

# **Labor Flexibility** **within the Dutch elderly care,** **homecare and maternity care**

*Adapting to a changing environment*

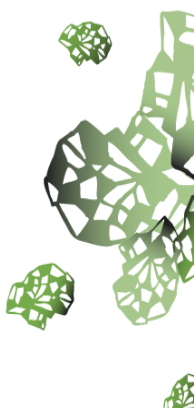


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Within this foreword not many things need to be said. The thesis lying in front of you is the result of a long and intensive research process that has been started in the first few months of 2009, which now, almost one year later, will come to an end. I must admit that within that period of time I have discovered and learned many new things about how to conduct a proper research, what will hopefully benefit me in the future.

Furthermore, it should not be forgotten that this research would have never been such a success without the participation of the nine organizations who performed as a case study and shared a lot of information with me about the way they deal with labor flexibility within the perspective of an ever changing environment.

Due to the size of the covering research I had the pleasure to work intensively together with three fellow students, Kirsten Kupper, Erik-Jan Vlietman and Bo van Westerop, they have been a great asset in the data collection of this research as they participated in visiting the organizations, executing interviews and coming with useful advice now and then.

Furthermore I would like to thank my first supervisor dr. ir. Jan de Leede for being more than a supervisor, but a fellow researcher and guide throughout the entire research process as well. I also would like to thank my second supervisor prof. dr. Jan Kees Looise for safeguarding the scientific aspects of this research.

I hope the reader enjoys this research as much as I did during the creation of it,

Lennart Homan

February 2010

## TABLE OF CONTENTS

Préface.....	3
Management Summary .....	6
1. Introduction .....	8
1.1 Background of the Research .....	8
1.2 Changes in the Law .....	9
1.2.1 General Law for Special Healthcare (AWBZ).....	9
1.2.3 Maternity care.....	11
1.3 Effects of Market Mechanisms in Care Organizations .....	11
1.4 Main question and preliminary research model.....	12
1.5 Relevance .....	12
1.6 Content of the report .....	13
2. Theoretical Framework .....	14
2.1 Flexibility as a mean or an outcome? .....	14
2.2 The flexible firm.....	14
2.3 Demands for labor flexibility.....	16
2.3.1 Changes within the consumer market.....	17
2.3.2 Changes within the labor market .....	17
2.3.3 Changes within the care concepts.....	18
2.3.4 Summarizing the demands .....	20
2.4 Forms of labor flexibility .....	20
2.4.1 Ad Hoc Flexibility .....	22
2.4.2 Contract flexibility.....	23
2.4.3 Work Time Flexibility .....	25
2.4.4 Functional Flexibility .....	26
2.4.5 Location Flexibility .....	27
2.5 Flexicurity .....	27
2.6 Effects of labor flexibility .....	29
2.6.1 Effects on the organization .....	29
2.6.2 Effects on employees .....	29
2.6.3 Effects on clients .....	30

2.7	Research Model .....	31
2.8	Research Questions .....	33
3	Research approach .....	34
3.1	Type of research .....	34
3.2	Data collection .....	35
3.3	Data analysis .....	36
3.4	Operationalization .....	36
4.	Results .....	39
4.1	Introduction .....	39
4.2	Drie Gasthuizen Groep .....	40
4.3	Regionale Stichting Zorgcentra de Kempen .....	41
4.4	AxionContinu .....	43
4.5	ZuidOostZorg .....	44
4.6	Warande .....	46
4.7	Laurens .....	47
4.8	Beweging 3.0 .....	49
4.9	Careyn Kraamzorg .....	50
4.10	Dé Provinciale Kraamzorg .....	52
4.11	Summarizing demands, forms and effects of Labor Flexibility .....	53
5.	Analysis .....	58
5.1	Care Concepts .....	58
5.2	Labor market .....	59
5.3	Consumer market .....	59
5.4	The flexible care organization: Layer model .....	59
5.5	Labor Flexibility: Capacity on the short and long term .....	60
5.5	Causes for Ad-Hoc Flexibility .....	63
5.6	Maintaining labor flexibility on the long term .....	64
5.8	The effect side of labor flexibility: flexicurity .....	65
6.	Final Conclusions .....	67
7.	Recommendations .....	70
	References .....	72
	Appendix .....	73

## MANAGEMENT SUMMARY

The last decade organizations within the Dutch elderly care, homecare and maternity care have dealt with some severe changes within the fields of legislation, demography, economy, technology and social-cultural, overthrowing the traditional concepts and processes within these sectors, and urging the need for new concepts of care delivery. This also has changed the way organizations needed to deal with labor, especially on how flexible organizations deal with this factor.

The concept of labor flexibility itself is not new and is also present within these sectors for some decades. The so called flexible firm is already a well known institution within organizational theories. Especially from the perspective of human resource management, a lot has been said and written about flexibility, especially regarding the personnel function it can obtain. Several forms of labor flexibility have been distinguished, which are often qualified as flexibility through contract, time and function.

This research will focus on the several forms of labor flexibility within the elderly care, homecare and maternity care within The Netherlands, what the drivers for these forms of labor flexibility are, and how these forms effect the organizations, their employees and their clients.

Being a part of a covering research regarding the balance between employee and operations management regarding employment contracts and working hours has structured the way this research should be conducted. Through a meta-analysis of nine representative organizations, who functioned as case-studies within this research, valid data has been collected and analyzed in order to find an answer towards the underlying research question.

*How is labor flexibility currently applied within different cure, care homecare and maternity care organizations, (related to the demands, several forms and effects of labor flexibility), and how could they possibly be improved with a better balance between employees and operational management as a result?*

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## FINDINGS

This research has shown that the implementation of small scale care concepts, client orientated approaches and a declining labor market on the one hand and a growing consumer market on the other hand, have been found to be the main drivers for the increased importance of labor flexibility forms. The adaption of these forms can be distinguished mainly throughout three responsible employee groups, those with small contracts, large contracts and those who work through flex pools, and can be classified within a timeframe of short term labor flexibility and long term labor flexibility. Variations occur amongst the three sectors, though within these sectors similarities are present regarding the required amount of flexible personnel on the short and long term. An overall trend that occurs is that absenteeism is the main initiator of situations in which labor flexibility forms need to be used, whilst fluctuations in demand are in most cases very predictable.

Effects of labor flexibility can be mainly classified within the field of flexibility and irregular needs from both the organization and its employees on one side and their need for security and predictability on the other. It is therefore important for organizations to become more productive and client orientated in which all employee and client perspectives are weighted equally in order to stabilize and increase the attractiveness of the sector and the satisfaction experienced by client and employees.

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## CONCLUSIONS

All of the above sums up to some of the main conclusions of this research. These conclusions need to be seen in the light of the fact that these organizations need to become more productive and client orientated on a social innovative way in which all employee perspectives are weighted equally in order to stabilize and increase the attractiveness of the sector. Labor flexibility, when implemented effectively and structured, can play a vital role in obtaining and increasing the attractiveness of this sector for both employees and clients.

Therefore, the balance between operational management and employees can be improved or maintained, when organizations integrate several forms of labor flexibility in which all employees are weighted equally. This means that small contracts, large contracts and flex pools need to be integrated in order to avoid one sided pressure, since such an approach can create a situation of unbalance.

One other important conclusions can also be seen as one of the major recommendations for the EHM branch and states that organizations can obtain the required amount of labor flexibility by creating a mix of instruments, instead of relying on just one or a few instruments. This mix should consist out of the external deployment of flex workers, flexible working hours, internal flex pools and on-call employees, overtime, multi-skilling and location flexibility, which implicates that all of these instruments need to be integrated in order to avoid one sided pressure, since such an approach can create a situation of unbalance.

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## RECOMMENDATIONS

The main recommendation paradoxically implicates that labor flexibility itself does not necessarily need to come from employees alone. Organizations, and the sector overall, need to be aware that the way they organize work itself and the internal structure of their organization also influences the way labor flexibility can be adopted and perceived.

Furthermore, it is of utmost importance that organizations within the EHM have a clear overview regarding the capacity they need to obtain the amount of labor flexibility that is required, both on the short and long term. In order to streamline this process it is vital to link planning and formation mechanics together, to obtain a combination of decentralized planning and rostering and the centralized overview which is needed for organizations to adjust towards over and under capacity throughout their organization.

As mentioned above it remains vital for organizations to keep a central overview regarding their decentralized planning and rostering units. On the long term the organization needs to centrally keep an eye out for fluctuations on both the labor and consumer market, in order to adjust their formation when needed, though a lot of these fluctuations can also be countered by the decentralized units. Overall, the above points illustrate the need for decentralization when dealing with labor flexibility on the short term, whilst a combination between centralization and decentralization is needed when dealing with labor flexibility on the long term.

Overall it is hard to define one successful strategy for each of the three sectors on how to deal with labor flexibility, though the above recommendations are some of the basic conditions each organizations has to obtain in order to remain productive and effective. It also contributes towards the attractiveness of the organizations within these sectors.

This research has furthermore shown that a lot of possibilities reside within this branch for further research. It is also very clear that the Dutch elderly care, homecare and maternity care sector can improve the way how to effectively deal with labor flexibility mechanics which will lead to a maximization of benefits for the organizations, their employees and their clients.

# 1. INTRODUCTION

## 1.1 BACKGROUND OF THE RESEARCH

The collective labor agreement 2008-2010 of the elderly care, homecare and maternity care sectors (EHM: VVT en Kraamzorg) contains an agreement about the execution of a research towards new and innovative arrangements of employment contracts and working hours in which the needs of both operational management and the employees are balanced. This research should be conducted on behalf of the social partners of the VVT (SOVVT), represented by umbrella organization ActiZ.

Since the first of January, 2008, the elderly care, homecare and maternity care organizations share one combined collective labor agreement (CAO VVT). Because of differences between these sectors, the SOVVT prefers insights and possibilities about employment contracts and working hours within these different sectors.

The research should provide insights and possibilities in: How do care organizations deal with the issue concerning the balance between employees and operations management regarding the arrangement of working hours? In which way do the different care organizations make this balance to measure? Should this be done collectively by work councils or, contrarily, between employer and employee at an individual level? What are the differences between the different sectors (for example intra- and extramural care)? What is the influence of organizational care concepts on the arrangement of employment contracts and working hours? How do the care organizations deal with possible conflicting interests between client and employee? How do care organizations design their Human Capacity planning? What is the influence of the labor market on this issue regarding employment contracts and labor hours? Do organizations draw up policies concerning this aspect regarding Human Resource policies?

In order to provide answers for all of the questions stated above, a central research question within this covering research has been conducted:

*What are the possibilities in the elderly care, homecare and maternity care sectors (VVT en Kraamzorg) to deal with the balance between operations management and employees interest regarding employment contracts and working hours in a social (innovative) way, with attractive organizations within the elderly care, homecare and maternity care for both current and new employees as a result?*

The nature of the research approach is qualitative, with the provision of an inventory regarding labor flexibility as the main purpose. Is there a relationship between Human Resource planning/Workforce scheduling and care concepts, labor flexibility and the Work-Life-Balance of employees? The following research model has been developed:

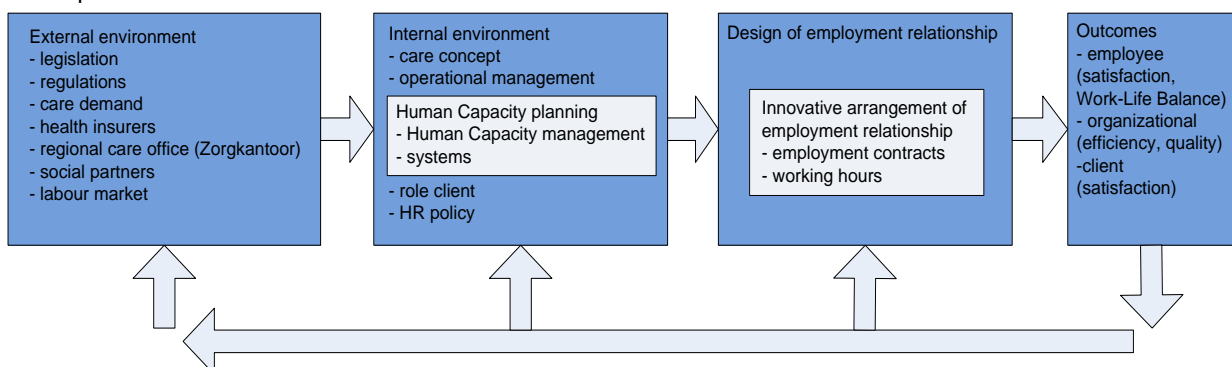


Figure 1: 'General research model' (extracted from 'Plannen en roosteren in de VVT en kraamzorg', De Leede et al., 2009)



This research must provide insights and possibilities regarding the whole sector as represented by umbrella organization ActiZ. Because of this, this research will distinguish between the different sectors listed below whenever necessary:

- a) Elderly care (V&V) intramural,
- b) Extramural homecare (AWBZ),
- c) Maternity care ,
- d) Combinations of the mentioned forms above (integrated healthcare suppliers).

The goal of the research conducted in this thesis is to provide specific insights and possibilities within this broad subject; to obtain insights within the field of Labor Flexibility, regarding the needs for labor flexibility, the implementation of instruments related to labor flexibility, and the effects of labor flexibility. The total research will be conducted in cooperation with 3 other graduate students. To cover the most important aspects of the main topic, these students will conduct a specific research on HR policy and work-life balance, human capacity and formation planning, and healthcare innovation and concepts in care. The results of these 4 theme-specific studies will be analyzed and combined in a final report. This report will be distributed to umbrella organization ActiZ and the social partners of the VVT (SOVVT) and will be subject for the next collective labor agreement negotiations.

Parallel to this research, the Dutch institute for labor issues (IVA) will conduct a study concerning employee experience within the EHM sectors. Their research is executed by both an online questionnaire for planners as well as an online questionnaire for employees. In addition, IVA also implements a qualitative case study research within five EHM organizations. Because of the different goals, both researches will complement each other.

## 1.2 CHANGES IN THE LAW

### 1.2.1 GENERAL LAW FOR SPECIAL HEALTHCARE (AWBZ)

From January 1st, 2009, the general Law for special healthcare (AWBZ) has changed. The AWBZ (public insurance) covers serious health risks, which are not covered by the standard health insurance. The Dutch Social Economic Council (SER) has produced a report of recommendation concerning the AWBZ, as requested by the State Secretary on behalf of the Dutch cabinet. The reason for the resulting change is twofold: the finance of the care arising from this law became too expensive and clients should have the opportunity to organize their health support by themselves, if they are able to. In the past situation, cure and care organizations collected income based on capacity or number of patients. This institution-oriented structure was purely based upon quantity, independent of the actual degree of care a client received. Also, too many clients received AWBZ-financed treatment on an undeserved basis, as gathered by the Dutch Government. The Dutch Government stated that the AWBZ is only available for people with moderate or serious restrictions who accordingly need health support for a long time, often lifelong. Particularly, the AWBZ is intended for care claims based on one of the following seven grounds: a somatic, psycho-geriatrics or psychic disease or restriction, a mental, physical or sensory handicap or a psychosocial problem. A clearer definition of AWBZ claims should prevent the supply of special healthcare on an undeserved basis. Other reasons for the change of the AWBZ law regarding clients (besides offering them the opportunity to organize their health support on their own) were to consolidate their position, provide them more options, and more control related to healthcare. Independent client assessment, a market mechanism within the healthcare by admittance of new health suppliers, and cancellation of historical grown work and task areas were introduced to achieve the desired outcomes.

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## THE AWBZ PROCESS

For the implementation of independent client assessment, an official body (Centrum Indicatiestelling Zorg (CIZ)) is established to indicate if a client needs care, which specific kind of care and the level of care. The used standards are imposed by the Ministry of Health, Welfare and Sport (VWS). CIZ could provide healthcare with (intramural care) or without accommodation (extramural care). In both cases clients got allotted one or some care functions that contain AWBZ functions and their total quantity expressed in hours (hours or parts of the day per week concerning healthcare without accommodation). In addition, a period (temporary or permanent) is also defined regarding healthcare without accommodation. Standard values are linked with these care functions resulting in a client-based indicated budget. Since July 1st, 2007, Zorg Zwaarte Paketten (ZZP's) are provided as client-based budgets in case of requests for healthcare with accommodation in cure and care organizations. These ZZP's and their indications can be found within appendix C.

If a client-based indicated budget is allocated by the CIZ, the client requests for these specific care functions in kind at the regional care office. These care offices represent all the health insurers within the specific region, but are affiliated to one (often the largest) health insurer within the region. The care office negotiates about agreements with the healthcare suppliers within a region on behalf of all the health insurers. These negotiations are executed within determined boundaries (contracting space) and the agreements have a duration of one year. The boundaries are determined by the National Health Authority (NZa) on a national basis and allocated to the regional care offices (32 in total). A client is entitled to request for healthcare from a healthcare supplier located in a region other than the region of his/her domicile. The only requirement implies that the regional care office must have set up an agreement with the healthcare supplier preferred by the client. For both healthcare with or without accommodation, a preferred healthcare provider could be suggested by the CIZ. Most of the times, the request will be met and the healthcare will be provided by the specific healthcare supplier.

When a suitable healthcare supplier is found, the care office sends the client-based indication to the supplier. This will act as the contract between the healthcare supplier and the client. Accordingly, the healthcare supplier contacts the client and the specific care can be provided. Meanwhile, the healthcare supplier contacts the central administration office (Centraal Administratie Kantoor (CAK)) for the calculation of the clients' obligatory financial contribution. For this calculation the CAK retrieves the client's income from the tax authorities (Belastingdienst). CAK charges this contribution from the client. The care office instructs the CAK to transfer AWBZ money to the healthcare supplier, based on the negotiated agreements. The CAK acquires this money from the college for health insurance (CVZ), which acquires the money from the tax authorities. Finally, CAK transfers the AWBZ public money to the healthcare supplier. This process is summarized in a flowchart (Appendix A).

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## HOMECARE (AWBZ)

Concerning healthcare without accommodation, the contract obligation of the regional care office has been removed from the AWBZ since August 31, 2004. As a result, the regional care offices created a jointly formulated contract policy: providers of healthcare without accommodation are rated both on exclusion criteria as well as evaluation criteria since 2006. Generally, regional care offices use public tender procedures to purchase this specific kind of healthcare. Within these tender procedures, appointments are made about quality and price of healthcare which are supervised by the concerned regional care office. The resulting contracts between regional care offices and suppliers of healthcare without accommodation could be valid for one to several years and these suppliers are only allowed to charge the time they directly spent at a clients' home. Because of this, the client based indicated budget of the CIZ is expressed in an hourly rate.

## CARE IN KIND OR PURCHASED BY CLIENTS ITSELF

AWBZ care for short stay could be obtained in kind (Zorg in Natura (ZIN)) or as a personal budget: finance supplied in advance (Persoonsgebonden Budget (PGB)). With a PGB, the client has the freedom to purchase care by itself. Compared with the provision of care in kind, the client is not dependent on the care as provided by the regional care office. With a PGB, purchase of both professional care (e.g. care organizations, nurses operating as entrepreneur, freelance-based nurses or private companies) and care on a non-commercial basis (on family-basis (mantelzorg)) as well as a combination of both is possible. The PGB process is summarized in a flowchart (Appendix B).

### 1.2.3 MATERNITY CARE

In addition to the AWBZ and WMO financed healthcare, maternity care, midwifery by midwives and the usual assistance by general practitioners (partus assistance) are compensated by the standard package of essential healthcare of the basic health insurance. The basic health insurance is obligatory for all residents of the Netherlands.

In September 2005, a national indication protocol for maternity care is prepared (landelijk indicatieprotocol kraamzorg, LIP). This protocol provides the basis for the cooperation between maternity care agencies, midwives and healthcare insurers and contains a scheme with respect to the content of the usual birth assistance by general practitioners. As stated by the LIP, the independent client assessment is implemented at two moments in time: during the pregnancy (first assessment) and in case of changes during the childbed (the second or further assessment). A pregnant client could directly enroll at a specific maternity care supplier or could submit a request for (a specific) maternity care at their healthcare insurer. In the latter case, the healthcare insurer allocates the request to a related maternity care supplier. This could be done by using an auction instrument, by which maternity care suppliers can bid discounts on the statutory maximum rates for maternity care as stated by NZa within the Healthcare Development Act (Wet Marktontwikkeling Gezondheidszorg, WMG). In both cases, a clients' request for a specific maternity care supplier will most of the times be accepted.

As stated above, maternity care agencies are financed based on the charged number of standard maternity care hours to the healthcare insurer and based on the extra hours they provide. In addition to this, the first assessment during the pregnancy and an enrolment fee are directly charged to the client and a connection fee for birth assistance by general practitioners and the actual hours spent regarding this task are also charged to the healthcare insurer.

## 1.3 EFFECTS OF MARKET MECHANISMS IN CARE ORGANIZATIONS

The implementation of these measures resulted in a fundamental change within the supply of healthcare: from institution oriented supply, to supply based on customer focus. This customer specific supply of healthcare is caused by the introduction of client-based income: a client brings along financial resources based on his or her indication. This change resulted in a large turnaround within elderly care, homecare, and maternity care organizations: they are financed based on demand instead of supply. So to say, the client-based indicated budget shadows the healthcare consuming client. Because of this change in financing structure, acceptable performing healthcare suppliers got the opportunity to grow and poor performance of suppliers could result in

the under utilization of resources and lack of occupancy. This could result in more diversity and renewal of healthcare supply and a better overall quality of healthcare. This change will also affect the way organizations have to deal with capacity planning and the way working hours and labor contracts are constructed. These ongoing changes increase the need for organizations to become more and more flexible to adjust to market demands and to be able to deliver care in a efficient and productive way.

## 1.4 MAIN QUESTION AND PRELIMINARY RESEARCH MODEL

In perspective to the total research on employment contracts and working hours within the EHM, the focus within this research will be on the use of labor flexibility mechanics within this sector. It is supposed that the changed external factors as described above do influence the labor flexibility mechanics within the EHM. As seen from a broader perspective these organizations have to adapt their philosophy by which they deliver their care to clients: their care concept. This can be influenced by several drivers or needs like consumer market, labor market and production concept demands. In order to get a good overview which labor flexibility instruments are most appropriate to effectively address the changes that have their influences on these organizations, it is very important to address the needs for labor flexibility, the several forms of labor flexibility mechanics, within the internal structure of the organizations, and the actual effects of these forms on the organization, their clients and employees. The supposed factors related to labor flexibility are described in the preliminary research model (figure 2). From this preliminary research model it is possible to extract a central research question, which will function as the main guideline to conduct this research. This preliminary research model can be formulated as

- *How is labor flexibility currently applied within different cure, care homecare and maternity care organizations, ( related to the demands, several forms and effects of labor flexibility), and how could they possibly be improved with a better balance between employees and operational management as a result?*

In the next chapter, this preliminary research model will be transformed into a research model based on relevant scientific literature.

