



Radboud Universiteit Nijmegen

Application of the conditional accountability model to professionals in the Dutch youth mental health care

Application of Vriens et al.'s (2016) model of conditional accountability through the development of a questionnaire assessing the perceived quality of working conditions of professionals in the Dutch youth mental health care.

Master's Thesis Organizational Design & Development

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A Greek old saying states “*Wonder is the beginning of wisdom*”: wondering about what is happening in the world, wondering about people’s cultures and wondering why people do things the way they do.

In September 2012, I started my Bachelor’s program Business Administration at the Radboud University. I remember the first time I crossed the Waalbrug, the glistering skyline of Nijmegen awaiting me. At that time, I did not know yet that I would wonder so much the five and a half years ahead of me. During my studies, my boardyear at Integrand, my Erasmus period at the Athens University of Economics and Business, my participation in the EHRM program 2017 and my HRM internship, I had the chance to experience great opportunities to challenge myself, to get to know other people, and in the end wonder as never before. These valuable experiences have provided the basis for the competences and skills I needed to write my Master’s Thesis.

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My wish for now is that my Master’s Thesis presents the first operational step for a way out of the ‘dilemma of professional accountability’.

Esther Sluijter

Abstract

This research extends on the conditional accountability model of Vriens et al. (2016) as a new form of ‘intelligent accountability’. Vriens et al. (2016) argue that trust in professionals should not be placed by means of looking at the outcome or results of their professional work, but by looking at the conditions under which professionals have to work. However, Vriens et al.’s (2016) described form of conditional accountability is conceptual in its nature. Vriens et al. (2016) have not operationalized the concepts to make conditional accountability more concrete or applicable to a certain profession.

This research applies the conditional accountability model to practice by focusing on one particular profession: professionals in the Dutch youth mental health care. The theoretical constructs of the conditional accountability model of Vriens et al. (2016) are operationalized for the first time in order to develop a questionnaire, which assesses the quality of working conditions as perceived by professionals themselves. Hence, this research contributes to the first part of what accounting for conditions does: showing “whether professionals are enabled to do their work as professionals” (Vriens et al., 2016, p. 16). The developed questionnaire aims to show whether professionals themselves perceive their working conditions as enabling or hindering their professional work.

So, this research concretizes the conditional accountability model of Vriens et al. (2016) by operationalizing its theoretical constructs. Moreover, this operationalization provides a critical reflection on the model of Vriens et al. (2016). Hereby, a first operational step for a way out of the ‘dilemma of professional accountability’ is provided: operationalizing the conditional accountability model of Vriens et al. (2016) to practice, supports the process of developing a more appropriate system of public professional accountability that is able to both guarantee trust in professionals to the wider public, and at the same time does not harm professional conduct.

Keywords: public professional accountability, intelligent accountability, conditional accountability, professional work, professionals’ perceived working conditions, questionnaire design, Dutch youth mental health care

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1. Introduction

1.1 Professionals need to account

Professionals, such as psychologists, doctors, teachers, lawyers or accountants, are supposed to realize certain services that add value to society (Vriens, Vosselma & Groß, 2016). This implies that these professionals “should be accountable for the effectiveness of the services they deliver” (Banks, 2004, p. 151). Traditionally, a substantial autonomy for performance was ascribed to professionals (Lunt, 2008). However, in the last decades society has changed as well as the nature of professions (O’Neill, 2002; Lunt, 2008; Vriens et al. 2016). As O’Neill (2002, p. 18) argues, there surely is evidence for a ‘culture of suspicion’. A culture in which the more basic duty not to mislead others, has become subordinate to the new ideal of the information age: transparency (O’Neill, 2002). The changing society challenges professionals as well as their professional work (Lunt, 2008). To reduce professional misconduct and to replace public trust “professionals increasingly have had to give account of their conduct to a wider public, e.g., to their direct clients, their representatives and/or to society in general” (Vriens et al., 2016, p. 1). Due to a loss of public trust, professionals have been more called to account since the last decades (Lunt, 2008; Vriens et al., 2016).

Informing the wider public, the society, about professional conduct is called public professional accountability. The form and the extent of this public professional accountability is criticized by many authors (cf. Messner, 2009; O’Neill, 2002, 2013, 2014; Power, 1994; Roberts, 2001, 2009; Shearer, 2002; Vriens et al., 2016). Mulgan (2003, p. 8) defines accountability as “a general term for any mechanism that makes powerful institutions responsive to their particular publics”. However, the concept of accountability is ‘elusive’ and therefore difficult to use for analytic objectives (Bovens, 2007, p. 448). The different concepts of accountability are too roughly constructed, resulting in “loosely defined concepts and vague images of good governance” (Bovens, 2007, p. 449). Due to these vague definitions of accountability, it is difficult to define what the ‘best’ form of professional accountability is.

1.2 Dilemma of professional accountability

Authors have already addressed different forms of professional accountability (Roberts, 1991; Vosselman, 2012; Vriens et al., 2016). Vriens et al. (2016) summarize these prevalent forms of professional accountability in the literature into two distinguishing forms: calculative accountability and narrative accountability. Calculative accountability aims at perfect administrative control of professional work by means of procedures, protocols, targets and outcome-based evaluation (O’Neill, 2002; Lunt, 2008; Vriens et al., 2016). An example of calculative accountability is the evaluation of the professional conduct of a teacher based on

the height of his students' grades, without considering the different context-specific circumstances causing the height of the students' grades. Narrative accountability is about forming a story (Etchells, 2003; Vriens et al., 2016). In this approach a judgement is made through explaining and discussing professional conduct with the person(s) involved in the professional conduct. Vriens et al. (2016, p. 2) give a typical example of narrative accountability: "A doctor who – without referring to binding rules or targets – explains a diagnosis to a patient, discusses several alternative treatments, listens to possible objections, and arrives at a professional preference (based on his/her knowledge, experience, and vocation)".

Nevertheless, Vriens et al. (2016) argue that both the calculative and the narrative approach of accountability are insufficient. The indicators of calculative accountability might result in instrumental behavior, such as alienation, lack of responsibility, and public distrust, by not doing justice to professional work (Vriens et al., 2016). In addition, narrative accountability causes difficulties in transferring information about professional work to non-professionals. As in the doctor-patient example, it remains difficult for the patient to totally understand the reasons for the professional conduct of his or her doctor, due to the patient's lack of specific knowledge and experience (Vriens et al., 2016). So, the objection to narrative accountability is that it does not succeed in establishing trust to a wider public (Vriens et al., 2016).

Therefore, Vriens et al. (2016, p. 2) are speaking about a "dilemma of professional accountability": to guarantee trust in professionals, a form of public professional accountability is needed. At the same time "the current forms of accountability may either harm professional conduct and/or may not be able to provide the information to satisfy a general public" (Vriens et al., 2016; p. 2, Roberts, 2009). Vriens et al. (2016) argue that to handle this dilemma, a more 'intelligent form of accountability' as defined by O'Neill (2002) should be used. As Vriens et al. (2016, p. 2) describe it: "Intelligent accountability systems should support the public by providing it with evidence of professional trustworthiness and in this way help to place (or refuse to place) trust in professionals".

1.3 Conditional professional accountability

Vriens et al. (2016) came up with a new form of 'intelligent accountability', a form that is not purely focusing on professional conduct and/or results: the conditional approach to accountability. Trust in professionals should not be placed by means of looking at the outcome or results of their professional work, but by looking at the conditions under which professionals have to work (Vriens et al. 2016). These conditions might be professionals' "time, tools, regulatory potential, information or incentives" (Vriens et al., 2016, p.3). Vriens et al. (2016, p. 4) believe that "it makes sense to incorporate these contextual conditions in professional accountability", because "professional work is, of course, always carried out in a particular

social/organizational/societal context which conditions professional work”. Vriens et al. (2016) explore this conditional approach and believe that conditional accountability can work together with the calculative and narrative accountability to help support public trust.

However, the described form of conditional accountability by Vriens et al. (2016) is conceptual in its nature. Vriens et al. (2016) have not operationalized the concepts to make conditional accountability more concrete or applicable to a certain profession. Research is needed to come up with a more operational and applicable form of accountability (Vriens et al., 2016). A form of accountability that is able to reveal the conditions of professional work affecting ideal-type professional conduct, is necessary for public professional accountability (Vriens et al., 2016).

1.4 Working conditions of professionals

To extent on the research of Vriens et al. (2016), this research applies the conditional accountability model to practice. The theoretical constructs of the conditional accountability model of Vriens et al. (2016) are operationalized for the first time in order to study the quality of working conditions of professionals. Studying professionals’ working conditions is relevant, because the autonomy of professionals has seemed to be threatened, since professionals are “being subjected to increasing levels of internal and external regulation and audit” (Banks, 2004, p. 8). The threatened autonomy of professionals may result in professionals feeling alienated from their professional work, and may cause professionals having difficulties in appreciating their professional work and encouraging the societal value they serve (Vriens et al., 2016). To prevent professionals to get disaffected from their work, it is relevant to gain knowledge about the quality of working conditions affecting professional work. This knowledge might help to improve the working conditions of professionals and is thus of societal value.

Moreover, Vriens et al. (2016, p. 16) argue that “accounting for conditions does two things at once: it shows whether professionals are enabled to do their work as professionals and it shows whether management, i.e., those responsible for these conditions, has created those conditions”. Assessing the quality of working conditions of professionals in the Dutch youth mental health care, takes a first step in the direction of ‘this first thing’: showing whether professionals are stimulated or obstructed by doing their work as a professional. That means that, operationalizing the conditional accountability model of Vriens et al. (2016) is one step forward in the process of developing a more appropriate system of public accountability that is able to both guarantee trust in professionals to the wider public, and at the same time does not harm professional conduct. Hence, this research aims to provide a first operational step for a way out of the ‘dilemma of professional accountability’.

1.5 The Dutch youth mental health care as research context

This research focuses on one profession: professionals in the Dutch youth mental health care. The professionals in this sector do not only fulfill an important role for children and youth individually, their work also has a high impact on society. If the problems of children and youth are not treated well, this group might be a source of problems for society as a whole. Therefore, it is important that these professionals are dedicated to their societal value, in order to be considered trustworthy by the general public (Koehn, 1944, 1955).

The sector fits the need for a conditional approach, because problems in the sector convey the impression that the professional work of professionals is undermined. The professionals in this sector are now facing an increased pressure on their professional work. In 2015, the Dutch government started a transition in the system for youth mental health care. The Dutch municipalities became responsible for the whole range of care for children, young people and families in need of support and assistance (Hilverdink et al., 2015). The transition intended to create a more coherent, effective, transparent and less expensive youth care system. Though, problems have arisen since this decentralization.

The average waiting time for young people with mental disorders to receive care has increased (Vriesema & Wester, 2017). Besides that, the first diagnosis and length of treatment has become the task of general practitioners and not a task for the specialist itself, leading to situations of wrong diagnosis and insufficient care (Vriens et al., 2016). Furthermore, municipalities are entering the profession by sometimes even interfering with the content of care in order to decide whether to provide budgets or not: “They (the municipalities) ask: how long do you (psychiatrist) want to treat this attachment disorder? Is it cured after twelve sessions?” (Vriesema, 2016c). In addition, a nationwide research of the Dutch platform for investigative journalism, Investico, among 390 municipalities and 120 professional caregivers, affirms the problems in the sector as well (Logger & Weijnen, 2017): 57 % of the respondents indicate that they have less time for diagnosing children since the transition in 2015.

To sum up, the problems in the sector seem to threaten the autonomy of the professionals: they seem to have diminished “control over the conditions, processes, procedures, or content of their work according to their own collective and, ultimately, individual judgment in the application of their profession’s body of knowledge and expertise (Lengermann, 1971; Parsons, 1960; Realin, 1989)” (cited by Walter & Lopez, 2008, p. 207). The threatened professional autonomy results in professionals getting disaffected from their work. As Bezemer (2017) argues, more independent psychologists have considered to leave their profession, due to the difficulty of negotiating with municipalities, the administrative burden and the low fees, since the transition of the sector in 2015. Psychologists leaving their

profession negatively affects the well-being of children and youth in need of care from these professionals, and ultimately might harm society as a whole.

Therefore, it is relevant to gain knowledge about the quality of working conditions affecting professional work of professionals in the Dutch youth mental health care. The quality of working conditions of these professionals can be studied 'objectively' by analyzing how the working conditions have changed since the transition in 2015. However, how the working conditions have changed has already been described by different authors (Bezemer, 2017; Kindermans, 2017; Logger & Weijnen, 2017; Steenbergen & Vriesema, 2017; Transitie Autoriteit Jeugd, 2017; Vriesema, 2016a, 2016b, 2016c; Vriesema & Wester, 2017). Hence, insights into the quality of working conditions as perceived by professionals themselves can help to better understand which of the working conditions are perceived as most problematic. Understanding of the problematic working conditions reveals what is most urgent to change in the sector. For example, knowledge about how psychologists perceive their working conditions might help preventing them from leaving their profession. So, studying the perceived quality of working conditions of professionals in the Dutch youth mental health care is of societal value.

1.6 Research aim

To study the perceived quality of working conditions of professionals in the Dutch youth mental health care, the conditional accountability model of Vriens et al. (2016) is operationalized in order to develop a questionnaire, in which professionals themselves can indicate the quality of their working conditions. So, the goal of this research is to apply the conditional accountability model of Vriens et al. (2016), through the development of a questionnaire assessing the perceived quality of working conditions of professionals in the Dutch youth mental health care. The underlying goal is to make Vriens et al.'s (2016) model of conditional accountability more concrete and apply conditional accountability to a particular profession. The research question is: *How to assess the perceived quality of working conditions of professionals in the Dutch youth mental health care?*

As it is relevant for society, this research is just as relevant for academic reasons. Through the development of a questionnaire assessing the perceived quality of working conditions of professionals in the Dutch youth mental health care, the theoretical constructs of the condition accountability model are operationalized for the first time. This results in a first practical application of the conditional accountability model of Vriens et al. (2016) to a particular profession. It takes a first step in the direction of showing whether professionals are enabled to do their work as professionals. This first operationalization of conditional accountability to professionals in the Dutch youth mental health care concretizes the model of Vriens et al. (2016). So, operationalizing the conditional accountability model of Vriens et al. (2016) is one step forward in the process of developing a more appropriate system of public

accountability that is able to both guarantee trust in professionals to the wider public, and at the same time does not harm professional conduct. Moreover, such an operationalization may also provide the chance to reflect on the conditional accountability model of Vriens et al. (2016). Hence, this research aims to provide a first operational step for a way out of the ‘dilemma of professional accountability’.

1.7 Research outline

In order to provide an answer to the research question, this research is structured as follows. First of all, a theoretical background is established in Chapter 2. In this chapter the concepts of professional work and public professional accountability and its different forms, are further developed and explained. Subsequently, the conditional approach of public professional accountability is elaborated upon. Following the theoretical background, Chapter 3 describes the research methodology. Subsequently, the analysis and results of the research are presented in Chapter 4 as well as in Chapter 5 and Chapter 6. Finally, Chapter 7 presents the conclusion and discussion of the research.

2. Theoretical background

In this chapter the theoretical background of the research is shown. First of all, section 2.1 gives a description of the meaning and content of ‘professional work’. By giving an ideal-type of professional work, the conditions that might support professional work can be examined later on. After this, section 2.2 elaborates upon the concept of accountability. Subsequently, section 2.3 describes definitions and explanations of current professional accountability forms, followed by an analysis of the arising problems of those accountability forms. Then, section 2.4, 2.5, and section 2.6 elaborate on the conditional approach of public professional accountability, described by Vriens et al. (2016). Finally, section 2.7 describes the research gap.

2.1 Professional work

Professionals are needed, because society is dependent upon the specialized knowledge and techniques professionals embody (Freidson, 2001). But what actually includes professional work? Vriens et al. (2016, p. 3) utilize an ideal-type of professional work to find an opening in the ‘dilemma of professional accountability’. Vriens et al. (2016, p. 3) use an ideal-type definition, meaning that professional work is defined from the authors’ perspective “without the empirical claim that all work that is called ‘professional work’ always realizes all characteristics to the same degree”. By using an ideal-type it is possible to examine which conditions might support or might not support professional work (Vriens et al., 2016). The authors follow three characteristics as ideal-type of professional work (Vriens et al., 2016).

The first characteristic of professional work is the application and development of specific knowledge and skills. The work of professionals is neither simple nor static, but comprehensive study and practice are required to attain specific knowledge. The specific knowledge has to be “an accepted body of knowledge” (Vriens et al., 2016, p. 3).

A second characteristic of professional work is that it is a form of ‘intensive technology’ (as Thompson [1967], describes it). Professional work includes diagnosis and treatment of unstructured problems by means of trial-and-error (Vriens et al., 2016). Because every handling of such unstructured problems depends on specific situations, professional work is difficult to standardize or rationalize (Abbott, 1988; Freidson, 2001).

The final characteristic of professional work is a dedication to a particular value in society. As Frankel (1989, p. 110) argued already more than 30 years ago: “members of a profession are bound together by common aspirations, values, and training” and because of that “a profession may be viewed as a moral community”. Camenisch (1983, p. 48) further develops this by stating that:

Members of profession “are distinguished as individuals and as a group by widely shared goals, beliefs about the value of those goals, about the appropriate means for achieving them, and about the kinds of relations which in general should prevail among themselves, and in many cases between themselves and others”.

For example, work of psychologists in the youth mental health care involves dedication to the societal value of mental health. Psychologists work for the sake of children and youth by helping them with their mental disorders. The work of professionals, and in this particular example the work of psychologists, can be seen as a ‘moral duty’ (Vriens et al., 2016, p. 4). Dedication to a societal value is the most important characteristic of professional work: “it is the basis for the trustworthiness of the profession and without it the other characteristics remain meaningless” (Vriens et al., 2016, p. 4).

2.2 Accountability

Accountability as a concept has grown from a traditional bookkeeping function to enhance the effectiveness and efficiency of public governance to a broader concept of public accountability (Bovens, 2007). Behn (as cited in Bovens, 2007, p. 449) argues that accountability has turned into an umbrella term “that covers various other distinct concepts such as transparency, equity, democracy, efficiency, responsiveness, responsibility and integrity”. In addition, Koppell (2005) distinguishes five different dimensions to accountability: transparency, liability, controllability, responsibility, responsiveness. It is hard to analyze these broad conceptualizations of accountability, because it is difficult to operationalize them in order to empirically study whether a persons or an institution shows accountable behavior (Bovens, 2007).

As a consequence, those broad definitions of accountability are fall short on analytical value (Bovens 2007). As Bovens (2007, p. 450) argues: “It is used to qualify positively a state of affairs or performance of an actor. It comes close to ‘responsiveness’ and ‘a sense of responsibility’ – a willingness to act in a transparent, fair and equitable way”. The different concepts of accountability are too roughly constructed resulting in these broad conceptions (Bovens, 2007). Therefore, Bovens (2007, p. 450) uses a narrower definition of accountability: “the obligation to explain and justify conduct”. It is about having certain expectations about what a professional should have to explain, justify and take responsibility for (Cooper & Owen, 2007).

