An explorative qualitative research about how healthcare professionals and managers perceive that a quality system based on narrative measurements affects their internal responsibility.

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Abstract

Background – The current quality systems aimed at external justification do not appear to be effective in improving the quality of care. Healthcare professionals (HCP) and healthcare managers (HCM) are critical about the quality systems. Therefore, the aim of this study is to explore the perspectives of HCP and HCM at a quality system aimed to improve internal responsibility (PREZO Care audit) through improving reflective, normative professionality and quality awareness. Besides, the research looks at different motivators that might influence the development of reflective, normative professionality and quality awareness.

Method – The data were collected from 17 semi-structured interviews in April and May 2019 from three organizations that completed the PREZO Care audit pilot between September 2018 and May 2019. From these interviews 10 participants were classified as an HCP and 7 were classified as HCM.

Results – In general, participants experienced that the PREZO Care audit ensured a reinforcement and/or increase and/or confirmation of normative professionality, reflective professionality and quality awareness. Motivators found in current research are that HCP and HCM perceived that the PREZO Care audit: (1) Was relevant to the healthcare organization; (2) Did justice to the lived reality; (3) Involved all layers of the healthcare organization during the audit. Moreover, the participants experienced support top-down. The motivators 'support bottom-up' and 'reflective culture' were not found to play a role in how participants perceived that the PREZO Care audit affected internal responsibility.

Conclusion – This research has showed that HCP and HCM perceive that the PREZO Care audit could improve internal responsibility through reflective, normative professionality and quality awareness. Which means that, a different way of justifying quality is needed to improve the quality of care. However, further research is needed to gain a full understanding of narrative quality systems and their effects.

Introduction

In 2017, 340,000 elderly people used long-term care. Moreover, there are many others, such as disabled people, who need long term-care. The quality in healthcare organizations can differ, therefore quality systems are developed. Quality systems are used to check whether quality of care is good (Vektis, 2018). A quality system is defined as a tool to manage and master the process to guide quality in a systematic way (Rosendal, 2017). Quality systems can focus on different aspects, such as external justification or internal responsibility. An example of a quality system focused on external justification which makes use of an audit-feedback system is 'Harmonisatie Kwaliteitsbeoordeling in de zorg' (HKZ) (Stichting Nederlandse Normalisatie-instituut, 2019). External justification is defined as the focus in healthcare organization on external rules. Recently, two critical reports have been published on quality systems in healthcare. The 'Raad Volkgsgezondheid & Samenleving' recently published a report where they concluded that the focus while checking the quality of healthcare is too much on external justification. According to them, the focus should be on internal responsibility, where improving care and support should be central in healthcare organizations. In line with this, Geffen (2019) found in her research that the current quality systems appear to be ineffective while improving the quality, since the focus is too much on external justification.

Besides these critical reports, healthcare professionals (HCP) and healthcare managers (HCM) also experience these quality systems as: (1) One-sided; (2) Adding unnecessary administrative work; (3) Not doing justice to the lived reality; (4) A failure to improve the perceived quality of care for the client (Baart, 2018; Staveren & Runia, 2015). Besides, this external justification has led HCP and HCM to feel controlled by various authorities such as the inspectorate. Which have led that HCP and HCM feel less trusted by these authorities to have the ability to deliver good care. (Staveren & Runia, 2015; Stoopendaal & Bouwman, 2016). Therefore, researchers, HCP and HCM are arguing that the focus should be on internal responsibility. Internal responsibility is seen as central to professional action where the goal is to improve healthcare (Raad Volksgezondheid & Samenleving, 2019).

In order to stimulate internal responsibility, it is needed that HCP and HCM develop reflective, normative professionality and quality awareness. Reflective professionality is defined as the consideration necessary to be able to do the things well. This means reflection to adapt a decision about an individual client in a certain situation and moment (Dartel & Molewijk, 2014). Normative professionality is defined as the moral choices that are made.

This is more focused on the norms and values that are taken into consideration when making a decision (Molewijk, Dam, Bruijn, Kardol, & Widdershoven, 2009). Both have their roots in reflection, but normative professionality is more on an abstract level. Reflective and normative professionality are both part of quality awareness in a healthcare organization. Quality awareness means that professionals are constantly conscious about the quality of the given care. In other words, they will always have to answer the question if they are doing the right thing for this moment, in this situation and context (Baart, 2014).

As stated, there are several quality systems that try to improve quality. This research will focus on quality systems based on audit-feedback systems. These audit-feedback systems have showed substantial variation in their effectiveness to improve quality (Gude, Engen-Verheul, Veer, Keizer & Peek, 2017; Christina, Baldwin, Biron, Emed & Lepage, 2016). Variation in effectiveness occurs due to the perceived relevance of the audit-feedback system (Christina et al.,2016). The audit-feedback systems which are reviewed in these researches are defined as a system which gives a summary about the clinical performance in a healthcare organization (Gude et al.,2017; Christina et al., 2016).

The current research focuses on a quality system called PREZO Care, an audit-feedback system, that aims to promote internal responsibility by improving reflective, normative professionality and quality awareness in healthcare organizations. PREZO Care audit differs from other quality systems, since it uses narrative – instead of normative – ways to measure quality. The full description of the PREZO Care audit can be found in Appendix A. Research into how the PREZO Care audit is perceived by HCP and HCM can lead to a better understanding of how an audit-feedback system can improve quality.

To the knowledge of the researcher, there is no current research in the Netherlands about PREZO Care or other similar quality systems. Therefore, the aim of this study is to explore the perspectives of HCP and HCM at a quality system aimed to improving internal responsibility (PREZO Care audit) through improving reflective, normative professionality and quality awareness. Besides the research examines possible motivators which could play a role in the development of reflective, normative professionality and quality awareness. The aim of this research has led to the following research question:

- How do healthcare professionals and managers perceive that their participation in the PREZO Care audit has affected their internal responsibility?

With the following sub-questions:

A. How do healthcare professionals and managers perceive that their participation in the PREZO Care audit has affected their quality awareness?

B. How do healthcare professionals and managers perceive that their participation in the PREZO Care audit has affected their reflective professionality?
C. How do healthcare professionals and managers perceive that their participation in the PREZO Care audit has affected their normative professionality?
D. Which motivators play a role in the development of reflective, normative professionality and quality awareness among healthcare professionals and managers that participated in the PREZO Care audit?

