

# Reasons for work pressure even with SMTs in the home care sector

Author: Koen Wiggers  
University of Twente  
P.O. Box 217, 7500AE Enschede  
The Netherlands

## ABSTRACT,

*The home care sector is making use of many self-managing teams, despite the usage of these teams there is still a huge amount of work-pressure. This research searched for reasons why despite the usage of self-managing teams, there is still work pressure in the home care sector. Many different models have been created to analyze work pressure however these models have not been applied yet in the context of self-managing teams in the home care sector. This research therefore tested the job demands and control options variables of the nurses in six different self-managing teams of Carint Reggeland through an online questionnaire (n=39) with a 5-point scale. The results showed a low degree of autonomy and time autonomy, furthermore a high score for task disruptions and task variations were found. Based on the literature some possible explanations are given for these high and low scores. Because of this research the self-managing teams of Carint Reggeland know the possible source of work pressure despite the usage of self-management. With the insights, Carint Reggeland will be better able to take action on these sources.*

## Graduation Committee members:

1<sup>st</sup> supervisor: Dr. IR J. de Leede (University of Twente)

2<sup>nd</sup> supervisor: Dr. A.C. Bos-Nehles (University of Twente)

## Keywords

Self-managing teams, Home Care, Work Pressure, TNO Werkdrukmodel, Job demand/resources model, Control Options, Job Resources, Job Demands

# 1. INTRODUCTION

Nowadays many companies implement self-managing teams. Many different names are used for the same concept of self-managing teams like autonomous working teams and self-directed teams, throughout this paper the name used for these teams will be self-managing teams (SMTs) however the other names mean the same concept. A definition of this concept is 'a group of employees who have day-to-day responsibility for managing themselves and the work they do. Members of self-directed teams typically handle job assignments, plan and schedule work, make production-related decisions, and take action on problems. Members of self-directed teams work with a minimum of direct supervision' (Wellins et al, 1990; Kirkman & Shapiro, 2001). A different definition is used by Cohen and Ledford (1994); 'Self-managing teams are groups of interdependent individuals who can self-regulate their behavior on relatively whole tasks'. This shows that there are different definitions of the same concept but all definitions state something about the high degree of self-regulating options which can be seen as a characteristic of SMTs.

Several reasons can be identified for companies to introduce SMTs in organizations. Cohen et al (1996) stated that SMTs enhance productivity and employee satisfaction, furthermore they found evidence of cost savings. The productivity increases because of multiple reasons for example the information flow that increases in the company (Yeatts et al, 2004) and the decision-making is done by skilled employees (Macdonald, 2019). Many other different benefits can be found like higher commitment, higher flexibility and more discipline (van der Hoek et al, 2018). So, all in all it seems that SMTs are a good addition for organization to use.

An area that uses a lot of SMTs is the home care sector (Elings, 2017), for example Livio, Buurtzorg and Carint Reggeland. The teams are implemented to attain the benefits mentioned above and therefore become more effective. However, there are also organizations that stopped working with SMTs, for example Cordaan (Visser, 2019). The fact that there is no shared opinion on whether to implement SMTs or to keep working in normal teams creates curiosity about the all the effects of SMTs.

The home care sector also has a high work pressure beside the usage of many SMTs (CBS, 2016). This high work pressure has some consequences for the companies and the employees. One of these consequences is a higher degree of absenteeism according to the 'Arbobalans' (Hoofman et al, 2011) around 24% of the absenteeism is due to a high work pressure, due to absenteeism companies lose a lot of money (Folger, 2018). So, companies would like to counter this problem as it will benefit the organization but also the employee. As a solution to counter the problem of high work pressure 'beroepsverening verzogenden & verpleegkundigen' give the advice to give more autonomy to the employees (V&VN, 2016).

The fact that work pressure is an important topic in the home care sector as well is supported by Carint Reggeland. In the vision statements of Carint Reggeland they state that the most important point of attention is decreasing the work pressure (Carint Reggeland, n.d.). Despite the fact that they use SMTs, which should have a high degree of autonomy (van Amelsvoort & Benders, 1996), the work pressure is still an important topic for Carint Reggeland. This is remarkable because V&VN (2016) stated that by giving the employees more autonomy the work pressure could be decreased, therefore this subject need to be analyzed more thoroughly.

The fact that despite the usage of SMTs still a lot of work pressure is noticed in the home care sector, creates the question 'What are the reasons of work pressure despite the implementation of self-managing teams?'. This paper will try to answer this research question by executing a case study at Carint Reggeland. With this research Carint Reggeland will have a better overview of the reasons of work pressure, with that insight they better able to take actions to reduce the work pressure. This research will contribute to literature as it applies widely known work pressure models in the context of SMTs, which not has been done many times. Furthermore it will give recommendations for further research about self-managing teams and work pressure models.

## 2. THEORY

Answering the research question requires a model which provide factors that measures job demands and job resources. Several different models are developed that analyze the job resources of employees and the job demands. Part of this job resources are the control options which seem to be an important aspect for SMTs (van Amelsvoort & Benders, 1996). In this research when talking about job resources it will be mainly focused on the control options. As it is important to understand to understand these models before it can be used in this research it will be explained in more detail below.

### 2.1 Job Demand/Control model

The job demand/control model (figure 1) is a model developed by Karasek (1979). This model has two variables called the job decision latitude and the job demands. The job decision latitude is focused on the control options on how much space the employee has to organize their own work. The job demands contain many dimensions like difficulty, amount of work and many other dimensions that together form the work environment.

Both the two variables can differ between high and low and influence the perceived work stress and the motivation of the employees to adapt their behavioral patterns. In case that both the job demands and the decision latitude are low the job will be classified as passive job. Relating the consequences of a passive job to this research means that a passive job has not much risk of work pressure.

The next quartile is the active jobs which have a high job decision latitude, but also high job demands. Due to the high decision latitude the employee does not perceive the work as stressful despite the high job demands. Work in this group will be challenging but employees will be motivated to develop new behavioral patterns.

In case of a high job demand but low job decision latitude the job will be classified as high strain jobs. This is the riskiest quartile of the model considering the work pressure. The work pressure will be high for this category as it is hard to meet the job demands and they do not have autonomy which makes it impossible to adapt their behavioral patterns and meet the job demands.

The last quartile is the low strain jobs which scores low for both decision latitude and the job demands. Because of the low job demands the tasks will not be challenging and despite the fact of high decision latitude they will not try to adapt their behavioral patterns.

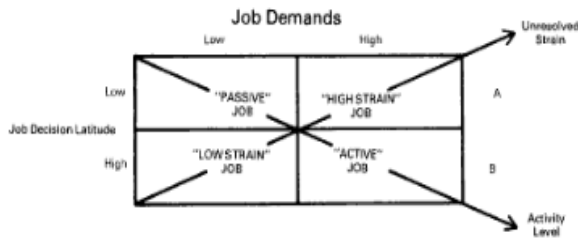


Figure 1. Job demand/control model (Karasek, 1979)

Bakker and Demerouti made a framework called the job demand/resources model (2007). They argue that the model of Karasek is limited as it is limited to a set of variables that are not predictive for work pressure for all jobs. However, both models assume that a wrong balance in job demands and resources/decision latitude leads to work pressure.

This model shows the importance of a right balance between job demands and job resources. A disbalance between these two variables will create work pressure. This model is applicable for this research as it combines job resources, in this research the control options, with job demands however it does not give a clear list of what these job demands are and control option variables. As it is necessary for this research to find these variables this paper will also look at the 'TNO werkdrukmodel' which is based on the model of Karasek (1979) and Bakker & Demerouti (2007).

