

# Inter-organizational care: Examining the quality of work among organizations involved in elderly care communities

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## Abstract

The Netherlands is at the beginning of a major challenge regarding its aging population. This, combined with an increasing shortage of professionals working in care, requires a renewed approach to elderly care to meet this demand. A community form of organization can ensure that older people can live independently for longer, combined with necessary care. To achieve this, several organizations collaborate. This study aimed to identify the impact of collaboration on quality of working life, as little is known about this. Through semi-structured interviews, several professionals were questioned about collaborating within one community in Limburg. In addition, several more experts with knowledge about community form of organizing were interviewed about the study. The analysis showed that several points contribute to a higher quality of working life when it comes to collaboration in a community. This research took place in one community. Follow-up research could focus on a multi-case study to compare results from different communities.

*Keywords:* Care Community, Quality of working life, Collaboration

# Preface

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## Chapter 1: Introduction

The Netherlands faces a major challenge concerning the aging of its population. According to Statistics Netherlands (CBS, n.d.), 20,2 percent of the population in the Netherlands is in 2023 65 years or older, compared to 12,8 percent in 1990. In order to overcome the pressure of the increasing demand for elderly care facilities, the Dutch government has encouraged elderly people to live longer at home (van Ginneken, 2015). Nonetheless, another research study (Ravensbergen et al., 2019) shows that the difference in age between parents and grandparents is decreasing (the ratio between 50 to 64 years old to those older than 85 years). This ensures that, on average, children can take over less care for their parents as they themselves quickly reach the age of needing care. As a result, informal care has fewer possibilities (Ravensbergen et al., 2019). However, with the right facilities, care can be taken out of the hands of the elderly themselves and their family members.

Research shows that in the coming years, the demand for care will increase by 10 to 20 percent over what was predicted in previous studies (Lakdawalla et al., 2003). This means that there is an urgency to alleviate care. The increased demand for care is accompanied by increased demand for trained personnel.

However, a shortage of trained personnel to handle this increasing care question seems to be one of the main challenges in the elderly care sector (Maurits et al., 2015). Because there are currently shortages in healthcare personnel, the workload for the current workforce is much higher. The same group of nurses must serve a growing group of clients, increasing the likelihood of burnout symptoms (Dall'Ora et al., 2020). In fact, research has shown that nurses' health can deteriorate when functioning under excessive pressure, resulting in cardiovascular disease (Johnson & Hall, 1988). For a similar reason, the challenge of retaining staff lies in the excessive pressure that employees in the care sector are experiencing (Van Hoyer, 2012). With the intention of managing the elderly care shortage, experiments are starting with a new form of collaboration (Block, 2018; Community care, n.d.). In earlier times, the form of authority was different. Management told how work should be done, and organizations thought primarily of their own goals. This is also called the authority mechanism (Adler et al., 2008). Community collaboration is a new form of organization; different organizations participate collectively towards a supported goal based on common values or identity (Vermeulen et al., 2021). Several academics reveal in their research that communities can provide a solution to the social issues of aging (Block, 2018; Vermeulen & Liese-Happel, 2021).

This new form of organization can feel like a big change for some employees with a shift in duties and responsibilities. Monitoring the quality of working life (QWL) can prevent employees from leaving the healthcare industry for other jobs (Ellenbecker et al., 2006) because they experience more stress and responsibilities due to the new way of organizing. Bagtasos (2011) suggests that QWL represents the positive interaction between employees, their work environment, and their tasks. By taking QWL into account, the risk of mental and physical problems can be minimized. The job demands-control model of Karasek (1979) shows that job demands and job control have an effect on how employees view their work in terms of mental health and the pace and pressure of work tasks. Ten years after the introduction, social support was added to the model as an extra factor (Doef & Maes, 1999). When the balance between the three factors is not maintained, it comes at the expense of QWL. One component that also contributes to a higher QWL is a pleasant collaboration with stakeholders and colleagues. That makes it even more important to understand how collaboration comes about. Mintzberg (1996) explains that collaboration can be seen as cooperation. This means that the result should not favor any specific group but should serve the common welfare. Understanding the different forms of collaboration can help improve the community's work design (Mintzberg et al., 1996).

There is already some considerable knowledge in the literature about the community form of organizing. However, little has been contributed to the perspective of QWL in this form of collaboration. This research will focus on the QWL aspects of community organizing by conducting Karasek's job demands control support model (1979). The following research question is used to answer this ambiguity:

*"How do collaborative practices among organizations involved in elderly care communities contribute to the perceived quality of work for staff?"*

The research can potentially contribute to the organizational development and design literature, specifically in the context of elderly community care. Different researchers have already studied care communities in a broader sense (Adler et al., 2008; Kolbjørnsrud, 2018; Vermeulen & Liese-Happel, 2021; Vogl, 2016). These studies elaborate on the connection between communities and culture and how collaboration occurs within community organizing. The human resource literature suggests that employees should not be forgotten when designing new organizational forms (Sinha, 2012). Including QWL in collaboration when designing new organizational forms protects employees from high workloads and little decision-making power (Bakker et al., 2017; Ellenbecker et al., 2006, 2008; Sirgy et al., 2001; Turner et al., 2005). However, academic literature has not yet specifically addressed

the connection between care communities and the quality of working life when companies collaborate in communities. By going deeper into this collaboration, knowledge about the quality of working life in communities can be gathered, which will contribute to further research of communities.

In addition to theoretical influence, this research also makes a practical contribution to healthcare workers in communities, policymakers in community organizations, and governmental institutions. As mentioned, there is a shortage of employees in elderly care, affecting the care provided (De Vries et al., 2023; Maurits et al., 2015; van Ginneken, 2015). To ensure that care remains at the desired level, the goal is to provide more targeted care to the elderly, allowing for better-managed care and reducing pressure on staff. A community form of living is expected to contribute to this ('t Sas & van Gool, 2023). First, this study will be useful for staff members who are directly in contact with care recipients. By working in an environment where staff perceives a good quality of work, employees enjoy their work more, decreasing employee absenteeism (Ellenbecker et al., 2008). Second, this research also contributes to employees who design the work. Including the quality of work in decisions that are made radiates directly to the staff with direct patient contact. With the help of this research, a conversation can be conducted about a pleasant quality of working environment for employees with direct patient contact and their management. Finally, this research also contributes to shaping future communities in the Netherlands and beyond.

The outline of the research will be as follows: Chapter 2 presents the current knowledge and insights into the concepts of communities, collaboration, and quality of work life. Chapter 3 introduces the research design, data collection, and data analysis, concluding with an explanation of the ethical considerations. Chapter 4 consists of the results, and to finalize the research, the conclusion and discussion will be expanded in Chapter 5.

## Chapter 2. Theoretical Background

This chapter provides a theoretical framework that helps answer the earlier-mentioned research question. In Chapter 2.1, theoretical knowledge about communities is shared. Chapter 2.2 is about collaborative forms, Chapter 2.3 is about the quality of work life, and 2.4 summarizes and connects these concepts and theories.

### 2.1 The Community

As a structure in this section, the definition of communities will be used. Vermeulen and Liese-Happel (2021) have formulated a definition that will be used in this study. The definition states that a community consists of three main aspects. 1) A collection of mutually compatible actors or organizations, 2) common values or identity, and 3) a collectively supported goal. As a whole, then, the definition is as follows: *“a form of organization in which a collection of mutually compatible actors or organizations voluntarily participate on the basis of common values or identity toward a collectively supported goal (Vermeulen & Liese-Happel, 2021, p.61).”* The next section will explain each of these aspects in more detail.

One of the main aspects of a community is a collection of mutually compatible actors or organizations. Normally, different organizations in the same building do not make a community but are fragmented (Block, 2018). These organizations have their own customers and their own goals. To become a community, a narrative shift is needed in which organizations work for the same goal and find engagement between different working sectors and cultures (Block, 2018; Heckscher & Adler, 2006). Some coordinating mechanisms in communities are needed to achieve the same goal and according to which values the members want to achieve this goal (Vogl, 2016). Coordinating mechanisms are shown as dynamic social practices undergoing continuous construction (Jarzabkowski et al., 2012). The most important value is the key coordinating mechanism of trust in communities (Adler, 2001). A narrow definition of trust is having confidence in someone else goodwill (Adler, 2001; Ring & van de Ven, 1992). A community can not exist without trust and voluntarism because people want to build toward the same goal, and trust is needed for that (Adler et al., 2008; Vermeulen & Liese-Happel, 2021). Nevertheless, sometimes, some authority is necessary to achieve goals. This authority should be obtained in a participatory manner and is often recognized by community members so that everyone in the community agrees on the difference in authority. (Adler & Heckscher, 2018). Healthcare Institution Philadelphia collaborates with municipalities and neighborhoods. In this collaboration, Philadelphia takes the guiding role in the meetings, but it does not have hierarchical power over the other



members of the community (Vermeulen & Liese-Happel, 2021).

As previously discussed, collectively standing for the same goal is necessary to achieve the ambition of the community. The emphasis lies on individuals and the collective, recognizing that individual contributions shape the collective consciousness. Nevertheless, the collective mind is distinct, arising from the complex network of interactions among many individuals (Weick & Roberts, 1993). Relational coordination can be seen as a collaborative process of communication and interaction aimed at accomplishing a task of a shared goal, where each aspect reinforces the other (Hoffer Gittel, 2002). Aspects that advance positively through relational coordination include timely, accurate, and problem-solving communication in which stakeholders effectively coordinate their work beyond boundaries (Bolton et al., 2021). This is necessary when a care community consists of multiple collaborating organizations. Boundaries must be crossed when working in the same community with different organizations; relational coordination helps with that.

