Interpretation in policy implementation: Mapping the role of interpretation in the implementation of a new organizational model for elder care in 25 municipalities

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Abstract

Interpretation has been widely recognized as a key mechanism in implementation but has received little scholarly attention. This paper seeks to develop a deeper understanding of how interpretation matters for implementation. Building on insights from policy implementation research and translation theory, a theoretical framework is developed to study the role of interpretation in the implementation of a new organizational model for elderly care in 25 Danish municipalities. Based on documentary material and 100 interviews with more than 400 participants, the analysis traces formative interpretations within the hierarchy (vertical dimension), across the 25 local sites (horizontal dimension), and over time (temporal dimension) to show how interpretations shape implementation processes and outcomes. The study contributes to the literature by unfolding the role of interpretation in implementation. The study further calls attention to municipal actors such as project managers and their role as interpreters and intermediaries between policymakers and frontline professionals.

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Introduction

Since before the 1970s, implementation has been recognized as a central issue in public administration research and practice. Implementation studies is now a flourishing field, stretching over three generations (Saetren 2014). During these years, scholars have highlighted the complexity of joint action and the role of veto points (Pressman and Wildavsky 1973), debated the relative strengths and weaknesses of top-down and bottom-up approaches (Elmore 1979; Hjern and Hull 1982; Matland 1995) and sought to bring these perspectives together in integrated implementation frameworks (Winter 2012b; Moulton and Sandfort 2016). The purpose that unites these efforts is to increase our understanding of what happens when public policy is carried out "on the ground", but also how it happens, and why. Throughout these decades of scholarship, interpretation has been recognized as an important aspect of the implementation process, particularly in relation to ambiguity (Baier, March, and Saetren 1986). Even so, the role of interpretation remains understudied and undertheorized.

In this paper, we aim to develop a deeper understanding of how interpretation matters for implementation. A dictionary definition of the verb 'to interpret' reads as follows: 1) to explain or tell the meaning of (present in understandable terms), 2) to conceive in the light of individual belief, judgment, or circumstance (construe), 3) to represent by means of art (bring to realization by performance or direction), and 4) to act as an interpreter between speakers of different languages.[3] We argue that implementation involves interpretation in all these senses. To advance our argument, we draw on Scandinavian Institutionalism and the concept of translation (Czarniawska and Sevón 1996). This perspective allows us to conceptualize implementation as a process—or indeed multiple processes—where an inherently abstract intention, perhaps accompanied by more or less specific rules or guidelines, is recreated in

[3] "Interpret." *Merriam-Webster.com Dictionary*, Merriam-Webster, https://www.merriam-webster.com/dictionary/interpret. Accessed 4 Aug. 2020.

the form of concrete and collective action in particular organizational contexts. This involves processes of interpretation within the hierarchy, across organizational sites, and over time.

Our theoretical discussion results in an analytical framework that calls attention to *formative interpretations* along vertical, horizontal and temporal dimensions in the implementation system around a given policy or "public service intervention", i.e., the policy field, local organizations, and the frontline (Sandfort and Moulton 2014). We apply this framework in an analysis of an extensive embedded case study of the ongoing implementation of a new organizational model for elderly care in 25 Danish municipalities. The open-ended nature of this particular policy makes it a "most-likely" case in relation to interpretation and hence well-suited to our purpose: to unfold the many ways in which interpretation shapes implementation efforts. Data was collected in two rounds over three years (2021-2023) and encompasses 100 interviews with more than 400 participants, including frontline managers, project managers, and frontline workers, as well as documentary material from all 25 Danish municipalities. As expected, there is considerable variation in implementation processes and outcomes. The analysis identifies formative interpretations of the policy mandate and the key elements of the new organizational model within the national and local organizational hierarchies, across the 25 implementation sites, and over time, and shows how these interpretations shape policy-as-implemented on the ground.

We contribute to the extant literature on implementation by calling attention to interpretation as a key mechanism that has so far received limited attention from policy implementation scholars. Based on the theoretical discussion and empirical analysis, we suggest that interpretation is an inherent, inevitable, and ongoing aspect of implementation processes, which unfolds within the hierarchy (vertical dimension), across locations or sites (horizontal dimension) and over time (temporal dimension). In line with translation theory, we argue that implementation is best understood as a dynamic and iterative process where local

implementation actors continuously engage in interpretation of meanings and translate these into situated practices. However, their possibilities for doing so are shaped by policymakers' interpretations of, e.g., the management ideas or organizational models that underpin a given policy. Interpretations are hence somewhat interdependent. Our study further contributes to the literature by focusing on a group of actors that is often overlooked, namely municipal actors such as frontline managers and project managers who are positioned as intermediaries between policymakers and frontline professionals and who, in this and likely many other cases, perform crucial roles as interpreters.