## 2.2 TNO werkdrukmodel

The 'TNO werkdrukmodel' (figure 2) is an enriched model that is related to work pressure. This model has an equilibrium that one the one side has the job demands and on the other side the control options. These control options are similar to the category job decision latitude of the job demand/control model. The reason for using this model is that it provides many different dimensions of the variables job demands and control options.

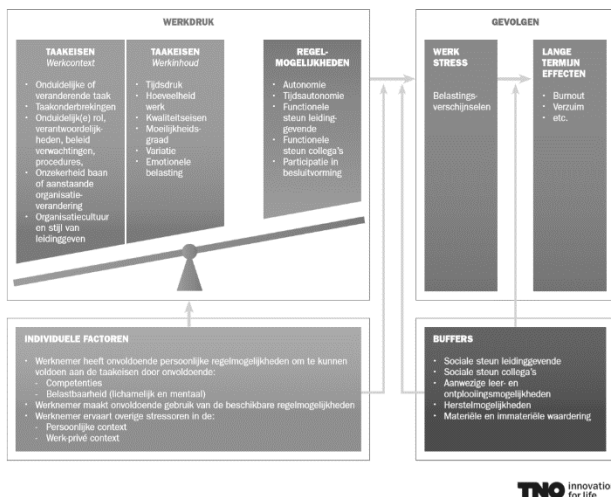


Figure 2. TNO werkdrukmodel (Houtman et al, 2012)

As already explained for the job demand/control model the control options and work demands should be in balance. A disbalance, which could be caused by high job demands or low control options, will lead to work pressure. This model also takes individual factors into account as every person will react differently to a disbalance (Houtman et al, 2012) The next section of this report will explain all the different dimensions of control options and job demands that will be during this research.

The first part is the job context (job demands) which has five different variables (Houtman et al, 2012). *Unclear or changing tasks*, this variable means the fact that tasks could not be clearly defined which makes it more difficult for the employee to execute this task. Another reason for not being able to perform the task is that the employees have many different tasks and they keep changing overtime. *Task disruptions*, disruptions during your tasks means the times employees need to stop working on the task they need are assigned to do. This could include disruptions like colleagues that need help or other reasons why you need to stop working towards the goal of your task. *Expectations*, this variable focusses on unclearness of the roles defined by the management. The management should have the responsibilities, expectations, procedures and policies clear for the employees otherwise this could lead to an increase of the job demands in the equilibrium. This contains clear rules on how tasks should be performed and who is responsible for the execution of the tasks. *Job uncertainty and organizational change*, this category tries to cover the part that employees fear losing their job, or their job will be changed because of organizational changes. A high job uncertainty can have influence on the perceived work pressure of employees. *Organizational culture*, this variable focusses on how the culture is in line with the values of the employees. *Social support*, this variable is about the degree to which supervisors give support to the employees in the SMTs. This support incorporates listening to the employees but also the involvement of supervisors in the SMTs.

The next group of factors are work content variables (job demands), these factors are almost clear on itself therefore there is only a small explanation. *Amount of work*, amount stands for the quantity of tasks that need to be performed by the employees. *Quality requirements*, some companies have strict rules on the quality of the tasks that the companies offer. This variable is about these requirements which could be high or low but also clear or loosely defined. *Difficulty level*, this category covers different factors that increase the difficulty level of the job. This is for example the time that employees need to remember important information. *Task variation*, it tells something about the number of different acts that need to be executed. *Emotional burden*, this factor is a bit more complex and is about the emotional effect of the work environment on the employee. It takes for example into account working with ill people or people that could die in a short period of time.

On the other side of the equilibrium the control options are displayed. The control options contribute to the opportunity for employees to meet the work demands explained above. Control options are very important in this paper as autonomous teams should score high for these variables (van Amelsvoort & Benders, 1996). There are several different control options that employees could have. *Autonomy*, this variable is the most general factor of control options. Autonomy means the possibility for employees to determine themselves how tasks are performed and how problems should be solved. *Time autonomy*, time autonomy already speaks for itself and is the opportunity for employees to determine their own schedule which is most suitable for them. *Functional support*, this variable focusses on the degree to which colleagues can support you during your work shift. For example, a task can be transferred over to someone else or you can be supported by a colleague. *Participation decision-making*, this factor does not only contain the possibility for employees to participate in decision-making of the organization but also that employees need to be informed about the problems that are occurring in the organization.

The last category is not actually in the equilibrium but could influence the equilibrium and the way people react to a disbalance in it. This category are the individual factors like the *competences and skills employees* need to have to execute their work tasks. One of these competences is the ability of employees to ask for the available functional support. In organizations it sometimes happens that there is support of supervisors and colleagues, but the employee does not use this opportunity for help. Furthermore, it also stresses the importance of the capacity of the employee to deal with their work, *physically* as well as *mentally*.

Some subquestions are created to help this report answering the research question ('What are the reasons of work pressure despite the implementation of self-managing teams?'). Three subquestions are created one for the job demands, one for the control options and one for the balance between both. Based on the answers of these questions the research question will be answered.

The subquestion for job demands will consider the difficulty of meeting the demands. Many of the dimension mentioned above could make the work harder in which case the job demands increase. A high degree of job demands will make the 'weight' of job demands in equilibrium heavier. Making one side of the equilibrium heavy could cause a disturbance and therefore it is important to know how high the job demands are.

*Subquestion 1: How high are the job demands for the nurses of Carint Reggeland?*

The next subquestion will be related to the control options of the employees. Control options are one side of the equilibrium of the 'TNO werkdrukmodel' and could cause a disturbance when they are not high enough. The disturbance will mostly occur when there are not enough control options (Karasek, 1979; Spector, 1986). If this side of the equilibrium is not 'heavy' enough it will not balance the job demands which causes work stress.

*Subquestion 2: How much control options do the nurses of Carint Reggeland have?*

The last subquestion will be about the balance between the job demands and the control options. The reason for this subquestion is that high job demands do not necessarily create a disbalance. However, if the job demands are high and the control options are not high enough it will be disbalanced and lead, as mentioned in the job demand/control model, to work pressure and no motivation to change behavioral patterns (Karasek, 1979). On the other side high control options but low job demands will lead to unmotivated employees to improve themselves. However, it is not expected that the nurses of Carint Reggeland are in this category as they perceive work pressure (Carint Reggeland, n.d.). The question therefore will be skewed to the high job demands and low control options.

*Subquestion 3: Are the control options high enough to balance out the job demands?*

### 3. METHODOLOGY

This section will discuss what kind of research design is used and how it is executed. It will go more into detail on how the respondents are selected and how the questions for the data collection were created. Next to this it will also state the way this paper will analyze the data.

### 3.1 Respondents

Carint Reggeland was willing to participate in this research about SMTs and work pressure. Carint Reggeland is a useful source of data as they work with SMTs and they still have a lot of work pressure (Carint Reggeland, n.d.). Seven different teams, which all operate in Hengelo, were asked to participate in this research. From these seven teams only one team did not have a single respondent and is therefore not mentioned in this research.

All these teams consist only of nurses and no other employees of Carint Reggeland are respondents in this research. No exact number of the contacted persons is available however it will be approximately 85 nurses (H. van der Aa, personal communication, May 22, 2019). No other selection criteria were used apart from working in one of these self-managing teams and being a nurse. The total number of respondents is 39 (see table 6 in appendix 6) which means that according to Bourque & Fielder (2003) this dataset can be used for analysis. They state that the minimal respondents for an internet study needs to be 10% to be analyzed, even without the exact number of contacted persons there are plenty enough respondents to analyze the data.

