Quality Improvement within Nonprofit Social Service Providers

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This thesis is dedicated to all people who have inspired and supported me and my thoughts. Thank you Lars Pettersson, for boldly accepting the idea of letting me research on my own practice. Although my supervisors Mattias Elg, Thomas Schneider and Boel Andersson-Gäre gladly speak of new ideas and projects when they get together, I would especially like to thank them for their efforts to coach me through the whole process. I would also like to thank all people in the nonprofit sector and all scientific colleagues for providing me with insights, new questions and ideas during my research.

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Abstract

As a relatively new phenomenon in 2009, Swedish nonprofit social service providers proposed quality improvement as a way to reduce mistakes, use resources more effectively and meet the needs and expectations of clients in a better way. Although similar experiences have been studied in health care, the transfer of quality improvement to nonprofit social services gives a possibility for more knowledge on what enables, and constrains, systematic quality improvement in this specific context.

This thesis is based on five years of supporting quality improvement in the Swedish nonprofit welfare sector. Specifically, it builds knowledge on which active mechanisms and enabling or constraining structures exist for nonprofit social service quality improvement. By studying quality improvement projects that have been conducted in the development program *Forum for Values*, critical cases and broad overviews are found valuable. These cases have resulted in four papers on quality improvement in nonprofit social services. The papers include: critical cases from a nursing home for elderly and a day-care for disabled children (Paper I); a critical case from a sheltered housing (Paper II); an overview of performance measurements in 127 quality improvement projects (Paper III); and an analytical model of how improvement policy and practice are bridged by intermediaries (Paper IV). In this thesis, enabled or constrained events and activities related to Deming’s system of profound knowledge are identified from the papers and elaborated upon. As a basis for transforming practice into continuous improvement, profound knowledge includes the four knowledge domains: appreciation of a system, theory of knowledge, understanding of variation and psychology of change. From a realist perspective, the identified events are seen as enabled or constrained by mechanisms and underlying regularities, or structures, in the context of nonprofit social services.

The emerging mechanisms found in this thesis are: describing and reflecting upon project relations; forming and testing a theory of action; collecting and displaying measurable results over time; and engaging and participating in a development program. The structures that enable these mechanisms are: connecting projects to shared values such as client needs; local ownership of what should be measured; and translating quality improvement into a single practice. Constraining structures identified are: a lack of generalizable scien-
tific knowledge and inappropriate or missing infrastructure for measurements.

Reflecting upon the emergent structures of nonprofit social services, the role of political macro structures, reflective practice, competence in statistical methods and areas of expertise becomes important. From this discussion and the findings some hypotheses for future work can be formulated. First, the identified mechanisms and structures form a framework that helps explain why intended actions of quality improvement occur or not. This framework can be part of formulating a program theory of quality improvement in nonprofit social services. With this theory, quality improvement can be evaluated, reflected upon and further developed in future interventions. Second, new quality improvement interventions can be reproduced more regularly by active work with known enablers and constraints from this program theory. This means that long-lasting interventions can be performed and studied in a second generation of improvement efforts. Third, if organizations integrate quality improvement as a part of their everyday practice they also develop context-specific knowledge about their services. This context-specific knowledge can be adopted and further developed through dedicated management and understanding of variation.

Thus, if enabling structures are invoked and constraining structures handled, systematic quality improvement could be one way to integrate generalizable scientific knowledge as part of an evidence-creating practice.
List of papers


I am the first author of all papers and main contributor to research ideas, design, data collection, analysis and writing.
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Chapter 1. Introduction

Sheltered housing can provide a temporary home, food, and maybe a little calm for homeless people. Nursing homes can support the life, health, and well-being of frail elderly. Disabled children can get support to be educated and strengthen their own lives. Situations vary within specific supports, initiatives or services. Sometimes two assistants are needed for daily activities, sometimes only one. But are needs and expectations of all clients met? It is often hard to tell if the development is going in the right direction and if one unit is better than another. Examples like these indicate some limitations for evaluating and improving the quality of social service providers.

Overcoming limitations for improving quality in nonprofit social services has been the foundation for this thesis. The following introduction describes the role of nonprofit social service providers in the Swedish welfare system. As we shall see, both external and internal changes led these providers to take a systematic approach on quality issues. In this approach, a quality improvement program is proposed as a way for organizations to build competence and capacity to reduce mistakes, use resources more effectively, and better meet the needs and expectations of clients. Although similar experiences have been studied in health care, the application of systematic quality improvement to nonprofit social services suggests that more knowledge is needed. For care or services to be reproduced with improved results, it becomes necessary to reflect over how various events or activities are enabled or constrained in these efforts. The following thesis is based on my experiences from five years of supporting quality improvement in the Swedish nonprofit welfare sector.
Nonprofit social service providers and the Swedish welfare system

When compared to other countries, Sweden has repeatedly been classified as a social democratic welfare state (Johansson, 2008; Powell and Barrientos, 2004). A high level of equal benefits for citizens together with large social investments and social services characterizes this welfare regime (Esping-Andersen, 1999; Morel et al., 2012). In Sweden (as in many other places) a primary goal for social services is to deliver services with high quality (SFS 2001:453).

National comparisons of quality indicators from social services in Sweden have served as a source of performance measures in the years 2010-2014 (National Board of Health and Welfare, 2010). These indicators aim to be “a relevant basis for political decisions at different levels and an effective tool for quality improvement at a provider level” (ibid.). A report about open comparisons in the years 2010-2014 shows a need for developing indicators, data collection, and including the perspective of clients (National Board of Health and Welfare, 2015). Although indicators and data need to be developed, the clients’ perspective ought to be an obvious point of departure for quality improvement. Thus, both reliable and ethical methods need to be developed in order to describe the clients’ perspective of quality in social services.

As a service can be thought of as something that by definition is co-produced, the role of the client in social services is part of an agreement on how the service should be produced (Batalden et al., 2015). A social service worker has to balance client needs and expectations with the interests and resources of other stakeholders (Payne, 2005). The meaning and significance of good quality in social services is thus formed by various stakeholders such as policy makers, researchers, professionals and clients (Lipsky, 2010). Even so it is at the core of social work to put the client at the center of action. Results that are valid for the whole society require that professions in social work balance stakeholder interests with a strong commitment to social justice (ibid.). The ongoing negotiation between clients, social workers, policy makers, and researchers about what needs and expectations to fulfill in social services concerns both what to achieve in standard of living, education or health and what is actually accomplished at a given time.

Social services in Sweden also include a strong civil society where people and organizations co-exist and develop parallel to the state (Lundström and Svedberg, 2003; Trägårdh, 2010). Here, foundations, co-operatives and associations are examples of value-based organizations with a long history as
welfare providers, often predating the birth of the modern welfare system. An important role for these organizations is to provide welfare services to vulnerable groups that are otherwise not part of the current welfare solution (for example, homeless immigrants without residence permits), to groups with specific ideas or interests (for example, faith-based nursing homes) and with different ideas on how to own and run an organization (for example, cooperatives or user-owned disability care) (DiMaggio and Anheier, 1990; Meeuwisse, 2008; Evers and Zimmer, 2010; Wijkström, 2012). Nonprofit organizations are therefore also important entrepreneurs, innovators, and change agents in the public welfare system (Defourny et al., 2014).

As in many other Western countries, external and internal pressures constantly recalibrate and reshape the Swedish welfare system (Ferrera, 2008). Since the 1990s, political reforms in Sweden have focused on purchaser–provider models. These neoliberal ideas of markets led to an increase in private actors (Magnussen et al., 2009). The situation challenged nonprofit providers to find a balance between economic competition and offering high-quality services. To address these changes, Swedish nonprofit providers in all fields of health care and social services founded the association Famna in 2004 (Eriksson, 2013). Famna’s main task is to support growth and development of the nonprofit sector as welfare service providers. This includes participating in and influencing policy processes, ensuring the visibility of nonprofit providers’ contribution to health care and social services, and supporting members’ organizational development. Famna has been my professional base since I was assigned the role as a development leader in 2010. The year before, Famna’s board decided on quality improvement as a strategy for organizational development. This strategy states that Famna should support nonprofit health care and social service providers in a systematic approach of understanding needs, producing organizational change, and following results.
Quality improvement

The basic ideas of this systematic approach emanated from quality improvement as practiced and described in examples of high performing health care systems (Langley et al., 2009). The following section describes how various experiences are taken into account in the forming of a quality improvement program. Approaches to improving quality in health care and service production have been proposed in a long history of statistically trained scholars such as Florence Nightingale (1859), Walther Shewhart (1931), Joseph Juran (1951), and Edward Deming (1986; 1994). According to Deming (1994), improvements are attained by the appreciation of an organization as a system, using measurements and statistical models to understand variation, a theory of what knowledge to use in practice, and behavioral knowledge of why people engage in change processes. Deming proposed this system of profound knowledge as a way “to understand the organizations that we work in” (ibid., p. 92). In the field of health care it has been argued that the combined efforts of improvement knowledge and professional knowledge are necessary for continuous improvement of services (Batalden & Stoltz, 1993). If not stated otherwise, in this thesis the notion of quality improvement thus refers to a systematic approach for continuous improvement of quality. Further, quality improvement means that both competence in new forms of knowledge and capacity for new ways of working need to be considered.

Various approaches to support competence and capacity in quality improvement have been described from health care (Batalden and Stoltz, 1993; Kilo, 1998; Nelson et al., 2007; Peterson, 2015). Here, breakthrough series, as introduced by the Institute for Healthcare Improvement (IHI), describe how multidisciplinary teams meet and share experiences in collaborative learning seminars (Kilo, 1998). Between seminars, the teams strive to transform new insights into measurable improvements in their own settings. In the breakthrough series, participating organizations integrate quality improvement in everyday local practice (Kilo, 1998; Nelson et al., 2007). These efforts to transform health care through improved practice of front-line teams have been described as a clinical microsystems approach (Mohr & Batalden, 2002; Nelson et al., 2007). Clinical microsystems are defined as the building blocks of health systems. They are formed out of the relationship between patients and providers where shared aims, information, and processes are essential for success. Tools for improving quality in microsystems combine knowledge of client needs and expectations, management of services, and systems to gather, analyze and provide feedback information on patterns and results (Batalden and Stoltz, 1993; Langley et al., 2009; Provost and Murray,
Further, the quality of hospitals, clinics, and care units can never be better than their embedded microsystems’ performance (Baker et al., 2008).

A Forum for Values

Inspired by the combined ideas described above, *Famna* developed a *Forum for Values* together with *Qulturum* (Center for Innovation and Learning, Jönköping county council, Sweden) to support their member organizations in quality improvement. *Forum for Values* serves as a platform for different programs directed at improvement knowledge, management of quality or measuring performance. As this thesis is based on practice and experience from working closely with this development, a brief overview of the first five years is presented in the following section. This overview describes how *Forum for Values* grows organically as organizations and co-workers participate and new programs are developed.

The programs in *Forum for Values* are based on “breakthrough collaboratives” (Kilo, 1998). As teams meet in learning seminars they learn new methods for improvement, work on real problems in practice and learn from other organizations. At the end of 2009, six of *Famna’s* member organizations started out with the first *Forum for Values* collaborative program. These organizations worked in the fields of elderly care, housing, social work and mental health. Two years later 63 teams and 379 coworkers from *Famna’s* member organizations had participated with their own quality improvement projects. In 2011, the development movement led four member organizations to engage in a program where management groups are trained to lead and support quality improvement while developing the leader’s role for continuously improving organizations. To support a culture of continuous improvement and responsible leadership for the future, micro and macro perspectives were balanced with mutual visions, collaborative value creation, systems thinking, and fact-based decisions. The program strengthened managers to handle both local practice and strategic decision-making. The management program was evolving and after another two years 47 leaders from eight organizations had completed the training. During this period, in 2012 another program connected eight organizations with the aim to develop a quality management system (QMS) based on the new legislation from the National Board of Welfare (SOSFS 2011:9). The idea to strengthen use and adaptation of QMS for continuously developing and assuring quality in everyday work reached 17 organizations with 35 quality managers in two years. At the end of 2013 the basic quality improvement collaboratives in *Forum for Values* had reached 584 coworkers in 27 of *Famna’s* 51 member organizations. But more than applying the collaborative approach, *Forum for Values* also included training of improvement coaches in the participating teams. Relations between management, goals, and projects have been shown
to be important for the sustainability of quality improvement (Hackman and Wageman, 2005; Godfrey, 2013). Thus, the improvement coaches were assigned to relate the various improvement projects to the specific goals for management and organizations. At the end of 2013, over 150 coaches with specific training in quality improvement had participated in Forum for Values. As competence and capacity for quality improvement grew in the non-profit sector, new needs emerged in 2012. As a base for knowledge-based decision-making and benchmarking, eight organizations entered a program on using measurements for improvement. In total, the improvement efforts during the five-year period added up to 973 individuals from 28 of Famna’s 51 member organizations, which have participated in 182 quality improvement projects. These projects concern many areas of social services including elderly care, drug abuse, mental health, family therapy, childcare, and physical disability support.
Some problems of theoretical interest

The preceding section described how changes in the welfare system and previous experiences from health care led Swedish nonprofit social service providers to take a strategic approach to quality improvement. This approach included several development programs inspired from experiences in health care and further developed to context-specific needs of nonprofit social services. In the following section some theoretical assumptions of interest for this thesis are presented. Specifically, theories on three different levels are identified: theory of local practice, program theory, and philosophical theory on ontology.

According to Deming (1994), a system of profound knowledge is needed for organizations to adapt to a practice of continuous improvement. Although Deming’s (1986, 1994) management methods may have had impact on practice, its relationship to organizational theory is not clear (Anderson et al., 1994). On a local practice level previous studies of how management prescriptions have been adopted in new contexts showed that in many cases old ways of working were unchanged (Meyer and Rowan, 1977; DiMaggio and Powell, 1991; Dean and Bowen, 1994; Røvik, 2000). Instead, approaches became trends that came and went depending on how problems were described and what recipes were believed to cure them. For example, the concept of clinical microsystems has been described as “pseudo innovations” that don’t really provide any new ways of working with quality improvement (Walshe, 2009). Thus, it becomes important to acquire prescriptions for decision-making and information processing that really can be used in various situations of quality improvement (Dean & Bowen, 1994). A prerequisite for transforming practice into continuous improvement is the combination of professional knowledge with improvement knowledge (Batalden and Stoltz, 1993). In order to understand how quality improvement can be utilized in local practice, it becomes interesting to identify events or activities that are related to Deming’s (1994) ideas of appreciation of a system, theory of knowledge, understanding of variation, and psychology of change. Further, it is necessary to know what enables or constrains such events from happening.

Previous research on quality in nonprofit practice has focused on problems with measuring quality and poor fit to program theories (Lindgren, 2001; Moxham, 2014). When ideas of how actions should lead to effects and logical assumptions about interventions don’t match the reality of nonprofit social services, externally defined measures of quality have been shown to have a negative influence on use for improvement (Zimmerman and Stevens, 2006). This is consistent with descriptions of how organizations that have been prescribed to manage for continuous quality improvement by collect-
ing, analyzing and providing feedback on data, often find it problematic to show any actual relation to performance improvement (Dean & Bowen, 1994). Further, problems of using performance measures in public sector and social services have been related to observations of how multiple goals and stakeholders need multiple sets of measures (Proper and Wilson, 2003). In situations with multiple aims and stakeholders, rational decision-making is difficult and can even lead to negative performance (Brunsson, 1982; Holmblad and Brunsson, 2014). Sometimes these multiple and unclear causal relations in nonprofit social services make many situations complex (Glouberman & Zimmerman, 2002; Snowden & Boone, 2007). Complex situations together with a lack of appropriate program theory risk the failure of improvement initiatives when introduced to new contexts (Dixon-Woods et al., 2011). This makes it difficult to link activities to outcomes, and reveal conditions for how context and activities interact (Pawson and Tilley, 1997; Lindgren, 2001; Dixon-Woods et al., 2011). When trying to reproduce previous improvements without appropriate program theory there is also a risk of achieving an outer appearance without any acting mechanisms (Dixon-Woods et al., 2011).

