

## NAPCRG 52nd Annual Meeting — Abstracts of Completed Research 2024.

**Submission Id:** 6303

### **Title**

*Nurturing collaboration between non-profit organizations and primary healthcare partners: An instrumental case study*

### **Priority 1 (Research Category)**

Healthcare Services, Delivery, and Financing

### **Presenters**

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### **Abstract**

Context: People living in precarious socio-economic conditions are at greater risk of developing mental and physical health disorders, and of having complex healthcare and social needs (hereafter complex needs). Appropriate care for these people calls for integrated care from the healthcare, social services, and community networks. Few studies assessed the factors influencing cross-sectoral collaboration between non-profit organizations (NPOs) and primary healthcare partners. Objectives: To identify challenges and facilitators to collaborations between a NPO and primary healthcare partners. Study design: An instrumental case study design. Setting: A NPO and its partners in the healthcare (primary care clinics), social services, and community networks in a rural context. Population studied: Key informants involved in intersectoral collaborations: people with complex needs (n=2), healthcare and social services professionals (n=10), managers (n=7), board of directors' members (n=2), support staff (n=1). Methods: Data collection: Non-participant observation (n=14 meetings; n=2 clinical sessions) and semi-structured interviews (n=22). Analysis: Qualitative data were analyzed using an inductive thematic analysis. Outcome measures: Challenges and facilitators influencing intersectoral collaborations. Results: The organizational context created tensions between the NPO and their partners that must present "good statistics" to receive optimal financial resources. This climate of competition was not conducive to collaboration. Clear and complementary service offers could reduce those tensions. A fragmented vision led to major conflicts, so shared vision among stakeholders was helpful to promote collaboration. Impressions and unspoken words escalated into interpersonal conflicts when communication was poor. Clear communication was then essential not only for aligning visions, but also for building healthy interpersonal relationships and mutual trust, key to successful collaborations. Trained staff, in sufficient numbers, who remain stable over time, also helped building relationships and trust between qualified individuals from different organizations. Conclusions: Intersectoral collaboration between NPOs and

primary healthcare partners raised many challenges. Potential conflicts linked to financial competition, a fragmented vision or false impressions were gradually resolved with open communication and efforts to understand others' perspective.

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