



Radboud University Nijmegen

Conditions for Professional Work: the way work is structured

*The structural conditions for professional work researched in the field
of Youth Mental Healthcare in the Netherlands*

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Date: 12 December, 2018

Master Thesis Organizational Design & Development – Business Administration

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Preface

‘Research is fun’ was one of the first things dr. Dirk Vriens tried to convince me when I started this Master Thesis. Now that I finished it, I cannot say that I would fully agree with him, though it was definitely not as bad as I expected it to be. This is most notably due to the enthusiastic guidance by my supervisor dr. Claudia Groß. Her optimistic way of giving feedback and the appealing topic she and Dirk Vriens introduced to me were motivating factors in the process. It was interesting and challenging to delve deeper into the concept of professional accountability and I truly hope I made a very small contribution to the research of my supervisors. In this research, I focused on the organizational structure and applied the organizational design theory by De Sitter (1994) on the field of Youth Mental Healthcare. Therefore, it really feels as the right way to finish my master specialization Organizational Design & Development, as De Sitter was regularly quoted during my studies.

Naturally, I want to thank dr. Claudia Groß very much for her guidance. I want to thank my second supervisor dr. Dirk Vriens for his help with choosing one clear goal for the thesis and the consistency of the study. I also want to thank Ireen Korten and Corien Kromkamp for criticizing the draft versions of the chapters and for cooperating during the first phase of writing the thesis. Moreover, I want to thank Djoke de Boer and Floris van de Ree for keeping me company and having coffee breaks during the long days in the student library in the months after summer. Last but not least, I want to thank my family, especially my parents, and friends for always believing in me and supporting me during this Master Thesis.

2018 was a turbulent year, in which this thesis was both the bottle neck at times and a handhold during the past months. I am pleased to finish the thesis before the end of the year and I am looking forward to what next year will bring!

Marloes Kuntze

Nijmegen, December 2018

Abstract

With the passage of time, professionals have been called more and more to account (O'Neill, 2002, 2014; Vriens, Vosselman & Groß 2016). There are two well-known forms of accountability, calculative and narrative accountability. Especially the most-used form, calculative accountability, has undesired outcomes (Power, 1994, 1997; Roberts, 2001, 2009; O'Neill, 2002, 2013, 2014; Kamuf, 2007; Vriens et al., 2016). That is why researchers introduced a new form of accountability, intelligent accountability. One form of intelligent accountability is conditional accountability (Vriens et al., 2016). Vriens et al. (2016) came up with a conceptual model to illustrate this form of accountability. The goal of this master thesis is to improve this model. The model is not yet detailed enough to apply in a professional field and examine the working conditions of professionals. One of the conditions for professional work is “the way work is structured” (Vriens et al., 2016, p.6). This research elaborates on this condition and adds theoretical background to this condition in order to improve the model by Vriens et al. (2016). In this research, problems in the structure of the field of Youth Mental Healthcare were researched with the design theory by De Sitter (1994), in order to prove that this theory is a helpful addition for the model to be applicable on a professional field.

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1. Introduction

Over the last years, professionals have been called more and more to account (O'Neill, 2002, 2014; Vriens, Vosselman & Groß 2016). Transparency of the work of professionals (like doctors, psychologists, lawyers, etc.), became more important because of “professional scandals and malpractices, the increase of managerialism, and the introduction of market competition” (Vriens et al., 2016, p. 1). Roberts (2009) explains the promise of transparency as a mechanism of accountability; it shows what otherwise would remain obscure or invisible, and showing this provides a basis for confidence for distant others. “Calling professionals to account is thought to decrease professional misconduct and to restore public trust” (Vriens et al., 2016, p.1). How promising this may sound, research also shows drawbacks and negative consequences of the increase in accountability (Tsoukas, 1997; Roberts, 2009; O'Neill, 2002, 2014; Vriens et al., 2016).

1.1 Professional accountability

There are two well-known forms of accountability, calculative accountability and narrative accountability. These forms have undesirable results and especially the most used form, calculative accountability, has negative consequences such as decontextualization and poor professional performance (Power, 1994, 1997; Roberts, 2001, 2009; O'Neill, 2002, 2013, 2014; Kamuf, 2007; Vriens et al., 2016). Somehow it must become clear to society that professionals deliver the services they are supposed to deliver. To overcome the negative consequences of calculative and narrative accountability, researchers propose a new form of accountability, intelligent accountability (O'Neill, 2002, 2013, 2014; Roberts, 2009; Vriens et al., 2016). A form of intelligent accountability is, according to Vriens et al. (2016), *conditional accountability*. Accounting for conditions means “to giving a judgment about whether goals and infrastructural arrangements enable/do not hinder professional work” (Vriens et al., 2016, p.9). Conditional accountability sets the conditions for professional work in such a way that professionals can do their job properly (Vriens et al., 2016). These conditions can and should be further developed for societal and scientific reasons. First of all, a professional is important for our society. A professional is seen as an expert with authority who fulfills important societal values. Clients benefit from the specific skills and expertise of professionals (Muzio, Brock & Suddaby, 2013). If clients do not trust professionals, they will not ask for their help and the societal values are threatened (Koehn, 1995). Second of all, more insight in conditions for professional work can contribute to the work by Vriens et al. (2016). They came up with a

conceptual model that can be used to illustrate conditional accountability for professional work. The conceptual model is based on the theoretical framework developed by Vriens et al. (2016, p.10) which combines “conditions for ideal-type professional conduct” with “characteristics of ideal-type professional conduct”. The model is not yet detailed enough and not yet sufficient to use in concrete contexts. The model needs more theoretical background in order to work with it. To develop de model, the ‘conditions for professional work’ should be empirically evaluated and refined.

The conditions Vriens et al. (2016) mention for professional work are (1) goals conditioning professional work and (2) infrastructural arrangements. Infrastructural arrangements consist of three aspects: “(1) the way work is structured, (2) the practices and policies used to select, appraise, monitor, reward, and develop (the performance of) professionals, and (3) the technology professionals use to carry out their work” (Vriens et al., 2016, p.6). The first aspect, *the way work is structured*, will be investigated in this research. The first condition is chosen because, firstly, the “division of work is the most basic and relevant part of the infrastructure” (Achterbergh & Vriens, 2010, p.227). Secondly, the problems in the examined field (the field of Youth Mental Healthcare in the Netherlands) seem to be related to the structural condition (see paragraph 1.2).

An organizational structure is the way in which the main task of an organization is broken down into subtasks and how those are coordinated (Mintzberg, 1983). There are different theories about designing a sufficient organizational structure, for instance the design theories of Mintzberg (1983), De Sitter (1994), Thompson (2007) and Christensen (2009). For this research the theory by De Sitter (1994) will be used, the Modern Social Technology (Dutch: Moderne Sociotechniek). This theory is useful, because it is far more detailed than other theories on organizational design (Achterbergh & Vriens, 2010). Organizations can be designed on macro, meso and micro level. De Sitter (1994) is the only one who describes details in his organization design theory on micro level, the others do not develop their theories further than macro level. A detailed theory is needed to give completion to the structural condition in the conceptual model of Vriens et al. (2016). The theory by De Sitter (1994) is very detailed on more design levels. Therefore, if the theory can be incorporated in the conceptual model, the structural condition can be specified and evaluated.

1.2 Problems in Youth Mental Healthcare

The structural conditions for conditional accountability will be examined in the field of Youth Mental Healthcare (YMHC) in the Netherlands. The field of YMHC is relevant for this research for several reasons.

First, the general field of healthcare in the Netherlands has several (structural related) problems nowadays, among which (1) increasing costs, (2) decentralization and (3) an excess of rules and regulations. The Central Planning Office in the Netherlands (Centraal Planbureau; CPB) predicts that the costs in Dutch healthcare will increase 3,4% between 2018 and 2021 (CPB, 2016). Decentralization processes lead to disturbances according to the National Care Guide (De Nationale Zorggids, 2015) and bureaucracy and an excess of rules and regulations lead to problems in healthcare (Vink, 2017).

Second, the field of YMHC in specific is relevant for this research because it has been in transition over the last couple of years. Inherent in the transition, many structure elements changed. The Transition Authority Youth (Transitie Autoriteit Jeugd; TAJ) describes in their annual report (2017) the transition in YMHC. In 2015 the responsibility for YMHC transferred from the central Dutch government to the local municipalities. The ideal goal of the transition was to create a healthcare system that was faster, tailor-made and close to the problem. The new system should enable better coordination around the client and therefore lead to better care for the client at lower costs (TAJ, 2017). Unfortunately, the new system led to many problems, among which increasing costs and a bureaucratic system. The number of tasks of professionals narrowed down and communication problems between several institutions increased. Communication and coordination problems arise because there are many institutions and there is no central policy. Attention and time for administrative and financial problems are at the expense of what really matters, namely good care. (TAJ, 2017, 2018). Concluding, there are problems in YMHC in the Netherlands, in the field of organizational structures, that need to be solved.

Lastly, Vriens et al. (2016) developed a conceptual model for conditional accountability and illustrated it with the field of YMHC. Their model can be developed and refined. In this research, the 'structural conditions for professional work' will be empirically evaluated and refined to contribute to the conceptual model. The model is illustrated with YMHC and therefore it seems useful to do more in depth research in the same field.

1.3 Research problem, research objective and research question

Current literature studies are incomplete on a third form of professional accountability; intelligent accountability. Vriens et al. (2016) proposed *conditional accountability* as a form of intelligent accountability and developed the conditional approach on accountability. They came up with a conceptual model that can be used to illustrate the role of conditions for professional work, but this model is not yet sufficient to apply in a field. For several conditions, additional theory is necessary to further develop the model. The way work is structured is one of those conditions and this condition is central in this research.

In this research, the design theory by De Sitter (1994) will be applied to problems in a concrete field of professional work (YMHC) and this application will be used to reflect upon the model by Vriens et al. (2016). This will contribute to the further development of the conceptual model for conditional accountability by Vriens et al. (2016), as the application on the field might show that with extra theory, more can be said about the structural condition for professional work than without that theory. The application will focus on problems in the structural conditions of professional work and how they influence professional work. This leads to the following research goal: *the objective of this research is to develop the model by Vriens et al. (2016) on the structural condition. This will be realized by applying the design theory by De Sitter (1994) to the problems in a concrete field of professional work (YMHC) and by reflecting on the model by Vriens et al. (2016) based on this application.* The research objective will be reached by answering the main question of this research:

What are structural problems for professional work in Youth Mental Healthcare and which effects do they have?

1.4 Relevance

This research has scientific relevance as well as societal relevance. This study is scientifically relevant because it is an addition to current literature on intelligent and conditional accountability. Conditional accountability is a new concept and not much research elaborated on structural conditions. Vriens et al. (2016) came up with a conceptual model that can be used to illustrate conditional accountability for professional work. This model is very general and does not give a detailed completion of the structural conditions for professional work. Vriens et al. (2016) state that a good organizational structure is necessary for professional work, however they do not describe how to design such an organizational structure. They only

“illustrate *that* structures may affect professional work positively or negatively” (p.7), according to Vriens et al. (2016) low degrees of formalization, specialization and centralization lead to proper structures for professional work. They do not describe how to design structures with low degrees of formalization, specialization and centralization. In other words: design rules about *how to design* structures that positively affects professional work, are missing. This research will contribute to the conceptual model by Vriens et al. (2016) by completing the structural conditions for professional work using the organizational design theory by De Sitter (1994). By researching the structural conditions in practice, the conceptual model by Vriens et al. (2016) can be reflected upon. Besides, an empirical contribution can be made because the structural conditions for professional work are examined in the field of YMHC.

