Understanding Roles: How Working in Community-Based Interprofessional Teams Integrating Care for Older Adults Impacts Professional Role Awareness, Clarity, and Evolution

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RESEARCH AND THEORY

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ABSTRACT

Introduction: Role awareness and role clarity are essential yet challenging enablers of interprofessional collaboration (IPC) within integrated care teams (ICTs), influencing the success of integrated healthcare innovations. It is necessary to understand how working in interprofessional ICTs influences healthcare providers' understanding of their professional roles and those of others. This study addresses this need.

Methods: A qualitative study using semi-structured interviews was conducted with members of four specialist community teams integrating care for older adults (ICPOP-CSTs) in Ireland. Participants represented seven healthcare professions. Data were analysed using thematic analysis.

Results: Thirty-nine interviews were completed. *Establishing Role Clarity and Professional Identity* occurred through a growing understanding and communication of one's own role, as well as recognising the value of understanding team roles. Participants described *Role Evolution and Development*, marked by expansion of their scope of practice and growing role confidence. *Challenges and Strategies influencing Role Clarity and Evolution* were identified.

Conclusion: Role awareness, clarity, and evolution are dynamic and continuously shaped through IPC. Our findings offer insight into enhancing interprofessional teamworking within community care, thus providing targets to support improved integration of care for older adults. This knowledge has practical implications for supporting team training and development to enhance effective IPC.

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INTRODUCTION

Implementing models of health and social care integration to respond to the increasing complexity of care needs in community settings is a common strategic enabler of international health system transformation [1]. The varying models of health and social care integration share a common objective to address service delivery fragmentation through better coordination of care across healthcare sectors and organisational boundaries [2]. Research has shown that models of health and social care integration can lead to better health outcomes, improved patient experiences, and reduced healthcare utilisation [3]. Successful, sustained implementation of these models requires dedicated resources to enhance health system and workforce capacity to foster new approaches to integrated working [3].

Internationally, health systems are adopting models of care integration that necessitate collaboration within and across interprofessional teams that are located in different organisational sectors [4]. A team-based model of health and social care integration was adopted in Ireland to provide end-to-end care for patients with complex needs, including older adults [5]. Specialist community teams integrating care for older adults (ICPOP-CST) were developed to provide episodic, specialist care for older adults in the community who were at risk of hospitalisation. These interprofessional teams are a strategic element of a programme for enhanced community care and they are embedded within a system of primary and community care [6]. The World Health Organisation's (WHO) integrated care for older people (ICOPE) framework [7] emphasises person-centred interprofessional collaboration (IPC) in community settings to optimise early intervention for older adults and timely access to health and social care in the community. IPC enables professionals from different disciplines and organisational sectors to provide coordinated, comprehensive, and high-quality care, and is central to the WHO's ICOPE framework [7].

IPC has become widely recognised as an essential competency for healthcare professionals (HCPs) and is a feature of professional education and training to enhance workforce capacity for models of health and social care integration [8]. In Ireland, the embedding collective leadership to foster collaborative interprofessional working in the care of older people (ECLECTIC) competency framework [9] and the knowledge and skills framework for HCPs working with older people [10] identify role awareness and clarity as key enablers of effective IPC. Role awareness refers to having a clear understanding and articulation of one's own role and responsibilities [9]. Role clarity, on the other hand, involves understanding not only one's own role but also the roles and responsibilities of other team members in service delivery, and using this knowledge to achieve patient goals [11].

While research has shown that role awareness and clarity are among the most common challenges for interdisciplinary care teams—despite being core enablers for IPC [11] —considerable work has also been conducted on their impact on interprofessional working. For instance, role clarity has been associated with improved coordination of care, enhanced professional autonomy, which is balanced with interdependence [12], as well as tension and conflict among team members arising from uncertainty around responsibilities [13], duplication of work [14] and the underutilisation of professional expertise [11]. On the other hand, studies have shown that open communication [15], collaborative practices, mutual trust, respect, shared leadership [16, 17], and person-centred approaches [18] enable role awareness and clarity. Conversely, a poor understanding of other professionals' roles and scope of practice [11], along with hierarchical structures within teams [16], are commonly identified as barriers. However, how working in interdisciplinary ICTs may influence team members' understanding of their professional role and scope of practice, as well as role clarity, requires further investigation, particularly in the context of newly developed integrated service models. This study seeks to address this gap. This will support planning and practice for implementing such models and underpin the training of healthcare staff.

The research question guiding this work is: How does the experience of working in ICPOP-CST teams influence professional role awareness and clarity? Accordingly, our study aims to explore team members' perceptions of role awareness and clarity within the context of ICPOP-CST team working.

RESEARCH METHODS

STUDY DESIGN AND SETTING

This study forms part of a multi-phase project, the UCD ECLECTIC study [19], a collaboration between UCD health systems and the National Clinical Programme for Older People (NCPOP) aiming to support ICPOP-CST teams in optimising IPC in their teamwork [20]. The current study uses qualitative design and phenomenology as its methodology. The paper follows the consolidated criteria for reporting qualitative studies (COREQ) [21].

