Supplier Satisfaction and Competitive Strategies among Dutch Social Care Providers

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ABSTRACT,
Over the last two decades, the Dutch healthcare system has gone through a transformation. One of the major reformations was introduced by the implementation of the WMO (2015) framework, which meant that a great responsibility for contracting social care services shifted from central government to local municipalities. The main purpose of this newly introduced framework was to better tailor the social care needs of local communities, bringing them closer to home. A discussion arose and much research was done about the implementation strategies and challenges this new framework introduced to the social care market. A lot less study has been done, focusing on the supplier and their satisfaction with this decentralized system. Therefore, this study aimed to identify the factors that influence supplier satisfaction among Dutch social care suppliers through 14 online, one-to-one semi-structured interviews with employees from such organizations. This study has identified numerous factors that influence their satisfaction, giving a specific look at contracting methods and competitive mechanisms. Thus, this study provides a clear overview of the factors of influence on supplier satisfaction among Dutch social care providers, presenting the most valuable insights into different contracting strategies employed by municipalities.

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Keywords
Supplier Satisfaction, Social Care, Dutch Social Care Act, Contracting Methods, Competitive Mechanisms, Service Triad

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1. INTRODUCTION

Over the last two decades, discussions have arisen in the Netherlands about decentralizing the organization of social care services (Van Berkel, 2006) . Therefore, from 2015 on, the Social Care Act (Wet Maatschappelijke Ondersteuning) was amended in the Netherlands (Koninkrijksrelaties, 2015). An important change from this is the shift in the organization of social care services from the central government to local municipalities. The Social Care Act includes decentralizing social care services to municipalities on three aspects including; youth care, home care, and care for elderly and disabled people (Vermeulen, 2015). The main motivation for making the municipalities responsible for this organization is to better tailor the supply of social care services to local communities and their individual needs (Vermeulen, 2015).

This new framework of contracting social care services has introduced new complexities and challenges for both the supplier and the customer (Uenk & Telgen, 2019). One of those complexities is the so-called "service triad" consisting of the buyer (municipalities), supplier (social care service provider), and end-user (user of services). In this form of contracting, it is difficult for the buyer to measure the quality of the provided services to the end-user, because the buyer contracts a third party to supply the service on their behalf, resulting in erosion of the direct contact between the buyer and end-user (Van der Valk & Van Iwaarden, 2011). To ensure that social care providers deliver high-quality services, municipalities use several practices to enforce this such as monitoring, contracting methods, giving incentives and lastly creating competitive mechanisms (Uenk & Telgen, 2019). Competitive mechanisms can be used in the 'ex-ante' phase during tender or in the 'ex-post' phase, where end customers have the freedom to choose their preferred supplier themselves (Uenk & Telgen, 2019). Next to this, within the WMO (2015) framework, buyers can choose to employ various kinds of contracting methods, including open house on the one end, and public contracting on the other, each providing their benefits and downsides (Uenk & Wind, 2020). Lastly, a buyer in the Dutch social care market can choose to contract their suppliers together through a regional consortium or individually, fully contracting suppliers on their own. This research focuses on identifying which of these components influences the satisfaction of Dutch social care providers.

Other than these specific market factors that WMO (2015) exposes to the suppliers, there are more antecedents identified that may influence supplier satisfaction as well, such as; policy-making and cooperation (Ganguly & Roy, 2021) According to Schiele et al (2012), supplier satisfaction can be defined as "a condition that is achieved if the quality of outcomes from a buyer-supplier relationship meets or exceeds the supplier's expectations". Furthermore, according to Brokaw and Davisson (1978) being a preferred customer can give many advantages such as price benefits, quality service, and innovations. Therefore taking into account supplier satisfaction among Dutch social care providers is highly relevant to this framework for both supplier and buyer.

A lot of research has been done on the WMO (2015) framework and the experience from the customer side. The existing research focuses mainly on the customer side of supplier selection, centering on topics such as; customer satisfaction, contracting methods, and other industry-related practices. Furthermore, a lot of research has been done on supplier satisfaction across various markets and industries, providing useful results and takeaways. However, less research focuses on the supplier side of the in 2015 introduced social care act and there exists a research gap on supplier satisfaction within the Dutch social care market. Therefore, it would be of high interest to investigate the suppliers' experiences with this framework in more depth. Hence, this research focuses on creating a greater insight into the supplier side and their satisfaction with this framework. Therefore it would be of high interest to investigate topics such as; competitive mechanisms, contracting methods, service triad, and other related antecedents. Addressing these topics within the Dutch social care market could therefore create a greater insight into the experiences that suppliers have with working under WMO (2015), which may influence their satisfaction.

Hence this research will be based on the following research question:

RQ; How can greater supplier satisfaction be achieved among Dutch social care providers, specifically looking at the competitive mechanisms and contracting methods from municipalities?

To answer this research question, this research will be divided into three sub-questions, to get a better understanding of the related topics.

SQ1: What factors in the field of contracting are of importance to reach satisfaction among Dutch social care suppliers?

SQ2: How do Dutch social care providers view this framework of decentralized purchasing and how does it impact their business?

SQ3: What can be improved to reach a higher level of customer satisfaction among Dutch social care providers?

The first sub-question will be answered through existing literature and interviews, focussing on the antecedents and drivers of supplier satisfaction in general and specifically the public/Dutch social care sector, where qualitative research can gain greater insights. Secondly, this paper will provide insights into how Dutch social care providers act upon the introduction of the Social Care Act 2015, giving a closer look at the competitive mechanisms and other contracting methods used by municipalities, through interviewing relevant suppliers. Lastly, by combining earlier insights from literature and qualitative research, a perspective can be made on what can be improved or changed to reach higher satisfaction among Dutch social care providers.

Overall, this research aims to gain a deeper insight into the supplier side, looking at the factors that influence supplier satisfaction, competitive mechanisms, and contracting methods. This research will analyze the impact of the new framework and potentially gain a greater understanding of what can be achieved to increase satisfaction among Dutch social care providers, and therefore create a more efficient contracting system, specifically taking into account the "service triad".

2. LITERATURE REVIEW

Much research already has been done on several theoretical concepts that are used within this paper. A brief explanation of the most important concepts, theories, and fields of study is provided in this literature review.

2.1 Dutch Social Care Market

As of 2015, the new Social Support Act (Koninkrijksrelaties, 2015) has been introduced in the Netherlands. The main concept of this transition was to shift more responsibilities from the central government towards the municipalities (Vermeulen, 2015).

2.1.1 The Transition of the Dutch Social Care System

Before 2015, the Dutch healthcare market has been undergoing continuous change and transition throughout the past decades (Kroneman et al., 2016). In 2002, a policy paper was released by the Dutch Ministry of Health, care and Sports (Ministerie van Gezondheid, Welzijn en Sport), which included a new policy following a statement from 1998 in the Coalition Government Agreement: “The government will examine whether, in the light of the aging population and other trends, it would be desirable to prepare far-reaching modifications of the insurance system for the longer term, taking into account systems and developments in other EU-countries.” According to (MINISTERIE & WELZIJN, 2002) the healthcare system had some shortcomings, one of which was that it did not meet demand from end customers. This could be explained for a couple of reasons; limited choice, lack of coordination, and a bad trade-off for supply-demand. To overcome these issues, one of the methods introduced was to remodel the roles within the healthcare market, stating: “The government will set the parameters within which the players will have greater freedom to operate than they do at present. Through an appropriate system of checks and balances, these players should spur one another on to bring about good and effective health care that responds to the wishes of the people as closely as possible.”(MINISTERIE & WELZIJN, 2002). In 2006 the Dutch government made its first transition since the introduction of this paper, called the Health Insurance Act (Van de Ven & Schut, 2008). This transition is based on the principles of managed competition, where the government plays a role as a market regulator, setting up rules for the insurance companies to comply with, so that they cannot avoid price competition, ensuring accessible, cost-effective, high-quality health care to the population. (Enthoven, 1993). In 2007, The Dutch government introduced the first Social Care Act (WMO 2007), which shifted some of the social care services, including assistance for elderly care and people with disabilities, from the government to municipalities. The main motivations were to allow personalized care and better meet the needs of residents with closer supervision. In 2015, the Dutch government introduced a new legislation (Koninkrijksrelaties, 2015), which is an extension on the earlier introduced Social Care Act from 2007. This newly introduced framework has shifted even more responsibilities on social care from the government to the municipalities.