The study has societal relevance for professionals, as the model to examine their working conditions is attempted to be improved. As the research is conducted in the field of YMHC, the study has societal relevance for this field because it can help indicate problems in structural conditions of professional work in the structure of YMHC. The structural problems will be identified and studied using the theory by De Sitter (1994). The main goal of the research is to use the insights of this application to improve the conceptual model by Vriens et al. (2016), but the insights in the problems might also lead to some recommendations for the field. Besides it is societally relevant because recommendations for the field YMHC can also be applicable for other fields with professionals, such as general healthcare or justice.

1.5 Research framework

This research is a theoretical focused empirical research and it will be conducted by using a qualitative research method, namely document analysis. The documents will deal with (the effect of) the transition in the field of YMHC. The document analysis will be realized to get more insight in the structural problems in the field and the researcher will examine these problems with the design theory by De Sitter (1994). The principal technique used in this method is abductive analysis. The research will be abductive because theory development is needed for the structural condition of professional work in the conceptual model by Vriens et al. (2016) about conditional accountability (Bryman & Bell, 2015). Theory development will be obtained by examining the problems in the structural conditions of professional work in the field of YMHC with the organizational design theory by De Sitter (1994) and use the insights to reflect upon and develop the conceptual model by Vriens et al. (2016).

1.6 Structure of the master thesis

The first part of this thesis gave a brief introduction to the subject and the main concepts. The research continues with the theoretical background, methodology, document analysis and ends with the discussion and conclusion.

The theoretical background, chapter two, further elaborates the most important concepts of this research: professional work (2.1), professional accountability (2.2) and Modern Social Technology (2.3). Furthermore, the chapter explains the conceptual relation between the design parameters by De Sitter (1994) and the characteristics of professional work (2.4) and shows the conceptual model of this research (2.5).

Chapter three includes the methodology of the research and illustrates the research method (3.1), describes the quality requirements for the research (3.2), explains the case (3.3), gives an overview of the examined documents (3.4), illustrates the data analysis (3.5) and mentions some important research ethics (3.6).

Chapter four continues with the document analysis. In several sub-chapters the problems in the field of Youth Mental Healthcare are described and linked to the parameters by De Sitter (1994). The chapter is structured according to the main problems and issues in the field: goal of the research (4.1), administrative problems (4.2), financial problems (4.3), problems according to professionals (4.4), problems with accountability (4.5) and recommendations for the field (4.6).

Lastly, chapter five describes the conclusion and discussion and provides theoretical implications (5.1), practical implications (5.2), limitations (5.3) and recommendations (5.4). The chapter ends with the conclusion of this research (5.5).

2. Theoretical background

This chapter discusses the most important concepts of this research, namely professional work, professional accountability and the Modern Social Technology theory. First, professional work (2.1) and professional accountability (2.2) will be explained. Then, the Modern Social Technology (MST) theory will be clarified (2.3). Lastly, the conceptual relation between the design parameters explained in the MST theory and the characteristics of professional work will be illustrated (2.4), which will result in a conceptual model (2.5).

2.1 Professional work

In literature, professional work has many different approaches (Evetts, 2011; Vriens et al., 2016). One of the approaches is constructed by Friedson (2001), who describes professional work as “specialized work [...] grounded in a body of theoretically based, discretionary knowledge and skill” (Friedson, 2001 in Vriens et al., 2016, p.3). In this interpretation, professionalism is seen as an ‘occupational value’ (Evetts, 2011). A professional (occupational) value is a shared identity based on competences, for instance produced by education or training, and is sometimes guaranteed by licensing (Evetts, 2011). Vriens et al. (2016) give an ideal-type definition of professional work, inspired by the ideal-type definition of professions by Friedson (2001). For this ideal-type, Vriens et al. (2016) describe three characteristics: “(1) the application and development of specific knowledge and skills, (2) ‘intensive technology,’ and (3) the dedication to a particular societal value” (Vriens et al., 2016, p.3). The first characteristic, *application and development of specific knowledge and skills*, is obtained by extensive studying and practicing and these knowledge and skills should be accepted as a body of knowledge (Vriens et al., 2016). For the second characteristic, *intensive technology*, Vriens et al. (2016) refer to Thompson (1967) explaining that intensive technology is a process in which different techniques are used to achieve a change in some specific object, and that object (often a patient or a client) is involved in the process by giving feedback on the selection, combination and application of the used techniques. Professionals diagnose problems and propose and adjust their treatments based on the feedback from the objects. Professional work includes application and development of specific knowledge and skills and involves intensive technology, so it is almost impossible to standardize or rationalize it (Freidson, 2001). The third characteristic, *dedication to a particular societal value*, means that professional work is dedicated to a particular societal value, such as health or justice, for its own sake and not for some other reason. Based on these three characteristics, professional work is described as

“conduct in which one applies and further develops specific knowledge, skills, and experience to make situation-sensitive judgments in the context of intensive technology and as conduct that is thoroughly based on a dedication to a particular societal value” (Vriens et al., 2016, p.4.) As this research examines the structural conditions of professional work to develop the conceptual model by Vriens et al. (2016), their ideal-type definition of professional work will be used.

2.2 Professional accountability

Accountability contains “the monitoring, evaluation and control of organizational agents to ensure that they behave in the interests of shareholders and stakeholders” (Keasey & Wright, 1993, p.291). Professionals should give account, be liable, for their actions (Banks, 2004). In literature on accountability, it is agreed that some form of transparency is needed and that professionals, in some way, should make clear to the public that they deliver effective services (Clark, 2000; Banks; 2004; Roberts, 2009; Vriens et al., 2016). Currently, the forms of accountability are: (1) calculative accountability, (2) narrative accountability and (3) the new form of accountability, intelligent accountability. They will be described hereafter.

The most well-known form of professional accountability is *calculative accountability*. Calculative accountability means that professional conduct has to meet predefined standards or rules, professionals have to follow certain procedures or work to pre-determined targets (Vriens et al., 2016). Using calculative accountability is motivated by the ‘agency theory’. This theory assumes rules and procedures control the untrusty behavior of opportunistic employees and avoid the shame and humiliation of incompetent performance (Roberts, 2001). Researchers are critical about this most-used form of accountability and describe several problems (Power, 1994, 1997; Roberts, 2001, 2009; O’Neill, 2002, 2013, 2014; Kamuf, 2007; Vriens et al., 2016). First, calculative accountability has the problem of ‘decontextualization’ (Vriens et al., 2016). Professionals are judged on calculable numbers and specific contexts are left out of the picture, while professional conduct needs the interpretation of a specific situation (O’Neill, 2002, 2014). Besides, “calculative accountability provides perverse incentives and induces instrumental behavior” (Vriens et al., 2016, p.2). This may lead to poor professional performance, because professionals do not do what would be the right thing to do but what rules or targets prescribe them to do (O’Neill, 2002, 2014). Consequentially, professionals might not appreciate their work anymore, feel alienated from it, be less dedicated and feel less responsible (O’Neill, 2002; Banks, 2004; Vriens et al., 2016). Despite being an easy and clear

form of professional accountability, calculative accountability is not optimal because it does not take the context into account and that is why it is relevant to look at another form of accountability discussed in literature; narrative accountability.

Narrative accountability means that instead of giving account in pre-determined standards, account is given in the form of “explaining to and discussing with others reasons for conduct in a way that allows for (communicative) freedom” (Vriens et al., 2016, p.2). Professionals give account by telling stories (Kamuf, 2007). The narrative form of accountability, in contrast to the calculative form, takes the context into account and does not provide perverse incentives nor induces instrumental behavior, but it is still not an optimal form of professional accountability. One of the problems with narrative accountability is that this form may not be sufficient enough to explain decisions professionals made (Roberts, 2001). The form does not create confidence for a wider public because non-professionals have problems understanding discourse about professional conduct (Vriens et al., 2016). To overcome the negative consequences of calculative and narrative accountability, researchers propose a new form of accountability, intelligent accountability (O’Neill, 2002, 2013, 2014; Roberts, 2009; Vriens et al., 2016).

O’Neill (2002) states that for *intelligent accountability*, there should be less focus on the illusion of total control and more attention to good governance. The new form of accountability should enable clients to reliably place trust, or not to place trust, in professionals. A form of intelligent accountability is, according to Vriens et al. (2016), *conditional accountability*. Accounting for conditions means “to giving a judgment about whether goals and infrastructural arrangements enable/do not hinder professional work” (Vriens et al., 2016, p.9). Conditional accountability sets the conditions for professional work in such a way that professionals can do their job properly. The evaluation of conditions for professional work enable clients and other stakeholders to place trust, or not to place trust, in professionals (Vriens et al., 2016). According to Vriens et al. (2016), important conditions for professional work are (1) goals conditioning professional work and (2) infrastructural arrangements. The first condition includes that in an ideal situation, professionals should only take into account and be accounted for the goal of realizing the profession’s value for society, not for market related goals (Vriens et al., 2016). The second goal, infrastructural arrangements, consists of three aspects: “(1) the way work is structured, (2) the practices and policies used to select, appraise, monitor, reward, and develop (the performance of) professionals, and (3) the technology professionals use to carry out their work” (Vriens et al., 2016, p.6). This research examines the problems in the structural conditions (the first aspect of infrastructural arrangements) for

professional work in the field of YMHC, in order to contribute to the further development of the conceptual model by Vriens et al. (2016). Doing this, the results of this research contribute to the dilemma of the different forms of accountability. Researchers agree that some form of accountability is necessary, but calculative and narrative accountability have several drawbacks such as the likelihood to harm professional conduct and/or to be unable to provide the necessary information (Roberts, 2009; Vriens et al., 2016). A new form of accountability, conditional accountability, is not yet detailed enough and not yet applicable to a field. By reflecting upon the model by Vriens et al. (2016) on the structural condition, the conceptual model on conditional accountability can be developed. When the conceptual model develops, conditional accountability can be used as a better additional and supporting form of accountability. The structural conditions of YMHC are examined using the organizational design theory by De Sitter (1994): the Modern Social Technology.

2.3 Modern Social Technology

The Modern Social Technology (MST) is a theory for designing organizational structures originated by Ulbo de Sitter (1989). De Sitter's MST is inspired by cybernetics and Ashby's theory (1970) about regulatory logic in the realm of distributing work (Achterbergh & Vriens, 2010). The foundation for the MST is laid in the 1950's, when studies into British coal mines for the first time indicate a relation between the 'technical system' and the 'social system' of an organization (Trist & Bamforth, 1951). The 'technical system' refers to the organizational structure and the 'social system' refers to the employees and their relations and behavior. The Modern Social Technology is de study and explanation of how the distribution of work and technical instrumentation are related to each other and are related to the environmental conditions, giving the possibilities for producing internal and external functions and applying this knowledge in the design and redesign of production systems (De Sitter, 1989 in Kuipers & van Amelsvoort, 2002).

In sociotechnical theories organizations are seen as open systems, which means that an organization is affected by its environment and vice versa (Van Eijbergen, 1999). The environment of an organization is unpredictable and continuously changing. An organization should adjust to its environment to survive (Kuipers & Van Amelsvoort, 2002). De Sitter states that organizations can be viable by "(1) attenuating disturbances and (2) amplifying regulatory potential to deal with disturbances" (Achterbergh & Vriens, 2010, p.228). Hence, for an organization to survive, its structure should have the capacity to attenuate disturbances and

amplify regulatory potential. Hereafter will be described how an organizational structure can attenuate disturbances and amplify regulatory potential based on the extensive and explicit description of Achterbergh & Vriens (2010).

Achterbergh & Vriens (2010) describe how organizational structures can attenuate disturbances and amplify regulatory potential by explaining (1) what an organizational structure is, (2) what an adequate structure is and (3) how to design such an adequate structure.

What is an organizational structure?

“An organizational structure (or distribution or division of work) is a network of related tasks” (Achterbergh & Vriens, 2010, p.231). Mintzberg defines an organizational structure as the way in which the main task of an organization is split up into subtasks and how those are coordinated (Mintzberg, 1983). De Sitter states that the way tasks are split up, related and coordinated into a network of tasks, should attenuate disturbances and amplify regulatory potential (Achterbergh & Vriens, 2010).

