VU VRIJE UNIVERSITEIT AMSTERDAM

VU Research Portal

Integrating Simplification at Buurtzorg Nederland

Nandram, Sharda; de Bok, Jos

published in
Humanistic Management in Practice
2021

DOI (link to publisher)
10.1007/978-3-030-51545-4_8

document version
Publisher's PDF, also known as Version of record

document license
Article 25fa Dutch Copyright Act

Link to publication in VU Research Portal

citation for published version (APA)
Nandram, S., & de Bok, J. (2021). Integrating Simplification at Buurtzorg Nederland. In E. von Kimakowitz, H. Schirovsky, C. Largacha-Martínez, & C. Dierksmeier (Eds.), *Humanistic Management in Practice: Volume II* (Vol. 2, pp. 153-169). (Humanism in Business Series (HUBUS)). Palgrave Macmillan. https://doi.org/10.1007/978-3-030-51545-4_8

General rights
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain
- You may freely distribute the URL identifying the publication in the public portal

Take down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.

E-mail address:
vuresearchportal.ub@vu.nl

Download date: 18. Nov. 2026

8

Integrating Simplification at Buurtzorg Nederland

Sharda S. Nandram and Jos de Blok

Introduction

Buurtzorg Nederland is one of the most talked about and revolutionary cases (Brodie 2017) in community care, and an inspiration for many organizations active in both home care and other industries. Its practices and achievements have attracted attention in the Netherlands and internationally. While many organizations have struggled to address the negative impacts of the aging population and growing healthcare expenditures, Buurtzorg, which was founded in 2006, has shown huge growth in turnover, an increase in personnel, impressive financial results, and a low cost per client relative to other organizations active in community care

S. S. Nandram (✉)
Nyenrode Center for Entrepreneurship Governance and Stewardship, Nyenrode Business Universiteit, Breukelen, The Netherlands
e-mail: s.nandram@nyenrode.nl

J. de Blok
Stichting Buurtzorg Nederland, Almelo, The Netherlands

© The Author(s), under exclusive license to Springer Nature Switzerland AG 2021
E. von Kimakowitz et al. (eds.), *Humanistic Management in Practice*, Humanism in Business Series, https://doi.org/10.1007/978-3-030-51545-4_8

(KPMG 2013). Moreover, Buurtzorg has achieved positive outcomes, including highly satisfied customers (Nivel 2017) and employees who enjoy autonomy in daily decision making (Zorgvisie 2015). In this chapter, we examine this case from an organizational design perspective rooted in a worldview that is driven by a humane perspective. First, we address the company's origins by presenting the home-care context as the basis for revitalizing the nursing profession and discuss the need to deliver better care. Then we address Buurtzorg's growth from a social-movement perspective. The remainder of the chapter offers a description of Buurtzorg's organizational design.

The Inspiration for Revitalizing Home Care and the Nursing Profession

Until the 1980s, Dutch district nurses were second only to general practitioners in terms of monitoring people's health in villages or neighborhoods. The district nurses were employed by home-nursing services and they generally worked on their own. They had a wide variety of tasks, from running infant-welfare centers, handling student vaccinations and health checks, and providing health-care information and courses to home care for the sick and dying. In the 1980s, teams of community nurses and nurse assistants were introduced, which were managed by a head district nurse. Slowly but surely, the tasks of patient care, healthcare for the young, and preventive tasks, such as education and courses, were divided.

As a result of healthcare cuts, home-nursing services ended in 1990 and were replaced with home-care organizations in which district care was combined with family care. Family care originated from social work rather than the healthcare sector. From that point on, home-care organizations were required to offer healthcare in the home to all who did not need to be hospitalized or in a nursing home. The community nurses' tasks were narrowed to medical-technical activities and the management of caregivers. Moreover, caregivers had to leave domestic tasks to "home

help," who were cheaper and who had fewer protections under the labor laws.

