

# Understanding the role of structural elements in perceiving red tape

A study on the relationship between formalization, centralization, hierarchy and perceived red tape by care and mentoring staff in long term healthcare organizations



**Radboud Universiteit Nijmegen**

**Radboud University – Nijmegen School of Management  
Business Administration  
Master thesis**

<b>Author:</b>	Roy Valks
<b>Student number</b>	S4568281
<b>Supervisor</b>	dr. ir. Marc Wijngaarde BA
<b>Second examiner</b>	prof. dr. Patrick Vermeulen
<b>Date</b>	10-08-2020

## Abstract

This research investigated how the structural elements of formalization, centralization and hierarchy are related to the perceived red tape of care and mentoring staff within long term healthcare organizations. To be able to get a better understanding of this, fifteen interviews with care and mentoring staff within long term healthcare organizations were held. All these interviews were analyzed with a template analysis that enabled the researcher to find new insights that can explain the relationship between formalization, centralization, hierarchy and perceived red tape.

All these new insights are incorporated into a new model that helps explaining the investigated relationship. This model shows that the relationships between formalization, centralization, hierarchy and perceived red by care and mentoring staff is not just a simple, straightforward relationship. Rather, it is a complex set of relationships that together influence how care and mentoring staff perceive red tape. Above that, this research found that there are several contextual elements that influence how the relationship works as well. It found that the presence of certain *conditions for good formalization* within the organization, influences the relationship between formalization and perceived red tape and that the presence of the *right personal characteristics to deal with freedom* influences the relationship between centralization and perceived red tape.

The knowledge that comes forward from this research can be of importance for both scholars and practitioners. The role of structural elements received barely attention within red tape literature until now. This research started filling this knowledge gap and provides enough reason to continue to do more research into this field. Practitioners within long term healthcare organizations can use this research, and especially the created model, to help them making the right decisions when it comes to the structural elements of formalization, centralization and hierarchy. Although this research might not give them direct answers on what would be right or wrong decisions for these structural elements, it does help them since it provides insight into the consequences of the decisions they take.

**Key words:** Formalization, centralization, hierarchy, perceived red tape, long term healthcare, care and mentoring staff

## Preface

Right in front of you, you can see the master thesis that I wrote for the master Business Administration with a specialization in Organizational Design and Development. This thesis focusses on the relationship between formalization, centralization, hierarchy and perceived red tape by care and mentoring staff within long term healthcare organizations. It has been an intensive period, wherein I wrote my thesis and as well did an internship at Berenschot. Although it was a busy time, I believe the combination of writing my thesis, and experiencing the day to day practice of an advisory firm for, among others, long term healthcare organizations, only improved the thesis that I have written.

This thesis would have never been possible without the help and support of several people to whom I clearly owe a word of thanks. At first, I want to thank my supervisor dr. ir Marc Wijngaarde BA for being so supportive and helpful during the whole process. Exemplary for his dedication, is the support he provided me in the week before my research proposal. After already having called for over 2 hours about my research proposal at a Friday evening, he as well took the trouble to send me an e-mail the day after asking me whether I had some time to call that day to discuss some new ideas that popped up in his head after our meeting. This kind of dedication is more than I could have every wished from my supervisor, and I really want to thank him for that.

I want to thank prof. dr. Patrick Vermeulen as well for his valuable feedback on my research proposal and for the reading and grading of this thesis. In the beginning phase of my research I as well found dr. mr. Wesley Kaufmann, a scholar on whose research this thesis builds further, willing to discuss my thesis with him, and I want to express my gratitude to him for that.

Next to them I would like to thank my colleagues Marvin Hanekamp and Simon Heesbeen for their meaningful advice and their help to find enough interviewees and of course the interviewees themselves for their participation. Last but not least, I want express my gratitude to my girlfriend, family and friends for their support and the necessary distraction they offered me along the way.

I hope that you read my thesis with as much enthusiasm, as I had when I wrote it.

Roy Valks

Nijmegen, August 2020

## Content

1. Introduction	1
1.1 Context of research	1
1.2 Sector focus	3
1.3 Focus on long term healthcare	3
1.4 Research goal and research question	4
1.5 Scientific relevance	5
1.6 Practical relevance	6
2. Theoretical framework	7
2.1 Red tape	7
2.1.1 Defining red tape	7
2.1.2 Sources of red tape	9
2.2 Organizational structure	11
2.2.1 Defining the concept of organizational structure	11
2.2.2 Formalization, centralization and hierarchy as structural elements	12
2.2.3 Formalization	13
2.2.4 Centralization	14
2.2.5 Hierarchy	15
2.3 Relation between formalization, centralization, hierarchy and perceived red tape	17
2.3.1 Formalization and perceived red tape	17
2.3.2 Centralization and perceived red tape	18
2.3.3 Hierarchy and perceived red tape	19
2.4 Tentative conceptual model	20
3. Methodology	21
3.1 Research strategy	21
3.2 Sensitizing concepts and topics	22
3.3 Case selection	24
3.4 Data source selection	25
3.5 Method of data collection	26
3.6 Methods of data analysis	28
3.7 Research quality	30
3.8 Research ethics	31
4. Results	32
4.1 Formalization	32
4.1.1 Grip on work	33

4.1.2	Information overkill	34
4.1.3	Conditions for 'good' formalization	36
4.2	Centralization	40
4.2.1	Grip on work	40
4.2.2	Right personal characteristics to deal with freedom	41
4.2.3	Welcoming environment for change	43
4.2.4	Suitable rules/procedures/regulations	45
4.2.5	Workload	47
4.3	Hierarchy	48
4.3.1	Knowledge about managerial layers	48
4.3.2	Workload	49
4.3.3	Managerial attention	52
4.4	Inadequate comprehension	54
5.	Conclusion and discussion	56
5.1	Conclusion	56
5.2	Theoretical implications and suggestions for future research	59
5.3	Limitations	62
5.4	Practical implications	63
6.	Literature	65
7.	Appendix	72
7.1	Appendix 1 – Interview guideline English version	72
7.2	Appendix 2 - Interview guideline Dutch version	74
7.3	Appendix 3 - Code manual	76
7.4	Appendix 4 – Summary of interviews	80
7.5	Appendix 5 – Data driven codes	81
7.6	Appendix 6 – Clustering of codes	84

# 1. Introduction

## 1.1 Context of research

The concept of red tape is a widely discussed concept by many scholars (Bozeman, 1993; Buchanan, 1975; Hattke et al., 2019; Pandey & Scott, 2002; Walker & Brewer, 2008). Bozeman, one of the most influential scholars within the field of red tape, described the concept of red tape as *“rules, regulations, and procedures that remain in force and entail a compliance burden for the organization but have no efficacy for the rules' functional object”* (1993, p. 283) Within this definition he makes a clear distinction between the functional object of a rule, that focuses on the actual purpose of a rule, and the rule efficacy, that looks into the extent to which a rule effectively serves the purpose it was designed for. Both of which are according to Bozeman vital for identifying red tape in organizations. Therefore the essential question is whether rules, regulations and procedures have a valid goal and whether they are of help in realizing this goal.

It is clear that minimizing the amount of red tape is of vital importance since it is widely assumed that red tape can have uniformly negative consequences (Brewer & Walker, 2010, p. 418). Within this research the focus is, in line with Hattke et al. (Hattke et al., 2019) on red tape as a subjective perception of those who experience it rather than as an objective concept. This perception of red tape has a positive effect on resignation within public organizations (Giauque et al., 2012, p. 198), a negative effect on the level of public service motivation (Moynihan & Pandey, 2007) and within the educational sector it can even be seen as a predictor for burnouts over time (Burke et al., 1996). Given these negative effects of red tape, it would be helpful to be better able to understand the causes of the perceived amount of red tape within organizations.

The organizational structure could be one of those causes from the perceived amount of red tape. Prior research about red tape focused mainly on formalization as a possible structural cause, or as a related concept, of red tape (Kaufmann et al., 2018). The concept of red tape has been described by Bozeman and Scott (1996) as ‘a pathological subset of formalization’, whereby more formalization means a higher intensity of written rules within organizations.

However, Kaufmann, Borry and Dehart-Davis (2018), argue that this view of focusing solely on one element of the organizational structure as driver of red tape is too simplistic in its approach, and this researcher strongly agrees with that. This argument of Kaufmann et al. (2018) was strengthened by their research results wherein formalization, centralization and hierarchy as structural elements were all found to be drivers of organizational red tape and whereby formalization even was found to have the weakest effect of all three. When organizations have high levels of perceived red tape, it seems to

make sense for them to shift their attention next to formalization, to the structural elements of centralization and hierarchy as well. This focus on structural elements is in line with Beer and Nohria's (2000) view on organizational change, who claim that the organizational structure should be seen as a central element of organizational change.

At the same time, although Kaufmann et al. (2018) already found that the concepts of formalization, centralization and hierarchy can all be seen as drivers of red tape, they as well argue that their conceptual model can still be improved. This can be done by creating a model that captures more complexity, and that is as well what this research does. Such a more complex model can capture more details and is therefore a better reflection of the complexity of our real world. To do this one could for instance, as Kaufmann et al. (2018, p. 243) suggest, look into interactions between their conceptual model and other causes of red tape. This research builds further on the work of Kaufmann et al. (2018) by creating this more complex model that explains how the structural elements formalization, centralization, and hierarchy are related to red tape. It as well continues in their relatively new idea within red tape literature that seeing formalization as the only structural cause of formalization is a serious shortcoming of prior research.

To prevent that these three structural elements will be misunderstood, the researcher developed clear definitions for all of these elements. The definitions are developed particularly for this research to reach the essence of these terms based on existing literature as will be explained further in chapter two. In this way, the researcher defines formalization as *"the extent to which employees perceive that rules, procedures, instructions, and communications are written."* Centralization is being defined as *"the extent to which employees perceive that decision-making power is concentrated at the top levels of the organization."* The last structural element, hierarchy, is being defined as *"the extent to which employees of an organization perceive that their organization has a structure with many managerial layers given its size and a narrow span of supervision."*

From other red tape scholars we already know that it is likely that different stakeholder parties - in, or outside, an organization experience red tape all in a different way and will therefore perceive it differently as well (Bozeman, 1993; Brewer & Walker, 2010). Given that the concept of red tape has such a subjective nature (Hattke et al., 2019, p. 60) this may be no surprise. In this light, there has been a lacking focus of red tape research on the experience of frontline officials and a disproportionate focus on the red tape perception of managers, and therefore the amount of red tape within public organizations has been underestimated in recent years (Dehart-Davis, 2009, p. 362; Walker & Brewer, 2008, p. 1123). This focus on the red tape perception of managers is remarkable given prior research that frontline officials within organizations are most likely to experience the most red tape (Jacobsen

& Jakobsen, 2018; Walker & Brewer, 2008, p. 1123). Therefore the focus in this research is on how the structural elements of formalization, centralization and hierarchy are related to red tape perceived by frontline officials active on the work floor.

## **1.2 Sector focus**

From an organizational design perspective it is important for this research to focus on one specific sector since, as Mintzberg (1980) and Thompson (Thompson, 2017) already argued, the effectiveness of an organizational structure depends partly on the fit between structural elements and certain environmental factors (Mintzberg, 1980; Thompson, 2017). Mintzberg called these environmental factors, contingency factors that describe the current situation of an organization based on the age and size, technical system, the environment of the organization and the amount of external control pressing on the organization.

The contingency theory, that claims there is not one structure that fits all organizations, found wide support by scholars in later studies (Donaldson, 1996b). The relationship between organizational structure and certain contingency factors is as well found to be holding generally (Donaldson, 1996a). When focusing on one sector it is more likely that the contingency factors of these organizations are more or less the same and thereby the transferability of this research to other contexts is higher compared to a situation where no focus on one specific sector was chosen. Therefore it makes sense, when looking at the relationship between formalization, centralization, hierarchy on the one side and red tape on the other, to focus on one specific sector.

## **1.3 Focus on long term healthcare**

One of the sectors wherein the concept of red tape is a pressuring subject is the healthcare sector. In 2018 the Dutch Government even initiated a new program called Deregulating Healthcare ((Ont)Regel de Zorg) aimed at minimizing the experienced regulatory pressure for both Dutch healthcare professionals and their patients (*Actieplan (Ont)Regel de Zorg*, 2018). Although the Dutch Government recognizes, in the same report, the importance of good healthcare registration, they believe the current time devoted to these regulatory activities is, compared to primary care activities, out of balance.

This governmental attention to red tape within healthcare is understandable given that red tape has many negative side-effects within this sector like lowered workplace happiness, higher costs and a lower quality of healthcare (Van de Bovenkamp et al., 2017). The quality of healthcare is influenced



by red tape in two ways. The first one is that healthcare professionals can spend less time with their patients, since red tape absorbs time that healthcare professionals otherwise could have spent on their patients. Secondly, red tape can limit the possibility of providing personal healthcare since there is too much focus on the rules, and guaranteeing safety. (Van de Bovenkamp et al., 2017).

By order of the ministry of healthcare, wellbeing and sports (HWS), Berenschot conducted a research in 2019 and found that care-givers specifically within Dutch long term healthcare organizations (GGZ, GHZ and VVT ) spend, according to their own perception, around 35% of their time on administrative tasks, while they believe only 23% would be acceptable (Hanekamp et al., 2019). The Deregulating Healthcare Program should lower this time spend on administrative tasks by eliminating or simplifying rules that do not contribute to the purpose of the administration which is getting more insight in, and ensure accountability of, the money being spent (*Actieplan (Ont)Regel de Zorg*, 2018). On a congress the minister of HWS strengthened the mission of this program specifically for the long term healthcare sector by stating: “If you want to fight against the regulatory pressure within the long term healthcare, you will find an ally in me. Because it can be done differently.” (Van den Elsen, 2020)

Given the negative effects of red tape, the importance to minimize it within the long term healthcare sector it would be helpful to conduct more research to be better able to understand the causes of perceived red tape. As mentioned earlier, the most red tape in organizations is perceived by frontline officials. Therefore the focus within this research is on how the perception of red tape of the frontline officials within the long term healthcare sector, namely the care and mentoring staff, is related to structural elements formalization, centralization and hierarchy.

#### **1.4 Research goal and research question**

In order to get a better understanding of how the structural elements formalization, centralization and hierarchy are related to the perceived amount of red tape experienced by care and mentoring staff in long term healthcare organizations the following research goal and research question are formulated.

**Research goal:** *Getting a better understanding of how the structural elements formalization, centralization and hierarchy are related to the perceived red tape by care and mentoring staff of long term healthcare organizations in order to enable long term healthcare organizations to make more well-founded decisions about the structural elements of formalization, centralization and hierarchy within their organization.*

In order to reach this research goal, the following research question is formulated as a guide for this research:

**Research question:** *“What is the relationship between the structural elements formalization, centralization and hierarchy and perceived red tape by care and mentoring staff of long term healthcare organizations?”*

Since the aim of this research is to get a better understanding of how the structural elements formalization, centralization and hierarchy are related to the perceived red tape of care and mentoring staff in long term healthcare organizations, this research has a qualitative character. This makes sense given that qualitative research is perfectly suited for learning to understand underlying mechanisms between multiple variables (Bleijenbergh, 2013, pp. 10–11). In total 15 Interviews were held with care and mentoring staff to get a better picture of how the three structural elements under investigation and perceived red tape by care and mentoring staff within long term healthcare organizations are related to each other.

## **1.5 Scientific relevance**

According to scholars there seems to be a shortage of empirical data about red tape, and if there is it is only quantitative research about the amount of rules, or to clarify what administrative burdens there are. Focus was only on measuring red tape, instead of analyzing and explaining it (Van Gestel & Hertogh, 2006). Bozeman and Scott (1996) confirm this, by stating that scholars tend to focus on the effects rather than the causes of red tape. Bozeman (1993, p.298) said that *“prescription often drives out explanation”* in this sense. Another shortage Van Gestel and Hertogh (2006) found was the lack of literature to focus on the historical character of red tape since it only focused on deregulation. Little attention was given to the background and causes of perceived red tape production and development. This research fills this gap in literature by focusing on how red tape arises and develops, and it tries to explain how the structural elements formalization, centralization and hierarchy are related to the perceived red tape of a specific group. To the best knowledge of the author of this thesis, a similar research that looked into how these three structural elements are related to the amount of perceived red tape has never been conducted before which strengthens the importance of this research. Additionally, there is a lacking amount of literature about the perceived red tape of frontline officials (Dehart-Davis, 2009, p. 362; Walker & Brewer, 2008, p. 1123) and that is exactly the group where this

research focusses on by looking at the perceived red tape for care and mentoring staff within long term healthcare organizations.

## **1.6 Practical relevance**

As was stated in the first paragraph, scholars agree that red tape has uniformly negative consequences (Brewer & Walker, 2010, p. 418). It can lead to more resignation (Giauque et al., 2012), lower public service motivation (Moynihan & Pandey, 2007) and it can even be seen as a predictor for burnouts (Burke et al., 1996). Since the issue of red tape can be found in multiple areas within healthcare ,under which general practitioners, hospitals, elderly care, physiotherapy, and pharmacies, (Van de Bovenkamp et al., 2017) it is of vital importance for healthcare practitioners to get a better understanding of what could cause this, whereby this research focusses on the long term healthcare. From earlier work is known that formalization, centralization and hierarchy can drive the amount of red tape (Kaufmann et al., 2018), but to the best knowledge of the author of this thesis, no earlier study focused on *how* these structural elements can influence the amount of perceived red tape.

Practitioners can benefit from this knowledge, since an understanding of the relationship between the three mentioned structural elements and the amount of perceived red tape can help these practitioners in the long term healthcare making more well founded decisions about the structural elements formalization, centralization and hierarchy within their organization.

## 2. Theoretical framework

In this chapter the relevant theories for this research are discussed. It thereby focusses on what the concept of red tape actually entails, what its' causes are, and how it is defined within this research. Following that, the concept of organizational structure will be described, and an overview of the current literature around the structural elements formalization, centralization and hierarchy that do have a central place within this research will be discussed. The concept of organizational structure is discussed to be better able to understand the role and place of the structural elements into the whole picture of the organizational structure. At last, ideas on possible relationships between red tape on the one hand, and formalization, centralization and hierarchy on the other hand are discussed, followed by a tentative conceptual model.

### 2.1 Red tape

#### 2.1.1 Defining red tape

Of course, rules within organizations are not always bad, we need rules within a system to enable it to function properly. Rules that exist to guide behavior or exist to ensure accountability can be perceived as problematic at the moment that one feels that the rules do not contribute to these goals anymore (Bozeman & Anderson, 2016).

The most accepted definition of red tape as considered in literature is the definition of Bozeman (1993, p. 283) who defined organizational red tape as: *“rules, regulations, and procedures that remain in force and entail a compliance burden for the organization but have no efficacy for the rules' functional object.”* However, this definition lacks in the sense that it misses a vital part of what red tape constitutes of, since it is actually a perception whether rules, regulations and procedures are considered unnecessary. As Kaufman (1977) and Waldo (1946) mention, it can depend on the person whether something is perceived as red tape, or as important for the functioning of the organization.

Nowadays, this perspective on red tape is still relevant. The feelings-as-information theory argues that the way one sees and perceives information is for a large part influenced by our emotions and thereby not completely objective (Schwarz, 2012). Therefore, when one decides what rules are considered as red tape and which ones are not, this is as well subjective. Hattke et al. (2019, p.60) support this idea seeing red tape as a highly subjective concept. Bozeman and Feeney (2011) called this one of the weaker spots of red tape research until now. Scholars were only able to measure the concept of red tape by asking respondents what amounts of red tape or administrative delay they

experience. This leads to an incongruence between the objective way scholars write about red tape and how it is actually measured with surveys, which only allows them to focus on the subjective experience of employees.

However, it does not have to be problematic that it is hard to objectively determine whether a rule should be considered red tape. A focus on the perception of red tape can be equally or even more valuable. This is the case since a rule that is perceived as red tape by some stakeholder, when it actually is not, and a rule that truly is red tape can have equal effects on the organizational performance (Borri, 2016, p. 580; Brewer & Walker, 2010, p. 248). Jacobsen and Jacobsen (2018) as well found that perceived red tape by employees is negatively related to the organizational performance. Although it is known that by using perceptual measures one will not always find the real value of a certain organizational factor like red tape, Moon and Bretschneider (2002) believe that those perceptions are nevertheless related to the actual reality of an organization. They even argue that in many cases looking at the perceived amount of red tape instead of trying to measure the 'real' amount of red tape can be more valuable.

To deal with this stream of criticism on objectively trying to measure red tape Bozeman (1993, p. 284) proposed a second definition of red tape, called stakeholder red tape, that takes this aspect into account: *"organizational rules, regulations, and procedures that remain in force and entail a compliance burden, but serve no object valued by a given stakeholder group"*. In this research the second definition is being perceived as better suitable since it acknowledges, that rules, regulations and procedures are not good or bad purely based on their amount or content. A rule is good or bad, based on whether or not it can realize the value considered important by the stakeholder. (Bozeman, 1993). However, seeing red tape as something that can be valued by stakeholders makes it hard to operationalize the concept given the rich and diverse population of stakeholders. It is likely that different stakeholders within or outside an organization do have different opinions on what is red tape. (Bozeman, 1993; Brewer & Walker, 2010). Therefore it makes sense that the stakeholder conceptualization of red tape has not been used very often by scholars, given that it's a complex concept to measure (Bozeman & Feeney, 2011). However, given that this research focusses only on one stakeholder group, namely the care and mentoring staff, and tries to understand the complex nature of red tape in relation to three structural elements under investigation this conceptualization of red tape seems to be fitting best.