What is an adequate structure?

De Sitter describes three criteria, named essential variables, to evaluate an organizational structure: (1) quality of organization, (2) quality of work and (3) quality of working relations (Achterbergh & Vriens, 2010). De Sitter refers to the *quality of organization* as the potential of an organization to realize and adapt its goals in an effective and efficient way. The *quality of work* is about the meaningfulness of jobs, employee involvement, learning possibilities and the possibility for employees to deal with work related stress. *Quality of working relations* refers to the effectiveness of communication in organizations (Achterbergh & Vriens, 2010). Table 2.1 (see p.17) shows the essential variables by De Sitter (1994) and their external functional requirements and internal functional requirements. According to De Sitter, organizations should reach appropriate levels of the external requirements to be a viable organization. Organizations can do so by realizing the internal functional requirements (Achterbergh & Vriens, 2010). For example: one essential variable (criterion) for a viable organizational structure is the quality of an organization. Quality of organization includes several external functional requirements, among which order flexibility. This external functional requirement reaches an appropriate level when, among others, the internal functional requirement short production-cycle time is achieved.

	External functional requirements	Internal functional requirements
Quality of Organization	order flexibility	Short production-cycle time Sufficient product variations Variable mix of products
	control over order realization	Reliable production and production time Effective control of quality
	potential for innovation	Strategic product development Short innovation time
Quality of work	low levels of absenteeism	Controllable stress-conditions;
	low levels of personnel turnover	Opportunities to (1) be involved, (2) learn, and (3) develop
Quality of working relations	Effective communication	Shared responsibility participation in communication

Table 2.1: Essential variables, external requirements and internal requirements. Adapted from De Sitter, 1994, p.42.

How to design an adequate structure?

Following Ashby (1970), De Sitter (1994) states that an adequate structure should: (1) itself not be a source of disturbances, and (2) have enough regulatory potential in order to (3) enable the realization of organizational goals. Before evidently can be described how an adequate structure should be designed, the concepts (1) task and (2) design parameters should be clear (Achterbergh & Vriens, 2010). Therefore, these two concepts will be explained first and thereafter will be described how to design an adequate structure.

Achterbergh and Vriens (2010) describe a task as a transformation process with an input and an output. A task transforms a beginning state into a desired ending state. A task has two aspects: (1) the operational aspect of the transformation and (2) the regulatory aspect of the transformation (Achterbergh & Vriens, 2010). The operational aspect contains the activities needed for directly reaching the desired end state. The regulatory aspect contains all the regulatory activities, consisting of Ashby's (1970) control, design and operational regulation activities, needed for the task and facilitating the process (Achterbergh & Vriens, 2010). Achterbergh and Vriens illustrate that a transformation process can be decomposed in two ways: (1) horizontal decomposition and (2) vertical decomposition. A transformation process being horizontal decomposed means that the new sub-transformations cover the whole original transformation, but only for a particular aspect. Splitting a transformation process into an operation sub-transformation and a regulatory sub-transformation is an example of horizontal

decomposing. A transformation process being vertical decomposed means that the new sub-transformations are coupled serially, the first sub-transformation is the input for the second sub-transformation (Achterbergh & Vriens, 2010). A sub-transformation of a transformation process can be executed by a ‘capacity’ or ‘operational unit’, like a team or department. The transformation process should be decomposed and assigned to capacities in such a way that the resulting network of tasks attenuates disturbances and amplifies regulatory potential (Achterbergh & Vriens, 2010).

De Sitter considers seven design parameters for designing an organization structure (Achterbergh & Vriens, 2010). An organizational structure consists of a production structure and a control structure. The production structure refers to “the grouping and coupling of operational transformations and their relation to orders” (Achterbergh & Vriens, 2010, p.247). The control structure refers to “the grouping of regulatory transformations into task” (Achterbergh & Vriens, 2010, p.247). The first four parameters consider the production structure, the fifth parameter considers the relation between the production structure and the control structure and the last three parameters consider the control structure. De Sitter retrieved the concept of parameter from Ashby (1970) and defines a parameter as a variable influencing the essential variables (external functional requirements). The seven parameters are (Achterbergh & Vriens, 2010, pp.230-235):

1. *The level of functional concentration*

This first parameter refers to the degree to which tasks are related to all orders. A high value means that tasks are related to all orders, a low value means that each order has its own production process and different production flows are created.

2. *The level of differentiation of operational transformations*

The second parameter refers to the level of differentiation of the operational tasks (preparing, making and supporting). A high value means that the operational tasks are separated into sub-tasks, a low value means that sub-tasks contain all three types of operational tasks.

3. *The level of specialization of operational transformations*

The third parameter refers to the degree to which tasks are split up into short-cycled sub-tasks. A high value means that tasks are very specialized, a low value means that sub-tasks are more integrated into the task.

4. *The level of separation between operational and regulatory transformation*

The fourth parameter refers to the level of separation between operational tasks and regulatory tasks. A high value means that tasks are only operational or regulatory, a low value means that tasks consist of both operational sub-tasks and regulatory sub-tasks.

5. *The level of differentiation of regulatory transformation into aspects*

The fifth parameter refers to the level of differentiation of regulatory tasks into aspects (operational regulation, strategic regulation and design regulation). A high value means that these aspects are spread over different sub-tasks and a low value means that they are integrated in a task.

6. *The level of differentiation of regulatory transformation into parts*

The sixth parameter refers to the level of differentiation of regulatory tasks into parts (measuring, evaluating and adjusting). A high value means that these parts are spread over different sub-tasks and a low value means that they are integrated in a task.

7. *The level of specialization of regulatory transformations*

The seventh parameter refers to the degree to which regulatory tasks are split up into small regulatory sub-tasks. A high value means that tasks are very specialized, a low value means that sub-tasks are more integrated into the task.

A structure with its uncoupled and coordinated tasks has particular scores on each of the parameters. De Sitter (1994) states that for an adequate structure, the scores on all parameters should be low. When the structure scores high on one or more of the parameters, tasks will have a large number of relations and relations have a high level of variability. This means that the structure will be a source of disturbances and that it will not have enough regulatory potential (Achterbergh & Vriens, 2010).

2.4 The conceptual relation between the design parameters and the characteristics of professional work

In this paragraph, the conceptual relation between the design parameters and the characteristics of professional work is explicated. To show the conceptual relation, there is a focus on the main parameters of the theory by De Sitter (1994), which are (1) functional concentration (parameter one), (2) specialization of operational transformations (parameter three), (3) separation between operational and regulatory transformation (parameter four) and (4) specialization of regulatory transformations (parameter seven). These parameters are chosen because they are

the most general, the other parameters arise from the main four. The four parameters are explained above, in paragraph 2.3.

Several authors describe characteristics of a professional and professional work. These characteristics are defined and those which can be linked to the design parameters by De Sitter (1994) are clarified. The description of the characteristics of professional work and their link to the parameters by the Sitter is divided into three subjects: (1) occupational control, (2) occupational controlled division of labor and (3) reducing risk. This separation is made in order to be able to clearly describe the link between the characteristics and the parameters; as not all characteristics can be linked to all parameters.

Professional work as a normative value and the importance of occupational control

In the normative view on professional work, professionalism is seen as an ‘occupational value’ (Evetts, 2011, 2014). A professional has to work towards a certain norm and he needs knowledge, expertise and competence in order to be able to work towards this norm (Freidson, 2001; Evetts, 2011; Muzio, Brock & Suddaby, 2013; Vriens et al., 2016). Training and education to develop the necessary knowledge, expertise and competence are important for a professional (Freidson, 2001; Evetts, 2011; Vriens et al., 2016). Evetts (2014) describes professionalism as an occupational value, “which implies occupational control of the work practices and procedures” (Evetts, 2014, p.31). Freidson (2001) does not describe professionalism as an occupational value, but he does emphasize the importance of occupational control of work for the maintenance of professionals (Freidson, 2001 in Evetts, 2014). “Practitioner occupational control is important because the complexities of the work are such that only the practitioners can understand the organizational needs of the work, its processes, procedures, testing and outcomes” (Evetts, 2014, p.36).

Koehn (2006, p.56) describes five traits of professionals: (1) “they are licensed to perform a certain act,” (2) “they belong to an organization who proclaims standards of behavior,” (3) “they possess knowledge or skills not shared by others,” (4) “they exercise autonomy of their work, which is work that is not well-understood by others” and (5) “they publicly pledge themselves to render assistance to those in need and as a consequence have special responsibilities or duties not incumbent upon others who have not made this pledge.” The fourth trait, autonomy of work, implies occupational control like Freidson (2001) and Evetts (2011, 2014) describe.

Summarized; a professional has some sort of knowledge, expertise or competence obtained by training and education, necessary to work towards a certain norm. This normative

view on professional work implies that occupational control of its work is important for the professional for the maintenance of his work (Evetts, 2014). Koehn (2006) emphasizes the importance of occupational control in his fourth trait of a professional. The aspect coordination by De Sitter (1994), referred to in parameter four, *the level of separation between operational and regulatory transformation*, links to the character 'importance of occupational control'. The operational tasks should not be separated from the regulatory tasks, in order for the professional to keep control on their work. The same applies for parameter three and seven, *the level of specialization of operational and regulatory tasks*. For a professional to keep occupational control, he should have an overview of his own work, the task from beginning to end. So his task should not be split up in several sub-tasks.

Functional concentration and an occupationally controlled division of labor.

Freidson (2001, pp.127-128) describes five elements for the ideal type of professional work: (1) "a body of knowledge and skill officially recognized as based on abstract concepts and theories and requiring the exercise of considerable discretion," (2) "an occupationally controlled division of labor," (3) "an occupationally controlled labor market requiring training credentials for entry a career mobility," (4) "an occupationally controlled training program which produces those credentials, schooling that is associated with 'higher learning' segregated from the ordinary labor market and provides an opportunity for the development of new knowledge" and (5) "an ideology serving some transcend value and asserting greater devotion to doing good work than to economic reward." Besides emphasizing the importance of knowledge and skill, training and learning, and the devotion to a societal value, Freidson (2001, pp.127-128) describes in the second element of his ideal type '*an occupationally controlled division of labor*' as a characteristic of professional work. This means that labor should be divided according to output, for example patients with particular diseases or customers with particular needs. The professional should control the whole process for the client/customer, and accompany clients/customers with the same needs. This links to the first parameter, *the level of functional concentration*. The task of a professional should link to only one kind of order (need), not all kind of orders. This leads to a situation with different production flows, in which each order (need) has its own production process.

Reducing risk

Banks (2004) states that too much rules might have a negative effect on professionals and professional work. Evetts (2014) emphasizes that it is better to minimize rules for professionals.

According to Evetts (2014), professionals have to deal with risk and risk assessment and they should enable their customers or clients to deal with uncertainty using their knowledge. To lower risk for the professional, he should have high regulatory potential to deal with possible risk. For high regulatory potential, the value of all parameters should be low (Achterbergh & Vriens, 2010). The characteristics of professional work linked to the parameters by De Sitter (1994) are shown in table 2.2.

Design parameters	Characteristics Professional Work
1. Functional Concentration	→ Occupationally controlled division of labor
3. Specialization OT	→ Occupational control
4. Separation RT and OT	→ Occupational control
7. Specialization RT	→ Occupational control
All parameters	→ Risk assessment

Table 2.2: the design parameters linked to characteristics of professional work.

