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## Good health for all: an ethnographic study of frontline professionals in general and mental healthcare and social welfare

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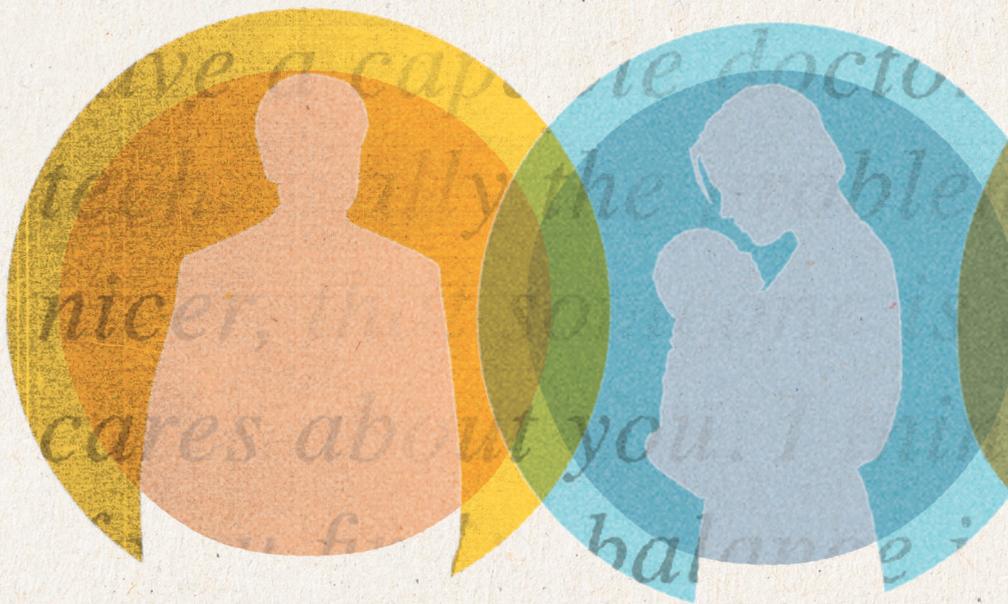
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# Chapter 1

## General introduction





## 1.1 Introduction

*'A silent tragedy is unfolding. It concerns the most vulnerable patients: chronically ill individuals, the elderly, psychiatric patients, and young people with mental health problems. Referring them quickly is often impossible [...] and there are long waiting lists for youth care and psychiatry. Precisely in these cases of [combined] problems, intensive collaboration between general practitioners and other healthcare providers is essential. However, the lack of collaboration in care stands in the way (Valkenburg, 2019).'*

The above-quoted Dutch newspaper article (Valkenburg, 2019) highlights that in the Netherlands, an increasing number of individuals face an accumulation of problems that cross professions and organizations, including physical, psychological and social difficulties. This issue is particularly evident among people with a low socioeconomic status (SES), who not only face poor health outcomes, but also face challenges such as unemployment, depression or low self-confidence and who have limited knowledge of alternative routes to health and care, as well as low health literacy or bureaucratic skills (SCP, 2023; WRR, 2021). In fact, one in six Dutch citizens faces a combination of problems across professional domains (SCP, 2023). These combined problems create a pressing need for collaboration across professional- and organizational borders. This interplay of issues and required collaboration occurs everywhere, but especially in large cities like The Hague, the Netherlands, where this study takes place and health inequalities are particularly evident. The newspaper quote highlights that collaboration in care and social welfare is as necessary as it is problematic when dealing with combined problems. Frontline professionals are expected to work together across professional- and organizational boundaries, but many incentives – such as policies, professional norms and finances – go against collaboration. General practitioners work with specialists, neighborhood nurses, debt counsellors and client supporters from social welfare in caring for clients with combined problems. These vulnerable clients require support from multiple professionals and organizations, which frontline professionals must navigate and coordinate. As such, the problem is not only about how professionals relate to other professionals, but also about how professionals relate to these vulnerable clients when they organize care. This indicates that the most vulnerable group suffers the most when care and social welfare are not well organized. In the Netherlands, a broad view of health and care, and a focus on collaboration across professions and organizations is used to address combined problems and to offer responsive care through initiatives such as neighborhood teams and case management (a.o. Ministerie van Volksgezondheid, 2016). Combined problems place pressure on frontline professionals through increasing caseloads, administrative burdens and various roles and responsibilities (Christensen, Arøe et al., 2020; Döring, 2021; Agresta, 2004). The need for collaboration across profes-

