

# **Chapter 1: Introduction to Healthcare, Homecare, and Effective Organizational Structures**

## **1. Status of healthcare infrastructure and need for effective organizing**

### *1.1 Healthcare sector in India: Current status and problems*

The healthcare sector in India has faced significant challenges exacerbated by the COVID-19 pandemic and other endemic diseases over recent decades. These challenges have exposed and intensified existing weaknesses within the system. Key issues include a fragmented healthcare system and a chronic shortage of healthcare professionals, as critical factors in the country's struggle to provide adequate health services (Kasthuri, 2018; Kumar, 2023). The lack of emphasis on healthcare education, low functional literacy rates, and generally low prioritization of health further contribute to the inefficacy of healthcare delivery and public health measures (Ramani & Mavalankar, 2006; Jaiswal & Us Saba, 2014).

In addition to systemic issues, there is a glaring disparity in the distribution of healthcare resources. Over 75% of healthcare infrastructure is concentrated in metropolitan areas, where only 27% of India's population lives (Sengupta & Prasad, 2011). This imbalance severely restricts access to quality healthcare for most of the population, particularly those in rural areas. The shortage of trained professionals like doctors, nurses, and technicians is another significant challenge, as the number of healthcare workers is not proportional to the needs of the burgeoning population (Mehta, 2018).

The COVID-19 pandemic has also significantly impacted the healthcare sector in India, exposing pre-existing vulnerabilities. Prior to the pandemic, the Indian healthcare system was already facing challenges such as inadequate infrastructure, a shortage of healthcare professionals, and uneven access to medical services across urban and rural areas (Nimavat et al., 2022). The surge in COVID-19 cases further stretched the system to its limits, leading to severe shortages of hospital beds, essential medications and medical oxygen (Kapoor et al., 2023). One of the significant systemic changes prompted by the pandemic was the reorganization of healthcare services. Many hospitals were forced to convert non-COVID wards into COVID-19 treatment areas, and elective surgeries were postponed to prioritize treating COVID-19 patients (Filip, 2022). This reallocation of resources had a cascading effect on the management of non-COVID diseases, leading to delays in diagnosis and treatment for many patients.

Additionally, the pandemic accelerated the adoption of telemedicine in India. With lockdowns and social distancing measures in place, telehealth emerged as a crucial tool for providing medical consultation and reducing the burden on hospitals. The Indian government also introduced various policy measures to support the healthcare sector, such as increasing healthcare spending and fast-tracking the approval of emergency medical facilities.

Thus, the pandemic highlighted the need for systemic changes in India's healthcare infrastructure. These include the expansion of healthcare facilities, investment in medical research, and developing a more resilient healthcare system capable of responding to future public health crises. These multifaceted problems also suggest a pressing need to develop parallel healthcare systems that can operate alongside and complement the existing infrastructure. Such systems would aim to decentralize and enhance healthcare accessibility and quality nationwide. A very good example of this is the Home Health care services.

Homecare services help salvage the multiple challenges the Indian healthcare sector has been stumbling upon, more so under the aggravated mess due to COVID-19 and other endemic diseases (Rai & Singh, 2022). Homecare can help relocate some medical care from hospitals into homes, thus reducing the burden on health infrastructure and partially bridging the gap with a critical deficit in health professionals (Golden et al., 2019). This model makes it possible to deliver the required care to patients, especially those with chronic diseases or post-surgical patients, without further straining resources in an already over-stretched hospital (Radhakrishnan et al., 2016). Homecare also helps bridge the massive gap in health access between urban and rural settings. Over three-quarters of health facilities are located in urban areas, whereas over half the populations in these countries are not able to access quality care (Balarajan et al., 2011). Homecare services can help balance this situation by providing medical care in patients' homes, irrespective of location. In addition, homecare offers inexpensive alternatives to hospitalization, thus lowering the overall cost of healthcare for both the patient and the system. Homecare complements the already established healthcare infrastructure and is critical in decentralizing and making the nation's quality healthcare accessible.

### *1.2 Homecare as a pillar of support to Healthcare sector*

Homecare services in India represent a transformative approach to addressing the healthcare sector's challenges, especially in managing accessibility and resource allocation. By offering medical services directly at the doorstep, homecare significantly increases the reach of

healthcare, particularly in metropolitan areas known for higher economic status (Grande et al., 1998). This direct approach not only improves accessibility but also relieves the pressure on hospital infrastructure by reducing congestion and allowing hospitals to focus on more critical cases. By functioning parallel to traditional healthcare systems, homecare helps manage chronic conditions through personalized and continuous care, optimizing public healthcare resources and improving overall system efficiency. This is crucial in a country with a stark shortage of healthcare professionals like geriatric doctors and qualified nurses (Kasthuri, 2018; Kumar, 2023).

The scalability of homecare services indicates the potential to provide a responsive and efficient healthcare alternative that complements existing medical infrastructure (Gupta et al., 2024). This could be particularly life-saving in emergencies by ensuring swift medical interventions. Ultimately, the potential of homecare services in India is significant for creating a more inclusive and responsive healthcare system, addressing the ever-growing demands and unique challenges of the healthcare sector.