The NCPOP aims to improve older people's health by supporting them to live well at home through primary and secondary health and social services [22]. In 2017, 13 pilot ICPOP-CST sites were launched as part of the Sláintecare Reform Programme, Ireland's initiative to restructure services so people receive the right care, in the right place, at the right time, with a strong focus on community-based care. During this pilot, new community-based specialist roles were introduced to support a team-based case management approach

for older people [23]. There are now 27 ICPOP-CST teams embedded within the primary care system, delivering specialist services in local communities and functioning as key enablers of enhanced community care.

RECRUITMENT OF RESEARCH SITES AND SAMPLING

We used purposive sampling to select research sites. Four ICPOP-CSTs were chosen as case study sites within the broader ECLECTIC project, following a call for expressions of interest circulated in summer 2023 by NCPOP collaborators.

The fifth and last authors presented the study—including design and data collection—at an online meeting attended by all national operational leads in ICPOP-CSTs (N = 27). Leads were asked to liaise with their teams and submit an expression of interest where consensus to participate in the study existed. Four teams expressed interest and were included.

The four ICPOP-CSTs are in different regional health areas but operate within similar regulatory frameworks and provide similar community-based services for older people. They deliver a comprehensive geriatric assessment (CGA), addressing medical, functional, and social needs through an interdisciplinary process that results in an integrated care plan [24].

Teams typically include nurses, physiotherapists (PTs), occupational therapists (OTs), a speech and language therapist (SLT), a medical social worker, and a dietitian, led clinically by a consultant geriatrician [24]. Administrative staff and an operational manager provide operational support. While the overall structure is consistent, the mix of disciplines varies across teams. Supplementary file 1 summarises the characteristics of each team.

PARTICIPANTS

Before data collection, the first, fifth, and last authors visited each study site. During these visits, all team members received information leaflets and consent forms, were invited to participate, and could ask questions. The research team explained the aim of ensuring representation from each discipline. Following the visits, operational leads gathered contact details of interested team members and shared them with the first author.

All members of the four ICPOP-CSTs were eligible and were invited to participate. Contact details for 42 potential participants were provided, and all were emailed by the first author to arrange interviews. In total, 39 interviews were completed. None of the remaining three declined; however, one senior OT was on leave, and two others (an administrative staff and a senior PT) were unavailable. Other members of their disciplines were interviewed. Supplementary file 1 details the distribution of participants per team.

DATA COLLECTION

Data were collected through one-to-one, semi-structured interviews. The interview guide was developed after scoping the literature. The first author drafted the guide, which underwent two revisions following team feedback. Questions explored role awareness and clarity, role development, scope of practice, professional identity, and participants' experiences working within the ICPOP-CSTs.

Interviews were conducted on-site in the ICPOP-CST clinic or online via Zoom, depending on participant availability. Each lasted 40–55 minutes and was conducted by the first, third, or last author, all of whom had prior qualitative interviewing experience.

Interviews were audio-recorded—using digital recorders for in-person interviews and Zoom for online interviews—with participants' consent. Data collection took place between May and July 2024.

DATA ANALYSIS

Interviews were transcribed using Happy Scribe and analysed using thematic analysis, in which patterns or "themes" are identified, analysed, and reported [25]. Coding was inductive, with codes developed from the data. We followed Braun and Clarke's six-phase guide [25].

First, to familiarise themselves with the data, the first author—acting as main coder—proofread all 39 transcripts in Happy Scribe. The first, second, third, and fourth authors then read the transcripts and took notes. Second, the team met to discuss these notes before coding began. The first author then generated initial codes, which were reviewed by the second and third authors, who provided comments and suggested additional codes. This iterative process involved continual refinement, where the first author reviewed the comments and suggested codes, and then applied these to the entire transcripts.

Third, once initial codes were developed across the four teams, the first author organised them into potential themes. Fourth, the team met again to review and refine these themes. Fifth, during theme definition and naming, the first author reviewed all themes and subthemes, assigning names and definitions that reflected their content; these were subsequently agreed by the whole team. Finally, the first author drafted the report, which all authors reviewed.

NVivo 20 supported data management for most stages. Excel was used in the final two steps to define, name, and report the themes and subthemes.

ETHICAL APPROVAL

The study received ethical approval from the UCD Life Sciences Research Ethics Committee (LS-LR-24-183-ODonnell) and the Health Service Executive (HSE) Reference Research Ethics Committee for Midlands Area and Corporate Division B (RRECB0224DOD) as a part of the Health Research Board-funded ECLECTIC project. We adhered to ethical standard protocols including

distributing information flyers to participants, collecting signed consent forms, and following data protection and assurance of anonymity.

RESULTS

This section presents the themes and subthemes identified from analysing the 39 transcripts. Four themes were identified, which informed the development of a conceptual model (Figure 1). This model illustrates the dynamic and iterative processes of role awareness and clarity formation, as well as role evolution and development, within IPC. It also highlights the challenges and strategies influencing this ongoing process. A detailed description of the four themes and their corresponding subthemes, supported by quotes, is provided below. Additional quotes are presented in Supplementary file 2.

