

Task shifting in elderly care

*The perceptions of nurses, verzorgenden IG, helpenden plus
and helpenden from two nursing homes in Twente*

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Preface

This master thesis, ‘Task shifting in elderly care: *The perceptions of nurses, verzorgenden IG, helpenden plus and helpenden from two nursing homes in Twente*’, has been written in fulfillment of the requirements for the master’s degree in Health Sciences at the University of Twente. The research and writing process took place between February 2025 and July 2025.

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Lieke van Alst

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Abstract

Background: The aging Dutch population results in an increasing demand for healthcare, while the workforce is shrinking. Task shifting, redistributing (non-core) tasks from higher skilled staff to supporting personnel could provide a solution, particularly in nursing homes. The implementation of task shifting could be dependent on job satisfaction, relationship- versus task-centeredness of the healthcare workers and their willingness for task shifting. However, there is currently insufficient knowledge on these determinants. Gaining these insights can contribute to aligning the implementation of task shifting with their needs and improving its execution.

Study aim: This study aimed to gain insights into the current job satisfaction of nurses, verzorgenden IG, helpenden plus and helpenden from Zorgfederatie Oldenzaal and Zorggroep Sint Maarten. Furthermore, this study aimed to provide insights into their willingness to shift their (non-core) tasks to other workers and what according to them the optimal combination of job responsibilities is.

Methodology: Quantitative research using a survey to gain a broad understanding of job satisfaction, experience and willingness for task shifting and perceived value, importance, and necessity to perform tasks themselves. An interview with a verzorgende IG was used to validate survey findings as a pilot study. Data analysis consisted of a descriptive and comparative analysis using ANOVA and Pearson.

Results: Survey respondents were 15 nurses, 29 verzorgenden IG, 9 helpenden plus and 4 helpenden. The general job satisfaction (83.3%; n=54) was relatively high compared to the average job satisfaction in other nursing homes (69.9% in 2022). Nurses were most satisfied with their job (93.3%; n=14), helpenden were the least satisfied (25%; n=1). Factors that respondents were least satisfied with were communication and collaboration (44%; n=23). Factors that caused the most satisfaction were authority and workload (55.8%; n=29). Nurses were the most willing to implement task shifting, helpenden plus were the least willing. Shifting tasks to healthcare workers or non-healthcare workers is indifferent to the participants. Nurses often found non-healthcare related tasks most valuable, important and necessary to execute themselves. Verzorgenden IG and helpenden plus found healthcare related tasks most valuable, important and necessary to execute themselves. Helpenden found offering a listening ear to the client most valuable, important, and necessary to execute themselves.

Discussion: Possible practical implications of task shifting are shifting non-healthcare related tasks from nurses to verzorgenden IG and shifting facility-related and logistical tasks from verzorgenden IG to helpenden plus. Limitations were the small sample size, low response rate, lack of statistical significance, response bias, non-response bias and central tendency bias. Recommendations for future research are repeating this study after the implementation of task shifting to identify changes in healthcare workers' perceptions, increasing the sample size and using a mixed methodology to increase the validity of outcomes.

Conclusion: This study identified a high job satisfaction of healthcare workers in nursing homes, and important considerations for the implementation of task shifting. By adhering to these considerations, the implementation of task shifting can be better aligned with the perceptions of healthcare workers, which can improve the execution in nursing homes. Furthermore, it can aid in managing the aging Dutch population and shrinking healthcare related workforce.

1 Introduction

The population in the Netherlands is aging. In 2024, approximately 20.5% of the Dutch population consisted of elderly people (65 years or older), while in 1990 this proportion was 12.8% [1]. This change could be attributed by three demographic transitions [2]. The first transition is the increase in life expectancy of 3.7 years between 2000 and 2019 [3]. Improved life circumstances, hygiene, food and medical knowledge contributed to this increase [3]. The second transition is the decline in mortality [2]. In 2000, approximately 1248 people per 100.000 people died in the Netherlands. In 2020 this number was 969 per 100.000 people, indicating a decrease in mortality [4]. The third transition is the decline in fertility rate, the average number of children a woman gives birth to [5]. The Dutch fertility rate was 1.72 in 2000, which declined to 1.54 in 2020 [5]. These three transitions contribute to the aging population in the Netherlands.

There are large consequences associated with these transitions. For example, the prevalence of age-related diseases like dementia and arthritis increases rapidly as people get older [6]. Therefore, more healthcare provision and expenditure are expected, as both retirement expenses and healthcare costs increase [7]. For instance, the proportion of Dutch healthcare expenditures for elderly care has increased by 22% between 2015 and 2019 [8]. These costs have become more difficult to provide for due to the growing disproportionately large elderly population [7].

Even though there is a growing demand for healthcare, the workforce to provide for this demand is shrinking. In the Netherlands, there is a social security system that ensures financial stability [9]. In this system, the working proportion of the population provides for the proportion that is retired or unable to work. It is more difficult to sustain this system with an aging population, because there are more people that need to be provided for, while there are less people to do so [10]. These consequences are especially burdensome on the Dutch healthcare system because the declining workforce is also applicable for the healthcare sector. The Dutch ministry of health has developed a prediction model for the future personnel shortage in the healthcare sector. According to this model, the demand for healthcare personnel will increase by 26% between 2023 and 2034 [11]. Additionally, there will be a shortage on the healthcare labor market of 266.000 people by 2034 [11]. These predictions emphasize this growing issue for the Dutch healthcare system.

Nursing homes are especially struck by this transition, as the number of people that transfer to a nursing home might increase in addition to the overall growing healthcare demand. The Dutch ministry of health developed the WOZO-program to address this issue [12]. This program changes the way that the elderly receive care, for instance by stimulating elderly individuals to live independently at home for a longer period. Furthermore, it also stimulates the elderly to stay self-sufficient and to use virtual care if possible [12]. To be able to achieve these targets, the program emphasizes the importance of volunteers, family and friends of the patient to aid in providing care at home.

Another approach suggested by Zorginstituut Nederland and the WOZO-program is task shifting [13]. Van Schalkwyk et al. define task shifting as a process where tasks from skilled healthcare providers are transferred to people with a lower skill set [14]. This process consists of questioning what tasks healthcare providers perform, whether the performance method for these tasks can be improved and eventually implementing this change [14]. In a healthcare setting, care tasks that are currently performed by community nurses, caregivers or registered nurses can for example be shifted towards supporting staff [13]. In the Netherlands, this supporting staff can consist of helpenden, but also informal caregivers such as family caregivers or volunteers. This approach can reduce labor hours for nurses and caregivers, as well as improving self-sufficiency for the clients and more personal involvement of their social network.

Task shifting is not a new concept in healthcare [15]. According to the World Health Organization, lower- and middle-income countries have already started implementing task shifting as these countries have limited healthcare workers available [15]. An example that has been implemented is the use of self-management by patients, which shifts tasks from healthcare workers to patients. Furthermore, Malawi and Uganda have shifted the delivery of the basic care package for patients with HIV/AIDS to community healthcare workers [15]. Higher income countries, such as the Netherlands, are not as familiar with task shifting yet. As these countries also start to experience a decline in availability of human resources, task shifting may be useful there as well.

There are multiple facilitators that can support the implementation of task shifting. For instance, Colvin et al. emphasize the importance of clear communication [16]. Task shifting may require more teamwork, where clear communication is an essential part. Additionally, they identified that the policy regarding task shifting and the responsibilities for the different roles should also be clearly communicated. Furthermore, careful planning, training and follow-up support were found to be facilitators to task shifting [16].

A challenge for task shifting is the fact that non-healthcare related tasks of healthcare workers would be shifted, resulting in task-centered care instead of relationship-centered. The roles of nursing home caregivers are changing to more relationship-centered care [17]. This means that they focus more on the quality of care for the patients, maintaining relationships with them and understanding their needs to provide better aligned care [17]. Additionally, healthcare workers find relational aspects of providing care more important than performing the actual caring tasks [18]. Task shifting can reduce the amount of time for relationship-centered care, which could be a challenge to its implementation.

Even though healthcare workers may desire relationship-centered care, this is not always possible. The implementation of relationship-centered care is difficult as the workload of healthcare workers is too extensive [17]. This means that they have very limited time to invest in a relationship with their patients [17]. Lack of time to provide care contributes to the workload burden on healthcare workers [19]. An

increasing healthcare complexity also leads to less time to complete care tasks within the assigned time, contributing to their workload burden. This burden results in stressed healthcare workers ensuring more staff turnover and shortages [19]. Because it may be impossible for healthcare workers to provide both task-centered and relationship-centered care, task shifting could help focus on creating an optimal task-centered combination of job opportunities for healthcare workers.

Multiple nursing homes in the region of Twente in the Netherlands also struggle with the issue regarding the aging population and shrinking workforce. This study will focus on two nursing homes in Twente that are willing to explore the possibilities of task shifting in their organization. The previously performed time motion study of Kok within these organizations helped to identify which tasks of the verzorgenden IG were core and non-core tasks [20]. Core tasks are of essence for the optimal healthcare provision, which require actual healthcare related knowledge. Non-core tasks can be performed by non-healthcare educated personnel. The results from this study showed that the percentage of non-core tasks performed within these organizations ranges from 21.23% to 23.54% [20]. This result suggests that these non-core tasks could be shifted to non-healthcare educated workers.

Even though this shifting movement can be suggested based on these results, these insights by itself are not sufficient to implement this change effectively and sustainably. An important aspect for successful implementation is the perception of the personnel that will be implementing it, as the implementation of new (organizational) strategies depends on actual behavior change [21]. One of the determinants for the implementation of task shifting is job satisfaction [21]. For example, healthcare workers may not be willing to shift their traditional, relationship-centered tasks that made them feel close to the patients [21]. Additionally, this could result in gaining tasks with higher responsibility and potentially increase experienced workload [21].

According to the Job Demands-Resources theory, job characteristics are divided in job demands and job resources [22]. Job demands are burdensome work aspects, such as workload and work-related conflicts [22]. These are further divided in challenge demands and hindrance demands [22]. Challenge demands are aspects that might increase motivation, for instance work complexity [22]. Hindrance demands can reduce motivation, for instance role conflict [22]. Job resources are work aspects that help manage the job demands, such as authority and skill variety [22]. Identifying the extent to which healthcare workers experience these job demands and resources can aid in improving their job satisfaction and improving the implementation of task shifting. Furthermore, identifying whether task shifting increases their job demands helps to improve this implementation.

Even though there are multiple studies performed on task shifting in general, there is limited literature available in the Dutch context that includes multiple types of healthcare workers applicable for the implementation of task shifting. Analyzing job satisfaction and the willingness to engage in task shifting within the two aforementioned organizations in Twente specifically will help to identify the needs of

these healthcare workers. These insights help in aligning the implementation of task shifting with these needs, thereby facilitating behavior change and eventually improving its execution. The findings of this thesis contribute to the main objective of identifying how tasks of healthcare workers can be redistributed to gain an optimal allocation of job responsibilities. Furthermore, these findings can aid in managing the aging Dutch population and shrinking healthcare related workforce.

To achieve the main objective, the following research question was formulated:

“How do nurses, verzorgenden IG, helpenden plus and helpenden perceive task shifting of their (non-core) tasks to other workers?”

To answer the main question, the following sub-questions were formulated:

1. *“What is the current job satisfaction among these healthcare workers?”*
2. *“To what extent are task- or relationship-oriented healthcare workers willing to shift their (non-core) tasks to other workers?”*
3. *“What is the optimal combination of job responsibilities according to these healthcare workers?”*

2 Methodology

This study consisted of a quantitative approach through a survey, to gain a broad understanding of the overall perception of the participants regarding task shifting. The survey consisted of three parts: the first part is about their job satisfaction, the second part is about their experience and willingness for task shifting and the third part is about their perception on the value, importance and necessity to execute tasks themselves.

2.1 Study setting

The study setting for both parts of the study was located in two nursing homes in Twente. The included nursing homes are Zorgfederatie Oldenzaal and Zorggroep Sint Maarten. Zorgfederatie Oldenzaal is located in Oldenzaal and provides for example home care, housing and specialized care [23]. Zorgfederatie Oldenzaal has about 350 employees in total [23]. These include 10 nurses, 43 verzorgenden IG, 13 helpenden plus and 16 helpenden [24]. Zorggroep Sint Maarten is located in Denekamp and provides for instance housing, palliative care, home care and rehabilitation [25]. Zorggroep Sint Maarten is a larger organization with 2700 employees [25]. These include 279 nurses, 575 verzorgenden IG, 162 helpenden plus and 140 helpenden [26]. The average amount of employees for a nursing home in the Netherlands in 2023 was approximately 443 per organization, which means that Zorggroep Sint Maarten is relatively large [27].

2.2 Survey design

2.2.1 Survey content

The survey started with questions on the participant's general characteristics. Then, the survey was divided into three parts with their own specific topic, in line with the sub-questions of this study. The topics consisted of questions about job satisfaction, the willingness to shift their tasks and their perception of the optimal combination of job responsibilities. The survey questions for the three topics were derived in the following way:

- Topic *job satisfaction*: derived from Mbindyo et al., Al-Rubaish et al., Ahmad et al. and Van Veldhoven et al. [28-31]. These studies developed or used validated questionnaires for the assessment of job satisfaction among employees in district hospitals in Kenya, government hospitals in Kuching, Sarawak, Malaysia and academic staff of five colleges in University of Dammam.
- Topic *willingness for task shifting*: derived from De Veer, who studied task shifting from doctors to nurses among nurses from general hospitals, care for people with intellectual disabilities, nursing homes and psychiatric organizations [32].

- Topic *optimal combination of job responsibilities*: based on information about the job responsibilities of nurses, helpenden plus and helpenden provided by Randstad [33-35]. The job responsibilities of verzorgenden IG were based on the previous performed time-motion study from Kok [20]. The questions were derived from the identified type of tasks that the healthcare workers perform in the two participating nursing homes. After finishing the list with tasks from the different job positions it was validated by a nurse from Zorgfederatie Oldenzaal. After this validation, the combination of job responsibilities of the nurses and helpenden plus were adapted. Coaching colleagues and coordinating preconditions to deliver high quality care were added to the survey part about nurses' combination of job responsibilities. The survey part about the helpenden plus' combination of job responsibilities was replaced by the combination of job responsibilities of verzorgenden IG. Accompanying external parties was a task that was removed from the survey part, as this task is not usually performed by helpenden plus.

The topics and subtopics that have been used to formulate the survey questions are found in Table 1. It was expected that it would take 10-15 minutes for the participant to fill in the survey. The survey content is found in Appendix 7.2.

Topics	Subtopics	Elaboration
Job satisfaction	Overall satisfaction	The overall perception of the healthcare worker on their job satisfaction [28-31].
	Job circumstances	The satisfaction of the healthcare worker regarding the job circumstances [28, 29].
	Authority	The satisfaction of the healthcare worker regarding the amount of authority they have at their job [29].
	Workload	The satisfaction of the healthcare workers regarding the amount of workload they experience [28, 29, 31].
Willingness for task shifting	Current task shifting	The current experience of the healthcare worker with task shifting [32].
	Future task shifting	The desirability of future task shifting according to the healthcare worker [32].
Optimal combination of job responsibilities	Importance and value of tasks	The perception of the healthcare worker on the importance and value of their current tasks [20, 33-35].
	Necessity of tasks	The perception of the healthcare worker on the necessity to perform of their current tasks by themselves [20, 33-35].

Table 1: Applied topic list for the survey.

The applied response scale in this study was the 7-point Likert scale. It was chosen to include seven response categories as this had an increased reliability, validity and improved interpretation of response

variety compared to a Likert scale with a lower number of response categories [36]. The different response categories are found in Table 2.

Scale	1	2	3	4	5	6	7
Response categories (English)	Strongly disagree	Disagree	Slightly disagree	Neutral	Slightly agree	Disagree	Strongly disagree
Response categories (Dutch)	Helemaal mee oneens	Mee oneens	Enigszins mee oneens	Neutraal	Enigszins mee eens	Mee eens	Helemaal mee eens

Table 2: Response categories of the applied 7-point Likert scale [37].