### *1.3 Homecare: Current status, benefits, challenges and need of hour*

#### 1.3.1 The current status, benefits and challenges of the homecare sector in India

Homecare sector in India is still in a developing state even though the homecare facilities were first started in India back in 2009 by “India Home Health Care” and now have a long list of names following in its footsteps, like Health Care at Home, Zoctr, Portea, Care24, etc. (Rife & Dellapenna, 2009). Talking about the size of the homecare sector, in the USD 100 billion Indian healthcare market, the share of home healthcare was around USD 3.2 billion in 2012 (Gupta & Das, 2012). The healthcare industry in India is predicted to triple in size between 2016 and 2022, expanding at a compound annual growth rate (CAGR) of 22% to reach USD 372 billion from USD 110 billion in 2016. India's healthcare infrastructure is anticipated to reach USD 349.1 billion by FY22. In India, the healthcare industry is predicted to create 27 lakh employees annually between 2017 and 22—more than 5 lakh positions. According to the Economic Survey 2022–23, India's public spending on healthcare reached 2.1% of GDP in FY23 and 2.2% in FY22, up from 1.6% in FY21 (India Brand Equity Foundation, 2023). Health insurance firms underwrote premiums totaling Rs. 73,582.13 crore (USD 9.21 billion) in FY22. Of all gross written premiums earned in the nation, the health segment accounts for 33.33% (India Brand Equity Foundation, 2023).

By 2026, the Indian medical tourism market is projected to grow from its 2020 valuation of USD 2.89 billion to USD 13.42 billion. The India Tourism Statistics at a Glance 2020 research states that in FY19, about 697,300 foreign visitors traveled to India for medical care. The Medical Tourism Association has ranked India ninth out of 46 locations in the Medical Tourism Index (MTI) for 2020–21. India is one of the top global destinations for foreign patients seeking cutting-edge treatment, with USD 5–6 billion in medical value travel (MVT) and 500,000 international patients yearly (India Brand Equity Foundation, 2023).

By 2025, the e-health market will be worth USD 10.6 billion (India Brand Equity Foundation, 2023). The Indian healthcare industry continued its healthy growth in 2023 and reached a value of USD 372 billion, driven by both the private sector and the government (Roy, 2023; Velu, 2024). According to Nathealth's Indian Home Healthcare 2.0 Report, Indian Home Healthcare has already evolved and grown to a USD 5.4 billion market in 2022. This segment is expected to grow to a USD 19.9 billion market by 2025 (Nathealth, 2022).

Given the data, anticipated growth, and the future possibilities in the healthcare sector, one might question the minuscule market size of the homecare sector, despite being launched in India in 2009 and the societal need for healthcare, as evidenced by the public healthcare emergency posed due to COVID-19 (Malik, 2023). The inefficiencies of bureaucratic organizational structures and hierarchy significantly impede quality healthcare delivery by the existing homecare organizations (Lega & De Pietro, 2005). The hierarchical nature of bureaucratic homecare organizations contributes to delayed decision-making in critical care scenarios, rendering them less reliable in the eyes of patients and their families (Elhauge, 2010). This delay in decision-making positions these structures as less effective parallel healthcare systems than hospitalization care (Senot et al., 2016). The inherent flaws in organizational hierarchy and bureaucratic processes impact the responsiveness of homecare setups, creating a patient perception of unreliability and inefficiency in providing essential healthcare services (Malik, 2023).

As discussed, homecare services in India have become increasingly important in recent years as the country's population grows and the healthcare infrastructure struggles to keep up with demand. These services offer a way for patients to receive medical and non-medical care in the comfort of their homes without needing to travel to a hospital or clinic. Various aspects of homecare services in India, including their benefits, challenges, and prospects, will now be discussed.

One of the primary benefits of homecare services in India is that they help to address the issue of limited healthcare infrastructure in the country. India has just 0.5 hospital beds per 1,000 people, significantly lower than the global average of 3.2 hospital beds per 1,000 people (World Bank, 2017). This means that many Indians have limited access to healthcare services, combining the healthcare sector and parallel healthcare structures combined. Apart from providing healthcare services, Homecare services offer a way to bring medical and non-medical care directly to patients' homes. Another benefit of homecare services is that they can be more cost-effective than hospital-based care. According to a research by the Indian Council for Research on International Economic Relations (ICRIER), homecare services in India can be up to 40% cheaper than hospital-based care for certain conditions (Indian Council for Research on International Economic Relations, 2018). Homecare eliminates the need for hospital infrastructure and can be provided by a smaller team of healthcare professionals.

Despite these benefits, home-based healthcare services in India must overcome several challenges. One of the biggest challenges is the need for more qualified healthcare professionals, particularly in rural areas. According to the National Health Profile 2020, India has just 0.8 doctors per 1,000 people and 1.7 nurses and midwives per 1,000 people (Ministry of Health and Family Welfare, 2020). This shortage makes it difficult to provide home-based healthcare services to all who need them, particularly in remote areas. Another challenge is the need for regulation in the home healthcare sector. Currently, there are no specific regulations governing the provision of home-based healthcare services in India, which can lead to variability in the quality of care provided (Das, 2021). The lack of regulation makes it difficult for patients and their families to determine trustworthy and reliable providers (Das, 2021). Despite these challenges, the prospects for home-based healthcare services in India are bright. The Indian government has recognized the importance of home-based healthcare services and has taken steps to promote their provision. For example, the National Health Policy 2017 includes a provision for home-based care for the elderly and those with chronic illnesses (Ministry of Health and Family Welfare, 2020). In addition, the government has launched the Ayushman Bharat scheme, which aims to provide financial protection to vulnerable populations and promote the provision of primary and secondary healthcare services, including home-based care (Ministry of Health and Family Welfare, 2020).

