

# Media-pushed discourse on self-managing teams in the Dutch healthcare sector

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## ABSTRACT

Media are used as one of the most important communication channels through which a wide public can be reached. A lot has been said in the media about the healthcare sector, and this research particularly focuses on self-managing teams. Media often tries to frame a public opinion on a certain subject, for a number of reasons. The primary objective of this study was to analyze what is being said in the media on self-managing teams and how it frames public opinion on the holy grail of self-managing teams. For this research six employees of self-managing teams of a Dutch healthcare organization were interviewed and asked what they have read on self-managing teams in the media, what they think of that and what the reason for media framing on the healthcare sector might be. They were also asked to give their first reaction on five different quotes from articles, from the media, on self-managing teams. The interviews with the employees led to very interesting results. Differences were found between the answers given by the employees, which show that media discourse on self-managing teams cannot be generalized towards all self-managing teams. Whether self-managing teams turn out right or wrong for organizations, mainly depends on the kind of employees and the natural hierarchy within the team. The findings of this study also show that indeed media tries framing public opinion on self-managing teams by providing just one-sided stories, which may also be influenced by emotional perspectives.

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# 1. INTRODUCTION

One of the newest management developments in the Dutch healthcare sector is the implementation of self-management teams. Most developed countries are undergoing a change from a supply-driven to a more demand-driven approach to healthcare (Van Bilsen, 2007). In such a demand-driven system, patients' needs are viewed as the basic principle of underpinning policy initiatives (Van Bilsen, 2007). A lot of discussion has been going on about the Dutch healthcare sector and how it's going to stay effective with the ageing population in the Netherlands. It is expected that the number of people with the age of 65+ will increase from 2.7 million in 2012 to 4.7 million in 2041 (Centraal Bureau voor de Statistiek). This means that there are expectations for enormous growth in the demand of care and that more money is needed to be able to provide this care. Like *Het Financieel Dagblad* mentions that the demand for healthcare will rise annually by 2.5% to 3%, due to the ageing population and that healthcare costs rose by 1.8% in 2016. [1] This is one of the topics that are widely discussed in the media, and where the media frames a public opinion and awareness.

Media has always been a widely used tool to get information across and to convince public on certain topics concerning the healthcare sector. Also many management hypes, like Lean, War for Talent, 'The Learning Organization', Talent Management, HR Analytics and Shared Values in organizations find their roots in media. They are widely elaborated on in newspapers, professional (management) journals and they are discussed on TV and TedTalks. Many management trends, like the implementation of the INK-model and Lean Six Sigma, have passed the Dutch healthcare sector and the newest trend is that of self-managing teams. The first healthcare organisation in the Netherlands that solely relies on self-managing teams is Buurtzorg. It was established in 2006 by Jos de Blok (buurtzorgnederland) and this organization is broadly discussed in popular literature and the media. Many articles have been written about Buurtzorg in for example the 'NRC' [2], 'Tubantia' [3] and 'De Correspondent' [4]. Another very popular subject on the Dutch healthcare sector is Hugo Borst's story about his mother. His mother lives in a nursing home and diagnosed with Alzheimer's. Hugo Borst is known as a critic to the elderly care in the Netherlands and next to writing columns and books he wrote a manifest including 10 points that should be improved in order to increase the quality of elderly healthcare. Just like Jos de Blok's Buurtzorg, the story of Hugo Borst, has been widely elaborated on in the media. Like his columns in 'Het Algemeen Dagblad' [5], articles in 'Tubantia' [6] and on Dutch TV shows like 'De Wereld Draait Door' [7].

In greater numbers than ever before, public gets information, especially what they know about any person or situation they don't personally experience, from the media, especially the news (Dorfman, Wallack & Woodruff, 2005, p. 326). The media includes all communication channels through which news, entertainment, education or data messages are disseminated. It includes newspapers, magazines, TV, radio and Internet (businessdictionary). News media serve as an effective source of information and powerful mode of communication (Cissel, 2012, p. 75). One of the most obvious properties of media news, ignored or neglected in both tradition and more recent approaches to media reporting, is that news reports, whether in the press or on TV, constitute a particular type of discourse (Van Dijk, 1988, p.1). Discourse teaches the audiences to associate certain concepts that can activate to influence judgment (Simon & Jerit, 2007, p.257). This means that discourse media is able to frame a desired public opinion on certain topics. Framing also reflects the

richness of media discourse and the subtle differences that are possible when a specific topic is presented in different ways (Tankard, 2001 p.96). Results indicate that media use has a significant effect on the likelihood of negative perceptions regarding the state of health care (Blidook, 2008). The media have, and probably, will have an even more decisive role to play in orientating and informing the public, and can therefore not be ignored (Benelli, 2003).

This research was conducted at the healthcare organization Livio, which is situated in the Eastern part of the Netherlands. The organization consists out of 2500 employees and has 60-80 teams located in the Enschede area. It is an organization that works in the field of living, nursing and caring. They started working with self-managing teams to be able to provide the best possible care for their patients and to be able to work more efficiently. The organization consists out of intramural and extramural teams.

This study aims to identify examples of media discourse on self-managing teams in the Dutch healthcare sector. It takes a look at the opinions and experiences of media framing of the employees of Livio. This research answers the question: 'What is the role of media-pushed discourse on self-managing teams in the Dutch healthcare sector?' By answering this research question it gains insights into what is written about self-managing teams in the media and how it frames the public opinion and beliefs in 'the holy grail' of self-managing teams. Furthermore, this research provides insights in the gap between what is being said in the media and how employees of a healthcare organization experience it themselves. This contributes to the existing literature on media framing and it increases awareness for healthcare organizations and employees.

## 2. RESEARCH FRAMEWORK

### 2.1 Self-managing teams

One of the tools available to an organization for optimizing its performance is through human resource management (Molesworth, Beddows & Parker, 2010, p. 364). Many trends and management developments have passed the HRM sector. However, according to Attaran & Nguyen, self-managing teams can be seen as the productivity breakthrough of the 1990s (Attaran & Nguyen, 2000). Self-managing teams can be described as a group of interdependent individuals, who each possess a variety of skills relevant to the group task and who have work discretion of decisions as methods of work, task schedules, and assignment of members to different tasks (Cummings, 1977). These attributes are intended to provide the work group with the task boundary, autonomous and feedback necessary to control variances from goal achievement within the unit (Cummings, 1977). Self-management teams can directly influence team-effectiveness since it brings decision-making authority to the level of operations problems and uncertainties and, thus, increases the speed and accuracy of problem solving (Tata & Prasad, 2004, p. 250). The design of self-management depends on at least three conditions: task differentiation, boundary control and task control (Cummings, 1977). Task differentiation is about the extent to which the group's task itself is autonomous forming a self-completing whole. Boundary control includes a well-defined work area, which individuals identify as their own territory, and members who possess adequate skills so they do not have to rely on external resources. Lastly, task control refers to the extent to which employees experience freedom to choose work methods and to adjust work activities to match task and environmental demands (Cummings, 1977).

