature study is the first phase of the research project "Interdisciplinary cooperation in new forms of organization - professionalism and professional identity", which is carried out in collaboration between University College Absalon and Fremfærd Sundhed & Ældre² (VPT, 2023). The literature study's findings have subsequently been used in the second phase of the research project, which is a fieldwork study in three Danish municipalities with interdisciplinary teams of the kind described above. This article is based only on phase one's literature study. We are in the process of analyzing the data developed in the fieldwork in the study's phase two.

² Fremfærd is a collaboration between employers and unions focusing on the development of tasks in the welfare system in the municipal labour market (Fremfærd, 2023). Herunder Fremfærd Sundhed & Ældre focus' is the elderly (Fremfærd Sundhed & Ældre, 2023).

The cultural-theoretical and discourse-analytical exploration

The research question is explored in a literature study based on a cultural theoretical and discourse analytical approach. In the following, the study's approach, method, and key concepts are clarified.

Approach

In the exploration, a cultural theoretical approach is used in the form of ethnologist Thomas Højrup's four-dimensional concept of culture (Højrup, 1995, 2002, 2003a) and the concept of interpellation (Buus, 2001), combined with philosopher Michel Foucault's (1972) concept of discourse.

From a cultural theoretical approach, the interdisciplinary teams in home care are created and continuously shaped in a mutual interaction between different dimensions. These are: the state, other states, municipalities, and professionals. In the current study, the dimensions are here analyzed from a general, international, specific, and individual perspective (Figure 2).

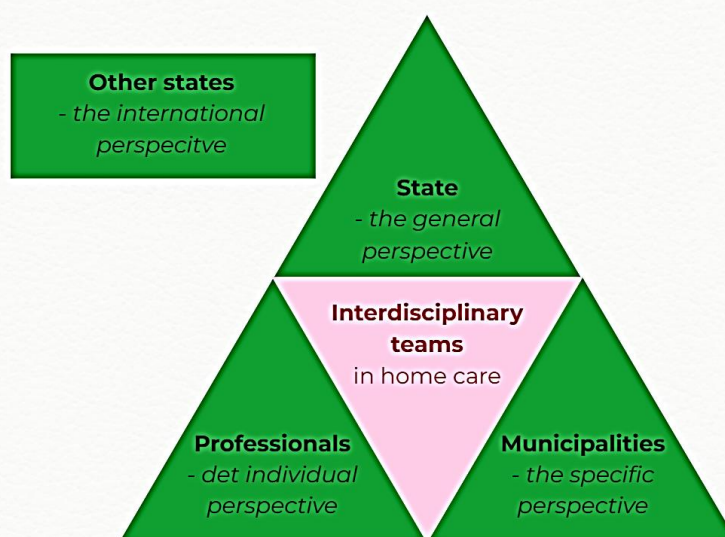


Figure 2: Structure for the cultural-theoretical and discourse-analytical exploration based on the four-dimensional concept of culture. The illustration is inspired by Ph.D. Lisa Monica Fälling Andersen's model (Fälling Andersen, 2020), which is loosely based on Højrup's figure in the book "Omkring livsformsanalysens udvikling" (Højrup, 1995, p. 121, 2003a, p. 149).

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The current development of interdisciplinary teams can be seen as an attempt to articulate and establish a new form of practice. The concept of practice is defined here by goal, means, cause and effect. Every practice sets internal goals that determine the means that are used. Every goal is also prompted externally by a cause with the desire to create a specific effect through means (Højrup 1995, p. 69-71, 2003a p. 106-109). The municipalities' development of interdisciplinary teams can be internally analyzed as determined by politically goals that the municipalities seek to reach via suitable means. The reason for the development of interdisciplinary teams is seen by the state as a means of meeting the challenges of home care with a growing elderly population and a shortage of professionals.

In establishing interdisciplinary teams, the state interpellates the municipalities, which in turn interpellate the professionals. The concept of interpellation refers to the process by which the state forms subjects to activate the means needed to fulfill political strategies (Buus, 2001, p. 105-106). This is a so-called double interpellation (Ibid., p. 466), where the state interpellates selected subjects

(municipalities), who interpellate other subjects (professional groups) (Ibid., p. 141). The process of formation takes place through resistance, whereby it has succeeded when the state's strategy has been made into a practice which is experienced by the interpellated (municipalities and professionals) as both natural and meaningful (Ibid., p. 108). Alternatively, the state must change its strategy both externally (Ibid., p.466-468), when the shifting external challenges continually make new demands on the state's and thus the municipalities' organization, and internally in continuous interpellation processes, where different professionals are emphasized or neglected (Højrup, 2003b, p. 34), just as they are assigned changing conditions, tasks, and competencies (Buus, 2001, p. 108).

The interpellation-process can be seen as a discursive subjectification of the professionals, whereby they are continuously formed as subjects. Just as Højrup's concept of ethnocentrism (Højrup, 2002) is a parallel to Foucault's concept of discourse (Foucault, 1972). Within the discourse there will be an apparently true and natural way to articulate, write, and act (Otto, 2006). Discourses offer certain positions for different subjects, from which they can speak in a certain context (Heede, 2007, p. 74). In the process of developing interdisciplinary teams, certain ways of speaking, writing, and acting become the obvious ones, and the positions that are made available to the different professionals give them different opportunities to have a voice and be heard.