2.5 Conceptual model

Vriens et al. (2016) describe a new form of professional accountability, conditional accountability. Conditional accountability sets the conditions for professional work in such a way that professionals can do their job properly (Vriens et al., 2016). Vriens et al. (2016) describe several conditions for conditional accountability and came up with a model to illustrate the conditions for professional work. This model is not yet detailed enough to work with in a professional field, additional theory must be added to be able to apply the model in a field. One of the conditions for professional work described by Vriens et al. (2016) is the structural condition. Vriens et al. (2016) “illustrate *that* structures may affect professional work” (p.7) but do not clarify how a good or bad structure influences professional work or to which requirements a good structure should fulfill. De Sitter (1994) describes several parameters in his organizational design theory for designing a good structure. The goal of this research is to contribute to the further development of the conceptual model by Vriens et al. (2016). This will be realized by applying the design theory by De Sitter (1994) to the problems in a concrete field of professional work (YMHC) and by reflecting on the model by Vriens et al. (2016) based on this application. Figure 2.1 (see p.23) shows the conceptual model by Vriens et al. (2016).

		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			

Figure 2.1: Conditions for ideal-type professional conduct. Adapted from Vriens et al., 2016, p.10.

To develop the conceptual model by Vriens et al. (2016), this research focusses on the structural conditions of professional work. To examine the structural conditions of professional work, the problems in the structure of YMHC will be researched with the MST theory by De Sitter (1994). The MST theory by De Sitter (1994) is used to give substance to the structural conditions of professional work. The outcomes of this research will contribute to the developing of the conceptual model by Vriens et al. (2016). Besides, because the field of YMHC is examined, some recommendations can be made for the field. The conceptual model of this research is formed by zooming in on the conceptual model by Vriens et al. (2016) adding the theory by De Sitter (1994) to the structural condition. Figure 2.2 (see p.24) shows the conceptual model of this research.

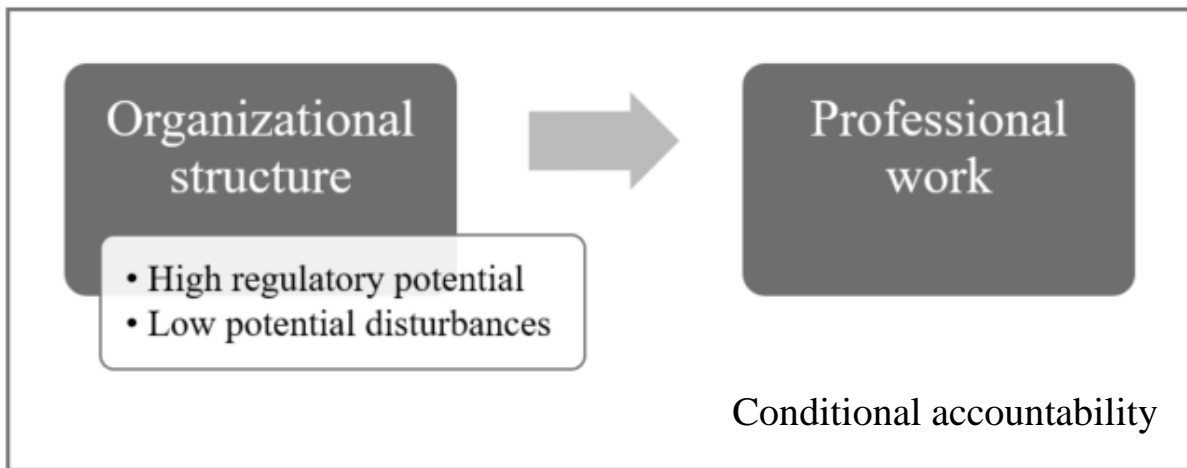


Figure 2.2: Conceptual model.

Organizational structure is the way in which the main tasks of an organization are broken into subtasks and how those tasks are coordinated (Mintzberg, 1983). A good organizational structure has high regulatory potential and low potential disturbances (Achterbergh & Vriens, 2010).

Professional work is “conduct in which one applies and further develops specific knowledge, skills, and experience to make situation-sensitive judgments in the context of intensive technology and as conduct that is thoroughly based on a dedication to a particular societal value” (Vriens et al., 2016, p.4).

Conditional accountability: when an professional has good (structural) working conditions, he/she can do his/her work in a proper way. The professional is accountable by evaluating his/her (structural) working conditions (Vriens et al., 2016).

3. Methodology

To develop the model by Vriens et al. (2016) with respect to the structural condition, problems in the structural condition in the field of Youth Mental Healthcare were examined. This chapter describes how the problems were studied as it focuses on the methodology of the research. First, the research method is explained (3.1). Then, quality requirements for the research are described (3.2). Thereafter, the case is illustrated (3.3). Next, the used data sources are described (3.4) followed by an explanation of the data analysis (3.5). The chapter ends with the description of the research ethics (3.6).

3.1 Research method

The main question of this research was: *What are structural problems for professional work in Youth Mental Healthcare and which effects do they have?* The question was answered using a qualitative research method. “Qualitative research concerns all forms of research aimed at collecting and interpreting linguistic material to make statements about a (social) phenomenon in the reality¹” (Bleijenbergh, 2015, p.12). Using a qualitative method, statements can be made about a specific phenomenon in reality based on relatively few observations. For quantitative research, conclusions can be drawn based on many observations. In contrary, qualitative research has less observations but has the benefits of the richness of its material (Bleijenbergh, 2015). A qualitative method was useful because this research tried to in-dept examine the structural problems in the field of Youth Mental Healthcare. Quantitative research was considered as well, but it is mainly helpful for examining a large group of people or identifying if something is occurring or not, not for in-dept research to a phenomenon.

There are several visions on doing qualitative research (Boeije, 2010; Duberley, Johnson & Cassell, 2012). It is important to make the vision explicit, because these assumptions are a key part of the methodology. Both philosophical assumptions as the methods comprise the methodology. It is especially important to make the vision explicit for doing qualitative research, because qualitative methods are used in a range of epistemological and ontological approaches (Duberley, Johnson & Cassell, 2012). The vision employed in this research is the interpretive vision. In this vision, reality is shaped by people making meaning in their everyday interactions (Boeije, 2005; Duberley, Johnson & Cassell, 2012).

Bryman and Bell (2015) describe three types of reasoning in research: theory-testing research, inductive case research and interpretive research. Theory-testing research involves

¹ The quotes in this chapter with ¹ are translated from Dutch by the author

confirming or disconfirming hypotheses and is associated with deductive reasoning. Inductive case research involves developing theories, often using the grounded theory approach, and is associated with inductive reasoning. Interpretive research is related to the interpretive vision and associated with abductive research (Bryman & Bell, 2015). Abductive reasoning comprises, just as inductive reasoning, developing knowledge (Vennix, 2011). Abductive analysis was undertaken because theory development was needed about the structural conditions for professional work to improve the model by Vriens et al. (2016). Abductive reasoning was chosen over inductive reasoning because abduction is proposed as a way of overcoming problems with induction, as it enables the researcher to build theory with the incorporation of researcher's preunderstandings or predefined concepts (Bryman & Bell, 2015). These predefined concepts are *sensitizing concepts* and are used to guide the analysis. Sensitizing concepts are viewed as "interpretive devices" and "as a starting point for a qualitative study" (Bowen, 2006, p.14). They include a broad description of the theory (in this research the theory by De Sitter (1994)) and function as 'the researcher's lens' through which to view the field (Boeije, 2010). Sensitizing concepts lay the foundation for the analysis (Bowen, 2006) and during the collection and analysis of the data, the specification of the concepts contributes to theory development (Boeije, 2010). Sensitizing concepts are guiding concepts and help the researcher keeping focus during the later phases of coding (axial and selective coding) (Boeije, 2010; Bleijenbergh, 2015). The phases of coding are explained in paragraph 3.4. The sensitizing concepts in this research were the four parameters by De Sitter (1994); (1) functional concentration, (2) specialization of operational transformations, (3) separation of operational and regulatory transformations and (4) specialization of regulatory transformations; extensively described in paragraph 2.3.

3.2 Quality requirements

Boeije (2010) states that qualitative research is scientific research, if the researcher explicates and justifies his/her choices and tries to strive for relevant quality requirements (Boeije, 2010). Liability and validity are two important and well-known indicators for the quality of research. Liability implies that the same results are found for repeated measurements, there are no errors in the measuring system (Boeije, 2005). Validity implies that "the researcher measures or explains that what he actually wants to measure or explain¹" (Boeije, 2005, p.145). A strength of qualitative research is the alternation of data collection and data analysis. This implies replicating of observations (liability) and reviewing of interim interpretations during the research (validity) (Boeije, 2005). A weakness of document analysis in particular (which is

conducted in this research) is that the author of a document is not neutral but has his own background and interpretation which influences his writing. Bryman and Bell (2015) name this 'documentary reality' which is not always the same as reality. Because of that, it is important to read more documents about the same subject and select documents based on several requirements (see paragraph 3.4). Not only an author is not neutral, also the researcher is biased, even if he tries to be objective. That is why more quality requirements of qualitative research are taken into account.

Boeije (2010) defines several quality requirements; the quality can be guarded by (1) methodological accountability, by (2) self-reflection of the researcher, by (3) using multiple sources, by (4) feedback of participants and by (5) working in a team. Qualitative research is not a standardized process and this influences the controllability and validity of the research. The researcher solved this by trying to be methodological accountable (1), the research method was described extensively in order to be controllable and valid and therefore methodological accountable. By doing document analysis, the researcher is clearly involved in the research which challenges the objectivity and controllability. The researcher solved this by trying to be ethically responsible (see paragraph 3.6), methodological accountable and reflective (2) (see paragraph 5.3). Documents from several sources were used (3), to increase the liability of the research. As there were no participants involved in this research, the quality requirement feedback from participants (4) was not included. The research is executed by one researcher, but guided by a supervisor, so working with multiple researchers (a team (5)) was semi-covered.

3.3 Case

In order to research problems in structural conditions of professional work, the field of Youth Mental Healthcare in the Netherlands was examined. Over the last years a transition took place in the field of YMHC. On the first day of January 2015, the municipalities instead of the government became responsible for the coordination of the YMHC by the introduction of the so-called 'youth law' (Transition Authority Youth, 2017; Van Bracht, 2017). This decentralization was well-meant and the forecasted outcomes were desirable, YMHC promised to be more efficient, bureaucracy and rules would be reduced and customized care would be realized. The youth law had five goals, which were: "(1) prevention; incorporating the responsibility and possibilities of a patient and his/her environment, (2) unburden, normalize and demedicalization, (3) customized care close to the patient, (4) taking care of families

according to the principle ‘1 family, 1 plan, 1 director’ and (5) less procedures and rules for professionals so that professionals have more space to do their care-job¹” (GGZ Nederland, 2018, p.1). Unfortunately, the transition had also quite some negative outcomes, such as higher work pressure and bureaucratic and administrative hassle. Coordination and cooperation should be perfect for good YMHC, but they are not. The amount of relations and communication lines are very high and therefore problematic. YMHC would be better if the patient is treated by the right person at the right time, but because of all the referrals and communication (problems) between many different authorities, a professional sees a patient often late in the trajectory (NVvP, 2017b).

From 2018 onwards, standardized local agreements apply for municipalities and healthcare providers about the allocation and declaration of YMHC (Van Bracht, 2017). For the purchase of youth care, agreements should be made in contracts about, among others, funding, allocation, declaration, monitoring and data exchange (i-Social Domain, 2017). The standardization prevents a variety in administrative procedures for the healthcare providers between different municipalities (VNG, 2017). Besides, inspection costs decrease while municipalities keep their policy freedom by the option to choose between three implementation options (i-Social Domain, 2017). There are three implementation options for municipalities to structure the allocation and declaration of YMHC: (1) the effort-oriented option, (2) the output-oriented option and (3) the task-oriented option (i-Social Domain, n.d.).

