

The alleged culprit of poor coordination of integration of health- and social care services for very ill elderly persons in Sweden, 2000-2022

*Iwona Sobis Assoc. Prof (emeritus)
School of Public Administration
Gothenburg University, Sweden.
e-mail: sobis.iwona@gmail.com*

Abstract

Despite numerous attempts to transform Swedish elderly care, similar problems regarding its coordination have persisted over the years. The purpose of this literature review is to identify which coordination mechanisms can be perceived as the alleged culprit of poor coordination of integrated health and social services for seriously ill older individuals in Sweden between 2000 and 2022. Classical and contemporary coordination theories are utilized to pinpoint these coordination mechanisms, and the analysis is based on the content of collected articles from this thematic area.

This literature review reveals that the following coordination mechanisms are perceived as the primary cause of poor coordination in elderly care: (1) plans, programs, rules, and standardized work processes. Research has confirmed that decentralization, the autonomy of regional and local authorities, new regulations implemented in the spirit of NPM, and the double principalship have hindered the integration of care for seriously ill seniors; (2) roles, standardization of skills, and direct supervision. Neither organizational principal adequately addresses excess workloads for employees, an insufficient number of employees providing care services, which in turn generate stress, conflicts, and even occupational burnout among staff. They do not prioritize the development of staff competencies; (3) proximity, feedback, and adjustments through mutual communication. Most studies have shown that communication among staff is crucial to achieving integration, but it is not effective among staff members involved in providing care. Knowledge about "objects and representations" and "routines and standardization of outcomes" is rather limited and deserves further research.

Key words: seriously ill elderly care, dual principalship, coordination, integration, health care, social care, services, tensions, deficits,