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27. FOUR WOMEN IN SEARCH OF THE HOLY GRAIL: AN INTRODUCTION TO OUR JOURNEY SEARCHING FOR HOW TO MANAGE PUBLIC VALUE CREATION IN THE DUTCH CARE AT HOME SECTOR

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Four Women in Search of the Holy Grail are hard to find on the Internet. We have searched for such a picture to pimp our contribution for Erik's *liber amicorum*, but such a picture was not to be found. However, we can tell you these four women do exist! And in this contribution, we will tell you something about their brave endeavor to Search for the Holy Grail in the domain of the Management of Services in Public Sector Organizations, particularly in the Care at Home Sector and hope to find this Holy Grail in the domain of Communication. Media attention, such as the manifesto of Hugo Borst, on the Home Care Sector shows that such an endeavor is needed.

Over the past years, the Dutch public care at home sector has went through a period of major change by the introduction of new healthcare regulations and national policies. One of these was the introduction of the 'participation society' which advocates informal care providers to make an active contribution to the provision of the care to their loved ones. Another striking feature of the new healthcare regulations and policies in the Dutch context is the stronger focus on client-centered care delivery, which ran parallel with a shift from intramural to extramural care, which also demanded more client participation and empowerment in home care delivery (Van Rijn, 2013; Van Rijn & Blok, 2014). Moreover, the associated decentralization and privatization trends have had a major impact on organizations and professional workers in the Dutch public care at home sector which still lead to many questions and problems regarding the quality of home care.

The most outstanding changes in the care at home sector were launched in January 2015 (Van Rijn, 2013; Van Rijn & Blok, 2014). At that time, a new financial structure was introduced, shifting the responsibility for assessing and approving care service reimbursement from the Dutch national government to private health insurance organi-

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zations. The latter now being enabled to set strict contours for the care at home service delivery process, with regard to both client satisfaction and efficiency and effectiveness in terms of time spent per client. The changes also implied the private health insurance organizations to have an increasingly powerful position, their interest being to keep expenses for care at home services as low as possible. The introduction of the financial structure ran parallel with the introduction of a complete new organizational structure of the care at home system, shifting the responsibility for the assessment of clients' needs for care at home services from the semi-governmental organizational level towards individual front-line professionals in care at home sector organizations.

Both system changes (the new financial structure and organizational structure) were in principle aimed at enhancing the care at home sector's performance (Van Rijn, 2013; Van Rijn & Blok, 2014). Up until now, however, it is not fully clear what 'performance in the Dutch care at home sector' would entail. This was one of the rationales of the scholarly study that was initiated between the Radboud University (RU) and the Hogeschool Arnhem Nijmegen (HAN), which started in December 2013 when Sascha applied for doing the job in order to receive her PhD, under supervision of Beate, Pascale and Els. With this PhD research, as a team of enthusiastic women scholars, we hope to be able to contribute to answering the burning questions that need to be solved regarding performance in the care at home sector. Answering these questions is needed to improve the process of care delivery in the home care sector.

In fact, we feel that by combining our expert knowledge from multiple domains, Sascha being an expert with knowledge on the public value debate, Beate and Pascale with knowledge on Strategic (and Sustainable) HRM issues, and Els with expertise in communication processes, we can bridge the now often separate disciplines of HRM, Public Administration, and Communication in order to further the debates on the role of communication in managing the creation of public value in the care at home sector, communication being viewed as the Holy Grail which has been overlooked in the studies on care delivery processes.

For example, the Strategic Human Resource Management (SHRM) literature used to place a great emphasis on the relationship between human resource management (HRM) and performance (Boselie, 2010; Boxall & Purcell, 2003; Delaney & Huselid, 1996; Delery & Shaw, 2001) by questioning how HRM can contribute to creating so-called 'added value' and higher performance. In SHRM domain, the focus is often on financial aspects of organizational performance (Boselie, Dietz, & Boon, 2005). However, it has to be remembered that the process of service delivery in public organizations affects multiple stakeholders, which calls for a much broader conceptualization of performance. Therefore, including the short- and long-term added value created for a wider range of stakeholders in society, now and in the future, may be a more adequate

performance measure (Moore, 2000; Pollitt & Bouckaert, 2004; Rainey, 2009) in this field. Here Sascha's expert knowledge on 'public value' comes in handy since this concept exactly reflects what performance in the care at home sector should be about. Therefore, our research advocates defining performance in the care at home sector as the creation of public value.