3.4 Documents

The structural conditions for professional work were examined in the field of YMHC. To research the structural conditions, documents were used as data sources. Documents are secondary sources because they are written by an organization or institution with another primary goal than doing research (Bleijenbergh, 2015). This implies that documents are non-reactive and excludes the possibility of limiting the validity of data as a reactive effect can do (Bryman & Bell, 2015). Documents as a source are unsurpassable when trying to reconstruct changes in an organization. Documents from several periods can show the changes over time, which is very useful in this research trying to examine the structural conditions in YMHC after the transition. Besides, documents show facts that might have been forgotten or interpreted wrongly by people (Bleijenbergh, 2015).

The researcher selected the documents for this research using the checklist of Bryman and Bell (2015). With this checklist, the researcher evaluated if documents were or were not

useful for the research. Bryman and Bell (2015) state that when the researcher is able to answer the following questions satisfactory, the document might be useful for the research:

1. “Who produced the document?” (Bryman & Bell, 2015, p.575).
The documents should be independent (as far as possible), this means that the selected documents should be written by independent writers such as committees of inquiry, journalists or researchers. Such writers are expected to describe the field with an independent and objective view, while professionals themselves probably include their interpretations and feelings from their own experiences.
2. “Why was the document produced?” (Bryman & Bell, 2015, p.575).
The purpose of writing the document should not be doubtful or undesirable.
3. “Was the person or group that produced the document in a position to write authoritatively about the subject or issue?” (Bryman & Bell, 2015, p.575).
The answer to this question should be yes.
4. “Is the material genuine?” (Bryman & Bell, 2015, p.575).
The answer to this question should be yes.
5. “Did the person or group have an axe to grind and if so can you identify a particular slant?” (Bryman & Bell, 2015, p.575).
The answer to this question should be no.
6. “Is the document typical of its kind and if not is it possible to establish how untypical it is and in what ways?” (Bryman & Bell, 2015, p.575).
The answer to this question should be yes.
7. “Is the meaning of the document clear?” (Bryman & Bell, 2015, p.575).
The answer to this question should be yes.
8. “Can you corroborate the events or accounts presented in the document?” (Bryman & Bell, 2015, p.575).
The answer to this question should be yes.
9. “Are there different interpretations of the document from the one you offer and if so what are they and why have you discounted them?” (Bryman & Bell, 2015, p.575).
The answer to this question should be no.

Furthermore, the documents were selected based on relevance (the document should explain something about the structural conditions of YMHC) and date of publishing. In total, 32 documents were gathered and briefly examined in the document analysis. 17 documents were

not included in the final analysis because they failed the criteria from Bryman and Bell (2015) or were irrelevant based on their content or date of publishing. Eventually, 15 documents were thoroughly analyzed of which 3 were newspapers, 8 were reports from inquiry committees and 4 were informative articles from an authority on the subject.

Table 3.1 (see p.31) and table 3.2 (see pp.32-33) give an overview of the documents selected for the analysis. Table 3.1 shows the author, if applicable its English translation (by the author) and acronym, year of publication and number of (used) pages of the documents. Table 3.2 shows the title, its English translation (by the author) and kind of source of the documents.

Number	Author	Acronym	Year of publication	Number of pages	Number of pages used
1	Avrotros	-	2017a	2	2
2	Avrotros	-	2017b	1	1
3	De Rooij & Siegert <i>Writing for FCB, an organization supporting employers and employees in youth care</i>	-	2015	22	20
4	GGZ Nederland <i>Dutch Mental Healthcare</i>	-	2018	1	1
5	I-Sociaal Domein <i>I-Social Domain; Chain office for municipalities and care providers</i>	-	n.d.	1	1
6	Nederlands Instituut voor Psychologen <i>Dutch Institution for psychologists</i>	NIP	2018	47	42
7	Nederlands Jeugdinstituut <i>Dutch Youth Institution</i>	-	2016	4	2
8	Nederlandse Vereniging voor Psychiatrie afdeling Kinder- en Jeugdpsychiatrie <i>Dutch Association for Psychiatry, Department Child and Youth Psychiatry</i>	NVvP	2017a	8	7
9	Nederlandse Vereniging voor Psychiatrie afdeling Kinder- en Jeugdpsychiatrie	NVvP	2017b	1	1
10	Transitie Autoriteit Jeugd <i>Transition Authority Youth</i>	TAJ	2017	52	35
11	Transitie Autoriteit Jeugd	TAJ	2018	66	30
12	Van Bracht	-	2017	1	1
13	Vriesema	-	2017	1	1
14	ZonMw <i>Organization stimulating health research and care innovation</i>	ZonMw	2018	637	109 Ch.1,2,4,7,8
15	Zorginstituut Nederland <i>Dutch Care Institution</i>	-	2017	21	16

Table 3.1: overview of the documents

Number	Title	Kind of source
1	Overstap jeugdzorg naar gemeente geeft problemen <i>Switch youth care to municipality causes problems</i>	News article
2	Gemeenten hebben jeugdzorg nog steeds niet goed voor elkaar <i>Municipalities still do not have a good youth care system</i>	News article
3	Gevolgen transitie <i>Consequences of transitions</i>	Report from an inquiry committee
4	Gemeenten / Jeugdwet <i>Municipalities / Youth law</i>	Informative article from an authority on the subject
5	Drie Uitvoeringsvarianten Wmo en Jeugdwet <i>Three implementation varieties Wmo and Youth law</i>	Informative article from an authority on the subject
6	Evaluatie Jeugdwet <i>Evaluation Youth law</i>	Report from an inquiry committee
7	Samenvatting referaat mbt Evaluatie Jeugdwet <i>Summary reference relating to Evaluation Youth law</i>	Abstract of a report from an inquiry committee
8	Onderzoeksresultaten peiling kinder- en jeugdpsychiaters NVvP mei 2017 <i>Research findings from survey of child and adolescent psychiatrists NVvP May 2017</i>	Report from an inquiry committee
9	KJP-psychiaters zien kwaliteit van kinder- en jeugdpsychiatrie sterk afnemen <i>KJP-psychiatrists see quality of child and adolescent psychiatry decline sharply</i>	Informative article from an authority on the subject
10	Zorgen voor de jeugd <i>Caring for the youth</i>	Report from an inquiry committee
11	Tussen droom en daad – op weg naar een volwassen jeugdstelsel <i>Between dream and action – towards an adult youth system</i>	Report from an inquiry committee

12	Basisset gegevenselementen jeugd-ggz gepubliceerd <i>Basic set of data elements YMHC published</i>	Informative article from an authority on the subject
13	Psychiaters zien verval jeugd-ggz <i>Psychiatrists see decline YMHC</i>	News article
14	Eerste evaluatie jeugdwet <i>First evaluation of the youth law</i>	Report from an inquiry committee
15	Handreiking Uitvoeringsvarianten iWmo en iJw <i>Guide for implementations varieties iWmo and iJw</i>	Report from an inquiry committee

Table 3.2: overview of the documents

3.5 Data analysis

Boeije (2010) describes three steps in coding: (1) open coding, (2) axial coding and (3) selective coding. For open coding, a researcher examines data in detail and creates codes from the data. In axial coding, also known as ‘analytical coding’ (Sinkovics & Alfoldi, 2012), instead of reasoning from data to codes as in open coding, the reasoning moves from codes to data. The researcher creates codes based on the theory and then looks at the data (Boeije, 2010). When selective coding, a researcher looks for connections and integrates the data. The researcher coded and analyzed the data with the software program atlas.ti.

In the first step of coding, open coding, the researcher examined the documents and coded all problems in the field. For example, codes such as “*the various and complex contracting and settlement processes¹*” (TAJ, 2017, p.8) and “*child and youth psychiatrists are, due to the far-reaching substantive of the municipality, unable to work according their professional standards¹*” (NVvP, 2017a, p.7) were given. Due to the inductive nature of open coding, the researcher was able to code passages of text and subjects that were not necessarily problems, though seemed important because they were mentioned repeatedly in the documents. For example, codes on the goal of the transition such as: “*better cooperation around families: one family, one plan, one director¹*” (GGZ Nederland, 2018, p.1) and codes on the recommendations for the field such as: “*including three implementation varieties (the effort variety, the task-oriented variety and the output variety)*” (TAJ, 2017, p.20) were given.

In the second step of coding, axial coding, the researcher clustered the problems in the field with a focus on the sensitizing concepts. The researcher looked at the data using the sensitizing concepts, namely the parameters by De Sitter (1994). When clustering the data according to the parameters, the researcher suspected that most issues could be linked to one particular parameter. To keep the analysis organized, the researcher decided to cluster the codes

and structure the analysis according to the problems in the field, and not according to the parameters (the sensitizing concepts). The axial coding led to clusters such as '*administrative problems*' and '*problems with accountability*.' Nevertheless, the researcher also paid attention to patterns and concepts outside the problems, to examine if new codes should be created. Beside the problem related clusters, repeatedly mentioned subjects were clustered in the codes '*goal of the transition*' and '*recommendations for the field*.'

The third step of coding, selective coding, “refers to looking for connections between the categories in order to make sense of what is happening in the field” (Boeije, 2010, p.114). In this third step, the researcher attempted to connect the parameters to the problems in the field and tried to show the link between them. The selective coding included studying the issues with the sensitizing concepts, the parameters by De Sitter (1994), and led to an overview at the end of each sub-chapter with the problem linked to the parameters.

An example of the coding process is: an open code is “*the impractical administrative expenses, bureaucracy and the difficult negotiations with the municipality*¹” (NVvP, 2017b, p.5). This code is clustered in the axial code '*administrative problems*.' In selective coding, the code is covered by '*municipalities doing regulatory tasks and care providers doing operational tasks*,' and therefore is linked to parameter four; separation of operational tasks and regulatory tasks.

3.6 Research ethics

It is important for a researcher to do an ethically responsible research in order to prevent harming others and to protect himself (Boeije, 2010). A common ethical principle in qualitative research is 'beneficence.' “Beneficence is considered an umbrella principle that refers to maximizing good outcomes for science, humanity, and the individual research participants while avoiding or minimizing unnecessary harm, risk or wrong” (Boeije, 2010, p. 45). This principle includes three dimensions: (1) informed consent, (2) privacy and (3) confidentiality and anonymity. Informed consent contains the obligation of the researcher to notify participants about the nature and purpose of the data collection. The goal of informed consent is enabling participants to decide, fully aware of the risks and benefits of the study, if they want to participate or not (Boeije, 2010, Saunders, 2012). Holt (2012) emphasizes that participants should be fully informed about the purpose of the research and should have the opportunity to withdraw. As there were no participants involved in this research, the concept informed consent was irrelevant. To ensure the concept privacy, participants should be able decide to whom they

want to give information about themselves and the researcher is not allowed to share such information with others (Boeijs, 2010). Confidentiality involves how the data, like the recordings of the interviews and the transcripts, are handled in order to ensure privacy (Boeijs, 2010). Confidentiality is linked to anonymity. Anonymity implies that unique identifiers of participants, such as their names, are not attached to the data. Because the researched documents were publicly available, also the concepts privacy and confidentiality and anonymity were irrelevant.

In this research, a document analysis was performed and no participants were involved, therefore above qualitative ethical principles were extraneous. Still, the researcher tried to be ethical responsible in this research by attempting to be neutral during the research process and trying to be conscious drawing conclusions. The researcher tried to do this by taking several steps.

Firstly, the researcher incorporated documents from several sources in the research and tried only to link parameters to issues in the field and draw conclusions when that could be substantiated by different authorities.

Besides, the researcher tried to examine only relevant documents by selecting them using the checklist of Bryman and Bell (2015) and assessing the relevance and date of publishing of the documents. For example an article on the subject by the author 'Movisie,' a Dutch knowledge institute, was not included in the research because the article was written in 2014 and therefore not relevant. Furthermore, two reports on the subject written by the Dutch Ministry of Health, Welfare and Sports were excluded based on the first item on the checklist of Bryman and Bell (2015). According to Bryman & Bell (2015), the researched documents should be written by independent writers. The researcher believed that the reports by the ministry were not independent, as this ministry was responsible for the design and implementation of the transition plan and therefore only described the promising plan and not the possible problems.

