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IS PUTTING USERS FIRST AN ORGANISATIONAL KEY TO SUCCESS IN CROSS-PROFESSIONAL COOPERATION?

An Interview Study about Cooperation between Service Units to People Affected by Both Intellectual Disability and Mental Illness

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Abstract. *Cooperation among professionals in health, social and educational sectors is much needed to let the patient/client/pupil experience an entirety of services provided. However, cooperation is not easy in general. It seems even more challenging when it comes to service provisions to people affected by dual diagnoses. Our research question is influenced by this challenge and reads: What promotes cross-units' cooperation between professionals involved in service provisions for people affected by both intellectual disability and mental illness? The knowledge is constructed by means of interviewing municipality-employed professionals (N = 21) about their experiences with successful cases. The study shows that many aspects contribute to satisfactory cooperation, but three substantial findings are particularly emphasized: (1) Prioritizing user-focus; (2) The management and the organizational structure should be firm, target-explicit and predictable, but at the same time flexible in its use of resources; and (3) Both leaders and staff should show supportive attitudes.*
Keywords: *Cooperation, intellectual disability, mental illness, professionals, service-provision*

Introduction

This study highlights the topic of cross-professional cooperation between municipality-based services that provide care, training, work and health provisions to people affected by both intellectual disability and mental illness (hereafter called dual diagnosis). The method used for collecting data is interviewing municipality-employed professionals about experiences with ideal cases.

The research was initiated for various reasons. First, the services in charge of helping people affected by these two generally persistent illnesses have in

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Norway commonly been organized in two separate units, both on the municipality level and within secondary care (Martinsen, Bakken, Helverschou, & Nærland, 2006). A similar structure appears in other countries as well. In most cases the users receive treatment from only one service unit. We can talk of an absence of collaboration and an ongoing practical overshadowing service provision (Halvorsen et al., 2014; Martinsen et al., 2006; O'Hara, Chaplin, Lockett , & Bouras, 2015). The impact of the lack of collaboration is a rupture in the quality of the service offered. Very often a complete treatment philosophy among the specialists is either missing or is not explicitly communicated. The experts of one diagnosis usually find the examination and treatment precautions within his/her own field to be sufficiently demanding. Their knowledge of other specialists' basic areas is insufficient, and they may lack competence in how to cooperate, or at least the time necessary for doing it as well (Bakken & Sageng, 2016; Helse og omsorgsdepartementet, 2014-2015; NOU 2016:17, 2016). Such a breach in cooperation is particularly visible when it comes to people with intellectual disabilities. There might be different reasons for the low level of trans-units 'collaboration. One common conception is that belief in the overshadowing hypothesis has been more persistent for this diagnosis. A subsequent explanation is that there has been a gap of knowledge due to both absence of research, training and experience (Adams & Matson, 2015; Bakken & Egelund Olsen, 2012; Bakken & Sageng, 2016). Since there seems to be a significantly higher ratio of mental illnesses among persons with intellectual disabilities than people in general (Adams & Matson, 2015; Bakken & Sageng, 2016; Buckles, Luckasson, & Keefe, 2013), and since disproportionately few compared to the general population receive help from the mental health services (Halvorsen et al., 2014; NOU 2016:17, 2016; O'Hara et al., 2015; Werner & Stawski, 2012), it is remarkable that this group of double-diagnosed users have for so many years been forgotten by researchers. Due to this organizational separatism, and the practice of the overshadowing belief, the professionals in both service units have been hindered in gaining experiences in how to cooperate and coordinate their service provisions in user-tailored ways. Apparently, an optimistic belief in the advantages of collaboration does not seem to have stimulated cooperation excessively either.

Secondly, a result of this almost complete absence of cooperative practice the need of developing know-how and doing more research regarding what promotes cross-professional collaboration is great (Cameron, Lart, & Bostock, 2016; Willumsen & Ødegård, 2016). Thirdly, the Norwegian political authorities within health care, social care and education ask for it, both nationally (HOL, 2011; PBRL, 1999) and locally (cf. financial support to this research was offered by a municipality in Agder). Fourthly, academics involved in study programs relevant in dealing with people with this dual diagnosis need such evidence-based

knowledge of collaboration for three reasons. Primarily, they oversee the students' learning of collaborative skills which the students need to pass their practice placement periods and later to work inter-professionally as practitioners in the service field. Moreover, the teachers themselves who are involved in practice placement studies, must perform this skill to relate well with the practice supervisors, and thereby be good role models for their students on how to co-operate. In addition, the professors are also in charge of developing new topical knowledge regarding interprofessional cooperation and how to transmit it efficiently to their students. The latter belong to the pedagogical obligations of the professors.

Cooperation is subsequently a professional must, and therefore knowledge of its whats and hows is badly demanded. To fill a portion of the existing gap of knowledge, and with a hope of contributing to improving service collaboration for a vulnerable group of users we throw light on this research question within a municipality setting: *What promotes cross-units' cooperation between professionals involved in service provision for people affected by both intellectual disability and mental illness?*

Concept clarifications

The key concepts of the research question need to be defined due to their context dependency. Regarding the two diagnostic terms we have theoretically as well as during the interviews with the informants used the definitions of ICD-10; F 70-79 for intellectual disability, particularly F70-71; and for mental illness F00-F69 (Direktoratet, 2019). The term "professional" relates to employees working in either the home service sector or the sector of mental health work of the municipality. "Service provision" refers to a wide spectrum of help offered to facilitate users' coping with their daily lives despite two serious diagnoses.