### 3.2 Research Design

This research is a case study and can be seen as an explorative research. It will try to get a better insight in factors that create work pressure despite the usage of SMTs based on the job demand/control model (Karasek, 1979) and the 'TNO werkdrukmodel' (Houtman et al, 2012). Most suited way to apply an exploratory research is by the usage of interviews (Yin, 2013), however in this case a questionnaire was used because it was requested by the case company Carint Reggeland. The level of analysis for this research is the meso-level as no individuals are analyzed but all the teams together, only nurses are asked to fill in the questionnaire so no other employees of Carint Reggeland are part of this research.

At one point in this research there will be made a distinction between high and low autonomous teams. In this case the independent variables will be the control options and the dependent variables will be the job demand variables. The rest of this research no dependent or independent variable will be designated.

### 3.3 Questionnaire

Collecting the data was done by the usage of an online questionnaire which was created based on three different work pressure questionnaires; NOVA WEBA (Kraan et al, 2000), Quicksan werkdruk 3.0 (Vakbondscheck Werkdrukoorzaken, n.d) and VBBA (Veldhoven et al, 2002). These questionnaires are all used to test the variables in the 'TNO werkdrukmodel'.

Due to the request of Carint Reggeland the questionnaire had to be limited in size otherwise the employees would not be able to fill it in. Therefore, the questionnaire consisted out of approximately 60 questions and for every variable around two or three questions were asked with some exceptions. Every question has the same answer possibilities using a 5-point scale which is also used in the questionnaires on which this questionnaire is based. The scale ranged from 1 = 'totally disagree' to 5 = 'totally agree' in which the nurses had to rate how much they agreed with the statement. See table 1,2,3,4 and 5 in the appendix 1,2,3,4 and 5.

The questionnaires were distributed by email and after one week all the nurses got a reminder to fill in the questionnaire. This email contained a link to the online questionnaire. The email addresses used to contact the nurses were the addresses of the whole teams which automatically sent it to all nurses of those teams.

### 3.4 Analysis Plan

The analysis will start with checking the internal consistency of the variables. A minimum Cronbach's alpha of 0.70 is required to guarantee the internal consistency (Bland and Altman, 1997). The outcome of this check was that several variables did not meet the required Cronbach's alpha; unclear/changing tasks, job uncertainty, quality requirements, emotional burden and physical/mental capacity. The questions that did not reach this minimum will only be analyzed individual and not as a variable. Some questions were recoded to let them fit within the variables (Q1.2/1.9/1.10/1.11/1.12/1.14/1.19/2.2/2.7/2.12), these questions are marked with an \* in the tables.

The next step in this analysis will be focused on the mean of all job demand variables together and the control options. After this step the variables will be analyzed individually looking at the mean and the standard deviation (SD). Besides the variables also the variables that did not reach the Cronbach's alpha will be looked at using the means of the individual questions. The last step of the analysis will be based on a high and low autonomous group. A high autonomous and low autonomous group will be created based on the mean scores of the control options. The difference in mean scores will be analyzed by the usage of a t-test. Furthermore, the difference in mean scores for the individual questions that did not reach the required Cronbach's alpha will be tested with a t-test. The last section 'discussion' will try to explain why certain results occur. The explanations will be based on literature that is already available about this subject and regulations for the healthcare sector.

## 4. RESULTS

This section will present the results of this questionnaire starting off with the average mean of the job control options and the job demands. Next to this it will present the means of the different variables and the individual questions (Cronbach's alpha < 0.7). At last it will show the results of the variables and test the difference between high and low autonomous groups.

### 4.1 Job Resources and Job Demands

Combining all the variables for job demands delivered a mean of 3,06 (table 7). Combining the variables required to reverse three variables (expectations, organizational culture and social support) because otherwise they would not be in line with the other variables increasing the job demands (Houtman et al, 2012). The standard deviation of the job demands is 0,49 which means that the nurses still perceive the demands of the job differently.

The job resources, in this research the control options, have a mean of 3,25 and a standard deviation of 0,47. It seems that the nurses of Carint Reggeland have the feeling that they have more control options than the demands of the jobs. A note that needs to be made is that the variables used for these job demands and job resources are only the variables with a Cronbach's alpha of 0.7 or higher.

As no remarkable outcomes can be found for job demands and job resources a more detailed analysis is necessary. As stress will be caused by high job demands and low job resources according to the job demand/control model (Karasek, 1979) it is remarkable that there is work pressure at Carint Reggeland (Carint Reggeland, n.d.) according to this data. Therefore, all the variables will be analyzed individual in the next section of this report to see whether there are outstanding variables

**Table 7. Job demands/resources**

Group	Mean (1-5)	SD	Number of variables
Job demands	3,06	0,49	8
Job resources	3,25	0,47	4

### 4.2 Job Demand Variables

Table 8 shows the mean scores and the standard deviation for the job demand variables with a Cronbach alpha above 0.7. The first variable the task disruptions have a mean score of 3.40 and a standard deviation of 0.83. This mean score can be interpreted as quite many disruptions of tasks which increase the job demands. Furthermore, this variable has one of the higher standard deviations which means that some employees have the feeling that there are more task disruptions than other employees.

**Table 8. Job demand variables**

Variable	Mean (1-5)	SD
Task Disruptions	3.40	0.83
Expectations	3.47	0.61
Organizational culture	3.73	0.79
Social Support	3.10	0.89
Time Pressure	3.06	0.78
Amount of work	3.33	0.87
Difficulty Level	3.18	0.78
Task Variation	3.85	0.70

The expectations seem to be clear and communicated in time as they have a mean score of 3.47. The low standard deviation of 0.61 means that most employees are close to the mean and therefore it seems that the task disruptions are not increasing the job demands. The same goes for the organizational culture which tested if the organization fits with the values of the employees. It seems that for most employees this is the case as there is a mean score of 3.73 and a standard deviation of 0.79.

The next variable is the social support which tested the degree to which supervisors are supporting the employees. It seems that the nurses do not have the feeling that they are much supported by the supervisors nor do they have the feeling that they are not supported, because it has a mean score of 3.10. What is remarkable is the high standard deviation of this variable which is the highest of all variables (0.89). It means that there are a lot of different opinions about the support of supervisors, maybe this could be due to employees not knowing about the support supervisors can give.

Time pressure is another variable of job demands and tested to which degree the nurses have the feeling of hurrying because of time shortage. With a mean score of 3.06 it seems that overall the

teams do not feel that there is much time pressure. The same goes for the amount of work (3.33) the nurses need to do however this is slightly more than the feeling of time pressure.

The work of the nurses is perceived as slightly challenging as the mean score for difficulty level is 3.18 with a standard deviation of 0.78. However, this does not seem like an outstanding score as it is quite close to 3. The last variable task variations which have the highest score of all job demand variables (3.85). This could increase the job demands as they need to be able to execute many different tasks (Houtman et al, 2012).

### 4.3 Job Resources Variables

Table 8 gives the outcomes of the variables that are part of the control options (job resources), furthermore it gives the results of the individual factors that could influence work pressure (Houtman et al, 2012). The first control options variable, autonomy, has a mean score of 3.00 which seems not concerning however considering that SMTs should have a high autonomy (van Amelsvoort & Benders, 1996; Kirkman & Shapiro, 2001) it is remarkable that they only score 3.00. The high standard deviation of this variable means that not all the nurses have the same feeling of autonomy. It could be that nurses do not have much autonomy about their tasks due to the strict healthcare regulations in the Netherlands.

The time autonomy has the lowest score of all control option variables (2.41) with a standard deviation of 0.84. It is noteworthy that this variable has such a low score as it is one of the necessary elements for a SMTs (Fisher, 1993). This raises the question of why they score low for this variable, maybe it could be due to the business model of Carint Reggeland which does not leave much room for employees to determine their time schedule.

