



UNIVERSITY OF TWENTE.

Faculty of Behavioural, Management and
Social Sciences

**Conditions for the successful transfer
of community care by Policy
Entrepreneurs**

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**The case of Buurtzorg in the
Netherlands and China**

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1 Abstract

The aim of this study is to give answer to the research question: ‘To what extent is the entrepreneurial behaviour of Policy Entrepreneurs crucial for the successful transfer of the Buurtzorg model from the Dutch context to the Chinese context?’ The study explores the belief system and the entrepreneurial behaviour of Policy Entrepreneurs involved in the Buurtzorg diffusion to Shanghai. Furthermore, it explores whether and how their belief system is influenced by the contextual difference between the Netherlands and China. The study is designed as a case-study, which focuses on the two pilots of Buurtzorg in Shanghai. In the process, two actors were identified as Policy Entrepreneurs and interviewed. The data was supplemented by interviews with five actors from the Buurtzorg environment or with expertise concerning Chinese policy making in the health care sector. The results show that the Policy Entrepreneurs involved in the policy transfer diffused the deep (core) beliefs of the Buurtzorg model to Shanghai. Additionally, it was found that the contextual disparities between the Netherlands and China challenged the near (policy) core beliefs and the secondary aspects of the Policy Entrepreneurs to an extent, where the Policy Entrepreneurs adapted them to the local context. Finally, the study explored that the Policy Entrepreneurs applied entrepreneurial behaviour which aims at facilitating a successful policy diffusion. To what extent entrepreneurial behaviour is indeed the determinant for the success of policy diffusion, was not finally answered and requires further empirical research.

2 Introduction

For the last decades, China's civil society is subject to rapid demographic changes. This does not only concern gender inequalities triggered by the "One-Child Policy", but also the share of elderly people in the population. As in 2016, the share of what are considered old people (60+) was at 16.1% with expectations to rise to 27% in 2050 (Whitebrook, 2016). Therefore, the aging population in the Chinese society is in need for social services and the demand for sufficient elderly care will keep increasing in the following years (Xu & Chow, 2011). Traditionally, elderly-care in China is part of the children's duty as implied in the Confucianism concept of filial piety and thus the demand for commercial or governmental elderly-care has been low in the past (Chen, 2001). However, as Ng et al. (2002) have argued in their case study about elderly care in Hong Kong, the concept of filial piety underlies change due to the rapidly modernizing society. Hence, alternative approaches dealing with the issue of increasing demand for elderly care must be found, for instance in the community based service model. According to Xu and Chow (2011), the social, economic and cultural dynamics in China caused an elderly-care model to evolve provided by small business providers which are managed by quasi-governmental organizations operating in a horizontal vertical structure. Nevertheless, the establishment of community based service delivery is still developing and there is space for other approaches to close the gap in elderly-care in China.

One way to respond to the issue in elderly care is importing foreign elderly care models to China. Since the reform era, starting in 1978, the Chinese market is open to private businesses. Mertha (2009) describes the state of the market in China as "fragmented authoritarianism", implying the opportunity for non-governmental actors to enter the market and implement their innovations. One kind of actor, namely Policy Entrepreneurs, are often discussed as key actors when dealing with innovative policy change (Kingdon, 1984; Mintrom & Norman, 2009; King & Roberts, 1991). More recently, academic research has shown interest in transferring the model of Policy Entrepreneurship, which was initially developed in Western countries, to the Chinese context (Zhu & Xiao, 2015; Teets, 2015; Tuan et al., 2016; Hammond, 2013). Thereby, Hammond (2013) and Zhu and Xiao (2015) argue that the model of Policy Entrepreneurship is applicable to the Chinese context, hence outside of Western democracies to which the model was designed initially. Furthermore, Teets (2015) found out in her study on politics of innovation in China, that the Chinese market nowadays offers space for policy experimentation concerning public policies at the subnational level. Therefore, Policy Entrepreneurs can enter the Chinese market, as they are motivated to launch a pilot program or implement a new policy whilst taking the associated risks and face perceived government problems (Teets, 2015). Additionally, Tuan et al. (2016) emphasize the networking abilities of Policy Entrepreneurs in a case study in China, as Policy Entrepreneurs were found to establish a link between the Shanghai local government and non-state actors by raising issues and commonly finding solutions. Thus, the extant literature on Public

Entrepreneurship introduced the idea of Policy Entrepreneurship in China and deals with some of its aspects. However, extant research is also limited in the sense that the role of Policy Entrepreneurs is limited to bureaucrats and does not indicate under what conditions their role is crucial for successful implementation of policy innovations.

One foreign organization trying to close the gap in the Chinese elderly-care and gain market share is the Dutch Buurtzorg. Buurtzorg, which translates into Neighbourhood Care, was founded in 2006 by former nurse Jos de Blok and currently provides care to 70.000 elderly in the Netherlands. After found to be a major success in the Netherlands, Buurtzorg started expanding its health care model to other countries such as Sweden, America or Japan. In 2015, Buurtzorg entered the Chinese market by launching its first project in two districts of Shanghai. The Buurtzorg model of elderly care is based on a self-management approach of small nursing teams, which are encouraged to organize themselves autonomously and according to the needs of the patients.

The case study in the present thesis aims to explore the role of Policy Entrepreneurs, their belief system and behaviour in the policy diffusion from the Dutch Buurtzorg model to Shanghai.

The overarching research question to this study is:

‘To what extent is the entrepreneurial behaviour of the Policy Entrepreneur crucial for the successful transfer of the Buurtzorg model from the Dutch context to the Chinese context?’

In order to answer this question, three sub-questions will be addressed in this study:

1. Which kind of belief system do Policy Entrepreneurs apply in the Dutch and Chinese context of the Buurtzorg model?
2. How do differences between the Dutch and Chinese context influence the belief system and the behaviour of the Policy Entrepreneur?
3. How does the behaviour of the Policy Entrepreneur influence the policy diffusion of the Buurtzorg model to China?

The present study aims to make a valuable contribution to the existing literature in two ways. First, the case study will contribute to the debate concerning Policy Entrepreneurship in China and to the few academic studies in this field. Despite case studies having low generalizability, the findings of the study can give some indication on how Policy Entrepreneurs adapt their belief systems and their behaviour to become more efficient in adjusting their innovation to the complex Chinese market. Furthermore, the study is not limited to bureaucrats or legislators as Policy Entrepreneurs, but also emphasizes on non-state actors.

Secondly, the study contributes to social challenges in the elderly care sector. As demographic change is not only limited to the Netherlands and China, it is crucial to find innovative ways of dealing with elderly-care and study their applicability to other contexts. Since the case study is focusing on the

Buurtzorg pilot project in Shanghai, the study can provide a first insight into the challenges and opportunities Buurtzorg faces in China.

2.1 Research context: Buurtzorg

As previously mentioned, Buurtzorg was found in 2006 by the former nurse Jos de Blok. At this time, health- and elderly care in the Netherlands faced several issues, such as limited access to elderly care, which deteriorated in terms of quality and was expensive at the same time. Additionally, de Blok recognized a growing dissatisfaction from the clients towards the established health care providers (Kreitzer et al., 2015). Hence, de Blok invented a new type of health- and elderly care, which should prove to become very successful in the following year and is believed to have “the potential to permanently change the landscape of the healthcare sector” (Kreitzer et al., 2015). However, how does the model of Buurtzorg distinguish itself from other health care providers? Their probably most unique feature is their approach of having self-directed nursing teams, which aim to support the independence of the clients. The nursing teams are geographically bound and limited to twelve nurses, which are all generalists and autonomously conduct their work. This approach stems from the idea that professionals are not to be managed as it hinders their working efficiency (Monsen & Deblok, 2013). Furthermore, the Buurtzorg model is heavily basing on shared beliefs and values. Their slogan “humanity over bureaucracy” is displayed in their holistic approach to healthcare and impacts the work of their nurses. Buurtzorg as an organization frees its nurses from administrative and bureaucratic burden and in turn provides them with authority in their job and responsibility for their clients (Kreitzer et al., 2015). They strongly emphasize on creativity, mutual respect, humanity, and particularly trust in expertise, talents and persons (Monsen & Deblok, 2013). Moreover, Buurtzorg is a not-for-profit healthcare company, which lets them reinvest their profit into the quality of care and the expansion of their model to other countries. This lead to a high degree of financial sustainability and low overhead costs of only 8% for the organization. Subsequently, Buurtzorg has been growing rapidly since the start and already consisted of 650 nursing teams in 2014 (Kreitzer et al., 2015). Furthermore, Buurtzorg has also achieved the highest scores in client satisfaction and as the best employer in the Netherlands (Kreitzer et al., 2015).