THEME ONE: ESTABLISHING ROLE CLARITY AND PROFESSIONAL IDENTITY IN INTERPROFESSIONAL TEAMS

This theme explores how working within ICPOP-CSTs influences team members' understanding of their own roles and responsibilities, the roles of other professions on the team, and their professional identity. Four interrelated subthemes were identified.

Understanding and Communicating Own Role

This subtheme relates to team members' understanding of their own professional role within the ICPOP-CST and how they communicated this to others. While some demonstrated strong awareness and clarity around their role boundaries and responsibilities, others were still developing this clarity—particularly given the evolving nature of the service and the absence of formal role definitions.

> "I think I'm still figuring myself out within the team and within what the role of an OT in an ICPOP is... We all seem to do similar stuff, but we don't feel that we... I haven't quite nailed it on the head yet." (Senior OT 1)

A few participants also felt the need to advocate for the value and contribution of their role within the team as a result of the assumptions and perceptions that they felt others had of their roles, whether brought from previous experiences or formed within the team, as these influenced role clarity within ICPOP-CST. These assumptions or perceptions can limit how a person is seen or utilised in the team and can lead to misunderstandings, which undermine collaborative working, and the potential to expand one's understanding of other roles on the team.

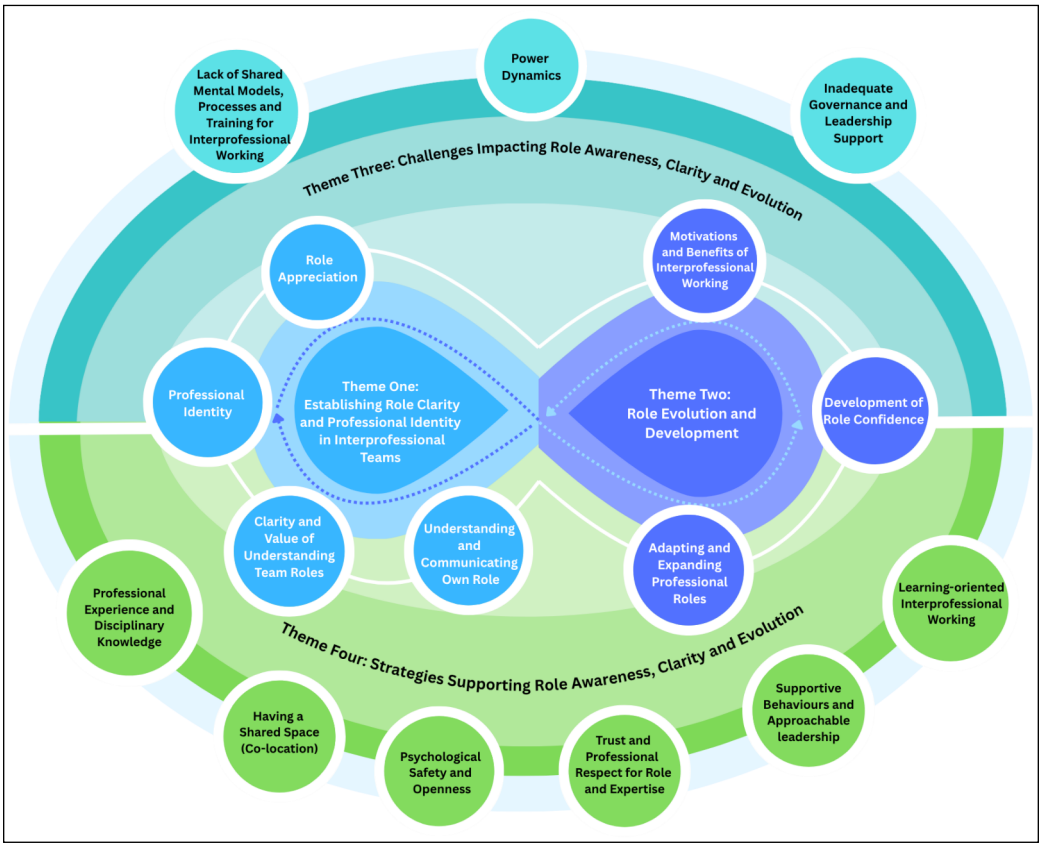


Figure 1 Conceptual model presenting the four themes and subthemes identified from the data.

A visual representation of the dynamic and iterative process of role awareness and clarity formation, as well as role evolution and development, within IPC. It also highlights the challenges and strategies that influence this continuous process.

> "Different team members might have a presumption as to what you do or what you don't do, or it can almost pigeonhole, well, this is what I think you do. We have done work on that just to try to identify, okay, what do you think I do? And this is actually what I do. Almost trying that education type role." (Senior Dietitian 2)

Clarity and Value of Understanding Team Roles

This subtheme reflects how team members in ICPOP-CST understand their colleagues' roles and the significance of role clarity as key to effective IPC. Many participants reported an increased awareness and understanding of the roles and responsibilities of other disciplines on the team, which was enhanced through interprofessional working.