The concept of cooperation, its theoretical map of knowledge, and practical context

Undoubtedly the concept "cooperation" is harder to define, and the phenomenon of cooperation is difficult to grasp (Cameron et al., 2016; Ødegård, 2016). Experts and researchers, however, agree upon the importance of cooperation as illustrated by expressions like: "Cooperation is the evolutionary advantage of man"; "Man is basically social and therefore collaborative by nature"; "Cooperation releases synergies; and it is the glue of service provision". Moreover, they also agree that a unified definition is hindered by the flora of synonyms, e.g.: Cooperation, coordination, coworking, collaboration, interworking, teamworking, work-interaction. Some researchers have tried to

differentiate these terms (Elstad, Steen, & Larsen, 2013). However, the general picture drawn in the subject's literature is that the terminology lacks consistence, in a sense that various terms relate to the same content in some publications, while in other sources the same term refers to discrepant content (D'Amour, Ferrada-Videla, San Martin Rodriguez, & Beaulieu, 2005; Willumsen & Ødegård, 2016; Ødegård, 2016). This term confusion causes a weak concept validity in various studies, and in some cases, even between different informants in the same study. Moreover, it also causes trouble in constructing a general accepted knowledge map of cooperation, which then becomes an obstacle to developing good cooperative practice as well. The lack of explicit terminology affects both researchers' and practitioners' mental perceptions of what cooperation might be. Subsequently, at times the definitions of the concept appear meaninglessly wide, as stated by informants in another study: "Cooperation is something we always do." (Vigeland-Andersen, Rosenvinge, & Bachke 2019). To conclude, in this study we lean towards Eide's definition which says: "Cooperation is a target-directed work which implies the participation of more than one since it cannot be done alone." (Eide in Grelland, 2014).

The conceptual chaos described above also influences the way subject literature categorizes and structures the knowledge of cooperation in organizational settings, both as a research field, and for educational purposes as in subject text books. This confusing picture is also revealed in a survey article reviewing 62 full-text scientific articles about collaboration in vocational rehabilitation. All in all, seven models of collaboration were identified, and organized along a dimension from simple to complex: (1) Information exchange, (2) Case coordination, (3) Interagency meetings, (4) Multidisciplinary teams, (5) Partnership, (6) Co-location, and (7) Pooled budget (Andersson, Ahgren, Axelsson, Eriksson, & Axelsson, 2011). The study also pointed out a number of collaborative facilitators like enough and good-mannered communication; mutual trust; common ground for cooperation – including a focus on the needs of the users, sharing of aims, common language and culture for collaboration; the involved staff's commitment; rules and regulations applied systematically in planning; and leadership marked by altruism and adaptation (Andersson et al., 2011). Another review study (N = 50 peer reviewed articles), topically partly related to collaboration, concludes with a descriptive model consisting of three levels of care which requires cooperation (micro, meso, and macro), and comprising four types of integration (clinical, professional, organizational and systemic cooperation). Of course, this is a tool-like framework that can be applied to various forms and cases of cooperation, but it is helpful as a way of making a rough map of a complex reality (Valentijn, Schepman, Opheij, & Bruijnzeels, 2013).

Looking at subject textbooks they also reveal other theoretical sectionings of the organizational topics. One example is the divisioning of culture, structure, leadership and their sub-subjects (Kaufmann & Kaufmann, 2015). Another example divides between structural and relational aspects within an organization. A third focuses on which level that attracts the attention: (a) the person-to-person cooperation level; (b) the organizational level and (c) the systemic level. (Jacobsen & Thorsvik, 2013). The research has paid much attention to level (a) and less to (b) and (c). Since level (a) to a certain extent has been highlighted before, and since the systemic level centers around conditions outside the organization, the starting point of this research has been directed towards the organizational level. This level contains a lot of components which influence the quality of cooperation, like: Structure, coordinating- and communicating systems, administrative support, resources available for the teams in charge of implementing tasks, philosophy of organization and leadership, etc. (Cameron et al., 2016; D'Amour et al., 2005). Cameron et al. (2016) and Kaufmann & Kaufmann (2015) involve organizational culture and its values and attitudes that promote good cooperation as a part of the organizational level.

