***The relationship between technological legitimacy and job crafting: The case of a Dutch care organization***


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| Researcher: | Rutger Brunink |
| Student number: | 1486985 |
| Supervisors: | Dr. Jordy F. Gosselt & Dr. Suzanne Janssen |
| Institution: | University of Twente |
| Faculty: | Faculty of Behavioural, Management and Social Sciences |
| Department: | Communication Science |
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**Abstract**

Care providers are increasingly turning towards new technologies to improve the quality of existing care services and to maximize the efficiency of care provision. Although such new technologies are generally perceived as innovations that provide many benefits to clients and care professionals, it is also claimed that meaningful work processes and social connections of care professionals may be eliminated, due to the use of such technologies. As a result, care professionals are expected to change or redefine elements of their job to adjust their work to their own abilities and needs. Despite the fact that a number of studies have been performed on how people change the task or relational boundaries of their job to adjust their work to their preferred work processes, it has not been investigated yet how such changes are influenced by people's perceptions of the legitimacy of a specific technology. Therefore, the present study can be seen as the first study that investigates the relationship between technological legitimacy (the degree of alignment between a technological innovation and social rules, widely held social norms and people's perceptions towards the technology) and job crafting (the physical and cognitive changes in the task or relational boundaries of one's job).

The main goal of this study is to gain insights into how job crafting activities are influenced by the degree and various forms of legitimacy. To investigate this, semi-structured in-depth interviews were taken with 19 care professionals, who provide care to psychically and psychiatrically disabled people. These care professionals were asked about their experiences with the use of distant care technologies (WhatsApp, telephony and Skype), as well as how they handle changes in their work processes, due to the use of distant care technologies. A relevant contribution of this study is that the use of a technology does not necessarily mean that users perceive the technology as legitimate. Moreover, it is argued that job crafting occurs regardless of the degree of legitimacy, because people craft their job if they perceive a technology as highly legitimate and if a technology has a relatively low degree of legitimacy. Besides, the results of this study indicated that pragmatic legitimacy is the form of technological legitimacy that is perceived as the most important influencer of job crafting, whereas most job crafting activities are related to changes in the relational boundaries of one's job. Since this is the first study that investigates the relationship between technological legitimacy and job crafting, some directions for future research are suggested.

Keywords: distant care technologies, job crafting, technological legitimacy.

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## 1. Introduction

Due to a growing shortage of care professionals, increasing care demands and rising costs, Dutch care providers are confronted with problems in providing care in a cost-effective way (Peeters, De Veer, Van der Hoek, & Francke, 2012). To handle these problems, care providers are turning towards technological innovations to enhance existing care services. An example of such a technological innovation is the use of distant care technologies (WhatsApp, telephone and Skype), which is also referred to as telemedicine (May et al., 2001), telehealth (Jerome et al., 2000) and telecare (Pols, 2012). Distant care technologies are generally perceived as technologies that can improve the quality of care, enhance working conditions of care professionals and reduce costs (Barlow, Bayer, & Curry, 2006; De Jonge, Taler, & Boling, 2009; De Veer, Fleuren, Bekkema, & Francke, 2011). Furthermore, it is argued that distant care technologies may be instrumental in improving the independence of clients (Barlow, Singh, Bayer, & Curry, 2007; Peeters et al., 2012), which means that clients are better able to manage their own care (Pols, 2012). Finally, it is supposed that distant care technologies maximize communication efficiency between care professionals (Magnusson, Hanson, & Borg, 2004; Sävenstedt, Sandman, & Zingmark, 2006) and that these technologies improve access to care (May et al., 2001).

Besides the aforementioned macro-level outcomes of the introduction of new technologies, the introduction of technological innovations causes changes at the micro-level. According to Petrou, Demerouti, Peters, Schaufeli and Hetland (2012), these changes include new clients, new products and services (e.g., using tablets to facilitate distant care via Skype), new tasks (e.g., reporting what a care professional and a client discussed via WhatsApp) and new ways of completing existing tasks (e.g., care professionals who reduce the amount of help for clients by replacing face-to-face contact moments by short phone calls). Tims, Derks and Bakker (2016) argue that meaningful work processes and social connections may be eliminated, due to these changes at the micro-level. Furthermore, people may perceive work environments that are characterized by such changes as detrimental to their own abilities, preferences and needs (Sarros, Tanewki, Winter, Santora, & Densten, 2002). Consequently, it may be hypothesized that people change or redefine elements of their job to adjust their work to their preferences and to (re)find meaning in their work.

Wrzesniewski and Dutton (2001) refer to this ongoing process of individuals who make physical and cognitive changes in the task or relational boundaries of their job as job crafting. Especially in the context of the changing nature of work (e.g., when a technological innovation is implemented and people have to work with this technology), job crafting is likely to occur (Tims et al., 2016). Moreover, it can be argued that job crafting is more likely to occur if the implemented technology is perceived as incongruent with established social rules and practices, widely held social norms and cognitive associations. Markard, Wirth and Truffer (2016) refer to this degree of alignment between a technology and elements in its wider context as technological legitimacy. If technological legitimacy is relatively low, the technology does not fit with the preferred work processes of people. As a result, it may be expected that job crafting is more likely to occur, which means that technological legitimacy can be perceived as a predictor of job crafting.

Although this relationship between technological legitimacy and job crafting seems legitimate, no studies have been conducted concerning this relationship. Therefore, this study can be perceived as the first study in which the relationship between technological legitimacy and job crafting is researched. Investigating the relationship between these concepts is relevant for two reasons. First of all, this study provides insights into how the degree of legitimacy is related to job crafting activities. Herewith, it is investigated whether there is evidence for the hypothesis that job crafting mainly occurs if the degree of legitimacy is low, or that job crafting activities also appear if technological legitimacy is relatively high. For the management of an organization, it seems interesting to know if job crafting mainly occurs if people perceive a misalignment between a new technology and their preferred work processes, or if job

crafting also occurs if the degree of legitimacy is relatively high. Based on this information, the managers of an organization can namely determine whether a new innovation strategy is needed to create more legitimacy for a technology (e.g., by emphasizing the advantages of a technology), or if job crafting is a process that is not necessarily related to someone's perceptions towards a technology. Second, in this study it is investigated how job crafting activities are influenced by the various forms of legitimacy (pragmatic, cognitive, normative and regulative legitimacy). This is especially important to get better insights into what reasons people have to craft their job and what can be done to make people perceive a technological innovation as more legitimate.

In order to investigate the relationship between technological legitimacy and job crafting, semi-structured interviews with 19 care professionals are taken. Since all these care professionals use distant care technologies in their daily work, they are asked to tell about their perceptions towards distant care technologies, as well as how they change elements of their job, due to the use of these technologies. By focusing on these topics the following research question is addressed: "*How do care professionals perceive the legitimacy of distant care technologies and how are their perceptions of technological legitimacy related to job crafting activities*?"

## 2. Theoretical framework

### *2.1. Definition and forms of job crafting*

It is widely recognized that one of the main problems with the introduction of innovations is that people do not automatically use these innovations (e.g., new technologies, products or guidelines) as intended by the developers (De Veer et al., 2011). In the setting of care organizations, this means that many clients will not receive the intended care in such a way that they fully benefit from these innovations, because care professionals do not use the innovations as intended (De Veer et al., 2011). Furthermore, as a result of the fact that (care) professionals do not always use innovations as intended in the context of their work, the use of innovations is often characterized by a mismatch between the configured user and the actual user (Samuelsson & Berner, 2013). In order to deal with this mismatch, people actively alter, ignore, redefine, resist and shape elements of their job to fit their needs, preferences and values (Berg, Dutton, & Wrzesniewski, 2008; Samuelsson & Berner, 2013). Wrzesniewski and Dutton (2001) refer to this ongoing process of individuals who make physical and cognitive changes in the task or relational boundaries of their job as job crafting. Those who initiate these changes are called job crafters (Berg et al., 2008), and it is assumed that job crafters can employ three different forms of job crafting (Wrzesniewski & Dutton, 2001).

First, job crafters can change the physical task boundaries of their job, which means that they change the number and form of tasks done at work (Wrzesniewski & Dutton, 2001). To illustrate, job crafters can alter the physical task boundaries of their job by taking on more or less tasks, expanding or reducing tasks or changing how they perform tasks (Berg et al., 2008). The second form of job crafting refers to changes in the relational boundaries of the job, which means that people craft the quality and amount of interactions with others at work (Tims et al., 2016; Wrzesniewski & Dutton, 2001). As an example, job crafters can arrange help for themselves in order to manage their work (Petrou et al., 2012) or provide more social support to their colleagues (Tims & Bakker, 2010). The final form of job crafting includes changes in the cognitive task boundaries of the job, which means that people change the way they perceive their job and how they define their work identity (Wrzesniewski & Dutton, 2001). To illustrate, job crafters can ascribe more or less meaning to their work (Tims & Bakker, 2010) or think about the tasks involved in their job as a collective whole instead of a set of separate tasks (Berg et al., 2008).

#### *2.1.1. Antecedents of job crafting*

The process of job crafting starts with people who are motivated to craft their job, which can happen for a variety of reasons. First, people might craft their job to take control over their job (Berg et al., 2008) or to redefine the meaning of their work and work identity (Wrzesniewski & Dutton, 2001). Moreover, people are motivated to craft their job to develop relationships at work that satisfy their need for social connection (Baumeister & Leary, 1995; Berg et al., 2008; Wrzesniewski & Dutton, 2001). Furthermore, people craft their job to create a positive self-image (Berg et al., 2008), to fulfil their passion for an occupation other than their current one (Berg, Grant, & Johnson, 2010) or to deal with adversity at work (Berg et al., 2008). Finally, it is assumed that people are motivated to craft their job if they perceive a misalignment between the job characteristics and their personal skills, knowledge, abilities, preferences and needs (Kristof-Brown, Zimmerman, & Johnson, 2005; Tims & Bakker, 2010). Edwards (1991) refers to this degree of a match between the job demands and one's personal abilities and needs as person-job fit.

Generally, two types of person-job fit can be distinguished (Cable & Judge, 1996; Tims & Bakker, 2010). First, the demands-abilities fit refers to the fit between someone's skills, knowledge and

abilities on the one hand and the job demands on the other hand (Cable & Judge, 1996; Lauver & Kristof-Brown, 2001). Second, the needs-supplies fit refers to the extent to which the job fulfils someone's preferences and needs (Cable & De Rue, 2002). If both types of person-job fit are balanced, people are likely to experience a good fit to their job. However, if one or both of the types of person-job fit are imbalanced, people are likely to experience a misfit to their job (Lauver & Kristof-Brown, 2001; Tims & Bakker, 2010). Consequently, these people are expected to craft their job in order to create alignment between the job and their perceptions of how the job should be (Wrzesniewski, 2003). Hereby, their job becomes more meaningful, job engagement is enlarged and both job performances and job satisfaction are expected to increase (Tims & Bakker, 2010).

### *2.2. Technological legitimacy*

People may also experience a person-job misfit if a new technology or technological innovation is not aligned with their abilities and needs. The reasoning behind this is that a new technology can be seen as a specific job characteristic. In other words, it can be claimed that technological legitimacy, defined as the degree of alignment between a technological innovation and established social rules and practices, widely held social norms, cognitive associations and elements in its wider context (Markard et al., 2016), is closely related to person-job fit. Besides the fact that a technological innovation can be seen as a job characteristic, the elements of technological legitimacy (e.g., social norms and cognitive associations) are namely largely similar to the needs and abilities of person-job fit. Therefore, it is to argue that technology legitimacy also is an antecedent of job crafting. Furthermore, in line with the aforementioned person-job misfit, it may be hypothesized that people are more likely to craft their job if technological legitimacy is relatively low. Due to a misalignment between job characteristics (e.g., the use of a new technology) and their work identity, these people encounter more negative work experiences, which increases their motivation to craft their job (Tims et al., 2016).