sions and organizations in care and social welfare raises questions about how frontline professionals in general healthcare, mental healthcare and social welfare work towards good health for everyone.

What intrigues me to conduct this research is both socially and scientifically motivated. From a societal perspective, I think it is important to contribute to insights that can help care for vulnerable people. Prior to starting this doctoral research, I explored broader health-related topics with professionals from various fields. I was also interested in broader societal discussions on inequality, diversity, and inclusion. Building on this interest, this dissertation explores the role of professionals in healthcare and social welfare, and more broadly, in supporting the health of vulnerable people. It is widely recognized that medical care alone is often insufficient to support vulnerable people. Therefore, I am eager to learn how frontline professionals from various professions and organizations relate to other professionals and clients. This research thus aims to contribute to a better understanding of how professionals relate to clients and other professionals in general healthcare, mental healthcare and social welfare. This dissertation addresses the collaborative processes not only across professionals and organizations, but also between professionals and clients — an increasingly important societal challenge both in and beyond healthcare. Populations increasingly face combined problems, therefore, collaboration across professions and organizations will be crucial. Consequently, studying how various frontline professionals relate to other professionals and clients is important. Such research can offer valuable implications for the health of vulnerable people and for interprofessional collaboration in the care for vulnerable populations (e.g. Valentine & Edmondson, 2015).

From a scientific perspective, studying professionals in care and social welfare presents a unique challenge, as this field of research is primarily dominated by public health scientists. Thereby, a similar problem arises: science itself is also fragmented. Apart for insights from public health, understanding this complex issue also requires insights from social sciences, as professionals are impacted by social, cultural and organizational factors and clients often face both medical and social challenges. Therefore, insights from public administration and public health are essential to understand how frontline professionals relate to other professionals and clients in caring for clients with combined problems. While extensive public health studies explore factors that influence people's health (a.o. Kikuchi et al., 2023), my research bridges two disciplines — public administration and public health. It focuses on frontline professionals from general healthcare, mental healthcare and social welfare in a care and social welfare context, and is guided by an anthropological lens that shapes the research approach. As a social scientist working in both public administration and public health, I see it as a necessity to study health through an interdisciplinary research approach and by combining expertise in an interdisciplinary collaboration between researchers from public administration and public health. Insights from public administration are essential to

understanding interprofessional collaboration and the role of frontline professionals. Furthermore, insights from public health highlight the need for frontline professionals to provide more than just medical care. In addition, insights from medical anthropology show that health conceptions go beyond health definitions, but also consist of beliefs about factors that affect people's health and practices that promote it. Moreover, the questions raised in this dissertation are of relevance to both public administration and public health, thereby, this research can enrich both disciplines. The use of an anthropological lens allows me to explore these dynamics of collaboration across professions and organizations, especially regarding the challenges of supporting vulnerable clients that I previously highlighted. Through this anthropological lens, this study adds to the public health and public administration literature by focusing on perceptions and behaviors of frontline professionals. Moreover, through an anthropological lens, culture is seen as a dynamic system of norms, values, beliefs, language, interactional patterns and social practices that people use to interpret their world (a.o. Geertz, 1974; Schwartz-Shea and Yanow, 2013; Spradley, 2016). As such, by looking at their conceptions and values, I gain insight into the ways in which frontline professionals make sense of their work with clients and with other professionals. This anthropological lens allows for a contextualized exploration of cultural aspects such as beliefs, conceptions and professional behaviors in general healthcare, mental healthcare, and social welfare. This lens goes beyond a purely public health perspective by exploring professionals' health conceptions, roles in collaboration and reasonings in their everyday work. The research specifically focuses on how frontline professionals relate to both professionals and clients, as seen from their own perspective. This anthropological lens also informs the diverse methods used in this study — such as ethnographic observation and in-depth interviews — which are less commonly applied in public health and public administration research, though they are increasingly gaining traction in the latter (see o.a. Brodtkin, 2011; Cecchini, 2017; Cecchini, 2021; La Grouw et al., 2024; Maynard-Moody & Musheno, 2022; Zacka, 2017; Maynard-Moody, Longo & Zacka, 2019). These methods build on a longstanding tradition in medical anthropology, which has played a role in exploring the frontline professionals' perspectives of health and care (a.o. Singer, 1995). Grounded in various qualitative research methods, this study emphasizes the importance of context and it seeks to interpret professionals' work in complex care across professions and organizations (Barnard and Good, 1984).