2.1.2 WMO (2015) Framework

According to van der Ham (2018), the main goals of this new legislation are to reach better quality care, shared responsibility in the communities, and most importantly financial sustainability for the Dutch health care system. Aiming for this, the Dutch government is also hoping to better serve the needs of the Dutch population by providing social care closer to home by the municipalities that can better adapt to the specific needs of their residents. Therefore, hoping that people can benefit longer from and participate in the society they live in (van der Ham, 2018). This includes providing acts such as; day care, shelters in case of domestic violence, safe places for people with psychological disorders, and support to relieve the caregiver. The WMO introduced in 2015 is not covered by the standard health insurance which has been compulsory since 2006. Instead, the first aim is to seek help from within the community; friends, family, or neighbors. If additional help is needed, a request can be made through the municipality, to most of the municipalities have introduced so-called “social community teams’, who are mostly responsible for assessing the qualifications for social care from citizens (Vrielink et al., 2014). Each municipality receives a yearly budget from the government to spend on social care services, which is funded by a social insurance scheme, paid with taxes from the population. Next to this, municipalities can demand a monthly “subscription” fee from users of the Social Care Services, to further subsidize the help they need. A request for social care can be done in two ways; “nature care (zorg in natura)” or “personal budget”. When applying for a personal budget, the end-user can organize the care, which will be paid directly through the social insurance scheme. Nature care is fully organized by the municipality, taking into account your personal needs and situation (Ministerie van Volksgezondheid, 2015) The municipality has a lot of freedom when it comes to procuring its social care services. They have the freedom to decide upon; contract content, the number of service providers, quality assessment criteria, and the scope of the contracts (Uenk & Telgen, 2019).

2.2 Public procurement contracting

There are several actors playing a role in the public procurement contracting for Dutch social care services. Namely, the end user, supplier, and buyer. These three actors can be placed in a so-called “service triad” (Uenk & Telgen, 2019).

2.2.1 Contracting and Competitive Mechanisms

Since the introduction of the WMO in 2015 (Koninkrijksrelaties, 2015) the municipalities are responsible for contracting social care services for their citizens. This law consists of some basic requirements for municipalities to follow when contracting social care, for example, working with the most economically advantageous tender (MEAT), which does not only focus on the lowest price but also considers quality standards, profitability, and other factors. Furthermore, the law states that municipalities should pay a fair price to the social care providers. Following these requirements, municipalities are free to contract social care services as they like but within the boundaries of the European Public Procurement Directive, 2014/24/EU. According to Pianoo (2018), municipalities have the option to insource or outsource the social care services, but most of the time only the selection procedure for assessing the qualifications for social care is organized within the municipalities.

Municipalities use outsourcing in the Netherlands to contract social care services following three main market mechanisms: subsidy-based, public procurement, and open-house. A subsidy can be granted by the municipality to perform a specific task for which the service provider (subsidy-taker) can get a x amount of money. The municipality can set criteria and requirements for the grant, but when set, every provider who meets the criteria and requirements is allowed to get it. But, the municipality can set boundaries on entrance, based on ranking or total grant limit (Pianoo, 2018). The second contracting method is the open house. Open-house contracting, often used among municipalities refers to contracting without selection and exclusivity (Pianoo, 2018). The open-house method does not fall under the European Directive of Public Procurement (2014/24/EU), since after basic requirements are set such as price/quality, every social care service provider that applies for the contract, needs to be contracted, without selection, exclusivity or discrimination by the municipality. Thus, by using open house contracting, there is no tendering process beforehand. A contractual agreement is enforced with any social care provider that meets the criteria, however, there is ex-post competition, while the end user chooses which provider to get the service from. Public procurement is the last contracting method used by municipalities. This contract is in the form of a

written agreement, in which the social care provider, provides a service, and therefore has the right to a beforehand agreed compensation from the municipality. In this case, the municipality has the freedom to select the social care providers that meet their criteria best. In this form of contracting, competition is ex-ante, during the initial contracting period (Pianoo, 2018).

2.2.2 Contracting Procedures

According to Uenk and Wind (2020), there are six tendering procedures used by municipalities. Open competitive procedure is the first, after publishing the potential contracts, with specifics on criteria, social care providers can apply and the municipality will choose the one with the best MEAT, or contract everyone but only give tasks to the best fit. The open competitive negotiated procedure is the second procedure resulting in public procurement. It gives providers that are interested a preliminary contract, details will be negotiated afterward, and when there is no agreement, the next interested provider will be discussed. Both procedures have an ex-ante-based competition mechanism. The next four procedures are based on ex-post competition. A dialogue-based procedure is based on several negotiations with providers about terms, resulting in a framework contract, which every interested provider can enter. The dynamic assignment procedure is based on a set framework, where a specific task is placed with a provider, and every interested provider can enter this framework, creating ex-post competition. Open non-competitive procedure is based on a very simplistic contract framework published by the municipality, which every interested provider that meets basic requirements can apply to. In this case, the end-user chooses the provider and therefore this qualifies as ex-post competition. The last procedure municipalities can use is called the negotiated procedure without prior publication. In this case, there are not many providers available. The municipality negotiates with the available options and gives the best provider a contract based on MEAT, in this case, there is both little ex-ante and ex-post competition, due to the scarcity of available providers. According to (Uenk & Wind, 2020), the dialogue-based procedure and the open non-competitive procedure are mostly used by municipalities to contract social care services.

2.2.3 Social Service Triads; risks and relationships

A service triad can be seen as a relationship model between; the buyer, supplier, and end-user, in which the buyer contracts services from the supplier to accommodate the end user (Li & Choi, 2009). In the case of this paper, the buyer can be seen as the municipality, the supplier as the social care service provider, and the end-user as the social care user/patient.

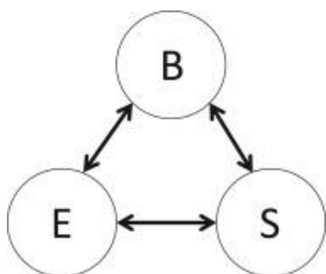

Figure 1. The service triad consists of Buyer, Supplier, and End Customer (Uenk & Telgen, 2019)

In the service triad in the Netherlands, municipalities are currently totally outsourcing social care services. In 2020, around 9 out of 10 times, open-house mechanisms were employed to contract the supplier to serve the needs of the end customer. Only 1 out of 10 times the competitive tendering procedure was employed by municipalities (Uenk & Taponen, 2020). The choice of procurement procedures such as outsourcing in direct relation to risks in service triads and the allocation of those risks among the three actors. Total outsourcing is used by Dutch municipalities. The risks shift from actors across the service triad. For the buyer it would be best to have many suppliers, resulting in ex-post competition (open-house method), which will enable market mechanisms, create fair prices, and force higher quality. Therefore, in this case, the risk for the supplier would be higher, for the same reasons. When only one or a couple of suppliers are contracted by the municipality, the risks will shift to the buyer, including financial risks and quality risks. The risk for the supplier would therefore be lower in this case, creating the best scenario. (Uenk & Taponen, 2020). Next to this, Uenk and Taponen (2020) argues that there are another two factors that might lower the risks for suppliers in the service triad; contract length and contract volume. A longer contract gives the supplier a higher chance of continued financial flow and the chance to earn back their initial investment. Contract volume might also higher the chances of a greater financial return, by providing more business for the supplier, a great example of this is the collaboration between municipalities to contract social care. The most used contracts, regarding incentives, in social care are; fee-for-service, outcome-based, and population-based fixed budget. All these contract frameworks have their own risks and difficulties for the actors involved in the service triad. In the fee-for-service framework, the supplier can over-exaggerate the need for social care for the end-user. This will lead to more income for the supplier, but higher expenses for the buyer. For outcome-based contracts, the supplier can benefit by putting in minimal effort to get the specified outcome, reducing quality for the end-user. Lastly, the population-based fixed budget has the same outcomes as the outcome-based but heavier. The supplier could benefit from doing the minimum to reach the outcomes (Uenk & Telgen, 2019).

2.3 Supplier Satisfaction: definitions, antecedents, and frameworks

2.3.1 The Definition of Supplier Satisfaction

Supplier Satisfaction has gained interest globally over the last decades. According to Brakow and Davidsson (1978), customers should market their firms to suppliers to sell themselves as a customer they would want to engage with. Only more recently, supplier satisfaction has become an even more trending topic in the field of purchasing and supply chain management. Over time, supplier satisfaction has been defined in several ways. One definition is “the feeling of equity with the relationships, no matter what imbalance exists”(Benton & Maloni, 2005). Another definition for supplier satisfaction from previous research is “a supplier’s feeling of fairness about buyer’s incentives and supplier’s contributions within an industrial buyer-seller relationship as relates to the supplier’s need fulfillment, such as the possibility of increased earnings or the realization of cross-selling”(Essig & Amann, 2009). According to Schiele et al (2012), supplier satisfaction can be defined as “a condition that is achieved if the quality of outcomes from a buyer-supplier relationship meets or exceeds the supplier's expectations”. Over the years, several definitions have been provided in relation to supplier satisfaction. From the previously mentioned papers, it can be said that supplier satisfaction in the early stages was about “reversed marketing” from the customer perspective and over the years the topic became more centered on the suppliers’ expectations, and the need to fulfill those. Still, a lot of research can be done from the supplier perspective of supplier satisfaction.

