

# **Care concepts, working hours and employment contracts**

**within the elderly care, home care and maternity care**

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## Preface

This thesis is written as a last requirement in the master Business Administration with the specialization Human Resource Management on the University of Twente. The order for this research was given by Actiz, the umbrella organization of care organizations. The overall research was performed with three other master students in cooperation with ModernWorkx and the University of Twente.

I would like to thank my student colleagues a lot, because the possibilities to interview employees of all the care organizations could not have been realized without their help: Lennart Homan, Kirsten Kupper and Bo van Westerop. Making this thesis would not have succeeded without the help from my supervisors Dr. Ir. De Leede and Prof. Dr. Looise. I would like to thank them a lot for helping me by answering my questions and structuring my thesis. I would also like to thank my parents for their unconditional help and support in the past period but surely also during my whole study time from Leiden to Deventer, Paramaribo, Willemstad and back to Hengelo. They always gave me sage advices.

Besides them I would also like to thank Drs. Ir. Homans and Laurien Morsink for their helpful suggestions; they managed to catch errors of inconsistencies that I had overlooked. And last but certainly not least I would like to thank my girlfriend for listening to my ideas and supporting me. I hope you will enjoy reading this thesis.

Kind Regards,

Erik-Jan Vlietman

Enschede, 14 April 2010

## Management Summary

This research was done to get insight in the relationship between different care concepts, the working hours and employment contracts within the elderly care, home care and maternity care. This research was a multiple case study within nine organizations from the elderly care, home care and maternity care. 86 Employees were interviewed and asked for employment contracts, working hours and satisfaction about their work.

### Research question:

*To what extent can innovative care concepts within the sectors of elderly care, home care and maternity care affect working hours and employment contracts and how will this affect the satisfaction of the employee?*

### Conclusions:

- The external environment influences the care concepts. The financial changes and more client-oriented care made a transition from large-scale concepts to small-scale concept. This transition occurred due to ZZP and more client-based care. The client asks for care on demand and the financial changes in care ask for more tailored care. The government provides with the ZZP money to the specific diseases of a client.
- The care concepts have an influence on the working hours and employment contracts. A lot of organizations with a large-scale concept have full-time contracts, but new employees will be hired on small contracts from 24-28 hours a week, with some exceptions. The working hours are more flexible, because of the small-scale concepts. These concepts ask for more flexibility of the employees. In a small-scale concept they work in a smaller team. The team is more committed to each other and they are more involved in the organization and team. In some organizations they will easier fill out a shift and change easier shifts. Shifts and tasks are also more clear, because of the small group and team.
- The working hours and employment contracts influence the degree of satisfaction of the employee. Some employees will have full-time contracts and other prefer part-time contracts. The employees are more satisfied when they know the working hours on time. On time can mean 13 weeks before in elderly care and home care, and 2 weeks in maternity care. Employees who participate in making the working schedule are more satisfied than employees who participate very little in the working schedule.
- The transition from the large-scale concept to the small-scale concept has started several years ago. All investigated organizations in this research had already started this transition or want to start this transition. Organizations have to deal with the right balance between employees and clients. A lot of employees, especially those who work on the somatic group, experience

too much work pressure. Somatic clients need more help washing themselves and getting out of bed or going to the toilet.

## **Recommendations**

- Care organizations will decrease the amount of full-time contracts to have more flexibility with small contracts. It is important for the organizations to look for possibilities to keep these full-time contracts. The care sector will be more appealing. A more appealing sector could attract more employees. Organizations are apprehensive about absenteeism of these employees, but with a higher satisfaction of employees there is more involvement of the employees. With more satisfied employees the absenteeism will decrease. A “safety net” like a central flexpool (per organization) or decentralized flexpool (per establishment or department(s)) will give more certainty to fill these shifts of absent employees. This also provides more stability and security in the team.
- Employees feel like they participate too little in making the working schedule. A pilot of self-scheduling will help the employees to participate in making the working schedule. Employees that use self-scheduling are satisfied and feel more involved in their organization.
- It is important that the collective labor agreement gives more freedom to organizations that want to be innovative with working hours and employment contracts in cooperation with the employee and inside the collective labor agreement and law.
- The small-scale organization needs more employees per group or put this group of somatic clients in another concept, for example large-scale or a care hotel. Often somatic care in a small-scale concept is too difficult in a small-scale concept.

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## 1. Introduction

### 1.1 Background of the research

The collective labor agreement 2008-2010 of the elderly care, home care and maternity care sectors contains a section on the execution of a research towards (new) arrangements of employment contracts and working hours in which the needs of both operational management and the employees are balanced. This research will be conducted on behalf of the Social partners of the VVT (SOVVT), represented by umbrella organization ActiZ.

Since January 1st, 2008, the elderly care, home care and maternity care organizations share one combined collective labor agreement (CAO VVT). Because of differences between these sectors, the SOVVT prefers insights in employment contracts and working hours within these different sectors.

The central question in the overall research is:

*What are the possibilities in the elderly care, home care and maternity care sectors to deal with the balance between operations management and employees interest regarding employment contracts and working hours in a social innovative way?*

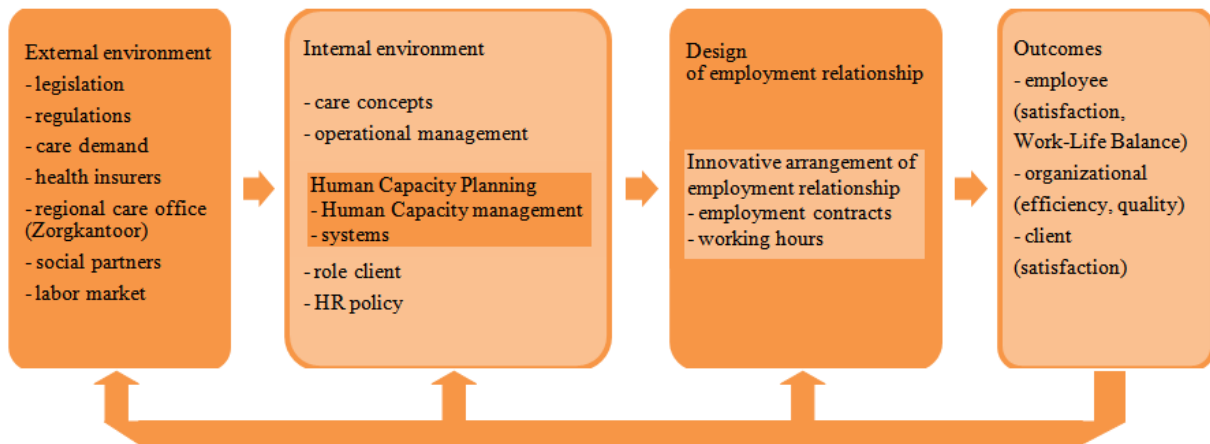
The overall research should provide insights in:

- 1) How care organizations deal with the issue concerning the balance between employees and operations management regarding the arrangement of working hours.
- 2) In which way care organizations measure this balances.
- 3) How this should be done: collectively by works councils or, contrarily, between employer and employee at an individual level.
- 4) Differences between the sectors regarding the arrangement of working hours.
- 5) The influence of organizational care concepts on the satisfaction of employees and the influence on working hours.
- 6) The consequences for the quality and efficiency of care.
- 7) How the organizations deal with possible conflicting interests between client and employee.
- 8) The influence on the labor market on this issue regarding employment contracts and working hours.

This thesis focuses on insights in the statements 1, 4, 5 and 8.

The nature of the overall research approach is qualitative, with a focus regarding employment contracts and working hours. Is there a relationship between care concepts, human resource planning and workforce scheduling, labor flexibility and the work-life balance of employees? The following research model has been formulated:

Figure 1: General research model



This research shall provide insights regarding the whole sector as represented by umbrella organization ActiZ. Because of this, the research shall distinguish between the different sectors, whenever necessary:

- a) Elderly care intramural;
- b) Extramural home care (AWBZ);
- c) Maternity care

The goal of the research conducted in this thesis is to provide specific insights related to (new) care concepts, which could have an influence on the working hours and employment contracts of employees. The question conducted in this thesis is what could be the effect on the satisfaction of employees, and besides that the satisfaction of the client and the efficiency of the organization. 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 conducted a specific research on:

- 1) human resources policy and work-life balance;
- 2) labor flexibility;
- 3) human resources planning and workforce scheduling.

The results of these four theme-specific studies are analyzed and combined in a final report. This report is distributed to umbrella organization ActiZ and the social partners of the VVT (SOVVT) and was subject of the collective labor agreement negotiations in February 2010.

Parallel to this research, the Dutch institute for labor issues (IVA) conducted a study concerning employee experience within the elderly care; home care and maternity care sectors. Their research was executed by an online questionnaire for planners as well as an online questionnaire for employees. In addition, IVA also implemented a qualitative case study research within five organizations within the elderly care, home care and maternity care. Because of the different goals, both researches will complement each other.

## 1.2 Research model and research questions

Deduced from the general model, the research question in this thesis is:

*To what extent can innovative care concepts within the sectors of elderly care, home care and maternity care affect working hours and employment contracts and how will this affect the satisfaction of the employee?*

The main focus in this research is the care concept. There are different care concepts and these are investigated through literature. An important variable in the overall research are working hours and employment contracts and the dependent variable in this thesis is mostly the satisfaction of the employee.

The research model consists of four parts:

- 1) the external environment;
- 2) the internal environment;
- 3) the working hours and employment contracts;
- 4) the effects

The external environment includes regulations and laws in Dutch care. These regulations and laws were formulated in the past years by the government and will be clarified in chapter two. The internal environment consists of care concepts in the Netherlands within the elderly care, home care and maternity care. What are the actual care concepts in practice and literature? In this thesis working hours and employment contracts will be linked to care concepts. The employee has to deal with the following three important aspects of working hours and employment contracts, namely the amount of hours they work per week (contracts), the variability of hours (working hours) and the amount of autonomy they have on working hours (participation).

According to Van der Windt et al (2009) an employee worked 54,1% of a full-time week in 2008. This means 54,1% of 36 hours comes down to 19,48 hours a week. According to Van den Bouwhuizen (2009) 80% of the employees in care are women and 83% of these women work part-time. Due to private life some employees want to work more fixed hours and other employees more flexible hours. This depends on the flexibility of the employee. The participation of the employee in the roster process can be an important factor for the satisfaction. This is the reason to include this aspect in the model. In this research, the following aspects of working times and employment contracts will be investigated:

### **Contracts**

Full-time contracts: an average of 36 hours a week

Part-time contracts: a fixed amount of hours a week or month, but less than 36 hours a week.

Min-max contracts: the maximum working hours in a period is max 200% of the minimal amount of working hours a week or month.

## Working hours

Fixed working hours

Flexible working hours

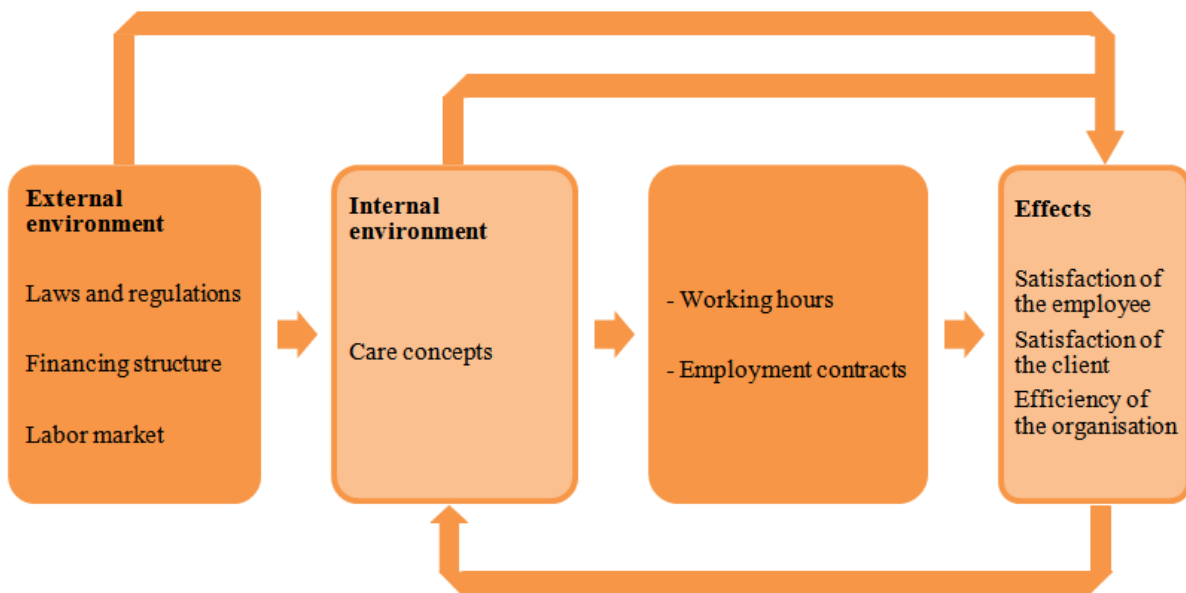
## Participation

Participation from the employee in the working schedule or planning

The distinction above is made, because there are differences in contract types and differences in fixed or flexible working hours for the employee. The size of the contracts is important, even as the fluctuation of working hours. It makes a difference when an employee has fixed working hours or flexible working hours per week. The participation of the employee is important for the satisfaction of the employee.

These are the general aspects in the thesis. Will these aspects together affect the satisfaction of the employee or not? In this research different employees of several organizations will be interviewed and therefore the satisfaction of the employee is the main effect that is measured. Other effects in this research are the satisfaction of the client and the efficiency of the organization.

Figure 2: Research model



The research question is divided in three sub questions to make the research question more transparent and clear:

- What are the current care concepts in the elderly care, home care and maternity care-sector and what is innovative?*
- How do care concepts influence working hours and employment contracts?*
- How will care concepts and working hours together affect the satisfaction of the employee?*

The lines in figure 2 connect the different variables. The external environment has an effect on the internal environment, on the working hours and employment contracts and on the satisfaction of the employee. The law and regulations have a direct influence on the organizations but an indirect effect on the employee and his or her satisfaction. Presumed is that the form of care concept could influence the working hours and the employment contracts. The working hours and employment contracts have in their way influence on the satisfaction of the employee. The satisfaction of the employee has an influence on the success factor of the care concept.

### **1.3 Content of the report**

This chapter gives background information, the reason for writing this thesis and the research model. Chapter 2 will give information about the external environment within law and financial structures. Chapter 3 contains theories about different care concepts and the internal environment. Chapter 4 discusses methodology and will illustrate the way of collecting data. Chapter 5 contains the results of the different cases and in chapter 6 these results will be analyzed and that will elucidate the differences of the main care concepts. In chapter 7 the conclusions and recommendations will be discussed.

## **2. External environment**

### **2.1 General law of AWBZ**

On January 1st, 2009, the general law for special healthcare (AWBZ) was 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 recommendations 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, elderly care and home care organizations collected income based on capacity or number of patients. This organization-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 ([www.minvws.nl](http://www.minvws.nl); June 2009). 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, psychic disease or restriction, a mental, physical or sensory handicap or a psychosocial problem ([www.minvws.nl](http://www.minvws.nl); June 2009). 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 with 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.

The government gives more financial pressure on the sector of care. Elderly care organizations have to look for incomes besides the AWBZ or ZZZP. This change has an influence on their care concept, or the way they offer care. In the past the sector elderly care was purely dependent of the AWBZ, but now the organizations make a change to generate their own revenues. These kinds of changes have a large impact on the organizations. Some organizations will review all business processes, some organizations look for new services and some organizations change their whole care concept. This also has to do with some sort of competition on the market. In the past, elderly people were often going to the nearest elderly home. At the moment there is much more choice and differentiation of delivering care to the elderly people.

### **2.2 The AWBZ process and ZZZP's**

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, zorgzwaartepaketten (ZZP's) are provided as client-based budgets in case of requests for healthcare with accommodation in cure and care organizations. These ZZP's are formulated in table 2.

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 margins and the agreements have a duration of one year. The margins 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 healthcare from a healthcare supplier located in a region other than the region of the clients' 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 care will be provided by the specific healthcare supplier.

Table 1: ZZP's within care organizations (intramural care)

<b>Zorgzwaartepaketten (ZZP's) within care organization</b>
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
Package 7: Protected housing with very intensive care with emphasis on accompaniment
Package 8: Protected housing with very intensive care with emphasis on care
Package 9: Stay with recovery-oriented care
Package 10: Protected stay with intensive palliative-terminal care

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. 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].

This thesis will look only at the AWBZ side of home care and not the WMO side. This means pure care to people. WMO often means cleaning the house and sometimes doing groceries for the clients. Home care concerns healthcare without accommodation; the contract obligation of the regional care office has been removed from the AWBZ since August 31, 2004. This means contract obligations exist of a commitment with a care provider. Since August 31, 2004 every regional care office is free to choose their care provider. As a result, the regional care offices created a joint 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 that 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.

### **2.3 Maternity care**

Maternity care is care during pregnancy, childbirth and the postpartum period. Maternity care is medical care but also psychosocial care and support, information and education (Wiegers, 2006). In addition to the AWBZ financed healthcare, maternity care, midwifery by midwives and the usual assistance by general practitioners 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 was 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 confinement (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.

