

Incorporating professionalism and professional identity matters

– a cultural-theoretical study of interdisciplinary teams within home care

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Abstract

Denmark and other European welfare states are currently experimenting with different versions of interdisciplinary teams in home care. This shift from a multidisciplinary towards an inter- or transdisciplinary organization can be seen as a political and administrative response to the challenges posed by a growing elderly population and a shortage of professionals in home care.

Based on a cultural-theoretical approach and fieldwork in three Danish municipalities, this study explores the research question: *How is collaboration practiced in interdisciplinary teams in home care in the shift from a multidisciplinary towards an inter- or transdisciplinary organization - and how is the professionals' professionalism and professional identity perceived within the interdisciplinary team structure?* The professional groups involved in the interdisciplinary teams include social and healthcare helpers and assistants, nurses, physiotherapists, and occupational therapists, as well as leaders and planners.

Publisert: 28.02.2026

Praxeologi – Et kritisk refleksivt blikk på sosiale praktikker ©2026 Lisbeth Falch & Lisbeth Haastrup

DOI: <http://dx.doi.org/10.15845/praxeologi.v8.4537>

The purpose of this study is to provide knowledge about organization, collaboration, professionalism, and professional identity within interdisciplinary teams that can qualify and support the development of organizational structures and collaborative practices in home care.

This cultural-theoretical study uncovers three municipalities' conditions and frameworks for solving the task at hand and, through fieldwork, closely explores the different ways they organize home care and interdisciplinary teams. "The Eight-Theme-Interdisciplinary-Model" is thereby presented with themes that call for attention within interdisciplinary team collaboration. The themes are Wholeness and Continuity, Legislation, Interdisciplinarity, Professionalism, Leadership, Technologies, Planners, and Time and Space.

The study's findings are analyzed in a cultural-theoretical perspective, discussing their relevance in Denmark and internationally in the future development of organization and collaboration in home care for municipalities and the professional groups.

Keywords: Interdisciplinary teams, interdisciplinarity, professionalism, professional identity, home care, cultural-theoretical approach

Introduction

Across Europe, new ways of organizing home care¹ are being developed in response to changing demands and responsibilities in the field.

The WHO highlights how a greater part of care and treatment for elderly in European countries has shifted from hospitals to home care (WHO, 2012). In Denmark, the 2007 Municipal Reform brought about a redistribution of responsibilities, assigning municipalities the duty to care for and treat the elderly (Indenrigs- & Sundhedsministeriet 2005). This reform placed municipalities in charge of organizing and leading home care as employers.

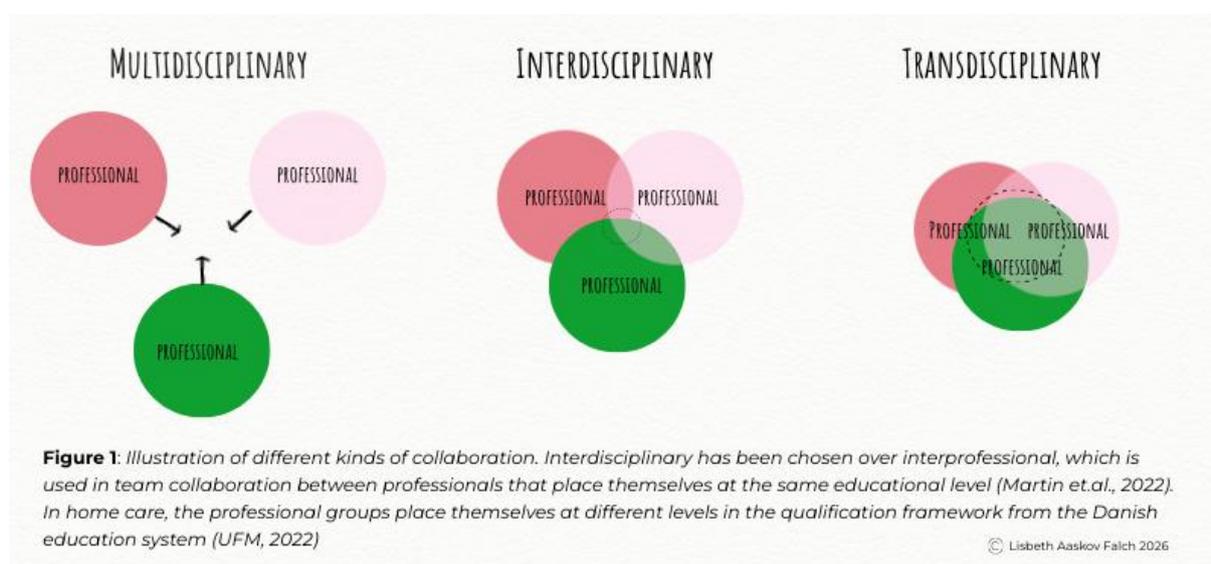
At the same time, Europe's demographic development, with more elderly living longer (EU, 2021), the likelihood of multimorbidity and chronic conditions among the elderly increase (WHO, 2018), and the need for care and support increases accordingly (EU, 2021). Throughout Europe, recruiting and retaining professionals has become a significant challenge (WHO, 2022). Moreover, the increasing and evolving responsibilities in home care demands more professionals and new approaches to task organization and collaboration among the professional groups.

Within this context, the organization of interdisciplinary teams has gained approval as a potential solution to the complex challenges facing home care. In Denmark, interdisciplinary teams are highlighted in the recommendations of a state-appointed commission (Kommissionen for robusthed i sundhedsvæsenet, 2023) and in an Elderly Reform Agreement (Social-, Bolig- og Ældreministeriet, 2024a). Similar organizations in

¹ Home care is understood in line with WHO's understanding as all tasks (home help and home nursing) carried out in the citizen's own home (WHO, 2012, p. 1).

interdisciplinary teams have also been implemented in countries like Norway (Eide et al., 2018), Finland (Jantunen et al., 2020), and England (Hamm & Glyn-Jones, 2019).

With these new organizational structures, home care appears to have shifted from being multidisciplinary towards inter- or transdisciplinary² (Figure 1). In multidisciplinary collaboration professionals work side by side and independently to achieve their professional goals. They are organized separately and coordinate tasks without crossing professional boundaries. In interdisciplinary collaboration, professionals work collaboratively to address tasks, relying on each other and integrating their professionalism to achieve shared goals. Transdisciplinary collaboration represents a more extensive form of collaboration where professionals work together to solve tasks, but their distinct professionalism and professional identities become blurred, and boundaries may be crossed, leading to the formation of a new shared professionalism (Martin et al., 2022).



So, how are interdisciplinary teams practiced and what impact does their organization have on the various professional groups in home care regarding their understanding of collaboration, professionalism and professional identity? In a previously published study (Falch & Haastруп, 2024a), we highlighted the lack of knowledge about the conditions and frameworks surrounding interdisciplinary teams in home care, as well as their practices - specifically in terms of the organization, collaboration, and interaction between the professionals' professionalisms. Furthermore, we highlighted a knowledge gap regarding how professionals perceive their professionalism and professional identity during these processes of change. To contribute to filling this gap, this study explores the following research question: *How is collaboration practiced in interdisciplinary teams in home care in the shift from a multidisciplinary towards an inter- or transdisciplinary organization - and how is the professionals' professionalism and professional identity perceived within the interdisciplinary team structure?*

The study includes all professional groups involved and examines the relationships between them in interdisciplinary teams (hereafter IDTs): social- and healthcare helpers and assistants (hereafter

² These concepts are understood in the study as ideal types to analytically distinguish between forms of collaboration.