In order to validate the survey results and to gain a deeper understanding of the findings, a semi-structured interview with a verzorgende IG was conducted as a pilot study for further qualitative research. The applied interview guide is found in Appendix 7.4. The interview topics were derived the following way:

- Topic *Algemene werkbeleving en tevredenheid* and *Afsluitende vragen*: derived from survey questions.
- Topic *Job demands and resources*: derived from Job Demand-Resources model [22].
- Topic *Task shifting*: derived from survey questions and results of a survey study about cliental perspective on task shifting [38].
- Topic *Survey based questions*: derived from results of the survey.

2.2.2 Data collection

The study population must have met the following inclusion criteria:

- The participant is a nurse, verzorgende IG, helpende plus or helpende.
- The participant works for Zorgfederatie Oldenzaal or Zorggroep Sint Maarten at the time of filling in the survey.

These four types of participants are included to get a broad overview of the employees that would be involved in the task shifting movement. A minimum sample size of 34.8% was achieved in comparable survey studies, providing a reference point for the target sample size in this study [39, 40]. This would result in a total desired sample size of 100 nurses, 215 verzorgenden IG, 60 helpenden plus and 54 helpenden. From Zorgfederatie Oldenzaal, 3 nurses, 15 verzorgenden IG, 5 helpenden plus and 6 helpenden would be included. From Zorggroep Sint Maarten, 97 nurses, 200 verzorgenden, 55 helpenden plus and 58 helpenden would be included in this study. To assess the representativity, the distribution of job positions was compared to the actual distribution within the organizations. In case of

an under- or overrepresented job position, this was considered when evaluating the reliability of the results. Furthermore, the respondents were required to complete at least one subtopic of the survey to be included in the data analysis.

The recruitment of participants for the survey was done through the intranet or e-mail of the included organizations. This approach was chosen in agreement with the organizations, as this was expected to increase the willingness of the healthcare workers to participate in the survey.

2.2.3 Data analysis

The data of the survey was analyzed using RStudio. The first step was to do a descriptive analysis of the data. During this analysis, for instance the distribution of the participant's job positions was determined for each participating organization.

The second step was to do a comparative analysis to gain an understanding of significant differences ($p < 0.05$) between the organizations and between the different job positions. The mean job satisfaction was determined by a mean score on the 7-point Likert scale and a percentage for the general response and for each job position individually. Then, a Kruskal-Wallis test was used to identify whether there were significant differences between the job positions. Furthermore, the percentage of respondents that had previously task shifted and are willing to task shift in the future was determined. A Kruskal-Wallis test was also used to determine significant differences among the different job positions. Lastly, the tasks used to determine the optimal combination of job responsibilities were assessed based on a mean score on the 7-point Likert scale for each job position. The minimum and maximum of the responses provided were determined to get an overview of the deviation of the responses.

Moreover, the following possible correlations and their statistical significance were determined with a Pearson or ANOVA correlation:

- Correlation between job satisfaction and relationship- or task centeredness.
- Correlation between job satisfaction and willingness for task shifting.
- Correlation between relationship- or task centeredness and willingness for task shifting.

2.3 Ethical considerations

Ethical approval was obtained from the ethical committee from University of Twente (250192, 10-04-2025). Survey participants remained anonymous, which meant that no information was asked that could lead data to a specific person. Furthermore, written informed consent was asked before the participant started filling in the survey and participants could withdraw at any point during the survey. Information about the aim, the anonymity of the participants and the use of the data was provided beforehand.

3 Results

In total, ninety-one participants filled in the survey. Approximately 37.4% of the participants work for Zorgfederatie Oldenzaal. 41.8% of the participants are employed by Zorggroep Sint Maarten. There were 1238 intended respondents in total, which resulted in a response rate of 7.35%. Multiple respondents ended the survey before finishing, which is why not all questions have been answered by the same number of respondents. Figure 1 provides a flowchart of the participant dropout. This figure shows the number of respondents that have ended the survey after each question of the general part of the survey.

The total number of participants that finished the survey consisted of 15 nurses, 29 verzorgenden IG, 9 helpenden plus and 4 helpenden. From Zorgfederatie Oldenzaal, 7 nurses, 14 verzorgenden IG, 5 helpenden plus and 2 helpenden were included. This left 8 nurses, 15 verzorgenden IG, 4 helpenden plus and 2 helpenden from Zorggroep Sint Maarten. Table 3 shows the response rate of each job position.

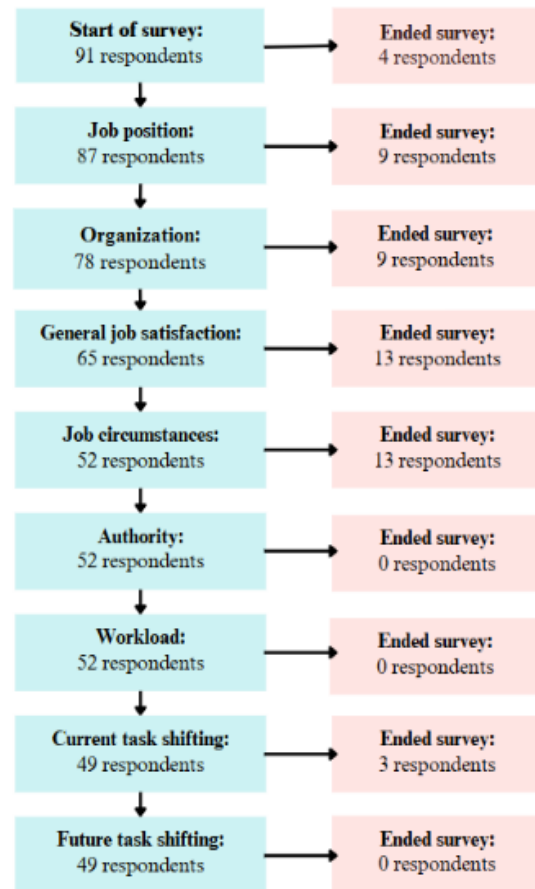


Figure 1: Flowchart of respondent dropout.

Job position	Intended number of respondents	Included number of respondents	Response rate
Nurses	289	15	5.2%
Verzorgenden IG	618	29	4.7%
Helpenden Plus	175	9	5.1%
Helpenden	156	4	2.6%

Table 3: Response rate of each job position after excluding partial submissions.

3.1 General results

The survey responses from helpenden were the most consistent on all survey topics ($SD = 0.577$). Nurses, verzorgenden IG and helpenden plus were less consistent, with an SD of 0.707.

3.1.1 Job satisfaction

No significant differences in job satisfaction among the different job positions were found ($p=0.43$). The general job satisfaction was 4.72 on the 7-point Likert scale, which is above average. The general job satisfaction of Zorgfederatie Oldenzaal (4.44) was slightly lower than Zorggroep Sint Maarten (4.98).

General job satisfaction

The general job satisfaction was relatively high among the respondents; approximately 83.3% ($n=54$) of respondents indicated to be satisfied with their job. The boxplot of the job satisfaction for each job position was visualized in Figure 2. These job satisfactions are further elaborated on in chapters 3.2, 3.3, 3.4 and 3.5.

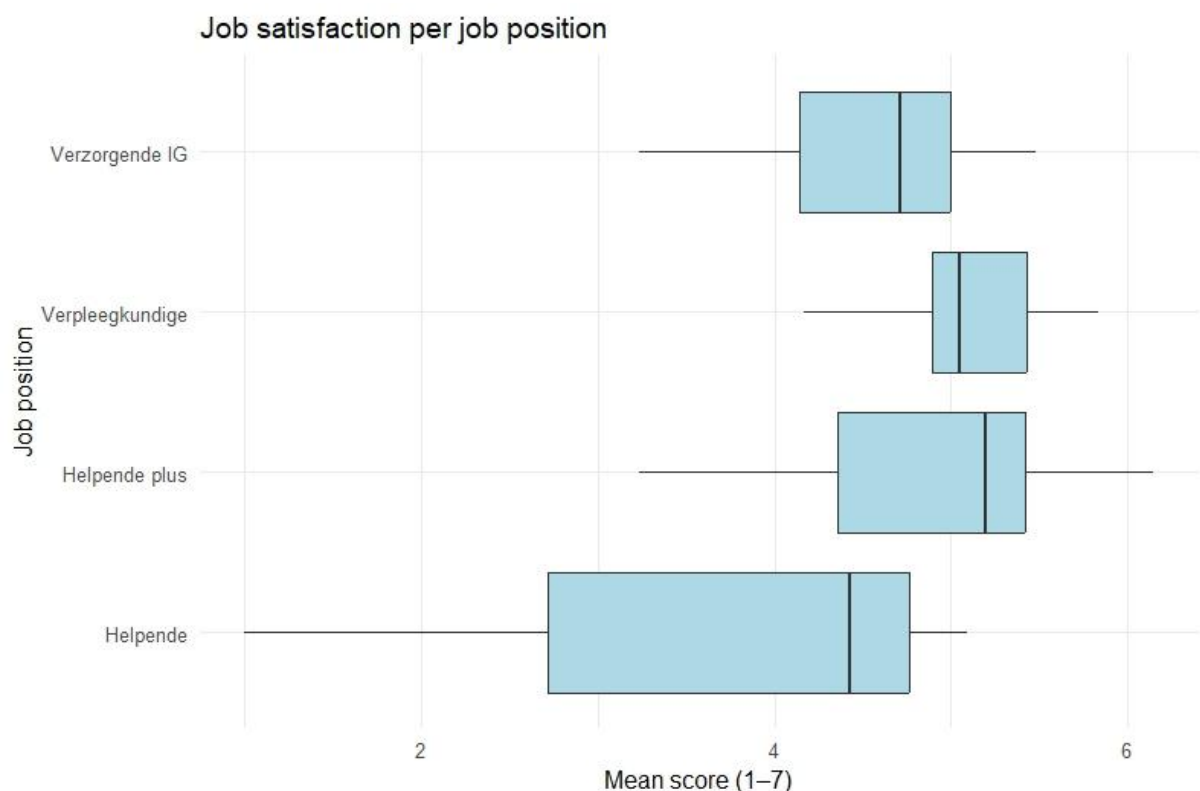


Figure 2: Boxplot of job satisfaction for each job position.

83.9% ($n=55$) of respondents indicated that their job position aligns with their work experience. Furthermore, the variety of tasks was sufficient according to 74.2% ($n=48$) of all respondents, although 35.5% ($n=23$) of respondents mentioned to perform tasks they would prefer not to. When asked about the contentment about possibilities to use their capabilities in their job, 72.6% ($n=47$) of respondents were satisfied. The satisfaction of involvement in decisions concerning their job was lower with a contentment of 62.9% ($n=41$).

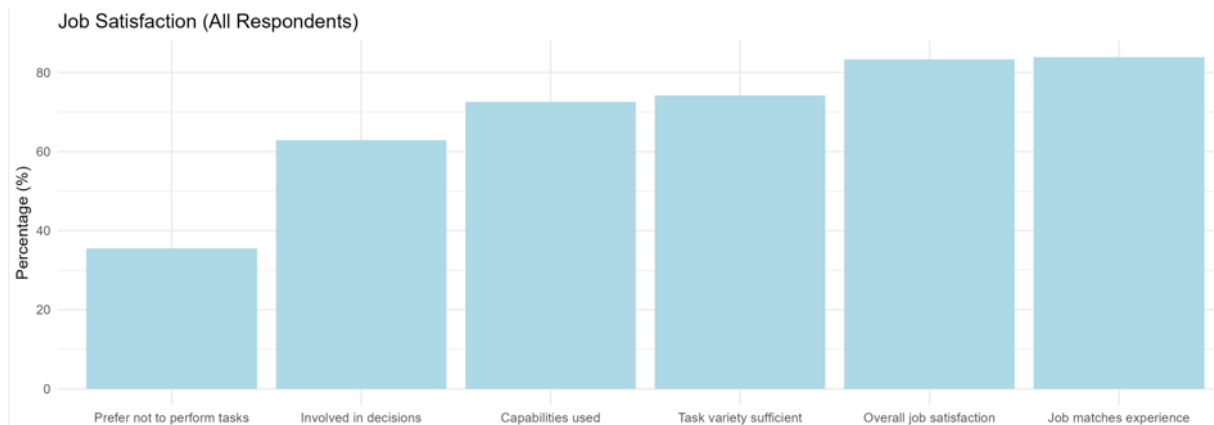


Figure 3: General job satisfaction.

Work circumstances

Approximately 40.3% (n=21) of all respondents stated that their manager clearly communicates their work expectations and that the amount of personnel is sufficient. Most respondents felt the possibility to learn and develop themselves. 44% (n=23) agreed that there is good communication and collaboration at work. Lastly, 75% (n=39) of the respondents stated that the job position, the assigned tasks and responsibilities are clear.



Figure 4: General work circumstances.

Authority

The majority of respondents were content with their authority at work. 55.8% (n=29) of respondents felt freedom to determine by themselves how they perform their tasks and responsibilities. They also experienced sufficient opportunities to make decisions that impact their work. A slightly smaller number of respondents experienced flexibility in work procedures, with a percentage of 53.9% (n=28).

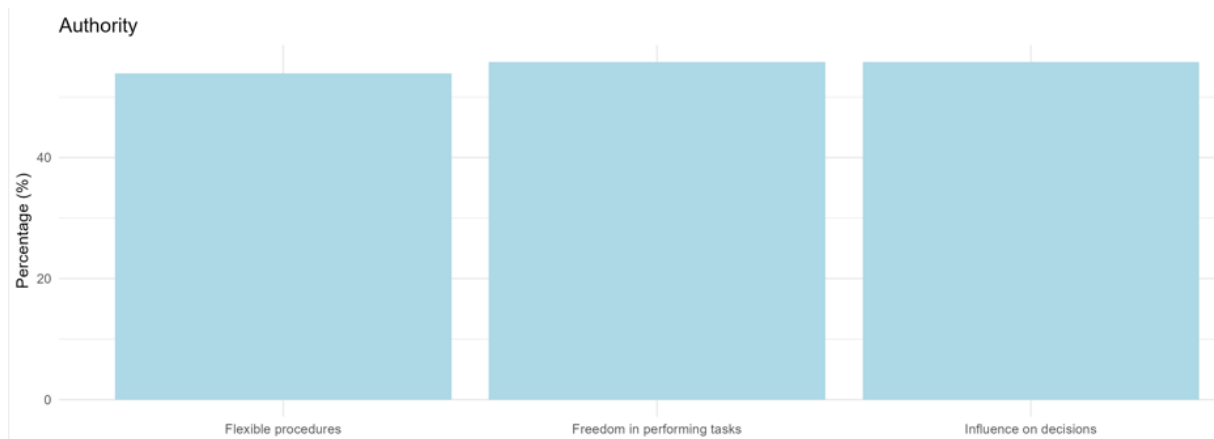


Figure 5: General authority.

Workload

48% (n=25) of respondents mentioned to experience stress caused by their work. A slightly higher percentage of respondents (57.7%; n=30) felt like their amount of work is reasonable. The expected pace of their work was reasonable according to 55.8% (n=29) of respondents. A relatively high proportion of respondents (67.3%; n=35) mentioned to be willing to put in extra effort to complete their work. Contradictory, about 44.2% (n=23) claimed that their workload reduces their quality of performance and 51.9% (n=27) claimed that non-core tasks increase their workload.

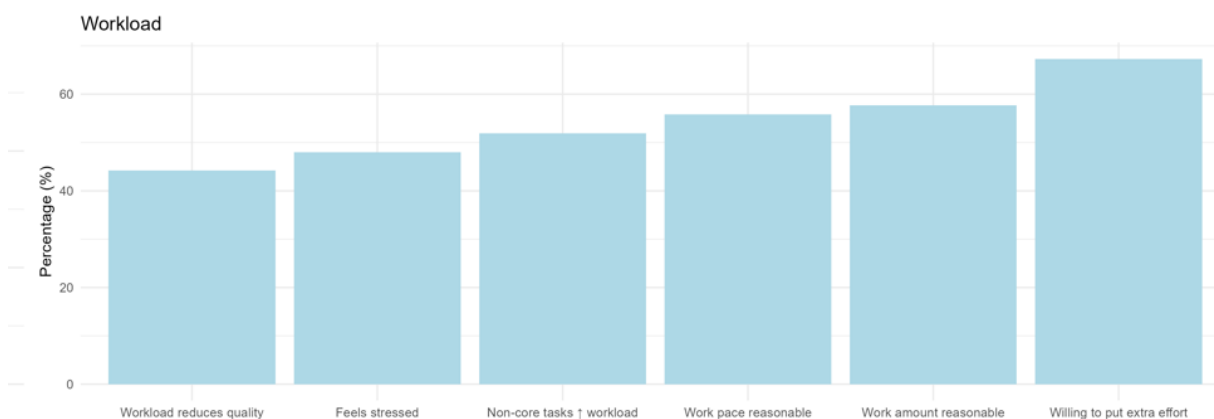


Figure 6: General workload.