Generally, a care adviser of a maternity care agency implements the first assessment within the seventh or eighth month of the pregnancy. Based on this assessment a number of maternity care hours will be allocated to the client: an average of 49 hours within the first 8 days after the birth provided as a basis or 24 hours within this period as a minimum, as stated by the LIP. Within these hours, the hours used for usual birth assistance by general practitioners are not included. Additionally, a client could differ from the standard number of maternity care hours as stated in the LIP by purchasing extra hours from the maternity care provider or by demanding maternity care different from the usual maternity care working hours. These optional requests should be funded privately.

A midwife or an independent operating physician implements the second assessment directly after the birth, and a third assessment is implemented during the third day after the birth. Based on this assessment, the initial number of maternity care hours could be changed.

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.

## **2.4 Effects on care concept from financial changes**

The implementation of these financial changes result in a fundamental change within the supply of healthcare: from organization-oriented supply to more client-oriented supply. This client-oriented 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 turnaround within elderly care, home care, and maternity care organizations: they are financed based on demand instead of supply. In other words, 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 and more satisfaction of the client. The general assumption is that new care concepts are needed in order to satisfy these financial guidelines.

## **2.5 Labor market**

The labor market is the demand for and supply of employees (www.vandale.nl, January 2010). According to Prismant (2009) the amount of jobs is increasing in 2009 with 1,5% with regard to 2008 in the sectors elderly care, home care and maternity care. Regiomarge (2009) has made two scenarios for the elderly care and home care of the demand and supply of personnel in 2013. These two scenarios are dependent of uncertainties as the recession and the cost-cuttings from the government. For the elderly care a shortage of personnel around the 2500 employees is expected in the best scenario (1,7%). In the worse scenario a shortage of 5600 employees (3,6%) is expected. In home care the best scenario is a surplus of 1200 employees (1,7%) and in the worse scenario a surplus of 100

employees (0%). Regiomarge (2009) expect an increase of employment in the sector of 2,9 %. A problem in the sectors is also the increase in obsolescence. On the short term there are no large problems for the shortage of personnel. These problems could be presented on the long-term.

At the moment the client has better possibilities to live at home longer than in the past. There are more possibilities of innovations. Innovations that could be used in all care concepts are computer software with care files of the clients. Domotica is possible in the form of a phone connection between a client and a nurse or a warning system for the employee if the client goes out of bed. These innovations put less pressure on the employees in the elderly care organizations. A small percentage of the elderly people who stay at home could be helped with home care. In this sector there is small surplus of employees.

According to Wiegers (2008) the amount of educated assistance midwives has decreased over the past few years. In 2004/2005 388 students received a qualification of assistance midwives and in 2006/2007 224 students received a qualification of assistance midwives. This is a decrease of 40%. Besides that, the outflow of personnel in this sector is high. The outflow of personnel in this sector was estimated on 10% in 2007. The employees in this sector have an average age of about 45 years in 2007. The outflow will increase in the following years.

### **3. Internal environment: Care concepts**

#### **3.1 Introduction**

A general definition of a care concept does not exist. A general definition of a concept does exist and according to Slack et al (2007) a concept is: “a clear articulation of the outline specification including the nature, use and value of the product or service against which the stages of the design and the resultant product and/or service can be assessed.”

According to Slack et al (2007) three service concepts can be distinguished in general. See Appendix C for further explanations.

- Professional services: high-contact organizations, high level of customization.
- Service shops: fairly standardized product, influenced by the process of the sale that is customized to their individual needs.
- Mass services: many customer transactions, limited contact time and little customization.

According to Vissers et al (2001) hospitals are also faced with a growing demand for care and higher expectations for improved service delivery, but they have tighter budgets and constraints on the availability of resources. The same tendency is noticeable for elderly care. In the elderly care there is also a growing demand for care and clients expect more client-oriented care. Besides that, the elderly care has to deal with the fact that they receive less money from the government.

In the sector elderly care there is a focus on the large-scale concept, the small-scale concept and the hotel approach. Besides that, attention is given to the transition from large-scale concept to the small-scale concept and the hotel approach. For home care there is a focus on the concepts of large-scale and small-scale. Maternity care is divided into three concepts, namely: home birth (small-scale), birth in hospital (large-scale) and birth in a maternity care hotel.

The different concepts will be explained per sector. First elderly care, then home care and finally maternity care. After every care sector a schedule is drawn with summarized information about the care concepts. This information will consist of:

- The ‘lay out’ of the care concepts;
- The business processes focused on care;
- Functions of the employees in a care concept.

#### **3.2 Elderly care**

##### **3.2.1. Large-scale care concept**

The traditional nursing home or large-scale organization has started as an insertion function of hospital patients, who were not able to go home (dementia clients) or not ready to go home (somatic clients).

That system is copied in the large-scale organization, the medical model. Clients with dementia or other psycho-geriatric disease need, since the start of elderly care homes, more care. Some care organizations differentiated their departments to the weight in care, this was necessary to work more efficiently. The reaction on the medical model was a focus looking after to the client together, and the last decennium the client-oriented model, the most important in care at this moment (Geelen, 2007).

#### *'Lay out'*

The large-scale elderly care organizations consist of different departments where about 30 clients live who receive care from three or four employees at a time. These large buildings consist of a lot of common rooms who have to be maintained; a large kitchen and all sorts of logistics. Besides these rooms there are some rooms focused on medical, paramedical, social functions and office functions (Nouws, 2007).

#### *Business processes and functions of the employees*

Employees provide care to clients when they need it or on standard care routes. Sometimes this is the most primal care, like a breakfast or shower, and if the client needs more care he or she has to call a nurse. The nurses work in a team and could help each other. In the large-scale organization job differentiation is possible. Some employees in the department will execute his or her speciality. An organization could offer a choice to an employee: a general function or being a specialist.

### **3.2.2. Small-scale care concept**

The first time that an elderly organization in the Netherlands started the small-scale concept for elderly care was in 1986. Several organizations conducted studies to analyze the effects of small-scale living. Results of these researches of small-scale concepts were that high quality care could be offered in a small-scale setting. Clients with dementia had less fear than the reference group. The reference group consisted of clients with dementia in normal nursing homes. Positive features of small-scale care were the higher activity level but a negative feature is an increase of behavioral problems (Ludwig, 1997).

The following definition of the small-scale care concept will be used in this thesis: *"A small group of people, who need intensive care and support, live together in a home, where it is possible to live their life as normal as possible"* (Kenniscentrum Aedes-Arcades, 2003).

#### *'Lay out'*

Physical facilities can differ per organization. A small-scale organization consists of different units with 5 to 8 clients per unit. A unit consists mostly of a living room and kitchen and every client has their own bedroom. Clients live in a group during the day and do their activities together, such as eating; play games or do the dishes. The kind of care is fitted on the client demand. They receive all needed care. If a client needs special or more difficult care, a nurse with a higher education can help the client or give special medication.

### *Business processes and functions of the employees*

People who work as a nurse often have an education level 2 or 3. A nurse in the small-scale concept mostly has general tasks. Nurses with specialties and nurses with a level higher than 3 will often work in different units of a small-scale organization. These nurses have a care route for different clients or can be called by the nurses on the unit. They could be scheduled in the working schedule and called if they are needed in the unit. Nurses with level 2 or 3 are needed in the unit every day. Often one employee is working in a unit per shift. It is possible to have an extra employee who can help the other employees on the units, with a maximum of three units. It is important to find a good balance. An employee could help more units but that depends on the conditions. It is possible to have an employee with level 2 or level 3 in the unit. The extra employee could have also a level 2 or 3. This depends on the weight of care and the amount of clients per unit. This means that the level of employees on the units depends on:

- a) Amount of clients per unit
- b) Somatic or psycho-geriatric weight of clients
- c) Amount of units per employee

Employees have to deliver qualitative care to the clients and besides that, they need good communication skills. They have to communicate with the client but also with the client's family. In the small-scale concept, the client group is fixed and there is a small group of employees.

### **3.2.3. Care hotel**

There are different sorts of care hotels but according to Kenniscentrum Aedes-Arcades (2006), a care hotel has the following characteristics of a hotel in combination with care:

- 1) The client stays for a while in a care hotel and eventually goes home
- 2) Care and services can be delivered 24 hours a day
- 3) The stay has a hotel approach, this means:
  - a. an organization focused on service
  - b. a comfortable accommodation and diverse facilities
- 4) The care hotel is open for a broad target group

There are different target groups imaginable:

- a) People who had a treatment in a hospital, but who are not ready to go home. They need some post-medical care. This is displaced care.
- b) People who are treated in hospital, but who are ready to go home. There is not a direct need of medical care, but these people have to gain strength before they can go home.
- c) People who could not stay at home, because the increasing demands of care, temporary or for a longer period of time.
- d) People on holiday who are dependent on an acclimated environment and availability of care.

### *'Lay out'*

The hotel approach means mostly a high service level and a comfortable, transparent accommodation. The whole building is suitable for people who are depend on care. The environment is more like a hotel where the clients are the guests. There is no emphasis on the care facilities. In a care hotel different services are present: for example a reception, lounge, restaurant and kiosk.

### *Business processes*

The form of care is special in this concept. Care is very client-oriented and given when the client asks. But it is not only care. Also the organization of activities such as games is part of the business processes. Care must be provided to suit the wishes of the client.

### *Functions of the employees*

The employees have different levels of education. This varies from level 2 to level 4 but is dependent on the way they deliver care. If the care hotel delivers care to people who are revalidating, they also need a physiotherapist and a doctor. The care hotel offers the client the possibility for a temporary stay or long-term stay in a comfortable environment, with much privacy, service and 24 hours per day of care (Bolscher, 2006).

Table 2: Summary care concepts elderly care

Care concept	Large-scale concept	Small-scale concept	Care hotel
<b>'Lay out'</b>	<ul style="list-style-type: none"> <li>- Large departments</li> <li>- Clients have their own room or share a room</li> <li>- a large dining room or the client eats in his/her own room</li> </ul>	<ul style="list-style-type: none"> <li>-Small units</li> <li>-Clients have own room and share living room and kitchen</li> </ul>	<ul style="list-style-type: none"> <li>- Transparent building</li> <li>- Focused on hospitality</li> <li>- Clients have their own room and a couple of large shared rooms as a dining room or game room</li> </ul>
<b>Business processes</b>	<ul style="list-style-type: none"> <li>- Deliver care following a (care) route or working schedule</li> <li>- Large group of employees deliver care to a large group of clients</li> </ul>	<ul style="list-style-type: none"> <li>-Deliver care almost directly</li> <li>- One small group of employees deliver care to a small group of clients</li> </ul>	<ul style="list-style-type: none"> <li>- Deliver care on demand</li> <li>- Clients have a lot of freedom and receive care when they ask for</li> <li>- Large group of employees deliver care to a large group of clients</li> <li>- Luxury environment</li> </ul>
<b>Functions of employees</b>	<ul style="list-style-type: none"> <li>- Employee gives general or specialized care</li> <li>- Employees could have specific tasks</li> <li>- More job differentiation</li> </ul>	<ul style="list-style-type: none"> <li>- Employees give general care</li> <li>- Less job differentiation</li> </ul>	<ul style="list-style-type: none"> <li>- Employee gives general or specialized care</li> <li>- Every employee has specific tasks</li> <li>- More job differentiation</li> </ul>



### 3.3 Home care

For home care the work environment of the employees in large-scale and small-scale is almost the same. The functions of employees and business processes can be different, particularly on job differentiation. The large-scale concept and small-scale concept are combined under the heads 'lay out', business processes and functions of the employees. In the end of this section both concepts are summarized and distinctions are made.

A general international trend is the transition from hospital to community care. The differences are large-between countries, and the Scandinavian countries have a remarkable high volume of community services (Hedman et al, 2007). The old-care structure was similar in many countries: medical care was provided in hospitals and social care in the community. This has changed; more clients could receive all sorts of care at home.

Tousignant et al (2006) researched in Canada to describe the relationship between the services provided by home-care programs and user needs. Results of this research indicated that using Iso-SMAF (Functional Autonomy Measurement System) profiles as a tool for decision-makers and managers in improving health care. SMAF is part of a comprehensive assessment, which has been mandated by the government for use in all health programs since 2000 (Ministry of Health and Social Services, 2001). User needs almost never met the public home care program in nursing care or personal care. To reach the goals of meeting the user's needs to the home care program, a home care organization has to assess older adults with disabilities into the SMAF and a computerized databank for the time spent listening to administering care to users must be available.

#### *'Lay out'*

Home care refers to delivering care in the homes of people with disabilities or diseases (Kane, 1995). In the last decade the home care providers provided care in forms of domiciliary help and medical help. The very circumstances that render quality assurance difficult in home care (Kane et al, 1991) give clients a chance to make the ultimate decisions about their lives. According to Kane (1995), elderly and disabled people in their own homes have the opportunity to set their schedules, eat their choice of food, maintain their lifestyles and reject medical and nursing advice from time to time. The care plans shape the clients' daily lives, and exceptions require specific permission from professionals. Nursing-home residents have little opportunity to set their own schedules or to reject professional advice (Kane and Caplan, 1990).

Home care workers seemed remarkably tolerant regarding their working environment. The work is quite heavy, but these employees often feel a connection with the client (Taylot and Donnelly, 2006). Of course every caregiver and every client has different wishes, demands and ideas. According to Olsson and Ingvad (2001), both parties in the interaction process adapt to the expectations. A result of this research is that home-care workers are more likely to experience the climate with a higher degree of emotion. Caregivers want to have a warm and close relationship and a desire to be kind and loving or loved and appreciated.

### *Business processes*

In a study in the United States (Taylor and Donnelly, 2006) the work environment of the home care employee to see the satisfaction of these employees was researched. In this study, 85% of home care workers reported having experienced at least one work-related injury (Zechter and Guidotti, 1987, from Taylor and Donnelly, 2006). According to a case study research from Taylor and Donnelly (2006) there are several risks for caregivers in giving home care to clients. Home caregivers work all hours and in all seasons and have to deal with infection, hygiene, access issues, aggression, domestic and farm animals and safety of home equipment.

The more employees who are involved in the care giving process, the more uncertain both parties experience the caring climate and the less likely the probability of a close relationship is; with low continuity the risk for conflict increases. Both the client and the caregiver are influenced by the continuity of the same caregiver.

In large-scale organization there often is more job differentiation. This could mean that more employees visit the client and fulfill their specific tasks. In this way the clients see different employees per day or per week. This is not desirable, but difficult to avoid.

According to Olsson and Ingvad (2001) from Sweden the following idea about home care is stated:

*Important for a home care organization is to establish a high personal continuity of the caregiver delivering the care and to build stable work teams with open communication and high cohesion. A caregiver has to create and maintain a constructive emotional climate with the client. It is important to train the teams to create an adequate group climate. The leader must be close to the team and aware of the perspective of emotional climate in the care work.*

Group discussions and supervision are very important in teams. Buurtzorg tries to realize this concept. Buurtzorg is a new concept in the Netherlands and founded in 2006 as a reaction to the increasing standard home care and “stopwatch care”.

### *Functions of the employees*

Buurtzorg consists of self-controlled teams of 10 to 15 neighborhood nurses and caregivers. These teams are spread over the Netherlands and deliver home care to clients living independently in a neighborhood in narrow cooperation with the general practitioner, the hospital and the social network of the neighborhood. Employees are responsible for care of the clients and give care in their own way. The number of teams has grown to 177 within 3 years. (Buurtzorg Nederland, November 2009). Buurtzorg tries to put one employee on a client. In this way the client has more confidence in the nurse or caregiver. Buurtzorg set some targets:

- each client has one good educated nurse who can coordinate all care of the client;
- nurses or caregivers are professional enough to give general care;
- the general practitioner works together with “own” caregivers and nurses from Buurtzorg.

Buurtzorg will reach their goals through:

- a) Employing good educated nurses and caregivers for all nurse and care jobs in home care;

- b) Employing the same nurse, as a central person for the client. Colleagues and the general practitioner can always contact the central person for the client.
- c) Neighborhood-related organization of care on small-scale and nearness of care. Caregivers have knowledge about the possibilities of help in the environment of the client.

Nivel (2008) mentioned a couple points of interest for the three parties in Buurtzorg. The nurses and caregivers feel more stress because they are accessible 24 hours a day. They are limited in the flexible working hours because the working hours are fragmented and they have structural extra working hours. Other care organizations will follow this concept of care. One to four employees per client and the employees have general tasks and more autonomy.

The employees in the large-scale care concept have more specialist tasks or work on their own level. An employee could wash the client, another employee gives the medicine. The tasks are divided and there is not a fixed combination between a client and an employee.

Table 3: Summary care concepts home care

Care concept	Large-scale	Small-scale
<b>‘Lay out’</b>	- More than four employees give care to a client at home	- One to four employees are connected to one client
<b>Business processes</b>	- Employee gives general or special care to the client - There is more job differentiation	- Employee gives general care to the client - Less job differentiation
<b>Functions of employees</b>	- They have to reach a high production level	- Employee gives general care - More freedom for the employee

### 3.4 Maternity care

In the Netherlands, the number of days and the number of hours per day that someone receives maternity care assistance depends on several factors: the health status of mother and child, the number of maternity care assistance available at a certain moment, the wishes and preferences of a client, and the agreements between insurance companies and care providers. According to Herschderfer et al (2002) it became clear that women receiving less than six hours of care per day were less confident about their ability to take care of themselves, about their skills in baby care, and were more worried about their babies health six weeks postpartum, than the women receiving 6 hours or more maternity care assistance each day.