### 2.1.2 Sources of red tape

Given the long list of negative consequences of red tape, it is important as well to look closer at the sources of the concept of red tape. Especially since red tape scholars in the past have focused especially on the consequences of red tape and ways to deregulate it, instead of on the sources (Bozeman, 1993; Bozeman & Scott, 1996; Van Gestel & Hertogh, 2006). This research looks at how the concepts of red tape and the structural elements formalization, centralization and hierarchy, that Kaufmann et al. (2018) found to be drivers of red tape, are related to each other. In order to be able to understand the complex relationship between those three structural elements and perceived red tape, especially by care and mentoring staff, it can be important to get a more complete picture of other sources of red tape. This importance lies in the fact that it could be that the three structural elements as described within this research are related to the sources of red tape. The current known sources of red tape can, in that sense, be important to help us to better understand the relationship between formalization, centralization, hierarchy and perceived red tape by care and mentoring staff in long term healthcare organizations.

In conceptualizing possible sources of red tape, the work of Bozeman (Bozeman, 1993) has been quite influential. And as Bozeman already said, no empirical studies gave the origins of red tape much consideration, nor did they give attention to how rules, procedures or regulations can turn into red tape. As far as this researcher knows Bozeman is as well still the scholar who was best able to provide such a comprehensive overview of the most important sources of red tape, and until today this overview still seems to be most influential in understanding the sources of red tape.

A research that did try to provide such an overview as well was that of Walker and Brewer (2008). However, the determinants of red tape they tested were only focused on the red tape experienced by corporate officers, chief officers and service managers and not on the red tape perceived by frontline officials, while this research focusses on that specific group (care and mentoring staff). Therefore the sources of Bozeman (1993), who described the sources of red tape on a more general level, are preferred here.

Given as well what other scholars like Van Gestel and Hertogh (2006) claimed, that scholars are inclined to measure red tape but not to analyze or explain it, it is not surprising that not that there is little overview of the sources of red tape. Bozeman and Scott (1996) stated something similar, by claiming that scholars tend to focus on the effects rather than the causes of red tape.

Given the limited amount of literature on the sources of red tape and since the determinants of Walker and Brewer (2008) only focus on red tape perceived at higher hierarchical levels, the sources of Bozeman (1993) will be used here. Bozeman (1993) started his overview with distinguishing rule-

inception red tape and rule-evolved red tape. Rule-inception red tape constitutes of rules that are red tape from the moment that they were active, while rule-evolved red tape is about rules that evolved themselves into red tape, but were functional in the beginning. The origins of these two types of red tape are according to Bozeman different as well and therefore he distinguishes five different sources of rule-inception red tape, and eight sources of rule-evolved red tape. Given that he extensively described the, according to him, most important sources of red tape, it seems valuable to discuss them here in totality.

The five different sources of rule inception red tape that Bozeman (1993, p.286-287) tossed are the following:

- 1. Inadequate comprehension:** When the people that make rules have no, or little, understanding of the rules that are needed to achieve certain ends, or the consequences of those rules it is likely that red tape inception will occur.
- 2. Self-aggrandizement and illegitimate functions:** When certain individuals create rules that do not have a legitimate functional object for the organization, but only have value for their own specific certain group or for own individual sake.
- 3. Negative sum compromise:** This is a situation in which compromising rules are created that are supposed to serve too many functional objects of many diverse stakeholders so that it is not able to realize any of the objectives that the rule was created for.
- 4. Overcontrol:** A situation in which policy makers seek to acquire too much control so that it becomes a breeding ground for red tape.
- 5. Negative sum process:** If an organization desperately strives to involve all organizational members in decision making, the obligation to participate in decision making can itself become a source for red tape.

The eight sources that Bozeman (1993, p.287-289) sees as causing rule-evolved red tape are the following:

- 1. Rule drift:** In a situation of rule drift, the pure meaning and the initial idea of a rule gets lost, or changed over time. Often employees lost sense of why the rules were invented in the first place.
- 2. Rule entropy:** This source can be seen as a part of rule drift given that it is as well about the meaning or idea of a rule getting lost. It occurs when a rule need to pass through many organizations/organizational levels/persons and underway lost its essence.
- 3. Change in implementation:** In the case that a rule does not change, but the way people deal with it does, then red tape can develop.
- 4. Change in the functional object:** At the moment that the core reason for initiating a certain rule

changes in a way that makes the rule no longer necessary, a rule becomes red tape.

**5. Change in the rule's efficacy:** The environment in which a rule was once necessary can change as well, if this changes in a way that a rule is no longer needed, a rule becomes red tape.

**6. Rule strain:** Organizations need to be aware of the fact that one can have too many 'good' rules as well, leading to inflation of rules. Employees do only have limited compliance capabilities and organizations need to be aware of that.

**7. Accretion:** At a certain point when the amount of rules keeps on growing, rules can become inconsistent with each other which can lead to more red tape.

**8. Misapplication:** Applying rules in the wrong way is something that can easily lead to red tape. At the moment someone, what can be caused by several reasons, does not know why or how a rule must be applied, the point of having a rule gets easily unclear.

## 2.2 Organizational structure

Since this research aims to understand how the structural elements formalization, centralization and hierarchy are related to the perceived red tape by the care and mentoring staff within long term healthcare organizations, it is at first of importance to discuss how we define the concept of organizational structure. This is fruitful for this research since if one understands the role and importance of the three structural elements under investigation as part of the total organizational structure. Subsequently, the three structural elements formalization, centralization and hierarchy will be discussed and defined as well.

### 2.2.1 Defining the concept of organizational structure

The concept of organizational structures is a widely researched concept under many scholars. (Christensen et al., 2009; L. U. De Sitter et al., 1997; Mintzberg, 1980; Thompson, 2017; Womack & Jones, 1997) which is not surprising given as well the rich amount of research on all the effects organizational structures can have on performance for organizations, including healthcare organizations (Dalton et al., 1980). Achterbergh and Vriens describe the concept of an organizational structure roughly as "a network of related tasks" (2010, p. 213) whereby tasks always consist out of multiple related sub-activities that find their origin within the main organizational activity (Achterbergh & Vriens, 2019, p. 48). Their work is based on the sociotechnical design theory school just like that of De Sitter (1998) who claims that good structures should attenuate the potential for disturbances and amplify regulatory potential to deal with those same disturbances.



Thompson (2017) as well acknowledges that when analyzing organizational structures, one is always involved with a sociotechnical system. He claims the vital components of an organization are determined by the structure of the organization. These components, on their turn, are split up in different segments or departments and are linked to each other in a patterning of relationships. This *“patterning of relationships”* is what Thompson defines as an organizational structure (2017, p. 51). In the eyes of Thompson organizations should be seen as open systems that under conditions of rationality strive for closedness. This means that organizations should implement a structure that enables predictability as much as possible given the organizational environment and the type of primary process leading to certain configurations fitting for specific organizations. This perspective of Thompson, can be seen as fitting within the structural contingency theory, based on the notion that organizations should fit their organizational characteristics to different contingencies to perform better as an organization (Donaldson, 2001). This is a line of thought as well taken within this research, therefore the decision has been taken to limit the scope of the research to the long term healthcare sector to minimize finding many differences in contingency factors. By taking this focus, the transferability of the research results is improved.

Mintzberg as well believes one should take into account contingency factors when designing an organization, he defined organizational structures the following way: *“The structure of an organization can be defined simply as the sum total of the ways in which it divides its labor into distinct tasks and then achieves coordination among them.”* (1979, p. 2)

Overall only small differences were found between all these descriptions/definitions of organizational structures. When summarizing the common elements that were found in all definitions one can see that a structure has something to do with creating tasks, that consist of multiple sub-activities and relating these tasks to each other to perform the main organizational activities. Those elements are close to what rules consist of, they explain what someone must do, which persons are expected to do this, and when they must do it (Bozeman & Feeney, 2011, p. 34). Based on that, the researcher came to the following definition of an organizational structure: *“The sum of all sub-activities within an organization that are assigned to separate tasks, and the way these tasks are coupled to each other in a network of related tasks so the main organizational activity can be performed.”*

### **2.2.2 Formalization, centralization and hierarchy as structural elements**

Organizational structures can be described by making use of certain structural elements that all describe a certain part of the structure of an organization. This is as well how influential researchers within the field of organizational design, like Mintzberg (1980) (he calls these design parameters)

describe organizational structures. The structural elements used in this research, namely formalization, centralization and hierarchy can as well be seen as elements used to describe the organizational structure and as Kaufmann et al. (2018) found, as well three elements of the organizational structure that drive the perceived amount of red tape.

Formalization, defined as behavior formalization, and centralization, defined in the reversed way as decentralization, could already be found as part of the organizational structure in the work of Mintzberg (1980). Lee and Grover (1999) and Mahmoudsalehi, Moradkhannejad and Safari (2012) later even claimed that the concepts of formalization and centralization are among the four most important structural characteristics of an organization. The concept of hierarchy is as well an important one given its relationship to red tape. Especially since we know from prior scholars that the concepts are related to each other. (Kaufmann et al., 2018)

### **2.2.3 Formalization**

The aspect formalization as element of the organizational structure has received major attention in red tape literature (Bozeman & Feeney, 2011). A large part of this attention for the concept of formalization in red tape literature went to the discussion about whether the concepts of formalization and red tape were even different concepts at all (Bozeman & Scott, 1996). Bozeman and Feeney (2011, p. 31) even said that at a certain moment in time Buchanan (1975) used a measurement method of formalization to measure the concept of red tape. Pandey and Scott (2002, p.564) believe that the only reason they did this in the past, is because the distinction between red tape and formalization only recently became more clear. The concept of red tape symbolizes the negative effects of rules and procedures, while for formalization this isn't necessarily the case (Pandey & Scott, 2002, p. 567). Since this research tries to understand what underlying patterns cause the relationship between formalization and perceived red tape by care and mentoring staff it is of vital importance to make crystal clear what we understand of formalization, so it will not be confused with the concept of red tape.

As stated earlier, the structural element of formalization was already mentioned in the work of Mintzberg (Mintzberg, 1980, p. 325) who described out of what different structural elements (that he calls design parameters) an organizational structure exists whereby 'behavior formalization' is one of them. According to him, this is *"the design parameter by which work processes are standardized, through rules, procedures, policy manuals, job descriptions, work instructions, and so on."* Hage and Aiken (1967) claimed that the concept of formalization consisted of both job codification and rule observation. Job codification means that one's behavior is restricted by certain rules that force them

to act in a certain way, and rule observation is about whether the organization checks if employees adhere to their rules.

Just as Mintzberg and Hage and Aiken, Pugh et al. (1968, p. 75) tried to define the concept of formalization. They wrote that formalization can be seen as *“the extent to which rules, procedures, instructions, and communications are written.”* The three mentioned definitions have in common that they all state that formalization is about rules or instructions and therefore guiding behavior in a certain way. The main difference lies in the fact that Pugh et al. (1968) say that one important part of formalization is that the valid rules are written down, and Hage and Aiken (1967) see rule observation as well as an important part of formalization. Given that the definition of Pugh et al. (1968) seems to be more accepted by other red tape scholars, given its wider use in literature (Bozeman, 1993; Dehart-Davis, 2009; Kaufmann et al., 2018) this definition is used, although slightly changed, in this research.

Defining formalization exactly the way Pugh et al. (1968) did would imply that one focusses on some sort of exact number that differentiates the percentage of written- or unwritten rules, procedures etc. which is not realistic given how most scholars measured formalization. Kaufmann et al. (2018) as well measured the concept by asking respondents what their perception of formalization is. Therefore the following definition for formalization is used in this research: *“the extent to which employees perceive that rules, procedures, instructions, and communications are written.”*

Now it is clear what we perceive as formalization in this research, the distinction between formalization and red tape can be made as well. As mentioned earlier in the red tape paragraph, red tape is always perceived as unnecessary and burdensome by a certain group, while this is not necessarily the case for formalization, since this is a more neutral concept. Another difference between the concepts is that formalization is always about written rules and it thereby excludes unwritten rules, while the definition of red tape used in this research does not exclude unwritten rules.

#### **2.2.4 Centralization**

As was mentioned in the introduction of this paragraph, Mintzberg (1980, p. 326) already tossed centralization as an important element of the organizational structure, but then in the reversed way, namely decentralization. He mentioned decentralization could be seen in two ways, it could be both about horizontal decentralization and vertical decentralization. Hereby vertical decentralization is about *“the extent to which formal decision making power is “delegated” down to the chain of line authority”* and horizontal decentralization is about *“the extent to which power flows informally outside this chain of line authority”*. Although Liao et al. (2011, p. 730) did not make this distinction between horizontal and vertical (de)centralization, their main idea of what centralization means is basically the

same. They define centralization as: *“the degree to which the right to make decisions and evaluate activities is concentrated”* This concentration of power can then be seen both on a horizontal and a vertical way.

However, other, smaller, definitions of centralization are used to describe the concept as well. For example in the work of Mahmoudsalehi et al. (2012, p. 521) the following definition of centralization is mentioned: *“the extent to which decision-making power is concentrated at the top levels of the organization”* This definition only takes the vertical type of decentralization into account. This is in line with how Kaufmann et al. (2018, p. 238) used the concept of centralization. They see centralization as *“the upward locus of power in an organization”*. Given that this research builds on the work of Kaufmann et al. and wants to understand how centralization, and perceived red tape, especially by care and mentoring staff, are related it seems wise to stick close to how Kaufmann et al. see centralization in their research. Especially given that Kaufmann et al. found a relationship between this vertical form of centralization and perceived red tape and not necessarily between horizontal centralization and perceived red tape. Therefore this research sees centralization only as vertical centralization and adopts the largest part of the definition of Mahmoudsalehi et al. (2012, p. 521).

The definition is slightly changed to emphasize that, just as formalization, centralization is a concept that is measured as perception of the employees. This is as well in line with Kaufmann et al. (2018) given that they measure centralization by asking respondents on their opinion on several statements that represent the concept. Therefore, the following definition of centralization is formulated and used in this research: *“the extent to which employees perceive that decision-making power is concentrated at the top levels of the organization”*.

### **2.2.5 Hierarchy**

As Walker and Brewer (Brewer & Walker, 2010) already found, the hierarchical level where someone works is related to the perceived amount of red tape by employees. More specifically, prior scholars found that the most perceived red tape can probably be found on the lowest hierarchical level (Jacobsen & Jakobsen, 2018; Walker & Brewer, 2008, p. 1123). That is as well why this research focusses on the perceived red tape of the frontline employees within the long term healthcare sector. Walker and Brewer even found that the higher hierarchical levels partly cause the perceived red tape on the lower level (Brewer & Walker, 2010).

However, the fact that there are differences in perceived red tape between different levels is not the focus of this research. This research focusses in line with Kaufmann et al. (2018) on the relationship between the level of hierarchy and perceived red tape, whereby this research takes an even more

concrete focus on the perceived red tape of care and mentoring staff. This is given that different sectors might need different structures to be effective (Mintzberg, 1980; Thompson, 2017) and given the problems around too much regulation within the long term healthcare sector (*Actieplan (Ont)Regel de Zorg*, 2018).

Although the relationship between many managerial layers and perceived red tape is known, getting rid of this hierarchic way of thinking about organizations is not necessarily the best solution given the importance of hierarchical systems. Jaques (1990, p. 129) explained that we need a certain degree of hierarchy to organize all our employees in a system that is capable of holding people accountable to do the job they are supposed to do. Next to that he even said *“managerial hierarchy is the most efficient, the hardest, and in fact the most natural structure ever devised for large organizations”* (1990, 127).

But what then actually is a very hierarchical organizational structure and how does it differ from a non-hierarchical organization structure? Porter and Siegel (1965, p. 379) called these ‘tall’ and ‘flat’ organization structures and defined the difference the following way: *“A flat organization structure is defined as one in which there are relatively few levels of supervision per a given organization size, whereas a tall organization structure contains relatively many levels of supervision per a given size”* Carzo and Yanouzas (1969, p. 178) as well defined this difference between flat and tall structures whereby one could say a non-hierarchical organization has *“a flat organizational structure with a wide span of supervision”* and a hierarchical organizations is a *“multilevel organization with a very narrow span of supervision”*.

Additionally, one needs to differentiate between the formal hierarchy and the perceived hierarchy within organizations as it might be the case that the formal hierarchy of managers and subordinates is not in line with how people actually act, since employees can, as Achterbergh and Vriens call it, ‘side-step’ the hierarchy (Achterbergh & Vriens, 2019, p. 36). Jaques (1990, p. 131) as well found that there is a difference between the hierarchy as how it is described in an organization chart, and the hierarchy as how employees perceive it (1990, p. 131). Kaufmann et al. (2018, p. 239) decided in line with other scholars to focus on the perception of the amount of hierarchy. Hereby the idea is to ask employees how they perceive whether their workplace is hierarchical or not instead of focusing on an objective number of managerial layers. Since the aim of this research is to investigate the relationship that Kaufmann et al. found between hierarchy and perceived red tape, but now for a specific group (care and mentoring staff), it is important to stick close to the way they conceptualized hierarchy. Therefore this research focusses on the perception of care and mentoring staff about how hierarchical their organization is.

Given that this research defines organizational structures as hierarchical based on the perception of care and mentoring staff, and based on the difference between hierarchical and non-hierarchical (or flat and tall) structures as described above, the following definition of hierarchy for this research is formulated: *“The extent to which employees of an organization perceive that their organization has a structure with many managerial layers given its size and a narrow span of supervision”*

### **2.3 Relation between formalization, centralization, hierarchy and perceived red tape**

Before coming to a tentative model that can be used for this research the most important sources of red tape described within this research are discussed in relation to the three structural elements formalization, centralization and hierarchy. Based on the available knowledge on the three structural elements and (sources of) red tape, some rough (tentative) ideas on the underlying patterns of the relationship between the three structural elements and red tape will be discussed. The focus is on the sources of red tape that Bozeman described. Those sources were not earlier directly related to all three structural elements under investigation in this research, but could nevertheless function as important, guiding topics in this research.

A keen reader will notice that in the following paragraphs the following sources of red tape: overcontrol, rule drift, change in implementation, change in functional object and change in rule's efficacy that Bozeman (1993) described were not used as sources of red tape that could possibly help clarify the relationship between the three structural elements and perceived red tape. The researcher excluded these sources of red tape deliberately because, based on common sense, there was no believe that these sources of red tape are related to the three structural elements under investigation.

#### **2.3.1 Formalization and perceived red tape**

If one believes that every rule has a certain probability to be, or to become, red tape within an organization then that could explain the causal relationship between formalization and red tape. In other words, when one adds more written rules employees have to follow there is a higher probability that there is more red tape as well within organizations (Bozeman, 2000). This could as well explain the positive relationship that Kaufmann et al. (2018) found between the concepts of formalization and red tape.

However, when Borry (2016) tested this relationship with his three-dimensional scale of red tape he found a negative relationship between formalization and red tape. These conflicting results on the relationship between formalization and red tape make it an even more interesting case to look more

closely at the underlying patterns of the relationship between formalization and red tape. The suggestion to look at whether there are organizations with high formalization but not a lot of red tape, or organizations with low formalization and a lot of red tape was already tossed by Bozeman (1993, p. 299) because he believes it can help us with understanding the boundaries between formalization and red tape. The results of the study of Borry (2016) give reason to believe that the relationship between formalization and red tape indeed is more than just a simple probabilistic one. One explanation that Borry (2016) gives is based on the idea of DeHart-Davis (2009) that effective rules, called green tape by DeHart-Davis, do have in common that they are written. If one perceives formalization as adding more written rules that means more formalization could lead to more green tape and not necessarily to more red tape.

Rule strain, a variable Bozeman (1993) identified as a source of red tape is a variable that could possibly help explain the relationship between formalization and perceived red tape. Rule strain means that if one creates too much rules, rule inflation can develop itself and although rules might be good, there might be too many of them which diminishes the value of the other rules. This could as well be a reason why more formalization, so more written rules, can lead to more red tape, without it being just a probabilistic relationship whereby always an x percentage of a set of rules eventually becomes red tape.

Another interesting source of red tape mentioned by Bozeman is accretion (Bozeman, 1993), a variable explaining that when one adds more rules, it gets harder to let all those rules together fit in a working system. It is the idea that formalization, so adding more written rules, could as well be positively related to the variable accretion (Bozeman, 1993). Given that the more written rules one adds, the more complex it could get to make them all fit together in a working system.

The researcher has the idea that when an organization has more formalization, it might be reasonable to expect that rules will be applied less often in the wrong way. When it is written down for employees how they should behave, the assumption is that it is easier to know how to follow a rule and act according to it.

### **2.3.2 Centralization and perceived red tape**

As Kaufmann et al. (2018, p. 238) argued, little is known about how the structural element centralization has an influence on perceived red tape. However, in this paragraph an attempt is done to describe some sensemaking ideas on how the concepts could be related to each other based on available literature.