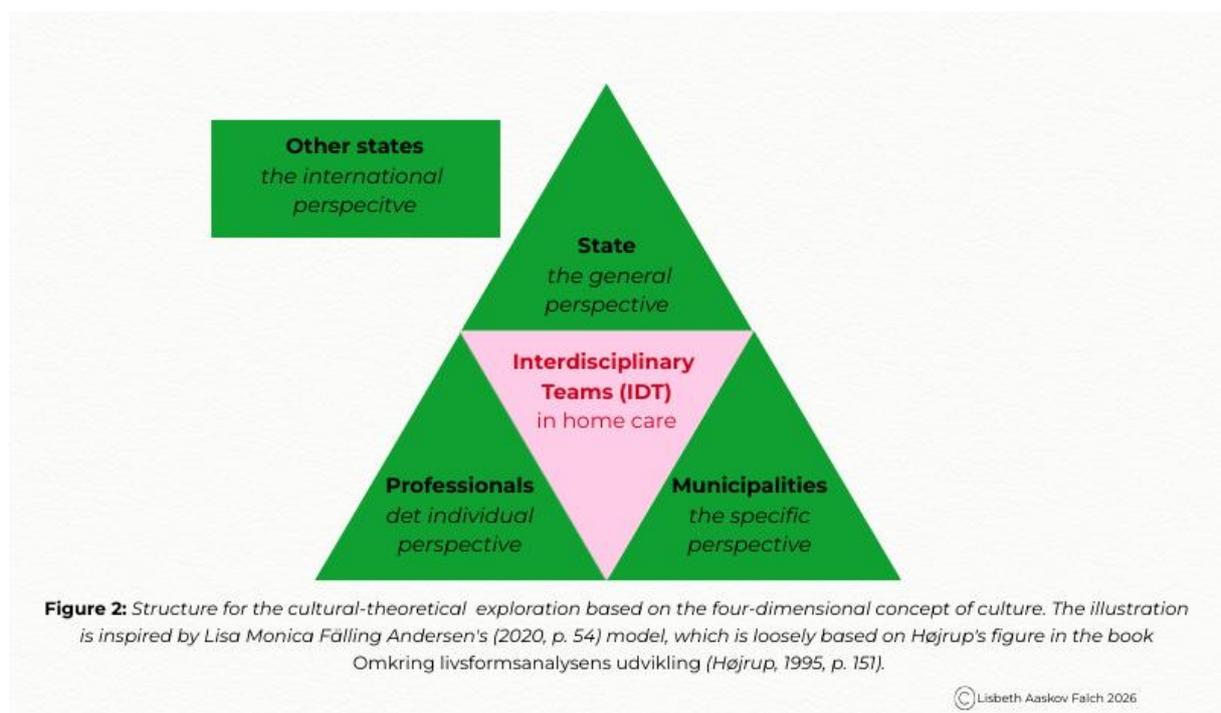
helpers and assistants), nurses, physiotherapists, and occupational therapists (hereafter collectively referred to as "therapists"), as well as leaders and planners.

The purpose of this study from a cultural-theoretical perspective is to provide knowledge about organization, collaboration, professionalism, and professional identity within interdisciplinary teams from different viewpoints that can qualify and support the development of organizational structures and collaborative practices in home care.

The cultural-theoretical approach

The research question is explored using ethnologist Thomas Højrup's cultural-theoretical approach, specifically his model for four-dimensional cultural analysis (Højrup, 2002, pp. 656–659)³. This approach has its epistemological foundation in "the structural dialectic," which combines structuralism (here model/dimensions) with dialectics (here processes) in a continuous interplay where the two mutually challenge and enrich one another (Højrup, 2002, chapter 3).

When the IDTs in home care are placed at the center of this model, it becomes possible to analyze how they are shaped and transformed through a mutual interaction between the four-dimensions in the model. These dimensions include: the state, other states, the municipality, and the professional groups. They represent, respectively, 1) a state perspective, including international influences in a mutual exchange of inspiration, 2) a municipal perspective, and 3) a professional perspective (Figure 2).



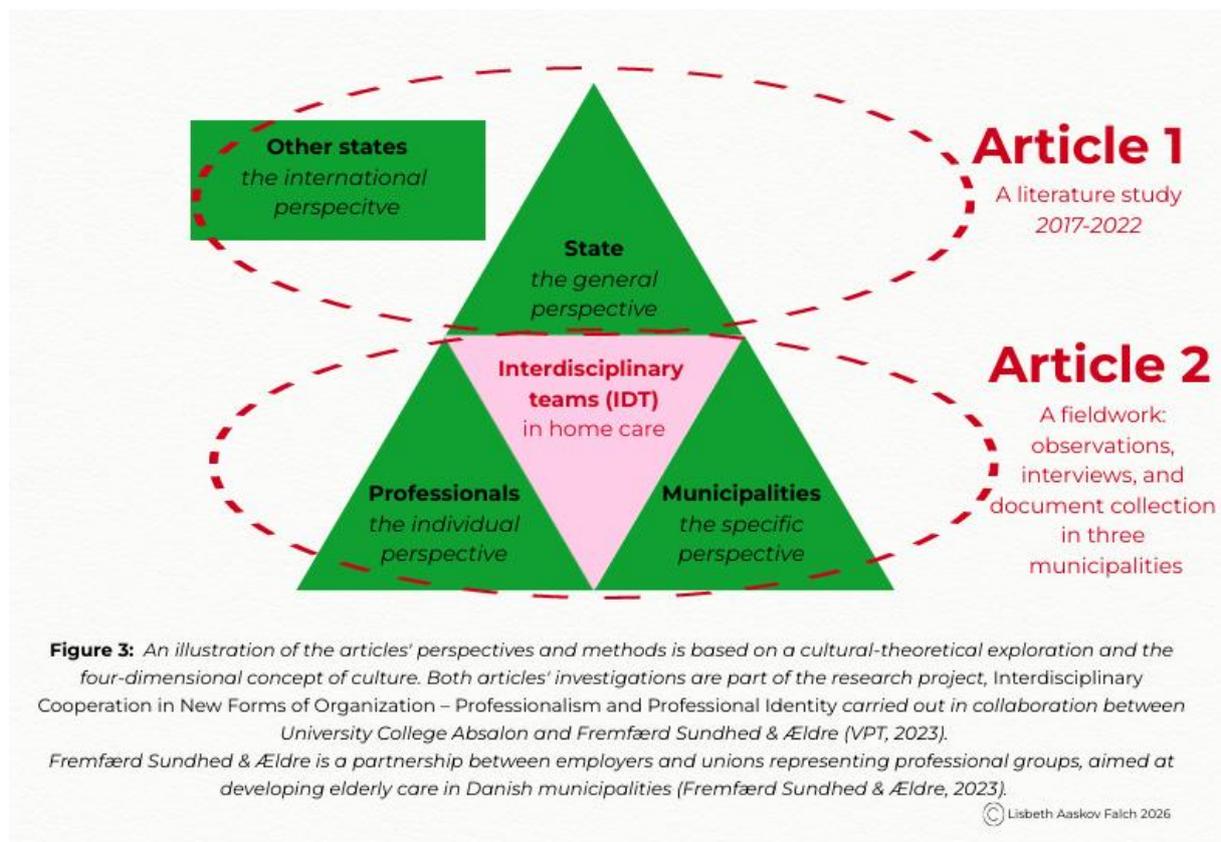
The IDTs can, through this model, be analyzed as an attempt to establish a new organization and thus new practices for professional collaboration. The concept of practice is understood here as being defined by goals, means, cause, and effect. A practice establishes internal goals, which determine the means employed. At the same time, the goals of any practice are externally prompted

³ Højrup and Jul Nielsen present the model with nine dimensions in a recently published book (Højrup & Jul Nielsen, 2024). However, since the core theory remains unchanged, we retain the original four-dimensional model.

by a cause, with the aim of achieving a specific effect through the chosen means (Højrup, 2002, p. 94; Højrup, 1995, pp. 69–71).

Municipalities' development of IDTs can be analyzed internally as being shaped by politically determined goals that are pursued through appropriate means. The development of IDTs is viewed by the state as a means of addressing the home care's challenges (the cause), including a growing elderly population and a shortage of qualified professionals.

While in study 1 (Falch & Haastrup, 2024a), we explored the development within elderly care in municipalities through a literature review from a state and international perspective, study 2 examines the practice of the IDTs through fieldwork conducted in three municipalities. The analysis is conducted from both a municipal leadership perspective and a professional perspective (Figure 3).