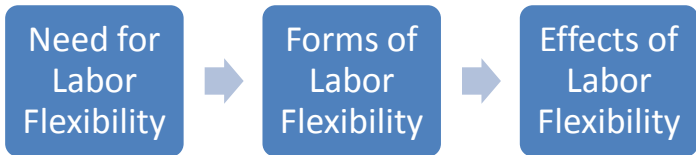


Figure 2: Preliminary Research Model

## 1.5 RELEVANCE

As already mentioned previously, the EHM sector is shifting from an institution-oriented supply to supply based on customer focus. This customer specific supply of healthcare is caused by the introduction of client-based income: a client brings along financial resources based on his or her indication. This change resulted in a large turnaround within the EHM organizations: they are financed based on demand instead of supply. So to say, the

client-based indicated budget shadows the healthcare consuming client. Because of this change in financing structure, acceptable performing healthcare suppliers got the opportunity to grow and poor performance of suppliers could result in the under utilization of resources and lack of occupancy. This could result in more diversity and renewal of healthcare supply and a better overall quality of healthcare.

The purpose of this research is to obtain insights in the design and implementation of several forms of labor flexibility within the cure, care, homecare and maternity care organizations (EHM) as a result of changes in both the external and internal environment of these organizations.

It is possible that the changes within the environment and implemented measures will have a major effect on mechanics regarding labor flexibility within the EHM organizations and because of that on Human Resources Planning and Workforce Scheduling. As stated by Evers & Verhoeven (1999) Human Resources Planning consists of the preparation, design and implementation of strategic policy regarding the flow of personnel in, through and out of organizations with an effective and functional allocation of labor as a result. This allocation of labor, along with the need for flexibility, became more important when the indication based financing structure came into force. Because of this structure, only a clients' indicated level of care will be paid to the healthcare supplier involved. In the most efficient situation, clients' demand for a certain level of care is directly linked to a rightly qualified employee. Only then, by allocating the first appropriate employee, the quality of care could be guaranteed at the lowest costs. This actual allocation of employees to clients can be made more effective and efficient when the amount of labor flexibility is seen as a vital part of the organizations within the EHM.

With respect to EHM organizations, sufficient understanding of labor flexibility and implemented mechanics which support this will be very important for organizations to survive and remain profitable.

## 1.6 CONTENT OF THE REPORT

The introduction of the thesis, is included in chapter 1 and contains the drivers for this research and the introduction towards the research model and its relevance. Chapter 2 will contain the theoretical framework, in which the theory will provide a solid basis for the research model, of which the central research question and sub-questions will be extracted. Within chapter 3, the research approach is given. This will contain the way data will be collected and analyzed in order to come up with enough information to answer the research questions. Chapter 4 contains the outcomes of the case study research, which will be analyzed in chapter 5. Chapter 6 will provide conclusions and answers regarding the conducted research questions and model and will be followed by chapter 7 in which recommendations how to improve the current situation are positioned.

## 2. THEORETICAL FRAMEWORK

### 2.1 FLEXIBILITY AS A MEAN OR AN OUTCOME?

What does it mean for an organization to be flexible? Often this question is answered as the capacity of organizations to react adequately on changes in its environment. In this case flexibility is seen as an outcome which is the result of a variety of actions and instruments each organizations has to implement in order to adapt to changes. The more actions an organization can perform seems a favorable feature for each and every organization. But an unlimited amount of instruments often makes an organization less efficient, since they are trying to cover each and every change which can occur within the environment with a suitable reaction (Philips & Tuladhar, 2000). It is therefore important for organizations to assess both efficiency and flexibility, in order to find the most suitable balance for the organizations. All of the above underlines the idea that an organization needs to strive for flexibility to remain vital and competitive. Flexibility is seen as an outcome, whilst flexibility is in many cases a mean to achieve for instance, higher productivity or efficiency, instead of an outcome by itself. It is important for organizations to possess enough viable flexibility options in order to adjust to possible changes within the environment. These options can be found within technology, structure and culture of the organization. Having the options is not enough when an organization does not have the managerial controllability which is needed to implement the requested option with the demanded speed for that specific change (Volberda, 2004). De Sitter (1994) also states that an organization should always be in control. A system can only be in control when the need for control, can be matched by an appropriate amount of corresponding control instruments. De Sitter furthermore points out that the need for control needs to remain as low as possible in order to remain as efficient as possible, which means that the control instruments should also be maxed out to a minimum. Previous two authors both underline the idea that flexibility is a mean to cover for environmental changes. Though in practice it is very hard to differ flexibility. Flexibility can be seen as both an instrument to obtain efficiency and productivity and an outcome as for instance a result of the way organizations deal with their capacity planning. In this research flexibility will be seen as those instruments an organization can use to adapt to environmental changes effectively and to obtain organizational goals.

### 2.2 THE FLEXIBLE FIRM

Flexibility is often used by many people, who tend to use this word in many different situations, since flexibility often refers to persons, organizations, markets or legislation and its meaning is therefore constantly changing. In this thesis we will limit ourselves by using only literature available regarding management science and business administration. The so called flexible firm is already a well known institution within organizational theories. Especially from the perspective of human resource management, a lot has been said and written about flexibility, especially regarding the personnel function it can obtain. Several forms of labor flexibility have been distinguished, like internal numerical, external numerical, internal functional and external functional (Atkinson, 1984) and which are often qualified as flexibility through contract, time and function (De Leede et al., 2002). These forms will be discussed more up close later on. Besides the perspective of human resource management, flexibility also plays a vital role within the perspectives of production management (Slack, 1983) and socio-technical design perspective (De Sitter, 1994). The gap that exists between in particular production- and human resource management when referring to flexibility is still a vital challenge for many organizations and plays a crucial role between on the one hand the need for organizations to remain competitive and on the other hand to provide your employees with attractive and 'good' jobs.

Often an organization is pronounced flexible when it has the opportunities to adapt effectively to changes in the environment. Most organizations have a variety of opportunities which they can use to adapt to these changes. The more opportunities an organization has, the more flexible it makes the organization. This view on flexibility has been mentioned by De Leeuw & Volberda (1996) who talk about the controllability of an organization. They state that an organization is 'in control' when for every competitive change a corresponding action within the organization is available and which can be used effectively by its management to address those changes. De Sitter (1994) also talks about controllability, in which he states that a system (in this case an organization) is only manageable when the need for control can only be addressed by the opportunities to control. This already points out that whenever we are talking about flexibility we are searching for some kind of balance. This balance can be found between flexibility and efficiency, flexibility and stability, between flexibility and planning and of course between the short term perspective and the long term perspective. The most important balance that organizations need to find when talking about flexibility is on the one hand the need for flexibility and on the other hand the capacity for flexibility. This balance is illustrated in figure 3 below in which the arrow illustrates the balance between the actual need for flexibility and the capacity an organization has to address this need.

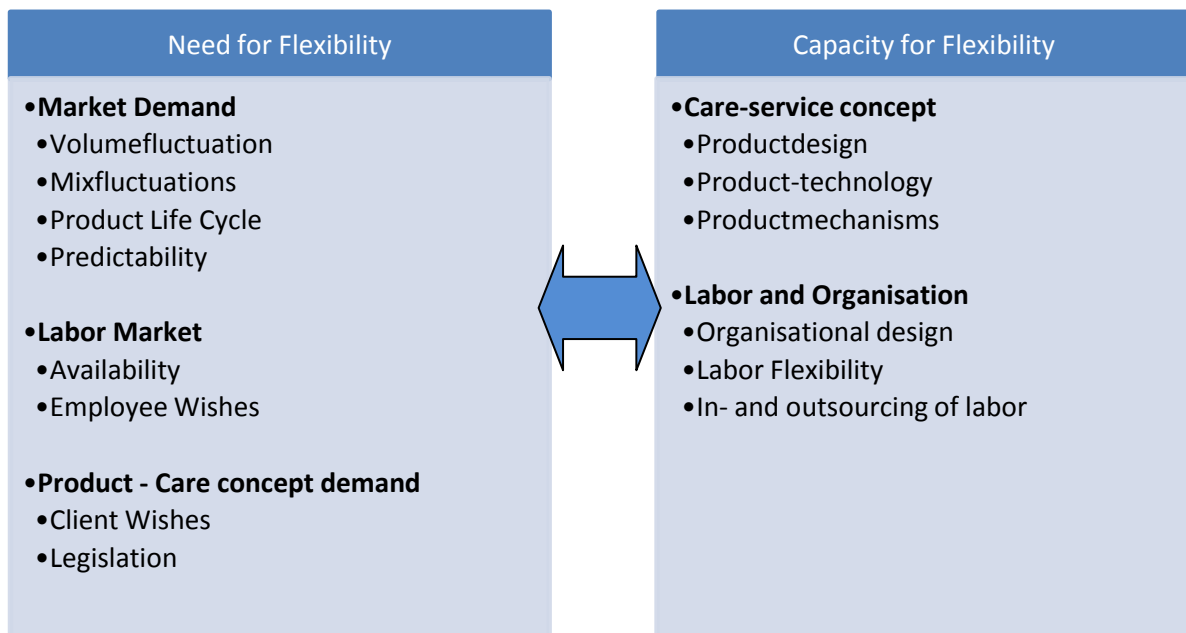


Figure 3: Balance model between the need for and capacity of flexibility (extracted from De Leede & Goudswaard, 2008).

To gain insight in the need for flexibility, it is very important for organizations to adopt an open system approach, in which they translate the external aspects or demands influencing an organization towards the internal aspects which are needed to cover these external aspects. This approach has been discussed within the Law of Requisite Variety (Ashby, 1969). This law supports the idea that organizations need to be considered as an open system, since an organization can only be effective when the internal capacity to react on external changes equals the actual need for variety within the external environment. In short words this law states that the variety (or flexibility) within a system needs to be proportional towards the external need for variety (or flexibility). The previous figure shows that three different demands can be distinguished when evaluating the need for flexibility, which are the consumer market demands, the labor market demands and the demands regarding the production concept, of which within this research will be referred to as care concept. These three forms of demand will be discussed later on. When looking at the internal capacity of an organization regarding flexibility, it is obvious that not only the amount of labor flexibility is enough to suffice the need for flexibility. But still, it remains an essential part of an organizations capacity to control flexibility. Within the literature a lot

of classifications have been formulated to address labor flexibility, which will be discussed and distinguished in the upcoming chapters.

In addition to this, research by Goudswaard et al. (2007) has shown that organizations, including those within the EHM, want to increase their flexibility measures in the future. A distinction can be made amongst four different directions; Flexibility of 1) personnel, 2) process and organization, 3) network and market and 4) non flexible measures. The choice to implement flexibility measures is often a reaction towards changes in the consumer market and the labor market, but can also come as a result of changing production concepts. This is also the case when looking at the elderly care, homecare and maternity care sector.

The current trend and ongoing need for implementation of more market mechanisms within the EHM has forced the organizations within this sector to rebalance their focus between on the one hand the quantity of care that needs to be provided and on the other hand the quality of care that is delivered to clients. As a result efficiency and effectiveness are concepts that have become of great importance in the elderly care, homecare and maternity care sector. To achieve this, organizations need to become more flexible in the ways they are setting up their 'labor duration' and 'working-hours', which can also be referred to as labor flexibility. This concept can be formulated as those instruments the management of an organization can implement in the variation of the factor labor within an organization in order to adjust effectively towards changes in production activity and in which way an organization can vary the nature of their production activity (Blyton en Morris, 1992). The change in production activity can have several demanding drivers, which will be discussed later on.

Within this theoretical framework we will mainly focus on three areas of interest within the field of labor flexibility, which have already been mentioned in the preliminary research model and in the previous text. The theory will be linked to the situation within the elderly care, homecare and maternity sector in order to limit the scope of theory which can be found when discussing labor flexibility. The three areas that will be discussed can be linked to the balance that has already been mentioned previously, regarding the need or demand for labor flexibility on the one hand and the capacity and the instruments the organization has to live up to these demands. Therefore these three areas can be classified as listed below:

- Demands for labor flexibility within the EHM
- Implementation of several forms of labor flexibility within the EHM
- The effects of labor flexibility within the EHM on both the organization, its employees and clients.

## 2.3 DEMANDS FOR LABOR FLEXIBILITY

Three different demands for labor flexibility can be distinguished and have already been mentioned in the preliminary research model (figure 2). To refresh the readers mind, the demands consisted of: consumer market demands, labor market demands and production concept demands. Changes within each of these three areas can force organizations (within the EHM) to change their design of labor flexibility. It is important for organizations to adapt in a flexible way towards internal and external changes within their environment, but also keeping in mind the wishes and demands of their employees, because it is important for organizations to build up a sustainable workforce and to keep this intact. The several changes within the three demand areas will be discussed below.



### 2.3.1 CHANGES WITHIN THE CONSUMER MARKET

There are several changes occurring within the EHM consumer market that force organizations to become more flexible when talking about labor. These changes primarily have a great influence on the amount of work, although it is not only about volume and mix of provided services, but also has its effect on diversity, unpredictability, delivery time and reliability. Within the EHM, changes that influence the consumer market demand for labor flexibility are at first related to the implementation of more market mechanisms within the sector. As already mentioned before it has led from an institution-oriented supply to a supply based on customer focus. The implementation of client-based indicated budgets is linked towards every healthcare consuming client which brings along financial resources based on its indication. As a result of this major change, clients nowadays demand more product variation. Consumers demand that the received care is more and more in line with the personal wishes and demands of the individual client.

Besides these changes it always has been very difficult to estimate fluctuations and unpredictability in demand. For organizations within the EHM it is very hard to predict when consumers (or clients) are going to make use of their services or when this is cancelled. For instance, it is very unpredictable when a client deceases which means the termination of the service. The same goes for the unpredictability regarding the entry of new clients.

The CPB (Berenschot, 2008) describes several new trends within the EHM sector linked to 5 concepts. We will try to summarize each of these 5 concepts in a few sentences and point out how this concept has his influence on the sector. Individualization occurs when clients become more autonomous and emancipated. In the EHM sector this has led to more optional packages which gives clients the opportunity to choose the care they demand. Formalization is closely connected with individualization and it questions the traditional authority relationships. Authority of the EHM organization is questioned and in some cases not accepted by the clients. As a result, relationships between care organization and the client are becoming more equal. Computerization is a result of the continuous development of information technologies. It makes the sector become more transparent for clients. Internationalization offers opportunities to attract not only employees but also clients from other countries. It offers the sector new foreign markets in which they can operate and in which they eventually have to compete. At last, intensification focuses on the intensity of life and in which way people can fulfill their individual desires. For the EHM sector it means they have to deal with more demanding clients, who want their individual demands fulfilled.

### 2.3.2 CHANGES WITHIN THE LABOR MARKET

The availability of labor is one of the major drivers regarding the need for flexibility organizations experience nowadays. The major problem within the EHM is not only the lack of personnel on a quantitative basis, but on a qualitative basis as well. The lack of especially level 3 care employees and higher is a major labor market problem organizations are faced with. A labor shortage forces organizations to become more flexible towards the wishes and demands of the employees but also forces the organizations to demand more flexibility from its employees. This situation requires a lot of flexibility from both sides.

Increased legislation and customer demands also forces employees to be better qualified than it was important some years ago. This qualification stands in line with the previous section about the labor market shortage within the EHM, but in addition also forces organizations to keep its personnel in a continuous process of training and education.

The upcoming years, organizations within the EHM will have to deal with a large labor shortage, especially within the cure and care. In 2012, a shortage of somewhere around 7.000-11.000 employees will be expected according to Prismant (2008). It is not really the question if this shortage will occur, but more when and how. In 2020 an extra of 480.000 employees are needed within this sector. The total amount of employees in the Netherlands will grow with 250.000 in the same period (IVA, 2009), so a big shortage will occur. The main reason for this is increasing demand for care and the decreasing labor market. While the amount of people over the age of 70 will double between now and 2050, the amount of students that will and can choose for an education within this sector decreases. The fact that the Dutch population is both aging and becoming more demanding, hits the EHM branch hard, with less and on an average older employees care should be given towards more clients.

The ongoing pressure regarding work-content, operating conditions and working conditions forces organizations to become more labor flexible. Therefore it is very important for organizations within the EHM to create so called, 'good jobs', in which stress-risks are reduced to a minimum. The job demand- job control model proposed by Karasek (Karasek, 1979, 1992, 1997; Karasek and Theorell, 1990) combines these two dimensions in order to make a classification between the amount of stress/strain within a job. Job demands are related to psychological job demands, whereas job control refers to worker craftsmanship and autonomy. The balance between these demands determine stress risks and learning opportunities. A job contains stress risks when job demand exceeds job control. The implementation and design of labor flexibility within an organization is often an essential part of this model since these two concepts are part of the job-demands.

Increased diversity and individualization of the labor force also has its influence on demand for labor flexibility amongst organizations. The composition of the labor force within the EHM consists mainly of women, who often want to combine private and working life in a pleasurable way, which often results to part-time contracts and other contract arrangements. Individual wishes and demands are of great influence in the demand for more labor flexibility within this sector.

Mentioned last, increasing absence and turnover force organizations to become more flexible as well. A distinction can be made between planned or unplanned absence. The labor force within the EHM is aging which most likely will increase turnover the coming years, which also puts more strain on the demand for labor flexibility.

### 2.3.3 CHANGES WITHIN THE CARE CONCEPTS

The major change regarding the growing importance of market mechanisms on the consumer market also finds its influence within changing care concepts. The trend that is happening or is about to happen is the so called shift towards a more demand orientated approach, which has a great influence on the labor flexibility of an organization. Client based indication financing (through ZZP or other indication patterns) tend to move organizations towards a production process which focuses on differentiation. Organizations nowadays will know exactly what they financially receive for each and every client, so it makes it easier to link each service provided to the individual client to a certain amount of money, which theoretically favors an increase in service differentiation, which on his turn has its influence on the design of labor flexibility within the organization.

The implementation of these measures resulted in a fundamental change within the supply of healthcare: from institution oriented supply to supply based on customer focus. This change resulted in a large turnaround within elderly care, homecare, and maternity care organizations: they are financed based on demand instead of supply. Because of this change in financing structure, acceptable performing healthcare suppliers got the

opportunity to grow and poor performance of suppliers could result in the under utilization of resources and lack of occupancy. This could result in more diversity and renewal of healthcare supply and a better overall quality of healthcare

The development and introduction of new technologies also forces the sector to change their care concepts radically. New, less labor intensive care technologies are developed. Some example of these new technologies are delivering care from a distance, new alarm systems, domotica, the monitoring of patients from a distance and other technologies whom decrease the labor intensity and increase the autonomy of both clients and employees. It is obvious that these new technologies will in some way lead to labor savings in the near future, but the size of these savings is unknown.

Overall it can be stated that the EHM is in the full undergoing of the transformation process previously mentioned. The last decade a shift can be seen towards more client orientated care, which can be classified in several forms, like chain care, trans mural care, coordinated care, integrated care and case management (RIVM, 2008). Vrijhoef and Steuten (2005) distinguish three forms of case management: the broker-age-model in which one case manager coordinates all care for a client and which is mainly focused on efficiency, integrated care focuses on a central care team and self managed care where the case manager informs each client in such a way that the client can perform as a manager of the several care processes around him.

Finally, a trend can be distinguished in which organizations are moving towards the delivery of care on a small scale basis. The schedule beneath shows three important aspects which heavily influence the product concepts within this sector. These aspects are the scale of care delivery, the physical layout of the organization and the standardization of the process and function differentiation.

	Physical layout	Process and functions
<b>Large scale</b> (‘large batches’)	<ul style="list-style-type: none"> <li>• large departments (more than 20 clients)</li> <li>• large rooms with more clients on one room</li> </ul>	<ul style="list-style-type: none"> <li>• more specialized care possible</li> <li>• more function differentiation and task splitting, employees are qualified to do a small task</li> </ul>
<b>Small scale</b> (‘small batches’)	<ul style="list-style-type: none"> <li>• smaller departments or living forms (7 to 10 clients)</li> </ul>	<ul style="list-style-type: none"> <li>• generic distribution of care</li> <li>• less function differentiation and task splitting, employees are generalists</li> <li>• specialized employees available on call</li> </ul>

Figure 4. Aspects of care concepts, extracted from Plannen in de VVT en kraamzorg (De Leede et al. , 2009).

### 2.3.4 SUMMARIZING THE DEMANDS

The schedule below shows several trends, all influencing the way care within the EHM will be delivered in the future. It is a summarizing of both the three demands mentioned previously and the data found within Berenschot (2008).

Trends	Conclusions
<b>Demographic</b>	<ul style="list-style-type: none"> <li>• Mismatch between supply and demand creates a shortage on the labor market.</li> <li>• Decreasing amount of new employees, due to a smaller group of students, which creates an aging workforce.</li> </ul>
<b>Legislation</b>	<ul style="list-style-type: none"> <li>• Changed legislation influences the management of EHM organizations.</li> <li>• A more efficient organization of the administrative firm creates the need to steer on budget control.</li> <li>• Competence between organizations increases, which also increase proliferation between organizations.</li> </ul>
<b>Economy</b>	<ul style="list-style-type: none"> <li>• Labor-productivity stays behind compared to increasing wage costs.</li> </ul>
<b>Technology</b>	<ul style="list-style-type: none"> <li>• New technology demands new qualifications, adaptations in the work process and the acceptance of these new ways of delivering care.</li> </ul>
<b>Social-Cultural</b>	<ul style="list-style-type: none"> <li>• Individualization, in formalization, intensification are some of the socio cultural aspects that influence the way care is delivered within the EHM</li> </ul>

Figure 5. Summarizing the trends regarding care delivery (extracted from Berenschot, 2008).

## 2.4 FORMS OF LABOR FLEXIBILITY

To achieve flexible labor the literature distinguishes several forms of flexibility and instruments which have first been described by Atkinson (1985). In his matrix he distinguishes four types which are classified through these variables; internal-external and numerical-functional. These four types can also be found in the matrix of flexible labor, designed by Schilfgaard and Cornelissen (1988), which includes the four concepts of Atkinson and the several instruments that can be used to increase labor flexibility related to these four types.

Numerical flexibility tends to focus on creating a situation in which employees are used as efficient as possible in order to have the desired amount of employees at the correct moment in time for the required amount of work that has to be done. When this situation is achieved with the use of only the employees who have a fixed contract within the firm, Atkinson conceptualizes this as internal numerical flexibility and is also referred to as work time-flexibility. Examples of measures that can be implemented to achieve internal numerical flexibility are working in teams, compressed work-schedules, sliding working times and flexible year-rosters. (Schilfgaard and Cornelissen, 1988). Besides the measures mentioned above, types of contracting like part-time work and other flexible working time arrangements, like self-rostering, are also instruments which can be used to achieve internal numerical flexibility.