#### *2.2.1. Forms of technological legitimacy*

Technological innovations are often misaligned with established social norms and regulations, provide intangible benefits to users, are confronted with major doubts about their utility and reliability and are often incomprehensible to users (Freeman, Carroll, & Hannan, 1983). In order to create a relatively high degree of legitimacy for technological innovations, four forms of technological legitimacy are perceived to be important (Kaganer, Pawlowski, & Wiley-Patton, 2010).

First, cognitive legitimacy refers to the knowledge about a technological innovation and what is needed to use this technology (Hall, Matos, & Martin, 2014). The highest form of cognitive legitimacy is reached when the use of a technology becomes so familiar and well known that it is taken for granted (Aldrich & Fiol, 1994). Second, pragmatic legitimacy refers to the utility that a technology provides to end users (Suchman, 1995). Technological innovations that provide easily understandable benefits to users are perceived as more legitimate than innovations that are confronted with major doubts about their utility (Binz, Harris-Lovett, Kiparsky, Sedlak, & Truffer, 2016). Third, normative legitimacy refers to conformity of a technological innovation with societal values, widely shared beliefs and moral norms (Kaganer et al., 2010; Markard et al., 2016). If an innovation is consonant with the widely accepted cultural framework of beliefs, values and norms, normative legitimacy is expected to increase (Zelditch, 2001). Finally, regulative legitimacy is produced by aligning a new technology with quasi-legal rules and regulations existing within the field (Scott, 2001). According to Binz et al. (2016), technologies that operate in accordance with existing rules and regulations possess high legitimacy, whereas technologies that require regulative changes are perceived to be less legitimate.

An important remark concerning these forms of legitimacy is that there may exist overlap among the forms (Kaganer et al., 2010). To illustrate, an innovation that is regarded as regulative legitimate is often perceived as the right thing to use. Consequently, this perception contributes to building both normative and regulative legitimacy for a new technology (Kaganer et al., 2010). To conclude, the four forms of legitimacy can be seen as elements of technological legitimacy, since the acceptance of a technological innovation depends on the extent to which a new technology is well understood, provides direct utility and relative benefits, is compatible with established social norms and practices and is endorsed by rules and regulations (Markard et al., 2016).

### *2.2.2. Technological legitimacy and innovation determinants*

The forms of legitimacy are largely similar to four so-called innovation determinants. These innovation determinants include characteristics of the innovation, characteristics of the user, characteristics of the socio-political context and characteristics of the organization (De Veer et al., 2011; Fleuren, Wiefferink, & Paulussen, 2004). First of all, the characteristics of the innovation refer to the relative benefits of the innovation compared to other technologies, as well as the perceived ease to use the technology (De Veer et al., 2011; Fleuren et al., 2004). It is to argue that this innovation determinant is closely related to pragmatic legitimacy, since both concepts refer to the direct utility and benefits that a technology provides to end users. For example, it is argued that the introduction of e-health technologies is most effective if care professionals perceive these technologies as user-friendly and easy to use (Davidson, Simpson, Demiris, Sheikh, & McKinstry, 2013; De Grood, Raissi, Kwon, & Santana, 2016). Moreover, it is stated that both the usefulness and the ease of use of a technological innovation have a significantly positive effect on employees' perceptions of its legitimacy (Jiao & Zhao, 2013).

Next, the characteristics of the user include knowledge and skills needed to use a technology, as well as perceived support by others (De Veer et al., 2011; Fleuren et al., 2004). It is to argue that this innovation determinant is closely related to cognitive legitimacy, because both concepts refer to the knowledge that is needed to use a technological innovation. Lu, Wang, Lu and Bakker (2014) state that people are likely to experience a demands-abilities fit if they can use most of their skills, can develop themselves and receive both social support and performance feedback. As a result, it is to argue that people perceive a technological innovation to be aligned with the accepted beliefs, values and norms. In this regard, it can be argued that normative legitimacy is also related to the characteristics of the user.

Third, the characteristics of the socio-political context refer to rules, legislation, patient cooperation and patient satisfaction that influence the effectiveness of the introduction of a technological innovation (De Veer et al., 2011; Fleuren et al., 2004). It is to argue that this innovation determinant is closely related to regulative legitimacy, because both concepts refer to the extent to which a technology is aligned with existing rules and legislation within the field. To illustrate, Schectman, Schorling, Nadkarni and Voss (2005) argue that care professionals are more likely to use a technological innovation if they perceive their clients to be more satisfied, due to the introduction of the new technology. Besides, the innovation is seen as more legitimate and taken for granted if the innovation is procedurally justifiable (Jiao & Zhao, 2013; Mueller & Landsman, 2004).

Finally, the characteristics of the organization refer to the resource allocation, staff capacity and the decision-making process concerning the new technology (De Veer et al., 2011; Fleuren et al., 2004). Vishwanath and Scamurra (2007) argue, for example, that a lack of time and an increased workload are key barriers to the effective introduction of technologies. Besides, Hailey and Crowe (2003) suggest that the degree to which all stakeholders are involved and cooperate and the stability of the management are fundamental to a successful introduction of an innovation. In addition, participation and collective decision-making may enhance favourable perceptions towards the innovation, which ultimately means that people are more likely to perceive the innovation as legitimate (Jiao & Zhao, 2013).

### *2.2.3. Technological legitimacy as a process*

To make a technological innovation appear legitimate, the new technology should acquire widespread acceptance and become part of the routine practices of users (Johnson, Dowd, & Ridgeway, 2006). Since a technological innovation is not immediately accepted by people, this means that technological legitimacy can be perceived as a cumulative, non-linear process that unfolds across time (Geels & Deuten, 2006; Johnson et al., 2006). Generally, this process consists of four generic stages: innovation, local validation, diffusion and general validation (Geels & Deuten, 2006; Johnson et al., 2006).

In the first phase, a new technology is introduced and local actors determine whether this innovation can be linked to the existing institutional framework (Zelditch, 2001). If the first phase is successful, the innovation acquires local legitimacy and is either explicitly justified or implicitly accepted by actors in the local situation (Johnson et al., 2006). Once an innovation is locally validated, the innovation is diffused into new local situations. As the innovation spreads to new contexts, it increasingly interferes with more widely shared normative, regulative and cognitive rules, which makes most actors believe that the innovation is acceptable and legitimate (Binz et al., 2016; Johnson et al., 2006). Finally, the innovation becomes part of the status quo and is increasingly perceived as taken for granted. Concretely, this means that users understand the usefulness of the innovation and that alternatives become increasingly unthinkable (Suchman, 1995).

The four stages of the legitimation process of an innovation are largely comparable to the four stages of the innovation process of new technologies in (health)care organizations. Based on the Diffusion of Innovations Theory (Rogers, 2003), Fleuren et al. (2004) created a framework on how to effectively introduce innovations in (health)care organizations. Since this innovation process consists of four phases that are largely similar to the stages of the aforementioned legitimation process, it can be argued that the innovation process describes how care professionals create acceptance and legitimacy for innovations in (health)care organizations.

In the first phase, care professionals should be supplied with the innovation, which is referred to as dissemination (De Veer et al., 2011; Fleuren et al., 2004). Subsequently, care professionals should develop a positive intention to use the new technology, which is defined as adoption (De Veer et al., 2011; Fleuren et al., 2004; May et al., 2003). Concretely, adoption of an innovation means that the innovation is locally accepted and validated. If the new technology is perceived to be consonant with widely accepted beliefs, values and norms, the innovation is diffused and used in daily practice (Johnson et al., 2006). This third stage in the innovation process, defined as implementation, is comparable to the third step of the legitimation process. The final stage of the innovation process is the continuation, which means that the use of the innovation becomes routine practice (De Veer et al., 2011; Fleuren et al., 2004). This step is comparable to general validation, since the innovation is widely accepted and becomes part of the shared culture of care professionals.

## *2.3. Conceptual model*

Since the relationship between technological legitimacy and job crafting has not been investigated yet, there is no existing theoretical model that can be applied to research the link between these concepts. Nevertheless, based on the previous sections, a conceptual model is developed (Figure 1). To begin with, this conceptual model reflects that the forms of legitimacy and the innovation determinants are largely similar. Furthermore, this conceptual model displays that technological legitimacy can be perceived as a process that consists of four stages and unfolds across time (Geels & Deuten, 2006; Johnson et al., 2006). Moreover, the impact of the innovation determinants and forms of legitimacy on the degree of legitimacy is displayed, since it is argued that the stage of the legitimation process is influenced by the four innovation determinants (De Veer et al., 2011; Fleuren et al., 2004).

The relationship between technological legitimacy and job crafting is investigated in two ways. First, the impact of the degree of legitimacy on job crafting activities is investigated. As indicated before, it is expected that job crafting is more likely to occur if the degree of legitimacy is relatively low (or when technological legitimacy is in the dissemination phase). Finally, the arrow from the innovation determinants and forms of legitimacy to the job crafting activities illustrates that it is also investigated how the forms of technological legitimacy directly relate to job crafting activities. This relationship is interesting to research, since this might reveal new insights in which form of technological legitimacy has most impact on job crafting activities in the context of care organizations.

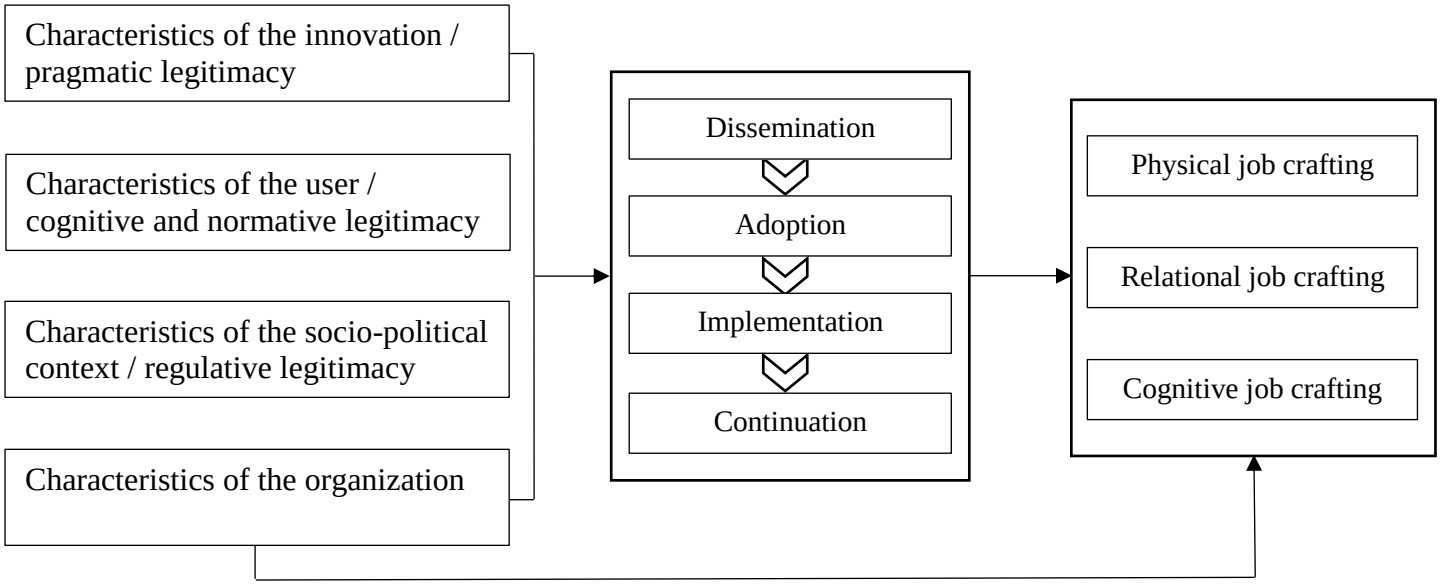


*Figure 1*. Conceptual model.

