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2012

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Visse, M. A. (2012). *Openings for humanization in modern health care practices*.

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Chapter 7

Moral learning in an integrated service network

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Published as: Visse, M.A, Widdershoven, G.A.M., Abma, T.A. (2011). Moral learning in an integrated social and healthcare service network. *Health Care Analysis*, 3:281-296.

Abstract

The traditional organizational boundaries between healthcare, social work, police and other non-profit organizations are fading and being replaced by new relational patterns among a variety of disciplines. Professionals work from their own history, role, values and relationships. It is often unclear who is responsible for what because this new network structure requires rules and procedures to be re-interpreted and re-negotiated. A new moral climate needs to be developed, particularly in the early stages of integrated services. Who should do what, with whom and why?

Departing from a relational and hermeneutic perspective, this article shows that professionals in integrated service networks embark upon a moral learning process when starting to work together for the client's benefit. In this context, instrumental ways of thinking about responsibilities are actually counterproductive. Instead, professionals need to find out who they are in relation to other professionals, what core values they share and what responsibilities derive from these aspects. This article demonstrates moral learning by examining the case of an integrated social service network. The network's development and implementation were supported by responsive evaluation, enriched by insights of care ethics and hermeneutic ethics.

Keywords: integrated service, social service, care ethics, hermeneutic ethics, moral ecology.

Introduction

The lack of cooperation and coordination in the delivery of social services for families and people with multiple problems was recently the focus of attention in the Netherlands. Multiple problems involve co-occurring longterm socio-economical (financial, housing, employment) and psychosocial problems (individual and/or family). Several incidents fuelled a societal and political debate on care for children and families in extremely vulnerable situations. As a result, it was acknowledged that support and care for these families could only be improved if healthcare, social and other non-profit services were integrated. In the future, the need to safeguard the wellbeing of these families will come under more strain as a result of the financial constraints many healthcare and social policy systems encounter (Mooney, 2010).

Building integrated services is far from easy, as any attempt to do so may lead to conflict across several disciplines, sectors and organizations. It is widely recognized that setting up integrated services requires a specific kind of management that focuses on collaboration and coordination of a network, on 'how to get things done' (Mandell, 2001). Consequently, integrating services is frequently defined as a coordination problem (Farmakopoulou, 2002): integration should meet with success when professionals are well trained and have the appropriate mandates. But reality is different. For instance, Stein & Rieder (2006) argue that integrating services is not a matter of assembling a number of components and waiting for a specific set of impacts to arise (p. 6). Other studies have shown that more attention to the 'dark and political side' is essential, instead of integrated organizations being analysed from a solely instrumentalist point of view (O'Toole & Meier, 2003). Based on our experience, we agree with these scholars when they say that the integration of services entails a complex process directly related to people with their own needs, values and expectations. Hence, an integrated service cannot in general be seen as a reified structure, disconnected from people.

This article provides an alternative way of looking at the integration of services which may be helpful to enhance care and support for multiple-problem families. It views the integration of services as a moral learning process. It is a process that deals with how people who have a stake in the subject at hand, interactively assign, re-interpret and re-negotiate responsibilities. Thus, the paper does not regard responsibility as instrumental, something that is 'assigned' by an authority. Instead, responsibilities include practices of 'accepting, deflecting or negotiating specific assignments of responsibility' (Walker, 2007). Accordingly, morality is fundamentally interpersonal. The article discusses what this means for the collective and individual responsibilities of the members of an integrated service. Professionals from different disciplines (healthcare and social service professionals, housing company staff and police officers, and sometimes clients) form relations with different perceptions of what one's responsibilities are. This article shows that responsibilities derive from people's values, roles and relations. Together, these dimensions inform the moral ecology (Schwandt, 1995) of the organization. A moral ecology can be seen as a snapshot of a vigorous process between participants in integrated services in which they, implicitly, co-produce values, roles and relationships. When they are not shared, implicit or unclear, tensions are bound to ensue.