When Atkinson is talking about external numerical flexibility, which is also referred to as contract-flexibility, he mentions those constructions in which an organization uses labor from outside their fixed core of employees in

order to achieve flexibility. In many cases the organization uses labor- or detachment agencies in order to achieve the required amount of employees to fulfill production demands. The type of contracting which occurs when organizations implement instruments to increase external numerical flexibility are distinguished as atypical, because they differ from the normal, standardized labor contracts for the employees with fixed contracts. Although there are a lot of different contract types, the so called layer-model of Atkinson is often used to clarify the different types of contracts within organizations. This model is set up around 3 different layers of contracts. In the centre you find the employees with fixed contracts, in many cases mentioned as the core (employees). The second layer consists of employees who are connected towards the organization on a temporary basis. These employees are often mentioned as flexible employees, but this is a harsh conclusion, because also within the core you find a lot of constructions and contract-types which make the employees within the core flexible as well. The outer, or third layer, consists of so called external personnel. In this layer you find temporary workers and so called 'ZZP-ers'. The size of the three layers is often a good indication for the external numerical flexibility of an organization. A large core often indicates a small amount of external flexibility, whilst large outer layers most of the time are a guarantee for a high amount of external flexibility.

The use of so called labor pools (internal or external), where in many cases you find the on-call employees, is also an instrument that is often used to increase the external labor flexibility of an organization.

However, in this research on the design and implementation of labor flexibility mechanics within the elderly care, homecare and maternity care sector a slightly different classification will be used, which uses the previous models as a guideline. Because of pragmatic reasons and many different types within the field of labor flexibility classification of the several forms of labor flexibility is often extended to 5 types. To make it more clarifying these 5 forms have been added in the schedule below, with their corresponding flexibility instruments linked to them. These instruments can also be found in the matrix designed by Schilfgarde and Cornelissen (1988).

Labor Flexibility From	Labor Flexibility Instrument
1. Ad Hoc Flexibility	<ul style="list-style-type: none"> <li>• Employees take over each other's work</li> <li>• Overtime</li> <li>• Short term temporary worker</li> </ul>
2. Contract Flexibility	<ul style="list-style-type: none"> <li>• Contract variety               <ul style="list-style-type: none"> <li>- Fixed</li> <li>- Temporary</li> <li>- Long term temporary worker</li> <li>- On call employees, zero hour contracts, min – max contracts</li> </ul> </li> <li>• Hiring personnel from other organizations</li> <li>• (External) Flex pools</li> </ul>
3. Work Time Flexibility	<ul style="list-style-type: none"> <li>• Part-time</li> <li>• Compromised working week</li> <li>• Shift work</li> <li>• Individual rosters</li> <li>• Sliding working times</li> <li>• Annualized hours</li> <li>• Flexible absence arrangements</li> </ul>
4. Functional Flexibility	<ul style="list-style-type: none"> <li>• Horizontal multi-employability</li> <li>• Vertical multi-employability</li> <li>• Multi-employability between departments</li> </ul>
5. Location Flexibility	<ul style="list-style-type: none"> <li>• Availability to work on different organizational locations</li> <li>• Working at home</li> </ul>

Figure 6. Forms of labor flexibility (extracted from De Leede et al., 2002)

1. Ad-hoc flexibility focuses on short term solutions to solve suddenly occurring problems like illness of employees and a sudden increase or decrease of market demand.
2. Contract flexibility illustrates the use of several contract types within organizations which can be used to adapt to fluctuations.
3. Work time flexibility is the variation of working time in order to adjust to the demands.
4. Functional flexibility is the availability of personnel to do several different tasks within the production process of the organization.
5. Location flexibility focuses on the availability of personnel to work on different locations.

Some of the instruments within the previous schedule have already been mentioned briefly. In the next part some of these instruments will be explained more up close.

## 2.4.1 AD HOC FLEXIBILITY

### WORK EXCHANGE AMONGST EMPLOYEES

Employees taking over each other's work is often used to solve suddenly occurring problems like illness of employees and sudden shifts in market demand. Employees can effectively take over each other's job when they both possess the same skill level and have the competencies and capabilities to fill in the job as it is supposed to. In many cases employees exchange the shifts amongst themselves but with the approval of line-managers, since in most cases they are responsible for maintaining the appropriate and requested capacity for each working day.

### OVERTIME

Overtime is that part of labor that needs to be done outside the working times as agreed upon by employer and employees in each individual labor contract. The payment for overtime is most of the time arranged in collective agreements, but it is common that overtime is been rewarded with 150% of the initial fixed hourly wage, with different percentages for weekends and official holidays. Dutch law forbids structural overtime. This has been done to prevent the employer from abusing overtime to fill up long term labor shortages and to relief the work pressure on employees.

### TEMPORARY WORKERS

Tough it is not common in the EHM sector temporary workers still need to be mentioned, and in particularly short term temporary workers as being an instrument to fulfill the need for ad hoc flexibility. A temporary worker is an employee which has a contract with a temp agency. The temp agency receives requests from other organizations, for instance, to replace an ill employee, after which the temp agency sends one of its employees with the required set of skills to fill in the request. Temporary workers are often used for work which is of a limited timeline and which does not require much extra education. The hourly wage paid for temporary workers is often higher than the wage that is paid towards normal employees, with a normal labor contract with the organization.

### CONTRACT VARIETY

As already mentioned previously, contract flexibility illustrates the use of several contract types within organizations which can be used to adapt to fluctuations. The main instrument which can be used to achieve this type of flexibility is contract variety. Several contract forms can be distinguished, first we have employees with fixed contracts, most of the time for an indefinitely period of time. Secondly there are employees with temporary contracts, in the EHM sector these temporary contracts often last for a maximum of one year. Also temporary workers are a part of the contract variety of organizations, but already have been explained previously. Some other special forms are on-call employees, who have a contract with the organization for a certain amount of hours each period, but without fixed days. They are used to fill up holes in the capacity planning and rosters, which can be a result of errors like absenteeism or shifts in the demand for care. The same thing goes for employees with a 0-hour contract. The main difference is the fact that on-call employees in many cases have a certain amount of working hours within their contract, which gives them the guarantee they will at least work those hours every period. Last but not least employees can be contracted on a min-max basis. This implicates a minimum of hours that will be worked in a certain period, but also raises a maximum of hours that will be worked. The difference between this minimum and maximum offers the organization a nice instrument to adjust the capacity of its workforce whenever changes in its environment, internal and external, occur.

We will not mention hiring personnel from other organizations or outsourcing here, since its appearance within the EHM sector is limited to a minimum.

### FLEX POOL

Flex pools within the EHM have most of the time an internal character, which means it is filled with employees who have a contract with the organization for whom the flex pool is set up. A flex pool often contains employees with on-call contracts and 0-hour contracts, who can be employed whenever discrepancies within the capacity planning occurs. The initial idea of a flex pool is that employees within this pool are employable for every location or department of the organization as long as their skills and qualifications reach up to the required level that is needed for the job. Flex pool are especially attractive for employees with small children, people who return to the labor market, students and part-timers. This is the case since many flex pools offer employees the opportunity to pronounce when they would like to work, the times they would like to work and on which location they would like to work.

### LAYER-MODEL

To illustrate the previous instruments of contract flexibility the following concept will be discussed a little more in depth. This is the so called layer model, developed by Atkinson (1984). This model has been developed to simplify the large variety that exists amongst employee contracts. It consists out of three layers, from which the first and inner layer of the model contain those employees which are connected to the organizations through fixed contracts. The second layer contains those employees which are employed through temporary contracts. The third and final layer consists of those employees who are connected towards the organization as a temporary worker or an on-call employee. Depending on the organization or the sector in which it operates, the classification of those layers can sometimes differ from Atkinson's original model. The size of the different layers gives a good indication about the amount of labor flexibility an organization can generate through

different contract types. When following Atkinson's classification of labor flexibility, organizations with a large inner core, filled with employees who possess a fixed contract, it is often stated that those organizations are less externally flexible than organizations with large outer layers. The type of an organization has in many cases a big influence on the determined sizes of the different layers. Organizations that rely heavily on specialized and high-tech knowledge regarding their labor process, tend to use a large core of employees, whilst labor intensive organizations do not focus on this primarily and often have large outer layers as well. Main advantages to use relatively large outer layers is to change the amount of personnel that is needed rapidly, and that you only need to pay these employees for those hours you actually need them. Disadvantages are the costs for breaking in new external personnel, and the loss in productivity which occurs when a new employee is trained for both the new employee and the employee that is actually breaking the new employee in.



### 2.4.3 WORK TIME FLEXIBILITY

In order to easily line out the different forms of work time flexibility, which has been mentioned the variation of working time in order to adjust to the demands, the table below has been formulated.

Work Time Flexibility Options
<b>Annualized hours</b> <ul style="list-style-type: none"><li>• Employees are paid for total hours worked over an entire year.</li><li>• Work hours vary based on business needs. Employees work a longer day when demand is high and work shorter hours when low but are paid the same amount each month.</li><li>• Can be combined with a “term-time working” scheme</li></ul>
<b>Compressed work schedule</b> <ul style="list-style-type: none"><li>• Enables employees to work fewer than 5 days a week.</li><li>• Examples of typical schedules include: four 10-hour days and three 12-hour days.</li></ul>
<b>Flexitime</b> <ul style="list-style-type: none"><li>• Employees choose the start and end times within management set limits.</li><li>• Requires working a standard number of hours during a five-day week, within a given time period.</li><li>• Usually features core hours when all employees must be present.</li><li>• Eliminates punctuality problems, reduces overtime hours.</li></ul>
<b>Self-rostering</b> <ul style="list-style-type: none"><li>• The required staff levels and skill mix are defined by the employer.</li><li>• Employees select the most appropriate schedule for their own needs within the constraints of the business needs</li></ul>

Figure 7. Forms of work time flexibility (extracted from swiftwork – flexible working definitions, [www.swiftwork.com](http://www.swiftwork.com), 2008)

As illustrated above, all types of flexible working arrangements differ not only with regard to the actual job hours but also location and work patterns. Furthermore, each instrument is not mutually exclusive but can typically be combined with others. Before we continue with the next form of labor flexibility, part-time labor should explained a little bit more explicit.

#### PART-TIME WORK

An employee has a part-time function whenever he or she works less than the normal working week for each specific sector. Within the EHM sector this normal working week lasts 36 hours, which equals a fulltime contract. Although there is a minimum of 12 working hours in order to be considered as a part-time employee. Part-time employees offer organizations a lot of labor flexibility but on the other hand it is profound that it increases personnel administration and it leads to relatively high fixed costs for each employee.

#### ANNUALIZED HOURS

Although this instrument has already been mentioned in the previous table, it is important to underline the importance of this instrument once more, since its existence within the EHM sector is very common. The main idea of this instrument that employees are paid for total hours worked over an entire year, or period of time.

This comes out handy since work hours vary based on business needs. Employees work a longer day when demand is high and work shorter hours when low and are paid the amount of hours they have worked each month. On a yearly basis employees are paid that amount that is equal to the amount of hours that is recorded in their contract. It therefore is vital for organizations to reach the amount of hours that employees need to work on a yearly basis, as has been recorded in their contract. If employees have worked less on a yearly basis then is recorded in their contract, the organization has to step forward to fill up the gap. Capacity management plays an important role to make sure that employees work the required amount of hours on a yearly basis.

## 2.4.4 FUNCTIONAL FLEXIBILITY

### MULTI-SKILLING

Multi-skilling can be found within Atkinson’s dual model concerning labor flexibility. Multi-skilling is a part of the internal and functional, or in other words qualitative dimension of labor flexibility (Atkinson, 1985). This type of flexibility has a large amount of affinity with the fixed employees of every organization, since it tries to cover disruptions in the roster and fluctuations in the need for products by using the qualifications of their employees. Within this type two main directions can be distinguished;

- Horizontal multi-skilling; employees can perform several tasks within the production process, without changing the complexity of the job.
- Vertical multi-skilling; employees perform within different hierarchical levels within the organization, for example, employees take over executive tasks, which increases the complexity of the job.

Three different concepts can be distinguished, which can increase the multi-skilling of employees, these concepts are task-broadening, task-rotation and task enrichment (Schilfgaarde and Cornelissen, 1988). Task-broadening takes places when different task with the same level of complexity are integrated and can be performed by one single employee. Task-rotation focuses on the abilities and qualifications employees have to take over co-employees tasks, but without increasing the complexity of the job. Finally, task-enrichment aims particularly on the vertical aspect of multi-skilling, employees perform next to their original tasks, other tasks on a different hierarchal level. The complexity of the job increases, since employees need to perform tasks on a different level then their original job-level.

Multi-skilling	
Advantages	Disadvantages
<ul style="list-style-type: none"> <li>• Flexible adjustment of employee capacity compared to demand.</li> <li>• Flexible adjustment of errors within rosters.</li> <li>• Availability of sufficient employees with essential positions within the organization.</li> <li>• Improvement of quality control, increasing the power to improve and avoiding routine mistakes.</li> <li>• Cost savings, decreasing need for external employees.</li> <li>• Offers better career perspectives and opportunities for employees.</li> <li>• Provides alternative work.</li> <li>• Tends to have a positive effect on motivation of employees, which can result in decreasing turnover and absence.</li> </ul>	<ul style="list-style-type: none"> <li>• Multi-skilling can have consequences regarding function descriptions and reward systems.</li> <li>• Risk of increasing complexity of jobs.</li> <li>• Risk of increasing stress levels due to excessive job demands.</li> <li>• More effort needed to guard product quality.</li> <li>• Training and development of employees can be cost intensive and can lead to reduced productivity in the short term.</li> <li>• Risk to lose skills and knowledge increased when employees leave the organization.</li> </ul>

Figure 8. Advantages and disadvantages of multi-skilling (extracted from Schilfgaarde en Cornelissen, 1988).

## 2.4.5 LOCATION FLEXIBILITY

About the last form of labor flexibility we can be rather short, since its occurrence within the EHM sector seems at forehand rather limited. The main idea behind this concept is that location flexibility focuses on the availability of personnel to work on different locations. It is in some way connected with flexible place working, telecommuting and home working. The main principals behind these forms are that it allows regular employees to work at home or from a location other than the regular office. It furthermore reduces commuting times, and empowers employees with regard to where and when they work. Main problems that can occur include the challenge of managing remote teams and addressing employee isolation.

Location flexibility offers opportunities to address capacity and formation problems organization wide, looking across the boundaries of each single location. Employees are often reluctant about working on different locations, but that can also be linked to the resistance towards change. This brings us to the next concept, which points out that flexibility, addressed from an organizational perspective can sometimes conflict with the employee perspective.

## 2.5 FLEXICURITY

This research also tends to focus itself on a relatively new concept, which is getting more attention the past decennia. Organizations often need to consider both the demand for flexibility and the demand for security, since both concepts are connected towards the internal and external components of labor flexibility. The connection between both concepts is called flexicurity.

Flexicurity is often seen as a policy or organizational strategy which tends to complement two apparently different concepts, flexibility and security, with each other. Flexibility tries on the one hand to increase in a synchronic and deliberate way the flexibility of the labor market, organizations and labor agreements, whilst on the other hand it tries to increase the labor- and social security of groups of people active on the labor market (Wilthagen and Rogowski, 2002).

Flexicurity can be distinguished as an organizational strategy which strives towards a flexible labor market, without the demolition of the social security system. It often tries to increase the social security system. Although these concepts are likely to be contradictory, they do not need be each other's opposites, but they can be considered as complementary (Wilthagen and Rogowski, 2002).

The need for organizations to become more flexible has increased the past decades. Changes regarding technology, the increasing demand towards new and innovative products, the increase of price competence and the growing internationalization of markets, are some of the most important conditions that influence the survival of organizations. Bolwijn and Kumpe (1999) distinguish four components in which an organization needs to become efficient and effective in order to survive. These four components are price, quality, innovation and flexibility. Flexibility therefore is one of the requested demands for each organization to survive.

When organizations are increasingly searching for both more security and flexibility, this tends to have a great influence on the employability of its employees. Employability is often subscribed as the capacity of employees to obtain a labor contract, but also to maintain their labor contract, both on the internal as the external labor market. A distinction can be made between on the one hand job security, the chance to maintain your current contract within the current organization, and on the other hand employment security, the capacity to attain a

contract on the external labor market. It is very important for both the organization as its employees to develop instruments which support and increase the employability of employees. Besides the two previously mentioned forms, the literature also describes two other forms, first income security, which is often called social security. This is in many cases the social system within a society, which for instance guarantees employees with a relief when people fall unemployed. The other form is combination security, which focuses on the capabilities of employees to combine their work with other responsibilities and commitments in their private surroundings (Wilthagen en Tros, 2004).

It is important to keep in mind that security not only inflicts on employees. Employers also strive for more security, besides their needs for flexibility. Employers need motivated employees, stable and reliable labor arrangements to develop and smoothen their activities. On the other hand, security is not the only thing that matters for employees as well. Employees are demanding also for more flexible forms of labor in order to, for instance, find a better balance between social life and work. This confirms the complementarities between the concepts flexibility and security. It is therefore not that strange that flexicurity is often positioned as a strategy which needs to create a union of both wishes of employees and employees in order to create a win-win situation for both.

The following table (figure 9) makes it easy to understand the instruments which can be used in order achieve flexicurity within an organization. It does not show best practices but only instruments which have been implemented in several cases in order to support the need for flexicurity. This table tends to focus on especially the flexicurity strategies for the older workers, but also provides several instruments which can be implemented regardless of the age of employees.

Security →	Income security	Job security	Employment security	Combination security (work life balance)
<b>Numerical-external</b>	Retirement arrangements		Firm-firm job pools Facilities work transitions Older 'entreployees'	'entreployees'
<b>Numerical-internal</b>	Flexible retirement	Part-time work Flexible retirement Part-time 'entreployees'		Part-time retirement Flexible age (pre)pension Flexible working hours Leave-facilities
<b>Functional/ internal flexibility</b>		Education/training Adaptation in working hours/tasks	Education/training Seniority/bridge jobs Job-rotation Age-aware career and job structures	

Figure 9. Some possible flexicurity strategies for the older workers (extracted from Tros, 2004)

## 2.6 EFFECTS OF LABOR FLEXIBILITY

Within this chapter the focus will be on the effects of the design and implementation of labor flexibility mechanics on the organization, its employees and its clients.

### 2.6.1 EFFECTS ON THE ORGANIZATION

The effects of labor flexibility on the organization can be measured in several ways and can be seen as an outcome of the implementation of labor flexibility mechanics. Functional flexibility for instance, increases the ability of employees to perform multiple tasks through training and skill enhancement (O'Reilly, 1994). This implies that employees perform better on their own job as well on other jobs, because they have developed a wider set of competencies, and they are better adapted to changes. This increases an organization's capacity to cope with changes, both internal and external. Functional flexibility also has the advantage that it can reduce some hierarchical levels (Albizu, 1997), which leads towards shorter communication lines and improves reaction times to changes. It also implies less cost and less administrative burden. There are also some negative sides to distinguish, since functional flexibility requires important investments in training and development, including good communication between employees and employers, since increasing the scope of jobs can lead to resistance from both employees as trade unions.

Furthermore, Aparicio-Valverde et al. (1997) state that within a more competitive environment, organizations rely more on the enthusiasm, innovation, customer-orientation and reliability of their employees. It has been proven that so-called disaffected or disinterested workers can create substantial competitiveness problems. Brewster et al. (1994) mention the fact that workers who are committed towards an organization on nonstandard contracts are often more productive. They give the example of part-time workers, whom suffer less end-of-the-day fatigue. It also gives organizations the opportunity to attract and retain certain groups of employees, whom through for example their private life were unable to join the workforce. The increased use of labor flexibility is a major development in the organizational drive to be more competitive (Aparicio-Valverde et al. 1997). However, flexibility comes with so-called built-in costs and problems, which can undermine the potential increase of competitiveness which a flexible workforce can achieve.

The above theory underlines the importance of labor flexibility in terms of efficiency, productivity and competitiveness. Organizations can achieve substantial benefits when implementing labor flexibility as a mean, and to not look at it as an outcome.

### 2.6.2 EFFECTS ON EMPLOYEES

It is very important to keep in mind that measures that are taken or instruments that are implemented to increase or optimize the labor flexibility of an organization have a greater chance of success when besides the needs and wishes of the organization, the needs and wishes of the employees are also taken into account. When an organization succeeds in adapting towards the needs and wishes of their employees, the organization can expect that their employees will feel more committed and become more motivated in relation towards the goals and mission of the organization (Beer et al. 1984).

Research by Kleinknecht et al. (2006) has shown that especially within the field of external labor flexibility a lot of opportunities can be found to reduce labor costs. It is therefore attractive for organizations to attract employees on a temporary, flexible contract which can be easily laid off or adapted in case the product demand changes. However, there is also a downside on these types of contracting. Kleinknecht et al. have shown that there is a connection between external flexibility and a lower level of labor-productivity. Temporary

employees and other employees outside the core are often less motivated and committed regarding the goals of the organization which in that case has a negative influence on labor-productivity.

Multi-skilling is supposed to create a positive effect on the quality of the job (Goudswaard et al., 2000). Challenging, complex and integrated tasks have a positive effect on the way employees experience their work. A concept closely connected to this is job-satisfaction, the amount in which employees achieve satisfaction out of their job. Increasing job-satisfaction is supposed to have a positive effect on the individual performance of employees and therefore increases the performance of an organization. On the other hand, looking from employee-perspective, it also provides several other advantages like humanization of the job, employees feel more involved when creating a product, since they need to perform more challenging tasks, instead of just one simple task within the entire production process. A different advantage occurs when you train employees to increase their set of skills to become more multi-employable, you offer them a bigger chance on both the internal as the external labor Market.

Herzberg (1968) also sees some disadvantages when organizations start increasing the multi-skilling of their staff. Especially task-broadening and rotation tend to only increase the quantitative amount of work that needs to be done, instead of improving the quality of the job. Job satisfaction and commitment do not get stimulated, but instead increase the job pressure and stress risks. Therefore, it is very important for organizations to create so called, 'good jobs', in which stress-risks are reduced to a minimum. The job demand- job control model proposed by Karasek (Karasek, 1979, 1992, 1997; Karasek and Theorell, 1990) combines these two dimensions in order to make a classification between the amount of stress/strain within a job. Job demands are related to psychological job demands, whereas job control refers to worker craftsmanship and autonomy. The balance between these demands determine stress risks and learning opportunities. A job contains stress risks when job demand exceeds job control. The implementation of labor duration and working hours within an organization are an essential part of this model since these two concepts are part of the job-demands. It therefore is very important for organizations to develop these two concepts properly in order to reduce stress risks amongst its employees.

### 2.6.3 EFFECTS ON CLIENTS

The third and final effect of labor flexibility can be found amongst clients. Research by PWC (2008) has shown that clients are very positive about the way they are treated. Several aspects, like politeness, listening to clients and being able to provide appropriate answers score high within this research. Labor flexibility can certainly contribute towards these estimations, since especially functional flexibility implies that employees perform better on their own job as well on other jobs, because they have developed a wider set of competencies, and they are better adapted to changes. Often this also influences the motivation of employees which also finds its way towards the appreciation of clients, regarding the care they receive. A more client orientated approach, supported by a flexible workforce has a certain positive effect on clients. Brewster et al. (1994) furthermore implicate that the requirements of flexible working often forces management to establish clearer performance targets and undertake closer and more realistic performance monitoring. In other words this supports the idea that the focus of delivering will be placed more on the work to be done, rather than on the jobs to be filled. Labor flexibility is profound to be beneficial towards the quality of the care delivered and therefore is also connected to the appreciation of clients.

