

REFERENCES

- Abbasalizadeh, M., Farsi, Z., Sajadi, S. A., Atashi, A., & Fournier, A. (2024). The effect of resilience training with mHealth application based on micro-learning method on the stress and anxiety of nurses working in intensive care units: a randomized controlled trial. *BMC Medical Education*, 24(1), 442.
- Abdelrahman, M. F. M. (2024). *Performance Measurement Paradox: The Impact of Management Appraisal Systems on Employee Well-Being: A Case Research in the Healthcare Sector in the Kingdom of Saudi Arabia* (Doctoral dissertation, Westcliff University).
- Abdullatif Ibrahim, I., Hashem El-Monshed, A., Gamal El-Sehrawy, M., Elamir, H., & Mohamed Abdelrahim, S. (2023). Enhancing Nurses' Well-Being: Exploring the Relationship between Transformational Leadership, Organizational Justice, and Quality of Nursing Work Life. *Journal of Nursing Management*, 2023(1), 2337975.
- Acharya, B., & Colomo-Palacios, R. (2019, July). A systematic literature review on autonomous agile teams. In *2019 19th International Conference on Computational Science and Its Applications (ICCSA)* (pp. 146-151). IEEE.
- Addleson, M. (2018). Organizing Intelligence (OQ): The source of productive workplaces. In *Research in organizational change and development* (Vol. 26, pp. 217-263). Emerald Publishing Limited.
- Afshar, S., Roderick, P., Hill, A., Dimitrov, B., & Kowal, P. (2015). Global multimorbidity: A cross-sectional study of 28 countries using the World Health Surveys, 2003. *European Journal of Public Health*. <https://doi.org/10.1093/eurpub/ckv170.003>
- Aldiabat, K. M., & Le Navenec, C. L. (2018). Data saturation: The mysterious step in grounded theory methodology. *The Qualitative Report*, 23(1), 245-261.
- Al Otaibi, S. M., Amin, M., Winterton, J., Bolt, E. E. T., & Cafferkey, K. (2023). The role of empowering leadership and psychological empowerment on nurses' work engagement and affective commitment. *International Journal of Organizational Analysis*, 31(6), 2536-2560.
- Amsteus, M. N. (2014). The validity of divergent grounded theory method. *International Journal of Qualitative Methods*, 13(1), 71-87.
- Anand, A. (2019). Creating a Holistic Home based Healthcare Model on Three Cornerstones: Clinical Care, Workforce Generation and Integration into Existing Health Systems. *Journal of the Indian Academy of Geriatrics*, 15(4).
- Annosi, M. C., Monti, A., & Martini, A. (2020). Individual learning goal orientations in self-managed team-based organizations: A study on individual and contextual variables. *Creativity and Innovation Management*, 29(3), 528-545. <https://doi.org/10.1111/caim.12377>
- Atwood, J. R., Hinds, P., Benoliel, J. Q., & Artinian, B. M. (1986). Heuristic heresy: Application of reliability and validity criteria to products of grounded theory. *Western Journal of Nursing Research*, 8(2), 135-154.

- Awad, A., Trenfield, S. J., Pollard, T. D., Ong, J. J., Elbadawi, M., McCoubrey, L. E., ... & Basit, A. W. (2021). Connected healthcare: Improving patient care using digital health technologies. *Advanced Drug Delivery Reviews*, 178, 113958.
- Awad, N. H. A., Zabady, H. A. H., Elbially, G. G., & Ashour, H. M. A. A. A. (2024). Entrepreneurial leadership, nurses' proactive work behavior, and career adaptability: a structural equation model. *BMC Nursing*, 23(1), 140.
- Balagopal, G., & Abraham, M. P. (2010). Status of Urban Aftercare: Mapping and Care Practice of Reintegrated Clients of The Banyan (Transit care center for homeless women with mental illness in Chennai Corporation zones). *The Banyan Academy of Leadership in Mental Health*. www.balm.in.
- Balarajan, Y., Selvaraj, S., & Subramanian, S. V. (2011). Health care and equity in India. *The Lancet*, 377(9764), 505-515.
- Banchbo Healing touch. Banchbo NGO. (2020, September 2). <https://banchbongo.org/banchbo-healing-touch/>
- Banner, D. K. (1993). Self-Managed Work Teams: an innovation whose time has come?. *Creativity and Innovation Management*, 2(1), 27-36. <https://doi.org/10.1111/j.1467-8691.1993.tb00066.x>
- Barr, T. L., & Nathenson, S. L. (2022). A holistic transcendental leadership model for enhancing innovation, creativity and well-being in health care. *Journal of Holistic Nursing*, 40(2), 157-168.
- Belita, E., Carter, N., & Bryant-Lukosius, D. (2020). Stakeholder engagement in nursing curriculum development and renewal initiatives: A review of the literature. *Quality Advancement in Nursing Education-Avancées en Formation Infirmière*, 6(1), 2.
- Bernstein, E., Sandino, T., Minnaar, J., & Lobb, A. (n.d.). Buurtzorg. *Buurtzorg - Case - Faculty & Research - Harvard Business School*. <https://www.hbs.edu/faculty/Pages/item.aspx?num=62594>
- Bhati, D., Deogade, M. S., & Kanyal, D. (2023). Improving patient outcomes through effective hospital administration: a comprehensive review. *Cureus*, 15(10).
- Biggio, G., & Cortese, C. (2013). Well-being in the workplace through interaction between individual characteristics and organizational context. *International Journal of Qualitative Studies on Health and Well-Being*, 8(1), 19823.
- Bindlish, P. K., & Nandram, S. (2017). Leadership and authenticity: the case of Buurtzorg Nederland. *Leadership Today: Practices for Personal and Professional Performance*, 89-109.
- Biswas, U. N., Dellve, L., Bhattacharjee, A., & Wolmesjö, M. (2020). Ageing and values in the developments of home-based eldercare: Perspectives from India and Sweden. *Psychology and Developing Societies*, 32(2), 224-253.
- Blomqvist, H., Bergdahl, E., & Hemberg, J. (2023). Ethical sensitivity and compassion in home care: Leaders' views. *Nursing Ethics*, 30(2), 180-196.

- Bluff, R. (2005). Grounded theory: the methodology. *Qualitative Research in Health Care*, 147-167.
- Boeije, H. (2002). A purposeful approach to the constant comparative method in the analysis of qualitative interviews. *Quality and Quantity*, 36, 391-409.
- Bowen, G. A. (2006). Grounded theory and sensitizing concepts. *International Journal of Qualitative Methods*, 5(3), 12-23.
- Brunt, B. A. (2005). Critical thinking in nursing: An integrated review. *The Journal of Continuing Education in Nursing*, 36(2), 60-67.
- Buurtzorg: Revolutionising home care in the Netherlands. *Centre For Public Impact (CPI)*. (n.d.).
<https://www.centreforpublicimpact.org/case-study/buurtzorg-revolutionising-home-care-netherlands>
- Buurtzorg and self-management. *Citizen Network*. (n.d.).
<https://citizen-network.org/library/buurtzorg-and-selfmanagement.html>
- Buurtzorg India: Investment Teaser*. (2019). Edugreen.in.
<https://www.edugreen.in/images/Investment%20Teaser%20-%20BZ%20India%20April%202020.pptx.pdf>.
- Carroll, J. S., & Edmondson, A. C. (2002). Leading organisational learning in health care. *BMJ Quality & Safety*, 11(1), 51-56.
- Castro, E. M., Van Regenmortel, T., Vanhaecht, K., Sermeus, W., & Van Hecke, A. (2016). Patient empowerment, patient participation and patient-centeredness in hospital care: A concept analysis based on a literature review. *Patient Education and Counseling*, 99(12), 1923-1939.
- Cerchione, R., Centobelli, P., Riccio, E., Abbate, S., & Oropallo, E. (2023). Blockchain's coming to hospital to digitalize healthcare services: Designing a distributed electronic health record ecosystem. *Technovation*, 120, 102480.
- Charmaz, K. (1983). The grounded theory method: An explication and interpretation. *Contemporary Field Research*, 109-126.
- Charmaz, K. (1990). 'Discovering' chronic illness: using grounded theory. *Social Science & Medicine*, 30(11), 1161-1172.
- Charmaz, K. (2000). Grounded theory: Objectivist and constructivist methods. *Handbook of Qualitative Research*, 2(1), 509-535.
- Charmaz, K. (2006). *Constructing grounded theory: A practical guide through qualitative analysis*. Sage.
- Charmaz, K. (2008). Grounded theory as an emergent method. *Handbook of Emergent Methods*, 155, 172.
- Charmaz, K. (2014). Grounded theory in global perspective: Reviews by international researchers. *Qualitative Inquiry*, 20(9), 1074-1084.

- Chatterjee, S., Pillai, A., Jain, S., Cohen, A., & Patel, V. (2009). Outcomes of people with psychotic disorders in a community-based rehabilitation program in rural India. *The British Journal of Psychiatry*, *195*(5), 433-439.
- Cheek, J., Onslow, M., & Cream, A. (2004). Beyond the divide: Comparing and contrasting aspects of qualitative and quantitative research approaches. *Advances in Speech Language Pathology*, *6*(3), 147-152.
- Chen, H., Feng, H., Liao, L., Wu, X., Zhao, Y., Hu, M., ... & Yang, X. (2020). Evaluation of quality improvement intervention with nurse training in nursing homes: A systematic review. *Journal of Clinical Nursing*, *29*(15-16), 2788-2800.
- Chen, H. Y., & Boore, J. R. (2009). Using a synthesised technique for grounded theory in nursing research. *Journal of Clinical Nursing*, *18*(16), 2251-2260.
<https://doi.org/10.1111/j.1365-2702.2008.02684.x>
- Chen, J., Zhao, M., Zhou, R., Ou, W., & Yao, P. (2023). How heavy is the medical expense burden among the older adults and what are the contributing factors? A literature review and problem-based analysis. *Frontiers in Public Health*, *11*, 1165381.
- Ćirković, S. (2018). Buurtzorg: Revolutionising home care in the Netherlands. *Centre For Public Impact (CPI)*.
<https://www.centreforpublicimpact.org/case-study/buurtzorg-revolutionising-home-care-netherlands>
- Cohen, S. G., & Bailey, D. E. (1997). What makes teams work: Group effectiveness research from the shop floor to the executive suite. *Journal of Management*, *23*(3), 239-290.
<https://doi.org/10.1177/014920639702300303>
- Cohen, S. G., & Ledford Jr, G. E. (1994). The effectiveness of self-managing teams: A quasi-experiment. *Human Relations*, *47*(1), 13-43.
<https://doi.org/10.1177/001872679404700102>
- Collins, N., Chou, Y. M., & Warner, M. (2014). Member satisfaction, communication and role of leader in virtual self-managed teamwork: Case studies in Asia-Pacific region. *Human Systems Management*, *33*(4), 155-170. <https://doi.org/10.3233/HSM-140824>
- Conlon, C., Carney, G., Timonen, V., & Scharf, T. (2015). 'Emergent reconstruction' in grounded theory: learning from team-based interview research. *Qualitative Research*, *15*(1), 39-56.
- Galletta, A., & Cross, W. E. (2013). *Mastering the semi-structured interview and beyond: From research design to analysis and publication* (Vol. 18). NYU Press.
- Cunningham, N., Cowie, J., Watchman, K., & Methven, K. (2020). Understanding the training and education needs of homecare workers supporting people with dementia and cancer: A systematic review of reviews. *Dementia*, *19*(8), 2780-2803.
- D'Amato, A., & Roome, N. (2009). Toward an integrated model of leadership for corporate responsibility and sustainable development: a process model of corporate responsibility beyond management innovation. *Corporate Governance: The International Journal of Business in Society*, *9*(4), 421-434.