In the Indian context, nurses often resist engaging in homecare services and prefer hospital settings (Demirbağ et al., 2017). The reluctance stems from concerns about the perceived lack

of dignity associated with working in individuals' homes, potentially subjecting them to derogatory views as mere menial workers. Unfortunately, this hesitation increased due to a perceived deficit in empathy and dignity from patients and their families towards nurses in the homecare sector in India (Ghezeljeh et al., 2022). This perception from the patients and their families stems from the fact that the nurses are not the decision-makers at the hierarchical homecare organizations. Instead, they are mere followers and often daily wage earners (Malik, 2023).

Therefore, it is essential to explore more effective organizational structures that expedite and enhance the decision-making processes at homecare organizations and, at the same time, restore and increase the dignity and self-esteem of the nursing professionals in these organizations. Before moving ahead to the possible solutions in terms of introducing unconventional and effective organizational structure(s) in the homecare sector in India in order to establish the homecare sector as a significant parallel healthcare structure in India, in subsequent sections, the problem of increasing aging population and chronic disease burden will be discussed in detail that calls for the need of such solutions.

Though the homecare sector offers significant potential to improve patient outcomes through personalized and convenient care options, it faces substantial regulatory challenges that hinder its growth and efficacy. One of the primary issues is the need for a comprehensive regulatory framework. Homecare services are not uniformly regulated compared to hospitals and clinics, leading to inconsistencies in service quality and patient safety. The absence of standardized protocols and accreditation processes means that the quality of care can vary widely between providers, undermining trust in the sector (Harbishettar et al., 2021). Moreover, there is a need for more trained professionals specialized in home healthcare, partly due to inadequate educational and training standards specific to this field. This lack of professional standards further exacerbates the issues of inconsistent care quality and patient safety.

To address these challenges, India could adopt a unified regulatory framework similar to those in more mature homecare markets like the United States and Europe. For instance, the U.S. Centers for Medicare & Medicaid Services (CMS) provides a robust set of regulations that home health agencies must follow, ensuring a high standard of care. Implementing a similar framework in India, with standardized accreditation and certification processes, could enhance service quality and reliability (Wadhera et al., 2020). Additionally, establishing

specialized training programs and certification for homecare professionals can help build a more competent workforce (Kasthuri, 2018). Drawing from successful international models, India could also benefit from a centralized oversight body dedicated to homecare services. Such an entity could streamline regulations, provide clear guidelines, and ensure uniformity across different states. For example, the UK's National Health Service (NHS) offers a cohesive structure for homecare services, ensuring consistent and high-quality care nationwide (Oikonomou et al., 2019). Adopting a similar centralized approach could mitigate the regulatory overlap and enhance the efficiency of homecare service delivery in India (Khosla et al., 2012). While the homecare sector in India faces significant regulatory challenges, learning from international best practices and implementing a unified regulatory framework could substantially improve service quality and patient outcomes. By addressing these issues through comprehensive regulation and professional training, India can unlock the full potential of its homecare sector.

### 1.3.2 Need of hour: Addressing chronic disease burden and increasing aging population's healthcare needs

The homecare organizations in India cater to two major population segments. These segments are the aging population and the chronically ill patients. In this section, the state of these population segments in India and globally and the corresponding need for homecare services will be discussed.

#### *The chronic disease burden, aging population and the need for care*

High incidences of chronic diseases in India include cardiovascular diseases, diabetes, some cancers, and respiratory diseases, and their increasing prevalence has remarkable public health implications for the country (Reddy et al., 2006). The presence of these increasing chronic diseases has had a great impact on the total well-being of the population. This is because millions of Indians suffer from chronic diseases, with many of them battling hypertension, diabetes, and numerous cardiovascular problems that attack people across all ages, from youth to the old people (Singh et al., 2021; Matthews et al., 2016). The rise in these diseases is largely attributed to changes in the lifestyle, like the dietary shifts, sedentary habits, and rapid urbanization (Dy et al., 2013). Other contributing factors are genetic factors, environmental factors, and deficiencies in health care infrastructure. This poses a complex challenge—how this burden can be met and minimized (Jagger et al., 2011).

The emerging burden of chronic diseases in India poses a gigantic threat to the health infrastructure. The demand for high-intensity, long-term management, specialized care, and continued monitoring has exerted great pressure on health resources and brought about great pressure on hospitals, clinics, and healthcare personnel (Reddy et al., 2006). With the increase in the aging population, the number of patients who need constant care either at home or in a hospital is increasing (Mohanty et al., 2014). The global number of people who are 60 years old and older is projected to increase to 2 billion by 2050 compared with 900 million in 2015 (World Health Organization, 2021). India is one country where the growth in the elderly population is very fast, with a little over two decades to adjust to this kind of demographic change (World Health Organization, 2021). Disability, part of 34% of the global disease burden (Vos et al., 2020), and physical and mental decline because of aging presents significant problems.

Therefore, homecare services in India have also become necessary with its aging population since rising healthcare demands will drive costs up and put economic strains on families and public healthcare systems (Vaishnav et al., 2022; Sahoo et al., 2021). The recent rapid growth in India's elderly population urges for better homecare services, especially given that many elders prefer living independently or with family members at home (Kandapan et al., 2023). This will worsen as 98% of senior citizens have no health insurance, and other expenditures in healthcare are increasing to already overstretched households, especially in rural areas where aging is more intense (Kotak General Insurance, 2024; Dey et al., 2012). Policymakers need to address these challenges as the aged population has been projected to be the force behind 20% increased spending on healthcare (Chen et al., 2023), making it an emergent need to get sustainable long-term care solutions. Consequently, questions of the accessibility and affordability of the healthcare services have assumed special significance in this regard as those that require critical intervention plans to mitigate the burden of chronic diseases and aging population on India's health care system (Afshar et al., 2015).

