Integrated care requires interprofessional cooperation and collaboration at all levels of the Health Care and Welfare systems. These systems, which are continuously changing due to political, economical or other environmental changes, can be viewed from a systems perspective rather than a linear or causal perspective. When health care systems are viewed as dynamic (complex adaptive) systems this provides a more in-depth insight into situations, which is useful for designing integrated care solutions to complex problems (Kringos 2015).

Systems theory, when combined with stress-coping theory and prevention theory such as in the Neuman Systems Model, provides a theoretical approach to practical problems which are "wicked": unclear, unpredictable, incomplete data, new or unknown. These wicked problems may seem overwhelmingly complicated or complex (or both). Wicked problems require a theoretical approach because there are so many missing data. A working knowledge of systems theory and of the tools that have been designed for professionals (questionnaires, self-reflection tool, etc) provides clear insights in patterns that can be improved and interventions that need to be designed (Memmott et al 2017, Kringos et al, 2015; De Kuiper & De Jong, 2017).

Creating a clear picture of the systems surrounding the client (and the client as a system) and of the adaptive competencies and interactive patterns within these systems provides insights and ways to improve cooperation and collaboration.

Maybe even more important, the design of integrated care requires a shared language and shared values and goals. These are more easily acquired when the paradigm for analysis of current and desired systems is shared. Systems theory provides that language and values. The addition of stress-coping theory provides the common language and insights to the threats to systems and the resources that (complex adaptive) systems have.

The addition of prevention theory provides a shared approach to prevention of stress and stressors on three levels: primary prevention (how to prevent stressors from entering the system), secondary prevention (how to prevent stress to damage the system further) and tertiary prevention (how to prevent re-occurrence). The prevention approach is much needed in this era of chronic illness, chronic collaboration problems and chronic financial challenges.

Thirty years of educational and research experience with the Neuman Systems Model has provided much needed practical insights in the positive effects of working from a systems perspective. These insight are applicable across cultures and countries and will contribute to more (cost-)effective designs for integrated care.