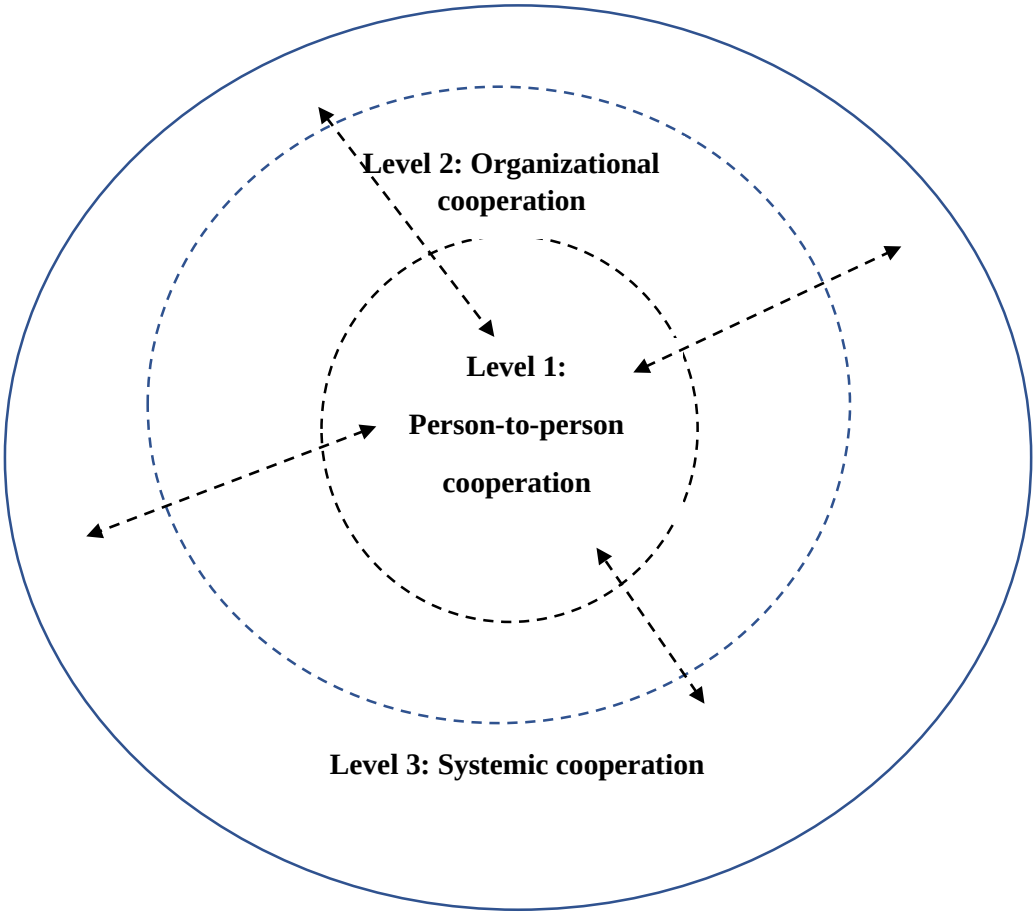

Figure 1 ***The three levels of cooperation***

Level 1 refers to how employees and leaders communicate with each other in person. Level 2 consists basically of how the leadership and organizational structure and its internal culture influence the cooperation. Level 3 relates to how the general local/regional culture surrounding the enterprise exerts its influence on the cooperation of the organization. The double pointing arrows indicate that there is a mutual, reciprocal influence between the levels.

Based on these analyses of articles and textbooks we constructed a simplified model, figure 1. The construction is a merge of the a-b-c-levels of Jacobsen & Thorsvik (2013) and the micro-, meso- and macro-levels of Valentijn et al. (2013). The model serves as an analytic and interpretive tool for understanding informants' statements, and as foundation for extending it by means of the substantial findings of this study.

Previous research on factors that promote collaboration

Cameron et al. (2016) claim that most of the studies on cooperation are linked to special settings, use a qualitative design and therefore also include a low number of informants. Furthermore, these studies focus mostly on "close" collaborative processes. i.e. on how the involved staff interact. The organizational frames and the larger conditions for collaboration is less illuminated. Bachke, Nilsen, & Melby (2015) did an integrative literature review where they looked for what promotes or prevents cooperation in service provisions to users affected with the aforementioned dual diagnosis. Norwegian, Scandinavian and international databases were scanned to look for topically pertinent publications by researchers and other experts. However, the result was poor with only eight hits related to research in reasonable accordance with the research question's target group and cross-professional cooperation towards it. However, to have a wider sample of literature twelve more publications related to collaborations between employees of service units dealing with adjacent dual diagnoses were included. All in all, twenty publications were analyzed. The findings were divided into three main categories each of these related to promoting and preventing cooperative sub-categories respectively. This article focuses on promoting measures and conditions. Subsequently, we summarize what encourages cooperation:

1. Organizational promotive factors are:
    - Strong and dedicated leaders who also show transverse management
    - Clear and realistic goals
    - Well-defined roles
    - Participation and involvement in decisions and development of Individual Plans (IP)
    - Operative systems of information flow, and timed information
    - Enough time for cooperation and carrying out meetings regularly

- Professionals from necessary occupations must commit themselves to stable co-operation over time

2. The staff shows promoting attitudes like:
   - Respect, openness, commitment, being creative and solution focused
   - Being dialogue-oriented
3. Being trained in cooperation by means of
   - Studies and/or in-service courses
   - Making each other mutually cooperatively minded and skilled at work

Particularly conditions related to measures under item 1 occur in most of the twenty analyzed studies. An empirical study by Martinsen et al. (2006) mentions similar factors, but in addition points to the importance of knowing the user well; cf. expressions like examining thoroughly the dysfunctions and needs of the users, perceiving users as unique and understanding them. This user-aware orientation is also explicitly expressed by parents of dual diagnosed users. As informants in an interview study they described measures promoting collaborative quality: Open dialogues, the professionals' ability to be attentive listeners, to adapt his/her vocabulary to the parent's level of understanding, and to show the parent confidence (Elliott & Bachke, 2018). Another interview study with employees of an institution providing home services to owner residents also points to the importance of leaders showing confidence and establishing trust and safety as a cultural pillar of collaboration. The study likewise emphasizes other attitudes as essential: Open-mindedness, respect, mutual helpfulness, being encouraging, friendly, showing inclusiveness and clearness and accommodating for reflexivity (Andersen, Bachke, & Rosenvinge, 2018).

This review confirms the claim of Cameron et al. (2016) that most studies on cooperation are small-scaled and related to relatively narrow settings. The findings also overlap with the findings of Andersson et al., and thereby the external validity of the two reviews is mutually strengthened. Based on the review, particularly related to its saying about the importance of attitude, one might claim that creating and maintaining a well-functioning cooperative culture is the responsibility of everyone involved: Leaders and staff on the floor as well as educators involved in training the professionals. Moreover, the review also supports our perception that researchers vary in their ways of categorizing the promotive collaborative factors. Therefore, it does not add backing for either keeping or rejecting figure 1 as a theoretical backdrop for analyzing the findings. However, the review has pointed to other ways of categorizing informants' statements, which can be helpful in discussing the outcomes of the study. Attitudes may be a keyword in this context. The review also alludes to the importance of leadership.

