

## SPONTANEOUS EMERGENCE: BUURTZORG; KEEP IT SIMPLE

The Dutch health care system may not sound all too different from what we know in other countries. The nurses work under cumbersome levels of regulations and complex management structures, which impact their freedom, judgment, and the attention they can offer to their patients. In practice this means regimented interventions prescribing how much time they can spend with a patient, according to the problem or illness they are approaching. Accompanied with layers of paperwork, this implied losing perspective of the whole patient in the context of his or her physical and social environment and world of meaning.

In the early days that led to the forming of Buurtzorg—which simply means “neighborhood care”—two people met: a young pioneer nurse, Jos de Blok, and Ard Leferink, who had long worked within the system at improving all levels of management according to the dominant view, which is basically the model of health as a business.<sup>1</sup> Leferink had come to realize how little he had managed to improve the system after years of trying management ideas, and how unsatisfied were its ultimate recipients. Then came his meeting with Jos, who showed him that he was going into a dead-end and who came up with a very strong alternative. He basically envisioned to simplify to the extreme in order to innovate. He was going to intentionally disrupt the system.

The two were driven by new ideas, chiefly the desire to create small-scale initiative, getting rid of management and attracting dedicated nurses. They were inspired by a Dutch author who preached the idea of keeping companies at a small size and splitting them up when they reached a certain scale. Another resource was *The Starfish and the Spider: The Unstoppable Power of Leaderless Organizations*, by Ori Brafman and Rod Beckstrom.

De Blok got the idea off the ground in 2006, together with three other nurses, emphasizing the approach of taking care of people in their homes. The same idea of empowerment of the team beyond levels of management and red tape was offered to the clients by strengthening their independence through their natural networks of support—family, friends, even neighbors are enrolled in the task.

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<sup>1</sup> [https://wiki.businessagility.institute/w/CaseStudies:The\\_Buurtzorg\\_Story](https://wiki.businessagility.institute/w/CaseStudies:The_Buurtzorg_Story)

## Nurse-Led and Client-Centered

"I believe in client-centered care, with nursing that is independent and collaborative," says de Blok.<sup>2</sup> Putting the client at the center goes hand in hand with trusting most of all the perspective of the community nurses and their understanding of how best to support their charges.

The nurse-led and client-centered model of holistic care rests on some basic principles:

- Individuals want control over their own lives for as long as possible.
- They strive to maintain or improve their own quality of life.
- They seek social interaction.
- They seek "warm" relationships with others.<sup>3</sup>

Empowering the clients means reducing the nurses' intervention time, a net benefit for all in the health system. This is measured by the fact that Buurtzorg has managed to halve the time the patients stay in care and to avoid a third of emergency hospital admissions.<sup>4</sup>

The growth of the seemingly simple idea has been nothing short of astounding. In 2016 Buurtzorg generated €330 million from its natural growth (no mergers or buyouts), employed 12,000 employees, and served 80,000 clients 10 years after its founding.<sup>5</sup> The organizational structure, pretty flat, includes no departments of any kind and little policy beyond the stated mission; nor does it need strategic meetings. In fact the nurses are supported by an administrative body of just 50 and an additional 22 coaches. This leads to a very simple organizational structure (Figure 2). The 6 percent support personnel compares to 25 percent in the rest of the Dutch system.

At the center of Buurtzorg vision lies a circle unit of care of ten to twelve nurses. They tackle all aspects of care, internal management, administration, contacts with professionals, finances, and so on. Together they serve about some fifty clients within a small area, and nurses tend to see the same clients in order to better know them. All roles otherwise normally performed by a leader—planning, finances, administration, relationships with other organizations—are distributed among the members of the circle. The model