The assumption that outcomes follow from mechanisms acting in a context is a basic axiom in a realist explanation of the world (Pawson and Tilley, 1997). This philosophical view describes how events or activities that occur in social systems (like nonprofit social service provider organizations) can be understood as triggered by underlying mechanisms (Pawson and Tilley, 1997; Danermark, 2002; Bhaskar, 2008). Mechanisms are thus conditions for occurring activities (Pawson and Tilley, 1997). According to this ontological view, events or activities that can be considered causal outcomes are results of structures, or regularities, in a social context (Danermark, 2002). In this thesis, the realist perspective gives a theoretical framework for describing how mechanisms and structures enable or constrain quality improvement in nonprofit social services.
In order to enable the systematic approaches and possibilities with statistical analyses in social services, theoretical knowledge is needed on several levels. First, theory of knowledge is needed to understand what happens in local practice (Deming, 1994; Nicolini, 2013). Second, program theory can help in designing, evaluating, and reproducing improvement interventions (Pawson and Tilley, 1997; Lindgren, 2001; Dixon-Woods et al., 2011). Third, philosophical theories can help explain what enables or constrains regular outcomes in quality improvement (Danermark, 2002). To reduce mistakes, to use resources in a better way, and to meet the needs and expectations of clients, new knowledge on all levels is needed. As proposed in this thesis, one way to do this is to learn more about quality improvement in nursing homes, disability care, sheltered housing, and other nonprofit social services.
My role in the research

The efforts for quality improvement described above are where the story starts from my perspective. As a development leader with a mathematical background I have had the opportunity to work closely with this quality improvement initiative over the last five years. A primary driver has been the observation of how quality improvement projects have succeeded. Experiences from nonprofit social service practice often describe problems of measuring and improving quality (Lindgren, 2001; Moxham and Boaden, 2007; Moxham, 2009; 2014). Thus, in a context where concepts such as performance measurements often are problematic, the observation of successful quality improvement projects might logically be interesting in itself. This reasoning is similar to how a first observation of a black swan fundamentally changes the proposition that all swans are white (Mill, 1856; Popper, 1959; Taleb, 2010). However, unlike the case of swans, observations of successful improvement do not serve as a falsification of the problems with performance measures. Rather, it is a first thread that through scientific work might be put together as a “certain description of our experiences” (Coulvalis, 1997). Since my scientific work has been closely involved with the practice of improvement, this thesis can be seen as my reflections over five years of efforts of quality improvement in nonprofit social services. The basis for these reflections is a research approach consisting of the following interacting points:

- Using my professional training, experience, and theoretical pre-understanding of improvement science, I try and want to support individuals, teams, and organizations in various quality improvement projects as an insider researcher (Westlander, 1999). In the quality improvement projects local settings, aims, changes, and outcomes are documented and evaluated.

- Among the documented improvement projects, cases of specific interest are revealed (Miles and Huberman, 1994). Although these critical cases might not be generalizable for all projects, they can be highlighted, examined, and tested toward my own presumptions and theories from other scientific studies. This has resulted in four papers that are presented in the appendix.
From the studied cases, enabled or constrained events and actions are identified. Based on these identified events, mechanisms and underlying structures of nonprofit social services can be revealed in a process of abduction (Danermark, 2002; Haig, 2005; Bhaskar, 2008). The events, mechanisms and structures found from my four papers are presented as main findings in chapter 4.

The emerging mechanisms and structures are reflected upon in a dialectic reflexivity process (Alvesson et al., 2008). Here, positioning and destabilizing approaches on the nature of quality improvement, will be combined with multiple perspectives and voices of other researchers, striving to rebuild theory of quality improvement in nonprofit social services. This is the main discussion of chapter 5.

To recapitulate, quality improvement has been proposed as a solution for both external and internal pressures on nonprofit social service providers in Sweden. This solution is approached with development programs inspired from quality improvement in health care. This approach is theoretically interesting on both a practice and program level. As an insider researcher both trying to improve practice and develop theoretical understanding, I have had the opportunity to reflect over the last five years of experiences.

In the remaining parts of this introductory chapter, I will argue for the rationale of my scientific work, formulate research questions, and outline the following chapters of the thesis.
Purpose and research questions

Nonprofit social service providers in Sweden have proposed quality improvement as a systematic approach to understand needs, reduce mistakes, and make better use of resources in nonprofit social services. The five knowledge domains of (1) generalizable scientific evidence; (2) particular context awareness; (3) performance measurement; (4) plans for change; and (5) execution of planned changes are all needed to understand what quality improvement is (Batalden and Davidoff, 2007). As quality improvement is a relatively new initiative in nonprofit social services, it is of particular interest to understand its contextual conditions (Pawson & Tilley, 1997).

In quality improvement, a multitude of local practice theories, with methods, tools and philosophies, are developed and used. By learning from these experiences, events and activities form patterns and sometimes regularities (Danermark, 2002). These patterns and regularities are results of mechanisms triggered in a specific context (Pawson and Tilley, 1997). Thus, if the promise of better nonprofit social services shall be realized through quality improvement, there is a need for more knowledge on enabling or constraining structures. Existing knowledge should be put to practice, so that emerging insights can help develop new theories on how to support quality improvement.

The purpose of this thesis is to develop knowledge about the practice of quality improvement in nonprofit social services. Of specific interest is what enables or constrains systematic quality improvement in this context. Based on Deming’s (1994) knowledge domains (appreciation of a system, theory of knowledge, understanding of variation, and psychology of change), enabled or constrained events and activities of quality improvement are identified in four separate studies on quality improvement in nonprofit social services. The studies are described in the following four papers (provided in the appendix):


**Paper II:** Neubeck, T. and Elg, M., *Submitted*. Quality Improvement in the Case of Sheltered Housing.

**Paper III:** Neubeck, T., Elg, M., and Andersson, A. *Manuscript*. Process or result-oriented performance measures in improvement of Not for Profits.
In these studies, events of quality improvement are identified from nursing homes, a daycare for disabled children, sheltered housing, an overview of improvement projects and how improvement policy and practice are bridged by intermediaries. From the identified events, active mechanisms and underlying structures emerge in an analytical process of abduction (Danermark et al., 2002). By reflecting upon these enabling and constraining structures for quality improvement in a reflexive approach, various positions and underlying knowledge claims should be looked into (Alvesson et al., 2008; Alvesson and Sandberg, 2011). This means that experiences, thoughts, and previously described practices of quality improvement must be scrutinized, turned inside-out, and re-assembled for new and improved use in future practice. Multiple perspectives and voices of other scholars should then help to reconstruct thoughts and ideas of what enables or constrains quality improvement.

In order to understand what enables or constrains that quality improvement can be produced with regular outcomes, the following research questions are raised:

Research question 1: Which enabled or constrained events and actions related to a system of profound knowledge can be identified in nonprofit social service quality improvement?

Research question 2: Which acting mechanisms and underlying enabling or constraining structures emerge from identified events in nonprofit social service quality improvement?

This new understanding can then contribute to the practice of nonprofit social service quality improvement. The new understanding can help build program theory, be used in new improvement interventions and support evidence in practice. This can help evaluate, reflect upon, and support future work for reduced mistakes, better use of resources, and fulfilled needs and expectations of clients.
Outline of the thesis

As described above, this thesis is intended to contribute to knowledge about quality improvement in nonprofit social services. This knowledge is based on five years of experience in supporting quality improvement as a relatively new practice in Swedish nonprofit social services.

In chapter 2 the general pre-understanding of improvement science and the domains of a system of profound knowledge are further explored. At the end of chapter 2 fundamental quality improvement methods are described. This section primarily serves as introduction for those interested in applying quality improvement to their own contexts and may be skimmed with no problem in following the subsequent chapters.

The research methodology in chapter 3 describes study context, my role as an insider researcher, methods for data collection in the different studies, and ethical considerations. Chapter 3 also describes how the domains in profound knowledge of improvement have been used as a lens to identify enabled or constrained events in nonprofit social service quality improvement. At the end of chapter 3 the realist perspective on mechanisms and structures in a social context is explained and exemplified.

In chapter 4 the main findings are described. Here, events and activities related to improvement in Papers I, II, III and IV are described. These enabled or constrained events have been identified in critical cases, broad overviews, and analytical frameworks. The events are then summarized in each of the four knowledge domains (appreciation of a system, theory of knowledge, understanding of variation, and psychology of change). From these enabled or constrained events mechanisms and underlying structures for improvement in nonprofit social services emerge.

Chapter 5 discusses some remaining questions from the emergent mechanisms and structures. Here the role of political macrostructures, reflective practice, competence in statistical methods and areas of expertise are reflected upon. Based on this some working hypotheses for future research on quality improvement in nonprofit social services are proposed. Also, the idea of proposing a systematic approach to nonprofit social services is reflected upon. After this, some methodological issues in the thesis are discussed.

In chapter 6, conclusions about enabling and constraining factors for quality improvement within social service providers are presented.

Finally, chapter 7 provides a Swedish summary of the thesis.
Chapter 2. Improvement science

“I know that it is important for us to look for scientific results and evidence on how to improve quality. But the examples that I hear are always from health care. It seems like there is really nothing written about how or what we should measure in social services.”

- Participant from quality improvement project in social services

In the following sections, underlying ideas of quality improvement in *Forum for Values* will be described. Little research has been done about quality improvement in nonprofit social services. A systematic search in SocINDEX in 2015, using the phrases “quality improvement,” “social services” and “nonprofit organizations” revealed only four results. The first two concerned the role of quality assurance professionals in social work (Lee et al., 2011) and the concept of quality in social work (Taylor and Campbell, 2011) respectively. The other two were excluded as irrelevant after reading the abstracts. When the quality improvement terms “PDSA” or “Performance measurement” were included in the search, no results were found in the database. A previous systematic review of quality improvement work and performance measures in health care, education and social services (Klassen et al., 2010) revealed few results from social services and only one specific framework for improvement. Again, quality improvement is a relatively new approach in nonprofit social services. As literature searches and reviews indicate, ideas for this approach do not seem to be based on experiences from nonprofit social services. Rather, the ideas for taking a systematic approach to quality improvement in nonprofit social services have been inspired from the science of improvement as applied to health care.

The idea of promoting improvement to a science has been proposed and tested in several health systems (Batalden and Stoltz, 1993; Elg and Olsson, 2013; Lifvergren, 2013; Marshall et al., 2013). Studies of high performing health care systems show how the use of quality improvement can have a positive effect on clinical units, hospitals, and regions (Baker et al., 2008; Bate et al., 2008). In order to achieve these effects, it is also recognized that quality improvement and leadership in health and welfare should involve all professions, users/patients and their relatives, policymakers, researchers, and educators (Batalden and Davidoff, 2007). The main aim of improvement science is to combine social and behavioral sciences with medicine and
technical sciences to describe and explain phenomena that can lead to improved health and social care. Further, it aims to understand how the domains in a system of profound knowledge described by Deming (1994) can be used together with leadership that enhances learning and quality improvement techniques as an integrated part of practice (Berwick, 2008; Marshall et al., 2013; Parry et al., 2013).

According to Deming (1994), a system of profound knowledge provides an outer perspective on organizations. This outer view helps us to learn about the organizations in which we work. The domains of appreciation for a system, a theory of knowledge, understanding of variation, and psychology of change form a body of improvement knowledge that is intended to help us to understand what quality is and how to achieve it (Batalden and Stoltz, 1993; Deming, 1994; Langley et al., 2009; Provost and Murray, 2011).

The combination of improvement knowledge and professional knowledge is the center of integrating continual improvement as a part of everyone’s work (Figure 1) (Batalden and Stoltz, 1993). During the history of health care, professional knowledge has increased as clinicians and scientists discover new methods or interventions (ibid.). Unlike this classical improvement of health care, continual improvement results from the fact that everyone has two jobs, performing their work and improving it.
Integrating improvement as part of everyday work can be a difficult task. Quality can generally be improved only if one first makes sense of its definition (Weick, 2000). A common way to define quality is as the way in which services fulfill, and preferably exceed, the needs and expectations of a customer (Bergman & Klefsjö, 1995). Quality is thus deeply connected to the core values of a customer or client (Deming, 1986).

Considering quality improvement, organizations should then apply methods that help to handle values, learning, results, and change. In the following sections the domains in a system of profound knowledge and the various methods applied in *Forum for Values* are described.
Appreciation for a system

A system can be defined as a set of entities working together to achieve some goal (Deming, 1994). Systems can be large, as in welfare states, or small, as in nursing homes, and are best described from its actors and relations. To what degree a system accomplishes its goals depends on the interaction of multiple actors in time and space. According to Deming (1994), this interaction towards mutual aims is achieved by appreciating our roles as part of a mutual system. Further, Deming argued that all these roles could not be managed as one unit. Instead, he suggested that individual actors should “have a basis for judgement of his own decisions and for transformation of the organizations that he belongs to” (Deming, 1994, p. 92).

A starting point for judging system performance is the idea that a system can be no better than its smallest units, so-called microsystems (Quinn, 1992; Donaldsson & Mohr, 2000). As described above, clinical microsystems can be defined by the various professions, functions, clients, and patients that need to work together in a specific situation of health care (Nelson et al., 2007). These small units are dynamic in nature and constantly need to handle relations, inter-professional teamwork, and shared information in order to reach specific aims. Thus, analysis of systems often means thinking in terms of relationships, patterns, processes, and context (Capra, 2005).

Relationships and processes can be simple, complicated, complex or chaotic (Glouberman & Zimmerman, 2002; Snowden & Boone, 2007). In simple situations, there is a clear connection about what shall be done to achieve specific situations. As situations become more complicated, more expert knowledge is needed. Real difficulty to achieve intended results arises when actions and initiatives between various agents result in different effects in different cases. Systems in which effects are hard to predict are often referred to as complex systems (Snowden and Boone, 2007). Improving a complex system therefore means that relations between individual and organizational aims must be handled (Norbäck and Targama, 2009).

Appreciation of a system aims to support quality improvement by revealing how individuals and organizations are interdependent actors with mutual goals. By analyzing systems in relation to both individual and organizational goals, appreciation of a system helps actors to understand what to do in various improvement efforts.
Theory of knowledge

The relation between what we know and what we do is connected to the theory of knowledge (Lewis, 1929; Chalmers, 1999; Pritchard, 2013). Although theory of knowledge is a field of wide scientific interest, the primary focus in Deming’s (1986, 1994) work is at a practice level. As proposed by Deming (1994), a theory of knowledge can help to predict future results and system performance. In this pragmatic view knowledge is built on predictions of what should happen (Lewis, 1929).

Although predictions can be used for making decisions in practice, Deming (1994) points out that they never are certain. Observations are information, but information alone is not knowledge. Instead, information and data become meaningful for improvement when used together with a theory of knowledge. Deming’s view on knowledge seems to be closely related to Popper’s (1959) view on falsification. This means that information should be collected and analyzed to indicate if predictions are wrong. And if predictions are wrong, theory must be refined (Mill, 1856; Popper, 1959; Pritchard, 2013).