The other two control option variables, participation decision making and functional support, score quite high (3.58 and 4.01). It seems that both these two variables are very good in the SMTs of Carint Reggeland. Also, the standard deviation is lower than the standard deviation of autonomy/time autonomy which means that more nurses are closer to the mean scores.

The individual factors are the last part of the questionnaire and started with the necessary skills to work in the home care sector. Almost all employees perceive their competences as high enough to work within this organization/sector (4.09) (table 9). This is an expected outcome as all the nurses need to have the right certificates to even work in the home care for Carint Reggeland.

**Table 8. Job resource variables**

Variable	Mean (1-5)	SD
Autonomy	3.00	0.85
Time autonomy	2.41	0.84
Participation decision making	3.58	0.63
Functional support	4.01	0.72
Skills	4.09	0.63

### 4.4 Questions Job Demands

Table 9 (see appendix 6) shows the mean scores and standard deviations of the questions of which the variables did not have a Cronbach's alpha above 0.7. The results show no extreme outcomes that would drastically increase the job demands. The questions of the variable unclear/changing tasks show that the tasks change a lot (3.82) but it is clear how to execute these and are not conflicting.

The job uncertainty is not high at all as the mean score for those questions are between 1 and 2. However the only thing that could increase the job uncertainty slightly is the chance of Carint Reggeland to cancel one of the teams (2.21), this question also has the highest standard deviation of all questions which means that the nurses feel differently about this statement.

Most of the emotional burden questions seem to not be increasing the job demands however one questions does. The nurses scored high for the question 'I see a lot of human suffering or death during work'. A consequence of this is that the emotional burden increases and therefore the job demands increase. This question was expected to have a high mean as the nurses take care of sick people.

The last variable is one of the individual variables. The employees think that work is a little bit physically demanding (3.10) but not that much. Furthermore, most nurses state that their home-situation is not causing stress on their work (2.33). The last question was about the motivation to go to work, with a mean score of 2.62 it seems that most of the time the nurses are motivated to go to work.

### 4.5 Autonomous vs Non-Autonomous Teams

This section will analyze the difference between the less autonomous and the stronger autonomous teams at Carint Reggeland. Four control option variables were created in the questionnaire; autonomy, time autonomy, functional support and participation decision-making. The average of these four variables is calculated per team and a total average of the four variables (table 10). Based on these results the teams will be classified as low or high autonomous, only two groups can be created as the sample size is low with 39 respondents.

Team Weidedorp/Bloemenbuurt cannot be classified as either a low or high autonomous team due to the low number of respondents (n=2) which cannot be seen as representative for this team. Beckum-Sophia also has a low response rate and scores for all the categories almost on the average therefore it will not be classified as either low or high autonomous. That leaves this analysis with four different teams which have the most respondents and can be seen as a good representation of the actual team.

**Table 10: Low and high autonomous teams**

Team\Variable	Autonomy	Time autonomy	Functional support	Participation decision-making	Average
Bomenbuurt (high)	3.43 (0.54)	2.95 (0.64)	4.45 (0.43)	3.80 (0.23)	3.65
Canadese wijk (high)	3.38 (0.95)	2.50 (0.82)	4.57 (0.45)	3.95 (0.65)	3.60
Scheepvaart (low)	2.38 (0.76)	1.75 (0.65)	3.56 (0.42)	3.25 (0.56)	2.74
Woolderes Hiebendaal (low)	2.83 (0.91)	2.13 (0.64)	3.75 (0.89)	3.42 (0.92)	3.03
Total	3.00 (0.84)	2.41 (0.84)	4.00 (0.72)	3.58 (0.63)	3.20

The teams that will be classified as a low autonomous team are Scheepvaart and Woolderes Hiebendaal (n=16). Both these teams score lower for every control variable than the average of all teams, also the average of the sum of the variables is lower than the average of the total scores (table 10). The high autonomous group will be formed by Bomenbuurt and Canadese wijk (n=17), both teams score above average for every control options variable.

#### 4.5.1 T-test per Variable

The independent t-test for the variables that reached the required Cronbach's alpha did only find two significant difference between the low and high autonomous teams, the time pressure and organizational culture (table 11). Low autonomous teams have the feeling that there is more time pressure than high autonomous teams. This means that while the control options are lower the job demands become higher, looking at the other variables this is supported. The organizational culture seems to fit more with the high autonomous teams than with the low autonomous teams.

Despite the fact that the other job demand variables have no significant difference still some small differences can be found. For example, the difficulty level of the job is higher for the low autonomous teams (3.48) than the high autonomous teams (3.02). This also states that while the control options are decreasing the job demands are increasing which would cause a disbalance in the equilibrium of the 'TNO werkdrukmodel'.

The next biggest difference is the amount of work followed by the social support. Low teams have the feeling they need to do more work and the social support is less. This again does support the fact that on the one side the job resources are lower while on the other side the job demands are higher. Also, the task disruptions seem to be higher for low autonomous teams (3.43) than the high autonomous teams (3.64). Only the variations in tasks are almost the same which means that the control options do not have an influence on this variable.

To check whether there is indeed a significance difference for the control options of low and high autonomous teams also a t-test is applied to those variables. For all the control option variables there was a significant difference between high and low autonomous teams. The fact that while both teams are self-managing it seems that they do not have the same control options, this is also supported by Harley (2001) who states that not all SMTs have the same degree of autonomy.

**Table 11. Job demands/resources variables for low and high autonomous teams**

Variable	Mean (low)	Mean (high)	significance (2-tailed)
Task disruptions	3.43	3.23	.50
Expectations	3.46	3.64	.44
Organizational Culture	3.53	4.06	.00
Social Support	2.95	3.18	.71
Time Pressure	3.35	2.62	.01
Amount of Work	3.50	3.21	.33
Difficulty Level	3.48	3.02	.09
Task Variation	3.91	3.94	.90
Autonomy	2.60	3.41	.01
Time Autonomy	1.93	2.76	.00
Functional Support	3.65	4.50	.00
Participation decision-making	3.33	3.86	.02

#### 4.5.2 Job Resources and Job Demands

As in the previous table it was shown that there was a significant difference between the control options of high and low autonomous teams it makes sense to calculate the job demands/job resources average per degree of autonomy. As shown in table 12 the job demands of low autonomous teams are much lower than for the high autonomous teams. Looking at the job resources/demand ratio it is clear that the job demands are higher than the job resources for low autonomous teams. For high autonomous teams the job demands are lower than the job resources.

**Table 12. Job demands/resources for low and high autonomous teams**

	Mean (low)	Mean (high)	Significance (2-tailed)
Job Resources	2,88	3,63	0.00
Job Demands	3,21	2,89	0.07
Resources/Demand ratio	0,90	1,26	N/A

### 4.5.3 T-test per Question

For the variables that did not reach the required Cronbach's alpha of 0.7 a t-test per individual question is executed (table 13). The low autonomous and high autonomous teams are created the same way in the previous analysis for the variables. The results of this t-test delivered three different questions which have a significance ( $p < 0.05$ ) difference between the low and high autonomous teams, Q2.7\*, Q2.15 and Q4.9 (table 13).

Question 2.7 is part of the quality requirements variable and was asked like this 'I do not have enough time to meet quality requirements'. This question is recoded (reversed) to let it fit within the variable therefore the result should be read the other way around. The results state that high autonomous think there is enough time to meet the quality requirements (3.71) while low autonomous teams think that it is harder to meet the quality requirements because of time shortage (2.88). As this category is combining quality requirements with time pressure it is not surprising that a significance difference is found ( $p = 0.01$ ) because time pressure also has a significance difference between the low and high autonomous teams.