## 1.2 General aim and research question

This research aims to analyze the health conceptions, roles in collaboration and reasonings about clients among various frontline professionals in general healthcare, mental healthcare and social welfare. Health conceptions help us to understand how frontline

professionals perceive health and how they understand their own and others' roles, shaping their expectations and approaches to health and care. Roles in collaboration reflect how frontline professionals perceive both their own roles and the roles of others. Reasonings about clients provide insight into the underlying considerations in professional decision-making. By studying these three aspects – health conceptions, roles in collaboration, and reasoning – this research deepens our understanding of how professionals relate to both professionals and clients. These insights can inform policy-making, teaching, and interprofessional collaboration. Ultimately, I assume that a better understanding of these dynamics may enhance the societal relevance of professional knowledge and inform context-sensitive approaches to care. Throughout the research, I consistently focus on frontline professionals working across professions and organizations, in caring for clients<sup>1</sup> with combined psychosocial problems. This research provides a deeper and more nuanced understanding of how various frontline professionals in care and social welfare collaborate. The overall research question that is central to this dissertation is as follows:

*How do frontline professionals relate to other professionals and clients in caring for clients with combined psychosocial problems?*

To answer this question, this dissertation is structured around four empirical sub-questions. To understand how frontline professionals relate to other professionals and clients, it is crucial to first understand how they perceive health, as their health conceptions guide how they perceive their roles and reasonings in care. Therefore, the first sub-question is as follows:

1. How can the health conceptions of frontline professionals in general healthcare, mental healthcare and social welfare be conceptualized?

To answer the question of how frontline professionals relate to other professionals and clients, it is furthermore important to understand frontline professionals' health promotion roles. This is essential because these roles shape how professionals position themselves in relation to both other professionals and clients and how professionals approach the care for clients with combined problems. Therefore, the second sub-question is as follows:

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<sup>1</sup> The introduction and conclusion chapters use the term 'client' to refer to people with combined psychosocial problems. In the empirical chapters of this dissertation, other terms are used such as citizen-client or patient, depending on the context of the empirical research.

2. What kind of health promotion roles do frontline professionals in general healthcare, mental healthcare and social welfare have and how are these shaped by their professional identity?

To answer the question of how frontline professionals relate to other professionals and clients, it is, moreover, important to understand what interprofessional collaboration looks like, particularly in fluid team contexts such as the research context in this dissertation. This is because collaboration shapes how frontline professionals play their roles and use their conceptions in interaction with others and how they position themselves in collaborative efforts to support clients with combined problems. Team fluidity means that teams have high degrees of change and difference in terms of membership (Kerrissey et al., 2020). By exploring interprofessional collaboration in such fluid team contexts, this chapter aims to explore how frontline professionals relate to other professionals when working across professions and organizations in caring for clients with combined problems. Therefore, the third sub-question is as follows:

3. What does interprofessional collaboration look like in a fluid team context?

To answer the question of how frontline professionals relate to other professionals and clients, it is also important to understand the reasoning behind frontline professionals' decision-making with clients with diverse socioeconomic statuses. This is because such reasoning reveals how frontline professionals interpret SES cues, which in turn shapes their interactions with clients and with other professionals. By exploring the reasoning of frontline professionals in healthcare regarding varying socioeconomic status cues, this chapter aims to understand the different ways in which professionals' interpretations of clients' status shape professional approaches to caring for clients with combined problems. Therefore, the fourth sub-question is as follows:

4. What reasoning do frontline professionals in healthcare use regarding cues associated with varying socioeconomic statuses?

### **1.3 Research setting: frontline care in The Hague, the Netherlands**

In the Netherlands, healthcare and social welfare are organized through various statutory frameworks such as the Health Insurance Act (Zvw), the Long-Term Care act (Wlz), the Social Support Act (Wmo), and the Youth Act. Each of these laws determines its own funding, regulations, and responsibilities within specific care domains. This domain-specific approach can lead to fragmentation, making collaboration between professionals across different professions and organizations particularly challenging,

especially when caring for people with combined problems (Rijksoverheid, 2025). A multitude of professionals, organizations, laws, funding streams and regulations further increase the systems' complexity and may prevent people with combined problems from receiving adequate care (RVS, 2023). A growing focus on collaboration between frontline professionals across professions and organizations addresses these issues (Nivel, 2024).

This research is situated in The Hague, one of the largest cities in The Netherlands. This city is characterized by highly segregated neighborhoods, with low-income residents requiring considerable support. The growing proportion of people facing combined problems, such as a combination of medical issues, poverty and depression increases the need for collaboration across professions and organizations (Haaglanden, 2021). The Hague provides a research context which is relevant for studying collaboration in caring for vulnerable populations, because it requires frontline professionals, such as social workers, general practitioners and social psychiatric nurses, to work across organizations and professions.

This research involves frontline professionals working in general healthcare, mental healthcare and social welfare. The following is an overview of the various types of professionals involved in this study. First, general practitioners (GPs), along with other frontline professionals such as practice nurses, often have the task of gatekeeper when working with vulnerable clients with combined problems. This means that they often refer to and collaborate with other frontline professionals within or outside of the general practice. As GPs are the first point of contact for clients, they are also the first frontline professionals to interpret clients' problems and to build a relationship with them. Additionally, in the context of long waiting lines in mental healthcare, care demands on GPs have become more complex, and the pressure on general practice care has increased (Hadoks, 2024). GPs are paid by health insurers. Second, frontline professionals in mental healthcare in The Hague often work in interdisciplinary mental healthcare teams focused on specific neighborhoods, to ensure that professionals can offer care that is close to their clients. They work to help clients with more than one problem and some are specialized in clients with severe psychiatric disorders. Often, the care is a combination of medication, psychological treatment and social and community support (Parnassia, 2024). Mental healthcare is also paid by insurance companies. Third, a range of frontline professionals in social welfare is included in this research. Frontline professionals working in social welfare are very diverse and there are various forms of responsibility, governance and funding (among others the Social Support Act and the Participation Act), and, unlike with health insurers, it is managed by the municipality. Professionals in social welfare are among others: social workers or client supporters, case managers social support law, social psychiatric case managers, debt counsellors and community sports coaches, whose tasks vary considerably. Generally, professionals in social welfare are increasingly confronted with people with more severe and combined problems (Wijkz, 2022). Although officially working in the safety domain, police officers

are also included in the second chapter of this study as professionals in social welfare, as they work on the safety and well-being of people with combined problems (Politie, 2024), and they see an increase in reports of people displaying misunderstood behavior (ZonMw, 2025). Police officers work with municipal policies and funding regarding local responsibilities such as safety and nuisance, but they are also part of the national police (ZVHH, 2023).