With the merger of community nursing and family care, preventive tasks largely disappeared. In addition, community nurses had to manage caregivers who had completely different educational and professional backgrounds than their own. They were not happy with this forced merger, especially as they could no longer perform their work in its broadest sense. Moreover, the caregivers became an extension of the medical world, whereas their work used to be directed by social-welfare concerns. In addition, they had to leave a large part of their work to others who were not trained to handle attendant tasks.

Professional and patient organizations anticipated the negative effects of this change in the healthcare system and warned of a likely decline in quality. In the 1990s, healthcare policies were still dominated by the ideal of an empowered patient making autonomous choices, which was the result of several emancipatory movements. However, following the policy adjustments, healthcare organizations were forced to compete with each other and with commercial home-care providers. Previously empowered patients become "care consumers" and care was formulated in terms of "products"—which clearly described actions that a patient required at certain times of the day. Most organizations decided to merge and reorganize, and hired managers who often lacked an education or experience in the healthcare field.

The impact of this rationalization process was that patients saw a different home-care employee for each form of help or care, and they often encountered different people from day to day. Moreover, managers were not very familiar with the daily work of the care providers. Notably, the production and quality checks mainly focused on addressing the concerns of the financiers. Nevertheless, care costs increased and actual profits disappointed. Just as in commercial companies, executive boards saw expansion as the ultimate way to manage their market and to rationalize their business processes. Over time, this caused a clear gap between healthcare institutions' management teams and the professionals directly responsible for patient care. These developments were the motivation behind the establishment of Buurtzorg, which adopted an approach of "putting humanity above bureaucracy."

Purpose-Driven Growth: A Social-Movement Perspective

One of the main factors that drives growth in any organization is whether the organization is able to fulfill a need among its stakeholders. New clients are the main driving force for growth. However, the driving factor for Buurtzorg was the availability of nurses who could adapt to Buurtzorg's ways of meeting clients' needs, which emerged shortly after the company was founded.

One way to explain Buurtzorg's growth is by applying insights from the social-movement concept. Diani (1992) highlights different trends in social-movement analysis and offers a synthesis of the dynamics behind such movements, which is expressed in four aspects.

1. **A network of informal interactions among those who are part of a social movement.** One characteristic of these networks is that they may range from very loose and dispersed to very tight. The aims of these networks are to help create the preconditions for mobilization and to provide a setting for expressing specific worldviews and lifestyles. Diani defines a social movement as "a network of informal interactions between a plurality of individuals, groups and/or organisations" (1992, p. 8). When we apply this definition to Buurtzorg, it holds. The majority of the internal processes are based on informal interactions among nurses in their teams, between nurses and clients, and among the founders. Although plurality may not be present in the Netherlands, on an international level, we find plurality in the number of nurses, the government contexts, and the public-policy contexts in which informal interactions occur with the aim of following Buurtzorg's way of working and organizing.
2. **Shared beliefs and a feeling of solidarity. A social movement has its own boundaries.** "The boundaries of a social movement network are defined by the specific collective identity shared by the actors involved in the interaction" (Diani 2000, p. 9). Buurtzorg is characterized by several shared beliefs: the nursing profession should be valued; care giving should be based on the idea that the client should be made as

independent as possible; and nurses are capable of handling many tasks on their own. Another shared belief is that bureaucracy is a bad thing.

3. **Collective mobilization for conflict resolution. A social movement often focuses on resolution of conflicts.** "Social movement actors are engaged in political and or cultural conflicts, meant to promote or oppose social change either at the systemic or non-systemic level" (Diani 2000, p. 11). At Buurtzorg, collective mobilization is clearly evident and aims at "fighting" against management, bureaucracy, and control systems, and at revitalizing the nursing profession.
4. **Informal institutions, routines, and procedures.** Buurtzorg's interactions with external parties and the activities it undertakes for compliance purposes are formalized. However, wherever possible, Buurtzorg strives for focused communication that is not distracted by the need to comply with formal procedures. For example, the company has formal and informal routines, institutional frames, and procedures in place with a supervisory board, insurance companies, and the IT provider Ecare.