- Das, R. (2021, September). Home health care industry in India; an account of genderised labour in commercial health care economy. In *Women's Studies International Forum* (Vol. 88, p. 102497). Pergamon. <https://doi.org/10.1016/j.wsif.2021.102497>
- Dearnley, C. (2005). A reflection on the use of semi-structured interviews. *Nurse Researcher*, 13(1).
- De Bruin, J., Doodkorte, R., Sinervo, T., & Clemens, T. (2022). The implementation and outcomes of self-managing teams in elderly care: A scoping review. *Journal of Nursing Management*, 30(8), 4549-4559.
- Demirbağ, B. C., Özkan, Ç. G., Bayrak, B., & Kurt, Y. (2017). Caregiver burden and responsibilities for nurses to reduce burnout. *Caregiving and Home Care*. <http://doi.org/10.5772/intechopen.68761>
- Denton, M. A., Zeytinoglu, I. U., & Davies, S. (2002). Working in clients' homes: the impact on the mental health and well-being of visiting home care workers. *Home Health Care Services Quarterly*, 21(1), 1-27.
- Denzin, N. K., & Lincoln, Y. S. (2008). Introduction: The discipline and practice of qualitative research. <https://psycnet.apa.org/record/2008-06339-001>
- Department of Commerce, Ministry of Commerce and Industry, Government of India. (2023, December). *Healthcare System in India, Healthcare India* - IBEF. India Brand Equity Foundation. <https://www.ibef.org/industry/healthcare-india>
- Dey, S., Nambiar, D., Lakshmi, J. K., Sheikh, K., & Reddy, K. S. (2012). *Health of the elderly in India: challenges of access and affordability*. In *Aging in Asia: Findings from new and emerging data initiatives*. National Academies Press (US).
- Doblinger, M. (2022). Individual competencies for self-managing team performance: a systematic literature review. *Small Group Research*, 53(1), 128-180.
- Dousin, O., Collins, N., Bartram, T., & Stanton, P. (2021). The relationship between work-life balance, the need for achievement, and intention to leave: mixed-method study. *Journal of Advanced Nursing*, 77(3), 1478-1489.
- Draucker, C. B., Martsolf, D. S., Ross, R., & Rusk, T. B. (2007). Theoretical sampling and category development in grounded theory. *Qualitative Health Research*, 17(8), 1137-1148.
- Drennan, V., Ross, F., Calestani, M., Saunders, M., & West, P. (2018). Learning from an early pilot of the Dutch Buurtzorg model of district nursing in England. *Primary Health Care*, 28(6). <https://doi.org/10.7748/phc.2018.e1479>
- Duffy, J. R. (2022). *Quality caring in nursing and health systems: Implications for clinicians, educators, and leaders*. Springer Publishing Company.
- Dy, S. M., Pfoh, E. R., Salive, M. E., & Boyd, C. M. (2013). Health-related quality of life and functional status quality indicators for older persons with multiple chronic conditions. *Journal of the American Geriatrics Society*, 61(12), 2120-2127. <https://doi.org/10.1111/jgs.12555>

- Eide, T., Gullslett, M. K., Eide, H., Dugstad, J. H., McCormack, B., & Nilsen, E. R. (2022). Trust-based service innovation of municipal home care: a longitudinal mixed methods study. *BMC Health Services Research*, 22(1), 1250.
- Elhauge, E. (Ed.). (2010). *The fragmentation of US health care: causes and solutions*. Oxford University Press, USA.
- Elloy, D. F. (2005). The influence of superleader behaviors on organization commitment, job satisfaction and organization self-esteem in a self-managed work team. *Leadership & Organization Development Journal*, 26(2), 120-127. <https://doi.org/10.1108/01437730510582554>
- Farkhondeh, M., & Müller, B. (2021). Holacracy. *Management Revue*, 32(4), 302-317. <https://doi.org/10.5771/0935-9915-2021-4>
- Fernández-Ortega, P., Kav, S., & Arimón-Pagès, E. (2022). Nurses Providing Emotional Support and Spiritual Care to Patients and Families, Spain & Turkey. *Global Perspectives in Cancer Care: Religion, Spirituality, and Cultural Diversity in Health and Healing*, 86.
- Ferreira, D. C., Vieira, I., Pedro, M. I., Caldas, P., & Varela, M. (2023, February). Patient satisfaction with healthcare services and the techniques used for its assessment: a systematic literature review and a bibliometric analysis. In *Healthcare* (Vol. 11, No. 5, p. 639). MDPI. <https://www.mdpi.com/2227-9032/11/5/639>
- Fielding, N. (1994). Varieties of research interviews. *Nurse Researcher*, 1(3), 4-13.
- Filip, R., Gheorghita Puscaselu, R., Anchidin-Norocel, L., Dimian, M., & Savage, W. K. (2022). Global challenges to public health care systems during the COVID-19 pandemic: a review of pandemic measures and problems. *Journal of Personalized Medicine*, 12(8), 1295.
- Fowokan, A., Giosa, J. L., Saari, M., & Holyoke, P. (2023). Mapping a comprehensive assessment tool to a holistic definition of health for person-centred care planning in home care: a modified eDelphi study. *BMC Health Services Research*, 23(1), 1268.
- Ghezeljeh, T. N., Shahrestanaki, S. K., Majdabadi kohne, Z. A., & Fakhari, E. (2022). Home care nurses' perception of the challenges they faced during the COVID-19 pandemic: a qualitative study. *BMC Nursing*, 21(1), 314. <http://doi.org/10.1186/s12912-022-01082-y>
- Gill, C., Metz, I., Tekleab, A. G., & Williamson, I. O. (2020). The combined role of conscientiousness, social networks, and gender diversity in explaining individual performance in self-managed teams. *Journal of Business Research*, 106, 250-260. <https://doi.org/10.1016/j.jbusres.2018.09.003>
- Ginting, M. L., Wong, C. H., Lim, Z. Z. B., Choo, R. W. M., Carlsen, S. C. H., Sum, G., & Vrijhoef, H. J. M. (2022). A Patient-Centred Medical Home Care Model for Community-Dwelling Older Adults in Singapore: A Mixed-Method Study on Patient's Care Experience. *International Journal of Environmental Research and Public Health*, 19(8), 4778.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: strategies for qualitative research*. Aldine Publishing Company, New York.
- Glaser, B. G. (2016). Open Coding Descriptions. *Grounded Theory Review*, 15(2).

- Glaser, B. G., & Strauss, A. L. (2017). Theoretical sampling. In *Sociological Methods* (pp. 105-114). Routledge.
- Golden, R. L., Emery-Tiburcio, E. E., Post, S., Ewald, B., & Newman, M. (2019). Connecting social, clinical, and home care services for persons with serious illness in the community. *Journal of the American Geriatrics Society*, 67(S2), S412-S418. <https://doi.org/10.1111/jgs.15900>
- Grande, G. E., Addington-Hall, J. M., & Todd, C. J. (1998). Place of death and access to home care services: are certain patient groups at a disadvantage?. *Social Science & Medicine*, 47(5), 565-579.
- Gray, B. H., Sarnak, D. O., & Burgers, J. S. (2015). *Home care by self-governing nursing teams: The Netherlands' Buurtzorg Model*. New York: Commonwealth Fund.
- Guinot, J., Chiva, R., & Roca-Puig, V. (2014). Interpersonal trust, stress and satisfaction at work: An empirical study. *Personnel Review*, 43(1), 96-115.
- Gupta, P., Randhawa, S., & Nandraj, S. (2024). The Home Healthcare Boom: Opportunities and Obstacles in India's Changing Healthcare Landscape. *Home Health Care Management & Practice*, 36(2), 134-140. <https://doi.org/10.1177/10848223231196301>
- Hackman, J. R. (1998). Why teams don't work. In *Theory and research on small groups* (pp. 245-267). Boston, MA: Springer US. https://doi.org/10.1007/0-306-47144-2_12
- Haig, B. D. (1995). Grounded theory as scientific method. *Philosophy of Education*, 28(1), 1-11.
- Hallberg, L. R. (2006). The "core category" of grounded theory: Making constant comparisons. *International Journal of Qualitative Studies on Health and Well-Being*, 1(3), 141-148.
- Hamel, G., & Spence, S. (2010). Innovation democracy: WL Gore's original management model. *Management Innovation Exchange*.
- Hansen, H. C., & Neumann, C. B. (2023). Logistics of care: Trust-reform and self-managing teams in municipal home care services. *Journal of Social Policy*, 1-16.
- Harbishettar, V., Gowda, M., Tenagi, S., & Chandra, M. (2021). Regulation of long-term care homes for older adults in India. *Indian Journal of Psychological Medicine*, 43(5_suppl), S88-S96.
- Hegedüs, A., Schürch, A., & Bischofberger, I. (2022). Implementing Buurtzorg-derived models in the home care setting: a scoping review. *International Journal of Nursing Studies Advances*, 4, 100061.
- Heskett, J. (2006). Are we ready for self-management. *Harvard Business School Working Knowledge for Business*, 1-29.
- Hobensack, M., Ojo, M., Barrón, Y., Bowles, K. H., Cato, K., Chae, S., ... & Topaz, M. (2022). Documentation of hospitalization risk factors in electronic health records (EHRs): a qualitative study with home healthcare clinicians. *Journal of the American Medical Informatics Association*, 29(5), 805-812.

- Höglander, J., Eklund, J. H., Spreeuwenberg, P., Eide, H., Sundler, A. J., Roter, D., & Holmström, I. K. (2020). Exploring patient-centered aspects of home care communication: a cross-sectional study. *BMC Nursing, 19*, 1-10.
- Holmström, I., & Röing, M. (2010). The relation between patient-centeredness and patient empowerment: a discussion on concepts. *Patient Education and Counseling, 79*(2), 167-172.
- Holton, J. A. (2007). The coding process and its challenges. *The Sage handbook of grounded theory, 3*, 265-289.
- Hu, H. L., Kuo, C. L., Wang, S. Y., & Chuang, Y. H. (2024). Perceptions of Empathy Among Nursing Assistants in Long-Term Care Facilities: A Qualitative Study. *Journal of Nursing Management, 2024*(1), 3072064.
- Ilomäki, S., & Ruusuvaori, J. (2022). Preserving client autonomy when guiding medicine taking in telehomecare: A conversation analytic case study. *Nursing Ethics, 29*(3), 719-732.
- Indian Council for Research on International Economic Relations. (2018). *Home healthcare in India: A rapid appraisal*. Retrieved May 01, 2023 from https://icrier.org/pdf/Working_Paper_357.pdf
- Jacobs, G. (2019). Patient autonomy in home care: Nurses' relational practices of responsibility. *Nursing Ethics, 26*(6), 1638-1653.
- Jagger, C., Collerton, J. C., Davies, K., Kingston, A., Robinson, L. A., Eccles, M. P., von Zglinicki, T., Martin-Ruiz, C., James, O. F., Kirkwood, T. B., & Bond, J. (2011). Capability and dependency in the Newcastle 85+ cohort study. Projections of future care needs. *BMC Geriatrics, 11*(1). <https://doi.org/10.1186/1471-2318-11-21>
- Jaiswal, B., & Us Saba, N. (2014). Indian healthcare system: issues and challenges. *International Journal for Research in Applied Science and Technology, 2*, 195-201.
- Jakobsen, L., Wachter Qvistgaard, L., Trettin, B., & Juel Rothmann, M. (2021). Entrepreneurship and nurse entrepreneurs lead the way to the development of nurses' role and professional identity in clinical practice: A qualitative study. *Journal of Advanced Nursing, 77*(10), 4142-4155.
- Jamieson, M., Cooper Reed, A., Amaral, E., & Cameron, J. I. (2021). Exploring the emergence of self-directed home care in Ontario: A qualitative case study on Gotcare services. *Home Health Care Management & Practice, 33*(1), 28-36.
- Johansen, F., & Bosch, S. (2017). The scaling-up of Neighbourhood Care: From experiment towards a transformative movement in healthcare. *Futures, 89*, 60-73.
- Kajol, K., Singh, R., & Paul, J. (2022). Adoption of digital financial transactions: A review of literature and future research agenda. *Technological Forecasting and Social Change, 184*, 121991.
- Kamau, S., Koskenranta, M., Kuivila, H., Oikarainen, A., Tomietto, M., Juntunen, J., ... & Mikkonen, K. (2022). Integration strategies and models to support transition and adaptation of culturally and linguistically diverse nursing staff into healthcare

- environments: An umbrella review. *International Journal of Nursing Studies*, 136, 104377.
- Kandapan, B., Pradhan, J., & Pradhan, I. (2023). Living arrangement of Indian elderly: a predominant predictor of their level of life satisfaction. *BMC Geriatrics*, 23(1), 88.
- Kapoor, M., Nidhi Kaur, K., Saeed, S., Shannawaz, M., & Chandra, A. (2023). Impact of COVID-19 on healthcare system in India: A systematic review. *Journal of Public Health Research*, 12(3), 22799036231186349.
- Kasthuri, A. (2018). Challenges to healthcare in India-The five A's. *Indian Journal of Community Medicine*, 43(3), 141-143.
- Kelly, C., Aubrecht, K., Kelly, C., & Rice, C. (2020). *Directly funded home care for older adults* (pp. 97-112). Vancouver: University of British Columbia Press.
- Kendall, J. (1999). Axial coding and the grounded theory controversy. *Western Journal of Nursing Research*, 21(6), 743-757. <https://doi.org/10.1177/019394599902100603>
- Khosla, D., Patel, F. D., & Sharma, S. C. (2012). Palliative care in India: Current progress and future needs. *Indian Journal of Palliative Care*, 18(3), 149.
- Kim, M., & Windsor, C. (2015). Resilience and work-life balance in first-line nurse manager. *Asian Nursing Research*, 9(1), 21-27.
- Klarin, A., & Suseno, Y. (2023). An integrative literature review of social entrepreneurship research: Mapping the literature and future research directions. *Business & Society*, 62(3), 565-611.
- Kolb, S. M. (2012). Grounded theory and the constant comparative method: Valid research strategies for educators. *Journal of Emerging Trends in Educational Research and Policy Studies*, 3(1), 83-86.
- Kotak General Insurance. (n.d.). *India's healthcare crisis: 98% of senior citizens lack insurance amid soaring costs*. <https://www.kotakgeneral.com/blog/health-insurance/healthcare-crisis-98-percent-of-senior-citizens-lack-insurance-amid-soaring-costs>
- Krause, S., Stojanová, H., Behrens, V. J., & Hangl, J. E. (2024). Self-managed teams-a literature review of a project organisation. *International Journal of Project Organisation and Management*, 16(3), 292-308.
- Kreitzer, M. J., Monsen, K. A., Nandram, S., & De Blok, J. (2015). Buurtzorg nederland: a global model of social innovation, change, and whole-systems healing. *Global Advances in Health and Medicine*, 4(1), 40-44.
- Kumar, A. (2023). The Transformation of The Indian Healthcare System. *Cureus*, 15(5).
- Kumar, M., & Jeet, C. K. (2023). Exploring Nurses' Job Satisfaction in India: A Discussion Paper. *International Journal of Science and Healthcare Research*, 8(3), 348-354.
- Kummelstedt, C. (2023). The Role of Hierarchy in Realizing Collective Leadership in a Self-Managing Organization. *Systemic Practice and Action Research*, 36(3), 355-375. <https://doi.org/10.1007/s11213-022-09615-x>