3.1.2 Willingness for task shifting

There were no significant differences found in willingness for task shifting among the different job positions ($p=0.16$) and between the two participating organizations ($p=0.71$). The general willingness for task shifting was 57.1%. The boxplot of the willingness for task shifting per job position was visualized in Figure 7.

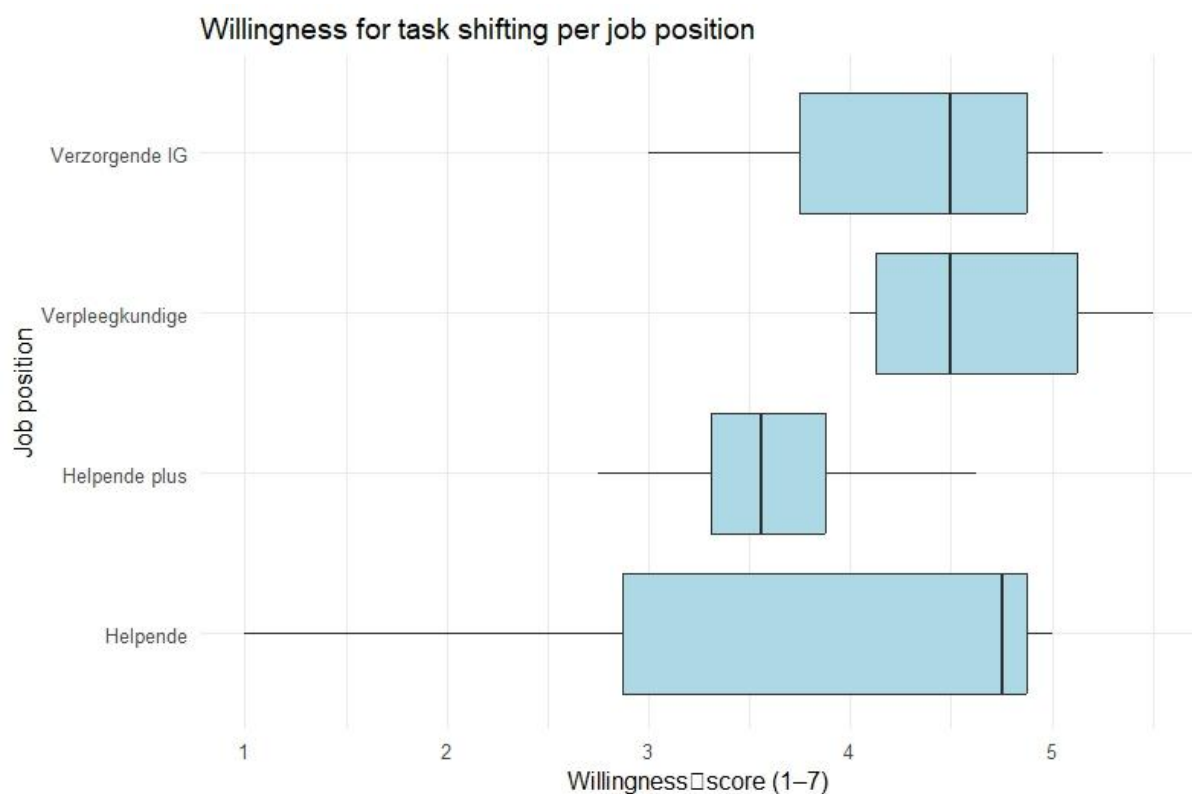


Figure 7: Boxplot of willingness for task shifting per job position.

Zorgfederatie Oldenzaal

About 20.6% (n=7) of the participants from Zorgfederatie Oldenzaal has previously taken over tasks from higher job positions. Only 5.9% (n=2) claimed that taking over these tasks has a negative influence on their quality of performance. Approximately 47.1% (n=16) has taken over tasks from lower job positions in the past. A slightly higher percentage of these participants claimed that this had a negative impact on their own quality of performance (8.8%; n=3).

44.1% (n=15) of the participants thought it was desirable to implement future task shifting. Approximately 29.4% (n=10) of them would be willing to take over tasks from higher job positions. Whether non-core tasks would be shifted towards healthcare workers with lower job positions or non-healthcare workers did not make any difference to the participants.

Zorggroep Sint Maarten

Zorggroep Sint Maarten had more experience with taking over tasks from higher job positions than Zorgfederatie Oldenzaal (36.8%; n=14). Taking over these tasks resulted in a negative impact on the quality of performance for 10.5% (n=4) of the participants. Half of the participants from Zorggroep Sint Maarten claimed they have previously taken over tasks from lower job positions. For 18.4% (n=7) this could have had a negative impact on their quality of performance.

The respondents from Zorggroep Sint Maarten were slightly less willing to implement task shifting in the future than the respondents from Zorgfederatie Oldenzaal (34.2%; n=13). Furthermore, they were also less willing to take over tasks from higher job positions (21.1%; n=8). In contradiction to Zorgfederatie Oldenzaal, the respondents from Zorggroep Sint Maarten were slightly more willing to shift their tasks to non-healthcare workers (34.2%; n=13) than to healthcare workers with a lower job position (31.6%; n=12).

3.2 Nurses

3.2.1 Job satisfaction

General job satisfaction

The general job satisfaction for nurses was 5.11, which was the highest of all job positions. About 93.3% (n=14) of all nurses were satisfied with their job, which means the general job satisfaction was high. Approximately 80% (n=12) of nurses thought their job aligns with their experience. The variety of tasks was also sufficient according to 93.3% (n=14) of nurses, in contradiction to 26.7% (n=4) to whom performed tasks that they would not prefer. Satisfaction with the use of their capabilities aligns with the general satisfaction, which was 73.3% (n=11) for nurses. Lastly, 80% (n=12) were content with their involvement regarding work-related decisions.

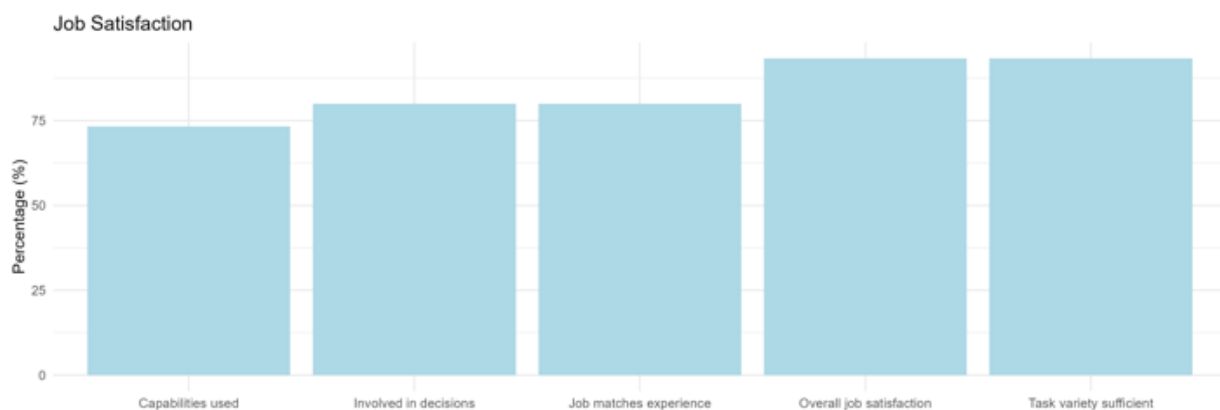


Figure 8: Job satisfaction of nurses.

Work circumstances

About 46.7% (n=7) of nurses thought their manager clearly communicates work expectations with them, which was higher than the general satisfaction. Four nurses (26.7%) stated that there is enough personnel. Six nurses (40%) thought there was good communication and collaboration. 60% (n=9) of nurses felt the opportunity to learn and develop themselves. Finally, 53.3% (n=8) of nurses indicated that the assigned job position, tasks and responsibilities were clear.

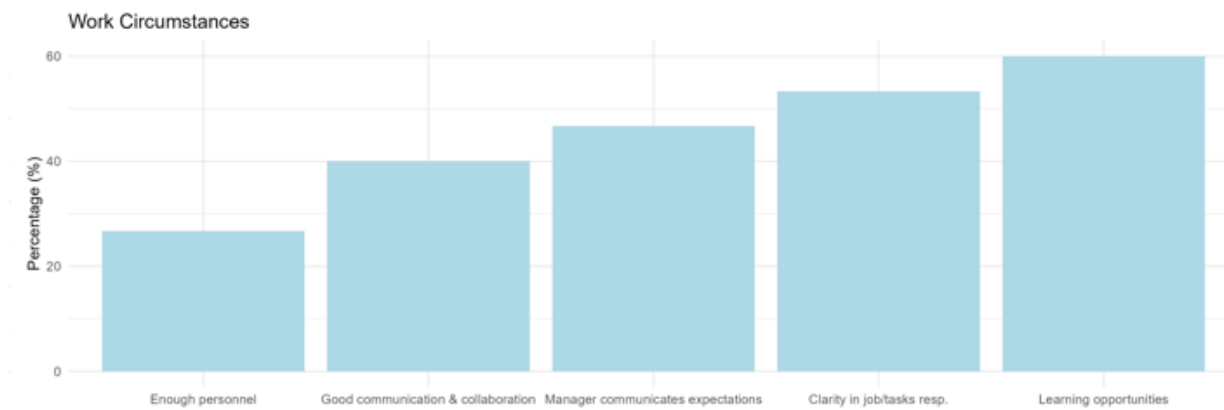


Figure 9: Work circumstances of nurses.

Authority

About 60% (n=9) of nurses felt free to choose how they perform their responsibilities and tasks and experienced flexible work procedures. 66.7% (n=10) of nurses felt like they have sufficient opportunities to influence work-related decisions.



Figure 10: Authority of nurses.

Workload

Five out of fifteen nurses (33.3%) felt stressed due to their work. A small minority of 46.7% (n=7) indicated that the expected amount of work is reasonable. A higher percentage of nurses agreed that the expected pace of work is reasonable (60%; n=9). Furthermore, the nurses were asked whether their workload reduces the quality of their work, five nurses (33.3%) agreed with this statement. Almost half of the nurses were willing to put in extra effort to finish their tasks. Lastly, 26.7% (n=4) thought that non-core tasks increased their workload.

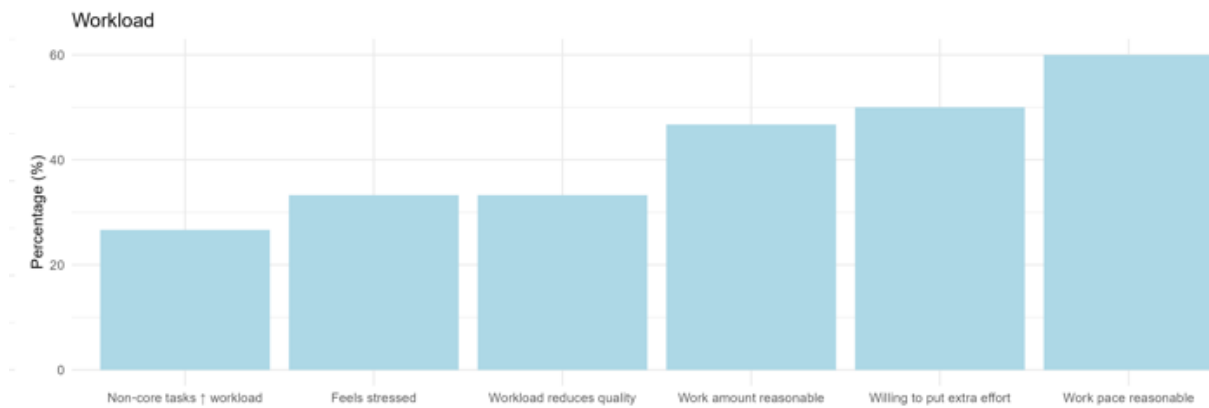


Figure 11: Workload of nurses.

Relationship-centeredness versus task-centeredness

In total, there were two relationship-centered nurses (13.3%) and two task-centered nurses (13.3%) when asked about what type of tasks they find important and valuable. When asked about what type of tasks they find necessary to execute themselves, one nurse (6.7%) was relationship-centered and two nurses (13.3%) were task-centered.

The correlation between job satisfaction and relationship- or task-centeredness for nurses was 0.24. This indicated a slight positive correlation between both variables, meaning that relationship- or task-centeredness may have resulted in slightly higher job satisfaction (not significant, $p=0.89$).

3.2.2 Willingness for task shifting

Nurses had, with a percentage of 20% ($n=3$), low experience with taking over tasks from higher job positions. Merely 6.67% ($n=1$) of participating nurses indicated that taking over these types of tasks negatively influenced their quality of performance. Nurses did indicate having more experience with taking over tasks from lower job positions (46.7%; $n=7$). Taking over these types of tasks did have more impact on their quality of performance; 26.7% ($n=4$) of participating nurses claimed that these tasks had a negative impact.

More than half of the nurses (53.3%; $n=8$) stated that implementation of task shifting is desirable in their work. Slightly less nurses were willing to take over tasks from higher job positions (46.7%; $n=7$). Whether their non-core tasks would be shifted to healthcare workers with a lower job position or to non-healthcare workers did not make any difference to the participating nurses.

The correlation between job satisfaction and willingness for task shifting was 0.37 for nurses. This indicated a weak positive correlation between both variables, meaning that higher job satisfaction would result in slightly more willingness for task shifting (not significant, $p=0.33$).

Furthermore, the correlation between relationship- and task-centeredness versus willingness to task shift was determined. This correlation was 0.26 for nurses, which indicated a weak positive correlation (not significant, $p=0.50$).

3.2.3 Optimal combination of job responsibilities

The rankings of the tasks based on value, importance and necessity to be executed by nurses are provided in Table 4 and 5.

Value and importance of tasks

Type of task	Mean score	Minimum score	Maximum score
Coordinating preconditions to deliver high quality care	6.4	4	7
Coaching colleagues	6.3	4	7
Providing care to clients	6.1	4	7
Assisting with medical tasks	6.0	4	7
Keeping clients and their families informed	6.0	4	7
Medication-related tasks	6.0	4	7

Table 4: Value and importance ranking and mean scores of tasks according to nurses.

Necessity of tasks

Type of task	Mean score	Minimum score	Maximum score
Assisting with medical tasks	6.4	4	7
Medication-related tasks	6.4	4	7
Coaching colleagues	6.4	4	7
Providing care to clients	6.3	4	7
Keeping clients and their families informed	6.3	4	7
Coordinating preconditions to deliver high quality care	6.3	4	7

Table 5: Necessity ranking and mean scores of tasks according to nurses.

3.3 Verzorgenden IG

3.3.1 Job satisfaction

General job satisfaction

Verzorgenden IG had a general job satisfaction of 4.56, which was slightly lower than nurses. 75.9%

(n=22) of all participating verzorgenden IG were generally satisfied with their job. A smaller percentage were satisfied with the variety of tasks (55.2%; n=16), while almost half of the participating verzorgenden IG claimed they performed tasks they would rather not perform. Furthermore, a majority of 62.1% (n=18) agreed that they are able to use their capabilities in their work and 75.7% (n=22) thought their work aligns with their experience. In their job they felt less involved in decision making than nurses with a percentage of 41.4% (n=12).