In addition, Messner (2009, p. 919) argues that accountability is more than just the conventional definition of accounting where people are seen as “purely economic agents who relate to each other through their self-interest alone”. Accountability takes place in social relations, it is a social practice, including mutual responsibilities and identities of people

(Messner, 2009). So, accountability can be considered as a social practice: “an exercise of care in relation to self and others” (Roberts, 2009, p. 969). These definitions are the starting point for what is meant with professional accountability in this research: the social practice of explanation and the justification of the professional conduct of professionals in the Dutch youth mental health care.

2.3 Current professional accountability forms and their limitations

Different forms of professional accountability are mentioned in the literature (Roberts, 1991; Vosselman, 2012; Vriens et al., 2016). Authors labelled those forms differently: hierarchical accountability and socialization accountability by Roberts (1991), and instrumental accountability and relational accountability by Vosselman (2012). Roberts’ (1991, p. 367) explains that the distinctive forms of accountability construct a difference “in people’s experience of themselves at work” as well as “in the organizational capacity to realize strategic objectives”. Therefore, Roberts (1991, p. 367) defines accountability as something that is in practice “a form of social relation which reflects symbolically upon the practical interdependence of action: an interdependence that always has both a moral and strategic dimension”. Vriens et al. (2016) have seen the overlap between those current forms of accountability and summarized them into two main categories: calculative accountability and narrative accountability.

Calculative accountability emerged from the ‘culture of suspicion’ (O’Neill, 2002). Due to the use of procedures, protocols, targets and outcome-based evaluation calculative accountability aims at perfect administrative control of professional work (Lunt, 2008; O’Neill, 2002; Vriens et al., 2016). The arising problem of the calculative approach however is its decontextualization, “it forces professionals to give an account that abstracts from the specific situations professionals have to respond to. Such accounts do not do justice to and cannot fully capture professional decisions and actions” (Vriens et al., p. 2).

For example, a psychologist is dependent of insurers to receive money for the care given to clients. These insurers follow criteria for the classification of mental disorders. If the problems of a particular client not totally fit the prescribed criteria for classification, but the psychologist still wants to help the client due to his professional dedication for the well-being of people, this psychologist might provoke professional misconduct. This example shows, that calculative accountability, in which a professional is evaluated based on prescribed protocols, may lead to instrumental behavior of professionals (Vriens et al., 2016). Despite the relatively straightforward and low-cost measurement of calculative accountability caused by the visibility of the rules and procedures followed or not, the context-specific situation in which professional work takes place is not taken into account (O’Neill, 2014; Roberts, 2009; Vriens et al., 2016).

An alternative form of accountability is the narrative approach. As the definition already reveals, narrative accountability is about forming a story (Etchells, 2003; Vriens et al., 2016). In this approach a judgement is made through explaining and discussing professional conduct with the person(s) involved in the professional conduct. However, the objection to narrative accountability is that it does not succeed in establishing trust to a wider public (Vriens et al., 2016). For example, assessing the quality of the professional work of a psychologist by considering the shared story between a psychologist and its patient, is not a sufficient form of accountability. Due to a gap in specific knowledge and experience between the psychologist and its patient, it remains difficult for the patient to totally understand the reasons for the professional conduct of the psychologist. So, the objection to narrative accountability is that it does not succeed in establishing trust to a wider public (Vriens et al., 2016).

At this point, the ‘dilemma of professional accountability’ appears. On the one hand are the current professional accountability forms insufficient, but on the other hand public professional accountability is still needed to secure trust in professionals. In order to cope with this dilemma, Vriens et al. (2016) argue that a more ‘intelligent form of accountability’ as defined by O’Neill (2002) should be used.

O’Neill’s (2014) definition of intelligent accountability contains three criteria: (1) it should begin from an account of what is required from professionals, (2) it should provide evidence of (un)trustworthiness and (3) it should reliably obtain and intelligibly communicate evidence. Intelligent accountability means “providing reasonable evidence of trustworthiness” of professionals (Vriens et al., 2016 p. 12). Intelligent accountability systems should provide the general public evidence of honesty, reliability and competence in order to trust professionals (Vriens et al., 2016).

2.4 Conditional accountability

Despite the fact that the literature tries to describe systems of intelligent accountability (Hutchinson & Young, 2011; O’Neill, 2014; Sahlberg, 2010), a real distinct system has not yet been constructed (Vriens et al., 2016). Vriens et al. (2016) recognize this gap and develop a new form of ‘intelligent accountability’, a form that is not purely focusing on professional conduct and/or results. Vriens et al. (2016) design the conditional approach to accountability. Trust in professionals should be placed by means of looking at the conditions under which professionals have to work, not only by looking at the outcome or results of their professional work alone (Vriens et al., 2016). “This entails, for instance, showing that professionals have the time, tools, regulatory potential, information or incentives, to actually and properly apply their specific knowledge and experience and dedicate themselves to realizing some societal value” (Vriens et al., 2016, p. 3). To help support public trust Vriens et al. (2016) argue that conditional accountability can work together with the calculative and narrative accountability.

As Vriens et al. (2016, p. 6) argue: “Accounting for the conditions for professional work means showing that the conditions enabling ideal-type professional conduct are realized”. For professional work two general influencing conditions are relevant, namely the goals that are conditioning professional work and the infrastructural arrangements (Vriens et al., 2016, p 6). The conditional accountability model of Vriens et al. (2016, p. 11) is presented in *Table 1*. In the following sections this two influencing conditions for professional work are further elaborated.

| | | Ideal-type professional conduct | | | |
|------------|----------------|--|--------------------------------|--|--|
| | | Application development specific knowledge, skills, experience | Secure intensive technology | Vocation/ dedication to societal value | |
| Conditions | Goals | Bureaucratic / state - uniformity - standardization - efficiency/cost | | | |
| | | Market - focus on client - focus on profit - competition | | | |
| | Infrastructure | Structure - specialization - centralization - formalization | | | |
| | | Performance management systems - accountability - development - reward - punishment | | | |
| | | Technology - ICT - equipment - housing | | | |

Table 1: Vriens et al.’s (2016, p. 11) model of conditional accountability (conditions for ideal-type professional conduct)

2.5 Goals conditioning professional work

This section describes the goal-related conditions affecting professional work as described by Vriens et al. (2016). Vriens et al. (2016) argue that setting goals supports the professional in deciding where to pay attention to while doing their professional work. “Goals define the effectiveness of professional conduct” (Vriens et al., 2016, p. 6). Goals are important to consider in professional work, because there are different kind of goals. A distinction between non-professional goals and professional goals can be made. The non-professional goals include the goals that may enter the professional work-domain that may undermine its ideal-type

characteristics. As Freidson (2001) argues, market- and state-related goals do not belong to the logic of professionalism. Focus on profit maximization for example might have a consequence for the time available for treating a patient. Therefore, such goals do not belong to the ‘real’ professional goals that realize a particular societal value (Freidson, 2001; Koehn, 1994).

Vriens et al. (2016) argue that non-professional goals might have a negative effect on the characteristics of the ideal-type professional work. Firstly, non-professional goals might “hinder the application and further development of specialized professional knowledge” (Vriens et al., 2016, p. 7). Secondly, non-professional goals might “hinder professional work as intensive technology” (Vriens et al., 2016, p. 7). Finally, non-professional goals might create a difficulty in realizing dedication of professionals to the societal value they serve (Vriens et al., 2016, p. 7).

2.6 Infrastructural arrangement condition professional work

This section describes the infrastructural-related conditions affecting professional work as described by Vriens et al. (2016). The way an organizational infrastructure is constructed might influence the work people perform in organizations. The infrastructure consists of three different parts (Achterbergh & Vriens, 2010; Vriens et al., 2016): the structure, the performance management systems and the technology. This section elaborates on these three infrastructural parts.

1. Structure

Firstly, the structure “concerns the way in which professional work is structured, i.e. how it is broken down into sub-processes and how it is coordinated” (Mintzberg, 1983; Vriens et al., 2016, p. 7). As argued before, the professional conduct is an intensive technology. For such an intensive technology to work well, an organic structure is needed rather than a mechanic structure (Thompson, 1967; Mintzberg, 1983; Vriens et al., 2016). For example, the work of psychologists includes the treatment of unstructured mental problems occurring in specific situations. This means that work of psychologists cannot be fully standardized resulting in a need for a more organic structure. As Vriens et al. (2016, p. 8) argue: “Structures with tasks covering the complete ‘job-to-be-done’, with the decentralized regulatory potential to deal with cases and disturbances as one sees fit, and with a low degree of formalization, better fit ideal-type professional work”.

2. Performance management systems

The second part of an infrastructure consists of the performance management systems. These are “the practices and policies used to select, appraise, monitor, reward, and develop (the performance of) professionals” (Vriens et al., 2016, p. 7). Professional work might be

influenced in a positive or negative way by these practices. That is why it is important to look at the performance management systems (Vriens et al., 2016). Vriens et al. (2016, p. 8) refer to three issues concerning performance management systems: “(1) the degree to which ideal-type professional goals enter these practices, (2) the degree to which professionals themselves take part in these practices, and (3) the form of these practices”.

3. Technology

The third part of an infrastructure is its technology. The technology entails the attributes by which professionals carry out their work. These attributes might for example be “the equipment they use, the physical lay-out of the space they work in, the ICT supporting their work” (Vriens et al., 2016, p. 9). It is hard for professionals to reach their (non)-professional goals without having the needed attributes to carry out the work (Vriens et al., 2016).

2.7 The research gap: taking conditional accountability one step further

Vriens et al. (2016, p. 10) define accounting for conditions as “giving a judgement about whether goals and infrastructural arrangement enable/do not hinder professional work” (Vriens et al., 2016, p. 10). However, the described form of conditional accountability by Vriens et al. (2016) is conceptual. The concepts of conditional accountability are not operationalized by Vriens et al. (2016) to make conditional accountability more concrete or applicable to a certain profession. Therefore, this research applies Vriens et al.’s (2016) model of conditional accountability to practice. Through the development of a questionnaire assessing the perceived quality of working conditions of professionals in the Dutch youth mental health care, the theoretical constructs of the condition accountability model are operationalized for the first time. This results in a first practical application of the conditional accountability model of Vriens et al. (2016). The operationalization also allows to reflect on the model of Vriens et al. (2016). This application takes the process of developing an appropriate system for professional accountability one step further, because it can provide insights in the most pressing problems affecting professionals’ ideal-type professional work.

3. Methodology

Research is needed to elaborate on Vriens et al.'s (2016) model of conditional accountability. Therefore, the main goal of this research is to apply the conditional accountability model of Vriens et al. (2016), through the development of a questionnaire assessing the perceived quality of working conditions of professionals in the Dutch youth mental health care. This chapter describes the methodology of the research. Section 3.1 gives an overview of the case to which the application of Vriens et al.'s (2016) conditional accountability takes place. Next, in order to actually assess the perceived quality of working conditions of professionals in the Dutch youth mental health care, section 3.2 gives an argumentation of the choice for a questionnaire. Thereafter, in section 3.3 the conceptual model of the questionnaire is presented. Subsequently, in section 3.4 the research design follows: the different steps that are taken for the development of the questionnaire are explained by means of 'The 3 Stages of Testing Surveys' model of Campanelli (2008). Finally, section 3.5 presents a reflection on the respected research ethics.

3.1 Understanding 'the case': The Dutch Child and Youth Act 2015

In order to assess the perceived quality of working conditions one group of professionals is studied in this research: the professionals in the Dutch youth mental health care. This sector fits the need for a conditional approach, because the problems in the sector indicate that ideal-type professional work of professionals is subverted. Since it is of societal value that professionals in this sector can do their work as well as possible, it is relevant to look at the conditions affecting the ideal-type professional work of these professionals.

The transition in the system for youth mental health care in the Netherlands, which was introduced in 2015, is seen as one of the main causes of problems in the sector (Bezemer, 2017; Kindermans, 2017; Logger & Weijnen, 2017; Steenbergen & Vriesema, 2017; Transitie Autoriteit Jeugd, 2017; Vriesema, 2016a, 2016b, 2016c; Vriesema & Wester, 2017). Therefore, a description of the changes that came along with this transition is needed. The section is structured as follows. Section 3.1.1 defines what the Dutch Child and Youth care includes. Section 3.1.2 describes the Dutch Child and Youth care before 2015. Section 3.1.3 elaborates on the transition in the sector. Section 3.1.4 shows the problems the sector is facing at the moment.

3.1.1 Dutch Child and Youth care

In the Netherlands the concept 'youth' applies to children and young people from 0 up to the age of 23 or 27 (Daamen & Hilverdink, 2016). This distribution depends on the policy domain, for example preventive local youth policies apply to young people up to 23 years and youth employment policies apply to young people until 27 (Daamen & Hilverdink, 2016). The Dutch

youth care and welfare system consists of three different services. Firstly, universal services including youth work, child care and schools (NYI, 2017). Secondly, preventive services including child health care, general social work and parenting support (NYI, 2017). Finally, specialized services including youth care services, youth mental health care services and child protection services (NYI, 2017).

3.1.2 Dutch Child and Youth care before 2015

Before 2015, the universal and preventive services were the only responsibility of the local municipalities and the youth care system fell under the responsibility of the twelve provinces (Hilverdink, Daamen & Vink, 2015). Although the Dutch child and youth social services have always had a high standard of professional practice, based on many evaluations the system was in dysfunction (Hilverdink et al., 2015). Hilverdink et al. (2015) summarize the following reasons for the dysfunction of the system:

1. **Imbalance in focus:** There was a growing imbalance between attention to normal development and development of risk. The specialized services received more funding in proportion to the universal and preventive services.
2. **Fragmentation:** There was a lack of transparency in the child and youth care system due to all the different services. This made innovations very hard to implement.
3. **The prevailing practice of referring clients:** Often patients needed care from different organizations or institutions, however the admission procedures to provide patients with the right care were too complicated and time-consuming.
4. **Increased use of care:** There was a high increase in the demand of specialized care.
5. **Unmanageability:** There were big problems to manage all the demands in child and youth care.

These dysfunctions of the child and youth care system in the Netherlands were reasons to reform the system in 2015 by the introduction of the Dutch Child and Youth Act. The Dutch government wanted to disentangle and renew the youth care, by means of addressing the individual power of the people, providing more prevention and de-medicalization in order to provide better customized integrated help for vulnerable people and to make the youth mental health care more affordable (Vriesema, 2016b).

3.1.3 The Transition: Dutch Child and Youth care after 2015

“The transition of the child and youth care system is part of a wider process of the transition of social services and gives Dutch municipalities the coordination of most services in the social domain” (Hilverdink et al., 2015, p. 5). The Dutch government wanted a general transformation

in the process of care: a bigger role for families and social networks in the care process, more prevention and a better coordination and integration of services (Hilverdink et al., 2015). The aim was to create a more coherent, effective, transparent and less expensive youth care system.

In 2015, the decentralization process started. The 393 Dutch municipalities became responsible for the whole range of care for children, young people and families in need of support and assistance (Hilverdink et al., 2015). The aim of the Child and Youth Act established in 2015 was “to decrease the number of children in specialized care and increase preventive and early intervention support, and to promote the use of social networks within the direct environment of children” (NYI, 2017). The underlying principle of the decentralization was ‘one family – one plan – one coordinator’ (Hilverdink et al., 2015).

“The main changes are that there should be a stronger focus on prevention, youth’s and parents’ own capacities, care made to measure and a better cooperation between professionals. This is expected to enable municipalities to develop integrated policies and to offer well-coordinated care made to measure and support, geared to local and individual situations and needs. This decentralization should also lead to a cost reduction and more effective working methods. These efforts must decrease the use of the specialized services” (Hilverdink et al., 2015, p. 5).

3.1.4 The problems the sector is facing at the moment

It appears that the Dutch youth mental health care sector is under pressure since the transition in 2015. There are several examples that show the issues and problems the Dutch youth mental health care sector faces. For example, a distinction is made between ‘easy’ cases and ‘difficult’ cases of psychological problems. Local care teams are made responsible for the easy cases and have to fulfill five different functions: “giving advice, identifying problems, giving help to children and parents, referring parents and young people to specialist youth care and the coordination of youth care” (Janssens, 2015, *summary*). General practitioners, instead of specialist’s themselves, are now responsible for the first diagnosis and length of treatment (Vriens et al., 2016). This leads to situations of wrong diagnosis and insufficient care (Vriens et al., 2016).

Furthermore, every municipality uses its own system causing grown formalization of procedures into professional work (Vriens et al., 2016). The following quote of a child psychiatrist shows this formalization:

“Before 2015 I needed two binders with administrative documents for the contractual agreements with health insurance companies. Since 2015, when I started contractual agreements with municipalities, I needed seven binders (...) I almost had to spend less time for patient care and more time for the administration. That is why I hired an assistant for doing this administrative work” (Vriesema, 2016c, p. 3).

This particular example illustrates the experienced bureaucratic hassle. Professionals seem to spend more time and money into doing their administration than in actually performing their professional work.

Additionally, research from Investico (Logger & Weijnen, 2017) shows that 68% of the respondents say that their work pressure is higher since the transition in 2015 (Logger & Weijnen, 2017). Furthermore, 80% of the respondents endorse the statement that the decentralization causes more red tape (Logger & Weijnen, 2017). Moreover, on the following statement: ‘I had to refuse children in need of care, because my municipality had not enough money’, 38% of the respondents agree and 18% indicate that they somewhat agree (Logger & Weijnen, 2017). These findings highlight the problems in the Dutch youth mental health care as well.

Supplementary, MediQuest (Vriesema & Wester, 2017) studied the average waiting time for receiving youth mental health care in the Netherlands. The findings of MediQuest show that more than half of the mental care institutions fail to receive young people with mental health problems on time in the first quarter of 2017 (Vriesema & Wester, 2017). Although, the maximum waiting time for receiving a first intake interview is four weeks, the actual average waiting time is six weeks (Vriesema & Wester, 2017). Vriesema & Wester (2017) argue that the waiting lists are caused by government cuts in the youth mental health care. Due to this government cuts, the responsible municipalities have budget shortages to purchase the right amount of care (Vriesema & Wester, 2017). For young people with mental health problems waiting lists are detrimental, without on time treatment symptoms can aggravate (Vriesema & Wester, 2017).

To summarize, these examples show the problems the professionals in the Dutch youth mental health care are facing at the moment, which are threatening their professional autonomy. The threatened professional autonomy results in professionals getting disaffected from their work, and even results in a more destructive problem: psychologists wanting to leave the profession (Bezemer, 2017; Vriesema, 2016c). Psychologists leaving their profession cause tremendous damage for the well-being of children and for the whole society. Therefore, it is relevant to gain knowledge about the perceived quality of working conditions affecting professional work of professionals in the Dutch youth mental health care. This knowledge might

help to understand what conditions are perceived as most problematic by the professionals. In this way, options for improvements in the sector can be provided, preventing psychologists from leaving their profession in the end.

So, even though the mentioned issues and problems might be teething problems of the transition, it is nevertheless interesting and relevant for this research to focus on this particular sector by applying the conditional accountability model of Vriens et al. (2016) to this sector. Since this section has presented the case to which the application of the conditional accountability model of Vriens et al. (2016) takes place, the following section describes the choice for a questionnaire assessing the perceived quality of working conditions of professionals in the Dutch youth mental health care.