Method

Since the directly topical linked research was scarce, we decided to apply a qualitative designed approach within a hermeneutic scientific context. Semi-structured interviews with employees in the two service sectors were conducted between Aug. 2013 and Dec. 2014 (Kvale, Brinkmann, Anderssen, & Rygge, 2015)

The sample of informants

We made use of strategic sampling (Malterud, 2017). Firstly, we wanted to include municipalities with a variety in population that reflects the most common municipalities in Norway. Five municipalities were selected from the southern part of Norway, one rural, and four urban. The number of inhabitants vary between 5000 and 85000.

To recruit individual informants, we asked department leaders to look for employees with much experience with this group of users and ask them to participate. At the same time, we sought an even distribution of informants primarily working with mental health services and those providing services to people affected by intellectual disabilities. All in all, 21 informants were interviewed. The sample consisted of five male and 16 females. Their work experience varied between seven and 30 years, with an average of almost 20 years. The long duration of practice in either of the relevant services is also reflected in a mean age of 46 years. The informants are well educated too. 20 have at least a relevant bachelor's degree, and among them 16 have additional education. To sum up we can claim that our informants are both well-educated and have solid and long-term practice. In addition, they are evenly distributed between the two sectors: Ten from home services, eight from mental health work and three from a service unit that cares for people with the dual diagnosis.

The informants received the interview guide and an information folder including a letter of consent a couple of days before the interview.

Development of the interview guide

The content of the interview guide was developed based on two sources: The lack of knowledge revealed by the scarce literature in the field; and the requests and needs expressed by the initiator municipality. Four sub-topics were included:

1. The background of the informants
2. The informants' assessments of how challenging cooperation with the actual users was found to be?
3. Narratives that describe episodes where the informant had experienced positive or negative cooperation

4. Descriptions of categorizing features of what promotes or prevents cooperation?

The guide was tested by means of pilot interviews done by the researchers. The three test informants worked with the same diagnoses, but in secondary care. Their feedback indicated that the guide worked well.

The carrying out of interviews

The informants were interviewed during the period between Aug. 2013 and Dec. 2014. The researchers visited the informants' working places and did the interviews there. Voice recording was used. 17 informants were interviewed individually. Unintentionally and for practical reasons four informants were interviewed as a group by two of the researchers. Except for the group interview (which lasted almost two hours), the duration of the interviews varied between 30 and 60 minutes.

The interviewers used the guide but adjusted the sequence of questions to allow the informants to relate their stories and reflections freely. This was done purposely because we wanted to obtain as genuine and spontaneous input from the professional field as possible (Kvale et al., 2015) However, descriptive data about the informant's background was collected during the introductory talks as a part of creating a safe relationship between the researcher and informant (we exchanged some basic information).

Transcriptions and data analyses

The recorded interviews were transcribed within a few days after they took place. Each researcher transcribed his own interviews. The transcribed text was modified to official Norwegian to attain anonymity.

The analyses were partly steered by theory from our previous literature review. We started by using the review's three important findings (constituents within the service providing organization, effect of training of cooperative ability, and pro-collaborative attitudes among the staff members involved) to do the first interpretation of the interviews (Giorgi, 1985; Malterud, 2017). Step two and three were based on a more genuine "message from the data/informants' statements", a data-derived analysis performed by firstly reading the transcribed text thoroughly. This led to an adjustment and an extension of the original categories from our literature review. For instance, the organizational classification was divided into these three sub-categories: Leadership, structure and culture. Then the researchers jointly coded some interviews to validate the new division. The Nvivo 10 was applied for this work. Then the transcript of all the interviews was analyzed by two researchers jointly and another code was established: unspecified statements.

To condense the collected, classified material we used Nvivo to do a quantitative content analysis (Bratberg, 2017). We then made tables containing example statements of each of the three main categories: organizational leadership, structure and culture. To complete the fourth step of Giorgi we returned to the transcript one more time to look for example statements and validate our comprehension. Lastly, we cross-analyzed the three tables to look for substantial collaborative promotive factors, see figure 2. These we consider as our major findings, which we also enhance in the discussion.

Ethical aspects

Common research-ethical considerations are attended to: Written informed consent including the option of withdrawal from participation during the research process, confidentiality and anonymization of both individuals and municipalities. The research project is approved by the Norwegian Centre for Research Data.
The voice recordings of interviews were deleted immediately after the transcript was completed. The transcript was stored on a separate memory stick. The informants' eagerness and commitment shown during the interview recording we take as a sign that the issue of cooperation concerns their everyday work. Moreover, we see their gratitude for the conversations as an ethical approval of being a participant in the study as an encouraging experience.

Methodical criticism

The interviews were carried out by three researchers. Even if we used the same interview guide, we may have stressed the various sub-questions differently, and thereby influenced the informants' answers. Our prejudiced hypotheses about what signifies profitable cooperation may also have led to differences in the coding of the informants' statements (Aadland, 2011). However, since we had worked together beforehand on developing the interview guide, the test interviews, the coding of statements as well as the formation of the preliminary and the final result categories, we think that the differences in views and perceptions may have contributed to strengthening both the research processes and the outcomes' validity. An example may be the way we handled the variations in the terms in use for describing cooperation. We agreed that the various designations should be treated as synonyms; and that we also conversed about the features of collaboration in the warming-up-talks with the informants. In spite of these precautions and our attempts to voice a definition similar to Grelland (2014) to strengthen the concept validity of the study, we realize that we did not attain complete concordance. The validity could have been further consolidated by means of member checking something which was unfortunately not done.