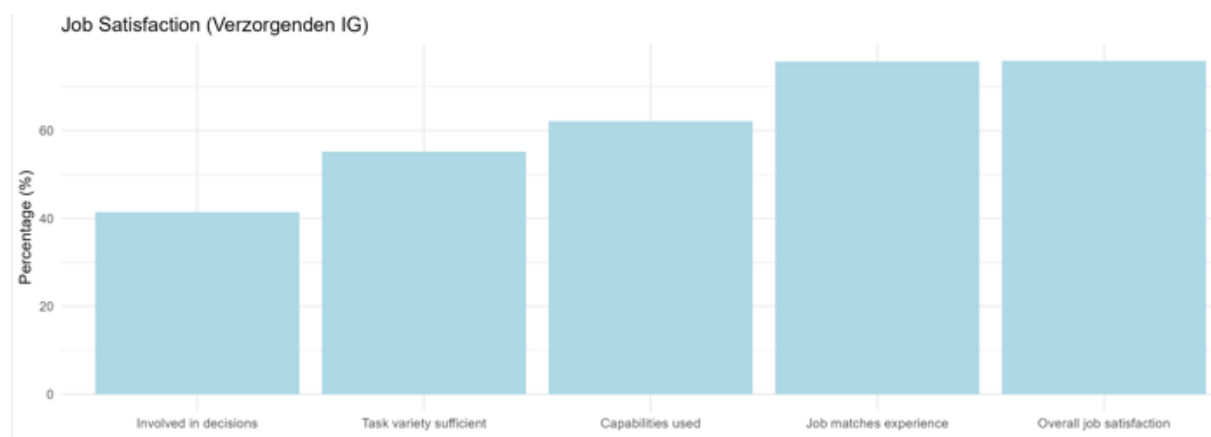


Figure 12: Job satisfaction of verzorgenden IG.

Work circumstances

Five out of twenty-nine verzorgenden IG (17.2%) thought their manager communicates clearly with them. When asked about general communication and collaboration at work, 24.1% (n=7) mentioned to be satisfied. Verzorgenden IG were more content with the amount of personnel than nurses, approximately 41.4% (n=12) thought this amount was sufficient. About 51.7% (n=15) felt the ability to learn and develop themselves at work. Finally, about 55.2% (n=16) agreed that the job position, tasks and responsibilities were clear to them.

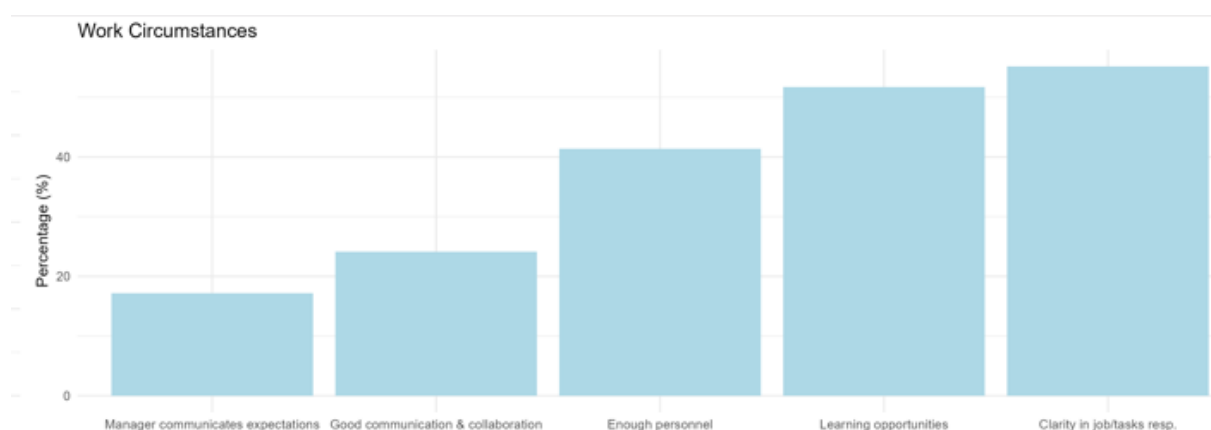


Figure 13: Work circumstances of verzorgenden IG.

Authority

Verzorgenden IG felt quite little freedom in determining how to perform their tasks by themselves

(31.3%; n=9). An even lower percentage of 27.6% (n=8) felt the freedom to choose what tasks to perform. 31.3% (n=9) thought that work procedures were flexible, thus a large majority disagreed. A large minority felt the ability to influence work-related decisions (37.9%; n=11).

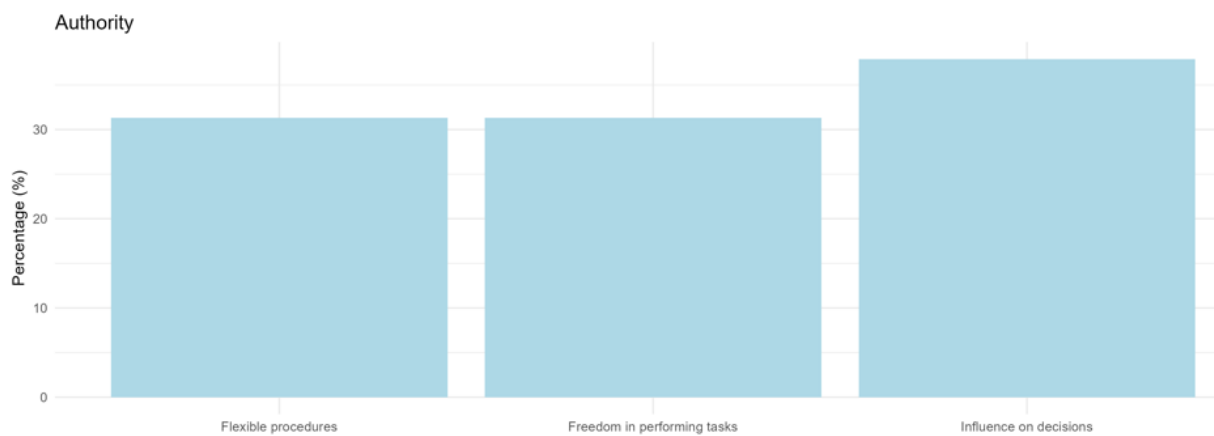


Figure 14: Authority of verzorgenden IG.

Workload

Verzorgenden IG felt more stressed due to their work than nurses with a percentage of 41.4% (n=12). Half of the participating verzorgenden IG felt that the amount of work expected is reasonable. Another half of the respondents were willing to put in extra effort to finish their tasks. A relatively low percentage felt like the expected pace was reasonable (37.9%; n=11). About 34.5% (n=10) thought their workload negatively impacted the quality of their work. A majority of 62.1% (n=18) thought their non-core tasks increased their workload.

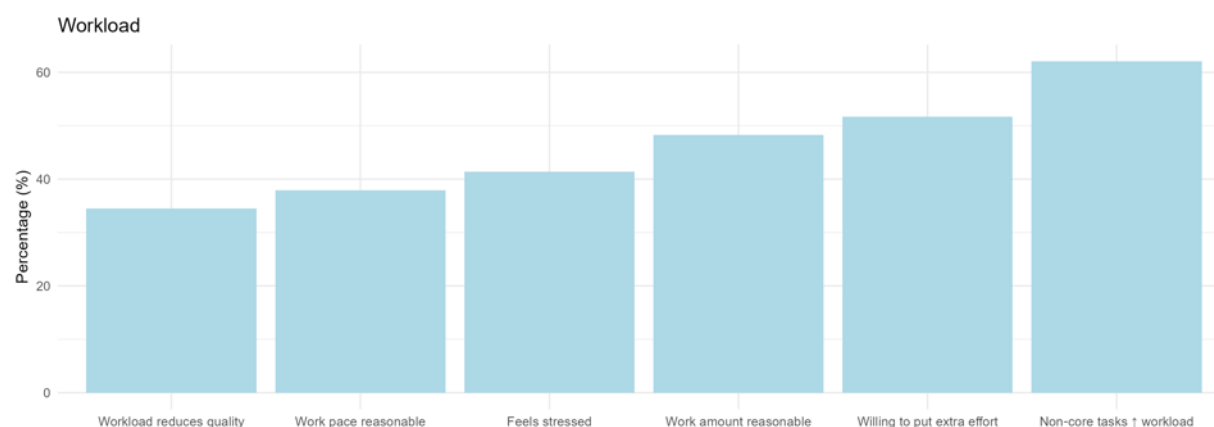


Figure 15: Workload of verzorgenden IG.

Relationship-centeredness versus task-centeredness

Nineteen verzorgenden IG (55.5%) were relationship-centered and none of them were task-centered when identifying which tasks they found important and valuable. Eighteen verzorgenden IG (52.2%) were relationship-centered when asked about the necessity of tasks, one verzorgende IG (2.9%) was task-centered.

The correlation between job satisfaction and relationship- or task-centeredness for verzorgenden IG was 0.00. This indicated that there was no correlation between both variables, meaning that relationship- or task-centeredness did not influence job satisfaction for verzorgenden IG (not significant, $p=0.33$).

3.3.2 Willingness for task shifting

When asked about what type of tasks the participating verzorgenden IG have previously done, 34.5% ($n=10$) indicated to have taken over tasks from higher job positions. Only 6.9% of them ($n=2$) claimed to have experienced a negative influence on their performance due to taking over these tasks. Taking over tasks from lower job positions was more frequent for verzorgenden IG, 62.1% ($n=18$) claimed to have previously done so. The influence on their quality of performance was slightly higher than for tasks from higher job positions. 10.3% ($n=3$) indicated to have experienced this due to taking over tasks from lower job positions.

Approximately 44.8% ($n=13$) of participating verzorgenden IG thought it was desirable to implement task shifting in future settings. About 17.2% ($n=5$) would be willing to take over tasks from higher job positions. Furthermore, they indicated that shifting their non-core tasks to healthcare workers with a lower job position (48.3%; $n=14$) would be slightly more desirable than to non-healthcare workers (41.4%; $n=12$).

The correlation between job satisfaction and willingness for task shifting was determined, which was 0.10 for verzorgenden IG. This indicated a weak positive correlation between both variables, which meant that higher job satisfaction would result in slightly more willingness for task shifting (not significant, $p=0.65$).

Furthermore, the correlation between relationship- and task-centeredness versus willingness to task shift was determined. This correlation was -0.10 for verzorgenden IG, which indicated a weak negative correlation (not significant, $p=0.66$).

3.3.3 Optimal combination of job responsibilities

The rankings of the tasks based on value, importance and necessity to be executed by verzorgenden IG are provided in Table 6 and 7.

Value and importance of tasks

Type of task	Mean score	Minimum score	Maximum score
Personal care and hygiene	6.5	6	7
Medication-related tasks	6.4	5	7
Care-related tasks	6.3	5	7

Helping clients with eating and drinking	5.9	3	7
Social activities	5.5	3	7
Helping clients with movement and posture	5.5	3	7
Networking	4.6	2	7
Accompanying external parties	4.5	2	7
Administrative tasks	4.1	1	7
Facility related tasks	3.8	2	7
Logistical tasks	3.6	1	6

Table 6: Value and importance ranking and mean scores of tasks according to verzorgenden IG.

Necessity of tasks

Type of task	Mean score	Minimum score	Maximum score
Personal care and hygiene	6.3	4	7
Care-related tasks	6.3	4	7
Medication-related tasks	6.2	3	7
Helping clients with eating and drinking	5.7	1	7
Helping clients with movement and posture	5.6	2	7
Social activities	5.5	3	7
Networking	4.7	2	7
Administrative tasks	4.5	1	7
Accompanying external parties	4.3	2	7
Facility related tasks	3.8	1	6
Logistical tasks	3.4	1	6

Table 7: Necessity ranking and mean scores of tasks according to verzorgenden IG.

3.4 Helpenden plus

3.4.1 Job satisfaction

General job satisfaction

The general job satisfaction for helpenden plus was 4.87, which was higher than verzorgenden IG and lower than nurses. About 55.6% (n=5) of helpenden plus felt satisfied with their job and felt the ability to use their capabilities in their work. Furthermore, these participants were satisfied with their involvement in decisions regarding their work. Approximately 66.7% (n=6) felt satisfied with the variety

in their tasks, with 0% that mentioned to perform tasks they would prefer not to. Four out of nine (44.4%) helpenden plus thought that their work aligns with their experience.

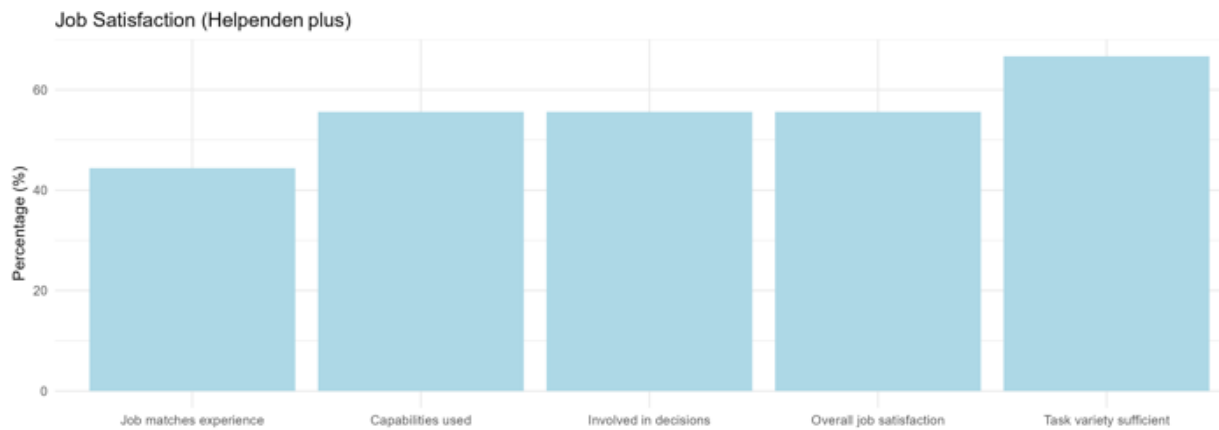


Figure 16: Job satisfaction of helpenden plus.

Work circumstances

Two out of nine (22.2%) helpenden plus thought that their manager clearly communicates with them and that there is an overall good communication and collaboration at work. This proportion of helpenden plus was also satisfied with the amount of personnel at work and their abilities to learn and develop themselves. A higher percentage of 44.4% (n=4) thought that their job position, the tasks and responsibilities were clear to them.

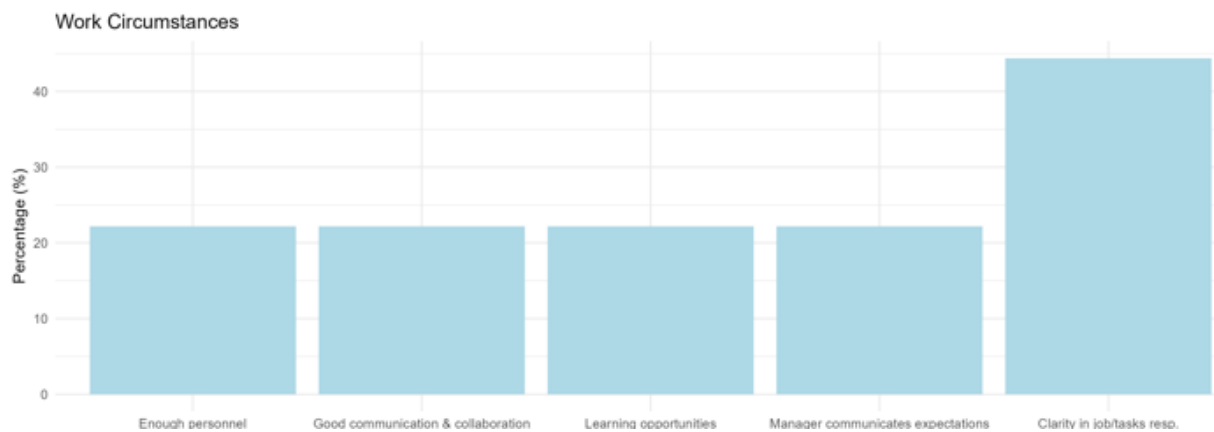


Figure 17: Work circumstances of helpenden plus.

Authority

Helpenden plus felt relatively low authority at their work. Two helpenden plus (22.2%) felt the freedom to choose what tasks they will perform and how they will do so. They also felt like the work procedures were flexible. Only one helpende plus (11.1%) felt like they could influence work-related decisions.