Now that important aspects of the community have been discussed, the different forms of communities will be discussed. To zoom in on communities, a distinction can be made between three different forms of communities (Adler et al., 2008): *Gemeinschaft*, in which common norms coordinate labor; *Gesellschaft*, where price, authority, or both coordinate labor. The main supported goal is control, which is secured by an authority mechanism. Employees receive orders they will follow (Adler et al., 2008). However, these two 'schafts' have a limited capacity to develop and diffuse knowledge. *Gesellschaft* is narrowly self-interested, and *Gemeinschaft* is too limited and traditionalistic. The last form of community, collaboration, where growth is coordinated by conscious collaboration, fits better in the current partnerships (Adler et al., 2008). In a hierarchical form, the resources are owned by the organization and its owners (Kolbjørnsrud, 2018). In a market principle, the resources are transacted when there is an agreement between the buyer and the seller. Nonetheless, communities are built together, so members use shared resources that are accessible to all members. This study will further examine the definition of communities.

Currently, more and more communities are emerging in Europe and beyond. The aim of these care communities is to allow residents to live at home for as long as possible (Winkel et al., 2015). Within these care communities, there is also increasing reablement. The aim of that initiative is to allow older people to pick up as much independence as possible, keeping them vitally strong. A professional takes up only the actions that people can no longer perform themselves (Winkel et al., 2015). This way of life is often combined with living in a care community. In a study of Danish care communities, participating residents noted that

they could carry out everyday activities better. When multiple organizations are involved in the same community, it is important that communication does not run alongside each other. The next section will look at important concepts in collaboration.

## 2.2 Collaboration

According to Mintzberg et al. (1996), collaboration means cooperation. "It evokes the image of people working in teams, resolving their problems collectively and harmoniously."

Establishing collaborative ventures is a common strategy for moderating risk and uncertainty in complex environments. These ventures allow for sharing risks among participants while leveraging their combined expertise for mutual benefit (Dietrich et al., 2010). The first concept discussed in this paragraph is the role of collaboration partners. This concept ensures efficient and error-free communication with external and internal stakeholders. The first form of collaboration is interorganizational collaboration, in which various forces come from outside the organization. Interdependencies occur between stakeholders (Gray, 1985). This kind of collaboration, in addition to transferring existing knowledge among organizations, facilitates the creation of new knowledge and produces synergistic solutions (Hardy et al., 2003). Four basic types of interorganizational collaborations can be distinguished: upstream collaboration, downstream collaboration, lateral collaboration, and governmental collaboration (Mintzberg et al., 1996). Since this research focuses on collaborations within the same community, interorganizational collaborations will not be discussed further.

The second concept of collaboration is intraorganizational collaboration. This occurs among people in task forces or teams and across units. Synergy is tried to be found inside the same company between different businesses (Mintzberg et al., 1996). Several collaboration antecedents have been found in earlier research. These factors directly affect the quality of the resulting collaboration (Dietrich et al., 2010; Patel et al., 2012). Seven main categories are involved in collaboration. The first factor is context. In context, the type of work will be determined, which also influences the type of support needed. Without managerial support, a team can not function well. Support can be physical, like tools, or with online workspaces to collaborate with colleagues (Simão Filho et al., 2017). Thirdly, teams consist of individuals who must finish tasks to meet defined goals. They work together in the same location or remotely. Team task performance is as critical as collaborative performance (Patel et al., 2012). Collaboration is the linking part in the fourth category of collaboration, interaction processes. Decision-making and communication are process steps for moving toward the result and achieving the firm's goal.

The third concept is how information flows through and between organization(s). When collaborating, the information flow can stay at the same hierarchical level. This is horizontal collaboration, also called decentralized (Yousefian et al., 2021). If information has to go between different hierarchical levels, the literature speaks about vertical collaboration or centralized collaboration (Yousefian et al., 2021). This can be inside the same organization or between different organizations. If both are involved, a hybrid form of collaboration occurs. When communicating within the company, it is good to remember who the message's recipient is. This way, the content of the message comes across well, and the recipient will also contribute more actively to what is being asked of him (Street Jr, 2003). Collaboration should additionally be done with respect and goodwill. The outcome should not benefit one particular group but be for the greater good (Mintzberg et al., 1996; Weick & Roberts, 1993). An open decision-making process and transparency are two other principles of collaboration (Yousefian et al., 2021).

Besides good communication, it is also important that the cooperation in a community is guided by an employee who takes the lead in organizing the community, a driving force (Foster-Fishman et al., 2001). This person is responsible for building relationships in the care community between the different organizations and building trust right along with it. In addition, the driving force provides set times to meet with the organizations, chairs these meetings, and takes the minutes. As a result, the cooperating organizations keep track of the overall goal of the community (Foster-Fishman et al., 2001).

## 2.3 Quality of work life

The term quality of work is often used with several synonyms, such as 'quality of life at work,' 'job quality,' or 'quality of working life' (Barroso, 2018). This research focuses on the synonym quality of working life (QWL). The definition of QWL depends on the personal characteristics of the researcher who determines it. However, this research assumes that QWL refers to the ideal positive interaction between the worker, the conditions or environment in which they perform their job, and their tasks (Bagtasos, 2011). Different factors have an influence on QWL. This paragraph will discuss these factors, beginning with the development of the job strain model by Karasek (1979), and concluding with the influence of QWL in nursing homes.

Stress in professional settings can be attributed to three key risk factors: level of job control, which pertains to the extent of autonomy employees have over their work tasks and behaviors (Karasek, 1979); job demands, which encompass the psychological stressors associated with meeting workload requirements (Karasek, 1979), and the presence of social support, social support encompasses interactions with supervisors and colleagues in the

workplace, assistance received with job-related tasks, and the degree of workplace isolation experienced (Johnson & Hall, 1988). The job demands-control model (Karasek, 1979) is a way to determine if the stress level is too high for the employees. This is done by distinguishing between two broad categories of working conditions: job demands and job control, as seen in Figure 1. Job control (job decision latitude) is related to individual autonomy over work timing and methods (Turner et al., 2005). Job demands influence the pace and pressure of work tasks. Both categories influence employees' mental health. Karasek (1979) proposed two hypotheses to explain job types. The conclusion of the first hypothesis is that without the latitude to manage demands, work pressures take their toll on employee well-being (Turner et al., 2005). This is indicated by the diagonal line in the model. According to the second hypothesis theory, jobs that involve high demands and high control, known as active jobs, can be quite challenging and motivating, even as low-control and low-demand jobs. These jobs offer opportunities to learn new skills and meet challenges, which can ultimately reduce strain (Doef & Maes, 1999).

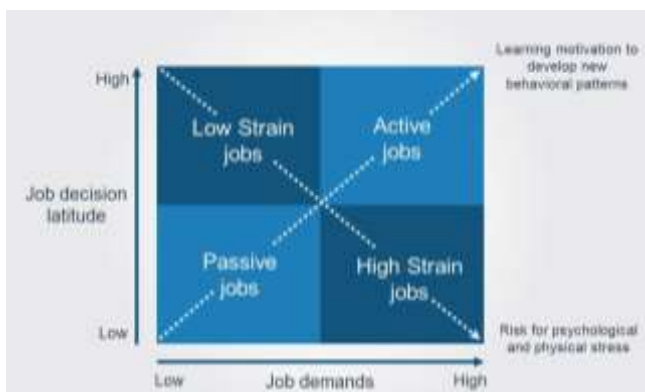


Figure 1. Job strain model by Karasek (1979)

Late in the 1980s, the importance of social support became clear as a crucial aspect in the development of health problems and was added to the job strain model (Doef & Maes, 1999). It became apparent that besides the influence of job decision latitude and job demands, the turnover rate for employees was still high because some social factors were not considered, while the management focused on cost-reducing activities and efficiency (Landsbergis, 1988). The addition of social support expanded the model to three factors to consider. When more is demanded from staff regarding workload, the decision latitude and the social dimension should balance it out (Vermeerbergen et al., 2021). When the balance is not achieved, it will adversely affect QWL, and the likelihood of employees' resignation increases or may eventually result in burnout.

Deckers' (1997) study demonstrates that nurses have a tough job caring for people. This is due to being confronted with death and frustrated ideals of what one wants and can provide.

The stress this creates can increase the risk of cardiovascular disease (Johnson & Hall, 1988). The findings in their research suggest that high job strain combined with low workplace social support was associated with an increased risk of cardiovascular disease. A study of employees in Sweden (André-Petersson et al., 2007) also examined blood pressure levels in combination with social support from co-workers and supervisors. This research showed that a low level of social support at work, together with a passive work situation, indicated an increased risk of a future cardiovascular outcome. This study, therefore, shows that the social dimension has a protective effect on cardiovascular disease.

To conclude, several researchers have conducted the job demands control-support model in academic literature since 1979 to measure the quality of employees' working lives (Doef & Maes, 1999). Job quality and the social aspect are crucial due to their potential effect on individuals, companies, and nations' well-being (Findlay et al., 2013). Other research shows that the importance of stable resources grows when the job becomes more stressful (Bakker & de Vries, 2021). By identifying work-related problems, the job demand control support model can be used to improve the quality of work for employees.