Theoretical framework

Quality awareness

Quality of care is defined in this research as a dynamic, relational and subjective concept (Baart & Willeme, 2010). It cannot be defined as a set concept formed by certain rules and protocols which is now the case in the Netherlands (Stoopendaal & Bouwman, 2016). Quality of care needs to focus more on the 'softer aspects', also described as the contextual and situational aspects of healthcare. Examples of these 'softer aspects' are relations with clients and propinquity. These aspects are not measurable in a norm or protocol, only in a narrative way (Baart, 2018).

In the current quality systems, the focus is more on external justification than on internal responsibility. This is corresponding with the current risk-rule-reflex in the Dutch society which means that in today's society, risks are less accepted. To overcome these risks, rules are made to minimalize them. These rules have led to HCP and HCM who do not take responsibility for the quality of care. When a mistake is made, new rules are created (Centrum voor Ethiek en Gezondheid, 2019; Dartel & Molewijk, 2014). However, HCP and HCM need to feel responsible to be able to judge every situation individually in a moral way. When needed they must be able to deviate from the standard rules and protocols to deliver the best care for that client in that moment and situation (Dartel & Molewijk, 2014).

In line with this, Bovenkamp, Stoopendaal, Bochove, Hoogendijk and Bal (2018) have found that one of the factors that deliver good quality of care is that the wishes and needs of the client and their family are taken into account. This means that good care includes attending to the lived experience of the clients (Mol, 2006). In practice this means that people working in a healthcare organization constantly need to ask the question: Am I doing the right thing, in the right way for this client in this moment? This has led that quality is not defined as an objective standard in current research but as quality awareness. Quality awareness is

defined as being continuous conscious about the quality of the given care. In order to develop a higher quality of care, it is necessary to increase quality awareness among the HCP and HCM (Baart, 2014). In order to achieve this, the HCM needs to create the basic conditions for HCP to be able to implement this concept of quality (Bovenkamp et al. 2018).

A theory which puts emphasis on the importance of the deviation for the individual client is the presence theory of Baart (2007). This theory states that care and welfare need to be adapted in relation with the needs of the individual client. This means that a professional need to be present as a person when caring. Moreover, in this theory is stated that all the decisions need to be made based on the relation an HCP has with a client in which the main focus is the experienced benefits by the client. Summarizing, the presence theory states that to be that to be able to deliver a good quality of care the most influential factor is to connect the given care to the individual client which is part of quality awareness.

The presence theory of Baart (2007) is a form of patient-centred care. HCP in healthcare organizations addresses that person-centred care is needed to improve the quality of care (Bovenkamp et al.,2018; Ross, Tod & Clarke, 2015). To connect the given care to the individual client, the HCP needs to reflect on the day-to-day situation together with the client. Including this reflection, the HCP needs to take into account the account the different values and norms that are present during a dilemma (Baart, 2014). As shown by the presence theory of Baart (2014), the HCP and HCM need to develop quality awareness, reflective and normative professionality.

Reflective professionality

Reflective professionality is seen as a concept connected to quality awareness (Baart, 2014). Reflection is a process which has a positive influence on the quality of decision making in health-care and is used to critically appraise what has been experienced by practice (Sims, Hewitt & Hariss, 2015). This enables HCP to improve the ongoing practice and ensure the quality of healthcare provision with use of the information and knowledge (Helyer, 2015). If HCP and HCM are coached to make their actions explicit then this can lead to make them more quality aware and guide their practice in a positive way (Taylor, 2010). Reflection leads towards reflective professionality because reflection is needed to make the good consideration to do things well (Dartel & Molewijk, 2014).

Moreover, reflection is not seen as an individual process. HCP needs help to identify and describe their practices (Taylor, 2010). In current research there will be a focus on

methodological reflection on which PREZO Care is based. Methodological reflection is a conversation or research based on a concrete experience, situation or event. A practical implication of methodological reflection is a moral case deliberation. A dilemma or a moral question is the central focus of the conversation (Dartel & Molewijk, 2014). This reflection can also take place in other ways, for example during intervision, work meetings and team meetings (Sims, Hewitt & Hariss, 2015).

Normative professionality

Reflective professionality is needed to be able to develop normative professionality (Ewijk & Kunneman, 2013). The term normative professionality is defined as an awareness of several moral norms that the HCP can apply in a certain situation. An HCP needs to be aware of the moral norms and look for the right justification of the professional actions. Moral norms of all the people involved in a situation have to be considered when making a decision. Therefore, the decision can be different per situation (Jacobs, Meij, Tenwolde & Zomer, 2008; Molewijk et al., 2009).

Especially, in healthcare organizations normative professionality has an influence. In a healthcare organization there are every day dilemmas in which certain norms and values are at odds with each other (Jacobs et al., 2008). In these dilemmas, an HCP must always take an implicit or explicit moral position. A professional decides on the care based on the individual wishes or needs of the client and takes into account the perspectives of all participants in the healthcare process. This cannot be done by solely looking at the general rules or protocols (Abma, Molewijk & Widdershoven, 2009).

Intervention to improve quality of care

The PREZO Care audit is a method for healthcare organization to measure the quality of care in their organization. It is developed with the idea to improve quality in healthcare organization by focusing on internal responsibility. The improvement of internal responsibility is done by emphasizing quality awareness, normative and reflective professionality. The PREZO Care audit is using two intervention methods: dialogues about the quality of care with similarity of a moral case deliberation and an audit-feedback system.

Moral case deliberation

Dialogues are held with everybody involved in a healthcare organization, in a structured and unstructured way, about the dilemma's, perspectives, values and the quality of care in the organization during the PREZO Care audit. These dialogues focus on the dilemmas which emerge at every level of the organization. This has similarities with a moral case discussion, although in this case the dialogues are more about organisation-wide dilemmas instead of individual dilemmas.

A moral case deliberation is a collective reflection which may help to identify the moral dilemmas in a healthcare organization and increasing the professionals' competences to deal with moral issues in practice. The aim of a moral case deliberation is to explore the different perspectives in a moral dilemma. This can lead to a solution: however, this is not always the case due to the complexity of a dilemma. Even when a moral case deliberation does not lead to a solution it is a way to make HCP an HCM aware about the different perspectives in a moral dilemma (Dam, Abma, Molewijk, Kardol, Schols & Widdershoven, 2011; Hem, Pedersen, Norvoll & Molewijk, 2015).