The main objective of implementing self-managing teams is to increase employee involvement in their work (Attaran & Nguyen, 2000). There are many differences between self-managing teams and traditional work teams. What mainly distinguishes self-managing teams to traditional work teams is their control over the decision-making process (Goodman, 2009). When an organization decides to change their organizational structure, in order to make use of self-management teams, adequate times needs to be taken. This is mainly due to the fact that the use of self-management teams creates profound changes in the way day-to-day work is organized and the relationship of team members to the team leader (Attaran & Nguyen, 2000). There are a growing number of Dutch healthcare organizations that are taking the required time to implement self-managing teams. Some examples of this are Buurtzorg, Livio and Thuiszorg Rotterdam. For self-managing teams in the healthcare sector it means that they can adjust the time they need for every patient and that care becomes more effective (De Blok, 2013). The holy grail of self-managing teams in the homecare sector can be seen as the ultimate form of collaboration between employees.

## 2.2 Media discourse and framing theory

Media discourse refers to interactions that take place through a broadcast platform, whether spoken or written, in which the discourse is oriented to a non-present reader, listener or viewer (O'Keeffe, 2006). Very often it is impossible for the recipients to make instantaneous response to the producer(s) of a discourse. However, due to development of new media, it has become much easier for audiences to respond to what they see, hear and read in the media (O'Keeffe, 2006). From a discourse-theoretical viewpoint, media are seen not just as passively expressing or reflecting social phenomena, but as specific machineries that produce, reproduce and transform social phenomena (Carpentier & De Cleen, 2007, p. 274). Media discourse frames issues and it generates discussions among the public. In order to analyse the effects of media discourse, critical discourse analysis is used. This is an interdisciplinary field of study that has emerged from several disciplines of the humanities and the social sciences, such as linguistics, sociology and psychology (Van Dijk, 1988, p. 158).

The media is used to be able to say and write a lot about many different topics. Objectives of the media can be to inform, persuade or entertain the public or to frame a certain public opinion. The way an article is written has influence on how we perceive things, which is explained in the theory of framing. The framing theory was presented in 1974 by Goffman, who was a sociologist and writer. He put forth that people interpret what is going on in their lives through their primary framework, which consists out of natural and social aspects (Goffman, 1974). Natural frameworks identify occurrences seen as undirected, unoriented, unanimated, unguided and purely physical (Goffman, 1974). Social frameworks provide background understanding for events that incorporate the will, aim, and controlling effort of intelligence. (Goffman, 1974). The way that media framing works is that news framing can eliminate voices and weaken arguments, that the media can frame issues in ways that favour a particular side without showing an explicit bias, and that defining the terms of a debate takes one a long way toward winning it (Tankard, 2001, p. 85). Framing is used a lot in the media, where it means that: to frame is to select some aspects of a perceived reality and make them more

salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation (Entman, 1993). The framing and presentation of events and news in the mass media can thus systematically affect how recipients of the news come to understand these events (Price, Tewksbury, & Powers, 1995). Framing reflects the richness of media discourse and the subtle differences that are possible when a specific topic is presented in different ways (Framing Public Life, 2001). Frame analysis is a discourse analysis method that is principally concerned with dissecting how an issue is defined and problematized, and the effect that this has on the broader discussion of the issue. (Hope, 2010, p.2). In order to conduct frame analysis we can look at the framing devices. The framing devices in news discourse may be classified into four categories, representing four structural dimensions of news discourse: syntactical structure, script structure, thematic structure, and rhetorical structure (Pan & Kosicki, 1993, p. 59). Syntactical structures refer to the stable pattern of the arrangement of words or phrases into sentences (Pan & Kosicki, 1993). Script structures include the recognizable organisations, so the way it is written, of media discourse (Pan & Kosicki, 1993). Not all stories in the media are action or event oriented and some consists of so-called issues stories. These stories contain certain hypothesis-testing features and this can be seen as the thematic structure of an article (Pan & Kosicki, 1993). Lastly, the rhetorical structure which describes the stylistic choices made by journalists in relation to their intended effects (Pan & Kosicki, 1993). When using these four different structures, an analysis can be made on what framing techniques media discourse uses to create a certain public opinion.

### 2.2.1 Media framing and healthcare

Framing a public opinion happens for all different kinds of subjects, including healthcare. Media framing plays an important role in creating a shared public understanding of the health care system and health care reform (Jaworski, 2012, p. 37). Stories on the healthcare sector have effect on the public opinion of these topics, which can have influences on the healthcare policies. As early as 1922, commentator Walter Lippmann warned that news was functioning to provide the pictures in our heads that were determining policy decisions (Cohen, Chávez & Chehimi, 2007, p. 129). The way a health story is framed can have an impact on how the public and policy makes view the problem (Bryant, Thompson & Finklea, 2013, p. 236). Language is important to public health practitioners because how an issue is *de-scribed*, or framed, can determine the extent to which it has popular or political support. Language communicates thoughts and ideas, and certain words and phrases shape the way people think about issues (Dorfman, Wallack & Woodruff, 2005, p. 323). Media can also influence how the public and policymakers view or think about certain issues through selecting some aspects of a perceived reality and making them more salient in a communicating text (Entman, 1993). Another way media can influence policymakers is through shaping public opinion, which in turn, exerts pressure on policymakers to respond (Buse, Nicholas & Walt, 2012).

While traditional media, mainly television, still account for a large audience, the influence of social media is constantly increasing and cannot be ignored (Williams, 2014). Social media brings a new dimension to health care as they provide the public, patients, and health professionals with a platform to exchange on different health matters, potentially affecting population health outcomes (Moorhead, et al. 2013).

Above all, health authorities need to actively complement such information and engage with the media. One way in which this may be done is through greater use of the Internet (Benelli, 2003). Livio is also present on various social media platforms, like Facebook, Twitter, Instagram, YouTube and LinkedIn. They regularly publish messages on recent and upcoming events, they use these channels for recruiting purposes and to post links to articles on Livio.

For the empirical study, most focus will be on the framing theory. It will take a look on how employees experience this framing and what the main effects of this are. Furthermore, I will use a number of media discourses and quotes to find out whether employees agree with what is being said or not.

### 3. METHODS

This research was carried out in the form of a case study at the Dutch healthcare organization Livio. I used an explorative method and I collected qualitative data through interviews. The reason I chose for a case study is because I wanted to know more about the opinion and perceptions on media framing of employees working in the healthcare sector. By making use of a case study I was able to isolate the employees of one organization, given that they are all influenced by that same organization, namely Livio. In order to collect data I conducted personal interviews, which I conducted at one moment in time. The use of interviews as a data collection method also increased the reliability of this research, because it consisted out of open questions and focused on the opinions and perceptions of the employees. My supervisor planned the interviews, in close collaboration with Livio.