2.2 Research Context: Policy Making in China

By transferring the innovative idea of Buurtzorg to China, Policy Entrepreneurs face a fundamentally different environment in terms of political, economic and cultural settings.

As implied by Lijphart (1977), it cannot be assumed that Western models on political processes are applicable universally. Thus, it is crucial for the theoretical framework and the contextual understanding of this study to provide insights into the history and mechanisms behind Public Management and Policy making in China. Therefore, unique relation of the one-party system to the mechanisms of policy making

and the implications for the Buurtzorg case are shortly introduced. According to Worthley (1984), Public Administration in China is dominated by the cleavage between responsiveness and political control of the government and the pursuit towards increased efficiency and expertise. As Hon and King (2007) figured out in their study on Public Management Policy in Western China, the main actor in the policy process is the Communist Party China (CPC) and their state cadres. However, this does not imply that policy formulation and public policy implementation in China is entirely exclusive. To the contrary, Glaser and Medeiros (2007) argue, that there is space in Chinese policy making for innovative ideas, which are not originating from the central government bureaucracy. Moreover, there is a trend towards outsourcing public services to private actors according to Jing and Savas (2009). Within the - so called - collaborative service delivery, the government is trying to solve complex public challenges with external expertise whilst maintaining political control (Jing & Savas, 2009). Hence, the status quo of public policy making in China is defined by two factors. First, the government and the cadres of the CPC are the dominant actor in Public Policy making. Nevertheless, the government has liberalized the hurdles to participate in public policy making to in favour of the domestic economy and in order to deal with social issues, such as elderly care. These opportunities are taken by domestic and foreign actors to enter the policy arena in China, such as Buurtzorg and its Policy Entrepreneurs. In Shanghai, Buurtzorg tries to cope with the complex social issue of demographic aging to which the government cannot respond on their own. The role of the Policy Entrepreneurs and their abilities to predict such opportunities as in the current Chinese policy making, will be examined in the following.

3 Theory

In the following section, the theoretical framework and the critical concepts of the research are introduced. First, the concept of Policy Entrepreneurship in the extant literature is introduced. The initial concept of Kingdon (1984) is supplemented by other authors to identify the central characteristics of Policy Entrepreneurs. This theoretical approach makes it easy to identify the Policy Entrepreneurs involved in the Buurtzorg diffusion and analyse their behaviour as posed in the third sub-question. Drawing from the Advocacy Coalition Framework (ACF), the theoretical assumptions of belief systems will be addressed. Belief systems are found to be a determinant of behaviour and have a leading role in understanding policy change initiated by individuals. Lastly, the Health Broker Wheel is discussed in order to link beliefs and behaviour of professionals involved in the health care sector. Making use of the Health Broker Wheel helps to integrate the central concepts of the present study into one overarching framework, which is applicable to role of Policy Entrepreneurs in the policy diffusion of Buurtzorg.

3.1 Policy Entrepreneurship

The concept of the Policy Entrepreneur has been discussed extensively in previous research (Kingdon, 1984; Mintrom, 1997, King & Roberts, 1991). However, there are several definitions on Policy Entrepreneurs including different scopes of managerial behaviour. Thus, it is essential to introduce the definition and conceptualization of Policy Entrepreneur, which is used in the Buurtzorg case.

The term Policy Entrepreneur was firstly introduced by Kingdon (1984), who defines Public Entrepreneurs as individuals who are “willing to invest their resources in return for future policies they favour” (Kingdon, 1984, p.214). As this definition is quite broad, other definitions by King and Roberts (1991) and the conceptualization of Mintrom and Vergari (1996) will be supplementing the concept of Policy Entrepreneurs for this study. According to King and Roberts (1991), Policy Entrepreneurs are “Public Entrepreneurs who, from outside the formal positions of government, introduce, translate and help implement new ideas into public practice” (King & Roberts, 1991, p.147). Making use of this definition does have the advantage that the definition of the Policy Entrepreneur is not limited to legislators or individuals within the government, which suits the role of Policy Entrepreneurs in the Buurtzorg case. According to Mintrom and Norman (2009), Public Entrepreneurs distinguish themselves by advocating policy change and actively participating in the policy process. They question the current status quo in a policy field and are not satisfied with the way of doing things in their field of interest, resulting in the demand for policy change. It is Kingdon (1984), who further emphasizes on the ability of Policy Entrepreneurs to predict and make use of “policy windows”, which provide the Policy Entrepreneurs with the opportunity to enter public policy arenas, once the policy windows are open. The role of Policy Entrepreneurs in policy diffusion is discussed extensively in the study of Mintrom (1997) on an educational reform regarding school choice. He concluded, that Policy Entrepreneurs played a vital role in the policy diffusion and had a positive effect on the legislative consideration and the approval of the policy. Thereby, the process of policy diffusion can be understood by four mechanisms of policy diffusion, namely learning, economic competition, imitation and coercion (Shipan & Volden, 2008). The diffusion mechanism of learning, which is associated with observing and evaluating the experience of previous adopters, is particularly emphasized by multiple studies on Policy Entrepreneurship (Mintrom, 1997; King & Roberts 1991; Dolowitz & Marsh, 2000).

The conceptualization concerning the behaviour of Policy Entrepreneurs will be drawn from the study of Mintrom and Vergari (1996). In their study, they introduce a model of Policy Entrepreneurship, which aims at explaining “how innovative ideas get articulated onto political and legislative agendas” (Mintrom & Vergari, 1996). The identified core activities of Policy Entrepreneurs, which will be addressed as entrepreneurial behaviour in the Buurtzorg case, are identifying problems, shaping the terms of policy debates, networking in policy circles and building coalitions.

Identifying problems includes determining the issue, attracting the attention of policy makers and suggest applicable policy responses. Shaping the terms of policy debates is closely connected with

presenting the policy idea to other actors and building networks in and around governments. Moreover, networking in policy circles is crucial to the managerial behaviour of Policy Entrepreneurs as they gather opinions of others regarding the policy problem, set a strategy to acquire potential supporters and foster their recognition in policymaking circles. Finally, building coalitions implies the process of creating political resource to rely on during the policy change (Mintrom & Vergari, 1996).

In this section, relevant existing literature on Policy Entrepreneurs was introduced. The literature provides a profound understanding on the position and capabilities of the Policy Entrepreneurs in public policy making. In the case of Buurtzorg, the entrepreneurial behaviour will be closely linked to the belief system and build the basis for analysing potential adaptations within them. Therefore, the following section will introduce the theoretical assumptions on belief systems and how they can affect the behaviour of individuals.

3.2 The Advocacy Coalition Framework

In order to explain the belief system of Policy Entrepreneurs in the policy diffusion of Buurtzorg to Shanghai, the theoretical approach of the Advocacy Coalition Framework (hereafter ACF) by Sabatier (1988) is used. In its basic assumption, the ACF explains policy change as a process which is achieved by policy making in a subsystem. According to Sabatier (1988), these subsystems are influenced by stable system parameters and external events. Hence, the ACF consists of two exogenous systems, which frame the policy subsystem, in which behaviour change can be influenced by the beliefs of the Policy Entrepreneurs in the policy subsystem. To further understand the reasons and likelihood of behaviour change, the concept of belief systems is introduced.

3.3 Belief systems

As the study aims for exploring the belief systems and entrepreneurial behaviour of Policy Entrepreneurs, main subject of interest in the ACF will be the Policy Subsystem, in which Policy Entrepreneurs operate. Policy subsystems within the ACF include actors such as “local, state, and federal government officials, interest groups, non-governmental organizations, community groups, researchers/scientists, members of the media, and target groups” (Weible, 2006, p. 98). The classification of Weible (2006) does not only emphasize on governmental actors, but also on actors outside formal positions of government, which shows similarity the previous definition on Policy Entrepreneurs by Kings and Roberts (1991) and hence involves them into the Policy Subsystem.

Within the Advocacy coalitions, which consist of policy participants with similar core beliefs, the success of a policy participant is determined by the extent to which they manage to transform their policy core beliefs into actual policy (Sabatier, 1988). Managerial behaviour change in the Advocacy Coalition

is therefore determined by the belief system of a group of people from the public and private sector and their learning process. According to Sabatier (1988), the belief system of an Advocacy Coalition usually consists of a set of basic values, causal assumptions or problem perceptions, which the members share and adjust over time. The belief system is very unlikely to change and the policy learning process usually triggers only minor policy change. Nevertheless, if the basic values within the Advocacy Coalition shift, the belief system can in fact explain the occurrence of behaviour change. As Wong (2016) emphasizes in her study on the ACF in China, the Advocacy Coalition Framework “explains dynamics among policy actors within the public policy subsystem and how changing beliefs produce policy change” (Wong, 2016, p.2040). Hence, it can be assumed that the belief system within the policy subsystem of Buurtzorg can explain changes in the behaviour of Policy Entrepreneurs.

