

Collective Competence as an Enable for Services Integration in Health and Social Care Services [Letter]

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Dear editor

We have read the paper by Therese Dwyer Løken et al on “Collective Competence as an Enabler for Service Integration in Health and Social Care Services”.¹ We congratulate the authors for their invaluable findings in the world of health management. Therefore, we would like to share our views on this study as well as provide input that can build on and develop this research if we wish to continue it in the future.

The study conducted by Therese Dwyer Løken et al aims to prevent the negative consequences of fragmentation for service recipients by exploring what types of competencies stakeholders need and how collective competencies can drive service integration.¹ However, there are several studies that explore the competencies needed for service integration in urban health and social care organizations, and we suggest Therese Dwyer Løken et al to add to the objectives of this study related to other collective competencies that can encourage service integration so as to create synergies in improving health services in both urban and rural areas.

This study used a single case study method, and the data consisted of focus group interviews and individual interviews with service recipients, family caregivers, professionals and managers and then the data were analyzed inductively and deductively. Regarding the single case study method, we suggest that Therese Dwyer Løken et al have done the right thing by using this method in the case studies conducted, but the group of interview cases should not only be limited to service recipients, family caregivers, professionals and managers but also suggested to stakeholders. Local authorities as well as decision-making officials, patients receiving direct services, health workers who are directly related, and several stakeholders who do play a role in making health decisions so that more valid and accurate data can be obtained in determining future results.² This has been done by Yousef s Khader et al who found that it is necessary to have resources, equipment and supplies, documentation, staff training, and the provision of health care services to support future health services by using the method of direct observation of the hospital and interviews with staff, primary health care and hospitals in order to be able to assess and evaluate the availability of various services.³

The study conducted by Therese Dwyer Løken et al proved that knowledge of individual life situations relates to individual service recipients and their lives with diverse and complex needs and challenges related to mental health, substance abuse, physical health, and the social life in which service recipients and family caregivers increase the importance of knowing the uniqueness of each person's situation, including the individual's history, desires, goals, abilities and resources. Professionals and managers agree on the importance of having such knowledge. This study also proves that various diagnoses create complex challenges and needs, which require thorough and in-depth knowledge of all aspects of one's life.¹ Individual-Centered Collaborative Competency. However, in order to draw the above results, it must also be ensured that health facilities report that they provide preventive health services by integrating them in

curative health services by providing preventive health services as a separate unit. This indicates that the provision of preventive services in health facilities is integrated with curative services or provided as a separate entity.⁴

In conclusion, we agree that service integration competencies are essential, the results indicate a high level of consensus among service recipients, family caregivers, professionals, and managers and simultaneously can gauge the existence of a gap between the consensus on what competencies are needed and the actual situation in mental health and abuse services substance in the city, due to lack of means of coordination at the system level. However, there is still a need for responsibility to carry out vertical communication with stakeholders at the professional level because of service integration to build coordination facilities so that they are able to carry out a collective approach to obtain service integration competence.

Disclosure

The authors report no conflicts of interest in this communication.

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