2.3.2 *The Antecedents of Supplier Satisfaction*

There have been several research papers published focusing on the antecedents and drivers of supplier satisfaction and linked topics such as customer attractiveness and preferred customer status. Research from Hüttinger et al. (2014), conducted through both quantitative and qualitative sampling, identified eight categories of antecedents including; growth opportunity, innovation potential, operative excellence, reliability, support of suppliers, supplier involvement, contact accessibility, and relational behavior. The conclusion was that there were three antecedents positively influencing supplier satisfaction; growth opportunity, reliability, and relational behavior (Hüttinger et al., 2014). Quantitative research by Vos et al. (2016) extends on the existing research by proving that profitability of the relationships between buyer and supplier also has a significant positive influence on supplier satisfaction next to growth opportunity, reliability, and relational behavior. According to another research by Glas (2018), found was that there are another three antecedents that positively influence supplier satisfaction using structural equation modeling, namely; service quality, communication quality, and time management quality. From those three antecedents, communication quality from the buyer to the supplier had the most significant effect in buyer-supplier relationships in attaining supplier satisfaction. Research by Ganguly and Roy (2021) suggests that there are five potential factors influencing supplier satisfaction, including; purchasing policy, financial/payment policy, coordination policy, cooperation, and technology/digitalization. Concluded through the use of Partial Least Square (PLS) path modeling was that four of these antecedents were significant. Cooperation was the most significant, where mutually understanding requirements and maintaining a healthy relationship are key factors. After this was purchasing policy the most significant followed by coordination and payment policies.

2.3.3 *Relation to Customer Attractiveness and Preferred Customer*

Also, supplier satisfaction can often be mentioned in the same sentence with "customer attractiveness" and "preferred customer". These three concepts have their own definitions but can be linked with and supported by each other (Schiele et al. 2012).

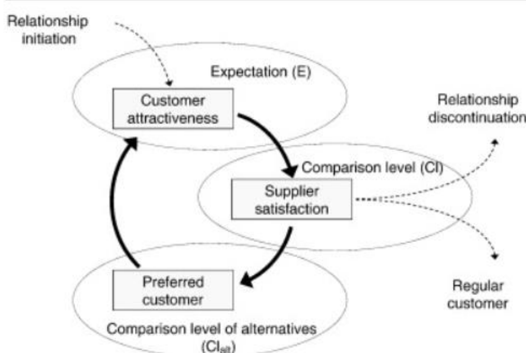

Figure 2. Cycle of Preferred Customership by Schiele et al. (2012)

Customer attractiveness; how attractive the customer is from the suppliers' perspective, taking into account all the positive characteristics, that the buyer has to offer (Hüttinger et al., 2012). A preferred customer on the other hand refers to the buyer, who receives better treatment than others from the supplier, this can concern for example; product quality, availability of resources and prices (Nollet et al., 2012). The importance of this cycle is that the three concepts can be linked and supported by each other, creating importance for the buying side to consider the suppliers' satisfaction (Schiele et al., 2012).

2.3.4 *Supplier Satisfaction in the Public Sector*

Since this paper is about Dutch social care providers and municipalities, which is the public sector, it would be interesting to see if differences arise if only looking at the public sector. Schiele (2020) conducted research through a multi-group analysis on the differences between antecedents on supplier satisfaction in the public vs private sector. The formally investigated antecedents of growth opportunity, operative excellence, profitability, and relational behavior were also of significant influence on supplier satisfaction in the public sector. Only relational behavior was significantly more influential on supplier satisfaction in the public sector compared to the private sector. In both cases, there was a significant effect of supplier satisfaction on preferred customer status, which means that first supplier satisfaction has to be reached before the supplier can mention the buyer as a preferred customer, which supports the paper by Schiele et al. (2012) (Schiele, 2020).

2.4 Conceptual Framework

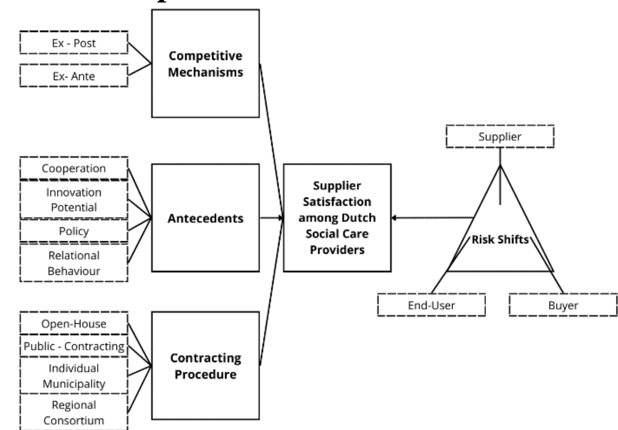

Figure 3. Conceptual Framework

The conceptual framework of this research focuses on the factors that influence supplier satisfaction among Dutch social care providers. First of all, it is proposed that the antecedents; cooperation, innovation potential, policy, and relational behavior as discussed in the literature review, will have an impact on supplier satisfaction for Dutch social care providers. Secondly, it is proposed that specific market dynamics in the Dutch social care market since the introduction of WMO (2015), will have an impact on the supplier satisfaction of Dutch social care providers. The dynamics explained are; competitive mechanisms (ex-ante, ex-post) and contracting procedures (open-house, public contracting, regional consortium, and individual municipality). Lastly, it is proposed that the risk shifts across the service triad have an impact on the satisfaction of the supplier, looking at different contract frameworks, which may or may not result in risk shifts.

3. METHODOLOGY

3.1 Research Design

To be able to collect sufficient and high-quality data to analyze the supplier satisfaction among Dutch social care providers in relation with the municipalities this paper employed a qualitative data collection method. Specifically, 14 interviews are held with Dutch social care providers in the Netherlands. The profile of participants can be found in Appendix B. According to Saunders et al. (2007, p. 145) "qualitative is used predominantly as a synonym for any data collection technique

(such as an interview) or data analysis procedure (such as categorizing data) that generates or uses non-numerical data." The specific research design for this paper can be called a "case study", which refers to an investigation of a current phenomenon when it is challenging to distinguish between the phenomenon and its surrounding context (Yin, 2009). For this paper, a primary data collection method is used. Primary data is collected through interviewing Dutch social care providers, following an interviewing questionnaire that addresses the important factors to be able to answer the research question. According to Saunders et al. (2007) primary data is current, real-life, and close to the source from the case which makes it very relevant to the research question and designed to the needs of this research paper. Data Collection

3.1.1 Interviewing Framework

Interviewing for this research is done according to the semi-structured interview guidelines. For semi-structured interviews, a questionnaire is set up, but depending on the flow of the actual interview, the order can be changed in which the questions are asked, and additional questions can be asked to gain further explanation if needed(Saunders et al., 2007). The interview questions are based on the information from the literature review to ensure a connection to the research goal and research question. The interviewing questionnaire is designed to provide answers to the research question and sub-questions. The questionnaire is provided in Appendix A. The interviewing questionnaire is made according to knowledge gained by the literature review, and other prior understanding. The aim of the interviews is to get potential answers to the research question and sub-questions. At first, the WMO (2015) law is discussed focusing on the decentralization process, and the opinion about this from the supplier. Secondly, the contracting procedures by the municipalities are addressed in the questions, with a focus on the ex-post and ex-ante concepts and see how they affect the satisfaction of the supplier. Next, supplier satisfaction is introduced through its antecedents to see which factors play a role in satisfying the supplier in this case. Lastly, questions about potential improvements on the previously discussed themes are discussed with the interviewee.

3.1.2 Validity and Reliability

For the research design of this paper, some criteria need to be considered, to ensure quality measurements. First of all, reliability refers to "whether a particular technique, applied repeatedly to the same object, yields the same result every time" (Babbie, 2016, p. 146). To ensure that reliability criteria are met in this research, several actions are taken. All the interviews are taken with companies working in the same environment, likely to experience the same pressures from Dutch municipalities. Every social care provider will receive the interview questionnaire well in advance to prepare answers and check the questions. Lastly, since the results and data are used anonymously, it gives more freedom to speak on behalf of the social care providers. Another criterion for quality measurements is validity, which refers to "the extent to which an empirical measure adequately reflects the real meaning of the concept under consideration" (Babbie, 2016, p. 148). To ensure that validity criteria are met, first, a selection criterion has been made shown in Figure 3. This states that the interviewee should be working for the company and In the right field of expertise, to give as much detailed information as possible. Furthermore, the social care provider should be working within the field of study, focusing on WMO (2015). The interview guide will be shared with the interviewee to prepare well for the interview. Content validity is also ensured through the structure of the interviewing questionnaire, which is based on the literature review. Lastly, due to a small sample size, because of time constraints, the only issue with validity will be the generalization among all the social care providers in the Netherlands, which will be mitigated by selecting the best sampling procedure.

3.1.3 Interviewing sampling

This paper is focused on a population of Dutch social care providers and the focus is to evaluate supplier satisfaction among these Dutch social care providers. A population is referred to as "the full set of cases from which a sample is taken"(Saunders et al., 2007, p. 205). Because of time constraints, a sample from the population is taken for data collection which closely reflects the entire population. According to Henry (1990), that the use of sampling will give a higher accuracy in results than analyzing the entire population since more time can be spent on the design, details, and quality of the data collection. For the sampling method, non-probability sampling is used. Non-probability sampling is based on subjective judgment, rather than on the assumption that the sample will be chosen at random. For this case, a purposive sampling technique is used to enable own judgment when selecting a sample. This method is used when the sample is very small and there is a wish to self-chose the sample for informative reasons(Saunders et al., 2007). The specifically used purposive technique of this research is called the "heterogeneous approach", this approach is used when evaluating key terms among the sample, where the sample has high variation, and patterns are used to represent the key terms. To ensure this high variation, it is suggested to identify the diversified selection criteria (Figure 1. Selection Criteria for Sample) beforehand (Patton, 2002). Dutch Social Service Care providers can be identified through publications from municipalities on new contracts, which often show a list of organizations contracted to supply their Social Care Services. The Dutch social care providers who participated in this study were either contracted by a municipality or regional consortium of municipalities, under the WMO (2015) framework, which allowed them to give valuable insights into this specific research topic. They were contacted through e-mail communication, either found through their website or LinkedIn. Dutch social care providers throughout the whole country were contacted to ensure geographical diversification and representation of suppliers in most regions (Provinces). Each interview lasted around 40 minutes.