In an organization with high centralization, the decision making power lies at the top of the

organization (Mahmoudsalehi et al., 2012) so that means that the persons that make the call for rule decisions, are as well the persons that are the furthest away from the work floor. Given the distance, it sounds reasonable that it is harder for this group to adequately understand the relationship between a new rule and the consequences of it when it has to be applied on the working floor. Based on this reasoning, it makes sense believing that it could be the case that when the amount of centralization gets higher, the amount of inadequate comprehension as described by Bozeman (1993) gets higher as well, and that can lead to more perceived red tape. One could argue that inadequate comprehension could as well be related to the variable of the negative sum compromise that Bozeman described (1993), since the less understanding of a variable there is, the more likely it will be that bad compromises will be made.

The same goes for the possible source of red tape that was described by Bozeman (1993) as self-aggrandizement and illegitimate functions, meaning that a rule is created that is only in the interest of a selective group or person. From prior research is known that a desire for personal goals can be a motive to abuse power (Kipnis, 1984). Given that in centralized organizations a select group with their own personal goals is in charge to make decisions about rules, in these types of organizations it gets easier for managers to abuse their power to realize personal goals instead of serving the interests of the care and mentoring staff which could as well lead to more perceived red tape for them.

On the contrary, when there is extremely low centralization and all employees are involved in decision making, one could as well argue that the negative sum process as described by Bozeman (1993) can lead to red tape as well. It would mean that the employees believe they are too much involved in the decision making process, and therefore experience it as red tape.

The last idea on the relationship between centralization and red tape is that centralization in organizations could have as a consequence that employees on the work floor will sooner apply rules the wrong way. This is given that the work floor employees didn't have the opportunity to sit at the table when the managers bespoke why a rule is added. Therefore one could as well argue that the concepts of misapplication and centralization have something to do with each other.

### **2.3.3 Hierarchy and perceived red tape**

The idea that more hierarchical levels can lead to more red tape could as well be in line with one of the sources of red tape that Bozeman (1993, p. 288) identified, namely rule entropy. The more often rules need to be passed to another hierarchical layer, the more likely it is that rules can lose their meaning and therefore be perceived as red tape. Assuming that within more hierarchical organizations



rules need to be passed through more often due to more hierarchical levels , it is as well interesting for this research to focus on this ‘loss of meaning’.

The last discussed source of red tape of Bozeman (1993) that one could, based on common sense, link to the structural element hierarchy is misapplication. The idea is that in more hierarchical organizations it gets harder to pass over a rule the right way to your personnel. This is given that the rules need to pass several managerial layers before the rules get to the personnel who must apply these rules, and every time a rule needs to pass a certain hierarchical level, the ‘story’ or rule can be slightly changed.

## 2.4 Tentative conceptual model

In the last paragraph possible relationships between the structural elements and red tape were described by making use of several other sources of red tape as described in literature. However, given the extremely speculative nature of these arguments it is decided only to create a tentative conceptual model based on the work of Kaufmann et al. (2018). This tentative conceptual model serves as a fundamental starting point for investigating the relationship between the three structural elements and perceived red tape by care and mentoring staff within long term healthcare organizations. The current tentative model (see figure 1) contains three question marks that indicate that it is still unclear ‘how’ the concepts under investigation are related to each other. During the research process this tentative model is improved and made more concrete to get a better understanding of how the relationship between the concepts formalization, centralization, hierarchy and perceived red tape by care and mentoring staff actually works.

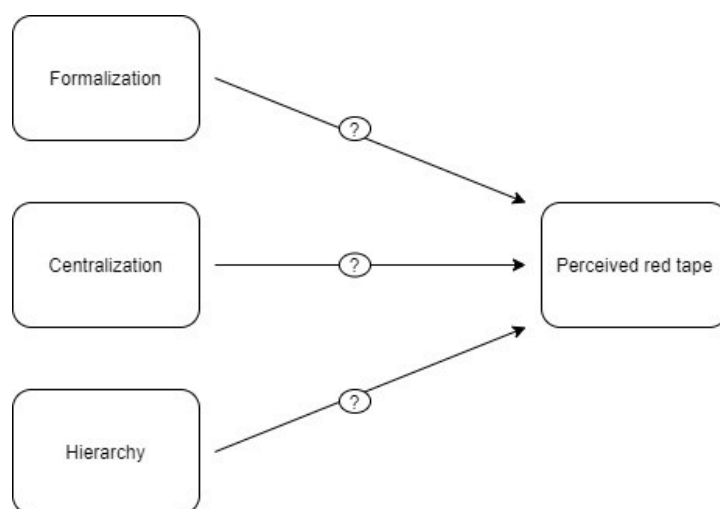


Figure 1 – Tentative conceptual model

### 3. Methodology

Within all research it is important to find an answer on *“the question how to best acquire knowledge”* (Vennix, 2019, p. 13). To understand how the relationship between formalization, centralization, hierarchy and perceived red tape by care and mentoring staff of long term healthcare organizations works, it is as well of vital importance to describe what methodology can best be used to answer this question. Within this chapter, that is split up in several paragraphs the most important elements of the research methodology will be discussed in order to explain how this research is build up and has been conducted.

#### 3.1 Research strategy

An important decision that one has to make in a research strategy is whether a qualitative- or a quantitative research approach is chosen. Qualitative research is about finding and analyzing linguistic material to be able to learn more about a social phenomenon, while quantitative research is about finding and analyzing numerical data to say something about a phenomenon (Bleijenbergh, 2013, p. 10). When one aims to understand deeper underlying mechanisms of a relationship, including the why behind how people, like in this case care and mentoring staff, feel or think in certain ways, quantitative research is less suited to provide this information while qualitative research is. (Goertzen, 2017, p. 12). Therefore, since this research wants to understand how the underlying mechanisms of the relationship between formalization, centralization, hierarchy and the perceived red tape of care and mentoring staff works, qualitative research sounds as the most suited method for this research. It enables the researcher to gather richer data on what and why care and mentoring staff perceive something (red tape) and can therefore help develop a theory on the relationship between the three structural variables under examination and perceived red tape by the care and mentoring staff.

Another important decision related to the research strategy is the decision between inductive and deductive research. In order to explain what decision has been made for this research the two different concepts will first be explained. With inductive research one strives to develop a new theory of how a certain phenomenon works by trying to find patterns and relationships within the data, while with deductive research one tries to test whether a certain assumption or theory is right or wrong (Cypress, 2019, p. 267). This research is not situated on one of these two extremes, but is rather located somewhere on the tipping point between them. In a certain way it has deductive characteristics given that it works further on existing knowledge of prior scholars that found that formalization,

centralization and hierarchy can be drivers of perceived red tape (Kaufmann et al., 2018). However, one can as well argue it belongs to the group of inductive researches given that the aim of the research is to develop new theory of how this relationship actually works. Actually both are true, but for this research the decision has been taken to take the latter as leading logic for conducting the rest of this research, without claiming that the research does not contain any deductive characteristics.

The inductive approach is taken as leading since this research wants to prevent being too shortsighted in its process. Given that it is unknown whether the sources of red tape that were found in literature are even related to the three structural elements, and if they are it is still unknown whether they cover the whole story of how the three structural elements and perceived red tape are related to each other it makes sense taking a more inductive approach. However, as earlier stated, this research is not situated on one of the two extremes and therefore as well still has deductive characteristics, for example, as will be discussed later, by using a template analysis approach.

### **3.2 Sensitizing concepts and topics**

In a case where one would follow the norms of ultimate forms of inductive research, like within the grounded theory approach of Glaser and Strauss (1967) one should not make use of any prior theory. When one operationalizes all concepts beforehand based on prior literature one could as a consequence overlook important new information during the rest of the research process. However, not all inductive researchers accept this idea that one should completely ignore existing theory. There is as well a stream of scholars who believe one can use theory to formulate sensitizing concepts that can give some direction while still enabling the researcher to keep an open view (Bleijenbergh, 2013, pp. 42–43). This is as well the view that is taken here since, as mentioned in paragraph 3.1 this research is situated somewhere on the tipping point between inductive and deductive research. In line with the latter stream of scholars, this researcher believes it would be a waste of knowledge when the current literature would be completely ignored. Therefore a list with sensitizing concepts and topics, as well partly based on knowledge from prior scholars, is created that can help guide this research while still keeping an open vision on how the three structural concepts and perceived red tape by care and mentoring staff within long term healthcare organizations are related.

Four relevant sensitizing concepts are described for this research which are perceived red tape, formalization, centralization and hierarchy. To help steering the observation process of the researcher several relevant topics were added for the four sensitizing concepts. All sensitizing concepts with corresponding topics can be found in table 1. Creating this topic list is of importance because the interview guideline, that can be found in appendix 1 (English version) and 2 (Dutch version) is based

on these topics to make sure the sensitizing concepts are discussed properly.

The first two topics that are being used for the concept of perceived red tape are burdensomeness and necessity of rules. These topics are based on how the concept of perceived red tape is viewed within this research which can be found in the way perceived red tape is defined in this research. Two vital elements of this definition are that red tape consists of rules, regulations or procedures that have a compliance burden and are being perceived as not serving a valuable object. These two topics related to perceived red tape can help to identify red tape. The other topics related to perceived red tape are the 8 sources of red tape of Bozeman (Bozeman, 1993). These topics are relevant following the arguments as presented in chapter 2.

The topics related to the other three sensitizing concepts are as well mostly based on the way the sensitizing concepts are defined in this research. For the sensitizing concept formalization the researcher therefore uses 'written rules, procedures, instructions and communications' as a topic.

For centralization, three topics are distinguished, namely freedom to act, freedom to decide and an encouraging decision making environment. These topics are based on how Kaufmann et al. (Kaufmann et al., 2018) in their research made centralization measurable. Although this research does not aim to exactly 'measure' the concept, it still can use this distinction to help make this sensitizing concept more easily discussable and to help in guiding the research process.

The sensitizing concept of hierarchy is split up in two topics, namely managerial layers and span of supervision. These two topics that describe important elements of hierarchy are based as well on the way we define this sensitizing concept in this research.

Sensitizing concepts	Topics
Perceived red tape	Burdensomeness of rules
	Necessity of rules
	Inadequate comprehension
	Self-aggrandizement and illegitimate functions
	Negative sum compromise
	Negative sum process
	Rule entropy
	Rule strain
	Accretion

	Misapplication
<b>Formalization</b>	Written rules, procedures, instructions and communications
<b>Centralization</b>	Freedom to act
	Freedom to decide
	Encouraging decision making environment
<b>Hierarchy</b>	Managerial layers
	Span of supervision

Table 1 – sensitizing concepts and topics

### 3.3 Case selection

As mentioned earlier, this research wants to understand how the concepts of formalization, centralization and hierarchy are related to perceived red tape by care and mentoring staff within long term healthcare organizations. Especially given the relevance of the theme of red tape within this sector (*Actieplan (Ont)Regel de Zorg*, 2018; Van de Bovenkamp et al., 2017) this research is very interesting. Within this research the focus is, as earlier stated, on the frontline employees within the healthcare sector which means that the focus is on the care and mentoring staff. Focusing on this group is relevant since frontline employees perceive the most red tape of all hierarchical layers. (Jacobsen & Jakobsen, 2018; Walker & Brewer, 2008, p. 1123)

The research is held in the form of a multiple case study. The advantages of a multiple case study are that it can help getting more insight into certain patterns and it makes theory building stronger (Bleijenbergh, 2013, p. 38) which can be conducive for the quality of this research. Although it might sound striking, for this study the long term healthcare organizations in which the care and mentoring staff work are not taken as the cases used for this multiple case study. As was mentioned, formalization, centralization, hierarchy and red tape are all defined as perceptions of employees. That means that within this research the researcher focusses on how the perception of employees on the three different structural elements is related to how employees perceive red tape. The structural elements are not describing the factual amount of formalization, centralization or hierarchy, if that even would be possible, but rather focus on how the care and mentoring employees experience it. Therefore, this research takes the individual care and mentoring employee within the Netherlands as well as the case level. By taking the individual employee instead of the organization as the case level,

it is prevented that in the analysis phase the researcher has to form an opinion on how formalized, centralized or hierarchical certain organizations are based on the, possibly contrasting, opinions of care and mentoring employees. For the aim of this research it is better if this judgement stays with the care and mentoring staff, since that fits better with the subjective nature of the used sensitizing concepts.

According to Swanborn (2013, p. 76-77), when cases need to be picked for a research several important questions arise, like how many cases are needed, how can one find those cases and based on what criteria is it decided to incorporate cases into the research? To start with the latter, for this research it is hard to select cases based on differences or similarities on the sensitizing concepts given the subjective nature of them. It is impossible to select a specific care or mentoring employee based on their perception (of formalization, centralization, hierarchy or red tape) on forehand. Therefore the only criteria that is used, is that the participants must indeed work as care or mentoring employee within a long term healthcare organizations within the Netherlands. Long term healthcare organizations are being seen within this research as all GGZ- (mental healthcare), GHZ- (care for disabled people) and VVT organizations (nursing, caring and homecare) within the Netherlands. For finding these cases, the network of the researcher, and that of consultancy firm Berenschot was deployed. The first question Swanborn (Swanborn, 2013, p. 76-77) tossed about the number of cases needed, will be discussed in paragraph 3.5 about the method of data collection.

### **3.4 Data source selection**

According to Verschuren and Doorewaard (2007) one can distinguish 5 different sources of data namely persons, documents, social situations and media. Within this research only persons, namely care and mentoring employees, are being used as a data source. Since this research focusses on four sensitizing concepts that are all defined as perceptions of persons (perceptions of formalization, centralization, hierarchy and red tape) it as well makes sense that persons are taken as the core data source for this research.

Given the research question that is being used in this research: *“What is the relationship between the structural elements formalization, centralization and hierarchy and perceived red tape by care and mentoring staff of long term healthcare organizations?”* the care and mentoring staff of long term healthcare organizations, can be seen as the most valuable source of information that can help formulate an answer on the research question. They are the actual employees that have a perception of all relevant sensitizing concepts as described in this research and therefore should contain a lot of relevant information on how their perceived red tape could be related to the structural elements under investigation.

Fifteen care and mentoring employees from five different organizations have contributed to this research with an interview. An overview of the (anonymized) organizations and the participants can be found in table 2. Unfortunately, not every long term healthcare sector had an equal contribution to this research. There were eleven GHZ interviewees, four VVT interviewees and zero GGZ interviewees that participated in this research. Due to the coronavirus it was hard to get in touch with care and mentoring employees and to convince them to participate, which made that the researcher had to accept at a certain moment that a more equal distribution was not feasible.

Organization	Sector	Number of participants	Functions of participants
A	GHZ	1	<ul style="list-style-type: none"> <li>• Personal mentor</li> </ul>
B	GHZ	5	<ul style="list-style-type: none"> <li>• Ambulant worker and group worker</li> <li>• Coordinating and individual mentor</li> <li>• Coordinating mentor</li> <li>• Personal mentor</li> <li>• Personal mentor</li> </ul>
C	VVT	3	<ul style="list-style-type: none"> <li>• Care and coaching worker</li> <li>• Head nurse</li> <li>• Care worker somatic department</li> </ul>
D	GHZ	5	<ul style="list-style-type: none"> <li>• Ambulant worker</li> <li>• Family mentor</li> <li>• Healthcare worker on a day center</li> <li>• Coordinating pedagogic worker and ambulant worker</li> <li>• Ambulant worker and behavior specialist</li> </ul>
E	VVT	1	<ul style="list-style-type: none"> <li>• Individual healthcare worker</li> </ul>

Table 2 – information about participants

### 3.5 Method of data collection

Within this research, data was gathered by making use of interviews with care and mentoring staff of long term healthcare organizations. Interviews are considered to be a reliable gateway to what is happening in organizations and to values and beliefs that people in these organizations hold (Alvesson & Ashcraft, 2012, p.240). This research is interested in the deeper perceptions and beliefs of employees in organizations about formalization, centralization, hierarchy and red tape. In this end, interviewing seems a suitable approach to gather data.

The chosen research purpose is of vital importance in deciding how structured- or unstructured an interview is designed. (Alvesson & Ashcraft, 2012, p. 247). Given this research balances on the tipping

point between inductive and deductive research semi-structured interviews were held. This indicates that a basic set of open-ended questions was formulated beforehand, just as the order in which these questions were asked during the interview, but that there was as well room for the interviewer to react on the interviewees responses (Vennix, 2019, p. 216). Within qualitative research it is as well advisable to have some form of structure in interviews, because without this, it is hard to ever reach the point of data saturation, at which no new information arises from the data (Guest et al., 2006, p. 75). By doing the interview in a semi-structured form, the researcher was enabled to discuss both relevant topics that came up from literature and as well freely discuss other relevant topics that came up during the interview.

Additionally, in order to reach the point of data saturation 15 interviews were conducted. This is considered a sufficient number given that it is three more than the number of 12 interviews that Guest et al. (2006) expect to be sufficient in most cases. This was done to prevent that, when some interviews would not offer sufficient information, there would still be three 'buffer' interviews so the point of data saturation could still be reached.

All interviews held in this research were conducted digitally or via telephone. Due to the current corona virus that faces our society, physical face-to-face interviews were no longer optional during the time span of this research. Especially since this research focusses on care and mentoring staff, a group of employees that is responsible for taking care of those who are sick or vulnerable, taking interviews with them physically would have been ethically irresponsible. However, this was not problematic, since telephone interviews can as well be very helpful to gather data in qualitative research (Sturges & Hanrahan, 2004). Sturges and Hanrahan (2004), who conducted a research making use of both physical face-to-face- and telephone interviews did not even find significant different results between the two interview methods. When interviewees were open to that, digital tools for video interviewing were as well used which have the advantage that both verbal and some non-verbal expressions of interviewees can be seen (Janghorban et al., 2014).

All interviews started with a small introduction wherein the researcher and the interviewee got to know each other. This as well allowed the researcher to learn something more about the function that the employee exercises. After that the first formal questions started about the relevant topics related to the several structural elements. This allowed the researcher to get to know something more about how the interviewee perceives these structural elements within the organization. In the next section of the interview attention was paid to the sensitizing concept of perceived red tape. The conversation about this did start with how the interviewees perceived red tape in his/her organization at that moment. Following on that the researcher wanted to hear as much experiences of red tape as the



participant could come up with and wanted to hear what sources triggered the emergence of this red tape.

In this phase the more open part of the interview started. The sources of red tape the interviewee came up with were tried to be related to the topics already distinguished which could help guiding the researcher to asking the right questions as to how these sources of red tape are coupled to one of the three structural elements (or the topics related to them). When sources of red tape came up that were not yet described as one of the topics of the sensitizing concept of perceived red tape, then based on the story of the participant questions were asked to the respondent to understand how, if so, the source could be related to one of the structural elements under discussion.

The interview ended with a set of three questions on how the interviewee sees the relationship between the discussed sensitizing concepts / topics and the amount of red tape he or she experienced within the organization. This has been considered to be of help as well since it is was interesting to hear how the interviewees thought about the main questions of this research. One can as well find the complete interview guideline in appendix 1 (English version) and appendix 2 (Dutch version).

### **3.6 Methods of data analysis**

After all interviews were held, the interviews were completely transcribed based on the audio records. These transcribed interviews form the core of the information base that was needed to formulate an answer on the research question. To reach the answer on this research question a fitting data analysis approach has been chosen which is template analysis. Template analysis is defined by King (2012, p. 426) as *“A style of thematic analysis that balances a relatively high degree of structure in the process of analyzing textual data with the flexibility to adapt it to the needs of a particular study”*. As mentioned in paragraph 3.1, this research finds itself in the grey area between a completely inductive and a completely deductive study. This makes template analysis as described by King such a well suited method for this research. Template analysis enables the researcher to make use of prior topics and knowledge on the sensitizing concepts of the research during the analysis, but as well leaves room for unexpected themes that emerge during the coding process.

To code the collected data, by using template analysis, a slightly adapted version of the steps Fereday and Cochrane (2006) presented was used. The six steps that Fereday and Cochrane present in their paper are the end result of merging and adapting the inductive approach of Boyatzis (1998) and the more deductive a priori template approach of Crabtree and Miller (1999). The five most relevant steps of the approach were used.

The first step was the development of an a priori template of a code manual. This template is based

on the topics as described in paragraph 3.2. The development of those a priori codes is in line with Boyatzis' (1998) approach who identifies codes by a code name, a definition of what a theme is about and a description of when a certain theme occurs.

The second step of Fereday and Cochrane (2006) that has been used is the summarization of data and thereby identifying initial themes. For this step, short summaries of the answers on all key questions within the interviews were made to find new themes that were not found until then. As Boyatzis claims, when one summarizes or paraphrases data, this as well helps the researcher to be better able to process all information (Boyatzis, 1998, p. 45). These summaries can be found in appendix 4.

Within the third step the coding of all transcribed interviews took place. To code all transcribed interviews, the researcher made use of the tool ATLAS.ti which supported the process of coding and was helpful as well with categorizing and analyzing the data in a later phase. The third step consists of two elements. At first the codes from the template code manual (see appendix 3) were applied to the actual data, in order to match the a priori codes with relevant segments within the text. The second element of this step is that the first order themes that were developed more inductively are as well coupled to relevant parts of the data that describe this new first order theme. It is important that these new first order themes are clearly different from the codes developed in the template code manual or that they really add something new to these codes (Fereday & Muir-Cochrane, 2006). An overview of these first order codes, together with an illustrative quote and explanation of it can be found in appendix 5.