- Larsson, R., Erlingsdóttir, G., Persson, J., & Rydenfält, C. (2022). Teamwork in home care nursing: A scoping literature review. *Health & Social Care in the Community*, 30(6), e3309-e3327.
- Laschinger, H. K. S., Finegan, J., & Shamian, J. (2001). The impact of workplace empowerment, organizational trust on staff nurses' work satisfaction and organizational commitment. *Health Care Management Review*, 26(3), 7-23.
- Lata, K., Ajesh Kumar, T. K., Khakha, D. C., & Deep, R. (2022). Effectiveness of a Home Based Training Program on Caregivers Knowledge in Managing Aggressive Behavior of Patients With Mental Illness. *Home Health Care Management & Practice*, 34(2), 109-116.
- Lee, M. Y., & Edmondson, A. C. (2017). Self-managing organizations: Exploring the limits of less-hierarchical organizing. *Research in Organizational Behavior*, 37, 35-58. <https://doi.org/10.1016/j.riob.2017.10.002>
- Lee, Y. T., & Paunova, M. (2017). How learning goal orientation fosters leadership recognition in self-managed teams: A two-stage mediation model. *Applied Psychology*, 66(4), 553-576. <https://doi.org/10.1111/apps.12101>
- Lee, S. (2022). The myth of the flat start-up: Reconsidering the organizational structure of start-ups. *Strategic Management Journal*, 43(1), 58-92. <https://doi.org/10.1002/smj.3333>
- Lega, F., & De Pietro, C. (2005). Converging patterns in hospital organization: beyond the professional bureaucracy. *Health Policy*, 74(3), 261-281. <https://doi.org/10.1016/j.healthpol.2005.01.010>
- Lima, R. R., Costa, M. S., Oran, A. C., & França, C. (2022, November). Factors that boost and hinder the transition from traditional to self-managed teams: A systematic literature review. In *Proceedings of the XXI Brazilian Symposium on Software Quality* (pp. 1-11).
- Lizano-Díez, I., Amaral-Rohter, S., Pérez-Carbonell, L., & Aceituno, S. (2022). Impact of home care services on patient and economic outcomes: a targeted review. *Home Health Care Management & Practice*, 34(2), 148-162.
- Lomborg, K., & Kirkevold, M. (2003). Truth and validity in grounded theory—a reconsidered realist interpretation of the criteria: fit, work, relevance and modifiability. *Nursing Philosophy*, 4(3), 189-200.
- Lord, H., Loveday, C., Moxham, L., & Fernandez, R. (2021). Effective communication is key to intensive care nurses' willingness to provide nursing care amidst the COVID-19 pandemic. *Intensive and Critical Care Nursing*, 62, 102946.
- Magpili, N. C., & Pazos, P. (2018). Self-managing team performance: A systematic review of multilevel input factors. *Small Group Research*, 49(1), 3-33.
- Majeed, N., & Jamshed, S. (2021). Nursing turnover intentions: The role of leader emotional intelligence and team culture. *Journal of Nursing Management*, 29(2), 229-239.
- Malik, E., & Shankar, S. (2023). Empowering nurses: exploring self-managed organizations in Indian healthcare. *BMC Nursing*, 22(1), 477. <https://doi.org/10.1186/s12912-023-01647-5>

- Malik, E. (2023). Impact of COVID-19 Pandemic on Homecare Delivery—A Comparative Study. In Mishra, P., Sharma, A., Khanra, S., Kundu, S. K., & Mishra, S. K. (Eds.), *Digital Economy Post COVID-19 Era*. Springer Singapore. http://dx.doi.org/10.1007/978-981-99-0197-5_1
- Manz, C. C., & Sims Jr, H. P. (1984). Searching for the “unleader”: Organizational member views on leading self-managed groups. *Human Relations*, 37(5), 409-424. <https://doi.org/10.1177/001872678403700504>
- Manz, C. C., & Sims Jr, H. P. (1986). Leading self-managed groups: A conceptual analysis of a paradox. *Economic and Industrial Democracy*, 7(2), 141-165. <https://doi.org/10.1177/0143831X8672002>
- Manz, C. C., & Sims Jr, H. P. (1987). Leading workers to lead themselves: The external leadership of self-managing work teams. *Administrative Science Quarterly*, 106-129.
- Manz, C. C., Keating, D. E., & Donnellon, A. (1990). Preparing for an organizational change to employee self-management: The managerial transition. *Organizational Dynamics*, 19(2), 15-26. [https://doi.org/10.1016/0090-2616\(90\)90068-Z](https://doi.org/10.1016/0090-2616(90)90068-Z)
- Manz, C. C. (1992). Self-leading work teams: Moving beyond self-management myths. *Human Relations*, 45(11), 1119-1140. <https://doi.org/10.1177/001872679204501101>
- Martela, F. (2023). Managers matter less than we think: how can organizations function without any middle management?. *Journal of Organization Design*, 12(1-2), 19-25. <https://doi.org/10.1007/s41469-022-00133-7>
- Marufu, T. C., Collins, A., Vargas, L., Gillespie, L., & Almghairbi, D. (2021). Factors influencing retention among hospital nurses: systematic review. *British Journal of Nursing*, 30(5), 302-308.
- Matthews, F. E., Stephan, B. C., Robinson, L., Jagger, C., Barnes, L. E., Arthur, A., & Brayne, C. (2016). A two decade dementia incidence comparison from the Cognitive Function and Ageing Studies I and II. *Nature Communications*, 7(1), 11398. <https://doi.org/10.1038/ncomms11398>
- Maurits, E. E., de Veer, A. J., Groenewegen, P. P., & Francke, A. L. (2017). Home-care nursing staff in self-directed teams are more satisfied with their job and feel they have more autonomy over patient care: A nationwide survey. *Journal of advanced nursing*, 73(10), 2430-2440.
- Mehta, P. (2018). Framework of Indian healthcare system and its challenges: an insight. In *Health Economics and Healthcare Reform: Breakthroughs in Research and Practice* (pp. 405-429). IGI Global.
- Melnyk, B. M., & Tim Raderstorf, D. N. P. (Eds.). (2024). *Evidence-based Leadership, Innovation, and Entrepreneurship in Nursing and Healthcare: A Practical Guide for Success*. Springer Publishing Company.
- Mestrovic, G. K. (2017). Leadership roles, behaviors and styles for self-managed teams in the healthcare sector: a systematic literature review.

- Metersky, K. (2020). *Patient roles within interprofessional collaborative patient-centred care teams: The patient and health care provider perspectives* (Doctoral dissertation, The University of Western Ontario (Canada)).
- Millikin, J. P., Hom, P. W., & Manz, C. C. (2010). Self-management competencies in self-managing teams: Their impact on multi-team system productivity. *The Leadership Quarterly*, 21(5), 687-702. <https://doi.org/10.1016/j.leaqua.2010.07.001>
- Mills, K., McGeagh, L., Waite, M., & Aveyard, H. (2024). The perceptions and experiences of community nurses and patients towards shared decision-making in the home setting: An integrative review. *Journal of Advanced Nursing*.
- Ministry of Health and Family Welfare. (2020). *National health policy 2017*. Retrieved May 04, 2023 from <https://main.mohfw.gov.in/sites/default/files/9147562941489753121.pdf>
- Ministry of Health and Family Welfare. (2020). *National health profile 2020*. Retrieved from <https://www.cbhidghs.nic.in/showfile.php?lid=1155>
- Mobasseri, K., Allahverdipour, H., Matlabi, H., & Kousha, A. (2024). Experiences regarding Home Care for Older Adults from the Viewpoint of Family, Paid Caregivers, Nurses, and Experts: A Qualitative Study. *Health & Social Care in the Community*, 2024(1), 4591881. <https://doi.org/10.1155/2024/4591881>
- Mohanty, S. K., Chauhan, R. K., Mazumdar, S., & Srivastava, A. (2014). Out-of-pocket expenditure on health care among elderly and non-elderly households in India. *Social Indicators Research*, 115, 1137-1157.
- Moher, D., Liberati, A., Tetzlaff, J., Altman, D. G., & PRISMA Group, T. (2009). Preferred reporting items for systematic reviews and meta-analyses: the PRISMA statement. *Annals of Internal Medicine*, 151(4), 264-269.
- Moloney, W., Fieldes, J., & Jacobs, S. (2020). An integrative review of how healthcare organizations can support hospital nurses to thrive at work. *International Journal of Environmental Research and Public Health*, 17(23), 8757.
- Monsen, K., & Deblok, J. (2013). Buurtzorg Nederland. *AJN The American Journal of Nursing*, 113(8), 55-59. <https://doi.org/10.1097/01.NAJ.0000432966.26257.97>
- Monteiro, E., & Joseph, J. (2023). A review on the impact of Workplace Culture on Employee Mental Health and Well-Being. *International Journal of Case Studies in Business, IT and Education (IJCSBE)*, 7(2), 291-317.
- Moreno Romero, A., Uruburu, Á., Jain, A. K., Acevedo Ruiz, M., & Gómez Muñoz, C. F. (2020). The path towards evolutionary—Teal organizations: A relationship trigger on collaborative platforms. *Sustainability*, 12(23), 9817. <https://doi.org/10.3390/su12239817>
- Morrison, V., Hauch, R. R., Perez, E., Bates, M., Sepe, P., & Dans, M. (2021). Diversity, equity, and inclusion in nursing: the pathway to excellence framework alignment. *Nursing Administration Quarterly*, 45(4), 311-323.
- Moudatsou, M., Stavropoulou, A., Philalithis, A., & Koukouli, S. (2020, January). The role of empathy in health and social care professionals. In *Healthcare* (Vol. 8, No. 1, p. 26). MDPI.

- Nandram, S., & Koster, N. (2014). Organizational innovation and integrated care: lessons from Buurtzorg. *Journal of Integrated Care*, 22(4), 174-184. <https://doi.org/10.1108/JICA-06-2014-0024>
- Nandram, S. (2015). 'Buurtzorg': A Case of Being-Centredness as Example of an Organic Worldview for Corporate Peace. In *Business, Ethics and Peace* (Vol. 24, pp. 333-349). Emerald Group Publishing Limited. <https://doi.org/10.1108/S1572-832320150000024023>
- Nandram, S. S., & Bindlish, P. K. (2017). *Managing VUCA through integrative self-management* (p. 338). Berlin: Springer.
- Nandram, S. S. (2015). Organizational innovation by integrating simplification. *Cham: Springer International Publishing*.
- Nandram, S. S., & Nandram, S. S. (2015). Intrapreneurial team freedom. *Organizational Innovation by Integrating Simplification: Learning from Buurtzorg Nederland*, 83-96.
- Nandram, S. S. (2017). Integrating simplification theory for navigating the VUCA: The case of Buurtzorg Nederland. *Managing VUCA Through Integrative Self-Management: How to Cope with Volatility, Uncertainty, Complexity and Ambiguity in Organizational Behavior*, 263-287.
- Nandram, S. S. (2021). Humane Organizing in a Post-COVID-19 World: Learning from Buurtzorg's Trust-Based Decentralization. *Journal of Management, Spirituality & Religion*, 18(5), 375-399. <https://doi.org/10.51327/MXFL6361>
- Nathealth. *Nathealth India*. (2022). https://nathealthindia.org/wp-content/uploads/2022/11/Nathealth_Home_Healthcare_Whitpaper_July_2021.pdf
- Naweed, A., Stahlut, J., & O'Keeffe, V. (2022). The essence of care: versatility as an adaptive response to challenges in the delivery of quality aged care by personal care attendants. *Human Factors*, 64(1), 109-125.
- Neergård, G. B. (2021). Entrepreneurial nurses in the literature: A systematic literature review. *Journal of Nursing Management*, 29(5), 905-915.
- Neumann, W. P., & Purdy, N. (2023). The better work, better care framework: 7 strategies for sustainable healthcare system process improvement. *Health Systems*, 12(4), 429-445.
- Nimavat, N., Hasan, M. M., Charmode, S., Mandala, G., Parmar, G. R., Bhangu, R., ... & Sachdeva, V. (2022). COVID-19 pandemic effects on the distribution of healthcare services in India: A systematic review. *World Journal of Virology*, 11(4), 186.
- Notarnicola, I., Lommi, M., Ivziku, D., Carrodano, S., Rocco, G., & Stievano, A. (2024, October). The Nursing Theory of Complex Adaptive Systems: A New Paradigm for Nursing. In *Healthcare* (Vol. 12, No. 19, p. 1997). MDPI.
- Noviyanti, L. W., Ahsan, A., & Sudartya, T. S. (2021). Exploring the relationship between nurses' communication satisfaction and patient safety culture. *Journal of Public Health Research*, 10(2).
- Oikonomou, E., Carthey, J., Macrae, C., & Vincent, C. (2019). Patient safety regulation in the NHS: mapping the regulatory landscape of healthcare. *BMJ Open*, 9(7), e028663.