Theoretical background

Policy implementation theory: Interpretation within the hierarchy

In the policy implementation literature, interpretation is often linked to the notion of policy ambiguity (Baier, March, and Saetren 1986; Matland 1995; Winter 2012a). Ambiguity is viewed as an inherent trait of policy making, in which "difficult issues are often 'settled' by leaving them unresolved or specifying them in a form requiring subsequent interpretation." (Baier, March, and Saetren 1986, 206). Baier and colleagues continue: "Policy ambiguity allows different groups and individuals to support the same policy for different reasons and with different expectations, including different expectations about administrative consequences of the policy. Thus, official policy is likely to be vague, contradictory or adopted without generally shared expectations about its meaning or implementation." (ibid).

Ambiguity has been brought forward as a key explanatory factor in regard to implementation problems, because ambiguous policy goals and/or means will be interpreted differently by different actors–e.g. stakeholders, local political leaders, managers and street-level

bureaucrats–often in ways that promotes their own interest (Baier, March, and Saetren 1986; Lipsky 2010; Matland 1995; May and Winter 2009; Winter 2012a). Building on this notion, many have argued that frontline workers, or "street-level bureaucrats", play a crucial role in implementation, as they are the ones who are ultimately left with the task of figuring out the meaning of an ambiguous policy and resolving any unresolved issues in their everyday encounters with citizens (Brehm and Gates 1997; Lipsky 2010; Prottas 1978; Zacka 2019). Hence, the consequences of ambiguous policy goals have received much attention in studies of street-level implementation, as frontline workers' actions often constitute the output against which we evaluate implementation success or failure (Meyers and Lehmann Nielsen 2012; Winter 2012a).

These studies teach us that frontline workers' implementation behavior is influenced by their individual perceptions of policy goals (Keiser 2010; May and Winter 2009) as well as by shared knowledge, collective beliefs and professional norms (Riccucci 2005; Sandfort 2000). Policies which are perceived as conflicting with frontline workers' norms and beliefs are likely to leave them feeling alienated, decreasing the chances of successful implementation (Tummers, Bekkers, and Steijn 2009). This implies that, as policymakers, higher-level managers and other key actors seek to interpret and frame new policies and programs in ways that are likely to be beneficial to their own interests, frontline workers face a "multiple principal problem" (Winter 2012b, 233) and hence also a *multiple interpretations problem*, where, e.g., national and local actors may promote different interpretations of the same policy goals and means. Previous work suggests that, in this situation, local managers may influence frontline workers' understandings of policy goals and means (Hupe and Keiser 2019; Evans 2016; May and Winter 2009; Riccucci 2005).

Sandfort and Moulton's Strategic Action Field framework (Moulton and Sandfort 2016; Sandfort and Moulton 2014) presents a different perspective but with similar implications in

terms of the role of interpretation. Here, implementation is viewed as a complex social process, and the policy field, the organization, and the frontline are conceptualized as "strategic action fields"; i.e., mid-level social orders which revolve around shared understandings about purposes, relationships, and rules, and constitute venues for collective action. These fields create a multi-level implementation system around the 'public service intervention' in question (Moulton and Sandfort 2016, 2). Each field comprise different actors, resources, and roles, and different sources of authority and legitimacy (e.g., political, economic, and professional), which are not objectively present but mobilized through the agency of 'socially skilled actors' who employ their skills to "interpret and adjust a public service intervention in ways that build common understanding and reconcile competing sources of authority to enable collective action" (Moulton and Sandfort 2016, 2). By "offering their interpretation of events" and "frame action options" (Moulton and Sandfort 2016, 13), socially skilled actors may engage others by appealing to their interest or introduce discord and conflict to drive stability or change. Others have used the notion "frame alignment" to describe similar processes (Gilad 2014).

In sum, the literature on policy implementation generally highlights the vertical dimension of policy implementation, including the distance between policymakers at the top of national and/or local hierarchies and the frontline, and the nested nature of different "action fields." It is generally acknowledged that policy goals and means can be ambiguous, and that, if and when this is the case, interpretation can and likely will take place on all hierarchical levels in the implementation system. Notably, ambiguity may work both for or against successful implementation ("successful" here meaning the extent to which frontline workers eventually act in accordance with policymakers' more or less ambiguous goals or intentions): It may cause uncertainty and foster unwanted variation, but it may also allow socially skilled actors

within all fields to engage in interpretation as needed in order to create meaning, avoid alienation, and foster collective action.