3.2 The choice for a questionnaire

This research is part of a longer research project that aims for the development of an appropriate professional conditional accountability instrument for professionals. The sector has already been qualitative studied (see Chapter 4). This research builds on that qualitative research by taking a more quantitative approach: designing a questionnaire for assessing the perceived quality of working conditions of professionals in the Dutch youth mental health care. Professionals themselves know best under which conditions they have to work, and what affect these conditions have on their ideal-type professional work. Therefore, it is of high value to ask professionals themselves to indicate which conditions they perceive as obstructing or stimulating for their professional work. Since there is a need for a practical, efficient, simple and fast-working method, it is reasonable to use a questionnaire and collect quantitative information of professionals.

The ultimate design of the questionnaire is in the form of an online questionnaire. There are some advantages and disadvantages of online questionnaires in comparison with other questionnaire methods, like face-to-face or telephone interviews (De Leeuw, 2008). Although face-to-face interviews or telephone interviews have the advantage of flexibility due to the presence of an interviewer, those questionnaire methods are more time-consuming and costlier than an online questionnaire (De Leeuw, 2008). In addition, the absence of an interviewer may foster free of framing/bias answers to sensitive topics (De Leeuw, 2008). Through the use of an online questionnaire, Dutch youth mental health care professionals will have open and smooth excess to the questionnaire and will be able to fill in the questionnaire at a moment and place that is most appropriate for them. So, due to its simplicity and flexibility, the decision is made to use an online questionnaire to assess the perceived quality of working conditions of professionals in the Dutch youth mental health care.

3.3 Conceptualization

In order to develop an appropriate questionnaire, a conceptual model is established. A conceptual model is a systematic summary of assumptions of reality (Vennix, 2011). It forms the base of empirical research (Vennix, 2011) and is the first step in questionnaire development (Giesen, Meertens, Vis-Visschiers & Beukenhorst, 2012). *Figure 1* shows the conceptual model of the questionnaire.

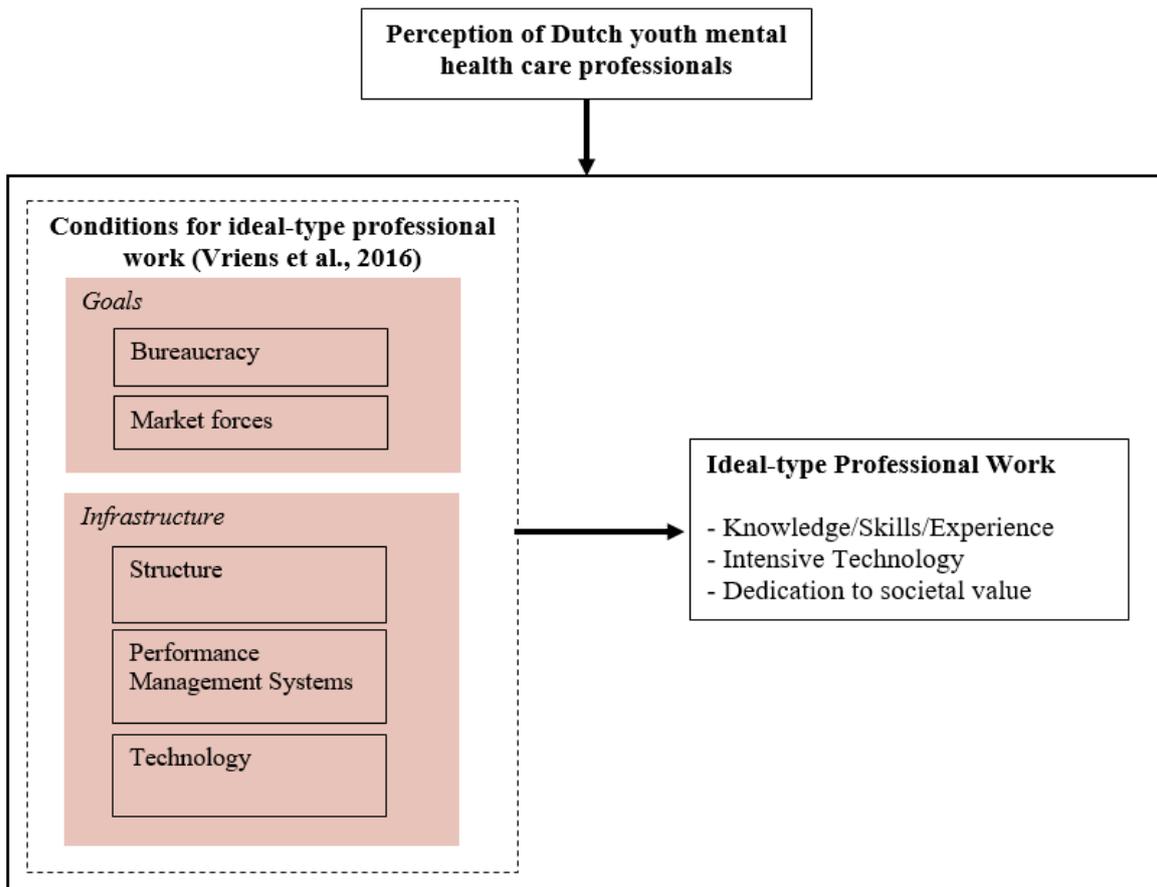


Figure 1: Conceptual model of the questionnaire: professionals' perception on the relationship between their working conditions and their ideal-type professional work

In order to answer the research question, the goal of the questionnaire is to gain more insight into how professionals themselves experience the way goal and infrastructural related conditions affect their professional work. Therefore, the conceptual model of the questionnaire is based on the conceptual model of Vriens et al. (2016) (*Table 1*). The conceptual model of conditional accountability of Vriens et al. (2016) is shown in *Figure 1* by the lower box showing the relationship between 'conditions for ideal-type professional work' and 'ideal-type professional work'. However, in this questionnaire respondents are asked to indicate themselves how they perceive the relationship between goal and infrastructural related conditions and their ideal-type professional work. That is why the conceptual model is extended with the upper box 'Perception of Dutch youth mental health care'. In sum, the questionnaire aims to study the

following question: *What effect have goal and infrastructural related conditions on the ideal-type professional work of professionals of the Dutch youth mental health care, as perceived by the professionals themselves?*

3.4 Research design

In order to answer the research question the choice is made to use ‘The 3 Stages of Testing Surveys’ model of Campanelli (2008, p. 177) as a research design (see *Figure 2*). Campanelli (2008) describes three stages of testing a survey: the Developmental stage, the Question Testing stage and the Dress Rehearsal stage. At first sight, this model seems to describe only the stages of testing a survey. However, the different stages in the model can be interpreted and used in a broader perspective. Therefore, this model is chosen as a research design for this study. Through the use of the three stages of the model, the research design is demonstrated.

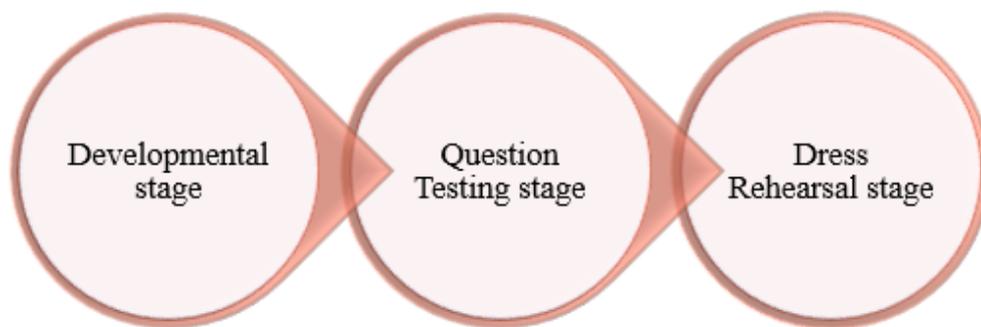


Figure 2: The 3 Stages of Testing Surveys (Campanelli, 2008, p. 177)

The Developmental stage starts prior to the actual writing of survey items, it consists of “preparatory and background work” (Campanelli, 2008, p. 177). In the Developmental stage the topic is explored by reading literature or consulting experts. Besides that, it is crucial to take cultural and language issues into consideration in this stage, because cultural and language issues can influence the way respondents will understand and process survey questions (Campanelli., 2008). The Developmental stage includes rather qualitative methods (Campanelli, 2008). “Before questions can be prepared, it is necessary to know the level of respondent knowledge that can be assumed and something of the terminology that respondents will understand” (Cannell, Oksenberg, Kalton, Bischoping & Fowler 1989, cited by Campanelli, 2008, p. 177). As Campanelli (2008, p. 177) argues: “The length of the developmental phase will depend on the complexity of the topic as well as on previous experience with that topic and the proposed research population”.

The Question Testing stage is concerned with the examination of survey questions. This examination can consist of testing initial survey questions or testing a complete version of a survey (Campanelli, 2008). As Campanelli (2008, p. 177) argues: when testing a complete survey “it is equally important to check the flow of the survey as a whole and be alert of any unexpected effects of context”. The purpose of the Question Testing stage is to meet “all principles of good questionnaire design” (Campanelli, 2008, p. 177).

The Dress Rehearsal stage aims at testing “the questionnaire as a whole under real survey conditions (or as close as possible) with a much larger sample size than the Question Testing stage” (Campanelli, 2008, p. 177). Due to time and resource limits this research focuses on the first two stages: The Developmental stage and the Question Testing stage. *Figure 3* shows the application of Campanelli’s model for this research. It shows the sub steps and research methods used per stage of this research.

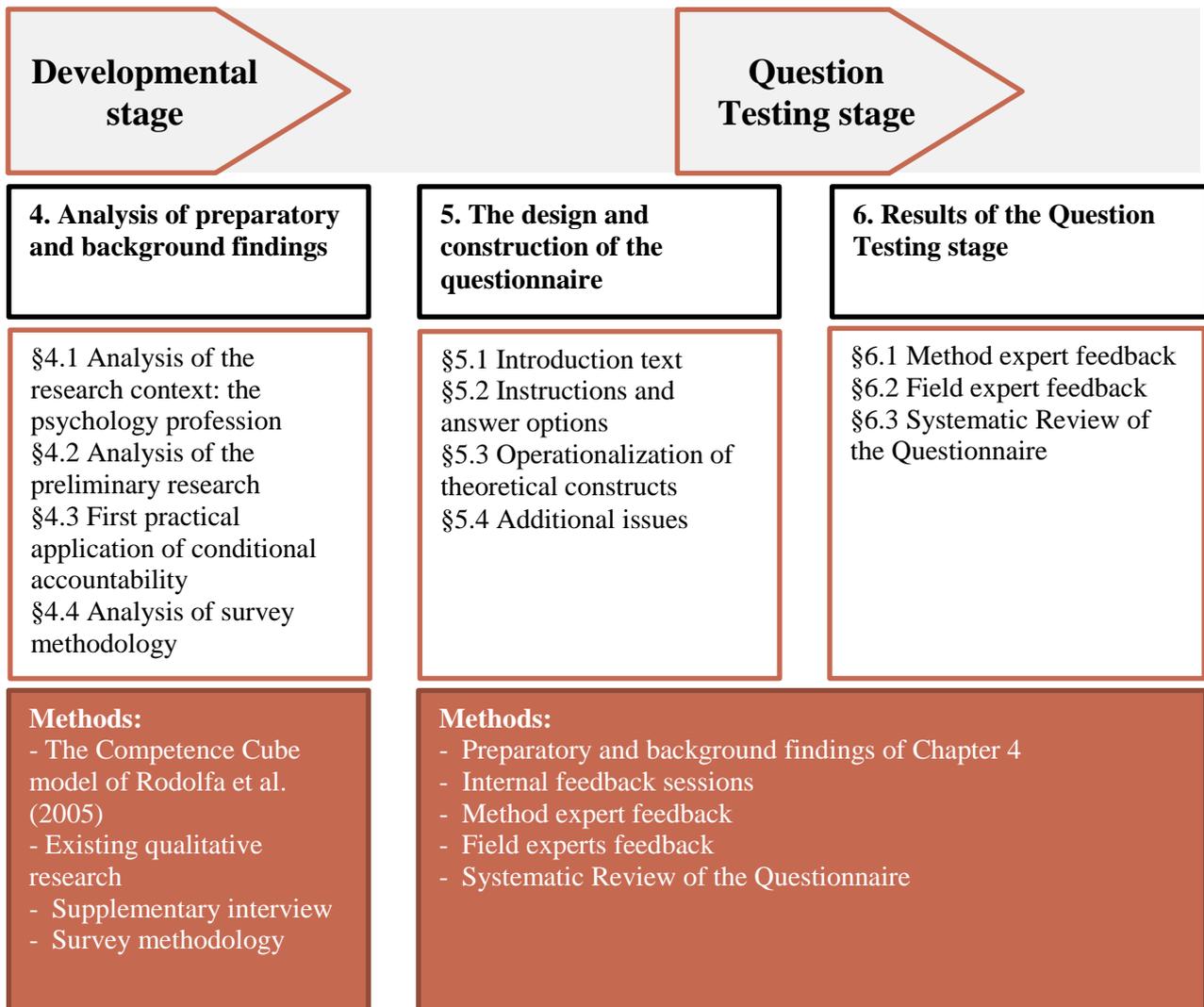


Figure 3: Research design: research stages, research sub steps and research methods

As is shown in *Figure 3*, the analysis and results of this research are presented in separate chapters. Chapter 4 presents an analysis of the preparatory and background findings as part of the Developmental stage of this research. Chapter 5 shows the actual questionnaire design and construction. Chapter 6 presents the findings in the Question Testing stage of this research. Due to time and resource limits this research was not able to test the whole questionnaire under real questionnaire conditions. The Dress Rehearsal stage is therefore discussed in the Discussion chapter of this research. In addition to *Figure 3*, in *Table 2* an overview is given of the used data sources per research method of this research.

Table 2: Overview of data sources per research stage

| Research stages | | Research methods | Data sources |
|--|----------------------------------|---|--|
| 3. Research methodology | | Description of the case based on the analysis of documents about the Dutch Child & Youth care | Bezemer (2017), Kindermans (2017), Logger and Weijnen (2017), Steenbergen and Vriesema (2017), Transitie Autoriteit Jeugd (2017), Vriesema (2016a, 2016b, 2016c) and Vriesema and Wester (2017) |
| 4. Analysis of preparatory and background findings | Analysis of the research context | The Competence Cube model | Rodolfa, Eisman, Rehm, Bent, Nelson & Ritchie (2005) |
| | Preliminary research | Existing qualitative research | Secondary coding of seven existing interviews with professionals from the Dutch youth mental health care |
| | | Supplementary interview | One new conducted interview with two professionals from the Dutch youth mental health care. Transcript is shown in Appendix E |
| | | First practical application of the conditional accountability model | Based on the analysis of the research context, the preliminary research and an article in 'De Psycholoog' – 'Kafka in care' (Kindermans, 2017, p. 24-30) a first practical application of the conditional accountability model is executed. |
| | | Survey methodology | De Leeuw, Hox and Dillman (2008), Giesen, Meertens, Vis-Visschers and Beukenhorst (2012), Netemeyer, Bearden & Sharma (2003), Schwarz, Knäuper, Hippler, Noelle-Neumann & Clark (1991), Schwarz, Knäuper, Oyserman & Stich (2008), Vennix (2011) |
| 5. The design and construction of the questionnaire | | Internal feedback sessions | Assistant Professor Dr. D.J. Vriens (Radboud University Nijmegen) Assistant Professor Dr. C. Groß (Radboud University Nijmegen) |
| 6. Results of the Question Testing stage | | Method expert feedback | Assistant Professor Dr. H.A.G.M. Jacobs (Radboud University Nijmegen) |
| | | Field experts feedback | Appendix H and Appendix I |
| | | Systematic review of the questionnaire | Giesen, Meertens, Vis-Visschers and Beukenhorst (2012) |

3.4.1 Methods in the Developmental stage of this research

To develop an appropriate questionnaire the theoretical constructs of Vriens et al. (2016) need to be operationalized. To be able to operationalize these constructs, different stages in the Developmental stage are needed in order to realize and understand what the theoretical constructs of the conceptual model mean for professionals in the Dutch youth mental health care. Since conditional professional accountability is a complex topic the Developmental stage is an extensive part of this research. Different methods are used in the Developmental stage.

Firstly, the Developmental stage analyzes the research context by using the Competence Cube model of Rodolfa et al. (2005). The Competence Cube model defines values of professionals in psychology. Hereby, a description of the psychology profession can be made, providing context knowledge about the studied sector. This is needed to be able to operationalize the theoretical constructs of Vriens et al. (2016) to the concrete case of the Dutch youth mental health care.

Secondly, existing qualitative research is used for this research. This qualitative research consists of seven semi-structured interviews with Dutch youth psychologists. The conditional accountability model of Vriens et al. (2016) was applied to the professional work of these psychologists. The goal and infrastructural related conditions of professional work and the ideal-type professional conduct of these psychologists were examined. This research builds further on the existing qualitative research. The interview transcripts of the seven interviews are analyzed for a second time. It is relevant to use the existing qualitative research, because it contains data and information from the field studied. This data and information provides this research with a broader understanding of the professionals working in the field and moreover yield information about the culture and language used in the field. It is important to gain knowledge about these issues, in order to make decision about the terminology to use in the questionnaire (Campanelli, 2008).

Thirdly, one new, supplementary interview with two psychologists is conducted, to further investigate the need of professionals in the field regarding conditional professional accountability. It has been shown that is difficult to find and approach professionals in the Dutch youth mental health care. Therefore, the professional network of Dr. D.J. Vriens is used to find respondents willing to participate in this research. Two female psychologists working in an independent mental health care practice in the area of Nijmegen were willing to participate. The goal of the interview was two-sided. Firstly, to assess the conditional professional accountability approach of Vriens et al. (2016). Secondly, to ask the two psychologists to give critical feedback on the first developed questionnaire. As in the existing qualitative research, this interview was semi-structured as well. Thereby, leaving some open space for suggestions

and other topics. The several topics to discuss outlined beforehand can be found in *Appendix A*. This supplementary interview serves as a first pilot for the development of the questionnaire.

Then, based on the analysis of the research context, the preliminary research and an article from the magazine *De Psycholoog* (*'The Psychologist'*) (Kindermans, 2017), a first practical application of the conditional accountability model of Vriens et al. (2016) is made. This application gives an overview of how certain conditions can affect the professional conduct of psychologists. Such an overview gives a better understanding of the conditional accountability model of Vriens et al. (2016) applied to the studied sector. A better practical understanding of the theoretical constructs of Vriens et al. (2016) helps for a clearer operationalization of those constructs into practical questionnaire items. Without such an understanding the questionnaire items might remain abstract and vague for the respondents.

The analysis of the research context, the preliminary research (consisting of the existing qualitative research and the supplementary interview), and the first application of the conditional accountability model of Vriens et al. (2016) to the sector, together forms the basis for the questionnaire development. Context knowledge and understanding of the sector enables the operationalization of Vriens et al.'s (2016) theoretical constructs into questionnaire items for assessing the perceived quality of working conditions of professionals in the Dutch youth mental health care.