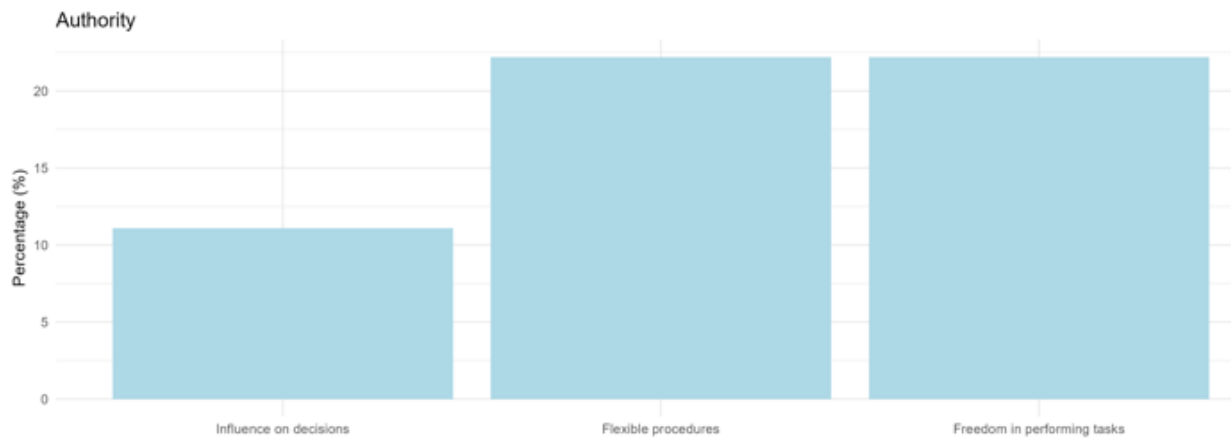


Figure 18: Authority of helpenden plus.

Workload

Only one out of nine helpenden plus (11.1%) felt stressed due to their work. Two helpenden plus (22.2%) thought that the expected work was reasonable and were willing to put in extra effort to finish their tasks. They also stated that their workload reduces the quality of their tasks and that their non-core tasks increased their workload. Three helpenden plus (33.3%) thought that the expected pace of work was reasonable.



Figure 19: Workload of helpenden plus.

Relationship-centeredness versus task-centeredness

There were in total four helpenden plus (44.4%) that were relationship-centered when asked about both importance, value and necessity of tasks. None of the helpenden plus were task-centered for both types of tasks.

The correlation between job satisfaction and relationship- or task-centeredness for helpenden plus was -0.28. This indicated that there was a weak negative correlation between both variables, meaning that relationship- or task-centeredness may have resulted in a slightly lower job satisfaction for helpenden plus (not significant, $p=0.87$).

3.4.2 Willingness for task shifting

One of the participating helpenden plus (11.1%) claimed to have previously taken over tasks from higher job positions. None of them indicated that taking over these tasks has a negative impact on their quality of performance. Taking over tasks from higher job positions was more frequent, two helpenden plus (22.2%) stated to have done so in the past. One of them (11.1%) stated that taking over these types of tasks negatively influenced their quality of performance.

Two helpenden plus (22.2%) thought it was desirable to implement task shifting in their work and were willing to take over tasks from higher job positions in the future. One of them (11.1%) was willing to shift their non-core tasks to healthcare workers with lower positions. Three helpenden plus (33.3%) were willing to shift these tasks to non-healthcare workers.

The correlation between job satisfaction and willingness for task shifting was determined, which was -0.70 for helpenden plus. This indicated a strong positive correlation between both variables, which meant that higher job satisfaction would result in less willingness for task shifting (not significant, $p=0.30$).

The correlation between relationship- and task-centeredness and willingness for task shifting could not be determined for helpenden plus. This was due to a lack of deviation in the responses of the helpenden plus.

3.4.3 Optimal combination of job responsibilities

The rankings of the tasks based on value, importance and necessity to be executed by helpenden plus are provided in Table 8 and 9.

Value and importance of tasks

Type of task	Mean score	Minimum score	Maximum score
Personal care and hygiene	6.8	6	7
Medication-related tasks	6.8	6	7
Care-related tasks	6.5	6	7
Helping clients with eating and drinking	6.5	6	7
Helping clients with movement and posture	6.5	6	7
Social activities	6.3	4	7
Networking	5.5	2	7
Logistical tasks	5.0	2	7

Administrative tasks	4.8	2	7
Facility related tasks	4.3	2	7

Table 8: Value and importance ranking and mean scores of tasks according to helpenden plus.

Necessity of tasks

Type of task	Mean score	Minimum score	Maximum score
Personal care and hygiene	6.8	6	7
Helping clients with eating and drinking	6.8	6	7
Helping clients with movement and posture	6.5	6	7
Social activities	6.3	4	7
Medication-related tasks	6.3	5	7
Care-related tasks	6.3	5	7
Networking	6.0	4	7
Administrative tasks	5.5	4	7
Logistical tasks	4.3	2	7
Facility related tasks	4.0	2	6

Table 9: Necessity ranking and mean scores of tasks according to helpenden plus.

3.5 Helpenden

3.5.1 Job satisfaction

General job satisfaction

Helpenden had a job satisfaction of 3.51, which was the lowest of all job positions. One out of four (25%) helpenden felt generally satisfied with their job and the variety of their tasks. None of them claimed to perform tasks they would prefer not to perform. Two helpenden (50%) thought their work aligns with their experience and felt possibilities to use their capabilities. One helpende (25%) felt involved with work-related decisions.

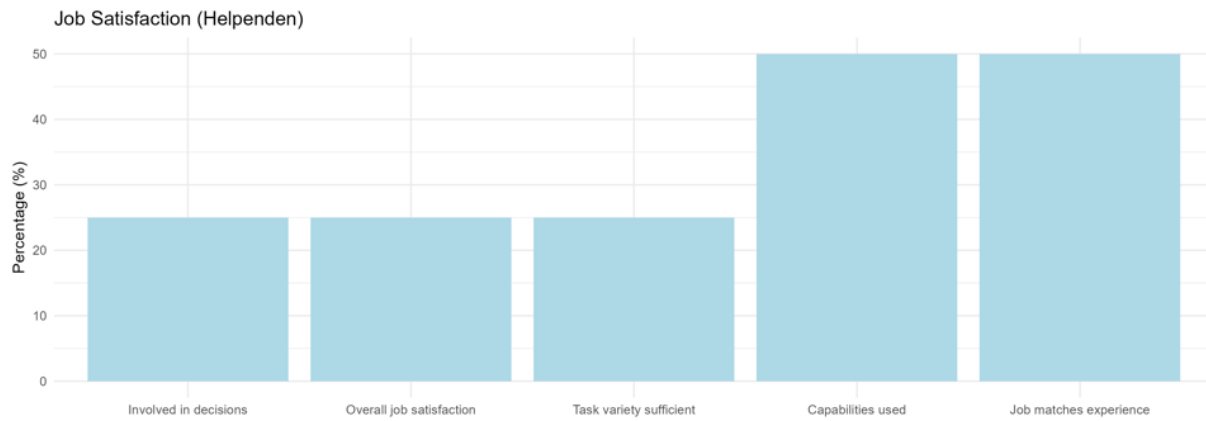


Figure 20: Job satisfaction of helpenden.

Work circumstances

One of the four participating helpenden (25%) thought their manager clearly communicates with them. Two helpenden (50%) claimed to be satisfied with the overall communication and collaboration at work. None of them were satisfied with the amount of personnel. Two of the participating helpenden (50%) were satisfied with the possibilities to learn and develop themselves and found the job position, its tasks and responsibilities clear.

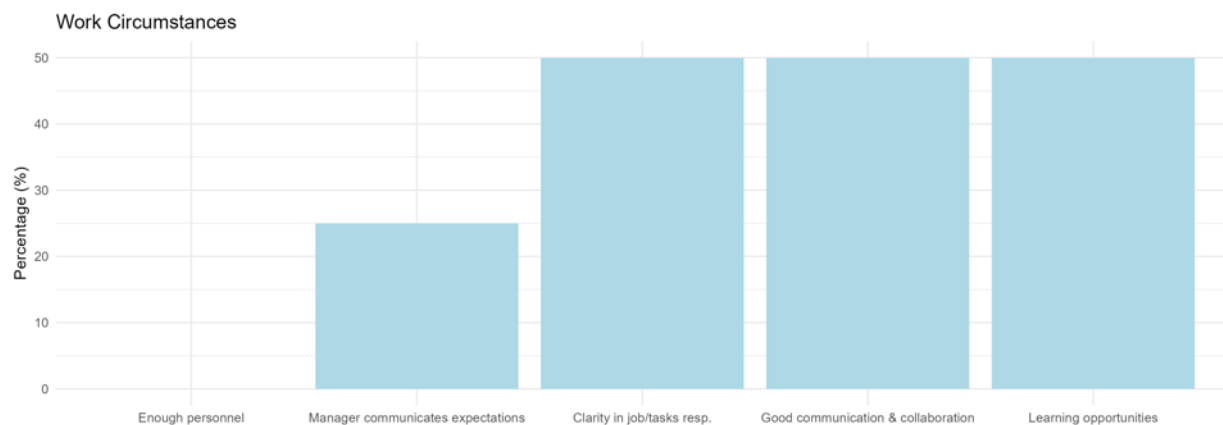


Figure 21: Work circumstances of helpenden.

Authority

A relatively low proportion of helpenden felt the authority to determine how they perform their tasks (25%; n=1). None of them felt the authority to determine what tasks they will perform and felt able to influence work-related decisions. One of them felt like there were flexible work procedures (25%).

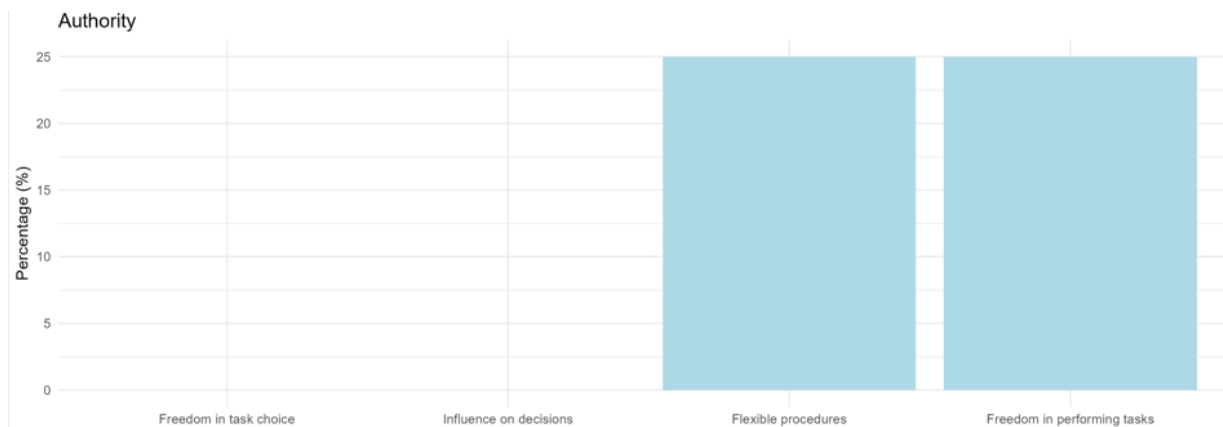


Figure 22: Authority of helpenden.

Workload

About 25% of helpenden (n=1) felt stressed due to their work and felt like their workload reduced the quality of performance. The same percentage of helpenden felt like the expected amount of work and pace was reasonable. About 50% (n=2) were willing to put in extra effort to finish their work. None of the participants thought their non-core tasks increased their workload.

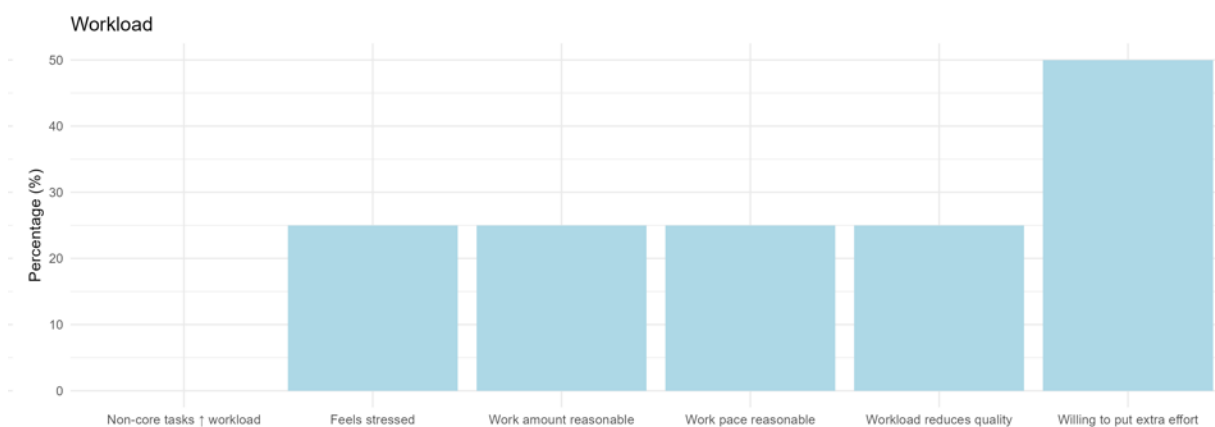


Figure 23: Workload of helpenden.

Relationship-centeredness versus task-centeredness

One helpende was relationship-centered and one helpende was task-centered when asked about the importance and value of tasks (25%). None of the helpenden were relationship-centered and one helpende (25%) was task-centered when asked about the necessity of tasks.

The correlation between job satisfaction and relationship- or task-centeredness for helpenden was -0.33. This indicated that there was a moderate negative correlation between both variables, meaning that relationship- or task-centeredness may have resulted in slightly lower job satisfaction for helpenden (not significant, $p=0.57$).

3.5.2 Willingness for task shifting

One of the participating helpenden (25%) has taken over tasks from higher job positions in the past. Two of them (50%) have previously taken over tasks from lower job positions. For both types of tasks one helpende (25%) has indicated that taking over these tasks had a negative impact on their quality of performance.

One helpende (25%) thought it was desirable to implement task shifting in the future. None of the helpenden was willing to take over tasks from higher job positions in the future. They did think it would be more desirable to shift non-core tasks to non-healthcare workers (50%; n=2) than to healthcare workers with a lower job position (25%; n=1).

The correlation between job satisfaction and willingness for task shifting was 0.99 for helpenden. This indicated a strong positive correlation between both variables, meaning that higher job satisfaction would have resulted in more willingness for task shifting (not significant, $p=0.06$).

A weak negative correlation (0.24, $p=0.84$) between relationship- and task-centeredness versus willingness to task shift was found for helpenden.

3.5.3 Optimal combination of job responsibilities

The rankings of the tasks based on value, importance and necessity to be executed by helpenden are provided in Table 10 and 11.

Value and importance of tasks

Type of task	Mean score	Minimum score	Maximum score
Providing assistance with personal care for clients	5.3	2	7
Offering a listening ear to clients	5.3	2	7
Being alert to the well-being and health of clients	5.0	2	7
Reporting on the condition and development of clients	5.0	2	7
Providing assistance with household tasks for clients	4.0	2	7
Providing assistance with recreational activities for clients	4.0	2	7

Table 10: Value and importance ranking and mean scores of tasks according to helpenden.

Necessity of tasks

Type of task	Mean score	Minimum score	Maximum score
Reporting on the condition and development of clients	5.0	2	7
Offering a listening ear to clients	5.0	2	7
Being alert to the well-being and health of clients	4.7	2	7
Providing assistance with personal care for clients	4.7	2	7
Providing assistance with household tasks for clients	4.3	2	7
Providing assistance with recreational activities for clients	3.7	2	7

Table 11: Necessity ranking and mean scores of tasks according to helpenden.

4 Discussion

The goal of this study was to gain insight into the perception of healthcare workers from nursing homes on shifting (non-core) tasks. The subgoals were to gain insight into their job satisfaction, willingness to task shift, relationship- versus task-centeredness and their optimal combination of job responsibilities. In this chapter, the findings of this study were discussed.

4.1 Embedding in existing literature

The results of this study showed that the overall job satisfaction of the healthcare workers from nursing homes was 83.3%. According to Centraal Bureau Statistiek, the average job satisfaction among healthcare workers from nursing homes was 69.9% in 2022 [41]. This indicated that the job satisfaction from this study was relatively high. Nurses were the most satisfied with their job (93.3%; n=14), helpenden were the least satisfied (25%; n=1). There were multiple factors that contributed to the (dis)satisfaction of the healthcare workers.