Translation theory: Implementation as re-creation across organizational contexts

While policy implementation scholarship acknowledges interpretation as an important mechanism within the national and local hierarchy, variation on the local level is generally associated with deviation and noncompliance, and interpretation processes as an explanatory factor have remained understudied and undertheorized. To advance our understanding of the role of interpretation as integral to the implementation process, we turn to the literature on organizational translation (Czarniawska and Sevón 1996; Sahlin and Wedlin 2008). We hereby follow a longstanding tradition in implementation research of letting advances in organization studies inform theoretical development in the field (Winter 2012a).

Translation theory is a rich source of theoretical development in organization studies that has not yet been leveraged fully by (policy) implementation scholars. According to Latour (1986), translation involves offering new interpretations to create alignment of actors' interests and goals: "Translating interests means at once offering new interpretations of these interests and channeling people in different directions" (Latour 1986, 117).[4] This notion of translation served as an important inspiration for the development of so-called 'Scandinavian Institutionalism', a particular strand of sociological institutional theory focusing on the diffusion, uptake, and institutionalization of organizational 'ideas' in private and public

[4] Latour proposes that the concept of translation is a preferable alternative to the concepts of 'diffusion' and 'implementation' which, according to Latour, convey a mechanistic process and imply a disregard for the crucial role of actors and agency in building support for a claim or idea. While we sympathize with this sentiment on a theoretical level, we maintain the concept of implementation to signal a normative commitment to policymakers' goals and intentions and the democratic legitimacy of government. This normative commitment is, in our view, a driving force in policy implementation scholarship that sets it apart from translation theory and the broader field of organization theory and knowledge transfer.

organizational contexts (Czarniawska and Sevón 1996; Czarniawska and Joerges 1996; Røvik 2007; Sahlin and Wedlin 2008; Waldorff 2013; Waeraas and Nielsen 2016).[5]

Translation theory posits that an idea (i.e., a new management concept or 'best practice') is necessarily transformed as it moves through time and space and is picked up and passed on (or ignored, distorted or halted) by different actors along the way (Waeraas and Nielsen 2016). Even if organizational actors are determined to 'copy' or 'replicate' successful ideas (e.g., 'best practices'), organizational practices are always embedded in particular contexts. 'Decontexualizing' a practice therefore requires stripping it of contextual specificities (such as time, location) and converting it into an abstract symbolic representation (e.g., a narrative or model). This model practice must then be 're-contextualized' to a new organizational context characterized by particular meanings, logics, and history (Czarniawska & Sevon, 2005, Sahlin & Wedlin 2008, Røvik 2007). In this process, abstract and generalizable concepts or principles are "translated" into concrete actions in specific locations by specific actors and under the influence of specific contextual factors, as people ask: What does this mean for us in this particular location, time and situation? Translation, then, is essentially a process of recreation which always involves some kind of transformation: "To imitate, then, is not just to copy, but also to change and to innovate." (Sahlin & Wedlin 2008, s. 219).

From the perspective of translation theory, the role of interpretation in implementation processes is not limited to cases of ambiguous and conflicting goals but appears as a necessary and inevitable aspect of the implementation process, even when policies are

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[5] Notably, this line of research was rooted in the same scholarly interests as the contemporary development of the new institutionalism. Still, "Scandinavian Institutionalism largely developed along its own path having only a limited impact on the North American studies" (Sahlin & Wedlin 2008, 219). While Scandinavian institutionalist scholars focused empirically on public organizations, often through in-depth case studies, the core issues are often framed with reference to organization and management studies rather than public policy and public management, using terms such as "translation" and "knowledge transfer" rather than "implementation" (e.g., Røvik 2016). These is perhaps another reason why this line of research has remained somewhat separate from policy implementation scholarship, despite a common interest in explaining what happens when abstract intentions are transformed into practical realities.

relatively clear, unambiguous, and widely supported. This follows from the observation that the implementation of a policy or public service intervention always involves the process of recreating an abstract idea or model in the forms of concrete actions in a particular context, i.e., an organizational practice. Rather than framing local adaptations as problematic 'distortions' of policy goals or interventions, translation describes a necessary and inevitable process of interpreting and adapting abstract policy goals, means, and intentions to specific organizational practices where specific actors must perform concrete actions in a particular time and space. While socially skilled actors may offer interpretations and frame action options to foster collective action (and hence address the 'why'), interpretation is also needed to move from the abstract to the concrete and help organizational actors, including frontline workers, to understand not only 'why' but also exactly what they should do when, where, how, with and for whom, in order to contextualize and enact a policy in practice.