Labor flexibility is also connected to the capacity planning of organizations within the EHM. Research has shown that appropriate and good planning influences the client satisfaction. The Netherlands always score high on the field of client satisfaction within the field of care and cure services. In order to get insights in the effects of labor flexibility on the satisfaction of clients we therefore need to focus on several aspects around the

enclosing of employees, like the amount of different employees that deliver care towards the client, the timeliness and accuracy, attention and most importance quality.

**2.7 RESEARCH MODEL**

The previous chapters have lined out the theoretical background of this research, in which the demands for labor flexibility have been indicated, the several forms of labor flexibility and the instruments that can be used have been distinguished and last, but not least, the possible effects of labor flexibility on the organization, its employees and its clients have been mentioned. After formulating the appropriate theory, it returns us to the purpose of this research, which is to obtain insights in the design and implementation of several forms of labor flexibility within the elderly care, homecare and maternity care organizations (EHM) as a result of changes in both the external and internal environment of these organizations. It is still important to attain insights in the concept of labor flexibility within the EHM as it is of major importance for the covering research regarding the design of employment contracts and working times within the EHM.

As for most industries, the organizations within the EHM face several factors influencing the organizations need for flexibility. Flexibility itself is realized through mutual and continuous adjustment of product, process and personnel and it nowadays is vital for organizations to adapt fast to changes regarding demand of their products, technology, the labor market and legislation, which all can be summarized as the environment of an organization. Organizations that are able to react and adapt themselves fast to these environmental changes are called adaptive organizations (Lewin & Regine, 2000). Although many changes influencing the need for labor flexibility occur within the external environment of the firm, it is very important that organizations understand that their internal environment and changes within this environment can also be an important demanding driver to increase labor flexibility. For example, changes within the internal labor market and new care concepts are internal forces which can influence labor flexibility. Figure 10 below provides a good illustration regarding these demands.

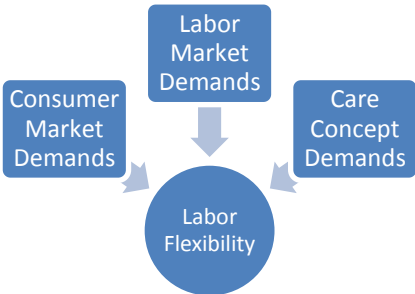


Figure 10. Demands for labor flexibility

Within this research insights for these three demanding drivers influencing organizations within the EHM need to be obtained in order to understand why organizations implement labor flexibility instruments and practices. As already mentioned before, several forms of labor flexibility can be distinguished which all tend to focus on specific areas regarding the formation and capacity planning of personnel. These 5 forms of labor flexibility are mentioned within figure 11.

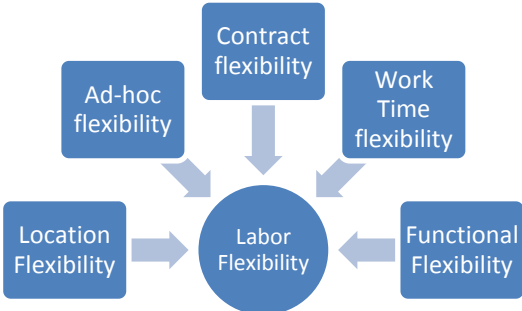


Figure 11. Forms of labor flexibility

- Ad-hoc flexibility focuses on short term solutions to solve suddenly occurring problems like illness of employees and a sudden increase or decrease of market demand.
- Contract flexibility illustrates the use of several contract types within organizations which can be used to adapt to fluctuations.
- Work time flexibility is the variation of working time in order to adjust to the demands.
- Functional flexibility is the availability of personnel to do several different tasks within the production process of the organization.
- And finally there is location flexibility which focuses on the availability of personnel to work on different locations.

The previous figures have shown the factors that demand organizations to become more flexible when talking about labor and the several forms that can be implemented to achieve labor flexibility. The last part of the creation of the research model needs to focus on the outcomes that are a result of the changes in labor flexibility. Two different directions can be distinguished and these can be mentioned as organizational effects, employee effects and client effects. Examples of organizational effects are for instance performance, efficiency and effectiveness. Examples of employee effects are commitment, work pressure, turnover, and absenteeism. Client effects can be summarized as the evaluation and appreciation from the clients towards the received care. These effects are globally summarized in figure 12.

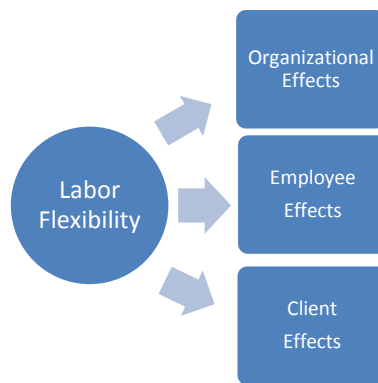


Figure 12. Effects of labor flexibility

Combining and integrating the previous three models results in the research model, required for the fulfillment of this research. The research model shows relations between demands for labor flexibility, the several forms of labor flexibility and the effects of labor flexibility on both the organization as its employees.

Figure 13. Research Model





It is furthermore questionable if the effects of labor flexibility on both the organization and its employees can have some kind of feedback and influence on the demands for labor flexibility within the environment, internally and externally, of the organization, though this will not be part of this research.

As for most research projects, this model will function as a guideline during the construction of this research and it tends to cover all the important concepts related to the design and implementation of labor flexibility throughout organizations within the cure, care, homecare and maternity care.

## 2.8 RESEARCH QUESTIONS

In order to guide the research and to stay focused in the study, a central research question has been developed. This question tends to cover all the important concepts within the research model (figure 13) and its relations. The central research question is formulated below:

- *How is labor flexibility currently applied within different elderly care homecare and maternity care organizations, (related to the demands, several forms and effects of labor flexibility), and how could they possibly be improved with a better balance between employees and operational management as a result?*

To support this central research question it needs to be divided into several sub questions which on their term need to give a deeper insight on the several concepts and relations mentioned in the central question and the research model.

- *Which needs for labor flexibility can be distinguished amongst organizations within the elderly care, homecare and maternity care?*

This question will focus on consumer market demands, labor market demands and production concept demands amongst organizations within the EHM and how these demands influence the need for labor flexibility.

- *How are several forms of labor flexibility currently applied within different elderly care, homecare and maternity care organizations and are there visible(?) similarities amongst the different organizations noticeable? Furthermore, do organizations within the EHM have the capabilities to address the capacity of labor flexibility needed?*

This question tends to provide insight in the several implications of labor flexibility within the EHM. It is set up to map out the five forms of labor flexibility, mentioned in the research model and the applications of each of these five forms. The application of these forms need to be researched from both an organizational perspective and an employee perspective. According to these insights it is possible to distinguish possible trends or similarities amongst organizations within the EHM on how they implement the several forms of labor flexibility. Furthermore it is important to distinguish the capacity an organization needs regarding the amount of labor flexibility and the capabilities it has to fulfill the needed capacity.

- *What are the effects of labor flexibility on both (operational) management on the one hand and the employees and clients and their perceptions on the other?*

In order to obtain insights in the effectiveness and influence of labor flexibility implications, the effects on the organization and the employees need to be surveyed. The results of this question will be used to find possible improvements regarding a better balance between employees and operational management, keeping in mind all other concepts and relations within the research model.

- *How can labor flexibility within the EHM be improved in order to reach a situation in which the needs of both operational management and the employees are balanced?*

This final question has been formulated in order to be able to formulate important and supportive recommendations about the implementation of labor flexibility instruments within the EHM. Both employer as employee perspectives need to be taken into account in order to make valid and achievable recommendations. These sub questions will be applied on the participating organizations of the case study that will be conducted to support this research and which will be used to purchase the necessary data to answer the central research question. In the next chapter we will focus more on the design of this case study and the methodology connected to this type of research.

## 3 RESEARCH APPROACH

### 3.1 TYPE OF RESEARCH

The focus of this research is on the innovative design amongst organizations regarding several forms and instruments of labor flexibility within the elderly care, homecare and maternity care branch. These organizations are represented by umbrella organization ActiZ and distributed throughout The Netherlands.

For this research, a choice has been made for a case study research approach. A case study research is often implemented and relevant for research when the formulated central research question seeks to explain some present circumstance, like for instance how or why some social phenomenon works (Yin, 2009). The research approach that is used in this research is a holistic, multiple-case case study method. This method is preferred because contemporary events are examined within several organizations and the relevant behaviors of those events cannot be manipulated (Yin, 2009). The nature of this case study is descriptive. The main purpose of descriptive research, also known as statistical research, is to describe data and characteristics about a population or phenomenon that is the subject of this case study. Descriptive research is often used to answer questions like who, what, where, when and how. One of the major characteristics of descriptive research is the fact that data description is factual, accurate and systematic, but in most cases this type of research cannot describe what caused a situation. Therefore, this type of research cannot be used to create a causal relationship.

The research is also partly explorative, since necessary information must be obtained from the case study organizations to answer the research questions. A case study's research design consists of five main components (Yin, 2009): The case study's questions, propositions, unit(s) of analysis, the logic linking the data to the propositions, and the criteria for interpreting the findings. These components will be used to describe how the case study method is applied within this research.

The case study's questions have already been formulated in chapter 2, as a result of studying relevant theories, after which a research model has been formulated, which functions as the basis of this research and of whom the research questions have been extracted. This research lacks propositions, due to the explorative nature of the research, which covers a broad area of theory crafting, which cannot be covered by only a few propositions. The unit of analysis determines what the 'case' is to be studied. Within this research, the care organization is the unit of analysis and therefore the 'case' within this descriptive and explorative case study.

The fourth and fifth component, the logic linking the data to the propositions, and the criteria for interpreting the findings, covers the analysis phase of the case study research. A cross-case analysis will function as the main instrument to fulfill these two last components. The next chapter will provide insights, regarding the way by which the data is collected and by use of which techniques it will be analyzed.

## 3.2 DATA COLLECTION

To attract suitable cases for the total research, umbrella organization Actiz provided a list of 50 to 60 member organizations within the EHM. These organizations have been mapped out by using a questionnaire (appendix E) combined with a phone call and by visiting their websites in order to retrieve a first impression about how these organizations deal with the design of employment contracts and working hours. Based on the direct approach of a phone call, some organizations stated directly not to be willing to cooperate with the research. Other organizations participated to the telephonic questionnaire to provide background information for the total research but refused to participate in further case specific research. A telephonic interview protocol was made to analyze the organizations and to qualify them as appropriate or inappropriate for further case study research. Out of these interviews 9 organizations were selected to participate as the units of analysis within this research: AxionContinu, Laurens, DrieGasthuizenGroep, Beweging 3.0, Stichting Warande, Zuidoostzorg, RSZK de Kempen, Careyn, and Stichting Provinciale Kraamzorg Goes. The most important selection criteria were:

- *Size of the organizations (FTE)*
- *Sector in which the organization operates (cure, care, homecare or maturity care)*
- *The region in which the organization operates (urban or rural)*

After the selection of the multiple case study organizations, data needs to be collected. As discussed by Yin (2009), case study evidence can come from many sources: documentation, archival records, interviews, direct observation, participant-observation, and physical artifacts. Within this descriptive research, we decided to collect evidence by using guided conversational interviews as a primary technique. By using interviews, different persons are interviewed for a short period of time: staff members of the planning department, care managers, region managers/ location managers, team leaders, care employees, and members of the Work Council (OR). The interview questions are open ended and assume a conversational manner, but are guided by an interview protocol covering the four themes within the covering research. According to Merton, Fiske, & Kendall (1990) (From Yin, 2009), this type of interview is indicated as a focused interview. According to Yin (2009), a reasonable research approach is to corroborate interview data with information from other sources. Because of this, the interview data is supplemented with documentation and archival records. Documentation, for example, consists of the CAO and organizational specific policy documents. Also, articles appearing in the mass media are used and information from the website of the ministry of Health, Welfare and Sport. Also, reports from The Dutch Social Economic Council (SER) concerning this theme could be consulted. Because of the multiple cases and the interviews conducted with several people, we meet the first data collection principle of Yin (2009): use multiple sources of evidence. According to Yin, the use of multiple sources of evidence in case studies allows an investigator to address a broader range of historical and behavioral issues. Also findings and conclusions are likely to be more convincing and accurate if it is based on several different sources of information. By creating a case study database we fulfilled the second data collection principle. Because of this, all the involved students can review the organizational information directly and are not be limited to the written case study reports. The third principle is to maintain a chain of evidence, which increases the reliability of the information in the case studies. Yin pointed out that there should be an external observer that must be able to trace steps in either direction. Within this case study, Dr. Ir. Jan de Leede and Drs. Stefan Wasser served as external observers. In Addition, Prof. Dr. J.C. Loise occurs as second supervisor to supervise the theoretical content of this thesis.

By using these three data collection principles properly, construct validity and reliability of the case study evidence should be guaranteed (Yin, 2009).

### 3.3 DATA ANALYSIS

Because guided conversational interviews will be used as a primary technique, recording this qualitative data is very important. The evidence will be placed in a matrix with specific categories. In this way, case study data can be easily compared with respect to the cross-case analysis over the organizations. General organizational data; such as number of employees, average age of staff, departmental size and number and type of nurse qualifications will be also placed within the matrix for comparative research. The other used organizational data sources, documentation and archival records, could also be included in the matrix. Flowcharts and other graphics will be used for the examination of scheduling processes within organizations; to clarify which stakeholders are involved at what departments.

Regarding nurse satisfaction and satisfaction of employees involved in the rostering process, quantitative data of IVA will be used. This data, the outcome of their web surveys, will be analyzed in combination with the data registered in the table.

### 3.4 OPERATIONALIZATION

Operationalization of the concepts within the research model has led to research variables. This operationalization is performed by including the research model concepts as items within the interview questionnaire.

The theme specific labor flexibility variables are operationalized by several research questions within the open ended interview questionnaire, in order to be able to construct a satisfying answer regarding the main research question of this research, which is listed below:

- *How is labor flexibility currently applied within different elderly care, homecare and maternity care organizations, (related to the demands, several forms and effects of labor flexibility), and how could they possibly be improved with a better balance between employees and operational management as a result?*

In order to operationalize this research, the concepts will be described along their position in the research model. The way the data is collected and how the several concepts supporting the research model and questions are operationalized will be brought up to our attention.

#### 3.4.1 NEEDS FOR LABOR FLEXIBILITY

The three concepts that have been extracted from the research model and that need to be operationalized are the consumer market demands, the labor market demands and the care concept demands. Appendix D will provide an overview of which research variables are important to operationalize these concepts and it will also mention the sources where to collect the required data. Appendix E contains the questionnaire that has been used in addition to collect data.

In order to obtain insights in the needs for flexibility for each of the nine case-studies, first of all, a literature study needs to be performed to distinguish trends, events and changes that take place on both the consumer market, the labor market and within the field of care concepts. This study has already been performed in the first few chapters of this research, primarily when constructing the theoretical framework that is required to support the research model. In addition, this also includes the fields of legislation, financing structures and social partners, which are all mentioned in Appendix D as well. Furthermore, for each case study, needs for labor flexibility can differ, therefore it is important to analyze each organization thoroughly.

At first it is important to identify the different care concepts used, which in many are mentioned as care concepts. This also includes the vision and the mission of each organization, but also the construction of each product concept is important. In order to retrieve this information, websites, year-reviews and other strategic documents of the organizations need to be consulted. Open ended interviews with HR-managers, care-managers, line-managers and employees will lead to a better understanding about the way product concepts are constructed. You can think of questions regarding the scale of care delivery, the size of the task package of employees, the typology of the jobs, do employees perform more as generalists or as specialists, do they work in teams or most of the time individually. All of the above is needed to get a good understanding about the construction of the product concepts within the nine case studies.

Furthermore it is important to map out possible labor market demands. Do labor market statistics vary amongst regions, or are all case studies experiences the same problem? Interviews with especially HR-managers need to be held in order to map out labor market demands, but also employee perspectives are very important in order to find out what employees demand regarding labor flexibility. Work councils can also be consulted in order to get better insights within the field of labor market demands.

The last part consists out of consumer market demands. These demands can also vary when taking region, size and type of the organization in consideration. In order to measure consumer market demands for each of the nine organizations client satisfaction research documents need to be studied and managers need to be consulted in order to find out if there are specific consumer market demands that are influencing the management of each organization.

### 3.4.2 FORMS OF LABOR FLEXIBILITY

Within the research model, five forms (or concepts) of labor flexibility have been mentioned. To summarize these forms; ad-hoc flexibility, contract flexibility, work time flexibility, functional flexibility and location flexibility. For each of these five forms, several instruments have been distinguished which can be implemented to obtain each of the different forms of labor flexibility. Appendix D shows how these forms are operationalized and how the data is collected. Appendix E will provide the questionnaire that has been used to collect the requested data.

For each of the nine organizations, participating in this research, data needs to be collected about the presence of each of the five forms and which instruments are used. It is also important to get better insights about how these instruments are used and implemented. Through open-ended interviews and statistical data from each of organization data needs to be collected about these five forms. The variation within employment contracts needs to be classified. The amount of part-time and fulltime contracts, on-call employees, min-max and 0-hours contracts are needed to provide a good example of this variation and the capacity of labor flexibility it can provide to an organization.

Besides that it is important to obtain insights regarding annualized hours, multi-skilling and other instruments which stimulate the labor flexibility. Open-ended interviews are the primary tools that will be used to gather this data. This data furthermore will be connected from many different stakeholders within each organization, including (HR)managers, planners, team supervisors, employees and work councils.

Besides obtaining insides in the capabilities each of the nine organizations has to achieve a certain amount of labor flexibility, it is also of importance to figure out the actual needed capacity for labor flexibility. Discrepancies between the 'ist' situation (the situation as it is now) and the 'soll' situation (the situation as it

should be) need to be acquired. Especially management and employees can provide data which can be useful in order map out discrepancies and to eventually find solutions to cover these gaps.

### 3.4.3 EFFECTS OF LABOR FLEXIBILITY

The concepts that have been extracted from the research model when discussing the effects of labor flexibility are divided into three entities, organizations (operational management), employees and clients as has been pointed out in the research model. As already mentioned before, Appendix D maps out the research variables used to gain insights about the three concepts and how and where the data to support this is collected. Appendix E provides the questionnaire used to collect the data.

Open-ended interviews have been one of the main instruments to extract data about the effects of labor flexibility. But it is also important to retrieve data from employee and client satisfaction research, provided by either the organization itself or by using the employee orientated research done by IVA. It is very important to link the effects that have distinguished to a specific form or even a specific instrument of labor flexibility in order to improve the causality of our findings.

As we continue, several concepts regarding the effects of labor flexibility need to be taken into consideration in order to provide a clear few about the actual effects. The employee side consists out of first of all employee satisfaction regarding labor flexibility, the appeasement employees receive by doing their job, the balance between working life and private life, the participation of employees regarding decision making and improvement points through the eyes of employees. It is important to keep in mind that these effects can contain a broader perspective, but within this research its focus will be limited towards their influence regarding labor flexibility.

Organizational effects can be measured by first of all looking at the match between the required capacity and the actual capacity of labor flexibility within each of the nine organizations. This has already been mentioned earlier, referred to as the 'ist' and 'soll' situation. Besides that, data about productivity, performance, efficiency and effectiveness can support the effects of labor flexibility on the organization. Furthermore, data about absenteeism and turnover can support both organizational effects and employee effects. Also data, extracted from open-ended interviews regarding changes that have been implemented to increase the labor flexibility of the organization in the past and have had their influence already on the organization can be taken into account when evaluating the effects of labor flexibility on the organization, its employees and its clients.

To acquire data about the effects of labor flexibility on clients we are highly depending on client satisfaction research, mostly provided by the organization itself or through benchmark research. Most important concepts are client satisfaction and the way clients experience the way they are treated when care is delivered, all of course, in the light of labor flexibility.

The operationalization of all vital concepts contained within the research model will eventually lead towards the collection of enough valuable data in order to answer the research questions that have been formulated. In the next chapter this data will be presented.

## 4. RESULTS

### 4.1 INTRODUCTION

In this chapter the nine case studies will be presented and the findings within the area of labor flexibility will be analyzed. The analysis will take place according to the formulated research model, which consists of the needs for labor flexibility, according to the demands from the labor market, consumer market and the product concepts. For each of the nine organizations participating as a case study object we will map out the needs for labor flexibility individually. The next step in the research model consists of capabilities each organization has and is using to increase its amount of labor flexibility. The several instruments each organization is using and how it is implemented will be mentioned. This all will be done against the background of the required capacity of labor flexibility that is needed for every single organization in order to receive optimal benefits. The third step consists of the effects of labor flexibility on the organization itself, its employees and their clients. Both positive and negative effects will be distinguished and the discrepancies within the balance between the organizational perspective on the one hand and the employee perspective on the other hand will be mentioned. The last step will contain improvements and recommendations regarding labor flexibility for each of the nine organizations. Following this procedure we tend to cover the research model for each of the 9 case studies, after which a cross case analysis will take place in order to distinguish trends, similarities and discrepancies between the nine organizations, after which possible improvements and recommendations for the entire sector will be formulated. Though, this step will take place in the final chapter of this research, which consists of conclusions and recommendations.

The choice has been made to describe each case study one by one. A small description about the structure, the type of organization and some useful statistics will introduce each case study, after which each case study will be analyzed according to the research model.

The table below shows the nine organizations, who participated as a case study within this research:

Organization	Region	Sector	Size (FTE)
DrieGasthuizenGroep	Arnhem	Elderly care	311
Regionale Stichting Zorgcentra de Kempen	Bladel	Elderly care & Homecare	796
AxionContinu	Utrecht	Elderly care & Homecare	1066
ZuidOostZorg	Drachten	Elderly care	840
Stichtse Warande Zeist	Zeist	Elderly care	515
Laurens	Rotterdam	Elderly care & Homecare	2410
Beweging 3.0	Amersfoort	Elderly care & Homecare	2050
Careyn Kraamzorg	Rijswijk	Maternity care	245
Dé Provinciale Kraamzorg	Goes	Maternity care	90

## 4.2 DRIE GASTHUIZEN GROEP

DrieGasthuizenGroep is an elderly care organization in Arnhem which focuses on intramural care. The organization consisted on April 2009 of 311 fte, at total of 550 employees, divided amongst 3 care centers, 1 nursing centre and 2 nursing units. The primary process consists 247.7 fte (425 employees). The average age of all employees lays around 42 years. The organization has emerged the last few years out of some mergers between different organizations and attempts to become a player on the homecare market as well in the upcoming years. The organization strives to let people stay in their personally chosen environment. To achieve this, the organization attempts to deliver care on neighborhood level, to be able to respond to individual demands from all of their clients. Delivering care on a smaller scale, de-concentration and spreading of supply on a neighborhood orientated approach is one of their main strategic goals.

