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Conceptualizing the Facilitators and Barriers of Successful Multidisciplinary Teamwork Within the Reablement Process: A Scoping Review

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Background: As the global population ages, there is increasing pressure on health systems to provide high-quality and cost-effective care for this growing segment of the population. Reablement, primarily a strategic home-based rehabilitation approach, has been demonstrated to be a cost-effective, multidisciplinary, holistic, and person-centred approach to maintaining functional independence as one ages. Given that care delivery in the home setting for older persons is complex, a key feature of effective implementation of reablement is the integration of a multidisciplinary team.

Objective: The primary objective of this study was to identify the facilitators and barriers that lead to successful teamwork in a multidisciplinary reablement team setting.

Methods: Scoping review approach was used in this study to determine trends, and mapping themes prevalent in the peer-reviewed literature. Eligible articles were sourced from four electronic databases, and data were extracted, coded, analyzed and chartered in February 2024.

Results: Twenty studies were included in this study. Six main themes were identified: (1) multidisciplinary teamwork for quality service development, (2) dynamics of multidisciplinary collaboration, (3) professional autonomy and reflective practice, (4) towards a flat organizational structure and shared goals, (5) openness and flexibility of developing new cultures, and (6) open and frequent communication for success. Each of the themes can exert a facilitating or/and inhibiting effect depending on the context.

Conclusion: The findings indicate that multidisciplinary teamwork in reablement settings is diverse, complex, and situational. In this paper, we propose a conceptual model that integrates each theme as a way to understand the complexity and interconnectedness of the themes along the quest for greater multidisciplinary teamwork in reablement. Given the positive outcomes of both service consumers and providers, amplification of multidisciplinary teamwork within reablement holds the promise of effective care for older persons in a time of growing service demands.

Keywords: collaboration, rehabilitation, restorative care, patient satisfaction, older adults

Introduction

The proportion of older persons within the global population is expected to continue to grow over the upcoming decades. The friction between increasing health care demands among an ageing demographic and the sustainability of health care financing and delivery which exists in countries of all income levels is becoming ever more complex and uncertain. [1] For instance, it is predicted by the year 2050, the ageing trend will double the cost of long-term care for elderly across Organisation for Economic Co-operation and Development (OECD) countries.[2]

Older adults are disproportionately impacted by poor health and may have lower quality of life and increased multimorbidities and disability.[3] It stands therefore to reason that this rapidly growing global demographic will increase the demand for services and create financial pressures on healthcare systems and long-term care services. As an alternative to high-cost hospital or institutional-based care for an ageing population, care is delivered within the home and the community sector that aims to maximize function and independence of individuals. This offers an opportunity to create

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a "win-win" scenario. As asserted in the World Health Organisation's Decade of Healthy Ageing,[1] many health conditions among older persons can and should be effectively managed closer to home.[4]

An emerging strategic way to holistically address care needs among ageing populations at the home and community level, is the concept of reablement services, also known as ´restorative care´ in several English-speaking countries, and ´hverdagsrehabilitering´ or ´vardagsrehabilitering´ (directly translated to English: ´everyday rehabilitation´) in Scandinavia.[5,6] Reablement focuses on collaborating with individuals who are at risk of, or have already demonstrated, functional decline and has been shown to have a positive impact on an older person's functional status and activities of daily living.[5,7–9] Reablement considers the individual's life story, values, wishes, and identity, all will help to form the basis for their health and social care services.[7] This approach is person-centred, and it aims to help older adults live independent and fulfilling lives, while reducing the need for continuing support and reducing the cost of long-term care services by enabling service users to be more self-sufficient in a home-based setting.[8]

Reablement's accelerated development and implementation in various contexts has led to a growing international interest as an intervention within the context of health ageing in place.[9,10] The ideas of reablement have travelled across continents and time from the 1990s and onwards. Moreover, reablement has been named differently across three regions: ´intermediate care ´/´reablement´ (UK), ´restorative care´ (Australia), and ´home rehabilitation´/´everyday rehabilitation´ in Scandinavia.[11] Although countries like Australia, Denmark, Norway, New Zealand, and the UK to various degrees have implanted reablement and incorporated it into their national healthcare policies, other countries, such as the Netherlands, Sweden, and Taiwan, are still researching its feasibility, effectiveness, and cost-effectiveness.[6,10] However, since its inception, the concept of reablement has been inconsistent across various sociocultural contexts,[12,13] leading to ambiguity surrounding the definition, description, and structure of reablement services.[9] In this study, we used the operational definition by Metzelthin et al,[6] which asserts that reablement is a person-centred approach that aims to enhance an individual's functioning to maintain or increase independence in daily activities at home and reduce the need for long-term services. It involves multiple visits from a trained multidisciplinary team, starting with a comprehensive assessment and regular reassessments to develop goal-oriented support plans. This approach includes daily activities, home modifications, assistive devices, and social network involvement, and is inclusive of all ages, capacities, diagnoses, and settings.[6] Lewis et al argues that reablement is most effectively provided by a trained multidisciplinary team at an individual's home.[14] The multidisciplinary team typically involved includes two separate but integrated categories of individuals: first, 'healthcare professionals' such as physiotherapists, occupational therapists, registered nurses, and second, individuals otherwise known as "home care personnel" including but not limited to, auxiliary nurses, nurse assistants or community health care workers.[14–16] The main focus of the health care professional category is to function as consultant and advisor, whereas the focus of home care personnel, often termed home trainers, is on implementing the care pathways established by the health professionals thereby given them more frequent and direct contact with the older persons.[17]

Over the past decade, there have been several published reports and peer-reviewed publications, mostly originating from developed countries (eg, Europe, North America, and Oceania)[10] which have explored the experiences, perspectives and viewpoints of the health professionals working within multidisciplinary reablement teams. Guadaña et al[10] identified the need to further understand the roles, barriers and facilitators that influence multidisciplinary teamwork, and the roles that health professionals and home care personnel contribute in a reablement process.