Like policy implementation scholarship, translation theory clearly acknowledges the first two aspects of the definition of interpretation presented in the introduction, i.e., as explaining or telling the meaning of something (i.e., a given policy), and (more or less deliberately) construing this policy in the light of individual belief, judgment, or circumstance. Translation theory also brings our attention to the third aspect of interpretation as bringing "something" to realization by performance or direction. In the case of policy implementation, this requires collective action, as policies can rarely be implemented by one individual alone. This aspect of interpretation casts frontline workers and managers in key roles, whereas the other aspects of interpretation are likely to take place in the entire implementation system: within the hierarchy (vertical dimension) and across different organizational sites (horizontal dimensions). Finally, these processes of creating meaning and fostering collective action may also involve the fourth aspect of interpretation as a form of mediation between "different languages", metaphorically speaking, i.e., between the languages of policymakers, local

organizational actors, (different groups) frontline professionals, and citizens. Indeed, Sandfort and Moulton (2014) suggest that socially skilled actors are often 'boundary spanners' with the ability to translate meanings between fields.

In sum, policy implementation theory helps us to acknowledge the role of interpretation along the *vertical dimension* of the implementation process, within national and local hierarchies, and its importance in terms of fostering or hindering collective action. By focusing on how abstract models or intentions are recreated in practice, the translation perspective calls attention to the role of interpretation as a way of moving from the abstract to the concrete. From a translation perspective, this process likely leads to considerable variation across local organizational contexts (implementation sites) due to the need for local adaptations. The translation perspective directs attention to the *horizontal dimension* of the implementation process. Finally, if we view implementation as a complex social process that unfolds over time, it follows that interpretations are also likely to unfold and change over time. In addition to the vertical and horizontal dimension derived from the two theoretical perspectives, our analytical framework therefore also includes a *temporal dimension*.

[måske opsummerende figur/tabel her?]

Case: Implementing "Buurtzorg"-inspired models of care in Danish municipalities

To unfold the many ways in which interpretation occurs and shapes policy-as-implemented, we draw on empirical material from an extensive embedded case study of the implementation of a new organizational model for elderly care in 25 Danish municipalities. The policy initiative was directly inspired by the Dutch "Buurtzorg model". Buurtzorg (which translates

into ‘neighborhood care’) is a Dutch non-profit home and health care organization. It started in 2006 by its now CEO, the nurse Jos de Blok, as an alternative to the traditional (hierarchical and bureaucratic) home care organizations. It is based on a flat organizational and decentralized management model where teams grew organically when groups of nurses wished to form a Buurtzorg team. Since 2005, it has grown to be the largest provider of home health care in the Netherlands with over 10,000 nurses (and care givers) and about 900 teams by 2022 (Bernstein, Sandino, Minnaar, Lobb, 2022). Its rapid growth along with high client satisfaction, high employee satisfaction, and reduced costs are some of the reasons why it is conceived of as a success in the Netherlands and has attracted the attention of policymakers internationally.

The Buurtzorg model is a highly complex organizational model embedded in a very specific national and organizational context, yet the model has also undergone a continuous process of ‘decontextualization’ leading to highly detailed and explicit representations of its core elements (e.g., models of the required organizational structures, processes, and relationships between involved actors) as well as its underlying values (often expressed in catchy slogans such as “coffee first, then care”). Following Bernstein et al. (2022), the core elements of Buurtzorg’s organizational model are small local and self-managing teams of maximum 12 nurses and care workers. Teams receive administrative support from a central back office and a team of coaches. The back office consists of around 50 employees who handle tasks such as financial reporting, lease contracting, salary, HR, and IT. A total of 22 regional coaches supports 40-45 teams each on issues such as productivity, collaboration, sick leave, etc. The teams are also supported by data monitoring of performance measures at team-level.

Another core element is the ‘onion model’, which illustrates Buurtzorg’s client approach and vision to enhance the health and autonomy of their clients. In the center of the onion is the self-managing client. The next layer is the client’s informal network of friends, relatives, and

neighbors. The task of the Buurtzorg team is to support the client and work to activate the resources in the client's informal network. The outer layer is the client's formal network such as doctors and other health care professionals (Bernstein, Sandino, Minnaar, Lobb, 2022). In sum, Buurtzorg is presented an organizational model based on clear values of health care, local self-managing teams and a flat organizational structure with efficient monitoring of quality and finances.