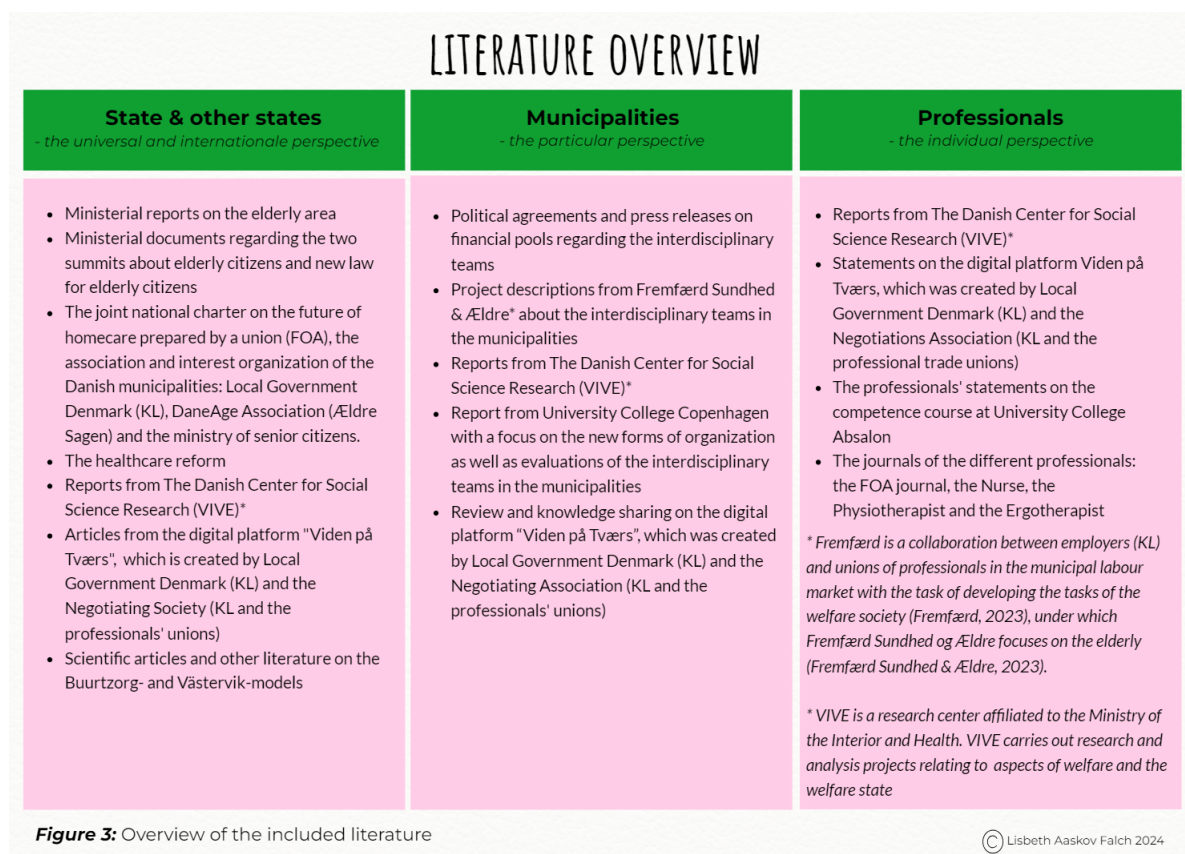
The combination of culture- and discourse-analysis makes it possible to take the perspective of the different dimensions and assigned discursive positions individually, as well as to understand the relationships and perspectives of the different dimensions in relation to each other. The starting point, goals and means of the dimensions can be analyzed discursively in the language, use of concepts and the forms of communication used. The practices involved in the dimensions are thus also mutually ethnocentrically blind (Højrup, 1995, p. 92, 2003a, p. 166). The analysis of the relationships between the dimensions and the different practices' statements contributes to a deeper uncovering of what is at stake for each of the practices with regard to professionalism, professional identity, and interdisciplinary collaboration. The uncovering can lead to a strengthened knowledge of the organization in home care and qualify changes to the professionals' tasks, division of labour and collaboration.

Method

The four-dimensional concept of culture is used as a theoretical approach and analysis structure for a literature study of the practice development of interdisciplinary teams in home care focusing on the significance for the professionals' roles, professionalism, professional identity, and collaboration.

The literature is categorized and analyzed based on 1. national and international perspectives, 2. municipal perspectives and 3. professionals' perspectives. The concept of interpellation is used to analyze the processes that are taking place in the relations between the state and municipalities, as well as municipalities and professionals, while Foucault's concept of discourse is used to analyze the obviousness that is created in each of these contexts, as well as which positions and voices are made possible for the professionals.

The literature study covers the period 2017 – 2022 and was performed between January and March 2023. Figure 3 is an overview over the included literature. The literature for all three perspectives contains texts produced by state institutions or institutions that handle state strategies. For the professionals' perspective, however, the literature also contains texts produced by the professional organizations of the professionals. In addition, oral statements from 82 professionals have been included: physiotherapists, occupational therapists, together with nurses from the competence course at University College Absalon (Absalon), where they spoke in a professional educational context with their own voices.



The state's perspective is an analysis of the state's agenda and means for municipal home care, challenges in the realization of goals, and initiatives launched by the state to rise to these challenges. International sources of inspiration are included in the selected literature.

The municipalities' perspective is an analysis of the municipalities' realization of the state's goals. This concerns the characteristics of the municipalities' development of interdisciplinary teams and the obviousness (discourses) of the municipalities' experiences of the collaboration between professionals.

The professionals' perspective is an analysis of the different professional groups' experiences of being in interdisciplinary teams. This comprises the professionals' experiences of changed roles, tasks, professionalism, and collaboration in the interdisciplinary teams as well as the importance for their professional identity.

Conceptual clarifications

In the following, the concepts of professionals, professionalism, professional identity, and collaboration in home care practice are clarified with reference to the cultural theoretical approach. This clarification qualifies the analysis.

Professionals

The professionals are defined as the specific professionals who provide home care. The term in this article refers to the five typical professional groups within Danish home care: social and healthcare helpers and assistants, nurses, physiotherapists, and occupational therapists.