The state, through ongoing mutual relations and the political formulation of the goal of IDTs, seeks to interpellate⁴ the municipalities, which, in turn, attempt to reorganize themselves and interpellate the various professional groups. Simultaneously, within and between these professional groups, processes of interpellation occur, where existing professional understandings, identities, and boundaries are challenged and transformed.

The professional groups in home care are thus shaped and reshaped through processes of interpellation via education and participation in practice. This constitutes a double interpellation (Buus, 2001, p. 466) across multiple levels, where the state interpellates selected subjects (municipalities and their home care systems), which in turn attempt to interpellate home care leaders and various professional groups (ibid., p. 141). This process simultaneously creates and sustains the professional groups' respective professionalism and professional identities.

⁴ 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, pp. 105-106).

Professionalism is then understood as a profession's knowledge, skills, and competencies (UFM, 2022). Professional identity is understood as the groups' own perception of what it takes to "be one of our kind" (Wackerhausen, 2009, p. 459) and is reflected in; their distinct language use, perspectives on practice situations, and different "taken-for-granted" actions and priorities (ibid.). Professional identity entails an ethnocentrism understood as interpreting practices and other professional groups from one's own standpoint, which may result in an ethnocentric blindness (Højrup, 1995, p. 92).

The cultural-theoretical approach allows for an internal perspective on each practice to understand its own goals and means, while also enabling an external view that places each practice and dimension in relation to one another, revealing their mutual ethnocentric blind spots (ibid, p. 92). As organizational structures shift between multidisciplinary, interdisciplinary, and transdisciplinary models, the relationships between professional groups change, as does the relationship between leadership and employees. From a state and municipal perspective, interdisciplinarity can be seen to create a more flexible task organization. However, for each professional group, new municipal and governmental goals will be interpreted ethnocentrically through their already established professionalism and professional identity. Thus, the four-dimensional cultural analysis contributes to revealing differences in what is at stake regarding interdisciplinarity, professionalism, and professional identity from various perspectives. By addressing these differences, a foundation can be created for more long-term solutions where the perspectives of all dimensions are acknowledged and accommodated within the IDT collaboration. The processes of change and formation between these dimensions, helps to understand the ways in which states through interpellation shape subjects to activate the means necessary to fulfill political strategies (Buus, 2001, pp. 105–106).

Methodology

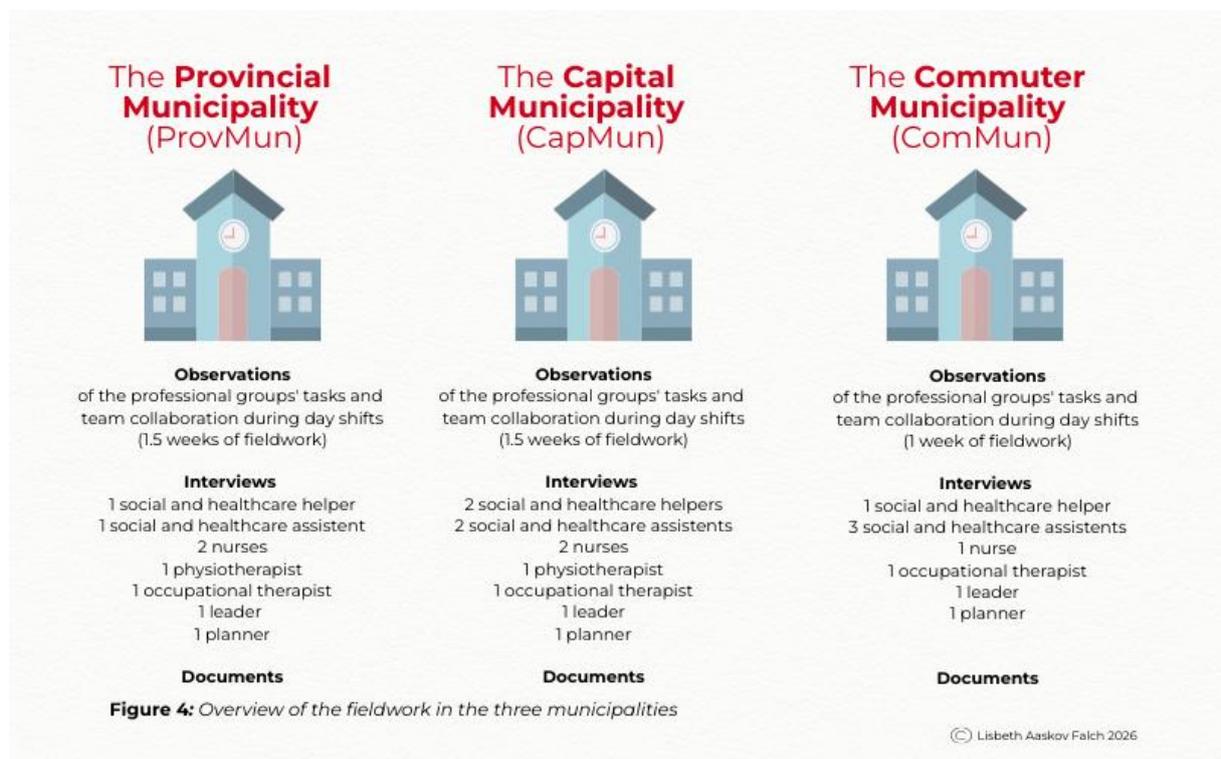
The four-dimensional cultural approach, based on structural dialectic, is used as the theoretical foundation and analytical framework in a fieldwork comprising observations, interviews, and document collection in three Danish municipalities. In the fieldwork, we also focused on time, space, and technologies, which all contribute to shaping the socio-material home care practices (Damsholt et. al, 2009).). In line with the cultural-theoretical model (Figure 2), the fieldwork includes both municipal leaders and planners in the IDTs in the municipalities, as well as employees from each of the five professional groups in the IDTs studied. The dialectic has served as a working method. Methodologically, it has guided the creation of empirical data through fieldwork methods (interviews, observations, documents). Analytically, it has shaped the generation of answers to the research question through the dialectic interplay between empirical material and theoretical approach.

In this section, we explain the methodology of the study, including the execution of the fieldwork in the municipalities and the analytical application of the concepts of interdisciplinarity, professionalism and professional identity in relation to IDTs in home care.

Fieldwork was conducted from September 2023 to January 2024 in three municipalities: a provincial municipality (hereafter ProvMun), a capital municipality (hereafter CapMun), and a commuter municipality (hereafter ComMun) (Statistics Denmark, 2018). All have worked with IDTs for several years and integrated home nursing and care under shared leadership. However, their processes of transformation and adaptation to IDTs differ significantly. ProvMun has well-established IDTs, CapMun is piloting IDTs as part of an organizational restructure, and ComMun has recently begun a major transformation to implement IDTs with newly allocated grant funding.

As shown in the fieldwork overview (Figure 4), one researcher observed one employee from each of the five professional groups during a regular daytime shift in IDTs, focusing on their tasks and interdisciplinary collaboration. Employees were selected based on attendance (some groups had only one representative) and schedules (some citizens were not suitable for observation). Interviews were conducted with employees from each group, as well as with leaders and planners in each municipality. Employees were selected by the leader, while leaders and planners were invited by the researcher. Relevant documents, including home care and IDT-related materials and competency descriptions, were provided by the leaders.

The fieldwork was conducted in accordance with responsible research practices (UFM, 2014). All participants were informed both verbally and in writing about the study and provided written consent to participate. Interviews were transcribed and anonymized, and all data stored in compliance with current data protection regulations (Justitsministeriet, 2024).