To our knowledge, no research has been undertaken that maps themes prevalent in the published literature on the barriers and facilitators of multidisciplinary teams in reablement. A preliminary search of MEDLINE, the Cochrane Database of Systematic Reviews, and the Open Science Framework revealed no current, prospective or published scoping reviews on this subject. Given the lack of published information, the guiding research objective in this study was to identify the barriers and facilitators towards successful multidisciplinary practice within reablement team. The expected impact of the study might be that well-functioning multidisciplinary teams strengthen reablement services by having better satisfaction among service users, improved service user outcomes, more engaged staff and enhanced professional competencies.

Materials and Methods

Both the Arksey and O'Malley[18] and the Peters et al[19] scoping review methodology were used in this study. This integrated approach required obtaining an overview of publications related to health care professionals and home care personnel working in multidisciplinary teams and mapping the themes, thus providing an opportunity for identifying

implications for practice and research. The scoping review protocol for the current scoping review was registered in the Open Science Framework on 17.02.2024. A deviation from the protocol was prompted by the evidence retrieved, and the objectives and research questions that were published in the protocol have since were minimally altered to focus on facilitators and barriers of multidisciplinary teams in successful reablement.

Eligibility Criteria

This study used the Population, Concept and Context (PCC) framework for scoping reviews. Table 1 illustrates the keywords that were developed for this study. All included articles were required to have a focus on multidisciplinary teamwork in reablement services provided to older adults in a home-based setting. The Metzelthin et al[6] definition of reablement was employed to ensure that the articles focused on reablement as an intervention. Only peer-reviewed literature using qualitive, quantitative or mixed-method approaches published in scientific journals was included in this review. There were no language restrictions, and literature published in languages other than English, in this case Norwegian, was translated using online translation tools and quality ensured by a native Norwegian-speaking co-author. Publications were excluded if they were based solely on the perspectives of the service user, the informal carer, or less than two categories of providers in the reablement team. Thus, articles describing only one profession were excluded. Guadaña et al[10] identified that 50 papers addressing multidisciplinary work in reablement were published in 2008 or thereafter. Therefore, to ensure relevance articles published before 2008 were excluded.

Search Strategy

A preliminary database search of both MEDLINE (Ovid) and the Cumulative Index of Nursing and Allied Health Literature (CINAHL) was undertaken to identify relevant keywords and search terms used in the titles and abstracts in published studies on the topic. Based on the search terms identified in this initial search and the PCC framework, a search strategy was developed (Appendix A). When formulating the search terms for this scoping review, greater focus was placed upon the participants and concept in the PCC framework because the intention was to retrieve all relevant publications involving multidisciplinary teams in reablement. The identified keywords and index terms were adapted for each individual electronic database. In February 2024, we conducted the searches in the following databases: (1) MEDLINE (Ovid); (2) Allied and Complementary Medicine Database (AMED); (3) Embase; and (4) CINAHL. The accumulation of articles from the four databases was exported into Endnote 20 for citation management. This paper's third reviewer who is a reablement expert identified and provided additional peer-reviewed publications.

Article Selection

An initial de-duplication of included publications was performed in Endnote 2.0. Thereafter, the articles were exported to Rayyan systematic review software (version VO.0.19) to systematically arrange the publications found in the databases. Following a pilot test, duplicate removal, and title and abstract screening, data extraction was performed. The initial round of screening was simultaneously performed by two individual reviewers, comparing the titles and abstracts against the eligibility criteria. Any disagreements were resolved through consultation with the third reviewer. To further refine the results and ensure only publications that explicitly met the inclusion criteria were included, a secondary round of screening was then performed requiring the two reviewers to independently screen the remaining

Table 1 PCC Framework

	Main Concept	**Alternate Keywords**
Participants	Health personnel or allied health personnel or nurses or occupational therapists or physiotherapists	Physiotherapist* or nurse* or occupational therapist* or health professional* or health personnel* or social worker* or team*
Concept	Reablement or re-ablement	Restorative care
Context	Facilitators, barriers	Experiences, perspectives

articles` abstracts and then refer to the full text to verify that the article did actually focus upon reablement and multidisciplinary collaboration.

Data Charting

Data from the publications included in this scoping review were extracted independently by the first and second reviewer, using a shared data extraction tool developed by the reviewers in Microsoft Excel 365. To ensure the extraction tool was appropriate and effective, a pilot test of random five articles from the pool was used to certify that the data extraction form was adequate. Thereafter, two independent reviewers extracted 10% of the articles. Any disagreements or concerns that arose were resolved through discussion by the first and second reviewer, or consultation with third reviewer when necessary. Once this was deemed satisfactory, the remaining 90% of data extraction was completed by the first author.

Data Analysis and Presentation

An inductive approach to data analysis was used. Firstly, a basic descriptive analysis of the data extracted was conducted that included author, date, country of origin, study design, and experiences related to facilitators and barriers. Thereafter, a basic qualitative content analysis as described by Pollock et al[20] was used to identify key characteristics. This process included open coding, develop a coding framework, extraction and organizing, and at last categorization. Once the predominant themes and patterns had been identified, they were mapped and presented narratively in tables and graphs within the results section. The results are presented using the PRISMA extension for scoping reviews (PRISMA-ScR): Checklist and explanation.[21]

Results

Overall, the search strategy initially yielded 553 publications, plus an additional five articles were retrieved through expert advice for a total of 558. After removal of duplications and eligibility, a total of 20 publications were ultimately included in this scoping review (see Figure 1).