From the perspective of the cultural theoretical approach, those who are pointed out as the professionals in home care will vary according to the forms of collaboration between professionals. Thus, the constellations will be different in the three interdisciplinary forms of collaboration: multidisciplinary, interdisciplinary, and transdisciplinary.

Professionalism

Professionalism is understood as the knowledge, skills, and competences that the professionals are expected to possess and make use of in their practice. Typically, uniprofessionality is also used in reference to the expertise of the individual professional group (Martin et. al., 2022). The exploration concerns: helpers, assistants, nurses, physiotherapists, and occupational therapists.

This understanding of professionalism is in line with The Danish Qualifications Framework³, where knowledge, skills and competences constitute what a person with a given education is expected to know and be able to do after graduation. Within The Qualifications Framework, the educations are placed at different levels (Uddannelses- & Forskningsministeriet, 2022), which form the basis for e.g. divisions of labour. The professionals in home care are placed at different levels in the qualification framework, depending on their knowledge, skills, and competences.

From the perspective of the cultural theoretical approach, professionals' professionalism is constantly changing, in step with what the state and the municipalities need, as well as who and how many can be recruited at any given time to solve the tasks. The expertise of the professionals is shaped through interpellation processes both in education and participation in practice and creates and maintains the respective professional identities of the professionals over time (Wackerhausen, 2004, 2009). Thus, each professional group contains several generations of expertise, understandings of professionalism and experience with organizational forms and collaboration.

Professional identity

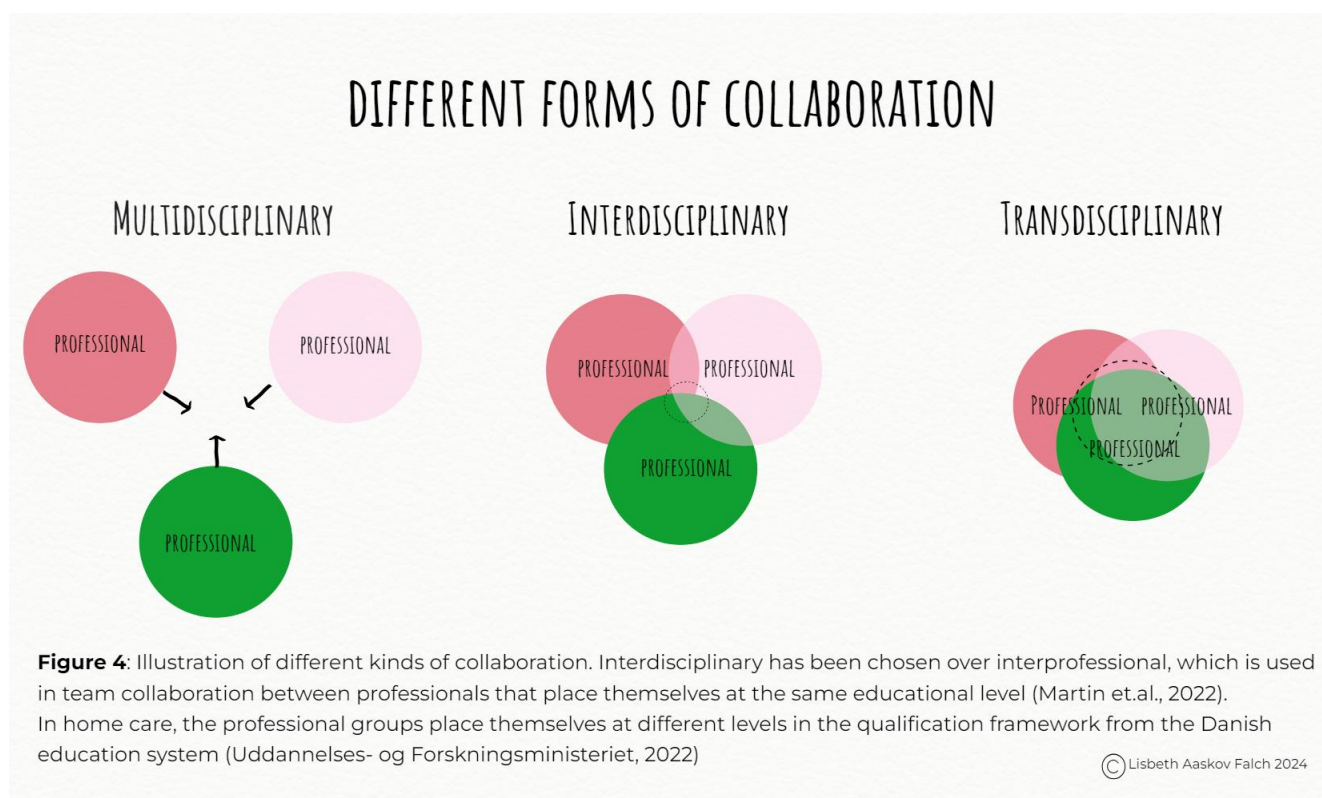
The professional identity is understood as: the professionals' own perception of what it takes to "be one of our kind" (Wackerhausen, 2009, p. 459) and is seen in the professionals' different use of language and view of practice situations, as well as in their different "obvious" actions and priorities (Ibid., 2009). The professionals in home care will, in line with their different professional identities, adopt different perspectives on those in need of their care, and they will have different priorities for tasks in the home care services. Seen from a cultural theoretical approach, the professional identity of the professionals is shaped and changed continuously in interaction with the state, municipality, and other professionals.