We have already stressed the scarcity of research about cooperation directed towards the target group. This might make it difficult to validate our findings externally. Instead we are forced to compare our findings with research findings from studies of collaboration in adjacent and similar fields like the review of Andersson et al. (2011). If there is an agreement on collaborative facilitators in our study and in adjacent area linked studies, we may see some promotive factors which may have a potential for wide generalization.

The informants' background of both being well educated and having a long-term experience from the relevant fields of practice might add strength to their statements about what contributes to cross-sectional cooperation. The even distribution of informants between the two sectors might also support the validity of the findings since there seem to be no sign of representatives of home care services voicing different opinions than employees from mental health work.

Findings

The findings are presented in two steps. Primarily we refer to example statements from the three main categories, i.e. organizational leadership, structure, and culture. Secondly, we extract what we interpret as substantial promotors. These will be placed under the paragraph heading "The substantial findings and their discussions".

Organizational leadership

Many statements emphasized the well-qualified leadership's impact on the professional employees' attitudes and willingness to apply cross-professional cooperation. While we did the Nvivo-analysis, we established three sub-categories which characterized pro-collaborative leadership. The first feature dealt with **attitudes towards staff members**, like recognition and pro-active support towards members who endeavored cooperation, cf. these example statements: *Backing from the top; I feel free to speak bottom-up; It was generated from the top; The management has actively been involved and seen the problems.* The second relates to **attitudes towards the obligation one has as a leader**, responsibility and determination, e.g.: *There is a top management above the unit-level, it brought the matter to an end, … got something done; Top management willingly co-operates, and makes constructive decisions.* Responsibility also relates to firm economic governance: *Budget discipline is a must, … the financial frames must be kept*. On the other hand, the leaders who succeed in collaboration also exercise certain **attitudes related to the users**, a combination of having the user as the focal point – user orientation - and being open minded and flexible in the use of staff resources to meet the client's needs. *No financial frame is so fixed that you cannot deviate from it; We were allowed to work partly liberated from the budget frame to make a sensible helping program (for the user); This user*

case was lifted to the level of the chief municipality officer and received support for making it a project … including measures like extra staff at night and generally use of more staff.

All in all, we see from these quotes that collaborative success depends on a leadership showing a multitude of attitudes, and an ability to keep expectations from the users, the subordinated staff and from the municipality governance in mind all at one go. To "save" users the cooperatively minded leaders show creativity and pursue unusual solutions across sections as demonstrated in this measure described by an informant: *A staff member was released from ordinary duty for some hours a week (for a certain period) to attend to a previous user, who should have been cared for by another back (service) office. Otherwise this user would have been left without any help.* This is what we describe as a user oriented leadership, and an example of putting users first.

Organizational structure

To a large extent, citations placed under the leadership paragraph were also classified as descriptive attributes of an organizational structure that hallmarked cooperation. During the Nvivo-analysis we classified statements in four sub-categories which underpin the similarities with the sub-category-division of the leadership. However, certain fine-meshed additional information appeared.

A firm structure fosters cooperation and is described by measures like target-directed work, efficient and well-organized duty-shift, digitalized journaling, continuity of personnel involved, open communication (top-down and bottom up) and stable routines, including use of individual plans (IP) and service-coordinators. Some statements indicating the importance of firmness are: *The office-keeper coordinates workers here and there …, makes the duty-shifts efficient, … uses digitalized journaling, … has in many ways attained solid structures; We discuss an issue (as previously stated) with the management of the unit and with others it might concern, … I feel there is a communicative openness; Continuity is vital, to establish a measure of entirety …, the child met the same staff at school, at relief, in weekends and during vacations; The municipality arranges the service-measures by means of a coordinator. It makes everything easier, and it maintain a red thread both for the patient's life and in the service provision,* and *We set off with IP and worked goal-oriented item by item. IP is a success-factor.*

Informants stressed **a flexible structure** as well, as partly hinted at in quotes (1) above and in citations referred under leadership repeated as structure item, e.g. *No financial frame is so fixed that you cannot deviate from it.* Additional statements are: *It was permitted that the user should try something exceptional, at a farm, instead of work or school. He has remained there, and it is indeed a success story; It is this positive attitude that we have a freedom to do something; we could turn around the measures and remake the original plan.*

Besides the informants pointed to **users' needs first (user-orientation)** as a vital structural feature which benefitted the cooperation. *The alternative of working project-approaching has been very helpful for the user; We made a project (around the user) in which staff from various sectors together looked for resources to play the whole gamut. … like pulling people out of shift, calling for extra night staff …; Use of a coordinator … thus you make a red thread in the user's life; Far ahead in time and thoroughly prepare for gradual transitions for the user (school-levels, education-work, etc.); It is my experience that the municipality has well run internal routines too find the (optimal) solutions for user NN.*

Organizational culture

The latter citation refers to routines, a concept which might be perceived and interpreted as both a structural and a cultural notion. Kaufmann & Kaufmann (2015) precisely emphasize this close connection there is between organizational structure and culture, and our informants' sayings support this claim. Subsequently we find statements supporting the sub-categories described under leadership and structure also under culture, particularly the impact of flexibility and user-orientation has on collaboration. Cultural linked quotations somehow enrich these two factors. Regarding **organizational flexibility's** signification these citations express it explicitly: *It is an element of the culture to communicate openly and honestly …; Everyone turns up with an open mind to help each other; The organization is perceived as open, … it stimulates freedom to test ideas; I don't fear proposing measures, because I feel like being listened to; to move people (staff) between the sections contains an element of success.*