## 1.4 Methodology

In both disciplines, public health and public administration, there is increasing attention for frontline professionals, their collaboration, their roles and decision-making (a.o. Kostelanetz, 2022; Valentijn et al., 2013; Green et al., 2021; Nutbeam & Lloyd, 2021; Hamilton et al., 2019; Harrits & Møller, 2014; Harrits, 2019; Raaphorst et al., 2018) and both disciplines benefit from an anthropological lens (o.a. Cecchini, 2021; La Grouw et al., 2024; Maynard-Moody & Musheno, 2022; Zacka, 2017). This anthropological lens wins terrain in both disciplines, because it enables researchers to get close to the everyday experiences and work practices of frontline professionals. The anthropological lens and ethnographic methods of this dissertation add to these research fields in the sense that they help to create an in-depth understanding of frontline professionals' conceptions, roles in collaboration and reasonings in care for clients with combined problems, based on the everyday experiences and practices of professionals. More specifically, applying an anthropological lens to the study of frontline professionals in caring for clients with combined problems adds to public administration literature on street-level bureaucracy by exploring not only what professionals do, but by also making sense of their work, their roles, and of other professionals and clients. In doing so, this research adds depth to the study of street-level bureaucracy by highlighting cultural dynamics of the complex reality of care and collaboration in everyday practices (ibid.). Moreover, this approach contributes to the literature on health promotion. While research on the effects of social determinants on health addresses structural factors driving health inequalities (a.o. Nutbeam & Lloyd, 2021), my research provides a more contextualized perspective including norms and role perceptions that shape professionals' efforts to address health inequalities, using an anthropological lens (Schwartz-Shea & Yanow, 2013; Spradley, 2016). This dissertation's approach thus helps to better understand how frontline professionals interpret health and health interventions in their work (Barnhoorn et al. 2020) with other professionals and clients.

In this dissertation, I use the anthropological lens with a particular focus on emic perspectives, meaning that the phenomenon under-research is studied from the perspective of respondents themselves (Mostowlansky & Rota, 2020). This anthropological lens required a specific selection of qualitative research methods, grounded in ethnographic

research, to understand the cultural aspects of this care issue. Answering the different sub-questions required various research methods. Regarding the first sub-question, since little is known about the health conceptions of different frontline professionals, a largely inductive study with deductive elements was necessary — one that included a wide variety of frontline professionals to capture a comprehensive understanding of their perspectives needed for conceptualization (Nowell & Albrecht, 2019). I did so by developing and carrying out 23 inductive semi-structured interviews with a broad variety of professionals in general healthcare, mental healthcare and social welfare. Based on these interviews, I analyzed frontline professionals' health conceptions through an iterative process of thematic analysis to identify health conception dimensions (Braun & Clarke, 2006). Regarding the second and third sub-questions, to study the actual behavior of frontline professionals in health promotion roles and in interprofessional collaboration it was necessary to conduct research within the professional setting using methods such as participative observation and various forms of reflective interviews. This ethnographic fieldwork allowed me to be present at the frontline professionals' work location and to observe how roles are practiced over a longer period of time where they unfold (Spradley 2016, Walshe et al., 2012; Zahle, 2012). I used various types of observations, participative and non-participative. Depending on the setting and how comfortable the professionals and clients were with my presence, I participated more or less. For example, in some team meetings and house visits I was urged to also ask questions, while in others it seemed more fitting to be non-participative like a fly on the wall. In the positionality statement on page 115 I further reflect on my positionality. I spend 150 hours or 34 days in the field doing observations and informal interviews and with every main respondent I held an additional formal semi-structured interview. Regarding the fourth sub-question, this dissertation pioneered with an in-depth qualitative interview study in street-level bureaucracy research as a way to explore how frontline professionals reason about their clients' SES at work. Most street-level bureaucracy literature on the role of clients' SES in decision-making focuses on one SES-indicator, while I explored how professionals use different SES dimensions together (a.o. Halling, Christensen et al., 2024, although see Raaphorst et al., 2018; Harrits, 2019). I used personas based on the ethnographic fieldwork for sub-questions two and three to stimulate conversations about real-life decision-making in order to examine how professionals assess the problems of clients with varying socioeconomic statuses in 15 qualitative interviews (Loyens & Paraciani, 2023). Throughout the whole study I used thematic analysis as method of analysis. I used sensitizing concepts and the analyses were predominantly inductive.