It is designed to be able to look at how alternative organizational forms, particularly horizontal management structures, for instance, self-management can give great ideas on how to enhance performance in the homecare industry. This shall be discussed further in the proceeding section, which looks at how self-management can work towards removing such inconsistencies with traditional hierarchical structures often found in homecare organizations (Malik, 2023).

#### *1.4 Possible solution: Self-management in the homecare sector*

The homecare sector in India is undergoing significant changes as the demand for affordable parallel healthcare systems increases, as discussed in the previous sections. One of the emerging effective organizational structures in this sector is the self-managed organizational structure (Nandram, 2021). These are organizations that their employees run without traditional hierarchies. The demand for SMOs is driven by several factors, such as the need for greater flexibility and responsiveness in the delivery of care, the desire for greater employee empowerment and engagement, and the ability to address the previously discussed challenges faced by traditional hierarchies in the homecare sector in India. Before further discussing the definition of self-managed organizations (SMOs) in the homecare sector, it is essential to look at the definition of self-managed organizational structure, which is as follows.

##### 1.4.1 Self-managed organizational (SMO) structure and its benefits

A self-managed organizational structure refers to a framework where teams within an organization have a high degree of autonomy and responsibility for managing their own work processes, decision-making, and overall functioning. These organizational structures are characterized by radical decentralization, pan-organization autonomy, and a formal power distribution system (Lee & Edmondson, 2017). Unlike traditional hierarchical structures, self-managed teams operate without a strict top-down approach. In this model, team members collaborate to organize, plan, and monitor their tasks with minimal external supervision (Malik & Shankar, 2023).

SMOs offer solutions to challenges confronted by traditional hierarchies in India's homecare sector. SMOs tailor their solutions to the local community, being reachable, contactable, and aware of the local context. Unlike the slow and bureaucratic decision-making processes often found in traditional structures, SMOs excel in making swift and efficient decisions, enhancing patient care delivery, and building trust among patients and their families. They provide cost-efficient, quality care for individuals with chronic health conditions and those needing senior care. The need for increased flexibility and responsiveness in care delivery propels the surge in demand for SMOs in the homecare sector. Encouraging innovation is a hallmark of SMOs, fostering an environment where employees actively contribute ideas and solutions to tackle challenges (Power & Waddell, 2004). A desire for greater employee empowerment and engagement drives the increasing demand for SMOs in the Indian

homecare sector. Allowing employees a more significant role in company operations, SMOs cultivate positive work environments, leading to heightened job satisfaction, reduced turnover, and increased employee engagement.

Moreover, SMOs contribute to career growth and development, further elevating employee satisfaction. SMOs play a crucial role in addressing nurses' concerns, offering enhanced autonomy, trust, and freedom to overcome the reluctance of nurses to work in the homecare sector due to dignity and social issues (Elloy, 2005). Patient education and training are fundamental to enabling self-management in homecare. Patients need to be equipped with the necessary knowledge and skills to manage their care, which includes medication management, symptom monitoring, and primary health practices. This can be achieved through regular training sessions and providing easy-to-understand educational materials. Such education ensures that patients understand their conditions and the steps required to manage them effectively.

The use of technology is another crucial aspect of self-management. Implementing telehealth, remote monitoring devices, and mobile health apps can significantly enhance patient care. These tools enable patients to track their health data, communicate with healthcare providers, and receive timely interventions when necessary (Peeters et al., 2013). Technology also improves the accuracy of health monitoring and can reduce costs in certain areas by automating routine tasks (Hegedüs et al., 2022). Developing personalized care plans is essential for addressing each patient's health needs and goals. Healthcare providers and patients should create these plans collaboratively, ensuring they are tailored to individual preferences and lifestyles. This collaborative approach helps patients feel more involved and responsible for their care.

Establishing robust support systems that include family members, friends, and community resources is also critical. These support systems provide emotional and practical assistance, crucial for successful self-management. Support networks can help patients adhere to their care plans and maintain a positive outlook on their health. Buurtzorg Nederland exemplifies effective self-management in homecare by using self-governing teams of nurses who manage all aspects of patient care. These teams provide medical and supportive services, ensuring continuity of care and fostering strong patient-nurse relationships (Peeters et al., 2013). By empowering patients to take an active role in their care, supported by these teams, Buurtzorg promotes greater patient independence and decision-making (Hegedüs et al., 2022).

The benefits of self-management in homecare are manifold. Patients who manage their care tend to have better health outcomes as they are more engaged and proactive in their health management (Citizen Network, 2024). This engagement also increases patient satisfaction, as self-management fosters a sense of control and autonomy, enhancing their overall well-being (Centre for Public Impact, 2024). Moreover, self-management can be cost-effective by reducing the reliance on healthcare professionals for routine care tasks, thus lowering overall healthcare costs. However, several challenges must be addressed to implement self-management effectively. Significant effort is required to educate patients and caregivers on self-management practices. Additionally, not all patients have access to or are comfortable using the necessary technology for self-management, posing a barrier to implementation. Effective self-management also requires well-coordinated support from healthcare providers, family, and community resources, which can be challenging to organize and maintain.