We illustrate this moral learning process by an example of the ‘multi-problem case approach’. The article is based on an evaluation of the implementation of this innovative case approach. We applied a responsive evaluation methodology, enriched by theories of care ethics and hermeneutic ethics. The article starts with a description of how we evaluated the introduction of an integrated social service system for multiple-problem families and individuals in the Netherlands. In the analysis we evaluate the moral challenges faced by professionals. Finally, we draw a number of conclusions and make practical recommendations that reach beyond this particular case.

Method: responsive evaluation, care ethics and hermeneutic ethics

The objective of the multi-problem case approach is to improve healthcare and social services for people and families with multiple problems. We were commissioned to evaluate the multiple-problem case approach. We opted for a responsive approach in an acknowledgment of the innovative context of the project. Responsive evaluation is sensitive to the way people interpret and evaluate their practice. The outcome and performance measurements are not derived solely from the goals and intentions of policymakers or researchers, but are developed in cooperation with the programme participants (Abma, 2003; Abma and Noordegraaf, 2003).

The responsive evaluation tradition is based on that branch of philosophy of knowledge known as interpretive or hermeneutic philosophy (Abma & Widdershoven, 2008; Gadamer, 1975; Widdershoven et al., 2009). A hermeneutic perspective investigates what is morally meaningful for actors in a particular situation (Benaroyo & Widdershoven, 2004). A hermeneutic approach works from a relational perspective on how people understand the world. According to Gadamer there are three ways to understand the world: objectivist, subjectivist, and dialogical. Both the objectivist and subjectivist stances are problematic: in both stances the knower does not relate to the world – he or she does not take account of what the world means to him or her, nor of what his or her input means for the world. The third position moves beyond objectivism and relativism (Bernstein, 1983) into the dialogical: the knower now engages with the world around him or her, taking account of what the world means for him or her, and vice versa. Knower and known engage in a conversation in which both may change as a result of the interaction, and new horizons may become apparent. This intersubjective position underpins a variety of interactive dialogical approaches, one of which is responsive research. Ontologically, realities in responsive evaluation are assumed to be plural and social; people attain meaning by interacting with others, experiences and events. Guba and Lincoln (1989) conclude that ‘there exist as many such constructions as there are individuals’ (p. 43).

Epistemologically, we proceed from the view that the findings of a study are influenced by the interaction of the evaluator and stakeholders. The paradigm denies a dualism between subject and object: each affects the other (Gadamer, 1975). As Reinharz argues: ‘These features of interac-

tion are not sources of bias but are particular social forces at play in the form of interaction known as social research’ (2006, p. 85).

Responsive evaluation focuses on facilitating a dialogue among stakeholders in which differences in interpretation are respected and understood (Abma & Widdershoven, 2008). Performance and process parameters were determined in the first phase of the evaluation through a series of interviews and focus group sessions with a number of stakeholders. The following section describes these stakeholders in detail. We interviewed the chairpersons of the network partners and the four process managers involved. We organized two focus group sessions: one with managers from network partners, and one with the operational professionals of network partners. Two lists of parameters emerged during the focus group sessions: outcome and process parameters. Examples of outcome parameters include the number of cases; the duration of a case, and the participants involved. Examples of process parameters were: perceived commitment, quality of the cooperation between participants (professionals and sometimes also clients), clarity of role. These were explored and refined through additional interviews with network partners and process managers (n=11). The parameters were used when studying three client cases of each process manager, 12 in total. The cases involved multi-problem clients and were selected in accordance with several criteria of which variety was the main criterion. Other criteria were: gender, age and nature of the problems. Additional interviews (n=4) with case managers were conducted to complete the study. The cases were studied and described in a ‘thick description’ in order to understand how the network partners interacted and perceived the case at hand. Each description was member checked by the case manager and process manager to establish how the researcher had interpreted it (Guba & Lincoln, 1989).