**Table 13. Questions for low and high autonomous teams**

Question	Mean (low)	Mean (high)	significance (2-tailed)
Q1.1	3.69	3.88	.56
Q1.2*	2.00	2.00	1.00
Q1.3	3.00	2.59	.24
Q1.12*	1.69	1.94	.42
Q1.13	1.56	1.35	.48
Q1.14*	1.56	1.35	.84
Q1.15	2.19	1.94	.51
Q2.7*	2.88	3.71	.02
Q2.8	3.31	3.59	.20
Q2.15	3.00	2.35	.01
Q2.16	3.75	3.76	.96
Q2.17	2.31	2.35	.90
Q4.7	3.25	2.71	.06
Q4.8	2.44	2.29	.70
Q4.9	3.06	2.24	.03

Question 2.15 is part of the emotional burden variable and is stated like this 'I often have to work with difficult patients', the statement has a significant difference between the low and high autonomous teams ( $p = 0.01$ ). Low autonomous teams have the feeling they have to deal with difficult patient (3.00) more often than high autonomous teams (2.35).

Question 4.9 is part of the variable mental/physically capacity and is stated as followed 'Sometimes I do not have the motivation to go to work'. This is quite an interesting question as there is a significant difference between the low and high autonomy group ( $p = 0.03$ ). Especially interesting is the fact that not having the motivation to go to work can be due to work pressure (Smulders, 2013). The low autonomy teams show to have a much higher mean score (3.06) than the high autonomous teams (2.24). High autonomous teams say that they do not feel unmotivated to go to work as their score is much more towards disagreement. The low autonomous team score is slightly agreeing with this statement

which means that they will be more likely to be absent for work (Gulden & de Vries, 2010).

Next to the significant questions there are still some questions that have a quite strong difference between high and low autonomous teams. For example, question 4.7 which measured the degree to which nurses thought that their work is physically demanding. It seems that nurses in low autonomous teams think that the work is physically more demanding (3.25) than nurses in high autonomous teams (2.71). Furthermore, the low autonomous teams have the feeling that they encounter more conflicting tasks (Q1.3) (3.00) than high autonomous teams (2.59). The last question with a difference is questions 2.8 which measures the attainability of the quality requirements. Low as well as high autonomous teams have the feeling the quality requirements are attainable but high autonomous teams agree with this a little bit more. The other questions do not have much difference between high and low autonomous teams.

## 5. DISCUSSION/CONCLUSION

This research gave some in the balance between the job resources (control options) and job demands. The beginning of this report stated three different subquestions which will be answered in this section based on the results from the case study. These results will be explained with help of literature available about this subject. Based on the answers on the subquestion the research question will be answered at the end.

### 5.1 Discussion

The first subquestion of this report is about the job demands of the nurses in the SMTs (*How high are the job demands for the nurses of Carint Reggeland?*). In total the job demands scored 3.06 on a 5 - point scale, this is just a little bit above the middle, therefore it seems that the job demands are not really high for the SMTs of Carint Reggeland. However, looking at the individual variables for job demands, some give a much higher score than the 3.06.

One of the highest scores that increase the job demands are the task disruptions with a mean score of 3.40 (Houtman et al, 2012). So why are the task disruptions much higher than the average job demands. A reason for this score could be that nurses need to be accessible by phone during work, which is one of the biggest causes of task disruptions (Landers, 2018). Another big cause of task disruptions are unplanned visitors, in the home care you give care in the home of a patient so it could always be that there is an unplanned visitor (Landers, 2018). These task disruptions are quite concerning in a sector that needs the full attention because they work with sick people (Rivera-Rodriguez & Karsh, 2010). Task disruptions not only increase the job demands but also cause employees to make more mistakes (Lee & Duffy, 2015). Research found evidence of a positive relation between task disruptions and the complexity of the job (Rivera-Rodriguez & Karsh, 2010), therefore when talking about the job demands it is important to keep a close eye on this variable as it seems to be quite influential for the job demands.

Another variable that scored high is the task variations, this is not necessarily a bad thing (Houtman et al, 2012). When the task variations are too low the job becomes not challenging enough but too much task variations increase the job demands. In the case of Carint Reggeland it seems that the task variations are not low. The reason for this high task variation could be due to the many different acts a nurse need to be able to do, this is only expected to grow as more and more people like to have home care instead of going to the hospital (Luther, 2018). Furthermore, there is a law in the Netherlands called 'wet maatschappelijke



ondersteuning (WMO)' which has as goal to help people stay at home instead of going to a hospital or nursing home. Therefore, it is important to limit the task variation (Zorgwijzer, 2019) by for example having specialized nurses for certain tasks (Luther, 2018), otherwise this could keep on increasing the job demands in the future as they need to perform more and more different tasks.

Three other variables that do not score high but are a bit above 3.00 and increase the job demands are time pressure, amount of work and difficulty level. The time pressure most probably comes from the many patients that need to be served in a certain timeslot, so called peak moments (Verbeek et al, 2014). This could be solved by spreading the care demand over the whole day instead of one morning moment and one evening moment. It could also decrease the perception of amount of work as this is closely related to the time pressure (Verbeek et al, 2014) However this is already proven to be a difficult problem for the health care sector (Hingstman et al, 2012).

So, all in all there are several job demand variables that are high and cause the job demands to be higher. However, except from the task disruptions and the task variations there are no variables that score really high which cause the job demands to be high as well. There is a slight time pressure and quite some work that needs to be done but it is not outrageously high.

The second subquestion of this report is about the actual control options the nurses of the SMTs have (*How much control options do the nurses of Carint Reggeland have?*). The mean score for control options of all teams is 3.25, this indicates that they have control options but not extremely many. For an SMTs this is remarkable as they should have many control options (Fisher, 1993; Kirkman & Shapiro, 2001). Therefore, this report should take a closer look at the variables themselves.

The most outstanding variable is the time autonomy with a mean score of 2.41. This score means that there is almost no time autonomy for the SMTs which is remarkable as one of the characteristics of a SMTs is authority of time (Fisher, 1993). So, are there any explanation why the nurses do not have the time autonomy. A reason could be found on the demand side of care, which is the biggest during the morning and the evening. Carint Reggeland stated in their vision that they like to offer care based on the requests of the patient (Carint Reggeland, n.d.). Most of these requests will be in the morning and evening in certain timeslots which does not leave much room for the nurses to determine their own schedule.

The other factor autonomy also does not score high with a mean score of 3.00. The factor looked at to which degree the teams could determine how they execute their tasks. A reason why this variable scores low could be the fact that there are many strict regulations on how certain tasks need to be performed in the healthcare sector. Every nurse in the home care sector needs to have a so called 'BIG registration', the BIG regulation protects patients against incompetent and reckless acting of the nurses (V&VN, n.d.). Regulations in the healthcare sector therefore do not make it possible for nurses to determine themselves how they would like to execute tasks.

Next to the time autonomy and autonomy there are two other control option variables, participation decision making and functional support. The SMTs of Carint Reggeland score high for both variables which is in line with literature about SMTs (Alper et al, 1998; Cohen, 1993). Problems caused by the control options therefore will not come from these two variables.

Concluding this subquestion, two variables are really low concerning the control options of nurses at Carint Reggeland, autonomy and time autonomy. These variables are low in the home care sector due to the complex requirements of all parties involved in the home care (Asbreuk, 2008). The other two variables manage to balance out these two a little bit and therefore it seems that the job resources are quite moderated. However, this raises the question which of these control options is most important, this could completely change the mean score of job resources. Therefore, it is interesting for future research to analyze this in a quantitative manner how much the 'weight' of every control option variable should be.