In the fourth step the found codes were connected to each other to identify relevant second order themes (Fereday & Muir-Cochrane, 2006). The analysis function of ATLAS.ti enabled the researcher to compare the codes of all interviews in a structured way. By placing the interviewees on the X-axis and varying (sets of) codes on the Y-axis the researcher was able to compare text fragments of interviewees with each other on (a) certain code(s), and to compare different codes with each other to find differences, similarities and certain patterns.

These differences, similarities and patterns formed the core to come to second order themes (more aggregated themes) based on the earlier first order themes. These overarching themes helped discover how the three structural elements, formalization, centralization and hierarchy are related to perceived red tape by care and mentoring staff within long term healthcare organizations, that the researcher was looking for. This clustering of first order themes into second order themes can be found in appendix 6.

In the last step, the researcher critically scrutinized all previous steps again to make sure that the

results stick close to what the interviewees said, and to prevent that the researcher only writes down what he expected to see on forehand based on unconscious expectations (Fereday & Muir-Cochrane, 2006).

### **3.7 Research quality**

To assess the quality of this research, the researcher made use of several methodological criteria. The first, and according to Bleijenbergh (2013) as well the most important criteria, is internal validity. The internal validity of a research indicates whether the instruments one uses actually measure what one wants to measure. The theoretical framework, and especially the used definitions of the actual sensitizing concepts formalization, centralization, hierarchy and perceived red tape, were incredibly important to ensure this. This made sure that for the researcher, during the whole research, it was clear what certain sensitizing concepts entail. The danger lied in the interviews were interviewees might misunderstand certain questions. When the researcher had the feeling this was happening, he tried to help the interviewee to understand the topic or question better.

One must as well be aware that the interviewees could tell their favorable truth instead of the actual truth (Alvesson, 2011; read in Alvesson & Ashcraft, 2012, p.245), since this could have heavy implications for the internal validity. The researcher was sharp on this, and took this as well into consideration for the actual results and the discussion.

Reliability is as well a criterion that is used for assessing the quality of research. However, within qualitative research this one is often replaced for controllability of the data gathering process (Bleijenbergh, 2013, p. 111). To deal with this criterion, all interviews were transcribed completely. In this way others interested in this research can read exactly on what data the research is based, and how it is collected during the interviews.

The criterion of external validity is often hard for qualitative researches given the small amount of cases investigated (Bleijenbergh, 2013). Therefore Guba and Lincoln (1989) used a parallel quality criteria for qualitative research which is transferability. Transferability is not about whether results can be transferred to all likewise contexts. It is about providing such a thick description that others can, based on your findings, judge whether the results are applicable to their own context as well. This thick description is generated in this research by making the data gathering and analysis phase as transparent as possible, and thereby providing insight into all (sub-)steps taken during the research.

The last criteria dependability is about how the researcher makes sure that all methodological choices that were made during the process, are written down to enable everyone to evaluate the research(-decisions) (Symon & Cassel, 2012, p. 207). This is ensured, as one can read as well in the

data-analysis paragraph. All steps in the analysis phase are described so readers can follow what decisions were made based on what information.

### **3.8 Research ethics**

Just as social research became more matured than ever, so is the current awareness of the importance of conducting research in a proper, ethical way (Holt, 2012). For a scholar to be ethical, one must always question whether one speaks the truth, if one acts fair and if what one does is the wise thing to do (Pimple, 2002, p. 192). As one believes social scientists have the intent to make a better place of this world, one might as well expect from them that they prevent harming individuals, communities or their environment by conducting unethical research. On the contrary, ethical research can help us to protect others, doing less harm, and making the 'sum of good' as high as we possibly can (Israel & Hay, 2006). Holt (2012) came up with a list of virtues that are important for scholars to keep in mind to conduct research in an ethical manner. The virtues that are perceived as most relevant for this research will be discussed.

The first important virtue of Holt (2012), that is discussed in the context of this research, is that one should be sensitive in the way one deals with relationships and data. It is especially in this research incredibly important to take into account that the information interviewees share should be dealt with caution. Participants shared sensitive information during the interviews about how they think about certain aspects of their organization of which they do not want it to be public. Therefore the researcher assured anonymity to the interviewees and stored all audio recordings and transcripts on a personal computer with a password no one else then the researcher knows.

Within this light, honesty, another virtue described by Holt (2012) is as well very important for this research. Therefore this research provided full disclosure to all interviewees. That means that they all were reassured during the interview that they could withdraw their participation in this research at any moment in time, and that they as well allowed to see all results. Next to that they were informed on the duration, purpose, and their further role within the research as can be read in the interview guide in appendix 1 and appendix 2.

The last virtue of importance is deliberate conversation as described by Holt (2012). To ensure all interviews are deliberate conversations, silences were appreciated and interviewees received all time they needed to formulate their answers. At the start of the interview, interviewees were put at ease by introducing the aim of the interview briefly at first and by continuing the interview with getting to know each other after that.

## 4. Results

This section provides relevant insights into the most important findings from the interviews that were held. Based on these findings it became possible to formulate a suiting answer on the research question that was formulated in the first chapter: *“What is the relationship between the structural elements formalization, centralization and hierarchy and perceived red tape by care and mentoring staff of long term healthcare organizations?”* Since the research question consists out of three different structural elements, this chapter will as well be split into these three different elements to give some more structure discussing the most important findings.

### 4.1 Formalization

During the interviews it became more and more clear that the relationship between formalization and perceived red tape for care and mentoring staff of long term healthcare organizations is not as simple as described earlier in the tentative conceptual model. The interviewees that were asked about their ideas on the structural parameter of formalization all gave varying answers on the question how they experience the amount of formalization within their organization and whether or not formalization is positively related to the amount of perceived red tape. The most dominant themes that came forward during the interviews will be discussed in this paragraph.

As discussed in chapter three, all interviews started with the theme of formalization and what care and mentoring staff interviewees actually think about the formalization in their own organization. Given, among others, the work of Kaufmann et al. (2018) who found formalization to be a driver of the amount of red tape in organizations, it was expected that during the interviews the emphasis would lay more on the negative, then the positive side of formalization. However, quite diverse stories were told that pointed out as well the negative as the positive aspects of formalization, and as well how that related to the amount of perceived red tape.

The researcher opted to start with the positive side of formalization in relationship to the perceived red tape since he believes it is important to explain at first why formalization can be valuable and why more formalization does not necessarily lead to an increasing amount of perceived red tape. Subsequently the focus will be switched to the negative aspects of formalization and why, how and in what cases the interviewees felt that more formalization made that they experienced more red tape. Within the closing part of this this subchapter a more rich description is given of how interviewees explained to the researcher why a certain amount of formalization does not always lead to a certain

increase or decrease in the amount of perceived red tape. Multiple conditions are described that help explaining what makes formalization in some cases burdensome or felt unnecessary and not in other cases.

#### 4.1.1 Grip on work

As mentioned earlier in paragraph 4.1, during the fifteen conversations the researcher had it became clear that care and mentoring staff clearly sees the importance of formalization within long term healthcare organizations. Both asked and unasked for, the interviewees told about the importance of written documents, rules, procedures and communication. A perfect illustration of this is the following quote of interviewee 7 who reacted the following way when asked whether writing less down (in the form of documents, rules, procedures and communication) could help in reducing the amount of unnecessary rules in the organization: *“No, I believe the rules, the procedures that we have right know.. we really need those! So I.. I have no idea which ones we could actually miss on my level.”* This interviewee, who was not the only interviewee with this vision, even said that the written rules and procedures that they have right now within the organization were actually indispensable. They were even so important that the interviewee could not even come up with rules or procedures that she could work without. Important to say is that this quote does not stand on its own. It is a vision widely shared over the care and mentoring staff the researcher interviewed.

During interview 15 something quite likely was mentioned: *“Look.. with so many people there must be rules. Everything must be retrievable, and you just need fixed agreements. It is actually nice to know that everybody knows that and as well lives according to these agreements.”* It shows that writing things down (in the form of an agreement that applies to all staff) actually helps care and mentoring staff while doing their work. Given the amount of employees in these long term healthcare organizations, written agreements are perceived as necessary. This interviewee as well felt it to be a good thing that her colleagues know and act according to these agreements.

Knowing, understanding and acting according to these important written agreements within the organization is of vital importance for the functioning of the organization and the individuals working in it. There are certain expectations towards care and mentoring staff within long term healthcare organizations and living according to them makes that the work is being conducted in the way that the policymakers intended it. Reading the following quote helps understanding why knowing and understanding these written agreements is so important: *“But our policy is constantly being revised and the policymakers are aware of that. Thereafter it comes on the internet, on our website. But after that, our employees must go to that place to become acquainted with this knowledge and well.. that*

*does not happen. And that's really... I really hear that. I'm as well [function anonymized] for the national platform for nurses and care employees within the Netherlands. And it really is that way, people have no idea what they are supposed to do."* (interviewee 5). When you are not able as organization to make good written rules/procedures/instructions etc. or you cannot get your employees to follow or understand it, it can lead to employees having no idea on how they should actually perform their job.

Interviewee 12 gave a perfect example that emphasized the importance of written rules even more: *"We often work with new team members, and with many freelancers. They encounter a lot of unwritten rules of our permanent team that does a lot of things automatically and where everything has already been shared, we don't even have to name certain things. So that made that at a certain moment we started with literally writing down those rules as well."* The interviewee explained that it was very hard for new team members or freelancers that temporarily joined their team since there were so many unwritten rules. In such a situation it is extremely hard for newcomers to understand what one must do during the job. This example really shows how more formalization can help employees to get more grip on their work.

To conclude, more written rules in an organization can really help care and mentoring staff to get more grip on the tasks that they must perform. This effect of formalization, makes as well that the employees understand why formalization is so important for them what will make them understand why certain rules are not unnecessary and therefore no red tape. Whether this positive effect of more formalization (getting more grip on your work) makes the work of care and mentoring staff less burdensome seems likely, but is harder to say based on the interviews that were held.

#### **4.1.2 Information overkill**

Next to the positive side of formalization, it is as well important to pay attention to the negative side of it. What actually makes that formalization can have a negative effect on the perceived red tape of care and mentoring staff? During the interviews a dominant theme came forward namely the concept of information overkill, quite likewise as the element of rule strain that Bozeman (Bozeman, 1993, p. 288) came up with. However, the researcher opted to choose for the term information overkill since this term closer sticks to the data and was even thrown up by one of the interviewees.

There were two interviewees who introduced the term since they felt it to be a negative consequence of too much formalization. *"Look, communication is extremely important, everyone wants to be heard and wants to have their own share, but if too much information is given to employees who have no interest whatsoever in hearing that information, well yes... then you create an overkill of information..."* (interviewee 9). This first quote illustrates that an excess of formalization can eventually

lead to a situation in which there is too much information shared with employees. This excess of information being shared can be called an information overkill. Although there were only two interviewees who introduced the term of information overkill within the interviews (interviewee 9 and 10), the broader topic of 'receiving too much information' was something that came back more often.

*"Uhm if you write down too much someone can't see the wood for the threes and that is definitely what we experience. We do have a knowledge bank and one can find basically everything there and sometimes they as well point you to it. But I think, the average employee does not even look there... But we say well it is written down. So we know there are protocols, but if we really know them... we never talk about that..." (interviewee 12).* The idea of what information overkill is all about clearly comes forward in this example. A situation is described by the interviewee in which the organization just writes everything down, without questioning whether employees actually read or know the rules they add. The expression used *"someone can't see the wood for the threes"* very well symbolizes the actual underlying problem. There is a situation created in which there are so many rules, procedures, protocols etc. that the employees are no longer capable of understanding what is important for them, and what is not.

The limited information processing capacity of employees have combined with a large amount of written content can be a dangerous mix leading to a more burdensome experience of rules and thereby a higher amount of perceived red tape. The following quote illustrates this very well: *"Yeah, well I notice that for example when a new information flow comes up when something changes again and I am not able to read all of it, and then we discuss it during a meeting and then I have to like... shit... I actually do not know where this is about."* (interviewee 13). This quote shows how burdensome the obligation of having to read so many written content, can be. There was even so much to read that the interviewee was not able to check it all before the meeting started. This is a clear example of the consequences of an information overkill wherein there is too much written down for the care and mentoring staff, placing a higher burden on the existence of all written rules, documents, procedures, communication etc.

The feeling of information overkill can as well trigger the feeling that rules, procedures or regulations are being seen as less necessary and thereby more as perceived red tape. An example of crisis communication during the beginning of the corona pandemic showed how this can work: *"Yes, every day we received two to four pages full with new measures or things of which they expected you to know or at least know what was written there. And well.. I can imagine that you want to create clarity, but this only made that people on a certain moment thought: It will be. I will see what changes at our residence, and will hear it eventually from my... [Coordinator: this was added by researcher.*



*Interviewee stopped the sentence here but explained later it was about the coordinator] (interviewee 11).* This is a clear example of how much formalization leads to an information overkill, and how that information overkill leads to employees who decide to ignore all information. The ignorance is symbolic for the employees, who due to the information overkill, start to devalue all information, and do not longer see it as important enough to read it. In other words, the extra formalization became unnecessary, since employees stopped reading it, and therefore the care and mentoring staff only perceived more red tape due to the information overkill.

#### **4.1.3 Conditions for ‘good’ formalization**

Although many interviewees told they had quite some issues with formalization within their organization, they were as well really clear about the fact that their organizations could not live without formalization either. These mixed feelings of care and mentoring staff towards formalization are as well illustrative for the complexity of the relationship between formalization and perceived red tape. It makes that we need to understand what makes formalization felt so necessary in some cases, but as well why it can be feel as so burdensome and unnecessary in other cases. This makes that one should ask the question, what makes formalization, ‘good’ formalization? During the interviews three main conditions for this good formalization came forward which will be discussed, which are the relevancy-, findability- and readability of written documents.

##### **4.1.3.1 Relevancy of written documents**

One of the conditions for good formalization that came forward during the conversations was that care and mentoring staff want that all what is shared with them is really relevant for them in their work. The interviewees were quite consentient in their statements that they find it annoying when they receive many written documents, or extensive documents wherein they need to filter and decide on their own what really is important for them. Asked about the ideas of the interviewee on formalization and its relationship with perceived red tape the interviewee reacted the following way *“Eh yes, I do think so, I believe that less is always better. [...] And then you just take it for notification. But they could make it way more succinct and specific for a certain group, to tell you what something really means for you. So you can directly take out the information that’s relevant for... and the team. Normally they just send a pdf wherein everything is described and then I think; What is it needed for?” (Interviewee 8)* The quote of this interviewee makes clear that the interviewee gets frustrated by the fact that the rule makers share such a large document with the whole organization with information about all the

decisions that were made instead of sharing only the relevant decisions that you as employee of a certain department really need to know.

Exemplary for how it can be done differently in practice is the following quote from an interviewee, that combines a role as coordinator and care employee, who experienced the same frustration about too much irrelevant information being shared with their team: *“Because I communicate with the team directly on a format at our bulletin board, then I state; this is what we do. At a certain moment that bulletin board that I always adjusted in line with the newsletter, became more leading than that they actually read the newsletter itself.” (interviewee 11).* This illustrates that employees really felt that the amount of written content they had to read before was just too much. When an alternative became available that was aimed at what was relevant for their own group, most even stopped reading the actual newsletter.

The sharing of too much irrelevant information only boosts the information overkill (since more written documents are shared) while this is not necessary given that the care and mentoring staff do not need this information. Additionally the sharing of these documents is as well not helpful in supporting employees to get more grip on the work they need to do since these rules do not apply to their work. It is in this case not more formalization that leads to more perceived red, however, it is about sharing only those written rules, procedures, instructions and other communication to groups of care and mentoring staff to which these written documents actually apply. It does not mean that having a certain written document is unnecessary, it means that sharing it with a certain group is unnecessary. The written documents on their own can be still very relevant, but sharing it with the wrong employees makes their work more burdensome, since they have to read it, and it makes that they perceive it as unnecessary, since it is not relevant for them. Thereby, the relevancy of information that one shares with a specific group is a condition that must be met, to make sure that employees do not perceive certain written documents as burdensome and unnecessary.

#### 4.1.3.2 Findability of written documents

The second condition for good formalization that was recognized by the researcher during the conversations and the analysis of the transcripts is the findability of written documents. This condition is especially relevant for those rules, protocols or instructions that are not communicated directly with employees, e.g. in the form of an e-mail, but should be available when employees get into a situation in which they need it. *“... of course you always need some sort of reference book, so you can look something up when you might have questions about something. It’s not that everybody reads them up front.. there are so many of them... But they are always ehh.. you can always look them up.”*

(interviewee 1).

The above mentioned quote clearly shows the importance of the findability of written documents. The interviewee explains that although colleagues do not always know or read all the rules that the organization has, it can be still important to have those rules. They can help care and mentoring staff performing within their work, it functions as a, as the interviewee called it, reference book.

Unfortunately, not for all care and mentoring staff, it is clear where one must be for this knowledge. One interviewee even stated to have no idea where to find certain rules: *“To be honest, I have no idea where all this is written down. I mostly just hear the rules from my colleagues. Like that you hear during your training period what you should and should not do. And I believe somewhere we have some care program where one can find all those rules but I would not really dare to say that for sure.”* (Interviewee 14).

Although as one can read in the last quote, it really is important that all written documents that are important for care and mentoring staff are easily accessible as interviewee 15 explained it *“I believe it is nice to have those protocols and rules and that you only have to look them up and that you know if.. pff.. I just call something. A notification of sexual problems, well I don’t know.. that you just have a notification and you know exactly where to find such a thing, who you should call, you understand it step for step, I believe that is very important. And it is better than inventing the wheel over and over again on your own.”* When employees know where to find important documents they can as well make use of these documents in a positive way. In the case someone cannot find the relevant documents in certain situations, or does not even know of its existence, having these documents suddenly becomes senseless.

Thereby, this condition of good formalization as well explains why creating extra written documents (so more formalization) is thereby not per se more burdensome for employees given that the organization facilitates them to easily find the relevant documents when they need them. The option to ‘look things up in an accessible way’ when you need help or information about something is therefore of vital importance for good formalization.

Everything mentioned above explains why the findability of written documents is such an important condition for good formalization. It helps care and mentoring staff to get more grip on their work so they better know what to do in what situations since they can more easily access the information they need to perform their job. It as well makes that employees can easier deal with more formalization and are less likely to experience an information overkill. When information is easily accessible and findable, more information is less problematic since one does not have to remember everything. One can simply look up certain written documents that contain the relevant information

at the moment one needs it.

#### 4.1.3.3 Readability of written documents

The last condition for good formalization that was found during the analysis process of all interviews was the readability of written documents. It was a theme that was not discussed in less than half of the interviews, but the interviewees who did bring it up gave very good reasons to assume that this indeed is a very important condition for good formalization. The interviewees indicated that documents were shared in which the rule makers did not take into account the knowledge and background of the care and mentoring staff. An example of this is a quote from interviewee 9 who said: *".. sometimes you see links where you can click on that direct you to a page in which some text is written by some professor. Then it's often difficult to understand for employees or they just do not have the time or do not feel like reading it."* This indicates that the way something is written down, is important as well since a text that is too complicated to understand may result in employees who do not get the message or just as the interviewee described 'do not feel like reading it'.

That the readability of written documents is an issue at multiple places was confirmed by interviewee 5 who clearly explained what she believes could be improved in the way rule makers communicate with the care and mentoring staff: *"Yes, for sure, they write it on an academic level, or at least very abstract and perhaps sometimes it is just necessary with these policy documents but if we do not ask ourselves; for who are we actually writing, who is the reader of this text? And if it is meant for policymakers and managers then I get why they write it on that level. But if it is written for the executive workers who really must act on these documents.. Then I believe it should look welcoming to read and if it is so much and in all these difficult terms then people will drop out and I really believe...."* [interviewee stopped to show her discontent with this]. And then the interviewee ended the story with *"You miss a translation from a long policy document with difficult terms and words to a simple version that you can read relatively quick as an employee."* This interviewee explains with this example exactly why the readability of written documents for care and mentoring staff is such an important condition for good formalization. Having to read extremely difficult documents as an employee makes that it is way harder to understand and that you are more likely to stop reading those written documents.

But then why is this a condition for good formalization that helps explaining the relationship between formalization and perceived red tape. On the one hand this is the case since 'readable' written documents, that are more easy to understand for care and mentoring employees, make it more likely that one will experience less information overkill (the theme that was earlier described as being related to perceived red tape). Namely, when one experiences an information overkill that is because

he or she cannot process all information. When the information is easier it is as well easier for the employees to understand more information.

On the other hand, readable documents can make it easier for care and mentoring staff to understand and get what they are supposed to do so they get more grip on their work. And this was earlier explained as a variable that helped in making formalization less burdensome for care and mentoring staff.

## **4.2 Centralization**

Secondly, centralization will be discussed within this chapter. To operationalize the concept of centralization three topics were introduced in chapter three, namely the freedom to act, the freedom to decide and an encouraging decision making environment that were as well translated to three relevant questions. These questions were guiding in the conversation about the topic of centralization.

For the concept of centralization the researcher found that it has quite a lot of complex relationships with the perceived red tape by care and mentoring staff within long term healthcare organizations given the many second order themes (four) that seem to explain the relationship based on the data. The researcher found that more centralization can stimulate the grip that care and mentoring employees have on their work, and next to that lower the workload for them. On the other side the researcher found that less centralization can have as consequence that more suitable rules, procedures and regulations can develop, and that it can have a more welcoming environment for change as a consequence. Within this subchapter, the researcher will explain how he came to this.