The interdisciplinary collaboration

The interdisciplinary collaboration is understood as the collaboration between professionals in home care with different professionalism in interdisciplinary teams. A frequently used distinction for collaboration between professionals is the forms: multidisciplinary, interdisciplinary, and transdisciplinary (Figure 4). In multidisciplinary collaboration professionals with different professionalism work side by side and independently of each other to carry out their part of the overall task. The collaborating parties are typically organized separately and coordinate without crossing professional boundaries. In interdisciplinary collaboration, the professionals with different professionalism work together to solve the task at hand, often with jointly formulated goals. They are mutually dependent of each other, and their different professional knowledge, skills and competences are included and used to achieve common goals. Transdisciplinary collaboration is a further development of interdisciplinarity collaboration, and here the professionals also work together to solve the task with the jointly formulated goals. In this form of collaboration, the professionals overlap to a greater extent in the task solution. The expertise and professional boundaries of the professionals can be exceeded through the collaboration, and a new joint expertise is formed (Martin et. al., 2022).

³ The Danish Qualifications Framework provides an overview of qualifications levels in the education system approved by Danish authorities (Ministry of Higher Education and Science, Ministry of Children and Education and Ministry of Culture).

Seen from a cultural theoretical perspective, the state, municipalities, and professionals each have their own perspectives and incentives with regard to the interdisciplinary collaboration. In a state and municipal perspective, interdisciplinarity can be seen as a way of more flexible organization of task solving. In the perspective of the different professionals, the interdisciplinary collaboration may have been associated with both interest and reluctance. With the interdisciplinary collaboration, professionals who are interpellated for professional expertise can get a sense of being in competition with each other for "domains" in relation to handing over, taking over, and distributing domains (Wackerhausen, 2009).



Analysis

The state's perspective

According to ministerial reports, the state's national agenda for the period 2017 - 2022 has been that municipal home care ensures and creates welfare, dignity, safety, and quality for the (elderly) citizens, and at the same time demonstrates financial responsibility towards the allocated funds (Sundheds- & Ældreministeriet, 2018, 2019, 2020a; Social & Ældreministeriet, 2022).

Challenges and initiatives

According to ministerial reports, there have been several circumstances during the period that challenge the realization of the aims for home care. The challenges include: 1) recruitment of employees. 2) the demographic development with more elderly living longer and a greater likelihood of need for home care. 3) change in the composition of the employees, where the unskilled constitute a large part (Figure 1). This situation is not addressed in the national initiatives, even though the unskilled staff solve professional tasks on an equal footing with the professionals. 4) The public criticism of lack of care and dignity in home care services. The ministerial reports do not point

to any connection between this criticism and the recruitment challenges or the changed composition of employees.

Various isolated initiatives have been launched to meet the challenges, e.g. systematic rehabilitation (Sundheds- & Ældreministeriet, 2018), de-bureaucratization and recruitment campaigns (Sundheds- & Ældreministeriet, 2019).

A change of direction

In 2020 a significant change of direction occurs, after which the initiatives become more coherent and pave the way for greater changes. A ministerial report explains this change of direction as: "the need to look at home care with new eyes" (Sundheds- & Ældreministeriet, 2020a, p. 3). The change consists of centralization as well as decentralization, as the change is initiated from the central, state level and must be resolved in and by the municipalities on a decentralized level. Two summits about the elderly were held in 2020 and 2021, where the Ministry of Senior Citizens, together with the involved in the municipalities: union (FOA), employer (KL) and elderly (DaneAge Association) debated the design of future home care. Here, a changed organization with interdisciplinary teams, inspired by the Dutch Buurtzorg-model, comes to be seen as the solution to many of the challenges (Sundhed- & Ældreministeriet, 2020b; Social- & Ældreministeriet, 2021a). In governmental documents like this ministerial report it is emphasized, that the Buurtzorg-model reduces costs for administration, sick leave, and replacement of employees, without further explanation. Citizens spend less time in care and become more self-reliant. This model also strengthens the relationship between citizens and employees, as citizens meet the same employees (Social- & Ældreministeriet, 2022). This may implicitly be a prevention of the indignity that the rethinking of care for the elderly must meet. Based on the summits, the Ministry of Senior Citizens together with FOA, KL and DaneAge Association develop a joint charter, which will set a new direction for the future of home care. Here, the interdisciplinary organization is once again given a central place and with repetition of the same advantages (Social- & Ældreministeriet, 2021b). Likewise, the interdisciplinary teams are central in the health reform from 2022 (Indenrigs- & Sundhedsministeriet, 2022).

With the discursive narrative of the new interdisciplinary direction in 2020, attention given in home care should zoom in on the use of employees' competences and focus on more professional groups than before. In 2018 and 2019, helpers, assistants and nurses are mentioned in the ministerial reports, while the following reports also mention the occupational therapists, physiotherapists, and pedagogues (Sundheds- & Ældreministeriet, 2020a; Social- & Ældreministeriet, 2022). The reports do not focus on the municipalities as employers, e.g. the conditions and framework for the employees in the interdisciplinary cooperation in home care, for which the municipalities are responsible.

The international inspiration

In this Danish governmental process, inspiration is sought internationally in the Buurtzorg-model (Social- & Ældreministeriet, 2022) and the Västervik-model (VPT, 2022a).

The Buurtzorg-model was developed by a nurse as an alternative to the divided organization of home nursing and care. Buurtzorg is a private organization that has been providing integrated home nursing and care in the Netherlands since 2006. Their model aims for a holistic elderly care based on the citizens' wishes, needs, and resources. The means to achieve this goal are self-managing teams with delegated responsibility for (self-)management and internal organization. The Buurtzorg-model cuts down on central management, administration, and documentation (Buurtzorg, 2023).

The Västervik-model was developed by the Swedish municipality of Västervik. Like the Buurtzorg-model, the model focuses on delivering more holistic care for the elderly through interdisciplinary teams (VPT, 2022a). Only limited detailed knowledge of the models is available. However, it is clear that the two models differ from each other with regard to team size and the composition of

professional groups. Both models take the perspective of the citizens and the state/municipalities, while the professionalism and professional identities of the different professional groups are not addressed. The Buurtzorg-model describes the teams as "self-governing teams", which can be seen as downplaying precisely the presence of different professions.