Overview of Included Studies

The twenty included studies all describe multidisciplinary reablement and varying aspects of facilitators, barriers, and experiences of healthcare professionals working within reablement teams. The methodological approaches used in all the included studies were qualitative in nature, and no quantitative or mixed-method publications were identified (Table 2). Thirteen of the studies were conducted from Norway,[12,17,23–33] one shared publication between Norway and Denmark,[13] two from Denmark,[34,35] and one each from Sweden,[36] United Kingdom,[37] and Australia.[38]

In terms of the sample of participants in the included studies, eighteen of the twenty studies explicitly stated the number of reablement professionals that took part in their research, this accumulated to (N = 398) participants. The studies Kamp and Dybbroe[13] and Moe et al[24] however did not state the number of reablement professionals included. Moreover, not all the studies published the professional backgrounds of their participants, however the studies that report details are described in Table 2. The total number of each profession, however not depicted in Table 2, was physiotherapist (N = 59); registered nurse (N = 56); occupational therapist (N = 45); care worker/home trainer (N = 51); auxiliary nurse (N=39); other or not stated (N = 131). All twenty articles explore and describe the reablement health professional's experiences and perspectives of the facilitators and barriers of multidisciplinary teamwork, and how this contributes to the functionality of the team and how it may affect the service user and service outcomes.

Thematical Categories

The content analysis performed on the included studies resulted in six themes. We briefly describe the six themes identified in Table 3 followed by a detailed description of our findings for each theme.

Theme 1: Multidisciplinary Teamwork for Quality Service Development

The cornerstone of the reablement service is the integration of multidisciplinary teams working collaboratively as opposed to the conventional rehabilitative approach which is often siloed.[17] In the study by Rabiee and Glendinning,[37]

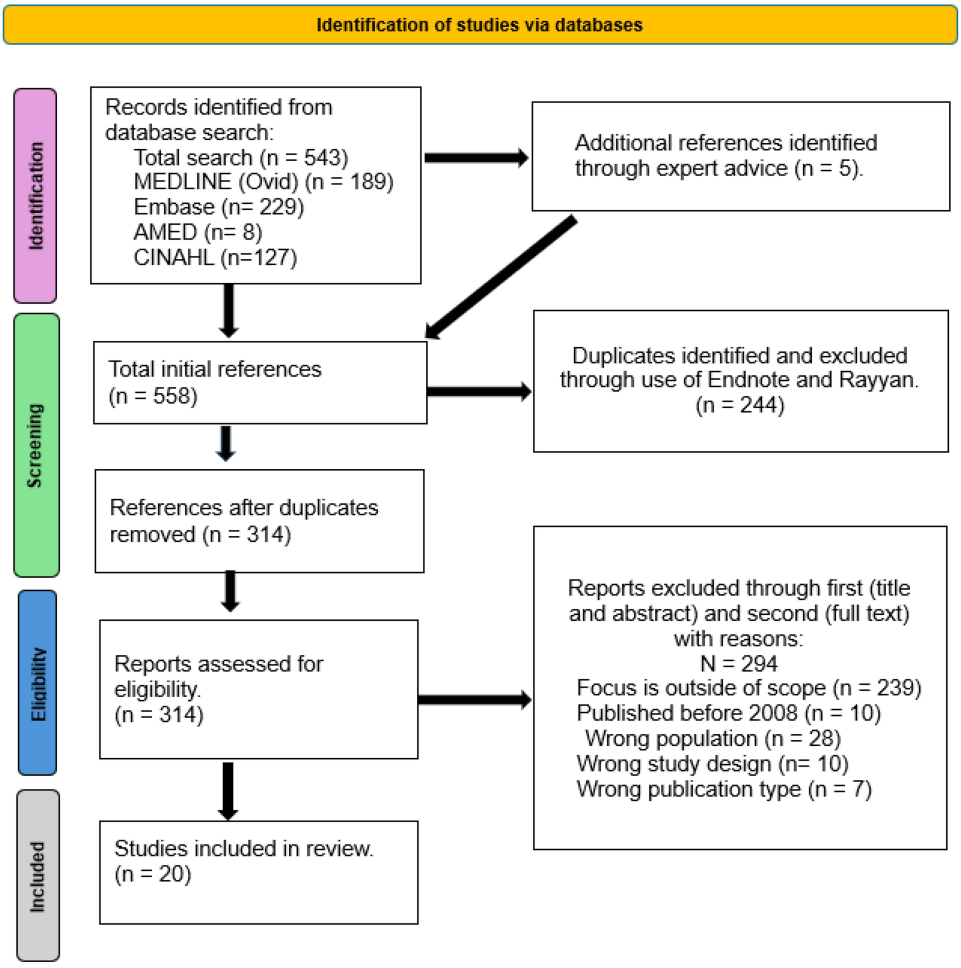

Figure 1 Prisma flowchart for explanation and elaboration.
Notes: PRISMA figure adapted from Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ. 2021;372:n71. doi: 10.1136/bmj.n71. Creative Commons.[22]

the participants reported that they believed effective teamwork in reablement services had the potential to be life enhancing for older persons living in the community. However, achievement of that potential would be dependent upon high-level functioning of the internal organization and external agents such as governmental decision-makers being fully supportive of the integration and development of the service.[38]

Reablement teams reflected upon how multidisciplinary collaboration presents opportunities to untangle various perspectives among colleagues who may have different insights due to their professional background, training, and experience.[13] Furthermore, collaborative practice is believed to increase security for the service user and mastery for the health professional,[32,36] creating a sense of pride which deepens therapeutic relationships and instils a culture of commitment and enthusiasm amongst the staff.[13,36] The study by Maxwell et al[38] highlights that understanding reablement teams' perspectives and experiences of shared goals is vital when implementing a reablement-based care framework. Overall, the results support the notion that a multidisciplinary team is the foundation, if reablement is to be successful.