- Page, M. J., McKenzie, J. E., Bossuyt, P. M., Boutron, I., Hoffmann, T. C., Mulrow, C. D., ... & Moher, D. (2021). The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. *BMJ*, 372.
- Peeters, J. M., Wiegers, T. A., & Friele, R. D. (2013). How technology in care at home affects patient self-care and self-management: a scoping review. *International Journal of Environmental Research and Public Health*, 10(11), 5541-5564.
- Pereno, A., & Eriksson, D. (2020). A multi-stakeholder perspective on sustainable healthcare: From 2030 onwards. *Futures*, 122, 102605.
- Peters, H. C. (2023). A-Methodological Saturation: A Grounded Theory Analysis. *The Counseling Psychologist*. <https://doi.org/10.1177/00110000231179706>
- Pirhonen, L., Olofsson, E. H., Fors, A., Ekman, I., & Bolin, K. (2017). Effects of person-centred care on health outcomes—a randomized controlled trial in patients with acute coronary syndrome. *Health Policy*, 121(2), 169-179.
- Polley, D., & Ribbens, B. (1998). Sustaining self-managed teams: a process approach to team wellness. *Team Performance Management: An International Journal*, 4(1), 3-21. <https://doi.org/10.1108/13527599810212087>
- Power, J., & Waddell, D. (2004). The link between self-managed work teams and learning organisations using performance indicators. *The Learning Organization*, 11(3), 244-259.
- Proença, T. (2010). Self-managed work teams: An enabling or coercive nature. *The International Journal of Human Resource Management*, 21(3), 337-354. <https://doi.org/10.1080/09585190903546870>
- Radhakrishnan, K., Xie, B., Berkley, A., & Kim, M. (2016). Barriers and facilitators for sustainability of tele-homecare programs: a systematic review. *Health services research*, 51(1), 48-75. <https://doi.org/10.1111/1475-6773.12327>
- Rai, R., & Singh, P. (2022). Revisiting the efficacy of policies in the Indian primary healthcare sector: Interventions and approaches during the COVID-19 pandemic. In *Lessons from COVID-19* (pp. 139-169). Academic Press. <https://doi.org/10.1016/B978-0-323-99878-9.00009-1>
- Ramani, K. V., & Mavalankar, D. (2006). Health system in India: opportunities and challenges for improvements. *Journal of Health Organization and Management*, 20(6), 560-572.
- Randolph, W. A., & Sashkin, M. (2002). Can organizational empowerment work in multinational settings?. *Academy of Management Perspectives*, 16(1), 102-115. <https://doi.org/10.5465/ame.2002.6640205>
- Reddy, K. S., Naik, N., & Prabhakaran, D. (2006). Hypertension in the developing world: a consequence of progress. *Current Cardiology Reports*, 8(6), 399-404. <https://doi.org/10.1007/s11886-006-0096-9>
- Reed, D. (2004). Grounded theory and constant comparative analysis. *Orthopaedic Nursing*, 23(6), 403-404.

- Reinhard, S. C., Given, B., Petlick, N. H., & Bemis, A. (2008). Supporting family caregivers in providing care. *Patient safety and quality: An evidence-based handbook for nurses*.
- Rieger, K. L. (2019). Discriminating among grounded theory approaches. *Nursing Inquiry*, 26(1), e12261. <https://doi.org/10.1111/nin.12261>
- Rodriguez, J. G. (1998). Commentary: grounded theory and the constant comparative method. *British Medical Journal*, 316(7137), 1064-1066.
- Rose, K. (1994). Unstructured and semi-structured interviewing. *Nurse Researcher*, 1(3), 23-32.
- Roy, A. (2023b, December 20). An overview of Indian Healthcare Industry in 2023. EHealthworld.com. <https://health.economictimes.indiatimes.com/news/industry/an-overview-of-indian-health-care-industry-in-2023/106118311>
- Sahin, E., Vidal, L. A., & Benzarti, E. (2013). A framework to evaluate the complexity of home care services. *Kybernetes*, 42(4), 569-592.
- Sahoo, H., Govil, D., James, K. S., & Prasad, R. D. (2021). Health issues, health care utilization and health care expenditure among elderly in India: Thematic review of literature. *Aging and Health Research*, 1(2), 100012.
- Semler, R. (2000). How we went digital without a strategy. *Harvard Business Review*, 78(5), 51-3.
- Senge, P. M. (1990). The fifth discipline. *Measuring Business Excellence*, 1(3), 46-51. <https://doi.org/10.1108/eb025496>
- Sengupta, A., & Prasad, V. (2011). Towards a truly universal Indian health system. *The Lancet*, 377(9767), 702-703.
- Senot, C., Chandrasekaran, A., & Ward, P. T. (2016). Role of bottom-up decision processes in improving the quality of health care delivery: A contingency perspective. *Production and Operations Management*, 25(3), 458-476.
- Shen, K., McGarry, B. E., & Gandhi, A. D. (2023). Health care staff turnover and quality of care at nursing homes. *JAMA Internal Medicine*, 183(11), 1247-1254.
- Shipper, F., & Manz, C. C. (1992). Employee self-management without formally designated teams: An alternative road to empowerment. *Organizational Dynamics*, 20(3), 48-61. [https://doi.org/10.1016/0090-2616\(92\)90024-H](https://doi.org/10.1016/0090-2616(92)90024-H)
- Sidani, S. (2008). Effects of patient-centered care on patient outcomes: an evaluation. *Research and Theory for Nursing Practice*, 22(1), 24-37.
- Singh, G., Maurya, A., & Jain, V. (2017). Spirituality in Indian organizations. *Managing VUCA Through Integrative Self-Management: How to Cope with Volatility, Uncertainty, Complexity and Ambiguity in Organizational Behavior*, 171-181.
- Singh, K., Kondal, D., Mohan, S., Jaganathan, S., Deepa, M., Venkateshmurthy, N. S., ... & Eggleston, K. (2021). Health, psychosocial, and economic impacts of the COVID-19

- pandemic on people with chronic conditions in India: a mixed methods study. *BMC Public Health*, 21, 1-15.
- Sokolow, P. S., Bowles, K. H., Topaz, M., Koru, G., Hellesø, R., O'Connor, M., & Bass, E. J. (2021). The time is now: Informatics research opportunities in home health care. *Applied Clinical Informatics*, 12(01), 100-106.
- Soumerai, S. B., Starr, D., & Majumdar, S. R. (2015). How do you know which health care effectiveness research you can trust? A guide to study design for the perplexed. *Preventing Chronic Disease*, 12.
- Spreitzer, G. M., Cohen, S. G., & Ledford Jr, G. E. (1999). Developing effective self-managing work teams in service organizations. *Group & Organization Management*, 24(3), 340-366. <https://doi.org/10.1177/1059601199243005>
- Sutherland, J. L., Palmer, D., Reuther, P., & Leiby, P. (2021). Integrating home care: an innovative approach for simulation learning. *Journal of Nursing Education*, 60(3), 172-176.
- Tao, R. (2020). *Applying Care Coordination Frameworks to Encourage Self-Management Among Medicare Patients with Chronic Neurological Conditions: Review of Current Literature, Qualitative Interviews, and Proposing Future Direction* (Doctoral dissertation, Georgetown University).
- Taylor, J. A. (2000). *Transformative learning and commitment among healthcare workers implementing continual improvement*. Teachers College, Columbia University.
- Thayyil, J., & Cherumanalil, J. M. (2012). Assessment of status of patients receiving palliative home care and services provided in a rural area—Kerala, India. *Indian Journal of Palliative Care*, 18(3), 213
- The Future of Homecare in India*. Times of India Blog. (2022, August 11). <https://timesofindia.indiatimes.com/blogs/voices/the-future-of-homecare-in-india/?source=app&frmapp=yes>
- Thompson, S. C., & Kyle, D. J. (2021). The role of perceived control in coping with the losses associated with chronic illness. In *Loss and Trauma* (pp. 131-145). Routledge.
- Thoms, P., Moore, K. S., & Scott, K. S. (1996). The relationship between self-efficacy for participating in self-managed work groups and the big five personality dimensions. *Journal of Organizational Behavior*, 17(4), 349-362. [https://doi.org/10.1002/\(SICI\)1099-1379\(199607\)17:4%3C349::AID-JOB756%3E3.0.CO;2-3](https://doi.org/10.1002/(SICI)1099-1379(199607)17:4%3C349::AID-JOB756%3E3.0.CO;2-3)
- Thornberg, R., & Charmaz, K. (2014). Grounded theory and theoretical coding. *The SAGE handbook of qualitative data analysis*, 5(2014), 153-69. <https://methods.sagepub.com/book/the-sage-handbook-of-qualitative-data-analysis/n11.xml>
- Tolf, S., Nyström, M. E., Tishelman, C., Brommels, M., & Hansson, J. (2015). Agile, a guiding principle for health care improvement?. *International Journal of Health Care Quality Assurance*, 28(5), 468-493.

- Trojan, L., & Yonge, O. (1993). Developing trusting, caring relationships: home care nurses and elderly clients. *Journal of Advanced Nursing*, 18(12), 1903-1910.
- Urquhart, C., Lehmann, H., & Myers, M. D. (2010). Putting the theory back into grounded theory: guidelines for grounded theory studies in information systems. *Information Systems Journal*, 20(4), 357-381.
- Vaishnav, L. M., Joshi, S. H., Joshi, A. U., & Mehendale, A. M. (2022). The National Programme for Health Care of the Elderly: a review of its achievements and challenges in India. *Annals of Geriatric Medicine and Research*, 26(3), 183.
- Velu, G. S. (2024, January 22). *Healthcare sector has huge potential for growth: Panelists*. The Hindu .
<https://www.thehindu.com/news/national/tamil-nadu/healthcare-sector-has-huge-potential-for-growth-panelists/article67762304.ece>
- Vermandere, M., Lepeleire, J. D., Van Mechelen, W., Warmenhoven, F., Thoonsen, B., & Aertgeerts, B. (2013). Spirituality in palliative home care: a framework for the clinician. *Supportive Care in Cancer*, 21, 1061-1069.
- Vollstedt, M., & Rezat, S. (2019). An introduction to grounded theory with a special focus on axial coding and the coding paradigm. *Compendium for Early Career Researchers in Mathematics Education*, 13(1), 81-100.
- Vries, S. J. (2017). Peer Control & Self-Managing Work Teams in the healthcare industry: A literature review.
- Wadhwa, R. K., Figueroa, J. F., Maddox, K. E. J., Rosenbaum, L. S., Kazi, D. S., & Yeh, R. W. (2020). Quality measure development and associated spending by the Centers for Medicare & Medicaid Services. *JAMA*, 323(16), 1614-1616.
- Wallerstein, N., & Duran, B. (2010). Community-based participatory research contributions to intervention research: the intersection of science and practice to improve health equity. *American Journal of Public Health*, 100(S1), S40-S46.
- Waltz, L. A., Muñoz, L., Weber Johnson, H., & Rodriguez, T. (2020). Exploring job satisfaction and workplace engagement in millennial nurses. *Journal of Nursing Management*, 28(3), 673-681.
- Wammes, J., Jeurissen, P., Westert, G., & Tanke, M. (2020). The Dutch health care system. *International Profiles of Health Care Systems*, 137(6).
- Wang, H., Feng, J., Shao, L., Wei, J., Wang, X., Xu, X., ... & Liang, T. (2020). Contingency management strategies of the Nursing Department in centralized rescue of patients with coronavirus disease 2019. *International Journal of Nursing Sciences*, 7(2), 139-142.
- Watson, A. L., Young, C., Whitham, A., Prescott, S., & Flynn, E. J. (2024). Enhancing Nursing Practice Through Peer Support: Strategies for Engagement in the Nursing Workforce. *Journal of Radiology Nursing*.
- Weirauch, L., Galliker, S., & Elfering, A. (2023). Holacracy, a modern form of organizational governance predictors for person-organization-fit and job satisfaction. *Frontiers in Psychology*, 13, 1021545. <https://doi.org/10.3389/fpsyg.2022.1021545>