### **4.2.1 Grip on work**

The theme of grip on work seems, based on what all interviewees told, not only related to the theme of formalization but as well to the theme of centralization. Out of the interviews two first order themes came forward namely 'difficulties for employees to deal with too much freedom' and 'employees know how to act' that together can be seen as the second order theme 'grip on your work'. It seems to be, based on the interviews that were held that a certain amount of centralization can help giving care and mentoring staff, more grip on their own work.

The second interviewee was the first to introduce this relationship. *"...some people have a harder time dealing with their freedom. They have no oversight, cannot focus on the work that must be done."* One clearly sees here that too much freedom, which is characteristic for a decentralized structure where a lot of power lies with the care and mentoring staff, can lead to a situation in which employees

lose oversight, do not know what to do anymore and lose grip from their work.

This idea was as well supported by what interviewee 4 said: *“At a certain moment I believe we just need to keep a certain structure. Because if everyone just starts to do their own thing, it would become one big mess, you get that? But that is of course human own as well. Every human needs a certain form of structure.”* It is being said that every human being needs a certain form of structure, which is the opposite of an ultimate form of decentralization where care and mentoring staff would have a maximum amount of power within the organization, and thereby all the freedom to design their own work. Following on what this interviewee said, which is shared by more care and mentoring employees that were spoken, this is not something one should desire.

Although given that we know that too much decentralization can lead to a loss of grip on one's work, it is as well interesting that some care and mentoring employees indicated that this was not the case for them. With this in mind it is interesting to read the following quote from interviewee 2

*“Freedom is a great thing, and I cherish it as long as I work in this organization, but on the other hand.. it must be clear for employees where they should go..”* and later the interviewee continued by saying *“Yes, it are especially those people that are not able to deal with this freedom. They do not know how they should do it. And what do you do in such situations? You start kicking around. That's what happens. They say like why do we have to do that this way, and we can't we do it that way? But what they are actually saying is I don't know what to do so help me, that is the underlying question”* What this interviewee said here is interesting. The interviewee claims to cherish the freedom that is received within the job, which is ultimately the consequence of some form of decentralization within the organization, but as well states that this freedom is not conducive for all employees. This raises the question, what makes that certain care and mentoring employees cherish freedom, while others lose the complete grip on their work?

#### **4.2.2 Right personal characteristics to deal with freedom**

The conversations with a diverse set of interviewees helped the interviewee to get more insight into why certain care and mentoring employees flourish in a situation with more freedom while others lose the grip on their work. The researcher heard about two first order themes that might be relevant in an attempt to get closer to understanding this. Those two are the capacities and character of care and mentoring staff. The researcher did not collect enough data to already conclude what character types and what specific capacities are helpful to flourish in more decentralized organizations . This is due to the fact that this second order theme arose out of the data only after the interviews were held, so the

researcher did not focus nor asked specifically for these themes during the interviews. However, the researcher believes that only knowing that these topics are of importance can already be of help to understand the relationship between centralization and, in the end, perceived red tape better. Since the amount of data of these right personal characteristics for employees to deal with freedom is scarce, the researcher will focus on explaining the characteristics briefly and will as well strengthen the story with an illustrative quote of the characteristics.

The first element that can help a care or mentoring employee to get more grip on his/her work despite working in a decentralized environment that is having the right capacities to deal with having more power and therefore more freedom in your work. The core question therefore is, do care and mentoring employees have the right abilities to deal with a certain amount of freedom. The following example of interviewee 10 illustrates how a lack of capacities can lead to a loss of grip on your work: *“For example, we had a colleague for whom her work was too much at the moment, following on that everybody felt sorry for her, and you know it is sad for her, that’s not what I’m thinking about. And subsequently someone says: ‘I will take your night shift’ but an hour later I received an email saying ‘well I found out I have too much overtime’. Yes.. well that means that is your problem.. What do you want me to do about it? She has the freedom to, for example, give a shift to our substitute if she is available, and that is exactly that piece of being able to look further then what is right in front of you, and indeed the capacity to look further.”* This quote really shows how a lack of capacities can make it harder for employees to deal with a certain amount of freedom to act and to decide. The rule is that the colleague, that this interviewee is speaking about, has the freedom to take over and trade shifts with other employees without checking with a superior. The consequence of this was, in this case, that the colleague had no oversight about her own overtime, and she as well did not know how to solve this problem when she found out she had too much overtime. In other words, the lack of capacities in this case made that she could not deal with the amount of freedom and power that was offered in her job, and therefore she lost grip on her work. So to be able to deal with more power and freedom and as well keep grip on your work, one needs to have certain capacities. Put in other words, the ability to understand and do the work that one is supposed to do properly.

Something else that is really important to be able to deal with a certain amount of freedom to prevent that a care or mentoring employee loses grip on his/her work that is the personal character someone has. One interviewee said, when being asked whether one believes that receiving more freedom could help in reducing the perceived red tape *“Yes, personally for me it does. But there are a lot of employees as well who do really need a demarcated framework. Yes, so it think that this.. Yes the person. It really depends on the person.”* (interviewee 9) When this same interviewee was asked for

what specific persons more freedom could help in a positive way, the following reaction followed: *“Well I personally believe that the persons who like that are the ones you never have to address against their sick-leaf, being late, who have a natural drive to just do their work in a good way, the ones who are always there. Who pull the cart on the department. Are always happy and feel good about their selves. Who can control their home situation. Those are the people that would like to have more freedom. And those people that need a framework, those are the people who are four times a year sick for mysterious reasons, who have performance problems, yes they need some structure. If you give those people too much freedom they start swimming around and they start seeing work as if it’s a party. It makes them far from productive.”* Although this interviewee gives a large collection of personal characteristics, it would not be right to just take over all these separate elements and describe it as affecting the relationship between the amount of centralization and the grip someone has on his/her work. It seems more justified, given that the amount of data gathered about this is quite scarce, to focus on something on a more abstract level. In this case one can see that certain personal characteristics, like the ones this interviewee mentioned, can be of importance for care and mentoring staff to keep grip on their work while someone receives more freedom to decide and the freedom to act, so when they work in a more decentralized organization. Someone’s character is therefore seen as a second element of importance to be able to deal with more freedom without losing grip on one’s work.

Next to these two elements there was one other element that some interviewees bespoke that could be relevant in understanding the relationship between centralization and grip on work, namely experience. However, not a lot of interviewees spoke about this, and the interviewees that did speak about it, did not mention how it specifically could help in getting more grip on someone’s work. The topic was discussed in a more general way. Therefore, this element will not be included within the final model.

#### **4.2.3 Welcoming environment for change**

For care and mentoring employees within long term healthcare organizations, a welcoming environment for change seems to be of help to reduce the amount of perceived red tape they experience. A welcoming environment for change means that the care and mentoring staff feel there is an environment in which they have the feeling that they can initiate change. The first order themes it is based on are ‘felt space to initiate change’ and ‘feeling of involvement’. The first one is pretty straightforward, however the second is as well being seen as an important element for a welcoming environment for change. Within this research a feeling of involvement within the organization is being



seen as an important element of a welcoming environment for change as well. This is as well in line with how interviewees spoke about this first order theme.

Based on what interviewees said during the interviews it seems to be the case that having a more decentralized organization can be a driver for having a welcoming environment for change for care and mentoring staff. So that means that when care and mentoring employees have the freedom to act, the freedom to decide and they get stimulated to take own decisions (decentralization), it is as well more likely that they feel more involvement and space to initiate change (welcoming environment for change). Interviewee 5 gives an example that makes clear how more centralization can have a negative effect on how welcoming the environment for change is within organizations. *“What I really experience as a loss is that all change comes from above and barely anything bottom up. And so.. so if I.. I want to be owner of what I’m responsible for. Where they hold me responsible for. and often they do not offer me that space. Then there comes a policy saying well we’re going south. And then you think, well but last time we said we would go north and we did not evaluate that yet. But because things get implemented so fast you get that employees, including me, we start to boggle and then I think yeah.. I’m being forced to do things that I do not agree with and there is not even space to have a dialogue about it and the policy must be implemented.”* The interviewee saying that almost all change comes from above and almost nothing from bottom up is a strong signal that it is probably a quite centralized organization where most power lies at the upper levels of the organization. Apparently this led to a situation in which the interviewee felt that there was almost no space to initiate change, a characteristic of a welcoming environment for change. Next to that the interviewee felt clearly sidelined in this example and therefore not involved which is another important characteristic of a welcoming environment for change. It therefore seems that for a more centralized organization, that locates the most power at the higher levels of the organization, it is harder to create an environment in which employees feel welcomed to initiate change. If the power is located that high it just gets more complicated to give the care and mentoring staff a feeling that they can really make a difference, and let them feel like they work in a welcoming environment for change.

That a welcoming environment is so important for care and mentoring employees, and how it can help to reduce perceived red tape, is something that came pretty clear out of the interviews. An example given by interviewee 9 is illustrative for how this could work. The interviewee explained that everyone within the organization always need to fill in a GOG-form when there is a situation of unacceptable behavior from clients towards care or mentoring staff. The reason to do this is, as the organization claims to, to act on those signals by for example giving more education about situations

of unacceptable behavior and by adding more personnel to the more risky departments. However, the interviewee found out that the people who should do this, do not act on all the filled in forms, and barely read them. Then the following was said by the interviewee: *“Then I say that against my manager, like I would like to invite someone from the GOG commision. [interviewee then plays reaction of manager] Yeah, well, do you really need to go that far.. those are just the rules in this country.. we should not start with all the hassle... [switches back to own voice] Well that is how they try to stash it away. They stash it away and you really feel like a burden and finally the result is that if for example Ms. Jansen punches me I just start thinking well, yeah well it will be, I am not filling in those GOG forms because they do nothing with it anyway.” (interviewee 9.)* Within this example one can probably recognize all two first order concepts of a welcoming environment for change. There is clearly no felt space for the interviewee to change something, and next to that the interviewee is obviously not being involved, if not the opposite.

All these elements, that together make that there is no welcoming environment for change for this interviewee as well, trigger the perceived red tape. There is no felt space for the interviewee to change how others deal with the GOG forms, and therefore, as one can read in the last sentence of the interviewees quote, the interviewee does not longer see the value of filling in the GOG forms. In other words, the interviewee perceives the procedure no longer as something necessary given the quote and therefore sees it as red tape. This example does of course not stand on its own. When care and mentoring employees do not work in a welcoming environment in which they feel they can change unnecessary or burdensome rules, procedures or regulations, it is as well more likely they will experience more of those since there is no space to adress nor solve these issues. Therefore when care and mentoring employees do not percieve their work environments as welcoming to initiate change, it is as well more likely that more red tape will be perceived by them.

#### **4.2.4 Suitable rules/procedures/regulations**

Out of the interviews came forward that one of the things that can help explain the relationship between centralization and perceived red tape by care and mentoring staff is whether rules, regulations or procedures are being seen as fitting at the work floor by these same employees. This is as well a theme that arose during the analysis of the interviews and did not came forward from literature. The two first-order themes that this second-order theme is based on are ‘suitability of rules/procedures/regulations’ and ‘differences between departments’. The latter might seem less straightforward, but is relevant as well since one of the ways to determine whether a rule can be seen as suitable for care and mentoring staff working on different departments is to look at the different characteristics of those departments.

Something being said by interviewee 1 explains why differences between departments can be so important when one looks at the suitability of rules. *“Look at our residence, people live here for a long time. And we have to.. actually we should summarize all reports once every three months and after half a year we must evaluate and then we have to adjust everything and check where we stand at the moment. And I get that in the case of for example young people, who want to learn much more and have all kinds of working plans and goals, much more changes than with adults. They just live here and have living as long and as pleasant as they can as their prime goal. It’s just suffering as little as possible from your limitations.”* In this example, that has been mentioned more or less the same by more interviewees, one can read that the differences between different departments are not reflected within the procedures. Since the group of clients of this interviewee, who are in a phase in their life that they do not really have that much goals anymore, it feels senseless that there is a rule that forces the employees to do all these reporting tasks about client goals that feel not suitable for them nor their clients. That is as well why this same interviewee said *“Sometimes you don’t even know what you have to write down anymore, I believe I’m already happy if things just stay stable over a year”*. Listening to all interviewees it seems to be the case that sometimes, there are just too much standardized rules, procedures or regulations that apply to all departments. Consequently, care and mentoring employees experience that these same rules, procedures or regulations are not always appropriate or suitable for their department or clients.

More decentralization could be of help in making rules, regulations and procedures more suitable for all departments. This is because the care and mentoring staff, who experience the effects of all of those rules, regulations and procedures in practice, often have a better picture of what adjustments are needed to make sure that rules, procedures and regulations better fit with the needs they and their clients have on the executive level of the organization. What interviewee 3 said clarifies this: *“There are of course many different child and youth RVE’s. They report a lot right there and then you will find as well sometimes rules or unclarities who you have to discuss in a conversation with your manager, like how are we going to deal with this? Since this deviates from the written rules and sometimes you need some adjustments for those [...] Because what we actually do is look at those families with a helicopter view, but we especially.. we do that what is needed. Sometimes that asks for a step outside the regular framework before you can move on.”* This shows that it is crucial for care and mentoring employees to receive more freedom to act and more freedom to decide, characteristic for less centralization, about certain rules, procedures and regulations within their work. Especially when basic rules made by rulemakers higher up in the organization do not seem to fit with the actual day to day practice. The freedom enables the employees to change general rules, regulations and

procedures for the better and thereby make them suitable for a specific department of specific clients.

Now one understands how decentralization can drive a situation in which there are more suitable rules, regulations and procedures for care and mentoring staff, it is as well interesting to pay attention to how this element does have an influence on the amount of perceived red tape by this same group. Out of the interviews came forward that less suitable rules, regulations and procedures can have an influence on both how burdensome one can perceive them and as well how necessary or unnecessary one perceives them. Therefore the suitability of those rules, regulations or procedures for care and mentoring employees seem to have an effect on both topics that the concept of perceived red tape consists of. The following quote illustrates how this can work: *“Yes, it is what I said, so they actually want us to use all these forms of which for example four out of ten do not even apply to my client. But we do have to make sure every year that all this is being reported again, and if you then have a client and you have to make all that stuff up then that really asks a lot of actions while they could as well use a form that applies only to our client.” (interviewee 13) .*

Within this example that is being shared by interviewee 13 it comes forward that a procedure that is not being perceived as suitable by the interviewee is probably as well a procedure that is sooner perceived as unnecessary and burdensome. The interviewee complains that one has to do all kinds of actions, and even make stuff up, only because the forms that must be filled in are not adjusted to the clients. This makes, at least a part of, following the procedure feel as less necessary given that one has to fill in forms that are not relevant for a certain client. The fact that care and mentoring employees have to fill in all these extra forms makes their work more burdensome as well given that they have to put in more effort to follow the procedure than they should have when the forms were adjusted per client. Although this example was only about how a procedure that was not suitable for a client (or department with specific group of clients), one can as well imagine the same effect of less suitable rules and regulations on the perceived red tape by care and mentoring staff. Therefore one can conclude that there seems to be a negative relationship between the second order theme of ‘suitable rules/procedures/regulations’ and perceived red tape by care and mentoring staff’.

#### **4.2.5 Workload**

During the interviews it came forward that more decentralization can increase the amount of workload of care and mentoring staff. However, it seems to be, as will be explained later, related to the element of hierarchy as well. Therefore this relationship between centralization and workload of care and mentoring staff will be explained in subchapter 4.3.2 about the relationship between hierarchy and workload of care and mentoring staff.

### 4.3 Hierarchy

The final element of this research that will be investigated is the relationship between hierarchy and the perceived amount of red tape for care and mentoring staff within long term healthcare organizations. The element of hierarchy is operationalized into two different topics, which are managerial layers and the span of supervision. These two topics were guiding during the conversation about hierarchy, and the interview questions were as well based on these two topics. Within the following paragraphs one will read about the elements that, based on the information gathered during the interviews, partly explains the relationship between the hierarchy of an organization and the perceived red tape by care and mentoring staff.

Interesting is that all elements that came forward explain a negative relationship between hierarchy and perceived red by care and mentoring staff. This is interesting given that Kaufmann et al. (2018) found hierarchy to be a driver for red tape. The elements that explain these negative relationships are the workload of care and mentoring staff, the managerial attention that care and mentoring staff receive, and inadequate comprehension. Below, the researcher will explain how these results came forward out of the interviews that were held. Within the discussion the researcher will elaborate further on the remarkable difference between the research results and what is already known from literature.

#### 4.3.1 Knowledge about managerial layers

Although the two topics to operationalize hierarchy were thoughtfully chosen, the topic of managerial layers seemed hard for interviewees to tell about. Many interviewees pointed out that it is something they do not have that much knowledge about. Into those cases the interviewees were not aware of the managerial layers their organization actually has, and how that might influence their work. Although, within this research, it is not about the exact number of managerial layers, but rather about the perception of the number of managerial layers, it still worries the researcher. For example, interviewee 4 said about the managerial layer above the manager that directly heads the team of this interviewee: "But you know, that is such a vague area to me.. That is the managerial layer that I am not concerned about". This quote does not stand on its own and seems to be illustrative for more interviewees. Someone else said, being asked whether one could describe the managerial layers of the organization: "*No.. haha I know... I know my manager and I know that all teams have a manager and eh... that they have a director above that of certain regions but how it is structured besides that.. I have no idea.*" (interviewee 14).

Overall, based on what is said by the interviewees that the researcher spoke, there seems to be

not that much interest in everything that happens above them, in terms of higher managerial layers. Care and mentoring staff is focused on doing their own work and what is happening within their own department. This interviewee said speaking about her own managerial layer. *“there is of course a lot above that and when you asked me that I immediately thought I will have to own up because that’s not clear to me. I just focus on the management layer of child and youth. [her own department]”* and the interviewee followed that up by saying: *“And I really like my job and want to put all my energy in it but I rather do that really into the contact with children and parents [...] And that is my focus so to say. So I’m less focused on all that happens above that.”* (interviewee 3).

When discussing the results of the interviews it is important to take this focus and knowledge of care and mentoring staff into account since it might be harder for them to make reliable and valid arguments on the effects of the managerial layers on their work, and eventually on the perception of red tape.

For the topic span of supervision, these problems did not seem to appear. Therefore, with the data collected, looking at how the relationship between hierarchy and perceived red tape works based on the span of supervision does not seem to be causing any problems. This is given that it is more likely that what interviewees say about the topic span of supervision reflects reality.

Within this research the researcher tried to be as sharp as possible to prevent that strong conclusions for this research are based on false assumptions of care and mentoring staff about the hierarchy of the long term care organization they work for.

#### **4.3.2 Workload**

After the interviews were held, and the researcher analyzed the transcripts, the theme of workload was one that stood out quite obvious. This came from interviewees that pointed out that they felt that when their organizations decided to cut in the amount of managerial layers this often leads to many tasks being shifted downwards to the working floor. *“Uhm well at first I believe that along the way a lot of things [tasks] have just crept in, so that you.. well in the beginning just start doing it all besides your normal work. [...] there is for example a complete layer of the organizational structure cut out. Those are especially a layer of people who sat on office. For example we had a lady who arranged all client registration for us, did our finances, someone who took care of real estate issues, had contact with cleaning service, just name it.. all that.. that layer has been cut now.”* (Interviewee 4). It shows that taking out a managerial layer that takes care of a diverse set of issues can create a lot of extra workload for care and mentoring staff. All those tasks shift to the responsibility of the working floor.

This idea was as well confirmed by another interviewee who actually experienced the same thing

as interviewee 4: *“Yes, then all tasks that the manager has no time for are placed at the task list of the nurse and then that nurse has to talk with certain employees to coach them but at the same time this nurse has to coach some employees, therefore that nurse cannot do where he is hired for which is providing basic care at the bedside but that slowly gets blurred.”* (interviewee 9). This was the effect of not replacing those care managers that left the organization in the past, whereby the task package of those care managers that did not leave only got bigger. Put in other words, because no replacing managers were hired, the span of supervision became bigger for each care manager that stayed within the organization. This resulted in more tasks being shifted downwards in the organization, because the managers could not manage all the extra work that developed due to their bigger span of supervision, which led to a higher workload for care and mentoring staff.

What has been said about the influence of the managerial layers and the span of supervision on the workload of care and mentoring staff seems pretty similar as the relationship between centralization and the workload of care and mentoring staff. What came forward during the interviews is that less centralization (so more freedom and power for employees) often goes hand in hand with less managerial layers and/or a broader span of supervision. That is as well why it is so interesting to look at the effects of less centralization on the experienced workload, especially since this was as well a topic that was brought up during the interviews. One interviewee said about this: *“We all have to become self-steering teams and the power must be positioned with the care staff while I believe that this is for a large part just asking too much.”* (Interviewee 12). This is a quote that zooms in especially on the element of centralization instead of hierarchy since it is about autonomous teams and about laying more power at the level of the care personnel. Although it zooms in on a different structural aspect, one sees quite the same effects, namely that it leads to a higher workload. The interviewee emphasized this by saying that laying down all this power on this level is just asking too much from the employees.

Knowing that both less hierarchic and less centralized organizations can lead to a situation in which more workload at the level of care and mentoring staff is being formed, it is as well interesting to look at how this workload relates to the perceived red tape of this group.