First, the belief system is essential to the Policy Entrepreneurs as it “will determine the direction in which an Advocacy Coalition (or any other political actor) will seek to move” (Sabatier, 1988, p. 143). Moreover, the literature on belief systems does not only directly identify the belief system as the steering element of Advocacy Coalitions, but also links the belief system to the behaviour of the actors within the Advocacy Coalition. Accordingly, it was found that “the primary driver of activity within subsystems stems from the behaviour of actors within policy subsystems attempting to map their beliefs into public policy” (Jenkins-Smith et al., 2014). Hence, it can be assumed that the beliefs of Policy Entrepreneurs within the Advocacy Coalition determine the degree of activity and the content of their entrepreneurial behaviour. However, the ACF also provides a clear differentiation within the belief system and structures the different beliefs according to their likelihood to change. Sabatier (1988) introduces three kinds of beliefs, namely the deep (core) beliefs, the near (policy) core beliefs and the secondary aspects. Deep (core) beliefs are the least likely to change. They consist of a set of value principles, comparable to a paradigm, and Sabatier describes them as a “part of a personal philosophy” with religious impressions (1988, p.145). Usually, the actors within an Advocacy Coalitions agree on their deep (core) beliefs as they display the general basis of conviction for all kinds of policies, whereas near (policy) core beliefs are more restricted to the policy area of interest (Sabatier, 1988). Near (policy) core beliefs are covering normative and core elements of individual policy beliefs, but they can be subject to change, if the policy “reveals serious anomalies” (Sabatier, 1988, p.145). Thus, it is still unlikely that near (policy) core beliefs of Policy Entrepreneurs change, but it can occur if the reality proves them wrong in their policy decision. The last type of beliefs are the secondary aspects, which consist of administrative procedures or the policy performance. The beliefs in the secondary aspects are easy to change and they are solely referring to the policy of interest and the connected issue area (Sabatier, 1988).

Despite being in one Advocacy Coalition, not all Policy Entrepreneurs have to share the exact same set of beliefs. However, actors of one coalition tend to share their understanding of deep core beliefs and aim for consensus and accordance in policy beliefs. Furthermore, basic beliefs within a policy subsystem include the shared understanding of the problem and causal assumptions within the issue area.

Nevertheless, the degree to which the actors can translate their beliefs into actual policy does not only depend on the extent to which they can agree on one common policy, but also on the availability of resources (Sabatier, 1988).

Hence, it can be subsumed that Policy Entrepreneurs promote their beliefs more efficiently if they contain the resources to follow through on their policies (Sabatier, 1988, p. 143; Weible, 2006, p. 101). The availability of resources in the Netherlands and Shanghai will thus be an important part of the study, as it can directly affect the leeway of the Policy Entrepreneur in policy making. To conclude the theoretical framework, integrate the previously discussed concepts into one overarching framework and link the Policy Entrepreneurs behaviour to their beliefs and contextual factors, the Health Broker Wheel is examined in the following.

3.4 The Health Broker Wheel

The Health Broker Wheel manages to combine Policy Entrepreneurs' beliefs, their behaviour and the external factors of the context in a theoretical framework whilst being developed for the application to the Health sector. Rinsum et al. (2017) developed the theoretical framework for their study on fifteen professionals, which came from the various backgrounds in the health care sector. What they considered Health Brokers, were defined as social entrepreneurs who opted for change by making use of knowledge exchange among several actors (Rinsum et al., 2017). Therefore, their subjects of interest show great similarity to the characteristics of Policy Entrepreneurs

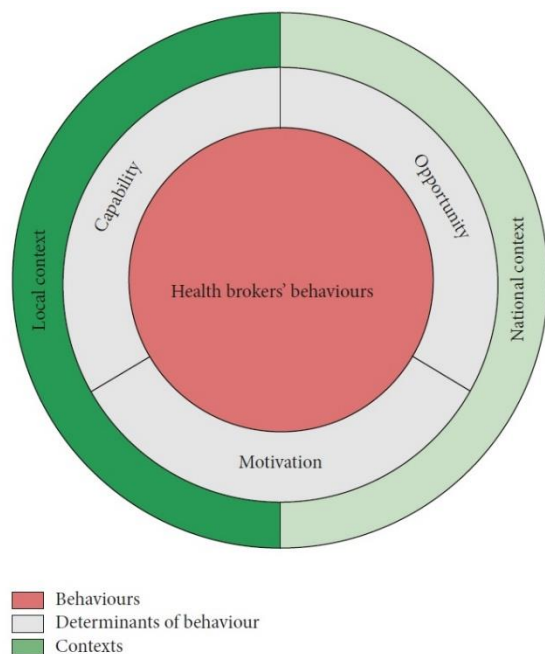


Figure 1: The Health Broker Wheel according to Rinsum et al. (2017)

in the Buurtzorg diffusion to Shanghai, making the theoretical framework of the Health Broker Wheel applicable to this study. In its core assumptions, the Health Broker Wheel is based on the theoretical considerations of the Behaviour Change Wheel (Michie et al., 2011) and the Behaviour Change Ball (Hendriks et al., 2013). The Health Broker Wheel consists of three layers, namely the contextual, motivational and behavioural elements which health brokers operate in. The model manages to link theoretical assumptions concerning the concepts of Policy Entrepreneurship and belief system from the ACF into the context of health care. The Health Brokers in the study of Rinsum et al. (2017) thereby show behavioural similarities to the previously identified characteristics of Policy Entrepreneurs, such as identifying policy windows and investing own resources in hope for future return from its policies

(Kingdon, 1984). Furthermore, in the Health Broker Wheel, the concept of motivation is defined by “automatic processes (e.g., beliefs, emotions and work routines) or more reflective conscious decision making, such as choices that are made based on evaluations of past experiences” (Rinsum et al., 2011, p.2). Hence, the Health Broker Wheel employs the concept of policy oriented learning and emphasizes on the role of beliefs, which are central elements in the ACF.

The authors of the Health Broker Wheel combine a set of behaviour with external factors which influence the behaviour. As shown in Figure 1, the Health brokers’ behaviour is framed by the capabilities, opportunities and the motivation, which in turn is framed by the local context and the national context. Rinsum et al. (2017) arrive at the causal relation between behaviour and motivation, because they regard the “behaviour of health brokers as determined by sociopsychology processes that underlie human motivation” (p.2).

The central role of motivation determining the behaviour of an individual becomes clearer when referring back to causal assumptions of the Behaviour Change Wheel. There, according to Michie et al. (2011), behaviour is interacting with the means of capability, motivation and opportunity and vice versa, whereas opportunity and capability also influence motivation, giving it a significant role in understanding behaviour (Figure 2).

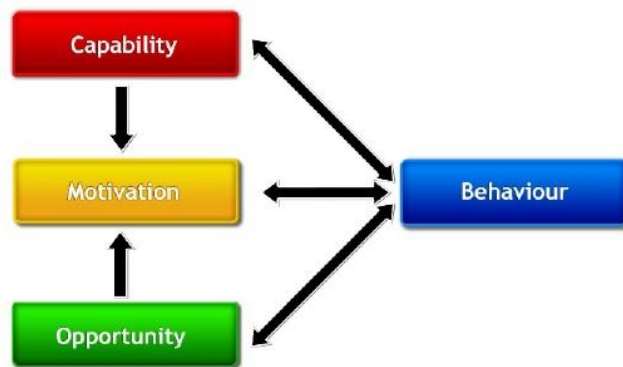


Figure 2: Interaction model according to Michie et al. (2011)

3.5 Belief systems and entrepreneurial behaviour

The belief system is essential to the Policy Entrepreneur and its behaviour as it “will determine the direction in which an Advocacy Coalition (or any other political actor) will seek to move” (Sabatier, 1988, p. 143). Moreover, the literature on belief systems does not only directly connect the belief system as the steering element of Advocacy Coalition, but also links the belief system to the behaviour of the actors within the Advocacy Coalition. Accordingly, it was found that “the primary driver of activity within subsystems stems from the behaviour of actors within policy subsystems attempting to map their beliefs into public policy” (Jenkins-Smith et al., 2014). Hence, it can be assumed that the beliefs of Policy Entrepreneurs within the Advocacy Coalition determine the degree of activity and the content of their entrepreneurial behaviour.

Further indication for a causal relationship between the belief and the behaviour of an individual is given in the study of Ajzen (1991) on planned behaviour. First, he found that the individual’s intention is one of the central factors to explain the motivation of an individual and therefore also its behaviour.