Last subquestion concerned the balance between the job resources (control options) and the job demands (*Are the control options high enough to balance out the job demands?*). Overall it looks like the job resources (3.25) balance out the job demands (3.06) as the job resources score higher than the job demands. This is remarkable because the work pressure is one of the most important human resource topics of Carint Reggeland (Carint Reggeland, n.d.) and the healthcare sector one of the sectors with the highest work pressure (CBS, 2016). Therefore, this balance is also tested between the different teams based on the level of autonomy, the results showed that even though all teams are self-managing there is a significant difference in control options.

The high autonomous teams had a high degree of job resources (3.63) and a low degree of job demands (2.89). Based on the model of Karasek (1979) these high autonomous teams are not sensitive for work pressure as the job demands are much lower than the job resources. However, the low autonomous teams that score 2.88 for the control options score much higher for the job demands 3.21. The low autonomous teams are therefore not only more likely to have work pressure due to the lower control options but also because of a higher degree of job demands.

The difference between the high and low autonomous teams creates some different questions. The first question is how it can be that both teams are called SMTs but still there is a huge difference in control options. The fact that not every teams has the same feeling of control options is supported by Harley (2001) and Tjepkema (2003). Coby Franken, self-managing expert states that calling a team self-managing does not mean the teams actually have more control options than normal working teams (Maseland, 2018). Several reasons can be identified why teams do have less control options than other SMTs despite the fact that they are both called self-managing.

The first reason is the way the old supervisors take part in the new SMTs. Before the implementation supervisors gave orders on how tasks should be performed and when to perform these. In the new way of working in SMTs it is important that the supervisor take a more coaching role instead of giving assignments to the employees (Silverman & Propst, 1996). If this is not done correctly the teams are called self-managing while actually, they are not self-managing.

Another reason that can explain the strong difference in control options could be due to the fact that being a SMT is a process and not a destination (Tjepkema, 2003). Four different phases of self-managing are defined by Tjepkema and she stated that it is possible that the speed of adaption can differ between teams. The low autonomous teams of Carint Reggeland could be in a much earlier phase of self-managing than the high autonomous teams. That is why there should be a more specific measurement tool on when a team can be called self-managing.

Another question that could be raised based on the results of the job resources and job demands is if there is a relation between the job resources and the job demands. The results clearly show that the job demands are high for low autonomous teams and low for high autonomous teams. This relation is not supported by the job resources/demand model (Bakker&Demerouti, 2007). They support the fact that job resources and demands have influence on employee engagement and work pressure but do not give a direct relation between job resources and demands. This research found a quite strong indication of this possible relation, therefore it could be interesting for furtherer research to investigate this possible relation.

Concluding this subquestion it looks like there are overall just enough control options to balance out the job demands. The high autonomous teams even have a better balance between job demands and control options than the average. The results for low autonomous on the other hand are quite concerning with a much higher score for job demands than control options. This difference could be due to several reasons mentioned and explained above. Based on the model of Karasek (1979) and the 'TNO werkdrukmodel' (Houtman et al, 2012) this research could conclude that the control options do not balance out the job demands for the low autonomous teams but they do balance out the job demands for the high autonomous teams.

## 5.2 Limitations

In this research some limitations need to be considered. The first point that needs to be considered is that it is a case study which means that the results are applicable to Carint Reggeland, but other organizations could have a different outcome, therefore further research should use the findings in this research carefully. Furthermore, the small sample size needs to be considered as it is only 39, some future research could make it even more reliable by researching this subject on a larger scale. Thirdly as a request from the case organization the questionnaire had to be shortened as it would otherwise take too much time for the nurses to fill in. A consequence of this request is that several questions had to be scrapped out which could have led to a lower internal consistency (Cronbach's alpha). Another limitation is the fact that for the job resources only the control options are tested, there are other factors that could influence work pressure but were not tested during this research

## 5.3 Conclusion

This research will be concluded by answering the research question: 'What are the reasons of work pressure despite the implementation of self-managing teams?'. The findings of this research found that the control options which are part of the job resources are not as high for every SMT even though they are all called self-managing. The main missing control option is the time autonomy, most probably due to the complex demands of all parties involved in the home care sector. The same goes for autonomy, which was also not high for the SMTs, most probably because of the strict regulations in the healthcare sector. Furthermore, on the job demand side the main determinants of the high score are the task disruptions and task variations. Because of these findings, the low actual autonomy and high job demands, could still cause work pressure despite the usage of self-managing teams.

## 5.4 Acknowledgement

I would like to thank my supervisor Dr. IR j. de Leede for the support while writing this paper. He made it possible for me to apply a model to a real-life case and helped me when problems arised. Furthermore, I would like to thank my second supervisor Dr. A.C Bos-Nehles for making it possible to finish my paper and being very critical about the way this paper was constructed. I would also like to thank the nurses from the SMTs of Carint Reggeland for providing me with the information needed to do research on this subject. A special thank you to Hedwig van der Aa for making it possible to collect data at Carint Reggeland and being the contact person.