The evaluation demonstrated that stakeholders experienced difficulty addressing their own and each other’s responsibilities and normative expectations. The network involved stakeholders from a rich variety of multidisciplinary backgrounds. All stakeholders worked from their own values, relations and expectations on roles and positions. We illustrate this in detail in the case below. We selected this case because it illustrates the complex relations between the participants involved. The case helps us understand the re-interpretation of moral responsibilities. As described above, our interpretation of the case was member checked during our evaluation research. In addition, the case manager also checked the description of the case example in the next section. The process manager involved at the time no longer holds the position so he could not be consulted for a member check. We therefore consulted the new process manager (who is currently facilitating the case) to check our description of the case below. Both the case and process managers agreed with the description in the next section. In the subsequent section we analyse the multi-problem case approach from an ethical perspective, combining care ethics and hermeneutic ethics. Together with responsive evaluation these approaches share an emphasis on contextualism and dialogue. They examine the responsibilities and dependencies at stake in a situation and focus on moral learning processes.

Case example: moral challenges in working for multiple-problem families

General description of the multi-problem case approach

In the Netherlands, various organizations are involved in the support and care of individuals and families with multiple problems. Over the last few years, social policies that affect these people and families have changed. The Social Support Act (*WMO*) was introduced in 2007. This legislation aims to empower the client, who is supported by a network of professionals. The law stipulates that professionals should focus on health and prevention rather than on emphasizing shortcomings or pathology. It forces healthcare and social services organizations and their related disciplines to cooperate in a network.

In one city, local government organizations developed an approach for integrated care for multiple-problem individuals and families: the multiple-problem case approach. Multiple problems arise when families or individuals are faced with a combination of problems in two or more of the following areas: mental health, financial situation, living situation, and security. On a strategic level, the approach was formalized in a covenant between the network partners. The covenant included clauses on privacy, case management and the responsibilities and duties of professionals at various operational levels. The network started with seven organizations: local government, two housing organizations, a mental healthcare institution, a social welfare agency, the police, and the local public healthcare organization. Over time, new organizations joined the network, including a mental healthcare organization, an organization for youth care, the Salvation Army, and a financial organization that supports people in debt. The approach is funded by the municipality.

The participating organizations shared the view that individuals or families with multiple problems are not served best by individual mental health, medical, financial, housing and social welfare agencies all working independently with no cooperation between the professionals involved. They developed a new approach, based on a few main principles. First, the situation and needs of the client are paramount. Second, to be included in the approach clients must meet specific criteria (e.g. it concerns a case with multiple problems on two or more of the areas mentioned above; network organizations are unable to solve problems). Third, the approach should be multidisciplinary and should make outreach work a priority. An evaluation study was conducted by the first two authors of this article to facilitate knowledge and information-gathering when implementing the approach.

The new approach is supervised by a steering committee comprising the chief executives of the participating organizations. The steering committee defines policy and outcomes and monitors implementation. The city was divided into four areas, each with its own list of neighbourhoods and problem areas. The approach is facilitated and coordinated by four process managers responsible for each area of the city. Each process manager is on the payroll of a different organization that sponsors the network. Clients can be assigned by the network partners by telephone or email. The process manager gathers information, and asks the referrer to complete a form that clarifies

a client's problems in several life areas. As soon as the process manager receives this form, he decides who to invite to a meeting of network partners to discuss the client. During the first meeting, the professionals complete an assessment instrument and develop an 'individual service plan'. The process manager monitors the execution of this service plan. A case manager is appointed for every client, and is responsible for coordinating the actions set out in the service plan and for achieving its goals.

Sonja's case

The responsive evaluation demonstrates that the four process managers experienced several challenging ambiguities and tension. One example involving a client called Sonja serves to illustrate this. Her case led to discussions between the process manager, the case manager, professionals and Sonja herself.

Who takes responsibility for homeless Sonja?

Fifty-nine year old Sonja (pseudonym) is homeless and has been a client of social welfare and healthcare institutions for some considerable time. About two years ago, in the summer, social welfare found her trailer dreadfully soiled. Social welfare decided to exercise their legal prerogative to have it cleaned. Their intentions were good, but the incident made an indelible impression on Sonja. She experienced considerable resentment and lost all her remaining faith in her social worker and other professionals from social services and healthcare institutions. Subsequently, once her trailer had been cleaned, Sonja lived outdoors, spending her nights in a sleeping bag in the bushes and her days on the street. Sonja also lost two close relatives at the end of the summer. Her best friend committed suicide and shortly afterward, so did her ex-boyfriend, with whom she was still friends.