Moreover, the researcher tried to be neutral and conscious by trying to adhere as closely as possible to the quality requirements for qualitative research (see paragraph 3.2), for instance by extensively describing the research process.

4. Document analysis

This chapter contains the analysis of the data gathered from the documents. The analysis of this data gives the answer to the research question: *What are structural problems for professional work in Youth Mental Healthcare and which effects do they have?* To answer this question, the problems in the field of Youth Mental Healthcare (YMHC) in the Netherlands are examined with the theory by De Sitter (1994) described in paragraph 2.3. The chapter is structured according to the main problems in the field. Per problem, the link with the parameters by De Sitter (1994) is explained. Before the problems, the goal of the transition is discussed (4.1). Thereafter, the problems originated by the transition are described; administrative problems (4.2), financial problems (4.3), problems according to professionals (4.4) and problems with accountability (4.5). Lastly, several recommendations for the field are examined with the theory (4.6).

4.1 Goal of the transition

The field of YMHC is researched because the field has a lot of (structural) related problems after the transition in 2015, as mentioned in paragraph 1.2 and 3.3. Before the problems in YMHC are discussed, first the goal of the transition is examined because the goal turned out to be a reappearing theme in the studied documents. Moreover, when the intention of the transition is not right, the result will definitely be problematic. The Transition Authority Youth (Transitie Autoriteit Jeugd; TAJ) in its annual report (TAJ, 2017, p.5) as well as the Dutch Mental Healthcare (GGZ Nederland, 2018, p.1) describe the five goals of the new youth law and the transition. Two goals, goal 4 and 5, are structure related, namely: (4) *“better cooperation around families: one family, one plan, one director”*² and (5) *“more leeway for professionals by reducing the regulatory pressure”*¹ The TAJ in its annual report of 2018 and the Dutch organization for health research and care innovation (ZonMw) in its the evaluation report of the youth law, also emphasize the creation of more leeway for professionals to reduce the regulatory pressure as an important goal of the transition (TAJ, 2018; ZonMw, 2018).

The goal *‘one family, one plan, one director’* satisfies a low value on the first, third and seventh parameter by De Sitter (1994). The value of parameter one (the level of functional concentration) will be low because several production flows are created, a production flow per family. The professional is, as director, responsible for the whole process of one family. The professional is responsible for the entire plan for the family, so (operational and regulatory)

² The quotes in this chapter with ¹ are translated from Dutch by the author

tasks are not divided in small sub-tasks which results in a low value on parameter three (the level of specialization of operational transformations (OT)) and four (the level of separation between operational and regulatory transformations). Reducing the regulatory pressure and creating more leeway for professionals, results in a low value on parameter seven (the level of specialization of regulatory transformations (RT)). When there is less regulatory pressure for a professional, the professional has more leeway to do his tasks and gets responsibility. Therefore, operational and regulatory tasks are not separated. Table 4.1 shows an overview of the relationship between the goals of the transition and the parameters by De Sitter (1994).

Goal	→	A <u>low</u> value on parameter:	Summarized explanation
One family, one plan, one director	→	1. Functional concentration	Production flow per family and responsible for the whole process of a family.
	→	3. Specialization OT	
	→	7. Specialization RT	
More leeway reducing regulatory pressure	→	4. Separation OT & RT	Less regulatory pressure, more leeway and more responsibility.

Table 4.1: overview of the relationship between the goals and parameters

It can be concluded that the goal of the transition satisfies the low values on the parameters by De Sitter (1994). Unfortunately, reality turns out to be different. The decentralization of YMHC, which means the transition of responsibility from the state to municipalities, should lead to reduction of administrative regulatory pressure and more leeway for professionals (psychologists, pedagogues and psychotherapists). According to the Dutch institute of psychologists (Nederlands Instituut voor Psychologen; NIP), the opposite seems to be true (avrotros, 2017a).

4.2 Administrative problems

The biggest problems in the field of YMHC seem to be administrative and financial problems, as they are described repeatedly in the various documents. Because of that, first, these administrative and financial problems are discussed and thereafter problems named by professionals and problems with accountability are examined.

In 2015, the responsibility for YMHC transferred from the government to the municipalities. Between 2015 and 2018 there were no clear rules for the municipalities about

how they should organize the YMHC in their area. This resulted in a diverse system with many unnecessary administrative problems as every municipality had different rules and agreements with care providers (De Rooij & Siegert, 2015; avrotros, 2017a; TAJ, 2017). The Dutch institute for psychologists (NIP) states that “*municipality policy freedom leads to unclear access and extra administrative expenses¹*” (avrotros, 2017b, p.1). NIP (2018) describes professionals complaining about time loss caused by the different accountability systems and affirm that administrative burdens are at the expense of health assistance. In 2018, the TAJ emphasizes the administrative problems naming “*the various and complex contracting and settlement processes¹*” (p.8) and “*the high administrative expenses experienced by care providers¹*” (p.26). The department child and adolescent psychiatry of the Dutch association for psychiatry (Nederlandse Vereniging voor Psychiatrie afdeling Kinder- en Jeugdpsychiatrie; NVvP) reports that some youth psychiatrists even quit their work because of “*the impractical administrative expenses, bureaucracy and the difficult negotiations with the municipality¹*” (NVvP, 2017b, p.5). The TAJ (2017, p.19) concludes that “*for almost all youth care providers applies that there are much more contract relations than before¹*”. This means that there are more relations, which makes the possibility on disturbances bigger. According to De Sitter, a good structure has a small chance of disturbances, hence this is a problem.

ZonMw (2018) did several case studies to evaluate the youth law, one of them in the Dutch province of Groningen. Groningen has established the Regional Purchase organization of Municipalities in Groningen (RIGG), this organization is a cooperation of municipalities in Groningen for the purchase of healthcare. Municipalities are not obligated to join the RIGG. The case study shows difficulties for the RIGG with municipalities that do not want to follow their advices. ZonMw (2018) concludes that generally accepted agreements are desirable and function well, while a diversity in agreements leads to problems.

The administrative problems do not satisfy low values on the parameters by De Sitter (1994). Municipalities impose a multitude of (different) rules on care providers, operational tasks (by the care provider) and regulatory tasks (by the municipalities) are separated and regulatory tasks are split up into small tasks over the different municipalities. **Comparing this to the parameters by De Sitter (1994), these problems result in high values of parameter four and seven.** The multitude of (different) rules imposed by municipalities on care providers and the separation of operational tasks (by the care provider) and regulatory tasks (by the municipalities) lead to a high value of parameter four (separation OT and RT) because OT and RT are not integrated but separated, the municipalities regulate and the care providers operate. The multitude of (different) rules imposed by municipalities on care providers and the split of

regulatory tasks into small tasks divided over several municipalities lead to a high value of parameter seven (specialization RT) because the regulatory tasks are highly fragmented. Table 4.2 shows an overview of the relationship between the administrative problems of the transition and the parameters by De Sitter (1994).

Administrative problems	→	A <u>high</u> value on parameter:	Summarized explanation
Rules imposed by municipalities	→	4. Separation OT & RT	OT and RT are not integrated but separated, the municipalities regulate and the care providers operate
OT by care provider and RT by municipalities	→		
Rules imposed by municipalities	→	7. Specialization RT	It differs per municipality how RT are organized
Rules differ per municipality	→		

Table 4.2: overview of the relationship between the administrative problems and parameters

4.3 Financial problems

When the responsibility for YMHC transferred from the government to the municipalities, the budget for youth care was reduced. The state shortened the budget because it was expected that the costs of YMHC would be reduced (ZonMw, 2018) and the benefits of the new system would outweigh the reduction of the budget (TAJ, 2018). The new system would include comprehensive cooperation and a new work design, leading to lower costs (ZonMw, 2018). Unfortunately, the cut in budget turned out to be higher than the earnings of the new system, with major financial challenges and negative consequences for healthcare as a result (TAJ, 2018). *“A non-profitable exploitation of, and, as a result, a loss-making exploitation by a youth care provider always has consequences for the continuity and quality of youth care. This also affects the children and families who are dependent of that youth care and likewise the employees working in these organizations. Uncertainty about the survival of youth care organizations can obstruct a good cooperation in the chain¹”* (TAJ, 2017, pp.18-19). The results of the survey of ZonMw (2018), conducted to evaluate the youth law, show that a limited budget is number one in the top five bottlenecks of the transition. The Dutch Youth Institution

(Nederlands Jeugdinstituut) also summarized the problems of the transition in five main issues. Two of the five issues contain financial problems; increased administrative costs and substantial cuts in budget (Dutch Youth Institution 2016). Because of the cut in budget, care providers have to adjust their business operations. *“The substantive adjustments of their (care providers) portfolio, the related retraining/instructions of staff members, changes in registration and accountability systems and the system of payment in advance require more time than is available for the completion of the contracting in 2018 and therefore required organizational changes¹”* (TAJ, 2017, p.12). Care providers should change, but there is not enough time available to change decently. The change in business operations also includes changes in daily tasks of professionals. The lack of time required will probably lead to serious problems for care providers and higher work pressure for professionals (TAJ, 2017).

The documents show that the financial problems are strongly related to the administrative problems. Already in 2015, the problem of increased administrative expenses are described (De Rooij & Siegert, 2015). TAJ (2017) states that the administrative expenses are a consequence of the transition: *“higher administrative expenses are inextricably linked to the decentralization¹”* (TAJ, 2017, p.19). Avrotros (2017a, p.1) affirms that the multitude of relationships incur costs: *“care providers who work with various municipalities often have to deal with all kinds of contracts and regulations. This costs them money and energy¹”*. The transition of YMHC together with the new funding system have implications for the arrangements between municipalities and care providers and influence *“the already high administrative expences¹”* (TAJ, 2017, p.17).

The financial problems lead to an unwanted shift of attention from what really matters, namely good care, to bureaucratic problems: *“regularly, finances and bureaucracy ensure that the content of the work backfires¹”* (NIP, 2018, p.7). Implications of the financial problems, such as *“uncertainties regarding rates, volumes and capacity reduction, and the multitude of financiers¹”* (TAJ, 2017, p.25) complicate administrative activities and *“this leads to a shift from staffing to overhead, at the expense of attention for quality development and innovation¹”* (TAJ, 2017, p.25). When there is a decrease in attention for quality development and innovation, the external requirement ‘potential for innovation’ is not achieved. The external requirements should be achieved for an adequate organizational structure and a viable organization (Achterbergh & Vriens, 2010).

Summarized, there are many bureaucratic problems caused by the cut in budget implemented simultaneously with the youth law. The financial problems are strongly related

to the administrative problems, again the municipalities are responsible for the budget and the regulatory tasks and the care providers and professionals for the operational tasks. Professionals are responsible for the operational tasks but do not have regulatory potential. Municipalities pay too much attention to regulatory tasks in comparison to operational tasks, leading to a lower quality of healthcare. **In conclusion, financial problems lead to a high value on parameter four (separation OT & RT).** Table 4.3 shows an overview of the relationship between the financial problems of the transition and the parameters by De Sitter (1994).