The user-orientation is seen as vital in these citations: *Everyone is interested in the benefit of the user, … to have a heart for the user …, people within both departments were convinced of this same basic idea and then the cooperation flourished; To be more on the donor's side towards the user when needed is a point.*

A third beneficial cultural element described by the informants is the importance of **personal knowledge** between staff in various sectors, and **opportunities to meet with each other**, cf. the following citations: *Much is about building relationship; We learn to know each other and cooperate in various contexts, it lowers the threshold (for cooperation); So we meet (in seminars, at staff-meetings) and get well acquainted; To have somebody to go to …, you don't need to carry the burden alone is fostering co-operation; … keep the door open for colleagues and heed an attitude of learning from each other internally will improve one's ability to collaborate externally, too.* The latter statement refers to the importance of certain **attitudes** among the professionals involved. Besides being open for learning from colleagues also mutual confidence and prevailing of solidarity are pointed to by the informants.

The substantial findings and their discussions

Looking at informants' statements related above and reading them transversely one finds certain overlapping patterns which can be categorized as this study's substantial contributors to a well functional cooperation cross-professionally and across units. These three substantial findings are identified: A user-first orientation among the professionals involved in the service provisions; An organizational paradox of practicing both firmness and flexibility at the same time, and the importance of certain attitudes among the collaborative staff on all levels

Is user-first a key to successful co-operation and why is it so?

User orientation, or even stronger expressed, having the user as the focal point, or *putting the user first* is mentioned under all the three finding paragraphs. The informants' emphasizing this measure to make cooperation going smoothly might immediately look obvious because these organizational units basically are established and have as aims to serve the users and provide measures for their benefits. The same applies to everybody employed by the municipality whether the professional position is as a leader, or as a skilled person. On the other hand, the user-first idea and attitude appear more explicitly expressed by our informants than in any previous studies we have related. Martinsen et al. (2006) speaks of user-orientation in a more wrapped way, employing expressions like *perceiving user as unique* and *comprehending the user's disabilities and needs similarly*. The literature review of Andersson et al. (2011) relates to this user-dimension in a similar manner, probably with a little more stress, utilizing expressions like *altruism* and *focus on the needs of the user as a common ground for cooperation*. In their study "Cooperation in rehabilitation", in Østfold County, Samuelsen et al. (2018) discuss the importance user involvement, but they do not connect it explicitly to promote collaboration across service units within health care. The literature review of Bachke et al. (2015) does not mention the user-focus at all. In this light we observe that in previous studies there is some, mostly wrapped up, support for the claim of putting user first might be a key for attaining collaborative success. However, it is our informants that make it a substantial contributor to successful cooperation.

One may wonder why the informants so explicitly emphasize the significance of user orientation for collaborative quality? Most likely it is a result of long-lasting and well underpinned research and development of knowledge of the importance of turning empowerment-values and -ideology into practice. Many of the informants are exposed to these ideas during their bachelor studies. For instance, did the bachelor program in social education at the University of Agder for years (1999-2012) organize the first practicum-term as "at home with the user course". The rationale behind this curriculum-choice was that students should be

exposed to user-empowerment before they were trained by the professional practitioners of the discipline. Other Norwegian institutions of higher education, running the same bachelor program, stuck to a similar approach. When we know that people holding a bachelor diploma in social education frequently are employed in either of the two target services of this study, it makes sense to claim that user-orientation partly is a fruit of the informants' basic professional education. However, these user-first-exposing courses did not emphasize that it also was a vital pathway towards attaining success in cross-sectional cooperation. So, the development of such collaborative skills must have been an implicit and tacit knowledge. If the taciturnity is the case, the importance of user-orientation for collaboration, revealed by our informants, should be taught explicitly both in profession-relevant bachelor and master programs at universities, as well as in-service-training courses among practitioners of at least these two service units, both at municipality level and in secondary care level.

Besides possible impact of university study programs, other factors most likely have contributed to the conscious growth of making user-first a success key. Our empirics cannot tell us explicitly which these explanatory factors are. However, we imagine, based on the claims of Askheim, Starrin, & Heyerdal (2007), that the impact of what we name as an empowerment revival and its democratic ideological values have had a more penetrating effect on social and health work-business than we are aware of. At a first glance it might look like a surprise. However, considering it more deeply it appears less unexpectedly and more logic. Firstly, the strengthening of user-empowerment has been stressed by various actors of the educational, health and social care since the 1990ies. The slogan "Nothing about us without us" (Charlton, 1998) has been voiced by disability-activists for more than 20 years. Besides the user themselves the saying has stirred the professionals, the researchers and the politicians, and thereby had impact on service provisions. For example, within the mental health sector we have had a change from paternalistic care towards user involvement care, that has been concretized by various patient-centered treatment approaches, i.e. models like shared decision making, patient participation, patient-centerness and recovery (Storm & Edwards, 2013). Concurrently the users complain about the splitting up of services due to progressively specialization of the skilled professionals (Willumsen & Ødegård, 2016), the competent authorities have installed measures like Individual Plan and the right of having a coordinator in charge. Likewise, the politicians have passed reforms and produced white papers to counteract the negative effects of specialization, and to help the users to experience an entirety of services (St. meld. nr. 47 (2008-2009); Ødegård, 2016). Such rights ordered by the authorities require that employees in charge must coordinate their services by collaborating. It becomes an indirect effect of user-first ideology. Therefore, there are good reasons to claim that research, legislation and ideological values

extracted from the philosophy of democracy have jointly pointed to a care based on user-orientation. This interpretation means that empowerment has reached a kind of systemic integration on what Valentijn et al. (2013) refer to as macrolevel of care. In other words, it has been enculturated, that means it has influential power within the third and outer circle of figure 2: Systemic cooperation. This is the reason why we entitle the article by the phrase "Is putting user first an organizational key to success …"