The social worker felt responsible for improving Sonja's situation and did her utmost to find her a home. She saw Sonja as a very 'resilient' woman. Sonja had experienced a great deal during her life and was able to cope relatively well with these experiences. The social worker could empathize with Sonja. She was particularly concerned about the impending winter. The local government of the city in which Sonja lived would soon no longer tolerate her way of living, a situation that placed her under even more pressure.

The social worker presented Sonja's case to the multiple-problem case approach. Joost, the process manager of the case approach, contacted all the parties involved and organized a network meeting. The social worker (social welfare), a psychologist (mental health care), two clerks from different private property organizations, a police officer, an employee of the company that took care of Sonja's finances (commercial company), an employee of the community department of local government, and an employee from the organization that pays social welfare benefit (department of labour) attended the meeting.

Many partners had a stake in this case, a fact which made finding common ground for a solution more complex. The professionals were familiar with Sonja's case, and their faith in her had all but waned.

The network meeting: pointing at each other

The process manager presented Sonja's case at the start of the meeting and explained his own role. He set out why he had invited each of the professionals. He was responsible for facilitating a dialogue among the professionals in order to arrive at a solution that all parties found acceptable. The case manager (Sonja's social worker) immediately noticed the tension between the professionals: *'A bit of a complicated process started. The housing companies didn't want someone like Sonja to rent a house at all. They insisted that only after a psychiatric diagnosis and a report, and with specific social welfare support, might a solution be found.'*

A psychiatric report was submitted after the first meeting and Sonja received social support. But neither of the housing organizations came up with a solution. The case manager: *'They kept pointing at each other, they kept passing the buck.'*

Several meetings passed by without clear results. The process manager then invited a local government representative. This representative stressed the importance of finding a solution. He threatened to make the situation known to the local mayor if it could not be resolved that same day. Just before the meeting ended, the representative of one of the housing companies suddenly said he might have a house available. Just in time. According to Sonja's social worker, this meeting was *'unforgettable'* – she was relieved because seemingly a solution had been reached, but she was critical about the process. She blamed the housing company employee for not revealing the fact that he had a solution and she failed to understand why he had held something back. However, she did not express her frustration to the housing company representative in the interests of maintaining the relationship.

Finally, after protracted negotiations with the housing company, Sonja received the keys to her new rental home, on condition that she would take care of her house and not be any trouble to the neighbourhood. Several months later, Sonja finds it far from easy to meet these conditions. She misses living outside in her old trailer and finds it difficult to live in a civilized neighbourhood.

The process manager found managing Sonja's case particularly difficult. He was not happy that he had had to involve a local government representative to put pressure on the other network partners. In other cases he had been able to prevent situations like this from arising through personal contact with the client himself, although contact with clients was not actually part of his remit. As a manager, Joost aims to create a basis for trust and trustworthiness. In his view, he is able to achieve his goals by building a relationship with the network partners and the client. This relationship must be built on trust. By 'earning' trust from network partners on tactical and operational levels, he hopes to engage network partners in the cases he is working on. He did not succeed in doing this in Sonja's case, and this case escalated. His preferred way of working is demonstrated when he tells us about another case: *'It was a case in which the organizations assumed that other parties were responsible. In the end, nobody was responsible. And then I decided to intervene by talking with the clients, a family, myself. I always aim*

to build trust. It's crucial to have personal relationships with parties involved. I had a very good relationship with the clerk of the housing corporation and that enabled me to arrange a house for this family'. In the next section we analyse Joost's perception of his responsibilities. We will attempt to enhance our understanding of why Joost preferred a relational way of working with cases and network partners.