There are several examples of successful SMOs in India's homecare sector. One such organization is Buurtzorg Edugreen, based in Kolkata. The company uses a self-managed organizational model and has provided high-quality patient care while creating a positive and empowering work environment for its employees. It uses a unique community-based care model (Humanocracy + Information Technology). A similar organizational structure can be seen at Banchbo Healing Touch, Kolkata. Though it is not a Self-Managed Organization (SMO), it is a non-profit organization based in Kolkata, India, that provides home-based healthcare services to underprivileged and marginalized communities. Banchbo's organizational structure is designed to be highly decentralized and participatory, emphasizing empowering local communities and frontline health workers.

According to the organization's website, Banchbo Healing Touch is organized into several departments, including medical, nursing, physiotherapy, and social work, each responsible for providing specific patient services. The organization also has a decentralized management structure, with a Board of Trustees overseeing the overall strategy and direction and local committees and coordinators responsible for managing operations at the community level (Banchbo Healing Touch, 2020).

Banchbo Healing Touch places a strong emphasis on participatory decision-making and community empowerment. The organization works closely with local communities to understand their healthcare needs and priorities and involve them in designing and implementing healthcare programs. The organization also provides training and support to

frontline health workers, including community health workers, nurses, and physicians, to help them develop the skills and knowledge needed to provide patients with high-quality care (Banchbo Healing Touch, 2020). This approach aligns with the principles of community-based participatory research, emphasizing the importance of involving community members in all research and program development (Wallerstein & Duran, 2010). By working closely with local communities and frontline health workers, Banchbo Healing Touch can tailor its healthcare services to the specific needs and priorities and ensure its programs are culturally appropriate and sustainable over the long term. Banchbo Healing Touch's organizational structure is designed to be highly participatory and decentralized, emphasizing empowering local communities and frontline health workers. This approach allows the organization to provide effective and responsive healthcare services to underprivileged and marginalized communities in Kolkata and beyond. Even though Banchbo has a decentralized management structure, it lacks radical decentralization and a pan-organization power distribution system, which is present in self-managed organizations. Key characteristics of SMOs in the homecare sector in India include lean management, no middle management layers, supported by IT infrastructure, and operations led by the nurses. The demand for SMOs in the homecare sector in India is driven by the need for greater flexibility and responsiveness in the delivery of care, the desire for greater employee empowerment and engagement, and the ability to address challenges faced by traditional hierarchies in the sector (Thayyil & Cherumanalil, 2012). SMOs can create a more sustainable and effective healthcare system in India by providing greater flexibility, responsiveness, and employee empowerment.

Buurtzorg Edugreen is the single example of an SMO in the homecare sector in India, while other organizations like Banchbo Healing Touch pave the way for the entry of similar flat organizational structures in India to meet homecare needs. The subsequent section will discuss self-management, specifically in the homecare sector.

## **2. Understanding self-management in the homecare sector**

### *2.1 Comparative Analysis of Traditional Homecare Models and Self-Managed Organizations*

Traditional homecare models and self-managed homecare organizations exhibit substantial differences in structure, decision-making processes, and overall approach to care. Traditional homecare models are generally characterized by centralized management, where administrators or agencies make key decisions (Cunningham et al., 2020; Demirbağ et al.,

2017). Caregivers operate under strict guidelines and protocols established by the organization, leaving minimal scope for autonomy or personalized decision-making (Denton et al., 2002). In contrast, self-managed homecare organizations adopt a decentralized approach, granting caregivers and patients greater control over care-related decisions (Ginting et al., 2022; Hegedüs et al., 2022). This participatory model fosters a more adaptable and responsive caregiving system, allowing for adjustments based on individual needs rather than adherence to rigid, standardized protocols (Hansen & Neumann, 2023).

One of the most notable distinctions between these models is the degree of autonomy provided to caregivers. In traditional homecare settings, caregivers have limited flexibility in structuring their work, as they must adhere to predefined schedules and procedures (Eide et al., 2022; Fowokan et al., 2023). Conversely, self-managed homecare organizations empower caregivers to actively shape their work environment, determine their schedules, and develop patient care plans collaboratively (Jacobs, 2019). This increased autonomy enhances job satisfaction among caregivers and nurtures a greater sense of accountability and dedication to the quality of care provided (Yao et al., 2021).

From the patient's perspective, self-managed homecare delivers a more personalized experience. Traditional models often standardize care delivery, limiting the capacity to tailor services to the specific needs of individual patients (Bindlish & Nandram, 2017). In contrast, self-managed organizations prioritize customized care, fostering a collaborative environment where patients and caregivers co-design care plans. This patient-centered approach improves the quality of care and strengthens the caregiver-patient relationship, enhancing trust and overall well-being.

Another critical differentiating factor is the cost structure. Traditional homecare models typically incur higher administrative expenses due to multiple tiers of management and oversight (Fowokan et al., 2023). These additional costs contribute to the overall expenditure on care, potentially reducing the resources available for direct patient support (Malik & Shankar, 2023). In contrast, with their leaner administrative frameworks, self-managed homecare organizations enable more efficient resource allocation, ensuring that a larger proportion of funds is directed toward caregiving services rather than overhead expenses (Malik, 2023).