An indicative example of the consequences of a higher workload was given by interviewee 9. The interviewee told about a procedure they had at their organization. Every week there is one employee who should measure the temperature of the food that is served to all clients to check whether everything is served at the right temperature. However, the procedure is not always strictly followed by the rules as the interviewee explains: *“...and then we have a list that says all potatoes should be served at 70 degrees for example. So that employee inserts the thermometer in it and finds out the*

*food is actually 60 degrees. So then one thinks, well that is not warm enough, if I actually write that down then I have to report something. If I write down it is 71 degrees I do not have to do something. So what happens? The care employees write down 71 degrees and then they do not have to do anything.”* Apparently the employees seem to ignore the rule, to write down the right temperature just to prevent having to do a certain amount of extra work. The fact that sticking to a rule comes with a certain time investment makes that employees do no longer obey these rules.

Interviewee 9 ended this example with the following quote: *“We [care employees] are here to measure the temperature of our clients, not of their food. We hire chefs for that. Please let them check whether the food is warm enough. Instead of that they place all this work with the care employees, who are already that busy, and then something might pop in between and then they forget the job and they just fill in the list without actually measuring.”* This argument shows that the high workload care and mentoring staff have can lead to a situation in which they neglect the rules they are supposed to follow. In this example they feel like they did not have enough time to fill in the right temperature on the form, because it takes too much time. Later the interviewee even said that sometimes the care employees do not measure the food at all before they fill in the form. Based on this story one would say the workload influences how burdensome rules are experienced. The workload was so high in this case for the employees that they decided to cheat on the rule instead of following the rule.

That a high workload can trigger how someone experiences some rule, regulation or procedure can as well be seen in the following quote: *“Yeah, well I notice that for example when a new information flow comes up when something changes again and I am not able to read all of it, and then we discuss it during a meeting and then I have to like... shit... I actually do not know where this is about.”* (interviewee 13). The fact that the interviewee is not capable of reading everything that others expect the interviewee to read, because there is no time for that, makes the interviewee feel uncomfortable. The workload makes following the rules, or in this case reading them, burdensome.

Whether a higher workload as well can trigger whether a rule is sooner perceived as unnecessary is harder to say. It could be that employees that perceive a higher workload are sooner inclined to think that some rule is not necessary. However, saying this based only on the interviews that were held might be too shortsighted. So to conclude, the higher workload, that can be a consequence of less hierarchical and/or less centralized organizations, can trigger the perceived red tape of care and mentoring staff in the sense that rules, procedures and regulations can feel as more burdensome.



### 4.3.3 Managerial attention

A striking and evident theme that came forward during the conversations about hierarchy was that of managerial attention. The amount of felt attention from a manager towards care and mentoring employees seemed, based on what the interviewees said about this topic, to have a relationship with the hierarchy of long term care organizations. The amount of attention one receives from a manager as employee is thereby partly dependent of how hierarchical the organization is. It is interesting to look at how this works.

Having not enough attention from your manager can be problematic, and while speaking with all care and mentoring employees that participated in this research, it became more and more clear that a broader span of supervision can have less managerial attention as a consequence. The following quote illustrates that: *“Yes, in recent years.. the last couple of years they did not replace several care managers, and then you just notice that the current managers need to lead too many colleagues. And if you have a department with six or seven employees who are sick for over a long period, and they all need to have absenteeism and performance reviews, then yes.. it just gets too busy.”* (interviewee 9). When interviewee 2 was asked, after the interviewee already told that the span of supervision of her manager was quite high, whether she received the attention that she would like to have from her manager, the interviewee reacted the following way: *“Well, you know, our meeting time is very limited. That is one of the rules that our organization has. You can have 2 meeting hours within two months. That is basically nothing...”* The amount of time that this interviewee has to discuss certain issues with the whole team in the presence of the manager is very limited and apparently the feeling is as well that this is not enough. Therefore one can say based on the two stories above, of which one can say that they clearly do not stand on their own given as well the other interviews, that a less hierarchical organization can trigger a downwards effect on the amount of managerial attention.

When one knows that the above mentioned is the case, the next question is whether this has negative consequences. Based on the interviews that were held this seems to be the case. The researcher spoke with interviewee 14 about how hard it is to get in contact with the direct manager and the reaction on this was as follows: *“Within department X, yes it is. If it is about that, then I really see that as something difficult. I do not have the courage to scream the whole time like, hey I am still here as well.”* The interviewee here speaks about how hard it is to speak up during a meeting with the manager in a meeting where 39 other people are as well. The manager namely has a span of supervision of 40 people which as well means that the time that the interviewee has with the manager must be shared with 39 other employees next to the interviewee. The interviewee indicated that it is hard for her to speak up in such a big group, which makes it harder for her as well to ask something or

criticize a certain policy. This is as well where the relationship with perceived red tape starts. When there is less managerial attention and it gets harder for care and mentoring staff to share their feedback from practice with the manager, they can as well not share what rules, regulations and procedures are burdensome and/or unnecessary and what one can do about that. A perfect illustration from that is the conversation the researcher had with interviewee 8:

***“Researcher:** Does it happen a lot that you do not receive the attention that you would like to have from your manager?*

***Interviewee:** That has happened in recent years, let’s say since 2019/2020 more often yes. If I listen to my colleagues I hear that some things just simmer too long.*

***Researcher:** And what kind of things could that be? Things that simmer too long, do you have examples of it?*

***Interviewee:** Yes, I do have examples of that. If there is some hassle or a fight between two clients here, the rule states that the initiator of the aggression should leave their house, but ehh. Then it takes three quarters of a year and it still did not happen which makes that this whole group stays under tension, the mentoring staff gets on tension, you get a loss or turnover of employees and then yes then that takes way too long. Yes, then I have the feeling that I do not receive enough attention.”*

What this text fragment makes clear is that a shortage of managerial attention can have a great influence on employees and how they perceive the rules they need to follow. Although, in this case, the rule prescribes that after a fight the initiator of that fight must leave the house, it still didn’t happen after three quarters of a year. A bit later the interviewee as well told the researcher how hard he missed the help and support from the manager within this whole process. It made following the rule extremely difficult for the interviewee. This makes this example so illustrative for how a shortage of managerial attention can make following a rule, procedure or regulations so burdensome.

Less managerial attention can as well trigger the amount of rules, procedures or regulations that are perceived as unnecessary. Take the example as just mentioned whereby the researcher felt that the interviewee got really skeptical during the interview about the rule that initiators of violence should leave their house. This is as well not surprising given that after three quarters of a year the client still lives at the same place and is not moved. It could make the care and mentoring staff wonder how valuable and necessary a rule is, when according to their feelings ‘nothing happens’ with this rule.

So to summarize, little managerial attention, a possible consequence of a non-hierarchical organization can lead to more perceived red tape based on the fact that the amount of managerial

attention seems to be a negative trigger for the perception of how burdensome and unnecessary a rule is.

#### **4.4 Inadequate comprehension**

In the conversations the researcher had with all interviewees it came forward that it is important for rule makers (in most cases the manager) to understand what the consequences of a certain rule or policy are in practice. When rule makers have no idea about the implications of a certain rule, procedure or of certain regulations, it is as well very difficult for them to assure that they are not experienced as burdensome or unnecessary by care and mentoring staff. This inadequate comprehension of rule makers as well seems to be related to the element discussed in the last paragraph, namely managerial attention.

That the two themes of inadequate comprehension and managerial comprehension are intertwined is perfectly illustrated by the following quote: *“But I think it is too bad that they do not actually know the workplace. They take all kinds of decisions about our residence but they barely know our client group, they don’t really know it that good.. Well they will have a picture of it but purely the working place. How it.. I would say just work with us for one week, to make sure you know what it is like. Maybe I miss that sometimes, or miss it.. But I believe that they should know where they are actually talking about.”* (Interviewee 1). The interviewee clearly indicates that more managerial attention from the managers could be of help to make sure that the managers actually know what they decide about. Next to that the interviewee believes that it could help, the interviewee as well thinks it is very important that their managers are aware of it.

That managers do not now always know how certain rules work out in practice is something mentioned more often by care and mentoring employees. Interviewee 14 told the following about this: *“Ambulant is always different from working on a residence, and I always have the feeling that people think that yes.. that ambulant is the same as on a residence which is not the case. Whereby for us a lot of rules are harder to follow.”* The interviewee experiences that the rule maker can sometimes be quite ignorant about the actual practice for an ambulant worker, and that this work clearly differs from working on a residence. The interviewee as well explained this with an example: *“It is about.. a few years ago they started with the idea that we should write the care plan at the homes of our client. That is not a bad idea on itself, as well if you relate it to the worked hours etc. and the client can as well directly see what you write down, you have less time on the office, fine. But at first we did not even have Ipads for example.. right? And what should you do then? Some clients do not even have a computer, some do not even have internet...”* (Interviewee 14). This example shows the possible consequences of inadequate comprehension from a manager about a certain rule and the

consequences it has. It makes clear why it can be so problematic when a rule maker (manager) does not show enough attention for a certain group, which was in this case the group of ambulant workers, because it made that the managers were not aware that this rule of letting ambulant workers write the care plan at the homes of all clients would not work.

This last quote as well shows how inadequate comprehension can lead to care and mentoring staff that experience a rule sooner as burdensome. In this case the care and mentoring employees had to follow a rule that was hard, or even impossible for them, to follow given that they had no Ipads, and clients sometimes did not have a computer or even internet to ensure that they could open the care plan.

This line of thought was as well confirmed when the researcher asked an interviewee whether it could be helpful when managers would listen better to what employees actually have to say. *“But I as well think, what you said, if you involve us more in [the conversation] of how to do our work, so they would get a better idea of it, I really believe that could release some pressure or how you called it, the burdensomeness. Yes I actually believe in that, especially if they really listen to you.” (Interviewee 6)* The interviewee states that more comprehension of a manager, or a better idea of what work is being performed, can really help in making work less burdensome. This is a very interesting insight and as well in line with what was said earlier based on the quote about filling in care plans at home.

To conclude, one can argue that a more adequate idea of what the consequences of a certain rule are in practice, can help so that rules are experienced less soon as burdensome. Based on the data from all interviews it is harder to say with confidence whether more comprehension reduces the amount of rules that are perceived as unnecessary, although it is still likely that it could. Overall one can argue that more adequate comprehension of the work practice and what consequences that can have for rules, helps in reducing the amount of experienced red tape by care and mentoring staff.

## 5. Conclusion and discussion

As the results are presented in the chapter 4, the first paragraph of this chapter will focus on providing an overview of these results and an answer to the main research question by doing this. In the paragraph following on that, the researcher will elaborate on how the conclusions following on this research relate to the existing literature about this topic and give suggestions for future research. After that, the limitations of this research will be discussed, to end with a paragraph in which the practical implications of this research to practice will be described to give practitioners insight in how this research can support them.

### 5.1 Conclusion

Within the first chapter the following research goal was formulated: *“Getting a better understanding of how the structural elements formalization, centralization and hierarchy are related to the perceived red tape by care and mentoring staff of long term healthcare organizations in order to enable long term healthcare organizations to make more well-founded decisions about the structural elements of formalization, centralization and hierarchy within their organization.”* In order to realize this, the researcher formulated the following research question: *“What is the relationship between the structural elements formalization, centralization and hierarchy and perceived red tape by care and mentoring staff of long term healthcare organizations?”* The answer on this research question is given in this paragraph and as well supported with a model that helps clarifying how all concepts are related to each other.

During the interviews with the care and mentoring employees two main intervening themes came forward that help to explain the relationship between formalization and perceived red tape by care and mentoring staff, namely *information overkill* and *grip on work*. In the case of information overkill there is so much information available for the care and mentoring staff that they are no longer capable to process all this information and this leads to more perceived red tape. It is not surprising that this is an effect of formalization given that the more one writes down, the more written content there will be, and the more information there is for care and mentoring staff to process. The second finding related to formalization is that more formalization can improve the *grip on work* care and mentoring staff has, and when they have more grip on their work, they perceive less red tape as well. It means that when more rules, procedures, instructions and communications are written down within the organization, this can improve the oversight care and mentoring staff has over the tasks they have to

do, and the way they have to do them. This grip makes that they perceive less red tape.

An interesting insight that came forward out of this research is that the amount of formalization is not the only thing long term healthcare organizations should look at when they would like to reduce the perceived red tape by care and mentoring staff. There are three important *conditions for good formalization*, namely *findability*-, *readability*- and *relevancy of written documents*, that have an interaction effect on the relationship between formalization and *information overkill* and on the relationship between formalization and *grip on work*. If one meets the *conditions of good formalization*, the effect of more formalization on the variable *information overkill* will be weakened, and the effect that more formalization has on the *grip on work* that care and mentoring staff has will be strengthened.

For centralization there is as well, just as with formalization, a relationship on the *grip on work* care and mentoring staff has. When a long term healthcare organization has a centralized structure this could improve the *grip on work* their care and mentoring staff has. When their structure is decentralized it could weaken the *grip on work*. However, the relationship between low centralization and *grip on work* seems to be partly explained by whether the care and mentoring staff has the *right personal characteristics (character of employee and capacities of employee) to deal with freedom*. Since more decentralized long term healthcare organizations come with more freedom for care and mentoring staff, it makes sense that the *grip on work* they have is partly dependent on the second order themes *character of employee* and *capacities of employee*.

Another finding is that less centralization can be helpful in creating a more *welcoming environment for change* within the organization which is helpful to reduce perceived red tape of care and mentoring staff. Within these environments care and mentoring staff feels enough involvement and space to initiate change which is an advantage to reduce the perceived red tape. Another advantage of less centralization, in terms of reducing the perceived red tape of care and mentoring staff, is that it has a positive effect on the ratio of *suitable rules, procedures and regulations*.

The following intervening variable, *workload*, is one that both explains the relationship between centralization and perceived red tape of care and mentoring staff, as it explains the relationship between hierarchy and perceived red tape of care and mentoring staff. In more centralized long term healthcare organizations, care and mentoring staff is inclined to experience a lower *workload*, which makes them perceive less red tape as well. In long term healthcare organizations with a more hierarchical structure less *workload* is being experienced which, as well, can reduce the amount of perceived red tape.

Care and mentoring staff as well experience that in more hierarchical organizations they receive

more *managerial attention*. This has two consequences, on the one hand it makes that they perceive less red tape, on the other hand it has a negative relationship with *inadequate comprehension*. This means that when more *managerial attention* is given, the rule makers (often managers) have more understanding of the consequences of a rule, regulation or procedure in practice. When there is less *inadequate comprehension*, care and mentoring staff will most likely experience less red tape.

Everything said above is, in short, how formalization, centralization, hierarchy and perceived red tape by care and mentoring staff within long term healthcare organizations are related to each other. An overview of all described relationships that provide an answer on the main research question is as well given in figure 2 (see next page), the final model of this research.

Taking a step back and looking to this final model, one can see that the three different structural elements cannot be seen independently from each other, nor from other external factors in their relationship to perceived red tape. Large parts of the model are interrelated with each other in a complex way. Hereby, the model can be seen as some sort of dashboard that long term healthcare organizations can use to steer on. This is given that the most likely effects of turning certain knobs (both the structural elements as *conditions for good formalization* and *right personal characteristics to deal with freedom*) on the perceived red tape of care and mentoring staff can be viewed. Although the model provides more insight than we had until now in this relationship, reducing red tape by turning these knobs remains, given that many decisions on the structural elements can have both positive and negative effects on the perceived red tape, an incredibly difficult challenge.

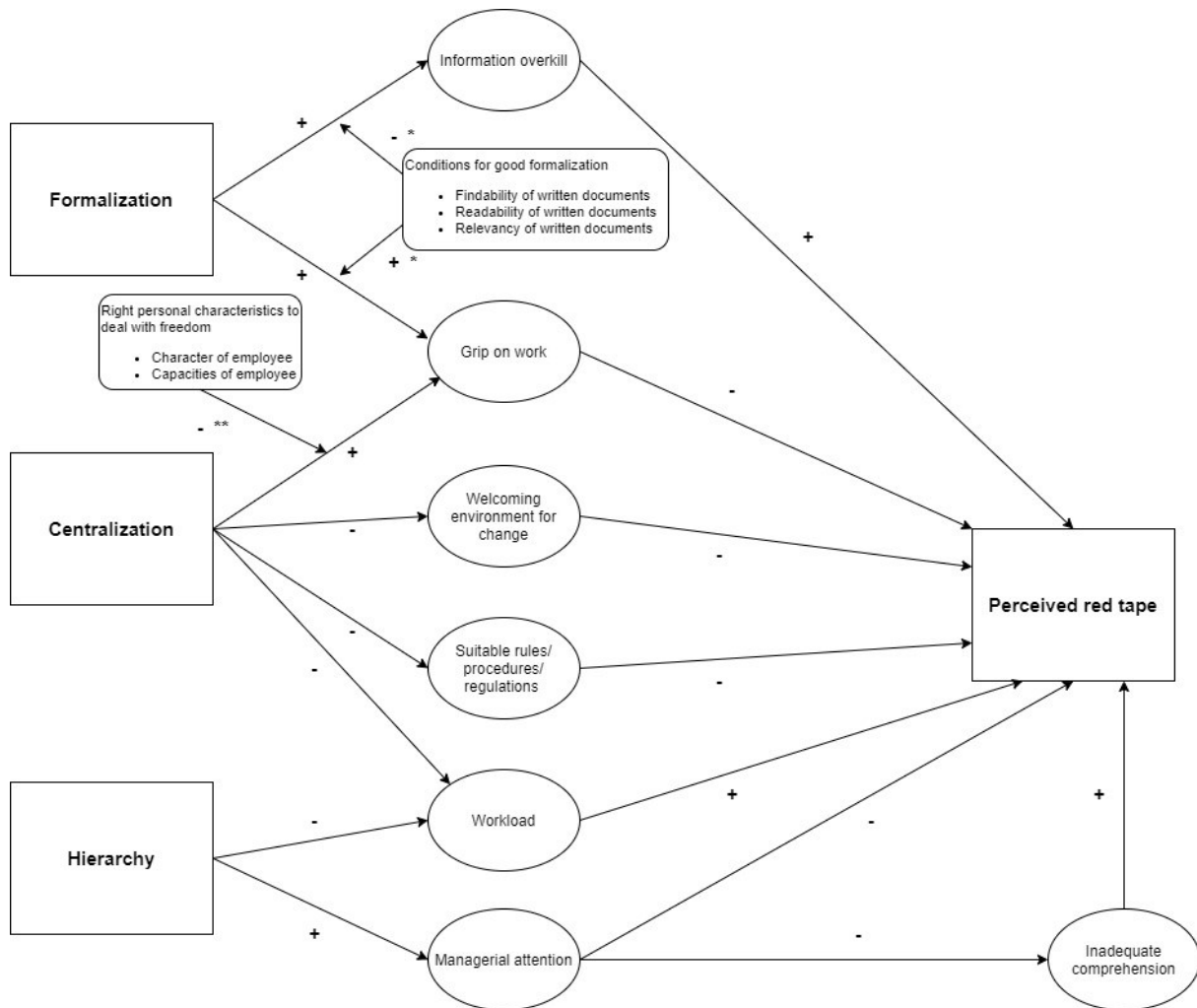


Figure 2 – Final model

\*=The interactive effects of 'conditions for good formalization' are only applicable in cases there is formalization within a long term healthcare organization. This means the interactive effects can only be read the following way:

-Formalization has a positive effect on the variable information overkill, this effect is weakened when the conditions for good formalization are present and strengthened when these conditions are not present.

-Formalization has a positive effect on the variable grip on work, this effect is strengthened when the conditions for good formalization are present and gets weakened when these are not present.

\*\*= The interactive effect of 'right personal characteristics to deal with freedom' is only applicable in case there is little centralization (decentralization).

## 5.2 Theoretical implications and suggestions for future research

Up until now there was only one article written on the relationship between all three structural elements formalization, centralization and hierarchy and how they are related to red tape, this was written by Kaufmann et al. (2018). These scholars found all three mentioned structural elements to be drivers of red tape. This research has built further on this research by creating a model that explains



how the relationship between formalization, centralization, hierarchy and perceived red tape works for care and mentoring staff within long term healthcare organizations.

The model that is created provides more insight into why the structural elements and perceived red tape are related to each other, and how this relationship works while the article of Kaufmann et al. (2018) only confirmed that there was a relationship between the concepts. Given this research builds further on the relationships that Kaufmann et al. already found, it is interesting to take a closer look at how it differs and where similar results were found. Of course, when comparing both researches with each other, it is important to take into account that both researches were conducted within different sectors and with different stakeholder groups.

The structural element of formalization is quite an interesting one given both the importance of the concept within red tape literature (Bozeman & Feeney, 2011) and since Kaufmann et al. (2018) found it to be a driver of red tape, while Borry (2016) found a negative relationship between formalization and red tape. Since this research built a model that helps explaining how formalization and perceived red tape are related to each other, it can as well be of help in explaining why different studies show different results on this relationship. This research made clear that to understand whether more formalization will lead to more perceived red tape, it is as well important to look at whether the formalization meets the *conditions for good formalization*. Namely whether the written documents are readable, findable and relevant for care and mentoring staff. Meeting these conditions helps in improving the *grip on work* and reducing the *information overkill* for care and mentoring staff, which can be helpful in reducing perceived red tape. The presence or absence of these conditions in long term healthcare organizations can explain why formalization leads to more perceived red tape in certain situations and not in others. It might be interesting for future research to look whether these conditions hold in different organizations (and maybe even different sectors) as well, and thereby, can explain why formalization was found to be both positively and negatively related to red tape in different studies.