Integrating Simplification

The Buurtzorg approach is manifested as integrating simplification (Nandram 2015c). This business design focuses on the process of engaging in simplicity and refraining from complexity to avoid organizational disintegration. Disintegration becomes evident in different types of wastage, such as:

- *Wastage of time and other resources*: There can be an imbalance between what is necessary in the practical domain and what is required due to rules and regulations.
- *Wastage of craftsmanship:* Nurses' natural orientation and dedication to the nursing profession are important requirements for Buurtzorg. A failure to respect this aspect can lead to an imbalance between personal and organizational motives and values.

- *Wastage of personal energy and effort:* Organizations can introduce unnecessary structures, which are often based on the notion of conflicts of interest between employees and employers. Such structures can lead to distrust in the organization. Integrating Simplification Theory aims to avoid this type of wastage, which is usually the result of conditioning.

In the following sections, we explain several characteristics of this organizational design.

An Organizational Design Based on Self-management: A Respect for Craftsmanship

Buurtzorg Nederland, which was founded in the Netherlands in 2006, focuses on community healthcare. The Buurtzorg case is widely viewed as an example of best practice and of an innovative way of organizing processes based on self-managed teams of nurses and nurse assistants that basically lead themselves. These teams questioned the existing organizational models and built an organization without traditional hierarchies and management layers.

Coaches were introduced to facilitate the processes within the teams. They do not have a formal leadership role and they do not hold formal responsibility for the teams' productivity (Bindlish and Nandram 2017). They are mainly asked for support in connection with the establishment of new teams, conflict resolution, and the implementation of new approaches. Moreover, as each coach has an overview of approximately 40 teams in a certain geographical region, they can advise teams on numerous issues or encourage teams to learn from each other. They do not wish to be viewed as "managers" and upward promotion is not part of their approach. Intrinsic promotion can occur in which nurses can become coaches, or coaches can work on projects as headquarters staff members.

Teams with more than 12 members can decide to split into new teams. Nurses and nurse assistants also enjoy the ability to define how the various tasks should be done to meet the goal of taking care of the patient in

the best possible way, thereby ensuring a good quality of life and a holistic approach to the patient's needs. A generalist orientation to the nursing tasks helps nurses deliver care based on a holistic view of the patient.

Attunement to the Client: A Positive Psychological View

Buurtzorg's philosophy reflects a customer-centric focus (Nandram 2015a, 2015b, 2015c). Members of the organization use certain terms that reflect their worldview, such as "clients" instead of "patients." The term *buurten*, a Dutch term meaning "first becoming acquainted with the client and getting to know him well before caring for him," expresses the importance Buurtzorg attributes to building a good relationship with the client. One important aspect of this belief system is that patients should be treated as clients to ensure that the focus is on what they can do themselves. At Buurtzorg, a core consideration is the likely future physical and mental capabilities of the clients. Moreover, clients are believed to appreciate privacy and consistency, which makes the avoidance of fragmentation in care delivery another important value (Nandram and Koster 2014). The philosophy of putting the client at the center requires the mobilization of others who are connected to the client through social (e.g., family members, neighbors, volunteers) or professional ties (e.g., general practitioners, therapists). Buurtzorg's delivery of care is unique in that it is based on building good relationships with clients by being attuned to their needs, capabilities, and resources; and on making clients as independent as possible by empowering them with knowledge, and by mobilizing resources in the social and professional context.

A Structure That Empowers an Entrepreneurial Mindset

At Buurtzorg, nurses lead the teams themselves (Kreitzer et al. 2015). They are viewed as entrepreneurs who are able to effectively utilize

freedom and autonomy. They are expected to ensure their own productivity, decide what is best for their clients, and decide what works best in the team within the self-management structure. They are also believed to be able to attune to value-based systems of care, adopt a professional attitude, and find balance in a team.