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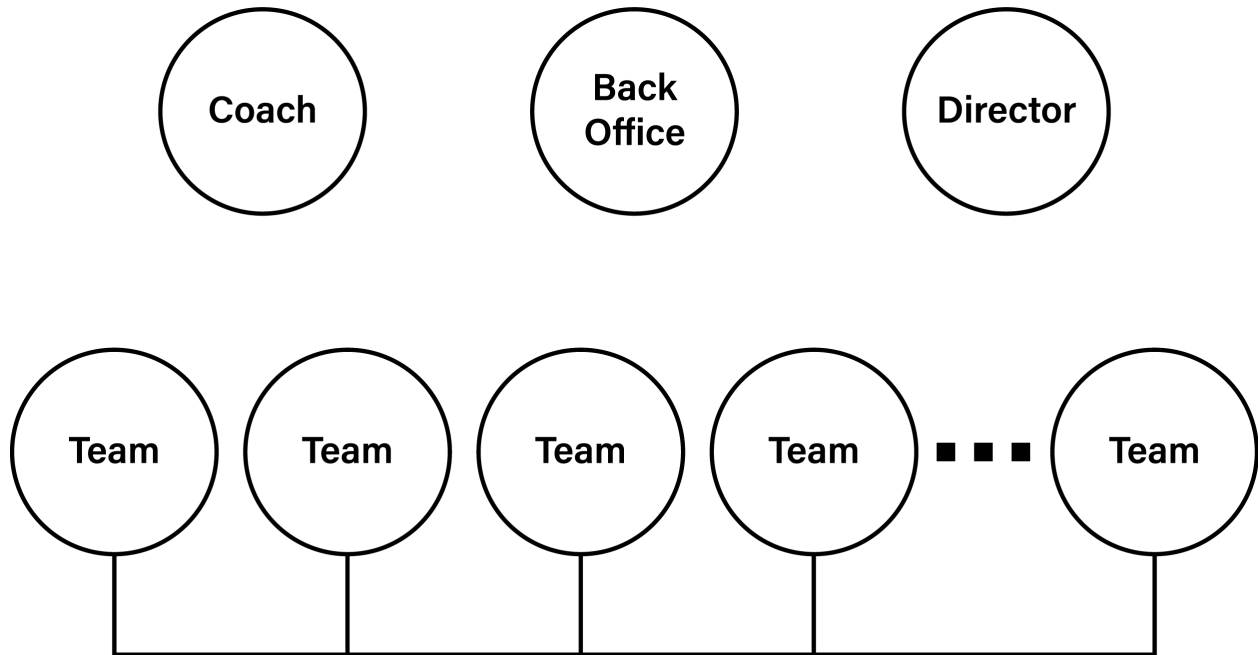
<sup>2</sup> <https://www.buurtzorg.com>

<sup>3</sup> <https://www.buurtzorg.com>

<sup>4</sup> Frederic Laloux, *Reinventing Organizations* (Brussels: Nelson Parker, 2016), 66.

<sup>5</sup> The Buurtzorg Story video by Ard Leferink at [https://wiki.businessagility.institute/w/CaseStudies:The\\_Buurtzorg\\_Story](https://wiki.businessagility.institute/w/CaseStudies:The_Buurtzorg_Story) (April 2018)

encourages entrepreneurial spirit and leaderfulness (see section Leadership/Stewardship below, for a definition of this term), and in turn innovations coming from anyone within the circle.



**Figure 29:** Buurtzorg organizational structure

(Source: Strategic Health Network,

<https://www.strategichealthnetwork.com/2016/05/change-from-bottom-community-nursing-in.html>)

The coaches are called upon to assist the teams on demand to brainstorm and support, not to direct or prescribe. Most of them are older, experienced nurses with great listening and interpersonal skills. The support offered by the head office to the whole lies in taking care of payroll and invoicing, following up on new regulations, trying to learn from discussions and trends, and stimulating collective learning.

### Support Tools

Most importantly, Buurtzorg offers the nurses a key element for self-organizing: trainings called Solution-Driven Methods of Interaction, upon which the teams can build listening, communication, facilitation, and decision-making skills. These are critical steps for the teams' success, and they can further be reinforced when a team gets stuck with recourse to a coach or to outside help. The coaches' role is to let the team strengthen their capacities

through understanding the process tools they have available, build on their own strengths and resources, and figure out solutions on their own.

Another tool offered by headquarters is the Buurtzorg Web, a software platform very much enjoyed by the nurses both as a resource and a way to connect.<sup>6</sup> These are some of the areas addressed: performance, assessments, a comprehensive classification system, how to empower patients, and all aspects of holistic care and interventions. All is made accessible in understandable terms, built in a transparent way, and rendered accessible to all teams and coaches. Access to Buurtzorg Web has even been extended to some other thirty organizations in the Netherlands that have adopted the Buurtzorg model with similar, positive results.