Refining theory by testing changes with the improvement model in a Plan, Do, Study, Act (PDSA) cyclical approach is one of the central methods in quality improvement (Shewhart, 1931; Deming, 1986; Langley et al., 2009). Although PDSA supports learning in a way familiar to many scientific methods, this is not often part of everyday practice (Berwick, 1996). Instead, testing new ways of working and reflecting on achieved results as an integrated part of practice actually requires “a new view of the nature of work itself” (Berwick, 1996, p. 620). The systematic approach to conducting and reflecting upon theory in inductive learning can further reveal underlying assumptions and causal linkages of daily practice (Deming, 1994; Speroff & O’Connor, 2004). These causal linkages give a framework to evaluate relations between inputs and results in system performance (Vedung, 2008).

In profound knowledge it is proposed that a theory of knowledge is essential for making predictions in local practice. In this view, theories never can be proven by any number of positive examples but need only one failure to be refined (Deming, 1994). When working with improvements such practice theory can be refined continuously by testing changes in a cyclical approach. Further, as theories of local practice build causal linkages, the use of measures becomes meaningful. Measures can be used either for learning and interpretation, to indicate that theory needs to be refined, or in a framework of theories for local practice.
Understanding of variation

System performance, with end results and data outputs, will always include variation. In a system of profound knowledge, Deming (1994) argues that knowledge about variation not only should be understood but also that failure to do so is dangerous. Understanding of variation depends on continuous feedback of relevant data in order to detect differences, changes or variation in results (Batalden and Stoltz, 1993; Deming, 1994; Provost and Murray, 2011; Elg and Kollberg, 2012).

Measures for improvement should be designed to indicate if a sustained positive change towards desired goals has taken place. It is important to remember that several different sources together form the variation in results (Elg, 2013). As the variation in performance may depend on users, external context, and system interdependence, the notion of sustained change implies that the differences between common and special cause variation must be possible to detect (Deming, 1994; Bergman and Klefsjö, 1995).

The notions of common and special cause variation are central for knowledge about variation. Common cause variation is considered to derive from the inherent nature of a process and cannot be changed without some form of active intervention. This type of variation can be seen as random results or the "noise" where results cannot be related to different events. Examples of random factors that contribute to common cause variation are e.g. time of day, differences between clients, staff experience, etc. influencing the process being measured. If a process shows only common cause variation, and the variability for the data is constant over time, the process is said to be in statistical control. On the other hand, special cause variation represents variation due to some unusual shocks or other disruptions in a process. Special cause variation can be seen as signals which can be connected to certain events and hopefully acted upon. Consequently, variations that deviate from what is expected signal an important change in the process and indicate either an improvement or deterioration in performance (Chetter, 2009). Recognizing true special cause variation in real time is a fundamental knowledge for effective quality management (Callahan and Barisa, 2005). In this way improvements are achieved not only by everyone doing their best, but when you know what to do and then do your best (Mohammed, 2004).

Using measurements for increased knowledge about what to do, depends on several factors such as the validity and reliability of the measure (Field, 2013; Provost and Murray, 2011), conditions for reporting (Elg and Kollberg, 2012), and infrastructure for feedback of information (Nelson et al., 2007; Elg, 2013). Further, the design of measures and measurement infrastructure depends both on whether the intended use is for improvement, clin-
ical research or evaluation of accountability and on the process of operationalization.

The process of operationalizing performance measures also needs to connect to causality or some sort of theory (Field, 2013). In this way, measures should represent the phenomenon of interest in the best way possible. For example, when constructing a quality index in Swedish social services, measures should be based on scientific rigor, professional experiences, and desired positive results (National Board on Health and Welfare, 2014). Further, it is important to understand if the structures (prerequisites such as number of educated staff or facilities), processes (the way in which work is done) or results (what is achieved by the work) are measured (Donabedian, 1966). In many sets of measures this connection is not made explicitly and can be difficult to see in retrospect. Thus, the differences between structures, processes, and results and their internal relations are also important for understanding of variation.

Knowledge of variation can provide information on whether system performance comes from a stable or unstable process. If the system is stable the level of performance can be predicted. If the process on the other hand is unstable predictions on quality, costs or mistakes cannot be made. Understanding of variation is thus essential in order to refine theory and to know if something needs to be changed.
Psychology of change

All improvement is change but not all change is improvement (Berwick, 1996). Further, substantial change is not always easy to achieve (Meyer and Rowan, 1977; DiMaggio and Powell, 1991; Dean and Bowen, 1994; Røvik, 2000). Thus, psychology of change is a broad field in the area of improvement. For example, various aspects of change and motivation have been addressed as crucial for achieving large-scale improvement initiatives (Bate et al., 2004; Bevan, 2010). Deming (1994) describes psychology as knowledge that helps us to understand people and interactions between people and circumstances. Deming (1994) stresses that as all people are different, they learn in individual ways and need to be treated differently. Thus, systems need to understand what motivates individuals and focus should be on meaning and different ways to contribute to other actors in the system (Deming, 1994).

When improvement efforts require actors in the system to change, it is often stated that people need to integrate the change to their intrinsic motivation (Pink, 2010). Intrinsic motivation is often found negatively correlated to external motivation, such as financial incentives or other rewards (Deci et al., 1999; Marshall and Harrison, 2005). Motivation for change, however, is also related to how new ideas and concepts are adopted or abandoned by different groups in different cultures (Rogers and Shoemaker, 1971). In the professional culture of health care, financial incentives were shown to have short-term positive effects but long-term negative effect on improvements (Marshall and Øvretveit, 2011). At the same time, long-term engagement for improvements comes from the ability to connect ideas to deeply rooted beliefs and values, in the same way as social movements manage to engage people (Bate et al., 2004).

Since nonprofit organizations in many respects are connected to social movements, change can be achieved by connecting to intrinsic motivation. Psychology of change helps to understand why people engage and participate in improving their practice. If improvement is needed, practice needs to change. In Deming’s (1994) view a system of profound knowledge helps to explain how people’s inner motivation is at the center of system performance.
Quality improvement methods

In addition to the domains of profound knowledge described above, improvement science aims to understand how learning and quality improvement techniques can become an integrated part of practice. In the following, fundamental improvement methods and tools that are used in the development program *Forum for Values* are described. The methods are 5P, fishbone diagrams, the Model for Improvement and Run or Control charts.

5P and fishbone diagrams

As described above, in Deming’s (1994) view on appreciation of a system, revealing how individuals and organizations are interdependent actors, supports quality improvement. System performance needs to be analyzed in relation to both individual and organizational goals. Further, the assumption that system performance can be no better than its smallest parts indicates that analysis should start with the microsystems (Quinn, 1992; Donaldsson & Mohr, 2000).

In order to analyze microsystem performance the use of the 5Ps (Purpose, Patients, Professionals, Processes and Patterns) has been proposed as important (Nelson et al., 2007, pp. 258-270). This quality improvement tool starts with mutual understanding of aims and visions as a purpose of a specific team, unit or ward. With the use of dialogue, mapping, and reflection, the team develops a deeper understanding of their patients’ or clients’ needs and the team’s strengths and weaknesses concerning competence, involvement, and experience. The microsystem is thus centered on needs of clients and populations. Processes and work organization can then be mapped together with an overview of patterns in results and culture.

Assessing microsystems through 5P thus gives indications on performance and if improvement is needed. But as system performance is influenced by a multitude of factors, the root cause of identified problems also needs to be analyzed in order to understand what to change (Ishikawa, 1984). The root cause can be identified with a fishbone diagram by separating and clarifying different causes for a problem (Batalden and Stoltz, 1993; Bergman & Klefsjö, 1995). The fishbone diagram is a tool to schematically diagram various causes of an effect or problem. The design of the fishbone, with branches of causes reaching out from a root cause, helps identify causes of a problem on a deeper level.

5P and fishbone diagrams help to analyze performance and causal links of problems at the microsystem level. This gives insight to relations between individuals and organizations in the system. As insights on organizational
performance and relations are revealed, underlying assumptions on what works and what doesn’t become transparent. Underlying assumptions are part of the organizational culture that governs values and behavior (Schein, 1984; 1996). Thus, 5P and fishbone diagrams also affect culture as it becomes a part of practice to question both results and old ways of doing things.

The Model for Improvement

Although various approaches exist to conduct desired changes, the model for improvement with aims, measures, and testing of ideas in a Plan, Do, Study, Act (PDSA) cyclical approach is one of the central methods in quality improvement (Shewhart, 1931; Deming, 1986; Langley et al., 2009; Taylor et al., 2014). The model raises three important questions connected to the desired changes together with an efficient trial and learning methodology (Langley et al., 2009). The following questions are intended to help clarify improvement efforts and can be asked and answered in any order.

*What are we trying to accomplish?* This question helps to clarify intentions of the improvement and how the improvement efforts relate to organizational aims. Answering this question also means that the meaning of quality needs to be defined.

*How will we know that a change is an improvement?* This question relates to the need for using measurements in improvement. Although measurements must be relevant for improvement, they are not necessarily useful for judgment or even research (Berwick, 1996).

*What changes could we make that we think will result in improvement?* This question focuses on any ideas that might improve the system. Suggestions could come from practice, policy, research or the experience of any client or relative.

Guided by the questions above, the PDSA cycle helps to build knowledge about the consequences of changes. But in order to really contribute to improvement we need to reserve time to ask, “What did we learn and how can we build on it?” (Berwick, 1996, p. 622). A theory of knowledge that helps to reveal what works and what doesn’t is therefore a fundamental part of improvement (Deming, 1994; Speroff & O’Connor, 2004). Further, multiple cycles of varying scale are often needed to achieve intended improvements (Langley et al., 2009; Taylor et al., 2014).

The model for improvement supports quality improvement by setting goals that specify what is to be achieved so that intended changes connect to aims and purposes in a system. Further, it specifies that measures are used to indicate if changes actually lead to improvements. Finally, all kinds of ideas can
be tested in a PDSA cycle. The cyclical approach supports that changes are planned, conducted, and reflected upon in a learning process.

Run or control charts
The learning process of quality improvement depends on collection, analysis, and feedback of relevant data. Analysis of data in improvement processes means that sources of variation can be identified (Deming, 1996). Further, the possibility to distinguish between common or special cause variation and stable or unstable processes is central for quality improvement. Therefore statistical tools, such as run or control charts, have been developed to capture variation and to check for stability in process performance over time.

Run or control charts can capture variation and check for stability as outcomes are plotted dynamically over time (Shewhart, 1931; Deming, 1986; Wheeler & Chambers, 1992; Benneyan et al., 2003). The key technique is to visually display time-ordered performance and to use statistically derived interpretation rules to distinguish between common cause variation and special cause variation in the process (Deming, 1986; Bergman and Klefsjö, 1995; Benneyan et al., 2003; Benneyan, 2008; Chetter, 2009; Polit and Chaboer, 2012). As pointed out by Perla and others (2011):

A run chart allows us to learn a great deal about the performance of the measured process with minimal mathematical complexity. Specifically, it provides a simple method to determine if a process is demonstrating non-random patterns (Perla et al., 2011).

In a run chart a set of four rules (R1 – R4) apply when determining non-random events. To use these statistical rules first the median of the results has to be calculated and visualized on the chart. After this, non-random events can be identified where the points either (R1) shift by six consecutive points on one side of the median; (R2) trend by five or more points all going up or down in a row; (R3) run to few or to many series of points on one side of the median in relation to the size of the data set; or include (R4) astronomical points that clearly lie outside the random variation of the data (Perla et al., 2011).

Although run charts are designed for early detection of improvement (or failure), over time they are not rigorous enough to indicate special and common cause. Instead the more advanced method of control charts needs to be used to indicate whether processes are stable or unstable (Shewhart, 1931; Deming, 1986; Benneyan et al., 2003; Carey and Stake, 2003; Perla et al., 2011). The theory behind control charts is based on the fact that regardless of almost any underlying statistical distribution for the data almost all data
will fall within ± 3 standard deviations (SD) of the mean if the process is in statistical control.

Because processes that exhibit special cause variation are unstable and unpredictable, they should be improved by first eliminating the special causes in order to bring the process into control. In contrast, processes that exhibit only common cause variation will continue to produce the same results, within statistical limits, unless the process is fundamentally changed or redesigned (Benneyan et al., 2003).

The control chart can be attained by visualizing statistical (control) limits on the chart. First, the average and standard deviation of the results needs to be computed. Then the average is displayed on the chart as a center line together with the values of 3 SD above and below the upper and lower control limits. The control chart can be used more rigorously than the run chart to identify if data are randomly distributed. When using a control chart for improving processes, two general approaches apply: (1) bring the process into control or (2) redesign it. A common set of tests (C1-C6) for special cause variation in a control chart is if (C1) one data point lies outside the upper or lower control limits; (C2) two out of three successive points are more than 2SD from the mean on the same side of the center line; (C3) four out of five successive points are more than 1SD from the mean on the same side of the center line; (C4) eight successive points are on the same side of the center line; (C5) six successive points are increasing or decreasing (a trend); or (C6) there is obvious cyclical behavior (Benneyan et al., 2003).

Run or control charts are essential methods for interpreting variation and stability in processes. In order for appropriate improvement to occur it is essential to distinguish between processes that need to be put into statistical control and those that need to be redesigned. Although it requires some statistical competence, the use of measures together with these methods are a key feature for creating knowledge of variation in various improvement efforts.
To summarize, improvement science is the study of how improvement knowledge can become an integrated part of practice. To some extent improvement knowledge builds on Deming’s (1994) ideas and writings about a system of profound knowledge. This profound knowledge includes appreciating different roles for achieving mutual aims in a system, using theory to understand practice, identifying variation in processes, and taking care of what makes people motivated. When quality improvement is practiced various methods help in understanding systems, testing changes, and separating special from common cause variation. Improvement is thus expected from various events and activities connected to these methods and knowledge domains.
Chapter 3. Research methodology

“I think that it is really good that you, in the role as a researcher, try to help us. But how can you get any results when you are also working with our projects?”

- Participant in a quality improvement project

This chapter presents four different aspects of the research methodology used in this thesis on quality improvement projects within nonprofit social service providers. First, general aspects of the study context and my role as an insider researcher are explained. Second, approaches and methods used in the papers that form the empirical foundation for the thesis are presented. Third, the analytical process used to identify events, mechanisms and structures in nonprofit social service quality improvement is described. This section expresses how Deming’s (1994) four knowledge domains have been used as a lens to identify events and actions when examining Papers I-IV. It also explains the realist view that is taken when mechanisms and structures emerge from identified events through a process of abduction. Finally, in the fourth section ethical considerations in this work are discussed.
Study context and the role as an insider researcher

As presented in the introduction, the field of interest for this thesis is quality improvement in the intersection of nonprofit providers and social services. This intersection means that experiences from social services are attained from a provider perspective, which may differ from social services as a public agency or voluntary work. As social service providers, nonprofit organizations such as faith-based organizations, co-operatives or voluntary associations provide professional social work. This social work is a field with multiple goals and stakeholders where people and organizations share values and a will for social justice. Also, these nonprofit organizations are not obliged to provide their services by law or to provide profit for investors. Rather they can be described as “idea-based,” providing services because they want to fulfill an idea of better or special services. In order to systematically reduce mistakes, use resources better, and fulfill needs and expectations of clients in the field of nonprofit social services, more knowledge of how to apply quality improvement in this context is needed.

Figure 2: Study object of the thesis.