The firmness-flexibility paradox

The second exciting finding is that successful collaboration is fostered by an organization practicing the paradox of being firm and flexible at the same time. Andersson et al. (2011) state that rules and regulations should be systematically applied in planning, which can be interpreted as a hint to showing firmness. Moreover, they also point to adaptation, that can be perceived as a synonym of flexibility. Thus implicitly, their study also relates to practicing this firmness-flexibility paradox as a collaborative promotor. Other research related to in this article might allude to the firmness-feature by using expressions like "clear, well-defined roles", "clear and realistic goals", and "leadership-clarity". But the flexibility is hardly described. Therefore, it is our claim that this study has exposed the signification of the paradox' role in successful cooperation in a much more outspoken way than before.

Collaboration and the importance of attitudes

The third major finding is the importance of attitudes play in successful cooperation. The complete leadership-paragraph talks of attitudes. Much in the culture-paragraph relates to attitudes as well cf. expressions like *communicate openly and honestly …; an open mind to help each other; freedom to test ideas; I feel like being listened to; to have a heart for the user* …. Also, the structure-paragraph explicitly talks of "positive attitudes". And the informants underline that if cooperation should succeed, positive attitudes are the responsibility of all the professionals involved, leaders, experts and staff on the floor. The weight of values and attitudes is also underpinned by Andersson et al. (2011), by referring to by terms like mutual trust, the staff's commitment, and altruism. Similarly, Bachke et al. (2015) refer to attitudes like commitment, respect, openness, dialogue orientation, and being solution focused. Andersen et al. (2018) in addition call attention to attitudes like being friendly, encouraging, helpful, inclusive, and reflective.

Kaufmann and Kaufmann (2015) talks of attitudes connected to work by the term organizational commitment, and they relate the term to three sets of commitment: Continuity-based, affective-driven and normative-stressed. We do not have empirics to verify any concrete categorization of the informants' terminology with the trisection above. However, it appears reasonable to think that there is somehow an overlap and inclusion of the sets of commitment because

the informants told their positive case-stories with eagerness, gladness and proudness which we interpret as a sign of job satisfaction. This term is defined as an attitude (Kaufmann & Kaufmann, 2015). We will in this context describe it as a cumulative and overriding attitude that motivate the employee to cooperate interprofessionally in a way which shows ability and competence. At the same time, the user-orientation is proved and fully attended to.

The organizational map of knowledge and the three substantial findings

If we look at the three major outcomes of the study jointly, different questions might have been discussed more deeply. Here the attention is directed towards the question: Which level of figure 1 do the three items belong to?

As indicated before there seems to be no common pattern of categories which is in general use to arrange or map the knowledge neither for describing well-functioning collaboration, nor for dysfunctional cooperation. The reviewed studies have applied various structural compositions, and we have in our primer analytic stage utilized the triadic division, leadership, structure and culture. However, our second analytic stage shows that the three knowledge categories induced from the statements, user-orientation, organizational firmness-flexibility and a selection of attitudes, have a transverse belonging. If we look at another much used division of organizational knowledge, the dyadic structural-relational patter, it may fit better because we can interpret user-orientation as an attitude, and then combine it with the attitude-category. And attitudes are always directed towards something or somebody, ergo essentially perceived as relational. The paradox firmness-flexibility category is seen as structural.

A third option of categorial placement is to make use of our three-level circular model, cf. figure 1. The advantage of this model is primarily that the three levels mutually interact in a dynamic way, as shown by the double-headed arrows. These dynamics are apparently present in the way informants talk of the three substantially distinguishing marks of good cooperation in this topical context, since they spoke of the levels in mixed and combined ways. Level 1 and 2 are interwoven as proved by statements like *"A staff-member was released from ordinary duty for some hours (weekly for a period) to attend to a previous user, who should have been cared for by another back (service) office. Otherwise this user would have hung in the air"*. Due to the dynamics of the level-model we decide to integrate the substantial findings into it, as illustrated in figure 2.

In a summarized way the figure 2 represents the answer to our research question: *What promotes cross-units' cooperation between professionals involved in service provision for people affected by both intellectual disability and mental illness?* However, the three substantial findings' validity is weakened as mentioned in the paragraph of "Methodical criticism" both by the weak concept-

validity of cooperation and its synonyms; and by the absence of a thoroughly established theoretical backdrop within the subject field of organizational c-operation. Nevertheless, these weaknesses do not stop us from suggesting some practical implications of our study.

