Why Coach? - From Managers to Coaches - Buurtzorg, A Case Study, 'Reinventng Organisatons' (extract), Laloux (2014) p62-73

1. Context: pages 1&2 - Laloux explains how local neighbourhood nursing in the Netherlands went from personal to 'managed' through a logical sequence of trying to achieve economies of scale, complementarities of skills, and efficiencies in time and cost, and the impact this had on patients, nurses and managers.
2. Vision and Values: page 3 - Laloux describes the Buurtzorg approach to Self Managing Teams and patient care.
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6. 'Ground Rules': page 7

1. First, some background: Since the 19th century, every neighbourhood in the Netherlands had a neighbourhood nurse who would make home visits to care for the sick and the elderly. Neighbourhood nurses are a central piece of the Dutch healthcare system, working hand-in-hand with family doctors and the hospital system. In the 1990s, the health insurance system (which overtime had taken on footing most of the bill), came up with a logical idea: why not group the self-employed nurses into organisations? After all, there are obvious economies of scale and skill. When one nurse is on vacation, sick, or simply trying to get a good night's sleep, someone else can take over. If one has too much work while another has a lull, the organisation can balance the load. And not every nurse knows how to treat every type of pathology, so there are complementarities in terms of skills.

2. Soon enough, the organisations that group the nurses started merging themselves, in pursuit of ever more scale: the number of organisations dropped from 295 to 86 in just five years, from 1990 to 1995... Tasks were specialised: some people would take care of intake of new patients and determine how nurses would best serve them; planners were hired to provide nurses with a daily schedule, optimising the route from patient to patient; call centre employees started taking patients' calls; given the growing size of the organisations, regional managers and directors were appointed as bosses to supervise the nurses in the field.

3. To ensure accurate planning and drive-up efficiency, time norms were established for each type of intervention: in one company, for instance, intravenous injections would be allotted exactly 10 minutes, bathing 15 minutes, wound dressing 10 minutes, and changing a compression stocking 2.5 minutes. To reduce costs, these different healt treatments (now called "products") were tiered according to the expertise they required...

... The more experienced and expensive nurses perform only the more difficult products, so that cheaper nurses can do all the others. To be able to keep track of efficiencies, a sticker with a bar code is placed on the door of every patient's home, and nurses have to scan in the barcode, along with the 'product" they have delivered, after every visit. All activities are time-stamped in the central system, and can be monitored and analysed from afar.

4. Each of these changes makes perfect sense in the... pursuit of economies of scale and skill. But the overall outcome has proved distressing to patients and nurses alike. Patients have lost the personal relationship they used to have with their nurse. Every day (or several times a day if their situation calls for it) a new, unknown face enters their home.The patients - often elderly, sometimes confused - must gather the strength to re-tell their medical history to an unknown, hurried nurse who doesn't have any time allotted for listening. The nurse changes the bandage, gives the shot, and then is out of the door. The system has lost track of patients as human beings; patients have become subjects to which products are applied. The human connection is lost, and the medical quality is compromised too: there is no continuity in care; subtle but important cues about how a patient's health is evolving are often overlooked when a different nurse comes along every day.

5. People who work in the headquarters of these organisations don't find work much more meaningful. As these organisations grew, so did the number of levels of management. In good faith, managers at each level are trying to do their job - supervising their direct reports, paying close attention to budget variances, double-checking each request for resources, ensuring that all the bases are covered by all the relevant superiors before approving a change in course. *In the process, motivation and initiative are choked out.*

6. **Buurtzorg**, the organisation that has caused a revolution in neighbourhood nursing, was founded in late 2006 by Jos de Blok. Jos had been a nurse for 10 years and had then climbed the ladder to assume management functions and staff roles in a nursing organisation. When he found that he couldn't effect change from the inside, he decided to start his own organisation. An entirely different paradigm would inform the care and the organisational set-up. Buurtzorg, the organisation he created, has become extraordinarily successful, growing from 10 to 7000 nurses in seven years and achieving outstanding levels of care.