I have studied quality improvement projects within nonprofit organizations that provide social services while working as a development leader in the development program Forum for Values (Figure 2). During this work I have supported over 180 improvement projects in nonprofit social services, a practice that formed the basis for this thesis. My role in supporting quality improvement consisted of planning and leading development programs in Forum for Values. In the programs, participating organizations build capacity and competence in quality improvement by practicing knowledge and
methods of improvement science as described in chapter 2. In this first generation of improvements (Nelson et al., 2007), participating organizations can be described as new to such systematic approaches of quality improvement. This novelty meant that improvement science was translated from health care into a new context of nonprofit social services as participating organizations applied new knowledge and methods to problems in their practice.

The study object of this thesis can thus be described as quality improvement projects carried out by nonprofit providers in a social services context. In this context development programs in Forum for Values act as a stream, translating methods and experiences from health care into nonprofit social service improvement projects.

The role as a researcher inside practice

As described above, the research in this thesis has been undertaken part-time with my everyday practice as a development leader at Forum for Values outside of my research connection at Jönköping University. This role can be described as an insider (Coastley, 2010) doing research on my daily practice as a development leader. This closeness gives an opportunity for providing credible and transferable research with thick descriptions of practice (Lincoln and Guba, 1985; Cresswell, 2012). But, as the role of inside practice is potentially problematic regarding a critical view and credibility (Creswell, 2012), I have also tried to reduce the risks by taking a more distant approach to observations and development of underlying theoretical assumptions.

For example, when the concept of run or control charts is used in nonprofit social services, it is necessary to carefully examine if events and activities related to this are enabled or constrained. By reflecting over how such events correlate to theory, knowledge about underlying structures can be revealed without direct observations (Danermark, 2002).

The distant approach means that, although I have an ambition to change practice as a development leader, the outcome of this change is not my main research project. Rather it is about conducting a scientific process in order to reflect on my own theoretical assumptions (Alvesson et al., 2008). As I have been working as a development leader throughout this research project, this closeness to practice means that research questions can be formulated as data are collected, deviations identified, and important findings highlighted. As theoretical knowledge about practice is gained, this must also be tested and verified. By reflecting over what happens and considering underlying assumptions, empirical findings are alternated with theory (Alvesson and Sköldberg, 2008).
A: Applied science  
B: Experimental learning cycle  
C: Interactive research

Figure 3: Three different approaches for applying research in practice. A: Applying science as a means to improve professional activity (Peterson, 1991). B: Reflecting upon experiences in an experimental learning cycle (Kolb & Fry, 1974). C: Research system interacting with practice development in Interactive research (Ellström, 2008).
These alternating views give a research approach that allows methods to be applied and refined in practice, while developing theoretical understanding with scientific rigor.

The role of applying research to practice has similarities to previously described approaches of insider research (Figure 3). The insider role of applying research to practice development is similar to the basic development of practice through applied research (Figure 3A) (Peterson, 1991). In this view, an insider role can be an approach for applying academic methods as a means to help organizations fulfill social needs and expectations.

However, development of practice often includes testing new ways of working in a systematic way (Figure 3B) (Kolb & Fry, 1974; Argyris & Schön, 1974). In this experimental learning, an event or intervention is reflected upon, related to theories and abstract understanding, and then analyzed in order to create assumptions for new actions. This refining and testing of methods in practice can be enabled by collaborating with a researcher in an action research approach (Westlander, 1999; Reason and Bradbury, 2001; Aagaard-Nielsen and Svensson, 2006). In this approach new knowledge is produced in co-production with, and at a critical distance to, the studied objects. Thus, the role as a researcher inside practice can become closely connected to more classical research in something that can be described as advanced action research (Westlander, 1999). Here, the cyclical approach to development can be used both for improving practice and to gather knowledge about theories used in practice. Considering this process of knowledge creation and use, two interlocking and collective learning cycles can be seen. One cycle is inside and another distant from the practice system that is being studied.

Creating distance to the practice system implies that science is produced somewhere else, namely in the research system. In the practice system development is driven by problems/issues originating in practice (Reason and Bradbury, 2001). The research system on the other hand is driven by questions originating from other research. Research activities are assumed to be based on explicit or implicit theories developed in previous research. When practice and research systems interact with each other an interactive research process is created (Figure 3C) (Aagaard-Nielsen and Svensson, 2006; Ellström, 2008). This research process is assumed to produce common concepts and interpretations from development of practice. Conceptualizations become cognitive input both to the next cycle of local development processes and into the next cycle of research processes. The interactive research approach shares many assumptions and principles with action research, and implies a close cooperation between both systems (Ellström and Kock, 1999; Gummesson, 2000). Thus, interactive research emphasizes how research is being done with the studied development of practice.
In addition to the ongoing practice development in any organization, the insider researcher can also have a role in refining present theories. So even if the efforts are to support practice, new knowledge and theories can be developed in parallel. In my work this means that I have tried to use and refine the methods for quality improvement with practice while developing a theoretical understanding of what enables or constrains quality improvement in non-profit social services.
Research approaches and methods in the papers

In my efforts to develop a theoretical understanding of quality improvement within nonprofit social services, I have carried out four separate studies, presented in Papers I-IV.

During the research process of this thesis, quality improvement projects have been systematically documented with specific aims, measurements, tests, and results. Data from the projects such as competence and capacity for quality improvement has also been assessed together with participants’ evaluations, progression of improvement projects, and documentation of coaching meetings. During the quality improvement programs in Forum for Values, participants and improvement leaders have also participated in a semi-structured focus group at the end of each program.

Although this thesis is mainly based on a qualitative approach, it still allows for these quantitative and qualitative data to be used for interpretation of various cases (Miles and Huberman, 1994; Creswell, 2013). In order to highlight what might enable or constrain the use of quality improvement in nonprofit social services, a few critical cases have been purposefully chosen (Miles & Huberman, 1994). The cases are identified as typical of some critical feature or aspect. Especially cases that could elaborate on previously described research with quality improvement in nonprofit social services were chosen. In contrast to previously described problems of measuring and improving quality (Lindgren, 2001; Moxham and Boaden, 2007; Moxham, 2009; 2014), these cases focus on best-practice and successful projects. Although such critical and deviant cases may not be generalizable for a whole population, they can be used to explore or extend existing theories (Firestone, 1993).

The following sections describe the used approaches and methods for each paper (Table 1).
Table 1. Approaches and methods in the papers

<table>
<thead>
<tr>
<th>Paper</th>
<th>Approach</th>
<th>Method</th>
<th>Data source</th>
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<tbody>
<tr>
<td>I.</td>
<td>Descriptive</td>
<td>Mixed-method</td>
<td>Project documentation of two critical cases. Evaluations from 200 participants. Two interviews with project leaders.</td>
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<tr>
<td></td>
<td>case study</td>
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<tr>
<td>II.</td>
<td>Descriptive</td>
<td>Qualitative</td>
<td>Project documentation of one critical case.</td>
</tr>
<tr>
<td></td>
<td>case study</td>
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<tr>
<td>III.</td>
<td>Survey</td>
<td>Quantitative</td>
<td>Reports from 127 quality improvement projects.</td>
</tr>
<tr>
<td>IV.</td>
<td>Conceptual</td>
<td>Qualitative</td>
<td>Documentation from two critical cases of policy processes. 16 interviews with top and middle managers. Theory-driven evaluation.</td>
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Approaches and methods in Paper I

The first paper uses a descriptive case study approach to provide insights in prospects and problems of transferring quality improvement methods from health care to social services. The cases in this study are quality improvement projects in a nursing home for elderly and in a daycare for disabled children. These were chosen as successful since the teams have used several quality improvement methods and conducted projects which resulted in measurable improvements.

When describing the cases a mixed method approach has been used, combining quantitative and qualitative analysis (Pawson and Tilley, 2001; Cresswell, 2013; Field, 2013). The quantitative material consists of evaluations from 200 participants in *Forum for Values*. The evaluations are self-reported assessment of methods used from improvement leaders during the quality improvement projects and participants’ experiences. The evaluation included questions about the extent to which the projects had affected value for clients, whether participants would recommend the program to others, and if the quality improvement methods and tools would be used in the future. The qualitative material involves documentation and interviews conducted with two improvement leaders from the studied cases.
Approaches and methods in Paper II

In order to describe how quality improvement can be used as a bottom-up approach to performance measurements, a well-conducted quality improvement project in sheltered housing was chosen as a critical case in the second study (Miles & Huberman, 1994). Analysis of the project documentation reveals how statistical improvement methods may apply in the nonprofit context. Specifically, the project team’s assessment of local performance, use of the improvement model and statistical process control is contrasted to theoretical descriptions and possibilities of these methods.

Approaches and methods in Paper III

The third study analyzes how process- and result-oriented performance measures have been used in quality improvement projects. The study uses a survey approach, in which reports from 127 improvement projects from Forum for Values were quantitatively analyzed.

In the study a protocol was designed based on prior theoretical knowledge of process- and result-oriented performance measures (Miles and Huberman, 1994). Data from the project reports was analyzed in three major steps: (1) coding the report on the basis of its content; (2) providing a condensed description of the improvement projects; and (3) comparing the data material with the theoretical model and refining theory.

Results from the analyzed quality improvement projects were statistically described using software (IBM SPSS Statistics Version 21) with descriptive methods and cross tables. The described relations were tested for significance with expected values using a chi-square distribution (Field, 2013).

Approaches and methods in Paper IV

In the fourth study, a conceptual model of Intermediaries for Quality Improvement is developed. This was structured using the intensity criterion (Miles & Huberman, 1994) to sample two information-rich cases that illustrate the intermediary function of Famna. Here, empirical findings and theoretical assumptions of the information-rich cases were alternated in an abductive research process ( Alvesson & Sköldberg, 2008). The policy processes of open comparisons and quality management systems were chosen as cases to explore how quality improvement approaches have bridged the gap between policy and practice. In each case, activities at both the policy level and the provider level were studied. Famna’s role as an intermediary link between these levels was at the core of both cases.

Empirical data were collected through interviews, documents, and descriptions of the daily work at Famna. Respondents for the interviews were se-
lected to provide an understanding of the activities at the provider level. The respondents worked as top and middle managers in Famna’s member organizations and were all part of a well-known group of people that participated in networks and programs. In total, 16 respondents from eight organizations that constitute a broad representation of Famna’s members, including large and small organizations, were interviewed. I conducted all of the interviews personally, as a part of a theory-driven evaluation based on the side-effect model (Vedung, 2008). The empirical material was analyzed in three major steps: (1) coding the empirical data on the basis of its content and meaning; (2) providing a condensed description of the cases; and (3) comparing the empirically condensed material with the conceptual model.

To summarize, the four papers include case studies, broad surveys and conceptual modelling based on qualitative, quantitative and mixed methods of studying quality improvement projects in Forum for Values. From these studies, events, mechanisms and structures that relate to quality improvement in nonprofit social services can then be identified.
Identifying events, mechanisms and structures

The main focus of this thesis is to develop knowledge on what might enable or constrain systematic quality improvement within nonprofit social services. Specifically, I am interested in how the studied quality improvements in my four papers relate to Deming’s (1994) knowledge domains in a system of profound knowledge. As described in the improvement science chapter, the domains are appreciation of a system, theory of knowledge, understanding of variation, and psychology of change. Using these domains as a lens, enabled or constrained actions and events of quality improvement are identified. Although they cannot be observed directly, knowledge about underlying mechanisms and structures emerge from the identified events.

Abduction

This thesis aims to describe mechanisms and structures that affect the practice of quality improvement in the context of nonprofit social services. An evaluation or other observations can help us reveal if actions or events take place or not (Pawson and Tilley, 1997). But as these actions are part of a social system that is open, we cannot obtain knowledge about them in closed experiments (Walshe, 2007). Rather the main contribution, to understand and clarify the unobservable internal relations that enable or constrain an event, is the use of abduction (Danermark, 2002; Haig, 2005; Haig, 2008; Alvesson and Sköldberg, 2009; Alvesson & Sandberg, 2011).

The method of abduction can be described as a “form of reasoning involved in both the generation and evaluation of explanatory hypotheses and theories” (Haig, 2008, p. 1014). This means that although the premises from studied cases might not guarantee the conclusions, the method gives a way for finding the most likely solution or theory (Haig, 2005). Abductive reasoning can be characterized by the following logic:

The surprising empirical phenomenon, P, is detected. But if hypothesis H were approximately true, and the relevant auxiliary knowledge, A, was invoked, then P would follow as a matter of course. Hence, there are grounds for judging H to be initially plausible and worthy of further pursuit. (Haig, 2005, p. 377).

As such, abduction is a mental argumentation to gain knowledge about things that cannot be observed directly (Danermark, 2002). By altering between inductive and deductive approaches, abduction uses empirical findings and logical reasoning where “both are successively reinterpreted in the light of each other” (Alvesson and Sköldberg, 2009, p. 4). Abduction is a method
of reasoning that helps to argue for the best explanation possible of an observed phenomenon (Pritchard, 2013). In this way, mechanisms and structures emerge from the identified actions and events in my papers.

A realist view on mechanisms and structures
Allowing unobserved mechanisms and structures to have an actual role in a real world is based on a critical realistic view (Danermark, 2002; Bhaskar, 2008). In this view, empirical observations are actions and events that are caused by actual mechanisms triggered by real structures. Thus, in a critical realist view the world is constituted by the empirical, actual and real world and these seem to be stratified in emergent layers (Bhaskar, 2008). Therefore, even if a mechanism or structure cannot be observed, they can enable or constrain causality in another layer. The critical perspective, in critical realism, helps to separate different objects from one layer that are enabled and restricted by mechanisms that do or do not trigger actions in another layer.

Although the role of mechanisms and structures for explaining an observed phenomenon is called upon by critical realists, some further explanation might be needed. As critical realism argues the world to be actual and real, examples of mechanisms and structures are often taken from natural sciences. In the following section, an example of a tropical typhoon is used to clarify the role of mechanisms and structures, when trying to understand an event.

In September 2009 the typhoon Ketsana hit the Philippines. The [meteorological] depression started as a tropical storm roaring the Pacific Ocean. As the storm drifted towards the Philippines it intensified to the second most devastating typhoon to hit Manila, causing over 450 deaths (Rabonza, 2009).

Although tropical thunderstorms and typhoons were already known in 2009, such events must have triggered human curiosity over history. If we want to gain insight into the unknown we could guess, ask our peers, or maybe observe and describe. But if we want to further understand how an event is triggered, underlying causalities that result in the observed phenomena must be understood (Bhaskar, 1978; Danermark, 2002).

Clearly, comparing the typhoon Ketsana with another and even more deadly typhoon Morakot doesn’t explain how typhoons are formed or why they become more or less powerful. What is needed are theories that explain the formation and movement of storms. Such theories are the core of the scientific method, where experiments are used as a means to test hypotheses in new or existing theories. The scientific method means that theory builds on how an experiment could be reproduced, giving the same consistent results
over again (Cambell & Stanley, 1963; Chalmers, 1999; Speroff & O’Connor, 2004). If this is not the case, either methods or theory can be refined or rejected.

The meteorological theory, to explain the example of a tropical typhoon, is that the outcomes are triggered by heat convection in a context of sea and air temperatures. Prior observations of how temperature difference above a candle results in moving air have led to a multitude of experiments of temperature and air. The results are all part of these extensive meteorological theories on convection that explain how temperature differences in and between sea and sky can lead to typhoons (Zhang et al., 2010).