Analysis: an emerging moral ecology

The process of integrating services is full of ambivalence and conflicting interests. In these processes, identities, relationships, and values interact. Reaching a shared understanding about the moral question 'Who does what for whom?' is not simply a matter of allocating tasks and responsibilities, but a social process in which people accept, refuse and (re-)negotiate responsibilities. For example, people inform us about their perceived responsibilities when they excuse themselves or when they show regret. Practices of responsibility are complicated processes in which identities, relations and values are constructed and reconstructed (Abma et al., 2011; Abma et al., 2005; Goldstein et al., 2007; Landeweer et al., 2010). Below we will demonstrate that this practice reflects a process of a moral order being constructed (Walker, 2007) or, more dynamically – a moral ecology (Schwandt, 1995). A moral ecology is a temporary set of intertwined values, co-constructed by the interactions between individuals. This is not a hierarchical and fixed division of people or codes. The moral ecology depends on definitions of roles, social relations and responsibilities (Wuthnow, 1987).

In order to deepen our understanding of the moral ecology of the social service approach, we will use Margaret Urban Walker's (2007) ethical theory 'template'. Walker introduces an ethical theory that 'aims to accommodate the richness and diversity of what people have reasons to care about and take responsibility for' (ibid, 105). She distinguishes narratives of identity, relations, and values.

Narrative of identity

The narratives of identity in this context refer to the roles of the professionals working together in the integrated service: how do they regard their role and what moral expectations flow from this? Important identities are those of the case manager and the process manager.

In order to understand his narrative of identity as a process manager of the case approach, we will explore how Joost's past experiences led to his perception of his role. Having been a social worker all his life, Joost had defined his professional identity in terms of being a 'problem solver'. In the early stages of his career he worked with multiple-problem families with psychiatric problems who lived together in enclosed social groups. In his former job, one of Joost's tasks had been to support his clients in their move to a different part of the city. Working with a team of colleagues (social workers, psychiatrists, police officers, representatives of the local municipality and also people from housing companies) this was something Joost had been able to accomplish successfully. His past experiences taught him about

the need for teamwork. His professional identity was closely linked to him being part of a team.

In addition to being a 'problem solver' and team member, his role might also be defined as a client's 'befriended' carer. By professionally befriending his clients, he was able to achieve positive outcomes. His clients were aware of that. They did not always realize Joost was part of team, and they might have disapproved of Joost's involvement with the police or housing companies. Clients expected him to be loyal to them and stay away from these groups that might harm their interests. In this delicate situation Joost managed to remain trusted and acceptable to both his clients and his team members (social workers, police officers, psychiatrists, representatives of housing companies). He never publically demonstrated his loyalty to professionals, but acted diplomatically behind the scenes to improve his client's situation.

Joost had several roles: the befriended carer, and a member of a team of professionals working closely together. His sense of professional self had developed over four years of fulltime working with clients. Joost then moved on to become a process manager. In this job his position in the client network changed. He became a facilitator of a loosely coupled network of professionals. Joost was disappointed when he was confronted with a situation in which the team spirit he had been used to in his former job was no longer evident. Instead, in his view, the professionals he now had to cooperate with, tended to regard each other as competitors with different interests. They did not feel a shared responsibility for the client's wellbeing that Joost had been used to in the past. He could not bear a situation in which network partners delegated responsibilities to each other, while at the same time the client in question was in need of immediate support. He felt that time was passing by while the client required help. His past experience as a 'befriended carer' meant that being there for the client was meaningful for Joost. Therefore, in some cases, though not in Sonja's case, he decided to contact clients himself. However, not everyone appreciated this approach, as he had deviated from the formal structures and arrangements. In fact, doing so was precisely what the multiple-problem case approach preached: to reach beyond formal boundaries and roles, to think and act 'outside the box' in order to solve complex situations.

In Sonja's situation, Joost decided *not* to seek direct contact with the client because he trusted the case manager to discharge his responsibility well. Many times the steering committee stressed the importance of the case manager's responsibility to be in contact with clients. The steering committee specified that the case manager, not the process manager, should be responsible for client contact and case content. The case manager enacted her role accordingly: she was closely involved in Sonja's situation and she had frequently informed Joost about Sonja's situation. The case manager was the 'problem solver' *within* the client context, whereas Joost managed the negotiations among network partners from his position as facilitator. Both the case manager and the steering committee perceived Joost's role as a facilitator of negotiations. As has been demonstrated, Joost experienced difficulty in moving towards this position, but he gradually grew in his role. In the case of homeless Sonja, he took on this negotiating role the moment he invited a representative of the local government to become involved. Instead of being a 'befriended carer', he moved toward his role as a facilitator.