## 3. Method

To investigate how care professionals perceive the use of distant care technologies and how the degree of legitimacy of these technologies is related to job crafting activities, semi-structured interviews with 19 care professionals were conducted in a period of one month. Specifically, 18 interviews were taken at 13 different locations, since there was one interview in which two care professionals participated at the same time. The average time of an interview was 33:22 minutes (*SD* = 7,16).

### *3.1. Participants*

The participants in the study were care professionals of RIBW Groep Overijssel. These care professionals provide care to psychically and psychiatrically disabled people in Overijssel, which is a province in the east of the Netherlands. The strategic advisor of RIBW Groep Overijssel was asked to select a group of care professionals, who had spent relatively much time providing distant care (WhatsApp, phone calls or Skype) during the last couple of months. This inclusion criterion was important, since participants had to be able to reflect on their own experiences related to the use of distant care technologies, as well as how they changed elements of the task or relational boundaries of their job, due to the use of these technologies. Initially, a request to participate in the study was sent to a group of 24 care professionals. Only two care professionals did not respond to this request. Besides, one care professional, who was not approached by the strategic advisor, indicated that he was willing to participate in the study by contacting the researcher himself. This participant had read the participation request that was placed on the staff portal and responded to this request.

Eventually, 19 care professionals participated in the study, since four care professionals did not respond to follow-up messages, were ill during the period of data collection or indicated that they had barely used distant care technologies during the last couple of months. The sample included both male (*N* = 3) and female (*N* = 16) participants and comprised ambulant care professionals, care professionals who provide both ambulant and residential care and a team leader of ambulant care professionals. Moreover, the organization tenure of the participants differed strongly, ranging from several months to almost 20 years.

### *3.2. Interview protocol*

Interview topics were generated based on the literature review concerning the introduction of innovations in (health)care organizations, technological legitimacy and job crafting. A standard set of topics was presented across the interviews. However, the questions related to these topics were designed to be open-ended, which provided opportunities to ask follow-up questions and focus on new themes that appeared.

At the beginning of each interview, it was emphasized that participants had the right to withdraw during the interview and that there were no right or wrong answers. Furthermore, the anonymity of participants was assured and it was stated that participants had the right to not answer any question, regardless of their reason for this. After participants agreed on these conditions, they were asked to tell something about their job in general. Mostly, participants were asked to describe their function and to indicate how long they had been working for RIBW Groep Overijssel. These questions were used to make participants feel comfortable and to stimulate them to talk honestly about their experiences and perceptions regarding distant care technologies.

Subsequently, participants were asked to tell something about the distant care technologies they used. The general questions that were used to introduce this topic included: "*Can you tell me something about the distant care technologies you use*?" and "*How do you experience the use of these distant care technologies*?" These questions were used to get a first impression whether participants were positive or negative about one or more distant care technologies. Besides, participants were often stimulated to describe the most important advantages and disadvantages of a specific technology by using these questions.

After these general questions, some specific questions concerning the innovation determinants and the four forms of technological legitimacy were asked. These questions were derived from a list of 50 potentially relevant determinants of successful innovation processes (De Veer et al., 2011; Fleuren et al., 2004). This list was perceived as a good starting point to create questions related to the innovation determinants and the four forms of technological legitimacy, since the list has also been used for research on the introduction of innovations in Dutch care organizations (see Fleuren et al., 2010). The first part of Table 1 provides an overview of some questions that were used to determine how participants perceive the innovation determinants and how they develop legitimacy for distant care technologies. Noteworthy, since the definitions of the innovation determinants and the forms of legitimacy are largely comparable, most example questions are related to both a specific innovation determinant and a form of technological legitimacy. Only one innovation determinant (characteristics of the organization) is not closely related to a form of technological legitimacy.

Finally, questions related to job crafting activities were mostly asked when participants stated that they had encountered negative experiences with the use of distant care technologies, or when participants indicated that they had experienced influential changes in their work context, due to the use of distant care technologies. The general question that was asked in these cases was the following: "*How do you handle these negative experiences/changes*?" Besides, follow-up questions based on relevant literature were used to interrogate participants about their job crafting activities. These questions were related to the three forms of job crafting: physical job crafting, relational job crafting and cognitive job crafting. The last part of Table 1 provides some examples of these questions. The complete interview scheme can be found in Appendix A.

*Table 1: Example questions for each innovation determinant/form of legitimacy and form of job crafting*

| Concept(s) | Example questions |
|---|---|
| Characteristics of the innovation / pragmatic legitimacy | "What are the most important (dis)advantages of the use of distant care technologies related to your work?" |
| Characteristics of the user / cognitive legitimacy | "Do you think that you have the right knowledge and skills to use distant care technologies effectively?" |
| Characteristics of the user / normative legitimacy | "To what extent does the use of distant care technologies fit with your perceptions of providing good care?" |
| Characteristics of the socio-political context / regulative legitimacy | "How do you think that your clients experience the use of distant care technologies?" |
| Characteristics of the organization | "How would you describe the decision-making process regarding the introduction of distant care technologies?" |
| Physical job crafting | "How did you change your tasks due to the use of distant care technologies?" |
| Relational job crafting | "Which elements of the interactions with clients did you change, due to the use of distant care technologies?" |
| Cognitive job crafting | "How did you change your work identity, due to the use of distant care technologies?" |

*3.3. Analysis strategy*

A multistep content-analytic procedure was applied to analyse the qualitative data. After the interviews had been transcribed, the interviews were coded in order to acquire basic insights into the content. The codebook that was used for this coding session consisted of codes that had been derived from the list of 50 potentially relevant determinants of successful innovation processes (De Veer et al., 2011; Fleuren et al., 2004) and literature about the three forms of job crafting. Furthermore, this codebook consisted of new codes about technological legitimacy and job crafting that had been derived from an inductive content analysis. In other words, both a deductive and an inductive content analysis was used to develop the codebook (see Elo & Kyngäs, 2008; Hsieh & Shannon, 2005; Thomas, 2006). As an example, one of the codes that was derived from the inductive content analysis was the following: "Arrangements about the amount and moment of contact." This code referred to the fact that care professionals make arrangements with clients about the amount and moment of contact via distant care technologies. This code was linked to relational job crafting, because participants crafted the amount of interactions with others at work (Tims et al., 2016; Wrzesniewski & Dutton, 2001).

After a first coding session, the codebook was refined and new codes and subcategories were added to the codebook. Subsequently, the new codebook was discussed with a second coder, who was not associated with the study. Eventually, the codebook consisted of four categories about the innovation determinants and the forms of technological legitimacy and three categories related to the forms of job crafting (Appendix B). Since the forms of technological legitimacy are closely related to the innovation determinants (see Table 1), the codes of these categories were concerned with both concepts. The only exception is the fourth category, since this innovation determinant (characteristics of the organization) is not related to any form of technological legitimacy (see 2.2.2.).

After the second coder agreed on the codebook, the transcripts of two interviews were coded by both the researcher and the second coder. Two selection criteria were used to select a reliable sample of data. To begin with, the sample had to consist of one interview that was conducted in the first weeks of data collection, as well as one interview that was taken in the last weeks of data collection. The importance of this criterion was stressed, since Graneheim and Lundman (2004) argue that new insights during the process of data collection can influence follow-up questions or narrow the scope of the researcher. By taking these factors of inconsistency into account, possible data changes over time were included in the determination of the intercoder agreement. The second criterion was that the sample had to consist of one interview in which the participant's perceptions towards distant care technologies were considerably positive, while the participant's perceptions in the other interview were relatively negative. Herewith, the intercoder agreement was based on a variety of codes (both advantages and disadvantages of distant care technologies, for example), which increased both the reliability and the validity.

The intercoder reliability was measured after each coding session. In total, four coding sessions were conducted, in which respectively 187, 153, 137 and 113 text elements were coded. Eventually, the general Cohen's kappa was 0.72, which is generally perceived as a good level of intercoder agreement (Cohen, 1960; Fleiss, 1981). Besides, the intercoder agreement for each category of the codebook was measured (Table 2). Noteworthy, the Cohen's kappa of cognitive job crafting could not be calculated, since only two text elements were coded with codes related to this category. Furthermore, the intercoder agreement regarding the characteristics of the user was relatively low, because only seven text elements were coded with codes related to this category, and the researcher and second coder disagreed on three of these codes. These disagreements were mainly caused by the fact that the second coder did not code two text parts that had been coded by the researcher. After all disagreements had been discussed, the variances in codes were resolved and the feedback of the second coder was applied to code the other interviews.

*Table 2: Intercoder reliability level for each category of the codebook*

| # | Category name | Codes* | Cohen's kappa |
|---|---|---|---|
| 1 | Characteristics of the innovation / pragmatic legitimacy | 55 | 0.65 |
| 2 | Characteristics of the user / cognitive and normative legitimacy | 7 | 0.42 |
| 3 | Characteristics of the socio-political context / regulative legitimacy | 15 | 0.71 |
| 4 | Characteristics of the organization | 9 | 0.84 |
| 5 | Physical job crafting | 7 | 0.65 |
| 6 | Relational job crafting | 26 | 0.48 |
| 7 | Cognitive job crafting | 2 | - |

** The total number of codes in this table (N = 121) is higher than the 113 codes that were given to text elements in the fourth coding session. This is caused by the fact that the researcher and the second coder coded 8 text elements in different categories. These disagreements were included in the calculations of the intercoder agreement related to both categories*.

## 4. Results

Below, the perceptions of care professionals concerning the legitimacy of distant care technologies are described. Furthermore, it is described which job crafting activities are applied per technology, as well as what the causes of these job crafting activities are. Moreover, an overview of the most important job crafting activities and their causes is presented. Finally, two cases are introduced to illustrate how different perceptions of care professionals concerning the legitimacy of distant care technologies are related to job crafting activities.

### *4.1. WhatsApp*

When asked about their perceptions towards the use of WhatsApp as a distant care technology, all care professionals stated that they perceive WhatsApp as taken-for-granted and part of their routine practices. Consequently, WhatsApp is part of the final stage of the legitimation process, which is defined as the continuation phase (De Veer et al., 2011; Fleuren et al., 2004). One participant argued, for example, that it is unthinkable for her to not use WhatsApp in her daily work. This example illustrates that the use of WhatsApp as a distant care technology is highly legitimate.

Generally, the participants' perceptions towards WhatsApp were very positive. The main reason for this is that WhatsApp provides important benefits to care professionals, which means that it can be argued that pragmatic legitimacy has a great impact on the participants' perceptions towards WhatsApp. An example of a benefit of WhatsApp is that it increases the flexibility of care professionals, because they can easily plan an appointment with clients or let clients know if they have important information for them. One participant stated, for example, the following (interview 4, male): "*Our working hours are officially from 8 am to 8 pm. So when you think, wait… There is something else… Then, you can always let somebody know… And the client can also ask once again at what time we will have an appointment tomorrow*." Besides, many participants argued that WhatsApp increases the efficiency of providing care, because it reduces travel time and travel expenses. Due to the use of WhatsApp, care professionals are namely able to help clients at distance, which means that they do not always have to visit clients when clients have questions or concerns.

Moreover, many care professionals stated that they are more approachable for clients, due to the use of WhatsApp, which means that they have the feeling that clients talk more overtly about their problems. One participant claimed, for example, the following (interview 12, female): "*And quite often via WhatsApp… Then, you do not look at each other, and, then, it sometimes is even easier to be honest*." Other care professionals argued that WhatsApp enables them to reach clients who often cancel appointments, because these clients experience less stress through contact at distance. Finally, care professionals were positive towards WhatsApp, because it enables them to monitor the process of clients better. One participant indicated, for example, that he knows better what is going on with his clients, because they regularly speak each other via WhatsApp, instead of only having face-to-face contact once a week (interview 8, male): "*[…] Then, there is an appointment, and, then, we will see how it goes over a week… But life goes on. But also in that week, situations happen in which you, as a care professional, just need some short moments of contact with a client, whereby you can help a client and you are also able to speed up the process of the client*." Since all the aforementioned examples are concerned with benefits of WhatsApp as a distant care technology, these examples are all related to pragmatic legitimacy (Binz et al., 2016). In contrast to pragmatic legitimacy, the other forms of legitimacy barely influence the participants' perceptions towards WhatsApp.