Figure 3. Selection Criteria for Sample

Criteria
1. The interviewee should work for a Dutch Social Service Care provider
2. The role of the interviewee should be related to sales / contracting
3. The Dutch Social Care Service Provider should work within the WMO (2015) framework

3.2 Data Protection

3.2.1 Research Ethics

Research ethics refers to the guidelines and moral principles that are undertaken to conduct the research, ensuring appropriate behavior toward the rights of the participants who become subject to or are affected by the research. To ensure that these rights are appreciated, several actions are taken. First, before starting the interview, participants are asked if they permit to record the interview and use the outcomes in this research paper, by filling in a form of conduct and reading the

research guide two weeks in advance. Next to this, the personal details of the interviewee are not used in the results of this paper, as well as the name of the organization they work for, this ensures full privacy for the interviewee and the organization. Ethical approval on this research proposal is applied for through the ethical committee from the University of Twente, to further ensure that ethical guidelines are well respected.

3.3 Data Analysis

3.3.1 Interviewing Data Analysis

First, all the interviews were recorded through online communication software, using Microsoft Teams v24151.2105.2943.2101. Data is transcribed directly through Amberscript v03/2024. After the transcriptions are gathered, it needs to be analyzed. To analyze this data, it is important to use the right method. The method used to analyze the data is called thematic analysis (TA). TA has proved to be an efficient method to use for both inductive and deductive research, thus being a great method, because this research is deductive, exploring qualitative observations in a flexible way. (Braun & Clarke, 2021). The TA method does not see the subject approach from the researcher as a bias but as a resource. Focusing on the researcher's engagement with the data and its analysis (Braun & Clarke, 2021). The coding process is done through ATLAS.ti v24.1.1. The codebook, including the codes used during this research and their definition and purpose, is provided in Appendix H.

The TA method provides a step-by-step plan to analyze the data from the transcript.

Step by Step Plan for Analyzing Data	
1.	**Familiarization**
2.	**Initial coding**
3.	**Generating initial themes**
4.	**Reviewing themes**
5.	**Define and name themes**
6.	**Show results**

Table 1. Step by Step plan for TA according to Braun and Clarke (2021).

4. RESULTS

The following results section of this research paper focuses on discussing the results that are obtained through the interviews. The interviews were held with representatives from fourteen different Dutch Social Care Providers, and aimed to discover the factors influencing their satisfaction, specifically looking at the contracting procedures and competitive mechanisms employed by the Dutch Municipalities. The interviewees are referred to as IPx (where x is replaced by a randomized number that represents a certain anonymized Dutch Social Care Provider). Appendix C, D, E, F, and G show an overview of the main findings, which are discussed more in detail below.

4.1 Antecedents Influencing Satisfaction among Dutch Social Care Providers

4.1.1 Cooperation and Relationship with the Buyer

Cooperation is one of the antecedents that can have an influence on supplier satisfaction. The interviewees were asked about the cooperation they experience in relation to the buyer. All interviewees acknowledged that the degree of cooperation is important for their satisfaction. Noted was that a more public contracting method, with fewer parties involved, most of the time led to a higher degree of cooperation with the municipality (IP2, IP7, IP9, IP10, IP14). Next to this, the relationship with the buyer is not perceived as equal according to IP1, IP2, IP6, IP10, and IP12. Several of these participants pointed out that within the relationship with the buyer, there is none to little influence from the supplier side, and the relationship is very much based on what the buyer thinks is right. IP13 and IP14 added to this that the influence of the Dutch Social Care Providers leads to a higher feeling of equality within the relationship, but were not unsatisfied with the relationship at this point in time. IP14 noted that the relationships with the buyer have significantly improved over time, since the last couple of years it was based more around the principle of cooperation. Furthermore, IP3, IP4, IP5, IP6, IP7, IP10, and IP11 pointed out that the relationship between them and the buyer was very much based on monitoring, controlling, and justification and experienced a low perceived feeling of trust. Lastly, contact accessibility was named as highly important to reach a better relationship with the buyer (IP2, IP5, IP6, IP7, IP9, IP10, IP11, IP12, IP14). For the factor of contact accessibility IP6, IP10, and IP12 pointed out that the contracting bodies are not easy to reach when they need to, often a general phone number from the buyer needs to be contacted, or several contractor employees have to take a look at the issue, which can take up to months, resulting in a headache at the Social Care Supplier.

4.1.2 Buyer Contracting Policy

Furthermore, the contracting policy from the buyer can be argued as an antecedent for supplier satisfaction. Out of all the participants, eleven were in some or another way not satisfied at all with the policymaking from the buyer. Only IP3, IP4, and IP9 were in some way satisfied with the policy set up by the buyer. The reasons for this were mainly that the buyer kept his promises and paid well on time. On the other hand, IP1, IP2, IP3, IP5, IP8, IP10, IP11, IP12, IP13, and IP14 all mentioned that a lack of "uniformity" of policymaking was experienced as an issue, influencing their satisfaction negatively. The lack of uniformity mainly came to be in two ways. IP5, IP8, IP11, and IP14 pointed out that shifts in policymakers at the buyer were perceived as a problem, lacking uniformity in their contact persons. Furthermore, the other participants who experienced a deficiency of uniformity noted that regional differences in policymaking were negatively impacting their satisfaction, increasing their administrative burdens. Another issue experienced by the participants was a too large load of control, expected by the buyer (IP1, IP2, IP4, IP6, IP8, IP9, IP14). IP1 quoted that; "the buyer is too focused on controlling and avoiding cowboys, that they forget we have been providing social care in a good way for years". Lastly, due to the policymaking construct, all participants noted that the administrative burden is too high, which negatively affects their satisfaction. IP3, IP4, IP5, and IP9 pointed out that the administrative burden is highly costly and a waste of money. IP3 even stated that the high administrative burden and overhead costs negatively affected the social care quality. Next to this, IP7 pointed out that the administrative burden has already been there for 25 years, but has increased ever since.

4.1.3 Innovation Potential

Another antecedent for measuring supplier satisfaction is Innovation and Growth Opportunity. IP1, IP2, IP3, IP5, IP7, IP9, IP12, IP13, and IP14, noted that there is little to no room for innovation and growth opportunities in the tariffs/budgets offered by the buyers. Only IP4, IP6, and IP10 concluded there was constructively and consistently room for innovation over the past years to innovate and grow. IP8 pointed out that it is very dependent on the financing method employed by the buyer, whether they work with PxQ (hourly tariff, no room) or

lump sum (sufficient room). IP11 stated that they were not innovating at all, for other reasons. Looking beyond room for innovation in budgets or tariffs, IP2, IP7, IP9, and IP14 stated that there were subsidies or innovation programs available to participate, in cooperation with the buyer, but only IP7 used this option. The other participants did not due to money and time constraints.

4.2 Contracting Methods and Competitive Mechanisms

4.2.1 Contracting Methods; Regional Consortium / Individual

Social care buyers in the Netherlands can be both an individual municipality or a regional consortium of municipalities, which contract the social care services together as one buyer. All the IPs pointed out that their services were contracted by regional consortiums of municipalities and individual municipalities. According to IP1, IP3, IP4, IP6, IP8, and IP12, contracts with regional consortiums result in greater satisfaction. An advantage of contracting with regional consortiums is that less administrative work is needed since the contracting process is only done by one party instead of several singular parties. Next to this, IP8 stated that regional consortiums are better for the more difficult care including such as protected living services. On the other hand, IP7, IP9, and IP10 preferred the contracts arranged by singular municipalities. The reasoning from these three participants was clear and not differing, namely that singular parties have better contact accessibility and shorter ties to influence the contracting processes. The remaining participants IP2, IP5, IP11, IP13, and IP14 experienced both advantages and disadvantages of working with alliances or singular municipalities. Lastly, noted should be that IP5, IP7, IP9, IP10, IP12, and IP13 all addressed that; although there was a regional consortium contracting the social care services for a region of municipalities, the execution of the contract could still be very different across the municipalities that are part of the alliance. According to these participants, this would diminish the beneficial effect of the regional consortiums to some extent.