Wiegers (2009) did research on the experience of the quality of maternity care services. Many women switch from primary to secondary care and back, during pregnancy or during labour, birth or both. Women who choose primary care most often have an uncomplicated pregnancy and mostly choose for a home birth. Women could use secondary care with consult from a gynaecologist. This means that at any moment during the pregnancy or childbirth a woman can be referred from primary to secondary care and back. Most of the women in the research of Wiegers were very positive about the quality of

the maternity care they received in the Netherlands. The quality increases when women know their care provider, when they gave birth at home and when they were assisted by the same midwife.

### **3.4.1. Birth at home**

Since the second half of the 20<sup>th</sup> century, the majority of births in the western world have taken place in hospital. According to De Jonge et al. (2009) of 529.688 women in the Netherlands, 60.7% was planned to give a birth at home, 30.8% intended to give birth in a hospital and for 8.5% the intended place of birth was unknown.

#### *'Lay out' and business processes*

Planning a home birth is a safe option in a country with a good maternity care system, which facilitates this choice through adequate numbers of well-trained midwives who assess the appropriateness of a home birth and through a rapid transportation and an integrated referral system. Thus, in the Netherlands, a home birth is just as safe as a birth in hospital. Dutch maternity care is different from maternity care in other developed countries. In the Netherlands, home birth rate is 30.8% (2006), in other western countries the home birth rate is 1%. This has to do with culture and habits more than it has to do with safety.

#### *Functions of the employees*

One assistant midwife is present a few hours before the childbirth to help the midwife or general practitioner. The maternity care organization delivers a minimum of 24 hours maternity care for the family and a maximum of 80 hours spread over 8-10 days.

### **3.4.2. Birth in hospital**

#### *'Lay out' and business processes*

If a client wants to give birth in a hospital the optimal amount of hours in a hospital is 48 hours, with complications 72 hours (Madden et al, 2004). The postnatal care generally consists of about seven home visits of a community midwife during a fortnight (MacArthur et al. 2002, From Wiegers, 2009). A research from Boulvain et al. (2004) between early discharge from hospital combined with home midwifery and traditional hospital stay of 4-5 days found that the home-based care group had fewer problems with breastfeeding and were more satisfied with the help they received.

#### *Functions of the employees*

Wiegers (2006) supposes that learning to cope with the new situation after childbirth, adopting new routines in daily life, will not be achieved during a two-day hospital stay or a stay in a postpartum

hotel. Overall, the way maternity care is offered in the Netherlands the best for mother and child. An important reason is home care and learning to take care of the child in their own environment

### 3.4.3. Maternity care hotel

In Sweden, maternity care in the 90's has shifted towards more individual care with a shorter stay in the maternity care unit. A cost-effective alternative to the traditional maternity ward is early discharge from the hospital or a family suite hotel (Parsons et al., 1999).

#### *'Lay out'*

This family suite or care hotel involves a more home-like environment adjacent to the hospital, where parents receive help and support in a relaxing environment while feeling reassured that the hospital is close by.

#### *Business processes and functions of the employees*

To meet different needs and desires of parents in maternity care, it is important to offer alternative types of care. Parents demand care that is family focused and the option of being able to choose the arrangement that suits them best (Fredriksson et al., 2003). According to Ellberg et al. (2005) the family suite hotel has showed that the risk of re-admission during the first month after childbirth was no higher for mothers and children than mother and child who where in hospital for a longer period of time. The most important reason for mothers to go to a suite is the idea that they are having a safer childbirth near a hospital.

Employees in the maternity care hotel have to teach the clients directly from the start to learn how to breastfeed and show them other things that belong to the normal process after a home birth. Criticism on the maternity care hotel is that the client learns fewer things in the maternity care hotel than with a home birth.

Table 4: Summary care concepts maternity care

Care concept	Birth at home	Birth in hospital	Maternity care hotel
<b>'Lay out'</b>	- One assistant midwife helps the client at home.	- The client receives help from personnel in a hospital.	- The client receives help from assistance midwives in a hotel.
<b>Business processes</b>	-Midwives do all maternity care tasks alone. From the birth till 8 days later.	- Assistance midwives help the client if the client has discharge from the hospital.	- Midwives help the client before the birth to three or four days after the birth.
<b>Functions of employees</b>	- General care. - Work alone.	- General care - Work together and work at home of the client two or three days after the birth.	- General care - Work together but work alone two or three days after the birth.

### 3.5 Effects

#### 3.5.1 How does this affect the employee?

In table 5 the effect on the employee is written down. It shows what the working conditions are for the employee per sector and per care concept.

Table 5: Effect on the employee

Care concept	Elderly care	Home care	Maternity care
<b>Large-scale Birth in hospital</b>	Job differentiation Teamwork, with more employees on a department	Job differentiation More employees visit the client	Less maternity care to the client
<b>Small-scale Home birth</b>	General care, general tasks Often alone on a group	General work More familiarity with the client	Responsibility of the client More familiarity with the client
<b>Hotel care</b>	General care and specialist care Work in a team and give the client care on demand	X	General care, but also possibility to more specialist care Possible to give the client care from the beginning to the end (8 days)

Result of this table is that the work of the employee will change per care concept. In large-scale organizations the employees work more in a team. In the small-scale concept the employees also work in a team, but the work is done more alone. This means that the employee has to do more general tasks.

#### 3.5.2. How does this affect the client?

In table 6 the effect on the client is written down. It shows what caring conditions there are for the client per sector and per care concept and in which environment they receive that care.

Table 6: Effect on the client

Care concept	Elderly care	Home care	Maternity care
<b>Large-scale Birth in hospital</b>	Clients receive care on needs by different employees	Clients receive care on needs by different employees	Client receives care by more employees
<b>Small-scale</b>	Clients receive care from	Clients receive care from	Clients receive care from

<b>Home birth</b>	a smaller amount of employees in a small group in units	a smaller amount of employees	1 or two employees
<b>Hotel care</b>	Clients receive care when they need it and when they ask, hotel-like environment, luxury care	X	Clients receive care when they need and when they ask

The main effect for the clients is the way they receive care. The environment or building is different and the number of caregivers differs too.

### 3.5.3 How does this affect the efficiency of the organization?

In table 7 the effect on the efficiency of the organization is written down. It shows the resources an organization needs to provide care.

Table 7: Effect on the efficiency of the organization

Care concept	Elderly care	Home care	Maternity care
<b>Large-scale Birth in hospital</b>	Job differentiation employees More large rooms and 'extra' personnel as kitchen personnel and logistic personnel.	Job differentiation employees. Different employees to a client	Care from more employees. Care will be given on a central point.
<b>Small-scale Home birth</b>	General care, employees have the same skills. Less extra rooms no general kitchen but small kitchens per unit and activities on smaller scale Short lines	General care, employees can execute all tasks. One employee to a client per moment. Short lines	One or two employees per client. It is transparent. Employees visit the client at home. Short lines
<b>Hotel care</b>	Large general rooms, care on demand	X	Large rooms needed or small rooms. Cooperation with midwives.

Efficiency is a word that is not immediately connected to care. The last years efficiency became more important, because also in the care system, organizations have to save costs. More and more organizations hire new employees from the business sector to get an efficient organization. With care concepts they want to be more efficient, but also more client-oriented. Large-scale organizations are efficient, because of different employees who fulfill their specific tasks. Disadvantage is that it sometimes is less client-oriented. Small-scale concept is efficient, because there is one employee per group of maximal 8 clients that will provide the care and has general tasks. The care hotel is more efficient for the maternity care sector, because they deliver maternity care on a central point and assistant midwives do not have to visit clients in a whole region.

## **4. Methodology**

### **4.1. Research approach**

The focus of this research is on care concepts and the working hours and employment contracts within the elderly care, home care and maternity care sectors. The research approach 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). A multiple case study is often a more broad study than in-depth.

The research is also partially explorative, because necessary information must be obtained to answer the research questions. A case study research design consists of five main components (Yin, 2009):

- 1) The case study questions, these are research questions in this thesis.
- 2) Propositions, for this explorative research no propositions are used. There is a purpose in the overall research to see which care concept does exist and how employees feel about this care concept.
- 3) Units of analysis are the organizations. The cases are base selected on size, geographic position and innovations in working hours or care concept. Different employees of the organization spoke about care concepts and the effects on working hours.
- 4) The logic linking the data to the research questions with help from the literature.
- 5) The criteria for interpreting the findings will be given in the conclusions and recommendations.

### **4.2 Operationalization**

In the operationalization the most important variables of the model will be operationalized. The care concept is the independent variable and the partly dependent variable is working hours [Appendix D] and employment contracts. The dependent variables or the effects in the model are the satisfaction of the employee, the satisfaction of the client and the efficiency of the organization.

The care concept is measured through open interviews with several employees in the organization and documents about the organization. For this research all levels of employees have been interviewed. In this way, there is a better view of the whole organization and the different opinions. Different threats of construct validity are part of this way of research. The four threats apply to persons, settings, treatments and outcomes (Shadish, Cook and Campbell, 2002). Examples of these threats are: persons who were interviewed do not speak the truth or persons feel not happy to speak in the own organization. The way of interviewing is not pleasant for the person; a possible cause of this, is that different outcomes in the same organization will be a fact.

The reliability is lower, because of the four people who did the interviews. There were no standard questions, but subjects to talk about. There is a large chance that every interviewer interviews different. This might be a problem in the outcomes of the interviews and results.



To code the different dimensions in the research model indicators are used. The meaning of these indicators is specified in the following table. This defining is needed to have a good interpretation of the different variables.

Table 8: Operationalization

Dimension	Variable	Indicator
<b>External environment</b>	Law and regulation	Collective labor agreement of 2008-2010.
	Financing structure	The sector receives money from AWBZ (elderly care and home care) or LIP (maternity care).
	Labor market	The labor market is the demand for and supply of employees (www.vandale.nl)
<b>Internal environment</b>	Large-scale care concept <i>Elderly care</i> <i>Home care</i> <i>Maternity care</i>	When a client receives care from different employees. The client has no fixed caregiver or caregivers.
	Small-scale care concept <i>Elderly care</i> <i>Home care</i> <i>Maternity care</i>	When a small group of clients or one client receives care from one employee or small group of employees.
	Hotel care concept <i>Elderly care</i> <i>Maternity care</i>	When a client receives care in a hotel-setting
<b>Working hours</b>	Fixed/Flexible Participation employee	Fluctuation of working hours and control on the working hours from the employee
<b>Employment contracts</b>	Full-time/Part-time/Min-max	Classification contracts
<b>Effects</b>	Satisfaction of the employee	Feel comfortable in the organization and respected
	Satisfaction of the client	Feel comfortable in the organization and treated with respect
	Efficiency of the organization	Reach a goal with minimal resources as possible.

### 4.3 Data collection

To attract suitable cases for the total research, umbrella organization Actiz provided a list of 50 to 60 member organizations within the elderly care, home care and maternity care sectors. These

organizations are mapped out by using a questionnaire [appendix B] 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 the research: AxionContinu (N=7)<sup>1</sup>, Laurens (N=9), DrieGasthuizenGroep (N=13), Beweging 3.0 (N=11), Stichting Warande (N=9), Zuidoostzorg (N=10), RSZK (N=7), Careyn (N=10), and Stichting Dé Provinciale Kraamzorg Goes (N=10). The most important selection criteria were:

- Size of the organizations (FTE)
- Sector in which the organization operates (care, home care or maturity care)
- The region in which the organization operates (urban or rural)
- Innovative nature of the organization

After the selection of the multiple case study organizations, data needed 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 and explorative research, it was 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 Works Council (OR). The interview questions are open, and assume a conversational manner, but are guided by an interview protocol covering the four themes within the total 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 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, the first data collection principle of Yin (2009) is met: 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 the second data collection principle is fulfilled. Because of this, all the involved students can review the organizational information directly and are not be limited to the written case study reports. Also, other persons who want to have more information about this subject

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<sup>1</sup> N= Amount of interviews

could read background information and there is a presentable database. There is a database of all sorts of questions and answers that has been used that are strongly related to the subject, but other times less strongly related to the subject. All these answers are in a way important for this research and will help to create a complete database.

The third principle is to maintain a chain of evidence, which increases the reliability of the information in the case studies. There was an external observer in the form of a supervisor. The supervisor asked questions about the interviews and checked whether it was true or not. Almost every interview was taken with two people and discussed afterwards; in this way the answers were interpreted on the questions as equal. It is a disadvantage in this research that not every interview is completely written down. The interviews all occurred on the workplace, most of the time in their working time but sometimes in their private time. By using these three data collection principles properly, construct validity and reliability of the case study evidence should be guaranteed (Yin, 2009).

In the following table is information about the different organizations in care. The name of the organization, the region, the sector and the amount of FTE will be named. Besides that all interviewed employees will be mentioned per function.

Table 9: List of organizations and interviews

Organization	Region	Sector	FTE	Interviewed employees
DrieGasthuizenGroep	Arnhem	V&V	311	Manager HRM Planner Manager care (2x) Member Works Council Team leader (3x) Caregiver level 4 Caregiver level 3 (3x) Student caregiver
Regionale Stichting Zorgcentra de Kempen	Bladel	VVT	796	Manager HRM Manager care Member Works Council Team leader (planner) (2x) Caregiver level 3 (2x)
AxionContinu	Utrecht	VVT	1066	Manager HRM Planner Region manager Team leader (2x) Caregiver level 3 (2)
Zuidoostzorg	Drachten	V&V	840	Manager HRM

				Planner Region manager (2x) Member Works Council (2x) Region Group HR Team leader Caregiver level 3 (3x)
Stichtse Warande	Zeist	V&V	515	HRM employee Planner (2x) Region manager Member Works council (2x) Team leader (2x) Caregiver level 3
Laurens	Rotterdam	VVT	2410	HRM employee Planner Care coordinator (Elderly care) Client advisor (home care) Team leader (2x) Caregiver level 3 (home care) (2x) Caregiver level 3 (Elderly care)
Beweging 3.0	Amersfoort	VVT	2050	Manager HRM HR policy employee Employee of the flex bureau (planner) Manager care specialty care Manager home care Member Works Council Team leader Caregiver level 3 (4x)
Careyn	Rijswijk	Maternity care	245	HR employee Team leader working schedule department (planner) Director maternity care Department manager Policy employee Member Works Council Team leader Assistant midwife (2x) Secretary
Dé Provinciale Kraamzorg	Goes	Maternity	90	Manager P&O

		care		Planner Manager maternity care Member works council (4x) Staff nurse Assistant midwife (2x)
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#### 4.4 Data Analysis

The information collected through these sources will be analyzed and used to answer the research questions related to the cases. Based on this and on the review of scientific literature, conclusions and recommendations will be formulated for all cases operating within the same sector.

In this research the care concepts in different organizations are important. The research group has spoken several employees in these organizations and asked them questions about working hours, employment contracts, care concepts, business processes, planning and satisfaction of the employee. These questions about care concepts, business processes, working hours and satisfaction of the employee were the most important for this research. It was a qualitative research with open interviews. The interviews were not structured. In the interviews the different subjects as care concept, working hours, flexible working hours and planning were discussed. According to Yin (2009) it is useful to choose a general analytic strategy as a guide to craft the story. With this strategy it is possible to treat evidence fairly, produce analytic conclusions and rule out alternative interpretations. Besides that it is also easier to use tools and make manipulations more effectively and efficient. The strategy that is used in this part is developing a case description.

In this research the cross-case synthesis is used between five elderly care organizations, two home care organizations and two maternity care organizations. Every study was independent, because it was a survey without presuppositions. In the analysis the different cases were combined in a uniform framework. In this process the care concept is the independent variable. The process can help a group define its vision and goals more clearly, as well as how the sequence of programmatic actions will accomplish the goals.

## 5. Results

### 5.1 Introduction

This chapter will give the results about care concepts and working hours and employment contracts per organization. Also a couple of organizations are explained broadly in the thesis. In the elderly care a typical large-scale concept (DrieGasthuizenGroep) and a small-scale concept (Stichtse Warande) are distinguished. For home care an explanation is given of care routes in a large-scale organization (Beweging 3.0) and a small-scale organization (Laurens). The care routes are an important difference in home care, because this is one of the aspects that make a difference in a typical large-scale organization and a small-scale organization. Differences in working hours between home birth and a maternity care hotel will give under head maternity care. Each of the care organizations is broadly discussed in Appendix E.

Section 5.2 presents the results found in practice, summarized in tables. What kinds of care concepts does the organization use or which care concept do they want to use in the near future. In paragraph 5.3 there are comments from employees on care concepts from different employees in the organization and 5.4 consists of comments of employees about working hours and employment contracts in the organizations.

### 5.2 Results per organization

#### 5.2.1. Elderly care

Table 10: Results of elderly care

Organization	Care concept	Working hours / employment contracts
<b>DrieGasthuizenGroep</b>	Large-scale care concept Plan in near future towards small-scale care concept	Full-time contracts, in general contracts around 24 hours.  Participation in the working schedule, one demand on a part of a day in the week. Employee can change, on condition of the same skills in work.
<b>Regionale Stichting Zorgcentra de Kempen (RSZK)</b>	Large-scale care concept Small-scale care concept	Min-max contracts 20-24 hours a week. More min-max contracts preferred.  Pilot for self-scheduling on small-care concept.