The municipalities' perspective

In line with the national agenda, the municipalities have been developing interdisciplinary teams in home care since 2021. The state's interpellation of the municipalities takes place through knowledge, economic and administrative means. Thus, the municipalities' development of interdisciplinary teams is initiated by 1) political agreements: the welfare agreements (Social- & Indenrigsministeriet, 2020). 2) financial funds: from the Danish Health Authority (Sundhedsstyrelsen, 2020) and the ministry of Senior Citizens (Social- & Ældreministeriet, 2021c). KL and Fremfærd contribute to the process by initiating projects that strengthen the municipalities' work with interdisciplinary teams. Physical and digital meetings are established where the municipalities exchange knowledge and experiences (Fremfærd Sundhed & Ældre, 2020, 2022), just as coach corps and administrative support are initiated by VIVE (VIVE, n.d.).

The characteristics of the development

The municipalities solve the development of interdisciplinary teams by a combination of central government policy and a decentralized way of implementing it. The municipalities have different local demographic and economic conditions, and the local politicians have different agendas. As a leader within home care said: "there is no 'one size fits all' when it comes to interdisciplinary teams. We work differently as municipalities, we are different as leaders and employees, there are different citizens and politicians" (VPT, 2022b). Some municipalities are inspired by the Buurtzorg-model, others by the Västervik-model, while several municipalities combine the two. As a VIVE-researcher puts it: "there are as many models as there are municipalities" and "no municipality has come out 'on the other side'" (VPT, 2022c).

In the development of interdisciplinary teams, the municipalities focus on the physical framework, e.g. joint electronic overview screens of citizens and driving lists (VPT, 2022d), as well as on interdisciplinary meetings, where the team meets to coordinate, prioritize, and share knowledge (VIVE, 2022b).

The municipalities' development is thus concentrated around the practice of the interdisciplinary teams, while there is sparse knowledge about how the municipalities generally frame home care in order for team collaboration to succeed. The development of interdisciplinary teams and the shift from multidisciplinary towards interdisciplinary and transdisciplinary (Martin et. al., 2022), changes the management structure and the collaboration with internal (e.g. other municipal units) and external partners (e.g. general practitioners and hospitals). Whereas previously, in the multidisciplinary organization, it was nurses who took care of external contact, in the interdisciplinary or transdisciplinary forms and collaboration, it will also be other professionals. In a study of the tasks of helpers and assistants in home care, several assistants had experienced that general practitioners and the medical staff still prefer to speak to a nurse (VIVE, 2021b). This example shows that changes are met with resistance from already established forms of practice and professional identities.

The importance of the professional identity of professionals is not mentioned either by the leaders within home care or the various studies carried out for the municipalities. In the following, we look at five municipal discourses in the literature study.

Strengthening professionalism

From the perspective of the municipalities, the interdisciplinary teams strengthen the professionalism of professionals by bringing nurses, assistants, and helpers together. In this perspective, the nurses' professionalism is strengthened through their interaction with assistants and helpers, and their nursing enhanced through the knowledge of the citizens that assistants and helpers provide. The professionalism of assistants and helpers is strengthened through nurses' awareness of their competence, which leads to better utilization of their professionalism (VIVE, 2022b). In the literature, it is unclear which aspect of professionalism of professionals is strengthened, or whether it is a new form of professionalism. The professionalism of physiotherapists and occupational therapists is not mentioned.

The importance of nurses

From the perspective of the municipalities, the presence of nurses in the interdisciplinary teams is important. In VIVE's definition of interdisciplinary, it is a prerequisite that nurses are present for teams to be called interdisciplinary (VIVE, 2022b).

A leader said: "What has been of great importance is that nurses out there are present, but it also requires them to attend morning meetings and have lunch, where they listen to assistants and helpers in order to establish good cooperation and be comfortable when talking about things together" (VIVE, 2022b, p. 51).

In addition, the nurses' presence is thought to create more equality and prevent power struggles between professionals in the interdisciplinary teams (VIVE, 2022b, p.62). According to Wackerhausen, a challenge in interdisciplinary collaboration is precisely that the professionals with their different professional identity can disagree on how to prioritize and act (Wackerhausen, 2009). In the literature produced for the municipalities, there is no focus on how the interdisciplinary teams cope with conflicts between the professionals. From the municipalities' perspective, it can be a matter of downplaying conflicts between different professionals, to turn professionals into employees in teams focused on the same task: the person-centred home care. In this way, it will also be easier for the municipalities to change the division of work, break down professional barriers and include other professionals and unskilled employees in the teams.

There are currently no studies about the importance of the presence of physiotherapists and occupational therapists in the interdisciplinary teams.

Strengthening task slippage

From the perspective of the municipalities, the knowledge of each other's competences in teams is thought to promote the interchange of tasks among professionals. Knowing each other creates security, which means that tasks are more easily transferred" from one group of professionals to another. The handing over of tasks typically takes place from nurses to assistants, and from assistants to helpers (VIVE, 2022b). It is not specified how the interdisciplinary teams actually deal with changing tasks between professionals with the change from multidisciplinary to inter- or transdisciplinary collaboration. For example, some tasks can only be carried out by certain professionals, as the professional groups' qualifications are categorized differently in The Qualifications Framework (Uddannelses- & Forskningsministeriet, 2022). The various professions do not only have different knowledge and skills, but also different formal competences and authorizations. This means that not all tasks can be transferred from one professional group to another.