However, not only understanding of the context is needed for appropriate questionnaire development, knowledge about methods to design a questionnaire is needed as well. Therefore, the final part of the Developmental stage of this research consists of an analysis of survey methodology. Theory about survey methodology is applied in order to design an appropriate questionnaire following theoretical requirements. De Leeuw et al. (2008) argue that survey methodology can be seen as a science. That is why in order to guarantee the quality of surveys, scientific criteria should be taken into account (De Leeuw et al., 2008). Since the decision is made to use a questionnaire to assess the perceived quality of working conditions of professionals in the Dutch youth mental health care, it is important to take scientific criteria of survey methodology into account. De Leeuw et al. (2008, p. 3) compare survey methodology with the construction of a house:

“When building a house, one carefully prepares the ground and places the cornerstones. This is the foundation on which the whole structure must rest. If this foundation is not designed with care, the house will collapse or sink in the unsafe, swampy underground (...). In the same way, when designing and constructing a survey, one should also lay a well thought-out foundation”

Additionally, Sheatsley (in Rossi, Wright & Anderson, 1983, p. 198) argues that “questionnaire design is a crucial element in survey research”. A well-designed questionnaire should meet the following three requirements (Sheatsley in Rossi et al., 1983, p. 198). First, the questionnaire should meet the objectives of the research. Second, the questionnaire should obtain the most complete and accurate information possible. Finally, the questionnaire must be done within the limits of available time and resources.

Lastly, it is important to acknowledge that “every survey is bound to leave some questions unanswered and to provide a need for further research” (Sheatsley in Rossi et al., 1983, p. 201). However, a well-designed questionnaire should minimize these problems by trying to prevent them (Sheatsley in Rossi et al., 1983).

3.4.2 Methods in the Question Testing stage of this research

After the Developmental stage, sufficient data is gathered to develop the first versions of the questionnaire. In the Question Testing stage, the different versions of the questionnaire are tested. As Campanelli (2008, p. 176) argues: “Testing is the only way of assuring that the survey questions written, do indeed communicate to respondents as intended”. Campanelli (2008) describes different ‘cognitive laboratory methods’ or pretest methods for the testing of questionnaire questions. The following pretest methods are used in this research: making use of experts (section 3.3.2.1) and the use a systematic review of questionnaire (section 3.3.2.2).

3.4.2.1 Experts

Experts are people with valuable expertise of the research subject, research field, questionnaire design or cognitive knowledge (Thomas, 2002). “Consulting with experts offers good feedback to the original questionnaire designer, can help stimulate the designer’s own critical thinking, and can help generate hypotheses to be used with other testing methods” (Campanelli, 2008, p. 183). Due to time and budget related issues, only a few experts are asked for their expertise and perspective on the questionnaire development. Nevertheless, as Campanelli (2008, p. 183) argues: “Consulting even one expert is a good thing”. In this research three different types of experts are used, so called internal experts, a method expert, and field experts. The feedback sessions, as used in this research, are comparable with Campanelli’s (2008, p. 197) ‘focus groups’, which are an “an ideal forum for exploring new ideas or concepts for the developmental stage of testing, but also provides a forum to ascertain reactions to prepared written or visual stimuli such as draft survey questions, a complete draft questionnaire or advance letters”.

Internal experts

Based on the obtained qualitative data from the interviews in combination with theory about survey methodology, the first steps for the development of the questionnaire are taken. During the whole questionnaire development process, feedback sessions with Dr. D.J. Vriens and Dr. C. Groß, are taken into account. Dr. D.J. Vriens and Dr. C. Groß are experts in the field of public professional accountability and the founders of the term ‘conditional accountability’ (Vriens et al., 2016). These internal experts have both a clear idea of what an operational form of conditional accountability should look like, and are therefore of high value for the development process of the questionnaire. The feedback sessions with the two internal experts are non-structured sessions, in which an open environment of discussion is created. After every new step in the questionnaire development process, a feedback session follows.

Method expert

In the later phase of the research, Assistant Professor Dr. H.A.G.M. Jacobs of the Radboud University is approached to give feedback on the developed questionnaire. He is an expert in Methods and therefore of extensive value for providing critical feedback and suggestions for improvement of the questionnaire.

Field experts

After the development of the final version of the questionnaire, professionals in the field of Dutch youth mental health care are asked to evaluate the questionnaire. Two Dutch psychologists are asked to look at the questionnaire and give feedback. Field expert 1 is a female psychologist with a Master’s degree in Medical Psychology. This field expert has approximately six years of working experience in the Dutch youth mental health care. Field expert 2 is a female psychologist with a Master’s degree in Clinical Psychology. This field expert has approximately three years of working experience in the Dutch youth mental health care.

The field feedback sessions are conducted in a semi-structured way. Professionals are given an instruction in which the key aims and objectives of the questionnaire are outlined (Campanelli, 2008). Next, semi-structured questions are sent to these professionals to make them aware of the questionnaire design problems, and issues on which advice is sought (Campanelli, 2008). The instruction and semi-structured questions submitted to these field experts can be found in *Appendix B*.

3.4.2.2 Systematic review of the questionnaire

Campanelli (2008, p. 184) judges expert feedback sessions as “free flowing and informal”. To complement these expert feedback sessions, Campanelli (2008, p. 184) suggests the use of “check lists that can be used to evaluate a questionnaire”. As Willis and Lessler (1999) argue it is relevant to improve questionnaire items before the questions are shown to respondents. Therefore, questionnaire designers can find and fix problems through the use of systematic reviews of questionnaires (Willis & Lessler, 1999). For example, these systematic reviews of questionnaires asked to critically reflect on the difficulty of wording of questionnaire items or on the social desirability of the questions or on the difficulties in reading the questions for respondents (Giesen et al., 2012; Willis & Lessler, 1999). Statistics Netherlands, that is, ‘Het CBS’ (Giesen et al., 2012), gives an example of such a checklist (*Appendix C*). This checklist is also used for this research, as an informal test method for critically running through the questionnaire.

3.5 Research ethics

The Nijmegen School of Management values, in particular, the participative form of research that is called ‘Engaged Scholarship’ (Van de Ven, 2007). Therefore, this research follows the principles of ‘Engaged Scholarship’ by involving others and extracting their different kinds of knowledge. Different perspectives of key stakeholders, such as researchers, internal experts, external (field) experts, professionals in the Dutch youth mental health care, and the government, are gathered.

The different steps of this research were aimed to be done engaged. First, the theoretical background is based on the knowledge of researchers in the field of public professional accountability. Second, the research design is based on the engagement of a method expert, as well as people with access and information of the Dutch youth mental health care. Finally, for the design of an appropriate questionnaire assessing the perceived quality of working conditions of professionals in the Dutch youth mental health care, the intended users of the questionnaire are engaged, by taking into account their opinions and feedback. Due to this Engaged Scholarship approach: this research aims to produce more penetrating and insightful knowledge (Van de Ven, 2007).

Next, principles of research ethics are of profound importance in this research. All research activities are undertaken according to the APA’s Ethics Code (Smith, 2003) and the guidelines provided by the Nijmegen School of Management. First, the confidentiality and privacy of participants is respected, by clearly emphasizing (in the interviews, feedback sessions, and in the final questionnaire as well) that participants’ data and information are used in a confidential way. Besides that, the research goal is clearly explained to all participants, and

the participants' are given several opportunities to ask questions. The results of this research are communicated by email to the participants. Finally, the Conclusion and the Discussion chapters outline the implications of the findings for society and for other professions.

This chapter has outlined the research methodology. The next three chapters show an analysis of the research methods and answer the research question.

4. Analysis of preparatory and background findings

To answer the research question, the ‘The 3 Stages of Testing Surveys’ model of Campanelli (2008, p. 177) was used as research design. Based on the different stages in this model, an appropriate questionnaire assessing the perceived quality of working conditions of professionals in the Dutch youth mental health care could be developed. This chapter analyses the preparatory and background findings needed for questionnaire design and construction.

Conditional professional accountability is a complex topic, that is why the Developmental stage formed an extensive part of this research. To be able to operationalize the conditional accountability model for the concrete case of the Dutch youth mental health care, context knowledge of the sector is needed. Therefore, section 4.1 starts with an analysis of the research context: the psychology profession. Next, section 4.2 present the findings based on the preliminary research followed by a first practical application of conditional accountability in section 4.3. Finally, section 4.4 shows the analysis of the survey methodology.

4.1 Analysis of the research context: the psychology profession

This section describes the Competence Cube model of Rodolfa et al. (2005). The Competence Cube model defines values of professionals in psychology. After that, the ideal-type of professional work, the goals and infrastructural arrangement of conditional accountability are applied to professionals in this sector. The section aims to give a clear research context of professionals in the Dutch youth mental health care.

4.1.1 Values in professional psychology

This research focuses on the professional conduct of professionals in the Dutch youth mental health care. This contains psychiatrists, clinical psychologists, psychotherapists, (child and youth) psychologists, (postmaster) orthopedagogues, social psychiatric nurses, nurse specialists, and mental health care social workers. These professionals all serve the societal value of mental health and are therefore categorized all together in the psychology profession.

In order to be judged trustworthy, these professionals should feel their moral duty of contributing to the health of society. However, what are actually the values in this particular profession of psychology? The Competence Cube model of Rodolfa et al. (2005) provides core competencies in professional psychology. Being competent is more than owing certain knowledge and skills (Rodolfa et al., 2005). “Competency requires action and in some public way verification of what is achieved by that action” (Rodolfa et al., 2005, p. 348). Making judgements, thinking critically and making decisions, is needed for convenient and adequate actions (Rodolfa et al., 2005). Rodolfa et al. (2005, p. 349) define professional competency as follows:

“In a profession competency also connotes that behaviors are carried out in a manner consistent with standards and guidelines of peer review, ethical principles, and values of the profession, especially those that protect and otherwise benefit the public”.

Due to this definition professional competency and public professional accountability might be considered as related concepts, because both concepts include the judgement of the wider public about the actions of individuals. Therefore, to find out the values of the psychology profession, competencies of the Competence Cube model of Rodolfa et al. (2005) are further elaborated upon.

Rodolfa et al. (2005) distinguish between foundational and functional competencies. Foundational competencies include the components of the work of psychologists: the ‘building blocks’ of psychologists’ work (Rodolfa et al., 2005). Functional competencies cover what is crucial in functioning as a psychologist (Rodolfa et al., 2005). The foundational competencies form the basis for psychologist to obtain functional competencies (Rodolfa et al., 2005). The foundational competencies of psychologists are: assessment, diagnosis and case conceptualization, intervention, consultation, research and evaluation, supervisions and teaching, and management and administration (Rodolfa et al., 2005). The functional competencies of psychologists are: reflective practice and self-assessment, scientific knowledge and methods, capacity for meaningful relationships, application of ethical, legal and policy concepts, awareness of individual and cultural diversity, and using the interdisciplinary systems (Rodolfa et al., 2005). These competencies are shown in *Table 3*.

4.1.2 Conditional accountability for professionals in the Dutch youth mental health care

This section handles the following question: In what way can be accounted for the goals and infrastructural arrangements for psychologists’ professional conduct? A translation to the population studied in this research is made. What might be the ideal-type characterization of professional work for psychologists in particular? What might be the goals set in psychologists’ work? And what kind of infrastructural arrangements might the psychology profession use? In this way a research context is developed in order to give direction to the development of a questionnaire for assessing the perceived quality of working conditions of professionals in the Dutch youth mental health care.

Ideal-type work of psychologists

What might actually be the ideal-type work of psychologists? This section gives a first description of the specific knowledge and skills that psychologists need, what the intensive technology for psychologists comprises and what dedication to societal value for psychologists contains. It is important to note here that this is a first description of ideal-type work of psychologists.

Firstly, psychologists in the Dutch youth mental health care need specific knowledge and skills to do their work. This includes more specifically that psychologists need to have the specific knowledge and skills for studying and treating problems of children and youth. These psychologists are dealing with people under the age of 18, which requires specific knowledge and skills including continuous learning and training throughout their carriers. As described by Rodolfa et al. (2005) psychologists in general need foundational and functional competencies to perform their work well. *Table 3* summarizes these competencies:

| Foundational Competencies | Functional competencies |
|---|--|
| <ul style="list-style-type: none">• Reflective practice-self-assessment• Scientific knowledge-methods• Relationships• Ethical-legal standards-policy• Individual-cultural diversity• Interdisciplinary systems | <ul style="list-style-type: none">• Assessment-diagnosis-case conceptualization• Intervention• Consultation• Research-evaluation• Supervision-teaching• Management-administration |

Table 3: Foundational and functional psychologists' competencies (Rodolfa et al., 2005)

Secondly, it is important to know what intensive technology for psychologists could mean. Psychologists need an environment that supports them in their work. The work of psychologist includes the treatment of unstructured mental health problems of children and youth. There are a lot of different problems and specific situations. That is why the work of psychologists cannot be standardized. By means of a process of trial-and-error, psychologists search for good treatment of problems. Thus, psychologists' work can be described as an intensive technology. Finally, this first description of ideal-type psychologists' work has to be finalized with psychologists' dedication to the societal value youth mental health.

Goals of psychologists' work

As distinguished in the theoretical framework, "the only 'real' professional goal is the realization of the societal value of the profession ought to realize" (Vriens et al., 2016, p. 6 based on Freidson, 2001; Koehn, 1994). In contrast to professional goals, market goals, state-related goals and bureaucratic goals, such as the need for more competition, predictability,

reliability and profit maximization, ought not to realize societal value. These goals can therefore be called non-professional goals in psychologist conduct.

There might be an unbalance between the goals psychologists have and the non-professional goals. Psychologists might not share the same goals as for example the Dutch municipalities, who have to look after the available budgets. The municipalities might ask psychologists to be as efficient as they can be, in order to save money. The imposed targets and incentives by municipalities are not part of the real goals of psychologists' work. However, there might be situations thinkable in which psychologists have non-professional goals as well. There can be argued that independent psychologists (*'vrijgevestigde psychologen'*) need to take care of the survival of their organization, and thus might consider efficiency and profit goals as important.

Professional goals of psychologists might be quality, professional knowledge and realizing societal value. In practice this might be: delivering qualitative mental health care for specific problems of children and youth (and their parents). By doing their work psychologists might prevent other problems for society (e.g. criminal behavior). This prevention might be a separate professional goal as well: psychologists might be motivated to treat problems of children and youth well in order to prevent other (secondary) problems. Individually psychologists might have the goal to improve themselves as a professional by training and education and establishing good cooperation with other disciplines. Psychologists might want to be evaluated very 'good' by their patients. This might be an individual goal as well. So, the existence of non-professional and professional goals could be seen as conditions influencing the ideal-type work of psychologists.

Infrastructural arrangements in psychologists' work

The infrastructural arrangements (the structure, the performance measurement systems and the technology) as described by Vriens et al. (2016), might be conditions influencing the ideal-type professional conduct of psychologists as well. The following questions are arising: What would the structure look like in the Dutch youth mental health care to ensure public professional accountability? How should the performance measurement systems be designed in order to ensure public professional accountability? How should the technology in this sector be designed in order to ensure public professional accountability?

Before doing empirical research, it is assumed that the structure in the Dutch youth mental health care should have a low degree of formalization and standardization, a need for decentralization and psychologists need regulatory potential. Besides these implications, it might be better (for achieving conditional professional accountability) that there is an

instrument of psychologists judging their colleagues. Also, a system of rewards based on the process of care instead of the outcome of care could be better, and less bureaucratic and time-consuming rules to show psychologists to perform well to the wider public. Finally, psychologists need an easy working general ICT system in order to save time and money. It might be helpful that psychologists work closely to their patients. This means that their office/clinic is build close to their patients. In order to show these conditions and their influence on the ideal-type work of psychologists the next section will applicate the model of conditional accountability to a particular case.

4.2 Analysis of the preliminary research

This section describes the analysis of the preliminary research containing of an analysis of the existing qualitative interviews and the conducted supplementary interview.

4.2.1 Analysis of the existing qualitative interviews

The seven interview transcripts of the existing qualitative research are analyzed for the second time. *Appendix D* shows the secondary coding of these interviews, subdividing different interview quotes per theoretical construct. Hereby, an overview is established of the most important subject and issues mentioned by the respondents. For example, the interview transcripts of the preliminary research show that the respondents have mentioned several problems their sector is facing. Quite some mentioned problems are about bureaucratic issues. One respondent said: *“I gave myself a present and it is called a secretary”*. And another respondent even argued that: *“Bureaucracy is really a tragedy”*. Due to these quotes and information the word ‘bureaucracy’ is not used in the questionnaire, because the preliminary research have shown the negative image of the word ‘bureaucracy’ in the Dutch youth mental health care sector.

On the other hand, it is valuable to see that one of the respondents mentioned the following: *“I believe that the Child and Youth Act has also provided some good things (...) a lot more case management”*. It is extremely important for the process of questionnaire development that light is shed on the positive sights of the Child and Youth Act as well. As a researcher it is important not to be influenced by all negative criticism, but to be aware of the positive sides too. For the questionnaire development this implies that items asking for stimulating (positive) aspects of the work of professionals in the Dutch youth mental health care are introduced.

4.2.2 Analysis of the supplementary interview

The conducted supplementary interview with two psychologists, firstly assesses the conditional professional accountability approach of Vriens et al. (2016) within the sector under study. Secondly, critical feedback from the field on the first developed questionnaire could be received. The interview transcript can be found in *Appendix E*. During the interview, the first version of the questionnaire was shown to the two psychologists. The questionnaire was consciously distributed at the interview itself and not beforehand, because the initial reaction of the respondents to the questionnaire was desired.

Striking was the fact that, while looking at the questionnaire, the respondents immediately started discussing the validity of such a questionnaire. One of the respondents said (*Appendix E*, p. 37):

“I believe that the questions are very clearly. I always leave some space (...) whether I believe it is a seven or a nine, that is I think of course influenced too. So (...) I find the use of this kinds of scales difficult”.

The respondents explained that the score one gives to a particular questionnaire item is context and time dependent (*Appendix E*, p. 37):

“We actually feel that we are busy with a lot of nonsense in that respect. So, you are more inclined to add a higher score, only because you want something to be changed. (...) Hey, but is that objective? Yes, no, it is not objective, and yes is it then an eight or a nine or a ten? (...) Yes, I always have troubles with these questionnaires because it's about experience and experience is driven by so many different facets. (...) You never know exactly what you have actually been measuring. Indeed yes, and what you filled in yesterday can be influenced by an email you have received”.

The respondents, professionals in the field, thus indicate that the development of an appropriate questionnaire is quite complicated. According to this finding, it is decided that the questionnaire should more highlight its aim. That is, to explain respondents that it is not expected from them to answer objectively, but ask them to give scores to the questionnaire items based on their own opinion and feelings. The questionnaire, aiming to show to what extent conditions obstruct or stimulate professionals' ideal-type professional conduct, wants to gain information about respondents' experience with certain conditions in their professional work. This is decided, because information about respondents' experience, which can be subjective,

already tells something about how conditions affect their professional work and is thus an appropriate way of assessing conditional accountability.

