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The Netherlands

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

Heteren, F. van

Citation

Heteren, F. van. (2025, December 2). *Good health for all: an ethnographic study of frontline professionals in general and mental healthcare and social welfare*. Retrieved from <https://hdl.handle.net/1887/4284263>

Version: Publisher's Version

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Note: To cite this publication please use the final published version (if applicable).

Summary

Introduction

In this dissertation, I studied *how frontline professionals relate to other professionals and to clients in caring for clients with combined psychosocial problems*. This is relevant, because a high number of individuals face a combination of problems that cross professions and organizations. These problems create a pressing need for collaboration across professional and organizational borders in care and social welfare. This collaboration is complex and can become problematic, because many incentives- such as policies, professional norms and finances- go against interprofessional and interorganizational collaboration. This is why in this dissertation I analyzed how frontline professionals, in this complex context, work with other professionals and with clients. The research context is a large city in the Netherlands.

Findings

To answer the research question, I have explored four sub-questions, each representing a distinct piece of the empirical puzzle, which together answer the research question. First, in **chapter two**, I conceptualized frontline professionals' health conceptions based on an inductive qualitative interview study with frontline professionals in general healthcare, mental healthcare, and social welfare in The Hague, The Netherlands. Caring for clients with combined psychosocial problems involves various frontline professionals such as general practitioners, psychiatric nurses, police officers, social support consultants and debt counselors. As these professionals have different professional backgrounds and work in different organizations, their health conceptions, or beliefs about what constitutes health and how this should be pursued, may also differ. Having an understanding of various frontline professionals' health conceptions is relevant, as these may affect interprofessional collaboration in their work with clients with psychosocial problems. I used an iterative process of thematic analysis to identify health conception dimensions, that differ on three main aspects: 1) *health definitions*, 2) *alignment with clients* and 3) *contextualization of clients' health*. The main implication of this chapter is that this inductive analysis of health conceptions provides a first building block in theorizing frontline professionals' health promotion practices.

Second, in **chapter three**, I studied how frontline professionals in care and social welfare interpret and fulfill their health promotion roles, which is relevant for the care and the health of the vulnerable clients they work with. For this study, I used ethnographic data from Dutch frontline professionals in social welfare, general healthcare, and mental healthcare to show how various frontline professionals promote health by *reframing* and *customizing* health problems and how this is associated with how they identify as *pragmatic* or *holistic* professionals. While the literature on health promo-

tion is limited to describing roles as tasks of healthcare professionals, in this study, I examined the broader health promotion roles held by various frontline professionals when working with clients with combined psychosocial problems and how the roles are associated with professional identity. Moreover, in caring for clients with combined problems, various frontline professionals are encouraged to work together in fluid contexts, in which professionals are expected to seek other professionals and organizations to solve combined problems. This type of collaboration is not institutionalized; it may therefore be hard to develop routines compared to fixed teams. Knowledge about how frontline professionals work together in non-institutionalized forms of fluid collaboration is lacking. Therefore, third, in **chapter four**, I studied how frontline professionals from various professions and organizations work together in contexts of team fluidity, with high levels of membership change and difference. To this end, I used an iterative design and ethnographic fieldwork in studying these hard-to-grasp contexts. In the thematic analysis, I explored whether and how interprofessional collaboration manifests in fluid teams in general healthcare, mental healthcare and social welfare and how team fluidity plays a role. I aimed to further grasp how frontline professionals relate to their clients by examining socioeconomic status (SES) as indicator for decision-making among frontline professionals in healthcare, focusing on general practitioners (GPs). I did so in **chapter five**, by conducting and thematically analyzing qualitative interviews. I identify three SES reasonings in shaping GPs' approach to patient care, which are closely intertwined with the status of patients: (1) *status preservation reasoning*, (2) *social distance reasoning* and (3) *together reasoning*. These reasonings show how GPs interpret and use various SES cues in their decision-making when developing treatment plans with patients.

General conclusion

The findings of this dissertation show how frontline professionals relate to other professionals in a context of clients with combined problems and team fluidity, in which membership change and member difference create challenges. Such collaboration across professions and organizations is challenging because of unclarity about roles, responsibilities and mutual trust, while opportunities are taken to make use of each other's complementary expertise and skills. Frontline professionals develop collaborative behaviors, which are different from those found in fixed teams, mainly because interpersonal relationships are more fragile and potentially less sustainable. Apart from these behaviors, health conceptions also play a role, as collaboration is also about bridging ideas about what is health and how this should be pursued. Additionally, frontline professionals' professional identities play a role in how professionals fulfill their health promotion roles and how they coordinate this with other professionals.

The findings of this dissertation also show how frontline professionals relate to their clients with combined psychosocial problems, in which health conceptions,

health promotion roles and SES reasonings play important roles. While some frontline professionals actively seek alignment with clients from an mental health definition, others make the clients responsible and only intervene when the risks are higher. Frontline professionals also differ in how they see their roles: while some reframe clients' care questions into something that matches with their own expertise, others let clients decide on the care plan. Furthermore, GPs reason about their clients' SES in ways that impact the development of the treatment plan, such as through status preservation or developing the treatment plan together, based on mechanisms related to recognition and experienced social distance. This dissertation thereby shows how frontline professionals relate to other professionals and clients from various perspectives, roles and reasonings in working with combined psychosocial problems.