4.2.2 Contracting Methods: Open House / Public Contracting

The buyer can either use an open house contracting method or a public contracting method, as explained. Noted from the interviews is that most of the social care providers are working with both open house and a more public contracting method with selection, except for IP4, which only experienced public contracting methods with selection. IP1, IP2, IP3, IP6, IP7, IP9, IP10, and IP13 pointed out that the majority of their contracts were based on open house contracting. On the other side, IP4, IP5, IP8, and IP11 experienced a majority of public contracting methods, where a certain selection phase was employed by the buyer. IP12 and IP14 did not point out what the majority of their experienced contracting methods were but did indicate that they did work with both. Furthermore, looking at the Open House contracting, IP1, IP3, IP5, IP6, and IP13 pointed out that Open House contracted methods are their preferred contracting method, which results in higher satisfaction. This satisfaction, resulting from the Open House contracting method, was mostly because of the certainty of getting the contract and assurance of getting clients. Next to this, IP3 and IP7 noted that Open House contracting methods lead to less administrative burdens and thus a lower overhead cost. IP3 stated that; "using public contracting methods, the buyer is shifting the risks and administrative work to the supplier". On the other hand, public contracting methods are perceived as satisfactory by IP8 and IP10. According to IP8, public contracting methods are bringing the two parties closer together, looking at cooperation, and working with fewer social care providers. Next to this, IP8 noted that they have a higher influence on the contracting details and process, which again led to increased satisfaction. IP10 stated that "when willing to cope with the transition of WMO 2015 and its challenges, contracting bodies and social care providers should act more in cooperation and thrust with each other", noting that the public contracting method aligns positively with these advantages.

4.2.3 Evolution of Contracting Methods since the introduction of WMO 2015

Since the introduction of the renewed WMO in 2015, greater responsibilities have been assigned to the municipalities, bringing social care closer to home. Most of the participants noted that it seemed that in 2015, when the municipalities received more responsibilities, they were not prepared, focusing just on a basic contract for all suppliers that wanted a contract. Two participants noted that one reason for this was that the municipalities were overwhelmed by the amount of work, that they chose to set up a simple legal document complying with all the rules, and not focus on further content and cooperation with suppliers (IP3 and IP13). Over the years this has changed for IP2, IP3, IP7, IP13, and IP14; moving towards more cooperation and conversations about contract content with the municipalities, which was perceived as positive. Another evolution that occurred over the years since 2015, is that half of the participants experienced a move in contracting methods from open house to public contracting. The reasons for the open house were once again the simplicity of setting up the social care system at the municipality. Suppliers, over the years municipalities experienced that the administrative burdens were high with so many contracted suppliers together with a lack of transition in the care system. Therefore, they tended to seek deeper cooperation with fewer suppliers to overcome these issues (IP2, IP5, IP6, IP7, IP8, IP11, and IP14). Two other participants did not experience a change over time, where it has been open house contracting since 2015 (IP10 and IP12). IP10 added to this that there are always regional exceptions, which shift from open house to public contracting with fewer suppliers, to look for a better transition of the social care domain.

4.2.4 Competitive Mechanisms

For competitive mechanisms, questions were asked about the differences experienced in open house contracting (ex-post competition) and more public contracting (ax-ante competition). IP1, IP5, IP6, IP7, and IP12 pointed out that they experienced ex-ante competition in a way when a more public contracting method with a selection procedure was employed by the buyer. IP5 stated that due to the increased competition in the public contracting methods, they were forced to work together with other social care providers in a "forced marriage", which negatively affected their satisfaction. IP1, IP6, and IP12 experienced an increased feeling of ex-ante competition due to the selection procedure and the package of requirements when the buyer employed a public contracting method. Only one of the participants (IP9), experienced an increased feeling of competition working with open house contracting methods. The reason for this was that every social care provider gets a contract and is then ex-post fishing in the same pond, which might leave them without customers in the end. IP2, IP3, IP4, IP10, IP11, IP13, and IP14 did not experience any competition during the contracting process, both ex-post and ex-ante. IP2, IP3, and IP14 pointed out that the main reason for not experiencing competition was that they offer specialized care such as; acquired brain injury care, crisis shelter care, protected living, and social care farms. Another reason noted by IP4 and

IP14 was that they are very big social care providers, which makes the contracting party just as dependent on them. IP5, IP7, IP9, IP10, IP11, and IP13 pointed out that instead of competition, the focus would rather lay on cooperation with other social care providers during the contracting process, looking at what they could add to each other and creating an alliance of suppliers.

4.3 Risk Shifts

4.3.1 Risk shifts between the three parties

This contracting format consists of three parties: the end-user, the buyer, and the social care provider. A question was asked to the participants about the experienced shift of risks between those three parties. IP1, IP2, IP7, IP8, IP10, IP11, and IP13 stated that some contracting bodies are working with so-called "arrangement contracts". This form of contracting is used in public contracting methods to get the amount of social care suppliers contracted down. The arrangement contracts include multiple social care services that need to be contracted as a package. These participants pointed out that working with these contracts would shift the risk from the buyer to the social care provider. The reason for this is that the social care service providers cannot offer all the services in those contracts and therefore must work with subcontractors. IP1, IP2, IP7, IP8, IP10, and IP11 noted that working with subcontractors would mean that the administrative burden and responsibility for the work of those subcontractors would shift fully to the main contractor. IP2 pointed out that they encountered a situation where the subcontractor went bankrupt, and they had to take responsibility for the issues that this formed. Next to this IP5, mentioned that working with subcontractors could take up to ten percent of the budget in administrative costs and overhead. Another cause of risk shifting is the duty of care acceptance. IP2, IP9, and IP12 noted that duty of care acceptance was shifting the risk from the buyer to the social care provider, as in this case, the care provider has to provide the care when the buyer asks so, while sometimes the social care providers do not have the supplies or workforce to receive this client.

4.4 Contract Content

4.4.1 Tariff Setting

Tariffs are one part of the content that is agreed upon in the contract processing phase. All the participants noted that a fair tariff setting is of high importance to their satisfaction. Out of all participants, nine pointed out that the tariffs are too low over the majority of their contracts. One of the reasons for this perceived dissatisfaction was shown to be wrongly calculated tariffs. (IP1, IP2, IP3, IP5, IP6, IP7, IP12, IP13, IP14). One participant added to this; tariff calculations are falling behind, looking at the recent rise in employee salaries, under the renewed collective employment agreement and inflation. The tariffs are not increasing equally with such shock events, shifting the financial risk to the social care provider (IP2). IP13 noted that of this stays this way, WMO will become a loss-making product. On the other hand, five participants were sporadically satisfied with the tariffs, reasoning that regional differences are sometimes markable, to say the least (IP4, IP6, IP8, IP9, IP11). IP6 pointed out that some buyers offer 45,- euros, while for the same care, other buyers are offering 73,- euros. IP9 added that the consequence of this could be a total new client stop or cutting back on innovation, to ensure current clients can still receive quality care. Only one of the participants noted that they were fully satisfied with the tariffs in the region they operate in, reasoning that they were loss-making for a period of time, after which an independent consultancy firm investigated the tariffs, after which positive change occurred (IP10).

4.4.2 Contract Duration

Another part of the contract content is the duration of the contract. Ten participants pointed out that the duration of the contract can influence their satisfaction in some way or another (IP1, IP2, IP3, IP4, IP6, IP7, IP8, IP9, IP12, IP14). The reasons for this were found to be different. Two participants argued that due to the administrative burden of the contracting process, it would be better to have longer contract durations, thus resulting in lower administrative burdens (IP2 and IP6). Furthermore, IP8 and IP14 noted that longer contract duration would take away investment risks. Having the assurance for a longer period of years would increase their thrust in making the necessary investments for social care. If for example, the contract is one or two years, the participants tend to be way more careful in investing taking into account the return on investment (ROI). Another result from longer contract durations was experienced namely the cooperation and care continuity. Longer contracts tend to deliver greater cooperation and higher assurance of care continuity (IP7 and IP9).

4.5 Financing Methods

4.5.1 Financing Methods Employed by the Buyer

Buyers can choose to employ two main types of financing methods within their contracts. Eight out of the fourteen participants mentioned this as a factor of importance within the contracting procedure (IP2, IP4, IP5, IP6, IP8, IP10, IP12, IP14). On the one hand, the PxQ financing method, by some participants described as an "hourly tariff". The PxQ financing method is experienced as an administrative burden for some of the participants, looking at the increased bureaucracy compared to the other financing methods (IP4, IP5, IP6, IP8, IP12). Noted was that IP4, IP6, and IP8 experienced a specific increased burden when the buyer decided upon the client care. Contracting bodies often make wrong (too short / too little care) client care decisions or it is very hard to change these decisions during the preconceived period of allowed care. This means that the social care providers bear more risk, by not being able to provide the care a client needs, which leaves the provider in a split. Another disadvantage experienced working with a PxQ financing, is the inability to improve and innovate the care services. Care is paid per hour, exactly matching client needs, but since the tariffs are lagging behind, there is no room left to improve and innovate the services (IP10, IP14). The participants who mentioned financing methods also noted that PxQ financing is mostly related to and used together with open house contracting procedures. On the other hand, lump sum financing methods were mentioned positively among IP4, IP5, IP6, IP8, IP10, IP12, and IP14. Several reasons for this were mentioned during the interviews. One of the main reasons for the positive relation with lump sum financing methods was the increased degree of "self-management", which relates mainly to the distribution of the budget. IP4 stated that, with working with a lump sum, the budget distribution was the responsibility of the care provider, they could make client care decisions themselves, working more efficiently with the available budget and providing people with the most efficient and best-matched care. IP8, IP10, and IP14 specifically added that due to the increased self-management, there was more room to innovate and grow. Because they were not paid through hourly tariff, there was more room to play with the available budget, keeping room for innovating the provided care. The same participants mentioned that within the PxQ financing method, there is no stimulus to innovate, noting a very important difference between those two methods of financing. On the other hand, lump sum financing methods tend to shift the budgeting risk to the supplier, which impacts satisfaction negatively (IP2, IP5, IP10, IP!4). IP10 noted that by shifting the budgeting risk to the supplier, they

had to critically evaluate the client care decisions to stay within the provided budget, but as mentioned before, this sense of self-management improved satisfaction among several suppliers. Lastly, IP14 mentioned that since the introduction of the "principle of trust", buyers tend to move towards PxQ financing again, because of the need to control the cash flows, which is not as easy with lump sum financing methods.