Furthermore, Ajzen (1991) emphasizes on “salient beliefs that are considered to be prevailing determinants of a person’s intentions and actions” (p.189). Finally, it is examined that individuals favour a certain kind of behaviour because it is assumed to have highly desirable consequences and reject other kinds of behaviour for the same reason (Ajzen, 1991). Hence, there is profound literature to understand the relationship between beliefs and behaviour, which supplements the theoretical framework for analysing Policy Entrepreneurship in the Buurtzorg Shanghai model. Both, beliefs and behaviour of Policy Entrepreneurs are combined in the theoretical framework of the Health Broker Wheel. It suggests, that the behaviour of Health Brokers is determined by their motivation, capabilities and opportunities. This study will mainly focus on the relationship between the beliefs of the Policy Entrepreneurs and their behaviour. By excluding or only superficially discussing the capabilities and opportunities, the study will have limitations, which are addressed at a later stage. However, the Health Broker Wheel provides the basis for understanding the relationship between behaviour, beliefs and context and is therefore crucial for the present study.

3.6 Implications for Buurtzorg Shanghai

This section will deal with implications and assumption for the Buurtzorg pilot project and its Policy Entrepreneurs derived from the theoretical framework. First, the potential Policy Entrepreneurs in the Buurtzorg case will be examined. Policy subsystems, in which Policy Entrepreneurs operate, are consisting of a “set of actors who are involved in dealing with a policy problem” (Sabatier, 1988, p.138). The policy problem, namely the demographic change in China, is faced by a set of actors which are somehow linked to the policy diffusion of Buurtzorg. Thereby, Buurtzorg Shanghai can be perceived as an Advocacy Coalition, as they promote a unique and alternative approach of elderly care to the Chinese market. The Policy Entrepreneurs are expected to have a similar problem perception and understand Buurtzorg as an appropriate policy response to the elderly issue in Shanghai. Drawing from the ACF, it can be assumed that the Policy Entrepreneurs share a similar set of basic beliefs. Therefore, I arrive at the first hypothesis:

H1: The Policy Entrepreneurs involved in the Buurtzorg diffusion share a similar set of core beliefs and diffuse their core beliefs from the Dutch to the Chinese context.

As discussed extensively in the previous sections, numerous studies already tried to explain the challenges and opportunities in the Chinese public sector and how the decentralized political system or sociocultural conditions shape policy change. The impact of contextual factors is displayed in the theoretical framework of the Health Broker Wheel, which perceives contextual differences as a variable to first influence motivation, capability and opportunity of Health Brokers and subsequently their behaviour. Furthermore, the ACF stresses the influence of the environment on belief system of individuals. Sabatier (1988) particularly emphasizes the contextual influence on secondary beliefs, but

also on near (policy) core beliefs if they reveal serious anomalies in a diverse context. Hence, the second hypothesis expects the following:

H2: Disparities between the Dutch and Chinese environment challenge the near (policy) core beliefs and secondary aspects in the belief system of Policy Entrepreneurs.

According to the Health Broker Wheel, the beliefs, addressed in the motivation, are one of the determinants for the behaviour of the Health Broker. From the theoretical findings on the relationship between beliefs and behaviour, it can be assumed that the beliefs are crucial for the behaviour of Policy Entrepreneurs. In turn, the activities and presence of Policy Entrepreneurs have been found to be positive for the consideration and approval of the policy innovation and its diffusion (Mintrom, 1997). Accordingly, it will be explored whether the theoretical assumption applies to the Buurtzorg diffusion:

H3: The behaviour of Policy Entrepreneurs positively affects the policy diffusion of the Buurtzorg model to Shanghai.

4 Methodology

4.1 Research Design

The research design of the study is going to be of exploratory nature and considered a single, cross-sectional case study. According to Yin (1984), the case study research method is used “as an empirical inquiry that investigates a contemporary phenomenon within its real-life context; when the boundaries between phenomenon and context are not clearly evident; and in which multiple sources of evidence are used” (Yin, 1984, p. 23). Therefore, case studies usually show similar features. They are often bound to a small geographical context and limited to a small number of units and variables. When conducting case studies, the object of interest often consists of a complex unit, which is “investigated in its natural context with a multitude of methods” (Johansson, 2003, p. 2). Making use of many different methods is known as triangulation and its purpose is mainly to increase the extent to which a case study can be generalized. The issue of generalizing the findings of a case study will later be discussed in the section on limitations of the study.

The main purpose of the study is to explore the belief system of Policy Entrepreneurs and assess to what extent their behaviour contributes to the successful transfer of the innovation between two different contexts. Therefore, conducting a case study does make sense in multiple ways. First, case studies involve the contextual conditions. It enables the researcher to evaluate on the impact and scope of the contextual condition on the phenomenon. Furthermore, case studies allow the researcher to be in close contact with the subject of interest and prevent manipulation.

4.2 Case Selection and Sampling

As the research focuses on a case study, including a concrete setting of the organization and the place, the case selection will be discussed shortly. In a broader sense, the study is aiming at answering the question whether and to what extent policy entrepreneurs can influence the policy diffusion of an innovative idea from the European context to the Chinese context due to their entrepreneurial behaviour. In the existing European literature, there is lots to find about Policy Entrepreneurship and policy diffusion. However, there are way less studies conducted on public management or Policy Entrepreneurship from an Asian perspective. Furthermore, studies on the transfer of innovative ideas, which are successful in Europe and try to establish themselves in the geographical context of China, have hardly been followed through yet. Therefore, the diffusion of the Buurtzorg model to Shanghai provides a good opportunity to conduct a study on the transfer of a policy between the European and Chinese context and particularly focus on the belief system of Policy Entrepreneur and their influence on the policy diffusion process.

The selected cases of interest will be the two pilots of Buurtzorg in Shanghai as established in 2015. The model of Buurtzorg does fulfil the requirements of a successful European innovative idea, which is brought to a Chinese context in order to gain market access to the public sector by providing elderly care. Furthermore, the study on the role of the Policy Entrepreneur contributes to a broader study on local networks of elderly care provision in China and the Netherlands, which was set up by the University of Twente and the Fudan University in Shanghai between 2016 and 2018. Embedding the research on Policy Entrepreneurship in China into a broader study and the previous findings of others helps to understand the context of the study better, rather than the study being isolated.

4.3 Limitations

By conducting research with a case study, there are several implications for the validity of the study. This does not refer to the internal validity as it is possible to draw correct conclusion from the data of the study. Notwithstanding, there is a threat to external validity coming along with the use of the case study research design. This is caused by the measurement and sampling size, which makes the findings only applicable to a small number of cases. In other words, the external validity is low because there are problems with the repetitiveness of the study and the generalizability of the findings. Next to potential threats concerning the validity, there are further potential threats to the research which can be eliminated beforehand by using a sufficient research design. One of the potential threats are problems with association, which is aimed at the question whether the data is handled right or not. Furthermore, a major threat to the research is non-spuriousness, so dealing with potential third variables. Third variables are hard to preclude from studies as they are often not recognized to have a significant effect on the dependent variable or the relationship between the dependent and independent variable. Other potential

variables need to be discussed and considered when drawing conclusions on the role of Policy Entrepreneurs.

As shortly mentioned in a previous section, the study is mainly focusing on the role of Policy Entrepreneurs in the policy diffusion, whilst primarily focusing on their belief system and behaviour. It is important to keep in mind, that the beliefs of the Policy Entrepreneur are not the only variable which might have an impact on the behaviour. This is displayed by the ACF and the Health Broker Wheel. Both theoretical frameworks emphasize many more variables in the environment of the Policy Entrepreneur, which will only be discussed shortly or not addressed in this case study. These include variables such as the capability and opportunity of Policy Entrepreneurs drawing from the Health Broker Wheel or external events and stable system parameters regarding the ACF. Not including these variables does not mean, that the effect of those variables on the behaviour of Policy Entrepreneurs is denied or forgotten. Rather, involving these variables would inflate the size of this case study. This also implies, that all results of the case study must be drawn very carefully and with the certainty, that there are third variables, which could spurious the findings. However, the limitation concerning third variables could also give the incentive for future research to link this study to further variables.

4.4 Interview Matrix

The data for the present case study was gathered by conducting semi-structured interviews with the respondents. Before contacting the respondents, it was evaluated whether the respondents could contribute to the questions regarding Policy Entrepreneurship or to the contextual understanding in terms of the Chinese environment or Buurtzorg as an organization. In the following step, the respondents were requested via mail in which the topic and purpose of the study were briefly introduced. Eventually, eleven actors agreed to be interviewed, from which four were identified as Policy Entrepreneurs. The interviews were conducted with seven actors, of whom two have a managerial background in Buurtzorg, two Buurtzorg nurse coaches, two professionals working in a think tank related to Chinese affairs and one employee from the municipality Enschede with knowledge on Buurtzorg, Chinese society and health care. Unfortunately, it was not possible to interview more actors due to time constraints or missing response. The study shows lacking concerning the role of the Dutch Government and related actors, such as Ministry in Beijing, the Dutch Ministry of Health or the Dutch Embassy. They were identified as important actors by the interviewed actors but did not show response and could therefore be subject for further studies. Furthermore, actors from the local government in China were not interviewed due to language constraints.

