


Volume 14, 01 October 2014

Publisher: Igitur publishing

URL: <http://www.ijic.org>

Cite this as: Int J Integr Care 2014; Annual Conf Suppl; [URN:NBN:NL:UI:10-1-116142](https://nbn-resolving.org/urn:nbn:nl:ui-10-1-116142)

Copyright: 

Conference Abstract

Professionals' personal relations and care integration: A social capital perspective

Prof. Stefano Calciolari, Assistant Professor, Faculty of Economics, Università della Svizzera Italiana, Switzerland

Mrs. Laura Guadalupe Gonzales Ortiz, Position, Switzerland

Prof. Federico Lega, Associate Professor, Bocconi University, Switzerland

Correspondence to: **Prof. Stefano Calciolari**, Assistant Professor, Faculty of Economics, Università della Svizzera Italiana, Phone: , E-mail: stefano.calciolari@usi.ch

Abstract

The most diffuse definition of care integration is generally focused on structural/institutional aspects - i.e., "methods and models on the funding, administrative, organizational, service delivery and clinical levels" Kodner and Spreeuwenberg's (2002) – aimed to "enhance quality of care and quality of life, consumer satisfaction and system efficiency" for complex target patients. Although recent contributions proposed to include also "soft" aspects, empirical investigation lacks to explore them.

Nevertheless, it has been argued that cooperation between professionals contributes to improve patient-centered care approaches and, in general, performances: incidentally, the collaboration within and between the cure and care sectors is also a traditional tenet of the care integration literature. In this respect, the personal network of professionals might represent an important channel for the mobilization of coordinated resources. In other words, the personal capacity/attitude of professionals to ask their colleagues for advice in their practice might be an important factor influencing effective and efficient cooperation and can be interpreted as social capital functional (also) to care integration (Inkpen & Tsang, 2005; Reagans & Zuckerman, 2001).

We interpret social capital as the informal ties existing within professionals and organization members (i.e., physician's advice ego-network) and instrumental to exploit valuable resources (e.g., information, knowledge).

We aim to provide insight on the influence of GPs' advice ego-network on their perception of care integration.

We collected data by means of a questionnaire covering specific aspects of social capital and care integration. The questionnaire was administered to the GPs of an Italian Local Health Unit (context invariance).

Social network analysis was used to measure the composition, heterogeneity and homophily (Abbasi et al., 2012; McCarty, 2002) of the personal advice networks of respondents (response rate: 58%). We tested whether differences in the GS's social capital influence its perception of care integration, controlling for logistic arrangements and urban/countryside environment.

The study provides insights on the capabilities hidden in the informal relationships of care professionals in terms of fostering care integration: institutional/structural aspects being equal, social capital influence the perception of care integration. This represents a relevant aspect that policy-makers and managers should take into consideration when designing/implementing interventions aimed to making the transition toward integrated care practice.

Keywords

social capital, primary care, Italy

Powerpoint presentation:

<http://www.integratedcarefoundation.org/content/thinking-differently-relationships-social-capital-and-integrated-care>