Moreover, in research from Molewijk, Zafelhoff, Lendemeijer and Widdershoven (2008), showed that moral case deliberation increased the open straight and constructive communication and moral sensitivity among HCP. It also led to a decrease in presuppositions, prejudices and automatic responses from HCP. Moreover, participants of a moral case deliberation also experienced that they gained insight into moral issues through the systematic reflection (Hem et al., 2015). Summarizing, this means that having a dialogue around moral dilemmas can stimulate quality awareness, normative and reflective professionality in a healthcare organization.

In the research of Dartel and Molewijk (2014), showed that two conditions are influencing the success of a morel case deliberation. The first condition is that the parties involved in the dilemma are also involved in the moral case deliberation. The second condition is that there needs to be a reflective culture in a healthcare organization. In a reflective culture HCP and HCM experience that they can safely reflect on each other and that this reflection also happens regularly.

These conditions are similar to the conditions defined by Kanne (2016) to successfully improve professionality. Kanne (2016) states that there need to be a double movement, from top-down as well as bottom-up. From top-down, there needs to be involvement and support from the managers, creating the preconditions in which there is room for growth towards

quality awareness. This means that the management needs to create time for the HCP to develop themselves professionally in a reflective and normative way. Moreover, the HCM stays responsible for the process to continuously develop the professionality of HCP. Bottom-up approached, the HCP needs to agree with the chosen method used to measure and justify the quality of care. The HCP also needs to have the feeling that the method does justice to the lived reality in the healthcare organization and takes into account the values and norms of the people who are involved in the moral case deliberation (Kanne, 2016).

Audit-feedback system

An audit-feedback system collects information. Based on this information, feedback will be given to the healthcare organization. This system has shown substantial variation in the results (Gude et al., 2017; Christina et al., 2016). An audit-feedback system can successfully affect the intention to improve practice among HCP if they agreed with the chosen benchmark and found the indicators important for the quality of care (Gude et al., 2017). In the research from Christina et al. (2016) there are three factors according to the HCP perspectives which are identified namely: (1) The understanding of the purpose of the audit-feedback system and the prioritisation of the audit criteria: (2) The process of the audit-feedback system, including the timing and the feedback characteristics: (3) Individual factors as personality and perceived accountability.

In the current research the focus will be on the perceived relevance of the audit-feedback system because this seems to be the biggest problem with the current quality systems in the Netherlands (Raad Volksgezondheid & Samenleving, 2019, Staveren & Runia, 2015). For the PREZO Care audit it is crucial to overcome these limitations to be successful as an audit-feedback system. The PREZO Care audit does not have for example a fixed benchmark. The audit starts with a values dialogue. In this dialogue all representatives of the different layers of the organization are asked which values the organization wants to identify in the daily work, especially in the given care to clients. Three audit-tracks start after the values dialogue: (1) Documentation track; (2) Story track; (3) Observation track. The results of these three tracks are presented in the finding dialogues to representative of all participants in the care process. During this finding dialogues, the participants have the opportunity to respond to the results or to explain them. This makes the audit a joint process also known as a participatory audit, in which justice is done to the context of the healthcare organization.

Conceptual model

The described literature above is summarized in a conceptual model (Figure 1). The PREZO Care audit, as an audit-feedback system with elements of moral case deliberation, attempts to influence quality awareness, reflective and normative professionality. To be able to develop reflective and normative professionality, there is a need for a double movement (top-down/bottom-up), a reflective culture and the involvement of all stakeholders (Kanne, 2016; Dartel & Molewijk, 2014). If reflective, normative professionality and quality awareness are stimulated this can lead towards a stimulation of internal responsibility at a healthcare organization (Stoopendaal & Bouwman, 2016).

Moreover, the explorative study of Christina et al. (2016), showed that the perceived relevance of the audit-feedback system also plays a role in the effectiveness of the audit-feedback system. Furthermore, due to the negative reactions about current quality systems, the researcher perceived that the experience of HCP and HCM with the audit could play a role in how successful the audit is to stimulate internal responsibility.

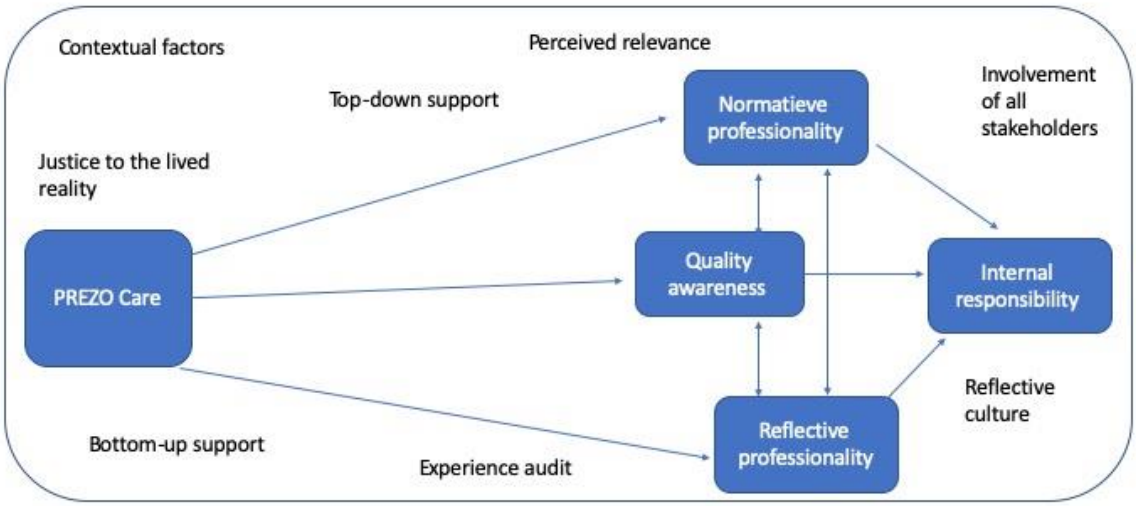

Figure 1. Conceptual model

Methods

In order to answer the research-question a qualitative interview study was conducted with HCP and HCM working in healthcare organizations which have participated in the PREZO

Care audit. As this is an exploratory study, a qualitative research method has been chosen. It remains unclear which factors play a role in the development of internal responsibility. The current research provides insight into these factors. Two different populations (HCP and HCM) are included in the research, as both play a role in the contextual factors that can affect the variables.

Approval from the research ethics committee of Utrecht University was obtained before starting the interviews. To ensure the confidentially of the information, all participants got a pseudonym and a code name. Participants were given an informed consent to sign, in which their rights and privacy were defined.