5. DISCUSSION

5.1 Interpretation of the Results

This research paper aimed to discover the influence of numerous factors on the supplier satisfaction of Dutch Social Care Providers. This included mainly contracting methods and competitive mechanisms, next to looking at other previously discovered antecedents such as; innovation potential, relational behavior, policy, and cooperation. The research focused on the following sub-questions to be able to conclude this research;

"What factors in the field of contracting are of importance to reach satisfaction among Dutch social care suppliers?"

"How do Dutch social care providers view this framework of decentralized purchasing and how does it impact their business?"

"What can be changed to reach a higher level of customer satisfaction among Dutch social care providers?"

Through 14 interviews with representatives of Dutch social care providers, a series of factors were outlined to be of influence on supplier satisfaction within the Dutch social care market. The following findings were made in this research relating to these sub-questions;

Several previously discovered antecedents of supplier satisfaction were discussed throughout the interview; cooperation, contracting policy, relational behavior, and innovation potential. Cooperation was found to be of high influence on supplier satisfaction, while greater supplier satisfaction is experienced within contracting procedures that are based on the principles of public contracting, as opposed to open house procedures which most of the time lack cooperation. The public contracting procedures reach a higher degree of cooperation most of the time, due to better communication and partnership. Closely related to cooperation is the relational behavior of the buyer towards the supplier. Important factors affecting the relationship were found to be; equality, contact accessibility, and justification. Often the relationship was perceived as unequal, specifically looking at the influence on the contracting processes and the high degree of control and need for justification during the contracting procedures. Therefore implementing a higher degree of shared influence in the contracting process could lead to a higher satisfaction among the suppliers. Contact accessibility is another important factor for suppliers with the buyer, while suppliers experience more satisfaction when the buyer employs short-tied contacting possibilities for the buyer to discuss challenges and issues that arise during the execution of the contract. Furthermore, contracting policy proved to be of high importance. A greater degree of uniformity within the buying organization and across buying organizations could lead to higher satisfaction among suppliers. Within the buying organization, this could be achieved by decreasing employee turnover and increasing social care knowledge among policy-makers. Across buyers, this could be achieved through regional or countrywide standards, laying an important focus on uniforming administrative tasks, control procedures, and contracting processes. The overarching highly perceived administrative burdens once again highlight the focus on uniforming administrative tasks and control processes, with the goal of decreasing unnecessary costs made in supplier overhead. Lastly, the innovation potential was also found to be of influence on supplier satisfaction, stressing the importance of innovation potential within the suppliers' budget.

Tariff setting closely relates to the innovation potential, whether or not offered tariffs from the buyer are sufficient. It can be concluded that sufficient tariffs are of high importance to ensure continuity for the buyer and leave room for innovation. Wrongly calculated tariffs are a major obstacle in tariff setting, not taking into account rising employee salaries and the recent inflation. Once again regional differences play a big role in satisfaction, while tariffs can differ enormously across buying organizations. Tariffs are mostly an issue when buying organizations employ the PxQ financing method within the contract, leaving the supplier with no room for innovation. Next to this a significant amount of the budget disappears into the overhead costs, due to the high administrative burden that comes with PxQ financing. With PxQ financing the client care decisions lay at the buyer, resulting in sometimes wrongly proposed decisions and overall low flexibility, as opposed to the lump sum financing methods, which create greater flexibility in client care decisions and self-management for the buyer, leaving more room for innovation. Lump sum does come together with an increased risk shift from the buyer, which must be carefully considered as a trade-off. Another risk shift from buyer to supplier that influences the satisfaction of Dutch social care providers is the use of so-called; "arrangement contracts", which make it necessary to work with other providers or subcontractors. Subcontractors negatively influence administrative burdens and make the main contractor fully responsible for the work of the subcontractors.

Buyers can be present in two forms; as a regional consortium and individually. The buyer acting as a regional consortium can have one main advantage: decreasing the administrative burden of contracting processes. On the other hand, contracting individually presents one main advantage; higher cooperation because of shorter ties and contact accessibility. Regional consortiums contract services together but tend to differ in local implementation. This does present a trade-off, where a careful look needs to be given to what the suppliers' needs and wishes are. The two main types of contracting employed by those buying organizations are; open-house and public contracting. The contracting method's choice influences satisfaction, while open-house methods offer greater certainty and less administration during the contracting procedure. On the other hand, public tenders lead to a higher level of cooperation between the buyer and supplier, because fewer parties are involved, which positively influences satisfaction. Furthermore, the relationship is experienced as closer within public contracting methods, improving antecedents; cooperation, and relational behavior. These two contracting methods closely relate to the type of competitive mechanism employed by the buyer; open-house/ex-post and public contracting/ex-ante. During open-house contracting, there is no significant influence of ex-post competition on satisfaction. When focussing on the ex-ante, the only competition was experienced by suppliers who offered the same care and went through a selection procedure, whereas suppliers focussing on specialized care and big suppliers did not feel any influence of the competitive mechanisms on their satisfaction. While some suppliers prefer less administration and greater certainty, opposing suppliers prefer greater cooperation and better relationships with the buyers, it is hard to come to a one-size-fits-all recommendation to reach higher supplier satisfaction, also taking into account notable regional differences. However certain is that the buyer and supplier should come together more to lead this transition

in a cooperative way, listening to each other's wishes and preferred ways of working.

5.2 Theoretical Implications

The primary aim of this research was to establish which factors have an influence on supplier satisfaction among Dutch social care suppliers, specifically looking at competitive mechanisms and contracting methods employed by the buyer. This section argues the implications this study may have on previously existing theories.

Focussing on the antecedents that were discovered in previous studies, cooperation, and policymaking (Ganguly & Roy, 2021) have been proven to have a significant influence on supplier satisfaction within the Dutch social care market. Next to this, both relational behavior and innovation potential were found to have a significant impact on supplier satisfaction by a study from Hüttinger et al. (2014), which has been proven to have a significant impact on supplier satisfaction among Dutch social care suppliers as well. Furthermore, (Glas, 2018) suggested that the communication quality had a significant effect on supplier satisfaction, this research shows that numerous participants addressed that contact accessibility was e very important factor influencing the satisfaction of Dutch social care suppliers.

Furthermore, another study showed the result of risk shifting among the social care service triad, noting that the risk for the supplier will decrease when fewer parties are awarded a contract with the buyer and that there is greater risk within contracts that enable ex-post competition (Uenk & Taponen, 2020). Opposing, this study shows that when public contracting methods are used, where the buyer wants to contract fewer parties, the suppliers experience a risk shift toward them. Reasons for this are enabling ex-ante competition with the chance of being left with no contract, having to work with arrangements contracts, and subcontractors bearing more responsibility for the main contractor and increased financial risk because of the self-management that comes with lump sum financing which is often simultaneously employed with arrangement contracts.

Next to this, Uenk and Taponen (2020) showed that in 2020; nine out of ten times, open-house contracting methods were employed by the buying organization, and a longer contract duration decreases the risk of the supplier, having time to earn back the investments. The results of this study show that over the last few years, an evolution to public contracting has occurred for at least half of the participants, arguing that this might be a notable trend. Lastly, it was proven that longer contract duration has a positive impact on supplier satisfaction decreasing the investment risks.

Furthermore, van der Ham (2018) argued that there were several expected benefits to arise from this new framework, including financial sustainability for the Dutch healthcare market. Due to increased administrative burdens, lacking uniformity, and an increase in employment at buying municipalities, it can be argued that this benefit was not reached, due to the many costly side-effects, specifically in overhead, that suppliers and buyers have been facing since the introduction of WMO (2015).

5.3 Practical Implications

Next to the theoretical implications that this study has on a few pre-existing studies in the field of supplier satisfaction and service triads, it also has some practical implications on the Dutch social care market, under the WMO (2015) framework.

During this study, the factors that influence supplier satisfaction among Dutch social care suppliers were investigated. The factors that have proved to be of influence on the satisfaction among these social care providers can be examined and used to improve their satisfaction over the years. Specifically buying organizations that act in the Dutch social care market can adjust their methods and practices to achieve higher satisfaction among their suppliers, possibly claiming a preferred customer status, which may even employ benefits for the buying organization as a result (Schiele et al., 2012).

Furthermore, this study may increase awareness among Dutch social care providers about the importance of several factors that influence their satisfaction. This study states some practices employed by buying organizations, followed by the effect it had on satisfaction in that specific situation, enabling the possibility for suppliers to compare the main findings of this paper to their current contracting practices.