The DNA of Integrative Intelligence for Harmonizing Humane Aspirations

The approach is driven by humane values of providing the best possible care to others—the care you would provide to your own family members. As discussed above, craftsmanship and attunement to the client allow for the realization of this humane-focused way of working. Just like any other organization, Buurtzorg must deal with systems, including procedural and IT systems. From the start, the company has claimed that procedures are only required when they have meaning for an important stakeholder. Therefore, procedures that do not serve a stakeholder's need will not be executed. As the organization was built from scratch, it has successfully established its own culture in this regard.

The intensity of integrative intelligence can be further explained by focusing on the mindset and perceptions (Bindlish et al. 2017) that are evident in the business operations, and by discussing the role of rationality in the procedural and IT systems. Nandram et al. (2017) define integrative intelligence as focused on both human intelligence and systems intelligence, where the latter is expressed in bureaucratic and IT systems. The intensity of integrative intelligence at Buurtzorg is based on the level of coherence among the perspectives and purposes of various stakeholders (e.g., clients, nurses, family members, medical professionals, insurance companies) achieved through the application of human and systems intelligence.

Human Intelligence: Managing Knowledge Based on Need, Rethinking, and Common Sense

Buurtzorg's organizational design is not about managing structures or people, but about managing knowledge. This is deeply rooted in the company's worldview. Knowledge is managed on the basis of three principles (Nandram 2015b): *need, common sense*, and *rethinking* (Nandram 2017). These principles resemble the Indian philosophical concepts of human aspiration (Nandram et al. 2017). *Swaartha* (responsible self-interest) refers to the determination of means for the aligned purposes that a person decides to follow mainly driven by his or her own understanding of what he or she has to do or what he or she feels interested in. *Swavalamban* (self-reliance) is the sustainable generation and utilization of those means. *Swaraaj* (self-freedom) is the process of aligning those means and applying to achieve a higher purpose, which evokes a feeling of self-freedom.

Need (Swaartha): The process of systematically identifying and assessing needs involves asking the following questions:

- What are the client's needs?
- Why do we do things as we do?
- How do these ways of doing things help the client?

This process requires reflection on actual needs and practices. It can lead to a *resetting of behavioral patterns*.

Rethinking (Swaraaj): The following questions are relevant for continuously connecting to different types and sources of information and cues, and for reconstructing perceptions of reality:

- What is really happening?
- Are we doing the right things?
- Is there a simpler way of doing things?

This process requires reflection on existing perceptions. It may result in a *resetting of the mind* to allow novel ideas to emerge and to better understand how resources can be used efficiently.

Common sense (Swavalamban): This principle involves the designing and implementation of tasks according to current circumstances or a new perceived reality until doing so no longer makes sense because the context has changed or there is a better alternative. Questions that apply in this regard are:

- What do I need for this novel approach?
- How do I bring this simpler approach into practice?
- How does the new practice improve the client focus?

This process requires reflection on resources as well as pragmatic actions. It may result in a *reallocation of resources* (e.g., mobilization of several types of resources) and *renewal* (e.g., empowering a client to find solutions to problems).

Overall, knowledge management is about understanding clients and their needs, rethinking existing habits and finding new paths, and solving issues in pragmatic ways.

Systems Intelligence

At Buurtzorg, these principles are expressed in the presence of small teams that are close to the clients, and in the systematic assessment and quality-control systems. They are also evident in the application of nurses' professional expertise and extensive experience, the utilization of resources from the client's social context, and the focus on continuous learning. Moreover, they can be found in the existence of complementary team roles, the step-by-step application of IT facilities to allow users to continuously learn and adjust, and the simplification of processes through the use of IT while attuning to the client.

Types of Rationality

Weber's ideas (Kalberg 1980) have been oversimplified in current discussions on rationality and bureaucracies. In general, when people speak of bureaucracy, they seem to be referring to a formal bureaucracy. However, the founding ideas of bureaucracy were based as much on thinking about forms of rationality, and were built on a typology of social action consisting of affectual, traditional, value-rational, and means-end rational action. These were believed to be universal capacities and anthropological traits of man that existed outside of history.