> "I think everyone does have quite a good understanding of my role, and it's definitely something we've developed over the last two years... I think it's probably the better we understand each other's roles, the easier it is to collaborate... the more we understand what each other do and what each other can do, the more we can utilise each other's strengths." (Senior SLT 3)

However, some participants expressed confusion or only partial understanding of others' roles, which was frequently related to the newness of the service or the role, or the lack of clarity around interprofessional boundaries. This was described as occurring between nurses and health and social care professionals, highlighting the need for enhancing role clarity and understanding professional roles across disciplines within interprofessional teams. In some cases, this lack of clarity around roles and interprofessional boundaries led to interpersonal tension and conflict, in the absence of established mechanisms to resolve these conflicts in a way that allowed for increased role clarity.

Role Appreciation

This subtheme captures how IPC fosters appreciation of roles among team members. Participants described how working closely across disciplines enhanced their understanding of others' contributions. Feeling that their roles were acknowledged and valued by the team fostered a sense of belonging and purpose. This recognition from colleagues also enhanced their confidence in their roles and commitment to the team.

> "I suppose it wasn't until I came into the Sláintecare programme and did the actual sitting down and listening to my colleagues and seeing the amount of work that they actually do. We take the SLT. Phenomenal amount of work that they do that you don't see at the bedside that they do one on one with a client. Fabulous... But I think having that started earlier and an appreciation of those roles, which I'm sorry I didn't have when I started out as a staff nurse and knowing the value added that they give to the clients is important." (Operational lead 2)

Professional Identity

Working within ICPOP-CSTs influenced team members' perceptions of their professional identity. Most participants highlighted challenges in maintaining clarity around their professional roles and boundaries, with some expressing concerns about role dilution or overlap. While having a strong individual identity was perceived as vital to professional confidence and contribution, maintaining this was not seen as easy within these teams—particularly when boundaries between roles became blurred or when there was a need to adopt a shared team identity. At the same time, there was recognition that working within ICPOP-CSTs can foster a shared team purpose.

> "I suppose your role gets a little bit diluted, maybe. Would that be the right word for it? You certainly have to protect your role a little bit more... I feel like I need to maintain my physio identity a little bit more than I would have when I worked in a big physiotherapy team." (Senior PT 4)

THEME TWO: ROLE EVOLUTION AND DEVELOPMENT

This theme captures how roles change and evolve within interprofessional working, including the expansion, redefinition, and adaptation of professional roles. Team members navigated changes in their scope of practice while maintaining effective care. In addition, participants described how confidence in their professional roles—both their own and those of others—developed through IPC. Three interrelated subthemes were identified.

Adapting and Expanding Professional Roles

Working within ICPOP-CSTs enabled the ongoing expansion and development of professional roles. Participants described how their roles were shaped by the team, the service, and the needs of older persons. This included taking on responsibilities or tasks traditionally associated with other disciplines, reflecting a broadening of their scope of practice. These changes were seen as both opportunities and challenges, requiring flexibility, negotiation, and a strong awareness of professional boundaries. The evolving nature of the roles allowed team members to collaborate more broadly beyond their traditional boundaries but also necessitated active navigation of evolving responsibilities.

> "We need to redefine our scopes of practice. If we have somebody out and, we don't have a dietitian.

> So, you know that it doesn't get muddy and you don't start covering for another discipline. So that interdisciplinary work thing, we're still not there yet. So, it's trying to develop that we understand what parts of a role could be interdisciplinary, what parts are very much need to be done by the discipline themselves. So, we're still growing that." (Senior SLT 3)

Development of Role Confidence

This subtheme captures how confidence in professional roles develops through working in interprofessional teams. It relates both to confidence in one's own role and to developing confidence in the roles of others on the team. Participants described this confidence as growing from mutual learning with other disciplines. Professional experience fostered confidence, as did support from leadership and feeling that their role was appreciated.

> "Even from a medical point of view, I definitely think I'm much more confident. I've done all the blood pressure monitoring and follow the syncope, which I would never have done. It's just people falling from poor blood pressure. I would never have done that in primary care. It's way more medicalised." (Senior PT 3)

Motivations and Benefits of Interprofessional Working

This subtheme captures HCPs' perceptions of the benefits of working in interprofessional teams and what attracted them to join such teams. These benefits can strongly motivate role development and professional growth, as reflected in the analysis. They include teamwork, involvement and collaboration, a shared focus on older person-centred care, and the willingness to stretch roles to meet the older person's needs and wellbeing. This illustrates how roles are bound by shared values, grounded in person-centredness. Other benefits mentioned were the learning that occurs through interprofessional working across disciplines, improved understanding of each other's roles, development of role confidence, role appreciation, and enhanced communication.