Operationalisation of the concept

Reflective professionality

Reflective professionality influences normative professionality and quality awareness. (Baart, 2014; Molewijk et al., 2009). Improvement of reflective professionality can be accomplished by an individual during work when making a decision. However, it can also be done in a structured way with the use of methodological reflection (Dartel & Molewijk, 2014). In the interviews there will be focused on how HCP and HCM reflect in the healthcare organization they work. Moreover, there will be asked if they have experienced any change in their reflective behaviour after they completed the PREZO Care audit. All the interview questions are included in appendix B.

Normative professionality

Normative professionality is in line with reflective professionality and together they play a role in the development of quality awareness (Baart, 2014; Molewijk et al, 2009). As well as reflective professionality, normative professionality can be developed in an individual way or in a more structured way. In the interviews there will be focused on how HCP and HCM uses values during their work in the healthcare organization. Furthermore, there will also be asked if they have experienced any difference in their behaviour around normative professionality after they completed the PREZO Care audit.

Quality awareness

Quality awareness is defined as being continuous conscious about the quality of the given care to a certain individual client. This means that people who are quality aware do not have a set idea about good quality (Baart & Willeme, 2010). In the interview there will be focused on how HCP and HCM define quality. Moreover, there will also be asked if the PREZO Care audit have changed their ideas about quality. The answers to these questions give insight whether the participants define quality as quality awareness or as a set concept.

Contextual factors

The current research examines several contextual factors which could affect reflective, normative professionality and quality awareness. Kanne (2016) found that there is a need for a double movement, top-down and bottom-up, in a healthcare organization to improve professionality. Moreover, Dartel and Molewijk (2014) found that to make moral case deliberation successfully a reflective culture is needed, and all the stakeholders need to be involved. This means that interview questions for the HCM focus on: (1) Whether the HCM have created the conditions which give support; (2) To what extent the HCM have created a reflective culture; (3) To what extent all stakeholders are involved, for example HCP, client, the family of a client and management in a healthcare organization. The interview of the HCP focuses on the following questions: (1) To what extent do they experience support from management; (2) To what extent do they experience the reflective culture. Both HCP and HCM are asked about how they experience the audit and the relevance of the audit, because these factors could influence the effectiveness of the audit-feedback system (Christina et al.,2016).

General Questions

Some general questions were also asked about the function of the participant and the participation in the audit. These questions were asked to investigate whether the function of the participant or the way in which they participated in the audit influenced the results.

Participants

In current research two types of participant groups were included. The first group of participants are HCP which include all kind of people in a healthcare organization that work on daily basis with the clients. The second group of participants are HCM at the organizations that work in a management position, policy positions or team leading positions.

Recruitment

Participants were identified through purposive sampling and voluntary sampling. This means that the participants were picked by the organization on the inclusion criterium that they have participated in the PREZO Care audit. However, the participation was still voluntarily.

The healthcare organizations were first contacted by Perspekt (the foundation which developed the PREZO Care audits) and asked for permission to conduct this research. Potential participants were identified and contacted by the healthcare organization. After agreeing with participating in the research, their contact details were shared with the researcher to plan the interviews. They did not receive a compensation for participating in this research.

Data collection

In total there were 18 interviews conducted of which one was an interview with two persons at the same time. One interview (participant 14, HCM) was excluded from the data analysis because the participant just started to work in the healthcare sector and was lacking knowledge about the healthcare organization and the audit. From these interviews there were ten participants who were classified as an HCP and seven participants were classified as HCM. Table 1 gives an overview of the classification of participants and the components of the audit in which they were involved. There was a difference in time between the audits and the interviews with the different organizations. Due to this and the fact that the PREZO Care audit is still in the pilot phase, there may have been small differences between the organizations how the audit was carried out. Healthcare organization A was carried out first, while healthcare organization B and C were carried out later and also simultaneously.

Participant	Classification	Organization	Involvement audit
1	HCM	A	Organization of the audit, document track
2	HCP	A	Story track
3	HCM	A	Organization of the audit, findings dialogue
4	HCM	A	Organization of the audit, both dialogues
5	HCP	A	Values dialogues
6	HCP	A	Both dialogues
7	HCP	A	Both dialogues
8	HCM	A	Both dialogues
9	HCP	B	Documentation track
10	HCM	B	Organization of the audit, documentation track
11	HCM	B	Both dialogues
12	HCP	B	Both dialogues
13	HCP	C	Both dialogues, story track
14	Excluded	Excluded	Excluded
15	HCM	C	Findings dialogue, story track
16	HCP	C	Both dialogues
17	HCM	C	Both dialogues, documentation track
18	HCP	C	Both dialogues, story track

Table 1: Overview of the characteristics of the participants.

All the interviews took place between April and end of May 2019 during work hours of the participants. Before the interview began, the researcher asked the participant if they understood the informed consent, if they had any remaining questions and if they could fill in the informed consent. One participant was interviewed by telephone therefore verbal consent was given. The interviews were held in the native language of the participants (Dutch).

The data were collected with the use of semi-structured qualitative interviews. Semi-structured interviews are used because this makes it easier to compare the data. Moreover, it also leaves room for extra questions if necessary, to create a whole understanding of the research topic. The interviews will be structured with the use of the theoretical framework.

Data analysis

With consent of the participants all the interviews were audio recorded. This audio recordings were transcribed by the researcher. The different stages of qualitative coding from Boeije (2010) were used to analyse the data. These stages include open coding, axial coding and selective coding (Boeije, 2010). Before the open coding started there was made a list with

possible nodes from the theory and new codes were created. The code tree can be found in Appendix C. For this coding there was made use of the qualitative research software NVIVO.

All the data has been stored during the research at the U-drive of the Utrecht University. However, after the research the anonymous data will be handed to the foundation Perspekt and they are responsible to store it safely. The participants are informed through the informed consent about this procedure.

Results

How do healthcare professionals and managers perceive that their participation in the PREZO Care audit has affected their quality awareness?

In the interview participants were asked how they would define good quality of healthcare in the organization. Most of the participants had a dynamic, relational and subjective concept of quality. Four participants had a combination of quality defined as a flexible concept and quality as a set concept. In all these definitions, the client is placed centrally. Participant 15 defined good quality of care as: *'Good quality of care that is for everyone different, I think. That as long as it fits what a client needs and so you do justice to what he or she needs then you are doing well.'*

Participants mention different ways in which they are working on quality improvements. The two most mentioned ways are by asking clients what they need and in addition to be aware about the quality of care. HCM also indicate that they are trying to support quality improvement by simplifying the mandatory processes for HCP. In addition, they also offer the necessary knowledge and training for HCP.