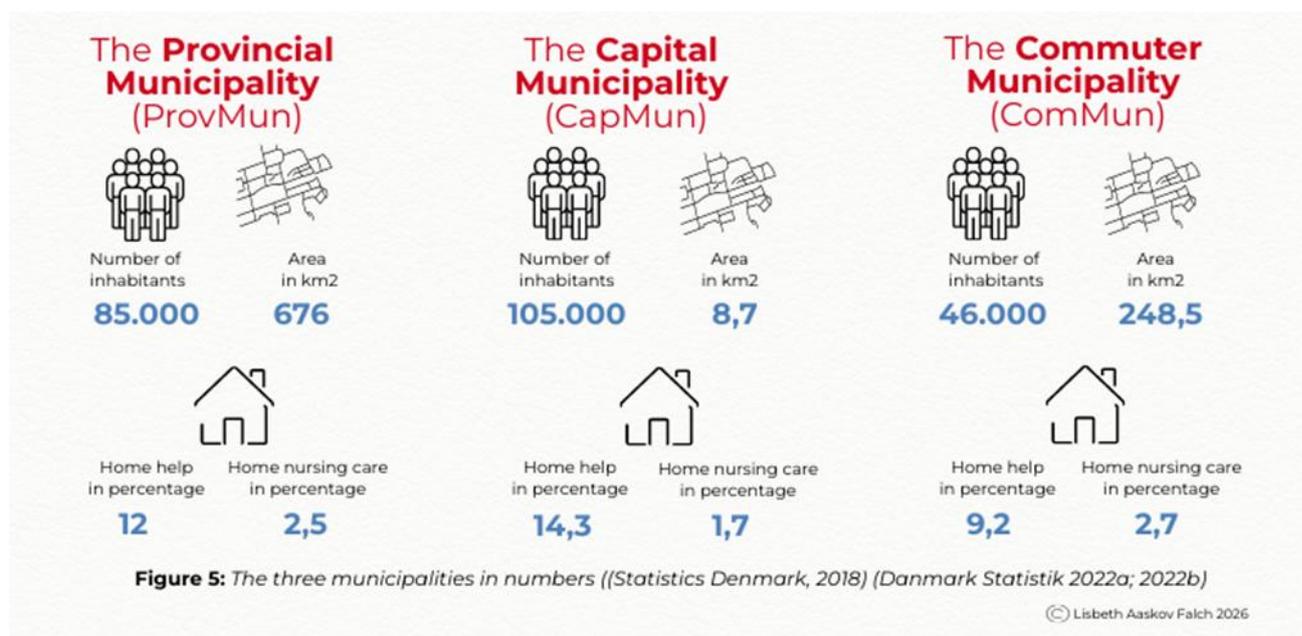
Based on the cultural-theoretical approach and fieldwork, the following analyses have been conducted:

- 1) An analysis of the conditions and frameworks for organizing home care and IDTs in the three municipalities, focusing on their mutual and differing challenges.
- 2) An analysis of key themes in the practice of IDTs across the three municipalities. The themes were derived by using the culture-theoretical dimensions (figure 2) and related to the concept of practice. We compared documents, field notes, and interview transcriptions to identify the goals and means that constitute this practice, as viewed from the perspectives of leaders, planners, and all professional groups among the employees. Additionally, fieldwork enabled an exploration of how time, space, and technologies constitute practice (Damsholt et. al, 2009).

Analysis I: Municipal Conditions and Frameworks

The analysis shows that the three municipalities operate under different conditions and frameworks. The population size and the proportion of citizens receiving home care and home nursing services (Figure 5) provide an overview of the scope of tasks and the required composition of professionals within the IDTs.

Additionally, factors such as municipal area size and population density influence the distances between citizen homes for the IDTs.



Interfaces between interdisciplinary teams, visitation and rehabilitation

Home care in the three municipalities is organized differently to the rest of the municipal organization (Falch & Haastrup, 2024b; Figures 8, 9, 10). The interfaces with visitation and rehabilitation have become particularly important with the introduction of IDTs. Previously, employees were divided into their respective professional groups within home nursing and home care, working under The Health Act and The Social Services Act⁵, respectively. However, with the implementation of IDTs, employees are now merged into a single unit, meaning that all professional groups must collectively cover both legislative frameworks. Previously, nurses primarily had the authority to request task allocations, but across the municipalities, there is now a shift towards allowing all professional groups within the IDTs to make such requests. However, this transition from a multidisciplinary towards an interdisciplinary organization does not always align smoothly with the municipalities' existing structures.

In ComMun visitation, responsibility for allocating time to tasks is placed in a separate municipal unit and only recognizes requests from nurses and, to some extent, assistants, but not from helpers. The leader states: "The visitation needs to be much more integrated into our organization. They

⁵ The Health Act (Sundhedsloven) forms the legal basis for all types of municipal home nursing as well as specialized rehabilitation following hospital treatment (Indenrigs- og Sundhedsministeriet, 2024).

The Social Services Act (Serviceloven) provides the legal framework for municipal home care, including assistance with personal care, household tasks, and everyday rehabilitation (Social-, Bolig- og Ældreministeriet, 2024b).

should be a sparring and collaborative partner, rather than an authority that simply makes decisions”.

Rehabilitation, provided by physiotherapists and occupational therapists, is also undergoing a structural change. Previously, rehabilitation professionals were attached only to municipal nursing homes and rehabilitation units, but they are now gradually being integrated into IDTs in home care. In ProvMun and the ComMun, therapists are assigned to both IDTs and municipal nursing homes. In CapMun, therapists belong to a separate rehabilitation unit, making their role within IDTs less clearly defined.

Interdisciplinary teams operate during day shift

As the organization transitions from professional group-divided-structures to more IDTs, the size and composition of these teams have changed across all municipalities (Falch & Haastrup, 2024b; Figures 11–12–13). A common feature is that the IDTs operate during weekday day shifts. During evening, night, weekends, holidays, and vacation periods, helpers, assistants, and nurses continue to work in a more professional group-divided structure across the IDTs. Therapists do not work evening or night shifts.

Previous municipal organizations continue

The organization of the IDTs in the three municipalities can be traced back to the Municipal Reform in 2007, a major structural reform in Denmark that merged 271 municipalities into 98, and 14 counties into 5 regions (Indenrigs- & Sundhedsministeriet, 2005). In ComMun, the day and evening shifts operate in two separate areas that correspond to the home care of two former smaller municipalities. There is limited collaboration and knowledge-sharing between the two areas. A nurse describes the situation: “We often say that we are two different municipalities” (ComMun). In ProvMun, both the current districts and their home care practices still largely reflect those of the former smaller municipalities before the reform.

Physical frameworks and interdisciplinary forums

In the previous multidisciplinary organization, professional groups were physically separated. A planner describes the period immediately after the 2007 Municipal Reform: “the nurses sat by themselves, the therapists sat by themselves, and the helper/assistant group sat by themselves” (ProvMun). The introduction of IDTs has created new demands for physical frameworks. These teams require a shared location that can accommodate all members and function as a meeting room, lunchroom, and office. The transition from multidisciplinary towards interdisciplinary organization is reflected in the differences in how professional groups use physical frameworks. Nurses and therapists still have or prefer their own rooms. Assistants, helpers, and unskilled workers typically use the shared spaces as their main meeting place for IDT discussions.

All three municipalities have established interdisciplinary meeting forums within IDTs (Figure 6), but there are significant differences in time allocation for meetings, the composition of professional groups, meeting leadership, and ways of participating. Thus, the specific IDT practices are significantly different.



