Chapter 1

General introduction
Challenges within the residential care for older people

Like other countries, the Netherlands faces multiple challenges with respect to the care for older people. Due to changes in national policy, recent years have seen a reduction in the number of older people moving to and living in Dutch nursing and residential care homes. Those who are resident, however, include increasing numbers of frail older people living with multiple health conditions (Actiz, 2012; Hamers, 2011; RVZ, 2012). Consequently, care needs are changing within the context of residential care for older people and care demands are more complex.

There is also a call within health care delivery for a movement away from a traditional and medically oriented approach towards one in which more emphasis is placed on the autonomy, choice and self-determination of the individual older person (Abma, Bruijn, Kardol, Schols & Widdershoven, 2012; Baur, 2012; Chapin, 2010). Care personnel are expected to value and recognise the older person as an individual and care itself should be directed towards wellbeing and quality of life. Knowledge of the person, consciousness of the other's convictions, values and experience, being able to build mutual trust and understanding and maximise choice and autonomy have become increasingly important competencies for care staff within this field (Chapin, 2010; Jones, 2011; Kitwood, 1997; McCormack & McCance, 2010; Nolan, Davies, Brown, Keady & Nolan, 2004; van Zadelhoff, Verbeek, Widdershoven, van Rossum & Abma, 2011). Furthermore, the increasing pressure to be transparent about the quality of care to service users, insurers, and government requires practitioners to justify their actions based on the latest scientific findings and to be active in the implementation of new knowledge and insights (Hamers, 2011).

These growing demands concerning the content and quality of residential care for older people are however difficult to meet due to financial restraints and regulatory and organisational issues. The current funding system within the Netherlands, based on classifications of different types of residents and corresponding hours of and prices for service delivery, is often considered to be barely adequate (Abma, 2010; Schols, 2011). While costs continue to rise and collective resources are insufficient to meet the demand, the potential for further financial cuts and associated reductions in care remains real (RVZ, 2012). As well, systems intended to increase the quality of care have become dominated by performance-based instruments for measurement and control. They increase bureaucracy and have become ends in themselves putting pressure on health care organisations and care personnel, even though these norms and standards do not communicate anything about human to human relationships and person-centred care (Abma, 2010; Geelen, 2014).
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In addition, despite the shift in policy and expectations nursing and residential care homes are often characterised as traditional and hierarchical, regulated by rules limiting innovation, change, and person-centred care (Chapin, 2010; Koren, 2010; van Waarde, 2007). The workforce is dominated by less educated care personnel who act mainly on tradition, routine and personal experiences (Hamers, 2005), while there is undervaluation of the qualifications needed to address the increasing intensity and complexity of care (Hamers, 2011). Furthermore, the workload is high, care personnel experience little time for residents (Douwes, Van den Heuvel & Sonneveld, 2008), and the work environment is not considered as attractive (Bakker, Coppoolse & ten Have, 2012; Berntsen & Bjørk, 2010; Nolan et al., 2004). Retaining and attracting sufficient qualified staff is tricky, while competences of current staff members, generally health care assistants and vocationally trained nurses (>98%) (Prismant, 2009), may be inadequate to meet care needs of the older people (Hamers, 2011; Kim, Harrington & Greene, 2009).

As a result of these issues, the residential care for older people is under pressure within the Netherlands and gets a lot of social criticism (RVZ, 2012). Every hazardous incident is highlighted within the media, and the quality of care for older people is the focus of many public and political debates. There is a growing awareness that fundamental changes are necessary if the increasingly complex care needs of older people within residential care are to be met in professional and person-centred ways. Besides a more appropriate government policy and funding system, new shared cultural values and new knowledge, skills and ways of working within care organisations are needed to adequately meet these challenges (Corazzini et al., 2014; McCormack et al., 2009; Moles, 2006; Tyler & Parker, 2011).