![Figure 4: Context produces regularity for mechanisms that trigger events or actions (Danermark, 2002).](image_url)

Similar to such developments in science, the proposition that “causal outcomes follow from mechanisms acting in contexts” forms the basic axiom in a realist explanation (Pawson and Tilley, 1997, p. 58). This realist standpoint states that experiences come from real objects outside our subjective understanding (Danermark, 2002). Take for example Callon’s (1986) studies of how scientists try to save “the scallops in St. Brieuc Bay,” where his study reveals how the scallops can be seen as constructed by the scientific work. Knowledge about the scallops become real only as researchers manage to tie fishermen, villagers, and even the scallops’ larvae to the new objects in a process of translation (Callon, 1986). In a realist perspective the objects that become scallops exist independently of the knowledge produced about them (Bhaskar, 1978). The facts about these objects are however constructed in a social process (Danermark, 2002; Latour and Woolgar, 2013).
So, if a change process could be reproduced and result in regular outcomes, a realist view and the starting point for this thesis assumes that there must be some kind of mechanism acting in a given context. Therefore, if we would like to understand how to support events or actions that are part of an improvement, we must also identify the context in which they are taking place. The context produces regularity for the mechanisms that trigger events or actions (Figure 4). Mechanisms can either be enabled or constrained by regularities. In a social context these regularities can be described as structures embedded in objects (Danermark, 2002).

Thus, the concepts of structures and mechanisms are essential tools for understanding how an event such as quality improvement can be reproduced in a given context. As described in the previous section, abduction is a scientific method that can gain knowledge about what is not directly observable in such social processes. Further, emerging mechanisms can be deconstructed by various positions and underlying knowledge claims in order to further elaborate on underlying structures in reflective reflexivity (Alvesson et al., 2008). This means that previously described experiences, thoughts, and practices are taken into account in a reflexive approach when answering new questions on underlying structures that enable or constrain identified events.
An example of the analytical procedure

In the following section, the analytical procedure outlined above is exemplified. The procedure involves identifying enabled or constrained events of quality improvement, based on Deming’s (1994) domains of profound knowledge. Through abductive reasoning, mechanisms and structures emerge as the most plausible explanation from the observed events (Table 2).

Table 2: Example of how mechanisms and structures emerge as probable hypotheses explaining identified events of understanding variation in Papers I and II.

<table>
<thead>
<tr>
<th>Paper</th>
<th>Event</th>
<th>Enabled by</th>
<th>Constrained by</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Developed new measures</td>
<td>Manually collected and displayed data</td>
<td></td>
</tr>
<tr>
<td>II.</td>
<td>Constructs new measures</td>
<td>Relevance to specific projects</td>
<td></td>
</tr>
</tbody>
</table>

Alternating between identified events and adding previous knowledge of quality improvement.

<table>
<thead>
<tr>
<th>Mechanism</th>
<th>Enabling Structures</th>
<th>Constraining structures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collecting and displaying measurable results over time</td>
<td>Local ownership</td>
<td>Infrastructure for measurements</td>
</tr>
</tbody>
</table>

When the team developed new measures and manually collected and displayed data it is identified as an enabling event (P₁) of understanding variation in Paper I. If the knowledge (A₁) that the team wanted to gather data to analyze their improvement efforts, the observed phenomenon (P₁) would now follow from the hypothesis (H₁), that social services have inappropriate or missing infrastructure for measurements. Returning to the papers, another event (P₂) of understanding variation could be identified in Paper II where the studied team constructs a new set of measures that are relevant to the specific project instead of using existing measures.

The hypothesis, H₁, that social services have inappropriate or missing infrastructure for measurements still seems to be the best explanation of how event (P₁) is constrained. But there also seems to be some other hypothesis (H₂) that would explain what enables the events. If the knowledge that a relevant measure is easier to analyze (A₂) were invoked, the event (P₂), would follow from the second hypothesis (H₂), that collecting and displaying results over time is enabled by local ownership of which measures to use.
Alternating between identified events in all papers and adding previous knowledge of quality improvement, enabling and constraining mechanisms and structures emerge as the best possible explanation for the events. Regarding how to understand variation in nonprofit social service quality improvement, it seems like the mechanism of collecting and displaying measurable results over time is enabled by local ownership of measures and constrained by a lack of appropriate infrastructure for measurements.

This example describes how I have used the analytical process of identifying events related to all knowledge domains in profound knowledge. From these events, abductive reasoning is used to develop knowledge about what enables or constrains systematic quality improvement in the context of nonprofit social services.
Ethical considerations

This thesis aims to develop knowledge about quality improvement in non-profit social services. The focus is to describe acting mechanisms together with enabling and constraining structures. These emerge from identified events related to Deming’s (1994) domains of profound knowledge. Although quality improvement can be seen as a normal part of experimental research and as such an ethical consideration in itself (Hälsohögskolan, 2012), this thesis does not include any sensitive personal information or individual data.

If the research would have included any of the following: sensitive personal information, personal information on criminal records, physical act on a research person, methods intended to influence physically or mentally or with an obvious risk for physical or mental harm, studies on biological material that is taken from and can be traced to a living human, physical act on a diseased person and/or studies on biological material that is taken from and can be traced to a diseased human, it should have been approved by a Ethical Review Board (EPN) as stated by the Act concerning the Ethical Review of Research Involving Humans (SFS 2003:460). Although this thesis does not include research that has to be approved by an EPN, some ethical dilemmas and considerations still exist.

To identify ethical considerations within this thesis two perspectives have been taken. One is the time perspective of the periods before, during, and after the study (Helgesson, 2006). The second one is the perspective of Respect for persons, Beneficence and Justice, principles of ethics found in several documents concerning research ethics (Beauchamp and Childress, 2001; Biomedical and Behavioral Research, 1978; Hermerén et al., 2011).

As this research was conducted with an insider research approach with the practice of the already designed development program in Forum for Values, no research ethics were discussed before the study. At this stage it could have been discussed how time and resources spent on improvement projects would affect both clients and employees in participating organizations. All participants have been informed of the research project. However, it would have been ethical if they could have made the autonomous choice to participate in research before deciding to enroll in the development program. During the research, I have tried to do no harm and minimize risks for research subjects by avoiding inclusion of any sensitive information. Instead, my focus has been on contextual structures, such as infrastructure for measurements in nonprofit social services. Throughout the research, results and refined theories have been put forward to participants as a way to continuously maximize the research benefits. Ethical considerations after my research
were mainly concerns of how and where to publish remaining results. Here it is important to consider rules and policies that indicate how we shall protect informants and research objects (www.codex.vr.se; Fischer, 2006). In future research it would also be worth considering how ethical reasoning and practical actions could be developed further (Kjellström and Fridlund, 2010; Kjellström et al., 2010; Peled and Leichtentritt, 2002). Finally, it should be noted how quality improvement potentially could affect both people and how resources are used. Therefore, it is important that the developed knowledge of quality improvement reaches other scholars, policymakers, and practice.
Chapter 4. Main findings

The main findings in this thesis come from four separate studies on quality improvement in nonprofit social services. The studies are critical cases from a nursing home for elderly and a daycare for disabled children (Paper I); a critical case from a sheltered housing project (Paper II); a survey of performance measurements in 127 quality improvement projects (Paper III); and a conceptual model of how improvement policy and practice are bridged by intermediaries (Paper IV). Based on Deming’s (1994) knowledge domains (appreciation of a system, theory of knowledge, understanding of variation, and psychology), enabled or constrained events and activities of quality improvement are identified (these events and activities are italicized below). As identified events from the papers are summarized for each of Deming’s knowledge domains, active mechanisms and underlying structures emerge as a probable explanation. In the following sections a summary of each paper with findings and identified enabled or constrained events, active mechanisms and underlying structures will be described.
Identified events of quality improvement

In the following sections events and activities related to Deming’s (1994) knowledge domains are identified in each of the four papers on quality improvement within nonprofit social service providers.

Paper I: Prospects and Problems of Transferring Quality-Improvement Methods from Health Care to Social Services: Two Case Studies

Summary
The first study examines the use of quality improvement methods in nonprofit social services. In particular the key aspects of generalizable scientific knowledge, inter-professional teamwork and measurements are studied in two successful projects from the quality improvement program *Forum for Values*. The successful projects can be seen as critical cases of quality improvement in a new context. In the study it is argued that quality improvement methods as used in health care are applicable and can lead to measurable improvements in social services. The study provides insights for quality improvement, not only in social services but also in health care, on how to assess and sustain improvements when infrastructure for measurements is lacking. In addition, when quality improvement teams are formed the focus should be on functions instead of professions. Quality improvement methods can also be used to support implementation of evidence-based practice.

Findings
The study provides results from two different cases, a daycare for disabled children and a nursing home for the elderly. In the daycare the project connected improvement efforts to the problem of spending enough time outdoors for the disabled children. The relevance was further strengthened by the use of generalizable knowledge from a report from the National Institute of Public Health in Sweden, which shows that outdoor activity is an important factor for increasing quality of life. The improvements were achieved by planning outdoor activities, involving the children (many of whom had cognitive disabilities) and informing both full-time and part-time colleagues. To assess the improvements, the team logged outdoor activity for each child in 15-minute intervals and displayed this on a board. The project also described and tested important aspects and meaning of good quality in daily outdoor activities. In the nursing home for elderly the improvement team developed new measures and manually collected and displayed data on the number of individuals who had good meals. Although the project did not state any clear description of generalizable scientific knowledge used in the project the def-
inition of measures led to clarification and consensus about what constituted the concepts of good quality. This concept of quality led to new ways of working that were established in the project.

In the described projects, the teams applied scientific evidence, their own professional experience, and the client’s value base to find improved ways of working. Discussions and descriptions of these efforts relate to the importance of meeting client needs. In the improvement projects the forming of relevant teams relates to functioning roles rather than professional responsibilities. The improvement teams also tried to relate their projects to other units to succeed, sustain, and spread improvements.

Enabled or constrained events in Paper I

Many of the information systems and infrastructures for measurements in social services are built for long-term documentation and follow-up of each client and the studied projects lacked infrastructure for aggregation and comparison of data. The outcomes of these improvement projects are results of how the team develops and describes a local theory of what quality is. This theory is then used for testing generalizable scientific knowledge, organizing for needs or communicating working procedures.

Paper II: Quality Improvement in the Case of Sheltered Housing

Summary

The second study examines the critical case of how a nonprofit provider applied quality improvement methods in relation to measuring performance in sheltered housing. This project is critical as the team used previously described methods and tools in a thorough manner. The study describes how a night shelter works together with a day center. Benefits and shortcomings of applying quality improvement to a nonprofit context are highlighted by contrasting this single case with previous research. Specifically the relation between measuring performance and improving quality at the local level is discussed. The studied organization, which was new to quality improvement methods and tools, has assessed local performance, used a model for improvement, and controlled processes with statistical methods. As the studied example shows, the team had to construct a basic infrastructure for measurements from scratch as none already existed. The case also shows how a bottom-up approach to quality improvement, supported by a development program, can combine drivers for change with systematic methods. Further, the case reveals that this approach gives processes in nonprofit health care and social services that can be monitored statistically, a crucial step in using performance measures for improvement.
Findings
The study reveals how the improvement project is connected both to internal processes of handing over information between units and to the services for clients. This connection lets the improvement team maintain confidentiality for clients while taking responsibility for structures and schedules. As no performance measurement is at hand for evaluating local performance in the studied case the understanding of performance is based instead on internal relations. These relations form a solid base, connected to strategy and mission, for developing definitions and measures that can be used to improve quality. The studied team constructs a new set of measures that are relevant to the specific project instead of using existing measures. The example of how data was collected and plotted on a paper chart shows us how they had to construct a basic infrastructure for measurements from scratch as none already existed. They did not, however, calculate any values or try to determine sources of variation during the project. In the project the team developed a checklist for handover information. This checklist assured that no information was missed and helps staff know what kind of services can be offered. Thus, the checklist describes local ways of working.

Enabled or constrained events in paper II
The outcomes of this quality improvement project are results of how the team describes and reflects over their project in relation to both clients and external restrictions such as schedules. Although the team struggles with the use of measures, the collecting and display of relevant measures are important events in the improvement. Also, the efforts to try out and agree on a local description of the handover meeting are central for improving local performance.

Paper III: Process- or result-oriented performance measures in improvement of Not for Profits

Summary
The third study takes the starting point of how measuring performance in order to assess, control, and improve organizations is considered to be of vital importance. However, in nonprofit social services the application of performance measures has been shown to be full of challenges. Performance measures that are not connected to program theory and not used for improvements are consequently described. The study examines how performance measures have been used in 127 of the Forum for Values improvement projects. By quantitatively analyzing the characteristics attached to the use of process- or result-oriented measures the article builds on theory for the development of performance measures and the relation between local improvement projects and overall strategy.
Findings
Performance measures can be chosen to fit either process- or result-oriented goals, a choice with both benefits and shortcomings in either case. Further, the multitude of identified measures reveals a possibility to connect local performance to overall strategy. The benefits of using process measures seem to be that process measures can be designed for local practice with less sources of variation. The shortcomings of using process measures are mainly that the need for local measurements often has more problems with validity and cannot easily be used for benchmarking or other comparisons. The benefits of using result measures and a direct relation to goals for patient or client results are mainly that more external measures are available. This includes the fact that more national data and quality registers can be used as data sources. The use of result measures also gives a much better possibility to use patient or client-reported data. The shortcomings of result measures are that they involve more factors influencing variation, making it harder to understand what actions actually produce good or bad results.

In the study it is described how performance measures should be able to reflect causal links between actions and output. When local change is a priority locally developed measures are more likely to be relevant and connected to organizational goals. When external evaluation is needed result-oriented measures might be used. These can be designed with patient and client-reported data together with the use of external measures and data sources. Result-oriented measures are often used when the causal links between process and results are weaker. Therefore the result-oriented measures often include many more sources of variation, which might be difficult to separate.

Enabled or constrained events in Paper III
Performance measurements need to be based on reliable data sources to capture and reflect different sources of variation. The identified measures in this study reveal possibilities for how to connect improvement to strategy in a bottom-up approach. Further, it provides examples of the possibilities to interpret variation depending on the choice of process- or result-oriented measures. The 127 studied quality improvement projects are all related to how measurable results have been used. But more than depending on whether they are developed locally or part of an external data source, the measures also reveal the importance of a theory on causality for various improvements.
Paper IV: Managing the gap between policy and practice through Intermediaries for Quality Improvement

Summary
The fourth study starts from an existing gap between policymaking for quality improvement and the realization of these policies in practice. Using previous research on intermediaries, a conceptual model of an Intermediary for Quality Improvement (IQI) is developed. The model highlights the characteristics of structural positions, mediating approaches, and duration as a way to describe an IQI. The conceptual model is used to examine two cases in which Famna has supported both policymaking and the implementation of policies at a provider level. The cases are the national strategy for quality improvement by open comparisons in health care and social services and a new regulation on quality management systems in health care and social services.

Findings
In the studied cases the development and implementation of quality improvement included strengthening of structural positions and active mediating approaches. For example, Famna supported members in reporting to and analyzing data from open comparisons. Consequently, member organizations commissioned Famna to support them in building competence and capacity for systematic quality improvement. Simultaneously, the efforts to initiate and support change at an organizational level included active mediating approaches. For example, a bottom-up translation of experiences from the provider level to the policy level was combined with the design of a development program in Forum for Values. Thus, shared values of nonprofit providers (improving services for patients and users) were incorporated within both policy and practice. The outcomes of quality improvement efforts in this study depend on how top-down and bottom-up perspectives are translated and legitimized in a process to engage and participate in change.

Enabled or constrained events in Paper IV
The two cases show how Famna initiated support for change by establishing norms for quality improvement. The IQI needs to support both initiation and implementation and the possibilities for an iterative process of improvement projects. Participation in development programs also supports the need for competence in quality improvement and initiates organizational changes. Thus, the role of the IQI in supporting actions often legitimizes a culture of change. Such legitimation includes forming networks and creating a norm for participating in development programs.
Events related to improvement domains

In the separate studies, various events related to Deming’s (1994) knowledge domains can be identified. In the following sections, a summary of identified enabled and constrained events are provided for appreciation of a system, theory of knowledge, understanding of variation and psychology of change. These reveal both enabled and constrained events for which we may search for the best possible explanation.