*4.1.1. Job crafting activities related to WhatsApp*

Although participants perceive WhatsApp as highly legitimate, they encounter some disadvantages with the use of WhatsApp. The following disadvantages are mentioned regularly and often cause job crafting activities: an overload of messages, increased expectations of clients and disadvantages related to the fact that care professionals are more approachable for clients. First, an overload of messages is stated most often as a cause of job crafting activities related to the use of WhatsApp. To illustrate, one participant said the following (interview 11, female): "*Well, it is becoming more. Let me think... Yes, today I received quite a lot of WhatsApp messages. [...] And I also receive these messages when I turn on my phone in the morning. Ping, ping, ping, ping, ping*." To deal with this disadvantage, participants mostly limit the amount and moment of contact via WhatsApp for themselves. This means that they decide individually when they respond to messages of clients. To illustrate, one participant stated that he consciously ignores messages of clients if these clients send too many messages (interview 8, male): "*But of course, you cannot check your WhatsApp messages every day. […] I just do not answer WhatsApp messages. So, I just leave these messages unanswered for a couple of days*." This job crafting activity is related to relational job crafting, since participants actively craft the amount of interactions with clients (Tims et al., 2016; Wrzesniewski & Dutton, 2001).

Second, it appeared that increased expectations of clients, due to the use of WhatsApp, cause job crafting activities. One participant stated the following about the expectations of clients concerning the use of WhatsApp (interview 12, female): "*So, there is someone who also expects, if I turned on my mobile phone… He just sees that and, then, he immediately expects a reaction, even though he knows that I am not working at that moment. Even if I explain this, it remains difficult*." In most cases, this disadvantage caused participants to make arrangements with clients about the amount and moment of contact via WhatsApp. This job crafting activity also refers to changes in the relational boundaries of one's job, since care professionals often limit the amount of interactions with clients (Tims et al., 2016; Wrzesniewski & Dutton, 2001). As an example, one participant argued that he and his clients agree on the fact that he does not respond immediately to messages of his clients (interview 8, male): "*And I also used WhatsApp messages as an opportunity to [let clients] ventilate. So, I also made the arrangement with her that she can send messages, but that I do not respond immediately*." Noteworthy, this job crafting activity differs from the previous job crafting activity, since participants make agreements with clients about the amount and moment of contact (e.g., by agreeing on the fact that a client may call the care professional every Wednesday morning), instead of determining this individually or without making arrangements with clients (e.g., just ignoring an overload of messages of a client).

Third, participants indicated that it sometimes is a disadvantage that they are more approachable for clients, due to the use of WhatsApp. Although it has also been argued that it is an advantage that care professionals are more approachable, participants argued that clients cancel appointments more easily if they are more approachable. To illustrate, one participant stated the following (interview 9, male): "*Yes, one client cancels an appointment easier than the other… […] That is the big disadvantage of WhatsApp. It [an appointment] is also cancelled easily*." Another example is that participants get the feeling that clients become more dependent on them, since clients can more easily pass forward their questions to them. As an example, one participant argued the following (interview 11, female): "*Yes, I feel more involved, but also a bit of dependence of the clients. I feel more involved in the situation. I have the idea that I am more abreast of things and, yes, more involved. But I also have the idea that […] clients become more dependent. […] So, that they ask me before they find it out themselves. It is like: oh, I just ask X, I just send her a message*." Mostly, care professionals limit these disadvantages by limiting the amount and moment of contact via WhatsApp, both individually and by making arrangements with clients.

Despite the fact that most job crafting activities related to WhatsApp are caused by perceived disadvantages of this distant care technology, one job crafting activity is caused by a perceived benefit of WhatsApp. Some participants argued namely that they are better able to help clients, since WhatsApp enables them to monitor the process of clients better. As a result, some participants indicated that they perceive their job more positively in general. To illustrate, one participant argued that she perceives her job more positive, because she is constantly able to interact with her clients and check whether they are doing well or not. Since this also means that some care professionals ascribe more meaning to their job, this can be seen as a form of cognitive job crafting (Tims & Bakker, 2010; Wrzesniewski & Dutton, 2001). Noteworthy, all aforementioned job crafting activities are caused by disadvantages or a benefit of WhatsApp, which means that pragmatic legitimacy can be perceived as the main influencer of job crafting activities related to WhatsApp.

### *4.2. Telephony*

Similar to WhatsApp, the use of telephony as a distant care technology is perceived as taken-for-granted and part of the routine practices of care professionals. Therefore, the telephone is also part of the final stage of the legitimation process, which is defined as the continuation phase (De Veer et al., 2011; Fleuren et al., 2004). To illustrate how legitimate the use of telephony is, one care professional stated that he cannot do his work without using his telephone.

In general, the participants' perceptions towards the use of telephony are considerably positive. The advantages that are mentioned most frequently are largely similar to the aforementioned benefits of WhatsApp: increased flexibility and efficiency, being more approachable for clients and being able to monitor the process of clients better. As an example of this final advantage, one participant argued that he is better able to help and reassure one of his clients, because he calls this client every day and knows exactly what is going on in her life (interview 8, male): "*[…] She is mentally disabled, and is depressed. And she is a nuisance to her network. So, she calls everyone and asks them questions, until she said that she would commit suicide. Well, that caused a lot of nuisance in her network. So, I arranged with her network that I will call her every day. Five to ten minutes, so that she can ventilate, that she can tell her story, and that I can reassure her. And you see […] that her network is less loaded*."

Furthermore, some participants argued that they regularly use the telephone to discuss difficult situations with colleagues or to share their feelings and experiences. In contrast to the aforementioned advantages, this benefit is related to the interaction of care professionals with their colleagues and not with the clients. According to some participants, the advantage of telephony is that they do not have to wait until someone else has read their messages. Instead, they can directly interact with their colleagues. One participant stated that this is especially important for ambulant care professionals, who often work individually and do not see their colleagues on a daily basis (interview 9, male): "*Especially with the ambulant [care provision]… […] You are quite often on your own… That you sometimes keep in touch with a colleague. […] If you are not sure about something… Or advice… Or to ventilate… Then, the telephone is quite useful*."

The aforementioned benefits are related to pragmatic legitimacy, since these benefits refer to the direct utility that the use of telephony provides to care professionals. However, it can be argued that the participants' perceptions towards the telephone are also influenced by regulative legitimacy, because some participants stated that the use of telephony is no infringement on the privacy of clients. As an example, one participant argued the following: "*Yes, then, we often call. […] Yes, so, she can tell her story, but she is also able to keep doing whatever it is she is doing. There is no infringement on her privacy*." As a result, it can be argued that the telephone operates in accordance with existing rules and procedures, which increases the positive perceptions of participants towards this distant care technology (Binz et al., 2016).

*4.2.1. Job crafting activities related to telephony*

Job crafting activities related to the use of telephony are mainly caused by the following disadvantages: an overload of phone calls, increased expectations of clients and disadvantages related to the fact that care professionals are more approachable for clients. These disadvantages are similar to the causes of job crafting activities related to the use of WhatsApp. This is probably caused by the fact that WhatsApp and telephony are generally perceived as complementary to each other, because both technologies are mainly used for functional purposes (e.g., planning an appointment), as well as to quickly reassure clients and help them with small problems (e.g., when clients do not know what to do with their mail).

To begin with, some participants argued that they experience an overload of phone calls, due to the use of telephony as a distant care technology. One participant said the following about this (interview 7, female): "*This man can call me all day. And if he does not call me, he tries the next one on the list*." Participants mostly limit this disadvantage by making arrangements with clients about the amount and moment of phone calls. Another job crafting activity that is regularly applied to handle the overload of phone calls (and an overload of WhatsApp messages) is that care professionals make a clear distinction between work and private life. As an example, one participant stated the following (interview 1, female): "*When I am sitting in my car, I switch off my mobile phone. I leave everything that has to do with my work behind me*." This job crafting activity refers to changes in the physical task boundaries of one's job (Berg et al., 2008; Wrzesniewski & Dutton, 2001), since care professionals consciously decide that they do not perform additional tasks (e.g., phone calls) in their spare time. This job crafting activity differs from the job crafting activity in which care professionals limit the amount and moment of contact individually, since this latter activity is mostly performed to limit the amount of contact with clients during working hours.

Furthermore, some participants indicated that increased expectations of clients are an important disadvantage of the use of telephony as a distant care technology. An example of this drawback is that some clients expect care professionals to respond immediately to their phone calls. One way of dealing with this disadvantage is that participants do not answer the phone when they are visiting a client. In other words, some participants give priority to a specific task (e.g., face-to-face contact with a client has priority over immediately responding to phone calls from other clients). As one participant put it (interview 11, female): "*But I do not answer the phone when I am visiting clients. Then, I will see who it is and whether or not he can wait until the arrangement with the client is over*." This job crafting activity is also related to physical job crafting, since care professionals change how they perform tasks (Berg et al., 2008), by focusing on the face-to-face contact with a client and postponing the phone call with another client.

Besides, some participants argued that the use of telephony as a distant care technology makes them more approachable for clients, which causes that clients pass forward their questions and problems more easily. One participant gave the following example (interview 3, female): "*For some clients, it is very easy and they continually hang on the phone. Sometimes, I just feel a secretary*." Another care professional described this disadvantage as following (interview 17, female): "*For clients who are very dependent… They can share all their problems and questions, at any time of the day*." The job crafting activity that is most frequently applied to deal with this disadvantage is that participants make arrangements with clients about the amount and moment of contact via telephone.

Finally, some participants argued that the use of telephony enables them to monitor the process of clients better, which makes that they are better able to help clients. Similar to WhatsApp, this causes that some participants perceive their job more positively in general. To illustrate, one care professional argued that she perceives her job as more meaningful, because she has the feeling that she is better able to help her clients. This example can be seen as a form of cognitive job crafting, since care professionals ascribe more meaning and relevance to their job (Tims & Bakker, 2010; Wrzesniewski & Dutton, 2001).

### *4.3. Skype*

In contrast to WhatsApp and telephony, most participants did not develop a positive intention to use Skype. To illustrate, only two participants stated that they perceive Skype as the most legitimate and useful distant care technology. Therefore, Skype is part of the first stage of the legitimation process, which is defined as the dissemination phase (De Veer et al., 2011; Fleuren et al., 2004). Technological legitimacy of Skype is lower than the degree of legitimacy of WhatsApp and telephony, because many participants experienced disadvantages of Skype (pragmatic legitimacy), argued that Skype does not fit to their perceptions of providing good care (normative legitimacy) and indicated that they had the feeling that the management of RIBW Groep Overijssel forced them to use Skype (characteristics of the organization).

The perceptions of care professionals towards the use of Skype as a distant care technology are mixed. On the one hand, some participants argued that Skype enables them to actually see clients, which is an advantage compared to WhatsApp and telephony. As one participant put it (interview 8, male): "*Yes, the most ideal, I think, was Skype, because, then, you see someone and you can chat*." Nevertheless, other participants stated that they still miss signals from the surrounding of clients, as well as non-verbal information, even though they are able to see clients via a screen. To illustrate, one participant argued the following (interview 4, male): "*I do not see what their attitude is. You only see their heads, I cannot see whether they are wiggling with their legs or whether they are restless, or whatever. For my feelings, it does not give me enough information*." Another participant stated the following (interview 11, female): "*[…] You do not see everything, because you are not there. Thus, you do not see how the rest of the house looks like, whether the mail has been opened*." Both the advantage and the disadvantage of Skype are related to pragmatic legitimacy, because it refers to the direct utility that Skype provides to care professionals (Suchman, 1995).