> "I think that the benefits of a team like this is that you can develop that understanding of others' roles, which is great. You become confident in the individual then that you're dealing with... But it's that there's awareness and an appreciation of each other.... Anyone that applied for roles within this came because they have a passion for older persons and they wanted to stretch their roles that they're in. They wanted to make a difference for the individual." (Operational Lead 2)

THEME THREE: CHALLENGES IMPACTING ROLE AWARENESS, CLARITY, AND EVOLUTION

This theme presents the various challenges that hindered role awareness, clarity, and the development and evolution of roles among ICPOP-CST team members. A total of three subthemes were identified, reflecting how these challenges often led not only to confusion around roles within the teams, but also to tension among team members, a sense of vulnerability, and feeling unsupported in progressing and evolving within their roles.

Power Dynamics

Hierarchical structures, particularly the dominance of medicine and medical discourse sometimes overshadowed other team members' roles, which limited their autonomy and challenged their ability to assert and evolve their professional contributions within the team.

> "When you come into a team like this, it's very easy to be overshadowed or be overpowered by consultants within the room or by the ANPs because they're all very medically focused. The health and social care aspect can sometimes be missed. Unless you have strong individuals, who are, very *au fait* with their roles and who are able to speak up, it could be a challenge for them. Coming into a team like this, you can't be a shrinking violet." (Operational Lead 2)

Inadequate Governance and Leadership Support

Governance and leadership gaps across operational, clinical, and professional domains influenced role awareness and evolution. In the absence of supervision, direction, or a clear governance structure, participants felt unsupported in defining their roles, responsibilities, and professional boundaries. This led to a sense of vulnerability and hindered role clarity among team members. Participants also described feeling unsupported in progressing and evolving within their roles.

> "It's really difficult because there's areas I'd love to progress more, work within my scope of practice, and I have no one to go speak to regarding it... It's really disappointing because you look at other areas that have progressed well, but I feel we haven't. It's a massive area. I don't think there's an understanding of what nursing governance is." (ANP 1)

Lack of Shared Mental Models, Processes and Training for Interprofessional Working

Limited interdisciplinary or IPC, alongside the absence of a shared understanding of this approach to working across the system, constrained role awareness and evolution among team members. Some participants

described continuing to work in silos, which undermined opportunities to align roles, responsibilities, and goals across the team. This was mainly due to the lack of structured induction and training in integrated care and interprofessional working which hampered role understanding and clarity within the team.

> "When we started multidisciplinary team working, the phrase that we used and that was correct is to say, it's not much multidisciplinary team, it's interdisciplinary. But I'm actually not sure that the difference in that was ever really discussed or articulated. I think everybody came with their own thoughts on what that was or what that might look like. But no, I don't think there ever was any real induction to interdisciplinary work." (Clinical Nurse Specialist (CNS) 3)

The absence of nationally defined pathways, referral criteria, and standard operating procedures left teams to self-develop inconsistent processes. This lack of clarity around criteria and pathways directly affected participants' understanding of their roles and responsibilities.

THEME FOUR: STRATEGIES SUPPORTING ROLE AWARENESS, CLARITY, AND EVOLUTION

This theme describes the strategies and mechanisms that enabled role awareness, role clarity, and role evolution within ICPOP-CSTs. It focuses on how role awareness—and the ways in which these roles evolve—was supported and facilitated. In total, six subthemes are presented below.

Professional Experience and Disciplinary Knowledge

Disciplinary knowledge helped HCPs define the boundaries of their roles and communicate these to others, further enhancing role clarity and team collaboration. Professional experience enabled role evolution, professional development, and role confidence. It contributed to a strong sense of professional identity while supporting effective participation in interprofessional working and maintaining a shared focus on person-centredness. Additionally, professional experience fostered confidence and trust among team members, as HCPs were seen as competent in their roles.

> "I think having years of experience behind you to be able to be open-minded enough that you know that you often need to go that little bit extra and be willing to do that and have the confidence to be able to do that. Having the experience that it gives you the headspace to be that little bit more creative, and be confident in your own professional identity that you are able to work with other people and be able to put the patient in the centre such that if you felt there was an issue that you advocate for that person and you're not going to be steamrolled." (Consultant 4)

Having a Shared Space (Co-location)

Sharing a physical space enabled team members to better understand each other's roles through informal communication, spontaneous informal conversations, and easier access to advice. Co-location facilitated real-time interactions that supported role clarity and interprofessional learning.

> "Sharing the same office. We also share the same set of clinical notes, so, we're not all working kind of in silos... And I think that gives a great understanding of the roles and responsibilities of everybody on the team. And it just helps with communication and interprofessional working relationships." (InterRAI facilitator 2)

Psychological Safety and Openness

Having a psychologically safe environment contributed to enhanced role awareness and clarity among team members. Participants described feeling safe to speak up, raise concerns, and ask colleagues about uncertainties related to roles or scope of practice. In contrast, a few participants described a lack of psychological safety, which limited opportunities for open communication and negatively influenced role clarity within the team.