I position this dissertation as an anthropological study with an emic lens. This emic lens is most clearly used in chapter two, three and five. In addition, the focus on meaning-making runs as a central thread throughout the whole dissertation: in how

frontline professionals view health, how they interpret and shape health promotion, how they engage in interprofessional collaboration, and how they reason about the socioeconomic status of clients. Moreover, in this dissertation, I make use of the methodological variation that is well established within the anthropology tradition, while remaining explorative and context-sensitive.

Through the ethnographic methods, this dissertation emphasizes active collaboration with and engagement of research participants. By centering their perspectives through the research process, the study moves beyond interdisciplinarity toward a transdisciplinary approach (Féaux de la Croix, 2023). These elements of participation, collaboration and co-creation, central to anthropology, are also aspects of a transdisciplinary approach, promoting knowledge across domains and ensuring that research is closely connected to practice (Maguire, 2017). I collaborated with research participants in various stages of the research including research design, validation of the research methods, recruiting and engaging with participants, and reflecting on their work and providing feedback to research participants. For instance, I developed and aligned my research questions in dialogue with a mental healthcare organization, I collaborated with multiple care organizations to recruit respondents, I validated the personas and tested the interviews for empirical chapter four with general practitioners, I facilitated opportunities for respondents to reflect on their work during and after interviews and observations and I provided feedback by sharing a summary of my research projects and offering recommendations for professionals, their managers and policy makers.

## 1.5 Scientific relevance

This dissertation studies how frontline professionals relate to clients and other professionals in their work with clients with combined problems with an anthropological lens. This micro-level approach around everyday practices of frontline professionals offers a novel perspective in public health and public administration, where studies typically focus on the macro and meso levels, such as policy frameworks and institutional collaborations (a.o. Kikuchi et al., 2023; Tummers et al., 2012). Looking at the role of frontline professionals in care and social welfare through an anthropological lens, this dissertation anticipates to be relevant to literatures on health conceptions, health promotion, interprofessional collaboration, teamwork and street-level bureaucracy. This section outlines how the questions in this dissertation and the anthropological lens are relevant to these strands in the literature.

Health conceptions are typically studied within public health, which primarily focuses on lay perspectives and definitions of health. While not a formal subdomain, the literature on health conceptions forms an important strand within public health,

addressing how lay people and professionals understand health. There is however no insight in how health is understood by various frontline professionals in general healthcare, mental healthcare and social welfare themselves (Armstrong & Swartzman, 1999; Colombo, Bendelow, Fulford & Williams, 2003; Levesque & Li, 2014). By studying health conceptions held by frontline professionals from various professions and organizations, and by exploring dimensions beyond health beliefs, this dissertation is relevant to the literature on health conceptions.

The health promotion literature, which is rooted in public health, describes health promotion roles as perceived tasks and it focuses on medical professionals such as GPs and nurses (a.o. Geense et al. 2013, McAvoy et al. 1999, McKinlay et al. 2005, Brotons et al. 2005). There is however no insight into the health promotion roles of other frontline professionals involved in caring for clients with combined problems. This dissertation is relevant to this literature by exploring health promotion roles of a broad range of frontline professionals in general healthcare, mental healthcare and social welfare, involved in caring for clients with combined problems. Moreover, the dissertation also shows how these roles go beyond merely tasks.