Appreciation of a system

Identified events, such as how improvement efforts are connected to relevant problems, forming of teams, processes, and policies are related to the appreciation of a system (Table 3). The studied projects also describe and relate their performance to overall strategy, organizational goals, and external policies. This describing and reflecting over project relations is enabled by connecting projects to shared values, such as client needs. The use of generalizable scientific knowledge and a multitude of locally developed relevant measures also enable project relations. In the studied cases informing colleagues, information between units, and focusing on functioning roles rather than professional responsibilities also enabled reflection over project relations.
Table 3: Enabled or constrained events of quality improvement related to appreciation of a system.

<table>
<thead>
<tr>
<th>Paper</th>
<th>Event</th>
<th>Enabled by</th>
<th>Constrained by</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Connected improvement efforts to a relevant problem</td>
<td>Use of generalizable knowledge, involving the children and informing colleagues</td>
<td>Functioning roles rather than professional responsibilities</td>
</tr>
<tr>
<td></td>
<td>Forming of relevant teams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II.</td>
<td>Connecting improvement project to processes</td>
<td>Information between units and services for clients</td>
<td></td>
</tr>
<tr>
<td>III.</td>
<td>Connect local performance to overall strategy and organizational goals</td>
<td>Multitude of locally developed and relevant measures</td>
<td></td>
</tr>
<tr>
<td>IV.</td>
<td>Relevant policies</td>
<td>Shared values of improved services for users</td>
<td></td>
</tr>
</tbody>
</table>

Theory of knowledge

Events found in the studies, such as describing and testing aspects of quality, are related to a theory of knowledge (Table 4). This includes developing definitions and measures as well as checklists. Both internally developed and external measures help in reflecting over causal links between actions and client goals. This forming and testing of a theory of action is constrained by the lack of generalizable scientific knowledge when defining measures. Further, missing external measures, weak causal links and problems with validity are constraining structures. Although some events are enabled by relating theory to strategy and mission or to actual services, this emerges more from the mechanism of describing and reflecting upon project relations described above. Thus, forming and testing a theory of action emerges as a second mechanism that is constrained by a lack of generalizable scientific knowledge.
Table 4: Enabled or constrained events of quality improvement related to theory of knowledge.

<table>
<thead>
<tr>
<th>Paper</th>
<th>Event</th>
<th>Enabled by</th>
<th>Constrained by</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Described and tested important aspects and meaning of good quality</td>
<td>Daily outdoor activities</td>
<td>No generalizable scientific knowledge when defining measures</td>
</tr>
<tr>
<td></td>
<td>Clarification and consensus about good quality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>II.</td>
<td>Developing definitions and measures to improve quality</td>
<td>Relations to strategy and mission</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Checklist assured that no information was missed</td>
<td>Services offered</td>
<td></td>
</tr>
<tr>
<td>III.</td>
<td>Performance measures that reflect causal links between actions and output</td>
<td></td>
<td>Problems with validity</td>
</tr>
<tr>
<td></td>
<td>Relating measures to client goals</td>
<td></td>
<td>No available external measures</td>
</tr>
<tr>
<td></td>
<td>Use of external measures for evaluation</td>
<td></td>
<td>Weak causal links between process and results</td>
</tr>
</tbody>
</table>
Understanding of variation

In the studies, events that relate to understanding of variation are focused on the areas of defining, collecting, and displaying measures (Table 5). This includes evaluating local performance and measuring results for clients. Attempts to determine or reduce sources of variation in local practice are also identified. These events are enabled as the process of manually collecting and displaying data implies use of relevant, locally developed measures. However, a lack of existing performance measures or information systems also constrains understanding of variation, as calculation, aggregation, and comparisons of data become more difficult to perform. The choice between process or result measures has both benefits and disadvantages for understanding variation. Measuring with locally developed process measures constrains use of data for comparisons and benchmarking, while actions that produce good or bad results are harder to separate with result measures. The third emerging mechanism in quality improvement is collecting and displaying measurable results over time. This mechanism is enabled by local ownership in the process of defining and using measurements and constrained by the lack of appropriate infrastructures for measurements.
### Table 5: Enabled or constrained events of quality improvement related to understanding variation.

<table>
<thead>
<tr>
<th>Paper</th>
<th>Event</th>
<th>Enabled by</th>
<th>Constrained by</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Logged and displayed activity</td>
<td>Displayed activity on a board</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Developed new measures</td>
<td>Manually collected and displayed data</td>
<td></td>
</tr>
<tr>
<td>II.</td>
<td>Evaluating local performance by collecting new measures and plotting data manually</td>
<td>Relevance to specific projects</td>
<td>No existing performance measurements</td>
</tr>
<tr>
<td></td>
<td>Constructs new measures</td>
<td>Relevance to specific projects</td>
<td>No calculation of statistical parameters</td>
</tr>
<tr>
<td></td>
<td>Tried to determine sources of variation</td>
<td>Relevance to specific projects</td>
<td></td>
</tr>
<tr>
<td>III.</td>
<td>Designing measures to local practice with less sources of variation</td>
<td>Process measures difficult to use for benchmarking or comparisons</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Measuring results for clients</td>
<td>Harder to understand what actions actually produce good or bad results.</td>
<td></td>
</tr>
</tbody>
</table>
Psychology of change

Based on how and why organizations have participated in development, events related to a psychology of change can be identified in the fourth study (Table 6). The study reveals participation and engagement in systematic quality improvement, development programs, and national open comparisons of quality measures. This participation and engagement is enabled by support in improvement competence. For example, the need for reporting and analyzing data is supported by building competence and capacity in organizations. Translation of experiences and policy when designing development programs also enables participation. In summary the fourth mechanism, engaging and participating in a development program, is enabled by connecting other mechanisms into quality improvement as a single practice.

Table 6: Enabled or constrained events of quality improvement related to psychology of change.

<table>
<thead>
<tr>
<th>Paper</th>
<th>Event</th>
<th>Enabled by</th>
<th>Constrained by</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV.</td>
<td>Participating in open comparisons</td>
<td>Support in reporting and analyzing data</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Engaging in systematic quality improvement</td>
<td>Support in building competence and capacity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Participating in development programs</td>
<td>Translation of experiences from provider</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>level when designing the program</td>
<td></td>
</tr>
</tbody>
</table>
Enabling and constraining structures

In the previous sections, several different events that are enabled or constrained in four studies of nonprofit social service quality improvements are described. From a realist perspective these events are generated by mechanisms that “reflect the embeddedness of the program within the stratified nature of social reality” (Pawson and Tilley, 1997, p. 66). This means that generative mechanisms and structures that enabled or constrained the identified events also can be described, even if they cannot be observed directly (Danermark, 2002).

<table>
<thead>
<tr>
<th>Mechanism</th>
<th>Enabling structures</th>
<th>Constraining structures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Describing and reflecting over project relations</td>
<td>Connecting to shared values such as client needs</td>
<td>Lack of generalizable scientific knowledge</td>
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<td>2. Forming and testing a theory of action</td>
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<td>3. Collecting and displaying measurable results over time</td>
<td>Local ownership</td>
<td>Infrastructures for measurements</td>
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<tr>
<td>4. Engaging and participating in a development program</td>
<td>Quality improvement as a single practice</td>
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Acting mechanisms of quality improvement that emerge from the identified events are: (1) describing and reflecting upon project relations; (2) forming and testing a theory of action; (3) collecting and displaying measurable results over time; and (4) engaging and participating in a development program (Table 7). Structures that enable the mechanisms are: (1) connecting projects to shared values such as client needs; (3) local ownership of what should be measured; and (4) translating quality improvement into a single practice. The constraining structures found so far are (2) a lack of generalizable scientific knowledge and (3) inappropriate or missing infrastructures for measurements.
The findings in this thesis are based on four separate studies of quality improvement within nonprofit social service providers. The studies include critical cases of best-practice and successful projects, a survey of performance measures used in improvement projects and a conceptual model of how quality improvement bridges between policy and practice. In the studies enabled and constrained events that are related to Deming’s knowledge domains can be identified. As the most probable explanation for these events, mechanisms and underlying structures that enable or constrain quality improvement in nonprofit social services emerge.
Chapter 5. Discussion

As both described from high performing health care systems (Baker et al, 2008) and proposed as a solution (Batalden and Stoltz, 1993; Deming, 1994), an approach for continuous systematic improvement can help produce outcomes such as reduced mistakes, better use of resources, and fulfilled needs and expectations of clients.

The following discussion elaborates on the findings in chapter 4, where contextual mechanisms and underlying structures of quality improvement emerge from identified events. These reveal how quality improvement is enabled by connecting projects to shared values such as client needs, local ownership of what should be measured, and translating quality improvement into a single practice. Structures that enable improvements are a lack of generalizable scientific knowledge and inappropriate or missing infrastructure for measurements.

Although Deming (1994) proposes that knowledge domains should be combined in a system of a profound knowledge, aspects of practicing this quality improvement can be discussed. This reveals how connecting improvement projects to individual needs can shift focus away from how political macrostructures influence the quality of social services. The role of reflective practice in relation to the need for forming local theories of practice is discussed. Also, a lack of statistical competence makes the use of measures over time difficult in nonprofit social services. The need for aligning participants in quality improvement can be constrained when a single practice is separated into different areas of expertise.

After this some hypotheses for future work can be formulated. Here ideas of a program theory for nonprofit social services, a second generation of improvements and an evidence-creating practice are formed.

Based on these reflections and future hypotheses, some issues regarding the systematic approach to quality improvement that nonprofit social service providers proposed are discussed.

In the last part of the discussion, some methodological issues regarding the trustworthiness of this work are discussed.
Explaining why quality improvement occurs or not

In the previous chapter, events, mechanisms and structures related to quality improvement within nonprofit social service providers were identified. Events can be enabled or constrained by various factors. Thus, the identified enabling and constraining mechanisms and structures form a framework that helps explain why intended actions of quality improvement occur or not. In the following section the main findings from chapter 4 are summarized.

From the papers, events are identified related to Deming’s (1994) knowledge domains. Related to appreciation of a system, events are connecting improvement efforts to a relevant problem, forming of relevant teams, connecting an improvement project to processes and local performance to strategy, organizational goals and relevant policies. Related to theory of knowledge the identified events are describing and testing important aspects and meaning of good quality, clarification and consensus about good quality, developing definitions and measures to improve quality and a checklist. Events of performance measures that reflect causal links between actions and output, relating measures to client goals and the use of external measures for evaluation were also identified. From the domain of understanding variation the following events were identified: logging and displaying activity, developing new measures, evaluating local performance by collecting new measures and plotting data manually, constructing new measures, trying to determine sources of variation, designing measures to local practice with less sources of variation, and measuring results for clients. For psychology of change, the events of participating in open comparisons, engaging in systematic quality improvement and participating in development programs were identified.

The acting mechanisms of quality improvement that emerge from the identified events are: describing and reflecting upon project relations, forming and testing a theory of action, collecting and displaying measurable results over time, and engaging and participating in a development program. Structures that enable these mechanisms are: connecting projects to shared values such as client needs, local ownership of what should be measured, and translating quality improvement into a single practice. Constraining structures found are: a lack of generalizable scientific knowledge, and inappropriate or missing infrastructure for measurements.
Although the emerging mechanisms and structures help explain why events of quality improvement occur or not, there are still no structures identified that help explain what constrains description of and reflection upon project relations, what enables forming and testing a theory of action or what constrains engaging and participating in a development program. It is also necessary to discuss whether the identified structures for collecting and displaying measurable results over time, fully explain problems of understanding variation in nonprofit social services.
Reflecting upon structures in nonprofit social services

In the following section the emerging mechanisms of quality improvement will be deconstructed by various positions and underlying knowledge claims in order to further elaborate on underlying structures in nonprofit social services (Alvesson et al., 2008). This means that experiences, thoughts, and practices previously described by other scholars are taken into account in a reflexive approach to further elaborate on what underlying structures enable or constrain quality improvement in nonprofit social services. The following topics are of specific interest related to the main findings. What is the role of political macro structures for describing and relating to improvement projects? How can a reflective practice be used in the forming of local theory? What competence in statistical methods is needed for collecting and displaying results over time? Moreover, how do areas of expertise affect the engagement in development programs?

Political macro structures

As shown in preceding findings, describing and reflecting upon project relations in nonprofit social service quality improvement is enabled by relating to core values such as the varied needs of clients. Appreciation of a system thus has a micro perspective regarding these improvement projects. But social services are also part of a system where political decisions influence quality of services.

In the clinical microsystems approach an underlying assumption is that the quality of a service can be no better than the quality of the microsystems (Baker et al., 2008). Describing and relating to improvement projects are thus enabled by a focus on the microsystem. But social situations, such as what services or homes are provided for a specific group of clients or elderly, also depend on political decisions (Payne, 2005). A low influence on these decisions risks affecting vulnerable groups. Relating improvements only to clients as the center of the welfare system therefore implies a risk that individuals in these vulnerable groups are seen as responsible for social situations formed by other stakeholders. Further, it can be argued that such social situations are reproduced in a social system of power relations (Bourdieu, 1998). In order to achieve improvements for clients, it is therefore also important to reflect upon how local improvement efforts relate to social systems on a macro level.

In the studied improvement projects, nonprofit social service actors with a strong sense of social justice focus on needs of the individual client in their project relations. But not all these projects are improvements. Changing ser-
vices in small steps means that the value of individual projects can be tested and evaluated. Even if there are no directly measurable improvements, changes from various projects can affect other parts of the welfare system in ways that are difficult to foresee. These unclear relations between actions and outputs are typical for a complex situation (Snowden and Boone, 2007). This means that it is difficult from a macro perspective to decide what will work in which situation. Instead, small tests of improvement projects can evolve in line with client needs and organizational goals. In this way, local development can maintain order in a complex system (Zimmerman et al., 1998; Palmgren, 2009).

Working systematically with developments in small steps therefore strengthens the role of nonprofit organizations as innovators and change agents in the public welfare system (Defourny et al., 2014). Describing and reflecting upon how nonprofit social service projects relate in a microsystem, thus emerges as a central mechanism for understanding the role of improvement in the political macro structures of a complex system.

Reflective practice

In the studied improvements, descriptions of nonprofit social service practice play a central role for developing a local theory of knowledge, which can be used for making predictions about local practice. In the main findings from these descriptions, development of local theory is constrained by a lack of generalizable scientific knowledge.

In social services, generalizable scientific evidence is not always included as a natural part of practice (Avby, 2015). Further, the focus on relations between clients and professionals in professional training of social workers means that knowledge is not always built through experiments and use of the scientific method (Schön, 1983). This could explain why the scientific approach to local practice was new to the studied improvement projects. If nonprofit social service organizations lack knowledge in the scientific model, this also results in novelty both for quantitative measures for decision-making and methods such as experimental learning in PDSA cycles.