In the interviews, the respondents were guaranteed anonymity and thanked for their cooperation. One interview was held face to face, four interviews were conducted via skype and two via telephone. It was ensured that the interviews were conducted in a positive atmosphere. The interviews were of semi-

structured nature to have pre-structured questions as a red line, but allow for further spontaneous questions in a field of specific interest. During the interview, the interviews were recorded to transcribe the interviews at a later stage and make them accessible for the analysis. The transcribed interviews were sent to the respondents who affirmed the offer of sending the transcript to them.

5 Analysis

5.1 Identifying the Policy Entrepreneurs

Within the case of the Buurtzorg diffusion to Shanghai, several actors were identified as Policy Entrepreneurs. According to the theoretical assumptions, Policy Entrepreneur are demanding policy change as they are not satisfied with the status quo in the issue area, which gives them a leading role in policy diffusion. Furthermore, their presence is vital for policy change as they can predict and make use of policy windows, which are in turn essential to achieve the desired policy goal (Kingdon, 1984). As previously discussed in the theory section, Policy Entrepreneurs are not Policy Entrepreneurs by vocation, but their behaviour identifies them a Policy Entrepreneur. Therefore, the following activities as defined by Mintrom and Vergari (1996), in combination with the ability to make use of policy windows, were used as criteria to determine Policy Entrepreneurs in the Buurtzorg diffusion from the Netherlands to Shanghai:

- identifying problems
- shaping the terms of policy debates
- networking in policy circles
- building coalitions

Applying these criteria, Figure 3 was designed to provide an overview on relevant actors. Hence, next to actors, who have been identified as Policy Entrepreneurs, the table includes actors, which have been perceived as crucial for the Buurtzorg diffusion in Interviews. The criteria for being a Policy Entrepreneur were applied carefully to the extent, to which information was available about the activities of the individuals.

Occupation	Identified as a Policy Entrepreneur
Buurtzorg - Founder	Yes
Buurtzorg - Head International Office	Yes
Buurtzorg – Nurses	No
Buurtzorg – International Nurse Coach in NL	No
Buurtzorg - President Asia	Yes
Buurtzorg – Nurse Coach in NL and China	No
Consulate General of the Netherlands in Shanghai	Unclear
Ministry of Health, Welfare and Sports – Director General Long Term Care	Unclear
International Think Tank - Head of Research Programme on Chinese Policy	No
International Think Tank – Programme Manager China	No
Municipality Enschede – Advisor Economy, Labour and Education	No
Local government in Shanghai	No

Figure 3: Identification of Policy Entrepreneurs in the policy diffusion of Buurtzorg

5.2 Deep (core) beliefs and their diffusion

According to the first sub-question of the study, the first part of the analysis will deal with the belief system of the Policy Entrepreneurs in the Dutch and in the Chinese context and eventually with disparities between them. As stated in the hypothesis, it is assumed that the Policy Entrepreneurs involved in the Buurtzorg diffusion share a similar set of deep (core) beliefs and diffuse these beliefs from the Dutch to the Chinese context.

According to the theoretical assumptions on belief systems, the actors are expected to share one belief system, whereas the system is mainly characterized by the deep (core) beliefs. They determine the values of the belief system, which all Policy Entrepreneurs in one belief system agree on. The deep (core) belief system within the Buurtzorg organization can be derived from the Dutch Buurtzorg model and the philosophy of the organization. The structure of Buurtzorg Netherlands and the working ways within the organization are strongly value-based. Their main slogan “Humanity above Bureaucracy” displays their ambition to acquire highly satisfactory elderly care for clients and nurses and mutual respect whilst reducing red tape (Monsen & Deblok, 2013). Core elements in their deep (core) beliefs are displayed in the holistic and humanistic approach to perform elderly-care. Further parts of Buurtzorgs’ philosophy is reflected in the value principles, which are a central element in the organizations identity. At the same time, they include the principles which are held responsible for the success of Buurtzorg in delivering efficient and humanistic elderly-care. Therefore, the deep (core) beliefs also involve trust, autonomy, creativity, simplicity and collaboration (Monsen & Deblok, 2013). They reflect the values which determine working ways to achieve the overarching philosophy of holistic and humanistic elderly-care.

As Buurtzorg Netherlands was initially founded by Jos de Blok, his beliefs and personal philosophy play a significant role in exploring the deep (core) beliefs of Buurtzorg in the Netherlands and whether they are diffused to China. His role as a Policy Entrepreneur was perceived as crucial for respondent R3. Another Policy Entrepreneur (R3) gave insights into the philosophy and the belief system of Jos de Blok and his plans with Buurtzorg. Respondent 3 thereby stated, that Jos de Blok is thinking about Buurtzorg as a global, human movement, which is not limited to the healthcare sector, but can function on a bigger scale. Furthermore, it was mentioned by Respondent 3 that the internationalization was not initially planned, but an idea of Jos de Blok. Together with Respondent 1, de Blok fostered the internationalization of Buurtzorg in Shanghai. Respondent 1, who was identified as one of the Policy Entrepreneurs in Buurtzorg Shanghai, stated the personal conviction that Buurtzorgs approach of community care was the right model for the Asian market and emphasized on the philosophy of Buurtzorg: “We do not have policies, we only have principles”. These principles of Buurtzorg, were also outlined by Respondent 3, which said that Buurtzorg will stick to the principles, but recognizes the urgency of having steps done beforehand.

Subsequently, the findings on the deep (core) beliefs will be compared to the statements of the Policy Entrepreneurs in the interviews. First, the most important belief to Buurtzorg in the Netherlands is humanity. In their holistic approach, the principles of trust, autonomy, creativity, simplicity and collaboration support the belief in humanity. Central advocate of this deep (core) belief is Jos de Blok. He interprets Buurtzorg as a humanistic movement without limitations in terms of sectors or geography. On a more critical reflection, actors without any connection to Buurtzorg rather perceived other opportunities in the Chinese market as core incentives to diffuse Buurtzorg from the Netherlands to China. These opportunities include the Dutch advance in expertise in elderly care compared to domestic organizations, the potential to grow in the Chinese market and economic incentives instead of non-profit incentives (R4, R7). Within Buurtzorg, however, the deep (core) belief of a humanistic movement was found to be supported by the interviewed Policy Entrepreneurs. They mentioned the principles of Buurtzorg as essential elements of the organizational structure of Buurtzorg in Shanghai and shared the belief in humanity and the original Buurtzorg model. One Policy Entrepreneur involved in the policy diffusion of Buurtzorg, Respondent 3, stated: “We want us to be Buurtzorg!”. This statement implies a clear concession towards the core beliefs of Buurtzorg, which distinct them from other elderly care providers. To give an answer to the hypothesis posed at the beginning of this section, it can be summarized, that the Policy Entrepreneurs involved in the Buurtzorg diffusion share the same set of deep (core) beliefs. Therefore, it can further be concluded, that the pilot project of Buurtzorg in Shanghai is based on the same philosophy as the Buurtzorg model in the Netherlands.

Having subsumed that the deep (core) beliefs were diffused from the Dutch Buurtzorg model to Shanghai, the questions remains how the diffusion of beliefs worked. As Buurtzorg is a non-profit organization, which was not coerced to diffuse their model to Shanghai, learning and imitation remain as diffusion mechanisms in the case of Buurtzorg. Thereby, policy diffusion by learning is associated

with observing and evaluating the experience of previous adopters, whereas imitation is limited to copying the policies of other actors (Shipan & Volden, 2008). Concerning the diffusion of the belief system of Buurtzorg Netherlands to Shanghai, the main diffusion mechanism is assumed to be learning. This implication is based on the ACF, which emphasizes on the role of policy oriented learning and how previous experience can lead to policy change initiated by Policy Entrepreneurs. Policy Entrepreneur Respondent 1, who was questioned about the adaption of policies, described the policy diffusion: “It is a continuous process of learning and adapting, training and re-adapting”. This statement confirms the assumption that Policy Entrepreneurs evaluate their beliefs and linked policies based on previous experiences. Concerning deep (core) beliefs, it can be subsumed that the Policy Entrepreneurs identify with the philosophy of Buurtzorg and perceive their behaviour in accordance with it. They acknowledge the success of holistic and humanistic care in the Netherlands, but are open towards learning from experience and adjusting policies consequently. Whether the disparities between the Netherlands and China are challenging the near (policy) core beliefs and secondary aspects of Policy Entrepreneurs, will be subject to the following parts of the analysis.

