“Care is not just about care anymore”

van Wieringen, M.

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Summary

The Dutch home-care sector can be characterized as a complex and dynamic institutional environment. Institutional complexity implies the co-existence of multiple "institutional logics", each comprising different beliefs, valued ends and associated practices. Institutional complexity in the Dutch home care sector particularly entails the co-existence of a professional care logic and a logic of managed care. The professional care logic centers around the value of client-centeredness, meaning that care meets a client's needs, which is fostered through professional autonomy, competence and effectiveness. The logic of managed care, in contrast, is characterized by values and practices such as accountability, control, efficiency and transparency. This is enhanced by the standardization of home-care by means of so-called "care packages" that prescribe what types of care individual clients are entitled to and that minutely describe how much time nurses can spend on delivering care. Both logics have been influencing the (organization of the) caregiving process over time. At the same time, the Dutch home-care sector has seen institutional change, involving (incremental) shifts in the relative dominance of each of these logics with regard to influencing the caregiving process.

Until about the 1980s, a professional care logic was dominant in shaping the organization of the caregiving process and nurses' day-to-day work in particular. While nurses had long worked as independent professionals, the proliferation the logic of managed care since the 1908s involved the introduction of managers in home-care organizations and involved a decrease in nurses' autonomy. Coinciding with the proliferation of the logic of managed care was a decrease in publicly funded care. Also, a call for self-reliance by means of informal caregiver support became ever more prominent. These developments were associated with policies aimed at decentralizing the organization and allocation of care and support services. Finally, the most recent institutional change in the Dutch home care sector points toward an increase in relative salience of the professional care logic in relation to the logic of managed care, thus ostensibly returning to an institutional environment in which the professional care logic is dominant in shaping the process of care delivery. Ultimately, the co-existence of the professional care logic and a logic of managed care, and their shifting dominance, has considerably affected the nature of the role and work of people, such as managers and nurses, working in the home-care sector.

In this dissertation, I explore and explain how actors in the Dutch home-care sector perceive and act upon the co-existence of multiple institutional logics and the shifts in their relative dominance over time. In so doing, I adopt an "inhabited institutions perspective". This means that I particularly focus on the people that enact the co-existing institutional logics. This focus allows me to unravel how actors' micro-level situated practices, perceptions and experiences are informed by the co-existing logics. The following main question guides my endeavor: *How do actors in the Dutch home-care sector perceive and act upon co-existing institutional logics as well as alterations in their relative dominance over time?*

In addressing this research question, I employ mainly qualitative methods of data collection: interviewing, the collection of textual material and various media accounts, field observations, and informal conversations. First, interviews with managers and, particularly, auxiliary and registered nurses, at two points in time, form the core of the empirical material on which this dissertation is based. Second, the textual material consists of organizational documents of home-care organizations in which respondents work, such as annual reports, policy documents and/or mission statements. Besides, over the course of about five years, I gathered an extensive amount of documents and archival data, comprising (historical) documents about the occupational group of community health nurses, government policy documents, practice-oriented research reports written to inform government policy, popular press articles (both online and offline), pictures, and film documentaries and news items. I also gathered weblogs written between October 2013 and April 2018 by registered nurses and other stakeholders in the home-care sector. Third, I build on empirical material derived from field observations during meetings and conferences. These meetings and conferences generally discussed topics related to developments in the Dutch home-care sector or the long-term care sector more broadly, and were generally organized by and for nurses and other stakeholders in these sectors. I regularly attended such conferences over the course of some five years, but especially between 2015 and 2018. During these conferences, I also engaged in ample informal conversations with various stakeholders.

An important finding of this dissertation is that decoupling comprises an important micro-level response of nurses and managers to the co-existing institutional logics and the shifting dominance between them. Decoupling refers to a situation in which micro-level work practices are detached from organizational policy, or from directives from external

constituents, such as the government, and may involve a purposeful lack of policy implementation. I show that managers and, more so, nurses comply only symbolically with the logic of managed care. In the first three empirical chapters (two to four) I conceptualize how and why decoupling takes place.

In **chapter two**, I focus on the intra-organizational level. I explore 1) how within two different types of home-care organizations the involvement of informal caregivers was framed in organizational policy, 2) how this view was reflected in the organization of work processes, and 3) how this resulted in contact between formal and informal caregivers in actual care settings. I show that, although the importance of involving informal caregivers is emphasized in official documentation in both types of organizations, actual involvement of informal caregivers is often lacking. I also show that ambiguity exists about the division of responsibilities with regard to informal caregiver involvement and that nurses indicate that they are unaware of any organizational policy on informal caregiver involvement. Based on the findings in this exploratory paper, I argue that decoupling involves the symbolic adoption of policy on informal caregiver involvement. By this I mean that policy is adopted, but not actually reflected and enacted in work processes, because implementation in the organization of the caregiving process remains deficient.

In **chapter three**, I examine the inter-professional level and study how and why managers and nurses are involved in decoupling. I show that managers and nurses have different roles in the process of decoupling, but nonetheless take heed of the professional interests of the other occupational group. I show that managers facilitate decoupling through ambiguity regarding the enactment of the co-existing institutional logics, as they hardly provide directives to nurses on how to combine the conflicting values and practices in their everyday work practices. Moreover, managers purposefully refrain from directing nurses to comply with values and practices from the logic of managed care in work processes. Nurses, in turn, deflect pressures deriving from the logic of managed care by engaging in the creative-yet-rational enactment of the practices of this logic. I show that nurses provide other types of care than what they requested for a client and were formally allocated by means of the standardized care packages. That is, nurses request a particular care package, but subsequently deliver other types of care than stipulated by the care package. This allows them to meet a client needs and at the same time comply with the logic of managed care on paper, while actual work practices do not reflect the norms and values of this. As such, I show that

managers and, more so, nurses comply only symbolically with the logic of managed care. Essentially, I show that both occupational groups engage in decoupling to avert the impact of the logic of managed care, while aiming to preserve organizational and professional interests, and to ensure the provision of care that aligns with a client's needs. I argue that, in doing so, managers collude in decoupling with nurses.