Analysis II: The Eight-Theme-Interdisciplinary-Model

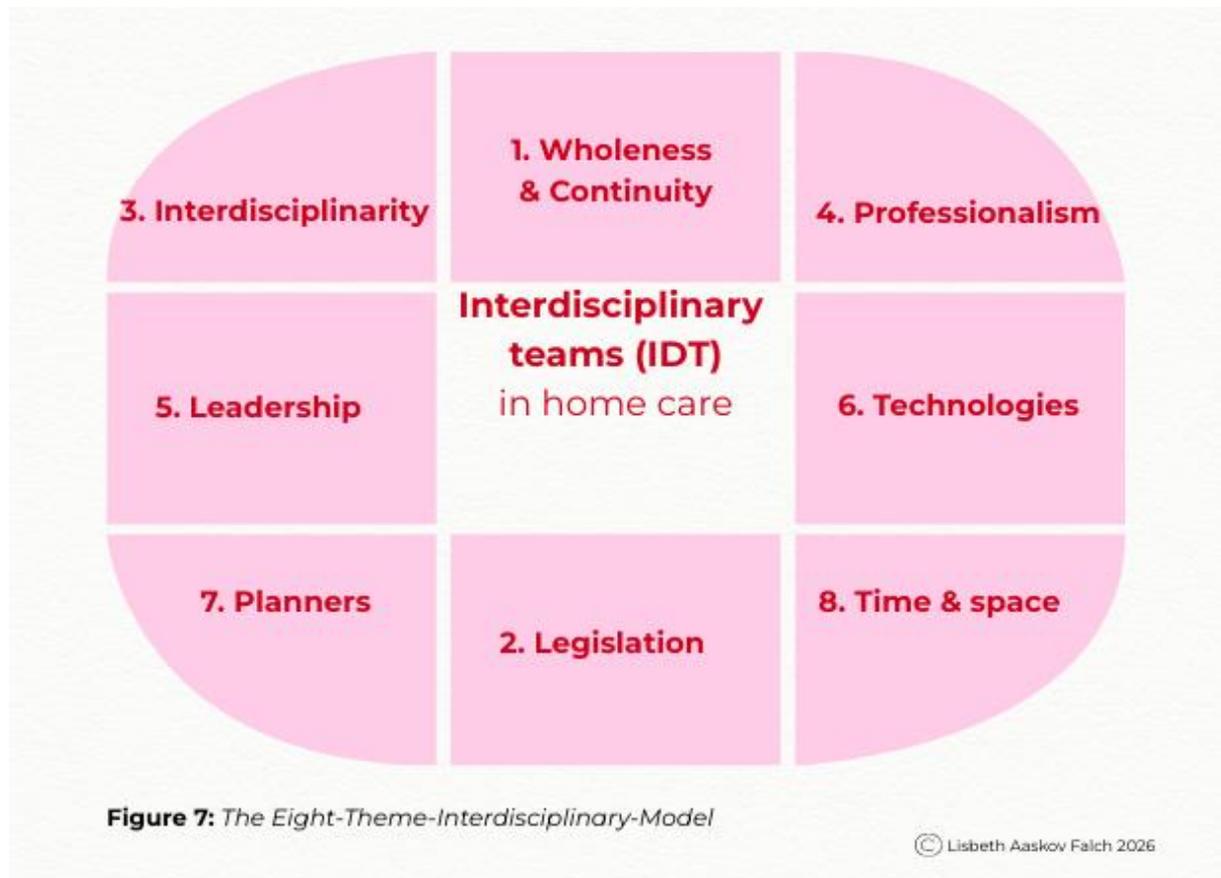
The Eight-Theme-Interdisciplinary-Model (Figure 7) was developed as part of the culture-theoretical study methodology and where the themes were derived through the culture-theoretical dimensions and concept of practice.

Thus, the IDT practice is the center of the model, and the center is surrounded by eight themes. Together the themes point out the goals and means that constitute the practice of IDTs as a whole.

Themes 1–2: The politically/ideologically formulated goals and the legislation within which interdisciplinarity operates.

Themes 3–8: The various means which, individually and collectively, support the goals and legislation within the interdisciplinary teams. The analysis focuses in a dialectical process on the relations between goals and means and on the potential differences between municipal perspective (leaders and planners) and the professional perspective (the five professional groups).

Means/themes emerged in the dialectical interplay between interviews and observations - between what professionals/leaders/planners reported as challenging for them, and what appeared noteworthy in the researcher's observations, which professionals/leaders/planners subsequently recognized.



1. Wholeness and Continuity

Both leaders and professional groups across the municipalities share the two goals from the state's interpellation strategy: wholeness and continuity in IDT organization. However, they interpret and implement these goals differently in practice.

From a leadership perspective, wholeness is achieved by ensuring that day-shift employees carry out as many tasks as possible for the same citizen. However, municipalities provide different conditions for achieving this. In ProvMun and ComMun, where there are long distances, this approach leads to significant savings in transport time. Helpers and assistants are trained to perform "nursing tasks", allowing them to "take the whole package" (Leader, ComMun). Nurses and therapists also take on helper tasks during visits, such as preparing meals for citizens.

Continuity is ensured by having the same employees visit the same citizens as often as possible. In practice, helpers and assistants follow fixed visit lists with assigned citizens. Two municipalities assign one designated contact person per citizen, while one municipality has made all helpers and assistants in the team contact persons to allow for greater flexibility. Nurses and therapists do not have fixed visit lists since there is only one nurse and one therapist per IDT in each municipality. Their expertise is prioritized over continuity, meaning they are deployed where their specific professional skills are needed most.

For employees, ensuring wholeness and continuity in care is also meaningful. A helper from ComMun explains: “You get to know the citizens really well”. Another describes the close relationship as becoming “almost like a family member”. A helper from CapMun highlights that a fixed visit list allows her to “make agreements with the citizen several days ahead”. Across municipalities, employees observe that citizens appreciate seeing familiar faces.

The employees add nuance to the goal of continuity in citizen care.

Helpers and assistants experience that citizens sometimes prefer specific professionals over continuity. In ProvMun, an assistant finds it “frustrating” when the elderly insist on discussing their medication with “their usual nurse” rather than accepting help from an assistant. She believes she can assist them just as well.

Changing quality standards disrupt continuity. In CapMun an assistant was frustrated when she was no longer allowed to provide daily tube feeding for a citizen she had assisted for years. A new quality standard mandated that this task be handled exclusively by nurses. Even the nurse who took over the task expressed frustration on behalf of the assistants, stating: “They’re not allowed to do something they’ve been doing for a really long time” (CapMun).

Several helpers and assistants across municipalities deliberately opt out of continuity to avoid routine monotony or emotional strain. These employees are known as “fliers” (flyvere), taking unassigned visit lists and citizens each day. A flier-helper in ProvMun argues that continuity and shared goals can still be achieved through updated care and daily routine plans. Nurses and therapists, as the only representatives of their professions in the team, largely maintain their profession-specific visit lists.

2. Legislation

With the organization into interdisciplinary teams, home nursing and home care have been brought together, even though they are based on separate pieces of legislation: the Health Act and the Social Services Act. Each law has its own standards, documentation requirements, and administrative rules on task delegation, leading to different outcomes.

When leaders lead not just one but all professional groups in an IDT, they need to understand each group's professionalism.

Different meaningful collaboration constellations emerge between professional groups, depending on the legal framework they operate within: Across municipalities, close collaboration exists between helpers and therapists, as they jointly perform Social Services Act tasks, such as everyday rehabilitation. Nurses and assistants work closely together on Health Act tasks. A nurse in CapMun explains: “We share tasks. If there aren’t enough nurses present, the assistants often help with nursing tasks. And vice versa - if there aren’t enough assistants, we also take over some of their visits”

Assistants handle both Health Act and Social Services Act tasks, requiring leaders to balance this in work planning. A leader in CapMun explains: “They work under both the Social Services Act and the Health Act. It’s about percentages—they know exactly how much of their time should be spent on each”.

Thus, assistants serve as a link between the team’s tasks and professional groups. An occupational therapist describes this role: “Nurses and assistants suit each other, and assistants and helpers suit each other” (ProvMun). This versatility is emphasized by an assistant: “We can assist the nurses, but we can also help the helpers, so we’re constantly in demand on the visit lists” (ComMun). However, this dual role can also create tensions between assistants and helpers. The same assistant reports that helpers sometimes do not understand why she prioritizes medication dispensing over care tasks. An assistant in CapMun describes feeling torn between the nurse and helper offices, as she moves back and forth between them. Assistants share professionalism with both helpers and nurses, which

appears to challenge their professional identity, leaving them feeling professionally homeless, as illustrated by this assistant

Employees experience that the two acts not only assign tasks but also reinforce hierarchies. A nurse explains: "There are very few Health Act tasks that helpers are allowed to take over. But assistants are in this in-between space - sometimes they're 'good enough,' sometimes they're not... It creates a sort of hierarchy" (CapMun). At the same time, nurses hold a key role in assigning Health Act tasks. Another nurse states: "It's mostly the nurses who decide which citizens should be 'nurse citizens' and which should be 'assistant citizens'" (CapMun). Ultimately, when the two legal frameworks meet, Health Act standards and requirements become the dominant reference point, influencing the organization and collaboration structures for Social Services Act tasks.