Weber's teachings encompass four forms of rationality:

1. *Practical rationality* refers to ways of life that view and judges worldly activity in relation to the individual's purely pragmatic and egoistic interests (Kalberg 1980, p. 1151).
2. *Theoretical rationality* is the conscious mastery of reality through the construction of increasingly precise abstract concepts rather than through action (Kalberg 1980, p. 1152).
3. *Formal rationality* relates to spheres of life and structures of domination that only acquired specific, delineated boundaries when industrialization emerged, which gave rise to clear economic, legal, and scientific spheres and the bureaucratic form of domination. This type of rationality legitimates a means-end rational calculation by referring to universally applied rules, laws, or regulations. There is no space for arbitrariness. Bureaucratic domination is formally rational because it is oriented toward intellectually analyzable general rules and statutes, and focuses on selecting the most adequate means for continued adherence to those rules and statutes. The most "rational" type of domination is found in bureaucracies because they aim to do nothing more than calculate the most precise and efficient means for resolving problems by ordering them under universal and abstract regulations (Kalberg 1980, p. 1158).
4. *Substantive rationality* is a manifestation of man's inherent capacity for value-rational action. It orders actions into patterns not on the basis of a purely means-end calculation of solutions to routine problems but in relation to a past, present, or potential "value postulate." These

> value postulates cover entire clusters of values that vary in comprehensiveness, internal consistency, and content. They serve to organize a specific domain of life while leaving all others untouched. One example is friendship, which encompasses loyalty, compassion, and mutual assistance. Groups, organizations, institutions, political entities, cultures, and civilizations are ordered in specifiable value postulates even if they are not directly observable for participants or observers. No absolute array or rational values exist as a set of perennial standards for this type of rationality or for rationalization processes. These processes depend on an individual's implied or stated, unconscious or conscious preferences for certain ultimate values, and on the systematization of his or her actions to conform with those values (i.e., Weber's "radical perspectivism"). The standpoint that is chosen indicates how something is perceived. For example, a religious person may be considered irrational by non-religious persons and by modern intellectuals who put their trust in science and empirical knowledge (Kalberg 1980, p. 1155).

All of these rationalities have a common foundation: they aim to consciously master reality. One can look at mental processes and regularities of actions at the group, organizational, or societal levels. The formal and practical types are based on the capacity for means-end rational action, while substantive rationality derives from value-rational action. Rational actions follow cognitive processes in theoretical rationality.

Bureaucracy and Economic Thinking

Bureaucracy may mean different things to different people. Formal bureaucracy is derived from formal rationality in many types of organizations. This is largely the consequence of the focus on efficiency and the cheapest possible solutions, which is driven by economic thinking. In this type of bureaucracy, processes are considered measurable, and actions are oriented toward adherence with rules and regulations (Kalberg 1980).

In contrast, Weber's substantive bureaucracy creates space for the inclusion of a values orientation in actions. To understand economic

behavior, Weber conceptualized the idea of rationality in a pure sense as an ideal type (Kalberg 1980). This ideal type is clearly understood and, thus, lacks ambiguity among stakeholders. However, actual behavior is not purely rational. To position formal rationality, Weber pointed to the use of calculations, particularly in financial or resource terms, as a distinctive feature. This rationality aims at the achievement of the highest possible return (Vanagunas 1989).

Substantive rationality, on the other hand, includes the ultimate ends of economic activities, such that it goes beyond full rationality. It involves not only means-ends calculations of solutions to routine problems but also potential solutions owing to the inclusion of values. This type of rationality may include ethical, political, and hedonistic values. These values cannot be formally calculated and may not be efficient. In practice, there may be multiple ways to act, as the value postulates may be infinite.

Technological developments made it possible to scale up ideas and to predict actions related to those ideas. However, these developments went beyond our comprehension of what was actually created because they were used in the building of bureaucratic systems. Many stakeholders located within such systems are confused, experience anxiety, and lose interest because the substantive form of bureaucracy is undermined. This substantive form was originally intended for relating actions to past experiences and entire value systems. These values, which naturally exist in human relationships, include loyalty, compassion, mutual support, and collaboration. They are evident in Buurtzorg's self-management approach.