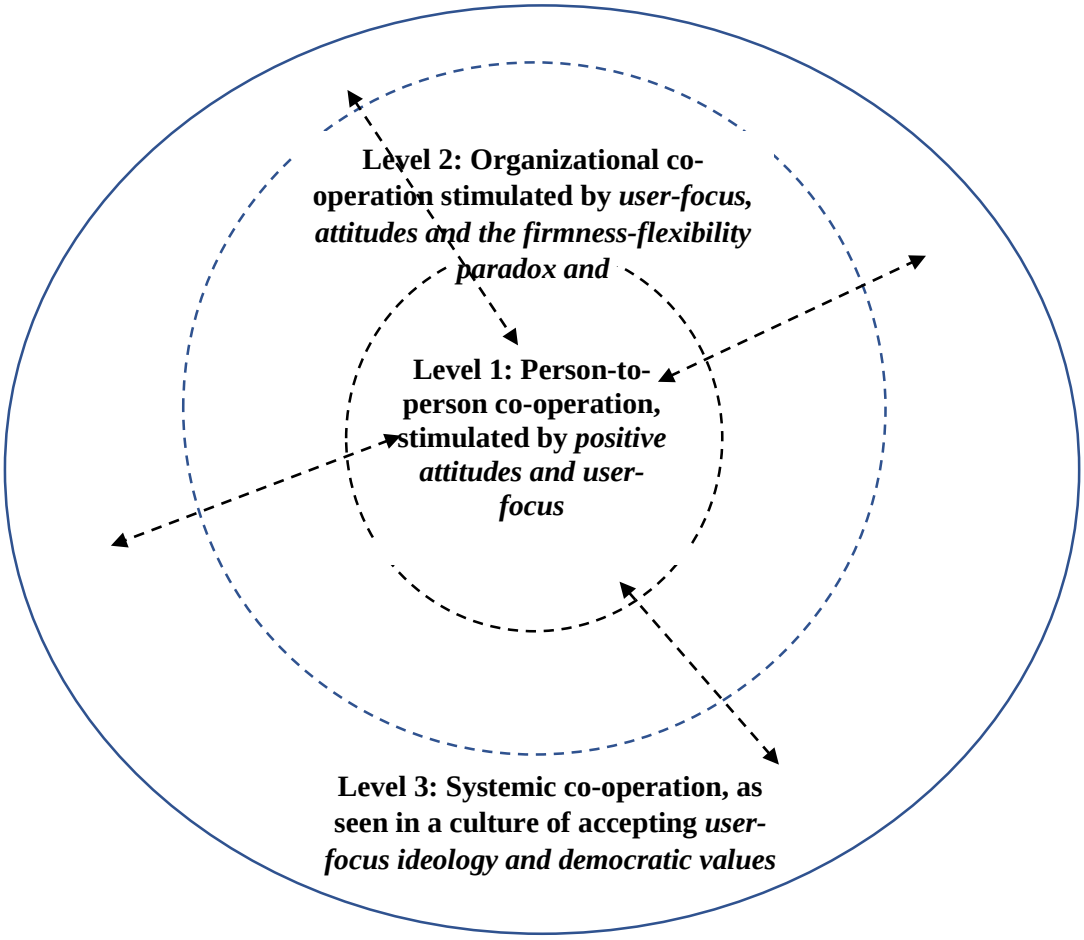

Figure 2 ***The substantial findings summarized in the constructed three-level model***

Practical implications and conclusive remarks

From the discussions above some measures how to improve cross-professional cooperation between service units appear. We have considered these facilitators as important and attainable:

- Explicit including this knowledge in the bachelor- and master-programs which are related to employment within services for the target-user-groups. One should also impart this topic in postgraduate relevant courses and workshop to keep the staff aware of the potential promotive power user-focus has in making cross-professional cooperation more successful. To state it briefly, various educational measures ought to be implication number one.

- A second and obvious implication should be more research to increase the detailed knowledge on how and under which contexts the three substantial findings cooperation is facilitated. In our study, just professional staff-members on the floor have been informants. Most likely other groups of actors, like the leaders, the users and the next-in-kin will express a variance of facets in connection with the three major findings, and probably hint at other measures as well.
- In their study Andersson et al. (2011) described certain facilitators of cooperation which connect to our findings, and which we think should be incorporated in the work of service providers within these two service units. Primarily, stimulating the attitudes of trust and commitment among all professional actors despite their positions within the organizational level 2 (figure 2). Secondly, rules and regulations can be regarded as facilitators if they fire up the staff to do their obligations, like IP and a proper coordinator job. Thirdly, also flexibility is related to, however by means of other concept like leaders who give up organizational territory and can transcend such boundaries. The two latter points of Andersson et al. (2011) represent another way of speaking of the firmness-flexibility paradox and making it clearly a collaborative facilitator.

What about future research related to cooperation across service units within the municipalities, and even probably more challenging across the border to secondary care? The absence of a common pattern for categorizing cooperative relevant knowledge represents a challenge, and makes researcher face this agony of choice: Should future findings be categorized by means of well-known and historically established patterns of conceptualizing and structuring knowledge within the science of sociology and/or organizational theory? Or should they stick to a "clean wired" knowledge-categorization constructed by themselves? Or select a mixture, including applying our level-model (figure 2). In other words, should we stick to a traditionally logic structure, or should we argue for a new structure?

We interpret the informants' strong emphasis of user-focus as a sign of their belief in the values and legal basis underlying this professional ideal. If we also interpret the finding of user-orientation as a sign of the informants' absorption of the ideological foundation of user-empowerment, we become quite optimistic on behalf of the future cooperative practice in the municipalities: Most likely the scenario will be prosperous of cases relating to qualitatively good collaboration. However, we think that the substantial findings of this research, and the outcomes from similar studies should be given a role in speeding up the development of collaborative skillfulness among employees in both the home service and the mental health unit of the municipalities, and most likely also to adjacent service

units within the municipalities, and in secondary care as well. If the cross-professional collaboration progresses, we contend that the service provisions of the future will qualitatively flourish.

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