Furthermore, employee satisfaction and retention rates are higher in self-managed homecare settings. The rigid structures and limited decision-making power in traditional models often

result in job dissatisfaction and higher caregiver turnover rates (Ghezeljeh et al., 2022). By contrast, the self-managed approach cultivates a more engaged and motivated workforce by granting caregivers greater control over their work (Drennan et al., 2018). This sense of empowerment enhances caregiver well-being and contributes to better continuity and higher-quality patient care (Nandram, 2021).

Regulatory compliance and adaptability also set these models apart. Traditional homecare organizations are often bound by stringent regulations designed to ensure standardization but can inadvertently lead to bureaucratic inefficiencies. While self-managed organizations still adhere to necessary regulatory frameworks, they possess greater flexibility to innovate and modify care models in response to real-time needs (Nandram, 2015; Nandram, 2017). This adaptability makes them particularly effective in addressing diverse healthcare challenges, especially in dynamic or resource-limited settings (Nandram & Koster, 2014).

Self-managed homecare organizations present a compelling alternative to traditional homecare models by offering increased flexibility, enhanced patient and caregiver experiences, and improved operational efficiency. By shifting from a top-down structure to a more collaborative approach, these organizations provide a sustainable model that better aligns with the evolving needs of both caregivers and patients.

## *2.2 Empowering individuals to manage their healthcare needs*

Homecare SMOs are designed to be highly decentralized and participatory, emphasizing empowering local communities and frontline health workers to manage healthcare services actively. These organizations empower individuals to manage their healthcare needs by providing them with access to high-quality healthcare services in the comfort of their homes. They work closely with local communities to understand their healthcare needs and priorities and involve them in designing and implementing healthcare programs. They provide training and support to frontline health workers, including community health workers, nurses, and physicians, to help them develop the skills and knowledge they need to provide high-quality patient care. The organization also strongly emphasizes participatory decision-making and community empowerment, allowing patients to take an active role in managing their healthcare needs. One example of such an organization is Buurtzorg Edugreen, a self-managed organization in the homecare sector in India,

The benefits of self-managed organizations in the homecare sector are manifold. By providing access to high-quality healthcare services in the comfort of patients' own homes, these organizations are reducing the need for hospitalization and institutional care, which can be expensive and stressful for patients and their families (Kelly et al., 2020). In addition, self-managed organizations in the homecare sector empower patients to take an active role in managing their healthcare needs, leading to better health outcomes and a higher quality of life. Self-managed organizations are empowering individuals to manage their healthcare needs by providing them with access to high-quality healthcare services in the comfort of their own homes (Johansen & Bosch, 2017). These organizations are designed to be highly decentralized and participatory, emphasizing empowering local communities and frontline health workers to manage healthcare services actively. By providing patients with access to personalized, patient-centered care, these organizations are helping to improve health outcomes and quality of life for patients and their families.

### *2.3 Minimal or no direct supervision from healthcare professionals*

Self-managed organizations are designed to provide healthcare services to patients in their homes, often with minimal or no direct supervision from the management. This approach to service delivery has several benefits, including increased patient autonomy and reduced healthcare costs. By providing healthcare services in patients' homes, these organizations empower patients to take an active role in managing their healthcare needs and making decisions about their own care. This can improve health outcomes and increase patient satisfaction (Monsen & Deblok, 2013).

However, this approach also presents particular challenges, such as ensuring the quality and safety of care without direct supervision. To address these challenges, self-managed organizations in the homecare sector must provide comprehensive training and support to community health workers and other frontline healthcare workers, as well as effective systems for monitoring and evaluating the quality and safety of care (Nandram, 2016). By providing comprehensive training and support to frontline healthcare workers and implementing effective systems for monitoring and evaluating care, self-managed organizations in the homecare sector can ensure that patients receive high-quality, safe, and effective healthcare services in the comfort of their homes (Nandram, 2016).

The following section will further discuss the importance of self-management in the homecare sector.

### **3. Importance of self-management in the homecare sector**

#### *3.1 Improving patient experience*

In the evolving landscape of healthcare services in India, self-managed organizations within the homecare sector have emerged as a compelling alternative to the conventional model of hospital-based care. This paradigm shift is driven by a commitment to delivering high-quality, personalized care directly to patients within the familiar environment of their homes, eliminating the necessity for hospitalization (Hegedüs et al., 2022), bringing healthcare services closer to the community, particularly for individuals with chronic conditions or those requiring ongoing medical attention. The philosophy underpinning self-managed organizations in the homecare sector aligns with the notion that many healthcare needs can be effectively addressed outside the traditional hospital setting. This model emphasizes the importance of personalized attention, fostering a patient-centric approach that tailors medical interventions to individual needs and preferences.

The surge in the popularity of self-managed organizations within the homecare sector indicates the growing recognition of their ability to impact patient outcomes positively. By leveraging technology, skilled healthcare professionals, and efficient management strategies, these organizations can optimize care delivery, ensuring timely and comprehensive patient support. Moreover, the homecare model is often more cost-effective, offering a viable solution to the challenges of accessibility and affordability that may be associated with traditional hospital-based care. In recent years, the success of self-managed organizations in homecare has been documented in research, with studies like the one by Hegedüs et al. (2022) contributing to the understanding of the effectiveness of this alternative care model. This shift toward home-based care not only addresses the specific healthcare needs of patients but also reflects a broader transformation in the healthcare industry, emphasizing the importance of patient empowerment, comfort, and holistic well-being.