Unidisciplinarity is in demand

Municipal leaders have experienced nurses in particular continue to request unidisciplinary community and interaction and therefore tend to resist the interdisciplinary teams. Helpers and assistants do not insist on unidisciplinarity in the same way, while physiotherapists and occupational therapists' need for unidisciplinarity has not yet been studied (VIVE, 2022b).

The leaders find it difficult to understand nurses' needs. One leader said: "I can't quite go into why, but the nurses ask for unidisciplinary interaction. They need to talk to someone who can do the same and has the same education" (VIVE, 2022b, p. 65). The question is whether the leader does not provide the answer herself, namely that nurses need to spar with their peers. The Qualification Framework. Unidisciplinarity is clearly viewed as negative in municipal home care, while elsewhere in the healthcare system this is regarded as professional specialization, e.g. at the regional hospitals (Falch, 2018). In this case, the state and municipalities' vision of interdisciplinary teams turns nurses into difficult opponents.

The leaders try to meet the nurses' needs with initiatives such as weekly nurses' meetings, competence courses about complicated nursing tasks and the supervision of helpers and assistants. In addition, they allocate nurses their own group rooms.

In return, the leaders insist that the nurses show interest in participating in the interdisciplinary organization. Lack of interest can even lead to a nurse's dismissal. One leader said: "As leaders, we have to be aware that if you don't want to be part of the team, then you have to take the consequences, because then they won't be there. It is necessary, even if there are challenges with recruitment" (VIVE, 2022b, p. 63). The leaders' practice exemplifies that the interdisciplinary organization is an important investment for the state/municipalities.

Need for changing competences

Municipal leaders find that both employees and leaders depend on other competences. From a cultural-theoretical perspective, the professionalism of the professionals corresponds to the professional goals and organization of elderly care in times gone by. When these change, it creates demands on different and additional competences on both employees and leaders. The organization in interdisciplinary teams leads to changes in the expertise that professionals have acquired through their respective education and the multidisciplinary collaborative practice they have been a part of so far.

The interdisciplinary teams and the change in the form of collaboration from multidisciplinary to more interdisciplinary or transdisciplinary (Martin et. al., 2022) make it necessary for all professionals in home care to develop interdisciplinary competences. When the management is placed in interdisciplinary teams, competences for self-management are assumed. For some professionals, it seems unusual to manage themselves. For example, the helpers in a municipality feel it can be stressful to schedule themselves and keep track of their working hours (VPT, 2022e). At the same time, when employees are assigned management tasks, the former municipal leaders are deprived of the same. The role of leaders within home care changes from being an expert and controller to being a coach and supervisor (Olivares Bøgeskov et al., 2022).

Municipalities deal with the need for new competences differently. Some set up their own competence courses. One municipality has, for example, chosen to give all managers and future managers of interdisciplinary teams training in coaching management (VPT, 2022f). Another has organized competency courses for the employees in interdisciplinary teams with a focus on communication, collaboration, autonomy, and job satisfaction (VPT, 2022g). Other municipalities request external courses. One example is the competence course that one of the article's authors has been responsible for at Absalon.

The professionals' perspective

In the analysis of discourses about the interdisciplinary teams, it becomes clear that the voices of the professional groups are stifled and only heard when they are in line with the agenda that teams are the only way forward. Most statements come from the digital platform Viden på Tværs (hereafter VPT), created by the employer (KL) and the professional groups' unions, as well as reports written for the municipalities, e.g. by VIVE. With the development of interdisciplinary teams and a shift from a multidisciplinary form of collaboration to an interdisciplinary or transdisciplinary form of collaboration (Martin et. al., 2022), professionals experience that their collaboration, different roles, tasks, and positions change. Some professionals say that they are given new roles, tasks, and positions, while others feel forced to give up tasks that were previously designated to their profession. The development of new competences and attitudes to work can become a requirement to stay in their job. This change may have an impact on the professional groups' experiences of their own professionalism and professional identity (Wackerhausen, 2004).

The voices of physiotherapists and occupational therapists in particular are absent. At VPT, it is predominantly helpers, assistants, nurses, and leaders who comment on the interdisciplinary teams. In physiotherapists' and occupational therapists' own journals, interdisciplinary teams in home care are hardly mentioned. "The Physiotherapist" has published a special issue on "shifting tasks" for physiotherapists in home care. In "The Occupational Therapist", with the exception of a reader's letter from a politician/occupational therapist, there is no mention of the municipal interdisciplinary teams. The situation is different for helpers, assistants, and nurses, however. In their respective journals, there are special issues about the municipal interdisciplinary teams with statements from helpers, assistants and nurses about their views on their changed roles (Fagbladet FOA, 2022; Sygeplejersken, 2022). The absent voices of physiotherapists and occupational therapists may be due to their relatively recent entry into the interdisciplinary teams. Before 2020, therapists are scarcely mentioned in ministerial reports about the elderly. To give the therapists a voice and nurses a stronger voice, statements from these groups at the competence course at Absalon have subsequently been included.

Experiences across the professionals

At VPT, where the municipalities set the agenda for how interdisciplinary teams are discussed, helpers, assistants and nurses confirm that interdisciplinary teams have strengthened the professional quality of the person-centered home care. This is particularly the case regarding citizen satisfaction because citizens meet fewer different employees. However, it is unclear exactly what the "professional" quality consists of.

In the competence courses at Absalon, other aspects of nurses', physiotherapists' and occupational therapists' experiences arise. The course participants value the close collaboration across the professions but find that even closer interdisciplinary team collaboration can also lead to misunderstandings in the person-centred home care because the professionals speak different professional languages. Likewise, there is uncertainty about priorities and the management of the person-centered home care. One nurse explained: "Too many cooks spoil the food" (Absalon). This can be seen in examples of the professional identity of the different professionals, which creates a certain look as well as certain "obvious" actions, language use and priorities (Wackerhausen, 2009). In the past, they found it was the nurses who held the positions of "leaders" of the person-centered home care, while in the interdisciplinary teams it is unclear who leads and whose priorities apply. The participants also express concern about the professional quality because their special professional competences is threatened when professional boundaries merge and everyone must be able to do everything. One physiotherapist said: "It's a bit like when you mix all the colours, they turn brown" (Absalon).