## 6. REFERENCES

- 1) Alper, S., Tjosvold, D., & Law, K. S. (1998). Interdependence and controversy in group decision making: Antecedents to effective self-managing teams. *Organizational behavior and human decision processes*, 74(1), 33-52.
- 2) Asbreuk, A. (2008). Zelfsturende teams in de ouderenzorg, geen taak maar een proces. *Instituut beleid en management gezondheidszorg, Erasmus Universiteit Rotterdam*.
- 3) Bakker, A. B., & Demerouti, E. (2007). The jobdemands-resources model: State of the art. *Journal of managerial psychology*, 22(3), 309-328.
- 4) Bland, J. M., & Altman, D. G. (1997). Statistics notes: Cronbach's alpha. *Bmj*, 314(7080), 572.
- 5) Carint Reggeland. (n.d.). Carintreggeland > Carintreggeland > Visie & verantwoording. Retrieved April 1, 2019, from <https://www.carintreggeland.nl/Carintreggeland/Visie-verantwoording>
- 6) CBS. (2016, November 16). Werknemers in zorg ervaren hoge werkdruk. Retrieved June 25, 2019, from <https://www.cbs.nl/nl-nieuws/2016/46/werknemers-in-zorg-ervaren-hoge-werkdruk>
- 7) Cohen, S. G. (1993). *Designing effective self-managing work teams*. Center for Effective Organizations, School of Business Administration, University of Southern California.
- 8) Cohen, S. G., & Ledford Jr, G. E. (1994). The effectiveness of self-managing teams: A quasi-experiment. *Human relations*, 47(1), 13-43.
- 9) Cohen, S. G., Ledford Jr, G. E., & Spreitzer, G. M. (1996). A predictive model of self-managing work team effectiveness. *Human relations*, 49(5), 643-676.
- 10) Elings, M. (2017, July 18). Zelfsturende zorgteams alleen succesvol als hele organisatie verandert. Retrieved July 3, 2019, from <https://nos.nl/nieuwsuur/artikel/2183824-zelfsturende-zorgteams-alleen-succesvol-als-hele-organisatie-verandert.html>
- 11) Fisher, K. (1993). *Leading Self-directed Work Teams. A Guide to Developing New Team Leadership Skills*. McGraw-Hill, Inc.
- 12) Folger, J. (2018, April 16). The causes and costs of absenteeism. Retrieved June 25, 2019, from <https://www.investopedia.com/articles/personal-finance/070513/causes-and-costs-absenteeism.asp>
- 13) Gulden, M., & de Vries, J. (2010). Werknemers zonder belangstellende collega's verzuimen vaker. *TSG*, 88(2), 64-64.
- 14) Harley, B. (2001). Team membership and the experience of work in Britain: an analysis of the WERS98 data. *Work, Employment and Society*, 15(4), 721-742.
- 15) Hingstman, T. L., Langelaan, M., & Wagner, C. (2012). *De dagelijkse bezetting en kwaliteit van zorg in instellingen voor langdurige zorg* (pp. 73-79). NIVEL.
- 16) Hoofman, W., Klein Hesselink, J., Genabeek, J., Wiezer, N., & Willems, D. (2011). *Arbobaalans* 2010. Retrieved from <https://www.werkhoezithet.nl/kennisbank/publicatie/arbobaalans-2010-kwaliteit-van-de-arbeid-effecten-e>
- 17) Houtman, I., Klauw, M., Kraan, K., Kwantes, J. H., Roozeboom, M. B., Schelvis, R., Wiezer, N., Zwieten, M. (2012). *Werkdruk*. Retrieved from [https://www.tno.nl/media/1132/werkdruk\\_tno\\_rapport\\_r12\\_1087\\_7.pdf](https://www.tno.nl/media/1132/werkdruk_tno_rapport_r12_1087_7.pdf)
- 18) Karasek Jr, R. A. (1979). Job demands, job decision latitude, and mental strain: Implications for job redesign. *Administrative science quarterly*, 285-308.
- 19) Kirkman, B. L., & Shapiro, D. L. (2001). The impact of team members' cultural values on productivity, cooperation, and empowerment in self-managing work teams. *Journal of cross-cultural psychology*, 32(5), 597-617.
- 20) Kraan, K. O., Dhondt, S., Houtman, I. L. D., Nelemans, R., & De Vroome, E. M. M. (2000). Handleiding NOVA-WEBBA: een vragenlijst om arbeidsorganisatorische knelpunten op te sporen: hernieuwde versie.
- 21) Landers, D. (2018, October 9). Top 10 Workplace Distractions-And What to Do About Them. Retrieved June 28, 2019, from <https://www.businessknowhow.com/growth/office-distractions.htm>
- 22) Lee, B. C., & Duffy, V. G. (2015). The effects of task interruption on human performance: A study of the systematic classification of human behavior and interruption frequency. *Human Factors and Ergonomics in Manufacturing & Service Industries*, 25(2), 137-152.
- 23) Luther, C. (2018, June 29). Role & Duties of a Home Care Nurse. Retrieved June 28, 2019, from <https://work.chron.com/role-duties-home-care-nurse-13396.html>
- 24) MacDonnald, L. (2019, 7 March). *What Is a Self-Managed Team?* Retrieved on 20 April 2019, from <https://smallbusiness.chron.com/selfmanaged-team-18236.html>
- 25) Maseland, A. (2018, March 29). Zelfsturende teams sturen niet altijd zelf. Retrieved July 2, 2019, from <https://www.nursing.nl/zelfsturende-teams-sturen-niet-altijd-zelf/>
- 26) Rivera-Rodriguez, A. J., & Karsh, B. T. (2010). Interruptions and distractions in healthcare: review and reappraisal. *BMJ Quality & Safety*, 19(4), 304-312.
- 27) Silverman, L. L., & Propst, A. L. (1996). Ensuring Success: A model for self-managed teams. *Partners for Progress and Quality Transformation Services*.
- 28) SKB onderzoek en advies. (n.d.). *Vragenlijst werkdruk*. Retrieved on 4 may 2019, from <https://www.skb.nl/nl/vragenlijst-werkdruk.html>
- 29) Smulders, P. G. W. (2003). Ziekteverzuim: hoogte, oorzaken, aandoeningen, werkgebondenheid en maatregelen. *Secundaire analyses Nationale Enquête Arbeidsomstandigheden*.
- 30) Spector, P. E. (1986). Perceived control by employees: A meta-analysis of studies

- concerning autonomy and participation at work. *Human relations*, 39(11), 1005-1016.
- 31) Tjepkema, S. (2003). The learning infrastructure of self-managing work teams.
  - 32) Tjepkema, S. (2003). Verscheidenheid in zelfsturende teams. *Handboek Werken, leren en leven met groepen*.
  - 33) Vakbondscheck Werkdrukoorzaken. (n.d.). Retrieved May 10, 2019, from <http://www.arbobondgenoten.nl/arbothem/werkdruk/wkdotesten/wkdotest-t1c.htm>
  - 34) Van Amelsvoort, P., & Benders, J. (1996). Team time: a model for developing self-directed work teams. *International Journal of operations & production Management*, 16(2), 159-170.
  - 35) Van der Hoek, M., Groeneveld, S., & Kuipers, B. (2018). Goal setting in teams: Goal clarity and team performance in the public sector. *Review of public personnel administration*, 38(4), 472-493.
  - 36) Verbeek, G., V&VN, & Arthemia. (2014). *Tijd voor zorg, zorg voor tijd*. Retrieved from [https://www.zorgvoorbeter.nl/docs/PVZ/vindplaats/Tijd\\_in\\_de\\_zorg/Praktijkprofiel\\_omgaan\\_met\\_tijd\\_in\\_de\\_zorg.pdf](https://www.zorgvoorbeter.nl/docs/PVZ/vindplaats/Tijd_in_de_zorg/Praktijkprofiel_omgaan_met_tijd_in_de_zorg.pdf)
  - 37) V&VN. (2016, November 16). CBS bevestigt: hoogste werkdruk in de zorg. Retrieved June 25, 2019, from <https://www.venvn.nl/berichten/id/1679939/cbs-bevestigt-hoogste-werkdruk-in-de-zorg>
  - 38) V&VN. (n.d.). Wet BIG bewaakt kwaliteit zorg, beschermt patient | V&VN. Retrieved June 28, 2019, from <https://www.venvn.nl/Themas/Wet-en-regelgeving/Wet-BIG>
  - 39) Visser, M. (2019, 8 january). Thuiszorgorganisatie Cordaan stopt met zelfsturing, wie volgt? *Trouw*. Retrieved from <https://www.trouw.nl/samenleving/thuiszorgorganisatie-cordaan-stopt-met-zelfsturing-wie-%09volgt-~aafe571e/>
  - 40) Wellins, R. S., Wilson, J., Katz, A. J., Laughlin, P., & Day Jr, C. R. (1990). Selfdirected teams: A study of current practice. Survey report. Pittsburgh, PA.: Development Dimensions International, Association for Quality and Participation, and. *Industry Week*.
  - 41) Yeatts, D. E., Cready, C., Ray, B., DeWitt, A., & Queen, C. (2004). Self-managed work teams in nursing homes: Implementing and empowering nurse aide teams. *The Gerontologist*, 44(2), 256-261.
  - 42) Yin, R. K. (2013). Case study research: Design and methods. 5th Los Angeles.
  - 43) Zorgwijzer. (2019, June 24). WMO (wet maatschappelijke ondersteuning): Wat is het? - Zorgwijzer. Retrieved June 28, 2019, from <https://www.zorgwijzer.nl/faq/wmo>

## 7. APPENDICES

### 7.1 Appendix 1: Questionnaire Demographic Questions

Table 1. Demographic questions

Demographics Questions	Answer
Wat is de naam van uw zelfsturende team (wijk)?	
Wat is uw leeftijd?	
Wat is uw functie binnen het team?	
Bent u getrouwd of heeft u een relatie?	Ja/Nee
Hoeveel kinderen onder de 18 heeft u?	
Ben u kostwinner?	Ja/Nee
Hoeveel uur bent u buiten het werk mantelzorger?	