To realise this learning, innovation and research should be facilitated and promoted within nursing and residential care homes (Hamers, 2011; Manley, McCormack & Wilson, 2008). According to Hamers (2011) the focus here should be on increasing the quality of nursing staff. Besides giving more attention and emphasis to care for older people in curricula, continuous professional development of practitioners is necessary. Manley et al. (2008) promote practice development as a systematic and continuous process of developing person-centred cultures based on various forms of evidence: scientific research, professional knowledge and expertise, the knowledge and preferences of the resident, and the knowledge present in the local context. It is argued that learning from current practices and stakeholders’ experiences is central within practice development (Clarke & Wilson, 2008). Such learning at and from work has the potential to transform the context and to benefit professional and personal growth (Clarke & Wilson, 2008; Manley, Titchen & Hardy, 2009).

In line with this, the research reported in this thesis looks deeply at learning in the workplace in order to facilitate adequate responses to current challenges in
the residential care for older people. It describes the nature of learning and addresses how learning and professional development can be promoted and researched in the context of care for older people. This first chapter provides background information concerning learning at, through and for work and explains the chosen methodology.

Learning at, through and for work

In the past two decades, there is an increasing tendency to see the context of work as important for learning both within and outside health care. Theories of learning within the context of work have evolved enormously (Hager, 2011) as learning at work has diverse advantages. It reduces costs compared to regular forms of training, is more flexible and tends to be ‘just in time’ (van der Klink, 2011). It also reflects the organisational dynamics and contributes to the transfer of that which is learned into daily work situations (Clarke, 2006; Garavan, O’Donnell, McGuire & Watson, 2007; Gould, Drey & Berridge, 2007; Woodall, 2000). As such, learning at work may prevent falling back into old behaviour and routines and makes it easier to adapt to the rapidly changing environment (Nijhof & Nieuwenhuis, 2008), Furthermore, learning at and from work can encourage personal growth, innovation and practice development (Manley et al., 2009; Williams, 2010). Consequently, the research into and literature on learning in workplaces and organisations is abundant and muddled.

General beliefs and assumptions regarding learning

There are many different concepts and approaches to learning within organisations, like organisational learning (Argyris & Schön, 1978), learning organisations (Senge, 1990), work based learning (Manley et al., 2009; Realin, 2000), workplace learning (Billett, 1996), situated learning (Lave & Wenger, 1991), informal learning (Eraut, 2004; Marsick & Watkins, 1990), and expansive learning (Engeström, 2001). Also, there are more specific forms of learning described and explained for encouraging and organising the integration of working and leaning, such as communities of practices (Bindels, Cox, Widdershoven, van Schayck & Abma, 2014; Wenger, 1998) and learning networks (Poell, Chivers, Van Der Krogt & Wildemeersch, 2000). A clear classification of such perspectives and approaches is hard to make as all are influenced by different and multiple theories and disciplines, such as cognitive psychology, (adult) learning theories, (human resource) management, organisational studies and socio-cultural theories, and thus have different foci. Nevertheless, some authors have put effort into analysing and categorising the diversity of workplace research literature in a certain way
First, workplace learning does not take place through formal education or training, but is situated within the working or organisational context in which learners (novice and experienced employees, students, managers, others) participate. Learning is thus dependent on the individuals’ emotions, intuitive or tacit understanding and personal knowledge as well as socially and contextually informed and based on natural and often unexpected opportunities in real work situations (Tynjälä, 2013). It takes place by doing the job itself, by interacting and working with others, by experiencing and dealing with challenges, and by reflecting and evaluating work experiences (Berings, 2007; Eraut, 2004; Manley et al., 2009; Tynjälä, 2013).