Something else that that this study once again proved is that the development of more red tape is not something that can be seen as simply a likely consequence of adding more formalization, or as '*a pathological subset of formalization*' (Bozeman & Scott, 1996). Rather it is the result of a complex set of relationships, in which formalization only plays a role as part of the whole from all elements that can cause more (in this research; perceived) red tape.

The study of Kaufmann et al. (2018) found centralization to be a driver of red tape. However, in contrast to Kaufmann et al. (2018) this study showed that not all effects of more centralization do have an increasing effect on the perceived red tape (at least for care and mentoring staff within long term

healthcare organizations). This study shows that more centralization can decrease the *workload* and increase the *grip on work* that care and mentoring staff have on their work, which is helpful in reducing the perceived red tape. More in line with the results of Kaufmann et al. (2018) it was found that more decentralized structures seem to have a more *welcoming environment for change* and do more often have *suitable rules procedures and regulations* that help care and mentoring staff to perceive less red tape. Therefore, this research shows that the effects of centralized structures on perceived red tape are not only negative, the relation is richer and more complex than that.

The most surprising results were found for the structural element of hierarchy since all found effects for this structural element point at a negative relationship between hierarchy and perceived red tape which contrasts with the results of Kaufmann et al. (2018) who found hierarchy to be a driver of red tape. A possible explanation could be that the researcher only interviewed care and mentoring staff, so frontline officials, while Kaufmann et al. based their results on survey data on all employees of three different organizations. Another explanation could be that their research was not held within the same sector. However, to know for sure what causes this difference it is interesting to conduct more research on the relationship between hierarchy and perceived red tape within other sectors, and as well with other employees than frontline officials.

Surprisingly, Bozeman's sources of red tape (1993) barely came forward during the interviews as topics that help explain the relationship between the three structural elements and perceived red tape. Within the final model only *inadequate comprehension* came forward, next to *information overkill* which is closely related to what Bozeman calls *rule strain*. A possible explanation for this is that Bozeman's sources focus on red tape rather than perceived red tape which is a focus this researcher deliberately chose for. Topics like having more *grip on work*, or having a lower *workload* are examples of topics that made care and mentoring staff perceive less red tape. However, these topics seem to have especially influence on how a certain stakeholder perceives rules, regulations or procedures, and not per se on the rules, regulations or procedures themselves. This perceptual element of red tape was of vital importance in this research and could thereby as well explain why the sources of red tape found in this research, to explain the relationship between the structural elements and perceived red tape, are different than those of Bozeman (1993). Given this insight it seems interesting for future research to focus more on what specifically triggers the perception of red tape of a certain stakeholder group instead of only focusing on what could makes rules, procedures, or regulations objectively measurable more burdensome or unnecessary.

Next to the suggestions for future research that were already made, it is as well interesting to conduct more research to find out what specific *character of employees* and what specific *capacities*

*of employees* are needed for care and mentoring staff to be able to deal with more freedom. Although this research found both topics to be of importance within the model, there was not enough information to provide descriptions of these right characteristics. A shortage of data was as well the reason why this researcher suggested to do further research to investigate whether *experience of employees*, could have a positive influence on the relationship between (de)centralization and *grip on work* as well. Although there was not enough data to draw conclusions on this by now, there were some indications that convinced the researcher that it could be an interesting direction for future research.

### 5.3 Limitations

A first limitation of this research is that the way all interviewees were divided over all different sectors where long term care organizations can be part of, was far from ideal. From all interviewees that were spoken, eleven worked within a GHZ organization (care for disabled people), four within a VVT organization (nursing, caring and homecare) and zero within a GGZ organization (mental healthcare). Unfortunately, it was hard for the researcher to get in contact with care and mentoring staff and as well to convince them to, especially given the intense time these care and mentoring employees went through given the corona pandemic, to participate in this research and therefore he could not be too selective. This uneven distribution makes that the transferability of the research results to other GGZ organizations, and to a lesser extent VVT organizations, is weaker.

Secondly, due to the corona pandemic, all interviews had to be conducted digitally or via telephone. Although telephone interviews can as well be of great value for qualitative research, and do not even have to lead to different results than face-to-face interviews (Sturges & Hanrahan, 2004), it still is a disadvantage for a researcher if no (or less) non-verbal communication can be observed (Bleijenbergh, 2013). Especially during interviews without video, or during video interviews with unstable network connections there were moments in which it was harder to understand what interviewees were trying to say without physically seeing them. This might have affected the way the researcher interpreted certain comments as well.

Next to that, it is important as a researcher to be sharp on whether interviewees only tell their favorable truth (Alvesson, 2011; read in Alvesson & Ashcraft, 2012, p.245). The researcher assured all interviewees that everything discussed would be confidential. However, it might still be the case that certain interviewees were afraid of being too negative about certain aspects of their organization and that they therefore withheld these aspects. Especially within this research about perceived red tape, a sensitive topic that often comes with strong negative connotations, one needs to take into account

that this is something that could have happened.

An important limitation can as well be found looking at the role of the researcher himself in this research. Think about the specific questions being asked to interviewees, the way the interview results were interpreted and how all these interpretations led to the final model of this research. The researcher might have had certain biases, that he was not aware of, that had an influence on the way this research is conducted. Conversations the researcher had about his thesis with personal relationships working within the care sector might for example have influenced the way the researcher thought about the topic at hand within this research.

The last important limitation, that was already mentioned in chapter 4, is that the interviews pointed out that the knowledge of the care and mentoring staff of the structural element of hierarchy was limited. This may have led to claims about the hierarchy from the interviewees that do not reflect reality. The researcher was as sharp as possible to try to make sure that all arguments that were incorporated into this research reflected reality, and he was as well more cautious to draw certain conclusions. Therefore there were no second order themes created in this research of which the researcher doubted about whether the arguments being used by the interviewees were based on false assumptions of the hierarchy within the organization. However, the researcher cannot be entirely sure that all arguments based on false assumption of the hierarchy were ignored within this research.

## **5.4 Practical implications**

The model that is created within this research can provide valuable information for managers within long term healthcare organizations that strive to minimize the perceived red tape of their care and mentoring staff. Knowledge on how the structural elements formalization, centralization and hierarchy are related to perceived red tape can help them to take the right actions. They now have more insight than before on the consequences of changing certain structural elements within their long term healthcare organizations.

Managers can decide for their own organizations what sources of perceived red tape, that are related to formalization, centralization or hierarchy, are problematic within their organization and based on that decide whether they want to change certain structural elements. Looking at the organizational structure, with these structural elements, to solve a certain issue like too much perceived red tape, is as well in line with the ideas of Beer and Nohria (2000) who see the organizational structure as a central element of organizational change.

Given that the perceived red tape of care and mentoring staff can be seen as just one of many reasons to choose to design certain structural elements a specific way, it is as well important to look

at what other interesting insights the created model of this research can learn to managers. In this sense it is interesting for managers to know that the influence formalization has on the perceived red tape of care and mentoring staff is not only determined by the amount of formalization, but as well by whether the *conditions for good formalization* are met. These conditions are whether written documents are *findable, readable and relevant* for all care and mentoring staff. Interestingly, all these three conditions can be improved by managers without having to change the amount of formalization within the long term healthcare organization. This can prevent that managers need to start complex and difficult discussions about cutting rules, procedures or regulations to reduce the perceived red tape.

Another interesting element that can be (partly) influenced by managers, and that can be valuable to look at as manager within a decentralized long term healthcare organization, is that managers can hire care and mentoring employees more based on whether they have the right characteristics to be able to deal with freedom. Care and mentoring staff with the right character and capacities are better able to deal with the amount of freedom they receive, therefore keep more grip on their work and perceive less red tape. Although this research did not yet provide an answer on what specific characters and capacities that are helpful to get more grip on ones work, it might help as a manager to focus on whether candidates for care and mentoring functions want to, and are capable of working in an environment in which one is stimulated to take more freedom to decide and act within ones work.

## 6. Literature

Achterbergh, J., & Vriens, D. (2010). Organizations: Social systems conducting experiments. In *Organizations: Social Systems Conducting Experiments* (2nd ed.). Springer.  
<https://doi.org/10.1007/978-3-642-00110-9>

Achterbergh, J., & Vriens, D. (2019). Episodic interventions in organizational structures. In *Organizational Development*. Routledge. <https://doi.org/10.4324/9781315695228-4>

*Actieplan (Ont)Regel de Zorg*. (2018).

Alvesson, M., & Ashcraft, K. L. (2012). Interviews. In G. Symon & C. Cassell (Eds.), *Qualitative organizational research*. SAGE Publications.

Beer, M., & Nohria, N. (2000). Breaking the Code of Change. *Administrative Science Quarterly*.  
<https://doi.org/10.2307/3094840>

Bleijenbergh, I. (2013). *Kwalitatief onderzoek in organisaties*. Boom Lemma.

Borry, E. L. (2016). A New Measure of Red Tape: Introducing the Three-Item Red Tape (TIRT) Scale. *International Public Management Journal*. <https://doi.org/10.1080/10967494.2016.1143421>

Boyatzis, R. (1998). *Transforming Qualitative Information: Thematic Analysis and Code Development*. SAGE Publications.

Bozeman, B. (1993). A Theory Of Government "Red Tape." *Journal of Public Administration Research and Theory*. <https://doi.org/10.1093/oxfordjournals.jpart.a037171>

Bozeman, B. (2000). *Bureaucracy and Red Tape*. Prentice Hall.

Bozeman, B., & Anderson, D. M. (2016). Public Policy and the Origins of Bureaucratic Red Tape: Implications of the Stanford Yacht Scandal. *Administration and Society*.  
<https://doi.org/10.1177/0095399714541265>

Bozeman, B., & Feeney, M. K. (2011). Rules and Red Tape: A Prism for Public Administration Theory and Research. In *Rules and Red Tape: A Prism for Public Administration Theory and Research*

- (1st ed.). ME Sharpe. <https://doi.org/10.4324/9781315701059>
- Bozeman, B., & Scott, P. (1996). Bureaucratic Red Tape and Formalization: Untangling Conceptual Knots. *The American Review of Public Administration*. <https://doi.org/10.1177/027507409602600101>
- Brewer, G. A., & Walker, R. M. (2010). Explaining variation in perceptions of red tape: A professionalism-marketization model. *Public Administration*. <https://doi.org/10.1111/j.1467-9299.2010.01827.x>
- Buchanan, B. (1975). Red-Tape and the Service Ethic: Some Unexpected Differences Between Public and Private Managers. *Administration & Society*, 6(4). <https://doi.org/10.1177/009539977500600403>
- Burke, R. J., Greenglass, E. R., & Schwarzer, R. (1996). Predicting teacher burnout over time: Effects of work stress, social support, and self-doubts on burnout and its consequences. *Anxiety, Stress and Coping*. <https://doi.org/10.1080/10615809608249406>
- Carzo, R., & Yanouzas, J. N. (1969). Effects of Flat and Tall Organization Structure. *Administrative Science Quarterly*, 14(2). <https://doi.org/10.2307/2391096>
- Christensen, C. M., Grossman, J. H., & Hwang, J. (2009). The Innovator's Prescription. *Technology*. [https://doi.org/10.1111/j.0737-6782.2005.116\\_1.x](https://doi.org/10.1111/j.0737-6782.2005.116_1.x)
- Crabtree, B., & Miller, W. (1999). A template approach to text analysis: Developing and using codebooks. In B. Crabtree & W. Miller (Eds.), *Doing qualitative research*. SAGE.
- Cypress, B. S. (2019). Qualitative research: Challenges and dilemmas. *Dimensions of Critical Care Nursing*, 38(5), 264–270. <https://doi.org/10.1097/DCC.0000000000000374>
- Dalton, D. R., Todor, W. D., Spendolini, M. J., Fielding, G. J., & Porter, L. W. (1980). Organization Structure and Performance: A Critical Review. *Academy of Management Review*. <https://doi.org/10.5465/amr.1980.4288881>
- De Sitter, L. U., Den Hertog, J. F., & Dankbaar, B. (1997). From complex organizations with simple jobs to simple organizations with complex jobs. *Human Relations*. <https://doi.org/10.1177/001872679705000503>

- De Sitter, U. (1998). *Synergetisch produceren* (2nd ed.). Uitgeverij van Gorcum.
- Dehart-Davis, L. (2009). Green tape: A theory of effective organizational rules. *Journal of Public Administration Research and Theory*. <https://doi.org/10.1093/jopart/mun004>
- Donaldson, L. (1996a). *For positivist organization theory* (1st ed.). SAGE.
- Donaldson, L. (1996b). The normal science of structural contingency theory. In *Handbook of organization studies* (pp. 57–76). SAGE.
- Donaldson, L. (2001). The Contingency Theory of Organizations. In *The Contingency Theory of Organizations* (1st ed.).
- Fereday, J., & Muir-Cochrane, E. (2006). Demonstrating Rigor Using Thematic Analysis: A Hybrid Approach of Inductive and Deductive Coding and Theme Development. *International Journal of Qualitative Methods*. <https://doi.org/10.1177/160940690600500107>
- Giauque, D., Ritz, A., Varone, F., & Anderfuhren-Biget, S. (2012). Resigned but satisfied: The negative impact of public service motivation and red tape on work satisfaction. *Public Administration*. <https://doi.org/10.1111/j.1467-9299.2011.01953.x>
- Glaser, B. G., & Strauss, A. (1967). *The discovery of grounded theory*. Aldine.
- Goertzen, M. J. (2017). Applying Quantitative Methods to E-book Collections. *Library Technology Reports*, 53(4), 12–18.
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth generation evaluation*. SAGE.
- Guest, G., Bunce, A., & Johnson, L. (2006). How Many Interviews Are Enough? *Field Methods*. <https://doi.org/10.1177/1525822x05279903>
- Hage, J., & Aiken, M. (1967). Relationship of Centralization to Other Structural Properties. *Administrative Science Quarterly*, 12(1). <https://doi.org/10.2307/2391213>.
- Hanekamp, M., Heesbeen, S., Van der Helm, I., & Valks, R. (2019). *Administratieve belasting langdurige zorg 2019*.



- Hattke, F., Hensel, D., & Kalucza, J. (2019). Emotional Responses to Bureaucratic Red Tape. *Public Administration Review*, 80(1). <https://doi.org/10.1111/puar.13116>
- Holt, R. (2012). Ethical research practice. In G. Symon & C. Cassel (Eds.), *Qualitative Organizational Research: Core Methods and Current Challenges*. SAGE Publications.
- Israel, M., & Hay, I. (2006). Why care about Ethics. In M. Israel & I. Hay (Eds.), *Research ethics for social scientists*. SAGE Publications. <https://doi.org/10.4135/9781849209779>
- Jacobsen, C. B., & Jakobsen, M. L. (2018). Perceived Organizational Red Tape and Organizational Performance in Public Services. *Public Administration Review*, 78(1). <https://doi.org/10.1111/puar.12817>
- Janghorban, R., Roudsari, R. L., & Taghipour, A. (2014). Skype interviewing: The new generation of online synchronous interview in qualitative research. *International Journal of Qualitative Studies on Health and Well-Being*. <https://doi.org/10.3402/qhw.v9.24152>
- Jaques, E. (1990). In praise of hierarchy. *Harvard Business Review*, 68(1).
- Kaufman, H. (1977). *Red Tape: Its origins, uses and abuses* (1st ed.). The Brookings Institution.
- Kaufmann, W., Borry, E. L., & DeHart-Davis, L. (2018). More than Pathological Formalization: Understanding Organizational Structure and Red Tape. *Public Administration Review*. <https://doi.org/10.1111/puar.12958>
- King, N. (2012). Doing Template Analysis. In G. Symon & C. Cassel (Eds.), *Qualitative Organizational Research: Core Methods and Current Challenges*. SAGE Publications. <https://doi.org/10.4135/9781526435620.n24>
- Kipnis, D. (1984). The use of power in organizations and in interpersonal settings. *Applied Social Psychology Annual*.
- Lee, C. C., & Grover, V. (1999). Exploring Mediation between Environmental and Structural Attributes: The Penetration of Communication Technologies in Manufacturing Organizations. *Journal of Management Information Systems*, 16(3). <https://doi.org/10.1080/07421222.1999.11518261>
- Liao, C., Chuang, S. H., & To, P. L. (2011). How knowledge management mediates the relationship

- between environment and organizational structure. *Journal of Business Research*, 64(7).  
<https://doi.org/10.1016/j.jbusres.2010.08.001>
- Mahmoudsalehi, M., Moradkhannejad, R., & Safari, K. (2012). How knowledge management is affected by organizational structure. *Learning Organization*, 19(6).  
<https://doi.org/10.1108/09696471211266974>
- Mintzberg, H. (1979). *The structuring of organizations: A synthesis of the research*. University of Illinois at Urbana-Champaign's Academy for Entrepreneurial Leadership Historical Research Reference in Entrepreneurship.
- Mintzberg, H. (1980). Structure in 5's: A Synthesis of the Research on Organization Design. *Management Science*. <https://doi.org/10.1287/mnsc.26.3.322>
- Moon, M. J., & Bretschneider, S. (2002). Does the Perception of Red Tape Constrain IT Innovativeness in Organizations? Unexpected Results from a Simultaneous Equation Model and Implications. *Journal of Public Administration Research and Theory*.  
<https://doi.org/10.1093/oxfordjournals.jpart.a003532>
- Moynihan, D. P., & Pandey, S. K. (2007). The role of organizations in fostering public service motivation. *Public Administration Review*. <https://doi.org/10.1111/j.1540-6210.2006.00695.x>
- Pandey, S. K., & Scott, P. G. (2002). Red Tape: A Review and Assessment of Concepts and Measures. *Journal of Public Administration Research and Theory*, 6(1).  
<https://doi.org/10.1093/oxfordjournals.jpart.a003547>
- Pimple, K. D. (2002). Six Domains of Research Ethics: A Heuristic Framework for the Responsible Conduct of Research. *Science and Engineering Ethics*, 8(2). <https://doi.org/10.1007/s11948-002-0018-1>
- Porter, L. W., & Siegel, J. (1965). Relationships of Tall and Flat Organization Structures to the Satisfaction of Foreign Managers. *Personnel Psychology*, 18(4). <https://doi.org/10.1111/j.1744-6570.1965.tb00293.x>
- Pugh, D. S., Hickson, D. J., Hinings, C. R., & Turner, C. (1968). Dimensions of Organization Structure. *Administrative Science Quarterly*, 13(1). <https://doi.org/10.2307/2391262>
- Schwarz, N. (2012). Feelings-as-information theory. In P. Van Lange, A. Kruglanski, & T. Higgins (Eds.), *Handbook of Theories of Social Psychology*. SAGE Publications.

<https://doi.org/10.4135/9781446249215.n15>

Sturges, J. E., & Hanrahan, K. J. (2004). Comparing Telephone and Face-to-Face Qualitative Interviewing: A Research Note. *Qualitative Research*.  
<https://doi.org/10.1177/1468794104041110>

Swanborn, P. (2013). *Case studies: Wat wanneer en hoe?* (5th ed.). Boom Lemma uitgevers.

Symon, G., & Cassel, C. (2012). *Qualitative research: Core methods and current challenges*. SAGE Publications.

Thompson, J. D. (2017). Organizations in action: Social science bases of administrative theory. In *Organizations in Action: Social Science Bases of Administrative Theory*.  
<https://doi.org/10.4324/9781315125930>

Turaga, R. M. R., & Bozeman, B. (2005). Red tape and public managers' decision making. *American Review of Public Administration*, 35(4). <https://doi.org/10.1177/0275074005278503>

Van de Bovenkamp, H., Stoopendaal, A., Oldenhof, L., Van Bochove, M., & Bal, R. (2017). *Regeldruk & regelruimte*.

Van den Elsen, W. (2020). *Hugo de Jonge: ik ben uw bondgenoot in de strijd tegen regeldruk*. 22-01-2020. <https://www.vilans.nl/artikelen/werk-in-de-zorg-laait-zich-niet-vangen-in-regels-en-protocollen-regeldruk>

Van Gestel, R. A. J., & Hertogh, M. L. M. (2006). *Wat is regeldruk?*

Vennix, J. (2019). *Research methodology: An introduction to scientific thinking and practice* (1st ed.). Pearson education.

Verschuren, P., & Doorewaard, H. (2007). *Het ontwerpen van een onderzoek*. Lemma.

Waldo, D. (1946). Government by procedure. In *Elements of Public Administration* (pp. 381–399). Prentice-Hall.

Walker, R. M., & Brewer, G. A. (2008). An organizational echelon analysis of the determinants of red tape in public organizations. In *Public Administration Review*. <https://doi.org/10.1111/j.1540->

6210.2008.00959.x

Womack, J. P., & Jones, D. T. (1997). Lean Thinking—Banish Waste and Create Wealth in your Corporation. *Journal of the Operational Research Society*.  
<https://doi.org/10.1038/sj.jors.2600967>

## 7. Appendix

### 7.1 Appendix 1 – Interview guideline English version

Hello,

Thank you again for your willingness to cooperate in my research. I will start with a short introduction about myself and the aim of this interview. After that I would like to hear more about you and your work activities within organization X. I suggest that we start with the questions aimed specifically at this research after that.