Theme 2: Dynamics of Multidisciplinary Collaboration

All the studies discussed the importance of the dynamic interactions between different health care professionals and the home care personnel within reablement. They concluded that the ability to effectively interact at multiple levels served as a platform which enabled multidisciplinary teams and individuals to achieve a higher standard of professionalism. This is exemplified in the work undertaken by Ambugo et al,[32] Jørmeland and Vik,[39] and Birkeland et al.[33] Participants in these studies stated that the reablement approach allowed and encouraged them to make efforts to collaborate and share

Table 2 Overview of Studies Included in Review

Author(s) and Year	Title	Country of Origin	Health Professional(s)	Study Design
Ambugo et al (2022)[32]	A qualitative study on promoting reablement among older people living at home in Norway: opportunities and constraints	Norway	Physiotherapist; occupational therapist; healthcare worker; registered nurse; managers (N=34)	Qualitative research design, individual and focus group interviews
Birkeland et al (2018)[33]	Hverdagsrehabilitering-spesialisert eller integrert? (Reablement? – specialist or integrated)	Norway	Physiotherapist; registered nurse; occupational therapist; care worker; health worker; social worker; psychiatric nurse (N=33)	Qualitative, inductive, focus group design
Birkeland et al (2017)[12]	Interdisciplinary collaboration in reablement - a qualitative study	Norway	Physiotherapist; registered nurse; occupational therapist; social educators; auxiliary nurse; social worker (N=33)	Qualitative, focus groups
Bødker et al (2019)[35]	What constitutes 'good care' and 'good carers'? The normative implications of introducing reablement in Danish home care.	Denmark	Physiotherapist; registered nurse; home trainer (N=13)	Qualitative, observations and interviews from multisite ethnographic fieldwork
Eliassen et al (2020)[29]	Variations in physiotherapy practices across reablement settings	Norway	Physiotherapist; home trainer (N=14)	Exploratory study using qualitative methods. Use of fieldwork observation and interviews
Eliassen and Moholt (2023)[30]	Boundary work in task-shifting practices – a qualitative study of reablement teams	Norway	Physiotherapist; home trainer (N=14)	Qualitative, field observations and interviews
Gustafsson et al (2019)[36]	Working with short-term goal-directed reablement with older adults: Strengthened by a collaborative approach	Sweden	Registered nurse; auxiliary nurse; physiotherapist; occupational therapist; social worker (N=20)	Qualitative, interviews
Hjelle et al (2018)[17]	Reablement teams' roles: a qualitative study of interdisciplinary teams' experiences	Norway	Physiotherapist; registered nurse; occupational therapist; auxiliary nurse; home trainer (N=27)	Qualitative, focus group and individual interviews
Hjelle et al (2016)[28]	The reablement team's voice: a qualitative study of how an integrated multidisciplinary team experiences participation in reablement	Norway	Physiotherapist; occupational therapist; nurse; auxiliary nurse; social educator; home trainer (N=14)	Qualitative, focus groups
Jokstad et al (2019)[27]	Ideal and reality; Community healthcare professionals' experiences of user-involvement in reablement	Norway	Physiotherapist; occupational therapist; nurse; auxiliary nurse (N=18)	Qualitative, focus groups
Jørmeland and Vik (2019)[39]	Ergo- og fysioterapeuters erfaringer med hverdagsrehabilitering (Occupational and Physiotherapists experiences with reablement)	Norway	Physiotherapist; occupational therapist (N=10)	Qualitative design with a focus group discussion

(*Continued*)

Table 2 (Continued).

Author(s) and Year	Title	Country of Origin	Health Professional(s)	Study Design
Kamp and Dybbroe (2023)[13]	Training the ageing bodies: New knowledge paradigms and professional practices in elderly care	Norway + Denmark	Physiotherapist, other health professionals not explicitly stated (N = Not stated)	Qualitative, field observations, individual interviews and focus groups
Liaaen and Vik (2019)[25]	Becoming an enabler of everyday activity: Health professionals in home care services experiences of working with reablement	Norway	Occupational therapist, registered nurse, care worker (N=25)	Qualitative, focus groups
Maxwell et al (2021)[38]	Staff experiences of a reablement approach to care for older people in a regional Australian community: A qualitative study	Australia	"Direct care staff" Individual professions not stated (N=17)	Qualitative, focus groups
Moe et al (2017)[24]	Patient influence in home-based reablement for older persons: qualitative research	Norway	Occupational therapist; physiotherapist; nurse; care worker (N = Not stated)	Qualitative, field study
Moe et al (2019)[31]	Medspill og motspill mellom profesjonene tilknyttet hverdagsrehabilitering (Facilitators and barriers between professions in the context of reablement)	Norway	Physiotherapists; registered nurse; occupational therapist; social educator, auxiliary nurse (N=17)	Qualitative, participant observation, individual interviews, focus group interviews, informal conversations, and document review
Rabiee and Glendinning (2011)[37]	Organisation and delivery of home care re-ablement: what makes a difference?	United Kingdom	Front line staff and reablement managers. Individual professions not stated (N=45)	Qualitative, interviews, focus groups and observations
Sandvoll et al (2020)[23]	Samhandling om kvardagsrehabilitering – ein kvalitativ studie (Interaction on reablement – a qualitative study)	Norway	Registered nurse; occupational therapist; physiotherapist; home trainer (N=13)	Qualitative interviews
Stausholm et al (2021)[34]	Reablement professionals' perspectives on client characteristics and factors associated with successful home-based reablement: a qualitative study	Denmark	Self-help co-ordinators; Self-help instructor; Self-help therapist, physiotherapist; nurse; occupational therapist (N=9)	Qualitative, interviews and observations
Vik (2018)[26]	Hverdagsrehabilitering og tverrfaglig samarbeid; en empirisk studie i fire norske kommuner (Reablement and multidisciplinary teamwork; an empirical study within four Norwegian municipalities)	Norway	Physiotherapist, occupational therapist, nurse, auxiliary nurse, care worker (N=42)	Qualitative interviews and focus groups.