The theory of knowledge described in quality improvement implies testing of theory in practice as a way of experimental learning (Deming, 1994). Testing ideas in experimental learning cycles is built on a natural sciences approach. Here reflection upon actions must be taken if learning and new knowledge is to take place (Lewin, 1942; Argyris and Schön, 1974; Kolb and Fry, 1974; Ellström, 2001). This theory of knowledge is twofold as it both tests external knowledge in a local setting and gives a possibility to systematically build a theory for local practice (Fishman, 1999; Bohmer, 2009). When it is difficult to know which actions produce good services in
local practice, a need for external “evidence” is created. For example, when forming a checklist or defining measures, it is considered good practice to apply scientific results. It also seems that the long development, and scientific descriptions, of clinical work in health care are connected to a more present generalizable scientific knowledge. This development of knowledge is built on a natural sciences approach with results that are valid and proven with scientific methods. As described in the main findings, a lack of such generalizable scientific evidence constrains the forming and testing of a local theory of action in the studied projects.

On the other hand, social work is built on a reflecting practice in a contract between social worker and client (Schön, 1983; Payne, 2005). Reflecting upon relations and situations in practice is an important source when building local theory, identifying causal links, and defining measures. Also, quality improvement projects are built on local practice. Instead of being constrained by searching for nonexistent general knowledge, the specific knowledge of a local practice could be used. Thus, forming a local theory can actually be enabled by the active use of reflective practice.

In the studied nonprofit social service improvements, forming and testing a theory of action is constrained by a lack of generalizable scientific knowledge. This relates to a practice that is based on reflective practice rather than on a scientific approach to experimental learning. In this context, forming and testing of a theory of action could therefore be enabled by using reflective practice to build causal links and to define measures in local practice.

Competence in statistical methods

Collecting and displaying measurable results over time is important for quality improvement. From the main findings we see how this is enabled when measurements can be defined and handled locally and used on a small scale. On the other hand the lack of appropriate infrastructure for improvement measures, both technological such as registers and cultural such as working routines, constrains the use of measures. In the studied improvements there might also be a lack of competence in order to fully use measures to understand variation.

When using locally developed measures, it is easier to make them relevant for various improvements. These local measures might also avoid previously reported problems with externally defined measures (Zimmerman and Stevens, 2006). Collecting and displaying of data on a small scale allows improvement to take place as projects follow progress and get feedback on changes. As discussed in the previous section, a main problem for measuring quality in nonprofits is when program theory, with for example an underly-
ing logic of interventions, and developed performance measures fit poorly (Lindgren, 2001; Moxham, 2014). Here, the use of a multitude of measures, developed in local improvement projects, makes it easier to find appropriate measures for various program theories (Proper and Wilson, 2003). When operationalizing a multitude of measures, it is therefore important to understand which measures represent which stakeholders.

Operationalizing measures and using them for analysis requires appropriate infrastructure. But when data collection is constrained by inappropriate infrastructure, it cannot easily be aggregated or analyzed. Thus the more advanced calculations, which are needed to understand variation, become difficult to perform for social service workers. This difficulty is further enhanced when professionals that are part of the improvement efforts lack competence in statistical methods.

Statistical training is an important competence for decision-making based upon measures, especially since it is difficult to analyze numeric results intuitively (Taleb, 2010; Kahneman, 2011). Methods for improving quality with measures are strongly tied to descriptions from statistically trained scholars such as Shewhart (1931), Juran (1951) and Deming (1986; 1994). This tight connection between quality improvement and statistical methods is important to remember. Improvement methods often include prescriptions for decision-making and information processing. If improvement teams encounter problems with statistical calculations, that could explain constrained events of understanding variation. Further, as discussed previously, social services are often based more on relations between client and social worker than on a natural sciences approach. This difference in background and “world view” (Cresswell, 2013) in combination with a lack of competence in statistics could very much constrain collection and display of measures in a way that helps separate sources of variation.

Local ownership of quality improvement projects enables collecting and displaying measurements over time in nonprofit social services. But the use of these measurements for understanding variation is constrained by a lack of appropriate infrastructure. Further, competence in statistical methods is needed to fully use the measures for quality improvement.

Areas of expertise
The will and decision to engage and participate in the development program *Forum for Values* is enabled by several translation processes that strive to make quality improvement a formal part of nonprofit social services. As difficulties arise in various quality improvement projects, organizations may need the help of experts, for example on change management or process mapping. When these experts try to solve the difficulties, quality improve-
ment risks being separated into different areas of expertise, such as a consultants project or a task for quality officers only.

In the studied quality improvements, change for improvement is realized through participation in the development program *Forum for Values*. Engagement in the program does not, however, reach all of *Famna’s* members. After five years, about half of *Famna* member organizations have not yet participated in *Forum for Values*. The decision not to engage in the development program may be due to other development strategies. Also, integrating quality improvement in a clinical microsystem approach might not seem preferable for all organizations.

As pointed out earlier, although a change is not necessarily improvement, all improvement is change (Berwick, 1996). Thus, an organization needs change to improve its outcomes. But several studies point out how various efforts, like quality improvement, do not really change organizations (Meyer and Rowan, 1977; DiMaggio and Powell, 1991; Dean and Bowen, 1994; Røvik, 2000). If described improvements don’t really change organizations, they are decoupled from ordinary care and social services and just done parallel to everyday practice.

To avoid decoupling, both formal and informal rules for action and decisions in an organization need to be affected by the change (March, 1991; Scott, 1994; Weick and Quinn, 1999; Ahrne et al., 2007; Levin, 2013). Actions and events in quality improvement can be part of such changes. For example, in the studied improvement efforts of nonprofit social services, the findings suggest that the following rules are affected:

- When relating an improvement project to shared values, employees might have to contrast internal drivers with external or organizational aims. In this case, what is formally written or informally believed to be the way work is done, might differ from the new improvement plan. This means that both formal and informal ideas of why we go to work might be challenged.

- As new generalizable scientific knowledge is introduced in an organization, old ways of doing things must be reconsidered and made explicit. Thus, both status of professions and descriptions of practice might be challenged by the new ideas.

- To learn and further reduce harm, meet client needs, and use resources wisely, results from daily activities and interventions need to be studied. Even if understanding of variation is constrained, old decisions might come into a new light as studied results become more transparent.
In the examples above, which might challenge formal and informal rules in an organization, it becomes important for quality improvement efforts to be legitimized. But it is when ideas or facts are tied together in strong networks that they become legitimate (Callon, 1986). Studies of research and innovation processes that reveal how in this way ideas become resource-rich describe this as a process of translation (Latour, 1987). In this translation, actors try to solve or avoid controversies so that ideas can become real and turn into facts. This means that in order to make quality improvement legitimized, efforts by different experts needs to be reassembled into a single practice. If quality improvement becomes a single practice, this also helps to handle institutional constraints.

For example, as quality improvement collaboration can be resource-intensive for a participating organization, Famna needs to legitimize how the participation in shared experiences between organizations helps to find a balance between economic competition and offering high-quality services. By describing how improvement aims can be formulated or what new knowledge exists, Famna addresses many different ideas of what quality improvement really is. This means that the practice of quality improvement for participating organizations becomes the way to handle all kinds of organizational challenges.

However, the practice of improvement can also be separated into several different areas. In the preceding sections different mechanisms emerge, such as forming and testing a theory of action or collecting and displaying measurable results over time. As discussed above, underlying structures, such as a lack of generalizable scientific knowledge or inappropriate infrastructures, can constrain these mechanisms. In order to solve issues related to constraining structures, organizations can use experts to help them. These experts can for example be internal employees in organizations or external consultants. The use of these experts creates areas of expertise in organizational improvement efforts. It is therefore important to reflect over how these areas of expertise affect practice to engage and participate in change processes and development programs.
Figure 5: The development program Forum for Values serves as an obligatory passage point for quality improvement (adapted from Callon, 1986).

In order for nonprofit social service organizations to participate and engage in a change process the different dimensions of quality improvement need to be translated into a single practice. This means that the development program Forum for Values serves as an obligatory passage point (Figure 5) (Callon, 1986). But experts might be needed to handle difficulties or constraints in different aspects of quality improvement. These experts might be obstacles/problems that separate a single practice into different areas of expertise. These areas of expertise are something that might constrain the engagement and participation in development programs.
Hypotheses for future work

Based on the findings and discussion on enabling and constraining structures for quality improvement in nonprofit social services some working hypotheses for future work can now be formulated.

First, mechanisms and structures form a framework that helps explain why intended actions of quality improvement occur or not. This framework can be part of formulating a program theory of quality improvement in nonprofit social services. With this theory, quality improvement can be evaluated, reflected upon, and further developed in future interventions.

Second, new quality improvement interventions can be reproduced more regularly by active work with known enablers and constrainers from this program theory. This means that long-lasting interventions can be performed and studied in a second generation of improvement efforts (Nelson et al., 2007).

Third, if organizations integrate quality improvement as a part of their everyday practice they also develop context-specific knowledge about their services. This context-specific knowledge can be adopted and further developed through dedicated management and understanding of variation. Thus, generalizable scientific knowledge can become an integrated part of an evidence-creating practice (Bohmer, 2009).

A program theory of quality improvement in nonprofit social services

In this thesis, acting mechanisms and enabling or constraining structures of quality improvement in nonprofit social services have emerged either from identified events or in a process of reflective reflexivity (Alvesson et al., 2008). When put together, these form the basis for a program theory of quality improvement in nonprofit social services.

When trying to integrate quality improvement without proper program theory, there is a risk of achieving an outer appearance without inner mechanisms (Dixon-Woods et al., 2011). Program plans can explain what actions or events are intended. But programs rarely proceed as planned. To understand how and why a quality improvement intervention works, theory is needed (Dixon-Woods et al., 2011). A program theory links activities to outcomes, and reveals how context and activities interact (Pawson and Tilley, 1997; Lindgren, 2001; Dixon-Woods et al., 2011). This theory can then be used for future studies and evaluations of improvement projects or programs.
A theoretical foundation for how to understand the process of quality improvement has been suggested by Batalden and Davidoff (2007). The idea is that generalizable scientific evidence needs to be adapted to a particular context, so that a measured performance improvement can be followed over time. Also, plans for and execution of changes are crucial steps to make these improvements happen. In the studied nonprofit social service quality improvement, various events related to Deming's (1994) ideas of appreciation of a system, theory of knowledge, understanding of variation, and psychology of change were identified.

In a nonprofit social service context, the events were created by (1) describing and reflecting upon project relations; (2) forming and testing a theory of action; (3) collecting and displaying measurable results over time; and (4) engaging and participating in a development program. These mechanisms are activated when individuals, teams or organizations struggle to achieve outcomes such as reduced mistakes, better use of resources, and fulfilled needs and expectations of clients in nonprofit social services. At the same time, the context of nonprofit social services includes structures that enable or constrain these mechanisms. Therefore, it is important to ask the following questions when designing, understanding or evaluating improvement efforts in nonprofit social services:

1. How are core values and political macro structures balanced when describing and reflecting on improvement project relations?
2. What is the role of reflective practice in relation to generalizable scientific knowledge when forming and testing a theory of action?
3. How do local ownership, infrastructure for measurements, and competence in statistical methods affect collecting and displaying measurable results over time?
4. Is quality improvement a single practice or separated into areas of expertise when engaging and participating in development?

In order to further develop understanding of quality improvement, more knowledge is needed on the context-specific nature of these structures. For example, it would be interesting to further examine how results are related to nonprofit or social service context respectively.

Second generation of quality improvement interventions

Based on the ideas of a program theory above, recommendations for management can be formulated for a second generation of quality improvement interventions.
Based on the results from this thesis, I would highlight that quality improvement in a complex situation should be locally owned. In order to meet external pressures for high quality in complexity, external measures that may have low relevance for intended improvements should be handled with skepticism. Instead, focus should be on translating local competence and ownership into improvement. From this improvement, generalizable measures can be developed over time.

In the studied improvements, time was often too short for the projects to reach stable processes with improved values. As a next step, a future hypothesis would be to support a few quality improvement projects with longer duration. In order to support a longer duration of improvement in nonprofit social services, identified enablers and constraints from this thesis could be addressed further. Eighteen months would be a recommended period for these second generations of quality improvement initiatives (Nelson et al., 2007). Working with longer dedicated improvements, each project could also be designed as a specific research project. In order to be able to spread the results, the projects should follow standard procedures for reporting improvements, such as the SQUIRE guidelines (Davidoff et al., 2008).

As researchers try to support improvement in these organizations, there is also a possibility to reflect upon some abstract concepts. An area of specific interest for such reflections could be to identify how improvement aims correlate with organizational goals, generalizable scientific evidence, and measures used to understand variation. Used together with the second generation of improvement projects, this deepened understanding would give insights into how to use locally developed knowledge to reach organizational aims.

Towards an evidence-creating practice
When new knowledge is developed in practice, the notion of evidence becomes central (Sacket, 1997; Sacket et al., 2000; Bergmark and Lundström, 2006; Avby, 2015). Related to the role of evidence in practice, the following four problems can be formulated:

1. Managing towards evidence
2. Implementing evidence in practice
3. Evidence relations between micro and meso perspectives
4. Infrastructures that are conductive to changed evidence

There is a problem of managing attention towards evidence. Commonly, values, norms and beliefs, and not what is considered evidence, control what is regarded as good or bad practice in an organization (Levin, 2013). Organi-
izations are embedded in institutional culture, which makes them hard to change (DiMaggio and Powell, 1991). The second problem is the management process of implementing evidence into reality. While the first activity of identifying general knowledge may be an individual effort, the implementation of evidence is a collective process with political, economic, and social dynamics. There is also a structural problem of managing part-whole relationships that emerges between a micro and a meso perspective in the organization (Nelson et al., 2011). As individuals strive to push and ride ideas of evidence into reality there is a need to understand how external knowledge fits with the local practice into which it is aimed to be embedded. Another, more strategic problem occurs when it comes to creating an infrastructure that is conducive to change. When designing such infrastructure, it is therefore important to see the process of change as a translation (Latour, 2005; Røvik, 2000). Thus, the knowledge of intermediaries as described in this thesis could also be taken into account when designing infrastructure. This infrastructure could then both transfer and translate information in order to enable creation of evidence in practice.

A future hypothesis would aim to address the four problems discussed above. More specifically, this means developing and elaborating on a model that takes into consideration how to design and implement management systems that enable the utilization of evidence in local practice. The ambition would be to translate innovative ideas about how microsystems have integrated and utilized evidence into frontline service. The notion of Evidence-Creating Practice is a concept that binds together the need for balancing and integrating general, evidence-based, and local knowledge in quality improvement (Bohmer, 2009). Here, signals from practice with different strengths can be captured and analyzed for learning, improvement, and innovation. This means that both single observations from practice, as well as statistical modeling from large databases can be used. As an initial definition, an evidence-creating practice consists of the following three interlocked activities:

- Detection of variation in daily practice, through relevant performance measurement systems.
- Knowledge creation through analysis of variation in practice, through reconciliation with existing local knowledge and general evidence.
- Translation of new knowledge in local daily practice, through an active intermediary.

These three activities form the basis of a learning system that enables an organization to continuously get feedback from variations in practice. This understanding is then compared and set in relation to both local best practice...
and general knowledge. This forms the basis for how to change and develop current daily practice. Although this model has been proven to be effective in various sectors such as health care (James and Savitz, 2011) and industry (Neely et al., 1995), only ideas of an Evidence-Based Practice (EBP) have been described in social services (Bergmark and Lundström, 2006; Avby, 2015). In contrast to EBP, an evidence-creating practice emphasizes the specific notion of “creating.” Here, “creating” is used as a means to give merit to the dynamic nature of applying evidence in a specific context. This implies a continuous process where new knowledge is discarded or created over time in daily organizational activity.