> "I think the difficulty, specifically, is around the ability to have conversations where some members of the team, you could approach them and say, this referral has come in. Is this something that falls within your scope or that you feel you have a role in? And you could have a very open conversation about that. That's not the case on the team. I think that's where we run into some difficulties." (CNS 3)

Trust and Professional Respect for Role and Expertise

Having a respectful environment where team members value each other's expertise is central to effective IPC and an enabler of role awareness and clarity. This respect not only enhanced clarity around roles but also supported open communication, psychological safety, and learning from one another. Additionally, trust enabled role awareness and clarity among participants by fostering confidence in each other's professional judgement and boundaries and supported role evolution by encouraging scope of practice expansion.

> "Any interaction with the team is always an opportunity to learn what other people do....

> When you're together as a group like that and there is a respectful environment, there's an openness and you can discuss. You would never feel uncomfortable in a situation like that, making a comment or a suggestion. There's a good feel to the team, and that's important…I think the respect of each other is important there. When you do know what each colleague brings as well, that does naturally contribute." (Senior Dietitian 2)

Supportive Behaviours and Approachable leadership

Supportive behaviours from both colleagues and leaders enabled role clarity, role evolution, and effective teamwork through questions, advice, informal learning, and mutual assistance. Feeling supported helped participants grow into their roles. Additionally, flexible and approachable leadership facilitated role awareness. Open-door policies and responsive communication enabled staff to ask questions, seek clarification, and learn from one another.

> "Have a look back over the last three years now is how much people have bloomed like our CNS. She came out from the ward, and she's like, oh, no, I can't do that. No, I won't be doing that, and she is flying. She's running the place. So, I think you just give people a bit of, support and they can reach their potential, which is brilliant." (Consultant 2)

Learning-oriented Interprofessional Working

The transcripts reflected a team culture that was open to learning from one another. This learning-oriented culture enabled both role clarity and role evolution. Through daily IPC, participants gained valuable, practice-based learning. They described learning informally by observing, asking questions, participating in discussions, and reflecting on shared clinical experiences. This learning deepened their understanding of other professionals' roles, enhanced their own role confidence, and contributed to the evolution of their professional practice. Joint assessments and shadowing supported interprofessional learning by enabling team members to observe and understand each other's roles in practice. This enhanced role clarity and awareness, promoted collaboration, and contributed to a stronger sense of team identity.

> "But it's better in that our CGA document can be done by any of the disciplines. There are nurse-specific, physio-specific, and OT-specific parts to it. I think we have all learned to do more of the other disciplines… But since I started here, I swear to God, I've learned so much. It's amazing… It's learning on your feet. It's not formal learning. It's just learning on the job. Which I think most of us probably learn better in that way than leading that." (CNS 4)

Role clarity among participants was further supported through role-focused education and staff engagement initiatives, such as team-based education sessions and journal clubs. Additionally, regular interprofessional meetings enabled learning through open communication and collaborative discussion. These meetings acted as a platform for sharing diverse professional perspectives, allowing team members to understand each other's roles, responsibilities, and boundaries in practice.

DISCUSSION

Role awareness and role clarity have been identified as critical elements of IPC necessary to implement an interdisciplinary and cross-sectoral approach to care integration [11]. In this study, we explored HCPs' perceptions of role awareness and role clarity within the context of ICPOP-CST team working. Establishing role clarity is represented on the conceptual model (Figure 1) as being in dialogue with an ongoing process of role evolution and growth. Role clarity and role awareness emerge through role evolution, which depends on the formation and communication of strong professional and team identities. This ongoing dialogue is continually challenged by factors that impact role clarity and evolution. These factors are structural (leadership, operational guidance and training) and interpersonal (power dynamics, role perceptions, mental models). At the same time, strategies to enhance role clarity and evolution were identified.

ROLE CLARITY IN DIALOGUE WITH ROLE EVOLUTION AND DEVELOPMENT

The development of professional role awareness and clarity among ICT team members was significantly challenged by the evolving nature of the service and the lack of formal role definitions and clear interprofessional boundaries and scope. While ICPOP-CST team members are expected to align their roles with the service model and patient needs, many are not engaged in strategic planning for the programme [23]. Consequently, programme implementation is happening concurrently with the development of role identity, often leaving professionals without guidelines or defined parameters to establish role clarity.

While strong initial role clarity undoubtedly provides a solid foundation for effective collaboration, aligning professional identity with a shared team identity simultaneously serves as a powerful mechanism for enhancing role awareness and, consequently, improving individual and team role clarity over time. Team members in this study found common ground and motivation in their shared focus on person-centred integrated care for older people. This shared purpose fostered flexibility and a willingness to expand their roles and responsibilities. It

also cultivated a collective identity within the teams. This underscores how placing the older person at the centre of care planning can effectively reconcile individual professional identities within a cohesive team framework, encouraging members to broaden their scope and adapt their roles for the greater good of patient care [26].