- Wheeler, J. V., Carr, A. S., Cady, S. H., & Schumacher, L. (2020). Self-management and work performance: an exploratory cross-cultural study. *International Journal of Indian Culture and Business Management*, 20(4), 510-533.
- World Bank. (2017). *Hospital beds (per 1,000 people) - Data are from the World Health Organization, supplemented by country data*. Retrieved May 09, 2023 from <https://data.worldbank.org/indicator/SH.MED.BEDS.ZS>
- World Health Organization. (2021). *Chronic obstructive pulmonary disease (COPD)*. World Health Organization: WHO. [https://www.who.int/en/news-room/fact-sheets/detail/chronic-obstructive-pulmonary-disease-\(copd\)](https://www.who.int/en/news-room/fact-sheets/detail/chronic-obstructive-pulmonary-disease-(copd))
- World Health Organization. (2021). *Health service continuity planning for public health emergencies: a handbook for health facilities: interim version for field testing*.
- World Health Organization (2021). *Aging and health*. World Health Organization: WHO. <https://www.who.int/news-room/fact-sheets/detail/ageing-and-health>
- Yang, O. (1996). Shared leadership in self-managed teams: A competing values approach. *Total Quality Management*, 7(5), 521-534. <https://doi.org/10.1080/09544129610621>
- Yang, S. B., & Guy, M. E. (2004). Self-managed work teams: Who uses them? What makes them successful?. *Public Performance & Management Review*, 27(3), 60-79. <https://doi.org/10.1080/15309576.2004.11051799>
- Yang, S. B., & Guy, M. E. (2011). The effectiveness of self-managed work teams in government organizations. *Journal of Business and Psychology*, 26, 531-541. <https://doi.org/10.1007/s10869-010-9205-2>
- Yao, N., Mutter, J. B., Berry, J. D., Yamanaka, T., Mohess, D. T., & Cornwell, T. (2021). In Traditional Medicare, Modest Growth In The Home Care Workforce Largely Driven By Nurse Practitioners: Study examines the characteristics of the workforce providing home-based medical care for traditional (fee-for-service) Medicare beneficiaries. *Health Affairs*, 40(3), 478-486.
- Yu, C. C., Tan, L., Le, M. K., Tang, B., Liaw, S. Y., Tierney, T., ... & Low, J. A. (2022). The development of empathy in the healthcare setting: a qualitative approach. *BMC Medical Education*, 22(1), 245.
- Zajac, S., Woods, A., Tannenbaum, S., Salas, E., & Holladay, C. L. (2021). Overcoming challenges to teamwork in healthcare: a team effectiveness framework and evidence-based guidance. *Frontiers in Communication*, 6, 606445.
- Zárraga, C., & Bonache, J. (2005). The impact of team atmosphere on knowledge outcomes in self-managed teams. *Organization Studies*, 26(5), 661-681. <https://doi.org/10.1177/0170840605051820>
- Zhai, Y., Cai, S., Chen, X., Zhao, W., Yu, J., & Zhang, Y. (2023). The relationships between organizational culture and thriving at work among nurses: The mediating role of affective commitment and work engagement. *Journal of Advanced Nursing*, 79(1), 194-204.

Zuriguel Perez, E., Lluch Canut, M. T., Falco Pegueroles, A., Puig Llobet, M., Moreno Arroyo, C., & Roldan Merino, J. (2015). Critical thinking in nursing: Scoping review of the literature. *International Journal of Nursing Practice*, 21(6), 820-830.

APPENDIX

Interview guide

Patient interview questions

Demographics

Age?

Gender?

Year of joining the services?

Ailment/Need of care?

Family structure?

How do they get involved in your care delivery? What kind of support do you have in care delivery from your family?

When did you first subscribe to Buurtzorg Homecare? Have you continued the care delivery till now, or was it intermittent?

Finances

Could you please tell me something about the payment structure at Buurtzorg? Is the fee charged per day/monthly/annual basis?

What is the average fee for services you availed?

Could you compare the payment structure at Buurtzorg with your previous homecare organization?

Do you find homecare delivery affordable?

Does the government provide for homecare expenses under the public healthcare system?

What is your satisfaction with the services provided at Buurtzorg versus the cost of services?

Do you find Homecare delivery affordable?

Organizational structure

Do you feel involved in the decision-making process for care delivery?

Do you take support of your networks in care delivery besides care from Buurtzorg? If yes, how does it help you?

Are you able to invest trust in the caregivers? If yes, why? If not, why? What role does the organizational structure play in it?

Are there ways to share the best practices among caregivers? Please reflect.

Is Buurtzorg's way of care delivery different from that of other providers? If yes, how?

What is the number of nurses who visit you per month? What do you think about the current arrangement of duties?

Have you taken any other homecare service before? Please compare Buurtzorg's experience with that in different organizations.

Please tell me about your experience at the previous homecare organization.

Please tell me about your homecare experience at Buurtzorg.

What changes would you suggest in Buurtzorg's care-delivery system?

Value system

Do you feel, in general, that the health care system follows a particular value system? Every organization has a specific value system, which they value above everything in job delivery. (Organizations prefer trustworthiness, dependability, honesty, altruism, philanthropy, and independence; some are profit-driven, and others are value-driven... ..)

What kind of value system do you think this system has/follows? Can you please compare it with your previous homecare organization (if any)?

Do you feel dependent on nurses? What do you think about it? Frustration or gratitude? What is the role of the value system of nurses in framing this opinion of yours? (below one's are leading questions)

Do you think that nurses serve beyond their role? If yes, then how?

Do you find nurses well-behaved and agreeable-natured? If yes, how? If not, how?

Do you feel greater independence at Buurtzorg? If yes, how?

Do you feel more disciplined at self-care with Buurtzorg? If yes, how? If not, why?

Please let me know if you would like to get involved in caring for those in need once you recover.

Creativity and performance management

Do you see any comparisons between the previous and the new organization regarding creativity and performance?

What improvements in care delivery would you recommend?

What additional services would you like Buurtzorg to offer that you feel are missing in the future? What services did your previous organization avail (if any)?

What is the level of ease with which you think Buurtzorg delivers care? How do you compare the service delivery experience to that of other providers?

Please tell me about any physical activities you got involved in by Buurtzorg or their recommendation for better health and recovery. How did they help you achieve better health outcomes if they positively affected your health?

Would you prefer a caretaking job as a nurse? If yes, how would you manage that job?

Concept and purpose

Do you think that Buurtzorg works towards making you independent regarding long-term care? If yes, how? If not, what could be done about it? Could you compare the independence strategy with your previous organization?

Did you ever have to approach management for discrepancies in service delivery? If yes, why? If yes, did you find a satisfactory solution? If yes, does it teach a tendency to trust in you? Could you compare the trust with the previous organization (if any)?

Do you think Buurtzorg serves its motto, "Humanity above bureaucracy? Reflect on the needs of paperwork required or the degree of intimations via phone calls or the internet required to get desired care delivery.

Please reflect on the rate of recovery at Buurtzorg. Could you compare it with the previous organization?

Would you recommend Buurtzorg to your acquaintances? If yes, why? If not, why?

Coordination

Did you face unforeseen circumstances during care delivery where the nurse had to make an important decision? If yes, what was that experience, and how did the nurse handle it? Would other care providers have dealt with it differently?

Please tell me something about the coordination among the nurses. Do you find a great deal of coordination among nurses? In unforeseen circumstances, how does the coordination among nurses play a role? Compare.

Are you requested to provide regular care delivery feedback at Buurtzorg? If yes, are the issues indicated resolved timely? What does it suggest about coordination in Buurtzorg?

Information flow

Do you have access to the information you need about homecare delivery?

Do you have access to the company's financial information? Reflect on profit-making and sharing.

Conflict resolution and dismissal

Do you think that the nurses are trained in conflict management? Reflect?

How do nurses resolve conflicts among themselves and with patients, if any, during care delivery? Reflect. Do you have any precedent about this?

Was any of the nurses dismissed because of an escalated unresolved conflict? If yes, reflect on the incident.

Are you satisfied with the current conflict resolution process? If not, reflect on the ideas you would like to be implemented for conflict management.

Are you satisfied with Buurtzorg's conflict resolution mechanism?

Have you ever conflicted with a nurse during care delivery? If yes, what was the reason for the conflict, and how was it resolved?

Could you compare the conflict resolution mechanism with your previous homecare provider (if any)?

Nurse interview questions

Demographics

Age?

Gender?

Years of experience?

Years of working with Buurtzorg?

Finances

What are productivity or task requirements at Buurtzorg? Please reflect on the related payment structure.

What are the criteria for a salary hike?

Do you arrange resources, equipment, and impediments required for homecare delivery, or does Buurtzorg management do the procurement? If you do, how do you arrange them?

Are you satisfied with the pay structure at Buurtzorg? Could you compare it with your previous employer?

Do you receive any fringe benefits like bonuses? Compared with the previous employer?

What are the criteria of compensation for job roles at Buurtzorg? Does it depend on seniority? Does it depend on any specific performance criteria?

Organizational structure

Is it contractual employment at Buurtzorg? What is the renewal process?

The number of team members serving a patient?

Do you get help from informal support structures for care delivery, such as neighbors, relatives, and clients' friends? If yes, how do you find them helpful?

Is being directed by the management better or is being autonomous more conducive to your job delivery? How is it so?

What changes can Buurtzorg India make to ease care delivery and improve the quality of care provided?

How can Buurtzorg improve the work environment for the nurses?

How can the trust in Buurtzorg be fostered among the clients? Suggest ways to make changes or improvements in the organizational structure.

Did you witness team consensus and team role rotation at Buurtzorg? What do you think about team consensus and team role rotation at Buurtzorg?

How do you experience autonomy at Buurtzorg? How does organizational structure help in achieving autonomy?

Do you seek guidance for your job tasks at times? If yes, from whom?

Do you feel accountable for your job in the current organizational structure? How and why?

How many clients are there per nurse on average? How does this ratio help in better care delivery?

Have you worked in other homecare organization(s) before Buurtzorg? If yes, how would you compare the experience of working at Buurtzorg with other organizations?

Please tell me about your experience of working with your previous employer. Could you compare the organizational structure of the last organization's employer?

What is your experience working with Buurtzorg? Would you like to work with Buurtzorg in the future, too? If yes, why? If not, why?

Value system

Do you feel, in general, that the health care system follows a particular value system? Every organization has a specific value system, which they value above everything in job delivery. (Organizations prefer trustworthiness, dependability, honesty, altruism, philanthropy, and independence; some are profit-driven, and others are value-driven... ..)

What drove you to the nursing profession? Reflect on your value system.

How do clients matter to you? Dimensions of patients viewed?

Do you take extra roles in care delivery? If yes, why and how?

Do your professional goals align with those of Buurtzorg? If yes, how? If not, why?

Do you feel trusted at Buurtzorg? How does your value system help in achieving trust at Buurtzorg?

Do you plan to work for Buurtzorg in the future, too? What retains you in the organization?

Do cultural values play a role in care delivery? How?

Do you employ indigenous wisdom in care delivery and use regional resources? How?

Could you compare the value system at Buurtzorg with your previous employer organization?

Creativity and performance management

What are your expectations from the nursing profession? How do your expectations aid your creativity and performance, if they do aid in any way?

Do you customize services for patients? How do you accomplish it?

What are your educational qualifications? Does Buurtzorg provide learning opportunities? If yes, how? Are those opportunities self-guided?

Did working at Buurtzorg improve your skill set? If yes, how?

What is the rate of patient recovery at Buurtzorg?

Do you feel trusted at Buurtzorg? If yes, how does it help in enhancing job performance? If not, why?

Please share your experience working at Buurtzorg. Do you experience autonomy in task delivery? Does it improve your performance? If yes, how, according to you?

Is critical thinking encouraged? If yes, how does it help in better care delivery?

Did you feel burdened or comfortable with the outcomes of your decisions at the job? Were you wholly responsible, or was the responsibility well distributed among the team?

How do you practice awareness of what is needed in a particular situation during care delivery?

Concept and purpose

Do you feel like being in a leadership position at Buurtzorg? If yes, how? If not, why? How do your leadership abilities align with the organization's purpose?

How do you see your patient? How do you take care of his emotional, spiritual, health, and mental needs?

Do you experience autonomy in task delivery? Does it improve your performance? If yes, how, according to you? How does it bring you nearer to the organizational concept and purpose?

Do you plan to establish a homecare organization in the future? If yes, how did Buurtzorg help awaken that drive?

Have you worked for other homecare organizations previously? Do you think Buurtzorg's concept and purpose differ from those of different homecare organizations?