3. Interdisciplinarity

Interdisciplinarity is a core concept in the reorganization. Both leaders and employees view interdisciplinarity as a goal in itself but also a means to achieve wholeness and continuity in citizen care. However, there is surprisingly little discussion on how interdisciplinary collaboration should be understood and practiced in teams. Despite this, leaders and employees agree that professionalism is the foundation for interdisciplinary collaboration. A leader explains: "Each professional group sees things through their own lens" (ProvMun), while an occupational therapist describes using her "occupational therapy lens" (ProvMun) and, by mentoring helper and assistant trainees, seeks to gain insight into other professions while training them in her rehabilitative approach. In their statements, professional identity also appears to be implicitly present, as it is, according to Wackerhausen, precisely what generates the particular perspective that gives rise to specific actions and priorities.

Thus, the differences in professional perspectives result in varying task priorities. A nurse describes a common scenario: "Sometimes the helpers focus a lot on laundry (...). They don't understand why the assistants didn't hang up the laundry. But the assistants might be thinking: cognitively, this citizen was really anxious, so I spent my 15 minutes calming her down (...). So, yes, I'm sorry, I missed the trash bin, and I also didn't do the laundry. But at least the citizen was reassured when I left" (ProvMun).

Across all three municipalities, interdisciplinary meetings serve as the primary space for setting shared goals and priorities. In ProvMun, the leader facilitates discussions at interdisciplinary meetings every other week, where different professional groups reflect on citizen care. In the other two municipalities, this responsibility has been delegated primarily to nurses, who set the goals for citizen care. Across all municipalities, the goal is to integrate professionalism within interdisciplinary collaboration, rather than moving towards transdisciplinary, where professional boundaries become blurred.

Leaders and employees across municipalities agree that all professional groups benefit from interdisciplinary teamwork in different ways:

Leaders observe that nurses and therapists help develop the competencies of helpers and assistants through training and knowledge-sharing. Simultaneously, nurses and therapists gain valuable insights about citizens from assistants and helpers, which helps improve rehabilitation plans and prevent the progression of their condition. A leader describes this as: "We make each other better" (ComMun).

Helpers and assistants feel secure as part of an IDT. A helper expresses this: "You are not alone" (ProvMun). Helpers and assistants benefit from learning from nurses and therapists. An assistant shares a technique learned from an occupational therapist: "Keep my hands in my pockets" instead of immediately assisting the citizen (ComMun).

Nurses value helpers and assistants as their “eyes” in the field and rely on them for the early detection of changes in citizens' conditions. One nurse emphasizes this: “We get a really clear picture of the citizen (...), allowing us to identify changes before they develop” (ProvMun).

Therapists benefit from helpers' and assistants' daily observations of the citizens. A physiotherapist explains: “because their knowledge makes it easier for me to assess whether my rehabilitation plan is actually realistic” (CapMun). In return, therapists train helpers and assistants. An occupational therapist states: “We primarily train assistants and helpers in transfer techniques, but also to ensure they properly understand assistive devices” (ProvMun).

4. Professionalism

The IDTs consist of employees with different professionalism consequently, distinct professional identities. Professionalism in the form of skills and competencies is articulated by both professionals and managers, whereas professional identity is not explicitly addressed. From a leadership perspective, the shift from multidisciplinary towards interdisciplinary organization makes it necessary for employees to develop their skills to understand the wholeness and deal with as many tasks as possible for the citizen. This task-shifting mainly involves helpers and assistants taking on more nursing-related tasks.

A helper expresses: “Some of us really want to take on more responsibilities” (ProvMun). However, other helpers are not interested in additional tasks. There are also limits to task-shifting. A leader explains: “The task must be done properly and not just by anyone”(ComMun). According to her, certain nursing tasks are not delegated, as previous attempts have resulted in several adverse incidents.

CapMun has introduced a clinical leadership course for nurses, preparing them to take on a new role as “group facilitators” within the IDTs. However, this change has been met with resistance. Nurses have questioned: “Then what is the leader supposed to do?” Assistants have challenged the decision: “Why should nurses facilitate? Why not us?” (Leader, CapMun).

Professional development is seen as a leadership strategy to attracting and retaining employees. A leader states: “It’s important to offer a workplace that is constantly evolving, where employees have responsibilities, influence over their work, and opportunities for growth. I’m sure this plays a big role in recruitment and retention” (ComMun).

The shift from multidisciplinary towards interdisciplinary collaboration raises major questions about education and training. Should future training focus on profession-specific or interdisciplinary skills? Many nurses and therapists feel it has become more difficult to access profession-specific training. When all team training must be relevant to every professional group, it risks being, as a nurse puts it, “diluted to the lowest common denominator” (ComMun). Nurses and therapists find meaning in teaching helpers and assistants, but they also seek peer support for specialized tasks where they are the only ones in the team with the required expertise.

Across all three municipalities, both leaders and employees emphasize the need for interdisciplinary training. An occupational therapist states: “We lack training in interdisciplinarity” (ProvMun). Others call for time for reflection to better understand the perspectives and skills of other professional groups, as well as to receive input on: “Is there anything I could do differently?” (Assistant, ProvMun).

5. Leadership

In all three municipalities, the IDTs are led by nurses with a diploma in leadership. The leaders are responsible for the professional quality and work organization within the team. However, they assume the leadership role differently, highlighting a significant degree of local flexibility in leadership practices.

The leader in ProvMun can be described as “the professionally and personally involved leader”. She is closely engaged with the team in daily operations, acting as both a professional leader, supervisor/mentor, meeting facilitator, and coordinator of all citizen cases. Each morning, she assigns professionals to specific citizens and reviews the documentation from the past 24 hours for approximately 80 citizens to ensure that nothing is overlooked. She actively utilizes her professional background, stating: “It is difficult to coordinate and structure the processes initiated in a team for the citizens if you don’t have professional knowledge (...) So I still see myself as both a nurse and a leader”. For her, leadership is “a way of working with people”.

The leader in CapMun can be described as “the staff-oriented leader”. She leads three IDTs, making her relationship with employees and citizens less direct compared to ProvMun. Each morning, she coordinates the distribution of nurses and rotates participation in the morning, lunch, and weekly meetings across the three teams. However, she remains in the background as a supervisor while a nurse leads the meetings. In addition to being a nurse, she is also trained as an assistant and helper. Since becoming a leader, she perceives her role differently, saying: “Now I can’t just act as a nurse relying solely on my own knowledge, because now it’s about... it’s my staff”.

The leader in ComMun can be described as “the delegating, professional-mediator leader”. She prioritizes delegation, explaining: “Employees know best. So, I don’t step in and say: you should take this citizen or do this or that”. She sees herself more as a “mediator” between the employees’ professionalism and the citizens’ needs. She participates in two weekly interdisciplinary meetings, where citizen cases are reviewed and prioritized. She knows many of the citizens, allowing her to provide professional sparring with employees. Occasionally, she leads meetings but is working toward having the nurses fully take over this role. As she puts it: “I’m not a nurse anymore; now I need to use my leadership education”.

Employees perceive and react differently to the leadership styles. In ProvMun, employees see their leader’s professional and personal qualities as the primary reason for working in the team. They point to her care, attentiveness, and deep professional knowledge of all citizen cases. A nurse confides that the leader “saved” her when she struggled after a difficult experience with a citizen, while a physiotherapist consults her when “facing a challenging citizen”. An assistant briefly worked in a hospital but missed the leader’s care and professional support, prompting her return. In CapMun and ComMun, where leadership is more delegated, some employees find it positive that “we take more and more responsibility for the professional development in the groups” (CapMun). However, a nurse in ComMun expresses concerns about being “pulled further away from direct nursing to a more case-manager and advisory role”, limiting her ability to visit homes and apply her clinical judgment.

6. Technologies

In the IDTs, various types of technology - including transportation, IT equipment, backpacks, and management systems - are provided to employees to support and align with their tasks. As tasks are distributed in new ways within the teams, these technologies reveal differences in previous privileges and status among the professional groups.