Additionally, an important topic mentioned during the interview was the wish for being trusted as professional (*Appendix E*, p. 39):

“We are not all the same (...) we all have our own backgrounds and our personal way of working and manner of making contact with clients. (...) That trust of, eh, we are all professionals, we all have had thorough education, we are all connected to codes of professional conduct (...) from there you remain critical to each other, you keep reflecting on your actions, (...) that is why extra external quality requirements don’t have to be added. (...) Those (the municipalities) do not have that knowledge. (...) but they should assume that, yes, these people are all academically trained, having postgraduate training, and are all members of professional associations”.

To summarize the above quote, the respondents indicate that in every profession ‘bad apples’ are existing. However municipalities or governments cannot regulate these ‘bad apples’ by just insisting rules and regulations. Professionals are high educated and associated with professional codes. Professionals put extreme value to the ‘right’ execution of their profession. So, therefore they want to be trusted. This corresponds to the idea of conditional accountability of Vriens et al. (2016): Trust in professionals should not be placed by means of looking at the outcome or results of their professional work alone, but also by looking at the conditions under which professional had to work. These conditions might be professionals’ “time, tools, regulatory potential, information or incentives” (Vriens et al., 2016, p. 3). This finding underlines the idea of an accountability instrument that looks at conditions of professional conduct.

4.3 First practical application of the conditional accountability model

Vriens et al.’s (2016) model of conditional accountability, as shown by *Table 1*, indicate, for example, that bureaucratic or state-related goals might affect the dedication to societal values of professionals resulting in an effect on the ideal-type professional conduct. In order to elaborate this conceptualization to the Dutch youth mental health care sector and its professionals, this section presents a first practical application of the conditional accountability model of Vriens et al. (2016). It aims to show how certain conditions can affect the professional conduct of psychologists and thereby create a better understanding of the conceptual conditional accountability model of Vriens et al. (2016).

This first practical application is based on the data retrieved from the analyzed research context of the psychology profession, the analysis of the preliminary research, and an article from the magazine *De Psycholoog* ('*The Psychologist*') (Kindermans, 2017). *De Psycholoog* is a magazine especially made for professionals in the mental sector in the Netherlands in particular. In the February edition of 2017 editors of the *De Psycholoog* have chosen to completely focus upon the subject 'bureaucracy' in their sector (Kindermans, 2017). In this magazine one article is about the transition in the Dutch youth mental health care: '*Kafka in care*' (Kindermans, 2017, p. 24-30). The article is mainly focusing on the administrative problems caused by the transition in youth mental health care in the Netherlands. This article is chosen to complement the data from the analysis of the research context and the data from the preliminary research, by using the practical examples of problems due to the transition the Dutch youth mental health care, given by the child and youth psychologist interviewed.

The article applies, together with the data from the analysis of the research context and the preliminary research, the conceptual conditional accountability model of Vriens et al. (2016) (*Table 1*). This application is done through the use of a table, in which an overview is given of issues relating to conditions affecting ideal-type work of psychologists. *Table 4* presents this overview by showing the mentioned issues of the analysis of the research context, the preliminary research and the article. Every issue is subjected to a conditional construct and to a particular characteristic of ideal-type professional work as defined in the framework of Vriens et al. (2016). The issues negatively affecting the psychologist's ideal-type work are shown in red, and green shows the issues positively affecting the psychologist's ideal-type work.

So, *Table 4* presents a first application of the model of Vriens et al. (2016) to practice: conditions affecting ideal-type professional conduct of professionals in the Dutch youth mental health care. Due to this application a better understanding of the meaning of the theoretical constructs of Vriens et al. (2016) for the particular sector in this research is obtained. For example, from the article (Kindermans, 2017, p. 26) the issue '*Diagnosis of patients is done by (not specialized) GP's resulting in problems later on*' is placed in the table box related to the condition 'structure' and related to 'intensive technology' (see *Table 4*). General practitioners diagnosing patients instead of enabling psychologists in the diagnose phase, relates to issues about how professional work is structured. Therefore, this issue concerns a structure-related condition as described by Vriens et al. (2016). This structure-related condition has a negative effect on how a psychologist can do his or her work and is therefore related to 'intensive technology' as one of the characteristic of professional work described by Vriens et al. (2016).

This exercise of relating certain issues of the Dutch youth mental health care to the conditional accountability model of Vriens et al. (2016) provides an improved understanding

of the theoretical constructs of Vriens et al. (2016). In this way, a more clear operationalization of Vriens et al.'s (2016) theoretical constructs into practical questionnaire items can be made. Without this practical application, as an exercise for grasping Vriens et al.'s (2016) conditional accountability, the questionnaire items would have remained abstract and vague for the respondents.

| | | Ideal-type professional work | | | |
|------------|---|---|--|--|--|
| | | Application development specific knowledge, skills, experience | Secure intensive technology | Vocation/dedication to societal value | |
| Conditions | Goals | Bureaucratic/state <ul style="list-style-type: none"> • Uniformity • Standardization • Efficiency/cost | | <ul style="list-style-type: none"> - Bureaucratic rules, 25% more time needed for administrative work (K, p. 24) - Strict budgets are causing problems for good care (K, p. 26) - Need a lot time for arranging different contracts in 25 different municipalities (K, p. 26) - If there are made any mistakes, due to the bureaucratic structure, it takes a lot of time to solve problems by municipalities (K, p. 29) - "I gave myself a present and it is called a secretary" (P) | <ul style="list-style-type: none"> - The municipalities might ask psychologists to be as efficient as they can be, in order to save money. The imposed targets and incentives by municipalities are not part of the real goals of psychologists' work (C) |
| | | Market <ul style="list-style-type: none"> • Focus on client • Focus on profit • Competition | <ul style="list-style-type: none"> - Experienced psychologist have to use same paying rates as starting psychologists (K, p. 28) | | |
| | Infrastructure | Structure <ul style="list-style-type: none"> • Specialization • Centralization • Formalization | | <ul style="list-style-type: none"> - Diagnosis of patients is done by (not specialized) GP's resulting in problems later on (K, p. 26) - "I believe that the Child and Youth Act has also provided some good things (...) a lot more case management" (P) | |
| | | Performance management systems (HR) <ul style="list-style-type: none"> • Accountability • Development • Reward • Punishment | <ul style="list-style-type: none"> - Municipalities ask for evaluations of care given by psychologists (K, p. 28) - "We are all professionals, we all have had thorough education (...) from there you remain critical to each other, you keep reflecting on your actions, (...) that is why extra external quality requirements don't have to be added" (P) | <ul style="list-style-type: none"> - More transparency in care (K, p. 24) - Psychologists need to send annual reports to municipalities which costs a lot of time (K, p. 27) | <ul style="list-style-type: none"> - Use of contracts is very difficult, psychologists almost have to be lawyers (K, p. 26) |
| | | Technology <ul style="list-style-type: none"> • ICT • Equipment • Housing | <ul style="list-style-type: none"> - The transition resulted in care closer to patients/children (K, p. 24) - For each municipalities psychologists have to use different forms (K, p. 26) | <ul style="list-style-type: none"> - Not effective working ICT systems for declarations (K, p. 30) - Psychologists need an easy working general ICT system in order to save time and money (C) | |
| | K = Kindermans, 2017 C = Context knowledge, section 4.1 P = Preliminary research, section 4.2 | | | | |

Table 4: First practical application of the conditional accountability model of Vriens et al. (2016). Overview of issues **negatively/positively** affecting ideal-type psychologist work of professionals in the Dutch youth mental health care.

4.4 Analysis of survey methodology

Not only understanding of Vriens et al.'s (2016) theoretical constructs is needed for an appropriate questionnaire development, knowledge about principles for designing a questionnaire is needed as well. In order to build that “well-thought out foundation” as described by De Leeuw et al. (2008, p. 3), general questionnaire design principles are taken into account while designing and constructing the questionnaire. Different authors describe general questionnaire design principles (e.g. Leeuw et al., 2008, Vennix, 2011; Giesen et al. 2012). This section shows the findings about the following topics: measurement properties, measurement error, general principles for question design, and the design of answer options.

4.4.1 Measurement properties

Respondents' answers on questions in surveys should be measures of the constructs studied (Fowler & Cosenza, 2008). “The degree of association between the construct and the answers is the way we know how well the question has been designed” (Fowler & Cosenza, 2008, p. 136). Netemeyer, Bearden and Sharma (2003, p. 3) argue that “results based on a measure should be repeatable and that the measure itself is standardized”. The measurement properties reliability and validity are at the base of repeatability and standardization (Netemeyer et al., 2003).

Validity “refers to how well the answer to a question corresponds with the true value for the construct that is being measured” (Fowler & Cosenza, 2008, p. 137; based on Cronbach & Meehl, 1955). Reliability means that, when the measurement is conducted for another time, the same answer for the same question should be given, if the respondents' true value on a construct has not been changed (Fowler & Cosenza, 2008). A measurement will be called unreliably to some degree, if inconsistency appears: “that is, it does not always give the same result when the true value is the same” (Fowler & Cosenza, 2008, p. 137).

The validity and reliability of the questionnaire developed in this research cannot be totally examined, because the questionnaire is not conducted under real conditions. However, the questionnaire can nevertheless be examined on its construct validity. Construct validity is an umbrella term representing “the overarching quality of a research study or even a program of studies, with other categories or types of validity being subsumed under construct validity” (Netemeyer et al., 2003, p. 71). De Leeuw et al. (2008, p. 4) defines construct validity as “the extent to which a measurement method accurately represents the intended construct”. Based on Haynes, Nelson and Blaine (1999) Netemeyer et al. (2003, p. 11) argue that “construct validity is the ultimate goal in the development of an assessment instrument and encompasses all evidence bearing on a measure”.

To demonstrate construct validity of the developed questionnaire, the following types of construct validity are examined: face validity and content validity. Face validity helps for practical situations “by inducing cooperation among respondents via ease of use, proper reading level, clarity, and appropriate response formats” (Netemeyer et al., 2003, p. 73).

Content validity is about answering the question “whether the final measurement instrument is a good reflection of the concept to be measured, i.e. measures the instrument the issues that the researcher wants to measure?” (Vennix, 2011, p. 184). When dealing with ambiguous and complex constructs in particular, content validation is important (Netemeyer et al., 2003). To reach a high level of content validity, the operationalization phase should be done extensively and precisely in this research (Vennix, 2011). Furthermore, experts’ judgements about the items should be taken into account to ensure content validity (Netemeyer et al., 2003).

4.4.2 Dealing with measurement error

As Giesen et al. (2012, p. 16) argues: “It is usually harder than the researcher thinks for a respondent to complete a questionnaire correctly”. Based on the response process model, four different steps that respondents take for answering a question are described (see Strack & Martin, 1987; Tourangeau, 1984): “Understanding the question, recalling information, forming a judgment, formatting the judgment to fit the response alternatives, and editing the final answer” (as quoted by Schwarz, Knäuper, Oyserman & Stich, 2008, p. 19). Therefore, it is important to take into account the internal consistency of questionnaire style, concepts, and language used in the questionnaire to be developed (Giesen et al., 2012). In addition, it is important to take into account the most important sources of measurement error, caused by ‘satisfying’, socially desirable answers, ‘acquiescence’, memory effects, and context effects (Giesen et al., 2012).

4.4.3 General principles for question design

For the development of questions for the questionnaire, the following principles of Giesen et al. (2012) are taken into account at the item writing process (*Box 1*):

1. Only ask questions respondents can answer
2. Define the unit and reference period
3. Ask one question at a time
4. Phrase questions in a balanced way
5. Avoid making false assumptions in phrasing the questions
6. Choose clear words; provide any necessary definitions
7. Use simple language
8. Keep questions and sentences brief
 - a. Use commonly used and well-defined words
 - b. Texts containing double negatives are often hard to understand
 - c. Phrase question texts and instruction positively
9. State the required answer format clearly

Box 1: General principles for question design based on Giesen et al. (2012)

4.4.4 Design of answer options

Giesen et al. (2012) argue that the most essential factors to be considered for answer options are: the level of measurement required, the costs for processing and data collection, the ease of answering, and the quality of the answer. The questionnaire of this research aims to get to know to what extent working conditions obstruct or stimulate professional work. A first idea of dealing with this is to use certain answer scales as different answers options. Netemeyer et al. (2003, p. 101) argues that scales with 5- or 7-point formats are sufficient: “More alternatives may require more effort on the respondent’s behalf by forcing him or her to make finer distinctions. This, in turn, can produce random responding and more scale error variance”.

In addition, it is important to take into account is then the uni- or bipolarity of the scales. As Schwarz et al. (2008, p. 20) argue, “even something as innocuous as the numeric values of rating scales can elicit pronounced shifts in question interpretation”. As an example Schwarz et al. (2008) mention the research of Schwarz, Knäuper, Hippler, Noelle-Neumann, and Clark (1991). Schwarz et al. (1991) show that the meaning of verbal endpoint labels of scales dramatically shifts the obtained ratings. That is why “researchers are well advised to match the numeric values to the intended uni- or bipolarity of the scale” (Schwarz et al., 2008, p. 20). See *Box 2* for the full explanation.

Schwarz et al. (1991) “asked respondents how successful they have been in life, using an 11-point rating scale with the endpoints labeled “not at all successful” and “extremely successful.” To answer this question, respondents need to determine what is meant by “not at all successful”—the absence of noteworthy achievements or the presence of explicit failures? When the numeric values of the rating scale ranged from 0 to 10, respondents inferred that the question refers to different degrees of success, with “not at all successful” marking the absence of noteworthy achievements. But when the numeric values ranged from -5 to +5, with 0 as the middle alternative, they inferred that the researcher had a bipolar dimension in mind, with “not at all successful” marking the opposite of success, namely the presence of failure. Not surprisingly, this shift in the meaning of the verbal endpoint labels resulted in dramatic shifts in the obtained ratings. Whereas 34% of the respondents endorsed a value between 0 and 5 on the 0 to 10 scale, only 13% endorsed one of the formally equivalent values between -5 and 0 on the -5 to +5 scale, reflecting that the absence of great success is more common than the presence of failure”.

Box 2: Uni- and bipolarity of scales - an example from Schwarz et al. (1991) mentioned by Schwarz et al. (2008, p. 28).

This chapter has presented the Developmental stage of this research. The analysis of the research context, the preliminary research and the practical application of conditional accountability supplemented by survey methodology, forms the basis for the questionnaire development and construction. Without these preparatory and background information the development of an appropriate questionnaire fitting the population remains difficult. The next chapter presents the design and the construction of the questionnaire assessing the perceived quality of working conditions of professionals in the Dutch youth mental health care.

5. The design and construction of the questionnaire

Based on the preparatory and background findings in chapter 4, the next step is the design and construction of the questionnaire. Firstly, section 5.1 elaborates on the introduction text of the questionnaire. In addition, section 5.2 describes which decisions are made regarding the instructions and answer options of the questionnaire. Then, section 5.3 presents the operationalization of the theoretical constructs. Finally, section 5.4 show additional issues concerning the questionnaire.

5.1 Introduction text

In order to obtain cooperation of respondents it is important to “increase the benefits of taking part” so that the respondents are encouraged to participate (Lynn, 2008, p. 48). Moreover, an explanation of the purpose of the questionnaire is needed (Lynn, 2008). Therefore, the questionnaire starts with an introduction text for the respondents. *Box 3* shows the introduction text of the questionnaire.

Dear professional,

As a professional you provide care to children and young people, who need it. You contribute to their well-being, and you provide an important social value to our society.

In order to provide the best possible care to children and young people, it is important for you that your working conditions do not obstruct you. Therefore, this research aims to identify which conditions have an obstructing or stimulating effect on your professional work.

By participating in this research you can make an important contribution for gaining insight into the conditions under which professionals in youth mental health care have to do their work. Ultimately, these insights contribute to a better design and structuring of the youth mental health care.

It will take about 20-30 minutes to fully complete this questionnaire. It is possible to explain certain matters in open text boxes. Your answers will be treated confidentially.

On behalf of the research team, we would like to thank you in advance for your participation in this research.

If you wish to receive the results of this study, you can fill in your email at the end of the questionnaire.

Box 3: Introduction text of the questionnaire

The value of the respondent as professional is emphasized:

‘As a professional you provide care for children and young people, who need it. You contribute to their well-being, and therefore you provide an important societal value to our society’.

Besides that, the purpose of the questionnaire is made clear including the contribution of a respondent:

“By participating in this research you can make an important contribution for gaining insight into the conditions under which professionals in youth mental health care have to do their work. Ultimately, these insights contribute to a better design and structuring of the youth mental health care.”

Next, the duration of the questionnaire is given in the introduction. The amount of questions is not mentioned to avoid drawbacks from respondents. However, as Lynn (2008, p. 48) argues: “For many people, the main drawback of taking part in a survey is the amount of their time that it will take”. Therefore, the questionnaire should be minimized by asking only the most relevant questions. There might be an advantage in the population studied, the preliminary qualitative research has already shown that professionals in the Dutch youth mental health care are highly dear to their profession this might increase their willingness to participate and to spend time on the questionnaire. Finally, the introduction text makes sure that the anonymity of the respondents is guaranteed and that respondents have the possibility to receive the research results.

After the introduction text the questionnaire starts with some general questions about demographics (gender, age, education) and work situations (profession, working hours, work experience, organizational structure). These general questions are asked in order to get to know the respondent better, and be able to find relations between demographic data and data about work situations and conditions affecting respondents’ work.

5.2 Instructions and answer options

At the start of the questionnaire, the answer options are explained to the respondents (see *Box 4*). During the different internal feedback sessions with Dr. D.J. Vriens and Dr. C. Groß, it was decided to use a unipolar scale and a bipolar scale, based on Schwarz et al. (1991) (see *Box 2*). In the first versions of the questionnaire a scale from 0-10, and a scale from -5 to 5, where 0 means ‘neutral’, was used. However, the method expert advised in the last stage of this research, not to use the 0-10 scale. A 0-10 scale corresponds to the general grading systems in schools and universities in the Netherlands. In the questionnaire the score ‘5’ is aimed to function as a ‘neutral’ score, however the grade ‘5’ means ‘insufficient’ in the Dutch grading system. Since the questionnaire is developed for professionals in the Dutch youth mental health care, a 0-10 scale might raise questions about what respondents actually mean when scoring a ‘5’ on the scale.

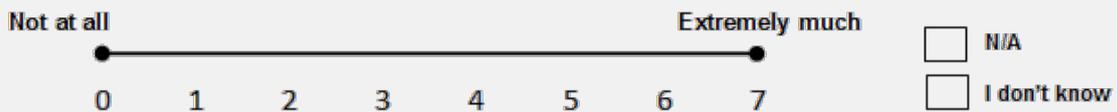
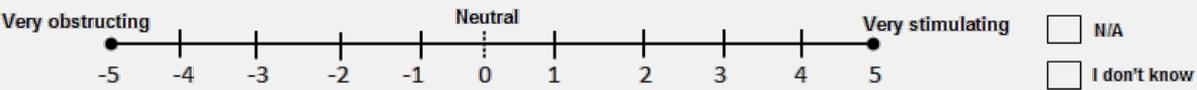
Therefore, the method expert argues that validity problems might occur, if a 0-10 scale is used in the questionnaire. That is the reason why the answer scales are changed into 0-7 scales for the final version of the questionnaire. The choice for a 0-7 scale fits Netemeyer et al.'s (2003) argument: scales with 5- or 7-point formats are sufficient.