Coordination

Did you encounter a situation where you had to manage an unforeseen circumstance during care delivery? If yes, how did you handle the situation? How did the coordination between nurses and your patient help manage that circumstance?

How well do you get along with your patients? Are they open to you telling their needs, likes, and dislikes?

Is there innate coordination among the nurses for care delivery? If yes, how? If not, how can it be inculcated? How would you compare the coordination at Buurtzorg with your previous employer organization?

Job titles/job descriptions and compensation

Are job titles or descriptions fixed, or are they granular? If granular, how does it help in extra-role behaviors?

If granular job titles are present, how does Buurtzorg compensate for lacking job titles to keep employees motivated and productive?

Do nurses demand any kind of job titles from the organization's management?

What are the criteria for compensation for jobs performed at Buurtzorg? Is it equal profit distribution or a salary system? Does it depend on specific job titles? Reflect.

Could you compare the job titles/descriptions and compensation with those of your previous employer organization?

Information flow

Do you have access to the information you need about homecare delivery?

Do you have access to the company's financial information? Reflect on profit-making and sharing.

Could you compare the information flow with your previous employer's organization?

Conflict resolution and dismissal

What is the conflict resolution mechanism employed at Buurtzorg?

Are you trained in conflict management? How are conflicts resolved among nurses during care delivery?

Are you satisfied with the current conflict resolution process? If not, reflect on the ideas you would like to be implemented for conflict management.

What are the criteria for dismissal from service? Is there any such precedence? Please reflect.

Have you ever conflicted with a patient? If yes, how was it resolved?

Have you ever conflicted with a nurse? If yes, how was it resolved?

Could you compare the conflict resolution mechanism at your employer organization?

Radical decentralization of authority

People in self-managing organizations can only answer to a manager with limited discretion over their workdays, including assigning tasks, overseeing their completion, and setting their salaries and advancement prospects. How do you see radical decentralization in action at Buurtzorg?

Formal system

A self-managed organization (SMO) is a formal structure that specifies how power is distributed within the organization. For example, Morning Star, a Woodland, California-based agribusiness and food processing company, formalized its approach by outlining organizational principles for how employees should interact and a method for resolving workplace problems known as the "Gaining Agreement" procedure. Morning Star established a self-management institute as a think tank and educational institution to "define, refine, and promote the ideas and instruments of self-management in organizations. How is power distributed at Buurtzorg Edugreen?

Pan-organization

In a self-managed organization, decentralization is not confined to the frontline staff or a specific team. The statutory regulations bind all employees, from the lowest-level workers to the highest-ranking executives. How is the pan-organization decentralization practiced at Buurtzorg Edugreen?

Management member interview questions

Demographics

Age?

Gender?

Career roles taken up in the past?

Years of experience?

Years of working with Buurtzorg India?

Please tell me your view on the hierarchy in organizations.

What are your views on flat organizational structures?

Administration and working

National Standards for the homecare services followed at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.?

What kind of job is performed by the nurses? Do they give a sponge bath, change clothes, and do they need clean stools? Do they do domestic work, too? Are they specialized in a particular service or general nurses?

How is self-management implemented at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.?

Significant administrative people and their roles at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.?

What is the average age group of patients at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.?

Regarding the teleconsultation associated with “To Get Well,” What is the current number of patients? Is it popular, and if so, what is the cutting-edge uniqueness compared to other organizations?

Basic infrastructure, tools, and equipment are required at home as the minimum requirement for availing of nursing services. What do Medical Social Services and Counselling include?

Regarding companionship provisions at Buurtzorg India, what does light housekeeping work in elder care include? Does it involve running errands, fall prevention, assisted exercise and walks, and daily vital checks?

Regarding remote monitoring services provided by Buurtzorg India, what job do care responders perform? (Visit by Care Responder Every Week)

How does the doctor visit every six months help patients' care delivery?

Please elucidate the “one logistic visit (max 2 hours) every month”, “conveyance to be paid as per actuals,” and “additional hours beyond 2 hours would be charged extra”, as mentioned on Buurtzorg India's website.

In remote monitoring, what is the purpose of a logistic visit? Does the allotted time suffice for good care delivery?

What is the role of Buurtzorg Asia and Buurtzorg Nederland in Buurtzorg India's functioning and administration?

Finances

Are the homecare services provided at Buurtzorg more affordable than those offered by other homecare organizations?

How is the profit made at Buurtzorg India?

Are there any commitments for the nurses for earnings regarding hours worked per week and income per hour?

Who manages finances at Buurtzorg, India? Each team versus a central authority that shares the profit according to any particular criteria? Do nurses give a share, or is the share of nurses managed by the central authority?

Annual Turnover of Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.? Share for the Buurtzorg Nederland? How is profit shared?

How does Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd. ensure the best possible patient service and that profitability is not the sole focus?

Are there any IT partners of Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.? Please illuminate me on this.

Is there an average fee per hour with all the services grouped, like at Buurtzorg Nederland, resulting in an average cost of around 57 Euros per hour?

At Buurtzorg Nederland, each team knows how much can be spent on renting offices and other expenses, and there is also accountability on how profits are invested, for example, for innovative projects, education, and training. Are there any such provisions at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.?

Which are the financing bodies for homes in India, like in Nederland (two financing bodies: healthcare financing agencies and local municipalities)?

What are the cost/charges and package structure for palliative care?

What are the charges and package structures for physiotherapy?

What is the pattern of charging the conveyance charges for the logistic visits in remote monitoring? How much are the additional charges as mentioned on the website?

Organizational structure

Do you see Buurtzorg as a living entity with an evolutionary purpose? If yes, how does Buurtzorg's organizational structure serve this purpose?

What is your current experience of running Buurtzorg in India? Do you see any impending changes required in Buurtzorg's organizational structure?

At Buurtzorg Nederland, each team knows how much can be spent on renting offices and other expenses, and there is also accountability on how profits are invested, for example, for innovative projects, education, and training. Are there any such provisions in Buurtzorg Edugreen Neighbourhood Care India's organizational structure?

How does Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd. ensure the best possible patient service and that profitability is not the sole focus? How does Buurtzorg's organizational structure help to achieve this?

Is the care holistic or fragmented? Who gives Injections? Who gives medications?

What are the working hours per nurse? Is it on a monthly or daily basis?

Are there self-managed teams? If there, then how many members are there in each team? Are the teams organized community or city-wise?

What is the formal organizational Structure at Buurtzorg Edugreen Neighbourhood Care India Pvt Ltd?

Are the informal networks of patients brought into use? If yes, how?

What is the impact of the current organizational structure on people's behavior in Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd. India? (How are power balance, excessive bureaucracy, and inefficiency coped with?)

How do you see Buurtzorg compared to other organizations in terms of organizational structure, working, client focus, employee care, and motivation?

Value system

Is Buurtzorg holistic in approach? If yes, how does it take care of all its stakeholders? Does the value system of stakeholders play a role in it? If yes, how?

Is Buurtzorg a revolutionary organization? If yes, how? Where do you see Buurtzorg Nederland going to be a revolutionary organization in the homecare sector? How does Buurtzorg's value system play a role in this?

How does the Indian value system affect homecare in India? Elucidate.

How do you see Buurtzorg's value system compared to the other organizations?

Creativity and performance management

How often are the executive team meetings conducted? How do meetings enhance creativity and performance at Buurtzorg? Compare

What strategies do you recommend Buurtzorg use to improve care delivery in the future?

Necessary qualification of nurses and their educational opportunities at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.? Do they have a budget for education and training? How do the current criteria serve the creativity and performance enhancement of nurses?

What are the measurement methods of client satisfaction at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.? Compare.

What are the measurement methods of employee satisfaction at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.? Compare.

Concept and purpose

Do you see Buurtzorg as a living entity with an evolutionary purpose? How does the conception of Buurtzorg play a role in it?

Is Buurtzorg's approach a long-term approach with a focus on the present? Please elucidate.

Do you plan to expand the organization to other cities in India to serve the organization's concept and purpose? Reflect.

What are the measurement methods of client satisfaction at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.? How does it serve the organization's concept and purpose?

What are the measurement methods of employee satisfaction at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.? How does it serve the organization's concept and purpose?

Coordination

What is the density of clients in the area of operation, the resources available in the area necessary for homecare, and the cultural setting? How does coordination among nurses, patient-nurses, and management-nurses help utilize regional resources and incorporate cultural values?

How is nurse-nurse coordination achieved at Buurtzorg India?

How is the client-nurse coordination achieved at Buurtzorg India?

How is the management-nurse coordination achieved at Buurtzorg India?

Are frequent meetings required to achieve coordination at Buurtzorg, India?

How would you compare coordination at Buurtzorg with other homecare delivery organizations?

Job titles/job descriptions and compensation

Are job titles or descriptions fixed, or are they granular? If granular, how does it help in extra-role behaviors?

What kind of job is performed by the nurses? Do they give a sponge bath, change clothes, and need clean stools? Do they do domestic work, too? Are they specialized in a particular service or general nurses? How do current job titles help in the easy delivery of services?

Are there demands from patients for additional services not provided at Buurtzorg presently? If yes, what are they? What job descriptions will be given to such employees?

Are the nurses compensated based on their job titles, seniority, and performance? Elucidate.

Information flow

Is real-time information available to the nurses? Are financial details disclosed to the stakeholders transparently? Compared with the other homecare organizations?

Are there any virtual platforms for effective schedule planning for the nurses, a forum for sharing experiences, developing innovative solutions to problems through joint effort, sharing knowledge, client registration, treatment times, and communication history?

Nurses need access to all information required for autonomous functioning while working locally in offices, on the road, and in patients' homes in self-managed teams. Is there an ICT company for Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd. to accomplish such autonomy? If not, how is it accomplished?

Conflict resolution and dismissal

What is the conflict resolution mechanism at Buurtzorg, India? Is there any role for regional coaches at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd. for the same?

Are the clients satisfied with the current client-nurse conflict resolution mechanism? If yes, how? If not, why?

Are the nurses satisfied with the current nurse-nurse conflict resolution mechanism? If yes, how? If not, why?

Are the nurses satisfied with the current client-nurse conflict resolution mechanism? If yes, how? If not, why?

Do you think changes are needed in the current conflict resolution mechanism per the Indian context? If yes, what are they?

What are the criteria for the dismissal of nurses during the conflict resolution process? Are there any precedents?

Please compare the conflict-resolution mechanism at Buurtzorg with the conflict-resolution mechanism in other homecare organizations.

Radical decentralization of authority

People in self-managing organizations can only answer to a manager with limited discretion over their workdays, including assigning tasks, overseeing their completion, and setting their salaries and advancement prospects. How do you see radical decentralization in action at Buurtzorg?

Formal system

A self-managed organization (SMO) is a formal structure that specifies how power is distributed within the organization. For example, Morning Star, a Woodland, California-based agribusiness and food processing company, formalized its approach by outlining organizational principles for how employees should interact and a method for resolving workplace problems known as the "Gaining Agreement" procedure. Morning Star established a self-management institute as a think tank and educational institution to "define, refine, and promote the ideas and instruments of self-management in organizations. How is power distributed at Buurtzorg Edugreen?

Pan-organization

In a self-managed organization, decentralization is not confined to the frontline staff or a specific team. The statutory regulations bind all employees, from the lowest-level workers to the highest-ranking executives. How is the pan-organization decentralization practiced at Buurtzorg Edugreen?

Self-management in India

Why must self-management be given a chance in the Indian context?

What checks and balances are applied to implement self-management in the Indian context?

What are the outcomes of these checks and balances for Buurtzorg Edugreen?

Do nurses know exactly what they are trying to accomplish and what it means to be a part of a self-managed organization?

What is meant by self-management as it happens in action in the Indian context?

What are the aberrations witnessed in implementing self-management in organizations in India, and what are their causes?

What processes in organizational settings/ work settings, as accustomed to the Indian context, mean self-management?

What can be done to improve self-management in organizations in India?

What government policy changes are needed to implement self-management in India successfully?