knowledge. By creating a nurturing learning environment, individual competencies were improved, and therapeutic support for the service user was enhanced. This consistent care empowered the participants through a holistic, person-centred approach. The participants in the study by Hjelle et al[17] acknowledged that reablement teams are required to be adaptable, dedicated team players in their approach, and this required a high level of individual professionalism to ensure an effective professional community is established, as stated by Sandvoll et al.[23]

Table 3 Identified Themes

	Title of Theme	Theme Description
1	Multidisciplinary teamwork for quality service development	**Facilitator**: Collaborative practice with shared experiences and perspectives. Internal organisation being fully supportive. **Barrier**: A traditional siloed rehabilitation approach.
2	Dynamics of multidisciplinary collaboration	**Facilitator**: To create a nurturing, learning environment allowing shared knowledge and supporting team members. To be an adaptable, dedicated team member with individual professionalism. **Barrier**: If these positive dynamics do not exists, teamwork suffers.
3	Professional autonomy and reflective practice	**Facilitator**: The reablement staff work in accordance with professional ideals and codes of practice. **Barrier**: Rigid professional autonomy and functional hierarchical supremacy.
4	Towards a flat organizational structure and shared goals	**Facilitator**: Shared goals promotes a collaborative multidisciplinary practice. **Barrier**: A hierarchical structure and unilateral decision making process.
5	Openness and flexibility of developing new cultures	**Facilitator**: To increase the focus on the client`s resources and goals. All providers make equally important contributions. All staff have the reablement mindset internalized, and are open to adjusting to changes over time. **Barrier**: Traditional culture and static mindset.
6	Open and frequent communication for success	**Facilitator**: To enable informal and formal communication between professions with frequent meetings and daily contact. **Barrier**: Poor scheduling of meetings, lack of time and arenas for team meetings.

In the majority of the studies, the participants were overwhelmingly positive about the design and implementation of teams in reablement. However, there were also a small number of weaknesses and potential barriers recorded. Health professionals interviewed by Jørmeland and Vik[39] were concerned that their tasks might overlap due to staff shortages, shift work or employee illness. This may create an environment that facilitates poor communication and confusion, which could lead to a breakdown in the level of the service user's care. However, the participants added that the multidisciplinary relationship between the nursing staff and the other therapists was of vital importance for ensuring alignment between professions and creating an environment catered towards the service user being empowered to become independent. All the studies included in this scoping review highlight the importance of person-centred reablement teams. Many healthcare professionals praised the multidisciplinary approach of reablement, noting that it provides a unique opportunity for them to work together, "pulling in the same direction" towards the goals of older adults.[28]

Theme 3: Professional Autonomy and Reflective Practice

The professional's autonomy and degree of self-control over their workload is deemed an important facilitator towards providing a high calibre of work.[31] A flat organizational structure is seen as the key element to ensuring autonomy and

multidisciplinary collaboration. This structure fostered closer contact with fellow professionals, creating a broader knowledge base, enhancing professional competence, and strengthening professional identity.[17,36] Participants in the study by Kamp and Dybbroe[13] said that within the reablement service they were able to work in the way they learned in their formative years and in accordance with their professional ideals and codes of practice. Staff in the study by Vik[26] recognized that increased autonomy correlated with increased responsibility; however, within the reablement service, they had more opportunities to influence decisions, spend more time with the service user and collaboratively create a comprehensive care plan. Participants in the study by Jokstad et al[27] noted that the reablement approach allowed an important degree of flexibility in the implementation of interventions, which could also be adapted to each individual service user's preferences. Gustafsson et al[36] and Sandvoll et al[23] highlighted that reablement staff having confidence in their working methods was a factor that could facilitate job satisfaction and was likely to have a positive effect on the care of the service user.

Traditionally, home-based rehabilitation multidisciplinary teams' ability to collaborate had been controlled by a framework and culture that was characterized by rigid professional autonomy and functional hierarchical supremacy, rather than trust and collegiality.[12] Reablement has focused on developing a new system and culture which had required sufficient flexibility and reflective practice from staff, particularly nurses who have been depicted as more "medically minded" reported the changes to be full of conflict between the professions.[23] This contrasts with findings from Jørmeland and Vik,[39] whereby the changes in home-based rehabilitation have been praised by all members of staff as essential to the provision of holistic, person-centred care. Several of the studies describe how although the roles of the professionals had altered to best suit the reablement approach, they could still maintain their own professional identity.[12,17,27–29,31–33]

Theme 4: Towards a Flat Organizational Structure and Shared Goals

Modern healthcare systems are expected to be results oriented and cost-effective, with priority given to services which produce the best results. There is also a focus on services that can effectively treat and make the service user healthy and independent of further health care services.[31] To meet this standard, the home rehabilitation service required reformation. The outcome of these reforms was the need for change in professional identity and status, which was achieved through the introduction of a flat organizational structure and multidisciplinary working. It is evident in the literature that reablement teams believe they have adapted well to these changes. Health care professionals reported that there now existed mutual interest, greater respect, and higher professional identity amongst the staff.[17] Additionally, they reported that both health care professionals and health care personal were humble, willing to ask questions and learn from one another.[26,28,39]