5.3 Contextual disparities

After finding that the deep (core) beliefs were transferred to Buurtzorg Shanghai from the Dutch Buurtzorg model, the second sub-question is aimed at exploring how contextual differences between the Netherlands and Shanghai are influencing the belief system and the behaviour of the Policy Entrepreneurs. Osborne, Barrett and Exworthy (2011) argue, that institutional structures effect the actors in policy making as the structure consists of opportunities and challenges, which in turn determine the behaviour and ideas of the individuals. Hence, the hypothesis expects that the disparities between the Dutch and Chinese environment challenge the near (policy) core beliefs and the secondary aspects of the Policy Entrepreneurs.

As the near (policy) core beliefs are usually limited to the policy area of interest and include causal assumptions, the near (policy) core beliefs in the Dutch Buurtzorg model are shortly introduced. The basic element of the Dutch Buurtzorg model is delivering individual home care by self-organizational nursing teams. It involves the three elements of customized care for each patient, delivering the care at home and giving the nurses full autonomy to organizes themselves in teams (Figure 4). These policies translate Buurtzorgs’ philosophy and distinguishes them from other elderly care providers. The ACF suggest that contextual factors primarily effect the near (policy) core beliefs and the secondary aspects within the belief system. This is constituted on their higher likeliness to change compared to deep (core) beliefs within the belief system of Policy Entrepreneurs. However, Sabatier (1988) also distinguishes between the likeliness of change between the near (policy) core beliefs and the secondary aspects. Thereby, secondary aspects are often perceived as an instrument to protect the core beliefs and achieve policy goals. This results in a high interfere with the environment and a high likelihood of change,

whereas the near (policy) core beliefs must show serious anomalies to become subject of change (Sabatier, 1988). Therefore, it can be assumed that the near (policy) core beliefs are only to be questioned if the policy shows serious anomalies in the Chinese context.

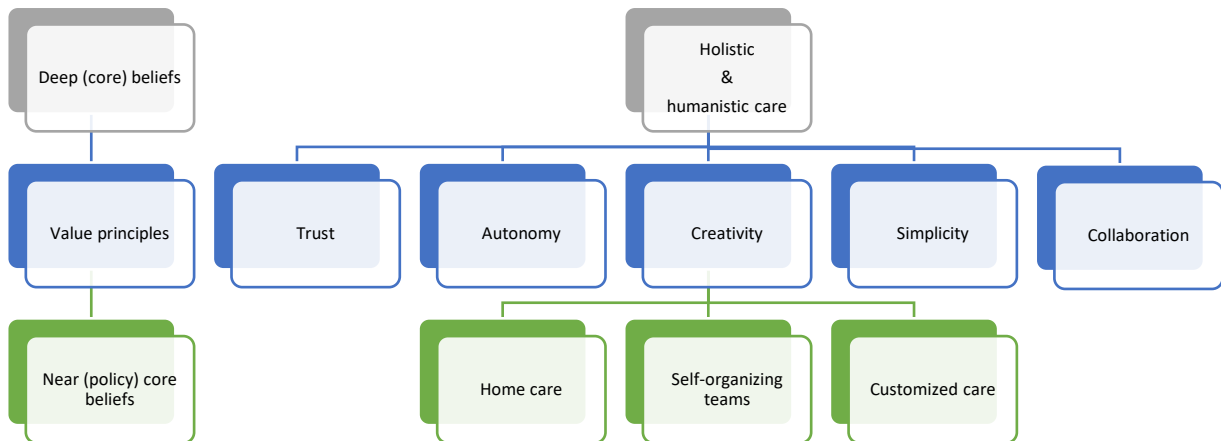


Figure 4: The deep (core) beliefs & near (policy) core beliefs of Buurtzorg

The interviews with the Policy Entrepreneurs were aimed at exploring which opportunities and challenges the Chinese context reveals in comparison to the Dutch context and their effect in respect to the near (policy) core beliefs as identified above. First, one Policy Entrepreneur and further actors identified a lack of qualified nurses in Asian countries for the Buurtzorg model (R1, R2, R5). All of them acknowledged disparities and a lower level of education regarding the nurses in China compared to the Netherlands. According to Monsen and Deblok (2013), 70% of the nurses of Buurtzorg in the Netherlands hold a Bachelor Degree and constantly receive further education. By contrast, Respondent 2 evaluated on the training of nurses in China by stating that the nurses in China are taught their professional duties to which they comply. Respondent 5 further explained, that the nurses in China are educated in hospitals and by a standardized procedure. The Policy Entrepreneurs identified the standardized training of the nurses in China as a major issue to the self-organizing approach of Buurtzorg. Hence, contextual factors in China result in a different type of nursing education compared to the Netherlands, which challenge the Policy Entrepreneurs to implement the Dutch care model in Shanghai. Furthermore, Respondent 1 added that there is not much practical training for the nurses in China, but a lot of theoretical teaching and working models. In the perception of Respondent 1, this educational model leads to the circumstance that “nurses in China are educated to follow the authorities’ instruction and follow certain procedures and not think for themselves, as autonomy is not normal or

part of their culture". Hence, the Policy Entrepreneurs quickly recognized a clash between the educational level of nurses in China and the approach of Buurtzorg to employ self-organizing teams to which they have to respond. Respondent 2 experienced that the nurses in China are not able to implement the self-organizing approach and Respondent 3 stated that "self-organizing teams without a manager are a burden" in China. Therefore, the Policy Entrepreneurs acknowledge that the near (policy) core belief of self-organizing teams, which is an essential part of the Dutch Buurtzorg model, is currently not realizable in China. Hence, the disparities in the education of the nurses between China and the Netherlands display a first example of a Dutch Buurtzorg policy, which shows a serious anomaly in the Chinese context and subsequently makes it not applicable to the model of Buurtzorg in Shanghai.

Customization of care is an essential element for Buurtzorg in the Netherlands as they emphasize evidence-based nursing and individualize each patients' care plan (Monsen & Deblok, 2013). When asked for the opportunities of Buurtzorg Shanghai to implement customized home care, the Policy Entrepreneurs explained that cultural differences hamper these near (policy) core beliefs. It was stated multiple times, that the model of delivering care at home is new to China and that people see hospitals if they require medical treatment (R1, R2, R5). Thereby, the lack of trust of Chinese clients in (foreign) people entering their home was identified as one of the fundamental issues concerning the acceptance of home care in the Chinese society (R2). Moreover, the Policy Entrepreneurs emphasized on the principle of filial piety (family members taking care of the elderly) as a commitment in the Chinese society, which prevents the youth and elderly from considering the model of professional home care (R1, R4, R5). As this traditional concept of elderly care, which is affiliated to Confucianism, is not present in the Netherlands, the reservations towards elderly home care in the Netherlands is significantly lower (R1). Respondent 5 differentiated the status quo of elderly care in China and the Netherlands by emphasizing on the different expectations in the countries about what is considered good quality health care. This does also account for the customization of the delivered care as it is not common for nurses or clients in China. It can be subsumed that the near (policy) core beliefs of customized care and delivering care at home are also challenged by contextual disparities. Whereas the approach of self-organizing teams was challenged by the different types of nursing education, the approaches of customized care and delivering care at home display two concepts, which are unknown to the Chinese society. These circumstances pose a significant challenge to Policy Entrepreneurs, as they have to adapt the Dutch Buurtzorg model to an extent, where they gain trust in the Chinese society whilst maintaining the identity of Buurtzorg.

As in the section on near (policy) core beliefs, the following section will deal with the impact of contextual factors in China on the secondary aspects of Policy Entrepreneurs. It is assumed that the Chinese environment negatively affects the secondary aspects, which are connected to the issue area and of technical nature, including administrative procedures or instrumental decisions.