The first cause of dissatisfaction was insufficient personnel, which caused their workload to increase. The findings of this study showed that this was partly due to their non-core tasks. Previous research has shown that core tasks, such as providing adequate surveillance of clients, are often left unfinished due to high workload conditions [42]. These findings suggest that shifting non-core tasks to other workers could reduce workload and allow healthcare workers to focus on core tasks. This can eventually improve the satisfaction of healthcare workers and prevent further staff turnover. This finding was validated by a verzorgende IG, who stated that non-core tasks such as making a client's bed could be shifted towards other staff, such as a zorgondersteuner.

The second cause of discontentment was poor communication and collaboration at work. Multiple previous studies have also indicated that collaboration between healthcare workers is a complex and multilayered problem [43]. Even though this is a difficult issue to address, good communication and collaboration are of high importance as this contributes to an increased job retention and contentment for healthcare workers [44, 45]. Additionally, it can contribute to an improved management of conflict, shared processes and mutual respect [46]. Furthermore, an improved collegial collaboration can increase the quality of care for clients [46]. In order to improve the collaboration, gaining mutual respect and trust are important facilitators [47]. Open communication and awareness of each other's role and responsibilities can aid in improving the collegial collaboration [47]. These findings can be especially important in the context of the implementation of task shifting, as task shifting may require even more teamwork and clear communication [16]. This was also emphasized by the verzorgende IG, who stated that communication was an important consideration when implementing task shifting as this provides clearance on what type of tasks each job position will be performing during their shift.

Factors that contributed to their job satisfactions were their authority and workload. For instance, a small majority of the respondents was content with their influence on work-related decisions, which is beneficial to job satisfaction and can aid in reducing workload [48]. These are insightful findings, as nurses with a higher workload tend to be more likely to leave their job [49]. In addition to their manageable workload, a reasonable proportion of healthcare workers were willing to put in extra effort to complete their work.

Especially the tasks they take on from higher job positions have a minimal impact on their quality of performance. This insight is contradictory to Feiring and Lie, who found that taking over tasks with higher responsibility increases their workload [21]. These insights are promising, as task shifting may result in gaining more tasks from higher job positions. According to the healthcare workers, this would have a limited impact on their quality of performance, which is insightful.

Regarding the willingness of healthcare workers to shift their tasks, a high proportion of the healthcare workers are willing to do so. Most healthcare workers did not have a strong preference whether a healthcare or non-healthcare worker should take over their tasks. Previous research found that this is context dependent and that the quality of care will not be impacted by a change of profession performing a task [50]. In order to facilitate the execution of task shifting, it was found that inter-professional education can aid in overcoming a possible barrier that can be experienced between professions [50]. These findings provide useful considerations to be made when task shifting is implemented.

Furthermore, it was found that for almost all job positions there were more relationship-centered healthcare workers compared to task-centered healthcare workers. This confirms the finding of Van Stenis et al., stating that the roles of nursing home caregivers are changing to more relationship-centered care [17]. Furthermore, according to literature healthcare workers find relationship-centered tasks more important than task-centered tasks [18]. Verzorgenden IG had the highest percentage of relationship-centeredness (55.5%), while none of them were task-centered. However, nurses are less relationship-centered (13.3%) and they find non-healthcare related tasks more valuable and important than healthcare related tasks. This finding is contradictory to literature that states that all healthcare workers are changing to relationship-centeredness [18]. Moreover, the results indicated that the relationship- and task-centeredness did not have a significant impact on their willingness for task shifting, which is beneficial to its implementation. According to a verzorgende IG, task shifting and performing a majority of task-centered tasks does not result in less relationship-centered care. It can allow the healthcare worker to have remaining time to have a small conversation with the client and maintain a connection with them.

Literature stating that non-core tasks are less valued by healthcare workers was applicable to the helpenden plus in this study [18]. Facility-related and logistical tasks are of relatively low value and importance to both verzorgenden IG and helpenden plus, confirming this statement. However,

helfenden plus do indicate these types of tasks to be more valuable and important to them in comparison to verzorgenden IG. This is an interesting finding, as these types of tasks could be shifted from verzorgenden IG to helfenden plus.

4.2 Reliability

Strengths

The first strength of this study was the inclusion of multiple job positions involved in the implementation of task shifting. This allowed for a broad overview of the different perceptions on task shifting and aids in better alignment of the implementation of task shifting for all job positions.

The second strength was the validation of the used questionnaire. The questions were derived from validated questionnaires, which increased the validity of the findings from this study. Furthermore, the questions aimed at determining the optimal combination of job responsibilities were derived from previous research conducted within the participating organizations. This allowed for a reliable representation of the current tasks from verzorgenden IG. The current tasks from the other included job positions were validated by a nurse from Zorgfederatie Oldenzaal, which ensured an improved alignment with the actual current combination of job responsibilities of these job positions.

The third strength was the validation of the results by conducting an interview with a verzorgende IG. This interview was used as a pilot study to validate the interview guide that can be used for further qualitative research on the topic of task shifting. Conducting this interview allowed for a deeper understanding of the provided responses on the survey, which contributed to the reliability of the survey findings.

Limitations

The first limitation of this study was the relatively small sample size. The sample size of this study consisted of 91 respondents, which was relatively small when compared to the total number of healthcare workers from the included organizations. For instance, 4 helfenden filled in the entire survey, while the total number that could have been included was 165 helfenden. Furthermore, the response rate (7.35%) was low compared to other studies that held surveys among healthcare workers [40, 51, 52]. These limitations may have impacted on the findings from this study, as it may not have provided a complete representation of the entire study population.

The second limitation was the lack of statistically significant results. The significance from the results from this study was assessed, which indicated that none were statistically significant. This may have impacted the reliability of the findings from this study.

The third limitation of this study was the possibility of response bias. Response bias is bias caused by the respondents providing responses based on social desirability [53]. For instance, this could be the case for the question about communication by their manager. A respondent may think they have to

provide positive responses about their manager, because they may have thought it would otherwise influence their work situation. Furthermore, response bias could have also been caused by the wording of the survey questions [53]. The questions were formulated a certain way, which may have influenced the interpretation and responses of the respondents.

The fourth limitation was non-response bias, which refers to bias caused by the differences between healthcare workers who do respond to the survey and the healthcare workers who do not respond [53]. The healthcare workers who were more willing to shift their tasks may have been more likely to respond to a survey about task shifting. This may have influenced the reliability of the results as the perception of the healthcare workers who were less willing to shift their tasks were not included in the study. Furthermore, the healthcare workers who experienced a high workload may not have finished the survey due to their workload. This may have once again influenced the reliability of the findings.

The last limitation was central tendency bias, where respondents feel inclined to avoid the endpoints of a response scale [54]. The use of a Likert scale, which was used in this study, could have increased this type of bias [54]. The respondents may not have wanted to provide extreme responses and felt safer using responses such as “Neutral”. This could have influenced the reliability of the findings, as the respondents may not have provided the responses that they would have provided otherwise.

4.3 Practical implications

As previously mentioned, the objective of this study was to gain insight into the perception of nurses, verzorgenden IG, helpenden plus and helpenden on task shifting. Furthermore, the aim was to gain insight into their current job satisfaction, willingness for task shifting and their optimal combination of job responsibilities. These findings contributed to the overarching goal to align the implementation of task shifting with their needs, facilitate their behavior change and improve the enactment of task shifting.

For instance, the relatively high job satisfaction in addition to the majority of the healthcare workers that were willing to task shift was an indicator that there might be room for its implementation. The finding that the majority was willing to put in extra effort to complete their tasks contributes to this. Furthermore, it was found that the extent to which a healthcare worker is relationship- or task-centered did not have a significant impact on their job satisfaction and willingness for task shifting was a useful finding. This finding could mean that the implementation of task shifting does not have to adapt to the centeredness of the healthcare worker, which facilitates its implementation and execution.

An important consideration to make when implementing task shifting is the importance of clear communication. The findings of this study showed that most healthcare workers were not satisfied with the current communication and collaboration at work, while this is important for the implementation of task shifting [16]. Insufficient communication can thus be seen as a key factor to consider and address during the implementation of task shifting.

As previously mentioned, an example of a type of task that can be shifted are healthcare related tasks. The finding that nurses thought non-core tasks, such as coaching colleagues, were more valuable and important in their job than caregiving was an interesting finding. Additionally, the finding that verzorgenden IG value caregiving tasks more than non-core tasks can contribute to the alignment of the implementation of task shifting to their needs. Furthermore, verzorgenden IG felt relatively low burden on their quality of performance caused by taking over tasks from higher job positions and nurses were willing to shift their tasks to lower job positions. These findings can be valuable, as for instance caregiving tasks can be shifted from nurses to verzorgenden IG while nurses have room for performing non-core tasks. This way both job positions can perform as many tasks as possible that are of high value and importance to them.

Another previously mentioned example of tasks that can be shifted are facility and logistical tasks. The findings of this study showed that these tasks were of relatively low value and importance to them. On the other hand, helpenden plus indicated that these tasks were of more value and importance to them in comparison to verzorgenden IG, which indicated that these types of tasks could be shifted from verzorgenden IG to helpenden plus.

4.4 Theoretical implications

As previously mentioned, the Job Demand-Resources model states that job satisfaction is a result of the balance between job demands and job resources [22]. The findings from this study are consistent with this theory, as it was found that healthcare workers are satisfied with their job, authority (job resource) and workload (job demand) [22]. Furthermore, the results from this study show that task shifting did not decrease their job satisfaction and quality of performance. These results suggest that task shifting could be considered a challenge demand, which for instance increases task variety.

The findings from this study thus add nuance to the Job Demands-Resources model as it shows that healthcare workers with different job positions can have a positive perception on task shifting. This study is an addition to existing literature of task shifting in combination with the Job Demand-Resources model, as most literature focusses merely on for instance physicians and nurses.

4.5 Future research

The results of this study have provided insights into the current job satisfaction, willingness for task shifting and their optimal combination of job responsibilities. These insights are useful as a baseline for the implementation of task shifting in Zorgfederatie Oldenzaal and Zorggroep Sint Maarten. There are multiple recommendations for future research based on this study.

The first recommendation is to repeat this study when (a pilot of) task shifting has been implemented in both organizations. It is insightful to gain these future insights due to multiple reasons. First, it helps

determine a change in job satisfaction among the healthcare workers. The implementation of task shifting may change their current way of working and their current combination of job responsibilities. It is important to assess the impact of task shifting on their job satisfaction, because it helps determine whether the previously stated overarching goal of this project has been achieved. The second reason to repeat this study is that once again their willingness for task shifting can be evaluated. When the healthcare workers have started to gain some experience with task shifting, their perception of it may have changed. Repeating this study and identifying this change can aid in further extending the use of task shifting and can provide examples for other nursing homes that are eager to know more about the impact of task shifting. The third reason to repeat this study is to assess whether their optimal combination of job responsibilities has changed. As previously stated, task shifting may change the healthcare worker's combination of job responsibilities. Reassessing their perception on this combination can help identify whether their new experiences with performing tasks from other job positions changed their perception of these tasks.

When this study is repeated, it is recommended to increase the sample size. During this study, the sample size was limited and the representativity was relatively small. To increase the sample size, it is recommended to create more awareness about the importance of task shifting to keep on providing high quality care for the clients. For instance, through e-learnings, messages on the organizations' intranet or in meetings this importance can be emphasized. Furthermore, it is recommended to extend the study population by including more nursing homes. This allows for a broader overview of healthcare workers' perception on task shifting and may result in more reliable findings. Additionally, including family caregivers and zorgondersteuners may allow for a more complete overview of the stakeholders involved with and impacted by the use of task shifting. According to a verzorgende IG, for instance facility related and logistical tasks could also be shifted to zorgondersteuners. This job position is becoming more prevalent, while job positions such as helpenden plus and helpenden may also become scarcer. Furthermore, this verzorgende IG also stated that family members of the clients are becoming more involved in the provided care. They are also able to take over tasks from healthcare workers and can thus be relevant to include in future research. Lastly, it is recommended to conduct this future research in the setting of extramural care. Task shifting can be relevant in this setting, which is why it can be relevant to also include the perceptions of extramural healthcare workers.

The final recommendation is to repeat this study using mixed methods research instead of only quantitative research. Adding qualitative research allows for a broader and deeper understanding of the reasoning behind the provided responses from quantitative methods, such as a survey. The use of qualitative methods can ensure more complete results and improve their reliability.

5 Conclusion

In conclusion, task shifting is a promising approach that is supported by the healthcare workforce in nursing homes. This study showed that most nursing home healthcare workers were satisfied with their job. A majority of the healthcare workers thought their authority and workload were reasonable. Communication and collaboration were aspects that caused the least satisfaction. Furthermore, a high proportion of the healthcare workers were willing to implement task shifting and were willing to take over tasks from other job positions. Whether tasks were shifted towards healthcare or non-healthcare workers was indifferent to them.

Based on these findings, it is recommended to shift healthcare related tasks from nurses to verzorgenden IG and to shift logistical- and facility related tasks from verzorgenden IG to helpenden plus. During the implementation of task shifting, it is important to improve the current communication and collaboration. These are important aspects to improve the execution of task shifting. Overall, task shifting is desired by many healthcare workers and is a promising innovation that can possibly aid in maintaining high quality of care while the Dutch population is aging and the workforce is shrinking.

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7 Appendices

7.1 Topic list survey

Topics	Subtopics	Elaboration
Job satisfaction	Overall satisfaction	The overall perception of the healthcare worker on their job satisfaction [28-31].
	Job circumstances	The satisfaction of the healthcare worker regarding the job circumstances [28, 29].
	Authority	The satisfaction of the healthcare worker regarding the amount of authority they have at their job [29].
	Workload	The satisfaction of the healthcare workers regarding the amount of workload they experience [28, 29, 31].
Willingness for task shifting	Current task shifting	The current experience of the healthcare worker with task shifting [32].
	Future task shifting	The desirability of future task shifting according to the healthcare worker [32].
Optimal combination of job responsibilities	Importance and value of tasks	The perception of the healthcare worker on the importance and value of their current tasks [20, 33-35].
	Necessity of tasks	The perception of the healthcare worker on the necessity to perform of their current tasks by themselves [20, 33-35].

7.2 Survey content

7.2.1 General survey part

Topics	Subtopics	Questions (English)	Questions (Dutch)	Scale	Theoretical justification
General characteristics	General characteristics	What is your current job position?	Wat is uw huidige functie?	A: Verpleegkundige B: Verzorgende IG C: Helpende plus D: Helpende E: Anders, namelijk...	Not applicable
		What organization do you currently work for?	Voor welke organisatie bent u momenteel werkzaam?	A: Norschoten B: Zorggroep Sint Maarten C: Zorgfederatie Oldenzaal D: Anders, namelijk...	Not applicable
		How many hours do you	Hoeveel uren werkt u momenteel	Not applicable	Not applicable

		currently work on average in a week?	(gemiddeld) in één week?		
		What is currently the usual duration of your work shifts?	Wat is momenteel de gebruikelijke lengte van de diensten die u werkt?	Not applicable	Not applicable
		What would your optimal length of work shift be?	Wat zou voor u de ideale lengte zijn een dienst?	Not applicable	Not applicable
Job satisfaction	Overall satisfaction	Overall, I am very satisfied with my job.	Over het algemeen ben ik tevreden met mijn baan.	7-point Likert scale	Mbindyo PM, Blaauw D, Gilson L, English M. Developing a tool to measure health worker motivation in district hospitals in Kenya. Human resources for health. 2009;7:1-11. doi: https://doi.org/10.1186/1478-4491-7-40 .
		I am satisfied with the amount of variation between tasks in my job.	Ik ben tevreden met de taakvariatie in mijn werk.	7-point Likert scale	Van Veldhoven M, Prins J, Van der Laken P, Dijkstra L. VBBA2. 0: Update van de standaard voor vragenlijstonderzoek naar werk, welbevinden en prestaties. 2014.