#### **Introduction**

My name is Roy Valks and I am currently enrolled in the Master's specialization Organisational Design and Development, which is a specialization of the Masters' program of Business Administration at the Radboud University. In order to finish my study, I am currently busy with writing a Master thesis and that is as well why I asked you here today. My research is about how one experiences, is related to how one perceives certain rules as burdensome or unnecessary. I was hoping that you could tell me today something about how you experience this in your organization.

#### **Brief introduction on interview set-up**

The interview will take up to maximum of 60 minutes and will consist of several topics related to my research. After this introduction I would like to start with taking some time to get to know each other a little bit better. After that I will start with the questions related to my research.

#### **Data of today's interview**

It is important for me to tell you that everything you tell me today will be processed anonymously and can in no way be related back to you. Therefore you can share whatever you want to tell me without fearing reactions from your employer, colleagues or others reading or hearing from my research. If you would like to see the results of my research afterwards, I can always share those with you. If next to that at any point in time you want to withdraw your participation in this research for personal reasons, then you are free to do that.

#### **Recording the interview**

In order for me to be able to analyze everything that I hear in all different interviews I like to record all conversations. Do you have any problems with me recording this interview?

Do you have any questions about the interview of my research until now? If not I suggest we start off with this interview.

#### **Getting to know each other: (example questions, no need to follow these strictly)**

- Could you introduce yourself briefly to me?
- How long do you already work for organization X?
- How did you end up within organization X?
- What is your function within organization X?
- Could you tell me some more about the tasks that you perform in your job?

#### **A. Formalization:**

1. Could you tell me something more about the ratio between rules, procedures, instructions or other forms of

communication that are written down and the ones that are not?

2. Could you give some examples of things that are, or are not written down?

### **B. Centralization**

4. How do you feel about the amount of freedom you receive to do your work the way you want to do it?

5. How do you feel about the extent of freedom you receive to make decisions on your own in your daily work?

6. How do you experience the extent to which your work environment encourages you to work/make decisions in the way you want to?

### **C. Hierarchy**

8. What are your ideas, if you have any, on the number of managerial layers that your organization has?

(possible follow-up question: Did you ever experience how this had an impact on your work and how?)

9. What do you think of the amount of employees that your manager has to manage? (few/many, and why?)

### **D. Red tape**

11. What is your experience with burdensome rules, procedures or regulations within your organization, and what are examples of these rules?

12. What is your experience with unnecessary rules within your organization, and what are examples of these rules?

14. What do you see as the sources of these burdensome and/or unnecessary rules?

### **E. Red tape and structural elements**

15. Are there structural elements of the ones we just bespoke in the beginning of which you have the feeling that they contribute to the development and/ or maintenance or help prevent and/or reduce the amount of burdensome and/or unnecessary rules in your organization?

I would like to discuss this question for all three structural elements we bespoke in the beginning. (briefly explain the structural elements based on the accompanying topics discussed)

- Formalization
- Centralization
- Hierarchy

### **End of interview**

Thank you very much for helping me with this interview. If you have any questions later on you can always contact me. Have a good day, Bye!

## 7.2 Appendix 2 - Interview guideline Dutch version

Hallo,

Nogmaals bedankt voor uw bereidheid om deel te nemen aan mijn onderzoek. Ik stel voor om te starten met een korte introductie over mijzelf en over het doel van dit interview. Natuurlijk hoor ik daarna ook graag meer over u en uw werkzaamheden binnen organisatie X. Wat mij betreft starten we daarna met de vragen die specifiek gericht zijn op mijn onderzoek.

### **Introductie**

Mijn naam is Roy Valks en ik momenteel bezig met mijn masterspecialisatie Organisational Design and Development, wat een specifieke richting is van de master Business Administration ofwel Bedrijfskunde. Om mijn opleiding af te ronden ben ik momenteel bezig met het schrijven van mijn masterthesis, en dat is waarom ik u heb gevraagd voor een interview vandaag. Mijn onderzoek kijkt naar of en hoe bepaalde structurelementen van de organisatie inrichting van zorgorganisaties, invloed hebben op de ervaren hoeveelheid als belastend of overbodig ervaren regels. Ik hoop dat u mij vandaag wat meer kunt vertellen over hoe u bepaalde onderdelen van uw organisatie ervaart en hoe u denkt over bepaalde regels.

### **Korte introductie van onderzoeksopzet**

Het interview zal maximaal 60 minuten duren en zal bestaan uit meerdere sub-onderdelen gerelateerd aan mijn onderzoek. Na deze introductie wil ik graag de tijd nemen om elkaar wat beter te leren kennen, waarna we kunnen beginnen met de vragen gerelateerd aan het onderzoek.

### **Data van het interview van vandaag**

Het is belangrijk om mede te delen dat alles dat u vandaag vertelt in dit interview op een anonieme manier zal worden verwerkt in mijn onderzoek, zodat lezers van mijn onderzoek de resultaten op geen enkele manier op individueel niveau kunnen herkennen. Dat zorgt ervoor dat u vrij kunt zijn om te vertellen wat u graag wilt vertellen zonder daarbij te vrezen voor de reactie van uw werkgever, collega's of anderen die lezen of horen van mijn onderzoek. Als u geïnteresseerd bent in de resultaten van mijn onderzoek, dan deel ik deze na afloop graag met u. Als u zich op welk moment dan ook bedenkt over uw deelname aan dit onderzoek, kunt u dit altijd aangeven en kunt u zich terugtrekken van uw deelname.

### **Opnemen van het interview.**

Om in staat te zijn alles wat ik hoor in de verschillende interviews te analyseren neem ik alle interview die ik houdt met deelnemers van mijn onderzoek graag op. Heeft u er bezwaar tegen dat ik dit interview opneem?

Heeft u verder nog vragen over het interview of over mijn onderzoek tot nu toe? Als u deze niet meer heeft stel ik voor om van start te gaan met het interview.

Elkaar leren kennen: (voorbeeld vragen, deze hoeven niet strikt gevolgd te worden)

- Zou u zichzelf kort kunnen introduceren?
- Hoe lang bent u al werkzaam voor organisatie X?
- Hoe bent u eigenlijk in contact gekomen bij organisatie X?
- Wat is uw functie binnen organisatie X?
- Zou u me wat meer kunnen vertellen over de werkzaamheden die u uitvoert in uw baan?

### **Formalisatie**

1. Zou u me wat meer kunnen vertellen over de verhouding van regels, procedures, instructies of andere vormen van communicatie die worden opgeschreven of juist niet worden opgeschreven?
2. Zou u wat voorbeelden kunnen geven van regels die juist wel of juist niet worden opgeschreven binnen uw organisatie?

### **B. Centralisatie**

4. Hoe ervaart u de vrijheid die u ontvangt om uw werk uit te voeren op de manier zoals u dat zelf wilt?
5. Hoe ervaart u de mate van vrijheid die u ontvangt om zelf besluiten te nemen in uw dagelijkse werk?
6. Hoe ervaart u de mate waarin uw werkomgeving (bv. collega's/leidinggevende) u aanmoedigt om te werken/keuzes te maken naar uw eigen inzicht?

### **C. Hiërarchie**

8. Wat zijn uw ideeën, als u die heeft, op het aantal managementlagen die uw organisatie heeft? (mogelijke vervolgvraag: Heeft u ooit ervaren dat dit impact heeft gehad op uw werkzaamheden, en zo ja, op welke manier?)
9. Hoe denkt u over het aantal medewerkers die uw direct leidinggevende aan dient te sturen? (veel/weinig en waarom?)

### **D. Red tape**

11. Wat is uw ervaring met belastende regels, procedures of voorschriften binnen uw organisatie en welke voorbeelden heeft u hiervan?
12. Wat is uw ervaring met onnodige regels binnen uw organisatie, en welke voorbeelden heeft u hiervan?
13. Wat ziet u als de bronnen van deze belastende en/of overbodige regels?

### **E. Red tape en structuur elementen**

15. Zijn er elementen uit de organisatie inrichting, zoals we die net bespraken waarvan u het gevoel heeft dat ze bijdragen aan het ontwikkelen en/of behoud of juist bijdragen aan het voorkomen en/of verminderen van belastende en/of overbodige regels in uw organisatie?

Graag zou ik deze vraag bespreken per structuurelement zoals we dit in begin bespraken. (Hierbij kort elementen uitleggen aan de hand van de bijbehorende topics die zijn besproken.)

- Formalisatie
- Centralisatie
- Hiërarchie

### **Einde van het interview**

Ontzettend bedankt voor uw bijdrage aan mijn onderzoek. Mocht u nog vragen hebben dan kunt u altijd contact met mij opnemen. Nog een hele fijne dag, graag tot ziens!



### 7.3 Appendix 3 - Code manual

<b>Code 1</b>	
<b>Label</b>	Formalization
<b>Definition</b>	<i>"The extent to which employees perceive that rules, procedures, instructions, and communications are written."</i> (definition as described in chapter 2)
<b>Description</b>	When employees talk about rules, procedures, instructions and communications that are written down.
<b>Code 2</b>	
<b>Label</b>	Centralization
<b>Definition</b>	<i>"The extent to which employees perceive that decision-making power is concentrated at the top levels of the organization."</i> (definition as described in chapter 2)
<b>Description</b>	When employees talk about their freedom to act, freedom to decide and whether they work in an encouraging decision making environment.
<b>Sub code 2.1</b>	
<b>Label</b>	Freedom to act
<b>Definition</b>	<i>The extent to which employees must check with their supervisor before they act within their work.</i> (adapted from item Kaufmann et al. (2018, p. 239) used to measure centralization)
<b>Description</b>	This can be recognized when an interviewee talks about the extent to which they he or she feels the freedom to act independently from the supervisor at work. The interviewee does not feel the constant need to discuss all acts within daily work with a manager higher up the hierarchy.
<b>Sub code 2.2</b>	
<b>Label</b>	Freedom to decide
<b>Definition</b>	<i>The extent to which certain matters, where employees are involved in, must be referred to someone higher up for a final answer.</i> (adapted from item Kaufmann et al. (2018, p. 239) used to measure centralization)
<b>Description</b>	This can be recognized when interviewees talk about the extent to which they can take certain decisions on their own or whether they have to refer all decisions to higher level managers.
<b>Sub code 2.3</b>	
<b>Label</b>	Encouraging decision making environment

<b>Definition</b>	<i>The extent to which employees that want to make their own decisions are quickly discouraged.</i> (adapted from item Kaufmann et al. (2018, p. 239) used to measure centralization)
<b>Description</b>	This can be recognized when interviewees talk about the extent to which they feel that their superiors discourage them when they want to make their own decisions within their work environment.
<b>Code 3</b>	
<b>Label</b>	Hierarchy
<b>Definition</b>	<i>"The extent to which employees of an organization perceive that their organization has a structure with many managerial layers given its size and a narrow span of supervision."</i> (definition as described in chapter 2)
<b>Description</b>	When employees talk about the number of managerial layers and span of supervision within the organization.
<b>Sub code 3.1</b>	
<b>Label</b>	Managerial layers
<b>Definition</b>	<i>The perception of an employee about the number of managerial layers in their organization</i> (adapted from item Kaufmann et al. (2018, p. 239) used to measure hierarchy)
<b>Description</b>	This can be recognized when an employee gives his or her opinion on the amount of managerial layers within the organization.
<b>Sub code 3.2</b>	
<b>Label</b>	Span of supervision
<b>Definition</b>	<i>The perception of an employee about the number of employees his/her direct manager needs to lead.</i> (based on discussion about span of supervision literature as described in the work of Carzo and Yanouzas (1969, p. 179)
<b>Description</b>	This can be recognized when an interviewee gives his or her opinion on the number of employees that his/her direct manager needs to lead.
<b>Code 4</b>	
<b>Label</b>	Perceived red tape (Bozeman, 1993, p. 284)
<b>Definition</b>	<i>"Organizational rules, regulations, and procedures that remain in force and entail a compliance burden, but serve no object valued by a given stakeholder group"</i> (Bozeman, 1993, p. 284)
<b>Description</b>	When employees talk about the burdensomeness and necessity of rules.

<b>Code 5</b>	
<b>Label</b>	Inadequate comprehension (Bozeman, 1993)
<b>Definition</b>	<i>When the people that make rules have no, or little, understanding of the rules that are needed to achieve certain ends and the consequences of those rules.</i>
<b>Description</b>	When employees talk about the level of understanding of the rules makers related to the implemented rules and their consequences
<b>Code 6</b>	
<b>Label</b>	Self-aggrandizement and illegitimate functions (Bozeman, 1993)
<b>Definition</b>	<i>When certain individuals create rules that do not have a legitimate functional object for the organization, but only have value for their own specific certain group or for own individual sake.</i>
<b>Description</b>	When employees believe that rule makers do not only implement rules for legitimate reasons
<b>Code 7</b>	
<b>Label</b>	Negative sum compromise (Bozeman, 1993)
<b>Definition</b>	<i>A situation in which compromising rules are created that are supposed to serve too many functional objects of many diverse stakeholders so that it is not able to realize any of the objectives that the rule was created for.</i>
<b>Description</b>	When employees tell that they experience that rules are not serving their initial purpose due to a compromise that has been made
<b>Code 8</b>	
<b>Label</b>	Negative sum process (Bozeman, 1993)
<b>Definition</b>	<i>If an organization desperately strives to involve all organizational members in decision making, the obligation to participate in decision making can itself become a source for red tape.</i>
<b>Description</b>	When employees have a negative feeling towards the obligation to participate in decision making
<b>Code 9</b>	
<b>Label</b>	Rule entropy (Bozeman, 1993)
<b>Definition</b>	<i>A rule needs to pass through so many organizational levels or persons that it loses its essence underway.</i>
<b>Description</b>	When employees believe that the real essence of implemented rules is not always delivered to them
<b>Code 10</b>	

<b>Label</b>	Rule strain (Bozeman, 1993)
<b>Definition</b>	<i>An excess of rules leading to rule inflation.</i>
<b>Description</b>	When employees see rules, due to an excess of them, as less valuable
<b>Code 11</b>	
<b>Label</b>	Accretion (Bozeman, 1993)
<b>Definition</b>	<i>Due to a growing amount of rules, rules become inconsistent with each other.</i>
<b>Description</b>	When employees experience that there rules sometimes are not consistent with each other due
<b>Code 12</b>	
<b>Label</b>	Misapplication (Bozeman, 1993)
<b>Definition</b>	<i>Rules that are being applied in the wrong way.</i>
<b>Description</b>	When employees tell that they, or their colleagues, do not always know how to apply certain rules

#### 7.4 Appendix 4 – Summary of interviews

Summary respondent X	
Sector	
Formalization	
Centralization	
Hierarchy	
Perceived Red tape	
Formalization / Red tape	
Centralization / Red tape	
Hierarchy / Red tape	
Other important comments	

## 7.5 Appendix 5 – Data driven codes

Name of data-driven codes (1 <sup>st</sup> order themes)	Exemplary codes	Explanation (how to recognize code)
Difficulties for employees to deal with too much freedom	"But I as well see that.. but we already bespoke it, that some people have a harder time dealing with their freedom. They have no oversight, cannot focus on the work that must be done." [interviewee 2]	When employee experiences difficulties dealing with the amount of freedom he or she receives in his/her work.
Capacities of employee	"It is not meant silly but the knowledge of some of my colleagues is different from the knowledge I have. Uhm or a.., and well there is a difference in that" [interviewee 10]	When interviewee tells about the capability of an employee to understand and do the work that he or she is supposed to do properly.
Character of employee	There are two types of mentors at our place, the one who is very attached to it, who wants everything on paper what to do and what not to do. [...] and the the type of people that say, I want a few guidelines and with these I decide from my professional being what I can and cannot do" [interviewee 11]	When interviewee tells about the preferences and way of being of an employee and the influence that his on their work.
Differences between departments	"Within the living groups you really have an abundance of protocols, rules and lists to follow. The day task, everything you need to fill in every day and check and I see that.. within the part I work that it is way looser." [interviewee 13]	When interviewee tells that different departments really have different characteristics.
Felt space to initiate change	"And the employees just keep on filling in these papers.. And yes I dare to keep asking and I feel that.. I just experience.. They think you're annoying. As well he needs to ask something again and yes.. that works demotivating. It works really demotivating." [interviewee 9]	When interviewee speaks about whether there is an environment in which an employee has the feeling that they can start a change within the organization.
Experience of employee	"I already work for such a long time at organization X that I actually already know all the rules that matter in terms of activities, and behavioral codes eh yes." [Interviewee 1]	When the experience of an employee within the organization has influence on how someone does, or experience, his/her work.
Feeling of involvement	I actually think it is nice that we receive an update now and then from our sector manager or the board of directors or yes.. so you're involved as employee on the floor. So you know what is happening. I do not feel like... here we have a mail again.. or well I will read that later. I see it as something nice that they keep us up to date in that way." [interviewee 13]	When interviewee speaks about the extent to which an employee feels involved within the organization.
Findability of written documents	"..the protocols are all very clear and up to date. We have an intranet and I believe that they really keep it up there, you can find a lot of	When the interviewee speaks about how easy or hard it is to find the written documents that are necessary to do your job.

	information right there. I see that as something very important." [Interviewee 10]	
Workload	"From the one side it is nice to do everything by yourself, but at the same time.. your workpressure becomes a lot bigger due to this. Well.. not only purely workpressure, but just the associated responsibility. It think that it is just too much." [Interviewee 4]	When the interviewee speaks about the amount of work pressure that someone experiences.
Information overkill	"..if you write down too much you start losing oversight and that is what we have. We have a knowledge base and you can find basically everything there and they as well point you that direction sometimes if you need anything. But i believe the average healthcare employee does not even look there, but oke, everything is written down, we know there are protocols, but if we really know thos protocols... we don't talk about it.." [Interviewee 12]	When the interviewee mentions something about whether or not he or she can deal with the amount of information that one receives.
Employee knows how to act	"There must be a guiding line about how you must deal with protocols for example, there must be something because otherwise it just gets a tangle of everything." [Interviewee 10]	When the interviewee speaks about whether or not one knows enough about how to do your job properly.
Managerial attention	"Yes, I think that some people need that some more [ad. Attention from manager]. But our caremanager isn't here for that long, so he is still looking for his role in that sense. But I do hear the stories that they do hardly see him." [Interviewee 7]	When the interviewee speak about whether their manager has and takes enough time for him/her when he/she needs it.
Readability of written documents	".. It is written on an academic level, or at least very abstract and it probably must be done that way sometimes but if we do not question who we write for, who is the reader of these documents? If it is meant for policymakers and for managers then I get why they write it on that level. But if it is written down for executive people who really must do something with this, then I really believe it must be attractive to read and i fit is that much and in complicated terms, people will drop out." [Interviewee 3]	When the interviewee speaks about whether or not they believe that the written documents they have are easy to read for everyone.
Relevancy of written documents	"Yes, every day we received two to four pages full with measures or issues and they expected from you that you knew, or at least knew all of what was on those pages [.....] That made that people start saying, well whatever.. I will see what happens within the house and I will hear from my own... because I communicate the information directly with my team on a bulletin board saying: This is what we do. After a while, what I wrote on that board based on the newsletter became more leading than the newsletter itself." [Interviewee 11]	When the interviewees speak about what they see as important or as not important regarding written documents.

Suitability of rules/procedures/regulations	<p>"They cannot catch everything in one rule. So yes, you try to place a lot on paper, but it is not always evenly clear what applies for who right. In any case, often we need to make our own translation for rules that have been written down." [Interviewee 11]</p>	<p>When the interviewee speaks about whether or not the rules that have been devised by the rule makers on a higher hierarchical level, actually fit on the working floor.</p>
---	--	--



## 7.6 Appendix 6 – Clustering of codes

1 <sup>st</sup> order themes (data -driven codes)	2 <sup>nd</sup> order theme (data-driven codes)
Capacities of employee	Right personal characteristics to deal with freedom (=Certain personal attributes that, if a person has one or both of these, have a positive effect on how good someone can deal with freedom)
Character of employee	
Findability of written documents	Conditions for good formalization (= Certain conditions that, if they are met, improve the quality of written rules, procedures, instructions and communications within the organization)
Readability of written documents	
Relevancy of written documents	
Differences between departments	Suitable rules/procedures/regulations (=The extent to which the rules/procedures/regulations that are made by rule makers for care and mentoring staff are being seen as are right, doable and feasible in practice)
Suitability of rules/procedures/regulations	
Felt space to initiate change	Welcoming environment for employees to initiate change (=A situation in which care and mentoring staff feel enough involvement and space to initiate change )
Feeling of involvement	
Workload	Workload (=The amount of work that care and mentoring staff have to do and the associated pressure that comes with it.)
Information overkill	Information overkill (= A situation in which the amount of formalization gets so high that the care and mentoring staff is unable to process all this information properly)
Difficulty for employees to deal with too much freedom	Grip on your work (=A situation in which care and mentoring staff have a good oversight of the tasks they have to do within their job and how they have to do them.)
Employees know how to act	
Managerial attention	Managerial attention (=The amount of time superiors invest in their care and mentoring staff)
Inadequate comprehension	Inadequate comprehension (=When the people that make rules have no, or little, understanding of the rules that are needed to achieve certain ends and the consequences of those rules.) (Based on Bozeman (Bozeman, 1993))
Experience of employee	Ultimately not included in the model