<b>AxionContinu</b>	Large-scale care concept Small-scale care concept	Full-time, part-time, and min-max contracts. A lot of flex-employees. Most contracts are part-time contracts around 24 hours a week.  Changing shifts is always possible, working schedule book for specific wishes on planning for employees.
<b>Zuidoostzorg</b>	Large-scale care concept Small-scale care concept Care hotel (revalidation)	Zero-hours contractual arrangements, more min-max contracts, full-time contracts and mostly part-time contracts around 24 hours a week. In future fixed and flexible working schedules.  There is a pilot on the small-scale concept of self-scheduling.
<b>Stichtse Warande</b>	Small-scale care concept Care hotel (luxury)	There are a lot of part-time contracts; in the future the organization will have people for fixed working hours of full-time contracts and flexible working hours with part-time contracts. Mostly part-time contracts around 24 hours a week.  Employees can change shifts with each other  There is a pilot of self-scheduling on small-scale concept
<b>Laurens</b>	Small-scale care concept Care hotel (revalidation)	Flexible contracts around 20 hours a week. A small part of min-max contracts.  A lot of influence on the working schedule from the employee.

## Large-scale organization

### *DrieGasthuizenGroep*

DrieGasthuizenGroep is an elderly care organization in Arnhem who also provides home care. In this case the research was focused on elderly care in the nursing homes. The organization consists of 550 employees (310,9 fte). DrieGasthuizenGroep has three establishments in Arnhem.

DrieGasthuizenGroep is an organization with a large-scale concept. There are different departments where a large group of employees are working. This is an organization with a complex building and multiplicity of clients. DrieGasthuizenGroep has long corridors with adjacent the rooms of the clients.

The fixed occupation works with part-time contracts of about 24 hours but this depends on the level of education. Most of the time level 3 employees work with contracts around 28 hours. This means a lot of flexibility for the organization, but also flexibility for the work-life balance of the employee. Some employees prefer full-time contracts, but the organization prefers to have more small contracts to keep the flexibility.

The employees will see an improvement in working circumstances and planning.

The manager of care proves this relation in the organization. If employees are not satisfied with the working schedule, it is sometimes noticeable in their behavior. When they are not satisfied with the working schedule they often call in sick or even resign. Different interviews in DrieGasthuizenGroep with employees showed that the amount of work pressure is high. A possible cause could be the absenteeism of 5,6% (2008). The average absenteeism in care in 2008 was 5,3% (www.cbs.nl). More problematic is the long-term absenteeism. For short absenteeism the organization has a possibility to employ other employees, for long-term absenteeism an organization sometimes has to hire new employees. This is an expensive way to fulfill working hours. Workload will lead to physical complaints and stress at home leads to psychical complaints (Team leader)

The organization has enabled an external office for the employees. Employees can call this office 24 hours a day for psychological advice. According to the team leaders this is a positive experience for the employees. In general, employees feel comfortable in the organization with the team and form of leadership.

Most of the employees have no problem with the irregular working hours. They think irregular working hours are a part of the job in the care sector. Therefore an organization has to indicate when employees want to work and consider this in the planning.

A consequence of the large-scale concept is the presence of job differentiation in the organization. In terms of costs job differentiation is indisputable. For example it is too expensive for the organization if a level 3 nurse serves breakfast to the client. The employees are clear about their work tasks. They know what they have to do in the organization, because they have worked like this for years.

Employees can feel that there is too little time and capacity to change this way of care. Employees think about changes in the organization and agree to contribute to change. There will be a focus on the small-scale concept in the organization. The small-scale concept is a nation-wide trend and DrieGasthuizenGroep will join this transition in care.

### **Small-scale organization**

#### *Stichtse Warande*

Stichtse Warande delivers intramural care. The organization delivers care in five establishments in Bilthoven, Zeist (3) and Houten. Warande will be innovative and deliver care in a special way. Stichtse Warande has 740 employees (515 fte). Absenteeism in 2008 was 6,05% and there was a high turnover in 2007 (213 employees) but this has improved over the past years. The five establishments are autonomic; this means that they each have their own branch manager.

Warande has implemented the small-scale concept. This means that one employee works on a group of 8 clients. At some hours of the day, the employee experienced too much pressure and at these moments, one extra employee is required. There are different units of 8 clients where the employee cooks, washes and delivers care. Per unit there are a kitchen, the private rooms for the clients and living room. The employee on the unit performs the general tasks, thus domiciliary tasks and care tasks.



Warande works with contracts between 0-36 hours. A zero hour contract is a very flexible contract, some weeks the employee has to work for 20 hours, and other weeks they are not needed in the organization and have no work at all. This is comfortable for the organization, but not always comfortable for the employee. The employee has no consistency in working hours and salary. Warande asks a lot of flexibility from new employees and wants to enlarge their central flexpool.

More organizations work with a flexpool. A flexpool is a group of employees from different levels with different contracts. These employees are employable over the whole organization (Warande) or employable on a specific department or establishment. Often employees from the flexpool prefer where they work and departments or establishments have a preference for some employees, because these employees know the colleagues and the way of working in a specific department.

Most employees think that a basic occupation with full-time contracts is ideal. On top of this basic occupation is a flexible part of part-time contracts possible. Absenteeism or illness of the employee has to be substituted for by employees from the flexpool. Warande thinks it is important that the central flexpool becomes larger in the coming years. This provides for more flexibility on the departments in the whole organization.

In short is summarized in a table the distinctions in lay out, the size of the contract of the employee and the level of employees and the sort of weight of clients.

Table 11: Criteria of large-scale and small-scale elderly care organizations

Care concept	Large-scale	Small-scale
Lay out	Every client has his own room and there are some general rooms.	Different units with client bedrooms and a living room with kitchen
Size contract employee	Full-time contracts but a larger number of part-time contracts	A small number of full-time contracts and most part-time contracts
Level employees	1-4 shared over the organization	1-4, but most level 3 employees on the units
Weight of the care for clients	Mix of all sorts of amount of weights, heterogeneity	Heterogeneity or homogeneity per unit. Some organizations will have a unit with one weight of clients and some organizations will have a mix of clients per unit.

## 5.2.2. Home care

Table 12: Results of home care

Organization	Care concept	Working hours/employment contracts
Laurens	Small-scale Care routes	Flexible contracts around 20 hours a week. A lot of influence on the working schedule from the employee
Beweging 3.0	Large-scale Care routes	Size of the contract between 16 or 24 hours. A small part of full-time contracts Fixed working schedule and possibility to change shifts

### Care routes

Beweging 3.0 and Laurens both use care routes. Beweging 3.0 has large care routes per establishment, which means that teams from 30 to 40 employees are divided into 12 care routes. Different employees will visit the clients. Laurens has smaller teams of 15 employees who are divided over 4 care routes. Different employees will also visit the client, but in general the same small group of employees will visit the same clients in the care route.

Beweging 3.0 aims for the same employees to visit the same clients, but in reality this is difficult, because the organization also has to guard the costs. Beweging 3.0 thinks more small contracts seem to be better, because they have more flexibility. Laurens often has standard working schedules and employees could easily change shifts, but they think it is important to help their ‘own’ clients. If there is too much absenteeism, the department could ask help from 20 people from the central flexpool.

A smaller team in home care means more trust and familiarity between the client and the employee.

## 5.2.3. Maternity care

Table 13: Results of maternity care

Organization	Care concept	Working hours
Careyn	Home birth Plan in near future for a birth centre	60% flexible contracts. This means a contract of 60% of a full-time contract. New employees receive a min-max contract. Maximum of three waiting days in

		a shift
<b>Dé Provinciale Kraamzorg</b>	Home birth Cooperation with hospitals for assistance by birth in hospital Plan in near future for a birth centre	70-90% min-max contracts and lower min-max contracts. Part-time contracts. Maximum of two waiting days in a shift.

### **Birth at home and maternity care hotel**

Careyn and Dé Provinciale Kraamzorg both plan a maternity care hotel or maternity care suite. Dé Provinciale Kraamzorg already cooperates with hospital De Honte Terneuzen. The assistant midwives deliver maternity care in the hospital. Assistant midwives work on a central point and could help more clients at once. That makes a big difference in travel hours and also the working hours. Careyn and Dé Provinciale Kraamzorg want to have a maternity care hotel near the hospital and take care before the birth, during the birth and in the postpartum period. They have more clients on a central point and this has to lead to better working hours for employees. Planning is easier, because, hopefully, there always will be clients in the maternity care hotel.

A birth at home is not something one can plan for, because this could happen at any time in the last period of a pregnancy. An assistant midwife has to be present several hours before the childbirth. This sometimes infringes with the work-life balance of the employee. When an assistant midwife has to work in a maternity care hotel, the actual time she would have to help would be clearer. It is easier to plan the work-life balance for the assistant midwife in this way.

### **5.3 Opinions employees about care concepts**

In the different interviews opinions are given about the care concepts. In this section some opinions and statements from employees are highlighted. An explanation is added at some opinions or statements. It is important to mention that these statements are depending on subjective interpretations.

#### **5.3.1 Elderly care**

##### **Large-scale concept**

*“One establishment is large with a lot of departments. We only could find the way with the coloured walls.”* (Team leader, DrieGasthuizenGroep).

The size of this building is so large that the desire of being efficient has gone too far. Nurses have their own speciality and there is some job differentiation in the organization. This means that more nurses per day will give care to different clients. The DrieGasthuizenGroep works with care routes to meet the wishes of the client and work more efficient.

*“In the large-scale organization I experience a lot of workload, especially in the nights. Sometimes I have to observe 4-6 corridors, thus more departments alone!”* (Nurse level 3, AxionContinu).

The workload in this large-scale organization is far too much. The employee does not consider the clients/employees ratio comfortable. The employee has to run to give the clients the care they need.

### **Small-scale concept**

*“Working in the concept of small-scale is more comfortable than the traditional forms of care, especially clients with a psycho-geriatric disease. Family of the client also sees an improvement, because the clients eat more and are enjoying their stay in the institution”.* (Nurse level 3, RSZK)

The employees feel more autonomous and free in their work. There is no time pressure, because the employee has a household of 6-8 people. There is no team leader who is watching them constantly.

*“The absenteeism of employees is decreasing and employees feel more committed to their work and organization. They work in a small team with a small group of clients. The employees feel more involved in their team and job.”* (Team leader, RSZK)

*“Small-scale concept is a good development, because clients have their own room and care is in clusters, what is more clarifying for the employee. Besides that clients see the same employees more often and vice versa.”* (Team leader, Zuidoostzorg)

*“There are different living groups, all with own wishes of care. In one small living group they can have breakfast at 11:00 AM in another group they get breakfast at 7:00 AM. It is important to cluster the clients on their wishes.”* (Region manager, Warande)

*“The small-scale concept is going very well for psycho-geriatric clients, because they are in a better balance. They sleep better and are more relaxed. For the somatic clients it gives more workload, because we need more employees to get them out the bed. The somatic clients often have to deal with a shortage of nurses, which is very frustrating”.* (Team leader, Laurens)

*“The small-scale concept is not efficient. It is not stimulating the market focus. Nine Clients per unit is financially more attractive than the eight clients per unit.”* (Nurse level 3, Zuidoostzorg).

This comment of the level 3 nurse (Zuidoostzorg) states that the small-scale concept is not efficient with less than nine clients. In the large-scale concept a same ratio, four employees on 30-40 clients, is placed on the clients. This employee thinks it is possible that one employee takes care of nine clients. This should be efficient. But an employee of another organization with this ratio (Laurens) thought

that this ratio gives too much work pressure on the employees. With this ratio, the quality of care might be less.

### **Care hotel**

*“The client makes the decision when he or she receives care and in what form. If the client wants to take a walk some times this is possible in the care hotel.”* (Nurse level 3, Warande)

It is possible that clients stay in a care hotel for a while and in some care hotels the clients can stay the rest of their life. Warande is an example of delivering care for clients who live there. The clients can ask for care in a luxury way. Most of the clients pay some extra money and will receive extra care.

*“It is very difficult to maintain the care hotel, because it is a small part of the organization and financially not feasible.”* (Team leader, Laurens)

Laurens has a small department arranged as a care hotel. Clients in this care hotel come from a hospital and have to revalidate and go home or they have to stay intramural in Laurens. These clients are not in that department for a long time and switch quickly from ZZP. The care hotel is not arranged on the ZZP's. The care hotel has a hostess and waitresses. This is not sustainable anymore, because it is too expensive with the new financial changes.

### **5.3.2 Home care**

#### **Large-scale**

*“Beweging 3.0 delivers extra service in what is an extra value in form of a 24 hours circuitous team and more specialized nurses.”* (Supervisor, Beweging 3.0)

*“I think it is difficult to visit so many clients and I know very little clients personally. Sometimes I have to look on my PDA to know what kind of care I have to deliver to the client.”*(Nurse level 3, Beweging 3.0)

The large-scale organization feels competition from the smaller ‘neighborhood’ organizations and these smaller neighborhood organizations will win clients. These organizations are like the ‘Buurtzorg’ concept. Clients are more confident and feel more familiar if they have always the same caregiver. One employee can help the client with all problems.

#### **Small-scale**

Laurens has shared the extramural part under the different establishments and in that way they deliver care on small-scale.

*“I feel comfortable in my team and we have confident in each other, a change of shift goes easy”*  
(Nurse level 3, Laurens)

Laurens has a small team of employees per establishment working. This means that

*“...the clients experience advantages because they often get the same nurse and there is more trust and familiarity between both”* (Nurse level 3, Laurens)

### **5.3.3 Maternity care**

#### **Birth at home**

*“I think it is unpleasant if more assistant midwives visit the same client”* (Works council, Careyn)

*“The most important reason of doing this job is the satisfaction and pleasure in the work”* (Assistant midwife, Dé Provinciale Kraamzorg)

It is not unusual if a client sees more assistant midwives in a week. It is important for the organization, the employee and the client if they have trust in each other and have the same expectations.

#### **Birth in hospital**

*“More and more clients want to give birth in hospital, because they are at an age considered old for having a baby or they want to control pain.”* (Region manager, Dé Provinciale Kraamzorg)

*“With clients who give birth in a hospital there is less familiarity, because, as an assistant midwife, you miss the birth and have to help for a short period of time.”* (Assistant midwife, Dé Provinciale Kraamzorg)

#### **Birth in maternity care hotel**

*“Clients want care at a central point”* (Branch manager, Careyn)

*“I think the work is less personal, if we give maternity care in a maternity care hotel. We give maternity care to more clients a day and the clients receive care from different assistant midwives.”* (Assistant midwife, Dé Provinciale Kraamzorg)

The assistant midwife means that they have more clients and the client receives maternity care from more assistant midwives. At a home birth, one or two assistant midwives are responsible for maternity care for a specific client. They think there is more connection with the client in the concept of home birth.

The branch manager of Careyn said in an interview that some clients prefer constant care, 24 hours a day. Besides that, they will rest in the hotel and receive the visit also there.

## **5.4 Working hours and employment contracts**

### **5.4.1 Elderly care**

#### **Large-scale concept**

*“Planning has direct influence on satisfaction and turnover in the organization”* (Manager care, DrieGasthuizenGroep)

*“Workload at the moment is far too high, it is almost impossible to do your job in a good way”* (Nurse level 3, DriegasthuizenGroep)

#### **Small-scale concept**

*“Full-timers are difficult to plan, especially in the form of small scale living. The organization is scared for absenteeism of the full-timer and if this happens the fulfilling of the working schedule”* (Team leader, RSZK)

*“ZuidOostZorg does not have many full-time contracts and therefore the part-time employees are the basis to fulfill the flexible working hours. Contracts with 24 hours are preferred in the organization, especially in the small-scale concept, because there is a fluctuation in the demand of care. Min-max contracts are most interesting for this type of care. In this way the organization could plan more efficient”* (Planner, Zuidoostzorg).

#### **Care hotel**

*“The care hotel must react on clients if they have a problem, but it is important to have some fixed appointments with the client”* (nurse level 3, Warande)

Some clients ask for a lot of attention and that is not the intention of a care hotel.

### **5.4.2. Home care**

*“Employees have a lot of influence on the working schedule, normally it is fixed, but if they want to change the working schedule with another employee this is always possible. Employees in extramural care are educated well and equal of each other.”* (Client advisor, Laurens)

*Changing shifts goes very easy, also through the small group of employees around us. We have all the same level of education, thus every employee has the same skills.* (Nurse level 3, Laurens)

*“There is a possibility to change your shift, but the other employee needs the same education and skills”.* (Supervisor, Beweging 3.0)

### **5.4.3. Maternity care**

*“The organization is not very efficient in planning their hours; sometimes I have a lot of minus hours and have to work extra around Christmas.”* (Assistant midwife, Dé Provinciale Kraamzorg).

*Sometimes we have to wait for almost three days for a phone call. This is not very good for my work-life balance.”* (Works Council/assistant midwife, Dé Provinciale Kraamzorg).



## 6. Cross case analysis

### 6.1 Introduction

The cross case analysis reacts on the different possibilities of working hours and employment contracts in combination with care concepts and the participation of the employee on that process. The results show that the employee will be more satisfied if he or she could give their wishes on the working hours and if their wishes would be fulfilled.

The results show that employees in some organizations experience difficulties in workload for somatic clients. Therefore a distinction is made in the cross case analysis in elderly care for clients with dementia and clients with a somatic disease.

Client satisfaction and efficiency of the organization are included in the cross case analysis. They are not measured in the results, but there are comments that were often heard in organizations from employees. Therefore these effects are included in the cross case analysis.