Most participants experienced that the PREZO Care audit strength and supported in how they already thought about quality. As participant 11 stated: '*By talking to each other during the audit. You sharpen the concept of quality again or you take off another shell. I see it as a kind of sphere with all kinds of things added. Or where maybe a shell goes off. Is this quality, does this contribute to? Of course, you have a kind of core and that fills up. And it gets bigger, there are more spheres, so an audit always helps with that.'* Other consequences of the audit which were mentioned by the participants are: (1) It has the idea about quality even more crystallized; (2) It has helped to see the blind spots in an organization about quality; (3) It underlines the importance of talking about quality. Three participants did not

experience a difference because they were already aware of the importance of thinking about quality and/or that it was not yet implemented enough.

How do healthcare professionals and managers perceive that their participation in the PREZO Care audit has affected their reflective professionality?

All participants underline the importance of reflection during their daily work. They try to reflect every day on their work. Some participants call reflective behavior a second nature of themselves. According to the participants, reflection leads to the possibility of learning from situations that have occurred. Participant 11 stated: *'Reflection is a kind of second nature of mine I always look from what contributes it, what has been my role in this, what is the necessity. How did I act? In healthcare you cannot do without.'*

Reflection among HCP and HCM occurs in several ways. The most mentioned way is by having reflective conversations with other stakeholders involved in the care process. This way of reflection is often not structured and seen as most used way of reflection. HCP experience and HCM stated that they support reflection by engaging in the conversation with HCP. As participant 1 (HCM) stated: *'Then I try too to get the other person which is sometimes hard in motion what are you going to do now and what is your goal and what do you want to achieve and why, is the way you chose then the most convenient, you understand? The most beautiful thing is, of course, as someone who detects and understands that it might do something better in a different way. This is also a certain way of asking questions, namely the Socratic dialogue.'* HCP try to stimulate this form of reflection by asking reflective questions to colleagues. Another way of reflection is through structured consultation moments. These structural consultation moments take place during the transfer of services or with various colleagues during team meetings and/or intervision sessions. A few participants also mentioned self-reflection as an important method of reflection.

Furthermore, HCM indicate that they are trying to create a culture in which HCP have the opportunity to come to them to reflect on problems they have in their daily work. Some HCP also indicated that they could always contact the management for questions or information. Other ways in which participants indicate a supporting role or have a sense of support are: (1) the opportunity to involve into activities; (2) organizational support in creating time and space for activities; (3) the planned meetings. Besides internal support, there was also external support for reflection, namely the extra money from the government.

Participants stated that several people are involved in these moments of reflection. Usually other colleagues from the direct work floor are involved. During more structural consultation moments, HCM are also involved. The client is not always involved in the moments of reflection. According to some participants, it is attempted to involve the client at moments of reflection, and this should also be done more. However, this is not always possible due to the problems and/or the age of the clients.

Participants experienced that the PREZO Care audit influenced their reflective professionality in different ways. Most participants indicate that the audit made them more aware of the importance of reflection or the audit reminded them of the importance of reflection. Some even stated that the PREZO Care audit was an eye-opener for them. As participant 15 stated: '*But the PREZO Care audit does make me aware of reflection and of what I'm actually doing. That sounds very stupid, but I have quite a busy job in which I do what is asked of me. I start at eight o'clock and go home at five o'clock and in between I'm glad I have time to breathe. So, then I am not very consciously engaged in reflection but because of the audit I am a bit more aware of it during my work.'* This seems to be in contrast to the fact that all participants first stated that reflection plays an important role in their work but that the PREZO Care audit has made them even more aware.

Two participants indicated that they had put this awareness about the importance of reflection into practice. They have done so by establishing structural consultations and by deliberately ask reflective questions to HCP. Two participants indicated that the PREZO Care audit did not play a role in how they reflect during their daily work because the audit was not sufficiently focused on their type of work. Furthermore, two participants experienced that the PREZO Care audit corresponded to how they reflected during their work and therefore had no influence.

How do healthcare professionals and managers perceive that their participation in the PREZO Care audit has affected their normative professionality?

As with reflective professionality, HCP and HCM underline the role of values during their daily work. Some participants stated that values are the reason they do this work. As participant 11 described: *'If I didn't work with my values, working for me didn't make sense.'* A few participants said that they noticed that the values of the organization are interwoven throughout their work. Others gave a prominent role to the client's values.

Within the organization there are several ways of working on the use of values during daily work. One way in which many participants indicate to remain conscious of values in their work is by having the conversation with each other about dilemmas. HCM try to support this by showing to HCP that they are open to this conversation. In addition, participants described the frequent naming of the importance of values ensured that a mindset was created within the organization. Participant 10 described this as: *'Because the board appoints it continuously. So, it has really become a kind of mantra in my head because they always say it. And always start from that idea. And even with every decision we take, it comes back to it.'*

Moreover, HCP and HCM described that they had the opportunity to follow trainings that supported the use of values in the organization. One way that HCM try to support the work on the basis of values is by making it part of certain processes such as the intake and the guidance plan. On the other hand, they are also trying to support it by making certain processes less time consuming, so that the HCP can take longer for the actual care of the client. Moreover, they also support it by transforming policies into practical values. Another supporting role that HCP and HCM stated are the values described in the mission and/or vision of the healthcare organization.

The participants perceived that the PREZO Care audit had affected their normative professionality in several ways. Some participants told that due to audit they are more aware of the importance of values during their daily work. Other participants indicated that the audit gave them strength in how they thought about values and/or how they already worked on the basis of values in the organization. Participant 4 described this as: *'What I really liked is that we started with a value dialogue that was quite a lot of discussion about because there were also locations that said: We have values so why should we go into dialogue at all. Then of course they ignore the fact that the values in our vision can be interpreted very differently by everyone, and that discussion is very beautiful. But for me it was enlightening to talk with different disciplines just about what is of interest to you.'*

This has led participants to have and/or want to talk about values more often. In addition, participants indicated that they have realized the importance of involving all parties in these conversations. Moreover, it was also a conformation of the improvements they had already deployed. There was one participant who did not experience this effect because she doubted whether this was the way to talk about values in the organization.