Narrative of relations

The narrative of relations involves the relations of the process manager with a particular network partner, client or group. It concerns the question: what brought them together and what expectations flow from this? The narrative of relations describes what kind of commitment the process manager and others perceive as appropriate. This relates to the dependencies and reciprocities between them. These mutualities are embedded in the social contexts of which the process manager is part. They have evolved through time.

As a result of his training and former experience as a social worker, Joost is focused on sustaining long-term relationships with professionals from different disciplines and organizations. He had been used to teamwork where he would be closely involved with colleagues from several disciplines, and the client. The team members in his former job as a social worker, were partners who cooperated from a sense of shared responsibility: *'We have a common problem and have to find solutions together'*. The advantage of that past teamwork was that the members could change the way they related to the client according to the situation at hand. Prior to the moment he and his colleagues would enter the client's domain, they would discuss how each team member would relate to the client in order to improve the chances of a good outcome. For example, Joost would become closely involved in the client's world, whereas another social worker would keep more distance, visit the client and be fairly strict about obligations and procedures that the client wasn't living up to. Joost believed that this kind of teamwork with a variety of disciplines and assigned identities had been both necessary and successful.

This also involved working closely together with the client. Before Joost started his job as a process manager, his social teamwork always occurred when he took part *in* the client's social group. His past experience taught him that being part of the client's social context had been a requirement for his work to be successful. Bearing this positive experience on relating to clients in mind, he moved to the position of process manager of the multiple-problem case approach. And in this context, Joost experienced something different. It was no longer appropriate to work from the client's context. That is the responsibility of the case manager.

Moreover, and particularly at the start, Joost related to network partners who would define clear boundaries on what they were responsible for. Teamwork, shared responsibilities and working in an 'outreach' way were not as obvious to the network partners as they had been to Joost. Nor was a relational way of working. The case example demonstrates that Joost worked with network partners who mainly focused on formal obligations, outcomes and targets. Except for the case manager, who was also trained as a social worker, the network partners focused less on building and sustaining long-term relationships with each other. Joost felt that they lacked a willingness to go beyond formal procedures. It was hard to reach agreement about who would be responsible for what, as Sonja's case demonstrated. The case manager mentioned another example of how professionals did not feel responsible: *'(...) in the last meeting we agreed that the client's urine would be checked regularly. The question was: who cares about this client and takes responsibility? It emerged at the next meeting that nobody had undertaken any action: everyone expected someone else to do it'*. This was hard for

Joost, as he viewed a relational way of working with shared responsibilities as the best vehicle for supporting people with multiple problems. As Joost's approach did not always work, he was sufficiently pragmatic to follow the formal procedure of 'escalating' in certain situations. This was not his favourite way of relating to other professionals, but in Sonja's case he saw no alternative, and succeeded in finding a solution for Sonja's problems.

Narrative of values

Narratives of values recount how people come to endorse or reject moral values. They explain how values acquire meaning, how they evolve and acquire layers of 'intelligibility and acceptability' (Walker, 2007, 113).