This also directly implies that we will be applying a multiple stakeholder perspective. As the debate on public value makes clear, public value concerns the added value resulting from the care delivery comprising both the short-term (e.g., quality of care) and the long-term (e.g., financial sustainability) outcomes for all stakeholders, and including both current users and society at large (Bennington, 2011; Moore, 1994; 2000; Moore & Bennington, 2011). This contribution thus stresses that the incorporation of stakeholders that are involved in the organization and execution of the formal and informal care delivery process is essential to grasp the meaning of quality. Particularly those primary stakeholders, including line managers, clients, informal care providers surrounding the clients¹ and the professional care providers², should be heard and listened to, since they are the ones who jointly have to make the delivery of care of home services happen. Moreover, we feel that the multiple stakeholder perspective is particularly interesting since the stakeholders included in our studies will all have different views on how performance in public sector organizations should be conceptualized in order to be perceived by them as 'creating public value'. Their joint responsibility for the delivery of high quality care also brings us to the importance of communication, both within organizations and with the public.

Here the expert knowledge of Els is essential, as it is the fundamental piece of the puzzle that can complement the knowledge of Beate, Pascale, and Sascha on HRM and public value. We believe that communication is key in the process of health care delivery creating public value, as it is of utmost importance for care at home organizations to gain support and legitimacy (Moore, 2000). In order to achieve this, it should be communicated to the public that organizational performance reflects all stakeholders' interests. In practice, this also means managing managers', clients and informal care providers expectations regarding the actual process of care delivery, including the concrete work routines and the actions of the professionals in the care at home sector, which is a difficult process for the professionals and can only be done by communicating with all the stakeholders. Moreover, finding the right balance between professional and informal care provision, or between personal attention for care recipients and the financial sustainability of the care at home system, is not an easy task. Particularly not in view of the ever more scarce resources and the growing demand for care at home due to the ageing population in European societies that have led to the recent system changes presented above.

In our multidisciplinary research, we are interested in how the multiple stakeholders' interests and expectations may shape the particular 'normative frames' that each of the stakeholder groups uses to evaluate their satisfaction with the care delivery process. In particular, these 'normative frames' reflect their perceptions of the creation of public value in the process of care delivery. We expect stakeholders to use their 'normative frames' (or alternatively the stakeholders' personalized sets of interests and expectations, based on their norms and values) to give meaning to events, to evaluate and explain their judgments regarding the world surrounding them (Perry & Vandenabeele, 2008; Scott, 1987; Thornton, Ocasio, & Lounsbury, 2012). This includes their satisfaction with the care delivery process and hence their evaluation of public value creation.

In our research project, we will use a multi-method design, combining observations that were gained by active participation of Sascha in the field of home care delivery. We will analyze the semi-structured interview data that Sascha collected during her field trips, and, to crown it all, we will develop a multilevel survey in which we aim to measure the communication process, as experienced by all four primary stakeholder groups (i.e., managers, clients, informal care providers and professionals in the Dutch public care at home sector), as one of the key aspects that influences their evaluation of public value creation. In the end, the aim of the research project is to gain insight into how professionals during the communication process with the other primary stakeholders are influenced by their abilities, motivation, and opportunities; how the communication process is influenced by the normative frames of all the primary stakeholders; and how this all influences the public value evaluation of the primary stakeholders in the care at home in the Netherlands.

We are all excited about this multidisciplinary and multi-method journey which will result in a wonderful PhD dissertation of Sascha. We enjoy walking together finding our way through the jungle of different disciplines, theories, jargons, methodologies, organizations, their stakeholders and working together with colleagues in the scholarly field. Colleagues are important, and therefore we would also like to express our multiple gratitude in this *liber amicorum* to Erik who has been part of our research group and is now about to retire.

Dear Erik, we hope that during our journey in the upcoming years and beyond, we will still meet on various occasions, such as the Dutch HRM conference in November 2017, which we are now organizing jointly, again as an enthusiastic team of scholars and with our colleagues from the field in other universities in the Netherlands and abroad. Working with you has been wonderful. Beate who joined the group as the Chair of SHRM in 2010 has had the pleasure to be your neighbor from day one, being on the other side of the corridor, enabling you and Beate to 'hop on and hop off' easily.

Whatever question came on your plate Erik, or whatever the challenges we met throughout our collaboration projects, you may be characterized as a calm and wise man who never feared that a solution could not be found. Pascale already had the pleasure of working with you in several projects that have led to some great papers on telework and New Ways of Working and she hopes that many others will follow if your curiosity in this field is still present. Thank you very much for everything! Although having been colleagues for a couple of years now, the collaboration with Sascha has really become intense when working together in the organization of the upcoming Dutch HRM conference 2017, which were unforgettable, especially the trips to De Hemel. Maybe that is where one should look for the Holy Grail after retirement? But if you feel that you still want to join us on our journey to search for it (not only in De Hemel, but also elsewhere), don't hesitate to 'hop on and hop off' on our vehicle of multidisciplinary, multi-actor, and multimethod research to search with us together, since we would be delighted!

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¹ Informal care providers are individuals in the personal network of the client that support the client in a structural fashion. This support is voluntary in contrast to the care professionals for whom it comprises their regular job.

² In the Netherlands, care professionals, in contrast to some countries where volunteers do this, deliver care at home services.