The interprofessional care literature is interdisciplinary by nature, with foundations in public health and health sciences, and enriched by perspectives from disciplines such as public administration, sociology, and organizational studies. There has been much scholarly attention to the study of interprofessional collaboration in care in the context of hospitals (a.o. Valentine & Edmondson, 2015), however, less is known about how such collaboration takes place in complex care contexts outside of hospitals. This dissertation is relevant to both the literature on interprofessional care and literature on teamwork by focusing on how frontline professionals collaborate interprofessionally in less institutionalized settings. Moreover, where interprofessional care scholars (a.o. Schot et al., 2020) often do not explicitly address team fluidity — a concept originating from the literature on teamwork within management sciences — this study aims enrich the interprofessional care literature by exploring interprofessional collaboration in a context of team fluidity (a.o. Valentine & Edmondson, 2015).

The street-level bureaucracy literature, which is prominent in public administration, mostly focuses on typical street-level professionals such as teachers, pedagogues, cops and executive organizations and it studies *whether* SES plays a role in decision-making (Harrits & Møller, Raaphorst & Groeneveld 2018, Maynard-Moody et al., 2022). This dissertation is relevant to the street-level bureaucracy literature on the role of clients' SES in frontline decision-making by studying not only *whether*, but also *how* GPs interpret SES indicators in their judgments and by adding a less typical street-level bureaucrat to the study of street-level bureaucracy.

The anthropological lens and emic perspective in this dissertation are valuable tools as they bring deeper, micro-level contextual and cultural insights to the study of

frontline professionals in healthcare and social welfare, which are under-researched in both public health and public administration (but see a.o. Cecchini, 2021; La Grouw et al., 2024). In this dissertation, contextual understanding refers primarily to the specific social, organizational, and professional settings in which frontline professionals operate – such as fluid team settings or contexts with high socioeconomic diversity. Thereby, the empirical studies in this dissertation seek to contribute to theory-building by studying how frontline professionals relate to clients and other frontline professionals in caring for clients with combined psychosocial problems grounded in frontline professionals' interpretations. As such, the emic perspective contributes to the health conception literature by exploring what health means to frontline professionals themselves and by including contextual factors related to cultural and social dynamics. This approach thus allows me to study how professionals themselves interpret health. Moreover, the emic perspective in this dissertation is relevant to the health promotion literature as it helps to understand frontline professionals' actual roles from their own perspective and how these roles develop within specific professional contexts and workplaces with distinct sets of values, knowledge and skills (Barnhoorn et al., 2022). Furthermore, the emic perspective also adds relevance to the literature on interprofessional care and teamwork as it helps to understand interprofessional collaboration in a context of team fluidity through a contextualized approach from the perspective of the professionals themselves. Additionally, the emic perspective in this dissertation is relevant for the literature on street-level bureaucracy by studying equity and clients' social status from the professionals' perspective (Harrits, 2019; Harrits & Møller, 2014; Raaphorst et al., 2018; Raaphorst et al., 2024). Through this emic perspective, I look at frontline professionals' own interpretations of social status in differentiating between clients, which enables me to explore how professionals interpret and use status indicators in their daily work.

## 1.6 Societal and practical relevance

This dissertation's research is in line with the strategic agenda of my workplace Leiden University Medical Centre Health Campus The Hague, which aims to use various academic perspectives to contribute to a healthier life expectancy for all through among others accessible and context-sensitive care (LUMC 2025). By gaining insight into how frontline professionals in care and social welfare relate to vulnerable clients and other professionals, this dissertation aims to contribute to our understanding of health differences and to the role that frontline professionals may play in them. By studying the health conceptions, roles in collaboration and reasonings about clients, this dissertation seeks to provide insight into some of the mechanisms through which health inequalities are either enforced or mitigated in everyday professional work. Seeking to understand

how various actors relate to one another is essential for effectively addressing health differences in the long run.

This study also aims to offer insights that are directly relevant to current national policy initiatives that emphasize a transition towards interprofessional collaboration, integrated care and better alignment between care and social welfare, such as the Integrated Care Agreement (IZA) and the Health and Active Living agreement (GALA) in the Netherlands (NFU, 2025; RIVM, 2024). The dissertation seeks to support such efforts by offering insight into how care is shaped on the ground in everyday work between frontline professionals across professions and organizations. Such insights may inform the integration of such policy initiatives. Additionally, this research resonates with local initiatives such as The Hague Prevention Approach (Den Haag, 2023), which aim to strengthen integrated care at the neighborhood level. By exploring how frontline professionals perceive and experience the conceptions, roles in collaboration and reasonings in their daily work with clients with combined problems, this study seeks to contribute to shaping practical strategies for implementation of such programs on the ground.