Second, learning within the context of work can take different forms or modes (Tynjälä, 2008). It is often implicit, informal and incidental, but explicit, formal, and intentional forms of learning also occur and are needed (Eraut, 2004; Marsick & Watkins, 1990; Tynjälä, 2013). Self-directed learning and taking responsibility for one’s own learning is therefore often valued (Knowles, 1975; Manley et al., 2009; Williams, 2010), and reflection is generally seen as important or even as a core process (Høyrup, 2004; Tynjälä, 2008, 2013; Williams, 2010). By reflecting on (spontaneously gained) experiences and integrating tacit or practical gained knowledge with other forms of knowledge, like propositional or conceptual knowledge, experiences become meaningful and individuals’ frameworks of knowledge alter. Deeper insights are gained, leading subsequently to new actions and thus new experiences (Kolb, 1984; Schön, 1983).

Third, learning in and through work is not just an individual endeavour, but is also a social and collective process whereby knowledge is explicated, shared and co-constructed (e.g. Billett, 2006; Dixon, 1996; Fenwick, 2008a; Nonaka & Takeuchi, 1995). As such, workplace learning is multi-levelled and can be analysed on, for example, the individual, group, community, organisational and even inter-organisational level (Tynjälä, 2008, 2013).

And finally, the effectiveness of workplace learning depends on the characteristics, (learning) skills and motivation of the learner as well as the context of learning (Billett, 2004; Manley et al., 2009; Tynjälä, 2008, 2013). Promoting invitational qualities or affordances of the workplace (Billett, 2004), such as challenging and varied work activities, appropriated guidance, feedback and support, a permissive and safe atmosphere, and supportive infrastructures and possibilities for interpersonal interactions (Billett, 2002; Blokhuis, 2006; Manley et al., 2009) will enlarge the learning potential of the workplace (Nijhof & Nieuwenhuis, 2008) and is therefore considered as crucial.
Emerging perspectives and future directions

These general assumptions and characteristics of learning at work, which are mainly based on cognitive, social-constructivist and socio-cultural insights into learning, form a common ideology. Nevertheless, differences exist and general beliefs concerning learning are increasingly challenged, indicating that the field is in motion. For example, there seems to be consensus that learning is an individual as well as a collective process taking place on multiple levels of learning. The conceptualization of the nature of the relationship between the individual, collective and the wider context however differs (Fenwick, 2008a; Hager, 2011). The dominant or taken-for-granted view in literature concerns that of the individual who learns and moves within the context, presenting the collective as a set of conditions for learning or as an outcome of learning (Fenwick, 2008a). Yet, some authors (e.g. Billett, 2006; Cunliffe, 2008; Fenwick, 2006; Hodkinson, Biesta & James, 2008; Küpers, 2008) argue that through such a view individual and social or cultural learning are approached separately and that learning is presented as primarily cognitive in nature thereby failing to explain the complexity of learning in organisations. These authors advocate a more holistic, embodied and embedded view of learning. Another point of critique is the limited attention in the body of literature for (1) power relations and politics, (2) the relation between knowledge creation and identity, agency and innovation in the workplace, and (3) the influence of learning taking place outside the workplace (Fenwick, 2008a, 2008b; Fuller & Unwin, 2011; Hodkinson et al., 2008; Sawchuk, 2011). Furthermore, it is argued that definitions and assumptions of learning are seldom explicated in the literature, hindering a cross-disciplinary dialogue concerning learning at work and thus the refinement and enrichment of learning approaches and perspectives (Fenwick, 2008a; Hodkinson & Macleod, 2010; Niessen, Vermunt, Abma, Widdershoven & van der Vleuten, 2004).

