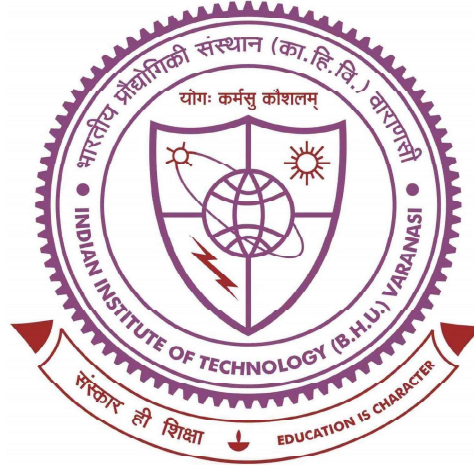


An Exploratory Study of Patient and Nursing Experiences in a Self-Managed Homecare Organization in Indian Context



**The thesis submitted in partial fulfillment
for the award of the degree**

DOCTOR OF PHILOSOPHY

by

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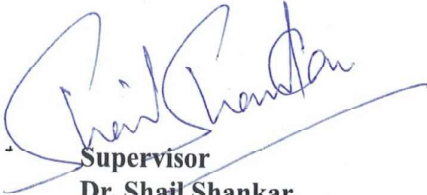
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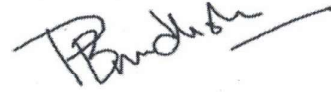
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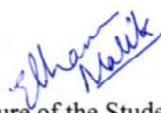
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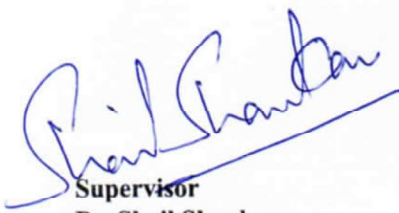
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Elham Malik

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LIST OF ABBREVIATIONS

SMOs - Self-Managed Organizations

MNCs - Multinational Companies

CGT: Constructivist Grounded Theory

ROI - Return on Investment

HR - Human Resource

NP - Nursing Practitioner

IT - Information Technology

CIO - Chief Information Officer

CEO - Chief Executive Officer

GNM - General Nursing and Midwifery

B.Sc. Nursing - Bachelor of Science in Nursing

SMOs: Self-Managed Organizations

SMO: Self-Managed Organization

QPEEs: Qualitative Patient-Experience Enhancers

COVID-19: Corona Virus Disease 2019

P-6-M-50: Patient Number - Six, Gender - Male, Age - Fifty-Three Years

P-1-F-80: Patient Number - One, Gender - Female, Age - Eighty Years

P-5-M-91: Patient Number - Five, Gender - Male, Age - Ninety-One Years

P-15-F-81: Patient Number - Fifteen, Gender - Female, Age - Eighty-One Years

P-4-M-90: Patient Number - Four, Gender - Male, Age - Ninety Years

P-7-F-60: Patient Number - Seven, Gender - Female, Age - Fifty-Five Years

P-11-F-71: Patient Number - Eleven, Gender - Female, Age - Seventy-One Years

P-9-M-88: Patient Number - Nine, Gender - Male, Age - Eighty-Eight Years

N-1-F-34: Participating Nurse - One, Age- Thirty-Four, Gender- Female

N-2-F-33: Participating Nurse - Two, Age- Thirty-three, Gender- Female

N-3-F-24: Participating Nurse - Three, Age- Twenty-Four, Gender- Female

N-4-F-26: Participating Nurse - Four, Age- Twenty-Six, Gender- Female

N-5-F-23: Participating Nurse - Five, Age- Twenty-Three, Gender- Female

N-6-F-21: Participating Nurse - Six, Age- Twenty-One, Gender- Female

N-7-F-27: Participating Nurse - Seven, Age- Twenty-Seven, Gender- Female

MM-1-41-M: Participating Management Member - One, Age- Forty-One, Gender- Male

MM-2-53-M: Participating Management Member - Two, Age- Fifty-Three, Gender- Male

MM-3-50-M: Participating Management Member - Three, Age- Fifty, Gender- Male

MM-4-51-M: Participating Management Member - Four, Age- Fifty-One, Gender- Male

MM-5-50-M: Participating Management Member - Five, Age- Fifty, Gender- Male

MM-6-39-M: Participating Management Member - Six, Age- Thirty-Nine, Gender- Male

MM-7-35-M: Participating Management Member - Seven, Age- Thirty-Five, Gender- Male

MM-8-36-M: Participating Management Member - Eight, Age- Thirty-Six, Gender- Male

MM-9-34-F: Participating Management Member - Nine, Age- Thirty-Four, Gender- Female

MM-10-37-M: Participating Management Member - Ten, Age- Thirty-Seven, Gender- Male

MM-11-36-M: Participating Management Member - Eleven, Age- Thirty-Six, Gender- Male

MM-12-33-M: Participating Management Member - Twelve, Age- Thirty-Three, Gender- Male

PREFACE

This thesis is a summation of in-depth research and exploration that has been done regarding the dynamics of self-managed homecare organizations in India in the COVID-19 context. The journey so far has been both challenging and full of revelations into the different organizational structures that can significantly affect the healthcare delivered in homecare settings. The idea for this research germinated from observed needs for more efficient and patient-centered home care services in India, more so with an increasing aging population and burden of chronic diseases. The pandemic has further underlined the critical role of home care in general and the potential benefits of self-managed organizations (SMOs), particularly for practical and humane responses to healthcare needs. Throughout this research, I have had the privilege of interacting with various categories of healthcare professionals, patients, and members of the management who were kind enough to donate their valuable time and to share experiences and views. Their inputs have proven to be highly insightful and have given a deep understanding of the subtleties of self-managed home care organizations in the Indian context. Finally, I sincerely thank my supervisor for guiding me through the different stages of the present research work. His expertise and encouragement motivated me, which enriches and inspires this work's quality. This thesis goes out to the patients and practitioners who have demonstrated continuing resilience and commitment even when everything seems insurmountable. Hopefully, the findings and insights presented in this work will contribute to developing more effective and compassionate homecare services, increasing patients' quality of life, and empowering healthcare professionals in the Indian context.