#### *3.2 Reduced healthcare costs*

Self-managed organizations not only improve patient outcomes but also help reduce healthcare costs. These organizations can help avoid costly hospitalizations and medical interventions by caring for patients in their homes. This is particularly important in India, where healthcare costs can significantly burden many people. A research by the Banyan Academy of Leadership in Mental Health (BALM) in Chennai, India, found that

community-based mental health services provided by self-help groups were significantly more cost-effective than traditional hospital-based care (Balagopal & Abraham, 2010). The research found that self-help groups could provide adequate mental health care at a much lower cost, resulting in significant cost savings for patients and their families (Chatterjee et al., 2009).

Another research by Apollo Home Healthcare in India found that home healthcare services were significantly more cost-effective than hospital-based care for patients with chronic illnesses such as diabetes and hypertension. This was primarily due to the reduced need for hospitalizations and medical interventions (Soumerai et al., 2015). Moreover, self-managed organizations in the homecare sector can also help reduce the burden on the healthcare system as a whole as they can help free up hospital beds and resources for more critical cases by providing care to patients in their homes. This can help reduce waiting times and improve access to care for those who need it most.

Apart from understanding the importance of self-management in the homecare sector in India, it is essential to explore what research has been previously conducted on self-managed homecare organizations globally to understand the global developments in self-managed homecare and understand the lessons that can be learned from the self-managed homecare organizations based in other countries. The subsequent section throws light on the same.

### *3.3 Improved access to healthcare services*

Self-managed organizations in the homecare sector in India can improve patients' access to healthcare services. Self-managed organizations in the homecare sector can provide healthcare services in patients' homes, reducing the need for hospitalization and improving overall health outcomes. A research by Singh et al. (2020) found that self-managed organizations in the homecare sector can significantly improve access to healthcare services for patients with chronic diseases. The research found that patients who received care from self-managed organizations had lower hospitalization and emergency department visit rates than those who received care in traditional hospital settings. Additionally, patients who received care from self-managed organizations reported higher satisfaction levels with their healthcare experience.

### *3.4 Greater autonomy and control*

Self-managed organizations in the homecare sector in India can empower patients by giving them greater autonomy and control over their healthcare. Patients can receive care in a familiar and comfortable environment, leading to reduced stress levels and greater peace of mind. This can have a positive impact on overall health outcomes, as stress and anxiety have been linked to a range of health problems, including heart disease, high blood pressure, and depression (Denton et al., 2002). A research by Maurits et al. (2017) found that patients who received care from self-managed organizations reported higher satisfaction levels with their healthcare experience than those who received care in traditional hospital settings. Additionally, patients who received care from self-managed organizations reported higher levels of self-efficacy and empowerment in managing their healthcare needs.

### **4. Previous research on self-management in homecare globally**

One noteworthy illustration of a globally self-managed organization (SMO) in the homecare sector is Buurtzorg Nederland. Founded in 2006 by Dutch nurse Jos de Blok, it gained global acclaim for innovative, patient-centered care delivery (Monsen & Deblok, 2013; Malik, 2023). Operating on a self-managed model, Buurtzorg Nederland features small teams of healthcare professionals delivering personalized care at patients' homes. Research on Buurtzorg Nederland reveals significant benefits of self-managed organizational structure. Addleson's research (2018) demonstrated lower hospital readmission rates and higher patient satisfaction than traditional homecare services.

Similarly, Wammes et al. (2020) found cost savings and enhanced care quality in self-managed homecare organizations. The success of SMOs like Buurtzorg Nederland has sparked interest in India and other countries, such as the United States and Australia. For instance, the Eden Alternative, a US-based organization, applies self-management and person-centered care principles. Studies like Drennan et al. (2018) consistently report higher job satisfaction and care quality in SMOs compared to traditional settings. Globally, SMOs at homecare improve patient outcomes, reduce costs, and boost job satisfaction. While more research is needed, Buurtzorg Nederland's success suggests a vital role for the SMO model in enhancing healthcare globally.

#### **4. Gap in knowledge**

Self-management is a powerful approach in the management of organizations that enables patients to actively participate in their health, symptom management, and overall well-being (Malik & Shankar, 2023). Despite its global acclaim (Adlers, 2015; Hegedüs et al., 2022; Hansen & Neumann, 2023), there is a significant knowledge gap surrounding self-management within the Indian homecare sector, a critical concern given the rising demand for homecare services in India (De Bruin et al., 2022; Jamieson et al., 2021; Gray et al., 2015). This research explores the specific knowledge gaps and their implications concerning self-management in the Indian homecare sector. The surge in homecare services in India, attributed to an aging population, increased chronic diseases, and a demand for personalized care, underscores the sector's developmental stage and lack of regulation (Malik, 2023). Notably, most homecare services are provided by informal caregivers, introducing potential variations in the quality of care delivered (Wheeler et al., 2020). While globally recognized for its positive impact on patient outcomes, self-management within organizations faces a dearth of research in the Indian context (Heskett, 2006). Several factors contribute to this knowledge gap, encompassing limited awareness among healthcare professionals, caregivers, and patients. The need for standardized guidelines for self-management in the homecare sector and a limited understanding of cultural and socio-economic factors further complicate the issue (Singh et al., 2017).

##### *4.1 Implications of knowledge gap and the need to identify Qualitative Success Enablers*

The knowledge gap regarding self-management in India's homecare sector has several implications. Firstly, it may lead to deviations from the good quality of patient care. Secondly, it may increase healthcare costs which might be reduced with effective self-management practices. Thirdly, it may limit the adoption of homecare services by patients and caregivers due to the lack of awareness and understanding of self-management practices as they might perceive self-management practices as superfluous and ineffective being adept to hierarchical organizational structures.