HCPs working in interprofessional teams may feel their professional identity is threatened when roles change, especially if blurred boundaries or overlapping responsibilities require them to relinquish traditional duties, or when team members have differing perceptions and expectations of each other's roles [11]. Such assumptions about one's role, and the roles of others on the team, frequently limit role clarity among team members, leading to misunderstandings and less effective IPC [27]. Our participants frequently highlighted that assumptions and perceptions of roles that team members bring to teamwork significantly impact how individual contributions are understood. When professional identity struggles to reconcile with a perceived team identity due to ingrained assumptions and perceptions about different responsibilities, it leads to uncertainty about role boundaries and reduced role clarity. This lack of clarity can impede the IPC required to integrate care for patients.

Research has shown that interprofessional working can lead to blurred boundaries and ambiguous overlaps in roles and responsibilities [28]. Role growth and development are healthy consequences of effective IPC. When teams create a supportive environment for discussion of role scope, members can safely negotiate areas of role overlap and are encouraged to 'stretch' into service gaps. Our findings have shown that this process not only reinforces individual professional identity but also positively contributes to enhanced role awareness and clarity for the entire team. This iterative development allows professionals to take on responsibilities that are not traditionally within their professional role, in response to service delivery or patient needs [29]. However, this must be premised on a foundation of clear communication and reflective conversation about role responsibilities and scope.

CHALLENGES IMPACTING ROLE AWARENESS, CLARITY AND EVOLUTION

Our findings identified several challenges impacting the dynamic relational process by which role awareness and role clarity interact with role evolution and growth. For instance, participants perceived hierarchical structures within their teams. Power imbalances between professions, due to traditional hierarchies—especially between physicians and other professions are recognised as a major challenge to IPC [17]. Not only does this affect the capacity of professionals to advocate for the importance of their professional perspective and contribution, but it also hinders the fluid interplay between role clarity and role evolution, which is a critical driver of effective IPC.

The absence of strong professional governance and leadership was identified by the findings, and the impact of this was particularly acute given that the participants were simultaneously establishing their role identity and scope of practice while implementing a new service model. Without adequate governance and leadership, participants struggled to define their roles, negotiate professional boundaries, and evolve their practice. The findings underscore that effective professional governance must be provided by disciplinary leads who not only understand the specialist integrated function of the team but also champion safe role expansion through strong IPC [17].

A critical barrier identified by the study findings was the lack of interprofessional education and training opportunities. This finding aligns with research emphasising the importance of a team learning culture to foster IPC through cross-disciplinary interprofessional learning opportunities [3]. Collaborative team working in integrated healthcare hinges on targeted education and training designed to cultivate an understanding of IPC through fostering role clarity and encouraging role evolution. This must include a formal induction process for all new team members to ensure that they are supported in transitioning into the team.

Participants in our study consistently highlighted their struggle to establish role clarity within the wider community care system for their specialist roles. This challenge was significantly exacerbated by the lack of structured embedding of the new service into the existing primary care infrastructure. Consequently, the specialist service was frequently stretched out of scope in an attempt to cover existing gaps in primary care provision, diverting their focus from their intended specialist function and further blurring their unique contribution within the system. Working across organisational and sectoral boundaries may further increase the complexity of role clarity and role evolution, as HCPs are required to navigate differing structures, expectations, and scopes of practice. Cross-sectoral integration and collaboration are important in developing sustainable workforce solutions and supporting a shift towards preventative and wellbeing-focused approaches to health and social care. While our research focused on ICPOP-CSTs, further research is needed to explore how the dynamics that emerged from our within-team analysis operate in cross-sector interactions and how role clarity can be effectively supported in such contexts.

STRATEGIES SUPPORTING ROLE AWARENESS, CLARITY AND EVOLUTION

Our findings highlight that purposive strategies are essential for fostering role awareness and evolution within the ICPOP-CSTs. These strategies included

supportive leadership behaviours, cultivating a co-learning culture, fostering interprofessional trust and respect, co-locating the team, and facilitating in-person meetings that prioritise psychological safety and open dialogue.

Supportive behaviours from team leaders and colleagues are critical for building a reciprocal relationship between role awareness and role evolution. Through open dialogue and questioning, these behaviours helped team members explore their roles and enhance understanding of others' contributions. Approaches to aligning professional roles with team identity were most effective when leaders were approachable, inclusive and flexible, encouraging greater communication and a broader understanding of all roles. This aligns with findings that leadership influences role evolution through the distribution of responsibilities, and that supportive leadership sustains interprofessional identities [16, 26].

A culture of curiosity and role exploration, enabled by co-learning, was critical for deepening members' understanding of professional contributions and responsibilities. This was evident in both formal and informal initiatives. For example, practice-based learning (like joint assessments and shadowing) significantly improved role confidence and clarity promoting collaboration and a strong sense of identity. Similarly, formal team assessment tools (CGA/InterRAI) exposed team members to unfamiliar functional areas, sparking open discussion and communication. Developing this co-learning culture is crucial for IPC as it helps reduce disciplinary siloes and strengthens team identity [3]. Furthermore, being physically co-located and regular in-person meetings were perceived as key to fostering enhanced interpersonal relationships and familiarity, aligning with research showing proximity increases informal communication and learning [11]. Regular meetings provided a dedicated space for open discussion and sharing diverse perspectives on cases, directly enhancing role clarity [30]. However, these benefits were only fully realised when built upon a strong foundation of mutual respect and trust.