[Måske kort intro til DK kontekst her: hvad hjemmeplejen laver, hvilke faggrupper er involveret, og hvordan den normalt er organiseret = hvad Buurtzorg/faste teams skal erstatte]

Due to its well-documented success, the idea of Buurtzorg as an organizational model for elderly care has spread to multiple countries such as England, Japan, Finland, Spain, Australia, etc. In Denmark, the Danish Government decided to support the implementation of Buurtzorg-derived models through state funding. Following an open call for applications, 25 municipalities in Denmark received a total of 191,8 mio. DKK (~ 25,5 million EUR) to implement new organizational models, strongly inspired by the Buurtzorg model, in the municipal elderly care sector (Social- og Ældreministeriet, 2021). While the inspiration from the Buurtzorg model was clear, municipalities were invited to submit individual project proposals tailored to their local context and aspirations. This open-ended nature of the policy initiative and the ensuing widespread implementation of Buurtzorg-derived models in the context of Danish municipal eldercare makes this an ideal case for unfolding the role of interpretation within the national and local hierarchy, across 25 different local organizational contexts, and over time.

Methods and data

Our analysis draws on data from an embedded case study of the implementation of the Buurtzorg model in Danish elderly care with 25 municipalities serving as embedded cases. This design was chosen to facilitate theoretical development as it provides empirical insights into interpretation within and across multiple sites of interpretation. The case study combines documentary material (e.g., project descriptions) and interview data from all 25 municipalities and allows us to inquire into the perspectives and experiences of a broad array of actors involved in the implementation projects, including top managers, project managers, frontline managers, and frontline professionals in all municipalities. The longitudinal character of the study design further allows us to follow the implementation process over time and trace whether, how and why actors' interpretations may change.

The data collection was organized in two rounds. The second and third author were responsible for collecting the data. The first round of data collection employed qualitative methods consisting of individual interviews with the project manager(s), group interviews with key actors, such as project owners, frontline managers and designated change agents, and documentary analysis of the funding applications (project descriptions) from each of the 25 municipalities. In total, the first round of data collection encompassed 50 interviews with 159 participants, conducted in September-November 2022.

The interviews with the project managers all lasted around 30-45 minutes. They focused on the planned as well as actual (initial) implementation of the project in terms of organization and design, progress, changes to the project, obstacles, and learning resulting from the process. These interviews served as background and informed the interview guide constructed for the group interviews with key actors. Interviews with key actors generally lasted around 90 minutes with typically 5-6 participants. However, municipalities were free

to enroll fewer or more participants as they found relevant. This resulted in a span from 2-11 participants. These interviews focused on gaining insights into participants' design decisions, experiences and their perspectives on challenges and possibilities in relation to the implementation process. They followed a semi-structured interview guide based on the following themes: project activities, target group, team organizing and self-management, cross-professional organizing and collaboration, management, competence development, IT and system support, visitation processes and collaboration with case managers, rehabilitation, involvement of client/relative and preliminary learning. In total 33 project managers and 126 key actors were interviewed in the first round of data collection.

The second round of data collection also employed qualitative methods. Two group interviews were conducted in each municipality from September-October 2023: One group interview with project managers and managers, and one group interview with professionals from each of the professional groups who were involved in the project (e.g., nurses, care workers, caseworkers, rehabilitation therapists). Both types of interviews followed a semi-structured interview guide based on the same core themes. The purpose of the management interview was to get an updated account of the elements in the case descriptions developed in the first round of data collection (see below) and the empirical themes were therefore the same as in the first round of interviews. The interview guide targeting the management level focused on the current status of the project, changes in the organizational model, achieved results, and plans for the future phases of the implementation process. The interviews with frontline workers began with an open round focusing on participants' experiences and what they considered to be the most important changes in their work life. This was followed by more focused questions, e.g., how they worked with team organizing, cross-professional collaboration, and self-management, and what results they associated with these elements,

both with regards to the quality of service delivery and their job satisfaction. A total of 119 frontline workers and 127 managers participated in the second round of data collection.

In both the first and the second round of the data collection, interviews were conducted as online interviews and audio recorded. After each interview, interview notes were developed into a coherent summary.

Analytical procedures. Following the first round of data collection, pre-structured case descriptions (Miles and Huberman 1994, 85) were developed for each municipal project, based on the interview summaries and project descriptions. The case descriptions followed the same themes as the interview guide. This initial empirical analysis was repeated at both data collection phases, resulting in 25 detailed case descriptions which included developments over time. Following this descriptive phase, we employed an abductive analytical strategy (Thompson 2022). As the descriptive case descriptions revealed significant variation between the different municipalities, we engaged in an initial explorative process, during which we alternated between engagement with the data and extant theory. This led us to engage with the notion of interpretation and the development of the theoretical framework presented above. We then used this framework to guide further analysis of the data collected in both the first and second round. In this phase, we focused on identifying what we call *formative interpretations*, i.e., interpretations of the policy mandate and/or the new organizational model that significantly shaped the implementation process within and across local organizational sites and over time.