The flattening of the organization is only made possible through higher efficiency of care and higher direct involvement of the nurses in quality of service. The model encourages leaderfulness within the teams. Everyone has different tasks and levels of competency, but everyone is encouraged to express entrepreneurial spirit.

The role of the CEO himself, Jos DeBlok, is greatly changed from the typical. As a visionary he is highly placed to embody the values that he has helped to shape in the organization. The ideas that he offers have value on the basis of the insight they reveal, not on a higher authority. The nurses may or may not applaud all proposals he offers.

The agility of the system, its leaderfulness, and its low overhead are accountable for two complementary aspects. According to the KPMG Case Study Buurtzorg allows a savings of the order of 40 percent to the Dutch health care system, achieved through empowering the patients, increasing the extent and quality of their natural supports, and reducing the hours of direct care by 50 percent.<sup>7</sup> Not least of all the nurses' job satisfaction, lower absenteeism, and lower turnover contributes greatly to all of the above. Buurtzorg has been named the Netherlands' best employer four times in the last five years.

### Planning, Innovation, Competition

Contrary to more hierarchical organizations, since it does not count on ad hoc departments for the purpose, it is not surprising that Buurtzorg has a whole different approach to long-term planning. Add to this that being in the service industry means not having significant purchases, inventory, or investments.

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<sup>6</sup> <https://www.buurtzorg.com/innovation/buurtzorg-web/>.

<sup>7</sup> <https://home.kpmg/xx/en/home/insights/2014/12/engaged-people-deliver-value.html>.

Thus the teams find they have no need for any elaborate budgets, other than the month-to-month cash flow. The larger Buurtzorg will determine how many new teams can start operating and where. And even here, Buurtzorg is not your typical aggressive corporation, as we will see later. No mergers are on the horizon, only the natural growth from within.

Innovation has marked the growth of Buurtzorg in many ways and in various directions. None of it was the result of careful and deliberate planning from headquarters. New ideas stand the litmus test of life: if effective, they will be replicated; if not, they will simply die out.

Buurtzorg+ was launched in a very natural fashion from a physiotherapist who joined the company after returning from the United Kingdom. The idea emerged from the already existing collaboration between nurses, physiotherapists, and occupational therapists. Her innovation came from seeking a more conscious collaboration. She elaborated the idea and discussed it with Buurtzorg, who agreed to launch a pilot in two of its teams that sought PT and OTs to work closely within their area.

The move makes sense in rounding off holistic client care, since the most immediate goal was to address client safety at home. The collaboration of the Buurtzorg+ teams most often takes place in the client's home; at other times it takes the form of multidisciplinary meetings.

The pilot's results were encouraging, showing that the patients could increase self-management skills and achieve higher safety and independence in their homes. Once more this was a win-win for the nurses, who could reduce interventions and leave more of the care in the hands of the patients themselves, who acquired greater mobility. Since then the remaining Buurtzorg teams naturally see the advantage of becoming Buurtzorg+ teams and are in the process of becoming so, without the need of formalized planning or incentives.

Among other innovations that have been successfully replicated is Buurtzorg Jong (Young), which addresses children—newborn to 23 years old—in conjunction with families and guardians. Buurtzorg Jong took a whole-systems view of the young, addressing all matters of health in relation to awareness, education and social well-being, integrating variables such as unemployment, financial burdens, psychiatric and behavioral challenges, drugs and addictions, child abuse, and teenage pregnancies. In the holistic perspective Buurtzorg Jong wants families' empowerment to be the first line of defense.

The second level of systemic change sought is that concerning the health system's hurdles, such as:

- the tendency to over-diagnose, overtreat, and overmedicate
- the overspecialization of care and the maze of organizations involved
- the lack of coordination between specialists
- the weight of bureaucratic requirements and layers of management
- the lack of a point person to coordinate information and resources

By cutting through the layers of complexity, Buurtzorg Jong wants to simplify the system and provide faster and more flexible service. The first line of intervention is called "first things first." By this are meant all those changes that are easiest to implement and most effective in relieving stress, and which can give the families a taste for success, creativity, and empowerment. After these initial successes, Buurtzorg Jong will develop a plan of support with the family's input, addressing such things as how to best use the natural network of support, return to a more stable life, offer support for parenting, and organize collaboration with the professionals. The focus remains on enabling as much independence as possible on the family's end.