### 7.2 Appendix 2: Questionnaire Job Demands 1

Table 2. Questionnaire Job Demands 1

Variable	Cronbach's alpha	Question number	Question
Unclear/changing tasks	0.59	1.1	Ik moet veel verschillende taken uitvoeren.
		1.2	Het is duidelijk hoe ik mijn taken moeten uitvoeren.
		1.3	Ik krijg te maken met veel tegenstrijdige taken.
Task Disruptions	0.86	1.4	Ik moet vaak stoppen met mijn taak om andere dingen tussendoor te doen.
		1.5	Ik word vaak gestoord door anderen tijdens het uitvoeren van mijn taak.
		1.6	Het werk loopt vaak anders dan gepland van tevoren.
Expectations	0.76	1.7	De opdrachten die ik krijg vanuit het bedrijf zijn duidelijk.
		1.8	Er zijn duidelijk regels binnen de organisatie over de kwaliteit die wij moeten leveren.
		1.9	Ik word tijdens mijn werk geconfronteerd met tegenstrijdige verwachtingen.
		1.10	Ik krijg onvoldoende informatie over het doel van het bedrijf.
		1.11	Ik moet vaak wachten op informatie over wat het bedrijf wil.
Job Uncertainty	0.63	1.12	Ik ben er zeker van dat ik mijn baan niet kwijtraak in de komende 5 jaar.
		1.13	Ik liep afgelopen jaar de kans om mijn baan te verliezen.
		1.14	Mijn vaardigheden zullen over 5 jaar nog steeds nuttig zijn voor Carint Reggeland.
		1.15	Carint Reggeland zou ertoe instaat zijn ons team op te heffen.
Organizational Culture	0.72	1.16	De cultuur binnen de organisatie sluit aan bij mijn eigen waarden.
		1.17	Ik vind mijzelf binnen deze organisatie passen.
Social Support	0.86	1.18	Leidinggevende zijn makkelijk bereikbaar en aanspreekbaar.
		1.19	Leidinggevende sturen alleen aan op resultaat en kijken niet naar de mensen die het moeten uitvoeren.
		3.8	Mochten er problemen zijn, dan kan ik met een leidinggevende overleggen.

### 7.3 Appendix 3: Questionnaire Job Demands 2

Table 3. Questionnaire Job Demands 2

Variable	Cronbach's alpha	Question number	Question
Time Pressure	0.74	2.1	Ik moet erg snel werken.
		2.2	Ik heb over het algemeen genoeg tijd om mijn taken af te ronden.
		2.3	Ik moet extra hard werken
Amount of Work	0.72	2.4	Ik moet heel veel werk doen.
		2.5	Ik moet doorwerken in de pauze vanwege te veel werk.
		2.6	Ik ben veel tijd kwijt aan rapportages maken.
Quality Requirements	0.48	2.7	Ik heb te weinig tijd om goede kwaliteit te leveren.
		2.8	De kwaliteitseisen vanuit de organisatie zijn haalbaar.
Difficulty Level	0.79	2.9	Ik moet intensief blijven nadenken tijdens het uitvoeren van mijn taak.
		2.10	Ik moet veel informatie onthouden gedurende lange tijd.
		2.11	Ik moet veel moeilijke handelingen uitvoeren tijdens mijn werk.
Task Variation	0.74	2.12	Mijn werk is eentonig.
		2.13	Ik moet veel verschillende handelingen kunnen uitvoeren tijdens mijn werk.
		2.14	Tijdens mijn werk moet ik bepaalde handelingen vaak verrichten
Emotional Burden	0.33	2.15	Ik heb vaak te maken met lastige patiënten.
		2.16	Het werk kan gevaarlijk zijn voor mijzelf.
		2.17	Ik heb tijdens mijn werk vaak te maken met menselijk lijden of de dood.

### 7.4 Appendix 4: Questionnaire Control Options

Table 4. Questionnaire Control Options

Variable	Cronbach's alpha	Question number	Question
Autonomy	0.78	3.1	Ik kan zelf bepalen op welke manier ik mijn werk uitvoer.
		3.2	Ik kan mijn werk onderbreken als ik dat nodig vind.
		3.3	Ik bepaal zelf de volgorde van mijn taken.
Time Autonomy	0.71	3.4	Ik kan zelf mijn werktempo bepalen.
		3.5	Ik weet het werkrooster minimaal een maand van tevoren.
		3.6	Ik kan zelf bepalen het tijdstip bepalen wanneer ik start en stop met werken.
		3.7	Ik kan verlofdagen opnemen wanneer ik wil.
Functional Support	0.85	3.9	Ik kan overleggen met mijn collega's als er problemen voordoen tijdens het uitvoeren van mijn taken.
		3.10	Collega's kunnen een deel van mijn werk overnemen mocht het mij niet lukken.
Participation Decision-making	0.76	3.11	Ik heb invloed op de beslissingen die genomen worden binnen het team.
		3.12	Ik heb invloed op de beslissingen die genomen worden binnen de organisatie.
		3.13	Ik bespreek met mijn collega's wie welke taak gaat uitvoeren.
		3.14	Ik bespreek met mijn collega's hoe de taken gepland moeten worden.

## 7.5 Appendix 5: Individual Variables

**Table 5. Questionnaire individual factors**

Variable	Cronbach's alpha	Question number	Question
Skills	0.90	4.1	Ik durf hulp te vragen als taken mij niet lukken.
		4.2	Ik heb voor mijn werk de juiste opleiding.
		4.3	Ik heb voor mijn werk genoeg werkervaring.
		4.4	Mijn baan vereist veel creativiteit.
		4.5	Ik heb voldoende kennis om mijn taken uit te voeren.
		4.6	De organisatie maakt het mogelijk mijn vaardigheden te ontwikkelen.
Physical/mental capacity	0.35	4.7	Het werk is lichamelijk zwaar voor mij.
		4.8	Mijn thuissituatie zorgt voor stress tijdens het werk.
		4.9	Ik heb af en toe geen motivatie om aan het werk te gaan.

## 7.6 Appendix 6: Demographic Factors

**Table 6. Demographic Factors**

	Number or mean	SD
Age	47,1	
Team		
Beckum-Sophia	4	
Bomenbuurt	10	
Canadese wijk	7	
Scheepvaart	8	
Weidedorp/Bloemenbuurt	2	
Woolderes Hiebendaal	8	
Caregiver (Hours)	3,3	4,7
Children below 18		
0	24	
1	5	
2	9	
3	1	
Breadwinner		
Yes	11	
No	28	
Relation/Married		
Yes	33	
No	5	

## 7.7 Appendix 6: Mean/SD per Question (Cronbach's alpha<0.7)

Table 9. Mean/SD per Question

Variable/Question	Mean (1-5)	SD
Unclear/Changing tasks	N/A	N/A
<i>I need to execute many different tasks.</i>	3.82	0.91
<i>It is clear how I should execute my tasks*</i>	2.08	0.74
<i>I encounter a lot of conflicting tasks</i>	2.87	0.98
Job uncertainty	N/A	N/A
<i>I am sure I will not lose my job the next 5 years*</i>	1.82	0.85
<i>Last year there was a chance I would lose my job</i>	1.59	0.99
<i>My skills will still be useful for Carint Reggeland in 5 years*</i>	1.85	0.81
<i>Carint Reggeland could cancel our team</i>	2.21	1.15
Quality requirements	N/A	N/A
<i>I do not have enough time to deliver good quality*</i>	3.23	1.01
<i>The quality standards of the organization are attainable</i>	3.41	0.60
Emotional burden	N/A	N/A
<i>I have to work with many difficult patients</i>	2.72	0.86
<i>My work can be dangerous for myself</i>	2.44	0.91
<i>I see a lot of human suffering or death during work</i>	3.72	0.89
Physical/mental capacity	N/A	N/A
<i>Work is physically demanding for me</i>	3.10	0.91
<i>My home-situation causes stress on my work</i>	2.33	1.08
<i>Sometimes I do not have the motivation to go to work</i>	2.62	1.04