Financial problems	→	A <u>high</u> value on parameter:	Summarized explanation
Bureaucratic problems caused by cut in budget	→	4. Separation OT & RT	Financial problems lead to extra rules imposed by municipalities on care providers

Table 4.3: overview of the relationship between the administrative problems and parameters

4.4 Problems according to professionals

Over the past years a lot has changed for professionals in YMHC because of the transition. The 2015 employee survey shows that 41% of the asked professionals indicate that with the transition the organization's service offering changed, tasks changed, tasks shrunk and employees (some mandatory) left the organization (De Rooij & Siebert, 2015). *“Youth care providers saw tasks change and/or disappear over the last years and were faced with contracts with many different parties and market forces¹”* (TAJ, 2017, p.3). *“The scope of the tasks of local teams is in many places of the country still a search¹”* (TAJ, 2018, p.29). The NVvP (the Dutch association for psychiatrists) did a research among youth psychiatrists. The results show, once again, that the separation between regulatory tasks and operational tasks is high and the value of parameter four is high. A consequence of the separation is that the desired care for patients and their families cannot be guaranteed. *“I experienced that a municipal district team did not agree with the treatment of a child with ADHD, because the team felt that the route of help to the family around the child had to be taken first¹”* (Vriesema, 2017, p.2). The following quote about the separation between operational and regulatory tasks (parameter four) shows that separation between OT and RT actually leads to a bad structure resulting in poor

healthcare: *“Child and youth psychiatrists are, due to the far-reaching substantive of the municipality, unable to work according their professional standards¹”* (NVvP, 2017a, p.7). The NVvP concludes that *“almost all child psychiatrists want to get rid of the suppression of the municipalities¹”* (Vriesema, 2017, p.3). Alongside of the separation between regulatory and operational tasks, it is unclear where that separation is and should be. *“There are differences in opinion where municipal responsibility ends and professional autonomy begins¹”* (TAJ, 2018, p.10).

As explained in chapter two, a viable organization should meet external requirements. The third and fourth external requirements are ‘low level of absenteeism’ and ‘low level of personnel turnover’ These external requirements are not met. The TAJ (2018, p.11) speaks of *“scarcity of health care providers or youth protectors¹”*. Besides, *“for municipalities and especially providers of youth healthcare it becomes increasingly difficult to find personnel and staff turnover is relatively high¹”* (TAJ, 2018, p.11). A professional indicates in an interview with NIP that the work pressure increased, absenteeism expanded and personnel turnover heightened (NIP, 2018). The Dutch association for psychiatrists states that municipalities interfere with the content of the youth healthcare but do not have enough expertise of youth psychiatry and describes *“the narrowing of the tasks of child and youth psychiatrists¹”* (NVvP, 2017a, p.2). The narrowing of the tasks leads for the professional to the inability to overview the whole process, the external functional requirement *control over order realization* is not met. *“According to child and youth psychiatrists the alignment in the chain, the most important reason for the transition, still does not succeed¹”* (NVvP, 2017a, p.6). This means that another external requirement, ‘effective communication’ for a good quality of working relations, is not met.

A structure related goal of the transition was *“more leeway for professionals by reducing the regulatory pressure¹”* (TAJ, 2017, p.5). Research of ZonMw (2018) shows that 24% of the municipalities state that this goal has been reversed since the introduction of the youth law. *“This has to do with the accountability and bureaucracy that, according to the municipalities, are part of the implementation of the youth law¹”* (ZonMw, 2018, p.220). ZonMw (2018) did a case study in Eindhoven, an interviewed professional says the following about the goal: *“No, we thought we could get much more leeway because we were allowed to think for ourselves what was needed, but then you still end up on many regulations you have to comply with. You have to register a lot¹”* (ZonMw, 2018, p.511). ZonMw (2018), describes the contraction occurred after the introduction of the youth law. The youth law provides more leeway but the municipalities fill this space with a big diversity of organization, contract,

control and accountability forms. This leads to a gain in administrative burden for the professionals and therefore less leeway. This contradiction shows, too, that the separation between regulatory and operational tasks is big and the value of parameter four is high. The research of NIP (2018) also shows that professionals do not experience a reduction of regulatory pressure nor experience more leeway to give the best care.

Summarized, professionals feel suppression by municipalities, municipalities interfere with the content of YMHC, tasks of professionals are narrowed, and professionals experience less leeway since the introduction of the youth law. The narrowing of the tasks of professionals means a high level of parameter one (functional concentration) and three (specialization OT) because the OT are divided into narrow subtasks and the professional is unable to overview the whole process, there is no production flow. The suppression of professionals by municipalities, the interference of professionals with the content of YMHC and the lack of leeway for professionals means a high value of parameter four (separation of OT and RT) because the municipalities take care of RT while the care providers and professionals have to do the OT. **The problems according to professionals lead to a high level of parameter one (functional concentration), three (specialization OT) and four (separation of OT & RT).** Table 4.4 (see p.44) shows an overview of the relationship between the problems according to professionals of the transition and the parameters by De Sitter (1994).

Problems according to professionals	→	A <u>high</u> value on parameter:	Summarized explanation
Narrowing tasks of professionals	→	1. Functional concentration	Inability to overview the whole process
Narrowing tasks of professionals	→	3. Specialization OT	OT are divided into narrow subtasks
Professionals feel suppression by municipalities	→	4. Separation OT & RT	OT by care provider and RT by municipality
Municipalities interfere with the content of YMHC	→		
Less leeway for professionals	→		

Table 4.4: overview of the relationship between problems according to professionals and parameters

4.5 Problems with accountability

The documents also describe problems with accountability. Since 2015, municipalities ask for extensive accountability of the practices of care providers, as they are insecure and searching in their new responsible role. This results in much extra work for care providers, an expanse in communication with municipalities and higher costs (De Rooij & Siegert, 2015). In 2017, the TAJ states that municipalities want detailed information for political and social accountability. In 2018, this is emphasized again. *“Municipalities demand more and more advanced accountability requirements from providers¹”* (TAJ, 2018, p.22). De Rooij and Siegert (2015) state that the increase in accountability influences the daily tasks of professionals negatively, *“protocol-based work increased considerably”* (pp.15-16) and professionals are *“more than half of their time working on administration and accountability leading to higher work pressure¹”* (De Rooij & Siegert, 2015, pp.15-16). Professionals indicate that they are hampered in their work by regulatory and accountability pressures (NIP, 2018). A professional interviewed by NIP (2018) states that the regulatory and regulation pressure has never been this high. *“Every hour must be accounted for in several systems¹”* (NIP, 2018, p.29). TAJ

(2017) thinks that there are too many accountability requirements and too much calculative accountability in the form of administrative processes. They state that accountability requirements should be limited and that *“it is important that municipalities realize that standardization of administrative processes is separated from municipal policy freedom, and that the reduction of administrative expenses can contribute to a more efficient implementation of the youth law¹”* (TAJ, 2017, pp.20-21). Maybe this is where conditional accountability can step in. When there are better conditions for professional work, among which a better structure, less calculative accountability and administrative processes are necessary.

The described problems with regulatory pressure and calculative accountability lead to a high value of parameter four (separation OT & RT) because rules are imposed by the municipalities and the care providers have to do the operational tasks without regulatory potential. Table 4.5 shows an overview of the relationship between the problems with accountability of the transition and the parameters by De Sitter (1994).

Problems with accountability	→	A <u>high</u> value on parameter:	Summarized explanation
Regulatory pressure and calculative accountability	→	4. Separation OT & RT	Rules and calculative accountability imposed by municipalities on care providers

Table 4.5: overview of the relationship between problems with accountability and parameters

4.6 Recommendations for the field

After the introduction of the youth law January first 2015, by which the municipalities became responsible for youth mental healthcare, new agreements were made for 2018. From 2018, local agreements apply for municipalities and youth care providers about allocation, invoicing, accountability and internal management (Van Bracht, 2017). The new agreements replace the DBC-systematics and include three implementation varieties for the funding of youth mental healthcare, namely (1) the effort variety, (2) the output variety and (3) the task-oriented variety (TAJ, 2017). The goal of the three implementation varieties is less administrative burden for the municipalities and care providers (TAJ, 2017). The three varieties are introduced at the beginning of 2018, so there is little known about the reality. Therefore, the content and recommendations of the varieties are discussed and compared to the literature.

The effort variety

The chain office for municipalities and care providers, I-Social Domain (I-Sociaal Domein), summarizes the implementation varieties. The effort variety is in short an “*agreement between municipality and care provider about the delivery of a specific product or service in an agreed time unit at a certain rate*¹” (I-Social Domain, n.d., p.1). In formula form this means “*P(rice) * Q(quantity)*¹” (I-Social Domain, n.d., p.1). To explain the variety, I-Social Domain (n.d.) gives the following example: “*two hours of guidance à €30,-*¹” (p.1). The Dutch healthcare institute (Zorginstituut Nederland) explains it in more detail: “*the municipality sets a predefined set of products and services for the individual facilities. The municipality determines which care or support a client deserves and sends an allocation to the care provider. It includes which products he has to deliver and eventual the volume in time units*¹” (Dutch healthcare institute, 2017, p.5). This means in fact that the municipality diagnoses a client (patient) and determines the tasks of a professional, which leads to very little regulatory potential for the professional.

For this implementation variety applies a high degree of separation between operational and regulatory tasks, **leading to a high value of parameter four**. The municipality determines and regulates everything, the provider and its professionals can only execute the policy. The provider and professionals have very little regulatory potential which might lead to disturbances. Table 4.6 shows an overview of the relationship between the effort variety and the parameters by De Sitter (1994).

Recommendations for the field	➔	A <u>high</u> value on parameter:	Summarized explanation
The effort variety	➔	4. Separation OT & RT	The municipality predefines and determines everything (RT), the care providers operate (OT)

Table 4.6: overview of the relationship between the effort variety and parameters

The output variety

I-Social Domain (n.d.) summarizes the output variety as follows: “*agreement between municipality and care provider about the delivery of an achievement for a fixed amount*¹” (p.1). This is also called “*arrangements or track financing*¹” (I-Social Domain, n.d., p.1). An example of such an arrangement is a “*clean house*¹” (I-Sociaal Domein, n.d. p.1). The Dutch

healthcare institute explains that *“in case of the output variety, the municipality and provider agree on the basis of a predefined product (with a fixed price, like a trajectory) or budget (arrangement per client) that the agreed output must be realized¹”* (Dutch healthcare institute, 2017, p.5). The care provider must deliver the needed care to achieve the output, but the provider is free in how and what care it thinks should be delivered to achieve the output. The care provider has regulatory potential as the provider and municipality only communicate in budget and not in the content of the care or working hours (Dutch healthcare institute, 2017, p.5).

The output variety leads to a low value of parameter four, because regulatory and operational tasks are not so much separated. The care provider receives a task or goal and can decide himself how to reach that goal. Table 4.7 shows an overview of the relationship between the output variety and the parameters by De Sitter (1994).

Recommendations for the field	➔	A <u>low</u> value on parameter:	Summarized explanation
The output variety	➔	4. Separation OT & RT	The care provider has the responsibility for OT & RT

Table 4.7: overview of the relationship between the output variety and parameters

The task-oriented variety

The last implementation variety includes an *“agreement between municipality and care provider about a task for a (sub)population without accountability on individual level. The provider determines how the task is completed. There is no direct relationship between the number of clients and the budget¹”* (I-Social Domain, n.d., p.1). In short, this is named *“lump sum¹”* or *“population funding¹”* (I-Social Domain, n.d., p.1). Examples of the task-oriented variety are *“tasks of a district team¹”* and *“availability function crisis shelter¹”* (I-Social Domain, n.d. p.1). The Dutch healthcare institute defines that *“in this method, the municipality outsources the implementation, or a part of it, to one or more providers. The provider becomes responsible for a certain task or certain target group¹”* (Dutch healthcare institute, 2017, p.6). The care provider has high regulatory potential as he has full responsibility to perform the task for a set budget given by the municipality. The care provider assesses who may use the assistance offered, the municipality can only inform clients about the care provider. There is

little use of communication between the municipality and the care provider (Dutch healthcare institute, 2017).

For this variety applies the same as for the output variety. Regulatory and operational tasks are not separated, because the municipality outsources the implementation of the task to a provider and the provider becomes responsible for the task. The care provider performs the tasks and determines how the task is performed, **which implies a low value on parameter four**. Table 4.8 shows an overview of the relationship between the task-oriented variety and the parameters by De Sitter (1994).