As can be read in this section, QWL impacts the motivation of organizational members. This may also drop over to the retention rate of nursing home staff (Ellenbecker et al., 2008). This industry has a worldwide shortage of 5.9 million nurses (De Vries et al., 2023). Therefore, nursing homes try to retain their current nursing staff as much as possible. Policymakers in communities must consider QWL when developing jobs in communities, preventing employees from leaving the community and finding jobs elsewhere.

## 2.4 The relationship between communities, collaboration and QWL

In addition to having separate influences in practice, the concepts spoken earlier can also be combined with each other. This paragraph follows an explanation of the relationship between communities, collaboration, and QWL. As the pressure on elderly care grows, the innovative form of communities with a basis of common values or identity works toward a collectively supported goal (Vermeulen & Liese-Happel, 2021). In the same way, Vogl (2016) specifies trust as a coordinating mechanism. Members in the same community can collaborate when agreeing with the same values. That makes understanding how collaboration works between organizations in one community important. When communication within an organization works well, greater collaborative benefits can be achieved, and the community will benefit (Guo et al., 2022). Besides that, a driving force with sufficient dedication and the trust of other organizations can ensure that the community keeps working towards the right goal and accelerates its development (Foster-Fishman et al., 2001) by motivating its employees. Here,

collaboration goes together with working in a community. Following this, trust in the leadership can ensure that employees encountering issues in the care community being developed will raise those concerns.

This brings together the literature on collaboration and QWL. Karasek (1979) addresses the importance of job demand, job control, and social support. Collaboration in new organizational forms may cause more unfamiliarity among employees as the work development is still in its early stages and QWL is not taken into account (Bakker & Demerouti, 2017). This situation might lead to increased job demand and a lack of social support. This is because everyone is unfamiliar with the changes, leading to fewer opportunities for discussing the new work responsibilities. However, clear communication can ensure that job demand and job control are properly balanced, making employees less likely to drop out and deliver even better performance (Karasek, 1979).

As explained in Chapter 1, little is currently known about the quality of work for employees in collaborating community organizations. By conducting a research study on collaboration in communities and examining the quality of work in the process, something can be said later about the quality of work in communities.

## Chapter 3. Methodology

This chapter will discuss the methodological approach of this research. Chapter 3.1 clarifies the research design. Chapter 3.2 discusses the data collection. Chapter 3.3 goes into detail about the data analysis and quality assessment. Finally, Chapter 3.4 discusses the ethical perspective of this research.

### 3.1 Research design

This study focuses on a qualitative approach to examining the quality of work life in communities. As Myers (2020) stated, qualitative research allows a researcher to understand and see the context in which actions and decisions occur. Alfred Schütz mentioned that we live in an intersubjective world (Schütz by Myers, 2020). In other words, as humans, we share insights with each other, which can be interesting to learn from by conducting a qualitative approach. In addition, the study takes a deductive approach. Different researchers have collected information about collaboration in the same organization and between different companies (Adler & Heckscher, 2018; Batley & Rose, 2011; Dietrich et al., 2010; Maurits et al., 2015; Mintzberg et al., 1996). The same goes for the literature regarding QWL. Chapter 2 includes the important parts of this topic. Now that the main concepts of collaboration and QWL are known, this research combines both concepts in a community setting, thus striking a different path than the one found in the familiar literature. This ensures that a match can be found with a deductive approach to research. *“Deductive reasoning is a theory-testing process which commences with an established theory or generalization and seeks to see if the theory applies to specific instances.”* (Hyde, 2000, p83).

The research question will be answered using a single case study method compared with expert interviews. This method aims to comprehensively understand the event being studied while also developing more general theoretical statements about regularities in the observed phenomena (Fidel, 1984). A case study is a research method particularly useful when studying complex phenomena involving multiple factors and relationships. Case studies can be particularly helpful in providing insight and understanding when no established laws or theories guide the research (Fidel, 1984). By examining individual cases in depth, researchers can better understand the complex interplay of factors involved and generate new insights to inform future research and decision-making (Boeije & Bleijenbergh, 2023). This research is also a single case study. This is conducted mainly to explain and understand the exploring subject (Gustafsson, 2017). The single case study will be extended with expert interviews with people who are separate from the case study but have gained knowledge on

the subject because they have studied it or are affiliated with interest associations.

### 3.2 Data collection

The research took place at the care community Ruysdonck, which is part of De Zorggroep. The aim of the care community is to allow the elderly to live pleasantly and safely at home for as long as possible without the intervention of professional care. This care community can exist because of collaboration for the aforementioned purpose, also called the third form of collaboration by Yousefian (2021), mentioned earlier in Chapter 2. Sharing resources and deciding on them together promotes this collaboration.

Several staff members who were part of the project were asked to participate in the research. These were employees from different participating organizations who were questioned as the main data source about the collaboration in the care community and the influence of this collaboration on the quality of work. With a list of subjects, semi-structured interviews were held (Vennix, 2019). This interview technique enables the interviewer to ask for more explanations of certain answers to understand individuals' opinions better and go deeper into the subject matter.

For this research, it is important that several organizations contribute to the study, as the care community of the Ruysdonck consists of six participating organizations. The information can also be verified by interviewing different organizations about the same collaboration they are dealing with. In this way, one can guard against pitfalls that can occur during the interview (Myers et al., 2007). The interviews in this study are conducted jointly with another master's student. The advantage of this is that consultation could have taken place on the interpretation of the answers given. The interview guide is attached in Appendix 4. A total of 12 interviews were conducted, including eight interviews with staff from six different organizations and one student resident of the Ruysdonck. The remaining three interviews took place with experts in the field of care communities. Most Respondents were female. The average age of the Respondents was 44 years old, and most had completed college education. Appendix 2 lists the experts involved in the study. All Respondents voluntarily participated in the research following an email invitation. This invitation and the consent form are attached in Appendix 3.

### 3.3 Data analysis and quality assessment

Analyzing qualitative data is necessary to transform it into useful and meaningful information (Myers et al., 2020). A thematic analysis will be conducted as a data analysis method. According to Braun (2006, p.79) "*Thematic analysis is a method for identifying, analysing and*



*reporting patterns (themes) within data.*” In a theme, something important about the data about the research question is captured. It represents some level of patterned meaning or response within the data set (Braun & Clarke, 2006). In a deductive research setting, the data is coded while trying to fit it into a pre-existing coding frame. This form of analyzing involves searching across a data set to find repeated patterns of meaning (Nowell et al., 2017).

The thematic analysis consists of a step-by-step approach with six different stages (Braun & Clarke, 2006; Nowell et al., 2017). In the first phase, the researcher has to familiarize with the data by reading and re-reading the data. While reading, meanings and patterns can be written down. It takes time, but this data provides the foundation of the analysis. In phase two, the initial codes are generated. Data that is relevant to each code. It is “*the most basic segment, or element, of the raw data or information that can be assessed in a meaningful way regarding the phenomenon*” (Boyatzis, 1998, by Braun & Clarke, 2006, p.88). These text parts are coded and clustered in a separate file to maintain an overview. In the third phase, searching for themes starts. Some of the coded data may combine to form an overarching theme. These codes are then linked to candidate themes (Nowell et al., 2017). In the fourth phase, the candidate themes are reviewed. This phase involves two levels of reviewing and filtering the themes. In the first level, coherent patterns have to appear from the selected themes. If so, the researcher has to re-read all the data to find missing coded data in earlier stages (Braun & Clarke, 2006). The coding tree with the main themes is attached in Appendix 1. After this, the overall story the themes tell has to be clear. In the fifth phase, the researcher clarifies the essence of each theme and what this tells about the research question. The sixth phase consists of finalizing the report with the data that was analyzed thematically. Figure 3 shows the schematic process of the Step-by-Step model.

#### The Six Phases of Thematic Analysis

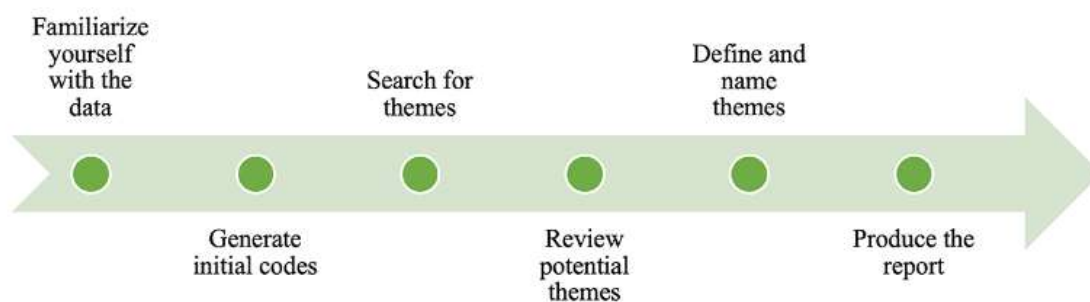


Figure 3. Step-by-Step model (Braun & Clarke, 2006)

Research also requires some degree of planning, given the short time necessary to be strict. Figure 4 lists the key events for visual assistance for this research, which will take place between April 2024 and July 2024.