Moreover, some participants indicated that Skype does not fit to their perceptions of providing good care. As an example, one participant said the following (interview 7, female): "*I cannot do anything with Skype. I really do not like it, I think it is too plastic. I want the surrounding, to smell, to taste, to feel*." This example is related to normative legitimacy, because it refers to the conformity of a technology with beliefs, values and norms of care professionals (Kaganer et al., 2010; Markard et al., 2016). Finally, some participants stated that they had the feeling that the management of RIBW Groep Overijssel forced them to use Skype. As an example, one participant argued the following (interview 7, female): "*We all have to Skype. We all get a very nice iPad, so, we have to Skype. We have to, it is the new era and it is cheaper care. […] So, you have to and you also do that. Actually, you have no choice. If you choose to work at RIBW, you choose for the whole package, so, also for working with Skype*." This example is related to the characteristics of the organization, since it refers to the decision-making process regarding the introduction of Skype (and the fact that care professionals were not involved in this process).

#### *4.3.1. Job crafting activities related to Skype*

Job crafting activities related to the use of Skype are mainly caused by the fact that care professionals miss signals from the surrounding of clients, as well as non-verbal information of clients. It is remarkable that this is the main cause of job crafting activities related to Skype, since Skype is the only distant care technology that enables care professionals to actually see clients. A possible explanation for this is that some care professionals perceive Skype as a replacement of face-to-face contact with clients, whereas WhatsApp and telephony are seen as technologies that complement these face-to-face contacts. To illustrate, one participant stated that she had the feeling that the management of RIBW Groep Overijssel introduced Skype to replace face-to-face contact with clients and to make care provision more efficient. Since this does not fit to the perceptions of care professionals that face-to-face contact is the most

important way of interacting with clients, many participants developed negative attitudes towards Skype. Consequently, it seems logical that participants compared Skype to face-to-face contact, which explains why they stated that they miss signals from the surrounding of clients and non-verbal information of clients. Since this disadvantage of Skype is related to pragmatic legitimacy, this form of legitimacy can also be perceived as the main influencer of job crafting activities regarding Skype.

Most participants apply one of the following job crafting activities to deal with the fact that they miss signals from the surrounding of clients and non-verbal information of these clients. First, some participants stated that they try to find a balance between providing care via Skype and having face-to-face contact with clients. To illustrate, one participant argued that she focuses more on the attitude and non-verbal behaviour of clients when she visits them, since this information is hard to retrieve from a screen. Other participants stated that they visit clients more often if they get the feeling that they miss crucial information, due to the use of Skype. Second, some participants indicated that they control clients via Skype, in order to get more information about the surrounding of these clients. As an example, one participant said the following (interview 7, female): "*[…] How clean is your house? Let me see, then! If you say that the bathroom is clean, just let me see*." Both job crafting activities are related to relational job crafting (Tims et al., 2016; Wrzesniewski & Dutton, 2001), because the quality of interactions (e.g., more formal because care professionals control clients) and amount of interactions (e.g., planning an extra face-to-face appointment if care professionals thinks that they miss something) are changed.

*Table 3: Overview of the most important (causes of) job crafting activities per technology*

| Causes of job crafting | Job crafting activities | Forms of job crafting |
|---|---|---|
| **WhatsApp** | | |
| Overload of messages | Limiting the amount and moment of contact individually | Relational job crafting |
| Increased expectations of clients | Limiting the amount and moment of contact by making arrangements with clients | Relational job crafting |
| More approachable for clients | Limiting the amount and moment of contact both individually and by making arrangement with clients | Relational job crafting |
| Better able to monitor and help clients | More positive perceptions towards the job in general | Cognitive job crafting |
| | | |
| **Telephony** | | |
| Overload of phone calls | Limiting the amount and moment of contact by making arrangements with clients and making a distinction between work and private life | Relational job crafting and physical job crafting |
| Increased expectations of clients | Limiting the amount and moment of contact by making arrangements with clients and giving priority to specific a specific task | Relational job crafting and physical job crafting |
| More approachable for clients | Limiting the amount and moment of contact by making arrangements with clients | Relational job crafting |
| Better able to monitor and help clients | More positive perceptions towards the job in general | Cognitive job crafting |
| | | |
| **Skype** | | |
| Missing signals from the surrounding of clients and non-verbal information of clients | Finding a balance between providing care via Skype and having face-to-face contact with clients and controlling clients via Skype | Relational job crafting |

### *4.4. General overview*

Table 3 provides an overview of the most important causes of job crafting activities per technology. Furthermore, the job crafting activities that are mentioned most frequently per technology are described in this table. As can be seen in this overview, disadvantages of distant care technologies are perceived as the main causes of job crafting activities. However, there are some cases in which a benefit of distant care technologies can be seen as a cause of job crafting. As described earlier, these benefits are related to the use of WhatsApp and telephony as a distant care technology and are concerned with the fact that some care professionals argued that they are better able to help clients, because WhatsApp and telephony enable them to monitor the process of clients better.

The advantages and disadvantages of distant care technologies that are presented in Table 3 are all related to pragmatic legitimacy and the characteristics of the innovation. The reasoning behind this is that all these causes of job crafting refer to the (relative) benefits of distant care technologies and the direct utility that these technologies provide to end users (De Veer et al., 2011; Fleuren et al., 2004; Freeman et al., 1983). In other words, it is argued that pragmatic legitimacy is the most important cause of job crafting in this study. Finally, it can be seen in this overview that most job crafting activities are related to relational job crafting. This is mainly caused by the fact that participants often craft their job by limiting the amount and moment of contact via distant care technologies, both individually and by making arrangements with clients. However, there are also some job crafting activities that are related to physical job crafting and cognitive job crafting.

### *4.5. Different perceptions towards technological legitimacy*

Below, two cases are introduced to illustrate how different perceptions of care professionals concerning the legitimacy of distant care technologies are related to job crafting activities. The first case includes a care professional who perceives WhatsApp as highly legitimate, whereas she is very negative towards the use of Skype as a distant care technology. This case clearly represents the high degree of legitimacy of WhatsApp in general, as well as the perceptions of many care professionals towards Skype. Moreover, this case is used as an example, because the job crafting activities that are applied by this participant are largely similar to the job crafting activities that are used most often by other care professionals (Table 3). On the other hand, the second case includes a participant who perceives Skype as highly legitimate, whereas the perceptions of this participant towards WhatsApp are less positive. This case is used as an example, because this participant is one of the two care professionals who perceives Skype as the most legitimate distant care technology. As a result, it is described how this care professional perceives distant care technologies from a somewhat different perspective, compared to almost all other participants.

#### *4.5.1. Using WhatsApp to provide good care*

This care professional uses WhatsApp and telephony on a daily basis. Besides, she regularly uses Skype if she has to work during the weekend, because one client has planned appointments via Skype every Saturday and Sunday morning. The participant's perceptions towards WhatsApp are very positive and the participant perceives WhatsApp as highly legitimate. As an example, this participant stated that it is unthinkable for her to not use WhatsApp in her daily work. The main reason why the participant is so positive about WhatsApp is because she really has the feeling that clients experience the benefits of WhatsApp. In other words, it can be argued that the decision of this care professional to use WhatsApp depends on the needs and experiences of clients. As an example, the participant argued that she perceives WhatsApp as highly legitimate, because it enables clients to tell their story and to express their feelings and thoughts: "*[…] And I have one client who uses it [WhatsApp] to ventilate. She uses WhatsApp to*

*tell her story*." Although the participant perceives WhatsApp as highly legitimate, she also encounters some disadvantages related to the use of WhatsApp. According to this participant, the main disadvantage of WhatsApp is that she sometimes receives an overload of messages: "*One client can, for example, send messages all day long. Then, I have been there, and after half an hour, I received thirty messages of her*." To handle this disadvantage, the participant makes arrangements with the client about the amount and moment of contact via WhatsApp.

In contrast to WhatsApp, the participant is very negative towards the use of Skype as a distant care technology. The main reason why this care professional is so negative towards Skype is that Skype does not fit to her values and perceptions of providing good care. As an example, this participant argued the following: "*Yes, physical touch is very important to me. So, I have to be able to give a pat on the back if someone does something good. And, then, you can raise a thick dumb for the camera… But for me, that does not feel good*." Besides, the participant argued that she misses signals from the surrounding of clients, as well as non-verbal information of clients, by using Skype. To overcome this disadvantage, she tries to control her clients somewhat more, for example by asking them to use the camera to show how clean their house actually is. Despite the fact that this participant is very negative towards Skype, she acknowledges that Skype can improve the efficiency of care provision, since it reduces travel time.

*4.5.2. Positive work perceptions through Skype*

This care professional is one of the participants who perceives Skype as the most legitimate and useful distant care technology. Moreover, this participant is considerably positive about the use of telephony as a distant care technology, whereas he has less positive perceptions towards WhatsApp. According to this participant, Skype is the most useful distant care technology, since it enables him to actually see the client. Nevertheless, this care professional argued that he sometimes misses signals from the surrounding of clients (e.g., a pile of dirty clothes in the corner of the bedroom). Furthermore, he indicated that Skype is not always the most practical distant care technology to apply, since some clients do not have enough knowledge and skills to use Skype. However, since this participant still is very positive about the use of Skype, he developed more positive perceptions towards his job in general. As an example, he stated that he perceives his job as more relevant, because the extra interactions via Skype enable him to help his clients even better.

The participant's perceptions towards WhatsApp are less positive than his perceptions towards Skype. According to this care professional, the main disadvantage of WhatsApp is that clients send a lot of messages, which causes an overload of messages. To deal with this disadvantage of WhatsApp, the participant mainly limits the amount and moment of contact via WhatsApp, both individually and by making arrangements with clients. Besides, the participant tries to make arrangements with clients that they should not use WhatsApp for urgent problems, because he does not check WhatsApp every day. Despite the fact that this participant is relatively negative towards WhatsApp, he acknowledges that WhatsApp enables him to quickly help and reassure his clients.

## 5. Discussion

### *5.1. Theoretical implications*

The main objective of this study was to gain a better understanding how care professionals perceive the legitimacy of distant care technologies and how their perceptions of technological legitimacy are related to job crafting activities. First of all, it can be concluded that the use of distant care technologies by care professionals does not necessarily mean that care professionals perceive these distant care technologies as (highly) legitimate. A good example of this finding is the first case in the previous chapter (see 4.5.1.), because the care professional ascribes a low degree of legitimacy to Skype, even though she regularly uses this distant care technology. This finding is important because it seems that some scholars suppose that the use of a technology also implies that the technology is perceived as legitimate by its users. De Veer et al. (2011) and Fleuren et al. (2004) argue, for instance, that the third phase of the innovation (or legitimation) process means that people try to use a specific technology on a daily basis. In other words, these authors argue that a technology possesses a relatively high degree of legitimacy if people regularly use the technology. However, based on the results of this study and the case in the previous chapter, it can be argued that the regular use of distant care technologies does not, by definition, mean that care professionals perceive these technologies as legitimate.

Another relevant implication of this study is that a high degree of legitimacy does not necessarily mean that all forms of technological legitimacy are high. To illustrate, some care professionals indicated that they experience many disadvantages related to the use of telephony (see 4.2.1.), even though these care professionals perceive this distant care technology as highly legitimate in general. Consequently, it may be supposed that the degree of pragmatic legitimacy is relatively low, whereas the general degree of legitimacy is high. A possible explanation for this is provided by Suchman (1995), who argues that the forms of legitimacy may reinforce each other, which means that a technology can still be perceived as legitimate if a specific form of legitimacy is relatively low. In this case, a high degree of cognitive, normative and regulative legitimacy may compensate the low degree of pragmatic legitimacy, which means that the general degree of legitimacy regarding the use of telephony can still be high.