Recommendations for the field	→	A <u>low</u> value on parameter:	Summarized explanation
The task-oriented variety	→	4. Separation OT & RT	The care provider has the responsibility for OT & RT

Table 4.8: overview of the relationship between the task-oriented variety and parameters

5. Discussion and conclusion

Chapter four describes the problems in the field of YMHC and links them to the design parameters by De Sitter (1994). Chapter five elaborates more on this link and its implications for the concept 'conditional accountability' and the conceptual model by Vriens et al. (2016) in the theoretical implications (5.1), practical implications (5.2), limitations (5.3), recommendations (5.4) and conclusion (5.5) of this research.

5.1 Theoretical implications

As already described in chapter one, the demand for accountability increased over the past years (O'Neill 2002, 2014; Vriens et al., 2016). Two well-known and most used forms of accountability, calculative accountability and narrative accountability, have negative consequences as explained in paragraph 2.2. Researchers propose a new form of accountability, intelligent accountability, to overcome the negative consequences of calculative and narrative accountability (O'Neill, 2002, 2013, 2014; Roberts, 2009; Vriens et al., 2016). Vriens et al., (2016) introduced conditional accountability, a form of intelligent accountability, and came up with a conceptual model (figure 2.1) that can be used to illustrate conditional accountability for professional work. The goal of this research was to develop the conceptual model by Vriens et al. (2016) using the insights in the problems in the structural conditions of professional work in the field of YMHC. The problems in the field of YMHC were studied with the parameters by De Sitter (1994). In summary, it can be concluded that in the field of YMHC the parameters have high values, whereas these values, according to theory, should be low. Table 5.1 (see p.50) shows the overview of the problems caused by the high values of the parameters by De Sitter (1994). Clearly, the high value of parameter four (separation OT & RT) causes the most problems in the field of YMHC.

Parameters	Problems
1. Functional Concentration	Narrowing tasks of professional
3. Specialization Operational Transformations	Narrowing tasks of professional
4. Separation Operational Transformations and Regulatory Transformations	Rules imposed by municipalities
	OT by care provider and RT by municipalities
	Bureaucratic problems caused by cut in budget
	Professionals feel suppression by municipalities
	Municipalities interfere with the content of YMHC
	Less leeway for professionals
	Regulatory pressure and calculative accountability
7. Specialization Regulatory Transformations	Rules imposed by municipalities
	Rules differ per municipality

Table 5.1: problems caused by the high value of the parameters

Vriens et al. (2016) illustrate in their article “that structures may affect professional work positively or negatively” (p.6). With some examples, Vriens et al. (2016) explain how a structure influences professional work, but they do not elaborate on requirements for a good structure. This research gives, with the theory by De Sitter (1994), insight in how structures influence professional work, which problems are caused by bad structures and how a structure should be designed for professional work. The problems in the field of YMHC can be linked to high values of the design parameters by De Sitter (1994). Solving these problems, leads to low(er) values of these parameters and a better organization structure in which professionals have more overview and responsibility, hence more regulatory potential. A structure in which operational and regulatory tasks are not separated, leads to less administrative and financial problems, lower possibility on disturbances and better working conditions for professionals. Conditional accountability then partly replaces calculative accountability. The downsides of calculative accountability disappear while professionals remain accountable by looking at their working conditions.

Vriens et al. (2016) used the concepts *specialization*, *centralization*, and *formalization* to characterize an organizational structure. There are several similarities between these concepts and the parameters by De Sitter (1994). Specialization is “the degree to which work is broken down into sub-tasks” (cf. Mintzberg, 1983 in Vriens et al., 2016, p.6). The concept specialization corresponds with parameter three and seven by De Sitter (1994), covering specialization of operational and regulatory transformations. Centralization is “the degree to which decision authority rests with only one or a few members of the organization” (cf. Aiken & Hage, 1971; Mintzberg, 1983 in Vriens et al., 2016, pp.6-7). The concept centralization corresponds with parameter four by De Sitter (1994), covering the separation of OT and RT. Formalization is “the degree to which work is determined by rules and procedures” (cf. Donaldson, 2001 in Vriens et al., 2016, p.6). The concept formalization also corresponds with parameter four, as the separation of OT and RT increases the amount of rules and regulations. This is likewise the case in the field of YMHC, OT (by the care provider) and RT (by the municipality) are separated and the municipality imposes (too many) rules on the care provider.

The condition *structure* can be filled in with the theory by De Sitter (1994). The parameters by De Sitter (1994) have similarities with the concepts used by Vriens et al. (2016) but also add something to the model. The values of parameters are verifiable and more specific than the model by Vriens et al. (2016) was so far. Besides, parameter one is not included in the concepts used so far and this research showed that it is important for professionals to have a complete task, hence it is a helpful addition. Vriens et al. (2016) state that high values of specialization, centralization and formalization might cause problems for professional work, with the application of the theory by De Sitter (1994) this research showed that the problems in the field of YMHC underly high values of the parameters.

Figure 5.1 (see p.52) shows the original conceptual model by Vriens et al. (2016) with the conditions for ideal type professional conduct. Figure 5.2 (see p.52) shows the expanded version of the structure part.

		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			

Figure 5.1: conditions for ideal-type professional conduct. Adapted from Vriens et al., 2016, p.10.

<p>Structure</p> <p>High regulatory potential and low probability of disturbances assured by low values of the parameters by De Sitter (1994):</p> <ul style="list-style-type: none"> - Parameter 1: Functional Concentration - Parameter 3: Specialization of Operational Transformations - Parameter 4: Separation of Operational Transformations and Regulatory Transformations - Parameter 7: Specialization of Regulatory Transformations
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Figure 5.2: structure part of the conceptual model by Vriens et al. (2016) expanded

5.2 Practical implications

To develop the model by Vriens et al. (2016) with respect to the structural condition, problems in the structure of the field of YMHC were analyzed with the parameters by De Sitter (1994). By this analysis, the researcher is able to do some additional recommendations for the field.

Currently, the values of the parameters by De Sitter (1994) are too high in the field of YMHC. The field should particularly pay attention to the fourth parameter, as this parameter implies the most problems. The field should work as hard as possible to lower the values of the parameters for a better working structure for professionals.

One of the problems underlying a high value of parameter four is the problem of administrative burden, as described in paragraph 4.2. Operational transformations and regulatory transformations are separated, OT are performed by the care provider and professionals and RT by municipalities. The municipalities should outsource the regulatory transformations to the care providers. With the outsourcing of these tasks to the care provider, at the same time the problem of diversity in agreements over the various municipalities leading to a high value of parameter seven is solved. Municipalities should outsource the RT of healthcare to the care provider and professionals, because they have had the education to develop the necessary knowledge, expertise and competence for this job (Freidson, 2001; Evetts, 2011; Vriens et al., 2016) as explained in paragraph 2.4. The amount of rules and regulations from municipalities should fall sharply and municipalities should evaluate the results of care providers, not how the results are accomplished. How care providers and professionals reach desired outcomes, is theirs to manage because they have the competences for it. Less administrative burden and evaluating results instead of the process leads to less administrative burden, lower costs, more regulatory potential for the care provider and professionals, more time for care and hence better-quality care.

As explained in paragraph 2.3, an adequate structure for a viable organization should reach appropriate levels of the external requirements (Achterbergh & Vriens, 2010). Low values of the parameters by De Sitter ensure suitable levels of the external requirements and a good organizational structure. Problems experienced by professionals in the field, described in paragraph 4.4, underlie high values of parameter one, three and four and clearly show that external requirements are not met. Because of the narrowing of the tasks of professionals, they are unable to overview the whole process of their work and the level of functional concentration and specialization of operational transformations is high. Because of the suppression and interference of the municipalities with the care providers, the separation between operational and transformational regulations is high. To lower the values of the parameters, professionals should get more leeway, just as the original goal of the transition promised. When the amount of rules and regulations imposed by the municipalities are reduced, professionals get more leeway. Professionals need this leeway and enough regulatory potential to perform their tasks in a sufficient way. As Evetts (2014, p.36) states: “practitioner occupational control is

important because the complexities of the work are such that only the practitioners can understand the organizational needs of the work, its processes, procedures, testing and outcomes”. Less suppression by municipalities and control over complete tasks for professionals include more leeway and lead to low values on the parameters and a good organizational structure.

In paragraph 4.6, recommendations for the field were discussed. Since the beginning of 2018, three implementation varieties for the funding of youth mental healthcare are in use to solve the problems in the field. When compared to the theory by De Sitter (1994), the first implementation variety (the effort variety) leads to high values of the parameters. The effort variety includes all control for the municipality and very little regulatory potential for the care provider and professionals. As described before, occupational control is very important for a professional, hence this implementation variety will not solve the current problems in the field of YMHC. This means that it would be better if municipalities and care providers choose one of the other two implementation varieties. The output variety and task-oriented variety lead to a low value on parameter four, separation of operational and regulatory transformations, the parameter with the biggest problems in the field. When OT and RT are not separated, professionals do have enough regulatory potential, they have the needed occupational control to execute their tasks.

5.3 Limitations

This research has several limitations. Firstly, document analysis was the only research method for this research and this has drawbacks. It means that only documents were researched and the researcher did not see or speak a professional in real life. The researcher did not use other data sources to verify the data found in the documents. Professionals might feel different about the subject than the documents showed. Due to time constraint, the researcher was only able to do a document analysis. It would have been better to also interview professionals in the field, the use of more research methods could have substantiate stronger conclusions.

Secondly, the results of this research are based on one field, the field of YMHC. Results might be different or more strongly substantiated when the research was conducted in more fields of professional work. Again, time constraint was the reason why the researcher was only able to investigate one field of professional work.

Lastly, the theory by De Sitter (1994) is very broad, he makes a wide claim. One could say that empirical research is not necessarily needed because De Sitter (1994) already can add

something to the model. Still, the researcher thinks that an application to the field proves the additional value from the theory by De Sitter (1994) to the conceptual model by Vriens et al. (1994) and hence the application was helpful for developing the model.

5.4 Recommendations

For the model on conditional accountability by Vriens et al. (2016) to be successfully applicable on a professional field, further research is needed. Firstly, research is needed to give more theoretical background to the other conditions of conditional accountability. Secondly, research to other design theories can be conducted as in this research only the MST theory by De Sitter (1994) was taken into account. Lastly, research with different research methods is needed to give more substance to the drawn conclusions.

5.5 Conclusion

The goal of this research was to develop the model on conditional accountability by Vriens et al. (2016) with respect to the structural condition. This was realized by applying the design theory by De Sitter (1994) to the structural problems in the field of Youth Mental Healthcare and reflecting on the model by Vriens et al. (2016) based on this application. The main research question was: *What are structural problems for professional work in Youth Mental Healthcare and which effects do they have?* To answer this question, a document analysis was performed. The application of the theory by De Sitter (1994) showed that the main problem in the field of Youth Mental Healthcare is the high value of parameter four, meaning separation between operational and regulatory tasks. This leads to problems in the field such as an overload of administration and financial problems. The application also showed other problems in the structure in YMHC caused by high values of the parameters, extensively described in chapter four.

Without the additional theory on organizational structure by De Sitter (1994), one would be unable to use the model by Vriens et al. (1994) to evaluate the structural conditions for professional work in the field of YMHC for conditional accountability. For conditional accountability to be a helpful supplementation to calculative and narrative accountability, one must be able to evaluate conditions in a professional field. For the condition ‘the way work is structured’ this is possible when the design theory by De Sitter (1994) is added to the conceptual model. The conclusion of this research is: the design theory by De Sitter (1994) is helpful to meaningful applicate the model by Vriens et al. (2016) in a professional field.

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