#### 3.1 Selection of interviews

For my empirical research I conducted interviews with six employees of self-managing teams of the Dutch healthcare organization Livio. Livio is a healthcare organization that provides homecare in the Enschede area. It works in the field of living, nursing and caring and it started working with self-managing teams in order to provide the best possible care to its patients. Livio works with 60-80 self-managing teams, divided amongst different neighborhoods in the Enschede area and it consists out of intramural and extramural teams. To enhance trustworthiness of the interviews and to be able to get a clearer picture on the opinions of the employees, I interviewed 6 employees, divided over 4 different teams. Each of these teams has their own set of patients in a certain neighborhood. In every self-managing team, the employees have a different set of tasks and responsibilities concerning administrative tasks and the patient's care. I interviewed employees with different levels of education, starting from MBO level 4 to HBO V. Furthermore, to identify possible differences I interviewed employees of 3 extramural teams and one intramural team. An overview of the interviewees is given in the table below.

**Table 1: Overview interviewees**

Person	Team	Extra- or intramural team	Date and duration interview
1	A	Extramural	22-05-17 / 01:05
2	A	Extramural	22-05-17 / 01:05
3	B	Extramural	29-05-17 / 00:55
4	B	Extramural	02-06-17 / 00:37
5	C	Intramural	06-06-17 / 00:26
6	D	Extramural	10-06-17 / 00:40

#### 3.2 Data Collection

The first step of collecting data was to develop an interview protocol, used as a guideline for the interviews. The interviews consisted out of a general part, concerning the interviewee's view on the self-managing teams and on their daily tasks. The second part of the interview focused on media-discourse on self-managing teams and the opinions and perceptions of the employees on this. To enhance the trustworthiness and to decrease possible bias of the interviews I conducted the interviews together with a fellow junior researcher. This resulted in the fact that she was able to ask questions as well, which expanded the amount of possible questions. Furthermore, through conducting the interviews with the two of us, she was also able to critically react to the answers given by the employees. This also led to different perspectives on the interview and more enrichment of the interviews, since more diverse questions were asked. All of the interview questions consisted out of open questions, since this enabled me to get more information of the employees and truly capture their personal opinions and perceptions. This also enriched the trustworthiness of the research, because the interviewees were able to give their opinion and, most importantly, also explain it.

The last part of the interview consisted out of five different vignettes, covering quotes from different media sources on self-managing teams. The quotes were part of articles from three different newspapers, one from a consultancy company and one article that was published by a professional healthcare magazine. I used articles from different sources and backgrounds to increase the reliability of this research and to be able to reflect on different topics. The quotes consisted out of positive and negative reflections on self-managing teams and the healthcare sector. The quotes were placed on card, as visuals, to make it easier for the interviewees to give their first reaction to the quote. The opinions of the employees on actual quotes from the media, allowed me to see whether what is being said in the media reflects what employees actually experience when working in self-managing teams. An overview of the articles is given in the table below.

**Table 2: Overview of articles**

Vignette	Source	Title	Publishing year
Q1	Zorgvisie	'Work- private life balance disturbed by self-managing teams'	2014
Q2	De Volkskrant	'How to survive a self-managing teams'	2016
Q3	De Gelderlander	'Reorganization at De Lichtenvoorden'	2017
Q4	RealOpen IT	'Self-managing teams that decay, end of the hype'	2016
Q5	Trouw	'Better care without strategic fuss'	2016

#### 3.3 Data Analysis

All the respondents gave permission to record the interview, which allowed me to precisely transcribe it, which also increased the trustworthiness of this research since nothing

was left out. Furthermore, due to the fact that my fellow junior researcher and I together made the transcriptions of the interviews, we were able to check one another to make sure that nothing was left out and that no mistakes were made. After conducting the interviews we transferred into transcripts to be able to analyze the gathered data. Due to the ability of recording the interviews, I was able to focus more on the conversation during the interview and ask probing questions, which resulted in more effective interviews. To all the interviewees it was asked whether they wanted to receive a copy of the transcript for approval. They were told that they were able to change possible mistakes or add anything. Four of the interviewees were happy to receive the transcript and none of them changed anything.

To analyze the data effectively I coded all the data. First of all made use of the qualitative data analysis program Atlas to identify codes to quotes from the interview. After that I transferred all these codes with matching quotes into tables for a clearer analysis. Since the interviews were conducted in Dutch, I selected the most important quotes from the tables and translated them in English. This finally resulted into collection of ten different codes, namely: reading on self-managing teams (RSMT) with a division in Buurtzorg (BZ) and Hugo Borst (HB). I used these codes, because for my analysis I wanted to know whether employees knew already something about self-managing teams before they actually started working with it. During the interviews it became clear that they read, and still read, mostly about Buurtzorg and Hugo Borst. My second set of codes focuses on media framing (MF) and the reasons for this framing (RMF), according to the employees. The last set of codes includes the five different quotes from the different articles. When all the codes were identified and the data was organized I was able to identify the results and draw the conclusions of this research.

## 4. FINDINGS

This section summarizes the key findings of the interviews that were conducted at Livio. The first part will focus on whether the interviewees have read something on self-managing teams, before they started working with it and still now. From the interviews it can be concluded that the employees mainly read something about Buurtzorg and Hugo Borst. The second part of this section focuses on media framing and what the interviewees think are the reasons effects of this. The last part is on the opinions and perceptions of the employees on five different quotes on self-managing teams from the media.

### 4.1 Reading on Self-Managing Teams

The interviewees were asked whether they have read something on self-managing teams before the actually started working with it and what they still read something about it right now. Most of the employees indeed read something about in self-managing teams in the media. Like one of the employees said: *'Yes of course, that was really, yes, a lot was being said about self-managing teams'* and another employee said: *'Mostly it was about Buurtzorg, that became such a hype back then'*. They said that they mainly read about it in the newspaper, and also got some knowledge of self-managing during their study. During the interviews they employees mostly mentioned Buurtzorg, one of the first healthcare organizations to entirely work with self-managing teams, and Hugo Borst, who reached out to the media to tell his story of his mother in a nursing home, when they were asked on what

they hear in the media. A deeper analysis of Buurtzorg and Hugo Borst will come up next.

#### 4.1.1 Buurtzorg

All of the employees mentioned the healthcare organization Buurtzorg, and said that they read a lot about it in the newspaper. Buurtzorg started in 2006 as a healthcare organization that fully works with self-managing teams. A couple of years ago Jos de Blok and his wife quit their jobs because they did not believe in the system of established healthcare institutions anymore since these institutions followed the vision that management determines how district nurses should work. According to Jos de Blok: *'District nurses know better than anyone else who, what and when someone can do a job. It is better for them to organize and plan their work, instead of managers and declaration systems doing it for them'*[2]. This was the starting point and became the basic assumption of the healthcare organization Buurtzorg. According to the employees, Buurtzorg has been an example for other healthcare organizations to transfer to self-managing teams. Like one of the employees said: *'Yes, like Buurtzorg they were already working with it for a longer time and I think that has been an example for many other healthcare organizations to do the same.'* One of the interviewees also thinks that it has been an example for Livio: *'Buurtzorg has it for a long time already, and I think that is a reason that everybody followed them, so did we'*.