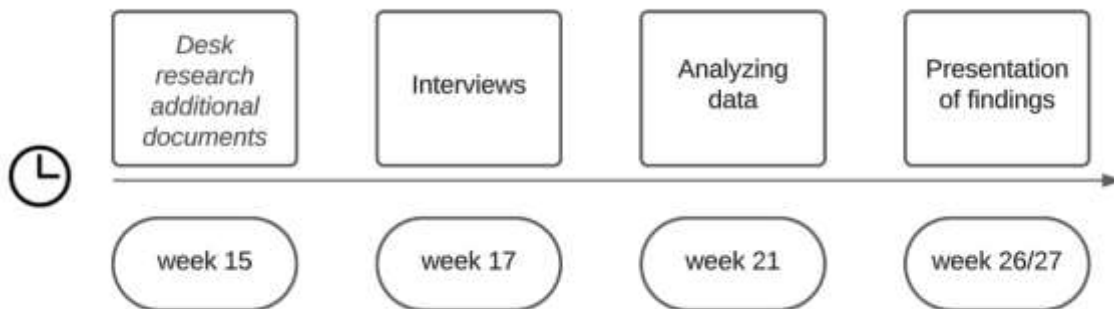


Figure 4: Planning research

This section will explain the quality requirements of qualitative research. First, credibility, also known as internal validity (Lincoln & Guba, 1985), is present in this study through triangulation. Besides interviews with community workers, professionals with knowledge of different phases of setting up communities were interviewed through experience in the field or having completed research on the subject. Second, to ensure transferability, known as external validity, the results section includes quotes. This keeps close to the context and may also allow the situation to be seen over a larger view. Finally, all interviews during this study were conducted together with another researcher. As a result, consultation took place after interviews to avoid assumptions and be conscious of the attitude adopted by a researcher in the study, thereby ensuring confirmability in the study.

### 3.4 Ethics

Ethics is the application of moral principles in the planning, conducting, and reporting of research study results (Myers, 2020). Act as you would like to be treated by others, as you would yourself. First of all, all the materials used by others are referred to the specific author in this research; thus, they receive credits for their work. Secondly, interviewees were asked for free will to participate in this research. Before a respondent took part in an interview, consent was given for using their anonymized answers in the research. These approval forms can be requested from the researcher. Besides that, the different communities were asked for their permission to publish the research with retrieved data.

Objectivity is a key part of the step-by-step methodology when analyzing data. The

researcher will do his best to be as objective as possible in the first round of coding so that way the opinion of the respondent will not be lost.

As the Academy of Management's Code of Ethics mentions, researchers must be very careful with the data they collect and transfer (AOM Code of Ethics, 2023). This research's data is stored on Radboud University's Microsoft OneDrive. This secure location has multiple authentication methods and is approved by the Faculty of Management of Radboud University.

## Chapter 4. Results

The findings based on the analysis of the interviews will be presented in this chapter. The research question of this research is as follows: *"How do collaborative practices among organizations involved in elderly care communities contribute to the perceived quality of work for staff?"* The key findings are set out through the accumulated theoretical knowledge of Chapter 2. First, the way that the care community is composed will be discussed in more detail. Next, the results of the different components from the Karasek (1979) model will be explained one by one. These results will be explained in combination with different forms of collaboration.

### 4.1 Care community the Ruysdonck

The Ruysdonck is located in Blerick, part of the municipality of Venlo. In July 2022, six collaborating organizations started the care community to centralize the care of elderly residents. With 123 front doors and an average age of 71, the initiators are trying to connect a large group of elderly people to organizations in the care community. This started care community aims to ensure that older people can live independently in a comfortable and safe home, allowing professional care to wait longer and help to be picked up by immediate relatives or acquaintances. About the start of this initiative, the project leader says the following:

*'We just started from scratch, and we just started looking. What is there to find on the internet? Google community and just start, go and search, go and steer, go and see what parties are involved.'*(R1, May 2024).

With this goal in mind, the residents are encouraged to do as much as possible by themselves. At various times during the week, groups of elderly people organize activities for

their fellow residents in the shared living room (R1, May 2024). This will get people out of their rooms and also have more contact among themselves.

Besides that, the project team created the Ruysdonck booklet to help residents understand which professionals offer which kind of help (R1, R2, R3, R5, May 2024). In this book, the professionals explain their expertise and how to reach them. Every new resident receives this booklet, which helps clients find the right professional for their request for help. To avoid placing easy tasks directly on a trained professional, the Ruysdonck started with housing students in the complex. The students can join the elderly residents by having a cup of coffee, participating in activities in the living room, and picking up small jobs, such as installing electrical appliances or hanging a painting. In exchange for a few hours of help a week, the students get a discount on their rent (R1, R2, May 2024).

*“The individual questions are often anyway, or my TV is broken, or I don’t know how electronics work or a home visit, where you just come and chat. But then it’s done through the other route. Of yes, I don’t know how my phone works, but eventually you do come there more to have a conversation with them.” (R8, May 2024)*

When a care organization can be chosen, residents are free to do so. This is regulated by the rule made by the government regarding free choice of care. As a result, clients do not necessarily have to choose a care organization affiliated with this project (R11, May 2024). This sometimes makes it difficult to execute the project properly, as it does not reduce the transport movements of healthcare professionals for the Ruysdonck because many healthcare professionals who are not affiliated with the project Ruysdonck still visit the complex. To further develop cooperation in the complex, the various partners meet once every six weeks for consultations on the caseloads the participating residents encounter (R1, May 2024). These consultations aim to improve cooperation between the partners and thereby increase the speed of response and, thus, efficiency. This is called the network team consultation meeting.

## 4.2 Influence of collaboration on job control

### Role of collaboration partners

At the beginning of the project, more organizations joined the collaboration with a view to contributing to a vibrant care community. What these organizations said sounded promising and value-added, but Respondent 2 (May 2024) noticed the following during the start:

*“Yes, well, with the Network Partners, that's what I just said too: that commitment among the partners involved remains a challenge, isn't it? Because saying yes and yes doing are two different things” (R2, May 2024)*

This worked quite frustrating for the organizations that did show commitment, causing work to stagnate. Respondent 11 (May 2024) additionally said that it is a challenge to know your parties well. This also prevents saying yes but then doing no. According to the respondent, this should also be checked during the process. Each participating organization should still consider the purpose of the care community.

*“So then you make sure by at least discussing this with each other at the front, but also during the process. What has been done again halfway through the process, is recalibrating it with each other.” (R11, May 2024).*

*“Select well at the front? That sounds really stupid, but that's where it starts; you shouldn't have people who say yes and do no, so It's also kind of knowing your people and knowing your parties.” (R11, May 2024)*

Professor Hilde Verbeek (June 2024) indicates that pursuing the same goal should not be the main reason for organizations to work together. This is also because organizations can never pursue the same goals. Each organization has its own end goal. A more important driver for collaboration should be adhering to the same principles. Collaboration also runs more smoothly and with less hassle when this is pursued. It is also important to include some form of reciprocity in the community (Verbeek, 2024). This ensures that cooperation between them is strengthened, as each participant in the community is good at something else.

*“Then you can go into a second layer more about active participation and reciprocity, so that people also start to actively engage in the community, for each other (...). So that it also goes both ways.” (Verbeek, 2024)*

Collaboration in a community should be set up so that organizations participate voluntarily but provide the commitment needed for the project to succeed. Respondent 2 indicated that a letter of intent could be signed, indicating the organization's commitment to the project and making frustrations less likely to occur in the future. However, such a signed paper is not binding, so ultimately, it is not very useful:

*“That collaboration is really super important and a commitment and. And yeah, how are you going to secure that? I don't have the answer to that either, because yes, actually you do indeed want to do so with agreements of intent and the like. But yes, the letter of intent is of course, not binding either”* (R2, May 2024)

The previous section indicated that in addition to professionals working in the Ruysdonck, there are also students living in the complex. The aim is to spare the care staff by spending a few hours a week helping out during activities or having a cup of coffee (R1, May 2024). In addition, small tasks can be picked up, such as changing a lamp or helping to set up electronic equipment. However, older residents do not always know how to find the students. On average, the number of requests sticks to a single request per week (R8, May 2024), which makes the intended result, trying to keep away professional care and thus reduce the workload, not yet achieved.

*“When the phone was introduced, there were also a lot of questions, but now it's also subsiding again, and so it's like that all the time, so it's actually not too bad.”* (R8, May 2024)

### **Role of intraorganizational collaboration**

Clients with a help question can fill out a paper form and hand it in a mailbox in the Ruysdonck. Respondent 2 collects these questions and passes them on to the right organization. As a result, the question reaches the right organization directly, which, according to Respondent 2 (May 2024), also prevents confusion. Respondent 4 (May 2024) indicated that it is important to have an employee who bundles the requests for help and puts them through to the right person, according to the respondent, this gives a certain form of direction that you would otherwise miss.

Work dependencies to avoid may increase with multiple involved employees and a client. Different respondents talked about an example of a long process to achieve a change in a toilet in a client's apartment. During this process, the involved organizations looked at each other because no one knew which organization was responsible for contacting this client. Respondent 6 says the following about this situation:

*“There has also been 1 request for help about a flush toilet. I think that took two years. That has been in consultation with us very often, but now, after two years, it has finally been resolved. And the lady has a new flush toilet again; otherwise, she kept getting sent from case to case.”* (R6, May 2024)

To prevent this situation from happening again, the project group meets once every six weeks to discuss these kinds of cases. For Respondent 6, this has been working fine since a project manager is handling these meetings. Initially, no direct project leader was involved in the project team meetings. As a result, it was sometimes unclear what was to be discussed, and no minutes were taken.