We began by focusing on interpretive processes within the hierarchical structures, including both the national policy level and the local organizational level (vertical dimension). Second, we engaged in cross-case analysis to illuminate differences and similarities in the 25 municipalities' interpretations and implementation strategies (horizontal dimension). Third,

we engaged in within-case analysis based on comparisons the first and second rounds of case descriptions, to analyze how each of the municipal projects had developed over time (temporal dimension). We then compared these developments across cases to search for patterns and variation as well as explanatory factors. During all stages of the analytical process, we actively searched for data that could help nuance, (dis)confirm, and deepen our preliminary findings.

Analysis

In the following, we present key routes of interpretation within the vertical, horizontal, and temporal dimensions of the analytical framework, as identified in the analysis. We begin with the vertical dimension, showing how the Buurtzorg model was interpreted by policy actors at the national level and by the municipalities in their project descriptions. We then show how the municipalities took different routes as they embarked on their respective efforts. These routes not only represent different strategies in terms of how to create organizational change, they also represent different interpretations of the policy mandate. We then move on to the horizontal dimension and show how different interpretations resulted in very different organizational models across the 25 municipalities. Finally, we present our analysis of the temporal dimension and how interpretations and approaches changed over time.

Vertical dimension: Formative interpretations within the national and local hierarchy

We begin by examining how the Buurtzorg model was interpreted by policy makers at the national level in relation to the government funding scheme. In the government funding scheme that provided the 25 municipalities with financial resources, the purpose is to support

municipalities in implementing permanent, cross-professional, self-managing teams (Social- og Ældreministeriet 2021; Socialstyrelsen 2021). While the inspiration from the Buurtzorg-model is clear, the Buurtzorg-model is by and large translated into an organizational model with three main characteristics, namely "permanent", "cross-professional" and "self-managing" teams. The otherwise rather complex and detailed Buurtzorg model was thus decontextualized and translated into a much broader idea to be implemented in a Danish context. Notably, the three team characteristics, i.e., the core elements of the new organizational model, are not defined or specified, but left open to further interpretation by the municipalities. The decontextualization of the model from its Dutch origin through the Danish national funding scheme thus provided the municipalities with a much less explicit and more ambiguous idea, where several core features of the original model have been omitted or left undescribed. This left the municipalities with quite extensive room to interpret the new idea and its three core elements.

Box 1. Uddrag fra puljeopslaget

”En række danske kommuner arbejder i disse år på at udvikle ældreområdet blandt andet med inspiration fra den hollandske Buurtzorg-model, som ligger op til integreret hjemmesygepleje og hjemmepleje med fokus på blandt andet organisering af plejen i selvstyrende teams, personkontinuitet og ressourcer brugt på ledelse, administration og dokumentation. (…) Den hollandske Buurtzorg-model for ældrepleje har stort dansk potentiale, men repræsenterer også en langvarig udviklingsopgave med mange ubekendte faktorer."

[…]

”Der kan søges tilskud til projekter, der har fokus at udvikle og afprøve nye veje til at sikre mere stabilitet og kontinuitet i hjemmeplejen, gennem etablering af faste, selvstyrende og tværfaglige teams.

The first formative interpretation in relation to the implementation of the Buurtzorg-model in Denmark thus occurred at the national policy level, and the nature of this interpretation significantly shaped the routes taken by municipalities, both in the initial project applications and how they later moved ahead with implementation. In the project applications, the problem to be addressed was described in very similar ways across the 25 municipalities that received funding. In short, the project descriptions all stated the need to improve and strengthen cross-professional collaboration among home care workers, nurses, rehabilitation therapists and caseworkers to produce coherency and continuity in client pathways. At first glance, they also appeared to adhere to the overall elements of permanent, cross-professional, self-managing teams. However, a closer analysis of the project descriptions revealed significant variation in terms of how the municipalities interpreted the policy intention, a notion that was further supported by results from the first phase of interviews. Most notably, there was a significant difference in terms of whether the municipalities considered the original Buurtzorg-model merely as a source of inspiration or a model for imitation.