Our findings align with research evidence which has shown that trust and respect in teams are essential for building a psychologically safe environment, where participants feel confident to speak up, valued for their contributions and secure in seeking clarifications related to roles and responsibilities [31]. Moreover, trust not only instilled confidence in professional roles and judgments but also fostered role development by encouraging the expansion of one's scope of practice. Indeed, trust and respect are consistently highlighted in the literature as crucial facilitators contributing to HCPs' interprofessional identity formation [26]. Therefore, cultivating trust and respect within these teams is essential for fostering deep role awareness and expansion, making them critical ingredients for genuine and effective IPC.

IMPLICATIONS FOR RESEARCH AND PRACTICE

The findings highlight that role clarification is a continuous process driven by IPC, with roles being continually shaped, negotiated, and reinforced through routine interactions [11]. This study identified key challenges and numerous practical strategies that facilitate role awareness, clarity and evolution within ICTs. These strategies are valuable for informing the design and implementation of both interprofessional teams and integrated care programmes for older adults. A direct impact of this work is the development of a story-based educational intervention [19] co-designed with team members, management, older adults and caregivers. This intervention uses 26 stories based on critical incidents to enhance role awareness, clarity and scope of practice among HCPs through active discussion, simultaneously serving as an IPC capacity-building mechanisms within ICTs.

While this study focused on participants' experiences within their local ICPOP-CSTs concerning role understanding and clarity, a broader perspective is needed. Future research requires a more comprehensive analysis at the system and national levels. This analysis should investigate the impact of governance structures, resource availability, and information sharing across different community and primary care pathways. Such research should clarify the identity of ICTs within the broader service model and facilitate the coordination and continuity of care across various settings in integrated care models. This understanding is important for policymakers to effectively design and implement integrated care programmes to enhance the quality of care for older adults.

STRENGTHS AND LIMITATIONS

Our study is significant as one of the few examining the influence of IPC on role awareness and clarity. We identified key challenges and provided practical, actionable strategies to address them, offering valuable guidance for designing and implementing integrated care programmes. While our findings align with existing limited literature, supporting the transferability of our results, some limitations exist. Firstly, certain disciplines, such as pharmacy, were not represented in the four teams, reflecting a broader national vacancy trend. We addressed this by including a pharmacist in the co-design of the story-based educational intervention. Secondly, we did not explore system-level and governance issues; however, a comprehensive analysis addressing governance structures, resources and information sharing across teams is currently underway and will be published separately. Thirdly, this study narrowed its focus to core HCPs within the ICPOP-CST teams. While this bounded approach allowed for a deep exploration of within-team role awareness, clarity, and evolution, it does not fully capture the shifting landscape

of integrated community care. In practice, these teams increasingly intersect and collaborate with voluntary and non-governmental social care practitioners. Cross-sectoral and cross-team relationships are vital to overall role identity and service integration. Future research should expand on these concepts by exploring how role awareness, clarity and evolution manifest across multi-sectoral and voluntary-dependent integrated care networks.

CONCLUSION

Role awareness and clarity are essential to role development and evolution in interdisciplinary integrated care teams as members navigate expanded scopes of practice and negotiate overlapping roles and evolving responsibilities. We offer valuable insights for interprofessional teams seeking to enhance role clarity and awareness, particularly by adapting the strategies observed among the ICPOP-CSTs. Addressing the identified challenges is also crucial, as they represent potential barriers to role awareness, clarity, and evolution. These insights are highly significant for health authorities and policymakers involved in the design and implementation of integrated care models, particularly in recognising the issues encountered by participants. Ultimately, our findings contribute to strengthening IPC capacity within ICTs, thereby supporting improvements in care for older adults.

ADDITIONAL FILE

The additional file for this article can be found as follows:

- **Supplementary Files.** Supplementary File 1: Summary of the characteristics of the four ICPOP-CSTs. Supplementary File 2: Additional quotes supporting the themes and subthemes presented in the paper. DOI: https://doi.org/10.5334/ijic.10202.s1

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COMPETING INTERESTS

The authors have no competing interests to declare.

AUTHOR CONTRIBUTIONS

S.H, A.D.B, C.D, M.O.S and D.O.D conceptualised and designed the study. S.H and C.G scoped the literature on the topic. S.H, C.D, and D.O.D conducted the interviews. S.H, A.D.B, and C.D conducted the data analysis. S.H interpreted the data with support from A.D.B and D.O.D. S.H drafted the manuscript. All authors revised the manuscript draft critically and approved the submitted manuscript. All authors agreed to be personally accountable for the author's own contributions and to ensure that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All authors agreed to be named on the author list and approved the full author list as well as the order in which they are listed.

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