The technologies must align with employees’ evolving tasks and meet the high demands for communication and flexibility required in interdisciplinary teamwork.

Allocation of transportation is determined by geographical distances. Nurses and therapists typically use cars or e-bikes due to their need to cover larger areas, while helpers and assistants usually have bicycles, with or without electric motors, depending on the distances they travel.

Backpack size is based on equipment needs. Helpers and assistants receive standard-sized backpacks for items like disposable gloves and shoe covers, while nurses and physiotherapists carry larger backpacks that accommodate medical or training equipment. There are also specialized bags

for specific tasks, such as catheter kits. An assistant describes the nurses' specialized measurement equipment bag: "Only nurses can use this, and it's clearly marked: nurses only (...) They are allowed to. We are not" (ProvMun).

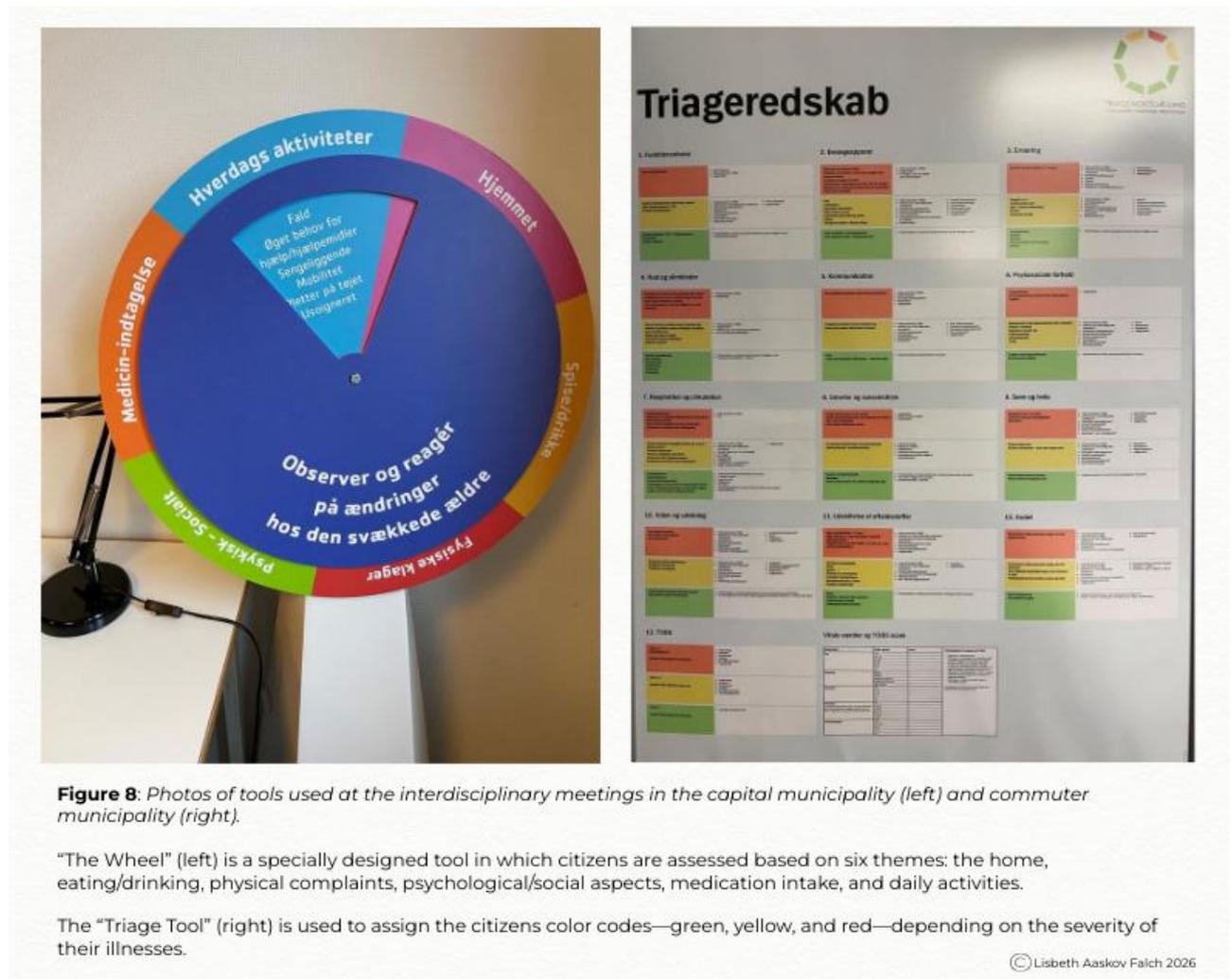
All employees are provided with mobile phones for accessing schedules and communicating within their teams. Assistants, nurses, and therapists also receive iPads for documenting patient records in IT systems. Documentation time is allocated differently: assistants, therapists (ProvMun), and nurses (ProvMun and ComMun) have designated time during day shifts for documentation. However, when an assistant takes over documentation from a nurse, the corresponding documentation time is not automatically transferred. Helpers do not have separate documentation time - it is integrated into citizen visits.

The differences in technology allocation reveal not only employees' varying educational backgrounds but also the privileges, recognition, and status associated with different tasks.

As the IDTs work more closely together, new leadership challenges arise regarding shared technologies, prompting considerations on how they are distributed and used.

In ProvMun and ComMun (unlike CapMun), a flat screen in the team meeting room displays schedules during morning meetings, enabling employees, planners, and/or leaders to coordinate tasks. Employees also coordinate throughout the day via schedules on their work phones.

In CapMun and ComMun, "the wheel" and a triage tool (Figure 8) are used to facilitate interdisciplinary citizen case discussions and create a shared language where all professional groups have a voice. Employees in CapMun find this useful: "It's good because it makes you step back and ask: Who is this citizen? What are the issues? And then we go through the wheel." (Assistant). However, the triage tool does not seem equally meaningful to all employees. An assistant in ComMun explains: "If it's a citizen I don't visit, I don't really see the point". "The wheel" accommodates both service and healthcare tasks, making it relevant to all professional groups. In contrast, the triage tool appears to represent a more nursing-oriented perspective, which not all employees can relate to.



7. Planners

Planners play a central role in the daily leadership of the IDTs. They have a background as helpers or assistants.

Planners act in an assistant leadership role with several key functions:

Across all municipalities, planners are responsible for creating visit lists, which represent the practical implementation of interdisciplinary collaboration by distributing tasks among employees with different professional and personal competencies.

Planners also serve as gatekeepers, coordinating time, services, and communication with the municipal visitation office. In ProvMun, the planner evaluates employees' requests for additional time for a citizen, documentation, or assessment by another professional group.

Planners function as liaisons between day, evening, and night shifts, as there is no physical overlap between these shifts in any of the three municipalities. Additionally, they serve as a bridge to specialists in areas such as wound care, palliative care, and medication management.

Because of their role, planners are essential to leaders. One leader describes having a "close collaboration" (ComMun) with her planner, while a planner compares the working relationship with her leader to "a marriage" (ProvMun).

There are variations in how planners involve employees in visit lists planning. In ProvMun and ComMun, visit lists are adjusted collaboratively during morning meetings. A planner explains: "I

depend on helpers, assistants, nurses, and therapists to feed me information on what's important and what's not" (ProvMun). In CapMun, planners create visit lists independently, and employees can later request changes or adjustments to their visit list. When visit lists change during the day due to illness, the leader notifies employees in the group room, saying: "Update your visit list!" However, employees cannot see each other's visit lists, as they are managed solely by the planning team. This lack of visibility leads to inefficiencies: An assistant states: "Everyone just looks out for themselves" (CapMun). A nurse expresses frustration over not being able to follow the citizens she previously cared for: "Suddenly, someone else is assigned to that citizen". It also results in double bookings. A nurse explains: "Sometimes you arrive, and another nurse is already there". This example illustrates that the transition from multidisciplinary towards interdisciplinary organization can sometimes have the opposite effect of the intended goal - creating continuity and wholeness.