The employees do feel that the image created of Buurtzorg might be too positive, like one of the employees said: *'The grass was so green over there, oh so green'* and someone else added: *'If you heard about Buurtzorg, everything was of course positive'*. When the employees of Livio started working with the self-managing teams, they did not experience all of the positive stories said about Buurtzorg: *'Well, if you look at Buurtzorg it is all very positive, but since I work in self-managing teams myself it's not all that positive'*. Not only for themselves they think it is less positive than displayed by Buurtzorg, they also think that the positive image that is created is mainly through the eyes of the client: *'Buurtzorg, in my opinion, is very positively displayed, however I think that is more through the perspective of the client where it is very positive'*, and that it is a lot tougher for the employees: *'It is for the client very positive, however I think for the employees it is very tough.'* Some of the interviewees explained to me that as an employee of Buurtzorg it is very important that you are almost always reachable, even in your free time. The main focus of Buurtzorg is to provide the best care for their clients, and this may sometimes may at the expense of the employees, according to the employees of Livio. So even though the positive image that is created of Buurtzorg in the media, none of the employees of Livio that I interviewed would be willing to work at Buurtzorg: *'I would not want it, to work there'*.

#### 4.1.2 Hugo Borst

Another subject that the interviewees mentioned on what they have read in the media is Hugo Borst. Hugo Borst is a Dutch writer and editor, who reached out to the media to tell the story of his mother. His mother is diagnosed with Alzheimer's and lives in a closed section in a nursing home. He has been writing columns about the situation of his mother, for three years for a Dutch newspaper *'Algemeen Dagblad'*. Next to the columns, he wrote two books named: *'Ma'* and *'Ach, Moedertje'*. Since he has been so dedicated to the subject of nursing care, he even addressed the Dutch government in The Hague. He wrote a manifest about how nursing care in the

Netherlands should be improved. The title of the manifest was: *'Sharp on elderly healthcare'*. It was signed by more than 100.000 people and was unanimously supported by the Second Chamber. The manifest consists out of 10 points, which should be improved in order to increase the quality of nursing homes. What is very important is that he points out that there are nursing homes that do provide the highest quality of care, however he thinks it is unacceptable that nursing homes aren't obliged to provide the optimal care for our beloved elderly people. Some examples of points that are addressed in the manifest are:

- *'Stop with politicizing the nursing home care'*
- *'Determine how many employees are needed to provide complete care'*
- *'Stop the excess of registration'*
- *'Maximize the overhead costs and reserves: 10% to overhead, a maximum of 25% for reserves for every nursing home, for every healthcare organization'* (Hugo Borst, 2016)

Like the columns, books and the manifest have shown is that Hugo Borst is quite negative on the subject of nursing homes, and the entire elderly care. However, the interviewees do not entirely agree with what he says about the situation of the elderly healthcare. *'Some things I think yes you are right, however for some things I don't think the situation is actually that bad.'* Especially for the nursing homes one of the employees says: *'With the nursing homes, yes with Hugo Borst, you saw that a lot. You know, I feel sorry for the people who work there because it is displayed so negative. Like, I believe that most people are taking care of very well. I cannot imagine that it's not happening in the nursing home. However, that there is a lot of pressure on the employees, that I believe.'* The main reason they think he is critic and even negative is because he is writing it from an emotional perspective: *'It is his mother, so he looks at it from another perspective than we do', and 'I mean if it was my mother or father I understand it, I mean I would do the same, you want the best for your parents'*.

There were some mixed opinions on whether they think that it will come to changes. One of the interviewees said: *'Very good. It creates awareness. I think many people will start thinking about it. To see what it is really like. Yes I think that is positive. Very positive.'* However another employee said: *'On one side I understand it, however you will not achieve anything with it, because the media just say that there is not enough money, yes it has to come from some kind of source.'*

So, when asking what the employees have read on self-managing teams, they mostly mentioned Buurtzorg and Hugo Borst. Both are very present in the media, and also both with a different story to tell. Buurtzorg mainly shows the positive image of implementing self-managing teams, which is not always experienced by employees of self-managing teams of another healthcare organization. Hugo Borst mainly wants to show his concerns on the elderly care in the Netherlands and came up with 10 points to improve it. The employees do not always entirely agree with the image he creates on the elderly care, however they cheer on the fact that he is reaching out to the media to create more awareness of the Dutch healthcare sector.

## 4.2 Media Framing

The questions were about how they feel media is trying to frame a public opinion on healthcare and self-managing teams. All of the interviewees felt that the healthcare sector,

and focusing on self-managing teams, is sometimes portrayed too negative and sometimes too positive. One of the employees said: *'Sometimes things are too positive, like we can all manage it en everything is going well'*. Most of the employees felt like most of the stories were too negative: *'In my opinion, it's portrayed too negative sometimes', 'Yes, I think it sometimes very negative' and 'Sometimes I see a heading in the newspaper, and then I think I don't even want to read it, I don't want to know about it'*.

Furthermore the employees don't think that all of the stories are realistic and that stories are too one-sided: *'Yes, but I don't think that the image created is always realistic' and 'You see very one-sided stories, I really only see one-sided stories on the television'*. The stories that are published in the media are very much one-sided since they do not always tell the stories of the experiences and perceptions of employees of healthcare organizations. *'One time you read something and you think yes that is right, and the next time you think this is totally not true. So a lot of different things are written about it.'* Also as one interviewee addressed that there are a lot of mistakes made in the media between the terms 'nursing at home' and more 'domestic help'. Nursing at home is what the employees of Livio do. The domestic help focuses more on cleaning the house, instead of nursing the clients. *'Yes, but I think that is also due to the term 'nursing at home' and 'homecare'. This confusion is often made, and then I think what are you talking about, it is totally used in the wrong way'*. This creates confusion for readers and leads to a more negative and diminished image of what nurses do at people's houses.

Furthermore, the media write a lot about the cut down expenses in healthcare. The interviewees also had matching opinions on this topic, they mostly do agree on the fact that savings should be made, however they are afraid that is not going to be feasible in the end. The image that is created by the media due to focusing on just the expenses, takes down the image of the healthcare. This creates a too negative image of the healthcare and it takes down the attention to people, whether those are the employees or the clients. Like the employees mentioned in the interviews: *'Look, what you see, they always say that we have to cut down the expenses, that we have to save. Yes we do have to save, however it should be feasible, also for the clients', 'With all the savings, because that is what is often about, I think it is a pity, I feel that the attention for people is still very important' and 'When looking at savings I think it's very negative, it takes down the image'*. The employees experience these negative announcements as very unpleasant, however their passion of taking care of people is their biggest motivation to continue doing this job.

### 4.2.1 Reasons for media framing

The employees recognized different reasons why media would frame certain opinions on healthcare and self-managing teams. First of all, one of the employees says that it is mainly in order to generate money for healthcare organizations: *'Of course they need money for healthcare and then you need to portray it a little negatively, because it needs to be divided again, the billions. So, yes I think that is really the reason'*. This is closely connected to what another employee said: *'Because healthcare, it is something really important. And I do agree that more money should be given to healthcare, and a little more attention.'* They both believe that money is a main driver for the media to talk about self-managing teams and the healthcare sector.