With things evolving this fast and covering so much territory, and an employee force continuously growing, it would not be surprising to see Buurtzorg trying to capitalize and expand. However, as we have seen from Buurtzorg Web, the company does not have a proprietary behavior. On the contrary: Jos de Blok spends much time giving advice for free to others who want to replicate the model; he acts like a coach to the "competition." And further, the model is being exported abroad through Buurtzorg International. As of the last estimates, 24 countries including Sweden, Japan, the United States, China, Japan, and Taiwan are joining and experimenting.<sup>8</sup> These will be independent initiatives that receive Buurtzorg's free advice and expertise, not subsidiaries or franchises. The real competition remains the old, corporatized model of health care.

### The Buurtzorg Model and Self-Organizing

In reviewing what has come up so far, we can discern a trend that continues our preliminary exploration of sociocracy. Buurtzorg is all about promoting holistic view of care, of professional and organizational development. Both sociocracy and Buurtzorg diminish or eliminate the distances between

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<sup>8</sup> "Find Buurtzorg near you," <https://www.buurtzorg.com>.

management, direct line workers, and patients; Buurtzorg blurs the very notions of it. They encourage leaderfulness and innovation from across the system, especially the margins. In fact it's hard to find anything else than the margin in the spaces created by Buurtzorg. It would be inconceivable to direct innovation from headquarters.

Buurtzorg, through its founder Jos De Blok, is interested in diffusing and exporting the idea, not the brand. It is working at supporting similar initiatives in the Netherlands and exporting the model abroad, creating avenues and minimal forms of support for others to replicate the system. By making their model so easily available, de Blok and Buurtzorg can hope to accelerate the obsolescence of the health care corporate model that has lost touch with reality and can no longer satisfy immediate needs in any significant way.

Finally, if the model looks deceptively simple, it's because it is so. Ard Leferink sees that others who want to adapt Buurtzorg's innovation may be tempted to merge them with elements of the prevailing paradigm, or attempt gradual transitions. To this, his answer is to keep it simple. This is what makes it work.

To temper the above views, we should just remind the reader that, yes, the model is "simple," but it requires a new way of operating. The training that the nurses receive in all matters of communication, facilitation, and decision making is essential in creating a new reality of collaboration among equals and an entrepreneurial spirit. The coaches add support and strengthen capacities in the teams.

Buurtzorg and the service industry may appear as an exception to the rule, special spaces in which self-management can have a latitude of freedom. That this is not so can be understood by looking at just one example, at the other end of the spectrum: FAVI in the European manufacturing business. FAVI is a brass foundry company in the north of France, employing about five hundred people in the production of parts for the auto industry, mostly gearbox forks.

FAVI is an enterprise that goes back to the 1950s, but has received a new impulse with its present self-managed model with the arrival of Jean François Zobrist at its helm in 1983. He was responsible for converting the whole business into thirteen self-managed "mini-factories," most of which serve a specific client.

Resisting the push for cheaper labor that has expanded the markets in China, FAVI has remained the only gearbox manufacturer left in Europe. Not only does FAVI compete successfully with their Asian counterparts; their lines

of product cover 50 percent of the market, and they are renowned for both quality and timeliness over the last twenty-five years. And their workforce is highly rewarded for their pains. To see more about this, and about other similar examples, see Frederic Laloux's *Reinventing Organizations*.<sup>9</sup>

Emergence and self-organizing have occurred at higher levels of social reality. For this we will turn to just one example that has involved a nation.

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<sup>9</sup> Laloux, *Reinventing Organizations*, for FAVI see 65–67, 137–42. Among other organizations see: Sun Hydraulics (manufacturing), Heiligenfeld (mental health hospitals), Morning Star (tomato harvesting, transport, and processing), ESBZ (grades 7 to 13 schools in Berlin), Patagonia (outdoor apparel), AES (electrical products), BSO/Origin (IT services), and Sounds True (multimedia publishing company).