Several approaches can be adopted to address the knowledge gap regarding self-management in India's homecare sector. Firstly, healthcare professionals, caregivers, and patients must be educated about the importance and benefits of self-management practices in Indian context given they trust and are adept to the hierarchical organizational structures in homecare. Secondly, standardized guidelines for homecare self-management must be developed and

implemented to increase the trust on the self-managed organizational structures in homecare and also to increase their adoption in India. These guidelines should consider the cultural and socio-economic factors that influence self-management practices in the Indian context. Thirdly, research on self-management in the homecare sector in India needs to be conducted to understand the current practices, challenges, and opportunities for improvement.

The above discussion bring the readers to the need for strategies to enhance the patient and the nursing experience in self-managed homecare organizations in India. Malik and Shankar (2023) coined the term Qualitative Success Enablers (QSEs) as factors, strategies, or elements that enhance the quality of nursing care for patients and the overall nursing experience in the SMOs. The QSEs and other related terms will be discussed in subsequent sections.

“Qualitative Success Enablers” in a self-managed homecare organization are factors, strategies, or elements that enhance overall experience of all the stakeholders including the patients and the nurses. The QSEs emphasize subjective and qualitative aspects of success rather than quantitative measurements and profoundly impact the nursing profession and care delivery in a home setting (Malik & Shankar, 2023). The self-managed approach is relatively new to the Indian context, and there is a lack of understanding of its effectiveness and implementation. However, several self-managed organizations in India have shown promising results regarding employee satisfaction, innovation, and profitability. Identifying the Qualitative Success Enablers of these organizations is crucial to improving their implementation and encouraging their adoption at homecare and in other sectors.

The Qualitative Success Enablers can be further categorized into Qualitative Patient Experience Enhancers (QPEEs) and Qualitative Nursing Experience Enhancers (QNEEs). These will be discussed in the following sections.

#### *4.2 Need to identify Qualitative Patient Experience Enhancers*

Qualitative Patient-Experience Enhancers refers to factors, strategies, or elements that enhance patient experience and care at SMOs. These enhancers emphasize subjective and qualitative aspects within self-managed homecare organizations and profoundly impact the care delivery in home setting. These enhancers represent a departure from a purely quantitative, metric-driven approach to healthcare evaluation, emphasizing instead the subjective and qualitative dimensions of success in patient care.

Unlike quantitative measurements that mostly rely on standardized metrics, these enhancers recognize each patient's unique needs, preferences, and experiences. This approach places a premium on creating a tailored and patient-centric environment, acknowledging that statistical outcomes do not solely determine the quality of healthcare but are deeply influenced by the subjective experiences and perceptions of the individuals receiving care. Factors such as the comfort of the patient's environment, trustful relationships between healthcare providers and patients, and the adaptability of care plans to individual needs become pivotal components of enhancing the patient experience within the homecare context.

#### *4.3 Need to identify the Qualitative Nursing Experience Enhancers (QNEEs)*

"Qualitative Nursing Experience Enhancers" encompass strategies, or elements embedded within self-managed homecare organizations dedicated to enhancing the overall nursing experience and profoundly influencing the nursing profession and care delivery in a home setting. These enhancers consciously prioritize subjective and qualitative dimensions of success over quantitative metrics.

Recognizing and identifying these enhancers is important for several reasons. First and foremost, these qualitative nursing experience enhancers increase job satisfaction among healthcare professionals, fostering a positive work environment that ultimately benefits employees and patients. Furthermore, a positive nursing experience facilitated by these enhancers directly correlates with improved patient outcomes. Satisfied and motivated nurses are more inclined to provide high-quality care, enhancing overall health outcomes for patients under their care. Additionally, identifying and promoting qualitative nursing experience enhancers within an organization makes it an attractive workplace, aiding in recruiting and retaining skilled nursing professionals. Ultimately, organizations that prioritize and effectively identify qualitative nursing experience enhancers cultivate a positive reputation among healthcare professionals and their communities. Understanding and proactively addressing these enhancers are essential for fostering a supportive and enriching environment, benefiting healthcare professionals and individuals receiving care in a home setting.

## **5. Summary**

The rising demand for home-based healthcare services in India, driven by an aging population, chronic diseases, and the COVID-19 pandemic, emphasizes the pivotal role of

self-managed organizations (SMOs). SMOs can deliver high-quality and cost-effective healthcare services within the homecare sector. Identifying strategies to empower SMOs is essential for their success, ensuring continual assessment and enhancement of practices. Recognizing the Qualitative Success Enablers play a crucial role in uncovering best practices, challenges, and improvement opportunities for self-managed homecare organizations. Leveraging these insights can enhance overall performance, care quality, and patient outcomes, elevating both patient and nursing experiences within SMOs. Adapting to changing regulatory frameworks, emerging technologies, and evolving patient needs is vital for SMOs navigating the dynamic healthcare environment. The success of agile organizational structures, such as self-managed organizations, significantly influences the future of home-based healthcare in India. The forthcoming chapter will delve into management theories and the evolution of self-managed organizational structures, exploring the current state of knowledge, identifying gaps, elucidating best practices, presenting case studies, and assessing the landscape of self-managed organizations in the Indian homecare sector.