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### NEEDS FOR LABOR FLEXIBILITY

The organization has to deal with a labor market problem, since the amount of level 3 employees within DGG does not come up towards the required amount that is needed. Several team supervisors extended information about a shortage of level 3 employees within DGG, which makes it hard to plan these employees. This shortage influences the need for labor flexibility within this organization severely.

Also the product concepts currently applied by DGG are changing. From a more traditional concept of care delivery, they are moving towards care delivery on a smaller scale. This also has his influence on the way capacity and formation planning is taking place, which also influences the way labor flexibility mechanics are used. This is mainly a result of the fact that within small scale care concepts employees are individually responsible for a group of clients, for whom they have to deliver nearly the care these clients require.

The organization furthermore is moving from a supply oriented approach, towards a more client oriented approach, which means wishes and individual demands of clients are taken into consideration when care is distributed.

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### FORMS OF LABOR FLEXIBILITY

Within DGG several forms of ad-hoc flexibility can be found, from which overtime and shift exchange are the most important instruments that are used. Furthermore, on-call employees to cover up errors in the day rosters, which occur due to, for example, absenteeism.

Contract flexibility is also present, especially through the implementation of a flex pool of on-call employees. Though this pool has a relatively small capacity, it still contains 40 on-call employees, whom are bound to a specific location, and often want to work more than they actually do. This pool is managed centrally by DGG's plan agency, although team supervisors undermine the effectiveness of this pool by contacting those on-call employees by themselves. DGG does not make use of min-max contracts and the fixed contracts have an average size of around 24 hours.

Work time flexibility is connected to contract flexibility, since most employees are contracted on a part-time basis. Though the size of the contracts varies amongst the different qualification levels. The use of a-cyclical rosters is also an instrument that is used to achieve work time flexibility. Besides all of the above, DGG has implemented annualized hours, using the collective agreement as a guideline.



To implement functional flexibility, the organization tries to minimize task differentiation which increases the amount of horizontal multi-skilling of its employees. Amongst team supervisors and EVV-ers a certain level of vertical multi-skilling is present.

Location flexibility is not present within DGG.

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## EFFECTS OF LABOR FLEXIBILITY

The way rosters are made provides employees with the possibility to recognize their flexibility wishes. The ability to indicate one hard demand and soft wishes regarding their working times provides space for a better balance between working life and private life.

Organization wide the capacity planning will move towards a more client orientated direction in which wants and wishes of clients take in a central place. This client and demand orientated approach has found its way towards an increase of labor flexibility, though on the other hand, the increase of labor flexibility also stimulates this trend.

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## CONCLUSIONS AND IMPROVEMENTS

The current structure of the flex pool is insufficient. Keeping in mind the importance of the central formation planning within this organization, the structure should be restructured and its structure should be communicated clearly towards involved stakeholders.

Furthermore, the work pressure on team supervisors is in many cases too high. Vertical multi-skilling should be reduced in order to lower the pressure on team supervisors and to be able to maintain the quality of care delivery and to remain able to head for a clear and responsible steering of its employees.

### 4.3 REGIONALE STICHTING ZORGCENTRA DE KEMPEN

Regionale Stichting Zorgcentra de Kempen (RSZK) is a combined elderly care and homecare organization which focuses primarily on the delivery of intramural care. The organization consists of 12 locations in the vicinity of Tilburg and Eindhoven. The last merge consists of 2001, though the past few years the organization has attempted to merge with some organizations, but until now, this has not been achieved. The organization consists out of 1600 employees (796 fte), and has an impressive amount of 900 volunteers. The average age of its personnel lays somewhere around 43 years. Absenteeism reached an amount of 5.3% over 2008. One of the locations of RSZK, Floriaan, which is grounded in the city of Bladel, has been found to be the best elderly care centre within the Netherlands over the year of 2008. RZSK as a whole strives to deliver care on a smaller scale in the near future. Since 2008, already two locations have been opened which deliver care to psycho geriatric clients, by using a small scale production concept, which consists of residences whom contain 5 to 9 clients.

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## NEEDS FOR LABOR FLEXIBILITY

RSZK does not experience a shortage of educated personnel. Capacity planning within the organization finds its way without too many problems. This does not imply that this organization is not influenced heavily by changes on the labor market. The aging of its workforce is one of the major problems RSZK has to deal with, as well as the changing demands of new and old personnel regarding contract size and working times. What this organization experiences is the fact that new, mostly younger employees, request a large contract, between 32

and 36 hours a week. This places the organization in a position in which it has only a limited amount of contracts of that size it can and wants to offer to its personnel to maintain the flexibility of its workforce. Changing amongst the labor market therefore heavily influence the way this organization has to deal with labor flexibility.

RSZK is shifting from a more intramural form of care delivery towards an extramural form, where care is delivered at assisted living places and apartments, in which wishes of client are placed in the center. On several locations of the organization a shift towards care on a smaller scale is taking place and several wellness activities are being offered which need to be financed by clients itself whenever they want to make use of those activities.

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## FORMS OF LABOR FLEXIBILITY

Ad-hoc flexibility within RSZK is mostly covered by the use of on-call employees. The organization is thinking of reducing the use of on-call employees and to let the fixed employees fill up the errors that occur in the roster. Furthermore the organization uses shift exchange and overtime to cover for situations in which ad-hoc flexibility is required.

The equation between fixed and flexible contracts will be done in the future according to the forecast which needs to map out the demand for care following the ZZP indication structure. At this point the organization makes use of on-call employees to cover for fluctuations in care demands, whom in the future need to be clustered in a central flex pool, connected to a new planning and roster system. Occasionally the organization uses personnel from other organizations in the region and also lends out personnel.

Work time flexibility is mostly achieved by part time employees, who are working in shifts. Several stakeholders within RSZK mention the unattractiveness of fulltime contracts, since in their opinion those contracts do not stimulate labor flexibility. The organization has also experimented with self-rostering as an instrument to increase work time flexibility and annualized hours are used to cover fluctuations.

RSZK tries to limit the amount of task differentiation by increasing the horizontal multi skilling of its employees. Employees responsible for the planning and rostering and team managers are vertically multi skilled, though experiences have shown that this increases the workload for these groups.

Location flexibility is not present within this organization.

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## EFFECTS OF LABOR FLEXIBILITY

Both employees and clients are very positive regarding care delivery on a smaller scale. This product concept itself also has its influences on the way labor flexibility is implemented.

Self rostering is also experienced very positively by its employees. Being able to influence your roster and therefore increasing the balance between work and private is highly valued by RSZK employees.

Furthermore the reduction of task differentiation is experienced as a good thing by both employees and clients. It makes the job more challenging and attractive for employees whilst clients reward it positively when they do not see too many faces who deliver care.

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## CONCLUSIONS AND IMPROVEMENTS

RSZK needs to extend its group of employees with a min-max contract in order to increase the labor flexibility of the organization. Combined with annualized hours and the use of self rostering practices this is a great improvement to increase labor flexibility.

In the future it would also be wise to implement a centrally steered flexpool, which organization wide needs to focus to cover for fluctuations between supply and demand and to fill up errors and holes in the actual rosters.

### 4.4 AXIONCONTINU

AxionContinu is an organization which delivers elderly care in the region of Utrecht and Lekstroom, to which 13 care facilities and a large amount of service apartments belong. Besides intramural AWBZ financed care AxionContinu also delivers extramural care in several different forms, like homecare and personal care. At the end of 2008 this organization delivered care to 1700 clients. It consisted out of 1780 employees (1066 fte.). Absenteeism reached 5.7% over 2008, against 6.39% in 2007.

The different locations of AxionContinu are steered throughout integral regional management, supported by the vision that the core activities of the organization have to take place via short lines and through direct steering so it becomes visible for both clients and employees.

Our case study has taken place in one of the intramural care centers of AxionContinu.

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## NEEDS FOR LABOR FLEXIBILITY

Research has shown that AxionContinu has a large shortage of higher educated personnel (nurses level 3). It is hard to find these employees on the external labor market, which forces the organization to become very flexible in order to deliver the requested care towards their clients.

The organization is also changing the way they deliver care towards their clients. From a traditional perspective they are shifting towards more and more care delivery on small scale. Also moving to a more extramural form of care delivery is a growth market. Furthermore, AxionContinu is also willing to provide extra services towards its clients in the near future.

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## FORMS OF LABOR FLEXIBILITY

In most cases shift exchange is used to cover for sudden increases in the demand for care and to cover things like absenteeism. Some locations use decentralized flex pools to become more ad-hoc flexible. The absence of a centralized flex pool is a large disadvantage for AxionContinu, since it happens that locations need to hire expensive temporary workers to cover holes and errors in the rosters, whilst other locations have on-call employees available.

AxionContinu strives to obtain 85% of its employees to have a fixed contract and 15% of its employees on a temporary or on-call contract. Already mentioned before, flex pools are location based. Wishes of employees in these pools are taken into account, though the employees cannot be guaranteed a fixed amount of hours they work every period.

Part time contracts are the main instruments when implementing work time flexibility. AxionContinu also mentions the unattractiveness of large, fulltime contracts. The organization has the impression these contracts are less flexible, create large holes in the planning when they fall out and are less productive, unless they are combined with extra tasks, like client supervisor duties. Though, productivity issues also occur when discussing smaller contracts. The organization furthermore as experimented with individual rostering on a small scale. In line with most organization in this sector, AxionContinu also makes use of annualized hours.

Most employees are horizontally multi-skilled whilst department managers also experience a large amount of vertical multi skilling, which also implies to EVV-ers (client supervisors). Furthermore, employees are sometimes lend out to different departments.

Location flexibility is limited. Decentralized planning and the decentralized flex pools do not stimulate this form of labor flexibility.

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## EFFECTS OF LABOR FLEXIBILITY

Productivity issues play a vital role when discussing the labor flexibility of contract size within AxionContinu. Smaller contracts tend to be less productive since within their already limited working time, employees also need to attend team meetings and other related appointments. Large contracts on the other hand have to deal with the two peaks during a working day, in the morning and in the evening a lot of work needs to be done, but in between, especially the employees with a large contract become less productive, unless their tasks are combined with other functions.

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## CONCLUSIONS AND IMPROVEMENTS

The implementation of the current, decentralized flex pools is insufficient, mostly due to the effect that it also depends on each location if a flex pool is available, which also does not support location flexibility overall. A centralized flex pool is recommended, since it increases location flexibility and eases the steering on errors and fluctuations.

### 4.5 ZUIDOOSTZORG

ZuidOostZorg is a care organization who foresees in both intramural as extramural care- and service deliveries. The organization is localized in southeastern Friesland in the vicinity of Drachten. Te organization consists out of five location work areas, in which 11 different settlements can be found, which can be classified as residual service zones, reactivating- and expertise centra. Its care vision is expressed in the motto 'people stay people'. Started in 2009, the organization is following a new strategic course. In 2008, the organization had a size of around 840 fte., consisting out of 10% staff personnel. The total amount of employees amounts 1677 in total. The average age of its personnel amounts to 45 years. Absenteeism over 2008 was 6.47%, which decreased in the first few months of 2009 to 5,08%.

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## NEEDS FOR LABOR FLEXIBILITY

ZuidOostZorg (ZOZ) is currently experiencing a stable labor market regarding the availability of educated personnel. The organization is even in the luxury position of a surplus of level 3 nurses, which forces ZOZ to reduce this group, which forces personnel to be allocated.

The organization is shifting from a centralized towards a decentralized organization, in which all five locations need to realize the strategy of ZOZ to increase the flexibility and stability within the entire organization. For the near future, ZOZ wants to distinguish itself as a high performance organization with an external orientation.

Following the national trend, ZOZ is also shifting towards more and more care delivery on smaller scales. All the changes mentioned above will influence the way the organization has to deal with labor flexibility.

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## FORMS OF LABOR FLEXIBILITY

Shift exchange is the primary instrument to fill in short term holes and errors in the planning and rosters or to adapt to sudden increases or decreases in the demand for care. ZOZ tries to remain ad-hoc flexible mostly with its fixed personnel and to limit the use of on-call employees and temporary workers. Overtime is also used often to support ad-hoc flexibility.

ZOZ is striving for an equation of 80% fixed personnel and 20% flexible, in which flexible is classified as temporary workers, on-call employees and 0-hour contracts. This is a result of the ZP financing structure, which has forced ZOZ to compare their total formation against the requested ZP formation. This has forced the organization to allocated personnel and to monitor this a mobility center has been implemented. Besides this, the organization wants to create 5 flex pools in the near future, for each of the 5 residual service zones to support the need for labor flexibility.

As in most organizations, part time labor is the main instrument to support work time flexibility. ZOZ is also willing to offer new personnel min/max contracts and they are researching the possibilities to let their current fixed personnel to start working on a min/max contract as well. This is seen as a solution for the gross- and net hours of care delivery. Furthermore, the organization uses annualized hours, whom in the future will be used as a more important steering instrument then it is now.

ZOZ is also willing to make its fixed personnel more flexible, by implementing fixed rosters in combination with variable hours. Opportunities are also seen for a cyclical basis roster, in which global day rosters can be filled in more flexible. Overall, ZOZ is very busy, trying to innovate the way they deal with labor flexibility.

Horizontal multi-skilling is mostly found amongst employees who operate as generalists, though ZOZ is weary of the risk that this can force people to perform tasks below their level of education. Team managers are vertical multi-skilled since they perform several other tasks, depended on their location, like planning and rostering, quality control, client supervising etc. In order to ease the workload on team managers ZOZ is planning to reduce the span of control of these managers.

Location Flexibility is limited. Within the five residual service zones location flexibility takes place, but across the five zones, organization wide, this is not used as an instrument.

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## EFFECTS OF LABOR FLEXIBILITY

Employees are positive towards the increased task package of team managers, especially when they become responsible for the rosters. That way the lines are shortened and employees exactly know where to go with their wishes. Better steering on formation and annualized hours will be a result.

Furthermore, employees are a big fan of a cyclical roster and fixed shifts. This will make it easier for employees to plan their private life around their job.

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## CONCLUSIONS AND IMPROVEMENTS

The lack of an organization wide flex pool, or at least central control and steering on the decentralized flex pools, limits the location flexibility of the organization and the ability to solve capacity problems between residual service zones. The implementation of a combination between a decentralized and centralized form would therefore be a great solution to increase labor flexibility.

The growing task package of team managers deserves attention as well. Decreasing the span of control is a good first step to ease the workload and pressure on the team managers.

### 4.6 WARANDE

The Stichtse Warande is a care organization who provides residential and care facilities for the elderly, supported by a high valued paramedical service. The institution consists out of 5 locations in the cities of Bilthoven, Zeist and Houten. The five locations operate on an independent basis, managed by a location manager. The organization is experiencing ongoing change as they reposition themselves in the region. This change can be illustrated by a shift towards care delivery on a smaller scale and the hotel-like approach whilst delivering care which distinguishes Warande from other organizations. In 2008 Warande consisted out of 740 employees, equaling up to 515 full time employees (fte). Absenteeism was 6,05%. In the year 2008 the organization experienced a high amount of turnover, 247 employees, worth 82,39 fte entered the organization whilst 213 employees, worth 76,45 fte, left Warande. It has to be said that these numbers show an improvement compared with 2007. Warande itself considers the tense labor market as one of the major attention areas which influence the organization.

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## NEEDS FOR LABOR FLEXIBILITY

Warande has to deal with a tight labor market in the region they operate, especially nurses level 3 and an aging workforce which increases the work pressure on its existing formation. The new care indication system (ZZP) is also a demanding factor for an increase of flexible personnel.

Warande is also shifting towards different care concepts, in which small scale care delivery and a client orientated approach are the key points. The organization tries to live up as much as possible to client demands and wishes.

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## FORMS OF LABOR FLEXIBILITY

Warande tries to limit the amount of shift exchange since it tends to create a lot of communication issues between team managers, the planning agency and the employees. To solve ad-hoc issues like errors and suddenly occurring fluctuations the organization focuses on overtime and its flex pool.

Most employees have a fixed contract which varies in size from a 0-hour contract till fulltime contracts of 36 hours a week. Its formation is completed with a layer of on-call employees gathered in a flex pool. New employees in this pool are required to be highly flexible regarding their employability on different locations.

As in most organizations part time labor is the main instrument to obtain work time flexibility. Warande prefers to attract employees on a fulltime basis, since in their opinion, a lot of part timers equals a lot of situations in which work needs to be handed over. Ideally the organization tries to imply a base formation of fulltime

contracts complemented with a flexible layer of part time employees. Errors and fluctuations whom occur in the formation planning are covered by the internal flex pool. The organization is also interested in implementing a form of self rostering in the near future in order to stimulate responsibility and commitment amongst employees, making them in control of their own working times.

Especially within care on a small scale horizontal multi-skilling is available, since those employees need to be very generalized regarding the tasks they need to perform. Vertical multi-skilling can be found amongst client supervisors and team manager. Multi-skilling between departments is also present and is mostly performed by on-call employees.

The current structure of the flex pool is a good instrument to stimulate location flexibility.

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## EFFECTS OF LABOR FLEXIBILITY

From an organizational perspective, the current flex pools offers a lot of benefits regarding labor flexibility, especially location flexibility. On the other hand, employees rather operate on a fixed location or even department, though these employees already experience more flexibility regarding their working times.

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## CONCLUSIONS AND IMPROVEMENTS

Location flexibility is stimulated intensively by the current structure of the flex pool and should also be continued in the future, although employees do not favor to be location flexible, but that should be accepted and be seen as inherent to working in the flex pool.

Steering on annualized hours is limited and also contract forms as min-max contracts are not used. Implementation of these instruments could increase the labor flexibility of Warande severely.

### 4.7 LAURENS

Laurens and Zorg Compas are care organizations who provide care to both the intramural as the extramural sector. Since the first of July 2008 Laurens and Zorg Compas are administratively merged. During 2009 the organizations will integrate which will eventually lead to a juridical fusion in January 2010. Within this research the focus will be on Laurens. Laurens consists of 6 nursing homes, 11 care centers and 18 residential buildings. The organization distinguishes 9 regions within the municipalities of Rotterdam and Barendrecht in which these 33 locations are settled. In 2008 Laurens delivered care to 2190 intramural clients and around 200 extramural clients, including day time activities. The organization had a size of around 3400 employees (2410,2 fte). The average age of its workforce was positioned somewhere between 40 and 45 years old. Absenteeism reached 7.5% over 2008, but is decreasing throughout 2009.

Laurens tries to differentiate itself from other organization by providing care with a lot of personal attention for the clients, combined with delivering care on a smaller scale. This mission is supported by the Christian-social background of the organization.

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## NEEDS FOR LABOR FLEXIBILITY

Recruitment of new personnel has been relatively stable for the first half of 2009. Differences can be distinguished between the different municipalities Barendrecht (village) and Rotterdam (city), though both experience a shortage of qualified nurses level 3. This increases the pressure on the current employee formation and requires an increased amount of labor flexibility.

Intramural, Laurens tries to recreate the home situation of their clients by focusing on care delivery on a small scale. Jobs within these small scale habitats tend to be more work intensive and ask more commitment from its employees towards their clients. So called care-routes in the extramural section of Laurens are undergoing substantial changes, which can have its effect on the labor flexibility of the organization as a whole.

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## FORMS OF LABOR FLEXIBILITY

Laurens tries to cover most of the errors in its rosters and unexpected changes in the demand for care with its own formation. The use of temporary workers is limited. Throughout the organization exchanging shifts is one of the major instruments to cover ad-hoc flexibility. The intramural section of Laurens also uses on-call employees to remain flexible and overtime is also an instrument which is commonly used.

To round up its capacity and formation planning Laurens uses its personnel who have a flexible contract. This can be employees with 0-hour contracts, min-max contracts and on-call employees that are located in one of the two regional flex pools. These flex pool employees have designated work locations.

Laurens tries to minimize the amount of fulltime contracts within its organization. Within the homecare sector contract size varies a lot, but in most cases the average size reaches a maximum of 32 hours. Intramural this maximum size lays around 28 hours. Laurens sees possibilities for offering fulltime contracts, but sees absenteeism of full time contracts as a big problem, since it is hard to cover the holes that arise in the rosters. The use of annualized hours is furthermore an important instrument to increase work time flexibility, though it is not implemented correctly organization wide.

Both intramural and extramural, the organizations tries to work with as much generalists as possible to reduce task differentiation to a minimum. Team managers within Laurens tend to be vertical multi-skilled, since in most cases they are employed for 60% as nurse and for the other 40% as team manager.

Location flexibility within the intramural section is limited, also through the infrastructure surrounding Rotterdam. Extramural, location flexibility is applied on a small scale, since different regions exchange personnel in order to round up their formation. On occasions, intramural and extramural personnel are exchanged, though this exchange takes place within a single location.

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## EFFECTS OF LABOR FLEXIBILITY

Limitations regarding task differentiation make the connection between the employee and the client more visible and recognizable, which positively influences re-indication of clients. Less faces who deliver care to the client also improves the client his satisfaction.

Employees within the flex pools are very pleased with the fact that their wishes to work on a fixed location are accepted. This increases the motivation of these employees, which is very important since Laurens sees their on-call employees as one of the most valuable assets to achieve labor flexibility.



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## CONCLUSIONS AND IMPROVEMENTS

Large contracts should not be seen as unattractive. When Laurens manages to sort out their required ZZP formation for each location, it can create the required contract mix, which can also include large, fulltime contracts. This ideal mix contains fulltime and part time contracts, complemented with a flexible layer of on-call employees. The ideal size of these several contracts will be discussed in the final chapter

### 4.8 BEWEGING 3.0

Beweging 3.0 provides both intramural as extramural care delivery. Its ambition is to become the care entrepreneur of the future, by using all available knowledge and experience to make the life of its clients as pleasant as possible. Beweging 3.0 focuses primarily on the region Utrecht. The organization is located in the municipalities of Amersfoort, Baarn, Barneveld, Bunschoten/Spakenburg, Eemnes, Ermelo, Leusden, Nijkerk, Scherpenzeel, Soest, Voorthuizen and Woudenberg. The entire organization contained 3341 employees over the year 2008, worth altogether 2050 fte.

This research is focused on the division home care. Each regional office of this division consists out of a team manager, a planner and client supervisors. Turnover within this division reached an inflow of 59 employees (33.38 fte) and an outflow of 87 employees (36.98 fte) employed within the primary process over the year of 2008. Absenteeism over the first half of 2009 is somewhere around 7%.

This organization also experiences a tight labor market which shows itself through a shortage of sufficient and skilled employees. The organization is very active in order to improve this situation.

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## NEEDS FOR LABOR FLEXIBILITY

Beweging 3.0 addresses the labor market problems by working intensively together with regional education centers to attract potential employees. The organization is experiencing a shortage of educated nurses, both level 2 and 3, which creates a lot of pressure to maintain high quality care. This shortage is also stimulated by growing competition in the homecare branch, which makes educated personnel scarce.

In order to support their clients optimally, Beweging 3.0 makes use of so called care-routes to deliver care towards their clients. The organization tries to fulfill most of the clients wishes, especially about the times when they receive their care and to limit the amount of employees per client. This requires a large amount of labor flexibility to achieve the requirements.