Of the 25 municipalities, eight municipalities employed a strategy that is best described as an intention to imitate the original Buurtzorg model to as large a degree as possible, with only a few modifications. Their interpretations hereby included elements that were not required by policymakers. In contrast, 17 municipalities interpreted the policy intention rather loosely. Their project descriptions reveal no intentions of imitating the Buurtzorg model, and some even leave out some of the core elements highlighted in the funding scheme, for example by not planning to integrate different professional groups into smaller teams, or by omitting the element of self-management. The municipalities were generally very explicit as to whether their goal was to imitate the Buurtzorg-model as far as possible or whether they were merely inspired by some of the elements in the model. In the latter instance, municipalities typically argued that the original Buurtzorg-model would never function in a Danish municipal context

or did not correspond with the current visions and needs of the local management and/or frontline professionals.

The municipalities also took different approaches to organizational change. In general, two project designs were employed: An incremental approach and a radical approach. The *incremental approach* to change did not represent major changes or challenges to existing practices from the outset. It was typically based on bottom up-processes with a high degree of involvement of frontline professionals and resulted in small adjustments of, e.g., meeting routines, and continuous feedback and learning loops. 18 out of 25 municipalities employed some version of this approach. About half of these projects involved the entire home care organization (all units and districts), whereas others focused on, e.g., selected districts. Viewed in relation to the policy intention, this approach expanded the scope for interpretation even further, as frontline professionals were invited to develop their own interpretations of the policy initiative and take responsibility for identifying which aspects of their work they wanted to improve and how. In some cases, the expanded room for interpretation resulted in increased insecurity for frontline workers about the intentions and end goals of the project.

In comparison, the *radical approach* typically came with a clear goal of breaking with existing organization and work practices. Project descriptions explicitly referred to the Buurtzorg-model with a clear ambition to test its core elements in a Danish context. With a clear vision of the end goal and more complex and well-described elements and processes, this approach left limited room for interpretation at the frontline. Instead, the implementation process typically involved distinct phases, where new elements were first tested by a pilot group (e.g., one district) before being rolled out in the entire organization.

When viewed through the analytical lens of interpretation, the two strategies appear to be based on two different understandings of the implementation context and the needs and

abilities of frontline professionals. Based on their anticipation of frontline workers' reactions and their own possibilities for creating meaning and fostering collective action, municipal actors (project managers and frontline managers) took different approaches to organizational change. Together with their interpretation of the policy intention, these different approaches conditioned the possibilities for subsequent interpretations at the frontline and significantly shaped what became (and is still becoming) policy-as-implemented on the ground. Table X presents an overview of the arguments provided by municipal key actors regarding their choice of approach, as these reflect their interpretations of the needs and potentials for change in the frontline as well as the challenges associated with the implementation process.

Table X. Municipal actors' interpretations of needs and potentials in the frontline

Incremental approach	• At hjemmeplejens medarbejdere ikke efterspørger selvstyring i hverdagen, men at der kan arbejdes med at give øget indflydelse på fx daglig ruteplanlægning • At der er et oplevet behov for at bevare de monofaglige tilhørsforhold for sygepleje, visitatorer og terapeuter mv., men at der med fordel kan arbejdes med at etablere faste samarbejdsrelationer mellem hjemmeplejens teams og de øvrige faggrupper • At den nye organisering skal kunne fungere inden for rammerne af de eksisterende arbejdstidsregler, økonomistyring og praksis for tildeling af ydelser • At der løbende kan bygges på udviklingen i det omfang, der fx opstår efterspørgsel på øget selvstyring eller nye måder at styrke tværfagligt samarbejde på.

Radical approach	• At Buurtzorg-modellen peger på potentialet i en radikal omstilling af måden, hvorpå der leveres hjemme-/ældrepleje i danske kommuner • At der opleves et grundlæggende behov for at gentænke elementer i den eksisterende organisering, ledelse og økonomistyring • At der er behov for på mindre skala at eksperimentere og teste nye løsninger der, hvis de virker, kan udbredes som ny praksis.

Horisontal dimension: Comparing formative interpretations across local organizations

The 25 municipalities received state funding to test and implement "permanent, cross-professional, self-managing teams". Yet, as explained, the three defining elements of this new organizational model were not further defined at the national policy level, leaving room for interpretation at the local municipal level. As described above, municipal key actors (project managers and frontline managers) took very different approaches in terms of overall goals (inspiration vs. imitation) and strategies for creating change (incremental or radical approach). It later became clear that they also interpreted each of the policy's three key elements—permanent, cross-professional, and self-managing—quite differently. These interpretations within the local hierarchies led to significant variations in terms of new organizational model(s) on the ground. In this section, we examine this variation across the 25 implementation sites.