Table A1 Participant information coding for anonymity (Patients)

<i>Participant (Patient) Number</i>	<i>Age</i>	<i>Gender</i>	<i>Years of taking services from the given SMO</i>	<i>Participant Coding</i>
1	80	Female	4	P-1-F-80
2	89	Female	5	P-2-F-89
3	78	Female	2	P-3-F-78
4	90	Male	2	P-4-M-90
5	91	Male	2	P-5-M-91
6	50	Male	1	P-6-M-50
7	60	Male	0.5	P-7-M-60
8	86	Male	2	P-8-M-86
9	88	MaleF	1	P-9-M-88
10	90	Male	1	P-10-M-90
11	71	Female	1.5	P-11-F-71
12	78	Female	1	P-12-F-78
13	88	Female	1	P-13-F-88
14	89	Female	4	P-14-F-89
15	81	Female	5	P-15-F-81

Table A2 Participant information coding for anonymity (Nurses)

<i>Participant (Nurse) Number</i>	Gender	Age (In years)	Participant Code
1	Female	Thirty-Four	N-1-F-34
2	Female	Thirty-Three	N-2-F-33
3	Female	Twenty-Four	N-3-F-24
4	Female	Twenty-Six	N-4-F-26
5	Female	Twenty-Three	N-5-F-23
6	Female	Twenty-One	N-6-F-21
7	Female	Twenty-Seven	N-7-F-27

Table A3 Participant information coding for anonymity (Management Members)

<i>Participant (Management Member) Number</i>	Gender	Age (In years)	Participant Code
1	Male	Forty-One	MM-1-41-M
2	Male	Fifty-Three	MM-2-53-M
3	Male	Fifty	MM-3-50-M
4	Male	Fifty-One	MM-4-51-M
5	Male	Fifty	MM-5-50-M
6	Male	Thirty-Nine	MM-6-39-M
7	Male	Thirty-Five	MM-7-35-M
8	Male	Thirty-Six	MM-8-36-M
9	Female	Thirty-Four	MM-9-34-F
10	Male	Thirty-Seven	MM-10-37-M
11	Male	Thirty-Six	MM-11-36-M
12	Male	Thirty-Three	MM-12-33-M

Exhibits: The interview guide sheets and the documents from Buurtzorg India

responders perform? (Visit by Care Responder Every Week)

How do the doctor visits every six months help in patients' care delivery?

Please elucidate the "one logistic visit (max 2 hours) every month", "conveyance to be paid as per actuals," and "additional hours beyond 2 hours would be charged extra", as mentioned on Buurtzorg India's website.

In remote monitoring, what is the purpose of a logistic visit? Does the allotted time suffice for good care delivery?

✓ What is the role of Buurtzorg Asia and Buurtzorg Nederland in Buurtzorg India's functioning and administration? *board → Sr. DS, S M. Based on HK. Dr. Stefan Bleckhoff.*

Finances

✓ Are the homecare services provided at Buurtzorg more affordable as compared to other homecare organizations? *Yes. Holistic vs Body Shopping.*

✓ How is the profit made at Buurtzorg India? *Profitability - 2 part. 50-60% allocated to Nurses. High based unit level.*

✓ Any commitments for the nurses for earnings in terms of hours worked per week and income per hour? *Validity X low work? Execution - Account.*

✓ Who manages finances at Buurtzorg, India? Each team versus a central authority that shares the profit according to any particular criteria? Do nurses give a share, or the share of nurses is managed by the central authority?

✓ Annual Turnover of Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.? Share for the Buurtzorg Nederland? How is profit shared? *2018-19 - Jan, Feb, March → 20 18-19 - 19.25 lakhs. 2019-20 → 31.85 lakhs.*

✓ How does Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd. ensure the best possible patient service and that profitability is not the sole focus? *2017-21 Jan Feb - March 87.4 lakhs. Nov 2011 - 61.79 lakhs. Revenue*

✓ Are there any IT partners of Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.? Please illuminate me on this? *GL Tech → 2017 vendor Tech, maintain website.*

✓ Is there an average fee per hour with all the services grouped together like at Buurtzorg Nederland, resulting in an average fee of around 57 Euros per hour? *Pay price 10-100 times increase.*

At Buurtzorg Nederland, each team knows how much can be spent on renting offices and other expenses, and there is also accountability on how profits are invested, for example, for innovative projects, education, and training. Are there any such provisions at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.?

✓ Which ones are the financing bodies for homecare in India like in Nederland (two financing bodies: healthcare financing agencies and local municipalities)? *NO.*

✓ What are the cost/charges and package structure for palliative care?

Lead Mgmt system Customer relation mgmt tool

Koti Choudhary

Shyamali Das Patient

Banipur

Padmapur
Landmark
opp radheyam
Jewellers
- Kolkata
700144

Degree?
ANM

1 1/2 year
Nehru

Nurses

Demographics

Age? 25

Gender? Female

Years of experience? 1 year, 8 years nursing

Years of working with Buurtzorg? 1 year

Finances

What are productivity or task requirements at Buurtzorg? Please reflect on the related payment structure.

1 day -> 3400/- month payment. catheter care, including CBG, BP, Pulse, Oxygen Sugg.

What are the criteria for a salary hike?

According to work load.

Do you arrange resources, equipment, and impedimenta required for homecare delivery, or is the procurement done by Buurtzorg management? If you do, how do you arrange them?

Family

Are you satisfied with the pay structure at Buurtzorg? Could you compare it with your previous employer?

Yes

Do you receive any fringe benefits like bonuses? Compare with the previous employer?

No

What are the criteria of compensation for job roles at Buurtzorg? Does it depend on seniority? Does it depend on any specific performance criteria?

Yes. Good work

Organizational Structure

Is it the contractual employment at Buurtzorg? What is the renewal process? Permanent leave taken

The number of team members serving a patient? 1

Do you take help from informal support structures for care delivery, say, neighbors, relatives, and friends of clients? If yes, how do you find them helpful?

Do you think that is directed by the management is better or that being autonomous more conducive to your job delivery? How is it so?

What changes can Buurtzorg India make to ease care delivery and even improve the quality of care provided?

How can Buurtzorg improve the work environment for the nurses, according to you?

How do you think the trust in Buurtzorg can be fostered among the clients? Suggest ways through changes or improvement in organizational structure?

Are there ways to share the best practices among the caregivers? Please reflect. one caregiver.

Do you think that the way of care delivery by Buurtzorg is different from other providers? If yes, how?

What is the number of nurses who visit you per month? What do you think about the current arrangement of duties? nurses are here, stay with you, ^{two} ~~one~~; (2) ^{has}

Have you taken any other homecare service before? Could you please compare Buurtzorg's experience with that in other organizations? different

Could you please tell me about your experience at the previous homecare organization?

Could you please tell me about your homecare experience at Buurtzorg? v - good, excellent

What changes would you suggest in Buurtzorg's care-delivery system?

Value System

Do you feel, in general, the health care system follows a certain value system? Every organization has a certain value system, something that they value above everything in job delivery. (leading example, organizations prefer trustworthiness, dependability, honesty, altruism, philanthropy, and independence, some are profit-driven, and others are value driven.....)

What kind of value system do you think this system has/follows? Can you please compare it with your previous homecare organization (if any)? good service, independence, value driven

Do you feel dependent on nurses? What do you think about it? Frustration or gratitude? What is the role of the value system of nurses in framing this opinion of yours? (below one's are leading questions) yes Caring; take care. Nicely satisfaction not

Do you think that the nurses serve beyond their role? If yes, then how?

Do you find nurses well-behaved and agreeable-natured? If yes, how? If not, how? Yes

Do you feel greater independence at Buurtzorg? If yes, how?

Do you feel more disciplined at self-care with Buurtzorg? If yes, how? If not, why?

Could you please tell me if you would like to get involved in the caretaking of those in need once you recover?

Creativity and Performance Management

Do you see any comparisons between the previous and the new organization in terms of creativity and performance? one Buurtzorg

What improvements in care delivery would you recommend? No

Director, Edugreen
 Strategy Part, Operations Part, Delivery Part

Management

Demographics

Age? 41 years

Gender? Male

Career roles taken up in the past?

15 years (2006) 3, Mkt. of Edu and Training management

Years of experience? 16 1/2 years

Role at Buurtzorg

Years of working with Buurtzorg India? 2017 Pilot Project, inception

Could you please tell me about your view on hierarchy in organizations? flat

What are your views on flat organizational structures? faster

Administration and Working

- ✓ National Standards for the homecare services followed at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.? No national set. No regd bodies; industry based practices.
- ✓ What kind of job is performed by the nurses? Do they give a sponge bath, change clothes, and do they need clean stool? Do they do domestic work too? Are they specialized in a particular service or general nurses? Regd Nurse vs. Trained Caregiver (critical - nursing assistant - nursing council).
- How is self-management implemented at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.? Buurtzorg trains an HH part - Home Health Aid course.
- ✓ Major people in administration and their roles at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.? 3 Major technical functions - strategic client engagement team (acquistion), technical assistance team (elder health).
- What is the average age group of patients at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.? Critical care domain.
- With regards to the teleconsultation in association with "To Get Well". What is the current number of patients? Is it popular, and if so, what is the cutting edge uniqueness compared to other organizations?
- ✓ Basic infrastructure, tools, and equipment required at home as the minimum requirement for availing of nursing services? What do Medical Social Services and Counselling include? Sp. oximometer, sphygmometer, stethoscope, bp cuff, etc.
- ✓ With regards to companionship provisions at Buurtzorg India, what does light housekeeping work in elder care include? Does it involve running errands, fall prevention and assisted exercise and walks, and daily vital checks?
- With regards to remote monitoring services provided by Buurtzorg India, what job do care

PART B

OPERATIONS

	2019	2020	2021
No of Hours of Service	150806	165006	108650
No of Patients	447	450	200
Revenue	3819233	9185201	8744777
Revenue/Hr	25	56	80

Note

Average Realization in 2021 higher due to COVID Patients

Observations/iNSIGHTS :-

Compared where we are with BZ India compared to where we were 4 years ago when we started, we progressed a lot.

- Home healthcare in India is about creating an alternate channel for Healthcare delivery outside the Hospitals. Disease management, Cure and Caregiving are AN integrated services. There is a market and there is a willingness to pay.
- Government participation is NIL in the HOME healthcare segment and it is an entirely paid option for the customers. Client Acquisition methods are an integral part of operations and is a COST centre. We now know how to win clients.
- POST COVID, the acceptance of HOME healthcare has increased and integrated solution of healthcare delivery is being sought after. Caregiving, pathology, digital consultations, equipment and emergency management are to be treated as integrated services.
- Unit economics are a challenge due to price sensitivity. Scalability and RAPID expansion are the solution.
- HYBRID model of operations is the way forward. Certain functionalities need to be centralized for better cost optimization and operations needs to be independent across locations. We now have the processes and tools (including IT) ?
- It is a manpower intensive operations and skilled manpower remains a scarce resource. The system needs to have a solution for constant supply of manpower and needs constant upskilling programs. The EDUGREEN, BUURTZORG model has been success.
- The common management principle between EDUGREN and BUURTZORG has been instrumental in reduction of management expenses for BZ India.

How is the management-nurse coordination achieved at Buurtzorg India?

Are frequent meetings required to achieve coordination at Buurtzorg, India?

How would you compare coordination at Buurtzorg with other homecare delivery organizations?

Job Titles/Job Descriptions and Compensation

Are job titles or descriptions fixed, or are they granular? If granular, how does it help in extra-role behaviors? *Job Descriptions → Key resp. area*

What kind of job is performed by the nurses? Do they give a sponge bath, change clothes, and do they need clean stool? Do they do domestic work too? Are they specialized in a particular service or general nurses? How do current job titles help in the easy delivery of services?

Are there demands from patients for any kind of additional services not provided at Buurtzorg presently? If yes, what are they? What will be the job descriptions given to such employees?

Are the nurses compensated based on their current job titles, seniority, and performance? *Elucidate. Pathology, Domestic help, diagnostic pharmacy, Nursing attendance, Reward and recog prog, Key issues of nursing coordinator, meeting sector only, different entity*

qual and experience

Information Flow

Is real-time information available to the nurses? Are financial details disclosed to the stakeholders transparently? Compare with the other homecare organizations?

online monitoring systems

Are there any virtual platforms for objective schedule planning for the nurses, a forum for sharing experiences, developing innovative solutions to problems through joint effort, sharing knowledge, client registration, treatment times, and communication history? *→ 8 Patient mgmt system → Lead mgmt system linked, nursing coaching, HR Mgmt system, → Q.L Tech, Kolkata*

Nurses need access to all information required for autonomous functioning while working locally in offices, on the road, and in patients' homes in case of self-managed teams. Is there an ICT company for Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd. to accomplish such autonomy? If not, how is it accomplished? *Doctor Dashboard → PMS*

Conflict Resolution and Dismissal

What is the conflict resolution mechanism at Buurtzorg, India? Is there any role for regional coaches at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd. for the same?

Are the clients satisfied with the current client-nurse conflict resolution mechanism? If yes, how? If not, why?

Are the nurses satisfied with the current nurse-nurse conflict resolution mechanism? If yes, how? If not, why?

Are the nurses satisfied with the current client-nurse conflict resolution mechanism? If yes, how? If not, why?

Financials

State	Location	Model	Revenue	Expense	Pr/Ls	INR
UP	ALLAHABAD	HYBRID	1510200	1280310	229890	15%
WB	BARASAT	HYBRID	1977600	1393120	584480	30%
OD	BHUB	HYBRID	1977600	1693120	284480	14%
WB	DURGAPUR	HYBRID	1977600	1753120	224480	11%
UP	KANPUR	HYBRID	1510200	1280310	229890	15%
OD	SAMBALPUR	HYBRID	1977600	1573120	404480	20%
WB	KOLKATA	ONROLL	1499465	1060000	439465	29%
UP	LUCK	ONROLL	2125145	1573750	551395	26%
OD	BHUB	OUTSOURCE	2008800	1205280	803520	40%
WB	BURDWAN	OUTSOURCE	1144800	686880	457920	40%
WB	DURGAPUR	OUTSOURCE	1144800	686880	457920	40%
UP	LUCK	OUTSOURCE	2073600	1244160	829440	40%
UP	VARANASI	OUTSOURCE	2030400	1218240	812160	40%
WB	KOLKATA	OUTSOURCE	2721600	1632960	1088640	40%
			25679410	18281250	7398160	29%
	HO		0	1628976	-1628976	
	Total		25679410	19910226	5769184	22%

✓

responders perform? (Visit by Care Responder Every Week)

How do the doctor visits every six months help in patients' care delivery?