*In the beginning, I think it was started by the Zorg Groep, but there was no chairman, there was no contact person for the network group. So every time we just sat together, we didn't really know what to discuss? (R6, May 2024)*

*“Eventually, who now joins every network group, who is actually also the contact person, who also takes the meeting minutes and sends them. It's also important that there's someone who is the initiator.” (R6, May 2024)*

Respondent 3 indicated, on top of that, that it is nice to also have a face by a name through the six-weekly meeting, this lowers the threshold to ask a question in the WhatsApp group. The organizations have also agreed that the staff members who join the consultations remain the same as much as possible to ensure continuity (R3, R5, May 2024). Besides the fact that colleagues like to see fixed faces at the meeting table among themselves, it is also perceived as pleasant from the client's point of view when as many tasks as possible are taken up by the same professionals. This creates a bond of trust between the client and the professional, according to Respondents 3 and 7.

### **Role of information flows**

Help requests are centrally stored online in the programme Trello; all relevant network team staff can access these queries and handle them when the task falls within their expertise. Some Respondents indicate this is a fine way of communicating, as the task only disappears from the board when it is solved. This reminds everyone when a request for help has not yet been solved.

*“And because Trello, through that system, remains that online environment, those help requests keep coming back. So we can always read back. Ah, that help request has been. Is this resolved, or how was it resolved? So it can't actually be left completely. It's not just put away.” (R6, May 2024)*

However, not every participant sees the added value of the use of Trello. For Respondent 7, is this program an additional redundant way of communicating while WhatsApp, calling, and emailing work better for the Respondent:

*“Well, I have to say that. I personally, from my own work I, 'm very used to just being contacted by mail or phone, so for me, I don't find it very convenient to go then and check on that as well. Whereas then I'm like, if there's a help request and it's for me, then let me know by mail or phone.” (R7, May 2024)*

At a higher level, every six months, the boards of the participating organizations meet to discuss Project Ruysdonck with each other. These are also the moments to check whether everyone has the same goal, says respondent 11 (June, 2024). All participants have different roles, which you must continue to supervise well. Keep monitoring, let go, but steer in time when necessary.

*“You do have to supervise that interplay very well. you have to see that. You have to have an eye for those different contexts, interests and and and well, then you have to arrive at a kind of common goal, common direction without knowing exactly how you are going to walk, but always having an eye on it.” (R11, June 2024)*

## 4.3 Influence of collaboration on job demand

### Role of collaboration partners

The municipality determines which activities organizations may undertake to carry out the work. The relevant organization is then financially supported (R2, May 2024). These regulations are sometimes perceived as burdensome by Respondent 5. The Respondent sees past that they only carry out the designated work, but that with more powers, they can also take other tasks off their hands, which now require another professional to come by. Besides causing extra pressure on the planning for the professional, this is also annoying for the client because more people are coming over.

*“Because look, look right now. We are not allowed to help with the food. We are not allowed to go shopping or walk with those people. (...) They (other professionals) could also have stayed at home or gone to another client.” (R5, May 2024).*



Currently, the municipality is discussing including certain tasks in the domestic worker's tasks package, such as helping to shop or going for a walk with the client. However, this is not possible due to regulatory restrictions, and Respondent Five (May 2024) hopes this can be implemented soon. According to the Respondent, there is also an efficiency gain to be made here, with fewer professionals visiting the home.

Professor Hilde Verbeek (June 2024) revealed with her insights that it is very important to combine work when seeing a client to ultimately make a caring community successful. According to Ms Verbeek, the frameworks in which work is done need to be loosened to better shape care in a community. The work is all currently being determined by care indication and time, and this also separates work into compartments, whereas in a community, it is necessary to merge work. Management and policy-making organizations, therefore, have a role in this. This will also make the idea of a caring community become its own. It requires a lot of consultation with the institutions involved, in which it must be constantly asked why certain aspects cannot be implemented differently.

*“Because if we have learned anything from the scientific literature, it is that precisely task integration is crucial for the success of creating a community (...). You can also use that to activate someone more by doing it together.” (Verbeek, 2024).*

### **Role of intraorganizational collaboration**

The previous section discussed more about tracking time to justify work to the supervisor. This is difficult for the two smaller organizations while contributing to the care community. According to Respondents Five and Six (May 2024), these hours do not generate direct revenue, as they earn from helping clients. However, both Respondents indicate that the companies are behind the idea of a caring community and want to contribute to the social issue. By making themselves visible within the caring community during walk-in hours, for example, they also hope to bind more clients to their services eventually. When a larger group of residents start using the services of the cooperating organizations, Respondent 2 indicates that the number of transport movements of arriving and departing care workers will decrease, ensuring greater efficiency and, therefore, higher centralized care and a reduction of care professionals needed.

*“The starting situation in the Ruysdonck may not be ideal because there are already so many different care and support partners coming and so not one that is by far the largest, that's kind of stuck together.” (R1, May 2024)*

For all the organizations involved, Ruysdonck's project is something that is done part-time alongside current work. This sometimes makes it difficult to understand what is happening within the Ruysdonck clearly. That is why different Respondents (R1, R2, R3, R4, R5, R7, May 2024) are discussing the idea of having a flat coach in the building. This person can provide oversight within the community and build a relationship of trust with clients.

Respondents three and seven (May 2024) indicated that residents are sometimes somewhat reluctant to participate in the community. The flat coach will become a familiar face within the community who can refer residents to the right people, which is sometimes lacking (R1, R5, May 2024). The flat coach also has a relieving role, with conflict mediation and maintaining the atmosphere in the Ruysdonck being part of the tasks (R1, May 2024). When residents feel at home, a sense of community will develop more quickly, which can speed up the process of forming a community.

*“An apartment coach is actually someone who is constantly working to stimulate community strength in a building like this, so the success also depends on the residents: how do they treat each other? And there in the Ruysdonck you really need support.” (R1, May 2024)*

### **Role of information flows**

Employees all unanimously indicate that their employer allows them to devote as much time as they want to Project de Ruysdonck. However, Respondents do feel a responsibility to justify the hours. In particular, Respondents 5 and 7 specifically report the hours spent on the project to their employer. They receive compensation from the insurance company for the hours they spend directly on a client. The remaining time is at the organization's own expense. This does add some extra pressure for Respondent 6, as she would like to spend more time walking around at the Ruysdonck to be visible. However, the Respondent indicates that this time is too precious to use in the way she would like.

*“No, no, I would prefer to be more present that they (the residents) also see my face and that they also dare to step up to you a bit faster. But that's just not possible. Yes, we also have to achieve our turnover, and we don't manage that because it's all our own time.” (R6, May 2024)*

## **4.4 Influence of collaboration on social support**

### **Role of collaboration partners**

A renewed form of collaboration and working method also requires involving your staff. This involves keeping your colleague professionals informed and coaching them in the renewed work (Verbeek, 2024). There should also be room for reflection and for talking to each other

about why certain actions are performed in a certain way. When employees are included in the process, this also reinforces positive behavior, and a manager is the right person to think about and facilitate this (Verbeek, 2024).

Verbeek (2024) also endorses the importance of building trust with the organizations before collaborating in depth. In the Ruysdonck, the vision was lacking at the beginning during the consultations, so everyone got to work without knowing the ultimate goal of the care community (R6, May 2024). With the arrival of a project leader, meetings became more structured and attendees also knew what was expected of them. This also created a common goal during the meetings, something that Evert van Schoonhoven (May 2024), as an experienced expert of Nederland Zorgt voor Elkaar, also considers important.

Respondent 6, while working at the Ruysdonck, tries to ensure that older people can continue to live vitally at home for longer. The Respondent does this by having the elderly do exercises. In the trend of reablement, the Respondent lets the clients do as much as possible themselves. However, other staff in the Ruysdonck are used to taking care of staff, taking the daily tasks out of their hands as much as possible (R3, May 2024). Reablement, however, indicates that anything that can still be done by the older resident should be taken up by the resident herself. This, therefore, requires awareness and training, according to Respondent 6. The Respondent thinks it would be a good idea to get together once with colleagues from different disciplines to explain what is done within the Ruysdonck in different areas and create awareness. However, this is not yet picked up by the various organisations because colleagues are understaffed or do not have time to attend such a meeting.

*“And maybe also more time with other disciplines that they see what we actually do with the patients. Because they don't always know what we practice or what an occupational therapist performs. Because if they know that, they can also respond to that more. So those lines of communication need to be there a bit more. There should be more of that communication.”*

(R6, May 2024)

### **Role of intraorganizational collaboration**

Discussions with the various stakeholders reveal that transitioning to this renewed form of cooperation also requires a culture change among staff. In-home care employees are used to taking care of people and taking as much out of their hands as possible.

*“Yes, yes, I said that a bit earlier in the beginning. Yes, people, uhm, I think, don't always see this as their job, whereas it is the whole team's job. So we have neighborhood working. We also have it regularly on the agenda.”* (R3, May 2024)

However, this is no longer the intention in this pilot. As residents perform actions independently, they stay more active, and the likelihood of needing help from professional agencies decreases (R6, May 2024). In addition, researcher Wendy Kemper (May 2024) indicates that research shows that people who stay active and use a caring community near them live healthier lives for longer. This results in professional care being offered only to those clients who cannot manage with the help of others. To connect between the different professions, cooperation between them must also be good. All Respondents unanimously agreed that consultations between the different organizations are fine. However, Respondents 3 and 7 miss the mutual consultation between their own colleagues. Respondent 7, in particular, sees the added value of this, as the input during the six-weekly consultation mainly comes from Respondent 7. As a result, not all perspectives and improvement ideas are yet included in the discussions.