Another employee thinks the reason that media is framing public opinion comes from the influences that Dutch government has. Since the government has, of course, a lot of

power in the sense of laws and the distribution of money. Furthermore, since government is responsible for the policies, media is one of the main communication channels for people to hear about changes in policies. Like one employee says: *'I don't know. I also think of what they hear, like what the government says about changes etc. I think media steps into that as well, sure'*. According to them media is a very common way of expressing the ideas of the government of other parties and to inform the public on the changes that are made in policies. Framing can occur when left or right focused media talk about policies in the healthcare sector. Media that are more leftwing or rightwing focused, may both create a different image on policies, due to the difference in perspective and fundamental beliefs,

### 4.3 Vignettes

This part is about the vignettes that were shown to the employees. They were asked to give their first reaction to them and explain whether they agree or disagree with it. The quotes were placed on cards and presented as visuals to make it easier for the employees to react. Each of the quotes will be discussed in the following subheadings.

#### 4.3.1 Quote 1

The first quote was from a professional healthcare magazine 'Zorgvisie'. It was on an article on the division of work and private life of employees of self-managing teams. The quote that was taken from this article is: *'Employees of self-managing teams experience a worse work/private life balance than employees of traditional team'* [8]. Some mixed reactions were given on this quote. First of all some employees agreed to the fact that they have a less private life since the start of self-managing teams: *'Yes, in my opinion', 'Yes, absolutely', 'Your private life was more before the self-managing teams'* and *'Yes, a self-managing team is at the expense of your private life'*. They feel like part of this is due to the fact that they are self-managing and that they want to be there for their colleagues when they need them: *'We all keep our work phone on, so we can always call each other. But actually that is not how it should be'*. They also think that is has increased due to the digitalization of their job: *'Yes I think it since we are more digitalized'*. They are able to reach each other on their phones and through their e-mail: *'Even through my private e-mail account. And sometimes you are called when you at home'*.

Some of the employees did not agree with the fact that the amount of their private lives has decreased since they started working with self-managing teams. *'I don't really experience it. However you need to set clear boundaries'* and *'I don't think this is true, no'* and *'You know, it's in your own hands, when I leave here I just close the door and be done with work'*. These employees were very clear on the fact that they do not want their private lives go at the expense because of their job. They set clear boundaries as to what is work and what is their private life. So, this quote cannot be generalized to all the employees of self-managing teams. It depends on the employees itself and what they agreed upon in their own team.

#### 4.3.2 Quote 2

The second quote was from a Dutch newspaper 'De Volkskrant'. It was on an article that focuses on *'How to survive a self-managing team'* and it outlines some pros and cons of introducing self-managing teams in an organization. The quote that was taken from this article is: *'The amount of employees who get ill increases with the implementation of self-managing teams'* [9]. Also for this quote not all the

answers among the different employees and teams were aligned. Some employees indeed experience a higher rate of illness in their teams since the day they started working with self-managing teams: *'Yes I think there is more stress', 'Yes, I agree', 'Yes, absolutely'* and *'Yes. I feel that counts for us, yes'*. For the teams that experiences a higher illness rate they mainly think that it is due to the increase in work pressure: *'Because you are assigned to more tasks, outside of providing care, where you didn't choose for when you started with this profession'* and *'People are stressed, you know, they are sick at home due to too much pressure and stress, yes'*.

For some teams the introduction of self-managing teams did not lead to more illnesses. *'No, I do not agree. No, I have to say, there are very low rate of illness in our team. Very low'* and *'It doesn't count for us. However I can imagine it if you're not working in a comfortable team, then it can have negative effects'*. The main reason they gave for this is, when you work in a nice and harmonious team, where team members are loyal and, which results in no immediate increase in work pressure, the illness rate did not rise after the implementation of self-managing teams. So, also for this quote it can be concluded that it cannot be generalized for all self-managing teams, because it mainly depends on the atmosphere within a team.

#### 4.3.3 Quote 3

The third quote was from a Dutch newspaper de Gelderlander. It is about a healthcare organization that was planning to introduce self-managing teams and this article outlined some advantages of these kinds of teams. The quote that was taken from this article is: *'Smaller teams are better able to make decisions with their clients, which is an advantage for the clients and gives them the possibility to have more control over their life'* [10]. All of the employees agreed on the fact that the smaller teams, which are created through the self-managing teams, help to make better and faster decisions for the clients. The employees that I interviewed mostly where part of teams with approximately 11 team members. First of all they feel that smaller teams are better for the clients: *'Yes, you know the people better', 'Yes, we are closer to the client and therefore better able to take action'* and *'With smaller teams, the clients know you better and that is a good thing'*.

Furthermore, they also agreed on the fact that next to the benefits for clients, it also has positive effects on the team: *'With bigger teams things are more general and now you know each other better, so it's easier to align things with each other', 'Yes absolutely. I agree with that, yes. You know, with smaller teams it is easier to discuss what is best for the client'*.

Lastly, due to the smaller teams and better contact with the clients it also leads to better contact with the families of the clients: *'And families, yes we have very good contact with them. They also need to help wherever possible'* and *'Yes closer to the family'*.

#### 4.3.4 Quote 4

The fourth quote was from a website of a consultancy company RealOpen IT. They published an article on the hype of self-managing teams. One part of the article was especially on self-managing teams in the healthcare sector and as an example they took Buurtzorg. The quote that was taken from this article is: *'The reason why self-managing teams work in the healthcare sector is that the employees know exactly what they have to do, and they don't want to spend too much time on administrative work'* [11]. The reactions on this quote were very divided. For the first part of the quote, focusing on the

fact that employees know exactly what they have to do, most employees agreed upon: *'Due to the self-managing teams, everybody knows what they have to do'* and *'But yes, everybody knows what they have to do, that is just how it is'*. This is mainly due to the fact that tasks are more clearly divided amongst the team members, and since the teams are smaller, excellent communication and collaboration is needed to provide the best care for the clients.

The second part of the quote focuses on the administrative tasks, and the opinions of the employees on this subject were divided. Some of the employees feel that the amount of administrative work has increased after the implementation of self-managing teams: *'The lower part absolutely not. Not too much with administrative tasks, we do have to do that, even more'*, *'We do have more administrative tasks, because we are self-managing, it was less before'* and *'They do not want to be busy with administrative tasks, however they have to'*. Another employee said: *'Yes we do have some administrative tasks, however this is very clear for us'*. And for other teams the administrative tasks do not cause any problems, since they have their own secretary: *'We have someone who does it for us'*. The administrative tasks that most employees talked about are to take of the roster, the finances and ordering. Most of the employees saw making their own roster as a major advantage: *'I love it. You have your own overview. Look, if you just receive your roster you just look when you have to work. But now I have the time to really look for myself when I'm able to work'*. Since most of the administrative tasks have digitalized, tasks have become easier. However, some employees experience difficulties with their computer systems. On the question what an employee would like to change when they could be the manager of Livio for one day, one employee mentioned that she would want to change the computer system, since it often does not work: *'It just doesn't work at all. Sometimes the applications do not work, the computer does not want to start, you cannot print anything or we have to reset everything. One disaster, one big disaster'*. Another employee mentions that administrative tasks have become easier, however she experiences a lot of problems with the computer system as well: *'Yes, the administrative tasks are easier due to digitalization. But sometimes the system is not working, and I get upset because the system changes every time. Yes really, it changes every time and right now we they changed the system again and everything is in English right now'*. So for this quote it can be concluded that it is very dependent on the kind of teams again. Employees do agree on the fact that they know exactly what they have to do, and that tasks are clearly divided. However, for the administrative tasks, some employees see it has a problem, whilst some teams do not experience this.