Self-managing teams

7. Within **Buurtzorg** (which means “neighbourhood care” in Dutch), nurses work in teams of 10-12, with each team serving around 50 patients in a small, well-defined neighbourhood. The team is in charge (autonomous / self-directed) of all the tasks that were previously fragmented across different departments. They are responsible not only for providing care, but for deciding how many and which patients to serve (capacity and work flow). They do the intake, the planning, the vacation and holiday scheduling, and the administration. They decide where to rent an office and how to decorate it. They determine how best to integrate with the local community, (managing stakeholder relationships) which doctors and pharmacies to reach out to, and how best to work with local hospitals. They decide when they meet and how they will distribute talks among themselves, (roles and responsibilities, team work, team processes and communication), and they make up their individual and team training plans (learning and development for continuously improving performance).

8. They decide if they need to expand the team or split it in two if there are more patients than they can keep up with, and they monitor their own performance and decide on corrective action if productivity drops. There is no leader within the team; important decisions are made collectively.

9. Care is no longer fragmented. Whenever possible, things are planned so that a patient always sees the same one or two nurses. Nurses take time to sit down, drink a cup of coffee, and get to know the patients and their history and preferences. Over the course of days and weeks, deep trust can take root in the relationship. Care is no longer reduced to a shot or a bandage - patients can be seen and honoured in their wholeness, with attention paid not only to their physical needs, but also their emotional, relational, and spiritual ones...

10. **Buurtzorg** Places real emphasis on patients’ autonomy. The goal is for patients to recover the ability to take care of themselves as much as possible. What can patients learn to do themselves? Can patients structure their support networks? Are there family members, friends, or neighbours who could come by and help on a regular basis? Nurses will often go ring at a neighbours’ door to inquire if they would be open to helping support the old lady living next door. Buurtzorg Effectively tries to make itself redundant whenever possible. *Vocation is restored* in its true sense: *the patient’s well-being trump's the organisations self-interest.* The result is that patients are thrilled by how Buurtzorg’s nurses serve them. And so their families, who often express deep gratitude for the important role nurses come to play in the life of the sick or elderly (it is not unusual for nurses to care for terminally ill patients until their last moments).

Outrageous Results

11. The results achieved by Buurtzorg on the medical front are outrageously positive.

- *A 2009 Ernst & Young study found that Buurtzorg requires, on average, close to 40% fewer hours of care per client than other nursing organisations* - which is ironic when you consider that nurses in Buurtzorg take time for coffee and talk with the patients, their families, and neighbours, will other nursing organisations have come to time "products" in minutes.

- Patients stay in care only half as long, heal faster, and become more autonomous.

- 1/3 of emergency hospital admissions are avoided, and when a patient does need to be admitted to the hospital the average stay is shorter.

- The savings for the Dutch Social Security system are considerable – Ernst & Young estimates that close to €2 billion would be saved in the Netherlands every year if all home care organisations achieved Buurtzorg's results… absenteeism for sickness is 60% lower and turnover 33% lower than in traditional nursing organisations.

No Bosses

12. Buurtzorg Teams have no boss. All team members - typically 10 to 12 people - are nurses. They deal with all the usual management tasks that arise in every team context: they set direction and priorities, analyse problems, make plans, evaluate people's performance, and make the occasional tough decisions. Instead of placing these tasks on one single person - the boss – team members distribute these management tasks among themselves. The teams are effectively self-governing and self-organising.

13. Anybody who's worked on a team with no boss knows that it can easily turn into a nightmare. Yet that only really happens at Buurtzorg. How come? *Productive self-management rarely happens spontaneously.*

14. Buurtzorg has become very effective at giving teams the specific support (training, coaching and tools) required for self-management to work in practice. To begin with, all newly formed teams and all new recruits to existing teams take a training course called “Solution-Driven Methods of Interaction,” learning a coherent set of skills and techniques for healthy and efficient group decision-making. Within the training, team members deepen their knowledge in some of the most basic (and ironically often most neglected) building blocks of human collaboration: learning *different types of listening different styles of communication, how to run meetings, how to coach one another,* and other practical skills.