As stated in the previous paragraph, care professionals may perceive disadvantages regarding a distant care technology, despite the fact that they define this technology as highly legitimate. Moreover, it can be concluded that care professionals experience many disadvantages related to Skype, which is a technology that is generally not perceived as highly legitimate (see 4.3.). Since the results demonstrated that disadvantages of distant care technologies are generally perceived as the main cause of job crafting activities, this means that it may be argued that job crafting occurs regardless of the degree of legitimacy. In other words, it is argued that job crafting occurs if technological legitimacy is relatively low, as well as if a technology is perceived as highly legitimate. As an example, the first case in the previous chapter (see 4.5.1.) showed that a care professional crafts her job if she perceives a distant care technology as highly legitimate (WhatsApp), as well as if she perceives a technology as totally not legitimate (Skype). In both cases, disadvantages concerning the distant care technology are the main cause of job crafting.

The finding that care professionals constantly craft their job to create alignment between their perceptions of how their job should be and the use of distant care technologies is inconsistent with studies on person-job fit. Scholars in this field assume namely that people are mainly motivated to craft their job if they perceive a misalignment between the characteristics of their job (e.g., the use of distant care technologies) and their personal skills, knowledge, abilities, preferences and needs (Kristof-Brown et al., 2005; Tims & Bakker, 2010). However, the results of this study showed that job crafting also occurs if people perceive an alignment between the characteristics of their job and their personal demands and abilities, which actually means that job crafting also occurs if technological legitimacy is relatively high.

Regarding the impact of the various forms of legitimacy on job crafting, the results showed that pragmatic legitimacy causes job crafting activities most frequently in this study (see Table 3). A possible explanation for this is that care professionals generally reflect easier on the advantages and drawbacks of distant care technologies (or the degree of pragmatic legitimacy) than on other forms of legitimacy, because they daily experience these advantages and disadvantages while using the technologies, both in the context of work and in their spare time. In contrast to questions about pragmatic legitimacy, care professionals regularly found it difficult to respond to questions concerning normative and regulative legitimacy. As an example, participants were not always able to clearly indicate to what extent the use of distant care technologies fits with their perceptions of providing good care (normative legitimacy) and whether or not the use of distant care technologies is in accordance with the existing rules in their working field (regulative legitimacy). Finally, it appeared that cognitive legitimacy has no influence on job crafting, probably because almost all participants also use the distant care technologies in their spare time, which means that they have enough knowledge and skills to use the technologies.

To overcome the experienced disadvantages related to the distant care technologies, participants indicated that they mostly craft the relational boundaries of their job (see Table 3). Consequently, it can be concluded that relational job crafting is the most frequently applied form of job crafting in this study. This seems logical because distant care technologies are designed to enable more effective interaction between clients and care professionals. If this interaction is impeded in some way (e.g., because the care professional misses signals from the surrounding of clients and non-verbal information of clients), it may be expected that care professionals craft the relational boundaries of their job to improve the interaction with clients. Nevertheless, it is questionable whether this finding is generalizable to other contexts, since most codes are explicitly related to the interaction between clients and care professionals (e.g., discussing which distant care technology a client should use for what kind of questions). Besides, most codes about relational job crafting were derived from an inductive content analysis, which means that the codes are specific to this study and probably not applicable to other contexts.

### *5.2 Practical implications*

Besides the theoretical implications, there are some practical implications for the managements of care organizations that want to introduce technological innovations, such as distant care technologies. First, managers of care organizations should acknowledge that the use of a technological innovation by care professionals does not necessarily mean that care professionals perceive the technology as legitimate. Therefore, it is important that managers of care organizations constantly interact with care professionals to develop a better understanding what kind of problems and disadvantages care professionals encounter while using a new technology. Hereby, the management of a care organization is better able to provide solutions for these disadvantages (e.g., providing care professionals with new and well working devices if care professionals indicate that the devices are not working well), which may increase the degree of legitimacy. Besides, by regularly interacting with care professionals and involving them in the decision-making process regarding the improvement of new technologies, care professionals may develop more positive perceptions towards the innovation, which ultimately means that care professionals are more likely to perceive the innovation as legitimate (Jiao & Zhao, 2013).

Another practical implication for managements of care organizations that want to implement new technologies is that they should create an innovation strategy, in which the use of new technologies is not described as something compulsory. Instead, it is argued that the usefulness of the technologies to the routine tasks of care professionals should be emphasized, demonstrated and communicated (Chau & Hu, 2002). Hereby, the relevance of the technologies is emphasized, which makes care professionals more likely to actually use the technologies. The importance of this implication is stressed, since some participants in this study stated that they had the feeling that the management of RIBW Groep Overijssel

forced them to use Skype. Consequently, some of these care professionals developed negative attitudes towards Skype and were less willing to use Skype. By emphasizing the usefulness and most important advantages of new technologies in an innovation strategy, it may be expected that care professionals are more likely to use new technologies.

### *5.3. Limitations*

Three limitations of the present study should be noted. First, it is not possible to assess the impact of the degree of legitimacy on individual changes in job crafting activities over time, because interviews were conducted at only a single point in time (Fitzmaurice, Laird, & Ware, 2011). In other words, it is not possible to determine how the number and forms of job crafting activities are influenced if the degree of legitimacy changes over time. Since it would be useful to obtain insight into how the relationship between the degree of legitimacy and the number and forms of job crafting activities changes over time, it is suggested to perform a longitudinal study (see 5.4.).

The second limitation is that it is impossible to indicate precisely what the degree of legitimacy for each form of technological legitimacy is. This is caused by the fact that it was not specifically asked how care professionals perceive the degree of legitimacy for each form of legitimacy. Instead, the degree of legitimacy for each form of technological legitimacy is based on the researcher's interpretations (e.g., the degree of pragmatic legitimacy is based on the number of advantages and disadvantages that are mentioned about a specific distant care technology and the researcher's interpretation of how important these benefits and drawbacks are for the participant). As a result, it is impossible to determine objectively what the influence of each form of legitimacy on the general degree of legitimacy is.

The final limitation is that many codes were derived from an inductive content analysis, which means that it is questionable if these codes are also applicable to other settings. Shenton (2004) agues, for example, that it is impossible to demonstrate that the findings and conclusions of a qualitative study are applicable to other settings, since these findings are specific to a small number of particular contexts and individuals. As an example, the conclusion that pragmatic legitimacy is the main influencer of job crafting activities is possibly not applicable to other contexts, since many codes (e.g., missing signals from the surrounding of clients and non-verbal of clients) that are related to this form of technological legitimacy were derived from an inductive content analysis.

### *5.4. Directions for future research*

Since this is the first study in which the relationship between technological legitimacy and job crafting is investigated, more research is needed to develop better insights into this relationship. Therefore, three directions for future research are proposed. First of all, it is suggested to perform a longitudinal study regarding the relationship between technological legitimacy and job crafting. Herewith, participants are interrogated repeatedly about their perceptions towards a specific technology and how they craft their job. As a result, the direct assessment of changes in job crafting activities over time, due to the changing degree of legitimacy, can be researched. To investigate this, scholars should focus on a context in which a new technology will be introduced, so that people have not already developed perceptions towards the degree of legitimacy of the technology. Hereby, scholars are able to research how the number and forms of job crafting activities change if people develop more (or less) legitimacy for the technology.

The second direction for future research is concerned with the generalizability of the results of this study. To determine whether the findings of this study (e.g., that pragmatic legitimacy is the main influencer of job crafting and that most job crafting activities are related to changes in the relational boundaries of one's job) are also applicable to other contexts, it is suggested to research the relationship between technological legitimacy and job crafting quantitatively. Although generic job crafting scales

are scarce (Tims, Bakker, & Derks, 2012), a quantitative study concerning the relationship between technological legitimacy and job crafting might be useful to investigate if there is statistical proof that the aforementioned findings can be generalized to other settings. Moreover, a quantitative study can be used to investigate whether the relationship between technological legitimacy and job crafting is characterized by linear causality or circular causality. This is interesting to investigate, since the scope of this study was only related to the impact of technological legitimacy on job crafting (see Figure 1).

Finally, the relationship between technological legitimacy and job crafting might be investigated by using different qualitative methods, such as interviews and observations. Brewer and Hunter (1989) state that the use of different methods in concert compensates for their individual limitations and exploits their respective benefits. To illustrate, by using a combination of interviews and observations, it can be researched if care professionals actually limit the amount and moment of contact individually, because observations enable the researcher to check whether participants really craft their job as argued in the interviews. Furthermore, observations can be used to obtain more insights into how participants perceive the legitimacy of a specific technology (e.g., by observing how participants talk about the technology with their colleagues). These insights may be helpful in determining how legitimate a technology is perceived by its users.

### *5.5. Conclusion*

In summary, the present study extends research on technological legitimacy and job crafting by linking these concepts for the first time. An important contribution of this study is that the use of a technology does not necessarily mean that users perceive the technology as legitimate. Moreover, it is argued that job crafting occurs regardless of the degree of legitimacy, because job crafting activities occur both if a technology is generally perceived as highly legitimate and if a technology has a relatively low degree of legitimacy. Furthermore, the results of this study indicated that pragmatic legitimacy is the form of technological legitimacy that is perceived as the most important predictor of job crafting. Finally, it is argued that most job crafting activities in this study are related to relational job crafting. However, since this research is conducted in a specific context and most codes concerning pragmatic legitimacy and relational job crafting were derived from an inductive content analysis, future research is needed to determine whether the result of this study are generalizable to other settings.

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## Appendices

### Appendix A

Interview scheme (Dutch)

**Onderzoeker**: Voordat we starten met het interview, wil ik u bedanken dat u bereid bent om iets meer te vertellen over uw ervaringen ten aanzien van het gebruik van beeldbellen tijdens uw werkzaamheden bij RIBW. Daarnaast wil ik u vragen of u mij toestemming geeft om het interview op te nemen, zodat ik het interview later kan uitschrijven. Gaat u hiermee akkoord?

Indien de respondent instemt met het opnemen van het interview, wordt de opname gestart door de onderzoeker. De onderzoeker legt de respondent echter eerst uit dat hij nogmaals om toestemming vraagt om het interview op te nemen, wanneer de opname is gestart. Hiermee wordt de bevestiging van de respondent ook opgenomen.

**Onderzoeker**: Stemt u ermee in dat ik het interview in zijn geheel opneem?

Indien de respondent opnieuw instemt, worden de voorwaarden van het onderzoek besproken.

**Onderzoeker**: Door middel van dit interview hoop ik meer inzicht te krijgen in de ervaringen van behandelaars van RIBW ten aanzien van het gebruik van beeldbellen. Bovendien zou ik graag meer te weten komen over de gevolgen van de introductie en het gebruik van beeldbellen. Ik wil benadrukken dat er geen goede of foute antwoorden zijn op de vragen die ik ga stellen. Ik ben namelijk uitsluitend benieuwd naar uw persoonlijke ervaringen ten aanzien van (de introductie van) beeldbellen. Verder worden uw antwoorden geanonimiseerd, waardoor niemand te weten komt wat u heeft verteld. De antwoorden die u geeft, worden alleen gebruikt voor mijn afstudeeronderzoek en worden dus niet verstrekt aan derden. Tenslotte wil ik benadrukken dat u op ieder moment de mogelijkheid heeft om te stoppen met dit interview en dat u altijd om verduidelijking kunt vragen wanneer u een vraag niet begrijpt. Heeft u deze voorwaarden begrepen en gaat u hiermee akkoord?