From an employee perspective, planners play a crucial role in shaping their workday and enabling interdisciplinary collaboration. Employees report that predictability and involvement in scheduling contribute to job satisfaction, engagement, and better teamwork. Conversely, a lack of involvement has the opposite effect. In CapMun, employees do not know their visit lists until they arrive at work. Changes can also occur within seconds without explanation. As a result, a nurse no longer puts the same energy into her work but just goes to work, does the tasks, and goes home.

8. Time and Space

The transition from multidisciplinary towards interdisciplinary organization requires a restructuring of time and space - creating opportunities for all team members to meet and establish common goals and frameworks for collaboration. However, in practice, this is resource-intensive and presents everyday challenges.

Leaders attempt to create time and space for teamwork through short daily meetings and longer interdisciplinary forums (Figure 7). However, employees across all municipalities feel that the allocated meeting time is insufficient. As a result, lunchtime is often repurposed for collaboration. A physiotherapist in CapMun explains: "A lot of our interdisciplinary meetings happen during helpers' lunch breaks". Lunch breaks are also used for collegial support, relatives/family consultations, and documentation. Since helpers' documentation time is included in citizen visits, they sometimes must finish their notes while eating. A helper describes: "Sometimes, if I don't finish, I end up documenting while we eat lunch" (CapMun).

Shared interdisciplinary meeting rooms reveal differences in professional traditions and privileges, such as start times and uniform protocols. In ProvMun, physiotherapists start at 8:00 AM, change clothes, and store their lunch in the fridge - likely a habit from hospital work. Helpers, assistants, and nurses arrive at 7:15 AM, already dressed for work, with their lunch packed away. A helper comments on the physiotherapists' later start time: "She starts later. I don't really know why" (ProvMun).

Leaders try to downplay the professional groups' different professionalism and professional identity in naming and allocating workspaces. The latter is not articulated by either leaders or professionals. In ProvMun, therapists have an "unofficial therapy room" because municipal guidelines prohibit profession-specific offices. In CapMun, nurses work in a space referred to by all employees as the "nurses' office" - but the leader insists on calling it a "documentation room". A leader in ProvMun explains that nurses, physiotherapists, and occupational therapists request profession-specific spaces because there is only one of each in the day shift, while multiple helpers and assistants work together. Nurses and therapists request these spaces not just for undisturbed documentation but also for professional development. As one nurse states: "You learn from each other and improve by talking with other nurses" (CapMun). A nurse makes a comparison: "If I want to get better at tennis, I need to practice with someone just as skilled or better than me. Helpers and

assistants might be great at football, but that's not the same" (ProvMun). Although she does not articulate it explicitly, her statement can be regarded as an example of the professional identity described by Wachterhausen, in which professional groups are characterized by their distinct language use, perspectives on practice situations, and different taken-for-granted actions and priorities.

Conclusion and Perspectives

This cultural-theoretical study uncovers how collaboration is practiced in IDTs in home care.

The IDTs' goal is to ensure wholeness and continuity in home care, bringing different professionals with different professionalism and professional identities into play through an interpellation process. Interdisciplinarity is seen as the solution to meeting the demands in a growing elderly population and a shortage of professionals in home care. This transition takes place within the existing national legislation for home care, shaped by the Health Act and the Social Services Act, which have formerly structured municipal organization and task distribution among professional groups.

Fieldwork conducted in the three municipalities and across professional groups within the IDTs indicates that conditions and frameworks for home care differ at the municipal level. Leaders and planners must structure and distribute employees' tasks in time and space in new ways, utilizing technologies for transportation, communication and care.

The Eight-Theme-Interdisciplinary-Model provides a comprehensive analysis of IDT practices, including organization, collaboration and interactions in the shift from multidisciplinary towards inter- or transdisciplinary organization, also incorporating municipal and professional perspectives on professionalism and professional identity.

1: The Development of the IDTs requires multi-level changes

The leaders of interdisciplinary teams seem to enjoy considerable local autonomy; however, they and their IDTs operate within larger municipal and national structures that rarely align. As one former leader who pioneered IDTs remarked during an evaluation at a conference: "They (the state/municipality) asked us to do something differently, but they didn't change themselves". This leader further described the situation as: "We were a small island in a big house" (Fremfærd Sundhed & Ældre, 2024).

Thus, our study shows that the development of interdisciplinary teams requires analysis across multiple dimensions (Figure 2) and themes (Figure 7). Themes such as: Wholeness and Continuity, Leadership, Technologies, Planners and Time and Space can be handled locally in the teams, whereas the theme: Legislation calls for national political and legal solutions. The themes: Interdisciplinarity and Professionalism may also be addressed at the local or municipal level, particularly in contexts where certain professional groups (e.g., therapists) are employed in separate municipal units.

2: Former multidisciplinary organization persists through legislation, hierarchies, and technology

The study demonstrates that former multidisciplinary organizations and hierarchies remain embedded at a national level through dual legal frameworks (Health Act & Social Services Act), education systems, and professional authorizations. Professional practices are largely maintained despite the intention that IDTs should create equality between professional groups. When focusing on collaboration forms between professions, the dynamics between professionalism and interdisciplinarity become evident to us, for example in the shifting of tasks between groups and the

use of seemingly “neutral” technologies. When professional groups are brought together in IDTs, differences in meeting times, time allocated for changing and documentation, bag sizes, and modes of transport become apparent to everyone. Previously taken-for-granted professional identities are questioned, as the goal of equality can now be perceived as unequal treatment, prompting explanations and changes.

3: Professionalism and professional identities are changing for everyone in the shift towards interdisciplinarity

The study reveals that changed goals, tasks and relationships challenge all professional groups’ understanding of their professionalism and professional identities.

Leaders have considerable flexibility in shaping their leadership approach within IDTs. However, they must continuously navigate shifts between municipal units and specialized professional structures. Within their own IDT, they must develop a deep familiarity with all professional groups, their professionalism and professional identities.

Assistants play a key role in bridging the Health Act and the Social Services Act - as well as connecting nurses and therapists with helpers and unskilled workers. From a state and municipal perspective, this makes them highly valuable employees. However, for the assistants themselves, this “in between” position can be both an opportunity and a challenge, as it may create uncertainty about their professional identity.

Nurses and therapists face challenges related to the fact that they often are the only professionals authorized to perform many Health Act tasks. Unlike helpers and assistants, they frequently work alone within IDTs. They seek professional spaces and peer interactions to maintain their expertise. This suggests a need for cross-team collaboration or alternative professional networks.

4: Incorporating professionalism and professional identity

In the state and political enthusiasm for the goal of creating wholeness and continuity through interdisciplinarity, the professionalism and professional identities of the different professional groups appear to be marginalized. In our study, the state and municipal agendas seem to downplay professionalism, while professional identity remains largely unarticulated. Perhaps for this very reason, they may be seen from a state-, municipal employer perspective as an obstacle or threat to the developing the IDTs.

This may appear paradoxical, since interdisciplinarity operates by virtue of professionals bringing their professionalism and professional identity into play. This study demonstrates that all professional groups - including leaders - understand professionalism and professional identities of the different groups, expressed through perspectives, practices, and task priorities in citizen cases, as both the strength and the rationale for IDTs. The professional groups view the citizen and the associated tasks through their specific professional ethnocentric lens. Some will identify certain tasks, while others will discern different ones

Rather than downplaying professionalism and professional identity, it becomes more pertinent to ask how these dimensions can be incorporated into IDTs. In this regard, interdisciplinary meetings are crucial - not only for making the full range of tasks in citizen cases visible but also for working towards shared goals and a common language across professional groups. Through this process, professionals may come to recognize one another’s professionalism and professional identities, expressed through perspectives, practices, and task priorities in their work. This requires careful consideration of facilitation to ensure that all professional voices are heard, and that members of all involved professions get the chance to develop their competency-not just in professionalism, but also in interdisciplinary collaboration. It also necessitates the secure sufficient time and space for such activity.

Ultimately, how professionalism and professional identity are understood and used will be a decisive factor in shaping the future organization and collaboration models in home care.

Incorporating professionalism and professional identity matters!

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