*“I don’t have sufficient insight into how many colleagues also come to the Ruysdonck. But that might be a good one because I could benefit from that, too. Maybe colleagues have different findings than my network partners, and I do.” (R7, May 2024)*

#### 4.5 Overarching Collaboration of the Karasek Model

Karasek’s model is also known for the fact that the different dimensions can be combined. Several Respondents sometimes encounter slow decision-making processes. For example, Respondent 5 (May 2024) indicated that sometimes, decisions could be a bit more daring. Sometimes, there are still too many consultations, which is at the expense of efficiency and affects the work’s performance.

*“We are really still in that box thinking of this is what we are allowed, and until we get permission that we are allowed to do something else, we just keep putting ourselves in this pigeonhole now, and that makes it a bit difficult for us. So we are kind of at the back of that chain” (R5, May 2024)*

## Chapter 5. Discussion

Chapter 5 discusses the interpretation of the results. Following that, theoretical and practical contributions will be explained. Section 3 will reflect on the limitations and conclude with the possibilities for future research.

## 5.1 Interpretations of the results

This study sought answers to the question: *"How do collaborative practices among organizations involved in elderly care communities contribute to the perceived quality of work for staff?"*

First, the interviews revealed the importance of a facilitator. Respondents indicated that, in the beginning, a project leader was missing, thus obscuring the purpose of the cross-organizational meetings. After the arrival of someone to act as chairperson and take charge, structure and an overview of cooperation are provided. In addition, this mutual clarity also provides a common basis from which to act to help clients in the Ruysdonck further. In general, it is impossible to talk about a common goal because each organization links its goal to what it wants to get out of the Ruysdonck project.

Secondly, Respondents sometimes note that decisions regarding changing activities are delayed. As a result, some activities may not be combined at a client's place and another professional has to visit for this purpose. This causes changes in the care community to stagnate and does not increase the efficiency of tasks, which is also the aim of the community. Accounting for the hours does not help either because some participating organizations are only paid for the care requests they resolve. Anything beyond that is at the expense of the organization itself.

The hours respondents can dedicate to the project are already limited, even though various professionals would like to spend more time on the development of the Ruysdonck through their presence at, for example, activities. Additionally, respondents are sometimes deployed to resolve disputes between residents, which does not benefit their working hours. However, there is currently talk of a flat coach who will be more visible in the care community. In this way, residents have a fixed point of contact, and the flat coach knows what is happening within the community.

According to respondents, cooperation is going well between the organizations; however, more cooperation could be achieved at the implementation level between companies and their staff. The development of the care community will be faster if employees work together more across organizations and can, therefore, learn from each other. This would create a clearer picture of what each employee contributes within a caring community and allow for better reablement, as employees would understand from each other what contributes to keeping residents independent for longer. In addition, respondents indicated that there is still little mutual sharing of experiences within the same organization. As a result, insights from multiple viewpoints are not included in the six-weekly discussions.

It can be concluded that this study provides more clarity on what collaboration does to the quality of work and life. By and large, cooperation at a higher level is going well. The

organizations keep a grip on the work that needs to be done and do not let the pressure of waiting lists show through to their employees, which is positive. However, areas of attention also emerge, such as social support, where steps can still be taken. With cross-organizational mutual training, employees can better understand and interpret why certain actions are carried out. As communities are still in full development, and it depends on which care community the research is conducted in, further research will be needed.

## 5.2 Theoretical implications

The study aimed to learn more about the impact of collaboration in a healthcare community on the quality of work. This led to relevant insights for the current literature. First, Adler and Heckscher's (2018) research addressed the importance of collaboration within collaborative organizations that share a broad common goal. This study further explores collaboration in a community and its impact on quality of working life. This shows that a driving force and clear mutual communication are essential for further community development.

Secondly, it emerges that a good ratio of job control and job demand leads to a pleasant way of working in practice. Karasek (1979) indicates that with a good ratio of both factors, job control may be high when job demand scores lower. This is the case for several respondents who must account for their hours. They are given the space to decide how much time they spend on the de Ruysdonck project, but they still feel pressure that the hours must be used responsibly, so they spend less time in the complex instead of what they would actually like. Sinha (2012) captioned that such a form of QWL in a company is directly related to a reduced rate of absenteeism and increased job performance.

In addition, the collected data from interviews with experts highlight the importance of having a driving force within the cooperating organizations to ensure that consultations and progress are structured. As described earlier, a driving force was missing at the start of the meetings. After an employee took the lead, discussions proceeded more structured, and organizations knew better what to expect from each other. The literature also endorses staff and leader participation characteristics in these forms of alliances and confirms that central authority is important when setting up a community for collaboration to succeed (Foster-Fishman et al., 2001; Vermeulen & Liese-Happel, 2021).

## 5.3 Practical implications

Besides contributing to the literature, the results also add value to practice. First, it emerges that a driving force is important for an orderly course of cooperation between organizations. According to the experts interviewed, when selecting an employee who can act as a driving

force, it is beneficial for the organization in question if the employee in question possesses perseverance and the ability to ask questions. After all, some developments need extra attention, and this will enable the healthcare community to implement innovations faster. Current and future communities can take immediate steps in development with this information.

Secondly, different Respondents addressed health insurance companies' lack of financial contributions. This forces companies to put their own financial resources into community development. Organizations find it no problem to invest in these initiatives themselves, but in the absence of another funder, the development of these kinds of communities stagnates. Health insurers would do well to look at the opportunities they can offer in supporting such new initiatives.

To finalize, walk-along moments could be introduced for staff from different organizations visiting within the same care community. This would create a better mutual understanding of the actions performed by different professionals and allow the actions to be more connected. This would be nice for the client and colleagues because it would create less confusion in the different actions performed, such as independently tying shoelaces or professionals doing it for the client. The research can also contribute to the Ruysdonck. The contribution to the research can be used in further developing the cooperation between different organizations in a care community, considering the impact this has on the quality of work and life.

## 5.4 Limitations and Future Research

When interpreting the results, it is also good to consider this study's limitations. This section will address those limitations and also make recommendations for follow-up research. This study spoke to several professionals, each contributing to a part of the care. Despite the fact that they were able to provide information about the collaboration within the community, that collaboration may be perceived differently by another employee of the same organisation. This may give a distorted picture. Therefore, future research could focus on a larger group of professionals from the same company who also participate in the same community. This will provide a more comprehensive explanation of the experience of community collaboration and the influence of quality of working life on it.

In addition, this research took place mainly within one community in the south of the Netherlands. According to the literature on communities in Paragraph 2.1 and the experts interviewed, the development of a community can also be very dependent on the accessibility of the municipality and province in which the community is located. One

municipality focuses more on developing a healthcare community than other municipalities. A follow-up study could focus on a multi-case study to compare several communities with the development they are going through and the support they receive from municipalities and provinces.

Following that, the quality of collaboration also depends on the stage the community is in. Respondents indicated that the first phase of cooperation is getting to know each other, and only then can the content be addressed. It, therefore, depends on the progress within a community and what stage the cooperation is at. The cooperation within the community under study has now been going on for two years but, it is expected, has not yet reached the highest level. Therefore, it may be interesting to start a longitudinal study to observe the changes in cooperation within the healthcare community.



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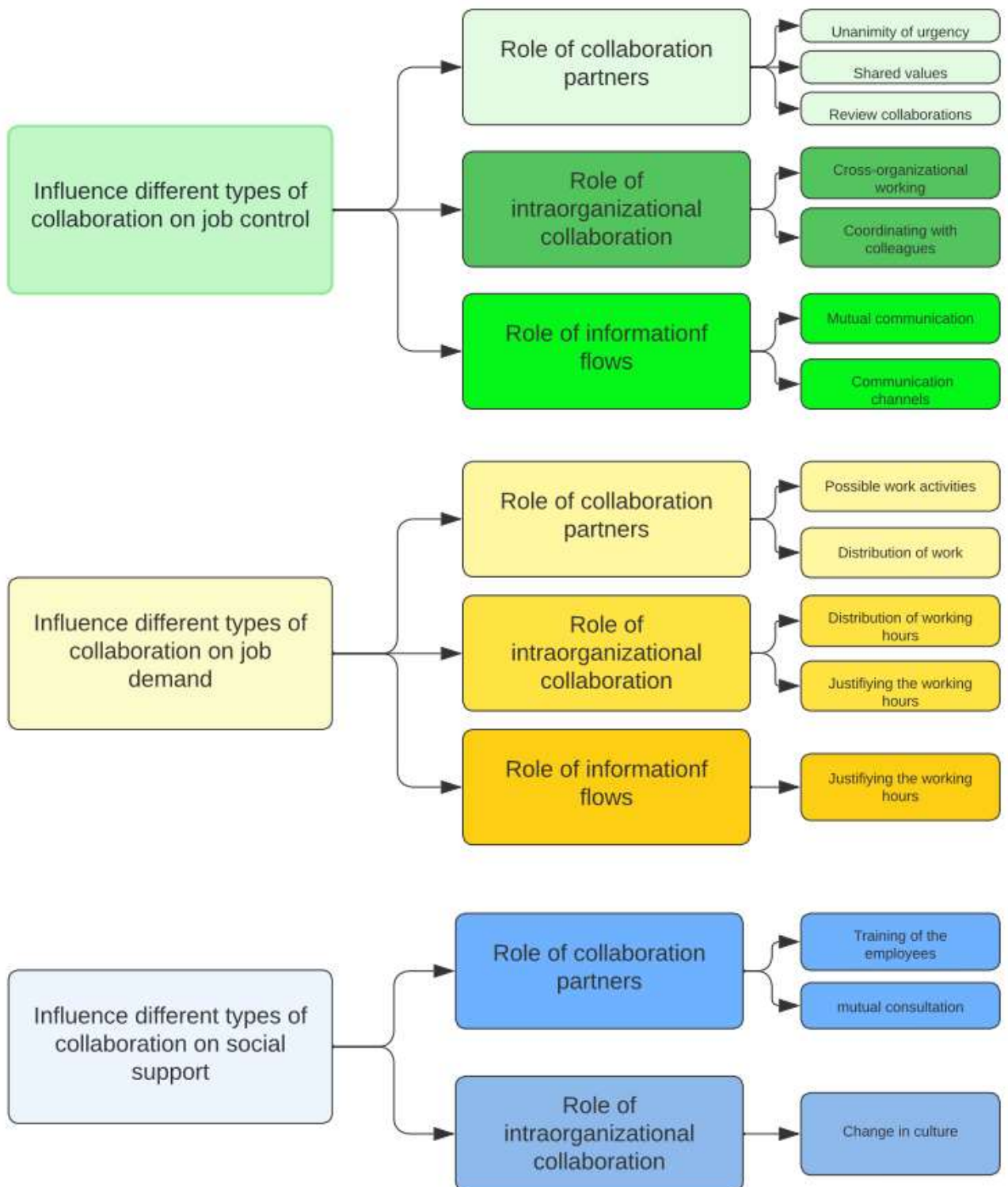
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## Appendix 1: Operationalization of the concepts