Following these emerging perspectives and critiques it is argued that researchers should engage in the on-going debate about the nature of learning and how learning at work can and should be conceptualised (Hodkinson & Macleod, 2010) and facilitated or guided in the actual workplace (Billett & Choy, 2013; Manley et al., 2009). Researchers need to engage closely with people within their daily practices to enhance and expand understandings into what people actually do and think in everyday work activity, and why, how and what they learn through and at their work (Fenwick, 2008b; Fuller & Unwin, 2011). In-depth research is necessary into the micro-relations among and between people and the levels of learning to explore how knowledge actually emerges and practices evolve and change (Fenwick, 2008a), and what consequences and outcomes there are for individuals, teams and organisations (Manley et al., 2009). Besides giving voice to the workers’ perspectives (Fuller & Unwin, 2011), this requires the development
and use of more sophisticated research methods that can help illuminate the learning that unfolds in everyday work and that access knowledge that is implicit and embedded in working activities and interactions (Billett & Choy, 2013; Fenwick, 2008b; Fuller & Unwin, 2011).

**Research objective and question**

To facilitate adequate responses to current challenges in the residential care for older people and to contribute to existing insights and the on-going debate concerning learning at work, this study aims to gain deeper insights into how workplace learning\(^1\) can be conceptualised (conceptual objective), researched (methodological objective), and promoted (practical objective) within the residential care for older people.

The general question that is central in this thesis is:

> What is the nature of workplace learning within the context of the care for older people and how can an in-depth emic understanding of learning be generated in a way that is also beneficial to generating learning itself?

**Context of the study**

The research took place in a health care organisation providing residential care for older people in The Netherlands from January 2007 till December 2013. During the study three care innovation units (CIUs) were established within the organisation in association with initially two and later four faculties of nursing, in which qualified care personnel collaborate intensively with a large group of students (Niessen & Cox, 2011). Hoping to encourage staff to not act solely on tradition and instruction, the management aimed to combine care, education, innovation and research in the units with the object of increasing the quality of care for residents and developing a challenging workplace for team members (i.e. all nursing and care staff on the unit, whether qualified or still students).

The first unit was set up in 2007. As it was situated in an old building, this unit was demolished two years later. In 2009 two new CIUs were initiated in new buildings and these units are still operational. Each unit has particular

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\(^1\) There are multiple terms used in literature which refer to learning at, through and for work. As I want to emphasise learning taking place in everyday work activities in the actual workplace (in this case within some units in the residential care for older people), preference is given to the use of the word workplace learning in this thesis. Nevertheless, sometimes other terms are used as synonyms.
characteristics as they offer places for residents with different care needs. The nursing care in the units is multifaceted and clinical activities are varied and variable. In table 1 details of each unit are given.

Table 1 Characteristics of the CIUs

<table>
<thead>
<tr>
<th>Operational period</th>
<th>CIU</th>
<th>Number of involved faculties</th>
<th>Residents</th>
<th>Staff members</th>
<th>Average number of Students (per half acad. year)</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 2007 – April 2009</td>
<td>Willow: Places for residents with chronic or rehabilitation care needs.</td>
<td>2</td>
<td>22</td>
<td>12 (9 FTE)</td>
<td>15 (11 FTE)</td>
</tr>
<tr>
<td>From March 2009</td>
<td>Rose: Places for residents with age related mental health conditions. They live temporarily on the unit for observation, rehabilitation or during crisis.</td>
<td>4</td>
<td>22</td>
<td>25 (16 FTE)</td>
<td>20 (15 FTE)</td>
</tr>
<tr>
<td>From March 2009</td>
<td>Maple: Places for residents with complex, chronic and/or intensive support needs, including palliative care.</td>
<td>4</td>
<td>34</td>
<td>39 (24 FTE)</td>
<td>23 (16 FTE)</td>
</tr>
</tbody>
</table>

In the units ward assistants, qualified health care assistants and nurses are employed, working under the supervision of a nurse manager. The majority is qualified as enrolled or diploma level registered nurse. Each qualified nurse is a mentor for one to three students. The mentors guide the students in planning and evaluating their learning process. Each unit accepts multiple students simultaneously on clinical placements, which for most students take half an academic year. The students study at different educational institutions for various qualifications: health care assistant, enrolled or registered nurse at both diploma and degree level. Students are in different years of their training and work during all common shifts. Like qualified staff, students are considered as members of the nursing team responsible for the daily care.