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## FORMS OF LABOR FLEXIBILITY

Shift exchange and overtime are the most commonly used instruments to achieve ad-hoc flexibility within Beweging 3.0. Shift exchange includes both days and care routes, though the exchange itself needs to meet up to the required productivity and quality levels that have been set. When the previously mentioned instruments are not sufficient, on-call employees are used, who are employed throughout a so called flex bureau.

Within the home care branch nearly 90% of its employees has a fixed contract. The remaining 10% required capacity is delivered by the flex bureau. Beweging 3.0 is considering to outsource their flex bureau to a large temp agency in the near future.

The most ideal contract size within the homecare branch has a size of a minimum of 16 hours, up to a maximum of 24 hours a week. The organization is trying to limit the amount of employees with a contract less than 12 hours. It offers these employees to increase their contract or to become employed on a 0-hour contract. Fulltime contracts are furthermore hard to roster on fixed care routes, which makes these contract types unattractive for the organization.

Annualized hours are also used to increase work time flexibility. The organization is trying to monitor these hours every 3 months. Also, the organization is considering the implementation of self-steering teams in order to make employees more responsible for their own working times.

Employees within the homecare branch are employed as generalist and are therefore horizontally multi-skilled which increase functional flexibility.

Location flexibility is limited within Beweging 3.0. Most employees are bound to a region, which is also the case for most personnel employed by the flexpool.

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## EFFECTS OF LABOR FLEXIBILITY

The organization wants to make its employees more responsible for their own rosters by using smaller, self steering teams in the future. Absenteeism should decrease due to these increased responsibility and the greater cooperation that is needed with the co-employees. In order to achieve this, employees should also be allowed to gain more insights in their hour-registration.

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## CONCLUSIONS AND IMPROVEMENTS

The current implementation of the flex bureau is an attractive instrument to increase labor flexibility within Beweging 3.0, although it deserves some chances like increasing its capacity and to provide it with better ICT support, especially regarding planning and rostering.

It is also very important to not treat fulltime contracts unusable and unattractive. Providing large contracts focuses on a specific group on the labor market, which can be a benefit towards the formation and the capacity of the organization.

### 4.9 CAREYN KRAAMZORG

The Careyn concern delivers a complete assortment of prevention, care, treatment- and residential services like homecare, intramural care, WMO-care, youth-healthcare, and maternity. The name of the organization is a combination of the words care and the dutch word for clear, rein. Its mission is expressed in 'involved, reliable and accessible'. Careyn Kraamzorg is a independent part of the Careyn concern and consist out of 350 employees, good for 245 fte, who support around 7000 child births each year in large areas of Zuid-Holland and Brabant. The organization therefore as 3 regional locations in Breda, Rijswijk and Vlaardingen. Besides this, it also delivers personel to birth hotel HaHa in Den Haag and Careyn is building their own birth centre in Breda. During the summer of 2008, Careyn had to temporarily stop incoming new clients due to a personnel shortage. This was necessary to guarantee the quality of the indicated care and to prevent an overload of work on its employees.

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## NEEDS FOR LABOR FLEXIBILITY

The introduction of the so called nationwide indication protocol has led to a situation in which employees cannot be guaranteed to work a fixed amount of hours each single week. As a result, a lot of flexible labor contracts are present in this sector. Careyn also experiences a limited space for fulltime contracts, indication protocols have decreased the past few years, which resulted in less hours maternity care that are available for clients. As a result workweeks are shortened and smaller contracts are being offered.

The decreasing availability of new personnel, due to less new students, which increases the lack of educated employees on the labor market is a major problem for Careyn to make its formation conclusive.

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## FORMS OF LABOR FLEXIBILITY

To achieve ad-hoc flexibility Careyn makes profound use of on-call hours, which forces its employees stand by for a maximum of 3 day and in that way being able to react to sudden changes in demand and errors in the planning. Exchanging shifts is also possible but only between two employees who are already actually present on the roster.

Most employees are connected to the organization through a fixed contract. Only 3% of its employees has a temporary contract with the organization. The size of the contracts varies widely from 10% till a maximum of 89%. The on-call employees all have a 0-hour contract. There is hardly any space for fulltime contracts, which is mainly a result of the shortened working weeks. This occurred due to the fact that the amount of maternity care that should be available for each single client has decreased over the last few years. Besides that, due to travel distances, which evolve into productivity issues, large contracts are more inefficient than small contracts.

Part time contracts are seen as the major instrument to achieve work time flexibility, though employees do not voluntarily choose for part time contracts. Furthermore, annualized hours are used to increase flexibility, monitored every quarter of the year. Waiting-, broken- and availability shifts also contribute to work time flexibility.

Multi-skilling is present, though horizontal multi skilling takes place due to the generalized character of the job. Vertical multi skilling can be found amongst care counselors since they are employed throughout different hierarchical levels of the organization.

Location flexibility is present due to the nature of the work. Clients come and go, which also counts for the different locations an employee needs to perform her job at. Capacity problems vary throughout the different regions, but the infra-structure is a major stumbling-block for location flexibility to be a solution.

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## EFFECTS OF LABOR FLEXIBILITY

Waiting shifts are considered unfavorable by employees, especially for those who have a small contract. This is the result of the fact that these waiting hours are considered as min-hours, which are used to equalize the annualized hours of employees.

Employees also mention that it depends on the person responsible for their roster if their wishes are taken into consideration and approved. If an employee needs to work to many flexible hours outside of their requested hours, they experience a discrepancy between their private life and their job.

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## CONCLUSIONS AND IMPROVEMENTS

Fulltime contracts hard to offer as mentioned before. Besides that, location flexibility offers a lot of opportunities for the near future to solve capacity problems organization wide.

The current implementation of annualized hours is not experienced very positively by employees, though from an organizational point of view it provides some advantages. This point certainly needs attention in order to equalize employee and organizational demands.

### 4.10 DÉ PROVINCIALE KRAAMZORG

Dé Provinciale Kraamzorg delivers maternity care throughout the entire region of Zeeland and wishes to extend its operations towards West-Brabant in the near future. The organization delivers around 2500 child births a year, which count up to a total amount of 110.000 hours of maternity care on a yearly basis. Care- insurers pay €40 per hour, from which the organization needs to pay all of its costs.

At the end of 2008, 161 employees were employed, exclusive 27 on-call employees. Outflow reached 8.7%, which is relatively low. The average age within this organization amount 45 years. Absenteeism lays with only 5.3% under the average amount in this sector (7.13%).

The sector is experiencing a nationwide shortage of employees of around 10%, which also influences Dé Provinciale Kraamzorg. The organization has started to cooperate with the ROC Goes, to provide a shorter study to become a maternity employee.

The organization is structured around 1 director, who is supported by a region manager who in turn is responsible over 4 staff nurses. The staff nurses are responsible over the circa 150 maternity care employees.

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## NEEDS FOR LABOR FLEXIBILITY

The financing structure within the maternity care branch results in a construction in which a fixed amount of hours per week cannot be guaranteed, which already requires a large amount of labor flexibility. This shortens the working weeks of maternity care employees which decreases the possibilities for Dé Provinciale Kraamzorg to offer large, fulltime contracts to the labor market.

The overall shortage of enough qualified personnel also influences this organization and puts a strain on its current formation. The increase in scale of maternity care organization and shifting product concepts, towards a more hospital based form of care delivery also has its influence on the amount of labor flexibility that is needed to remain profitable.

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## FORMS OF LABOR FLEXIBILITY

Ad-hoc flexibility is limited within this organization. Shift exchange does not occur, since employees do not know each other well, due to the individual character of the job and the lack of team spirit. To cover for sudden errors and fluctuations in demand, the organization uses on-call hours and other flexibility instruments who do not belong to the ad-hoc category.

Dé Provinciale Kraamzorg experiences fulltime contracts to be unattractive to plan, due to the reduced working hours per week. Min-max contracts are used to build up buffers to fill up errors and fluctuations when needed.

The contracts vary widely, from 40-50% till a maximum size of 70-90% of a fulltime contract. The organization also has the availability over 23 on-call employees.

Since fulltime contracts are limited, part time contracts are the main instruments to achieve work time flexibility. Besides that, the organization uses annualized hours in combination with min-max contracts, but also with normal fixed contracts in order to be able to adapt to fluctuations throughout the entire year. The organization observes a major problem to equalize these annualized hours at the end of each year. A specific instrument used in the maternity care branch are on-call hours. This is a period of a maximum of 48 hours in which an employee needs to be stand-by in order to, when needed, be at the client within one hour.

Maternity care employees are generalists and are therefore horizontally multi-skilled. The other forms of functional flexibility are limited.

Location flexibility is present due to the nature of the work. Clients come and go, which also counts for the different locations an employee needs to perform her job.

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## EFFECTS OF LABOR FLEXIBILITY

Dé Provinciale Kraamzorg does not offer fulltime contracts to new, mostly young, employees, due to its unattractive nature. This makes the branch less attractive for new employees. Which also makes the sector unattractive are the waiting times, the irregularity of the job and the influences this has on the combination between private and working life.

Furthermore, clients experience it as very positive, to reduce the amount of different maternity care employees that deliver care to the client to a minimum.

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## CONCLUSIONS AND IMPROVEMENTS

Contract size of employees is a delicate issue. Though it is unattractive to employ fulltime contracts it certainly could be a solution to attract new employees who are more than interested to work on a fulltime basis.

Min-max contracts and annualized hours are experienced as appropriate instruments to achieve labor flexibility. Furthermore, it is considered wise to increase the capacity of the current flex pool and to pay more attention regarding waiting times and flexibility wishes from employees.

### 4.11 SUMMARIZING DEMANDS, FORMS AND EFFECTS OF LABOR FLEXIBILITY

The previous case study descriptions have shown a wide variety of labor flexibility mechanics throughout all nine organizations. On the other hand, similarities can be distinguished. This chapter is set up in order to summarize the labor flexibility instruments and to clarify some of these instruments, in order to provide the reader with a general overview of the situation. The effect of the demands for labor flexibility and its relation towards labor flexibility, like the labor market, the consumer market and the different product concepts that are used throughout the nine case studies will be discussed in chapter 5. This also accounts for the effects of labor flexibility mechanics on employees, the organization as a whole and its clients.

Following the research model, table 1 will give an overview on how the three demands, labor, consumer and care concept, have their influence on each of the nine organizations.

Demands	Labor Market	Consumer Market	Care Concept
<b>Drie Gasthuizen Groep</b>	Problems meeting up towards required amount of level 3 nurses. Makes formation planning more difficult.	Consumers grow more demanding, organization therefore moves towards a more client oriented approach.	Shift towards small scale orientation on care delivery.
<b>De RSZK</b>	Does not experience problems.	Wishes of clients are placed centrally.	Shifting from intramural to extramural orientation. Also small scale approach.
<b>AxionContinu</b>	Large shortage of qualified, level 3, personnel.	Development of extra services for clients in progress.	Shifting from traditional to small scale approaches.
<b>ZuidOostZorg</b>	Stable labor market, with a surplus of level 3 nurses, whom are allocated.	To satisfy its clients the organizations is providing extra services (grand café, etc.)	Moving from centralized to decentralized and from large scale to small scale.
<b>Warande</b>	Tight labor market is not resulting in present shortages.	Increasing their client orientated approach on care delivery.	Shifting towards more care delivery on a small scale.
<b>Laurens</b>	Overall shortage of level 3 nurses, though amount varies across the different municipalities.	Recreating the home situation of clients by placing their demands central.	Intramural shift towards small scale habitats. Extramural care routes are undergoing substantial changes.
<b>Beweging 3.0</b>	Shortage of experienced personnel, level 2 and 3. Growing competition also increases this.	Client wishes are placed central. Client orientated approach.	Implementation of care routes, whom take individual client wishes into account.
<b>Careyn Kraamzorg</b>	Decreasing availability of new personnel.	Not undergoing substantial changes lately.	Close connections with hospitals in which clients can receive their care.
<b>Dé Provinciale Kraamzorg</b>	Experiencing an overall shortage of qualified personnel.	Consumers most of the time give birth in a hospital which influences the care process.	Concept shifting towards a hospital based form of care delivery.

**Table 1: Demands for labor flexibility amongst the nine organizations**

The previous table (table 1) has shown the different demands for labor flexibility within our case study organizations. Table 2 gives an overview of the presence of labor flexibility mechanics across the case studies.

Organization	DGG	RSZK	Axion	ZOZ	Warande	Laurens	Beweging3.0	Careyn	Prov. KrZrg
<b>Shift Exchange</b>	XX	X	XX	XX		XX	XXX	XX	
<b>Overtime</b>	XX	XX	XX	XX	XX	XX	XX		
<b>On-call hours</b>								XXX	XXX
<b>Annualized hours</b>	X	X	XX	XXX		X	XX	XXX	XXX
<b>Horizontal multi skilling</b>	XX	XXX	XX	XXX	XXX	XXX	XXX	XX	XX
<b>Vertical multi skilling</b>	XX	XX	XX	XXX	XX	XXX	XX		

Table 2: Clarification of the table: The amount of x identifies the development and importance of that particular instrument for each organization. X = present but not well developed and of great importance. XX = well developed and of significant importance. XXX = extremely well developed and of major importance. For background info on each single organization, see the previous chapters.

Shift exchange amongst all organizations occurs under several preconditions, of whom the exchange itself needs to meet up to required productivity and quality levels that have been set by the organizations. Furthermore, the way organization implement annualized hours varies widely, but the overall idea behind it is that employees need to work an average amount of hours on a yearly basis. When focusing on multi-skilling, all organizations try to limit task differentiation. This results in the fact that employees need to be able to perform a lot of general tasks in order to fulfill their job, which makes them horizontally multi-skilled. It is obvious that within the care process also specialists perform their job, like physiotherapists, psychologists and so on, and that their horizontal multi-skilling is limited. Vertical multi-skilling among most organizations can be found on the level of team leaders and client supervisors (EVV-ers). When remaining within the field of functional labor flexibility, it has been noted that especially intramural care organizations make use of multi-skilling across departments within the same location, due to the generalist nature of the work that needs to be done, but the use of this instrument is limited, due to the fact employees prefer to work in a fixed department.

The following table (table 3) addresses some important aspects of labor flexibility that require a more profound description, instead of just acknowledging its presence. It focuses primarily on contract flexibility and location flexibility, in which it illustrates the presence and structure of flex pools amongst the nine case study organizations. Keep in mind that although a flex pool is an instrument of contract flexibility, which also accounts for on-call employees, it is in all organizations used to cover ad-hoc errors and fluctuations, thus also increasing the ad-hoc flexibility of the organizations. The bandwidth of the fixed contracts is also a major aspect which deserves attention, since it gives a good overview how organizations have structured their formation in order to increase their contract flexibility. It also illustrates the use of part time labor and shift work as two of the major instruments of work time flexibility within this branch.

Organization	Bandwidth fixed contracts	Flex pool	Location Flexibility
<b>Drie Gasthuizen Groep</b>	Absence of min-max contracts. Fixed contracts are on average 24 hours. For level 3 nurses this is 28 hours.	Flex pool with 40, location bound on-call employees. Centrally steered, though team managers are pretty much in control, so it functions more or less decentralized.	Not present, flex pool employees are location bound
<b>De RSZK</b>	15% variable, 75% fixed employees; remaining 10% consists out of temp workers etc. Moving towards more min-max contracts, 20-24 hours.	No flex pool available. Location bound on-call employees. Want to move to a central flex pool.	Not present, decentralized responsibilities of each location
<b>AxionContinu</b>	All contract forms are present, in the future on-call employees will be given guaranteed hours.	Location bound on-call employees, decentralized responsibilities, want to move to a central flex pool. Size: 15% of the workable hours are flex hours.	Limited, due to decentralized planning and decentralized flex pools
<b>ZuidOostZorg</b>	Fixed contracts, limit amount of on-call employees, 0-hour contracts available. In the near future more steering on annualized hours in combination with min-max contracts.	No flex pool available, location bound on-call employees. Five decentralized flex pools are under development. The new financing structure in this branch has led to a new personnel mobility policy.	Present within each residual service zone, not organization wide
<b>Warande</b>	Fixed contracts vary widely from 0-hour contracts towards fulltime contracts.	Centralized flex pool of 80 employees, deliver 28 fte of care a month.	Present, due to structure of the flex pool in which employees are insisted to be employable at various locations
<b>Laurens</b>	Intramural fixed contracts of 24 hours average. Extramural an average of 28 hours a week.	Intramural; region bound flex pools. Extramural; mobile teams available to cover demand fluctuations.	Limited, exchange between intramural and extramural takes places on occasions, but not organization wide.
<b>Beweging 3.0</b>	Average contract size between 16 and 24 hours. In the future more steering on annualized hours and the implementation of more min-max contracts.	Flex bureau delivers 10% of the organizations extramural formation. Centralized, will be outsourced in the future and needs to deliver 20% of the formation.	Not present, employees are region bound, same goes for flex pool employees
<b>Careyn Kraamzorg</b>	83% fixed contracts, 60% of these contracts is used flexible. 17% on-call contracts. New employees are offered min-max contracts.	No external flex pool. Flexibility achieved throughout fixed employees, flexible employees, min-max contracts and occasionally outsourcing from personnel.	Present, although most employees stick to their original region. Present, as a result of the characteristics of the job.
<b>Dé Provinciale Kraamzorg</b>	70%-90% min-max contracts. 123 employees fixed, 23 on-call employees.	No external flex pool, on-call employees are present.	Present, as a result of the characteristics of the job.

**Table 3: forms of labor flexibility, bandwidth of contracts, flex pools and location flexibility amongst the nine organizations.**



The final table (table 4) will contain the effects of labor flexibility each of the nine organizations are experiencing.

Organization	Effects
<b>Drie Gasthuizen Groep</b>	<p>Employees recognize their flexibility wishes, provides a good balance between working life and private life.</p> <p>Client orientated approach is stimulated by labor flexibility mechanics.</p>
<b>De RSZK</b>	<p>Clients and employees are positive regarding small scale production.</p> <p>Employees are positive about self rostering and the reduction of task differentiation.</p>
<b>AxionContinu</b>	<p>Productivity issues play a vital role regarding the contract size.</p>
<b>ZuidOostZorg</b>	<p>Employees support the increase of vertical multi skilling amongst team leaders.</p> <p>Most of the employees would like to see labor flexibility as a mechanic to create a cyclical roster and fixed shifts.</p>
<b>Warande</b>	<p>The application of the current flex pool is a great benefit towards location flexibility, though employees are not happy with it, and rather have fixed locations.</p>
<b>Laurens</b>	<p>Less task differentiation means less faces, which increases client satisfaction and makes the connection between employee and client more visible.</p> <p>Flex pool employees can work on fixed locations which increases their motivation.</p>
<b>Beweging 3.0</b>	<p>Increasing employee responsibility and cooperation in the near future, by shifting towards self steering teams.</p>
<b>Careyn Kraamzorg</b>	<p>The current waiting shifts are considered unfavorable.</p> <p>Roster wishes approval depend on the person responsible for the roster, which can create a discrepancy between private and working life.</p>
<b>Dé Provinciale Kraamzorg</b>	<p>The refusal of offering new employees large fulltime contracts makes the organization less attractive.</p>

**Table 4: Effects of labor flexibility amongst the nine organizations**

## 5. ANALYSIS

This chapter will focus on describing and analyzing the relations between the demand side of labor flexibility, the forms and instruments of labor flexibility and the effects of labor flexibility.

Therefore the collected data from chapter 4 will be analyzed in order to be able to formulate valid conclusions and useful recommendations. These conclusions will lead to a proper answer regarding the main research question:

- *How is labor flexibility currently applied within different elderly care, homecare and maternity care organizations, (related to the demands, several forms and effects of labor flexibility), and how could they possibly be improved with a better balance between employees and operational management as a result?*

The sub questions, and the proposed research model, whom can be found in chapter 2.8, will act as a guideline in the search of answering the question above. Chapter 4 has already distinguished the several elements of the research model for each of the nine case studies; the needs for flexibility, the form of labor flexibility and the effects of labor flexibility. Vertically, the research question has been analyzed, in this chapter it is time to find horizontal connections between the various aspects of our research model, like for instance the influence of the organizational structure, influenced through demanding factors like the labor and consumer market, on the forms of labor flexibility that are implemented and the effects these forms can have on the organizations, clients and employees.

The conclusions will be discussed throughout the several concepts mentioned in the research model that influence the way labor flexibility is implemented. Similarities between the different case studies will come to our attention, but remarkable individual situations will also be brought up.

### 5.1 CARE CONCEPTS

Nearly all of the case study organizations are transforming towards the delivery of care on a smaller scale and a more client oriented approach. The influence of this shift and the emerging of new care concepts has a substantial influence in the way organization structure their formation and capacity management.

Especially delivering care on a small scale, but also the overall shift towards a more cliental approach, will force organizations to adapt their formation and capacity management, due to the nature that within small scale concepts labor intensity increases and one employee is responsible for a large group of clients. The way organizations handle their formation planning and how rosters are constructed need to undergo substantial changes in order to effectively deliver small scale care. This will most likely force organizations to increase their formation, which is, for many organization already a problem in their current situation. Labor flexibility mechanics are therefore a vital instrument to structure formations, in order to coop with these new care concepts to effectively and productively implement these concepts.

Some innovative initiatives have also been found. Several organizations like RSZK and AxionContinu have experimented on the field of individual or self-rostering, which is profound to increase the commitment of employees towards their job and influences the way planning is set and rosters are made. Within RSZK, self-rostering was used within the small scale care centers, where it increased the commitment amongst employees, improved contact with clients and made the job more attractive due to the influence employees have on their working times.

## 5.2 LABOR MARKET

Labor market issues vary across the country. Especially in the urban part of The Netherlands, organizations experience a shortage of qualified personnel, especially level 3 nurses and higher. ZuidOostZorg, located near Drachten in the north of the Netherlands and RSZK, located in the south, near Eindhoven however do not experience a shortage of qualified personnel. Especially ZuidOostZorg is even trying to find ways to lower the amount of formation that contains level 3 nurses. To achieve this they have set up an mobility center, which main purpose is to re-locate personnel throughout the organization to make the capacity planning more effective.

The organizations whom experience problems filling their formation with the qualified amount of employees are all shifting towards capacity planning procedures in which they try to make their fixed personnel, more flexible in order to address formation shortages. The use of temporary workers is limited and also the amount of internal on-call employees does not require an increase, as pointed out by most organizations.

No matter if an organization experiences a surplus or a shortage of personnel, labor flexibility mechanics are used by all organizations to deal with this situation. Especially since labor market issues influence the capacity planning of organizations both on the short and the long term, all forms of labor flexibility can be adopted, which will be discussed later on.

## 5.3 CONSUMER MARKET

The consumer market is heavily influenced by the new financing structure that is introduced within the intramural care, which can be compared with the way extramural care is financed. This is rather important for this research since it correlates with the required formation and availability of personnel.

The introduction of the so called care-weight packages describe a clients profile in terms of functions (residual care, day expenditure, treatment and guidance) which a client needs. These functions are linked towards a required amount of time, measured in hours per week. Each client has such a profile and indication of which an organization needs to finance its formation.