### 6.2 Elderly care

#### 6.2.1. Dementia

Table 14: Cross-case analysis elderly care dementia clients

Care concept	Large-scale concept	Small-scale concept	Care hotel
<b>Working hours</b>	The organization could have a good prediction of the working hours of employees. To fill in some shifts is easier, because there are more employees on the department.	This concept has standardized working hours, but experiences often more difficulty with absenteeism, especially with larger employment contracts. Employees do not have any breaks, this sometimes is a problem.	There are more employees working in a department. To fill in a shift should be easier then by small-scale concept with more employees.
<b>Employment contracts</b>	There are full-time, part-time and min-max contracts, but most contracts are part-time with 24-32 hours a week.	There are full-time, part-time and min-max contracts, but most of the contracts are around the 24-28 hours a week. Some organizations will offer more full-time contracts.	There are full-time, part-time and min-max contracts. The most contracts are part-time contracts. Some organizations want to offer more full-time contracts in this concept.
<b>Employee satisfaction</b>	Employee feels more time pressure in the work. The employee feels not always familiar with the clients. Employees are not close by the client. Clients with dementia could ask a lot of	This way of working is comfortable, because they have the same clients and the employees know what is expected from them in the small group. They have more general tasks.	Likes the way of care, but feels pressure by taking care of this group in a hotel-like setting. Client could ask for a lot of attention.

	attention.		
<b>Client satisfaction</b>	They receive too less attention. It is important that these clients have a standard day. They receive care from different employees. This make them confused.	Clients are more active in this care concept. They eat better, sleep better and are more relaxed. A disadvantage is that due to the activity behavioral problems will increase. An employee is constant watching these clients. This is good for the safety of the clients.	For clients with less psycho-geriatric complaints this care concept is possible, because they know when they need care. But with a higher level of psycho-geriatric complaints they ask too much attention from the employees. This makes the client not satisfied.
<b>Efficiency organization</b>	Due to the ask of attention is this not efficient for the organization. Employees indicate that this type of clients forget the moments when they had care and ask a lot from employees. The buildings are large with a lot of large common rooms.	This is an efficient form for the employees, because a standard ratio of employees on clients is working. Most of the time one employee on six to eight clients. These employees have general tasks. The employees give them food, medicines and wash them.	This is not an efficient care concept, because it is more focused on service to the client. Most of the time there are some employees more at work than needed.

A result of this table is that the group of elderlies with dementia fits best in a small group with a daily standard working schedule and the same (small) group of employees. This is a result in practice and theory. Mostly one employee could work on a group of maximum 8 employees. Sometimes one extra employee has to help in the group, often in the morning or evening. The small group of employees works in shifts. The day starts around 7 p.m. and ends around 11 p.m. One employee could take care about more small groups of clients in the night. Mostly a total of 12-15 employees work on a unit per week and have small contracts around 24 hours a week. Two organizations want to start with full-time contracts on the small-scale concept, but with a small part of the employees. There is always fear of absenteeism of a full-time employee. If a full-time employee is absent they have to fill in these shifts with the part-time employees. Most of the interviewed employees in the small scale concept are very satisfied about this concept with dementia clients. The employees work with general tasks. This is comfortable with a good employee/client ratio. According to several employees and theory, clients with dementia are more satisfied in a small scale concept than a large-scale concept or care hotel. They are more active and happier, like family of the client confirmed to employees. Some employees think a small scale living group with more than 8 clients would be more efficient. But most employees think 8 clients is the maximum per employee. A reason employees gave, was that with more than 8 clients per unit the work pressure is too high and they cannot guarantee the quality of care.

## 6.2.2. Somatic disease

Table 15: Cross-case analysis elderly care clients with somatic diseases

Care concept	Large-scale concept	Small-scale concept	Care hotel
<b>Working hours</b>	The organization can predict the amount of care and also the working hours. Different levels of nurses walk around.	The working hours are standard. With heavy somatic clients one employee per unit is often too less to give care.	Clients receive care if they ask for. But a client agenda must be made with the client to have the right level of employees working.
<b>Employment contracts</b>	There are full-time, part-time and min-max contracts, but most contracts are part-time from 24-32 hours a week.	There are full-time, part-time and min-max contracts, but most of the contracts are part-time around 24-28 hours a week. Some organizations will offer more full-time contracts.	There are full-time, part-time and min-max contracts. Most part-time contracts from 24-32 hours a week, but they want to offer more full-time contracts
<b>Employee satisfaction</b>	The employee has experience with high work pressure and feels more distance towards the client. Employees can develop themselves as a specialist.	In this care concept an employee works mostly alone. With somatic clients it is in some organizations too difficult to work alone on a group.	Feels more appreciation by the work, because they give care if the client asks for care. Special care is also given easier than in the small-scale concept
<b>Client satisfaction</b>	Clients are satisfied in this care concept, they receive the care they need and have some freedom if they are not dependent from the employees. Sometimes it takes a while before a caregiver delivers care. Some clients are less satisfied about care from different employees	Clients are satisfied, but sometimes they will more freedom to walk away from the unit. Mostly an employee has to assist a client with a somatic disease with proceedings. Some employees think the standardized proceedings and standard daily life too boring.	Clients are satisfied. Some clients will visit a nursing home for the first time, for a short time or long time. They receive care in a hotel-setting. For clients who stay for a longer time in the care hotel is this often more expensive. They have to pay extra for some services or extra care.
<b>Efficiency of the organization</b>	This could be efficient for an organization. Different employees, dependent from their level, can help a client. Employees with level 1 could wash the beds; employees with level 2 can serve breakfast and wash clients. Employees with level 3 or 4 can give medicines. In this way the organization pays for the care the client needs.	This could be efficient, because one or two employees per unit per moment will deliver care to a group of clients. Employees with a higher level, for example 3, will also wash and cook for the employees and in this time they cannot give care from the right level.	This is not efficient, because often there are more employees working than necessary. The reason is that a client could ask for care and the employee has almost directly give this care to the client. Mostly there is also a hostess in the care hotel.

A result of this table is that the small-scale concept is sometimes too difficult for the care for somatic clients. In a large-scale concept it is possible to standardize the working hours if the organization knows how many clients stay on the department. The weight of care of these clients is very important. It is then possible to know which level of employees is needed on the department. The mornings and evenings are busier. In the large-scale, organizations have more full-time contracts than in the small-scale organizations. There is also a trend to more part-time contracts in the large-scale concept.

New employees almost never receive a full-time contract. One reason is the trend from large-scale to small-scale care. The organizations want more flexibility of the employees. Some employees think the small-scale concept will not fit for somatic clients. The idea of the small-scale concept to work with one employee on a group is difficult to realize.

The somatic clients need a lot of care and this care is sometimes complex and difficult. In the large-scale organization, or the traditional organization, it is easier to help these clients. It is easier to ask help from employees from the department, because they work in a team in the department. Another important aspect of the large-scale organization and in a lesser degree also the hotel approach is to have specialists on the departments. In the small-scale organization they have more generalists, but some employees have chosen for specific tasks of care or a specialization. A lot of interviewed employees who work with elderly people with a somatic disease are at the moment more satisfied in a large-scale organization or hotel approach than a small-scale organization.

It depends on the client in which care concept he or she fits best. Some (somatic) clients ask for more freedom or want to stay in their rooms. Other (somatic) clients feel more comfortable in a small-scale concept or hotel-setting. For some clients it does not matter if they receive care from more employees and other clients feel more comfortable to receive care from a small group of employees.

A small-scale organization for somatic client is not very efficient. Mostly one employee for 6-8 somatic clients is not enough to deliver care. Especially the mornings and evenings are difficult. Lifting somatic clients in and out of the bed is possible with a hoist or with two employees. The unit needs more capacity on these busy hours. In a large-scale organization employees with different levels can help the client. The employees have also busier hours in the morning and evenings. There are mostly more employees on a department in those specific hours. This is also possible on the small-scale concept, but the concept, one employee on the unit will be mostly maintained because of costs.

**6.3 Home care**

Table 16: Cross-case analysis home care

Care concept	Large-scale concept	Small-scale concept
<b>Working hours</b>	Working hours are more fixed and less unpredictable. In larger team it is easier to fill in these shifts.	Working with a smaller team and have more fixed clients, therefore they need to be more flexible.
<b>Employment contracts</b>	Most part-time contracts and some min-max contracts	Most part-time contracts and some min-max contracts

<b>Employee satisfaction</b>	Provides care tailored. Could be excellent in a task, has more clients and less familiarity with the clients. These employees are satisfied	Is more free in the job, have a general function, has the same clients and feels a lot of trust and familiarity. These employees are very satisfied.
<b>Client satisfaction</b>	Clients are less satisfied with this way of care. In this care concept different employees will visit the client, sometimes more than 20 per year. There is less familiarity and there is less trust in the employee.	According Nivel (2009) clients are very satisfied with this way of care. There is a lot of familiarity and trust in the employees. The receive care from 1 to 4 employees per week.
<b>Efficiency organization</b>	This care concept is efficient, because the organization places employees for the right level of care. A disadvantage is that they send different employees to the same address. This cost time and money.	One employee delivers general care for all the care the client need. This could be more expensive, but they save money in travel hours from more employees per address. Small-scale organizations are often more flat and have less overhead costs.

The working hours of the employees in both care concepts are different. In the large-scale concept the teams are larger and better to plan. More employees with different levels could visit a client and they deliver care for 24 hours a day for the whole week. The employees are more connected to the clients in the small-scale concept. The employees have a small group of clients but they give the client general care and are more hours together with the client. In the small-scale organization that was investigated, they do not deliver care at night. They have working hours from 7.30 am in the morning till 10.30 pm. The nightshifts are outsourced under contract to another company. Because of the flexibility in their work, the employment contracts are between 16 hours and 32 hours. In the small-scale organization there is more flexibility on the short term. Changing shifts between each other is very easy, because of the small teams and friendly basis between each other.

There is less satisfaction of the employee in large-scale, because of all the documentation from the client. When a client recovers, the indication will change. Employees think this is very bureaucratic and a lot of work. The employees in the small-scale concept are very satisfied about their job and sometimes they are under high work pressure but do not mind.

The degree of satisfaction of the client is high in a small-scale concept of home care. It is important in home care that there is familiarity and trust between employee and client. All clients feel comfortable to receive home care from the same employee(s), but from a limited number of employees.

It is difficult to say what is more efficient. On the one hand it is more efficient to have a large group of employees with different levels of education. The organization sends the employees with the correct level to the clients who need specific care. For 'simple' care an employee with level 2 and for complicated care, an employee with level 4. The level 4 employee will only carry out the complicated tasks and the level 2 employee will carry out the 'simple' tasks. This way of delivering care could mean that a client needs care on different levels and receive care from different employees. On the other side the small-scale concept they try to avoid this way of care. Most employees have level 3 and

will help the client with all sorts of care. This means that one employee accomplish all general and needed tasks by a client.

A small-scale concept organization will pay a high educated employee also for the more simple tasks. The organization is often more flat in a small-scale organization, this means less overhead costs for all sorts of managers.

## 6.4 Maternity care

Table 16: Cross-case analysis maternity care

Care concept	Home birth	Childbirth in hospital	Maternity care hotel
<b>Working hours</b>	Assistant midwives have to wait on the birth and this is very hard to plan in a working schedule, therefore midwives have to wait when a child will born and arrive a couple of hours before the birth at the client.	Assistant midwives have not to work direct after the birth, but after two or three days, and have a fewer hours to work. It is more predictable when they start working.	The working hours are comparing to the elderly care hotels. Mother and child will stay for a maximum of three days in the hotel, after that they need maternity care at home.
<b>Employment contracts</b>	Part-time contracts but an increasing of min-max contracts.	Part-time contracts but an increasing of min-max contracts.	More part-time contracts and some min-max contracts.
<b>Satisfaction employee</b>	Clients are connected with the whole track of birth till the end. If they are connected the whole track they are highly satisfied.	Gives less care and less interesting maternity care. The employee gives sometimes care in cooperation with hospital personnel. The employee is satisfied.	Have less trust in the client than in the home birth but are happy with more steady working hours and clarity. Some employees like the central point of giving care.
<b>Satisfaction client</b>	Clients are satisfied with this way of care. They have one or two assistant midwives and trust in these women.	More and more clients prefer childbirth in hospital. Due to the pain control, IVF and women who get on older age a child. They feel more comfortable with a childbirth in hospital	Clients feel comfortable in this way of care, because they have a birth in a home-like environment and often near a hospital. They receive care from different assistant midwives, but they choose for this way of care.
<b>Efficiency organization</b>	This is not an efficient way of care. Employees have to visit the clients at home. Besides that they do not know when the birth take place and assistant midwives have to wait.	This is efficient, but not the best way for the maternity care organization. They deliver less maternity care than by a home birth	This is an efficient way of giving care. The client will visit the maternity care organization and not vice versa. After three days the client goes home and receive the last

	They save money for a building as a maternity care hotel.	or maternity care hotel.	part of maternity care.
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The maternity care is transitioning from small-scale to large-scale. Clients want to be certain about the safety of them and their babies. More clients want to give birth in hospital or in a maternity care hotel (Wiegers, 2009). Besides that, the amount of educated assistant midwives is decreasing. (Prismant, 2009) The working hours change in the advantage of the employee in a maternity care hotel. The working hours are always unpredictable in maternity care. For a home birth one employee has to 'wait' on a birth. The advantage of childbirth in hospital or a maternity care hotel is: there is always an employee present and the pregnant women can always visit these buildings. With a home birth an assistant midwife has to go directly to the client. This brings pressure to the work-life balance. The working hours are possible by day and by night. In a hospital and a maternity care hotel there is an employee needed by day and by night, but the working hours are more predictable in these concepts. Assistant midwives rarely have full-time contracts. These contracts are not good to plan in the working schedule. An assistant midwife could normally give 49 hours of care. In combination with the law of working hours and the agreements in the collective labor agreement about the wait and rest hours it is almost impossible to plan these hours in a good way. In the investigated organizations new employees received a small and flexible contract, mostly a min-max contract.

Most of the interviewed employees were not satisfied about the working hours or employment contract. Most interviewed employees were only familiar with home births and maternity care after a hospital birth. They work in the maternity care, because they love the job. The labor conditions for new employees are not attractive, because they could not work full-time and have to buy a car to visit the clients. They work unpredictable hours and earn fewer wages than in, for example, the elderly care. All employees have provided maternity care after a hospital birth. They are satisfied, but the organization has to call the employees sooner if they have to work the next day. The connection between employee and client is less strong than with a home birth. The maternity care hotel seems a solution for a lot of problems. Both maternity care organizations are building a hotel. They do not have much experience with the maternity care hotel, but cooperate in a hotel-like environment with a hospital. Employees are positive and satisfied, but other employees, mostly the older employees, think that the 'original' maternity care disappears. These employees know that the maternity care in the current condition is very difficult to continue.

The satisfaction of the client depends on her wishes. In general the clients are satisfied about the way of receiving maternity care (Wiegers, 2009).

An efficient way of delivering maternity care is in a full maternity care hotel. This is a purpose for the maternity care hotel, to have a constant number of clients in the maternity care hotel. The home birth is not an efficient way of giving maternity care. In the first place because an assistant midwife has to wait for a birth and secondly because an assistant midwife has to visit the client at home.

## 6.5 Large-scale concept versus small-scale concept

In the beginning of the chapter internal environment (chapter 3) different service concepts were discussed.

- Professional services: high-contact organizations, high level of customization.
- Service shops: fairly standardized product, influenced by the process of the sale which is customized to their individual needs.
- Mass services: many customer transactions, limited contact time and little customization.

It is difficult to compare elderly care and home care with these service concepts, but it is possible in a certain way. In the large-scale organization has an employee to do with a lot of employees. The employee has limited time per client and gives care the client needs, nothing more, and nothing less. This seems to be fit for the mass services. There is more customization than in mass services, but there is a small similarity. The service shops come closer to the small-scale concept. It is a standardized product because different clients are in a unit and live together in the same environment. A difference is that the care is more individual, because of the small group and receives care on their individual needs.

These comparisons of a large-scale concept and small-scale concept with the service concepts are difficult to make, but there are some similarities.

The reason to make a general debate about the differences of large-scale concept and small-scale concept is, because of the important transition in elderly care and home care the past years. What kind of tasks do they have and what kinds of working hours belong to these sorts of care concepts.

Organizations have more job differentiation. Often this has to do with labor problems. According to Pool & Van Dijk (1999) there are different sorts of job differentiation. There is a focus on three different shapes of job differentiations:

- a) Assistance functions will be created due to a shortage of personnel. This is differentiation on the 'bottom' of the job. These tasks are for instance, making beds or domestic tasks.
- b) Vertical job differentiation is the level of education that takes care of a good performance in the function. Both functions have a full package of tasks and are clearly distinguished from each other.
- c) Horizontal function differentiation is a professional in-depth or specialization. For example an employee with a specialty in clients with an incontinence problem.

The sorts of differentiation mentioned above are seen more in large-scale organizations than small-scale organization. In the large-scale concept all these sorts of job differentiation are present. In small-scale organizations the choice is made to give more freedom to the employee on the group or unit.

For job offers, job differentiation is easier, because it is easier to hire employees for the simple tasks in an organization than employees who have to run a household and have a lot of general tasks.



A result in this research is that employees in the small-scale concept are more involved in the job than employees in the large-scale concept. Involvement is attractive for the organization and for the employees, but could also be a threat in small-scale concept. It is possible that this could lead to too much involvement and a high work pressure. The employees feel responsible for the clients. A cause of these effects could be the flexible working hours. The employees work in smaller teams and have to solve shifts with a small group.