Chapter four further explores why nurses engage in the identified decoupling practices. I show how nurses' micro-level decoupling practices are informed by a combination of anger and anxiety, as well as compassion with clients. These emotions are triggered by a perceived threat to nursing values and professional interests posed by the logic of managed care. Moreover, in this chapter, I show that decoupling is an ongoing process with emotional consequence. While decoupling allowed for the continued enactment of nursing values, the expression of compassion, and the preservation of the interests of nurses and their clients, it also helped to institutionalize – at least superficially – the logic of managed care. As such, they continually perceived a threat to the enactment of nursing values and professional interests. This, in turn, heralded more decoupling practices, which subsequently became more intricate and, thereby, emotionally distressing over time.

In **chapter five** I go beyond decoupling to study a process of regenerative institutional change in which members of an occupational group engage in efforts to revive and re-habitualize professional values, traits and practices that were exhibited by predecessor members of the occupational group. Concretely, current-day community health nurses are engaging in efforts to become like predecessor members of the occupational group. I refer to this process as one of institutional reincarnation, because it quite literally revolves around the reincarnation of a subject, i.e. a person, representing particular norms, values and practices. I show that this process is characterized by four different yet entwined micro-processes and sentiments: nostalgic projection, apprehensive questioning, disillusioned re-assumption, and imputing celebration. In essence, I detail how the symbolic and normative legacy of the institution, i.e., of the predecessor community health nurse, is expectantly invoked in an effort to rouse the ongoing reincarnation process. That is, former and existing community health nurses as well as other stakeholders nostalgically draw on the legacy to legitimize the "new" role of community health nurses. At the same time, nostalgic allusions to the legacy entice criticism and disillusion when re-habitualization is limited because the logic of managed care also persists.

The insights developed in this dissertation contribute to the burgeoning literature on the micro-foundations of institutional theory, and micro-level responses to institutional complexity and change in particular. Taking an "inhabited institutions perspective", I identify the particular roles, practices, motivations and experiences of different actors as they respond to institutional complexity and change. First of all, attending to the role and positioning of institutional inhabitants with different occupational commitments informed a conceptualization of decoupling that includes intra-organizational mechanisms, inter-professional relations, and situational conditions that were vital to how decoupling took place. Second, I conceptualize normative and emotive elements as well as rational (interest-based) considerations as antecedents and outcomes of decoupling practices. Combined, by developing a more comprehensive and nuanced understanding of how and why people engage in decoupling practices in response to institutional complexity and change, I contribute to efforts to bring the concept of decoupling beyond its puzzling status of under-explored and under-theorized key concept within institutional theory.

The findings of this dissertation also speak to literature that considers the intimate relationship between professionalized occupations and their institutional environment. Existing research on professions in complex and changing institutional environments has primarily presented the strategies, mechanisms, conditions and motivations that enable highly professionalized occupations, such as physicians or managers, to protect and preserve professional norms, values and commitments. Unlike previous research, I empirically show how and why lower-status, less-professionalized occupational groups, such as nurses, draw upon rather hidden strategies to exert influence on their micro-level, day-to-day work, thereby retaining (a degree of) professional autonomy. Besides, in contrast to existing research, I show that mutual adjustment between managers and nurses entails managers closing in on nurses rather than the other way round. Taken together, I detail how lower-level and ostensibly "marginalized" occupational groups may exert considerable influence through the creative use of mundane tasks, thereby averting the impact of the micro-level instantiations of a logic that conflicts with their professional values and interests.

Beyond illuminating hitherto unappreciated antecedents and outcomes of decoupling, I demonstrate the merits of also directing our attention to the lived experiences of institutional inhabitants in a process of institutional change. Different from existing research, the institution that is being revived in the present case was a subject in the sense that it

involved the reincarnation of a person, the predecessor occupational member, who existed in the past and who represented particular norms, values and practices. While existing occupational members engage in a process of reincarnation by engaging in efforts to re-habitualize these norms, values and practices, predecessor occupational members also "talk back", as many continue to be involved or work in the sector. As such, I make visible not only the lived experiences of existing occupational members who are involved in an ongoing process of institutional reincarnation, but also show how the lived experiences and moral dispositions of those who had earlier incarnated the institution featured prominently in the process. Consequently, I argue that to fully understand of the sentiments that are exhibited in processes of regenerative institutional change requires consideration of the nature of what is being revived. Moreover, a consideration of how the past, present and future converge is warranted. In attending to the normative and emotive elements and underpinnings of the process of institutional reincarnation, I develop an understanding of why such change processes may be more precarious than previous research suggests.

All in all, in this dissertation I go beyond predominantly cognitive and interest-based explanations of responses to institutional complexity and change. Instead, I show the merits of attending to the normative and emotive underpinnings of micro-level responses to institutional complexity and change, and demonstrate the value of heeding past and present institutional arrangements as well as professional attributes. Doing so contributes to a more comprehensive understanding of institutional processes at the micro-level and thereby deepens institutional theorizing.