**Topic 1: Introductie**

- Introductie onderzoek
    - Onderzoeksdoelen, voorwaarden, tijdsduur (ongeveer een half uurtje)
    - Onderzoeker stelt zich voor (naam, leeftijd, studie, universiteit)
    - Respondent stelt zich voor **(**leeftijd, functie, sinds wanneer in dienst bij RIBW, job satisfaction op een schaal van 1 tot 10 + uitleg)

- Implementatie en gebruik beeldbellen
    - **Wat houdt het gebruik van beeldbellen in uw werk precies in?** Hoe werkt beeldbellen, sinds wanneer werkzaam met beeldbellen, frequentie gebruik beeldbellen, voorbeelden van dagelijks gebruik, gebruik van andere technologieën in het verleden of heden
    - **Hoe ervaart u het gebruik van beeldbellen?** Positief vs. negatief, goed vs. slecht, geschikt vs. ongeschikt
    - **Wat waren volgens u de belangrijkste redenen om beeldbellen te introduceren binnen RIBW?**
    - **In hoeverre heeft u inspraak gehad in de besluitvorming omtrent de introductie van beeldbellen?** Betrokkenheid bij besluitvorming, mogelijkheid tot geven input

**Topic 2: Nut en gemak t.a.v. het gebruik van beeldbellen**

- Voor- en nadelen t.a.v. het gebruik van beeldbellen
  - **Wat zijn de voor- en nadelen van beeldbellen t.a.v. uw eigen werkzaamheden?** Ervaart de respondent de voordelen/nadelen, helpt beeldbellen bij het verlenen van optimale zorg, betere/slechtere samenwerking tussen de respondent en cliënt door het gebruik van beeldbellen, mogelijke risico's voor respondent
  - **Wat zijn de voor- en nadelen van beeldbellen t.a.v. het welzijn van de cliënt?** Ervaart de cliënt voordelen/nadelen, verwachte tevredenheid van de cliënt t.a.v. het gebruik van beeldbellen, mogelijke risico's voor de cliënt
  - **Wat zijn de voor- en nadelen van beeldbellen t.a.v. andere technologieën die u gebruikt of heeft gebruikt?** In hoeverre worden alternatieve technologieën 'ondenkbaar' voor de respondent?

- **Hoe ervaart u het gebruiksgemak van beeldbellen?**
  - Makkelijk vs. moeilijk te gebruiken
  - Duidelijke vs. onduidelijke richtlijnen/procedures
  - Aantrekkelijkheid om beeldbellen te gebruiken
  - Voldoende vs. onvoldoende kennis en vaardigheden om beeldbellen te gebruiken
  - Mate waarin de respondent zichzelf instaat acht(te) om kennis en vaardigheden te leren

**Topic 3: Beschikbare middelen**

- **In hoeverre is er volgens u binnen RIBW voldoende ondersteuning om beeldbellen optimaal te gebruiken?**
  - Hoeveelheid personeel
  - Hoeveelheid tijd
  - Feedback en steun van collega's t.a.v. het gebruik van beeldbellen
  - Aanwezige expertise van anderen binnen RIBW m.b.t. het gebruik van beeldbellen
  - Aanwezigheid leider/persoon die de introductie en het gebruik van beeldbellen begeleidt
  - Handleidingen, trainginsmogelijkheden en apparaten aanwezig

**Topic 4: Sociaal-politieke context**

- **In hoeverre heeft u het gevoel dat het gebruik van beeldbellen wordt gestimuleerd door de overheid en het management van RIBW?**
  - Regelementen van de zorginstelling

- **Wat verstaat u onder goede zorg en hoe speelt beeldbellen daarop in?**
  - Normen en waarden respondent en RIBW (sluit beeldbellen aan bij de normen en waarden die de respondent belangrijk vindt?)
  - Overeenkomst met vorige/'gewone' werkzaamheden

**Topic 5: Job crafting**

- **Hoe is uw werk veranderd door het gebruik van beeldbellen?**
  - Voorbeelden (taken, relaties, werkidentiteit)
  - Afhankelijk van het antwoord doorvragen op één of meerdere vormen van job crafting

- **Hoe ervaart u deze veranderingen?**

- **Hoe gaat u om met deze veranderingen?**
  - Of nog specifieker: verandert u bewust bepaalde onderdelen van uw werk als gevolg van het gebruik van beeldbellen?
  - Afhankelijk van het antwoord doorvragen op één of meerdere vormen van job crafting

- Mogelijke doorvraagmogelijkheden m.b.t. veranderingen in de werkzaamheden van de respondent
  - Aantal taken/werkzaamheden
  - Soort taken/werkzaamheden
  - Hoe zijn de taken eventueel veranderd
  - De manier waarop taken/werkzaamheden worden uitgevoerd
  - Bepaalde taken uitgebreid dan wel beperkt
  - Werkdruk toegenomen vs. afgenomen door het gebruik van beeldbellen

- Mogelijke doorvraagmogelijkheden m.b.t. veranderingen in de relaties van de respondent met anderen
  - Hoeveelheid interactie met cliënten
  - Hoeveelheid interactie met collega's
  - Steun verlenen aan cliënten
  - Sociale steun geven aan collega's
  - Vraag om meer (sociale) steun door collega's

- Mogelijke doorvraagmogelijkheden m.b.t. veranderingen in de percepties t.a.v. eigen werkidentiteit van de respondent
  - Percepties t.a.v. het werk
  - Identiteit als werknemer veranderd/hetzelfde gebleven
  - Werk is relevanter/minder relevant geworden in ogen respondent
  - Werk is betekenisvoller/minder betekenisvol geworden door gebruik technologie
  - Taken worden meer/minder als één geheel gezien door respondent

**Appendix B**
Codebook (Dutch)

*1.1. Het aantal en soort taken*

| Code | Beknopte codenaam | Beschrijving | Voorbeeld(en) |
|---|---|---|---|
| 1.1.1. | Nieuwe taak | De respondent(e) voert een taak uit die hij/zij voorheen niet uitvoerde | De respondent(e) heeft een inloopspreekuur georganiseerd om het contact op afstand uit te stellen |
| 1.1.2. | Taken buiten werktijd | De respondent(e) voert meer taken uit buiten werktijd | De respondent(e) neemt thuis nog contact op met de cliënt(e) |
| 1.1.3. | Scheiding werk/privé | De respondent(e) maakt een strikte scheiding tussen zijn/haar werkzaamheden en privéleven | De respondent(e) zet zijn/haar werktelefoon uit na werktijd |

*1.2. De manier waarop taken worden uitgevoerd*

| Code | Beknopte codenaam | Beschrijving | Voorbeeld(en) |
|---|---|---|---|
| 1.2.1. | Meer afwisseling | De respondent(e) wisselt meer af tussen verschillende taken | De respondent(e) voert meer taken tussendoor uit |
| 1.2.2. | Meer structuur | De respondent(e) brengt meer structuur aan bij het uitvoeren van taken | De respondent(e) voert bepaalde taken op een specifiek tijdstip uit; de respondent(e) rondt eerst een taak af, voordat hij/zij begint met een nieuwe taak |
| 1.2.3. | Meer prioriteit | De respondent(e) stelt meer prioriteit bij het uitvoeren van een specifieke taak | De respondent(e) neemt direct op wanneer een cliënt(e) belt die normaal nooit belt; de respondent(e) is niet bereikbaar tijdens een face-to-face contact |
| 1.2.4. | Meer tijd voor taak | De respondent(e) neemt meer tijd voor een specifieke taak | De respondent besteedt meer tijd aan administratieve werkzaamheden, doordat hij/zij tijd overhoudt door het gebruik van de vorm(en) van zorg op afstand |

*2.1. De hoeveelheid contact met cliënten*

| Code | Beknopte codenaam | Beschrijving | Voorbeeld(en) |
|---|---|---|---|
| 2.1.1. | Afspraak over hoeveelheid/moment contact | De respondent(e) maakt afspraken met de cliënt(e) over de hoeveelheid en/of het moment van contact op afstand | De respondent(e) spreekt met de cliënt(e) af dat hij/zij van negen tot vijf bereikbaar is; de cliënt(e) mag alleen contact opnemen als het echt nodig is |
| 2.1.2. | Begrenzen hoeveelheid/moment contact | De respondent(e) begrenst de hoeveelheid en/of het moment van contact voor zichzelf/haarzelf, zonder dit te overleggen met de cliënt(e) | De respondent(e) reageert pas op berichten wanneer het hem/haar uitkomt |
| 2.1.3. | Balans contact | De respondent(e) probeert een balans te vinden tussen de hoeveelheid contact op afstand en face-to-face contact | De respondent(e) bespreekt bepaalde dingen bewust face-to-face met de cliënt(e), in plaats van via WhatsApp |

*2.2. De manier van contact met cliënten*

| Code | Beknopte codenaam | Beschrijving | Voorbeeld(en) |
|---|---|---|---|
| 2.2.1. | Afspraak over manier contact | De respondent(e) maakt afspraken met de cliënt(e) over de manier waarop zij (persoonlijk) contact hebben | De respondent(e) spreekt met de cliënt(e) af dat WhatsApp niet wordt gebruikt om even leuk te appen; de respondent(e) spreekt de cliënt(e) erop aan wanneer hij/zij ongepaste taal gebruikt in een bericht |
| 2.2.2. | Begrenzen manier contact | De respondent(e) begrenst de manier van (persoonlijk) contact voor zichzelf/haarzelf, zonder dit te overleggen met de cliënt(e) | De respondent(e) voegt expres geen foto toe op WhatsApp |
| 2.2.3. | Meer controleren | De respondent(e) controleert de cliënt(e) meer via de vorm(en) van contact op afstand | De respondent(e) vraagt de cliënt(e) om een foto te maken van het aanrecht; de respondent(e) checkt of de cliënt(e) het bericht heeft gelezen via WhatsApp |
| 2.2.4. | Afspraak over communicatiemiddel | De respondent(e) spreekt met de cliënt(e) af welke vorm(en) van zorg op afstand de cliënt(e) moet gebruiken bij welke hulpvraag en bij welke hulpvraag niet | De respondent(e) heeft met de cliënt(e) afgesproken dat hij/zij moet bellen, in plaats van appen, wanneer er echt problemen zijn |
| 2.2.5. | Bespreken vraag cliënt(e) | De respondent(e) bespreekt met de cliënt(e) wat hij/zij moet doen met de vraag van de cliënt(e) | De respondent(e) bespreekt met de cliënt(e) zijn/haar verwachtingen wat de respondent(e) doet met de vragen van de cliënt(e) |

*2.3. De hoeveelheid en manier van contact met collega's*

| Code | Beknopte codenaam | Beschrijving | Voorbeeld(en) |
|---|---|---|---|
| 2.3.1. | Meer contact met collega's over cliënt(e) | De respondent(e) heeft meer contact met zijn/haar collega's over cliënten | De respondent(e) luistert met een collega mee tijdens een contactmoment met de cliënt(e) en/of geeft tips, adviezen, feedback ten aanzien van dit contact |
| 2.3.2. | Advies delen over zorg op afstand | De respondent(e) deelt ervaringen en adviezen met collega's ten aanzien van het gebruik van zorg op afstand | De respondent(e) adviseert collega's om de telefoon uit te doen na werktijd |

*3.1. De percepties ten aanzien van het werk en de werkidentiteit*

| Code | Beknopte codenaam | Beschrijving | Voorbeeld(en) |
|---|---|---|---|
| 3.1.1. | Positieve percepties | De respondent(e) heeft positievere percepties ten aanzien van zijn/haar werk | De respondent(e) vindt zijn/haar werk betekenisvoller en/of relevanter door het verlenen van zorg op afstand |
| 3.1.2. | Negatieve percepties | De respondent(e) heeft negatievere percepties ten aanzien van zijn/haar werk | De respondent(e) vindt zijn/haar werk minder interessant door het gebruik van de vorm(en) van zorg op afstand |
| 3.1.3. | Taken minder als geheel | De respondent(e) ziet de taken minder als één geheel, maar meer als losstaande taken | |
| 3.1.4. | Minder begeleid(st)er | De respondent(e) ziet zichzelf/haarzelf minder als begeleid(st)er en/of onderdeel van een team van begeleiders | De respondent(e) voelt zich soms net een secretaris/secretaresse |
| 3.1.5. | Werkidentiteit negatiever | De respondent(e) ervaart zijn/haar eigen werkidentiteit negatiever | |
| 3.1.6. | Werkidentiteit positiever | De respondent(e) ervaart zijn/haar eigen werkidentiteit positiever | De respondent(e) ziet zichzelf als een betere begeleid(st)er |