In the interviews, the Policy Entrepreneurs stressed the role of the government as a factor, which influences them in their administrative tasks and their work scope. Asked for the governmental structure, Respondent 5 stated that the Netherlands employ a flat, horizontal organization structure contrary to the vertical, hierarchical structure in China. The bigger population and cities were found as main reasons for the more complicated government departments in China (R5). The different governmental structures function as a potential explanation for the experienced disparities concerning bureaucracy and regulations as perceived by the Policy Entrepreneurs. Policy Entrepreneur R1 stressed a big demand for documentation and red tape in Shanghai. Furthermore, Respondent 2 emphasized on the change from no supervisory mechanisms in the Netherlands to supervisory mechanisms in China, which was confirmed by Respondent 1, who stressed revision and regulation by the government. Respondent 1 and Respondent 6 stated that Buurtzorg in Shanghai is currently holding a license for homecare, but not for medical treatment. Therefore, not having the medical licence is a technical limitation for the functioning of Buurtzorg according to the Dutch model, as Buurtzorg in the Netherlands can provide medical treatment. Buurtzorg Shanghai is trying to access the medical licence, however, Respondent 1, Respondent 2 and Respondent 6 agreed that it is hard to get one as they are limited in Shanghai. The section on secondary aspects of Policy Entrepreneurs in Shanghai displays, that the disparities in the relationship towards the local government between the Netherlands and China pose challenges to the Policy Entrepreneurs in two ways. First, the amount of bureaucracy and red tape is significantly higher in Shanghai compared to the Netherlands. Secondly, the regulations of limited medical licenses prevent Buurtzorg in Shanghai to provide a similar scope of service as in the Netherlands.

Despite the dominance of negative contextual factors, the Policy Entrepreneurs and follow respondents stressed opportunities in the Chinese market. Respondent 7 stressed the big economic potential of the Chinese market including the high number of potential customers, which foreign companies want to tap. The Policy Entrepreneurs experienced that the government – despite their regulations – is very keen to learn from Buurtzorg in elderly care and their IT system (R1). Furthermore, Respondent 1 stated that Buurtzorg is perceived a trusted brand with a concept, which is important in the Chinese culture. This was supported by Respondent 6, who considered the reputation of foreign companies in the Chinese society as significantly higher compared to domestic companies. Additionally, Buurtzorg brings a lot of expertise and knowledge to the Chinese market, which makes it an important actor for governmental agencies and other health care providers (R4). This appreciation helps the Policy Entrepreneurs of Buurtzorg Shanghai to articulate their beliefs and to translate them into actual policy. However, compared to the contextual challenges in China, the opportunities in the Chinese market do not offset for the belief system of Policy Entrepreneurs involved in the pilot of Buurtzorg in Shanghai.

It can be summarized that the contextual disparities between the Netherlands and China do negatively affect the near (policy) core beliefs and secondary aspects of Policy Entrepreneurs. Having identified three main policies of Buurtzorg, which shape their identity in the Dutch model, the interviews revealed that the near (policy) core beliefs of the Policy Entrepreneurs are challenged by contextual factors, such

as the small number of available nurses, which are differently educated. Moreover, the traditional understanding of elderly care in China, which does not emphasize professional home care or customized care, challenges the near (policy) core beliefs. In terms of the secondary beliefs, the Policy Entrepreneurs are mainly challenged by governmental regulations, which force Buurtzorg Shanghai to renounce medical treatment from their model and burdens them with a high amount of red tape. How the behaviour, which is influenced by the belief system of the Policy Entrepreneur, is fostering or hampering the policy diffusion of Buurtzorg to Shanghai, is subject to the third sub-question.

5.4 Entrepreneurial Behaviour and Policy Diffusion

The last sub-question is trying to explore how the behaviour of Policy Entrepreneurs influenced the policy diffusion of the Buurtzorg model to China. So far, the study has revealed two observations. First, the Policy Entrepreneurs diffused the deep (core) beliefs of the Dutch Buurtzorg model to Shanghai. Secondly, the contextual disparities challenge the near (policy) core beliefs and the secondary aspects in the belief system of Policy Entrepreneurs. Following these observations, new questions arise: How do the Policy Entrepreneurs influence the policy diffusion and react to challenges posed by the Chinese environment? Shortly, it is the aim to explore the role of the Policy Entrepreneur and its behaviour in the policy diffusion of the Dutch Buurtzorg model to Shanghai. Mintrom (1997) gives a first idea about the role of Policy Entrepreneurs in the policy diffusion of innovations. He argues that the presence and actions of Policy Entrepreneurs can significantly increase the chance of legal consideration and approval as a policy innovation. Therefore, the last hypothesis expects that the behaviour of Policy Entrepreneurs positively affects the policy diffusion of the Buurtzorg model to Shanghai.

To find out about the behaviour of the Policy Entrepreneurs in the Buurtzorg diffusion process, the questions in the interviews were aimed at exploring individual behaviour in the policy process. The first entrepreneurial behaviour was identified in the role of Respondent 1. Respondent 1 initiated Buurtzorg in China together with the founder of Buurtzorg in 2015. In the past, Respondent 1 made experience with setting up a home nursing organization in China for a company as a pilot project. Furthermore, Respondent 1 had been living in China for a long time and was in contact with many nursing homes. Therefore, Respondent 1 already had sufficient knowledge about ways of doing business in China and recognized the chance to bring home care to China. In this process, Respondent 1 displays the ability of predicting potential opportunities for policy innovations as argued by Kingdon (1984) concerning policy windows. Respondent 1 decided to search for an organization, which had the capabilities of providing home care, discovered Buurtzorg and was convinced that the model is the right one for Asia in general. Respondent 1 got in contact with another Policy Entrepreneur in the process, namely the founder of Buurtzorg and jointly they decided to set up a joint venture for home care in China as they both identified a need for home care. Both Policy Entrepreneurs were perceived to be in an interdependency relationship, as they held knowledge and networks the other did not have. Again, both actors show the

entrepreneurial behaviour of identifying a problem and building first coalitions as discussed in the model on Policy Entrepreneurship by Mintrom and Vergari (1996).

To evaluate the role of Policy Entrepreneurs on the success of the policy diffusion, the extent to which Policy Entrepreneurs considered policy adaptations before exporting the Buurtzorg model to Shanghai, is subject of interest. Respondent 4, who is working for an international think tank, emphasizes that it is common for Dutch companies and organizations to adapt their models before going to China. Thereby, the companies try to combine the Dutch model of professional elderly care at home with the Chinese elderly care carried out by relatives to gain acceptance and trust in the society (R4). In this process, Policy Entrepreneurs can contribute significantly to the policy change. Their qualities in terms of problem identification and causal assumptions are essential for the degree of adaption and the scope of the adapted policies. In the policy diffusion of the Buurtzorg model, the Policy Entrepreneurs tried to adapt the Dutch model of Buurtzorg to the Asian market as emphasized by Respondent 2. In identifying key differences between the West and Asian markets, the Policy Entrepreneurs figured out model adaptations and arrived at the conclusion that there is the need to adapt the Dutch model in terms of team leadership, management and in the operating model to the Asian context. In doing so, the Policy Entrepreneurs display their central role in the policy diffusion as they identify potential issues to the original Buurtzorg model and try to find appropriate response before entering the market as indicated in Figure 5.

Adaptations of Dutch model to the Asian markets



Local Asian market requires adaptations in team leadership, management and in the operating model.

Key differences between the West and Asian markets

- Home nursing not known in most countries
- Role of the community nurse does not exist
- Lack of care infrastructure in communities
- "Laoban culture" = "obey the boss"
- Nurses are used to work in hierarchies in hospitals and not deciding by themselves
- Nurses are used to follow SOP's and not to take initiative by themselves
- Lack of service culture/ lower level of responsibility among the nurses
- Nurses do not perform ADL work (e.g. support with personal hygiene)

Model adaptations

- Facility driven perception of trust, i.e. have facility = is trustworthy => need to have physical nurse stations
- Broader scope of services (mini-nursing home, day care center, home visiting nurse and care stations, medical stations)
- **Stepwise** building of the profession of community-nurse
- Hierarchies: Need a Lead nurse per team (50% lead role, 50% care); step by step transformation to less hierarchy and more self responsibility
- Acknowledgement of the role of the caregivers and active integration into care process (preferably from partner organizations)
- More management needs
- Marketing & sales function

Figure 5: Adaptions of the Dutch Buurtzorg model to the Asian market (Buurtzorg, n.d.)

The Policy Entrepreneurs in the Buurtzorg diffusion process therefore particularly emphasize on identifying problems and potential challenges by carefully analysing the environment and its cultural

and infrastructural features concerning elderly care in China. In the interviews, it became clear that the behaviour of Policy Entrepreneurs momentarily focusses on dealing with the identified challenges and trying to improve the situation for Buurtzorg Shanghai.