5.4 Limitations

A few limitations arose during the process of conducting this research. First of all, due to the small sample size of 14, it may be the case that this research does not represent the population of Dutch social care suppliers. Next to the size of the sample size, it is important to note that most of the participants found themselves to be medium-big to big organizations in the Dutch healthcare market, which might undergo the importance of small organizations, as a result underrepresenting them in the findings. Furthermore, because this research is focussing on the decentralization of social care in the Netherlands, there is a great variety of implementation across the country. Therefore, it may be the case that some regions, that are not included in this study are not well enough represented in the results. Another limitation was the fact that some interviewees had less knowledge and experience in this field and could not provide detailed explanations about certain topics and factors, which may have strengthened the opinion of those who could. Another limitation was that during my third interview, an exciting and important topic was mentioned by one of the interviewees, which I did not think of beforehand and is thus not included in my original questionnaire: Financing Methods, potentially missing out on the answers of other participants and limiting my knowledge to discuss this topic. Lastly, two suppliers participated with two employees in the same interview, which may be an advantage to gain more information but may also introduce the issue where they cancel out each other's opinion.

5.5 Future Recommendations

In the following section, recommendations for potential future research on supplier satisfaction among Dutch social care suppliers will be made.

Because this study's scope is limited, a future recommendation could be to approach this study from a different scope. One option would be to spread this research over several countries working with the same decentralized system, and therefore be able to compare results across countries and investigate industry best practices. Another recommendation would be to investigate the differences in contracting methods and other factors of influence across different types of social care services, while it was noted that across different care sectors, there were differences in contracting methods employed by the buying organizations. Another scope would be to investigate the findings across different regions in the Netherlands, laying an extra focus on political influence in those regions which might impact the policymaking or contracting methods employed.

Next to this, it would be very interesting to conduct more in-depth research about the financing methods employed by the buying organization. This topic was first neglected by this study but was later on found to be of potentially high interest and

impact on supplier satisfaction among Dutch social care suppliers.

Lastly, it might be very interesting to see the affects that these contracting methods and other employed strategies have on the overall social care system in the Netherlands. Looking for example at the quality of care, the total costs of social care, and specifically at the streams of money and what it is spent on. This will create a greater insight into the overall picture of how greater supplier satisfaction can benefit the other parties involved in the service triad and the overarching national government.

6. CONCLUSION

This research aimed to conclude how greater supplier satisfaction could be reached among Dutch social care providers, specifically looking at competitive mechanisms and contracting methods employed by buying organizations. Therefore, the following research question was formed;

"How can greater supplier satisfaction be achieved among Dutch social care providers, specifically looking at the competitive mechanisms and contracting methods from municipalities?"

By conducting 14 semi-structured interviews with participants from within the Dutch social care market, it was able to identify the most important factors impacting supplier satisfaction, including supplier satisfaction antecedents, competitive mechanisms, contracting methods, and contract content.

First, it can be concluded that buyers and suppliers should seek more cooperation to give substance to the WMO (2015) framework. When suppliers experience a low degree of cooperation, the buyer could for example employ a public contracting method, to ensure that fewer parties are involved around the table and the contracting process can be done with increased togetherness. Another important factor is the relational behavior from the buyer to the supplier. Suppliers often perceive that buyers are not open to influences from the supplier side on the contracting process or even are unreachable to get contact with. Therefore, buyers should employ greater contact accessibility, for suppliers to reach out to when experiencing difficulties during both the contracting process and execution period of the contract. Looking at the content of the contract, it has been concluded that tariff setting is of high importance to the satisfaction of Dutch social care suppliers, often leaving no room for innovation potential on the supplier side, or even affecting the quality of care for the end-user. Therefore buyers should implement fair tariffs that are cost-covering with a premium for innovative solutions, which in the end might lower the care expense per user on the long term. Suppliers experience an increase in self-management and budgeting while working with a lump sum, having the opportunity to leave more room for innovation than within PxQ financing methods. Next to offering fair tariffs in combination with the right financing method, a decrease in administrative burdens, for at least the supplier side, could lead to lower overhead expenses and greater satisfaction. Since the introduction of WMO (2015), every municipality or regional consortium has been implementing it in its own way. However to overcome this issue, working with a national standard for invoicing systems, required documentation, and equal tariffs (conditional on e.g. differences in prices for real estate for protected housing), would create more uniformity in the processing administration, while still leaving enough room for a diverse implementation across regions or municipalities to enable the benefits of the decentralized social care system.

Specifically looking at the competitive mechanisms employed by the buyer, there was no significant effect of competitive mechanisms on supplier satisfaction. However, discovered was that buyers often force suppliers to work together to reach the requirements of an arrangement contract, which negatively affects the satisfaction, of having to work with subcontractors, which shifts greater responsibility risks to the main contractor. Looking at the contracting methods employed by buyers, it can be concluded that there is no one best-fit solution, which satisfies all the suppliers. Important is to reach a trade-off between advantages and disadvantages, which is equally spread between buyer and supplier. While public contracting delivers greater cooperation, open house contracting employs benefits such as certainty of getting the contract and ease of application. Lastly, it must be noted that right now, oftentimes, suppliers experience that the buyer is trying to shift risks towards the supplier, following these currently employed strategies.

Thus, several things can be changed within the WMO (2015) contracting process between municipalities and Dutch social care providers. After all, it will be very important to keep seeking cooperation during the next years and try to design this evolution with increased togetherness, reaching greater satisfaction for both buyer and supplier, by using the right contracting methods to enable the benefits that this decentralized social care system has to offer.

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9. APPENDIX A: INTERVIEWING QUESTIONNAIRE

The interview starts with a short introduction from my side, introducing myself and the research objective. It then follows the structured list of questions below, and allowing the interviewee enough space for personal input and possibly more in-depth questions from my side.

Introductory Questions:

1. Could you please briefly introduce yourself and the organization you work for? (Experience, Focus in Social Care, Current Position, Knowledge Domain)
2. How familiar are you / the organization with the term supplier satisfaction? How do you define this term and is it frequently discussed within the organization?
3. How familiar are you / the organization with the techniques and antecedents that can be employed by the buyer to increase the buyer's satisfaction?

General Questions:

Contracting Methods

4. Are your services contracted by an individual municipality or regional consortium, or maybe both? How does this influence your satisfaction?
5. What type of contracting procedure is employed to contract your services, open-house or public contracting? To what extent does this choice of procedure influence your satisfaction? (Advantages, Disadvantages, Challenges, Opportunities)
6. Which factors within the contract content influence your satisfaction the most? (Duration, Tariffs)
7. Have you observed an evolution in contracting methods since the introduction of WMO in 2015 and how does this affect your organization?

Competitive Mechanisms

8. What are the perceived advantages and disadvantages of the competitive4 mechanisms employed by the buyer within the contracting procedure? (Ex-Post, Ex-Ante, Open House, Public Contracting)

Service Triads Risks

9. These types of contracts consist of three parties; end-user, buyer and supplier. To what extent have you experienced a shift of risks between these three parties and how does this influence your satisfaction?

Antecedents

10. To what extent do the following antecedents influence your satisfaction; Relational Behavior, Cooperation, Policy and Innovation Potential?

Concluding Questions:

11. What are the main challenges/problems (in the contract procedure) that your organization has faced since the decentralization of the WMO 2015?
12. In what ways can these challenges/problems (from the contract procedure) be resolved, resulting in greater satisfaction for the supplier?

10. APPENDIX B: PARTICIPANT PROFILE

Participant	Function	Region
IP1	Advisor Healthcare Contracting	Zuid-Holland
IP2	Salesperson Social Care Salesperson Social Care	Limburg
IP3	Finance and Business Controller	Overijssel Flevoland Utrecht Noord-Holland Gelderland
IP4	Finance and Business Controller	Overijssel
IP5	Director	Limburg
IP6	Director	Friesland
IP7	Director	Noord-Brabant
IP8	Finance and Business Controller	Limburg
IP9	Relation Manager	Noord-Brabant
IP10	Manager Sales Salesperson Social Care	Overijssel
IP11	Contracting Manager	Drenthe Overijssel Groningen
IP12	Advisor; Social Care Sales	Noord-Holland
IP13	Manager Sales	Groningen Friesland Drenthe Overijssel Gelderland
IP14	Senior Salesperson	Limburg

11. APPENDIX C: TABLE OF RESULTS (ANTECEDENTS)

Factors Findings	**IP 1**	**IP 2**	**IP 3**	**IP 4**	**IP 5**	**IP 6**	**IP 7**	**IP 8**	**IP 9**	**IP 10**	**IP 11**	**IP 12**	**IP 13**	**IP 14**
Cooperation and Relationship with Buyer														
Important to the supplier satisfaction	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Experienced higher cooperation with fewer parties involved		x					x		x	x				x
Relationships experienced as unequal	x	x				x				x		x		
Improved Relationship over time														x
Relationship based on monitoring, justification			x	x	x	x	x			x	x			
Contact Accessibility important to the satisfaction		x			x	x	x		x	x	x	x		x
Insufficient Contact Accessibility						x				x	x			
Buyers' contracting policies														
Experienced dissatisfaction with the policymaking at buyer.	x	x			x	x	x	x		x	x	x	x	x
Lack of uniformity in policymaking	x	x	x		x			x		x	x	x	x	x
Low uniformity due to high employee internal repositioning and turnover at buyer					x			x			x			x
Low uniformity due to regional differences	x	x	x							x		x	x	
High control processes	x	x		x		x		x	x					x

implemented in the policymaking														
Administrative burden experienced as too high	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Innovation Potential														
Little to no room for innovation	x	x	x		x		x	N/A	x	N/A		x	x	x
Sufficient room for innovation				x		x		N/A		N/A	x			
Subsidies or Innovation programs offered by the buyer		x					x	N/A	x	N/A				x