		I feel aversion to tasks included in my job responsibilities.	Ik heb taken in mijn takenpakket die ik liever niet uitvoer.	7-point Likert scale	Van Veldhoven M, Prins J, Van der Laken P, Dijkstra L. VBBA2. 0: Update van de standaard voor vragenlijstonderzoek naar werk, welbevinden en prestaties. 2014.
		I am satisfied with the opportunity to use my abilities in my job.	Ik ben tevreden over de mogelijkheid om mijn vaardigheden in mijn werk te benutten.	7-point Likert scale	Mbindyo PM, Blaauw D, Gilson L, English M. Developing a tool to measure health worker motivation in district hospitals in Kenya. Human resources for health. 2009;7:1-11. doi: https://doi.org/10.1186/1478-4491-7-40 .
		My job is compatible with my experience.	Mijn functie sluit aan bij mijn ervaring.	7-point Likert scale	Al-Rubaish AM, Rahim SIA, Abumadini MS, Wosornu L. Academic job satisfaction questionnaire: Construction and validation in Saudi Arabia. Journal of Family and Community Medicine. 2011;18(1):1-7. doi: https://doi.org/10.4103/1319-1683.78630 .
		I am satisfied with my involvement in decisions that affect my work.	Ik ben tevreden over mijn betrokkenheid bij beslissingen die mijn werk beïnvloeden.	7-point Likert scale	Ahmad NFD, Jye AKR, Zulkifli Z, Bujang MA. The development and validation of job satisfaction questionnaire for health workforce. The Malaysian journal of medical sciences: MJMS. 2020;27(6):128. doi: https://doi.org/10.21315/mjms2020.27.6.12 .

	Job circumstances	My supervisor clearly communicates his/her expectations of my job performance.	Mijn leidinggevende communiceert duidelijk zijn/haar verwachtingen met betrekking tot mijn prestaties.	7-point Likert scale	Ahmad NFD, Jye AKR, Zulkifli Z, Bujang MA. The development and validation of job satisfaction questionnaire for health workforce. The Malaysian journal of medical sciences: MJMS. 2020;27(6):128. doi: https://doi.org/10.21315/mjms2020.27.6.12 .
		The number of personnel is sufficient to run the work.	Het aantal personeelsleden is voldoende om het werk uit te voeren.	7-point Likert scale	Al-Rubaish AM, Rahim SIA, Abumadini MS, Wosornu L. Academic job satisfaction questionnaire: Construction and validation in Saudi Arabia. Journal of Family and Community Medicine. 2011;18(1):1-7. doi: https://doi.org/10.4103/1319-1683.78630 .
		I have opportunities at work to learn and grow.	Ik heb op mijn werk mogelijkheden om te leren en mij verder te ontwikkelen.	7-point Likert scale	Ahmad NFD, Jye AKR, Zulkifli Z, Bujang MA. The development and validation of job satisfaction questionnaire for health workforce. The Malaysian journal of medical sciences: MJMS. 2020;27(6):128. doi: https://doi.org/10.21315/mjms2020.27.6.12 .
		There is good interpersonal communication	Er is goede communicatie en samenwerking op het werk.	7-point Likert scale	Al-Rubaish AM, Rahim SIA, Abumadini MS, Wosornu L. Academic job satisfaction questionnaire: Construction and validation in Saudi

		ation and cooperation.			Arabia. Journal of Family and Community Medicine. 2011;18(1):1-7. doi: https://doi.org/10.4103/1319-1683.78630 .
		The job position, scope and responsibilities are clear.	De functie, het takenpakket en de verantwoordelijkheden zijn duidelijk.	7-point Likert scale	Al-Rubaish AM, Rahim SIA, Abumadini MS, Wosornu L. Academic job satisfaction questionnaire: Construction and validation in Saudi Arabia. Journal of Family and Community Medicine. 2011;18(1):1-7. doi: https://doi.org/10.4103/1319-1683.78630 .
	Authority	I have freedom of decision on how to accomplish my assigned tasks.	Ik heb de vrijheid om zelf te bepalen hoe ik mijn toegewezen taken uitvoer.	7-point Likert scale	Al-Rubaish AM, Rahim SIA, Abumadini MS, Wosornu L. Academic job satisfaction questionnaire: Construction and validation in Saudi Arabia. Journal of Family and Community Medicine. 2011;18(1):1-7. doi: https://doi.org/10.4103/1319-1683.78630 .
		I have freedom of choice when performing my duties.	Ik heb keuzevrijheid bij het uitvoeren van mijn werkzaamheden.	7-point Likert scale	Al-Rubaish AM, Rahim SIA, Abumadini MS, Wosornu L. Academic job satisfaction questionnaire: Construction and validation in Saudi Arabia. Journal of Family and Community Medicine. 2011;18(1):1-7. doi: https://doi.org/10.4103/1319-1683.78630 .

		There are flexible work procedures.	Er zijn flexibele werkprocedures.	7-point Likert scale	Al-Rubaish AM, Rahim SIA, Abumadini MS, Wosornu L. Academic job satisfaction questionnaire: Construction and validation in Saudi Arabia. Journal of Family and Community Medicine. 2011;18(1):1-7. doi: https://doi.org/10.4103/1319-1683.78630 .
		I have sufficient professional authority and autonomy at work.	Ik krijg voldoende kansen om beslissingen te maken die invloed hebben op mijn werk.	7-point Likert scale	Al-Rubaish AM, Rahim SIA, Abumadini MS, Wosornu L. Academic job satisfaction questionnaire: Construction and validation in Saudi Arabia. Journal of Family and Community Medicine. 2011;18(1):1-7. doi: https://doi.org/10.4103/1319-1683.78630 .
	Workload	My work makes me stressed.	Mijn werk veroorzaakt stress.	7-point Likert scale	Al-Rubaish AM, Rahim SIA, Abumadini MS, Wosornu L. Academic job satisfaction questionnaire: Construction and validation in Saudi Arabia. Journal of Family and Community Medicine. 2011;18(1):1-7. doi: https://doi.org/10.4103/1319-1683.78630 .
		The amount of work expected of me is	De hoeveelheid werk die van mij wordt verwacht, is redelijk.	7-point Likert scale	Ahmad NFD, Jye AKR, Zulkifli Z, Bujang MA. The development and validation of job satisfaction questionnaire for health workforce. The Malaysian

		reasonable .			<p>journal of medical sciences: MJMS. 2020;27(6):128. doi: https://doi.org/10.21315/mjms2020.27.6.12.</p> <p>Van Veldhoven M, Prins J, Van der Laken P, Dijkstra L. VBBA2. 0: Update van de standaard voor vragenlijstonderzoek naar werk, welbevinden en prestaties. 2014.</p>
		The expected work speed for my tasks is reasonable .	Het verwachte werktempo voor mijn taken is redelijk.	7-point Likert scale	<p>Van Veldhoven M, Prins J, Van der Laken P, Dijkstra L. VBBA2. 0: Update van de standaard voor vragenlijstonderzoek naar werk, welbevinden en prestaties. 2014.</p>
		My workload reduces the quality of performance.	Mijn werkdruk vermindert de kwaliteit van mijn prestaties.	7-point Likert scale	<p>Al-Rubaish AM, Rahim SIA, Abumadini MS, Wosornu L. Academic job satisfaction questionnaire: Construction and validation in Saudi Arabia. Journal of Family and Community Medicine. 2011;18(1):1-7. doi: https://doi.org/10.4103/1319-1683.78630.</p>
		I am ready to put in extra effort to accomplish	Ik ben bereid extra inspanningen te leveren om mijn werk te voltooien.	7-point Likert scale	<p>Al-Rubaish AM, Rahim SIA, Abumadini MS, Wosornu L. Academic job satisfaction questionnaire: Construction and validation in Saudi Arabia. Journal of Family and</p>

		h my work.			Community Medicine. 2011;18(1):1-7. doi: https://doi.org/10.4103/1319-1683.78630 .
		The non-healthcare related tasks in my work increase my workload.	De niet-zorg gerelateerde taken in mijn functie verhogen mijn werklast.	7-point Likert scale	Nurse from Zorgfederatie Oldenzaal
Willingness for task shifting	Current task shifting	I have previously performed tasks that originally were aimed at a higher job position than mine.	Ik heb eerder taken uitgevoerd die bij een hogere functie hoorden dan die van mij.	7-point Likert scale	De Veer A. Taakverschuiving van arts naar verpleegkundige. Nivel; 2007.
		I have previously performed tasks that originally were aimed at a lower job position with a lower number than mine.	Ik heb eerder taken uitgevoerd die bij een lagere functie hoorden dan die van mij.	7-point Likert scale	De Veer A. Taakverschuiving van arts naar verpleegkundige. Nivel; 2007.

		The tasks that I take on from higher job positions negatively impact the quality of my own tasks.	De taken die ik overneem van hogere functies hebben een negatieve invloed op de kwaliteit van mijn eigen werkzaamheden.	7-point Likert scale	De Veer A. Taakverschuiving van arts naar verpleegkundige. Nivel; 2007.
		The tasks that I take on from lower job positions negatively impact the quality of my own tasks.	De taken die ik overneem van hogere functies hebben een negatieve invloed op de kwaliteit van mijn eigen werkzaamheden.	7-point Likert scale	De Veer A. Taakverschuiving van arts naar verpleegkundige. Nivel; 2007.
	Future task shifting	I would find further task shifting at my work in the future desirable.	Ik zou het in de toekomst wenselijk vinden om verdere taakverschuiving op mijn werk door te voeren.	7-point Likert scale	De Veer A. Taakverschuiving van arts naar verpleegkundige. Nivel; 2007.
		I am willing to take on tasks from higher job positions in addition	Ik ben bereid om in de toekomst naast mijn eigen taken ook taken van hogere functies	7-point Likert scale	De Veer A. Taakverschuiving van arts naar verpleegkundige. Nivel; 2007.

		to my own tasks in the future.	op mij te nemen.		
		I am willing to shift my own non-healthcare related tasks to healthcare workers with other job positions.	Ik ben bereid om mijn niet-zorg gerelateerde taken over te dragen aan zorgmedewerkers met een andere functie.	7-point Likert scale	De Veer A. Taakverschuiving van arts naar verpleegkundige. Nivel; 2007.
		I am willing to shift my own non-healthcare related tasks to non-healthcare related workers.	Ik ben bereid om mijn niet-zorg gerelateerde taken over te dragen aan niet-zorg gerelateerde medewerkers.	7-point Likert scale	Nurse from Zorgfederatie Oldenzaal

7.2.2 Survey part for nurses

Optimal combination of job responsibilities	Importance and value of tasks	I find providing care to clients important and valuable in my job.	Ik vind het verzorgen van cliënten belangrijk en waardevol in mijn werk.	7-point Likert scale	Randstad: Werken als verpleegkundige: je werkdag, je salaris en opleidingen. https://www.randstad.nl/functies/ver
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					pleegkundige#werken Accessed March 30 2025.
		I find assisting with medical tasks important and valuable in my job.	Ik vind het ondersteunen bij medische taken belangrijk en waardevol in mijn werk.	7-point Likert scale	Randstad: Werken als verpleegkundige: je werkdag, je salaris en opleidingen. https://www.randstad.nl/functies/verpleegkundige#werken Accessed March 30 2025.
		I find medication-related tasks important and valuable in my job.	Ik vind medicatie gerelateerde taken belangrijk en waardevol in mijn werk.	7-point Likert scale	Randstad: Werken als verpleegkundige: je werkdag, je salaris en opleidingen. https://www.randstad.nl/functies/verpleegkundige#werken Accessed March 30 2025.
		I find keeping clients and their families informed important and valuable in my job.	Ik vind familie en cliënten op de hoogte houden belangrijk en waardevol in mijn werk.	7-point Likert scale	Randstad: Werken als verpleegkundige: je werkdag, je salaris en opleidingen. https://www.randstad.nl/functies/verpleegkundige#werken

					pleegkundige#werken Accessed March 30 2025.
		I find coaching colleagues important and valuable in my job.	Ik vind het coachen van collega's belangrijk en waardevol in mijn functie.	7-point Likert scale	Nurse from Zorgfederatie Oldenzaal
		I find coordinating preconditions to deliver high quality care valuable and important in my job.	Ik vind het coördineren van randvoorwaarden om goede zorg te leveren belangrijk en waardevol in mijn functie.	7-point Likert scale	Nurse from Zorgfederatie Oldenzaal
	Necessity of tasks	I find providing care to clients essential in my job.	Ik vind het verzorgen van cliënten noodzakelijk in mijn functie.	7-point Likert scale	Randstad: Werken als verpleegkundige: je werkdag, je salaris en opleidingen. https://www.randstad.nl/functies/verpleegkundige#werken Accessed March 30 2025.
		I find assisting with medical tasks	Ik vind het ondersteunen bij medische taken noodzakelijk in mijn functie.	7-point Likert scale	Randstad: Werken als verpleegkundige: je werkdag, je salaris en

		essential in my job.			opleidingen. https://www.randstad.nl/functies/verpleegkundige#werken Accessed March 30 2025.
		I find medication-related tasks essential in my job.	Ik vind medicatie gerelateerde taken noodzakelijk in mijn functie.	7-point Likert scale	Randstad: Werken als verpleegkundige: je werkdag, je salaris en opleidingen. https://www.randstad.nl/functies/verpleegkundige#werken Accessed March 30 2025.
		I find keeping clients and their families informed essential in my job.	Ik vind familie en cliënten op de hoogte houden noodzakelijk in mijn functie.	7-point Likert scale	Randstad: Werken als verpleegkundige: je werkdag, je salaris en opleidingen. https://www.randstad.nl/functies/verpleegkundige#werken Accessed March 30 2025.
		I find coaching colleagues essential in my job.	Ik vind het coachen van collega's noodzakelijk in mijn functie.	7-point Likert scale	Nurse from Zorgfederatie Oldenzaal

		I find coordinating preconditions to deliver high quality care essential in my job.	Ik vind het coördineren van randvoorwaarden om goede zorg te leveren noodzakelijk in mijn functie.	7-point Likert scale	Nurse from Zorgfederatie Oldenzaal
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7.2.3 Survey part for verzorgenden IG

Optimal combination of job responsibilities	Importance and value of tasks	I find administrative tasks important and valuable in my job.	Ik vind administratieve taken belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for accompanying external parties important and valuable in my job.	Ik vind tijd voor het begeleiden van externe partijen belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te

					pakken. University of Twente; 2024.
		I find facility related tasks important and valuable in my job.	Ik vind facilitaire taken belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time helping clients with eating and drinking important and valuable in my job.	Ik vind tijd voor het helpen van cliënten met eten en drinken belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for helping clients with movement and posture important and	Ik vind tijd voor het ondersteunen van cliënten bij beweging en houding belangrijk en	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen:

		valuable in my job.	waardevol in mijn werk.		Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find logistical tasks important and valuable in my job.	Ik vind logistieke taken belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find medication related tasks important and valuable in my job.	Ik vind medicatie gerelateerde taken belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.

		I find time for networking important and valuable in my job.	Ik vind tijd voor netwerken belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for personal care and hygiene important and valuable in my job.	Ik vind tijd voor persoonlijke verzorging en hygiëne belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for social activities important and valuable in my job.	Ik vind tijd voor sociale activiteiten belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG

					door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find care-related tasks important and valuable in my job.	Ik vind zorg gerelateerde taken belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
	Necessity of tasks	I find administrative tasks essential in my job.	Ik vind administratieve taken noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.

		I find time for accompanying external parties essential in my job.	Ik vind tijd voor het begeleiden van externe partijen noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find facility-related tasks essential in my job.	Ik vind facilitaire taken noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for assisting clients with eating and drinking essential in my job.	Ik vind tijd voor het helpen van cliënten met eten en drinken noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG

					door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for supporting clients with movement and posture essential in my job.	Ik vind tijd voor het ondersteunen van cliënten bij beweging en houding noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find logistical tasks essential in my job.	Ik vind logistieke taken noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.

		I find medication-related tasks highly essential in my job.	Ik vind medicatie gerelateerde taken erg noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for networking essential in my job.	Ik vind tijd voor netwerken noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for personal care and hygiene essential in my job.	Ik vind tijd voor persoonlijke verzorging en hygiëne noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG

					door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for social activities essential in my job.	Ik vind tijd voor sociale activiteiten noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find care-related tasks essential in my job.	Ik vind zorg gerelateerde taken noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.