The way organizations finance their formation has its influence on the way organizations fill in their formation, which has influenced the way organizations have to deal with labor flexibility in order to create the most effective, productive and profitable formation.

## 5.4 THE FLEXIBLE CARE ORGANIZATION: LAYER MODEL

Though the variety amongst the case studies is substantial when looking at the way these organizations deal with labor flexibility, several overall trends and movements can be distinguished. First of all it is worth to mention that all nine case studies make use of a layer-model (Atkinson, 1984), regarding the structure of their formation. Around a core of employees with fixed contracts, a layer of personnel is situated who possess a flexible contract. The structure and size of this layer varies amongst the case studies, but it contains often on-call contracts, 0-hour contracts, min-max contracts and internal temporary workers. The third, and external layer of this model contains external temporary workers and individuals without personnel (ZZP-ers), though the use of this layer is limited throughout all nine organizations. Several organizations use flex pools in order to structure the availability of on-call personnel throughout their organization. Some of the organizations make use of centralized flex pools (Drie Gasthuizen Groep, Warande and Beweging 3.0), whilst others use decentralized flex pools (Laurens and AxionContinu). Organizations who lack a flex pool and make use of location bound on-call employees are discussing the opportunities to implement flex pools in the near future

(ZuidOostZorg, RSZK). This shows a lot of variation regarding the structure of the flex pools sector wide, though some characteristics are common. First of all, organizations prefer internal flex pools, filled with their own on-call employees, above external flex pools. Main reasons are the believes that organizations can better guarantee the quality of their on-call employees, and also important, the costs for external on-call employees are higher and therefore less attractive.

The two maternity care organizations, participating as a case study, do not need a structured pool, due to the individual and general nature of the job, but can work effectively with a group of on-call employees. The use of external temporary workers is limited, due to the same reasoning as used above when we discussed external flex pools within the care sector.

## 5.5 LABOR FLEXIBILITY: CAPACITY ON THE SHORT AND LONG TERM

Within several organizations actual numbers have been found regarding the flexible capacity organizations need to achieve. Within the homecare organizations tend to move towards a situation in which labor flexibility on the long term should be somewhere around 20% as we have seen within Beweging 3.0. They also do mention a difference between intramural and extramural care, since for the intramural department of Beweging 3.0 an amount of 10% flexibility on the long term seems appropriate. Most forms of short term labor flexibility is handled by the flex pool, whom delivers 10% of the capacity that is needed. According to the organization, they need at least 10% of flexible capacity on the short term. Absenteeism numbers seem to be higher in the extramural sector, the same goes for turnover numbers. The increased competition, which is higher than in the intramural sector are all reasons why the need for labor flexibility is bigger extramural then intramural, which will be discussed below.

Intramural, as already mentioned above, the amount of required labor flexibility varies from the extramural sector. Though 20% of labor flexibility on the long term is needed in most extramural organizations, intramural organizations like De RSZK and ZuidOostZorg claim they need a percentage between 10% and 20% in order to coop with the need for labor flexibility on the long term. On the short term however, most organizations mention they can fulfill the need for labor flexibility on the short term from around 5% to 10%, depending on the absenteeism percentage of the organizations.

Last but not least, the maternity care sector has to deal with a high percentage of labor flexibility on the short term, which lays somewhere around 15% to 20%, due to the unpredictable nature of childbirth in especially the last week of maternity. Both Careyn and Dé Provinciale Kraamzorg mention they have a layer of somewhere around 17% on-call employees who are mainly used to deal with labor flexibility on the short term. On the long term, maternity organizations have to deal with peaks throughout the year, which forces them to at least be able to coop with a need for labor flexibility on the long term of around 20-25% of its total formation.

Throughout the various organizations a distinction can be made between intramural, extramural and maternity care when talking about the required capacity for flexibility, both on the short- and the long term. The two previous chapters have already mentioned the use of several instruments, used by the nine case study organizations to achieve labor flexibility. Though it is hard to quantify the capacity of labor flexibility on the long and short term, this research has shown some reasonable numbers regarding the percentage of labor flexibility needed. Several percentages have been brought to our attention, which are illustrated in table 5 below:

Sector	Short term capacity	Long term capacity
Intramural care	5-10%	10-20%
Extramural care	10-15%	20-25%
Maternity care	15-20%	20-25%

Table 5: Flexible capacity on the short and long term for each of the three sectors

The numbers in this table (5) are a percentage of the total formation what is needed to cover for situations in which labor flexibility is requested.

The capacity of labor flexibility and its fluctuation over time have been captured in underlying figure.

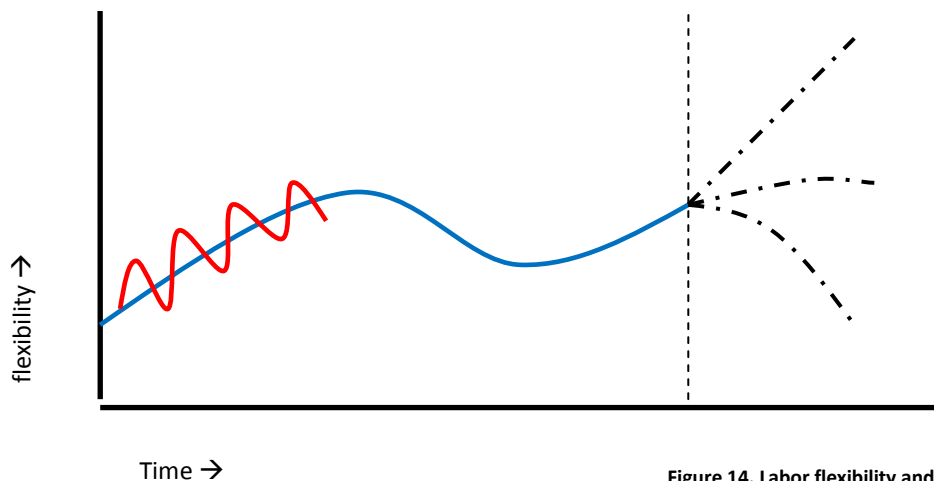


Figure 14. Labor flexibility and its fluctuations over time.

This figure shows the three different forms each organizations has to deal with. The red line shows the short term labor flexibility, which covers a period of days to a maximum of several weeks. Long term labor flexibility is illustrated by the blue line, and maintains months up to a year. Behind the bracketed line the future of labor flexibility is illustrated. Will the organization deal with growth, will it remain stable or will it shrink? These questions are sometimes very unpredictable to answer and is also dependent on the strategy the organization wants to follow the upcoming years.

When keeping in mind the above figure (14) and percentages (table 5) some insights can be obtained. For example, since turnover is pretty high within both the intra- and extramural sector, most organizations can rely on this to adjust to uncertainty on the long term, especially when a relatively large amount of personnel is connected to the organization on a temporary or on-call basis. However, organizations also need to make sure they possess the right quality mix of personnel, when turnover is high amongst a certain function group of employees, the organization needs to fall back on other labor flexibility instruments to meet up to the required capacity. The main difference between the intramural and extramural care, when looking at the percentages, is a result of the increased competition within this sector, where organizations like Buurtzorg become more and more a competitor for the traditional extramural care organizations. Besides that, extramural care has to deal

with so called care-routes which means, employees have to deal with travel times between their clients. When holes in these care routes occur, or when new clients are added, the required flexibility to make that care route as productive as possible is increased. This also applies to the maternity care sector, whilst within the intramural sector, organizations have to deal with a fixed amount of beds, within a fixed location, which makes the capacity for labor flexibility less reluctant to changes than in the other two sectors.

The capacity for labor flexibility on the short-term however, is harder to manage, especially because of the urgent nature. On the other hand, the amount of capacity needed is smaller than on the long term. The main reason for short-term, or ad-hoc flexibility, is absenteeism. Absenteeism within the extramural care is overall a little bit higher than intramural, mostly due to the individual nature of the job and the relatively higher work pressure on those employees. The nature of the extramural job also influences the short term capacity that is needed, variable locations, and a more variable group of clients, all influence this percentage. So when looking at both sectors, the average capacity for short term labor flexibility averages around 10%, keeping in mind that this can fluctuate per team, department or location.

The maternity care sector is an exception to the other two sectors, since the need for short term flexibility is substantially higher, due to the unpredictable nature of childbirth, especially in the last week. Maternity care organizations deal with this by mainly implementing waiting hours.

The figure on the previous page can be applied on all three sectors, included in this research. Though, the height of the lines, its curves and the irregularity of those lines vary for each individual organization, this research has shown some remarkable things, which is also illustrated in the table above, regarding the percentages of labor flexibility needed on both the short and the long term. Short term labor flexibility will vary less within the intramural care sector, than within both other sectors, and therefore makes it easier for those organizations to cope with labor flexibility. When we take a look at long term labor flexibility, especially extramural this trend can be very unpredictable, due to increased competition within this sector and a larger influence of fluctuations in demand, whilst intramural organizations are less concerned with those fluctuations. Maternity care on the long term seems very predictable, clients will deliver their request to receive maternity care, months before the actual care needs to be delivered. These organizations also experience an increase in demand every year around the summer period, which on the one hand requires a lot of labor flexibility during that period of time, since employees will also be going on their holidays, but on the other hand, the predictable nature of this increase makes it less of a problem for organizations to adapt properly to this increase.

Throughout all of the case study organizations labor flexibility instruments have been discovered that are used by nearly all participants. This has also already been mentioned previously, but to give a clear overview of the different time frames in which labor flexibility can take place, table 6 below has been constructed. The last row of the table show the future and some of the possible solutions an organization can take in order to address future changes.

Short term (days/weeks)	Long term (months to 1 year)	Future (longer then 1 year)
<ul style="list-style-type: none"> <li>• Overtime</li> <li>• Shift exchange</li> <li>• Waiting hours</li> <li>• On-call employees</li> <li>• Multi-tasking</li> </ul>	<ul style="list-style-type: none"> <li>• Temporary workers</li> <li>• Annualized hours</li> <li>• Flexpool</li> <li>• Multi-tasking</li> </ul>	<ul style="list-style-type: none"> <li>• Growth/stabilization/shrink?</li> <li>• Productivity increase?</li> <li>• More fixed personnel?</li> <li>• More external capacity?</li> </ul>

**Table 6: Labor Flexibility forms and mechanics within different time frames**

The instruments mentioned in the above table will be described more thoroughly in the upcoming sections.

## 5.5 CAUSES FOR AD-HOC FLEXIBILITY

Two main causes for ad-hoc flexibility have been distinguished among the nine case studies. The most important cause, because it requires most ad-hoc flexibility each organization can offer is absenteeism and related on-leave issues. Second cause that organizations have to deal with is the unpredictability and fluctuations in the demand for care. Both issues will be addressed, after pointed out that ad-hoc flexibility is obtained within all organizations through shift exchanging amongst personnel, through regulated overtime and the use of on-call employees to cover for situations in which sudden errors occur within the roster. Ad-hoc flexibility is in most cases related to absenteeism issues, this is the most important demanding factor. Absenteeism itself can be related to employee satisfaction and motivation, which is influenced by the quality of the contract and the working times on the one hand, but also by the amount of autonomy employees experience when performing their job. Job demand and job control (Karasek, 1979, 1992, 1997; Karasek and Theorell, 1990) need to be aligned in order to reduce stress and work strain issues on employees. Experienced throughout the case studies, small scale care concepts, increase employee autonomy and responsibility, which has lead to increased motivation and job satisfaction and therefore has a positive effect on the reduction of absenteeism, which in that case reduces the need for ad-hoc flexibility.

All nine case studies mention that their rosters are a-cyclical, which underlines the fact that jobs in this branch have to deal with irregular working hours. Working hours can vary every week due to the fact that fluctuations within the demand for care can change suddenly. However, the intake of new clients is in many cases regulated. Intramural organizations have to deal with a limited amount of beds they can offer, so a lot of fluctuation does not occur, except when clients leave the organization. This can be the result of various reasons, like the ending of revalidation period, a new ZZP indication which may result in moving from a care center to a nursing center or the other way around, or, in the worst case, the passing away of a client. Extramural organizations have to deal with a bit more irregularity but they are also limited to their intake, which also is very structured, due to the indication system and the neighborhood team based approach which is used by most extramural organizations. The different care routes within these neighborhoods make it more easy for extramural organizations to adapt to sudden fluctuations rapidly.

Maternity care organizations always experience some insecurity regarding the times they have to deliver maternity care, this as a result of the unpredictability of when child birth actually takes place. On the other hand, the organizations know beforehand in which period a client wants to use their services, so they can adapt to that in advance. To cover for this kind of unpredictability maternity care organizations have implemented on-call hours, which forces employees to remain stand-by for a couple of days, up to a maximum of 3, to be able to respond rapidly when the actual need for maternity care arises.

All of the above relates to labor flexibility on the short term, which can be classified as the period between the announcement of the rosters towards the employees and the actual working days and hours. Errors and fluctuations during that period of time need to be solved, in most cases, by the implementation of ad-hoc flexibility instruments.

On the other hand, organizations have to deal with their formation planning on the long term and the required labor flexibility that is needed for the organization to adjust to changes in their environment. Due to imbalances in the formation planning that can occur as a result of ad-hoc flexibility, like employees who need to work more in certain periods because of high absenteeism amongst co-employees, or as a result of fluctuations in the client demands, organizations need to adapt instrument to become labor flexible on the long term as well.

## 5.6 MAINTAINING LABOR FLEXIBILITY ON THE LONG TERM

Several of the case study organizations are using min-max contracts as an instrument to be able to steer their formation throughout a period of time and it is mainly used to support labor flexibility on the long term. Within the case studies evidence has been found that organizations who use min-max contracts use this instrument to fill up both short term and long term flexibility needs. These min-max contracts are set up according to a minimum and a maximum percentage of working hours per week, which offers organizations the ability to adapt to ad-hoc need for personnel, but also to adjust working hours of employees when the capacity planning for a certain period requires this. Min-max contracts are also seen as a solution to avoid annualized hours to grow to extreme amounts. Since nearly all case-study organizations are using annualized hours to increase labor flexibility on the long term it is obvious that they want to minimize the buffers that come into existence when steering on these hours is ineffective. A trend can be seen amongst the organizations, since they all try to build up buffers for the summer holiday period, in which they require their employees to work more weekly hours in order to fill in their formation. Annualized hours can therefore be seen as a great instrument to increase the labor flexibility of the fixed employees in these organizations.

Another instrument that is used in all organizations is multi-skilling. When talking about the primary process, all of the nine case study organizations try to limit task differentiation, which requires their employees to perform multiple general tasks. This can be qualified as horizontal multi-skilling, and is heavily influenced by the product concepts the different organizations use. The more and more cliental approach forces the organizations to reduce the amount of different faces that deliver care to each individual client. On the one hand this is something which is preferred by the clients itself, though employees also find it of great importance to build up a good relationship with a client, which is stimulated by letting as many tasks as possible to be performed by one single employee. Due to the nature of extramural and maternity care employees always have been made available to perform as a generalist. New care concepts, especially small scare care, requires employees to be horizontally multi-skilled, since within this structure, an employee is responsible for a limited amount (average 8) of employees.



Vertical multi skilling is also present in the intramural and extramural care organizations. The new financing structure has made indicating clients of major importance. Client supervisors have therefore become more important, especially intramural. Since most of the client supervisors are also performing tasks within the primary process, vertical multi-skilling has become an important aspect of obtaining labor flexibility. A rather disturbing trend is the growing task package of team leaders. In several organizations team leaders have become responsible for planning and rostering (ZuidOostZorg) and they are required to help out in the primary process (DrieGasthuizenGroep). This makes team leaders becoming more vertical multi-skilled which can result in an increase of work pressure, which can eventually result in increased job stress.

Though all of the organizations that have been a subject of interest within this research operate on different locations, intramural and extramural, it is remarkable that the presence of location flexibility is limited. Within the maternity care branch location flexibility is more exploited, though these organizations have limited themselves by making sure that an employee needs to be able to arrive at a client within 30 to 60 minutes. Within the intramural and extramural care, the lack of location flexibility is a result of employee wishes, who overall desire to work on a fixed location, or even a fixed department. Nearly all organizations give in to these wishes. An exception that has been found within the case studies was Warande, who demanded new flex pool employees to be employable across the different locations of the organization. Though it is important to mention that employees within that organization also preferred to work on a fixed location. This brings us to the following topic.

The next small chapter will deal with the question of how all of these labor flexibility mechanisms, short and long term, have their influence on the employees.

## 5.8 THE EFFECT SIDE OF LABOR FLEXIBILITY: FLEXICURITY

As illustrated above, the exploitation, or better, the lack of exploitation of location flexibility amongst the nine organizations, is a good example of how organizations in this branch deal with flexicurity. Though location flexibility could benefit the organizations when talking about labor flexibility, most organizations take employee wishes into account and they are trying to find a balance between organizational perspectives and employee perspectives.

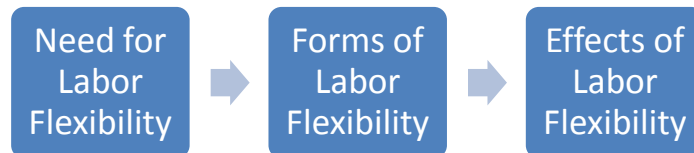
Overall a certain balance between employer and employee within this branch is present. Both the environment as the structure of the organization result into demands for labor flexibility. On the other hand, labor flexibility wishes and demands from employees are also taken into account. Especially through exchanging shifts employees are able to find an improved balance between their job and their private life. Furthermore, organizations have to deal with increased pressure towards productivity and client satisfaction, which, as mentioned previously, has its influence on the way organizations have to deal with labor flexibility. On the other hand the pressure on the balance between working- and private life amongst employees is increasing. Especially the current situation on the labor market forces organizations to make concessions towards their current and their new employees. Organizations are therefore undergoing an continuous struggle how to deal with labor flexibility, in which employees play a vital and powerful role.

From employee perspective, flexicurity matters especially when dealing with the balance between the predictability and the irregularity of the working days and times. On the one hand employees want to know some weeks in advance on which days and which shifts they need to work, which gives them the security of planning their social life around their working life without too much of a struggle. If these days and shifts become predictable for other periods as well, this increases their security. On the other hand, the ongoing need for flexibility, both from the organization as from its employees makes it hard to create predictable rosters. Last minute changes influence each single roster, which increases the irregularity experienced by

employees. Irregular rosters, which are announced very shortly before its implementation create a situation for employees where they are struggling to wrap their social life around their working life, which can create stressful situations for individual employees. Flexicurity on this level therefore needs to create a balance between the irregularity and the predictability of rosters, in order to keep the balance between flexibility and security intact.

## 6. FINAL CONCLUSIONS

The previous pages have tried to provide the reader with a good overview of the situation within the elderly, homecare and maternity care branch. Relations between the drivers for labor flexibility, the instruments used to achieve labor flexibility and the effects these instruments have been brought to our attention. This brings us to a situation in which the main research question can be answered, although in order to achieve this, the sub questions will be discussed. The questions follow the structure of the research model, which is positioned in a simplified version below.



Following the above model the first sub question that will be answered deals with the needs for labor flexibility and is listed below:

- *Which needs for labor flexibility can be distinguished amongst organizations within the elderly care, homecare and maternity care?*

Throughout this research the demands for labor flexibility have been categorized into three areas of interest; labor market demands, consumer demands and care concept demands. For each of these areas a significant trend can be distinguished for the majority of the case study organizations. The labor market is in most areas of The Netherlands lacking a substantial amount of qualified personnel, both in the intramural and extramural sector as within the maternity care sector. This has also mentioned in research done by Prismant (2008). This overall shortage is one of the major drivers for organizations to become very flexible when talking about labor.

The consumer market is also changing. On the one hand its size is increasing, but also the mindset of the consumers is changing which has been mentioned in chapter 2.3.1. This has evolved into a situation in which organizations shift towards a client orientated approach, in which client wishes and demands are placed centrally. This trend has been distinguished by all of the organizations that were part of this research, and is influencing the way organizations structure their processes and therefore also the way they structure labor flexibility.

The major shift, especially intramural, when dealing with care concepts is the trend of moving towards care delivery on small scale. Extramurally the so called care routes are also undergoing substantial changes due to the increase pressure on productivity goals. Both these changes have their influence on the way organizations deal with labor flexibility.

The next sub question focuses on how these demands are translated into several forms of labor flexibility, which is structured in the next question:

- *How are several forms of labor flexibility currently applied within different elderly care, homecare and maternity care organizations and are there visible similarities amongst the different organizations noticeable? Furthermore, do organizations within the EHM have the capabilities to address the capacity of labor flexibility needed?*

All case study organizations participating in this research require a substantial need for labor flexibility due to the demands mentioned before and their internal structure. The way labor flexibility is applied can be distinguished into three different directions regarding who within each organization takes care of labor flexibility.

- *Small contracts.*  
Within this situation a ideal roster is structured for the fixed and large contracts, in which the employees with the small contracts fill up the holes and errors within this roster. This allows the organization to make a predictable and cyclical roster for the larger contracts, whilst flexibility has to come from the smaller contracts.
- *Large contracts.*  
In this situation the organization listens especially to those employees with small part time contracts, since they often have specific wishes regarding working days and times. Rosters are structured around these employees and the large contracts are used to fill up open holes inside this roster.
- *Internal flex pool.*  
Within this situation a roster is structured around the two previous directions. Though, when errors or holes in the rosters, occur organizations fall back upon their flex pool. On-call employees are used to fill up these holes and errors. External flex pools have not been found, though some organizations of shifting towards this instrument in the near future.

Furthermore, the application of labor flexibility can be found within two different time frames, which have been illustrated by figure 14. Though labor flexibility on both the short and long term can vary within each individual organizations, this research has shown us some remarkable findings that can be applied to the entire sector:

- *Flexibility on the long term;* this is off course important, due to the increased power of market mechanisms within this branch, to adapt to the uncertainty if an organization will be able in the future to deliver the care clients demand. Fluctuations in demand can be predicted and these fluctuations do not vary that much.
- *Flexibility on the short term;* is way more of an importance. On the one hand organizations have to adapt fast to ad-hoc changes in demand, though most organizations have a wide variety of instruments which can be used to smoothen this process. On the other hand, and the major need for short term flexibility, is the capability of an organization to fill up holes and errors in the roster, whom occur due to absenteeism and small leave. It can therefore be stated that organizations create the biggest need for flexibility itself, due to the unpredictability of absenteeism of its own personnel.

Overall, similarities between the case study organizations have been distinguished as pointed out above. Besides that, most of the organizations have the capacity of dealing with the requested labor flexibility but are just not exploiting it effectively.

The use of labor flexibility has its effect on several aspects of the organization, which are captured in the last part of the research model.

- *What are the effects of labor flexibility on both (operational) management on the one hand and the employees and clients and their perceptions on the other?*

Though this research does not have measured productivity percentages and such, the individual effects of labor flexibility on each of the nine case study organization have been mentioned in table 4. Within the analysis of this research flexicurity has been mentioned as one of the most important concepts when dealing with the effects of labor flexibility. To maintain the balance between flexibility and security, organizations have to make sure they find a balance between the predictability and irregularity of the rosters they create. Employees like to know in advance when to work in order to create an optimal balance between their working and private life. This predictability also benefits clients since they dislike to see many different faces, and when these faces drop by on an irregular basis this makes it even more unfavorable.