Please elucidate the "one logistic visit (max 2 hours) every month", "conveyance to be paid as per actuals," and "additional hours beyond 2 hours would be charged extra", as mentioned on Buurtzorg India's website.

In remote monitoring, what is the purpose of a logistic visit? Does the allotted time suffice for good care delivery?

✓ What is the role of Buurtzorg Asia and Buurtzorg Nederland in Buurtzorg India's functioning and administration?
 Based on SN, BS, SD. Pared on I.K. Dr. Apohan. B. Raachhoff.
 Not a franchise Joint Venture Vehicle between Edugreen - Buurt A as the represent - article of B. Nederland.

Finances

✓ Are the homecare services provided at Buurtzorg more affordable as compared to other homecare organizations? *Yes holistic vs Body Shopping.*

✓ How is the profit made at Buurtzorg India? *Profitability - 2 parts. 30-60% allocated to Nurses. Very low unit level.*

✓ Any commitments for the nurses for earnings in terms of hours worked per week and income per hour? *Validity X low income much of 80% disposal. Execution Account.*

✓ Who manages finances at Buurtzorg, India? Each team versus a central authority that shares the profit according to any particular criteria? Do nurses give a share, or the share of nurses is managed by the central authority? *Each team*

✓ Annual Turnover of Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.? Share for the Buurtzorg Nederland? How is profit shared? *2018-19. Jan, Feb, March -> 2018-19 - 19.25 lakhs. 2019-20 - 31.85 lakhs.*

✓ How does Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd. ensure the best possible patient service and that profitability is not the sole focus? *2018-21 Jan Feb - March 87.4 lakhs.*

✓ Are there any IT partners of Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.? Please illuminate me on this? *GL Tech -> 2017 vendor Tech, maintain website.*

Lead Mgmt System Customer Relation Mgmt tool

✓ Is there an average fee per hour with all the services grouped together like at Buurtzorg Nederland, resulting in an average fee of around 57 Euros per hour? *50-100 pay hour increase times.*

✓ At Buurtzorg Nederland, each team knows how much can be spent on renting offices and other expenses, and there is also accountability on how profits are invested, for example, for innovative projects, education, and training. Are there any such provisions at Buurtzorg Edugreen Neighbourhood Care India Pvt. Ltd.? *Nov 2011 - 61.79 lakhs.*

✓ Which ones are the financing bodies for homecare in India like in Nederland (two financing bodies: healthcare financing agencies and local municipalities)? *NO.*

✓ What are the cost/charges and package structure for palliative care? *Revenue.*

Financials

State	Location	Model	Revenue	Expense	Pr/Ls	INR
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			25679410	18281250	7398160	29%
	HO		0	1628976	-1628976	
	Total		25679410	19910226	5769184	22%

Training Assessment

Schaamistha Das

Nurses

Thina Kallal

Demographics

Age? 26-27 | 33

Gender? Female / Female

Years of experience? five years (first job) | 1 year (First)

Years of working with Buurtzorg? five years 7 Aug - 2017 | 1 year
Nov, 2021

Finances

What are productivity or task requirements at Buurtzorg? Please reflect on the related payment structure.

hours →

What are the criteria for a salary hike?

Do you arrange resources, equipment, and impedimenta required for homecare delivery, or is the procurement done by Buurtzorg management? If you do, how do you arrange them?

Are you satisfied with the pay structure at Buurtzorg? Could you compare it with your previous employer? X

Do you receive any fringe benefits like bonuses? Compare with the previous employer?

What are the criteria of compensation for job roles at Buurtzorg? Does it depend on seniority? Does it depend on any specific performance criteria?

Organizational Structure

Is it the contractual employment at Buurtzorg? What is the renewal process?

Permanent employment

The number of team members serving a patient? two

Do you take help from informal support structures for care delivery, say, neighbors, relatives, and friends of clients? If yes, how do you find them helpful?

Do you think that is directed by the management is better or that being autonomous more conducive to your job delivery? How is it so?

Partial Autonomy

What changes can Buurtzorg India make to ease care delivery and even improve the quality of care provided?

How can Buurtzorg improve the work environment for the nurses, according to you?

How do you think the trust in Buurtzorg can be fostered among the clients? Suggest ways through changes or improvement in organizational structure?

HYBRID model of implementation. Certain functions Centralized. Teams and locations largely independent within the framework.



Centralized

- Support & Training
- Finance
- HR
- IT
- Marketing & PR



Location Independent

- Deployment
- Service Delivery
- Logistics
- Statutory Requirement



ONROLL

- Kolkata
- Lucknow



OUTSOURCE

- Kolkata
- Burdwan
- Durgapur
- Bhubaneswar
- Lucknow
- Varanasi



HYBRID

- Barasat
- Durgapur
- Allahabad
- Kanpur
- Bhubaneswar
- Sambalpur

Codes from Analysis I, II, and III

Code-Filter: All

HU: ELHAM ANALYSIS 1
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Complete and compassionate care: Descriptive code
Comprehensive and compassionate care: Descriptive code
Daily patient support active engagement: Descriptive code
Empathy in homecare: unveiling invisible problems for enhanced patient care
Empowering patient-centered, compassionate homecare ecosystems
Empowering trust and holistic care: the proficient bonds between nurses and patients
Exceptional caregiving as a blend of altruism and emotional: Descriptive code
Fostering autonomy in homecare: empowering patients for independence and well-being
Handling challenges in patient caregiving and relocation: Descriptive code
Holistic care and familial bonding: Descriptive code
Holistic caregiving- nurses as family: Descriptive code
Homecare and nurturing holistic patient care
Patient-centered approach: care beyond medical diagnosis
Patient-centered recovery support: Descriptive code
Patient-centric holistic care with participative decision-making: Descriptive Code
SMO values: excellence, trust, and honesty: Descriptive code

Code-Filter: All

HU: Elham Malik Analysis II
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A cohesive team with familial bonds: Descriptive code
Achieving harmony between independent and cautious nursing: Descriptive code
Assisting in supplementary jobs
Autonomy-enabled intrapreneurship -
Continuity of care and familial bonds in homecare: Descriptive code
Cultivating a Culture of Shared Meaningfulness in Nursing: Descriptive code
Elevating nurses' voices for societal impact: Descriptive code
Embracing autonomy through rotating team duties: Descriptive code
Employee fit assessment through immersive experience: Descriptive code
Enhancing nursing experience through job enrichment
Expansive nursing intelligence
Fostering empowerment through open communication and continuous: Descriptive code
Fostering leadership through comprehensive education: Descriptive code
Fostering flexibility and collaboration in nursing roles: Descriptive code
Fulfillment in Nursing- A Holistic Approach to Career Growth: Descriptive code
Gratitude in Action- Embracing Compassion in Nursing: Descriptive code
Identification of Subtlety of Patient Problems in Homecare: Descriptive code
Igniting nurses' leadership through compassion: Descriptive code
Insightfulness
Leadership in nursing
Leveraging ICT in homecare management: Descriptive code
Necessity of Critical Thinking in Homecare and Intensive Care during COVID-19: Descriptive code
Nursing autonomy and safeguards balance: Descriptive code
Nursing empowerment through innovative programs: Descriptive code
Nurturing a unique work culture for enhanced caregiving: Descriptive code
Personal satisfaction and innovation in nursing: Descriptive code
Prioritizing the higher-self over profit in homecare services: Descriptive code
Protecting and expanding organizational ecosystem
Rotating team duties
Safeguarding and fostering freedom parallel to safeguards
Skill development and growth at the homecare organization: Descriptive code
Small team size
Small team, big impact on enhanced nursing experience: Descriptive code
The freedom to experience meaning
Transformative impact of ICT tools on learning and patient care: Descriptive code
Transforming nurses' learning with ICT tools: Descriptive code
Transparent alignment evaluation: Descriptive code
Utilizing Critical Thinking in Patient Care: Descriptive code

Code-Filter: All

HU: Elham Malik Analysis III
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"The landscape of healthcare t..
A culture of organizations' success: Descriptive code
A culture of mutual understanding and accountability: Descriptive code
Active participation of families in caregiving: Descriptive code
Adaptability as an inherent organizational trait: Descriptive code
Adaptability of practices
Adaptable workforce through better recruitment and training practices: Descriptive code
Agility of the organization: Descriptive code
Alternative paths to growth: Descriptive code
Benefits of utilizing technology and online platforms for improving: Descriptive code
Big learnings made easy: Descriptive code
Building a supportive workplace for employee well-being, engagement, and success
Changing environment and robust organizational structure: Descriptive code
Collaborative environment fostered by the flat organizational structure: Descriptive code
Collaborative nature of conflict resolution: Descriptive code
Commitment to employee well-being: Descriptive code
Commitment to fostering skill development: Descriptive code
Communication and coordination at SMOs
Conflict resolution by higher authorities: Descriptive code
Continuous training activities through innovative training platforms: Descriptive code
Continuous training and development
Continuous training and learning: Descriptive code
Cultural differences and domestic chores: Descriptive code
Culture of dignity in homecare delivery: Descriptive code
Culture of reliability and continuity: Descriptive code
Culture of trust at self-managed organizations: Descriptive code
Decentralized decision-making: Descriptive code
Deconditioning employees through training: Descriptive code
Deconditioning nurses to work with more autonomy and less hierarchy: Descriptive code
Dignity as a tool to manage cultural differences: Descriptive code
Empathy as a tool for conflict resolution: Descriptive code
Employee autonomy and independence
Employee well-being and development
Employee well-being and work-life balance
Enhancing employee autonomy through adopting flat organizational: Descriptive code
Evolution of the IT systems: Descriptive code
Family support as a part of organizational culture: Descriptive code
Focus on nursing quality rather than formal qualifications only: Descriptive code
Focus on team management rather than individuals: Descriptive code
Focus on training quality: Descriptive code
Formal and informal accessible communication channels: Descriptive code
Fostering a culture of respect.: Descriptive code
Growth opportunities and market awareness
Higher employee retention, reduced incidents of employee misconduct: Descriptive code
Higher independence in roles of employees: Descriptive code
Higher values as instrumental to conflict resolution: Descriptive code
Holistic approach to training: Descriptive code
Holistic care of all the stakeholders: Descriptive code
Immersing the nurses in organizational culture: Descriptive code

Impact of lack of continuity in communication on caregivers and the need for structured communication process: Descriptive code
 Innovative approach to leadership: Descriptive code
 Innovative learning and development practices as a cornerstone of excellence: Descriptive code
 Innovative training solutions: Descriptive code
 Integrated group meetings and group training: Descriptive code
 Keeping societal norms and management practices in view while structuring: Descriptive code
 Maintenance of effective communication: Descriptive code
 Making communication easy through the transcendence of hierarchy in communication: Descriptive code
 Market awareness and competitive strategy: Descriptive code
 Meaningful perpetual communication: Descriptive code
 Meetings at appropriate intervals: Descriptive code
 Need-based skill development: Descriptive code
 Need-based training activities: Descriptive code
 Organization as a social enterprise: Descriptive code
 Organizational adaptability through using healthcare technology: Descriptive code
 Organizational culture and empowerment
 Organizational culture and support
 Organizational culture and values
 Organizational evolution
 Organizational evolution and adaptation
 Prioritizing customer satisfaction: Descriptive code
 Proactive employee well-being measures: Descriptive code
 Ready to access training materials: Descriptive code
 Resolution without escalation: Descriptive code
 Seamless connection at all organizational levels: Descriptive code
 Sense of accountability among the employees: Descriptive code
 Shared values of people-centricity: Descriptive code
 Solidarity with employees: Descriptive code
 Strategic duty time allocation for the nurses: Descriptive code
 Strategic emergency communication and coordination
 Strategic expansion and resource optimization: Descriptive code
 Strategic training activities: Descriptive code
 Sustainable communication strategies
 Taking care of contextual sensitivity in the organizational functioning: Descriptive code
 Team bonding among employees: Descriptive code
 The importance of proactive communication in handling emergencies: Descriptive code
 Timely communication in the face of difficulties: Descriptive code
 Training tailored to the employee's needs: Descriptive code
 Transparent decision-making as a key to adaptability: Descriptive code
 Trust and shared goals: Descriptive code
 Trust is a prerequisite to empowerment: Descriptive code
 Workplace culture of contributing to the organization regardless of job roles: Descriptive code