In addition, the respondents are asked to indicate whether they understand the explanation about the scales or not. If not, there is created an option to receive more explanation about answer options. Furthermore, options are developed for not answering the questionnaire items by means of the boxes 'N/A' or 'I don't know'.

Explanation of the answer options

The questionnaire uses scales, on which you can score an answer. For each question it is indicated what the ends of the scales mean. You can decide for yourself, which score you want to give per question. Since we are looking for your opinion and your experience, there are no incorrect answers. Please, use the box 'N/A', if the question does not apply to you. Please, use the box 'I don't know', if you are not able to answer the question.

There are two types of scales:

- A scale with a range from 0 to 7, in which you give a kind of report mark on a question:
 
- A scale with a range from -5 to 5, where 0 means 'neutral':
 

Please make a choice:

I understand

I would like to receive more explanation about the answer options

Box 4: Instructions and answer options of the questionnaire

5.3 Operationalization of theoretical constructs

A crucial phase in empirical research is the formulation of empirical observable items based on the theoretical constructs (Vennix, 2011). The theoretical constructs of conditional accountability described by Vriens et al. (2016), have to be operationalized into empirical observable items for the questionnaire. As already discussed in the theoretical framework, Vriens et al. (2016) argue that for professional work, two general influencing conditions are relevant namely, the goals and the infrastructural arrangements that are conditioning professional work. Besides that, Vriens et al. (2016) argue that ideal-type professional work consists of three characteristics: (1) the application and development of specific knowledge and skills, (2) secure the intensive technology and (3) the dedication to societal value. For an illustrative summary of the approach of Vriens et al. (2016) see *Table 1*. The next sections present the operationalization of the different theoretical constructs.

5.3.1 Professional work

In order to reduce the amount of items in the questionnaire, the choice is made not to use the separated characteristics of ideal-type professional work in the questionnaire items. Therefore, professional work is used as an umbrella term in the questionnaire items. To provide clearness to the respondents about the term ‘professional work’, an extensive definition is given at the beginning of the questionnaire (see *Box 5*).

Professional work

The following questions are about your work as a professional. Professional work consists ideally of the following three elements:

1. The application and development of specific knowledge and skills.
2. Addressing unstructured, difficult problems of clients through the selection, combination and application of treatments, based on knowledge and experience. In this way a diagnosis and treatment can be drawn up, which can be different per situation.
3. The dedication to a certain societal value: contributing to the welfare of children and young people.

Certain conditions in your work as a professional can obstruct and stimulate your work as a professional.

In the following questions, nine different conditions are treated. You can indicate to what extent these conditions have an obstructing or stimulating effect on your professional work.

Box 5: Definition of ‘professional work’ in the questionnaire

However, to be able to still measure scores on the three different ideal-type characteristics of professional work, the following three overarching questions per condition are added at the end of the questionnaire (see *Table 5*).

| | | Very obstructing | | | | | Very stimulating | | | | | N/A | I don't know | |
|--------------------------------|--|------------------|----|----|----|----|------------------|---|---|---|---|-----|--------------|---|
| | | -5 | -4 | -3 | -2 | -1 | 0 | 1 | 2 | 3 | 4 | | | 5 |
| Efficiency goals are... | for the application and development of my specific knowledge and skills: | | | | | | | | | | | | | |
| | for addressing unstructured, difficult problems of clients | | | | | | | | | | | | | |
| | For my dedication to a certain societal value: | | | | | | | | | | | | | |

Table 5: Example of overarching questions per condition

The use of these tables at the end of the questionnaire is an idea based on the advice of the method expert and is added to the questionnaire at the end of the design process. In the first versions of the questionnaire only three very general and abstract overarching questions were asked. The method expert advised not to use those:

- *To what extent are the conditions under which you have to work obstructing or stimulating for the application and development of your specific knowledge and skills?*
- *To what extent are the conditions under which you have to work obstructing or stimulating for dealing with unstructured, difficult problems of children?*
- *To what extent are the conditions under which you have to work obstructing or stimulating for your contribution to the welfare of children and youth?*

5.3.2 Conditions affecting professional work

This section describes the operationalization of the conditions affecting professional work as described by Vriens et al. (2016). First, a translation of theoretical constructs into questionnaire constructs is made. Then the definitions of questionnaire constructs are presented followed by the explanation of the development process of the questionnaire items.

5.3.2.1 From theoretical constructs to questionnaire constructs

In *Figure 4* a transition is made from the theoretical constructs of Vriens et al. (2016), of conditions affecting professional work, to constructs that are used in the questionnaire.

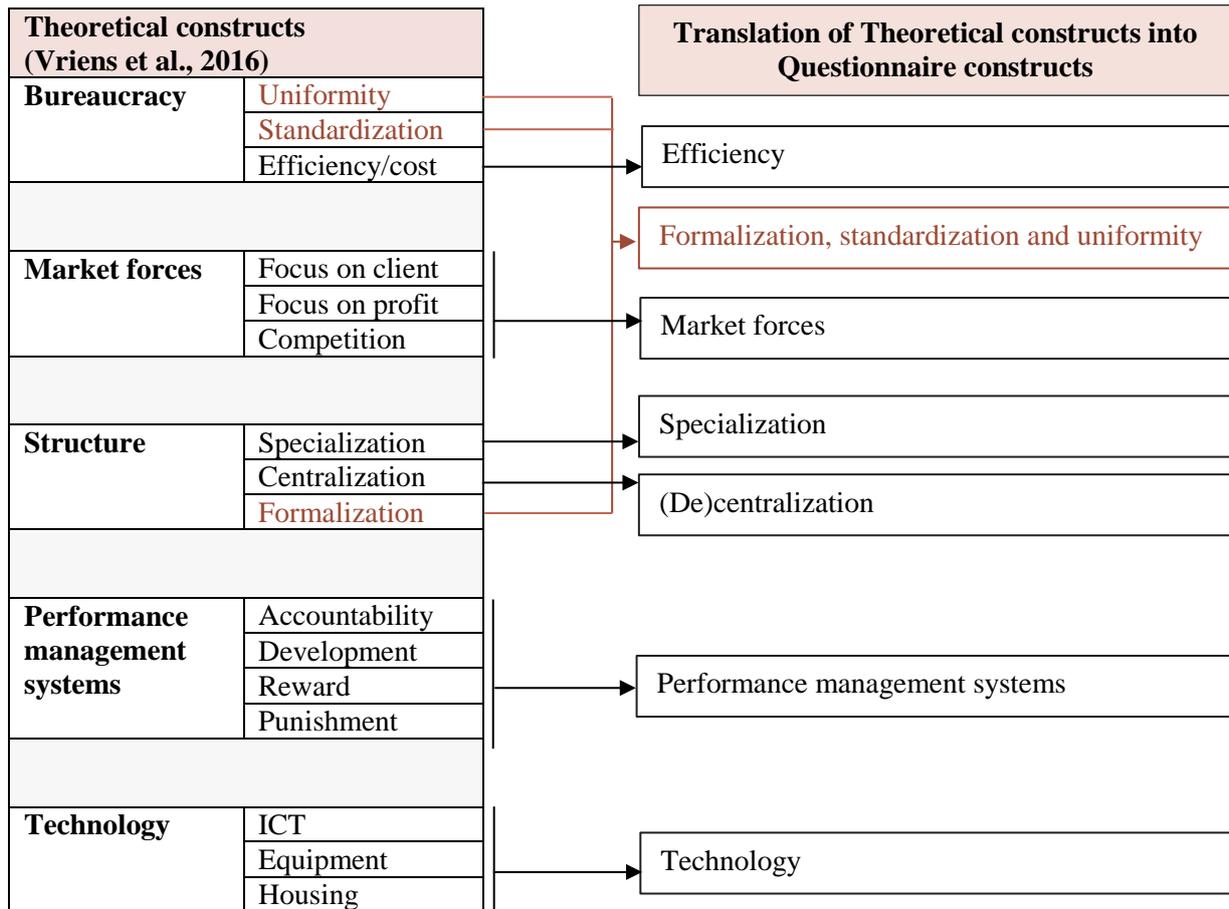


Figure 4: Operationalization of the theoretical constructs of Vriens et al. (2016) into questionnaire constructs

Bureaucracy

The first goal related condition as defined by Vriens et al. (2016) is bureaucracy. Max Weber, a German sociologist, introduced the concept bureaucracy first (Robbins & Barnwell, 2005). For rational and efficient operations Weber proposed seven principles: division of labor, well-defined authority hierarchy, high formalization, impersonal nature, employment decisions based on merit, career track for employees and distinct separation of members' organization (Robbins & Barnwell, 2005). Nowadays, the term 'bureaucracy' evokes negative associations: for example too many rules and procedures or it is seen as 'the slowly turning wheels of bureaucracy'. Therefore, it is decided to not use the word 'bureaucracy' in the questionnaire in order to avoid validity problems.

That is why the theoretical construct 'bureaucracy' is operationalized into two different constructs for the questionnaire: as 'efficiency' and 'formalization, standardization and uniformity' as one construct put together. As is shown by the brown lines in *Figure 4*, uniformity, standardization and formalization as theoretical constructs are put together and are used as one construct in the questionnaire. This decision is made based on the preliminary

research, in which was already shown that it is very difficult to separate the three concepts and explain them correctly and clearly to respondents without mixing up the concepts resulting in a lower reliability. Additionally, the process of questionnaire design had already shown the difficulty of defining and constructing clear questionnaire items for uniformity, standardization and formalization separately.

Therefore, based on the preliminary research supplemented by different discussions with the internal experts, the choice is made to take standardization and formalization as one construct in the questionnaire. Asking questions about, for example, rules and procedures in professional work, and thereafter ask the respondent what they think of the idea of uniformity in general.

Market forces

The second goal related condition as defined by Vriens et al. (2016) 'market forces' is adopted with the same-named construct in the questionnaire, while taking language-related issues and terminology issues into account. Market forces is a well-used term in the Netherlands and was therefore expected to be a straightforward term for the group of respondents.

Structure

The first infrastructure related condition as defined by Vriens et al. (2016) 'structure' is operationalized into two constructs for the questionnaire: 'specialization' and '(de)centralization'. The construct 'formalization' is left behind, since it has already been taken into account together with standardization and uniformity.

Performance management systems

The second infrastructure related condition as defined by Vriens et al. (2016) 'performance management systems' is adopted with the same-named construct in the questionnaire. By providing the respondents with an extensive description of the term, there is strived for clearness.

Technology

And finally, the infrastructural condition as defined by Vriens et al. (2016) 'technology' is as well adopted with the same-named construct in the questionnaire. By explaining the term in a practical way, the construct in the questionnaire is recognizably for respondents.

5.3.2.2 Definitions of questionnaire constructs and questionnaire dimensions

Based on the defined questionnaire constructs, definitions of the constructs are made (*Table 6*). The requirements for these definitions are clarity and brevity and should include a practical example for the Dutch youth mental health care professionals. As Fowler and Cosenza (2008, p. 139) argue, “choice of vocabulary is a very important part of how respondents understand questions. Researchers should take into account the reading level of potential respondents and take steps to write clear and simple questions”. For example, the operationalized construct ‘Technology’ is defined as follows:

Technology refers to all resources that professionals need to carry out their work. Consider the equipment that is used, the physical space in which you work or the ICT that supports the work.

As can be seen, first an explanation of the construct is given in the definition. Next, a practical example is used in order to help respondents visualize where it is about. *Table 6* presents an overview of the questionnaire constructs’ definitions. Besides that, the dimensions per operationalized constructs are shown. Based on the dimensions questionnaire items were designed.

Table 6 : Definitions of questionnaire constructs and corresponding questionnaire dimensions

| Theoretical construct (Vriens et al. 2016) | Questionnaire Constructs | Definition of Questionnaire Constructs | Questionnaire Dimensions |
|--|--|--|--|
| Bureaucracy | Efficiency <i>Efficiëntie</i> | <i>Efficiency means the adequacy of resources used for achieving a goal. In the healthcare sector, much attention is currently being paid to cost savings. This is an example of achieving efficiency.</i> | Costs, money, budget systems |
| | Formalization and standardization <i>Formalisatie en standaardisatie</i> | <p><i>Formalization refers to the extent to which work is standardized, and the extent to which activities are steered by rules, procedures, standards, standards and / or established practices.</i></p> <p><i>An example of formalization through standardization in the youth mental health care is the 'Standard product code list Dutch Child & Youth law'. This list provides a code for funding each treatment.</i></p> | Rules, procedures, administrative pressure, standards and norms |
| | Uniformity <i>Uniformiteit</i> | <p><i>The idea behind setting rules and procedures in professional work is uniformity. By aiming for uniformity in professional work, an attempt is made to increase the predictability and reliability of treatments or processes.</i></p> <p><i>This could include, for example, that every child is always subjected to a standard set of diagnostic instruments</i></p> | Uniformity as idea behind: guidelines, measures, patients as objects, equality |
| Market forces | Market forces <i>Marktwerving</i> | <p><i>In professional work there are often set certain goals. The idea is that market forces in health care provide more competition resulting in an increase in the quality of care. In the Dutch youth mental health care too, people are increasingly talking about more market forces.</i></p> | Market forces ('marktwerving'), competition |

| Theoretical construct (Vriens et al. 2016) | Questionnaire Constructs | Definition of Questionnaire Constructs | Questionnaire Dimensions | |
|--|---|--|---|---------------------------------------|
| Structure | Specialization <i>Specialisatie</i> | <i>Specialization refers to the extent to which activities are divided into different sub-tasks. The idea behind specialization is that an activity is split up into small steps. Each step is then executed by someone else.</i> <i>For example, recently practice assistants at general practitioners are introduced (POH-GGZ). Care tasks that psychologists first did themselves, are now done by practice assistants at general practitioners. In addition, social district teams are introduced, so that different specialisms can work together in one team.</i> | Amount of caring tasks before and after 2015, local care teams, ‘one family, one plan, one coordinator’ | |
| | (De)centralization <i>(De)centralisatie</i> | <i>Centralization means that there is one central point of decision-making power. Therefore, the exercise of power takes place from a single governing body.</i> <i>The opposite of centralization is decentralization. Decentralization refers to the transfer of decision-making power to lower levels. Since the transition the Dutch youth mental health care in 2015, municipalities have been responsible for all youth care instead of central government or provinces. This is a practical example of decentralization.</i> | Dutch Child and Youth Act 2015 > decentralization to municipalities | |
| Performance management systems | Performance management systems <i>Prestatie beoordelingen</i> <i>* The ‘development’ dimension has not been taken into account</i> | <i>The performance management systems are the methods and policies used to select, assess, monitor, reward, and develop professionals. These performance management systems might also affect your work as a professional.</i> | <i>Accountability</i> | Use of document, reports, evaluations |
| | | | <i>Rewards</i> | Income, appreciation |
| | | | <i>Punishment</i> | Fines, formal patient-evaluations |
| Technology | Technology <i>Technologie</i> | <i>A final condition, that can have an effect on performing your work as a professional, has to do with technology. Technology refers to all resources that professionals need to carry out their work. Consider the equipment that you use, the physical space of your work or the ICT that supports your work.</i> | IT systems, physical space(s), other equipment | |

5.3.2.3 From questionnaire constructs to questionnaire items

In *Appendix F* and *Appendix G* the final questionnaire can be found in Dutch and in English respectively. It shows the designed questionnaire items per questionnaire construct. During the internal feedback sessions it is decided to use approximately five items per construct, in order to reduce the total amount of items in the questionnaire. The items are structured per construct. See *Figure 5* for an explanation of the structure:

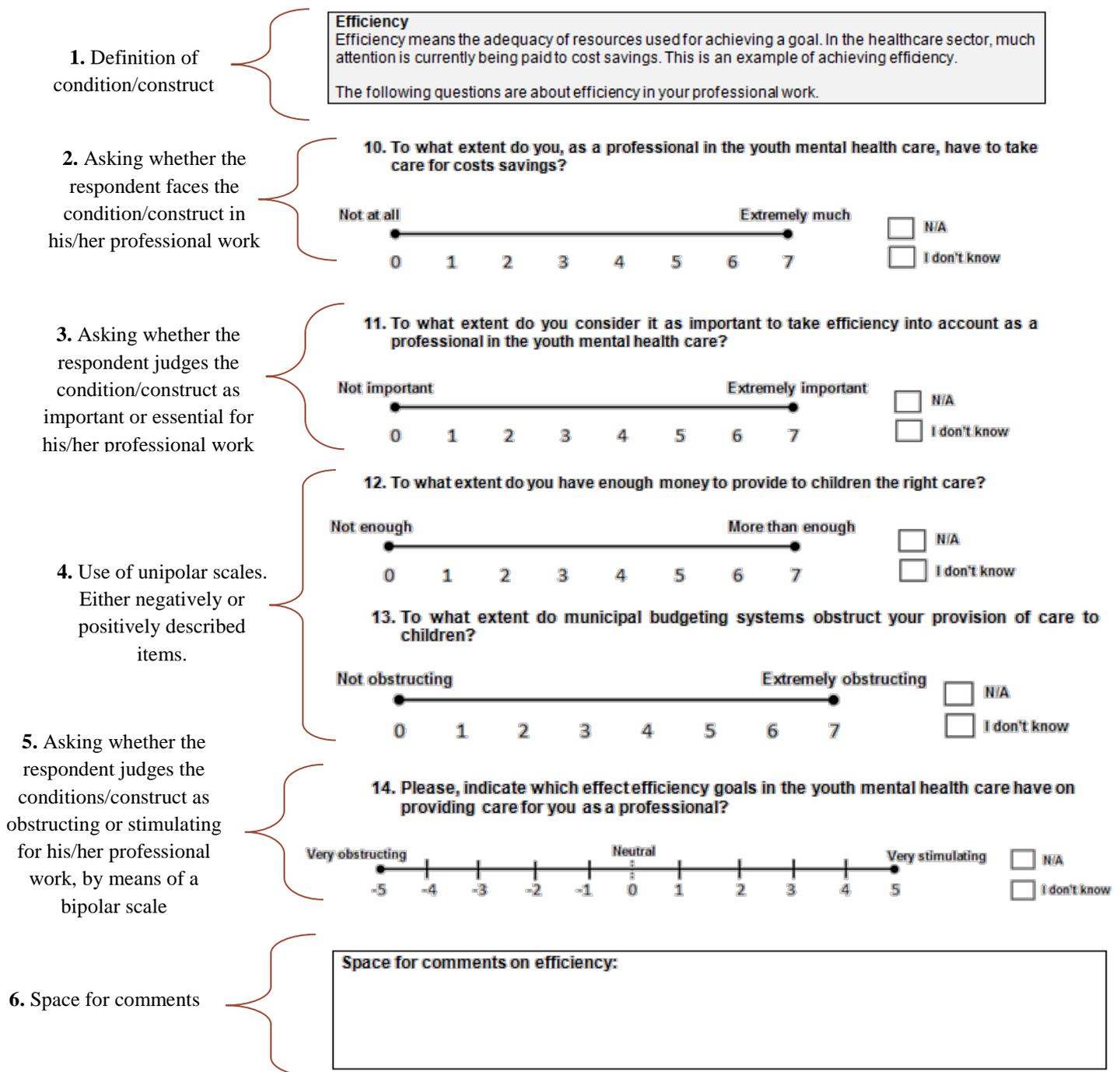


Figure 5: The construct 'Efficiency' as an example for showing the used structure of the items in the questionnaire

5.4 Additional issues

Bases on the internal feedback session with Dr. D.J. Vriens and Dr. C. Groß, decided is to supplement the questionnaire with a part about ‘partnerships’, open-ended questions, space for adding additional comments, and two general overarching questions at the end of the questionnaire. This section briefly explains why this was done.

