

## ABSTRACT

This thesis examines the transformative potential of self-managed homecare organizations in India—a sector that gained prominence amid the systemic fragmentation and workforce shortages exposed by the COVID-19 pandemic. The longstanding structural disintegration and chronic provider scarcity within India’s healthcare system were severely exacerbated during the crisis, revealing deep vulnerabilities in service delivery. In response, this study explores self-managed homecare models, focusing on the lived experiences of patients, nurses, and managerial staff during the pandemic. Using a Constructivist Grounded Theory methodology, the research investigates how autonomy, accountability, and trust shape healthcare delivery in high-pressure environments. Drawing on theoretical sampling and in-depth semi-structured interviews, the study offers empirical insights into the role these principles play in empowering employees, enhancing organizational effectiveness, and improving patient care. While global literature discusses self-managed organizations (SMOs), a notable gap remains in research on patient and nursing experiences in India’s homecare sector—a gap this study seeks to address. The findings highlight how self-managed structures foster innovation, resilience, and adaptability—qualities essential in both emergency and routine care. By identifying key Qualitative Success Enablers (QSEs), the study offers valuable implications for policymakers, homecare providers, and managers in optimizing service delivery. Ultimately, this thesis positions SMOs as a catalyst for reimagining healthcare in India, particularly in the context of public health crises and the evolving needs of vulnerable populations.

**Chapter 1: Introduction to Healthcare, Homecare, and Effective Organizational Structures** This introductory chapter establishes the foundational context by identifying longstanding challenges within the Indian healthcare system. It elaborates on how chronic shortages of healthcare providers, inequitable distribution of resources, and the inherent fragmentation of the system have collectively weakened the nation’s capacity to ensure quality care—issues that were further exacerbated during the pandemic. In acknowledging these systemic shortcomings, the chapter introduces homecare as a critical alternative, particularly for vulnerable populations such as the elderly and those with chronic health conditions. It emphasizes the urgent necessity for innovative, patient-centric models and proposes that self-managed organizational forms could provide a viable route toward

enhanced healthcare accessibility and efficacy. This chapter thus sets both the theoretical and practical backdrop for investigating how self-management may address not only the immediate pressures of healthcare crises but also the deeper structural inadequacies in the system.

## **Chapter 2: Systematic Literature Review on Self-Managed Organizations (SMOs)- Exploring the Evolution, Best Practices, and the Gap in the Current State of Research on SMOs**

Expanding on this foundation, the second chapter offers a detailed systematic review of the literature on self-managed organizations. It traces the historical trajectory, core tenets, and real-world applications of SMOs across various sectors. Through case studies—including Buurtzorg Nederland and other prominent international examples—it illustrates best practices alongside the challenges encountered by such organizations. Crucially, the review identifies a significant gap in the literature: despite extensive research on SMOs globally, empirical studies examining their influence on patient and nursing experiences within the Indian homecare context remain scarce. This chapter not only strengthens the theoretical basis of the study but also validates the need for empirical research focused on SMO practices within India's home-based healthcare landscape.

## **Chapter 3: Exploring Nursing and Patient Experiences in Homecare SMOs in India using Constructivist Grounded Theory (CGT)**

Serving as a bridge between theoretical foundations and empirical inquiry, the third chapter outlines the research design adopted in the study. It articulates the rationale for selecting Constructivist Grounded Theory as a methodology suited to capturing the nuanced, subjective experiences of patients and nurses in self-managed homecare settings. This chapter delineates the methodological processes—including theoretical sampling, in-depth semi-structured interviews, and systematic coding strategies (open, axial, and selective)—used to interpret the qualitative data. By providing a transparent and detailed account of the research process, it ensures methodological rigour and underlines the validity and reliability of the findings. Moreover, it establishes the methodological groundwork for the empirical analyses presented in subsequent chapters.

#### **Chapter 4: Analysis I - Nursing Experiences in Self-Managed Homecare Organizations in India**

Transitioning from methodology to empirical analysis, Chapter 4 delves into the lived experiences of patients receiving care through self-managed homecare frameworks. This section illustrates how a patient-centered model—marked by holistic, empathetic, and individualized care—empowers patients to take an active role in managing their health. It explores how such models address not only clinical needs but also promote overall well-being by fostering trust and empathetic relationships between caregivers and care recipients. The chapter provides evidence that when patients are engaged as active participants in their care, outcomes improve, and the burden on institutional healthcare systems is significantly reduced. This analysis forms a critical foundation for understanding the broader implications of SMOs in enhancing healthcare quality.

#### **Chapter 5: Analysis II - Patient Experiences in Self-Managed Homecare Organizations in India**

In Chapter 5, the focus shifts to the experiences of the nursing workforce, examining the implications of self-managed organizational frameworks on job satisfaction and professional conditions. The chapter reveals that the autonomy and flexibility inherent in SMOs contribute meaningfully to job enrichment. Nurses report heightened insight, deeper engagement, and increased opportunities for professional development when granted decision-making authority. The discussion introduces the concept of autonomy-driven intrapreneurship, wherein nurses not only adapt to change but actively shape organizational innovation. By connecting these experiences to broader concerns such as occupational satisfaction and reduced burnout, the chapter reinforces the idea that self-managed structures are beneficial to both care providers and the overall quality of patient care.

#### **Chapter 6: Analysis III - Management Members' Experiences in Running Self-Managed Homecare Organizations in India**

Continuing the empirical exploration, Chapter 6 examines the perspectives of managers tasked with overseeing self-managed homecare organizations. This chapter highlights the critical role of effective communication, a supportive organizational culture, and strategic talent development in ensuring operational sustainability. It emphasizes that a collaborative, transparent management style is key to cultivating a productive work environment, fostering continuous improvement, and facilitating the adaptability of SMOs amidst evolving

healthcare challenges. The management insights presented here align closely with patient and nursing experiences, reinforcing a shared dedication to service excellence and organizational resilience.

## **Chapter 7: Discussion, Conclusion, Implications, Recommendations, Limitations and Future Research Directions**

The concluding chapter synthesizes the findings from previous analyses and presents a comprehensive discussion on how self-managed homecare organizations could revolutionize healthcare delivery in India. It reflects on the interconnected themes of patient empowerment, nurse satisfaction, and managerial effectiveness, positing that their convergence offers a solid foundation for building a more resilient healthcare system. The chapter outlines practical implications for stakeholders—including policymakers, healthcare providers, and organizational leaders—underscoring the importance of regulatory frameworks and sustained innovation. Furthermore, it addresses the study’s limitations, such as challenges in generalizing the findings, and proposes future research directions, particularly around outpatient care models and the ongoing refinement of self-management practices across diverse settings. This thesis begins with a critical assessment of systemic healthcare challenges and progresses through a layered examination of theory, method, and empirical insights. By interweaving the experiences of patients, nurses, and managers, the study offers a multidimensional perspective on how self-managed homecare organizations can function as a catalyst for innovation and improved healthcare outcomes in the Indian context. This integrative approach not only addresses a critical research gap but also generates practical insights for transforming healthcare systems both in times of crisis and beyond.