#### 4.3.5 Quote 5

The fifth and last quote was from the newspaper Trouw. It is an interview with Jos de Blok, the establisher of Buurtzorg. The main focus of the article was to outline the problems in the healthcare sector and the solutions that Buurtzorg has to offer. The quote taken from the article is: *'The healthcare sector is being organized by people who don't know what is going on, they just focus on cost and revenue'* [12]. In general all the employees mostly agreed to this quote: *'Yes, I think so for a big part'* and *'Yes, that is kind of true, costs and revenue'*. They feel like all of the rules and protocols are made by people who sit down behind a desk, and have no clue what is actually going on at the work floor: *'Look, if you see what people say, who work at an office, about saving money, they do not have a clue what is actually going on at the work floor. They should experience it for themselves for one day to*

*see what it is really like. It's a lot easier to say that costs must be cut, however it should be feasible'* and *'Just like I said, about the government and all, they make up plans, however they just don't know'*. The main focus, in their eyes, is on cutting down the expenses and work as efficiently as possible. One of the employees said: *'I feel that they think money is very important. And there is nothing wrong with that, I mean, everything is very expensive'*. Most importantly for the employees is that they feel that all the changes that are made on savings are not entirely based on the experiences and perceptions of the employees. They agree to the fact that savings are sometimes necessary, however in their eyes it is not always feasible.

On the other hand, the employees were very enthusiastic on their manager: *'There is a lot of focus on costs and revenue, and money, yes I see that a lot. However, I have to say that our manager is very involved. He is very involved'* and *'However, I have to say our manager, he is very nice and involved. He is also very realistic, he also visits employees on the work floor'*. He is very involved in what the employees are doing everyday and they also told that he is very reachable. Whenever they have a question they are always able to e-mail him and he mostly reacts very fast. So all of the employees do feel that all the plans and policies developed by the government on budgeting and cutting down the costs are made without looking at the feasibility of these plans. However, the employees of Livio are very satisfied with their manager, since he is very involved in what is going on at the work floor.

This section has shown the opinions and perceptions of employees of several quotes taken from different articles from the media. It can be concluded that what media tells the public about certain issues in the homecare sector, especially related to self-managing teams, is not always aligned with what employees actually experience within their job.

## 5. DISCUSSION

### 5.1 Implications

This paper contributes to the existing knowledge in media framing in several ways. It looked at different articles on self-managing teams and it included the opinions and perceptions of employees of self-managing teams.

First of all, a lot is written in the media about self-managing teams in the Dutch healthcare sector. This was also identified and supported by the employees of self-managing teams whom I interviewed. As has been said before in this paper is that news media serve as an effective source of information and powerful mode of communication (Cissel, 2012, p. 75). Buurtzorg is one of the healthcare organizations, that is very present in the media, which fully works with self-managing teams. By reaching out to the media with their success story on self-managing teams, it can be seen as an example for other healthcare organizations to follow. Hugo Borst has also reached out to the media to tell his story with the goal of increasing the quality of elderly healthcare in the Netherlands. Since all of the employees mentioned Buurtzorg and Hugo Borst, this can be seen as an example in which the media is an effective source of communication.

Furthermore, this study has shown that indeed the media is trying to frame a public opinion on the subject of self-managing teams. As it was mentioned before in this study: Media framing plays an important role in creating a shared public understanding of the health care system and health care reform (Jaworski, 2012, p. 37). From the interviews it can be seen that a public opinion is framed by providing one-sided stories. Not everything that is being said



in the media on self-managing teams can be generalized for every team. As the employees have showed, it very much depends on the person itself and in what kind of team you work, whether you experience self-managing teams as a positive or negative way of working. According to the employees, the reason for media framing on healthcare is due to the fact that it is such an important subject. Also the fact that a lot of money is needed for providing high quality healthcare may be the reason why the image that is created might be too negative, since this will maybe lead to more money. The employees experience it as unpleasant that the image created by the media on self-managing teams is sometimes too positive and other times too negative, and at other times totally not true.

It can be concluded that the holy grail of self-managing teams presented by the media, does not always align with the experience of employees of self-managing teams. They feel that the holy grail of self-managing teams is mostly framed due to a one-sided story of the media. In the table below an overview is given on the general perceptions of the employees on the media discourse.

**Table 3: Overview general perceptions**

Quotes	Employee	Do not agree	Partly agree	Agree
'Self-managing teams are bad for private life'	1			X
	2			X
	3	X		
	4	X		
	5	X		
	6			X
'Number of employees who get ill increases'	1			X
	2			X
	3	X		
	4	X		
	5	X		
	6	X		
'Smaller teams are better for the clients'	1			X
	2			X
	3			X
	4			X
	5			X
	6			X
'Employees know what to do and don't want to spend to much time on administrative tasks'	1	X		
	2	X		
	3		X	
	4		X	
	5		X	
	6		X	
'Healthcare is organized by people who only focus on revenue and costs'	1			X
	2			X
	3		X	
	4		X	
	5			X
	6		X	

What can be concluded of this overview is that employees sometimes do not agree at all with what is being said, and sometimes only partly agree. They mainly feel that what is being said in the media cannot be generalized for all the self-managing teams, since it very much depends on the team members itself. Media discourse often only shows one side of the story, with the result of framing public opinions that are not always true. What can also be seen in the overview is that the employees not disagree upon all media discourses. So not everything that is being said in the media is wrong, or is not aligned with actual experiences.

## 5.2 Limitations and Future Research

This study aimed at researching what media says about self-managing teams and how it is trying to frame public opinion. In order to be able to research this, a case study was performed and interviews with employees of Livio were conducted. Since there was only a limited amount of time, it was crucial to work as efficiently and effectively as possible. Since my fellow junior researcher and I were able to conduct the interviews together, and divide the workload concerning the transcriptions, I was able to spend more efficiently spend time on analyzing the gathered data. Furthermore, since also due to the limited timeframe, I interviewed only six employees. To still be able to get a clear overview on the opinions of different employees concerning media discourse, I interviewed employees from different teams and different locations. This increased the diversity of respondents and increased the trustworthiness of my research. In order to be able to more extensively generalize the conclusions, further research may be needed. More case studies, with different healthcare organizations that make use of self-managing teams, could be conducted. Also more articles can be analyzed and further research could be done on the effects of media discourse on healthcare policies and reforms.