7.2.4 Survey part for helpenden plus

Optimal combination of job responsibilities	Importance and value of tasks	I find administrative tasks important and valuable in my job.	Ik vind administratieve taken belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find facility related tasks important and valuable in my job.	Ik vind facilitaire taken belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time helping clients with eating and drinking important and	Ik vind tijd voor het helpen van cliënten met eten en drinken belangrijk en	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen:

		valuable in my job.	waardevol in mijn werk.		Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for helping clients with movement and posture important and valuable in my job.	Ik vind tijd voor het ondersteunen van cliënten bij beweging en houding belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find logistical tasks important and valuable in my job.	Ik vind logistieke taken belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.

		I find medication related tasks important and valuable in my job.	Ik vind medicatie gerelateerde taken belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for networking important and valuable in my job.	Ik vind tijd voor netwerken belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for personal care and hygiene important and valuable in my job.	Ik vind tijd voor persoonlijke verzorging en hygiëne belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG

					door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for social activities important and valuable in my job.	Ik vind tijd voor sociale activiteiten belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find care-related tasks important and valuable in my job.	Ik vind zorg gerelateerde taken belangrijk en waardevol in mijn werk.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.

	Necessity of tasks	I find administrative tasks essential in my job.	Ik vind administratieve taken noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find facility-related tasks essential in my job.	Ik vind facilitaire taken noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for assisting clients with eating and drinking essential in my job.	Ik vind tijd voor het helpen van cliënten met eten en drinken noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG

					door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for supporting clients with movement and posture essential in my job.	Ik vind tijd voor het ondersteunen van cliënten bij beweging en houding noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find logistical tasks essential in my job.	Ik vind logistieke taken noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.

		I find medication-related tasks highly essential in my job.	Ik vind medicatie gerelateerde taken erg noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for networking essential in my job.	Ik vind tijd voor netwerken noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for personal care and hygiene essential in my job.	Ik vind tijd voor persoonlijke verzorging en hygiëne noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG

					door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find time for social activities essential in my job.	Ik vind tijd voor sociale activiteiten noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.
		I find care-related tasks essential in my job.	Ik vind zorg gerelateerde taken noodzakelijk in mijn functie.	7-point Likert scale	Kok E. Ontzorgen van zorgmedewerkers in Nederlandse VVT-instellingen: Ontlasten van Verzorgenden-IG door taken van intramurale en extramurale zorg integraal op te pakken. University of Twente; 2024.

7.2.5 Survey part for helpenden

Optimal combination of job responsibilities	Importance and value of tasks	I find providing assistance with personal care for clients important and valuable in my job.	Ik vind hulp bieden bij persoonlijke verzorging aan de cliënt belangrijk en waardevol in mijn werk.	7-point Likert scale	Randstad: Werken als helpende: je taken, je salaris en interessante vacatures. https://www.randstad.nl/functies/helpende#werken Accessed March 30 2025.
		I find providing assistance with household tasks for clients important and valuable in my job.	Ik vind hulp bieden bij huishoudelijke taken aan de cliënt belangrijk en waardevol in mijn werk.	7-point Likert scale	Randstad: Werken als helpende: je taken, je salaris en interessante vacatures. https://www.randstad.nl/functies/helpende#werken Accessed March 30 2025.
		I find offering a listening ear to clients important and valuable in my job.	Ik vind een luisterend oor bieden aan cliënten belangrijk en waardevol	7-point Likert scale	Randstad: Werken als helpende: je taken, je salaris en interessante vacatures. https://www.randstad.nl/functies/helpende#werken Accessed March 30 2025.

			in mijn werk.		
		I find providing assistance with recreation al activities for clients important and valuable in my job.	Ik vind hulp bieden bij recreatieve activiteiten aan cliënten belangrijk en waardevol in mijn werk.	7- poin t Like rt scal e	Randstad: Werken als helpende: je taken, je salaris en interessante vacatures. https://www.randstad.nl/functies/helpende#werken Accessed March 30 2025.
		I find being alert to the well- being and health of clients important and valuable in my job.	Ik vind het alert zijn op het welzijn en de gezondheid van cliënten belangrijk en waardevol in mijn werk.	7- poin t Like rt scal e	Randstad: Werken als helpende: je taken, je salaris en interessante vacatures. https://www.randstad.nl/functies/helpende#werken Accessed March 30 2025.
		I find reporting on the condition and developm ent of clients important	Ik vind het rapporteren over de toestand en ontwikke ling van de cliënt belangrijk en	7- poin t Like rt scal e	Randstad: Werken als helpende: je taken, je salaris en interessante vacatures. https://www.randstad.nl/functies/helpende#werken Accessed March 30 2025.

		and valuable in my job.	waardevol in mijn werk.		
Necessity of tasks	I find providing assistance with personal care for clients essential in my job.	Ik vind hulp bieden bij persoonlijk verzorging aan de cliënt noodzakelijk in mijn functie.	7-point Like rt scal e	Randstad: Werken als helpende: je taken, je salaris en interessante vacatures. https://www.randstad.nl/functies/helpende#werken Accessed March 30 2025.	
	I find providing assistance with household tasks for clients essential in my job.	Ik vind hulp bieden bij huishoudelijke taken aan de cliënt noodzakelijk in mijn functie.	7-point Like rt scal e	Randstad: Werken als helpende: je taken, je salaris en interessante vacatures. https://www.randstad.nl/functies/helpende#werken Accessed March 30 2025.	
	I find offering a listening ear to clients essential in my job.	Ik vind een luisterend oor bieden aan cliënten noodzakelijk in mijn functie.	7-point Like rt scal e	Randstad: Werken als helpende: je taken, je salaris en interessante vacatures. https://www.randstad.nl/functies/helpende#werken Accessed March 30 2025.	
	I find providing assistance with	Ik vind hulp bieden bij recreatieve	7-point Like	Randstad: Werken als helpende: je taken, je salaris en interessante vacatures.	

		recreation al activities for clients essential in my job.	activiteiten aan cliënten noodzakelij k in mijn functie.	rt scal e	https://www.randstad.nl/functies/helpende#werken Accessed March 30 2025.
		I find being alert to the well- being and health of clients essential in my job.	Ik vind het alert zijn op het welzijn en de gezondheid van cliënten noodzakelij k in mijn functie.	7- poin t Like rt scal e	Randstad: Werken als helpende: je taken, je salaris en interessante vacatures. https://www.randstad.nl/functies/helpende#werken Accessed March 30 2025.
		I find reporting on the condition and developm ent of clients essential in my job.	Ik vind het rapporteren over de toestand en ontwikkel ing van de cliënt noodzakelij k in mijn functie.	7- poin t Like rt scal e	Randstad: Werken als helpende: je taken, je salaris en interessante vacatures. https://www.randstad.nl/functies/helpende#werken Accessed March 30 2025.

7.3 Information for survey participants

Hartelijk dank dat u bereid bent om deel te nemen aan dit onderzoek. De aanleiding van dit onderzoek is de stijgende zorgvraag in Nederland door vergrijzing. Tegelijkertijd ontstaat er een tekort aan mensen die werken in de zorg, waardoor het steeds uitdagender wordt om goede zorg te kunnen leveren. Een mogelijke oplossing is het verschuiven van niet-zorg gerelateerde taken, bijvoorbeeld van een verpleegkundige naar een helpende, om de zorg toekomstbestendiger te maken.

Met dit onderzoek willen we inzicht krijgen in uw werktevredenheid, uw bereidheid om bepaalde taken over te dragen of over te nemen van andere functies binnen uw werk en hoe uw ideale takenpakket eruitziet. Uw antwoorden helpen ons te onderzoeken hoe taken binnen de zorg beter verdeeld kunnen worden, met als uiteindelijk doel om **uw werk duurzaam en werkbaar te houden** en zo **kwalitatieve zorg te kunnen blijven leveren**.

Het duurt ongeveer 15 minuten om de enquête in te vullen. Gedurende dit onderzoek worden er geen herleidbare persoonsgegevens verzameld en **blijft u anoniem**. De gegevens die worden verzameld worden uitsluitend voor dit onderzoek gebruikt. Verder wordt de gegevens beveiligd bewaard en na de analyse verwijderd. **Uw deelname aan dit onderzoek is vrijwillig** en u heeft gedurende dit hele onderzoek de mogelijkheid om te stoppen zonder hiervoor een reden te geven. De gegevens die tot dat moment zijn verzameld worden niet gebruikt voor dit onderzoek.

Dit onderzoek wordt in samenwerking met Norschoten, Zorgfederatie Oldenzaal en Zorggroep Sint Maarten uitgevoerd. De onderzoeker is Lieke van Alst, een masterstudent Health Sciences aan Universiteit Twente.

Voor vragen of opmerkingen kunt u haar bereiken op het volgende e-mailadres:

l.w.d.vanalst@student.utwente.nl

Lieke is onder begeleiding van dr. ir. Gréanne Leeftink. U kunt haar bereiken op het volgende e-mailadres: a.g.leeftink@utwente.nl

Voor de start van de enquête vragen wij uw toestemming voor de volgende punten:

- Ik heb bovenstaande informatie gelezen.
- Ik weet dat mijn deelname vrijwillig is en dat ik mijn toestemming kan intrekken op ieder moment van het onderzoek. Daarvoor hoef ik geen reden op te geven.
- Ik weet dat als ik mij terugtrek, mijn gegevens tot dat moment niet gebruikt worden.
- Ik geef toestemming voor het verzamelen, bewaren en gebruiken van mijn gegevens voor de beantwoording van de onderzoeksvragen in dit onderzoek.

Ik geef toestemming. ☐

Ik geef geen toestemming. ☐

7.4 Interview guide

Eerst vragen voor toestemming, dan opname aan.

Inleiding

Goedemorgen/middag, mijn naam is Lieke van Alst. Ik ben een student van de master Health Sciences aan Universiteit Twente. Ik doe onderzoek naar de werktevredenheid van zorgverleners en hun perspectief op het verschuiven van taken naar andere (zorg)medewerkers. De Nederlandse bevolking vergrijst namelijk, terwijl er tegelijkertijd minder zorgverleners zijn om te kunnen zorgen voor deze oudere bevolking. Het doel van dit onderzoek is om uiteindelijk met onder andere deze inzichten over takenverschuiving de zorg toekomstbestendiger in te delen en zo ook de zorgverleners te ontzorgen.

Vandaag is ook Pauline aanwezig, zij werkt ook mee aan dit onderzoek. Zij is er vandaag bij aanwezig om mij aan te kunnen vullen of om verdiepende vragen te stellen.

Ik vind het erg fijn dat u mee wilt werken aan dit onderzoek. Om uw deelname vast te leggen zou ik graag dit interview op willen nemen om dit interview later terug te kunnen luisteren. U heeft tijdens dit interview de mogelijkheid om te stoppen zonder hier een reden voor te geven. Wij verzamelen geen persoonsgegevens tijdens dit interview, waardoor u als persoon anoniem blijft. Verder duurt het interview maximaal een halfuur. Voor wij verder gaan, bent u hier oké mee en geeft u toestemming aan ons om dit gesprek op te nemen?

Als u gedurende dit interview vragen aan mij heeft dan kunt u deze altijd stellen. Heeft u voor nu vragen aan mij? ... Dan ga ik nu beginnen met het interview.

Topic 1: Algemene werkbeleving en tevredenheid:

1. Hoe ervaart u uw werk op dit moment?
2. Zijn er dingen die u zou willen veranderen aan uw werk?
 - Zo ja, wat en waarom?

Topic 2: Job demands and resources:

Werkdruk en belasting (job demands)

3. Hoe ervaart u de werkdruk in uw functie?
4. Zijn er momenten waarop de werkdruk invloed heeft op uw prestaties of welzijn?
 - Zo ja; Kunt u hier een voorbeeld van geven?

Middelen in het werk (job resources)

5. In hoeverre ervaart u voldoende ruimte om uw werk naar eigen inzicht in te richten?
(autonomie)

1. In hoeverre draagt dit bij aan uw werktevredenheid?

Topic 3: Task shifting

6. Heeft u voorheen taken uitgevoerd die normaal door iemand in een andere functie worden gedaan?
- Zo ja: van een hogere of lagere functie?
 - Hoe ervaarde u dat?
 - Had u het gevoel dat je die taken goed kon uitvoeren?
 - In hoeverre heeft dit invloed op uw werktevredenheid of werkdruk gehad?
7. In hoeverre vindt u dat bepaalde taken beter overgenomen kunnen worden door anderen (hoger/lager)?
- Waarom wel/niet?
8. In hoeverre zit er verschil in het verschuiven van zorg- of niet-zorg gerelateerde taken?
- Wat zorgt ervoor dat deze wel/niet verschoven kunnen worden?
9. Zou u openstaan voor verdere taakverschuiving in de toekomst?
- Wat zou daarvoor nodig zijn?

Uit onderzoek naar het cliëntenperspectief op takenverschuiving is gebleken dat een relatief hoog percentage cliënten bereid is om zelf de medicatie tijdig in te nemen.

10. In hoeverre speelt u een rol in het op tijd innemen van medicatie van de cliënt?
- Zo ja; in hoeverre ziet uw mogelijkheden om dit te verschuiving naar de cliënt zelf?
 - Zo ja; in hoeverre kunnen deze verschuivingen voor u een bijdrage kunnen leveren aan het houdbaar maken van het personeelstekort?

Topic 4: Survey-based questions

Vragen voor verpleegkundigen en verzorgenden IG:

Uit de resultaten van de enquête is gebleken dat verpleegkundigen de meeste waarde hechten aan niet-zorg gerelateerde taken, in vergelijking met zorg gerelateerde taken. Verzorgenden IG hechten daarentegen meer waarde aan zorg gerelateerde taken in vergelijking met niet-zorg gerelateerde taken. Dit zou ruimte kunnen bieden om zorg gerelateerde taken naar verzorgenden IG te verschuiven.

11. In hoeverre ziet u mogelijkheden om deze verschuiving door te voeren?
- Waarom wel/niet?

- In hoeverre kan deze verschuiving invloed hebben op uw werkplezier?
- In hoeverre kan deze verschuiving invloed hebben op de kwaliteit van zorg?

Vragen voor verzorgenden IG en helpenden plus:

Verder is er ook gebleken dat helpenden plus relatief meer waarde hechten aan logistieke en facilitaire taken in vergelijking met verzorgenden IG. Een mogelijke verschuiving kan hier plaatsvinden door deze taken van verzorgenden IG naar helpenden plus te verschuiven.

12. In hoeverre ziet u mogelijkheden om deze verschuiving door te voeren?

- Waarom wel/niet?
- In hoeverre kan deze verschuiving invloed hebben op uw werkplezier?
- In hoeverre kan deze verschuiving invloed hebben op de kwaliteit van zorg?

Daarnaast is uit onderzoek naar het cliëntenperspectief gebleken dat cliënten begeleiding voor sociale activiteiten niet noodzakelijk is om door een verpleegkundige/verzorgende uit te laten voeren. Uit het onderzoek naar zorgverleners is gebleken dat verzorgenden hier ook een relatief weinig waarde aan hechten. Dit zou de mogelijkheid bieden om dit te verschuiven van verzorgenden IG naar mantelzorgers.

13. In hoeverre ziet u mogelijkheden om deze verschuiving door te voeren?

- Waarom wel/niet?
- In hoeverre kan deze verschuiving invloed hebben op uw werkplezier?
- In hoeverre kan deze verschuiving invloed hebben op de kwaliteit van zorg?

14. In hoeverre kunnen deze verschuivingen voor u een bijdrage kunnen leveren aan het houdbaar maken van het personeelstekort?

- Kunt u dit verder uitleggen?

Topic 5: Afsluitende vragen:

15. Wat zou er volgens u moeten veranderen om uw werktevredenheid of werkbelasting te verbeteren?

16. Is er verder nog iets dat u belangrijk vindt om te noemen over uw werk of de manier waarop taken verdeeld zijn?

Afsluiting

Dit waren alle vragen. Bedankt voor dit interview. Heeft u verder nog vragen aan ons?

Mocht u op een later moment nog met vragen of aanvullingen komen dan kunt u mij mailen op het mailadres waarmee ik u benaderd heb. Dan wil ik u nogmaals hartelijk danken voor uw tijd!

Opname uit