## **1.7 Structure and outline of this dissertation**

The overarching research question is divided into four sub-questions, each representing a distinct piece of the empirical puzzle, which collectively contribute to answering the research question. In this first chapter I introduce the research questions and I answer them in the next chapters. The narrative of the chapters in this dissertation is as follows: the chapters are built up around the idea that clients have combined psychosocial problems and that, therefore, more collaboration between frontline professionals from with various professions and from various organizations is needed. This context has implications for the way in which frontline professionals view health and care, how interprofessional collaboration works and how they interpret clients with various SES backgrounds in decision making. Therefore, in this dissertation, both clients' combined problems and interprofessional collaboration are central for how frontline professionals interpret and care for clients in general healthcare, mental healthcare and social welfare.

Chapter two addresses the beliefs about health and about how these should be pursued according to various frontline professionals in care and social welfare. By using an inductive research approach and a semi-structured interviewing method, this study aims to further conceptualize frontline professionals' health conceptions in care for clients with combined psychosocial problems.

Frontline professionals may face challenges in health promotion due to limited resources and clients' combined health conditions. Therefore, the third chapter seeks to explore how professionals behave in health promotion and how health promotion

roles are shaped by professional identities, focusing on behaviors they adopt in those complex care conditions. This chapter focuses on the interpretation and fulfillment of health promotion roles by gathering and analyzing hours of ethnographic fieldwork in various professional domains with frontline professionals caring for clients with combined psychosocial problems.

Frontline professionals often promote health together with other professionals in contexts where teams have high levels of membership change and difference. Therefore, chapter four explores how interprofessional collaboration works in a context of team fluidity. The chapter integrates literature on team fluidity and interprofessional collaboration in care with hours of ethnographic fieldwork to analyze how frontline professionals in general healthcare, mental healthcare and social welfare collaborate in a context of team fluidity, while addressing the needs of clients with combined problems.

While the fourth chapter was about interprofessional collaboration, the fifth chapter is also closely connected to the theme of caring for clients with combined problems that cross professional and organizational boundaries, as professionals' interpretations of clients may also shape how care is planned, offered or referred. As such, chapter five is an in-depth qualitative study that explores how frontline professionals in general healthcare reason about clients with varying socioeconomic backgrounds while working with individuals facing ambiguous problems. This chapter thereby seeks to create insight into how professionals' interpretations of SES play a role in shaping a care plan together.

Chapter six concludes this dissertation by answering the general research question and discussing the specific theoretical, methodological, societal and practical contributions. It describes the findings of the empirical studies and discusses empirical and methodological implications. Additionally, it outlines the dissertation's limitations, recommendations for future research, societal and practical implications. Table 1.1 summarizes the structure of the dissertation.

**Table 1.1:** Structure of the dissertation

<b>Chapter</b>	<b>Research question</b>	<b>Data</b>
Chapter 1	General introduction	-
Chapter 2	How can the health conceptions of frontline professionals in general healthcare, mental healthcare and social welfare be conceptualized?	Semi-structured interviews
Chapter 3	What kind of health promotion roles do frontline professionals in general healthcare, mental healthcare and social welfare have and how are these shaped by their professional identity?	(Participant) observation, informal interviews and semi-structured interviews
Chapter 4	What does interprofessional collaboration look like in a fluid team context?	(Participant) observation, informal interviews and semi-structured interviews
Chapter 5	What reasoning do frontline professionals in general healthcare use regarding cues associated with varying socioeconomic statuses?	Qualitative interviews with personas as conversation starters
Chapter 6	General discussion	-