The experiences of helpers and assistants

Helpers and assistants experience that their expertise is utilized to a greater extent than before in the interdisciplinary teams. They experience that nurses are made more aware of their professionalism. One assistant said: "If the nurses are not with the assistants, they can't see what professionalism they have. But when you can see it, it's easier to delegate" (VIVE, 2022b, p. 56).

Helpers and assistants also gain new tasks and skills. One helper said: "We have many skilled social and healthcare helpers who can solve lots of tasks and can be trained in those skills" (VPT, 2021). For helpers and assistants, the obvious competence development is through the training by nurses and not competence courses. At the same time, the assistants are interested in being given more tasks from nurses. One assistant said: "I think my colleagues are looking for something more than nursing professionalism" (VIVE, 2022b, p. 58). Helpers and assistants experience that "old" professional boundaries and positions have shifted. One helper said: "Some divisions between nurses and helpers and assistants that have broken down" (Fagbladet FOA, 2022, p. 30).

Helpers and assistants find that the new tasks strengthen their professionalism and create job satisfaction. One helper said: " You become more motivated when you are given more specific tasks to do" (VIVE, 2022b, p. 61-62), while an assistant said: "If you get more nursing tasks, where you are challenged and get to develop your professionalism, then it can help make the job seem more worthwhile" (VIVE, 2022b, p. 62).

The experiences of nurses

In contrast to previous professional organization, in the interdisciplinary teams, nurses experience handing over and delegating tasks, typically to helpers and assistants. The nurses on competency courses in Absalon thus experience that it is typically "nursing tasks" that are redistributed. This may relate to the fact that there are proportionately fewer nurses compared to helpers and assistants in home care (Figure 1). Several nurses on the competence course say that the delegation can create doubts about their professional identity and position. One nurse said: "If everyone else can take over my tasks, what is the special thing that I can do?" (Absalon).

Nurses are typically the only team members with a nursing background in interdisciplinary teams. Another nurse said: "It is sometimes tiring when you are making decisions alone. You must be able to work independently, take responsibility and make difficult decisions by yourself as a nurse"(VIVE, 2022b, p. 58). This can lead to loneliness (VIVE, 2022b), which could also tell us something about a lack of competence about the role as supervisors of helpers and assistants.

Nurses miss professional interaction with other nurses. One nurse spoke about the interdisciplinary organization: "There is a need for nurses to sit down together. There are no professional groups that don't need to interact with each other. But when you think about all the things that we find ourselves in, I would say our needs are even greater"(VIVE, 2022b, p. 59).

The experiences of physiotherapists and occupational therapists

Physiotherapists and occupational therapists have not previously held a place or position within the interdisciplinary teams, and as the "newcomers" they find themselves "overruled" by other professionals. One physiotherapist said: "There is a risk of being run down when you enter a close-knit group of assistants and nurses. You can soon find yourself on thin ice" and "You have to be tough to work together with those professional groups. They expect you to be able to do care work, and some of them are amazingly talented, even if they are 'just' care-oriented" (Fysioterapeuten, 2019a). At the competency course, several physiotherapists and occupational therapists expressed how "their" rehabilitation tasks with citizens on "a busy day" were canceled due to care tasks, which gave

the impression that therapist tasks were less important than care tasks. Previously, physiotherapists and occupational therapists carried out their tasks separately from care teams, and they did not have to reprioritize to the same extent. Physiotherapists experience that "fluid" professional boundaries mean they are assigned tasks that have not previously been "their". Physiotherapists may have been trained at a time when there was a different professionalism and organization of work within home care. A physiotherapist commented about changing tasks in home care: "There is a shortage of staff in important health areas. Therefore, physiotherapists are put into boxes where there are far more than core physiotherapeutic tasks," and "on the one hand, we have great ambitions for our profession, and on the other, a growing number risk ending up as SOSU (helpers and assistants)-physiotherapist" (Fysioterapeuter, 2019b). For physiotherapists and occupational therapists, this has an impact on their professional identity, as they may have doubts about what they are specifically good at. Another occupational therapist said: "I feel like a good interdisciplinary collaboration partner, but I doubt whether I'm a good occupational therapist", and a physiotherapist said: "I find that today I am doing something other than what I was trained to do" (Absalon).

Conclusion

The research question "What significance does the organization in interdisciplinary teams in home care have for professionals' roles, professionalism, professional identity and cooperation with other professions and their employers, the municipalities?" can, after this analysis, be answered as follows:

The organization in interdisciplinary teams is part of sweeping changes in home care, which really took off in Denmark in 2020.

From the political and administrative perspective of the state/municipalities, the interdisciplinary organization is seen as a solution to challenges in home care with more elderly and a shortage of professionals. Since 2021, several municipalities have been developing interdisciplinary teams inspired by the Buurtzorg-model and the Västervik-model, but in many different local designs. This initiative is supported by knowledge, coaching, training, and development from the state, just as it has received support, especially from the elderly's DaneAge Association. Frameworks and conditions for the professionals that are involved in home care and whose professionalism and working relationships change in the movement from a multidisciplinary to an interdisciplinary or transdisciplinary organization are only given a voice to a limited extent. In the analysis of the interdisciplinary teams, the differences between the professionals emerge.