An issue found throughout several of the publications was that the professionals with bachelor's degrees, specifically the occupational therapist and physiotherapists, were seen as the leaders and focal points of the team's reablement strategy.[17,26,28–30] Therapists have reported to believe that the responsibility of the success of the team fell on their shoulders rather than equally amongst the team.[12,30,39] This was in some instances creating an informal "chain of command" between the health professionals and the health care personal. For example, in the study by Eliassen and Moholt,[30] both physiotherapists and home care personnel referred the therapists to be the "engines of the team" thus establishing an informal hierarchy with the home care trainers. According to Eliassen & Moholt it is the therapists who are the experts. In general, the home care trainers should not make any adjustments on their own but give feedback to the health professionals.[30]

This is an example of a clear demarcation between professional roles which could potentially affect the collaborative process in a negative way.[30] However, Moe et al[31] cerebrated that as the service user is required to be the focal point of the service. Therefore, when service users are setting their own goals, this will likely contribute towards blurring professional boundaries and becoming more equal, as all involved are contributing towards one or more shared goals. Furthermore, collaboratively supporting multidisciplinary team members is likely to result in better service user outcomes. This highlights that having a shared goal can facilitate collaborative multidisciplinary team practice. Conversely, the lack of a shared goal can be a barrier to the team.

Theme 5: Openness and Flexibility of Developing New Cultures

Apart from Ambugo et al,[32] each study included in this scoping review explicitly addressed the development of a new culture within the multidisciplinary team due to the reablement approach. This approach demonstrates the stark changes of culture in home-based rehabilitation and that this has evolved from the mindset of ´doing for´ the service user to ´doing with´ the service user.[33] Nursing staff in the study by Jørmeland and Vik[39] described this shift in work culture as

a positive trend due to the increased focus on the older adults' resources and goals. Furthermore, once the nursing staff in this study had received guidance and experience with this change, they became more motivated to be part of a multidisciplinary team. Reablement was perceived as a goal oriented, interactive process in which the health care professional and home care personnel worked towards a shared goal, and everyone supported each other and in turn were supported by the managers and leaders of the service.[31,36] The approach to work tasks shifted from static thinking, characterized by a passive recipient and unilateral decision-making process guiding the reablement staff's workload, to a dynamic thinking approach where the service user actively participated and guided the work task.[28] This transition entailed a significant and challenging adjustment that required modifications in the professionals' attitudes and practice.

In several studies, there was emphasis that all professionals in the reablement team made equally important contributions to the day-to-day workload.[12,17,32,36] This change in role was seen as facilitating a higher professional identity, pride, and belief that they are providing a high standard of care.[18,27] Managers interviewed by Rabiee and Glendinning[37] noted the importance of recruiting personnel with the right personal attributes to fit in with this new culture. They specified that the workers need to have the following:

> a good understanding of the concept and practice of reablement, with the skills to stand back, observe and assess users' potential for independence, and work closely with them to provide the support they needed to reach their potential.[37]

It appears that reablement necessitated a culture where the health professional could work autonomously within a team, to provide the service user with opportunities for engagement and participation, which lead to greater engagement from the health professionals.[25]

Theme 6: Open and Frequent Communication for Success

The importance of communication within the team was a consistent theme throughout all the papers evaluated. Although heavily interwoven in all the themes identified in this scoping review, there was significant data for this subject to be a stand-alone theme. Communication is a key facilitator of multidisciplinary collaboration, and four of the studies describe it as the "glue", which binds the team together and enabled collaboration.[12,35,36] Participants in the study by Gustafsson et al[36] and Hjelle et al[17] suggested that the reablement approach facilitated both formal and informal communication between professions. Frequent meetings and daily contact made it easier to manage the workload and resulted in faster decision-making processes among healthcare professionals and personnel, benefiting the service user.

Six studies highlighted that pivotal to the success of communication in reablement was a physical common meeting area where staff could congregate to exchange important information, share knowledge, provide and receive supervision, and discuss and plan their work together.[12,27,28,37–39] However, according to therapists in the study by Jørmeland and Vik[39] the timings of the meetings simply did not work practically in everyday work. They concluded that despite shared workplaces and shift work, managers must take responsibility to produce guidelines which would provide the multidisciplinary team's meeting arena with more structure. Participants in Jokstad et al[27] reinforce this notion that poor scheduling, lack of time and arenas for team meetings were barriers that could result in limited multidisciplinary collaboration. Additionally, they added that discussion and reflective practice gave professionals the opportunity to learn from one another and develop a shared professional platform that included a rehabilitative approach, multidisciplinary competence, and professional relationships. Several participants in the study by Maxwell et al[38] agreed that ensuring communication channels across the organization stayed open was important for building relationships (between staff and service users) and this was a key facilitator in the success of reablement for the service user and their families.

A Theoretical Integrative Conceptual Model to Assess Multidisciplinary Team Function in Reablement

Overall, this scoping review has identified six primary themes. When present, these themes positively enable or facilitate multidisciplinary team function in reablement. Conversely, their absence can have a negative or inhibiting effect. However, the extent to which each theme exerts a positive or negative effect is likely more nuanced. This complexity arises from assuming that they operate independently and that their presence or absence is evaluated in a binary manner. Alternatively, we propose

that each theme identified is somewhat related to each other and that each theme should be evaluation on a continuum. To more fully and completely hypothetically conceptualize these themes, we have created an integrated conceptual model, presented as a radar plot of multidisciplinary teamwork inclusive of six themes (see Figure 2). In its fundamental form, a radar plot, also termed spider plot, is a method of displaying multivariate data on a two-dimensional chart. The radar plot also recognizes that each variable in the model is not binomial and that each has a gradation of evaluation. More precisely, for our purposes in this study, each of the themes described should not be understood to be either present or absent from a multidisciplinary team, but