Furthermore, since the employees knew that that they were being interviewed, it could be that it lead to them giving more desirable answers. In order to limit the possibility for socially desired answers I emphasized, during the introduction of the interviews, that no right or wrong answers could be given and that all data would be analyzed and used anonymously. Since also employees from the same team were interviewed separately, and at a different moment, there is a possibility that in the meantime employees discussed and talked about the questions that were being asked, and therefore more framed answers were given. In order to tackle this possibility, I made use of probing questions to be able to dive deeper into the answers and opinions that were given.

Lastly, since it is just me who conducted this study, there is a possibility of bias. I tried to eliminate this bias to stay objective at all times. Secondly, I was able to conduct the interviews and the transcriptions with a junior researcher. This decreased the possibility of bias during the interviews, which were the main source for my results. Furthermore, due to several discussions with other junior researchers and supervisors, the possibility of bias decreased. This is mainly die to the fact that because of the feedback from others I was able to reflect on my own interpretations and analyzes.

## 6. CONCLUSION

To conclude this research, aimed at answering the research question: 'What is the role of media-pushed discourse on self-managing teams in the Dutch healthcare sector?' Results of this study show that a lot is being said on self-managing teams in the media. The interviews with employees of the Dutch healthcare organization Livio show that what is being said in the media do not always align with the actual experiences of healthcare employees. The media is framing a public opinion on 'the holy grail' of self-managing teams, through presenting only a one-sided story. These one-sided stories can also be influence by emotional perspectives, which leads to more subjective articles on the healthcare sector and self-managing teams.

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# APPENDIX 1 – INTERVIEW PROTOCOL

## Opening

- Bedankt voor uw deelname aan ons onderzoek
- Samen met andere studenten van de UT doen we onderzoek naar professioneel organiserende teams in de gezondheidssector.
- Vragen verdeeld over drie onderwerpen: (1) algemeen, (2) beleid/regulatie en (3) media.
- Alle informatie zal vertrouwelijke behandeld worden / niet doorgegeven aan derden: alleen onze onderzoeksbegeleiders.
- Toestemming om het interview op te nemen? (kopie ontvangen is mogelijk)
- Onze vragen hebben betrekking op uw mening: geen goede/foute antwoorden.
- Mocht u iets niet begrijpen: vraag ons om opheldering.
- U bent te allen tijden vrij om onderwerpen aan te kaarten die u als relevant beschouwt.

Heeft u nog vragen voordat we beginnen? [...] Dan zullen we nu beginnen met het interview.

## Vragen

### Algemeen:

1. Zou u uzelf voor kunnen stellen?
  - (hoe lang werkzaam bij Livio, daarvoor al ergens anders?)
2. Zou u iets kunnen vertellen over uw dagelijkse werkzaamheden?

### Professioneel organiserende teams

1. Wat betekent “professioneel organiseren” in uw ogen?
  - Wat betekent “professioneel organiseren” volgens Livio?
2. Wat vindt u de voordelen van het werken in een professioneel organiserend team?
3. Wat vindt u de nadelen van het werken in een professioneel organiserend team?
4. Waarom denkt u dat de professioneel organiserende teams zijn geïntroduceerd?
  - Had u hier behoefte aan?
  - Hoe verliep de overgang naar professioneel organiseren? (communicatie, problemen eventueel)
5. Op wat voor manier zijn de taken verdeeld binnen de teams?
  - Wat is uw rol binnen het team? (planning, etc)
  - Wie verdeelt de taken?
  - Wat gebeurt er als de teamleden het niet eens kunnen worden, wie maakt dan de uiteindelijke beslissing?
6. Wat is de rol van de coach-manager bij het professioneel organiseren?
7. Heeft u het idee dat u binnen het team ondersteuning krijgt van de organisatie, bijvoorbeeld van personeelszaken of de coach-manager?
  - Zo nee: Heeft u behoefte aan ondersteuning uit deze hoek? (+ wat voor ondersteuning)
  - Zo ja: Wat voor ondersteuning en heeft u hier behoefte aan?
8. Wat is er volgens u nodig om professioneel organiseren tot een succes te maken?
9. Als u voor één dag manager van Livio zou zijn, wat zou u dan doen/veranderen?

### Beleid en regulatie

1. Kunt u mij iets vertellen over de regels die u van Livio moet naleven tijdens uw werkzaamheden?
  - Hoe ervaart u dit?
2. In hoeverre bent u op de hoogte van de nationale wet- en regelgeving in de zorgsector?
  - Hoe zorgt u ervoor dat u zich hiervan op de hoogte blijft, bijvoorbeeld wanneer er veranderingen optreden?
3. Op wat voor manier heeft zowel bedrijfs- als nationale regelgeving invloed op uw werkzaamheden?
  - Kunt u dit uitleggen?
  - Loopt u wel eens tegen problemen aan met betrekking tot het naleven van de regelgeving?
4. In hoeverre ervaart u de regulatie van kwaliteit in zorg als zijnde streng?
5. Wat verstaat u onder ‘goede zorg’?
  - Hoe zorgt u ervoor dat u ‘goede zorg’ levert?
6. Heeft u wel eens moeite met het naleven van regels met betrekking tot zorg kwaliteit?
  - Waar komt dit door?
  - Eventueel moeite met het naleven van andere regels?
7. Kunt u mij iets vertellen over de klachten procedure van Livio?
8. Op wat voor manier merkt u dat er bezuinigd wordt in de zorg?

9. Wat voor invloed hebben de bezuinigingen op uw werkzaamheden?
  - (voelt u zich wel eens onzeker over het behouden van uw baan?)
10. Wat vindt u van de tijd die u heeft voor het uitvoeren van uw taken?
  - Kunt u dit uitleggen?
11. Heeft u nog overige opmerkingen met betrekking tot beleid en regulatie in de zorg, die u nog met ons zou willen delen?

### Media

1. Had u voordat u begon met werken in een professioneel organiserend team hier wel eens iets over gelezen (in de media)
  - Zo ja, wat voor beeld werd er geschetst over deze teams?
  - In hoeverre komt dit beeld overeen met uw eigen ervaringen?
2. Op wat voor manier heeft u het idee dat de media een beeld probeert te creëren over de gezondheidszorg?
  - Waarom denkt u dat de media dit doet?
  - Wat vindt u hiervan?