Which motivators play a role in the development of reflective, normative professionality and quality awareness among healthcare professionals and managers that participated in the PREZO Care audit?

The interviews revealed various motivators that seem to play a role in the development of reflective, normative professionalism and quality awareness. All possible factors will be discussed in the following sections.

Experience PREZO Care

In general, all the participants have experienced the PREZO Care audit as positive. They had this experience because the PREZO Care audit was not a set check list. This gave the participants the feeling that it was more in dialogue with the auditor than that it was a control. The participants also appreciated that all layers of the organization were involved. Furthermore, they recognized the organization better in the results of the PREZO Care audit than they could in previous audits. The participants also felt appreciated by the audit as an organization and individuals. As participant 10 stated: *'You are simply recognized and acknowledged in what you stand for'.*

In contrast to the positive points, there were also some improvement points and/or negative points mentioned by the participants. Some participants had the feeling that the role of the management was too big during the audit. As a result, these participants experienced that the organization was not well represented. As participant 1 stated: '*The dialogue was now held with a more mixed company. Of which I think there was still too much management in it, 'care organization A' eventually thought so too. In the first value dialogue there were three staff directors and a work representation and two or three poor frightened clients. They thought of who are sitting here now. So, there is still room for improvement in this balance.'* This was mainly mentioned in healthcare organization A but also in healthcare organization C.

Another point, mainly mentioned in the interviews with HCM, was that they found the audit the organization and the size of the audit too much. One participant suggested that the audit should have stopped when data saturation was achieved. There were also three participants who felt that too many parts of the organization were taken together in one audit. Therefore, they experienced that the dilemmas that were discussed were not recognizable to them. For two participants this was because they came from short-term care and the dilemmas

discussed were more about long-term care. For one participant, it was due to the fact that different locations had been brought together in the audit. All three of these participants were part of healthcare organization A. Some participants also experienced that they missed a closing of the audit because they had not seen a report yet. In case they had this feeling of closure the much-mentioned improvement point was that they granted this closure to everyone in the organization. Another point of a more organizational nature was that clients often had to travel far to take part in the dialogues.

Perceived relevance

The PREZO Care audit is seen by participants in two ways: (1) As a way to measure quality in a narrative way; (2) As a way to work on quality improvement. Most participants saw the added value of the audit for the organization. This contribution was experienced by involving several layers of the organization and by using narrative methods. Participant 10 describes this as: *'For me, the PREZO Care audit means looking more closely at what is really important. Because when do you hear and see if something is a success and if it contributes to someone's life, by retrieving stories. There you hear much more about whether or not it happens. This adds much more than there is a checklist to see if you meet certain standards.'*

Justice to the lived reality

Almost all participants experienced that the audit did justice to the lived reality in the healthcare organization. They recognized themselves and the organization in the results of the audit. Compared to other audits, the PREZO Care audit seemed to discover the core of the healthcare organization. Participant 17 describes this as: *'They get to the heart of the matter. This audit ensures that the core of the company is examined. And during the audit, the constant focus is on providing good quality care. They see the quality, they see the company as it is, they see the people as they are, they see the participants in reality. They see what happens in practice.'* Two participants did not recognize themselves in the results of the audit. They indicated that this was due to the fact that their field of rehabilitation had remained underexposed during the audit. Nonetheless, they did recognize the general results for the healthcare organization.

Involvement of all layers of the organization

Participants also underline that they found it positive that all layers of the organization were involved in the audit. The involvement of the client was most often referred to as a positive factor in the success of the audit. Participant 15 described this as:' *I think it has looked at all the layers within the organization so yes. I think the different angles with which we look at residents, participants, I think PREZO Care has done that too.'* Some participants expressed the wish that there should be even more representation of clients during the dialogues. In the organizations this is also done at the current reflection moments or when dilemmas are discussed if the group of clients allows this.

Top-down and bottom-up support

Participants experienced support during their work in different ways and by different groups of people. The most frequently mentioned way is to get the opportunities within the organization to develop professionally. In this way, the organization expects a certain degree of own initiative in which you have to take advantage of the opportunities. Participants offer or receive the offer to attend training courses, to go to symposia and to follow an education. The HCP experienced enough time and space to develop themselves. Moreover, HCP indicated that they also found support from each other during their daily work. This support was mainly in the form of dialogue about dilemma's or problems that occurred. Another way through which two HCM experienced support is by an external coach hired by the organization.

Reflective culture

As already noted, all participants emphasized the important role of reflection during their work. Some of the participants talk about a reflective culture or about reflection moments that are structurally organized every day. As participant 15 stated: *'And in the whole process you sit down with your colleagues twelve times a year to reflect on that process and you look every six months and with some clients every six weeks to see if what you do is still good enough. That's how we work there'* But not all participants appoint a reflective culture as a key factor.

Discussion

In general, participants experienced that the PREZO Care audit ensured a reinforcement and/or increase and/or confirmation of normative professionality, reflective professionality and quality awareness. As a result, the PREZO Care audit can lead to a stimulation of internal responsibility. Current research shows that the following motivators seem to play a role in stimulating internal responsibility through a quality system: (1) the involvement of all stakeholders; (2) the feeling that the audit had added value for the healthcare organization and individual (the perceived relevance); (3) experienced support from top-down and bottom-up; (4) how the audit was experienced by HCP and HCM.

A finding in relation to sub question A was that the participants have experienced that this way of auditing offered a reinforcement and support to the way they already thought about quality. Which shows that Perspekt has defined quality in the PREZO Care audit similar to the definition of quality used by HCP and HCM. Both PREZO Care audit and the participants describe quality as a flexible concept, in which the client is central. This is similar with theories that endorse the importance of this concept of quality also known as quality awareness (Bovenkamp et al.,2018; Ross et al., 2015; Baart, 2014).

In relation to sub question B the participants described that the PREZO Care audit made them more aware of the importance of reflection in their daily work. As a result, two participants indicated that they had set up reflection moments through the PREZO Care audit. This can be explained by the fact that all participants stated that reflection is important during their daily work. This reflection takes place in various ways and settings within the healthcare organization. These moments of reflection have a positive influence according to Sims, Hewitt and Hariss (2015) on the quality of decision making. Moreover, reflection leads to reflective professionality (Dartel & Molewijk, 2014).