That maintaining this balance is a tough job is illustrated by the fact that employees on the one hand want the security of a predictable rosters, but on the other hand want the flexibility of being able to make last minute changes within a roster and that their individual wishes are taken into account. The same goes for the organization who wants to satisfy its employees and clients on the one hand by providing them with security and certainty, but on the other hand need to remain flexible in order to adjust to errors within a roster, absenteeism and changes within the demand for care.

After discussing the several aspects of the research model this brings us to the main research question:

- *How is labor flexibility currently applied within different elderly care, homecare and maternity care organizations,( related to the demands, several forms and effects of labor flexibility), and how could they possibly be improved with a better balance between employees and operational management as a result?*

The previous parts have already provided us with a good overview how labor flexibility is applied. The different demands have been mentioned, the application of who takes care of the need for labor flexibility and within which timeframe this takes place are analyzed and especially the effects regarding maintaining a balance between flexibility and security have been brought to our attention. Overall, the organizations within the intramural, extramural and maternity care sector have to deal with a lot of drivers for labor flexibility. The organizations have a wide arsenal of labor flexibility on their hands, which are in many cases not exploited towards its full potential.

The balance between operational management and employees can be improved or maintained to integrate the three groups that have been distinguished earlier, regarding who is responsible for dealing with labor flexibility. Small contracts, large contracts and flex pools need to be integrated in order to avoid one sided pressure, since such an approach can create a situation of unbalance. Organizations need to become more productive and client orientated on a social innovative way in which all employee perspectives are weighted equally in order to stabilize and increase the attractiveness of the sector. Labor flexibility, when implemented effectively and structured, can play a vital role in obtaining and increasing the attractiveness of this sector for both employees and clients.

## 7. RECOMMENDATIONS

Improvements for this branch will be formulated in this chapter regarding the recommendations of this research. Furthermore, this chapter will mainly deal with answering the last sub questions which focuses on improvements for this branch.

- *How can labor flexibility within the EHM be improved in order to reach a situation in which the needs of both operational management and the employees are balanced?*

No single answer for this question can be given, though several recommendations and improvements can be formulated on individual, organizational level, but also on branch level. Organizational recommendations and profound improvements can be lifted to a branch level, whilst recommendations and improvements formulated for the entire branch need to have their effects on the individual performance of organizations. The recommendations that will be mentioned next are valid for all three sectors that have been part of this research, unless mentioned otherwise.

1. It is of utmost importance that organizations within the EHM have a clear overview regarding the capacity they need to obtain the amount of labor flexibility that is required, both on the short and long term. In order to streamline this process it is vital to link planning and formation mechanics together, to obtain a combination of decentralized planning and rostering and the centralized overview which is needed for organizations to adjust towards over and under capacity throughout their organization.
2. In order to adjust to the demand for labor flexibility on the short term, organizations need to keep their planning and rostering decentralized. This way the communicational lines between the persons responsible for making the planning and the rosters and the employees stay short and clear, so employees know where to go to when they have questions or requests regarding their roster. This will eventually smoothen and improve the communication between all parties involved, which will lead to a better working environment and therefore to more motivated employees.
3. It remains vital for organizations to keep a central overview regarding their decentralized planning and rostering units. On the long term the organization needs to centrally keep an eye out for fluctuations on both the labor and consumer market, in order to adjust their formation when needed, though a lot of these fluctuations can also be countered by the decentralized units. Overall, the above points illustrate the need for decentralization when dealing with labor flexibility on the short term, whilst a combination between centralization and decentralization is needed when dealing with labor flexibility on the long term.
4. The way organizations deal with capacity issues, has its influence on the way these organizations need to deal with labor flexibility. A more centralized way of capacity-management needs to be supported by centralized labor flexibility instruments, of whom a centralized flex pool is most important. Though the ideal implementation of a flex pool would be a combination of decentralized flex pools, since most employees want to work on a specific location or department anyhow, covered by some sort of central control mechanism, which starts working when flex pool employees linked to one location are needed on a different location due to capacity problems. This would require some flex pool employees to be location flexible, which can be stimulated by creating a proper framework with rules about the amount of hours you work somewhere else then your requested location.
5. Organizations need to become more inventive when dealing with labor flexibility in order to address future capacity issues. One of the most important issues where organizations need to deal with is to maintain and obtain large contracts in order to address a specific group of employees on the labor market. The previously mentioned centralized flex pool seems to be a good instruments to increase the employability

of personnel within an organization, throughout several locations. Though, this requires a change in the mindset of employees in this sector, who overall prefer to work on a fixed location, in many cases even a fixed department.

6. Individual, or self-rostering is a good option for this branch to create a better balance between employees and employers when dealing with working times, especially within the elderly care and homecare sectors/ It is also a major instrument which can be used to stimulate labor flexibility, due to the fact it increases the responsibility of employees towards each other and their clients, which will increase their flexibility in order to make sure their roster is appropriately constructed. Furthermore it benefits organizational goals on the one hand, like obtaining the required formation profile, whilst on the other hand it benefits employees, since they have an increased amount of influence on their individual working hours. It furthermore supports the product concept of delivering care on a smaller scale, and it benefits towards the attractiveness of the sector on the labor market.
7. Organizations can obtain the required amount of labor flexibility by creating a mix of instruments, instead of relying on just one or a few instruments. This mix should consist out of the external deployment of flex workers, flexible working hours, internal flex pools and on-call employees, overtime, multi-skilling and location flexibility, which implicates that all of these instruments need to be integrated in order to avoid one sided pressure, since such an approach can create a situation of unbalance.
8. All of the previously mentioned recommendations can also be applied to the maternity care sector in some kind of way, though what really needs some attention, and is not applicable to the other two sectors, is the future use of waiting hours and the way these are constructed. It is one of the most important instruments for maternity care organizations to increase their labor flexibility, though employee perspectives on how these waiting hours should be constructed are in many cases not taken into account. In order to stimulate the effectiveness of these waiting hours, organizations should make sure they create a proper balance between their perspectives and those of their employees, to make sure the benefits for both parties are maximized.
9. Labor flexibility itself does not necessarily need to come from employees alone. Organizations, and the sector overall, need to be aware that the way they organize work itself and the internal structure of their organization also influences the way labor flexibility is used. Adapting innovative care concepts, shifts regarding client perspectives and overall labor market issues are drivers each organization needs to deal with in order to structure labor flexibility in an employee friendly way.

The above recommendations have illustrated that a lot of possibilities reside within this branch for further research. It is also very clear that the Dutch elderly care, homecare and maternity care sector can improve the way how to effectively deal with labor flexibility mechanics and which will lead to a maximization of benefits for the organizations, their employees and their clients.

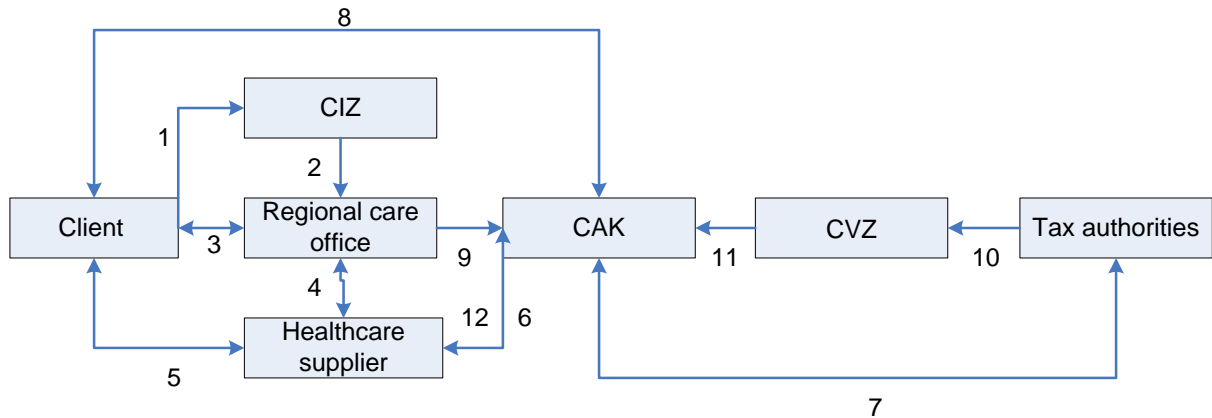
It also very important to be a little reflective regarding this research. Data has only been collected amongst 9 case-study organization and therefore the external validity of this research can be criticized. Also the way this data was collected is a small point of criticism, since due to the fact this research was carried out by four researchers, each having a different technique and style of acquiring data throughout interviews and reporting it, dissimilarities might have occurred. In order to countermeasure the above points of critique, it is therefore advisable to carry out a large scale research regarding labor flexibility within this branch, in order to support this existing research. It therefore is obvious that this sector provides a lot of opportunities for further research regarding labor flexibility, varying from the demands for labor flexibility, the implementation of labor flexibility towards the actual effects of labor flexibility on the three important actors; the organization, its employees and their clients.

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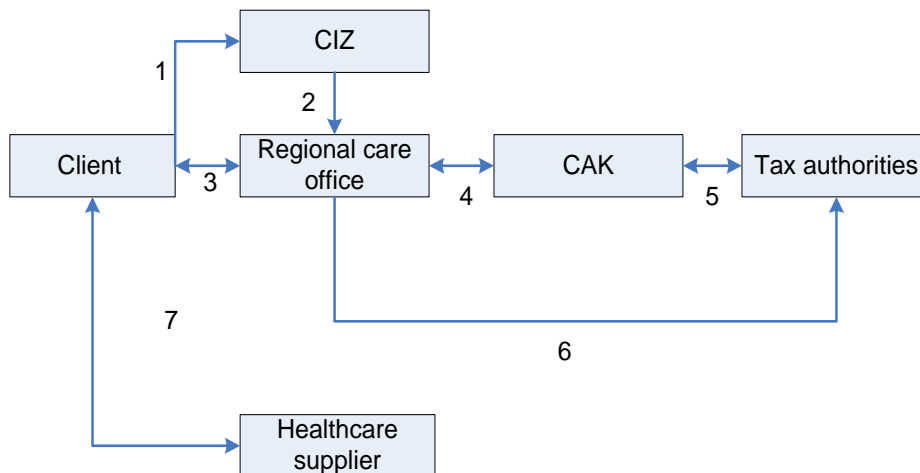


## Appendix A: AWBZ-process flowchart



1. Client contacts CIZ for a client-based indicated budget.
2. If approved, CIZ draws up the indicated budget and sends it to the regional care office.
3. In consultation with the client the regional care office arranges a place at a suitable healthcare supplier.
4. The regional healthcare office sends the indicated budget to the specific healthcare supplier.
5. The healthcare supplier contacts the client and the specific care can be provided.
6. The healthcare supplier contacts the CAK for the calculation of the clients' obligatory financial contribution.
7. CAK retrieves the clients' income from the tax authorities.
8. CAK charges this contribution from the client.
9. The regional care office instructs the CAK to transfer AWBZ public money to the healthcare supplier, based on the negotiated agreements.
10. CVZ acquires the AWBZ public money from the tax authorities.
11. CAK acquires this money from the CVZ.
12. CAK transfers the AWBZ public money to the healthcare supplier.

## Appendix B: PGB-process flowchart



1. Client contacts CIZ for an indication.
2. If approved, CIZ draws up the indication and sends it to the regional care office (with the clients' preference for a personal budget (PGB) as a notification).
3. The regional care office translates the indication to a (net) personal budget and transfers it to the client. After calculation of the clients' final obligatory financial contribution the client will be contacted for a possible settlement, back pay or requisitioning.
4. The regional care office contacts the CAK for the calculation of the clients' final obligatory financial contribution. The CAK links this calculation back to the regional care office.
5. CAK retrieves the clients' income from the tax authorities.
6. The regional care office provides the tax authorities information about spent PGB money of the PGB holder.
7. The client purchases and pays for healthcare by himself.

## Appendix C: ZZP- indication scales

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### Zorgzwaartepakketten (ZZP's) within cure and care organizations

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Package 1: Sheltered housing with some guidance

Package 2: Sheltered housing with guidance and care

Package 3: Sheltered housing with guidance and intensive care

Package 4: Sheltered housing with dementia care

Package 5: Protected housing with intensive dementia care

Package 6: Protected housing with intensive care and cure

Package 7: Protected housing with very intensive care with emphasis on accompaniment

Package 8: Protected housing with very intensive care with emphasis on care/cure

Package 9: Stay with recovery-oriented cure and care

Package 10: Protected stay with intensive palliative-terminal care

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**Appendix D: Operationalization of research concepts into variables.**

Hoofd-variabelen	Deel-variabelen	Bronnen
<b>Externe omgeving:</b>		
Wet- en regelgeving	ATW CAO VVT Overige regelgeving binnen de zorg (VVT)	CAO zorg Wetboek
Zorgvraag (Consumer market demands)	Hoeveelheid hulpbehoevenden binnen regio Aard van de zorgvraag (+ontwikkelingen)	CBS Zorgmanagers
Verzekeraars / Zorgkantoren / CIZ	Financiering ZZZP Vergoedingen per cliënt Indicatiestelling ZZZP	Verzekeraars VWS/CIZ website Zorgmanagers
Sociale partners	Invloed van de sociale partners	HR
Arbeidsmarkt (Labor Market Demands)	Geografische omgeving Opleidingsniveau Werkgelegenheid Tekort/overschot aan personeel	CBS HR
<b>Interne omgeving:</b>		
Zorgconcept (Care concept demands)	Visie en missie van de instelling Inrichting van het zorgconcept Grootschalig/kleinschalig Takenpakket van medewerkers Generalisten/specialisten Teamverband/individueel Casemanagement	Managers HR Medewerkers
HR Beleid	Instroom, doorstroom, uitstroom van personeel	Hoofd personeelszaken
<b>Capaciteitsmanagement (Forms of Labor Flexibility):</b>		
Arbeidsduur	Contractvormen: onbepaalde tijd/ bepaalde tijd/ ZZP-ers/ oproepkrachten/ jaaruren contracten/ min- max contracten.	HR Zorgmanager Teamleiders Medewerkers OR
Werktijden	Variatie in de vraag naar zorg Planning systeem Centraal/decentraal Collectief/individueel Planninghorizon / cycluslengte Mate van repeteren (cyclisch) Mate van inspraak door medewerkers ICT ondersteuning bij planning en roostering Bijzondere diensten Overwerk Onregelmatige diensten Gebroken diensten Wachtdiensten Roosterbeleid Roostervarianten Omgang met persoonlijke wensen van medewerkers + invloed op eigen rooster + ruilen	HR Zorgmanager Planner Teamleiders Medewerkers OR
Flexibiliteit	Opvang fluctuaties	Zorgmanagers

	Ad hoc flexibiliteit Contract flexibiliteit Werktijden flexibiliteit Functie flexibiliteit Locatie flexibiliteit	HR Planner Teamleiders Medewerkers OR
<b>Effecten:</b>		
Medewerkers	Medewerkertevredenheid Voldoening uit het werk Balans werk-privé Inspraak van medewerkers Acceptatie van de inrichting van de arbeidsrelatie Verbeterpunten in de ogen van de medewerkers Knelpunten CAO	Medewerkers Teamleiders Zorgmanagers HR OR
Organisatie	Match benodigde en beschikbare capaciteit Financiële situatie instelling Knelpunten CAO	Managers HR
Cliënten	Cliëntentevredenheid algemeen Tevredenheid met betrekking tot de verleende zorg en bejegening	Gegevens via HR en zorgmanagers

## Appendix E: Research questionnaire (Dutch)

### Interviewvragen:

#### Regio/Locatiemanagers

#### Algemeen

1. Wat voor zorg wordt er binnen uw vestiging verleend?
2. Uit hoeveel medewerkers bestaat uw vestiging (fte's en in hoofden)?
3. Gemiddelde leeftijd van de medewerkers?
4. Ziekteverzuim over 2008?
5. Vragen naar de mening van de vestigingsmanager naar de invoering en invloed van de ZZP?
6. Op wat voor manier wordt er flexibel omgegaan met werktijden binnen de instelling/vestiging?
7. Op wat voor manier wordt er flexibel omgegaan met contractvormen (arbeidsduur) binnen de instelling/vestiging?
8. Op wat voor manier wordt er omgegaan met multi-inzetbaarheid (zowel horizontaal als verticaal) binnen de instelling?
9. In hoeverre is er sprake van taakdifferentiatie binnen de instelling en in hoeverre spelen taakverbreding, taakroulatie en taakverrijking een rol binnen dit proces? (ook roulatie tussen vestigingen)
10. Zorgen uw medewerkers voor een juiste 'dekkingsgraad' (capaciteitsplanning) voor de te bieden zorg?
11. Zijn er knelpunten die u binnen uw instelling constateert, betreft de arbeidstijd/ arbeidsduur en werkdruk? (Bijvoorbeeld: overwerk, onregelmatige diensten, gebroken diensten en onregelmatige werktijden). Hoe wordt hier mee omgegaan binnen uw vestiging?
12. In welke mate werknemers invloed uit kunnen oefenen op de totstandkoming van het rooster? (persoonlijke wensen, harde eisen etc.)
13. Kunnen medewerkers op het laatste moment wijzigingen aanbrengen en hoe wordt hier mee omgegaan? (Flexpool?)
14. Hoe komen de roosters tot stand? (afdelings, team of individueel niveau)(Wie?)(Cyclisch, a-cyclisch)
15. Welke planningsprocedures worden gebruikt?(planningsprincipes) En met behulp van welke (ICT)systemen? (Waarom keuze?) (Systemen gekoppeld, intra – extra, administratieve systemen etc.)
16. Is de instelling/vestiging betrokken bij de ontwikkeling van het ICT-systeem? En zo ja, hoe?
17. Heeft u als vestigingsmanager veel invloed op veranderingsprocessen? (Zo ja, hoe?)
18. Hoe ziet de verleende zorg aan de client eruit? (productmatig)(concurrentievoordelen?, toekomstige veranderingen)(Takenpakket van de zorgmedewerker, worden ze met name ingezet als specialist of als generalist?) (In team of individueel?)
19. Hoeveel vrijheid en mogelijkheden tot variatie heeft een client binnen de verleende zorg?

20. Welke veranderingen zijn er de afgelopen jaren doorgevoerd binnen uw vestiging? Wat zou u graag willen veranderen? Wat gaat er nog veranderen? (beleidsveranderingen, ict-veranderingen, etc.)
21. Zijn er volgens u verbeteringen binnen het zorgconcept die de kwaliteit van de arbeid kunnen stimuleren?

#### Medewerkers Planning

1. Op welke manier heeft een toename van de arbeidsflexibiliteit op het rond krijgen van de capaciteitsplanning en de totstandkoming van de roosters?
2. In wat voor mate hebben medewerkers invloed op de totstandkoming van hun werkroosters? Wat voor type of human resource planning word er gebruikt?
3. In welke mate zijn verschillende procedures aan elkaar gekoppeld?
4. Hebben medewerkers de mogelijkheid om last minute veranderingen door te voeren in het rooster? Zo ja, hoe vaak komt dit voor?
5. Was uw organisatie betrokken bij de creatie van uw huidige plan en roostersysteem en de daaraan gekoppelde software? Wordt de organisatie in de toekomst betrokken bij de ontwikkeling van deze producten of gaat de voorkeur uit naar kant en klare producten?
6. Kunnen medewerkers structurele roosterwensen doorvoeren?
7. Is het rooster cyclisch of a-cyclisch? Verschilt dit per afdeling?

#### HR Manager

1. In hoeverre heeft de marktwerking (invoering van de Zorgzwaartepakketen) invloed op de mate van arbeidsflexibiliteit binnen de instellingen?
2. Ervaart de instelling naast de marktwerking binnen de sector nog andere drijfveren om de arbeidsflexibiliteit te vergroten?
3. Wat voor maatregelen worden er door instellingen genomen om de arbeidsflexibiliteit te vergroten om op een efficiënte en effectieve manier om te gaan met de marktwerking?
4. Hoe zorgt het HR-beleid voor de WLB van de verzorgende medewerker?
5. Is er een actieve rol voor de HR-medewerker t.a.v. WLB voor de verzorgende medewerker?
6. Hoe verloopt het contact tussen de HR-medewerker en de verzorgende medewerker? (direct – indirect contact) (persoonlijk – per mail- per brief - telefonisch)
7. Met welke regelmaat is er contact tussen de HR-medewerker en de verzorgende medewerker?
8. Wie is voor de verzorgende medewerker het contactpersoon met betrekking tot problemen in de WLB? (HR-medewerker – Teamleider)
9. Zijn er veel voorkomende 'issues' met betrekking tot de WLB van de verzorgende medewerker?
10. Hoe wordt er na de opleidingsbehoeften van de verzorgende medewerker gekeken? Is dit per individu of in het algemeen? En vanuit welk oogpunt, vanuit de organisatie of de medewerker?
11. Welke stakeholders zijn betrokken met betrekking tot de Human Resource Planning and Workforce Scheduling procedures?

#### Teamleiders

1. Welke rol heeft de HR-medewerker t.a.v. de teamleider? Is hier een actieve samenwerking tussen beiden met betrekking tot de WLB voor de verzorgende medewerker?
2. In hoeverre voert de teamleider HR-taken uit? Hoe staat de teamleider tegenover deze taken en verantwoordelijkheden?
3. Op welke manier probeert de teamleider zorg te dragen voor een goede/ gezonde WLB voor de verzorgende medewerker?
4. Zijn er veel voorkomende 'issues' met betrekking tot de WLB van de verzorgende medewerker?
5. Hebben medewerkers de mogelijkheid om harde eisen met betrekking tot het rooster door te voeren? Medewerkers
1. Hoe kijkt de medewerker aan tegen de rol van de HR-medewerker binnen de instelling?
2. Wat zijn de verwachtingen van de medewerker t.a.v. de HR-medewerker?
3. Wat vindt de medewerker van zijn/ haar WLB? (Wat is hier de reden voor?) (Zijn deze redenen werk of privé gerelateerd?)
4. Zijn er volgens de medewerker, vanuit de instelling, verbeteringen nodig t.a.v. de WLB? (Heeft de medewerker suggesties?)
5. Zijn er veel voorkomende 'issues' met betrekking tot de WLB van de medewerker?
6. In hoeverre verlangen medewerkers binnen de VVT meer flexibiliteit met betrekking tot arbeidsduur en werktijden?
7. Hoe ervaren medewerkers de maatregelen die door instellingen genomen worden om de arbeidsflexibiliteit (zowel op numeriek en functioneel gebied) te vergroten?

#### OR

1. Welke veranderingen ziet u het laatste jaar binnen de organisatie?
2. Welke veranderingen zou u willen zien binnen de organisatie?
3. Welke vernieuwingen zou u willen zien binnen de organisatie?
4. Op welke punten zijn er verbeteringen (mogelijk)