For helpers and assistants, interpellation by the state/municipalities appears to be a successful process. Helpers and assistants support the development of practice with the interdisciplinary teams, which they perceive as a meaningful and natural development. They are given new roles and tasks, and get the chance to use their professionalism to a greater extent, which can strengthen the development of their professionalism and professional identity. The collaboration, particularly with nurses, opens up opportunities for professional development, and in team collaboration they are assigned a position, and gain recognition that makes their work more worthwhile and makes it possible to recruit and retain more colleagues.

Nurses don't seem to participate in the interpellation process with the same enthusiasm, nor do they readily accept interdisciplinary teams as a matter of course. From their perspective, development means they must hand over tasks, mostly to helpers and assistants. They go from being leaders of the person-centred home care to supervisors for helpers and assistants. Their professional circle with others of their peers, with who they share knowledge, skills and competences, is diminished, and they experience loneliness. The way of being a nurse changes and so does the

nurses' professional identity, and doubts arise about the special nature of being a nurse. Boundaries between these professional groups are important when maintaining professional identities.

Physiotherapists and occupational therapists, like nurses, do not seem to embrace the team organization project with the same enthusiasm as helpers and assistants. The change in practice from professional expertise means for them a loss of autonomy, as they have been used to carrying out their rehabilitative tasks alongside with the care team. Now, they first need to find their place in the interdisciplinary teams, where some of their specialist areas are replaced by care tasks. These new ways of being a therapist challenge their understanding of their own professionalism and professional identity.

Perspectives

Several European states are developing various versions of interdisciplinary teams in home care with the aim of dealing with more elderly and fewer professionals. With a specific focus on professionalism and professional identity, this article seeks to give these different professionals a voice.

In line with the discourse analytical approach, according to the Danish sociologist Rasmus Willig, the public sector is subject to a "censorship" of professionals who, in terms of their professionalism, draw attention to unwanted matters. Thereby censorship becomes an attack on the professional identity of the professionals (Willig, 2016, p. 207). From the perspective of the state/municipalities, the professionalism and professional identity of the professionals are seen as a challenge in succeeding with the interdisciplinary teams. As Wackerhausen mentions, it is precisely the professional identity's natural way of understanding, acting, and prioritizing that can lead to resistance to change. Wackerhausen describes it as: "the potential inappropriateness of custom" (Wackerhausen, 2004, p. 23).

In the development of interdisciplinary teams, the state/municipalities use the citizens' wishes for as few professionals as possible in their homes as the main argument against the professionals. To their frustration, the municipal leaders find nurses become opponents in the development of the interdisciplinary teams. However, the nurses' reactions can be seen in the light of the fact that they have a long-term professional interpellation to influence the organization of their own professional practice, and where criteria for responsibility and quality are set by the profession itself (Pedersen, 2018, p. 113). Since the 1980s, there has been a governmental showdown with the autonomy of the professionals and a political/state and municipal desire that it is the citizen and not the professionals who should be at the center (Ibid., 2018, p.133). In the development of the interdisciplinary teams, the nurses experience and talk about losing position tasks and the leadership role in the person-centred home care, as well as professional communities with other nurses. These challenges precisely their responsibility, standards for professional quality and professional identity. The nurses' resistance and pointing out inadequacies in the development of teams can be seen as a way of working with respect for the already established professional norms for quality and responsibility.

If the interdisciplinary teams are to succeed, the municipalities need all the professionals on board. According to Willig, there is a need for professionals to express themselves when, with their professionalism and professional identity, they experience inappropriate organizations at work. Willig writes about the professionals that it is: "(...) terribly important to constantly monitor their experiences about what can be characterized as unacceptable conditions. In other words, they inform about the institutional conditions of society" (Willig, 2016, p. 24).

When major challenges require sweeping changes in all four dimensions (Figure 2), the processes between politically led organizations in the state and municipalities are difficult to oversee and see

through. This is why, it is important for all professionals to express themselves about directions for change, and consequences of changes in structure and organizations. Precisely the professionalism and professional identity of the professionals helps to ensure vigor and stability in everyday practices (Wackerhausen, 2004, p. 23). Municipalities have recruitment and retention challenges not only for helpers and assistants, but also nurses. In the interpellation of the professionals, it is therefore important that the perspectives and incentives of all professionals are included, so that they experience seeing an opinion and having a voice.

The article uncovers with the four-dimensional cultural analysis and the discourse-analysis gaps in the knowledge base for development in the interdisciplinary organization of home care and accompanying changes to the professionals' tasks, division of labour and collaboration. Knowledge that is relevant in a Danish as well as an international context to qualify the forward-looking development of the organization in home care.

Firstly, it is about the municipalities' responsibility as employers and how, in the development of the interdisciplinary teams, the municipalities more generally initiate interpellation processes both internally and externally in relation to management, organization and collaboration partners.

Secondly, which parts of the professionals' knowledge, skills and competences are strengthened in the interdisciplinary teams, and whether new forms of professionalism are involved. The nurses' demand for unidisciplinary community could be an expression of the fact that their role in the interdisciplinary teams calls for other aspects of their professionalism and ways to develop this.

Thirdly, the importance of everyone involved. It is revealing there is no current literature on the therapists' presence in the interdisciplinary teams or on the perspective of physiotherapists and occupational therapists on unidisciplinarity.

Fourthly, it is helpful to look at how the interdisciplinary teams deal with the shifting of tasks between professionals, and how they solve the problem that some tasks can only be handled by certain professionals. But just as important is how the professional quality is maintained when unskilled must solve professional tasks on an equal footing with professionals.

Finally, it is relevant how possible conflicts in the interdisciplinary teams are dealt with; mutual competition, inequality in working conditions and further education. The concepts of the multidisciplinary, interdisciplinary, and transdisciplinary forms of organization as well as priorities in the person-centred home care, will help to identify and explain the new interfaces and possible conflicts within the interdisciplinary teams.

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