15. **If teams get stuck,** they can ask for external facilitation at any time – either from their regional coach or from the pool of facilitators of the institute they trained with. A team that is stuck can also turn to other teams for suggestions, using Buurtzorg’s internal social network platform, as most likely some team somewhere will already have grappled with a similar problem… switching to self-management can be challenging at first… learning to live with that amount of freedom and responsibility can take some time, and there are often moments of doubt, frustration, or confusion.

16.In Buurtzorg’s teams, there is no boss-subordinate hierarchy, but the idea is not to make all nurses on a team “equal.” Whatever the topic, some nurses will naturally have a larger contribution to make or more to say, based on their expertise, interest, or willingness to step in... Because there is no hierarchy of bosses over subordinates, space becomes available for other *natural and spontaneous hierarchies to spring up – fluid hierarchies of recognition, influence and skill* (sometimes referred to as “actualisation hierarchies” in place of traditional “dominator hierarchies”).

No middle management

17. There is no boss within the team. Surely, then, there must be strong leadership coming from higher up in the hierarchy, say, from the regional managers that oversee a number of teams? The answer, as you've probably guessed, is no. There are no regional managers. Instead, there are **regional coaches**. It's not merely semantics. Unlike typical regional managers, *coaches at Buurtzorg have no decision-making power over teams. They are not responsible for team results. They have no targets to reach and no profit and loss responsibility. They receive no bonuses if their teams perform well.* The vertical power transmission of traditional pyramidal organisations is taken off its hinges: the teams of nurses aren't simply empowered by their hierarchy; they are truly powerful because there is no hierarchy that has decision-making power over them.

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17. **Coaches** have no hierarchical power, but make no mistake, they play a crucial role just the same. Self-management is no walk in the park. Newer teams in particular face a steep learning curve. They are effectively in charge of all aspects of creating and running a small organisation… at the same time as learning to manage interpersonal dynamics within a self-organising term. The regional coach is a precious resource to the teams; upon request she can give advice or share how other teams have solved similar problems. *Mostly, though, the coach's role is to ask the insightful questions that help teams find their own solutions.* Coaches can mirror to teams unhelpful behaviour and can at critical moments raise the flag and suggest that a team pause to deal with a serious problem.

18. **There is no job description for the regional coach**. Every coach is encouraged to find and grow into her specific way of filling the role, based on her specific character and talents. Nevertheless a few unwritten principles have emerged as part of Buurtzorg's culture:

- **It's okay for teams to struggle.** From struggle comes learning. And teams that have gone through difficult moments build resilience and a deep sense of community. *The coach's role, therefore, is not to prevent foreseeable problems, but to support teams in solving them* (and later help them reflect on how they've grown in the process).

- The coach's role is to **let teams make their own choices**, even if she believes she knows a better solution.

- The coach supports the team mostly by *asking insightful questions and mirroring* what she sees. She helps teams frame issues and solutions in light of Buurtzorg's purpose and its holistic approach to care.

- **The starting point is always to look for enthusiasm, strengths, and existing capabilities with the team.** *The coach projects trust that the team has all it takes to solve the problems it faces.*

19. On average, a coach supports 40 to 50 teams. Jos de Blok, Buurtzorg's founder and CEO, explains the intention:

"Coaches shouldn't have too much time on their hands, will they risk getting too involved with the teams, and that would hurt teams autonomy. Now they take care of only the most important questions. We gave some of the first teams quite intensive support and attention, and today we still see that they are more dependent and less autonomous than other teams."

With

Buurtzorg Teams have incredible latitude to come up with their own solutions. Very little is mandated from the top. There are only a few ground rules but experience has shown are important so as to make self-management work in practise. The list of ground rules includes:

1. The team should not grow larger than 12 persons will stop beyond that number, it should split
2. Teams should delegate tasks widely among themselves. They should be careful not to concentrate too many tasks with one person, or a form of traditional hierarchy might creep in through the back door.
3. Along with team meetings, teams plan regular coaching meetings where they discuss specific issues encountered with patients and learn from each other.
4. Team members must appraise each other every year, based on competency models that they devise themselves.
5. Yearly plans for initiatives they want to take in the areas of client care and quality, training, organisation, and other issues.
6. The target for billable hours in mature teams is 60 to 65%
7. Teams make important decisions based on Buurtzorg's specific decision-making technique.