Thus, as evidence is created in practice, the best possible knowledge is put into action for the client. This also includes how experts make use of tacit knowledge to recognize problems and find new solutions to professional success (Kienle & Kiene, 2010). Studies of high-performing organizational contexts show how actors actively implement and apply knowledge developed elsewhere in order to provide better results for the client (Baker et al., 2008). At the same time these actors have systems to help them to adopt, refuse, and develop local knowledge in their local settings (Bohmer, 2009). In this way an evidence-creating practice not only adopts external knowledge into local context but also turns local knowledge into general evidence (Fishman, 1999). This means that, as improvement knowledge is put into practice, understanding of variation becomes an integrated part of generalizing and acting on results (Shewhart, 1931; Deming, 1986; Langley et al., 2009).
Regarding the systematic approach in nonprofit social services

Although this thesis provides insights in how nonprofit social services can use systematic quality improvement, there is also a resistance to external measures and pressures for external control (Lindgren, 2001). This resistance might not only be a question of constraining factors related to competence and infrastructures as found in this thesis. Fama’s approach toward systematic quality improvement was proposed as a solution for both internal and external pressures that could be related to the entrance of neoliberal ideas of a market in the Swedish welfare sector (Ferrerra, 2008; Magnussen et al., 2009). In the concept of markets there is also an overlying perspective regarding rationality. As Weber (1968/1930) argues, both instrumental-rational action and value-rational actions could be taken (Allan, 2005). Instrumental-rational actions are in line with the systematic approaches of quality management where decisions are made from measured results and rational planning. Value-rational actions on the other hand are more focused on making a meaning of actions as they reach valued goals. Thus, the structures constraining a systematic instrumental-rational approach found in this thesis, might originate from contextual factors of how nonprofit social service providers are more value-rational oriented.

For example, the lack of infrastructures for measuring results over time could be related to the idea that meaning of actions come from actually working with people in need instead of actually following whether actions reach specific results. Further, in a value-rational approach several different actions can be taken as long as they are in line with mutual values. This multitude of actions is in line with nonprofit organizations’ role as innovators in the welfare system (Defourny et al., 2014). Interestingly, it has also been argued from an organizational research perspective that Deming’s profound knowledge could be seen as an attempt to combine rational and organismic organization, where organismic organization has more focus on values and culture (Spencer, 1994).

Reflecting over Deming’s (1994) knowledge domains from an organismic point of view some further points could be noted. The local approach to appreciation of a system is well suited for a complex situation with unclear casual relations (Snowden and Boone, 2007). In these local developments, the role of values and culture become increasingly important as instrumental rationality becomes more difficult. Instrumental rationality is also central in Deming’s ideas regarding psychology of change. Taking a broader view on change, other approaches can also be seen. For example, change as related to organizational learning should be expanded to also include behavioral
change, cognitive development, situational social praxis and construction of identity (Alvesson and Sveningsson, 2012). After all, the cyclic movement often acknowledged as learning in PDSA cycles might as well be related to steering and management. As such, constraining factors for change might also be related to power relations in a social world and not only related to a positivistic idea of learning.

Further, there is a need to ask if the positivistic ideas in an instrumental rationality really can be combined with a socially constructivist world view. The proposed ideas of Deming (1994) and findings from this thesis indicate that natural sciences such as statistics and mathematics might be translating enablers for this combination. However, a key prerequisite for this combination is the critical realist assumption of a stratified social world with emergent layers used in this thesis (Bhaskar, 1978; Danermark, 2002).
Methodological issues

With my studies of quality improvement in nonprofit social services I have tried to answer research questions on (1) which enabled or constrained events can be identified and (2) which mechanisms and structures emerge from these events. In the research design for developing knowledge on quality improvement in nonprofit social services the following steps were taken. First, I have had the role as an insider researcher to various quality improvement projects (Westlander, 1999). Second, critical cases are revealed among the documented improvement projects (Miles and Huberman, 1994). Third, mechanisms and underlying structures of nonprofit social services emerge from enabled or constrained events of quality improvement in a process of abduction (Danermark, 2002; Haig, 2005; Bhaskar, 2008). Fourth, mechanisms and structures are reflected upon in a dialectic reflexivity process (Alvesson et al., 2008). In the following section, methodological issues concerning credibility, transferability, dependability, and confirmability in the research design will be discussed.

A research design reveals how trustworthy or valid conclusions might be drawn in a specific study (Kazdin, 2003; Cresswell, 2012). In a qualitative design, such as in this thesis, the discussion concerns how trustworthiness can be achieved by credibility, transferability, dependability, and confirmability (Lincoln and Guba, 1985; Cresswell, 2012). This can be seen as similar to validity discussions in quantitative research designs. Validity concerns how statistical tools are used for statistical conclusion validity, how research is designed so few alternative explanations strengthen internal validity, how research constructs are defined and used for construct validity, and how results of this research might be applied in external validity (Cook and Campbell, 1979).

Credibility

If the emerging mechanisms and structures shall be used to support future quality improvement, their credibility must be analyzed. Credibility in this thesis mainly depends on how triangulation between different sources, such as me as an insider researcher, program participants or other researchers has been combined (Lincoln and Guba, 1985; Cresswell, 2012). Clearly, my role as an insider must be considered, as some results might be biased in relation to *Famna* as a project owner. Although this could be further elaborated on, the research design builds strengths from interacting between practice and research systems (Aagaard-Nielsen and Svensson, 2006). Specifically, the prolonged engagement with practice and participants enabled by being an insider for five years has been of value. Still, credibility of the results would
have been stronger if more researchers had worked with the same material. Also, other studies of the same phenomenon could have strengthened the possibility for further triangulation.

Another issue regarding credibility is the importance of academic background. As a mathematician my results would be most credible regarding possibilities for using measurements or understanding variation. Since I am not specifically a social services scholar, there is a possibility that I may have misinterpreted some theoretical views on the context of nonprofit social services. However, my five years of practice in nonprofit social services reduces this risk. In future research, credibility would further benefit from collaboration with social service scholars.

Transferability

The possibility to transfer results from this thesis to other social service studies or improvement interventions depends on how descriptions can be reinterpreted for new contexts and situations. The main focus in this thesis is how events of quality improvement have been identified based on Deming’s knowledge domains. Transferability depends on whether thick descriptions are provided in this or other work (Lincoln and Guba, 1985; Cresswell, 2012). Some results from the critical cases might be specific to nonprofit situations such as focusing on value creation or engaging in change. Others are more general to social services, such as the role of generalizable scientific knowledge. Regarding infrastructure for measurement and ownership of measures, results from both critical cases and overviews would probably be common to both nonprofit and social service contexts. Thus, if the results are dependable and confirmable they could most likely be transferred to other social service quality improvements.

Dependability and confirmability

Dependability and confirmability of this work has mostly been obtained by the process of dialogue between me as an insider researcher, program leaders, managers, and other researchers from the fields of improvement science, health sciences, and civil society research. Since my research lacks the important voice and experiences from clients, it is important not to confuse my results on mechanism and structures with the need to answer whether various projects really reduce mistakes, use resources in a better way, and meet the needs and expectations of clients in nonprofit social services. On the other hand, the research approach provides further insight into how quality improvement can be reproduced. In order to assure dependability and confirmability, the dialogue requires that all participants must be willing to be challenged and accept failures to provide new insights into what really happened.
To summarize, the trustworthiness of this thesis is mainly based on the prolonged engagement in the practice of quality improvement. Further, trustworthiness would gain from collaboration with scholars from other fields such as social services. Thus, my results try to reflect what really happened and can be seen as a well-informed hypothesis (Dixon-Woods et al., 2011). To become stronger, this hypothesis should be tested in future work both in other nonprofit and social service contexts.
Chapter 6. Conclusions

This thesis is based on five years of supporting quality improvement within nonprofit social service providers. The purpose has been to build knowledge on what enables or constrains the use of systematic quality improvement in this context. Specifically the following two research questions were raised: (1) which enabled or constrained events and actions related to a system of profound knowledge can be identified in nonprofit social service quality improvement and (2) which acting mechanisms and underlying enabling or constraining structures emerge from identified events in nonprofit social service quality improvement?

During the work four separate studies have been conducted and presented in Papers I-IV. The studies include material from nursing homes, a daycare for disabled children, sheltered housing, an overview of 127 improvement projects and how improvement policy and practice can be bridged by intermediaries. From these four papers on quality improvement enabled or constrained events related to a system of profound knowledge have been identified. Related to appreciation of a system, events were identified as connecting improvement efforts to relevant problems, processes, teams, policies and strategy. Related to a theory of knowledge, events were identified as defining good quality, checklists and to instances of measuring quality. To understanding variation events were identified in collecting, displaying and analyzing measurements. Related to psychology of change events of participating and engaging in quality improvements were identified.

From a realist point of view these events are activated by mechanisms and enabled or constrained by contextual structures. Although they cannot be observed directly, mechanisms and structures emerge from the events in a process of abduction. Regarding quality improvement within nonprofit social services the active mechanisms are describing and reflecting upon project relations, forming and testing a theory of action, collecting and displaying measurable results over time, and engaging and participating in a development program. Structures that enable the mechanisms are connecting projects to shared values such as client needs, a local ownership of what should be measured, and translating quality improvement into a single practice. Constraining structures found are a lack of generalizable scientific knowledge and inappropriate or missing infrastructure for measurements.
Reflecting over these structures some further questions regarding political macro structures, reflective practice, competence in statistical methods and areas of expertise can be raised. From this, some hypotheses for future work on quality improvement within nonprofit social services is proposed. The enabling and constraining structures found can be used as input for program theory in future improvement intervention. Here some questions can help to evaluate, reflect upon, and further develop future improvement interventions.

These questions are: How are core values and political macro structures balanced when describing and reflecting on improvement project relations? What is the role of reflective practice in relation to generalizable scientific knowledge when forming and testing a theory of action? How do local ownership, infrastructure for measurements, and competence in statistical methods affect collecting and displaying measurable results over time? Is quality improvement a single practice or separated into areas of expertise when engaging and participating in development?

Also, new quality improvement interventions can be reproduced more regularly by active work with known enablers and constrainers from this program theory. This means that long-lasting interventions can be performed and studied in a second generation of improvement efforts. If organizations integrate quality improvement as a part of their everyday practice in this way, they also develop context-specific knowledge about their services. This context-specific knowledge can be adopted and further developed through dedicated management and understanding of variation.

Thus, if enabling structures are invoked and constraining structures handled, systematic quality improvement could be one way to integrate generalizable scientific knowledge as part of an evidence-creating practice.
Chapter 7. Swedish summary

Systematiskt förbättringsarbete inom idéburen social omsorg

Famna, riksorganisationen för idéburen vård och social omsorg, verkar för tillväxt och utveckling av de stiftelser, ideella föreningar, kooperativ och företag utan vinstutdelning som bedriver vård och social omsorg. 2009 beslutade dessa idéburna utföra en satsning på systematiskt förbättringsarbete. Satsningen kan ses som en reaktion på både yttre och inre krav att åstadkomma och visa upp omsorg av god kvalitet i det svenska välfärdssystemet. Även om liknande satsningar tidigare både har gjorts och studerats inom hälso- och sjukvård, så innebar detta nya initiativ en möjlighet för ökad kunskap om vilka hinder och möjligheter som finns för att genomföra ett systematiskt förbättringsarbete inom idéburen social omsorg.


Genom att följa de förbättringsarbeten som genomförts i utvecklingsprogrammet Värdeforum, har både intressanta fall och översiktliga analyser identifieras och beskrivits. Dessa beskrivs i fyra separata artiklar om systematiskt förbättringsarbete i idéburen social omsorg. Artiklarna omfattar: fallstudier från ett särskilt boende och en förskola för barn med funktionsnedsättningar, en fallstudie av förbättringsarbete i ett härbärge för hemlösa, en översikt av mål och mått i över hundra förbättringsarbeten, samt en analytisk modell av hur intermediära organisationer kan överbrygga gapet mellan policy och praktik. Även om dessa fallstudier inte nödvändigtvis är
generaliserbara för all idéburen vård och social omsorg så kan de som avvikande, eller kritiska fall ge viktig kunskap om det övergripande fenomenet systematiskt förbättringsarbete.


Händelser som att knyta an förbättringsinitiativ till relevanta problem, arbetssätt, policiys och strategier är kopplade till systemförståelse. I studierna av systematiskt förbättringsarbete har händelser som att definiera bra kvalitet, checklister och kvalitetsmått identifierats och kopplats till området kunskapsteori. Till förståelse av variation identifierades händelser med att samla in, visa upp och analysera mätningar. Till området förändringspsykologi kunde händelser för att delta och engagera sig i förbättringar identifieras. I alla dessa händelser framträder några aktiva mekanismer. Dessa mekanismer är: beskriva och reflektera över hur förbättringsprojektet relaterar till andra aktiviteter i organisationen, ta fram och testa en handlingsteori, samla och visa måtresultat över tid, samt att engagera sig i utvecklingsprogram. Som i
alla kontexter finns det även i idéburen social omsorg olika strukturer som stödjer eller hindrar mekanismer från att verka. De stödjande strukturer som framträder i denna avhandling är hur förbättringsprojekt kopplas till delade värderingar om exempelvis brukares behov, ett lokalt ägande över vad som skall mätas, samt översättningar av förbättringsarbete till en gemensam praktik. De hindrande strukturer som framträder är bristen på både generaliserbar vetenskaplig kunskap och ändamålsenliga infrastrukturer för måttningar.

En reflektion över de framträdande strukturerna belyser hur även politiska makrostrukturer, en reflekterande praktik, statistisk kompetens samt expertområden har betydelse för förbättringsarbete i idéburen social omsorg. Politiska makrostrukturer spelar en avgörande roll för social omsorg. Genom att även beakta det politiska perspektivet i förbättringsarbete kan man minska risken för att ansvaret för god kvalitet läggs på brukaren själv. Behovet av handlingsteori i förbättringsarbetet borde också kunna skapas ur den tradition av reflekterande praktik som finns i socialt arbete. Vad det gäller utmaningarna med att förstå variation så verkar det som statistisk kompetens är av betydelse på samma sätt som själva infrastrukturen. Vidare blir det tydligt hur utmaningarna med förbättringsarbete i många fall kan underlättas av olika experter. Dessa experter kan antingen vara interna eller externa konsulter. Men samtidigt som denna expertis utgör en lösning riskerar det att leda till att förbättringsarbetet delas upp i olika expertområden istället för att förstås som en gemensam strategi.

Utifrån den samlade bilden av mekanismer och strukturer kan nu några hypoteser för framtida systematiskt förbättringsarbete i idéburen social omsorg formuleras. De hindrande och stödjande strukturerna utgör grunden för en programteori för systematiskt förbättringsarbete i idéburen social omsorg. Genom att ställa sig följande frågor kan utvärderingar, reflektion och framtida interventioner ytterligare utvecklas:

- Hur balanseras projekt mellan kärnvärden och politiska makrostrukturer?
- Vilken roll spelar en reflekterande praktik när ny kunskap formuleras och testas i vardagen?
- Vilken betydelse har lokalt ägande, infrastrukturer och kompetens för att samla in och visa mätbara resultat?
- Behandlas förbättringsarbete som en gemensam praktik eller är den uppdelad på olika expertområden?

Vidare kan den nya kunskapen om mekanismer och strukturer användas för en andra generation av förbättringsarbete. Genom att fokusera och förlänga dessa förbättringar ges en möjlighet att både åstadkomma hållbara resultat.
och att vetenskapligt följa enskilda förbättringsinitiativ och publicera resultaten. Om organisationer lyckas med att införliva förbättringsarbete på detta sätt ges dessutom möjligheter att utveckla kunskap från den egna praktiken. En kunskap som, genom användande av stödjande strukturer och undanröjande av hindrande strukturer, ytterligare kan utvecklas mot en evidensskapande praktik.
References