## Appendix 2: Expert overview

<b>Name Respondent</b>	<b>Evert van Schoonhoven</b>
Organization	Nederland Zorgt Voor Elkaar
Date of the interview	31 – 05 – 2024
Location of the interview	Microsoft Teams
Duration of the interview	1 hour and 17 minutes
Area of expertise	Developments in welfare, care and housing in relation to resident initiatives and government participation.
Why this expert was interviewed	For the study, even more depth was sought on how collaboration takes place in a healthcare community. This expert knows about communities in different phases and provides advice to them.

<b>Name Respondent</b>	<b>Dr. Wendy Kemper Koebrugge</b>
Organization	Hogeschool van Arnhem en Nijmegen
Date of the interview	31 – 05 – 2024
Location of the interview	Microsoft Teams
Duration of the interview	1 hour and 16 minutes
Area of expertise	She did her PhD research on developing a care network to improve an elderly person's independent living. She is also affiliated with the lectorate Organisation of Care and Services of the HAN University of Applied Sciences.
Why this expert was interviewed	Ms. Kemper is very knowledgeable about the communication that takes place within a care community. Several Respondents indicated that communication among themselves was not always good yet. Through this interview, we tried to find out what are common bottlenecks within communication in care communities.

<b>Name Respondent</b>	<b>Prof.dr. Hilde Verbeek</b>
Organization	Maastricht University
Date of the interview	10 – 06 – 2024
Location of the interview	Microsoft Teams
Duration of the interview	48 minutes
Area of expertise	Ms. Verbeek’s research centers on innovations in long-term care for older adults, particularly those with dementia. She examines the effects of various care environments on residents, caregivers, and the broader community.
Why this expert was interviewed	As a professor in the field of care communities, statements from the interviews could be compared by an objective sparring partner combined with the scientific literature.



## Appendix 3: Contact letter

### Personal email

Beste ...,

We hebben uw naam ontvangen van Ron Hensen omdat u één van de drijvende krachten bent voor de zorgzame gemeenschap Ruysdonck. Zoals u in de mail van Ron al heeft kunnen lezen zijn wij voor onze masterscriptie bezig om het initiatief van de Ruysdonck in kaart te brengen. Wij zouden graag met u in gesprek gaan over uw ervaringen van het organiseren en coördineren van werk en zorg binnen deze gemeenschap.

Heeft u aankomende week van 20 mei tijd om maximaal 60 minuten (online) met ons in gesprek te gaan? Deze informatie is van onschatbare waarde voor ons en dient als onderdeel van de waardevolle lessen en inzichten voor toekomstige zorg gemeenschappen.

Als u vragen heeft kunt u contact opnemen met Paul via ... of als reactie op deze mail. We zien uw reactie graag tegemoet.

Hartelijke groet,

*Masterstudenten Organisatie en Ontwikkeling aan de Radboud Universiteit*

**Attachment in email**



**Universitaire Begeleider:** De hoofdonderzoeker van dit onderzoek is Dr. Lander Vermeerbergen, die te bereiken is via [lander.vermeerbergen@ru.nl](mailto:lander.vermeerbergen@ru.nl). Mocht u vragen hebben met betrekking tot het onderzoek, dan kunt u ook met hem contact opnemen.

We zouden het fijn vinden om na het interview nog in contact te blijven. Als u hier geen bezwaar tegen heeft, dan zouden we ook graag uw contactgegevens ontvangen.

Ja, je mag mij benaderen na het interview indien er vragen zijn.

Email adres: \_\_\_\_\_

Telefoonnummer: \_\_\_\_\_

Graag wil ik dat mijn naam **geanonimiseerd** wordt in alle rapporten en publicaties die voortvloeien uit dit onderzoek.

**Door hieronder te ondertekenen, verklaart u dat u de informatie in dit toestemmingsformulier heeft gelezen en begrepen, en vrijwillig instemt met deelname aan dit interview.**

Volledige naam van de deelnemer: \_\_\_\_\_

Handtekening van de deelnemer: \_\_\_\_\_

Datum: \_\_\_\_\_

## Appendix 4: Interview guide

### INTIATIEFNEMER

#### Algemene vragen

1. ***Wil je jezelf kort voorstellen? Kun je ons wat meer vertellen over deze zorgzame gemeenschap?***
  - Hoe ziet de gemeenschap eruit (welke organisaties zijn onderdeel van de gemeenschap)?
  - Hoe is de gemeenschap ontstaan?
  - Hoe is deze gemeenschap georganiseerd?
  
2. ***Wat heeft jou ertoe gezet om te starten met dit zorgzame initiatief?***
  - Waar kwam de inspiratie vandaan?
  - Hoe kwam je tot het idee van een zorgzame gemeenschap?
  - Wie hebben jou hierbij voornamelijk geholpen?
  
3. ***Wat betekent deze zorgzame gemeenschap voor jou?***
  - Kun je dat verder toelichten?
  - Welke aspecten horen hierbij?
  - Kun je daar voorbeelden van geven?
  
4. ***Welke zorg is beschikbaar binnen de zorgzame gemeenschap?***
  - Welke zorg ontvangen de ouderen?
  - Op welke gebieden ontvangen zij hulp?
  - Wat is jouw bijdrage en welke bijdrage leveren de anderen?
  
5. ***Kun je wat meer vertellen over jouw geleerde lessen binnen de zorgzame gemeenschap?***
  - Wat bleek uitdagend te zijn en waarom?
  - Welke lessen zijn daar dan uitgetrokken?
  - Kun je er ook een voorbeeld bij geven?
  
6. ***Kun je wat meer vertellen over de successen van deze zorgzame gemeenschap?***
  - Waarom denk je dat dit tot een succes leidde?
  - Wie denk jij dat echt hebben bijgedragen aan dat succes?
  - Kun je er ook een voorbeeld van geven?

#### Samenwerking binnen de zorgzame gemeenschap

7. ***Hoe wordt er samengewerkt binnen de zorgzame gemeenschap?***
  - Hoe weet ik als medewerker bij wie ik terecht kan met vragen?
  
8. ***Wat wordt van jou als initiatiefnemer van de zorgzame gemeenschap verwacht?***
  - Mochten de verwachtingen niet duidelijk zijn, wat heb je nog nodig om deze verwachtingen duidelijker te krijgen?

- Verwachtingsmanagement?

### **Thema – communicatie binnen de zorgzame gemeenschap**

---

9. Kun je ons vertellen hoe jullie (bijvoorbeeld zorgverleners) onderling met elkaar communiceren?
- Hoe wordt er bij Ruysdonck met elkaar gecommuniceerd?
  - Hoe vaak hebben jullie met elkaar contact?
  - Op welke manieren communiceren jullie? Door gebruik van middelen? Meetings?
  - Welke informatie delen jullie met elkaar?
10. Wanneer er uitdagingen / problemen ontstaan binnen de zorgzame gemeenschap, hoe wordt hiermee omgegaan?
- Welke challenges speelden er al? Welke spelen er op dit moment?
  - Hoe wordt aan een oplossing gewerkt?

### **Thema – relaties en doelen binnen de zorggemeenschap**

11. Wat is het gezamenlijk doel binnen deze zorggemeenschap?
- Hoe zou je dit doel omschrijven?
  - Spelen er binnen de zorggemeenschap ook andere doelen?
  - Hoe sluit dit doel aan bij jou als persoon?
  - Hoe zie je dit doel terug in de praktijk? (vraag naar voorbeelden)
12. (*Vraag naar Mutual respect*) Hoe zou je de relaties onderling beschrijven?
- Welke belanghebbende zijn er allemaal binnen de gemeenschap?
  - Hoe ervaar je de relaties onderling?
    - Tussen jou en de andere belanghebbende? (ouderen – ouderen / ouderen – buurt / ouderen – zorgverleners)
  - Wat gaat goed? Wat kan beter?
  - Word je gehoord? Gerespecteerd?