The findings from sub-question C were generally positive, but the participants differed on how their normative professionalism was affected. Four findings were found: (1) Participants became more aware of the importance of values; (2) Participants were strengthened in how they thought about values; (3) Participants became aware of the importance of conducting dialogues about values; (4) Participants became aware of the importance of involving all layers of the organization in dialogues about values. Participants experienced that values play an important role in their daily work. During the daily work and during the PREZO Care audit, this is mainly supported by the dialogues about values and by naming the values of the organization. This support ensures that within a healthcare

organization more thought is given to values which can help doing morally right action (Abma, et al., 2009).

With regard to sub question D, several motivators have been found in the current research that can have an impact on reflective, normative professionality and quality awareness. The participants perceived that the PREZO care audit was relevant to the healthcare organization and that they did justice to the lived reality. This is similar with the study by Christina et al. (2016) who stated that perceived relevance is factor which influences the success of an audit-feedback system. This finding is in contrast to the research of Geffen (2019) that the process-oriented quality systems were not considered relevant.

Moreover, the PREZO Care audit was seen as pleasant by the participants, mainly because of the involvement of all layers of the organization. Dartel and Molewijk (2014) also stated that the involvement of all layers of the organization could influence the success of a moral case deliberation. The second condition, a reflective culture was not mentioned by all participants. However, the participants indicated that there is a lot of reflection in their healthcare organization, but whether this is a reflective culture has not been shown in the current research.

The last motivators examined were the perceived top-down and bottom-up support. Most HCP felt supported by the HCM in their daily work. The most common way of support was by entering the conversation. It was striking that the participants who did not experience change in their reflective, normative professionality and/or quality awareness were also the ones who found more support with their colleagues rather than with HCM. In line with research from Kanne (2016), this could mean that top-down support is an influential motivator for the success of a quality system. In general, the HCP also experienced support from colleagues when they had to deal with problems on the work floor. This often took place by entering the conversation with each other. These moments were unstructured and took place randomly. In the current research, in contrast with Kanne (2016), no possible connection was found between bottom-up support and the experienced stimulation of internal responsibility.

A few participants did not experience changes in their reflective, normative professionality and quality awareness. This can possibly be explained by the fact that the participants felt that the audit did not correspond to their lived reality. This shows, in line with the Kanne study (2016), that in order to create a successful audit, justice must be done to the reality lived. Moreover, it has been found that these participants also mainly experienced

bottom-up support. It seems that the experienced top-down support can affect the outcome of an audit-feedback system (Kanne, 2016).

The current research shows that the PREZO Care audit is perceived by the participants as a way to affect the internal responsibility via reflective, normative professionality and quality awareness. This can be explained by the fact that the PREZO Care audit was experienced positively by HCP and HCM. HCP and HCM perceived that the PREZO Care audit: (1) Did justice to the lived reality; (2) Involved all perspectives; (3) Was relevant for the healthcare organization; (4) Used a narrative way of measuring. Geffen (2019) has been missing in previous research which focused on process-oriented quality systems that a narrative quality system focused on internal responsibility instead of external justification could affect the quality of care.

Limitations

Besides the new insights delivered, the current research also has some limitations. First of all, it is an exploratory study that has not yet validated the concepts used. However, the current research has explored the possible links between a narrative quality system, reflective, normative professionalism and quality awareness. Secondly, the study was carried out by one person, which may result in a bias. The researcher therefore had no peer feedback, and this could lead to possible blind spots or assumptions. Although this is limited by the use of software for the analysis and the structural completion of the steps of qualitative data analysis. Thirdly, there is a possibility that there are socially desirable answers. As two organizations did not yet know whether they had achieved the quality mark, they may have given more positive answers. In order to limit this limitation, the researcher indicated at each interview that it was not related to the outcome of the audit. Fourthly, the interviews were conducted in different organizations, leading to a different context and also a different period of time in which the interviews were conducted. This can have an impact because the PREZO Care audit is still in the pilot phase and has therefore also been improved in between the audits.

Recommendations

Further research should focus on increasing knowledge about the effect of audit systems based on narrative measurements. The current research explored how reflective, normative professionality and quality awareness are connected, but further research is needed to see how

these concepts precisely relate to one another. Moreover, Perspekt should include these results in the further development of PREZO Care audit. As an example, the involvement of all layers of the organization was seen as positive, but it was also stated that the role of the management was still too large.

The current research also added value to the current knowledge. To the researchers her consent, this is the first exploratory research into an audit method that performs audits in a completely narrative manner. Furthermore, it contributes to the knowledge about the possible ways to promote reflective, normative professionality and quality awareness in a healthcare organization.

The current research also shows the importance of the change needed in current process-oriented quality systems. The current quality systems are shown by research from Geffen (2019) to be ineffective. This current research has shown that a narrative quality system aimed at stimulating internal responsibility is perceived relevant by HCP and HCM. Quality systems must therefore be adapted to a different way of justifying quality in healthcare organizations. This current research has shown that a narrative quality system aimed at stimulating internal responsibility is perceived relevant by HCP and HCM. Current quality systems must therefore be adapted to a different way of justifying quality in healthcare organizations.

Conclusions

The current research shows that HCP and HCM perceived that the PREZO Care audit ensured a reinforcement and/or increase and/or confirmation of reflective, normative professionality and quality awareness. This could lead to the stimulation of internal responsibility. Influential motivators found in current research are that HCP and HCM perceived that the PREZO Care audit: (1) Was relevant to the healthcare organization; (2) Did justice to the lived reality; (3) Involved all layers of the organization. Furthermore, it was found that top-down support could play a role in the experienced changes by participants from the PREZO Care audit. The experienced change of reflective, normative professionality and quality awareness did not seem to be associated with bottom-up support or a reflective culture. This needs to be explored by further research.

In conclusion, this research showed that a narrative quality system based on an audit-feedback system with elements of moral case deliberation is perceived to affect internal responsibility by HCP and HCM. It seems that a quality system needs to focus on internal

responsibility instead of external justification to be perceived positively by HCP and HCM. The current research shows how important it is to focus on reflective, normative professionality and quality awareness in order to stimulate internal responsibility.

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Appendix A: Description PREZO Care audit

PREZO Care is an audit method and a quality system developed by the foundation Perspekt. An audit consists of an introduction meeting, value dialogue, of each audit track a minimum of one work form, the findings dialogue and the impact analyses with a definite rapport. It depends on the wishes and size of a healthcare organization how many audit tracks are done. For each track there is a different auditor in addition to the core auditor

In phase one there is an introductory meeting in which the current situation of the organization is discussed, the concerns about quality and the current dilemmas. At this introductory meeting the core auditor is present and management. Straight after the introductory meeting the value dialogue takes place. During this dialogue it is important that people from all layers of the organization participate. This means that HCM, HCP, clients and their family members are participating. In the values dialogue a structured group discussion is held in which dilemmas and risks that they encounter in daily practice are discussed.