5.4.1 Partnerships

From the preliminary research it is shown that professionals have increasingly started to pool together in partnerships to stand stronger against municipalities and larger healthcare institutions, since the transition in the Dutch youth mental health care. The preliminary research has found that these partnerships result in more collaboration between professional and therefore might be of a stimulating effect for ideal-type professional work. Therefore, questions about ‘partnerships’ are added in the questionnaire. The definition and the three questions about ‘partnerships’ are shown in *Figure 6*. The scores on these questionnaire items might indicate, whether being member of one or more partnerships as a professional in the youth mental health care, is perceived as an obstructing or stimulating effect on professional work.

Partnerships
As a result of the decentralization of the Dutch youth mental health care, it is often necessary for professionals to join partnerships with other professionals, in order to stand stronger against municipalities and larger healthcare institutions.

You have indicated that you are a member of one or more of these partnerships. The following questions are about partnerships.

1. To what extent do you experience that being a member of a partnership is necessary for you as a professional in the youth mental health care?

Not necessary Extremely necessary

●—————●

0 1 2 3 4 5 6 7

N/A
 I don't know

2. As a professional, do you consider partnerships to be meaningful for the welfare of children and youth?

Not meaningful Extremely meaningful

●—————●

0 1 2 3 4 5 6 7

N/A
 I don't know

3. Please, indicate which effect partnerships have on your work as a professional in the youth mental health care?

Very obstructing Neutral Very stimulating

●—————●

-5 -4 -3 -2 -1 0 1 2 3 4 5

N/A or I don't know

Figure 6: Definition of ‘partnerships’ and the three questions added in the questionnaire

5.4.2 Open-ended questions

During the internal feedback sessions it is decided to add two open-ended questions, in order to give respondents the opportunity to express their opinion more clearly (*Box 6*). The first open-ended question (no. 22) is about how respondents think of the idea of uniformity. The term ‘uniformity’ has shown to be difficult to operationalize. Therefore, it is valuable to use an open-ended question for receiving a more extensive answer from respondents.

The second open-ended question (no. 40) is about how respondents want to be called to account. Since this whole research is about accountability and finding a way out of the ‘dilemma of professional accountability’, it is interesting and valuable to ask respondents, professionals, themselves about ways they want to be called to account.

22. Open-ended question: What do you think of the idea of uniformity in the youth mental health care?

40. Open-ended question: How would you like to be called to account as a professional in the youth mental health care?

Box 6: Open-ended questions

5.4.3 Answer boxes

To allow respondents to elaborate on their experiences and give respondents the opportunity to show insights on the subject, space for comments is provided after each operationalized construct. Take a look at *Box 7* for an example.

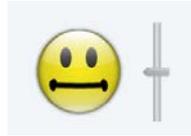
Space for comments on performance management systems:

Box 7: Example of answer box

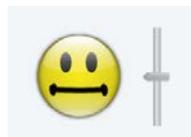
5.4.4 General questions at the end

Based on the internal feedback sessions, it is decided to add two general questions at the end of the questionnaire:

- *Please, indicate what your feelings are about the current conditions in your work as a youth mental health care professional?*



- *Please, indicate what your feelings have been about the conditions in your work as a youth mental health care professional, before the transition in the youth mental health care of 2015?*



Hereby, respondents can indicate whether they feel different about their professional work, before and after the transition in the youth mental health care in 2015. Since the respondents are asked to indicate their feelings, the scale used to answer these questions consists of a 5 point scale, showing different faces, expressing an emotion.

This chapter has shown the decisions and steps taken into the questionnaire design and construction. The final developed questionnaire can be found in *Appendix F* and *Appendix G* in Dutch and in English respectively. It is important to note here, that the designed online questionnaire cannot be added to this research document. Therefore, Word file of the questionnaire is used in the Appendix. The next chapter presents the results of the Question testing stage: the feedback from the method expert and the feedback from field experts.

6. Results of the Question Testing stage

This chapter describes the findings of the Question Testing stage. The Question Testing stage is concerned with the examination of the questionnaire items. The findings include the method expert feedback in section 6.1, the field experts feedback in section 6.2, and the systematic review of the questionnaire in section 6.3.

6.1 Method expert feedback

The feedback from the method expert is analyzed in this section. It is important to note here that the method expert feedback was based on an older version of the questionnaire. The questionnaire, as shown in *Appendix F* and *Appendix G*, is the adjusted questionnaires based on the feedback from the method expert. The most essential feedback from the method expert was about the relation between the formulated research goal and the main aim of the questionnaire. The previous formulated research goal was to develop an appropriate professional conditional accountability instrument for professionals in the Dutch youth mental health care. However, as the method expert correctly argued, despite the fact that the ultimate research goal aims for the development of an appropriate professional conditional accountability instrument for professionals, this particular research is just a small step in the direction of that ultimate goal. Therefore, he advised to think again about the formulation of the research goal.

Beside this more general feedback on the abstraction level of this research, the method expert also gave feedback on concrete issues concerning the questionnaire. Firstly, the method expert advised to slightly change the introduction text (see *Box 8*). The method expert argued that the old version is too threatening. He advised to reformulate the introduction text in order to neutralize the sentences for the respondents.

Old version:

For children and young people it is very important that you, as a youth mental health professional, can do your work as good as possible. For this, you are depended on the conditions under which you have to work. By participating in this study, you will make an important contribution for gaining insights into the conditions under which professionals in the youth mental health care have to work.

New version:

In order to provide the best possible care to children and young people, it is important for you that your working conditions do not obstruct you. Therefore, this research aims to identify which conditions have an obstructing or stimulating effect on your professional work.

Box 8: Change of introduction text

Next, the method expert showed that the consistency of the questionnaire items could be increased by adding clearer scale endings, matching with the questionnaire items vocabulary. *Box 9* presents an example of the adjustment. In the old version the scale endings ‘not at all’ and ‘extremely much’ were too abstract, in the new version ‘no market forces’ and ‘extreme market forces’ corresponds more with the questionnaire item vocabulary, making it easier for the respondent to score an valid answer.

Old version:

26. To what extent do you experience market forces in the youth mental health care?

Not at all 0 1 2 3 4 5 6 7 8 9 10 Extremely much N/A or I don't know

New version:

26. To what extent do you experience market forces in the youth mental health care?

No market forces 0 1 2 3 4 5 6 7 Extreme market forces N/A I don't know

Box 9: Change of scale endings

Furthermore, the method expert gave some tips for changing some Dutch words into their synonyms, because the method expert’s experience has showed him that those synonyms work better for respondents’ understanding. The method expert also questions the answer options of the question about the level of education. However, the answer options given are based on the internal feedback sessions. It is decided not to use all education options, only those relevant for the psychology profession.

Additionally, the method expert gave some small feedback concerning grammar and spelling. Besides that, he advised to show particular definitions first, and then show the question. The method expert argued that respondents might overlook the definitions, if those are shown after the question is formulated. Moreover, the method expert advises to separate the ‘I don’t know’ and the ‘N/A’ boxes, because it might be of interest to know its difference. Furthermore, as already explained, due to the feedback of the method expert, the answer scales of the questionnaire were changed into a 0-7 scale instead of a 0-10 scale. Subsequently, the

tables used for the overarching questions at the end of the questionnaire, were also an idea of the method expert.

The last comment of the method expert concerned the length and the abstraction of the questionnaire. The method expert advised to skip all the explanations of the different conditions. He argued that those explanations are superfluously for the respondents. This comment resulted in a discussion with the internal experts, are those definitions really superfluous. It was decided not to adjust this comment for the final questionnaire. However, the comment is of value for the Discussion chapter of this research.

6.2 Field experts feedback

Two field experts critically reviewed the questionnaire. The feedback of expert 1 can be found in *Appendix H*, and the feedback of expert 2 can be found in *Appendix I*. The following issues concerning the questionnaire were mentioned by the field experts.

First, the introduction text is perceived as clear. However, the experts both advised to explain more extensively what will be done with the results of the questionnaire, and what follow-up research will be. Besides that, expert 2 proposed to strengthen the goal of the introduction text, by emphasizing the kind of conditions more.

Second, the experts believed that the explanation of the different constructs is clear. Although the explanation of ‘professional work’ is somewhat abstract, expert 1 was able to understand what is meant. Besides that, expert 1 highlighted question no. 47. Expert 1 is not sure what is meant by ‘formal systems of client reviews’. In the development phase, explicitly is decided to use this definition instead of the use of the name of this formal system: Routine Outcome Monitoring.

Third, expert 1 believed that the decision made for the answer scales are evident, and that there is enough open space for respondents to devote more about a subject. However, expert 2 wondered why there is made use of two different scale. She indicated that those different scale might distract respondents. Although this is a relevant comment, the comment is less relevant when respondents will use the online version of the questionnaire in which those different scale are separated on different pages.

Fourth, both experts indicated that de questionnaire items are understandable. However, at the moment expert 1 is working for a large mental health care institution that is still funded by the government. The expert explains that not all questionnaire items were applicable to her situation. Additionally, expert 2 commented that the definition of an ‘independent practice’ does not fit her situation. These are an important findings: the questionnaire should be screened

very well on its application to different types of professional in the Dutch youth mental health care.

Fifth, both experts argued that the questionnaire is quite long. However, expert 1 argued that she thinks that the population is sufficiently motivated to fill in this questionnaire. This feedback corresponds with what already found in the preliminary research: professionals in the Dutch youth mental health care are highly dear to their profession this might increase their willingness to participate and to spend time on the questionnaire.

Finally, expert 1 added that it might be interesting to look at the effects of waiting lists in the youth mental health care. She argued that the amount of waiting list may have risen, since the transition. This indirectly may affect professional work.

6.3 Systematic review of the questionnaire

Appendix C shows the systematic review of the questionnaire. The most important finding of this review is first of all, that the questionnaire misses a clear and inviting title. Second, the questionnaire should be tested by more than one respondent from the target population. In addition, it might be valuable to take a look at the questions one more time and define them more briefly. Furthermore, a critical remark can also be placed by the meaning of the answer options. Since only the end points of the answer options are labeled, the other values on the answer scale might remain ambiguous for respondents. Finally, the criteria of part G in *Appendix C* should be examined, when using the online version of the questionnaire.

This chapter has presented the findings of the Questioning Testing stage of this research. The next chapter shows the conclusion and discussion of this research.

7. Conclusion and Discussion

This chapter critically discusses the findings of the research. Firstly, section 7.1 presents the conclusion of the research. Then, section 7.2 reflects critically on the limitations of the research. After that, section 7.3 discusses the theoretical recommendations and section 7.4 discusses the practical implications of the research. Finally, section 7.5 describes recommendations for future research.

7.1 Conclusion

The goal of this research was to apply the conditional accountability model of Vriens et al. (2016), through the development of a questionnaire assessing the perceived quality of working conditions of professionals in the Dutch youth mental health care. The underlying goal was to make Vriens et al.'s (2016) model of conditional accountability more concrete and apply conditional accountability to a particular profession. The research question was: *How to assess the perceived quality of working conditions of professionals in the Dutch youth mental health care?* Based on the analysis of the research context, the preliminary research and the practical application of conditional accountability supplemented by survey methodology, an extensive analysis of preparatory and background findings was presented. To be able to operationalize the conditional accountability model of Vriens et al. (2016) for the concrete case of the Dutch youth mental health care, context knowledge of the sector was needed. So the preparatory and background information formed the basis for the questionnaire development and construction. After the operationalization of the theoretical constructs of the conditional accountability model of Vriens et al. (2016) into questionnaire items, the final questionnaire was developed and tested by a method expert and field experts, and a systematic review of the questionnaire was conducted.

7.2 Reflection: Limitations of the research

This section reflects on the research by discussing its limitations. Section 7.2.1 describes the limitations of the developed questionnaire assessing the perceived quality of working conditions of professionals in the Dutch youth mental health care. Subsequently section 7.2.2 describes the limitations of the research methods. Finally, section 7.2.3 reflects on the role of the researcher.

7.2.1 Limitations of the developed questionnaire

Firstly, the questionnaire was applied to professionals in the Dutch youth mental health care. As the field feedback sessions have already shown, respondents might face problems while indicating for what kind of institution they work. Although the questionnaire takes into account the difference between an independent practice and a health care institution (questionnaire item no. 8), field experts have already commented that their situation did not fit the answer options. Additionally, the positions that respondents occupy in institutions might influence the extent to which certain working conditions affect their professional work as well. For example, an owner of an independent practice might experience different kinds of working conditions than a psychologist of a substantial mental health care institute, who is not so much concerned with non-professional goals like profit goals. This indicates that the developed questionnaire is limited in its consideration of the effect of different sorts of institutions and positions within the profession. A solution for this issue might be to incorporate more concrete questions about the respondents' positions and the sorts of institutions they work for. Such an extension might provide insights in the different perceived working conditions between different groups of respondents.

Secondly, the Dutch youth mental health care sector as a research population is chosen partly due to the problems that have occurred since its transition in 2015. However, it can be argued that the teething problems and the structural problems of its transition are not enough separated in the questionnaire. For example, for the condition 'Technology' the dimension IT systems is used in the questionnaire. A respondent can indicate that a new IT system is obstructing his/her work extremely at the moment. However, the level of obstruction might decrease, if the respondents gets familiar with the IT system. This examples shows that it is difficult to indicate to what extent 'Technology', as a condition affecting ideal-type professional work, is obstructing in a structural way or not.

Thirdly, another limitation of the developed questionnaire is its length. Despite the fact that during the development process effort has been made to shorten the questionnaire, the questionnaire can still be valued as lengthy. This applies especially to the professionals in the sector, which already have a high work pressure. On the other side, professionals in the Dutch youth mental health care are highly dear to their profession. This might increase their willingness to participate and to spend time on the questionnaire.

In addition to the length of the questionnaire, its abstraction level is point of discussion. The method expert has already mentioned this. To shorten the questionnaire and decrease the level of abstraction, the method expert advised to exclude all the explanations of constructs

within the questionnaire. However, this might induce validity issues. Respondents still need to understand the questions in the right way. If explanations of difficult words are excluded, respondents might interpret definitions in a wrong way. As a consequence, the following question emerges: How can questionnaire items be constructed in such a way that the used terminology and the vocabulary is clear for respondents enabling them to answer the questions? Here, a new dilemma appears, at the one hand the questionnaire should not be too long and too complex, on the other hand the questionnaire items should provide valid measures. This discussion needs more empirical work, for example, by testing the questionnaire and statistically test its measures.

Furthermore, the questionnaire wants to study the following question: *What effect have goal and infrastructural related conditions on the ideal-type professional work of professionals of the Dutch youth mental health care, as perceived by the professionals themselves?* The relationship between conditions and ideal-type professional work is indicated by the respondents themselves. For example, respondents are asked to indicate which effect the condition ‘standardization and formalization’ has on his/her professional work (*Box 10*):

18. Please, indicate which effect administrative burden in the youth mental health care has on your professional work?

Not obstructing Extremely obstructing

●—————●

0 1 2 3 4 5 6 7

N/A
 I don't know

Box 10: Questionnaire item 18

Although the formulation of those questionnaire items is done based on the internal feedback sessions, this method of formulation can be criticized due to the direction of the relationship between the constructs and the measures. In the developed questionnaire, the questionnaire items (the measures) cause the construct. In this way, the questionnaire items form the underlying latent variable – the perceived ideal-type professional work. This is called formative measurement (Edwards, 2011). The opposite of formative measurement is reflective measurement, in which constructs are causes of measures, “such that measures are reflective manifestations of underlying constructs” (Edwards, 2011, p. 370). Edwards (2011, p. 384) argues that formative measurement is a “fallacy” that should not be used as a “viable alternative to reflective measurement”. So, it can be argued that the nature of the constructs and measures in the questionnaire has some limits. However, the way the questionnaire items are constructed

– respondents have to indicate the relationship between constructs themselves – is consciously advised by the internal experts.

Finally, it can be argued that the choice for a questionnaire itself is limited. Using a quantitative instrument measuring the perceived working conditions of professionals, causes the comparable limits as the limits of calculative accountability. The problem with such a calculative approach is, that it still forces respondents to indicate a number to a questionnaire item that simultaneously should be as a representation of reality. However, the indicated number or score on such a questionnaire item is still an abstraction of reality: it cannot completely capture what a respondent means. Nevertheless, to bound this limitation, open boxes are added to the questionnaire allowing respondents to give explanations or additions to their indicated scores on questionnaire items. In this way, it has been tried to decrease the abstraction level of the scores.

7.2.2 Limits of the research methods

The research methods existed of analysis of the research context, preliminary research, analysis of survey methodology, internal feedback sessions, method, experts, and field feedback sessions, and a systematic review of the questionnaire. Although many different methods have been used, there were some limits.

Firstly, findings of the preliminary research were only based on existing interview transcripts. The researcher was not present at the interviews. This might have had some limits for the deeper understanding of the interviewees. The data could only be read, which might have resulted in missing the intonation of words given by the interviewees. In addition, only one supplementary interview was conducted. Although this interview was with two psychologists at the same time, it is still limited that it was only one interview. It would have been better to conduct more interviews with different sort of psychologists to create a deeper qualitative understanding of what professionals themselves think about conditional accountability and about the developed questionnaire assessing the perceived quality of working conditions.

Furthermore, the analysis of the survey methodology has revealed the importance for limited construct validity. However, the construct validity of the questionnaire cannot be reviewed completely. Therefore, Exploratory Factor Analysis or Confirmatory Factor Analysis should be done for example (Netemeyer et al., 2003). Since this could not be done, it limits the research. Subsequently, the questionnaire has not been tested under ‘real’ questionnaire conditions. That means that the perspective of respondents, who actually have filled in the

questionnaire is missing. This limits the research. Despite that, the information from the two field experts that were consulted for feedback on the questionnaire in the end, add some value to the research.

Finally, this research is limited because it focused only on one profession. The same research applied to another profession, might show different findings. However, this boundary of the research was useful for clearly operationalize the constructs of Vriens et al. (2016).