Each nursing team works together with an activities coordinator, some volunteers, a gerontologist and several allied health care professionals. Other stakeholders are a student co-ordinator, a lecturer practitioner in each unit, and nurse teachers. The student co-ordinator is employed by the organisation and coordinates the students’ placements by assigning them to the units and liaising with the involved faculties. The lecturer practitioner (also called practice developer) is a nurse who has a background in education and research and works both in the unit (2-3 days per week) and in an affiliated higher education institute (Carnwell, Baker, Bellis & Murray, 2007; Frost & Snoeren, 2010). She collaborates intensively with students and staff, encourages dialogue and democratic processes, helps the team to develop their own knowledge and skills and advances practice
development (Manley et al., 2008). From the other participating (vocational) schools a nurse teacher visits the care facility once a week as a link tutor (Carnwell et al., 2007). The nurse teacher advises students in their learning and mediates between student and mentor when necessary.

My own role and position

When the CIU project started, I worked as a lecturer at a higher education institute. From this position, I was seconded to the care organisation as a consultant to support and research the initiation and development of the CIUs. I was already familiar with the care facility as well as with another collaborating faculty, where I had worked as a student co-ordinator and nurse teacher respectively, for several years. I saw this position as my chance to integrate nursing, education and research while applying what I had learned during my years in practice, my study in Nursing Science and a practice development school I had recently followed.

From January 2007 I worked two days a week in the organisation to facilitate processes in the units by helping the teams develop their own knowledge and skills in working towards a transformation of the culture and context of care. Within the first unit, with the fictitious name Willow, I took on the role of the lecturer practitioner. I collaborated intensively with students and staff. I initiated and facilitated small projects aimed at improving the daily care and supported team members in working and learning in the unit. In 2009, when it was decided to create two new CIUs, a junior lecturer practitioner was appointed to each of the new units. Both were employed by the care organisation. I mentored and coached them in their further development as lecturer practitioners, supported the care innovation units in the areas of innovation and research, and initiated multiple (action) research projects and bottom-up improvements. When the (junior) lecturer practitioners became more proficient, my involvement decreased in intensity and frequency and finally I left the organisation in July 2011. Both lecturer practitioners continued the work independently and were supportive in gathering data until the end of 2013.

Methodology

To realise the CIUs aims, participatory action research (PAR) was chosen as a strategy for both the improvement of practice situations in the CIUs and the encouragement of workplace learning. PAR is a participatory and democratic inquiry process concerning practical issues and purposes that has an emancipatory function (Carr & Kemmis, 1986; Fals-Borda & Rahman, 1991; Heron & Reason,
1997; Mertens, 2009). The intent is research with, for and by people to rediscover more equitable power balances in an educative manner, whereby the capabilities of participants can increase and the improvement of practice is integrated with the development of (scientific) knowledge (Reason, 2006; Reason & Bradbury, 2001). The process follows cycles of problem orientating, planning, action and evaluation (Kemmis & McTaggart, 1988; Lewin, 1946; Waterman, Tillen, Dickson & de Koning, 2001). Due to this cyclical character (see figure 1), the research process cannot be planned in detail in advance and is emergent (Reason & Bradbury, 2001). Thematic concerns and concrete methods and techniques are determined during the research process in consultation with those involved.

![Figure 1 Phases of an action research cycle](image)

As practitioners participate as actively as possible in the research process in the role of co-researchers, and share experiences in a dynamic process of action, reflection and collective research (Heron & Reason, 1997; Reason & Bradbury, 2001), such an approach fits the general assumptions and characteristics of learning at and through work based on cognitive, social-constructivist and socio-cultural insights into learning. PAR is in line with my values concerning the equality of human beings and my notion that activities should contribute to the learning and development of those involved in them (Guba & Lincoln, 2005; Heron, 1996; Mertens, 2009). Furthermore, within PAR the researcher is involved in the research process and does not have an independent stance (Heron & Reason, 1997;
Waterman et al., 2001), which corresponded with my close engagement within the CIUs.