Phase 2 is the start of the three audit tracks of which a healthcare organization chooses one work form of each audit track. The first track is the documentation track of which the working form check formal basis is mandatory. In this work form, the organization shows that it adheres to the health care laws that have been drawn up. The second work form is data mining in which the auditor goes through non-standardized documents such as logbooks. The third form of work is a video analysis of a multidisciplinary deliberation in which the auditor looks at how the care is designed. In addition, there is the observation track in which there are

three possible work forms: unexpected watch, theme observation and shadowing. During the unexpected watch the auditor comes on an unannounced moment to observe the experienced quality in the healthcare organization. A theme observation has a certain theme on which the auditor focuses during the observations. Shadowing is a technique in which the auditor shadows an HCP during the working day. The final audit track is the story track that has three possible work forms: narrative interviews, themed interviews and the voice of clients and relatives. Narrative interviews are short conversations with all layers of the organization. A theme interview is shaped around a beforehand decided theme. At the voice of clients and relatives there is focused on what they find the quality of care.

In phase three, the core auditor and the other auditors fill in the impact analysis, giving the core auditor a first impression. The impact analyses consist of five different criteria: Impact on the result of the client, how there is dealt with dilemmas, are the risks taken into mind, learning and developing in the organization and change culture in context.

The results of this led to phase four of the findings dialogue in which the findings are discussed with the people who were also present at the values dialogue. In this dialogue, no judgement has yet been formed, but dilemmas are presented to the organization and they can respond to them.

In the final phase, the impact analysis is completed by the core auditor and on that basis a judgement is given. The core auditor then draws up a report to which the organization may still respond in order to remove any inaccuracies. Based on this, a final judgement is formed by Perspekt.

Appendix B: Topic list

General questions:

- What is your function in the organization?
- In which parts from the PREZO Care audit did you participate?

Questions contextual factors (part one)

- What is the PREZO Care audit according to you?
- Which goal or goals does the PREZO Care audit has according to you?
- Are these goals met by the organization?

    - Why are these goal(s) achieved or not achieved by the organization?

Question quality awareness

- How would you define good quality in your healthcare organization?
- How do you work towards improving the quality of care in a healthcare organization?
- Are there any changes since the PREZO Care audit in how you think about quality of care?
    - Yes: In which manner? And why?
    - No: Why not?

Question normative professionality

- What role are values playing in your daily work? (Both)
- How is value-oriented work stimulated in your organization? (Both)
- How did you experience that the way in which the PREZO Care audit is conducted has influenced how you use values during your work? (Both)
    - Why yes or no?

Questions reflective professionality

- Which role has reflection in your daily work? (Both)
- In which manner are reflective moments supported by the management? (HCP)? How do you support reflection among healthcare professionals (HCM)?
- Who are involved at reflection moments?
    - In which manner is the client is involved at these moments? (Both)
- How did you experience that the way the PREZO Care audit is conducted influenced how you reflect during your work? (Both)
    - Why yes or no?

Question contextual factors (part 2)

- Have you experienced that the way of auditing does justice to actual situation in the healthcare organization?

    - Why yes or no?
- Did you find that the PREZO Care audit was adding value for the healthcare organization?
    - Yes: Which kind of value was added? (Both) How is worked to increase this added value? (Management)
    - No: Why not?
- How does professional development take place in the healthcare organization? (Both)
    - Are there any trainings taking place? What is the topic of these training?
    - Are there moments in which dilemmas are discussed? When and how do they take place?
- How does the management support professional development? (HCP). How do you support professional development? (HCM).
- How did you experience the PREZO Care audit? (Both)
- Do you have any recommendations for improvement of the audit method? (Both)

Appendix C: Code tree

Head code 1	Sub code 1	Sub code 2	Sub code 3	Files	References
Different audits				0	0
	Comparison audits			1	1
	Differences audit			0	0
		Manner of auditing		8	15
		Organizational differences		1	1
		Results audit		3	5
Involvement audit				16	27
Contextual factors organization				9	18
Experience effect				0	0
	General			12	33
	Quality			15	16
	Reflection			14	25
	Values			14	19
Experience audit				1	1
	Negative experience			10	25
	Positive experience			14	51
	Improvement points			13	24

Type of work			16	23
Recognizability of findings			0	0
	Unrecognizability findings		3	6
	Positive recognizability of findings		13	26
Quality awareness			0	0
	Definition quality		0	0
		Combination definition of quality	4	4
		Flexible definition quality	13	14
		Normative definition quality	0	0
	Quality improvements		14	21

Normative professionality			0	0
	Importance values		16	29
	Support value-oriented working		0	0
		Culture	6	8
		Engage in the dialogue	8	14
		Providing information	2	3
		Resources that support	2	3
		Consultation moments	9	12
		Problems support	3	5
		Trainings	3	4
		Vision and policies	6	9
Person-centred care			9	16
PREZO Care content			0	0
	Other ideas		2	2
	External justification		2	2
	Quality system or quality research		11	13
		Norm centred	2	2
	Quality improvements		10	15
	Unclear		2	2

Professional development				0	0
	Ways of professional development			0	0
		Meetings		1	1
		Own contribution		1	1
		Own professional development management		7	8
		Trainings		1	1
			Focused on team/personal development	3	3
			Focused on work	5	5
	Support professional development			0	0
		External support		2	2
		Support from management		0	0
			Engage in dialogue	1	2
			Own initiative	3	4
			Offer options	11	18
			organizational support	6	7

		Problems professional development	6	9
		Wishes professional development	2	2
		Changes professional development	6	6
Reflective professionality			0	0
	Importance reflection		16	34
	Involvement reflection		0	0
		Other employee's	12	19
		Clients	13	14
		Flexible depending on the situation	3	3
		Yourself as person	1	1
	Ways of reflection		0	0
		Consultation moments	9	23
		Reports and notifications	4	7
		Reflective discussion	12	19
		Trainings	1	1
		Self-reflection	6	7

Support reflection		0	0
	Other factors	4	6
	No support from management	2	2
	Consultation moments	1	2
	Engage in the dialogue	9	9
	Organizational support	1	1
Audit coincide with other factors		4	6