7.2.3 Reflection on the role as researcher

The ability to reflect as a researcher on your own thoughts, values and actions, which might influence your research, is crucial (Postholm & Skrøvset, 2013). As a researcher I had to deal at first with my mainly negative perspective on the problems in the Dutch youth mental health care. This was caused by the newspapers and articles I had read before starting the actual Master's Thesis process. During the writing process I faced other perspectives of the sector as well. This was mainly caused by reading the existing qualitative interviews and discuss topics with the internal experts. This has improved my reflectivity skills and causes rethinking of my initial thoughts and values. Besides that, I believe that it was of value that I was a 'laywoman' in the field of Dutch mental health care. I did not know how the sector was organized and had little to no idea about the work of child and youth psychologists. This made it possible for me to explore the field with an open view, asking as much as questions that I could, helping to grasp the sector at the one hand, and remaining critical on the other hand.

7.3 Theoretical recommendations

The conceptual model Vriens et al.'s (2016) conditional accountability is applied to a particular sector in this research for the first time. While operationalizing the theoretical constructs of Vriens et al. (2016) limitations of their model came the surface. First of all, the conditional accountability model of Vriens et al. (2016) includes mainly non-professional goals. Freidson (2001) has already argued that market- and state-related goals do not belong to the logic of professionalism. Therefore, such goals do not belong to the 'real' professional goals that realize a particular societal value (Freidson, 2001; Koehn, 1994). Vriens et al. (2016) themselves have already argued that non-professional goals might have a negative effect on the characteristics of the ideal-type professional work. Since only bureaucratic goals and market goals are taken into account in Vriens et al.'s (2016) model, the model seems to be limited to only goal-related conditions negatively affecting ideal-type professional conduct. For this reason, a recommendation for the model of Vriens et al. (2016) might be to enhance the model with professional goals as well.

Secondly, the conditional accountability model of Vriens et al. (2016) focuses on professionals in general. This research has shown that already in one profession differences can exist between professionals. For example, an independent psychologist faces different working conditions than a psychologist working for a bigger mental health care institution.

Additionally, the research has shown that professionals in the Dutch youth mental health care have increasingly started to pool together in partnerships to stand stronger against municipalities and larger healthcare institutions, since the transition in the Dutch youth mental health care. The preliminary research has found that these partnerships result in more collaboration between professional and therefore might be of a stimulating effect for ideal-type professional work. That is why, questions about ‘partnerships’ are added in the questionnaire. So, the appearance of partnerships seems to influence the work of professionals in the Dutch youth mental health care. However, this conditions cannot be related back to the conditional accountability model of Vriens et al. (2016). Therefore, it can be argued that this research indicated that there might be more conditions affecting ideal-type professional work than that are added to the conditional accountability model of Vriens et al. (2016).

Lastly, this research has demonstrated that the theoretical constructs of Vriens et al.’s (2016) model are too related concepts to operationalize in an appropriate way. The constructs uniformity, standardization and formalization as theoretical constructs were put together and were used as one construct in the questionnaire. The research has shown the difficulty of separating the three constructs and explain them correctly and clearly to respondents without mixing up the constructs. Therefore, the choice was made to take standardization and formalization as one construct in the questionnaire. Asking questions about, for example, rules and procedures in professional work, and thereafter ask the respondent what they think of the idea of uniformity in general. For the conditional accountability model of Vriens et al. (2016) this might implicate that the theoretical constructs should be better delineated or that the value of the different but relating theoretical constructs should be critically reviewed.

7.4 Practical implications

This research has some practical implications for the Dutch youth mental health care and its professionals. The research contributes to the first part of what accounting for conditions does, as argued by Vriens et al. (2016, p. 16): showing “whether professionals are enabled to do their work as professionals”. The development of a questionnaire assessing the perceived quality of working conditions of professionals in the Dutch youth mental health care, takes a first step in the direction of showing whether professionals in this sector, such as psychologists and

psychiatrists, are stimulated or obstructed by doing their work as a professional. For the Dutch youth mental health care this is valuable, because insights into the quality of working conditions as perceived by professionals themselves can help to better understand which of the working conditions are perceived as most problematic by the profession. Understanding of the problematic working conditions reveals what is most urgent to change in the sector. For example, knowledge about how psychologists perceive their working conditions might help preventing them from leaving their profession. This is essential for the sector, because psychologists and psychiatrists help children and youth with mental disorders by doing their professional work. This care of mental disorders can prevent future criminal behavior of these children and youth, and that is of value for society as a whole. Although further research is needed to gain concrete insights in the perceived working conditions of professionals, this research thus contributes by taking the first step of operationalization the conditional accountability model of Vriens et al. (2016) to the Dutch youth mental health care.

7.5 Recommendations for future research

This research has only operationalized the conditional accountability model of Vriens et al. (2016) to a particular profession by developing a questionnaire. The research has not conducted the questionnaire. That is why the first recommendation for future research is to administer the Dress Rehearsal Stage of Campanelli (2008). This stage aims at testing “the questionnaire as a whole under real survey conditions (or as close as possible) with a much larger sample size than the Question Testing stage” (Campanelli, 2008, p. 177). Besides that, it is of value to apply the conditional accountability model of Vriens et al. (2016) to other professions.

To conclude, it has been argued that the described form of conditional accountability by Vriens et al. (2016) is conceptual in its nature. Vriens et al. (2016) have not operationalized the concepts to make conditional accountability more concrete or applicable to a certain profession. This research presented a first operationalization of Vriens et al.’s (2016) model of conditional accountability. The development of a questionnaire assessing the perceived quality of working conditions of professionals in the Dutch youth mental health care, takes a first step in the direction of showing whether professionals are stimulated or obstructed by doing their work as a professional. As Vriens et al. (2016, p. 16) argue, showing “whether professionals are enabled to do their work as professionals” is the first part of what accounting for conditions aims to do. So, this research not only concretized the conditional accountability model of Vriens et al. (2016) by operationalization it, it gained insights for the application of the conditional

accountability model to other professions too. This research took the process of developing an appropriate system for professional accountability one step further. A system of accountability that is able to both guarantee trust in professionals to the wider public, and at the same time does not harm professional conduct. This is of value because it is important that professionals are evaluated in such a way that the general public is satisfied, while professional conduct is not obstructed by the form of this evaluation at the same time. Hence, this research provides a first operational step for a way out of the 'dilemma of professional accountability'.

References

- Abbott, A. (1988). *The system of professions*. Chicago: University of Chicago Press.
- Achterbergh, J. & Vriens, D. (2010). *Organizations. Social systems conducting experiments*. 2nd Revised Edition. Heidelberg: Springer.
- Banks, S. (2004). *Ethics, accountability and the social professions*. Basingstoke: Palgrave Macmillan.
- Bezemer, M. (2017). Psycholoog helpt kind niet meer door administratieve rompslomp. *Trouw*, 07-10-2017. Retrieved from op <http://www.trouw.nl/>.
- Bovens, M. (2007). Analysing and Assessing Accountability: A conceptual Framework. *European Law Journal*, 13(4), 447-468.
- Camenisch, P.F. (1983). *Grounding Professional Ethics in a Pluralistic Society*. New York: Haven Publications, 48.
- Campanelli, P. (2008). Testing survey questions. In: De Leeuw, E.D., Hox, J.J. & Dillman D.A. (2008.). *International Handbook of Survey Methodology* (pp. 176-200). New York: Lawrence Erlbaum.
- Cannell, C. F., Oksenberg, L., Kalton, G., Bischooping, K. & Fowler, F. J. (1989). *New techniques for pretesting survey questions (Final Report)*. Bethesda, MD: National Information Center for Health Services Research and Health Care Technology Assessment (NICHSR).
- Chirstensen, C. M., Grossman, J. H. & Hwang, J. (2010). *The innovator's prescription*. New York: McGrawHill.
- Cooper, S.M. & Owen, D.L. (2007). Corporate social reporting and stakeholder accountability: The missing link. *Accounting, Organizations and Society*, 32(7-8), 649-667.

- Cronbach, L. & Meehl, P. (1955). Construct validity in psychological tests. *Psychological Bulletin*, 52, 281–302.
- Daamen, E. & Hilverdink, P. (2016). *Country sheet on youth policy in the Netherlands*. Youth Partnership. Partnership between the European Commission and the Council of Europe in the field of youth. Retrieved from:
<http://www.youthpolicy.nl/en/Download-NJi/Country-sheet-the-Netherlands-2016.pdf>.
- De Leeuw, E.D. (2008). Choosing the method of data collection. In: De Leeuw, E.D., Hox, J.J. & Dillman D.A. (2008). *International Handbook of Survey Methodology* (pp. 113-135). New York: Lawrence Erlbaum.
- De Leeuw, E.D., Hox, J.J. & Dillman, D.A. (2008). *International Handbook of Survey Methodology*. New York: Lawrence Erlbaum.
- Edwards, J.R. (2011). The Fallacy of Formative Measurement. *Organizational Research Methods*, 14(2), 370-388.
- Etchells, R. (2003). The patient's perspective. In Harrison, J. Innes, J.R. & Zwanenberg, van T. (2003). *Rebuilding trust in healthcare* (pp. 5-14). Oxon: Radcliffe Medical Press.
- Fowler, F.F. & Cosenza, C. (2008). Writing effective questions. In De Leeuw, E.D., Hox, J.J. & Dillman D.A. (2008). *International Handbook of Survey Methodology* (pp. 136-160) New York: Lawrence Erlbaum.
- Frankel, M.S. (1989). Professional Codes: Why, How, and with What Impact? *Journal of Business Ethics*, 8, 109-115.
- Freidson, E. (2001). *Professionalism. The third logic*. Cambridge: Polity Press.
- Giesen, D., Meertens, V., Vis-Visschers, R. & Beukenhorst, D. (2012). *Questionnaire Development*. The Hague/Heerlen: Statistics Netherlands.

- Haynes, S., Nelson, N. K. & Blaine, D. (1999). Psychometric issues in assessment research. In Kendall, P.C., Butcher, J.N. & Holmbeck, G. (1999). *Handbook of research methods in clinical psychology* (pp. 125-154). New York: John Wiley & Sons.
- Hilverdink, P., Daamen, W. & Vink, C. (2015). *Children and youth support and care in the Netherlands*. Utrecht: Netherlands Youth Institute/NJi. Retrieved from: <http://www.youthpolicy.nl/en/Download-NJi/Publicatie-NJi/Children-and-youth-support-and-care-in-The-Netherlands.pdf>.
- Hutchinson, C. & Young, M. (2011). Assessment for learning in the accountability area: Empirical evidence from Scotland. *Studies in Educational Evaluation*, 37, 62–70.
- Jansen, C., Steehouder, M., Edens, K., Mulder, J., Pander Maat, H. & Slot, P. (1989). *Formulierenwijzer. Handboek formulieren redigeren* (Forms guide. Form editing handbook). The Hague: SDU.
- Janssens, J. M. A. M. (2015). Transitie en transformatie in de jeugdzorg. *Kind & Adolescent*, 36(4), 191-204.
- Kindermans, G. (2017). Anneke Vinke en de eindeloze contracten. Kafka in de zorg. *De Psycholoog*, 52(2), 24-30.
- Koehn, D. (1994). *The ground of professional ethics*. London: Routledge.
- Koehn, D. (1995). Expertise and the delegation of professional authority. *American Behavioral Scientist*, 38, 990–1002.
- Koppell, J. (2005). Pathologies of Accountability: ICANN and the Challenge of “Multiple Accountabilities Disorder”. *Public Administration Review*, 65(1), 94.
- Lengermann, J.J. (1971). Supposed and actual differences in professional autonomy among CPAs as related to type of work organization and size of firm, *The Accounting Review*, 46(4), 665–675.

- Logger, B. & Weijnen, P. (2017). *Kinderen massaal de dupe van zuinigheid gemeenten bij jeugdzorg. Enquête onder kinderpsychologen, kinderpsychiaters en andere professionals in de jeugdzorg*. Amsterdam: Investico. Retrieved from: <https://www.platform-investico.nl/artikel/kinderen-massaal-de-dupe-van-zuinigheid-gemeenten-bij-jeugdzorg/>.
- Lunt, I. (2008). Ethical issues in professional life. In B. Cunningham (2008). *Exploring Professionalism* (pp. 73-98). London: Bedford Way Papers.
- Lynn, P. (2008). The problem of nonresponse. In De Leeuw, E.D., Hox, J.J. & Dillman D.A. (2008). *International Handbook of Survey Methodology* (pp. 35-55). New York: Lawrence Erlbaum.
- Messner, M. (2009). The limits of accountability. *Accounting, Organizations and Society*, 34, 918–938.
- Mintzberg, H. (1983). *Structures in fives*. Chichester: Wiley
- Mulgan, R. (2003). *Holding Power to Account: Accountability in Modern Democracies*. Basingstoke Palgrave, Macmillan.
- Netemeyer, R. G., Bearden, W. O. & Sharma, S. (2003). *Scaling procedures: Issues and Applications*. Thousand Oaks, CA: Sage.
- NYI (2017). *Introduction to Dutch youth policy. Dutch youth care system*. Retrieved on 01-11-2017 from: <http://www.youthpolicy.nl/en/Introduction-to-Dutch-youth-policy/Dutch-youth-care-system>.
- O’Neill, O. (2002). *A question of trust*. Cambridge: Cambridge University Press.
- O’Neill, O. (2013). Intelligent accountability in education. *Oxford Review of Education*, 39(1), 4–16.

- O'Neill, O. (2014). Trust, trustworthiness and accountability. In Morris, N. & Vines, D. (2014), *Capital failure: Rebuilding trust in financial services* (pp. 172–189). Oxford: Oxford University Press.
- Parsons, T. (1960). *Structure and Process in Modern Societies*, New York: Free Press.
- Postholm, M.B. & Skrøvset, S. (2013). The researcher reflecting on her own role during action research. *Educational Action Research*, 21(4), 506-518.
- Power, M. (1994). *The audit explosion*. London: Demos.
- Raelin, J. (1989). An anatomy of autonomy: managing professionals, *The Academy of Management Executive*, 3(3), 216–228.
- Robbins, S.P. & Barnwell, N. (2005). *Organisation Theory. Concepts and Cases*. Pearson Education Australia (5th edition).
- Roberts, J. (1991). The possibilities of accountability. *Accounting, Organizations and Society*, 16(4), 355–368.
- Roberts, J. (2001). Trust and control in Anglo-American systems of corporate governance. *Human Relations*, 54(12), 1547–1572.
- Roberts, J. (2009). No one is perfect: The limits of transparency and an ethic for intelligent accountability. *Accounting, Organizations and Society*, 34, 957–970.
- Rodolfa, E., Eisman, E., Rehm, L., Bent, R., Nelson, P. & Ritchie, P. (2005). A Cube Model for Competency Development: Implications for Psychology Educators and Regulators. *Professional Psychology: Research and Practice*, 36(4), 347-354.
- Sahlberg, P. (2010). Rethinking accountability in a knowledge society. *Journal of Educational Change*, 11, 45–61.

- Schwarz, N., Strack, F. & Mai, H. P. (1991). Assimilation and contrast effects in part-whole question sequences: A conversational logic analysis. *Public Opinion Quarterly*, 55, 3–23.
- Schwarz, N., Knäuper, B., Oyserman, D. & Stich., C. (2008). The psychology of asking questions. In De Leeuw, E.D., Hox, J.J. & Dillman D.A. (2008). *International Handbook of Survey Methodology* (pp. 18-34). New York: Lawrence Erlbaum.
- Shearer, T. (2002). Ethics and accountability: From the for-itself to the for-the-other. *Accounting, Organizations and Society*, 27, 541–573.
- Sheatsley, P.B. (1983). Questionnaire construction and Item Writing. In Rossi, P.H., Wright, J.D. & Anderson, A.B. (1983). *Handbook of Survey Research* (pp. 195-230). New York/ London: Academic Press.
- Smith, D. (2003). *Five principles for research ethics. Cover your bases with these ethical strategies*. Retrieved on 12-01-2018 from:
<http://www.apa.org/monitor/jan03/principles.aspx>.
- Steenbergen, van E. & Vriesema, I. (2017). Jeugdzorg krijgt klap op klap. *NRC Handelsblad*, 07-06-2017. Retrieved from <http://www.nrc.nl/>.
- Strack, F. & Martin, L. (1987). Thinking, judging, and communicating: A process account of context effects in attitude surveys. In Hippler, H.J., Schwarz, N. & Sudman, S. (1987). *Social information processing and survey methodology* (pp. 123-148). New York: Springer Verlag.
- Swanborn, P.G. (1987). *Methoden van sociaal-wetenschappelijk onderzoek*. Assen: Boom.
- Thomas, R. (2002). Material prepared by R. Thomas for Center for Applied Social Surveys (CASS) course 2002 on “Pretesting Survey Questionnaires” conducted by Campanelli, Collins, & Thomas. Southampton, UK: University of Southampton, Southampton Statistical Science Research Institute, Center for Applied Social Surveys.

- Thompson, J. D. (1967). *Organisations in action*. New York: Wiley.
- Tourangeau, R. (1984). Cognitive science and survey methods: A cognitive perspective. In Jabine, T., Straf, M., Tanur, J. & Tourangeau, R. (1984). *Cognitive aspects of survey methodology: Building a bridge between disciplines*. Washington, DC: National Academy Press.
- Transitie Autoriteit Jeugd (2017). *Zorgen voor de jeugd*. Derde jaarrapportages, Transitie Autoriteit Jeugd. Retrieved from: <https://transitieautoriteitjeugd.nl/files/2017-03/20170328-jaarrapportage-taj-binnenwerk.pdf>
- Van de Ven, A.H. (2007). *Engaged Scholarship. A Guide for Organizational and Social Research*. Oxford: Oxford University Press.
- Vennix, J.A.M. (2011). *Theorie en praktijk van empirisch onderzoek*. Amsterdam: Pearson Benelux bv.
- Vosselman, E. (2012). *Accounting, accountability and virtue ethics in public organizations: from market bureaucracies to moral communities* (NiCE Working Paper 12-105). Retrieved from Nijmegen Center for Economics (NiCE) on: <http://www.ru.nl/nice/workingpapers>.
- Vriens, D., Vosselman, E. & Groß, C. J. (2016/online first). Public professional accountability: A conditional approach. *Journal of Business Ethics*, Online First, 1-18.
- Vriesema, I. (2016a). Rapport: problemen in de jeugdzorg worden blijvend. *NRC Handelsblad*, 30-03-2016. Retrieved from <http://www.nrc.nl/>.
- Vriesema, I. (2016b). 'Jij hebt helemaal geen psychiater nodig, kind'. *NRC Handelsblad*, 04-11-2016. Retrieved from <http://www.nrc.nl/>.
- Vriesema, I. (2016c). Dag kinderen, helaas sluiten we de praktijk. *NRC Handelsblad*, 30-11-2016. Retrieved from <http://www.nrc.nl/>.

Vriesema, I. & Wester, J. (2017). Wachttijden jeugdzorg zijn te lang. De jeugdzorg werd gedecentraliseerd om snel hulp te bieden. Het effect blijkt tegengesteld. *NRC Handelsblad*, 17-05-2017. Retrieved from <http://www.nrc.nl/>.

Walter, Z. & Lopez, M.S. (2008). Physician acceptance of information technologies: Role of perceived threat to professional autonomy. *Decision Support Systems*, 46, 206-215

Willis, G. & Lessler, J. (1999). *Questionnaire appraisal system-1999*. Research Triangle Park, NC: Research Triangle Institute.