The process manager appreciates a relational style of management. This evolved during his work as a social welfare worker. From the case example incident, Joost and others learned that this participatory and relational way of working was not appreciated by all professionals in the case approach. Joost rationally understood the merits of using fewer relational approaches, such as formal procedures as escalating and strove to adapt accordingly. Yet it is clear that he struggled to enact this role. He related to professionals from different organizations who expressed their willingness to work with the approach, but felt handicapped by micro-political conflicts. These conflicts involve differences in professionals' values, identities, and working priorities. The differences resulted in ambiguous commitments. The process manager valued commitment and co-ownership. But he encountered difficulties when relating to professionals without commitment, a situation that frustrated and slowed the process down. One of the main values of the process manager in this outreach approach, is to take risks and to trust network partners. Having trust and taking risks involves going beyond formal procedures and responsibilities to reach solutions for clients. According to Joost and his fellow process managers, this outreach approach was actually essential if clients' complex problems were to be solved. Joost also expected this same attitude of his network partners. Instead, he and the case manager felt confronted by the clerk from the real estate corporation who controlled the negotiations by 'keeping something back'. Why did network partners not share Joost's values of 'risk taking' and 'trust'? They may perhaps have worked more instrumentally or even lacked the right mandates. Or they might have been afraid to make a decision on their own without consulting their superiors before sharing information. There may also be political reasons. The information could also have been withheld because of past negative experiences. And finally, network partners might have been unable to convince their own superiors as to the importance of cooperating with the network partners, to cross the organizational boundaries. But as the case example demonstrated, the result was that the contribution made by the real estate representative was not constructive, but damaging.

Implications

This evaluation of the integration of a social and healthcare service gives an insight into how professionals re-interpret and re-negotiate their roles,

relations and responsibilities. Based on the outcomes of our study, we can conclude that there is more to facilitating an integrated service than functionally allocating responsibilities and designing procedures to coordinate and control them. Rather, finding out 'who should do what and why' is often an uncertain process, filled with conflict and processes that touch upon identities, relations and value commitments. In this section we argue that responsibilities need to gain meaning in interpretive practices where professionals enter a process of moral learning. Another implication of working in an integrated service involves striving for shared responsibilities on the one hand, but also involves preventing non-accountability on the other.

Moral learning in interpretive practices

The case example demonstrated that responsibilities are often unclear. There seems to be an 'information gap' between professionals. It might be unclear how to use new information that could improve clarity on responsibilities (Abma & Noordegraaf, 2003, p.288). Unfortunately, there is no such thing as knowing what we do not know, because people might see their roles, and the roles and responsibilities of others differently. Solutions for overcoming differences in interpretation of responsibilities in integrated services are often sought by changing the structure and coordination mechanisms and by training (e.g. Ahgren, 2001; Farmakopoulou, 2002). In the case example, the process manager escalated and forced professionals to act. But as described, he anticipated that increasing pressure in this way would damage future relationships. Solutions to diminish the ambiguity of responsibilities, to overcome differences in opinions on what should be done by whom, tend to focus on the production of new facts. By providing the 'right' information or design agreements or protocols, one expects to clarify responsibilities. In the case approach, in the first instance, responsibility is taken at strategic levels of the network partners in the form of a binding agreement. The process manager was informed by that. However, he soon felt confronted by professionals who were unaware of this agreement. He therefore concluded that the communication of it to operational levels had been inadequate. This led to a situation with little sense of responsibility, and simply informing participants about what they were obliged to do put pressure on the relationship. Other studies report similar situations. Harker et al. (2004) identified situations in which the senior levels agreed on the integration of services, but cooperation at operational level was delayed because professionals experienced conflicting working priorities, and social workers blamed other parties for misunderstanding roles, responsibilities and tasks. Hence, providing new facts does not seem to solve a situation in which responsibilities are unclear. In line with Weick (1995) and other authors working in the tradition of interpretive studies (Czarniawska, 2009; Hosking, 2006; Marston, 2000; Letiche, 2010) we believe that new facts will not solve the problem of ambiguous responsibilities. Instead, we propose a relational approach to working with responsibilities. This kind of approach stresses the interpretive and ambiguous nature of responsibilities in an integrated social service. It underlines the importance of attention for moral learning within a social practice. As shown in the analysis, participants in integrated services are engaged in a moral ecology. Within this ecology, moral learning occurs as an interpersonal and collaborative

process (Walker, 2007). While in a functional approach responsibilities are given as facts, Walker emphasizes that responsibilities are assigned through a relational process. What we expect of ourselves and others, the relationships we have and the values we embrace, influence this process and its outcome. There is no clear distinction between process and outcome.