There are no absolutes in terms of what constitutes formal rationality or substantive rationality in Weber's thinking. The categorization of rationality type depends on the individual's observation and context. What is formal in one culture or organization could be substantive in another culture or organization. Overall, however, many organizations view formal rationality as the only way to organize business processes, which leads to formal bureaucracy. Those who complain about this formal bureaucracy do so in different ways. Some ask that attention be paid to humane values in organizations, while others highlight organizations' responsibilities in their communities. Organizations compensate for their one-sided approach of formal bureaucracy through corporate social

responsibility projects, which allow for substantive bureaucracy to some extent.

Organizations should include substantive rationality in their processes because it is naturally present in human behavior. We are inclined to behave by holistically including the experiences and values of others, and by not reducing human beings to machines. Moreover, numerous events can happen over a long period of time with effects that expand over the long term. Such events cannot be measured as formal rationality requires. In general, people utilize various ways of gathering knowledge and making use of it, when there is plenty of space for substantive rationality.

Buurtzorg and Rationalities

At Buurtzorg, some employees are comfortable with formal bureaucracy and formal rationality, while others are comfortable with substantive rationality and substantive bureaucracy. The acceptance of responsibility and collaboration require the incorporation of different realities based on the perspectives (e.g., religious, non-religious, rules-oriented, values-oriented) of different individuals working in the organization, and the inclusion of the views and perspectives of those being served. It also requires inclusion of the different purposes these individuals may have.

At Buurtzorg, "humanity above bureaucracy" largely refers to formal bureaucracy comprised of processes and procedures. In general, Buurtzorg is characterized by a dislike for bureaucratic procedures and IT systems are prioritized in order to minimize unnecessary manual procedures. In Weber's conceptualization of bureaucracy, these IT systems are also a form of formal bureaucracy, as they are built and function in a systematic, predictable way. In addition, the IT is based on formal rationality. However, at Buurtzorg, this form of bureaucracy does not overpower the substantive form of rationality, which the company refers to as putting humanity first. The substantive form deals with the Buurtzorg way of working, and its philosophy of giving space to values and putting the client at the center in all activities and procedures. There are no compromises in relation to this philosophy, as it serves as the anchor for serving the client in the best possible way while taking quality and costs into account. Integrating simplification at Buurtzorg by type of rationality

	Mindset	Organizational architecture	Leadership
Practical rationality	Craftsmanship Attunement to client	Entrepreneurial team freedom	Strategic decisions
Formal rationality	Craftsmanship Attunement to client	• IT for Buurtzorg's web as a virtual platform for communication • IT for Omaha's quality system • Learning platform • Business-information system	Strategic decisions
Theoretical rationality	–	–	–
Substantive rationality	• Craftsmanship • Attunement to client	• Entrepreneurial team freedom	• Strategic decisions leading toward a higher purpose • Daily decisions at the team level leading toward a higher purpose

Nandram et al. (2017, pp. 168–169)

At Buurtzorg, theoretical rationality is not a dominant factor in the organization of business processes. All other forms of rationality are present. Craftsmanship and attunement to the client have all three forms of rationality. The formal rationality is mainly driven by IT systems. It is clear where the responsibility lies for strategic decisions, and that rationality has formal, practical, and substantive features.

Inspiration for Others

The self-managed approach is expected to lead to organic growth, but there are no other fixed ideas about the future. Change is the only constant in community care of the elderly. The stream of new and returning clients requires adaptability to new needs and new resources. The insurance companies, which are important partners given the Dutch

social-security systems and Dutch law, create constant anxiety about whether healthcare providers will be compensated for delivering care to clients. International interest in Buurtzorg's approach has resulted in several experiments and implementations in healthcare across the globe such as in China, India, Germany, United Kingdom, Austria, and Sweden. Other sectors, such as the Dutch banking sector, have also shown interest and been inspired to implement some aspects of this approach. Clearly, however, exact replication of Buurtzorg's approach will not yield results as good as those seen in Buurtzorg, as each context is different. Therefore, any kind of implementation should be dynamically adopted to the focal context.