Ik heb een paar quotes uit verschillende artikelen over professioneel organiserende teams, en naar aanleiding van deze quotes zou ik u een aantal vragen willen stellen. (quotes staan op kaartjes)

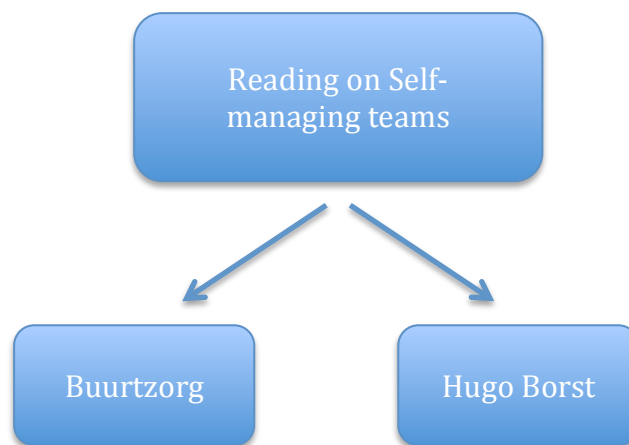
1. ‘Werknemers van zelfsturende teams ervaren een verstoorde balans tussen werk- en privéleven’.
  - In hoeverre ervaart u dit zelf ook?
2. ‘De gezondheidszorg wordt bestuurd door mensen die niet precies weten wat er op de werkvloer gebeurt, maar alles focussen op kosten en omzet.’
  - In hoeverre bent u het hiermee eens?
  - Op welke manier zouden zelfsturende teams hier verandering in kunnen brengen?
3. ‘Het ziekteverzuim stijgt door de invoering van zelfsturende teams’.
  - Wat zou hiervan de reden kunnen zijn?
  - Ervaart u deze stijging ook?
4. ‘De reden waarom zelfsturende teams zo goed werken, is omdat werknemers precies weten wat ze moeten doen en ze niet teveel met administratieve werkzaamheden bezig willen houden’.
  - Wat is uw mening hierover?
5. ‘Kleinere teams kunnen samen met de cliënten sneller beslissingen nemen die ten goede komen aan de cliënten en die hen in staat stellen meer regie over hun eigen leven te voeren’.
  - In hoeverre ervaart u dit in uw eigen werk?

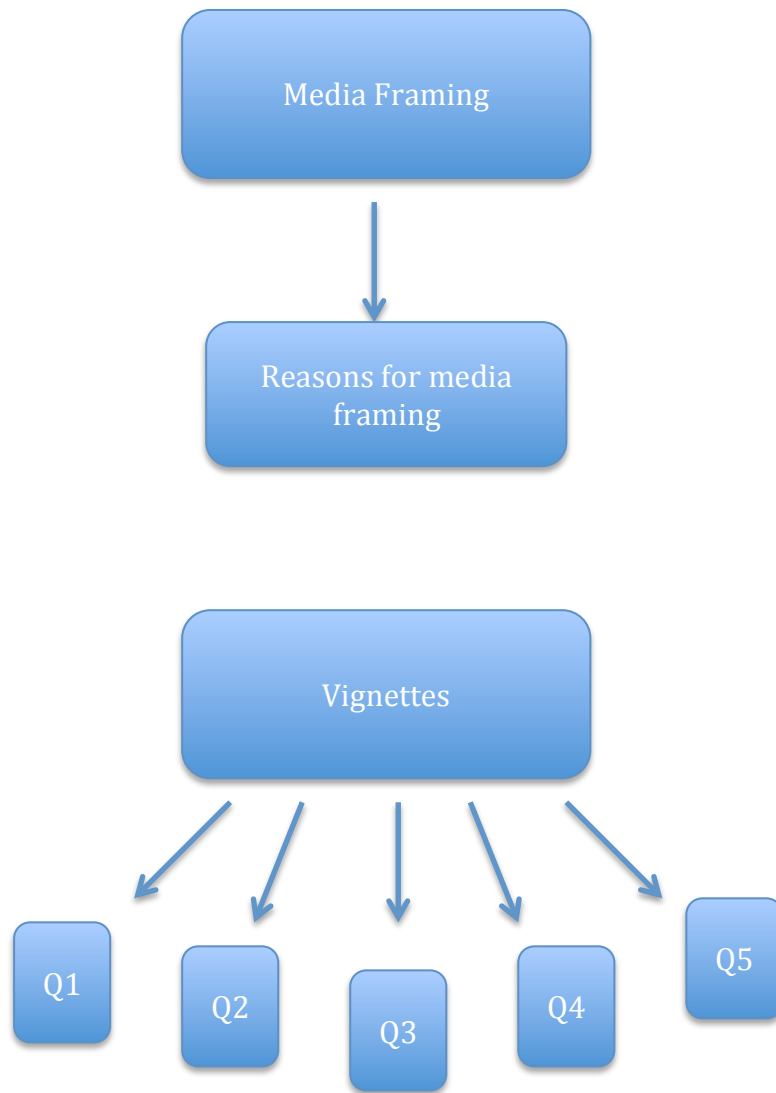
### **Afsluiting**

- Bedankt voor uw medewerking – hopelijk een goed gevoel overgehouden aan het gesprek
- We gaan het nu uitwerken – mogelijk om een kopie te ontvangen (e-mailadres?)

## APPENDIX 2 – CODING SCHEME

<b>RSMT</b>	Reading on self-managing teams
<b>BZ</b>	Buurtzorg
<b>HB</b>	Hugo Borst
<b>MF</b>	Media framing
<b>RMF</b>	Reasons for media framing
<b>Q1</b>	'Employees of self-managing teams experience a worse work/private life balance than employees of traditional teams'
<b>Q2</b>	'The amount of employees who get ill increases with the implementation of self-managing teams'
<b>Q3</b>	'Smaller teams are better able to make decisions with their clients, which is an advantage for the clients and gives them the possibility to have more control over their life'
<b>Q4</b>	'The reason why self-managing teams work in the healthcare sector is that the employees know exactly what they have to do, and they don't want to spend too much time on administrative work.'
<b>Q5</b>	'The healthcare sector is being organized by people who don't know what is going on, they just focus on cost and revenue'.





## APPENDIX 3 – SOURCES ARTICLES

1. <https://fd.nl/economie-politiek/1202599/zorgkosten-stijgen-minder-hard-dan-economische-groei>
2. <https://www.nrc.nl/nieuws/2016/03/12/hogepriester-van-de-kleinschalige-zorg-1597679-a1367558>
3. <http://www.tubantia.nl/almelo/buurtzorg-directeur-jos-de-blok-60-procent-ziekenhuizen-verdwijnt~ada8ce59/>
4. <https://decorrespondent.nl/5147/waarom-de-baas-van-buurtzorg-de-baas-van-nederland-zou-moeten-zijn/197876415-4c77c222>
5. <http://www.ad.nl/nieuws/borst-in-brief-over-verpleeghuizen-vergeef-me-mijn-frustratie~ab3113b5/>
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7. <https://dewerelddraaitdoor.vara.nl/gasten/hugo-borst>
8. <https://www.zorgvisie.nl/personeel/nieuws/2014/11/werk-privebalans-verstoord-bij-zelfsturende-teams-1653910w/>
9. <http://www.volkskrant.nl/economie/hoe-overleef-je-een-zelfsturend-team~a4272029/>
10. <http://www.gelderlander.nl/achterhoek/reorganisatie-bij-de-lichtenvoorde~a8310301/>
11. <http://www.blogit.nl/zelfsturende-teams-verzuren-einde-aan-hype/>
12. <https://blendle.com/i/trouw/betere-zorg-zonder-strategische-fratsen/bnl-trn-20160301-5982661?sharer=eyJ2ZXJzaW9uIjoiMSIsInVpZCI6ImRhcGhuZTk2IiwiaXRlbV9pZCI6ImJubC10cm4tMjAxNjAzMDEtNTk4MjY2MSJ9>