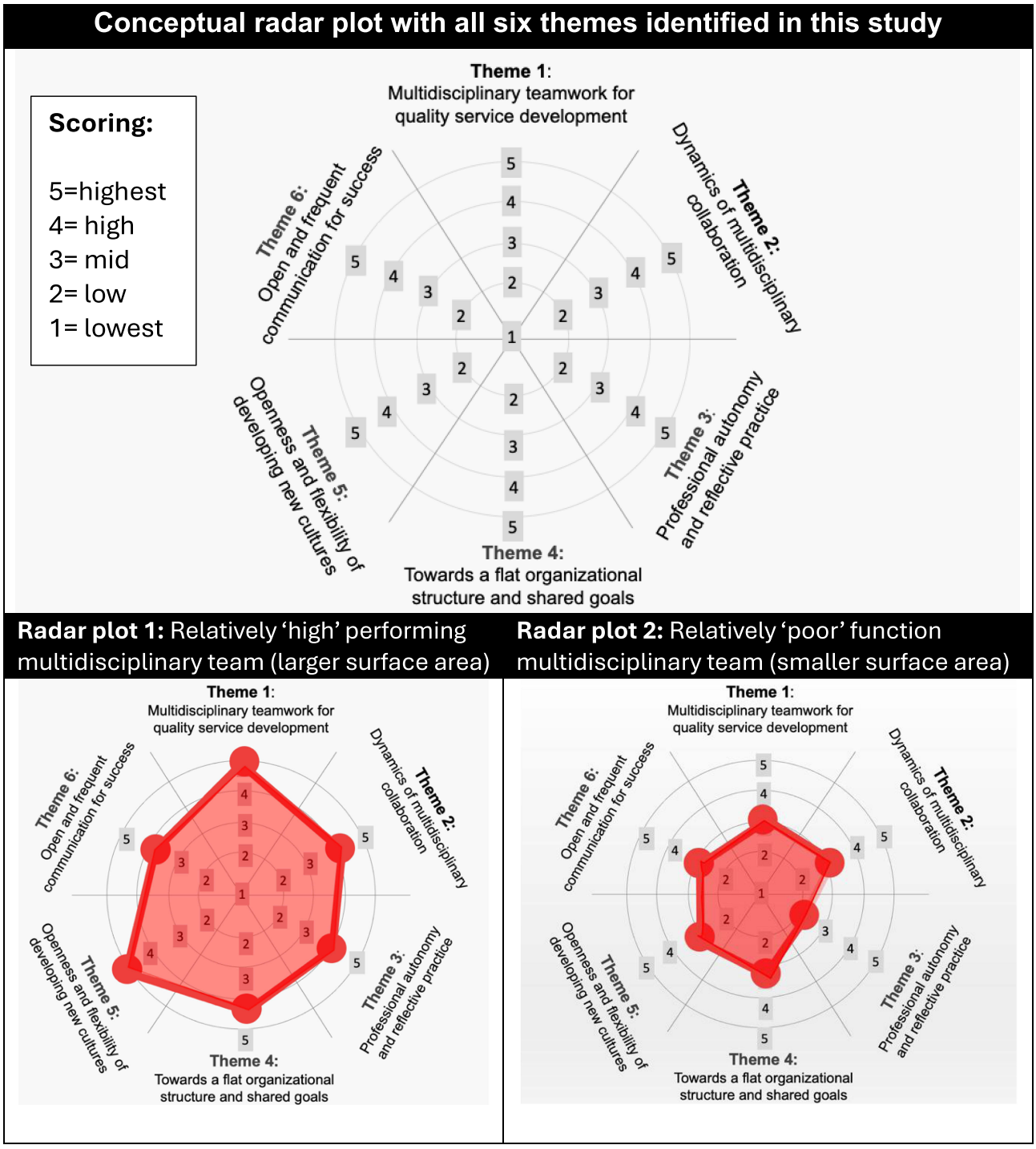

Figure 2 A conceptual model: Radar plot of themes in multidisciplinary teamwork in reablement.

each theme should be conceived along a continuum with more nuance. For example, one might suggest that evaluating communication in a multidisciplinary team (theme 6) to be along a 5-point scale of always present to never present. In a radar plot, the highest scoring is at the periphery, and the lowest scoring is at the centre. Collectively, the best results are when each variable is judged to have the highest score and plotted on the periphery. In other words, a positive radar plot is when there is the greatest surface area covered (radar plot 1 in Figure 2) and a more negative radar plot when a small area is covered (radar plot 2). Figure 2 is hypothetical examples of how a well-functioning (radar plot 1) versus a bad-functioning (radar plot 2) multidisciplinary team could look like. Please note that the data fictitious and only presented to illustrate the theoretical model.

Discussion

This scoping review explored and identified the published literature surrounding barriers and facilitators towards multidisciplinary teams in reablement. All six themes can exert a facilitating and barrier effect on the team. Each of the themes should not be understood to be either present or absent from a multidisciplinary team but should be conceived along a continuum. The clinical implications of the conceptual model that integrates all themes would be that reablement teams should aim for the periphery of the radar plot to be successful. For example: Using the radar plot to identify poor communication channels, empowers decision makers to provide the time and arena's for reablement teams resulting in greater multidisciplinary co-operation. Reflective discussions provide professionals with the opportunity to learn from one another and develop a shared professional platform. This process facilitates better working relationships, enhances multidisciplinary competence, and supports a rehabilitative approach. Healthcare teams that have a culture of self-reflection and continuous quality improvement translate to improve clinical outcomes. We hypothesize that, while further research is needed to validate the theoretical model that we propose, it does provide a framework that could generate internal discussion and reflection on the extent to which the team is operating at an optimal level.