References

Bindlish, P. K., & Nandram, S. (2017). Leadership and Authenticity: The case of Buurtzorg Nederland. In *Leadership Today* (pp. 89–109). Springer International Publishing.

Bindlish, P. K., Nandram, S. S., & Joshi, A. (2017). Integrativeness Through Pursuing Integrative Intelligence as the Way Forward. In *Managing VUCA Through Integrative Self-Management* (pp. 321–330). Springer International Publishing.

Brodie, C. (2017). Buurtzorg'. The Dutch Word That Could Revolutionize Healthcare. Retrieved May 9, 2018, from https://www.weforum.org/agenda/2017/06/the-dutch-community-care-revolution/.

Diani, M. (1992). The concept of Social Movement. *The Sociological Review, 40*(1), 1–25.

Diani, M. (2000). Simmel to Rokkan and beyond. Towards a network theory of (new) social movements. *European Journal of Social Theory, 3*(4), 387–406.

Kalberg, S. (1980). Max Weber's Types of Rationality: Cornerstones for the Analysis of Rationalization Processes in History. *American Journal of Sociology, 85*(5), 1145–1179.

KPMG. (2013). De toegevoegde waarde van Buurtzorg ten opzichte van andere aanbieders van thuiszorg. Retrieved May 9, 2018, from http://www.invoorzorg.nl/docs/ivz/informatiecentrum/de-toegevoegde-waarde-van-buurtzorg-t-o-v-andere-aanbieders-van-thuiszorg.pdf.

Kreitzer, M. J., Monsen, K. A., Nandram, S., & de Blok, J. (2015). Buurtzorg Nederland: A Global Model of Social Innovation, Change, and Whole-Systems Healing. *Global Advances in Health and Medicine, 4*(1), 40–44.

Nandram, S. S. (2015a). *Organizational Innovation by Integrating Simplification*. Springer. Retrieved from http://www.springer.com/business+%26+management/organization/book/978-3-319-11724-9.

Nandram, S. (2015b). 'Buurtzorg': A Case of Being-Centredness as Example of an Organic Worldview for Corporate Peace. In *Business, Ethics and Peace* (pp. 333–349). Emerald Group Publishing Limited.

Nandram, S. (2015c). The Buurtzorg Case and Illustrations of Zorgaccent and Amstelring. *Amity Global Business Review, 10*, 56–63.

Nandram, S. S. (2017). Integrating Simplification Theory for Navigating the VUCA: The Case of Buurtzorg Nederland. In *Managing VUCA Through Integrative Self-Management* (pp. 263–287). Springer International Publishing.

Nandram, S., & Koster, N. (2014). Organizational Innovation and Integrated Care: Lessons from Buurtzorg. *Journal of Integrated Care, 22*(4), 174–184.

Nandram, S. S., Bindlish, P. K., & Keizer, W. A. J. (2017). Integrative Intelligence with the S-Model: The Case of Buurtzorg Nederland. In *Understanding Integrative Intelligence: Embodied in S-Model*. Halfweg: Praan Uitgeverij.

Nivel. (2017). Interne rapportage voor zorgaanbieder Buurtzorg Nederland: Resultaten vragenlijstonderzoek over ervaringen van cliënten met de wijkverpleging. Retrieved May 9, 2018, from https://www.buurtzorgnederland.com/assets/documenten/Clienttevredenheidsonderzoek-2017-Terugkoppelingsrapportage-Buurtzorg-Nederland.pdf.

Vanagunas, S. (1989). Max Weber's Authority Models and the Theory of X-Inefficiency: The Economic Sociologist's Analysis Adds More Structure to Leibenstein's Critique of Rationality. *American Journal of Economics and Sociology, 48*(4), 393–400.

Zorgvisie. (2015). Buurtzorg vijf keer op rij beste werkgever. Retrieved May 9, 2018, from https://www.zorgvisie.nl/buurtzorg-vijf-keer-op-rij-beste-werkgever-2697574w/.