In the small-scale concept the employee has a more solo job. The employee stands alone in a small group and has general tasks. In the large-scale organization the employee works more in a team. For example: one employee will wash the clients, another will serve breakfast and the third employee will make the client's beds. Another possibility is that they accomplish all tasks per client, but with more employees on the department.

There is not a large difference in the contracts of the employees between large-scale and small-scale organizations. The organizations prefer all part-time contracts with a maximum of 28 hours a week. In this way they have flexibility with fulfilling the working schedule or planning.

It is clear that more and more organizations are changing from large-scale to small-scale. All the organizations only see advantages, but it is important that they make the transition from large-scale to small-scale step by step. Employees have to get used to this new form of delivering care, and not all clients will fit in this form of care and this concerns the employees.

The clients who do not fit in the small-scale concept need rest and do not want to be part of a group. These clients do not feel comfortable in a culture of a house or apartment. They need more space than only the shared living room and own bedroom (Van Audenhove et al.,2003).

In small-scale concept the employees have to run a household. They get extra tasks such as washing and cooking. In the large-scale organizations the large kitchen will provide the meals. Besides that they work in a smaller team and work every week with the same clients. Most of the organizations had less experience with small-scale concept, because it has only recently started. Based on interviews with employees, they do not seem to be worried about the working hours. The min-max contract seems to be a solution for organizations, because the organization is flexible in placing the employees in busy or quiet hours. The small-scale concept seems to be a solution for the growing demand of client-based care, especially for clients with a dementia or psycho-geriatric disease. These types of clients are more active in a small-scale concept and like the structure every day.

Organization think self-scheduling is easier in a small-scale concept, because there is more familiarity between the employees. They mostly have the same level of education and can change shifts with each other easier. There are less people to take into account with and mostly the team is strong. In a large scale concept the levels of employees per department varies. They work in a larger group and the team is less strong. For self-scheduling trust in each other is very important.

## 7. Conclusions and recommendations

### 7.1 Introduction

The goal of this research was to give an insight in the world of different care concepts with a focus on the working hours. Actiz, the umbrella organization in the sectors elderly care, home care and maternity care, wants to have a view on the market of care in the balance between operations management and employees interest regarding employment contracts and working hours in a social way. This subject is divided into four topics, namely; care concepts, human resource planning and workforce scheduling, labor flexibility and the work-life balance of employees. This thesis has a focus on care concepts, working hours and employment contracts. A further distinction can be made in care concepts in the different sectors in care.

To find an answer on the research questions, nine different organizations were analyzed. In these nine organizations different employees from all levels in the organizations were interviewed all levels of employees. In the conclusions a distinction is made between the different sectors.

For a long time organizations shared the opinion about providing care for people. Every client receives the same type of care and most organizations had the large-scale concept. During the past years, more and more organizations changed to the small-scale concept. But is this necessarily better? The government subsidizes on tailored care and clients ask for extra care. This seems a field of tension.

In the conclusions it will become clear which care concepts belong to which sector and per care concept the possible working hours and employment contracts from the employee will be given. The degree of participation on the working hours from the employee is also very important for the satisfaction of the employee.

The research question in this thesis was:

*To what extent can innovative care concepts within the sectors of elderly care, home care and maternity care affect working hours and employment contracts and how will this affect the satisfaction of the employee?*

This research question is divided in the following sub questions:

- 1) *What are the current care concepts in the elderly care, home care and maternity care- sector at the moment and what is innovative?*
- 2) *How do care concepts influence working hours and employment contracts?*
- 3) *How will care concepts and working hours together affect the satisfaction of the employee?*

In the conclusions answers are given on these sub questions per sector.

## **7.2 Conclusions**

### **7.2.1. Elderly care**

Three different care concepts are distinguished in the elderly care: the large-scale concept and the two more innovative care concepts small-scale concept and hotel approach.

A general conclusion in this research is that care concepts influence working hours and employment contracts.

#### **Large-scale concept**

The large-scale organizations in elderly care have more full-time employees at the moment than the other care concepts. The reason for more full-timer employees is the larger group of employees per department. New employees in the large-scale organizations receive a smaller contract. The organizations will be more flexible with more employees and smaller contracts. For the large-scale concept it is easier to have a working schedule with basic hours and employees who prefer fixed working schedules and after that fill the gaps in the working schedule with employees that prefer flexible hours. It is important to mention that not every organization makes their working schedule in this way.

A result was that employees are more satisfied if they participate in making the working schedule and have influence on working hours. In large-scale organizations an employee have influence in the working hours one part of the day in a week or sometimes one whole day in a week. Employees will participate more than one day in the week. Some employees prefer to work as specialist. These employees are good in some tasks or like a couple of tasks in care. It is important to support these employees, because in this way the degree of satisfaction remains high.

#### **Small-scale concept**

In the small-scale concept most employees have a small employment contract around 24-28 hours a week. Some organizations with a small-scale concept hire no employees with a full-time contract. A reason is the fear for absenteeism of a full-time employee. Employees with small contracts are easier to replace than employees with full-time contracts.

Employees in the small-scale concept influence the working hours. In some organizations an employee can give wishes on one part of a day in the week and in other organizations employees can give more wishes about working hours per week. It is easier for employees to plan the working schedule together, also known as self-scheduling. The reason that self-scheduling is easier in small-scale concept has to do with the smaller teams. There often is more familiarity between the employees. They have mostly the same level of education and can change shifts with each other more easily. Three organizations work with a pilot of self-scheduling. In the large-scale concept, different levels of education work on a department. Self-scheduling is possible if employees with the same level of education change shifts with each other, but this is more complex on a department with 30-40 employees.

A lot of employees are satisfied in the small-scale concept. A reason is the space for more general work. These employees love the general work in the small-scale concept. But a small part of the interviewed employees like more specific tasks and will not have general tasks. These employees will work in their specialism and do a small arrange of tasks. Employees in the small-scale concept are in general more autonomic and arrange their own work to some extent. They are not happy with the small teams or standing alone on the group. Some employees like the working hours and the flexible contracts and other employees want to have more fixed working hours and larger contracts. This depends mostly from the home situation. Do they have children or have they not. There is a conflict between the two groups about the small-scale concept. Fortunately, most of the employees like the general work in the small-scale concept. Obvious is that employees working in a small-scale concept have more commitment with the team, the clients and the tasks in work.

### **Care hotel**

In general, there are more employees working in the departments of the care hotel than in the small-scale concept and large-scale concept. This has to do with the hotel-setting and care to the clients. The organization needs more employees per working moments. In a care hotel is for example a hostess present. A client has to receive care on demand. Employees with different levels are present in the care hotel. The prediction of care is more difficult than in the small- and large-scale concepts. In this care concept a small surplus of personnel is needed to give care on demand. It is possible to have more full-timers who fill in a basic amount of hours per week. Employees have participation in the working schedule process. A possibility to pay this surplus of employees and extra services is by revenues from the clients. There are more part-time contracts than full-time contracts, but organizations with a care hotel want to offer more full-time contracts. They work in larger teams and could have a small surplus of employees. It is hard to remain the care hotels in the present form for some organizations. In particular, care hotels who offer revalidation programs. This has to do with the external environment and change in financial recourses. In general, these care hotels are more expensive to maintain than the other care concepts.

Employees are satisfied about this particular way of working. They give less “stopwatch” care and have more time per client than in the small-scale concept and large-scale concept. They provide employees with care on demand. This is part of more luxurious care. They are satisfied about their working hours; these are compared to the working hours in the large-scale.

### **7.2.2. Home care**

The care concepts in home care are the large-scale concept and small-scale.

#### **Large-scale concept**

The large-scale concept in home care is a team of about 30-40 nurses of different educated levels. Most of the time different employees visit the client. The employees have often differentiated tasks.

In large-scale concepts a full-time contract is possible, but mostly a small part of the employees have a full-time contract. Most of the times the employees in home care have a part-time contract or a min-max contract. The part-time contracts have mostly a size of about 24 hours. The working hours are spread over 24 hours a day and 7 days a week. Marginal comment is that in the nights and weekends an ambulant team is working.

The employees participate little in the working schedule. It is possible for employees to be a full-timer but this is not very common. There are a lot of fluctuations in the demand of care. An employee is not connected to a client and this gives more possibilities and freedom in working hours. It is easier to have fixed working hours in the large-scale concept than in the small-scale concept, because the employee can take care of more clients.

Employees do not have the same clients every day or week, and therefore the familiarity is sometimes low. They could do specialized work and have more job differentiation than in the small-scale concept. They are satisfied about the working hours, because it is in order with their work-life balance. Employees have problems with the lower familiarity between them and the clients.

### **Small-scale concept**

The small-scale concept consists of employees who are part of a small team, 12-15 nurses. One or two employees are connected to one client. The employees have general tasks.

The small-scale concept has employment contracts around 20 hours a week. This is a small difference with the large-scale concept. The working hours are from 8.30 am. in the morning till 10.30 pm. in the evening. The employees work in a care route and do general work per employee. Care in the nights is outsourced to an external organization.

The employees are very satisfied about their work. They have a good connection with the client. They have no problems with the working hours and feel good in their team. Sometimes the employees feel a higher amount of work pressure, especially in holiday times, but they think that is no problem. An employee works flexible hours and takes, in consultation with the client and organization, participation in the working hours.

### **7.2.3. Maternity care**

Three different types of maternity care can be distinguished: home birth, birth at a hospital and birth at a maternity care hotel.

#### **Home birth**

A home birth means unpredictable working hours for the assistant midwife. It is possible that an assistant midwife has to wait three times twenty-four hours. An assistant midwife must be present at the birth an an hour after she is called. It is almost impossible to have full-timers, because it is not

possible to plan them in the working schedule. They have to work in flexible hours and do not participate in making the working schedule. Employment contracts are often min-max contracts. The maximum in a min-max contract is 70-90 percent.

The employees are not satisfied about the contracts and working hours. The small employment contracts are a reason for new personnel to work in another sector of care. The working hours, especially the amount of time an employee has to wait before a home birth, are not attractive for the sector. The labor conditions and working hours are not good in this sector.

### **Birth in hospital**

Assistant midwives have little to do with a birth in hospital. The maternity care organization receives a call and an assistant midwife could be called to visit the client the next day to provide maternity care. The working hours are more predictable than the home birth. But there are less full-timers and they also work flexible hours and have less participation in the working schedule. If it is their turn they have to work.

### **Maternity care hotel**

The maternity care hotel welcomes a client a couple of days before childbirth. Therefore, it is more predictable when a client needs care. This results in the fact that a maternity care organization could schedule their personnel easier. They know how many clients approximately are in the maternity care hotel daily. It is better possible to have full-time employees and also to plan in the working schedule. A small team of assistant midwives on fixed working hours is also possible. The care is on a central point. It is planning on short term, but far better than the waiting times that assistant midwives have to face at the moment. Some employees are positive about this new care concept, other employees want to deliver maternity care at the home of the client.

## **7.3 Recommendations**

The kind of care concept influences the working hours and also the participation of the client. This has an influence on the satisfaction of the client.

An organization has to think about the consequences of a care concept. A change in a care concept could be very appealing for an organization and its employees.

There are many differences in providing care for employees and this has to fit on the work method of the employee. Some employees prefer to work in a team and not alone. Some employees want to be an all-rounder, but other employees prefer to work in their specialty. Organizations have to take the wishes of employees and clients into account and even the wishes of the family of the client. Each care concept means different work methods and working hours. The employment contracts are mostly similar, but this could also depend on the current transition in care concepts. Employees are used to the flexible working hours and most of them think that is not the problem in their work in the care sector. They made a choice in the beginning of their work career for the flexible working hours.

Participation in making the working schedule and knowing their working schedule thirteen weeks in elderly care and home care and two weeks in maternity care before it starts will highly increase their level of satisfaction.

Some employees feel more comfortable with the flexible working hours, but other employees prefer fixed working hours. A mix of employees with fixed and flexible working hours is possible for a unit and may even be preferable. The basic working hours would be filled in by the employees who prefer these working hours and other employees are more flexible in filling in their hours.

Self-scheduling is an option for all care concepts, it is important to know which level is needed on which hour per day. The employees have to fill in the working schedule themselves. In a small-scale concept self-scheduling is easier, because of the smaller team, the higher familiarity and same levels of education. It is important that the collective labor agreement gives more freedom to organizations that want to be innovative with working hours and employment contracts in cooperation with the employee and inside the collective labor agreement and law.

The organizations have to look in-depth to the tendency from large-scale to small-scale and for the maternity care from small-scale to large scale. It is a step by step process and has influence on the employment contracts and working hours. Organizations have to talk with employees about the possibilities in the new care concept.

A lot of employees work for a long time in the large-scale concept and this transition to the small-scale concept, means that employees have to work on a unit, mostly alone and do all different kinds of work. They sometimes had more specialist tasks or a small range of tasks on the large-scale concept. In the small-scale they mostly have to do all kinds of tasks. Some employees offer resistance, because they have to let go their other job. It is important to guide these employees in the transition process.

Organizations have to take into account that the external environment, law and financing structure are changing. Most of the caregivers are women and they often take care of the children. These women will work on specific times and will be flexible if a child is sick. Organizations can look for a flexpool. Some organizations work with a central flexpool and others with a decentralized flexpool. For organizations a central flexpool or decentralized flexpool seems a good option.

To get a good formation of employees in the new care concept, it is important to follow an action plan:

- 1) It is preferable for organizations to start with a zero measurement. This means that an organization exactly knows how many clients with which weight of care are in the organization. The organization can make a switch from ZZP to formation.
- 2) The organization has to know which working hours and employment contracts will fit on this amount of clients. The organization in this phase has also made a consult of the clients' wishes and makes a client agenda.
- 3) If it is clear which working hours and employment contracts are needed, ask the employees what their wishes are. It is important to involve the employee more in the working schedule and planning process.
- 4) Show the problems to the employees, employees know that some problems exist, but do not know all problems. Involve them more in the whole process of tasks, clients and working hours if they want.

- 5) The organization can provide a 'safety net', for example a flexpool. Employees do not have a problem with changing shifts, but sometimes the work pressure is too high and a department or unit needs employees from other departments. A central flexpool or decentralized flexpool can solve this problem to some extent.
- 6) The employee is more satisfied if he or she could participate in the working schedule process. Another factor that increases satisfaction is the participation in tasks of care. Some employees want to have general tasks and others want to be specialists. Listen to the employees and help them choosing or help them get used to a new care concept or situation.
- 7) It is important to be appealing for a large range of people to hire new employees. Young and old, employees with or without children. They want to work different hours, because they have different private lives where they could adapt their working life to. Heterogeneity is important for the group of employees and the clients.

#### **7.4 Limitations and recommendations for further research**

There were a couple of limitations to this research.

This research was done in a limited amount of organizations. It is necessary to study more organizations to have a good idea about the three sectors; elderly care, home care and maternity care. Besides that the evidence about trends in care will be more profound if more organizations were interviewed. Nine organizations are not representative, however, it is a start. The two maternity care organizations were both starting with a maternity care hotel, but there are no good results in practice of the maternity care hotel, only in theory.

This research started with interviewing the employees of the nine organizations. The literature study followed later. This is not the correct way of doing a research. Therefore, it is possible that some aspects were missing in the questions of the interviews and in this thesis.

This research is done in cooperation with three other students and they interviewed some employees about this subject. It is possible that some information about care concepts is missing because of this fact.

This research was an explorative research. These care concepts call for more in-depth research to further develop them and implement them in a good way in organizations. Besides the results of these organizations there was no other empirical data available. This thesis and results are based on the investigated organizations. In order to generalize the results, further research is needed. A possible research could be a quantitative research with more organizations. Which care concept does the organization have and what kinds of employment contracts and working hours belong to the organization? Why does the organization have these employment contracts and working hours? How much participation do the employees have in the organization? A broader research is recommended, because in this research a small percentage of all the organizations in the sector were investigated.

Another important value is the opinion of the client about the different care concepts. For further research it is necessary that researchers interview clients or the clients' family to get a better view of the care concepts and combination of working hours and employment contracts. To what extent do



clients notice something about the working hours of employees? Are the clients closer or feel more confident with full-timers than with part-timers?

This research is a good start to look for different care concepts with a focus on the working hours and employment contracts. Organizations wanted to cooperate, because this is a problem for much care organizations.

The satisfaction of the client and the efficiency of the organizations are not measured. Based on comments from employees in the organizations are noted results. Clients or the client's family were not consulted. Efficiency in organizations was also not measured. The statements noted about satisfaction of the client and the efficiency of the organization are based on theory and comments from employees. Further research is certainly possible, and highly advisable.

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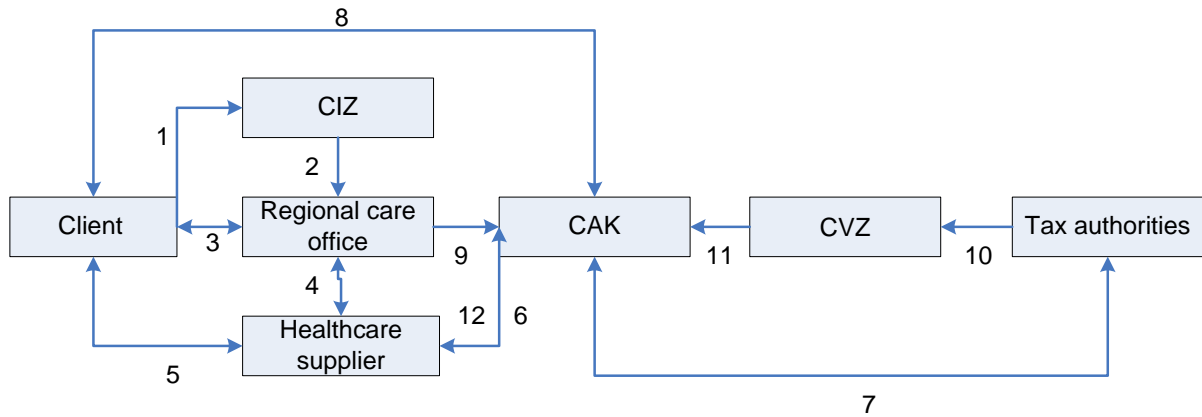
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## Appendixes

## 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**

### *Interview questions*

#### **Vragenlijst Universiteit Twente, Arbeidsduur en Werktijden VVT**

##### **1) Algemene vragen**

Binnen welke sector zijn uw werknemers werkzaam?