*4.1. De voordelen ten aanzien van de vormen van zorg op afstand*

| Code | Beknopte codenaam | Beschrijving | Voorbeeld(en) |
|---|---|---|---|
| 4.1.1. | Makkelijk te gebruiken | De respondent(e) vindt dat de vorm(en) van zorg op afstand makkelijk zijn te gebruiken | De respondent(e) vindt dat de vorm(en) van zorg op afstand eenvoudig en/of simpel te gebruiken zijn |
| 4.1.2. | Algemeen tevreden | De respondent(e) is over het algemeen tevreden over het gebruik van de vorm(en) van zorg op afstand | De respondent(e) vindt de vorm(en) van zorg op afstand handig, prettig, fijn, nuttig en/of helpend |
| 4.1.3. | Flexibeler | De respondent(e) heeft het idee flexibeler te zijn door het gebruik van zorg op afstand | De respondent(e) kan door het gebruik van de vorm(en) van zorg op afstand makkelijker een afspraak uitstellen |
| 4.1.4. | Efficiënter | De respondent(e) heeft het idee dat hij/zij productiever is en/of efficiënter werkt door het gebruik van zorg op afstand | De reistijd en/of reisafstand van de respondent(e) neemt af door het verlenen van zorg op afstand; het verlenen van zorg op afstand is financieel gunstiger |
| 4.1.5. | Laagdrempeliger voordeel | De respondent(e) vindt dat het contact met de cliënt(e) laagdrempeliger is en ervaart dit als een voordeel | De respondent(e) is toegankelijker voor de cliënt(e); de respondent(e) ervaart contact op afstand als minder beladen en/of meer ontspannen |
| 4.1.6. | Beter helpen | De respondent(e) heeft het idee dat hij/zij door het gebruik van zorg op afstand dichterbij de cliënt(e) staat en/of de cliënt(e) beter kan helpen | De respondent(e) kan makkelijker een vinger aan de pols houden; de respondent(e) is beter op de hoogte van de situatie van de cliënt(e) en/of voelt meer nabijheid |
| 4.1.7. | Overige voordelen | Overige voordelen die de respondent(e) ervaart | Door zorg op afstand is er sneller en/of korter contact tussen de cliënt(e) en de respondent(e); het contact met cliënten en/of collega's is makkelijker; de respondent(e) kan de cliënt(e) makkelijk controleren |

*4.2. De nadelen ten aanzien van de vormen van zorg op afstand*

| Code | Beknopte codenaam | Beschrijving | Voorbeeld(en) |
|---|---|---|---|
| 4.2.1. | Moeilijk te gebruiken | De respondent(e) vindt dat de vorm(en) van zorg op afstand moeilijk zijn te gebruiken | De respondent(e) vindt het gebruik van de vorm(en) van zorg op afstand gedoe, ongemakkelijk en/of lastig |
| 4.2.2. | Algemeen ontevreden | De respondent(e) is over het algemeen ontevreden over het gebruik van de vorm(en) van zorg op afstand | De respondent(e) vindt de vorm(en) van zorg op afstand niet handig, prettig, nuttig en/of helpend |
| 4.2.3. | Minder efficiënt | De respondent(e) heeft het idee dat hij/zij minder efficiënt werkt door het gebruik van zorg op afstand | De respondent(e) moet soms lang wachten op de cliënt(e) wanneer zij contact op afstand hebben afgesproken; het verlenen van zorg op afstand is minder rendabel |
| 4.2.4. | Laagdrempeliger nadeel | De respondent(e) vindt dat het contact met de cliënt(e) laagdrempeliger is en ervaart dit als een nadeel | De cliënt(e) schuift zijn/haar zorgvraag makkelijker door; de cliënt(e) zegt makkelijker af door het gebruik van de vorm(en) van zorg op afstand |
| 4.2.5. | Mist signalen | De respondent(e) heeft het idee dat hij/zij signalen in de omgeving van de cliënt(e) en/of non-verbale uitingen van de cliënt(e) mist door het gebruik van zorg op afstand | De respondent(e) kan geen schouderklopje geven; de respondent(e) kan niet zien hoe het huis van de cliënt(e) er werkelijk uit ziet |
| 4.2.6. | Meer (werk)druk | De respondent(e) ervaart meer druk door het verlenen van zorg op afstand | De respondent(e) heeft een onrustig gevoel door het gebruik van de vorm(en) van zorg op afstand; de respondent(e) heeft het idee dat de (werk)druk toeneemt |
| 4.2.7. | Overige nadelen | Overige nadelen die de respondent(e) ervaart | Zorg op afstand leidt de cliënt(e) en/of respondent(e) af; het is lastig om de boodschap van de ander juist te interpreteren; overload aan berichten; de verwachtingen van de cliënt(e) nemen toe; de respondent(e) voelt zich ongemakkelijk bij de vorm(en) van zorg op afstand (hij/zij kan niet rondlopen; moet harder praten) |

*5.1.De kennis, vaardigheden en idealen van de respondent(e)*

| Code | Beknopte codenaam | Beschrijving | Voorbeeld(en) |
|---|---|---|---|
| 5.1.1. | Onvoldoende kennis en vaardigheden | De respondent(e) heeft onvoldoende kennis en vaardigheden om de vorm(en) van zorg op afstand te gebruiken | De respondent(e) snapt hoe hij/zij moet beeldbellen |
| 5.1.2. | Sluit aan bij manier van begeleiden | Het verlenen van zorg op afstand sluit wel aan bij wat de respondent(e) definieert als een goede manier van begeleiden | De respondent(e) kan zijn/haar werk uitvoeren zoals hij/zij dat het liefste doet |
| 5.1.3. | Sluit niet aan bij manier van begeleiden | Het verlenen van zorg op afstand sluit niet aan bij wat de respondent(e) definieert als een goede manier van begeleiden | |

*5.2. Ervaren steun door collega's en het management van RIBW*

| Code | Beknopte codenaam | Beschrijving | Voorbeeld(en) |
|---|---|---|---|
| 5.2.1. | Management stimuleert | De respondent(e) heeft het idee dat het management van RIBW het verlenen van zorg op afstand wel stimuleert | De respondent(e) vindt dat alle mogelijkheden worden geboden om zorg op afstand te verlenen |
| 5.2.2. | Management stimuleert niet | De respondent(e) heeft het idee dat het management van RIBW het verlenen van zorg op afstand niet stimuleert | De respondent(e) vindt dat het management van RIBW de meerwaarde van het verlenen van zorg op afstand onvoldoende inziet |

*6.1. De beschikbare middelen en het besluitvormingsproces*

| Code | Beknopte codenaam | Beschrijving | Voorbeeld(en) |
|---|---|---|---|
| 6.1.1. | Voldoende middelen | De respondent(e) vindt dat er voldoende middelen en/of tijd zijn/is om de vorm(en) van zorg op afstand te gebruiken | De respondent(e) vindt dat er voldoende tablets en laptops zijn om zorg op afstand te verlenen |
| 6.1.2. | Onvoldoende middelen | De respondent(e) vindt dat er onvoldoende middelen en/of tijd zijn/is om de vorm(en) van zorg op afstand te gebruiken | De respondent(e) vindt dat er onvoldoende tablets en laptops zijn om zorg op afstand te verlenen |
| 6.1.3. | Apparaten werken niet | De respondent(e) heeft het idee dat de apparaten en/of programma's (bijvoorbeeld Skype) niet goed werken | Er zijn apparaten teruggestuurd, omdat deze apparaten niet werkten |
| 6.1.4. | Voldoende expertise | De respondent(e) ervaart dat er voldoende expertise is om de vorm(en) van zorg op afstand goed te gebruiken | De vorm(en) van zorg op afstand zijn geïntroduceerd door een expert; de respondent(e) kan met vragen over de apparaten altijd bij iemand terecht |
| 6.1.5. | Onvoldoende expertise | De respondent(e) ervaart dat er onvoldoende expertise is om de vorm(en) van zorg op afstand goed te gebruiken | Er is niemand in het team die de kar trekt met betrekking tot het gebruik van de vorm(en) van zorg op afstand |
| 6.1.6. | Zelf bepalen | De respondent(e) heeft wel het idee dat hij/zij zelf kan bepalen welke vorm(en) van zorg op afstand worden gebruikt | De respondent(e) heeft het idee dat zijn/haar eigen beslissing omtrent het gebruik van de vorm(en) van zorg op afstand worden gewaardeerd door het management van RIBW |
| 6.1.7. | Niet zelf bepalen | De respondent(e) heeft niet het idee dat hij/zij zelf kan bepalen welke vorm(en) van zorg op afstand worden gebruikt | De respondent(e) heeft het idee dat hij/zij gedwongen is om de vorm(en) van zorg op afstand te gebruiken; de respondent(e) kan niet zelf beslissen welke vorm(en) van zorg op afstand hij/zij gebruikt |

*7.1. De samenwerking met cliënten*

| Code | Beknopte codenaam | Beschrijving | Voorbeeld(en) |
|---|---|---|---|
| 7.1.1. | Cliënt(e) wil niet | De respondent(e) heeft niet het idee dat de cliënt(e) de vorm(en) van zorg op afstand wil en/of durft te gebruiken | De cliënt(e) is bang voor hackers; de cliënt(e) vindt de vorm(en) van zorg op afstand niet prettig |
| 7.1.2. | Cliënt(e) wel voldoende middelen | De respondent(e) heeft wel het idee dat de cliënt(e) voldoende (financiële) middelen heeft om de vorm(en) van zorg op afstand te gebruiken | De cliënt(e) beschikt wel over internet |
| 7.1.3. | Cliënt(e) niet voldoende middelen | De respondent(e) heeft niet het idee dat de cliënt(e) voldoende (financiële) middelen heeft om de vorm(en) van zorg op afstand te gebruiken | De cliënt(e) heeft onvoldoende beltegoed; de cliënt(e) heeft geen laptop |
| 7.1.4. | Cliënt(e) wel voldoende kennis | De respondent(e) heeft wel het idee dat de cliënt(e) voldoende kennis en vaardigheden heeft om de vorm(en) van zorg op afstand te gebruiken | |
| 7.1.5. | Cliënt(e) niet voldoende kennis | De respondent(e) heeft niet het idee dat de cliënt(e) voldoende kennis en vaardigheden heeft om de vorm(en) van zorg op afstand te gebruiken | De cliënt(e) is niet digitaal vaardig; de cliënt(e) kan niet omgaan met Skype |

*7.2. De voor- en nadelen van de vorm(en) van zorg op afstand voor cliënten*

| Code | Beknopte codenaam | Beschrijving | Voorbeeld(en) |
|---|---|---|---|
| 7.2.1. | Cliënt(e) ervaart voordelen | De respondent(e) heeft wel het idee dat de cliënt(e) de voordelen van het gebruik van de vorm(en) van zorg op afstand ervaart | De cliënt(e) wordt door contact op afstand herinnerd aan afspraken; zorg op afstand stelt de cliënt(e) gerust; de cliënt(e) kan ventileren door contact op afstand; de cliënt(e) wordt zelfstandiger door contact op afstand |
| 7.2.2. | Cliënt(e) ervaart nadelen | De respondent(e) heeft het idee dat de cliënt(e) de nadelen van het gebruik van de vorm(en) van zorg op afstand ervaart | De cliënt(e) heeft moeite om zichzelf/haarzelf duidelijk te maken en/of om het bericht van de begeleid(st)er juist te interpreteren; de cliënt(e) voelt zich onbelangrijk, doordat hij/zij ziet dat er niet direct wordt gereageerd |