### **Thema – inrichting van het werk**

13. Welke beslissingen mag je in je werk zelf nemen?
- Voor welke beslissingen heb je van een collega akkoord nodig?
  - Zou de manier van beslissen volgens jou anders moeten?
  - Wat doe je als je tegen een probleem aan loopt?
14. Hoe ervaar je de werkdruk voor de werkzaamheden die je uitvoert?
- Waardoor komt het dat je de werkdruk zo ervaart?
15. Hoe ondersteunt je werkgever je in je werkzaamheden?
- Kan je een voorbeeld noemen?
  - Wat zou je werkgever moeten doen om je motivatie te vergroten?
16. Op welke manier ervaar je steun vanuit je collega's?

- Geen steun? Waarom ervaart u geen steun?
- Zo ja, welke vormen nemen deze steun aan? Bij koffie automaat? Gedurende de dagstart? Over de mail?

17. Hoe zijn de medewerker-teams samengesteld binnen de zorggemeenschap?

- Hoe zijn deze teams tot stand gekomen?

18. Als afsluitende vraag. Is het mogelijk om dit initiatief op te schalen? Waarom wel / niet?

Dit is het einde van het interview, heb je nog vragen / opmerkingen of wil je nog ergens op terugkomen?

### Algemene vragen

1. **Wil je jezelf kort voorstellen? Wat doe jij in deze zorgzame gemeenschap?**
  - Welke rol?
  - Wat draag jij bij?
  
2. **Kun je ons wat meer vertellen over deze zorgzame gemeenschap?**
  - Hoe ziet de organisatie eruit?
  - Hoe is de gemeenschap ontstaan?
  - Hoe is deze gemeenschap georganiseerd?
  - Wat betekent deze zorgzame gemeenschap voor jou?
  
3. **Welke zorg is beschikbaar binnen de zorgzame gemeenschap?**
  - Welke zorg ontvangen de ouderen?
  - Op welke gebieden ontvangen zij hulp?
  - Wat is jouw bijdrage en welke bijdrage leveren de anderen?
  
4. **Kun je wat meer vertellen over jouw geleerde lessen binnen de zorgzame gemeenschap?**
  - Wat bleek uitdagend te zijn en waarom?
  - Welke lessen zijn daar dan uitgetrokken?
  - Kun je er ook een voorbeeld bij geven?
  
5. **Kun je wat meer vertellen over de successen van deze zorgzame gemeenschap?**
  - Waarom denk je dat dit tot een succes leidde?
  - Wie denk jij dat echt hebben bijgedragen aan dat succes?
  - Kun je er ook een voorbeeld van geven?

### Samenwerking binnen de zorgzame gemeenschap

6. **Hoe wordt er samengewerkt binnen de zorgzame gemeenschap?**
  - Hoe weet ik als medewerker bij wie ik terecht kan met vragen?
  - Welke keuzes met betrekking tot werklocatie heb ik?
  
19. Wat wordt van jou als betrokkene / belanghebbende van de zorgzame gemeenschap verwacht?
  - Mochten de verwachtingen niet duidelijk zijn, wat heb je nog nodig om deze verwachtingen duidelijker te krijgen?
  - Verwachtingsmanagement?

---

### Thema – communicatie binnen de zorgzame gemeenschap

7. Kun je ons vertellen hoe jullie (bijvoorbeeld zorgverleners) onderling met elkaar communiceren?

- Hoe vaak hebben jullie met elkaar contact?
  - Op welke manieren communiceren jullie? Door gebruik van middelen? Meetings?
  - Welke informatie delen jullie met elkaar?
8. Wanneer er challenges (problemen) ontstaan binnen de zorgzame gemeenschap, hoe wordt hiermee omgegaan?
- Welke challenges speelden er al? Welke spelen er op dit moment?
  - Hoe wordt aan een oplossing gewerkt?

### **Thema – relaties en doelen binnen de zorggemeenschap**

9. Wat is het gezamenlijk doel binnen deze zorggemeenschap?
- Hoe zou je dit doel omschrijven?
  - Welke partijen delen het doel?
  - Spelen er binnen de zorggemeenschap ook andere doelen?
  - Hoe sluit dit doel aan bij jou als persoon?
  - Hoe zie je dit doel terug in de praktijk? (vraag naar voorbeelden)
10. (*Vraag naar Mutual respect*) Hoe zou je de relaties onderling beschrijven?
- Hoe ervaar je de relaties onderling?
    - Tussen jou en de andere partijen? (ouderen – ouderen / ouderen – buurt / ouderen – zorgverleners)
  - Wat gaat goed? Wat kan beter?
  - Word je gehoord? Gerespecteerd?

### **Thema – inrichting van het werk**

- Welke beslissingen mag je in je werk zelf nemen?
  - Voor welke beslissingen heb je van een collega akkoord nodig?
  - Zou de manier van beslissen volgens jou anders moeten?
  - Wat doe je als je tegen een probleem aan loopt?
- Hoe ervaar je de werkdruk voor de werkzaamheden die je uitvoert?
  - Waardoor komt het dat je de werkdruk zo ervaart?
  -
- Hoe ondersteunt je werkgever je in je werkzaamheden?
  - Kan je een voorbeeld noemen?
  - Wat zou je werkgever moeten doen om je motivatie te vergroten?
  -
- Op welke manier ervaar je steun vanuit je collega's?
  - Geen steun? Waarom ervaart u geen steun?
  - Zo ja, welke vormen nemen deze steun aan? Bij koffie automaat? Gedurende de dagstart? Over de mail?

Dit is het einde van het interview, heb je nog vragen / opmerkingen of wil je nog ergens op terugkomen?



### Algemene vragen

1. Wil je jezelf kort voorstellen? Wat is jouw gebied van expertise binnen zorggemeenschappen?
2. Hoe zou jij een zorgzame gemeenschap beschrijven?
  - Welke kenmerken horen hierbij?
  - Wat is een zorgzame gemeenschap juist niet/juist wel?
3. (Hoe zou je in een zin een zorgzame gemeenschap definiëren?)
4. Kun je wat meer vertellen over jouw geleerde lessen binnen jouw expertise van zorggemeenschappen?
  - Kun je een voorbeeld noemen?
  - Successen?

### Samenwerking binnen de zorgzame gemeenschap

5. Hoe komen samenwerkingen tussen verschillende organisaties in een zorgzame gemeenschap tot stand?
  - Welke processen/fasen/stappen horen hierbij?
  - Hoe wordt binnen de samenwerking gecommuniceerd?
6. Hoe wordt er samengewerkt binnen zorggemeenschappen?
  - Wat is nodig voor een succesvolle samenwerking?
  - Welke manieren van samenwerken zijn volgens jou belangrijk om tot succes te komen?
7. Wat hebben medewerkers nodig om hun werk uit te kunnen voeren?
8. Wat wordt van medewerkers verwacht wanneer ze in een zorg gemeenschap aan het werk gaan?
  - Zijn deze standaarden anders ten opzichte van klassieke (helpende) zorg?

### Thema – communicatie binnen de zorgzame gemeenschap

9. Wanneer er challenges ontstaan binnen een zorgzame gemeenschap, hoe kan hiermee worden omgegaan?
  - Belanghebbenden

## **Thema – relaties en doelen binnen de zorggemeenschap**

10. Hoe komt men tot een gezamenlijk doel?
  - Hoe zorg je ervoor dat het gezamenlijke doel gewaarborgd wordt?
  - Hoe moet je handelen als zorggemeenschap wanneer er verschillende doelen naar voren komen binnen de samenwerking tussen organisaties?
  
11. Welke kenmerken/karakteristieken moeten de relaties onderling/tussen partijen hebben?
  - Vertrouwen, respect, ...

## **Inrichting van het werk**

12. Hoe moet het projectteam in een zorggemeenschap samengesteld zijn?
  - Voor het behalen van het gezamenlijk doel.
  - Welke soort partijen moeten hier dan bij aansluiten?
13. Hoe taken/hulpvragen coördineren binnen een zorggemeenschap?
14. Hoe dient de beslissingsbevoegdheid geregeld te zijn voor een medewerker in een zorggemeenschap?
15. Voor medewerkers die altijd gezorgd hebben voor mensen kan het een grote stap zijn om de zorg meer los te laten, hoe kunnen zij ondersteund worden door hun werkgever zodat plezier en kwaliteit van de arbeid in het werk geborgd blijft?

## **Toekomstverkenning**

16. Hoe zie je het concept van zorggemeenschappen in de toekomst zich verder ontwikkelen?
17. Wat is er nodig om te kunnen opschalen binnen een zorggemeenschap?

## Appendix 5: Research Integrity Form – Master thesis

Name:	Student number:
RU e-mail address:	Master specialisation:

Thesis title:
Brief description of the study:

It is my responsibility to follow the university's code of academic integrity and any relevant academic or professional guidelines in the conduct of my study. This includes:

- providing original work or proper use of references;
- providing appropriate information to all involved in my study;
- requesting informed consent from participants;
- transparency in the way data is processed and represented;
- ensuring confidentiality in the storage and use of data;

If there is any significant change in the question, design or conduct over the course of the research, I will complete another Research Integrity Form.

Breaches of the code of conduct with respect to academic integrity (as described / referred to in the thesis handbook) should and will be forwarded to the examination board. Acting contrary to the code of conduct can result in declaring the thesis invalid

**Student's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### To be signed by supervisor

I have instructed the student about ethical issues related to their specific study. I hereby declare that I will challenge him / her on ethical aspects through their investigation and to act on any violations that I may encounter.

**Supervisor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_