Uit hoeveel fte's (totaal aantal) bestaat uw instelling?

Uit hoeveel fte's bestaat de door uw instelling verleende zorg (VVT of kraamzorg)?

Hoeveel medewerkers binnen het primaire proces werken er binnen uw instelling in de VVT of kraamzorg?

Wat is de gemiddelde leeftijd van het personeelsbestand van de medewerkers?

Wat is het ziekteverzuim voor de zorgverleners binnen uw instelling in 2008? ...% Is hier een waarneembare trend in vergelijking met voorgaande jaren?

##### **2) Specifieke vragen arbeidsduur en arbeidstijd**

Welke contractvormen komen er binnen de instelling voor? En in welke verhoudingen?

Onbepaalde tijd - bepaalde tijd – extern (niet in loondienst) – oproepkrachten – jaaruren contracten – min/ max contracten.

Zijn er knelpunten die u binnen uw instelling constateert, betreft de arbeidstijd/ arbeidsduur en werkdruk? (Bijvoorbeeld: veel overwerk, onregelmatige diensten, gebroken diensten en onregelmatige werktijden). Hoe wordt hier mee omgegaan binnen uw instelling?

##### **3) Planning**

Zorgen uw medewerkers voor een juiste 'dekkingsgraad' (capaciteitsplanning) voor de te bieden zorg? Met andere woorden lukt het om de planning rond te krijgen?

Hoe wordt er gepland: (centraal/decentraal, collectief of individueel, met of zonder inspraak).

Is er sprake van storingen in het rooster? (structureel of uitzonderlijk).

Indien ja: hoe worden deze opgelost?

Hoelang van te voren staat het rooster vast? Is de medewerker er dan ook van op de hoogte?

Hebben medewerkers inspraak bij de totstandkoming van het rooster?

Is men op de hoogte van de voorkeur van de medewerkers? Hoe wordt hiermee rekening gehouden?

Hoe gaat u instelling om met vakantietijd? Ziet de planning er anders uit?

Zijn er recente ontwikkelingen wat betreft de planning van de medewerkers binnen uw instelling? (bijvoorbeeld veranderingen in zorgconcepten, bedrijfsconcepten en/of technologie?)

Zijn er zaken die u als bijzonder classificeert wat betreft de planning binnen uw instelling?

Is er een OR of een arbeidstijdencommissie/zeggenschapscomité (actieve werkgroep) binnen uw instelling die zich met werktijden bezighoudt? (Agendapunten, werkdruk?)

#### **4) Zorgconcept**

Hoe is het takenpakket van uw medewerkers ingericht? Hebben ze kennisspecifieke taken of zijn er met name algemene taken die door uw medewerkers worden verricht? (Takenpakket van de zorgmedewerker, worden ze met name ingezet als *specialist* of als *generalist*?) (In team of individueel?)

Zijn er gegevens bekend over uw cliënttevredenheid? (wat is de trend?)

Zijn er volgens u verbeteringen binnen het zorgconcept die invloed zullen hebben op de planning en de roosters van medewerkers?



## Appendix C

### *Service concepts*

Service concepts are more related to care concepts than production concepts. In both concepts, service and care, a service is provided to a person. The result of a production concept is a product. A product is something tangible and therefore is this concept not further investigated in this research.

In the book of Slack et al (2007) three different service concepts are mentioned, the professional services, the service shops and the mass services. The *professional services* are defined as high-contact organizations where customers spend a considerable time in the service process. Such services provide high levels of customization, the service process being highly adaptable in order to meet individual customer needs. Professional services tend to be people-based rather than equipment-based, with emphasis placed on the process (how the service is delivered) rather than the 'product' (what is delivered). *Service shops* are characterized by levels of customer contact, customization, volumes of customers and staff discretion, which position them between the extremes of professional services and mass services. Essential in a service shop is that the customer is buying a fairly standardized product but will be influenced by the process of the sale which is customized to their individual needs. For example, there is a front-office staff who can give advice on exercise programs for the clients and other treatments. To maintain a dependable service the staff need to follow defined processes every day.

*Mass services* have many customer transactions, involving limited contact time and little customization. This sort of services may be equipment-based and more product 'oriented', with most value added in the back office and relatively little judgment applied by front-office staff. Organization that deliver mass services are mostly very large companies. For example, rail services, telecommunications service and a library.

An organization knows what their core business is. The core business in the sector of elderly care, home care and maternity is giving care to their clients. There are always some supporting goods and services what can make the package of care different, better or more special than other organizations. For example, this can be the building, the room, and more broadly, arranging your own hours of care. What is the package of ingredients to make the service? How do they want to deliver the service? "Designers need to design the way in which they will be created and delivered to the customer, this is process design" (Slack et al. 2007. P.122).

There are many different definitions of a service concept. Slack, Chambers, Harland, Harrison and Johnston (1998) state, "When customers make a purchase, they are not simply buying a product or service; they are buying a set of benefits to meet their needs and expectations. This is known as the concept of the product or service." Johnston and Clark (2001) have further defined this concept in four steps:

- service operation: the way in which the service is delivered;
- service experience: the customer's direct experience of the service;
- service outcome: the benefits and results of the service for the customer and

- value of the service: the benefits of the customer perceives as inherent in the service weighted against the cost of the service.

According to Goldstein et al (2002) the service concept is defined as “the how and the what of service design, but also the integration between the how and what, and helps mediate between customer needs and an organization’s strategic intent.” How should the strategy be implemented and what will the organization deliver. It is very important for service organizations to ensure that decisions are made consistently, focused on delivering the correct service to targeted customers. Before, during, and after service delivery, service organizations set customer expectations. It is important that organizations focus on the design and delivery of the focus concept because the service package and service encounter fit the needs of the customer. Customers have an idea of the service concept regardless of whether it has been defined by word-of-mouth, other sources of information or from real service experiences.

## Appendix D

### *Working hours*

In this research is given a focus on working hours. Which care concepts have to deal with which working hours. What are the effects of care concepts on the working hours of the employees? Scheduling in the care sector is critical to the delivery of patient care, resource utilization and employee satisfaction (Silvestro and Silvestro, 2000). According to Silvestro and Silvestro (2000) there are two generic approaches towards staff scheduling: fixed scheduling and flexible scheduling. In fixed scheduling a fixed shift pattern is allocated over a long time period. According to Hung (1992) this is only possible when there is a stable demand and low variability; this assumes that sufficient workers can be recruited to staff the unpopular shifts. Flexible rostering is where each rostering period is planned individually, normally 4-6 weeks but in the care organizations often per 13 weeks.

Flexible working hours could have a positive effect on the employees. According to Rousseau (1995) perceptions of flexible work hours may result in increased attachment to the organization and overall satisfaction for several reasons.

- 1) The individual may perceive the organization's overall offering of flexible working hours as representing the organization's concern for work and family.
- 2) Flexible working hours allows individuals to feel increased control over their lives due to the opportunity to work during hours more suited to personal needs or personal biological clocks.
- 3) Having flexible work hours available improves employees' perceptions about their employer and increases employees' overall positive feeling toward the employer which has an impact on organizational commitment and job satisfaction. Fourth; employees often engage in social comparison processes and may compare their situation to peers in other jobs and/or organizations that do not offer flexible work programs.

A focus on flexible scheduling is needed in this thesis, because that is far most popular in the care sector. There are three clear approaches to flexible scheduling:

- a) departmental scheduling: a staff nurse will conduct the roster and have been authorized by a senior manager before it released to the staff.
- b) team scheduling: staff are divided into teams and one member of the team has responsibility for the roster.
- c) self-scheduling: the roster is prepared by the ward staff and a senior manager will authorize the final roster.

Positive reasons detect by Hung (1992), (from Silvestro and Silvestro, 2000) are motivational benefits of self-rostering, including greater staff satisfaction and commitment, improved cooperation and teamwork, what results in a reduction of personnel turnover. Self-scheduling is possible in the care concepts large-scale and hotel approach. In the small-scale concept it is even good possible, because the employees are working in a small team and are often more familiar with each other.

## Appendix E

### Reports of the organizations

#### A) DrieGasthuizenGroep

DrieGasthuizenGroep is an elderly care organization in Arnhem who also provides home care. In this case the research was focused on elderly care in the nursing homes. The organization consists of 550 employees (310,9 fte). DrieGasthuizenGroep has three establishments in Arnhem.

#### Care concept

DrieGasthuizenGroep is an organization with a large-scale concept. There are different departments where a large group of employees are working. This is an organization with a complex building and multiplicity of clients. DrieGasthuizenGroep has long corridors with adjacent the rooms of the clients.

*“One establishment is so large that they have colored walls to find the right way” (team leader)*

The fixed occupation works with part-time contracts of about 24 hours but this depends on the level of education. Most of the time level 3 employees work with contracts around 28 hours. This means a lot of flexibility for the organization, but also flexibility for the work-life balance of the employee. Some employees prefer full-time contracts, but the organization prefers to have more small contracts to keep the flexibility.

*“The time of contact with the family of the client is not included in the ZZP, and that is a shortage of the new system of ZZP’s.” (Manager care).*

*“It is important in the organization that the same employees help the same clients” (Manager care)*

The employees will see an improvement in working circumstances and planning.

#### Working hours and employment contracts

The manager of care proves this relation in the organization. If employees are not satisfied with the working schedule, it is sometimes noticeable in their behavior. When they are not satisfied with the working schedule they often call in sick or even resign. Different interviews in DrieGasthuizenGroep with employees showed that the amount of work pressure is high. A possible cause could be the absenteeism of 5,6% (2008). The average absenteeism in care in 2008 was 5,3% ([www.cbs.nl](http://www.cbs.nl)).

*“Workload is at the moment far too high, it is almost impossible to do your job in a good way”* (Nurse level 3)

More problematic is the long-term absenteeism. For short absenteeism the organization has a possibility to employ other employees, for long-term absenteeism an organization sometimes has to hire new employees. This is an expensive way to fulfill working hours. Workload will lead to physical complaints and stress at home leads to psychical complaints (team leader)

*“Planning has direct influence on satisfaction and turnover in the organization”* (Manager care)

The organization has enabled an external office for the employees. Employees can call this office 24 hours a day for psychological advice. According to the team leaders this is a positive experience for the employees. In general, employees feel comfortable in the organization with the team and form of leadership.

Most of the employees have no problem with the irregular working hours. Irregular working hours are a part of the job in the care sector. Therefore an organization has to indicate when employees want to work and consider this in the planning.

*“I like the irregular working hours in the job”* (Caregiver level 3).

A consequence of the large-scale concept is the presence of job differentiation in the organization. In terms of costs job differentiation is indisputable. For example it is too expensive for the organization if a level 3 nurse serves breakfast to the client. The employees are clear about their work tasks. They know what they have to do in the organization, because they have worked like this for years.

Employees can feel that there is too little time and capacity to change this way of care. Employees think about changes in the organization and agree to contribute to change. There will be a focus on the small-scale concept in the organization. The small-scale concept is a nation-wide trend and DrieGasthuizenGroep will join this transition in care.

*“At the moment elderly people live longer at home and the traditional care organization (large-scale concept) will transform in a small-scale concept organization.”* (Team leader).

## **B) Regionale Stichting Zorgcentra de Kempen**

Regionale Stichting Zorgcentra de Kempen (RSZK) consists of twelve establishments in the south of Holland and Noord-Brabant. More than 1600 employees work for the organization (796 fte). The average age is 43 year and the absenteeism is around the 5,3% and still decreasing.

The apartments are innovative with for example infra-red sensors. If a client getting out of bed, a nurse will be warned, after that there is a phone connection between the client and the nurse. This phone connection is an innovation.

In the small-scale living units there live a maximum of 6 on the unit. They have together one living room and an individual bedroom. Mostly two clients share a bathroom together.

## Care concept

RSZK will deliver a complete package of care for the client within the financial possibilities of the organization. RSZK tries to be one of the first in the Netherlands who have implemented successfully the small-scale concept.

*“Working in the concept of small-scale concept is more comfortable than the traditional forms of care. Family of the clients see also an improvement of their parents, because they eat more and enjoy their stay in the institution”.* (Nurse level 3)

Small-scale concept in RSZK means 5 or 6 clients in a department with a living room and adjacent the bedrooms of the clients. The small-scale concept asks for more flexibility. A result of the research is that other organizations who are implementing the concept of small-scale concept have 6 or more clients on one department, because otherwise this is too expensive with the receiving financial resources. RSZK thinks it 5 clients per unit is also that too expensive and consider to have more clients per unit.

*“If there is one full-time employee ill in a small team, it is very hard to replace another employee for these hours.* (Team leader)

*“Full-timers are difficult to plan in the working schedule, especially in the form of small-scale concept. The organization is scared for absenteeism of the full-timer and if this happens the fulfilling of the working schedule.”* (Team leader).

The absenteeism is decreasing since the implementation of the small-scale concept. The employees feels responsible for the group, it is harder to plan employees with small contracts because they give priority to their private live

*“Employees think there familiarity and trust with clients, department and colleagues is very important”.* (Team manager)

Mostly one client can go on their own to the toilet the other client needs help from a nurse. RSZK uses some sort of care routes. Clients give their wishes to the personnel and consider with each other about the best times of care.

*“RSZK would like to be a full partner and offer a total package to the client. Idea is that the organization wants to deliver all possible care to the clients. Also if the clients have to pay extra for this kind of care.”* (Team manager)

A new form of care is wellness care. Wellness care in RSZK means a gym for clients and luxury pools. Clients will more luxury in the care organization.

## **Working hours**

RSZK thinks full-time contracts are unattractive, to plan. That is too much fixed, and therefore a large risk if this employee is absent. There are less full-timers in the organization, especially in the primary care. The organization is busy with a pilot self-scheduling and think this is good possible in small-scale concept. Each unit has a small team and there is more space to discuss about the working hours with each other. Results of this pilot were more enthusiastic employees about the work-life balance can anticipate better on the demand of care and move faster if there are any mistakes in the roster.

## **C) AxionContinu**

AxionContinu consist of thirteen establishments in the region of Utrecht. AxionContinu has 1780 employees (1066 Fte). The number of absenteeism was decreasing from 6,39 (2007) to 5,7% (2008).

The employees from AxionContinu have the education level 2 or 3 but have a shortage of level 3 nurses.

*“More computers are needed for efficiency and care files have to be digitized”* (Nurse level 3)

The dossiers are not clear, because the nurses have to write down more and more information per client. On the other side are there also reactions from team leaders that a lot of employees first need a computer course, because they have not much understanding of computers and corresponding software programs. Other technology that is used on small-scale by AxionContinu are infra-red sensors. Infra-red sensors are quite expensive and limited in the organization. The organization considers and discusses with the family if the client needs this kind of innovation.

AxionContinu has different buildings in Utrecht. In some buildings there is a possibility to rebuild the building for the concept small-scale, but other buildings are constructed for large-scale concept, especially the smaller establishments.

## **Care concept**

AxionContinu has started in 2008 the project ‘anders werken’. Project ‘anders werken’ looks for innovation and improvement of quality in care. Care has to connect wishes of employees and clients, so they feel both well and appreciated in the organization.

*“Efficient is the way how different tasks are divided, for example one employee has the job to react on the bell from clients”* (Region manager).

This means that all employees have their own tasks and there is job differentiation in AxionContinu. AxionContinu has started in 2008 with the small-scale concept. Not every establishment of AxionContinu could effort this type of concept. In the establishments where they financially can effort this type of living, they will implement the small-scale concept. In general, employees of AxionContinu work in more large-scale concept in the organization experienced, especially in the nights, and that means more workload. An important reason for this extra workload is that one

employee has to observe 4 to 6 corridors or departments in the night. Besides that there is not much contact between colleagues through this there is less communication about the clients.

Innovation is not compensated in de ZZP and must be paid from own resources. There is a field of tension between risks of the client and financial resources.

AxionContinu thinks with the implementation of the ZZP, they have possibly a surplus of employees. AxionContinu thinks that they can use these people always in a flexible way.

AxionContinu will give clients extra paid services in the future, but is afraid of a class system in the organization. AxionContinu thinks that clients in the future want more customized care and home care is a growing market.

*“A good quality of care to clients leads to more satisfied personnel, clients wish more care and this is good care”* (Region manager)

### **Working hours**

AxionContinu take into account the wishes of the clients. Clients have some kind of influence on their own care times. When could they go to bed and so on. In a consultation with the client a care plan would be formulated. Employees have less influence on their own working hours. They work an amount of hours per week and the department planning fills in the working hours for the employee. Full-timers are not productive enough for the organization, because they also work in the more quiet periods. More structured working schedules could solve this problem, another solution is mobilization of employees that could work in other another establishment. Central planning can be a solution or to put more full-timers in the flexpool.