The process managers in the multiple-problem case approach did not explicitly focus on this relational and value-driven process. It might have been more helpful if they had focused on these aspects and understood the development of and shift in identities, relationships and values of the people and organizations concerned. They would not have attempted to establish fixed responsibilities with clearly defined boundaries, but they would have enhanced their understanding of the multiple interpretations of responsibilities within the moral ecology. This, for example, would have made them more aware of how and why participants are disengaged or engaged or why participants seem to abandon responsibilities, or, as Joost did, why they assigned responsibilities to themselves.

Shared responsibilities and individual accountability

This leads to another challenge when integrating services: balancing individual and organizational responsibilities. On the one hand, the service is a joint responsibility of the process manager, professionals and in some cases also clients. None of these participants can operate separately. On the other hand, each participant should be individually 'accountable' for his actions. We have shown that individual responsibility reaches further than being accountable for actions. It concerns a genuine willingness to go beyond what one is obliged to do because of formal procedures. The case example demonstrated that professionals who 'held something back' were not perceived as responsible participants. We can deduce from this that individual responsibility in an integrated service goes beyond solely being accountable and acting in accordance with one's obligations. Instead it involves a sense of moral ownership and meaning of all who are involved to work for the client's benefit. This sense of ownership can be enhanced by actively including professionals in the implementation of the integrated service itself. By letting them having a say in the approach itself, the approach will gain meaning. Participating in the implementation will directly enhance the meaning of the approach of the participants involved. The alternative is to 'motivate' people to work in accordance with their responsibilities. But motivation might be a surrogate for meaning (Sievers, 1994). Instead of 'motivating' professionals to work in an outreach way, the meaning of the integrated approach itself should be a vehicle to balance shared responsibilities and individual accountability.

Recognition of clients

A final implication of our findings concerns the position of clients in an integrated service. The way the process manager preferred to relate to the client could be explained by his training and previous experience as a social worker. However, we believe that in the future, more clients will be expected to become part of integrated services. In the Netherlands, for example,

self-management and a more prominent role for clients in their own cases, is being promoted (Visse et al., 2010). In the future, we expect that the client's identity will go beyond someone or some group (e.g. family) that needs support. The client's benefit will no longer be at the end of the process, but they will become a co-partner in the process.

Conclusion

Integrating social services is a complex challenge because of ambiguous responsibilities. Despite formal procedures, it is often unclear who is responsible for what and why. This article demonstrated that instrumental and rationalized ways of thinking about responsibilities are counterproductive. Participants need to search instead for who they are in relation to other participants, what core values they share and what responsibilities derive from that. By articulating and seriously reflecting on these three dimensions, insight into the practice of responsibilities of an integrated service can be enhanced.

We conclude with three practical consequences related to education. First, we observe a predominance of mono-disciplinary orientation in education programmes. Most professionals, both in healthcare and in social welfare or justice, are insufficiently trained in interdisciplinary and moral work. There is considerable need for multidisciplinary trained professionals who have the skills to listen, understand and reflect on issues and approaches from related disciplines. In order to understand other professionals' behaviour and actions, social workers are trained to perceive value differences and have an understanding of normative professionalism (Kunneman, 2009) and ethics of care (e.g. Tronto, 2009). Other network partners also need to learn this. Second, a consequence of the acceptance of ambiguous responsibilities is the necessity to change educational programmes, both on social welfare and other professionals in social policy, as on change management and organizational learning. In most educational programmes (Bachelor's and Master's programmes), professionals-to-be are taught linear views of how to cooperate with colleagues and people from other organizations and how to organize or change a system. Practice tells us that this linear view is no longer sufficient. Unfortunately, to date, except for some post-graduate courses, we are not aware of a more relational view on social welfare work being taught. Third, thinking about responsibilities and the moral aspects of our work requires (interpersonal) competences that are rarely taught at university. This shows the importance of continuous education, closely connected to experiences in professional life. A good tool for this is moral case deliberation, in which professionals reflect on cases from their own practice, using a conversation method and facilitated by a process-oriented ethicist (Abma et al., 2009; Molewijk et al., 2008). Greater awareness, sensitivity and reflexivity on our role within a moral ecology may lead to a more ethically responsible practice. (For reasons of privacy, the names of participants in the case approach are pseudonyms.)

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