We also identified that a positive multidisciplinary ecosystem creates greater job satisfaction among health professionals and home care personnel. By logical extension, greater job satisfaction might also yield higher performing reablement teams, and great service delivery. The home care personnel have improved job satisfaction as they find their work more rewarding and view the multidisciplinary collaboration as reassuring. The positive experiences reported in all the studies stem from learning from other professionals. This collaboration broadens the scope of practice and enhances the professional competence of the team, who work together to achieve the same goal.

Service Development and Provision

The qualitative data showed that successful multidisciplinary collaboration was likely to produce a better-quality service and helped service users to become sufficiently self-reliant. This is a central part of how reablement teams approach their work and seems to add to their self-esteem and satisfaction with their work.[17] Home care personnel seemed to appreciate the reablement approach and felt comfortable and appreciated in their role.[34] This confidence may stem from the positive working relationship with the health care professionals, which gave the home care personnel new professional tools and the support to treat the older adult more holistically.[39] However, the increased multidisciplinary collaboration may contribute to strengthening professional boundaries, striving for jurisdiction, and monopolizing tasks in some cases.[30] Regardless, health care professionals seemed to have gained recognition, not only as "super bots" as they referred to in the study by Jørmeland and Vik,[39] they also perceive their efforts in reablement to be a progressive, modernization from other models of home-based care.[31,36] Furthermore, recurrent discourse identified that reablement staff heavily emphasized never wanting to return to working with regular home care approaches.[35]

Multidisciplinary Collaboration

Integral factors determining the success of interprofessional collaboration are continuous communication and shared vision intertwined with trust and respect amongst the reablement staff involved.[33] These factors appear linked to a feeling of being part of a community and shared responsibility, building a greater understanding of each other's roles and increasing job satisfaction.[12] The challenges faced by a reablement team can be complex, for instance, exercise prescription and adherence, changing a stoma bag, motivating a depressed participant and so on.[40] If faced by a single profession, these challenges could

seem overwhelming. Thus, multidisciplinary teamwork enables each member to contribute based on their profession-specific competencies and therefore providing a better-quality service.[29]

High Preponderance of Norwegian Reablement Studies

A main finding in this review is the largely positive experiences of multidisciplinary teamwork in reablement, which is illustrated in all twenty of the peer-reviewed publications that have been included. Fourteen of the twenty publications analyzed in this study used primary data extracted from Norwegian municipalities. This is in accordance with another scoping review that found that Norway had the highest frequence of peer-reviewed publications.[10] Norway`s over-representation might be attributed to its successful implementation and expansion of reablement, supported by governmental support and research funding.[10] Additionally, Norwegian university researchers have efficient infrastructure and financial support for conducting minor qualitative studies without external funding. Moreover, participants in the studies by Jørmeland and Vik[39] and Hjelle et al[17] allude that Norway has a well-funded service with good working conditions in home-based rehabilitation services. Therefore, the findings in this study have limited international transferability given our sample's high percentage of Norwegian publications. Future studies conducted in different countries that have implemented reablement would be beneficial to have a more rounded overview of the experiences of multidisciplinary reablement teams working in this service, especially in unexplored conditions and contexts.

The authors of this review would also suggest that future research in Norway need not focus upon further investigation of multidisciplinary teams' perspectives, as there appears to be a substantial number of recent investigations within this research area. Instead, further investigation into profession-specific experiences, such as occupational therapists, would be beneficial as this profession appears underrepresented in the research despite its central role in the reablement team.[41]

Methodological Reflections and Weaknesses

The strengths of this scoping review are the use of the transparent and rigorous methodology outlined in the JBI Manual for Evidence Synthesis,[19] adherence to the recommendations from Pollock et al[21] and the use of the Prisma-SCR check list for conducting a scoping review. The review was guided by a protocol published in the Open Science Framework. The search strategy was developed in consultation with a research librarian. The article screening was performed independently by two reviewers through the use of the Rayyan software. As recommended,[20] a team approach that met regularly during the review process was conducted.

The major weakness of this study is that due to resource limitations, only 10% of the data was extracted independently by two reviewers. Moreover, despite having eligibility criteria including both qualitative, quantitative and mixed-method studies, only qualitative studies were retrieved. It can be questioned whether a scoping review is the right type of review when only qualitative studies were identified and included. Pollock et al[20] states that scoping reviews are not appropriate when a thematic synthesis is needed. However, in this review only a basic content analysis was performed. In addition, the dominance of included studies from Norway limits the transferability of the results of the review. Finally, no validity and reliability assessment of the theoretical model is conducted.

Conclusions

The goal of this scoping review was to identify facilitators and barriers towards multidisciplinary teams in reablement. Six main themes were identified. Each of the themes can exert a facilitating or/and inhibiting effect depending on the context. Our results show that reablement staff believe multidisciplinary teamwork is essential to meet the standard of quality the service users require. A key feature of multidisciplinary teamwork is communication, and four of the studies describe it as the "glue" that binds the team together and enables collaboration. We have proposed a hypothetical model to assess the extent to which a reablement team possesses or demonstrates the key factors or themes that have been identified in this paper. Finally, multidisciplinary teamwork enables each member to contribute based on their profession-specific competencies and therefore they are able to provide a better quality of service. Well-executed multidisciplinary collaboration can strengthen the reablement service as a whole by having more positive service user outcomes, engaged staff and improving professional competencies.

Ethical Approval

This study is a scoping review of published, peer reviewed data. It therefore did not require ethical approval. The protocol for this scoping review has been registered with the Open Science Framework.

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