In order to overcome bureaucratic burden, the Policy Entrepreneurs recognized that the relationship towards the government is essential (R1, R2, R5). In China, the government can therefore function as a push factor for foreign organizations entering the Chinese market (R5). Having connections in China is crucial for the success of the organization or business as networking, friendly relationships and networking are part of the culture called Guanxi (关系) (R2, R5). Therefore, the Policy Entrepreneurs try to tie with the government by building coalitions and networks. Respondent 1 mentioned that Buurtzorg is cooperating with the Bureau of civil affairs, the Bureau of Health as well as the city level in Shanghai, the district level and the street level. Thereby, Respondent 1 acknowledged the interest and the agreement of the government level on partnership, funding and elderly care. However, it was further stated that the different levels of local government show interest on the one hand, but are still reluctant to work with foreign organizations on the other hand. Nevertheless, Respondent 1 has achieved to set up contracts with the local government entities, which support Buurtzorg Shanghai with funding for elderly care. Furthermore, Respondent 1 managed to shape the policy debate by imparting on the local government that knowledge about elderly care is as important as the funding. The Policy Entrepreneur shows multiple approaches for how to improve the functioning of the Buurtzorg model in the future, for instance by fostering the networks with family members and informal care givers in a Buurtzorg academy programme. Furthermore, it is the goal to minimize the nursing hours per patient. This idea is supported by Respondent 2, who identifies cooperation with community centres, increased support from the government, more training for nurses and more pilot programs as the appropriate response to the faced challenges. Moreover, Policy Entrepreneurs Respondent 1 also states the favour of working with a hierarchical nurse model including head nurses or team leaders in Shanghai and of developing the model towards the self-organizing teams by training the nurses and imparting the Dutch Buurtzorg mindset of home care. Respondent 3 subsumes that the model of Buurtzorg in Shanghai should look like the one in the Netherlands at the end.

Theoretical Expectation	Behaviour by Policy Entrepreneurs in Buurtzorg Shanghai
Using Policy Windows	<ul style="list-style-type: none"> • Identify the opportunity for home care in Shanghai • Take initiative and contact Buurtzorg • Offer experience in setting up pilots in China and knowledge about elderly care • Invest resources (time, expertise) • Develop policies with founder of Buurtzorg
Identifying problems	<ul style="list-style-type: none"> • Analyse the differences between the Western and the Asian market • Adaptation of the model to the local demand
Shaping terms of the policy debate	<ul style="list-style-type: none"> • Share knowledge with local government and local elderly care providers • Introduce the Dutch Buurtzorg model as an innovative approach to elderly care in China • Emphasize on expertise instead of funding
Networking in policy circles	<ul style="list-style-type: none"> • Contacts to local government • Follow the request of the government
Building coalitions	<ul style="list-style-type: none"> • Partnership with other companies to improve nurse education • Contract with neighbourhood communities

Figure 6: The behaviour of Policy Entrepreneurs in Buurtzorg Shanghai applied on the theoretical expectations (Kingdon, 1984; Mintrom & Vergari, 1996)

After exploring the behaviour of the Policy Entrepreneur in the policy diffusion of the Dutch Buurtzorg model to Shanghai, their role will shortly be evaluated. At the beginning of this section, the assumptions made by Mintrom (1997) were shortly reviewed, which linked the presence and the actions of Policy Entrepreneurs with an increased chance of legislative consideration and approval as a policy innovation. From the analysis on the behaviour of the Policy Entrepreneur, it became clear that the Policy Entrepreneurs involved in the Buurtzorg diffusion to Shanghai show entrepreneurial behaviour according to theoretical assumptions by Kingdon (1984) and Mintrom and Vergari (1996) (Figure 6). The interviews revealed that Policy Entrepreneurs apply this behaviour in order to tackle the challenges in the Chinese context as identified beforehand and to improve the efficiency of Buurtzorg in Shanghai. Additionally, they express certain perceptions of how the Chinese model of Buurtzorg should look like in the future. Thereby, special emphasis lays on the cooperation with the government and the convergence of the Dutch model with the Chinese model. Whether the behaviour of the Policy Entrepreneurs has a positive effect on the policy diffusion cannot be answered fully. This is based on the dilemma of not having a comparable case where the diffusion was not accompanied by Policy

Entrepreneurs. Nevertheless, the Policy Entrepreneurs were found to be responsible for an increased cooperation with the government, which for instance lead to funding and stronger networks. Furthermore, it can be assumed that the adoptions of the model (Figure 5), which were created by Policy Entrepreneurs, made the transfer of the Buurtzorg model more continuous. Hence, a tendency towards the positive influence of Policy Entrepreneurs on the policy diffusion can be subsumed.

6 Conclusion

The present case study attempted to explore the role of the Policy Entrepreneur in the policy diffusion of the Buurtzorg model from the Dutch to the Chinese context. It analysed the scope of the belief system of Policy Entrepreneurs and the contextual challenges to these beliefs. Furthermore, it explored the behaviour of the Policy Entrepreneurs and their importance for the policy diffusion. Drawing from the theoretical assumptions on Policy Entrepreneurs, the ACF and the Health Broker Wheel, it was hypothesized that Policy Entrepreneurs share a similar set of deep (core) beliefs and diffuse them to the Buurtzorg pilot in Shanghai. By analysing the interviews, it became clear that the identified Policy Entrepreneurs strongly support and implement the deep (core) beliefs of Buurtzorg Netherlands into the model in Shanghai, whilst the diffusion took place by the learning mechanism. The second hypothesis was expecting that the contextual disparities between the Dutch and the Chinese context challenge the near (policy) core beliefs and the secondary aspects of the belief system of Policy Entrepreneurs. It was found that the environmental factors in China did not allow the Policy Entrepreneurs to implement their near (policy) core beliefs and that the challenges concerning secondary aspects displayed limitations to the daily routine of Buurtzorg Shanghai. Finally, it was hypothesized that the behaviour of Policy Entrepreneurs does have a positive effect on the policy diffusion of the Buurtzorg model. In the interviews, the behaviour of the respondents clearly showed entrepreneurial character as suggested in the theoretical framework. Furthermore, the shown behaviour displays the dedication of the Policy Entrepreneurs to improve the process of the policy diffusion. To some extent, the efforts of the Policy Entrepreneurs affected the policy diffusion positively, proved by measurable numbers, such as increased funding. However, the interviews did not distinctively reveal whether the presence of the Policy Entrepreneurs was the main determinant for a successful policy diffusion. To proof this claim, further empirical testing would be needed.

Notwithstanding, it can be concluded that the behaviour of the Policy Entrepreneurs in the Buurtzorg diffusion shows significant similarities to the theoretical assumptions on Policy Entrepreneurs. The present study manages to provide insights in the belief system of the Policy Entrepreneurs in the Buurtzorg policy diffusion process. Furthermore, the study reveals that the belief system of the Policy Entrepreneurs is challenged by contextual disparities between the Netherlands and China, urging them to adapt principles and policies connected to the near (policy) core beliefs and secondary aspects. Whether the adaption and further entrepreneurial behaviour significantly increases the success of the

diffusion cannot be fully answered, despite the remaining assumption that the presence of Policy Entrepreneurs might have a positive impact on the consideration of the Buurtzorg model in the Chinese context.

7 Discussion

In the concluding section, the position of the present study in the extent literature will be discussed. Moreover, caveats of the study will be outlined and incentives for further research will be given.

As discussed in the Introduction, the concept of the Policy Entrepreneur has rarely been applied in a non-Western research context. The case study on Policy Entrepreneurship in the Buurtzorg diffusion manages to display the suitability of the concept in the Chinese context. Moreover, the present study successfully applies the theoretical framework of the ACF concerning belief systems on individuals within Buurtzorg and the organization as such. It links the theoretical understandings on belief systems with individual behaviour whilst considering contextual factors. Thereby, the case study applies parts of the Health Broker Wheel framework in real conditions.

Nevertheless, the present case study has several caveats. The first caveat is connected to case studies, as they have low generalizability. Therefore, the conclusions of the study do only apply to the limited scope of Buurtzorg in Shanghai and its Policy Entrepreneurs. The second caveat is caused by potential third variables, which may influence the conclusions in this study. Due to the focus on the belief system of the Policy Entrepreneurs, other variables from the ACF and the Health Broker Wheel were not considered or only mentioned concurrently. This does apply to the capabilities and opportunities of individuals as emphasized in the Health Broker Wheel or to the concept of policy-oriented learning from the ACF. Thereby, policy-oriented learning would be a promising avenue for further research as Policy Entrepreneurs described the policy process in Shanghai as learning from adaptations. The third caveat of the study is connected to the short time frame between the implementation of the Buurtzorg pilot and the evaluation of the present study on the role of Policy Entrepreneurs. The collected data can give a first indication on the role of the Policy Entrepreneur in the policy diffusion. However, the data does not distinctively reveal whether the presence of the Policy Entrepreneur is determining the success of the diffusion. More data at a later point in time could allow a more definite conclusion on the role of Policy Entrepreneurs and their impact on the policy diffusion. Ultimately, the link between the behaviour of Policy Entrepreneurs and the success of policy diffusion can be subject to further studies, as it could affiliate on the present study by taking potential third variables into account.

8 Literature

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