12. APPENDIX D: TABLE OF RESULTS (CONTRACTING METHODS AND COMPETITIVE MECHANISMS)

Factor Findings	**IP 1**	**IP 2**	**IP 3**	**IP 4**	**IP 5**	**IP 6**	**IP 7**	**IP 8**	**IP 9**	**IP 10**	**IP 11**	**IP 12**	**IP 13**	**IP 14**
Regional Consortium vs Individual Buyer														
Experienced both contracting methods	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Increased satisfaction with Regional Consortiums	x		x	x		x		x				x		
Increased satisfaction with Individual Buyers							x		x	x				
No beneficial method		x			x						x		x	x
Individual municipalities still act different within the regional consortium, lacking uniformity					x		x		x	x		x	x	
Open House vs Public Contracting														
The majority of contracts are House	x	x	x			x	x		x	x		N/A	X	N/A
The majority of contracts are Public Contracting				x	x			x			x	N/A		N/A
Preferred Open House	x	N/A	x	N/A	x	x	N/A		N/A		N/A	N/A	x	N/A
Preferred Public Contracting		N/A		N/a			N/A	x	N/A	x	N/A	N/A		
Evolution of Contracting methods														
Open House to Public Contracting	N/A	x	N/A	N/A	x	x	x	x	N/A		x		N/A	x
No shift in contracting methods	N/A		N/A	N/A					N/A	x		x	N/A	
Competitive Mechanisms														

Increased feeling with ex-ante competition	x				x	x	x	N/A				X		
Increased feeling with ex-post competition								N/A	x					
Focus on cooperation rather than competition		x	x	x				N/A		x	x		x	x

13. APPENDIX E: TABLE OF RESULTS (RISK SHIFTS – SERVICE TRIAD)

Factor Findings	**IP 1**	**IP 2**	**IP 3**	**IP 4**	**IP 5**	**IP 6**	**IP 7**	**IP 8**	**IP 9**	**IP 10**	**IP 11**	**IP 12**	**IP 13**	**IP 14**
Causes of Risk Shifts from Buyer to Supplier														
Risk shifted to Supplier through "Arrangements Contracts"	x	x	N/A	N/A	N/A	N/A	x	x		x	x		x	N/A
Risk shifted to Supplier through “Subcontractors”	x	x	N/A	N/A	N/A	N/A	x	x		x	x			N/A
Risk shifted to Supplier through Duty of Care Acceptance		x	N/A	N/A	N/A	N/A			x			x		N/A

14. APPENDIX F: TABLE OF RESULTS (CONTRACT CONTENT)

Factors Findings	**IP 1**	**IP 2**	**IP 3**	**IP 4**	**IP 5**	**IP 6**	**IP 7**	**IP 8**	**IP 9**	**IP 10**	**IP 11**	**IP 12**	**IP 13**	**IP 14**
Tariffs														
Important to their satisfaction	x	x	x	x	x	x	x	x	x	x	x	x	x	x
Dissatisfied about tariffs	x	x	x		x	x	x					x	x	x
Somewhat satisfied with the tariffs (regional dependent)				x		x		x	x		x			
High satisfaction about tariffs										x				
Contract Duration														
Impact on Satisfaction	x	x	x	x	N/A	x	x	x	x	N/A	N/A	x	N/A	x

15. APPENDIX G: TABLE OF RESULTS (FINANCING METHODS)

Factors Findings	**IP 1**	**IP 2**	**IP 3**	**IP 4**	**IP 5**	**IP 6**	**IP 7**	**IP 8**	**IP 9**	**IP 10**	**IP 11**	**IP 12**	**IP 13**	**IP 14**
PxQ financing														
Increased Administrative Burden	N/A	N/A	N/A	x	x	x	N/A	x	N/A		N/A	x	N/A	
Little to no room for Innovation	N/A	N/A	N/A				N/A		N/A	x	N/A		N/A	x
Lump sum financing														
Increased room for Innovation	N/A		N/A				N/A	x	N/A	x	N/A		N/A	x
Increased feeling of thrust through self-management	N/A		N/A	x	x	x	N/A	x	N/A	x	N/A	x	N/A	x
Increased risk shifts to supplier	N/A	x	N/A		x		N/A		N/A	x	N/A		N/A	X

16. APPENDIX H: CODEBOOK

Code	Definition	Purpose
Tariff Setting	The setting of tariffs across buying organizations, sufficient or insufficient	Exploring whether suppliers are satisfied with the tariffs offered by the buyer, and exploring the consequences of this.
Contract Duration	The duration of the contracts between buyers and suppliers.	Exploring the agreed lengths of the contract, and how this influences the suppliers' satisfaction
Contracting Individually	Suppliers who get contracted by individual municipalities.	Exploring the (dis)advantages of working with individual buyers, and the reasons for this.
Contracting Alliances	Suppliers who get contracted by regional consortiums.	Exploring the (dis)advantages of working with regional consortiums and the reasons for this.
Open House Contracting	Suppliers who get contracted through Open House method.	Exploring the (dis)advantages of working with the Open House methods, and the reasons for this.
Closed Contracting	Suppliers who get contracted through Public Contracting methods.	Exploring the (dis)advantages of working with the Public Contracting methods, and the reasons for this.
Contracting Methods	The methods employed by the buyer during contracting the supplier.	Exploring what contracting methods are used and the reasons for this. Next to the dis(advantages) each method brings.
Competition	The competition that the supplier faces during the contracting with the buyer.	Exploring which and to what extent competitive mechanisms are employed by the buyer and how this affects the satisfaction among suppliers.
Administration	The administrative burden that the supplier faces due to the buyer's policymaking	Exploring how the administrative burden is experienced and how this influences supplier satisfaction.
Arrangement Contracts	The contracts include package deals, involving multiple care services within one contract.	Exploring how arrangement contracts are experienced by the suppliers and how this influences their satisfaction.
Client Care Decisions	Client care decisions made by the supplier or buyer, stating how much care an end-user is allowed to have, are often defined in policymaking.	Exploring whether those care decisions are made better by the supplier or buyer, and finding reasons for this.
Contact Accessibility	The degree to which the buyer is accessible to have contact with the supplier.	Exploring to what degree buyers are accessible to contact from the supplier side and how this influences supplier satisfaction.
Contracting Policy	The policy-making that a certain buyer has implemented into their contracting process.	Exploring how a certain policy influences the supplier satisfaction.
Cooperation	The cooperation between the supplier and buyer during the contract duration.	Exploring whether the degree of cooperation has an influence on supplier satisfaction and what the reasons are for this.
Equality in Relationship	The degree of equality within the relationship of the buyer and supplier.	Exploring the equality within the relationship between buyer and supplier, and how this influences

		supplier satisfaction.
Innovation	The room for innovation within the contract.	Exploring whether suppliers experience if there is enough room for innovation and how this influences their satisfaction.
Relationship with Municipality	The relationship between supplier and buyer.	Exploring whether the relationship is fair, equal and trustworthy between the buyer and supplier and how this influences supplier satisfaction.
Subcontractors	Suppliers contracted by other main suppliers, where full responsibility lies at the main supplier.	Exploring how the use of subcontractors can influence supplier satisfaction and what the reasons for this are.
Hourly Tariffs	Buyers who use PxQ financing, also known as an hourly tariff.	Exploring the (dis)advantages of PxQ financing methods and the reasons for this.
Lump Sum	Buyers who use Lump Sum financing methods, also known as a bag of money for the project with more self-management.	Exploring the (dis)advantages of Lump Sum financing methods and the reasons for this
Risk Shifts	Shifting risks between buyer, supplier and end-user within the service triad.	Exploring whether risk shifts take place between these parties and how this influences supplier satisfaction.
Regional Differences	Differences between regions and municipalities in the execution of the contract.	Exploring whether there are many regional differences and how this affect supplier satisfaction.
Evolution WMO 2015	The changes that took place since the introduction of WMO 2015.	Exploring the changes since the implementation of WMO 2015, and the influence this has on supplier satisfaction.
Influence during the Contracting Process	The degree of influence that the supplier has during the contracting process.	Exploring whether the supplier has any influence on the contracting process and how this influences their satisfaction.
Contract Content	The content components of the contract are offered by the buyer.	Exploring which components within the contract influence supplier satisfaction.
Function Interviewee	The function of the interviewee at the supplying organization.	Identifying the function of the interviewee.
Function Organization	The care services that the organizations offer.	Identifying the social care services that the organizations offer.
Periodical Conversations	Conversations that are held between buyer and supplier periodically.	Exploring the degree of those periodical conversations and the influence on supplier satisfaction.