Within the CIUs different PAR processes were initiated in order to achieve the CIUs aims. These were for example focused on the improvement of daily activities for older people (Rose), family participation (Rose and Maple), and residents handover (Maple). To realise the research aim and to answer the question central in this thesis, additional research was done from a naturalistic inquiry paradigm. Naturalistic inquiry is based on the assumption that there are multiple interpretations of reality. It takes place in the natural setting or particular context in which the researcher places him or herself in order to understand a phenomenon from the participants’ perspectives (Lincoln & Guba, 1985). Data gathered within research cycles about that specific thematic concern and what and how practitioners learned while engaged in such processes were used. Also supplementary data that transcended the action cycles were collected on several occasions using multiple qualitative methods. Considering the multilevel nature of learning (Tynjälä, 2008, 2013), these data were gathered and analysed on five different individual and collective levels of learning (figure 2).

Figure 2 Levels of learning

Some of these findings are presented in this thesis as intrinsic case studies (Abma & Stake, 2014; Stake, 2003), (co-constructed) auto-ethnographic studies (Ellis, Adams & Bochner, 2010) and a secondary analysis of a focus group study
(Kamberelis & Dimitriadis, 2005). These studies were chosen for their learning potential (Abma & Stake, 2001; Stake, 2003) revealing crucial aspects of the research question as seen from an insider perspective on a certain level:

- The individual level concerning the relationship with self as a researcher and facilitator
- The dyadic level concerning the mentoring relationship between a junior lecturer practitioner and myself
- The group level concerning the learning of an action research group
- The unit level concerning the learning of the nursing team taking place within the unit
- The organisational level concerning the learning potential of the unit as experienced by students

Outline of the thesis

The next chapters in this thesis discuss the learning taking place on the diverse levels. Each chapter focuses on one particular level, the specific scale of attention (Hodkinson, 2004), although the influence of other levels of learning are also recognisable in each chapter.

In chapter 2 my own learning as an action researcher is central. The chapter focusses on my engagement within the first conducted CIU called Willow. In this auto-ethnography my struggle to maintain self in the situation is highlighted. Lessons that can be learned from my experiences are explained.

Chapter 3 depicts the dyadic level and illustrates the growth of the mentoring relationship between myself and a junior lecturer practitioner who works in the CIU Rose. The nature of the relationship and how we learned from each other by facilitating (action research) processes is described from both perspectives and in detail, in a co-constructed auto-ethnography, giving insights into micro-processes that nurture mutual learning.

Chapters 4 and 5 elucidate an action research cycle that took place within the CIU Rose. The action research cycle concerns the improvement of participation of older people with dementia in daily occupational and leisure activities. Central to chapter 4 is the learning of the action research group that was responsible for initiating, coordinating and monitoring the research process on CIU Rose. Their perspective of the action research process and what and how they learned from the project is illustrated. In chapter 5 the perspective of the nursing team (staff and students) is presented. This case study exemplifies how learning and change processes unfolded and how, simultaneous to the improvement of the older people’s involvement in daily activities, a cultural transformation took place and the care became more person-centred.
The organisational level of learning is discussed in chapter 6. The learning environments of the CIUs Rose and Maple are examined from the perspectives of students to deepen understandings concerning the conditions that facilitate workplace learning.

Finally, in chapter 7 the diverse individual and collective levels of learning are brought into relation with each other to answer the research question. Based on the research findings the concept of workplace learning is described as well as how learning within residential care for older people could be advanced and researched. Inspiration and suggestions for practice and further research are also given.
The organisational level of learning is discussed in chapter 6. The learning environments of the CIUs Rose and Maple are examined from the perspectives of students to deepen understandings concerning the conditions that facilitate workplace learning.

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CHAPTER 1


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