### **D) ZuidOostZorg**

ZuidOostZorg delivers intramural and extramural care in Friesland. For this research there was a focus on the intramural part. ZuidOostZorg has five areas in Friesland where they deliver care with eleven different establishments. 1677 (840 Fte) employees work for the organization. The average age is 45 year and the absenteeism is decreasing to 5,08 in 2009 (September 2009). ZuidOostZorg stands for the slogan “people stay people”. In 2009 they started a new strategy named “hospitable and motivated”. In 2006 a management group HR has started with the purpose to get more financial adhesion on the business processes as well for the implementation of ZZP.

*“The formation and the flexibility of the employees have to fit in the lower revenues and decreasing budgets”* (HR group).

Differentiation in functions is an important appliance to get that financial adhesion. Employees get more tasks, power and responsibilities. A connected purpose is to be more client-based and have a better coordination in the organization. ZuidOostZorg have a surplus of level 3 employees. Organizations from other regions have a surplus on level 2 employees and a shortage on level 3



employees. This surplus of employees is become clear within the implementation of the new financial system of ZZP.

*“There is an overabundance of level 3 employees and a shortage of level 2 employees”* (Region manager)

Level 3 employees are more expensive and are, with the arrangement of ZZP, more difficult to place them for the organization in this form. With a mobility plan they try to spread the employees in other establishments or functions. Employees can hire on new functions and receive precedence. Natural turnover is another way to let employees go. Fact remains that each establishment have to focus the financials on the ZZP finance.

The organization exists out of more establishments, and a lot have a large-scale concept layout. They want to make a transition towards small-scale concept and some establishments have this type with individual bedrooms and one living room and kitchen. Clients with a somatic disease have a lot of freedom and could walk through the whole establishment.

### **Care concept**

The care concept they use in general is small-scale concept. The organization has in general good experiences with small-scale concept what come true of different interviews with employees. Employees have different ideas about the small-scale concept.

*“Small-scale concept contradicts on efficiency, because it is not stimulating a market focus”* (Nurse level 3)

*“Smal- scale concept is a good development, because clients have their own room now care is more going to clusters and clients have more the same nurses”* (Team leader)

On the long term ZuidOostZorg looks for a more flexible and stable organization. ZuidOostzorg will be in the future a high-performance organization with an extern orientation.

*Client-based is using individual care plans in a consult with the client to get a good planning for the department”* (Region manager)

A high-Performance organization is an organization with professional employees who have a continue training. Other purposes for ZuidOostZorg are more result- and target- oriented. The organization is more decentralized which means that every establishment has his own responsibilities.

*“I have a lot of influence on changing processes, because I have the chance to develop new products and services for my establishment”* (Region manager).

Managers of establishments can realize plans faster and each establishment is a little bit different from the other. Differentiation can give strength to the whole organization. This has also to do with the entrepreneurial spirit of the managers of the establishments. The organization will have more self controlled team leaders in the future with more responsibilities.

*“Teamleaders are responsible for three purposes: Measure results, draw performance curves and motivate employees”* (Region manager)

ZuidOostZorg makes use of calculation modules of SDB. This tool is developed for intramural care and helps to translate between funding, formation and differentiation of functions. For example, they have a clear span of control. 45 beds for the levels of ZZP 1-5 and the levels 6-9 have a span of control 30 beds.

*“Product-market combinations are more and more important in the future”* (Region manager)

### **Working hours**

There is a lot of flexibility in working hours. This has to do with variety of working hours and the needs and changes of care. ZuidOostZorg has not much full-time contracts and therefore the part-time employees are the basis to fulfill the flexible working hours. Contracts with 24 hours are preferred in the organization, especially in the small-scale concept, because there is a fluctuation in the demand of care. Min-max contracts are most interesting for this type of care. In this way the organization could plan more efficient. Employees prefer fixed working schedules for 4 weeks with fixed shifts. At the moment the working schedule is too much a-cyclic. The organization thinks about mobilization of the employees in a way that an employee can work on different establishments. It is a lot of traveling in Friesland, because the establishments are not at a central point.

### **E) Stichtse Warande Zeist**

Stichtse Warande delivers intramural care. The organization delivers care in five establishments in Bilthoven, Zeist (3) and Houten. Warande will be innovative and deliver care in a special way. Stichtse Warande has 740 employees (515 fte). Absenteeism in 2008 was 6,05% and there was a high turnover in 2007 (213 employees) but this is improved in the last years. The five establishments are autonomic this means that they have each an own branch manager.

Research of Warande indicates that demand of dementia care increase with 70% in 2030. The care of somatic patients would be even till 2015, after that year clients with a middle salary will grow and have more own resources. Around 50% of the clients would pay extra for more luxury care. Nurses with level 2 or level 3 are working most in the daily care. For the concept of small-scale concept they have general tasks. In the care hotel, the employees have more special tasks.

### **Care concept**

Warande has an approach on two different care concepts. Warande has a small-scale concept for the elderly with dementia and a care hotel for elderly with a somatic disease. The form of small-scale

concept is a trend in the Netherlands that we have seen more in this research. Small-scale concept for elderly with a somatic disease was too much pressure on the employees. The idea of small-scale concept is that one employee is working on a group of about 8 clients. Some hours of the day there was too much pressure on the employee and on that moments there were more employees necessary for care.

Warande thinks a care hotel is better for the freedom of somatic clients and costs of the organization. A care hotel is a new phenomenon in the world of care delivering. In the care hotel clients can walk around in the hotel and do their own thing. In the care hotel everything is important, not only care but also the living, the environment and the service but care stays the most important.

*“In a care hotel makes the client their own decisions when they get care or not”* ( Nurse level 3)

The intention on the long-term is that clients can receive their breakfast on their own time; they can lunch with the people they want, and drinking coffee in a coffee corner around ten o'clock in the evening, and so on. Clients can buy extra services and arrangements. In this way Warande will have diversity in care.

*“An innovative idea of the organization are the special living groups with special wishes as for example sleep till 11:00 am”* (Region manager)

Stichtse Warande is innovative in offering special target groups. In these groups clients have the same wishes. At the moment clients could choose between different meals with a much better quality by using ovens.

## **Working hours**

*“Via a ground paper some years back all processes are written down and the bottlenecks were clear inside the working schedule and planning methods”* (Region manager)

*“There was a lot of dissatisfaction about planning by employees but after different conversations the issues are resolved by the department planning”* (Team leader).

An advantage for two care concepts is that employees have a choice in where they prefer to work. A care concept means a small team where they are more flexible and in a care hotel they could have more fixed hours.

Stichtse Warande has made an efficiency turn with the concept “verzorgend wassen”. “Verzorgend wassen” is washing a client with a washcloth without water. The washcloth is impregnated with a lotion and makes the client clean but is also caring the skin. This way of washing the patient means 90% less problems with the skin. Besides this really big advantage it saves time. The employee will help more clients per hour.

*“The organization could be more flexible with clients. If one client does not want a shower another client could have this shower”* (Nurse level 3)

## **F) Laurens**

Laurens and Zorgcompas are merged in July 2008 in an administrative way and are merged in January 2010 in a legal way. Laurens consists of 33 establishments in the region of Rotterdam. In 2008 Laurens had 3400 employees (2410 fte). The average age was between 40 and 45 in 2008. The absenteeism was above the nation-wide average and around 7.5% but decreasing. Laurens will make diversity to other care organizations with customized care and services and small-scale concept. In this research was a focus on the intramural and extramural part.

Laurens tried to have the best mix of personnel and be cost-effective. When they start with the small scale concept they had working nurses with level 2 per unit and one all-rounder with level 3, but this is reversed in a level 3 nurse per unit and one all-rounder as a level 2 nurse. This solves also the problem of the shortage of level 3 nurses.

The organization makes use of planning software. For the extramural part of care, home care, the organization has a card to login and logout by the clients.

There are a couple of establishments who have implemented completely the small-scale concept. Maximal 8 clients per unit have their own bedroom and share together the living room and kitchen. In the care hotel there are more clients per room, but there is a hostess. This is not longer affordable and the organization wants to stop with this type of care for, most of the time, clients who have to revalidate.

## **Care concept**

From all care organizations, Laurens has implemented the concept of small-scale in the furthest stage. In the small-scale concept they try to simulate the original living of the client. Clients can take about all furniture with them for the bedroom and live by day in the living room with the small group of other clients. A person from P&O enlarges the knowledge about specialties and be unique in this ‘market’. Employees who want to work in the concept of small-scale are usually more concerned than employees who work in a more traditional organization. The small-scale concept works for clients with dementia but clients with a somatic disease can need more care. The mornings are very busy.

*“The small-scale concept is going very well for psycho-geriatric, because clients are more balanced. They sleep better, eat more and are more relaxed.”* (Team leader)

*“Small-scale living gives more pressure for somatic clients in the mornings and there is always a shortage of nurses on those moments”* (Team leader)

One establishment of Laurens has a care hotel as a unique product. Often clients in the care hotel come from the hospital. It is unknown how the client in the care hotel revalidate and therefore it is most of the time an in between solution. After the care hotel the client goes back home or to an elderly organization. With the new financial system of ZZP the care hotel is too expensive for Laurens, because the clients have most of the time a low ZZP.

*“It is time to offer the care that the clients want!”* (Region manager)

In the establishment *De Elf Ranken* is focused on the extramural part. There are four care routes. These care routes have each a couple of clients in the same neighborhood. This is more efficient.

### **Working hours**

The team leaders are responsible for the working hours in the organization. Planning will check and confirm. A problem in the organization are the full-time employment contracts. Nurses who want a full-time employment contract get a no and sometimes will take dismissal. A reason for organizations and also Laurens is that they are a little scared for absenteeism of these employees. They leave a gap and other employees have to fill in these gaps. The organization has to look for possibilities.

*“I feel comfortable in my team and we have trust in each other, a change of service goes easy”*  
(Nurse level 3)

There is a team of 15 employees who are working in the extramural part. Employees mostly walk the same route. Through this the clients know the nurses better and they feel more comfortable. Nurses know the methods of treatment and could discuss with each other. The nurses see each other every morning when they start their shift. There is a lot of loyalty to each other. Change of shifts is easy to realize.

In the night Laurens makes use of an external office that takes care of the clients. It should be better that Laurens takes care of the clients for their own financial resources. Extramural care makes use of cards for a time register system. The employee can login and logout by the client. The employee has to pay attention for the time being at the client and extra care has to be paid by clients

*“The clients experience advantages because they get often the same nurse and there is more trust and familiarity between both”* (Nurse level 3)

### **G) Beweging 3.0**

Beweging 3.0 looks for possibilities in care and wants to be seen as an innovative care organization. They want to be the entrepreneur of care in the future (Jaardocument 2008). They will use all knowledge and experience to make the life of the client as pleasant as possible. Beweging 3.0 is active in the region Amersfoort and Utrecht. The organization employs around 3300 employees (2050 fte). For this research we focus on the extramural part of the organization. The absenteeism in the first part

of 2009 was around 7% and is increasing compared with the year before (5,95%). Beweging 3.0 is content with the changes in the sector. Beweging 3.0 will be first in row if they can cooperate with municipalities or other care organizations.

The extramural part of Beweging 3.0 consists of 2 managers home care with about 20 team leaders and every team consist of 30 operational employees. The employees have most of the time an education level 2 or 3.

The administrative business takes too much time. Care documents are not digital and a clear job description is not present at the moment. Efficient and innovative are the PDA's. With this PDA can employees log in and out by the client. This PDA is connected to the registration system Caress. Caress could be used for a 360 view on clients and customers but not all tools are used by the organization.

*“The PDA with seven functionalities gives more efficiency”* (HRM advisor)

The employees work in the client's houses. That are the physical facilities and therefore employees work in different environmental conditions.

### **Care concept**

Beweging 3.0 is in competition with Buurtzorg, because this organization wins employees and clients in the whole Netherlands. Beweging 3.0 delivers extra service in form of a 24 hours circuitous team and more specialized nurses. Amant is the WMO compartment and feel some competition from cleaning companies as for example Asito.

Beweging 3.0 makes use of care routes. Wishes of the clients are most important but it has to fit in the care plan of the client. The organization tries to put the same employees by the same clients, like Buurtzorg. Clients and employees feel well by this form of care.

*“In Soest-Noord there are 12 care routes and all nurses having their own care route”* (Supervisor)

### **Working hours**

Clients receive care on fixed hours, but there is a lot of fluctuating demand. Therefore a basic working schedule is not possible in home care. At the moment the organization works with large teams in large neighborhoods. An employee could be working with different clients. The organization will have smaller teams to fit better on fluctuations. One team is working with a independent team, employees have to get used to this form but there are positive sounds. Full-time work is not possible in home care, because there is too much fluctuation in the demand. The organization prefers a min-max contract of minimum 16 hours and maximum 24 hours a week. There is also a flexpool present in the organization, and to make more hours employees will work in the flexpool. Fixed working hours are not possible because the demand of care is fluctuating every week.

In this way, there is more trust and familiarity for clients and employees. A working schedule is easier to make for these routes. The organization knows what type of care is needed per client, and could fit

their working schedule on the needs. Every week's working schedule could be the same with the same fulfillment of personnel.

*“In home care it is very important to reach your maximum production level”* (Policy advisor)

Beweging 3.0 tries to give better care than Buurtzorg and have small teams per client. Besides that, they are a bigger organization and could spend money to for example PDA's.

## **H) Careyn**

Careyn delivers home care, intramural care, health care for youth, maternity care and general social work. The mission of Careyn is “involved, reliable and accessible”. In this research is focused on the compartment of maternity care. The compartment maternity care has 350 employees (245 fte) and takes care of more than 7000 treatments a year in Zuid-Holland and Noord-Brabant. Careyn maternity care has 3 establishments in Breda, Rijswijk and Vlaardingen. Personnel are loaned to HaGa, a maternity care hotel in Den Haag and they are building a birth center in Breda.

The employees working in the maternity care department of Careyn are all assistant midwives who are educated.

The employees work in the client's houses. That are the physical facilities and therefore employees work in different environmental conditions.

### **Care concept**

Maternity care is changing through fluctuations in the market and the amount of home births. To be a sort of competitor against the births in hospital Careyn has started to build a birth center in Breda. One employee can help more clients with children, this should be more efficient. This could be conflicting the idea that women prefer to have the same assistant midwife. By the decrease of assistant midwives it is important that there will be taken steps in this sector to centralize births and assistance by assistant midwives (partusassistentie).

*“I think it is unpleasant if more assistant midwives visit the same client”* (Works Council)

This is quote of the works council is often heard in this sector, because clients who have a birth at home want one assistant midwife.

This birth center is in the hospital but not connected in the hospital in any other form. Careyn rent this place for the birth center. If there are any complications the hospital is nearby to help the client. In this birth center there will be a close cooperation with midwives and Careyn maternity care. Midwives are most of the time independent from maternity care organizations.

*“You have to live on a “pink cloud” and have a big heart for care; otherwise you cannot do this work”* (Assistant midwife)

## **Working hours**

Assistant midwives have not a fixed working schedule. They work for a number of hours per month in the organization, but every month they work another amount of hours. The work is very unpredictable. Nobody knows when a child is born and therefore this maternity care hotel could be a value to the sector.

*“Midwifery is very soloist work, and we do not see each other very often”* (Works council)

If this sector can take care on a central place, there is less chance of having very unpredictable working hours. Besides that there is more collegial contact.

## **I) Dé Provinciale Kraamzorg**

Dé Provinciale Kraamzorg delivers care in Zeeland and partial in Noord-Brabant. It is a flat organization with one general manager and a region manager who is responsible for four staff nurses. These staff nurses take care of 150 assistant midwives. The organization delivers for 2500 clients' maternity care. 161 employees work for Dé Provinciale Kraamzorg excluding 27 stand-by employees. The average age of employees is 40,8. The absenteeism is low for the sector with 5,3% (nation-wide 7,4%, [www.arboportaal.nl](http://www.arboportaal.nl)). Dé Provinciale Kraamzorg is controlled from Goes and there are offices in several places in Zeeland.

### **Care concept**

A decrease of home births is based on a couple of reasons according the manager. Women are older when they get their first child, there are more IVF treatments and some women do not want to have any suffer from their child-birth.

Dé Provinciale Kraamzorg is busy making cooperation contracts with hospitals. The organization has one maternity care center and wants to get more maternity care centers in the future.

There is a decreasing of home births and a decreasing of assistant midwives. Therefore it is important to have maternity care on a more central point but also make it attractive for women to have a birth in a homelike environment. New assistant midwives are discouraged by seeing the working hours and the unpredictably of work. With the same diploma they can work under better circumstances in a nursing home.

*“Sometimes we have to wait for three days by the phone that is not normal in this time and is not good for the work-life balance”* (Works council)

## **Working hours**

Employees are not happy with the way of planning. They have to wait too long on a shift and a family where they could work and nothing is sure before, because there are a lot of changes on the working schedule. The idea is that every employee has a contract with the amount of working hours, but this



has nothing to do with the real working hours per month. Employees work often too little or too much, and have in the end of the year arrears these hours.

*“The organization is not very efficient in lanning hours, sometimes I have a lot of minus hours”*  
(Assistant midwife)

Dé Provinciale Kraamzorg has to be more efficient in daily business processes is to communicate better and be more accessible. Employees want to have more contact with each other and a clear leader. It is a flat organization, but therefore the communication is not good in the organization.

*“There is too less communication between the organization and colleague’s mutual”* (Assistant midwife)