We begin by examining the element of "cross-professional" teams, which was interpreted in different ways: In about half of the municipalities, cross-professional teams were interpreted as integrated teams with members of each professional group, while in the other half of the municipalities, no efforts were made to integrate professionals in new teams. Instead, new

collaborative structures were put in place to enhance cross-professional collaboration across separate units. Based on different interpretations identified in the cross-case analysis, it is possible to distill two distinct organizational models, which represent two distinct interpretations of the key element "cross-professional teams" at each end of a continuum of different models (Figure X). The interpretations of the "cross-professional" element in the 25 municipalities fall all along this continuum, with models ranging from mono-professional teams with cross-professional collaborative structures towards fully integrated cross-professional teams with associated specialist functions.

Figure X. Interpretations of the "cross-professional" element in the municipalities

The interviews revealed that the municipalities' different interpretations of the three core elements, and particularly the "cross-professional" element, were strongly influenced by their understanding of professional norms, actual work practices and anticipated reactions from particularly the nurses. In the projects' initial phase, the most typical argument put forward by the municipal actors when explaining the choice of organizational model was that the

alternative represented too strong a confrontation with prevailing professional norms and practices to be accepted by certain professional groups. The municipalities that sought to implement a new organizational model based on collaborative structures – rather than integrating nurses and care workers – argued that full integration would meet too much resistance from the nurses. Others argued that integration would not be beneficial to the already heavy demands on nurses' professional level and expertise. Municipal actors also expressed concerns as to whether the nurses would be able to maintain the high professional standards needed to conduct complex health care if they were organized together with care workers. Interviewees also worried whether initiatives to integrate teams would result in resignations in the nursing group; a cost they were not ready to accept due to already severe staff shortages.

Clearly, strong professional identities, values, and norms among some professional groups served as the main reason for municipal actors' choice to interpret the element of cross-professional teams as something that could be obtained via collaborative structures. Notably, the municipalities that sought to implement fully integrated teams faced the same concerns. However, they also had a strong belief in the integrated organizational model and were confident that, over time, the mindset of the involved frontline professionals would change.

The notion of "cross-professional" was also interpreted differently in terms of the composition, scope, and degree of association between the different professional groups. In all municipalities, nurses were involved in one of two ways: either through integration in cross-professional teams or as permanent collaboration partners for the home care team with a mutual client base and mutual case conferences. In contrast, there was considerable variation in terms of whether and how other frontline professionals were involved. For example, in most municipalities, rehabilitation therapists were organized separately but met with their team on an everyday basis and participated in the case conferences. However, in

some municipalities, they were organized in a specialized rehabilitation unit and were not directly involved in the project. It was also quite common to involve the centrally organized caseworkers by attaching them to the teams and have them participate in case conferences. In some instances, they also had working days in their teams throughout the week.

The policy's seemingly simple requirement of establishing small "permanent" teams was also interpreted quite differently across the 25 municipalities, as was the notion of what constitutes a "team". In the Danish municipalities, the teams were in general considered "permanent", meaning that the teams consisted of the same individuals. However, in order to mitigate team vulnerability to sick leave, a number of municipalities constructed "jumper functions" or "buddy teams" that were responsible for helping each other. This meant that some team members moved in and out of teams depending on the need. The number of team members also varied significantly. In one end of the spectrum, we saw team sizes below 10 members, and in the other end, a team could consist of up to 25 members. It also varied whether the team covered only day shifts or also evening shifts. In comparison, teams in the original Buurtzorg model consist of 12 permanent members.

Finally, the interpretation of the "self-managing" element also varied considerably. The element of self-management can potentially involve increased responsibility of planning shifts and plan the day in the teams. In the interviews, there are examples of teams that resisted such increased responsibility, and examples of teams who sought increased responsibility compared to what the local management had planned. The most common interpretation of "self-management" was to increase the teams' responsibility for planning the day-to-day-work, as opposed to having a central planner, whereas other elements of "self-management" that are key to the original Buurtzorg model were left out. Finally, the organization of the management level also varied within and across the two overall organizational models. About half of the municipalities maintained a familiar structure where

each professional group referred to each their manager, while the other half also integrated management in order to support the integrated teams. Table X shows the distribution of the different characteristics of the new organizational models across the 25 municipalities.

Table X. Characteristics of the different organization models (2022 data)

Characteristics of organizational models (interpretations)	No. of municipalities
Team size	
Teams <= 12	6
Teams => 12-26	19
Shift coverage	
Teams cover day and evening	7
Different teams in day and evening shifts	8
Teams in day shifts only	10
Organization of nurses	
Separate organizing	16
Integrated organizing	9
Self-management	
Self-planning	25
Self-management	0
Responsibility for allocation of services	4
Responsibility for hiring, resources, finances, etc.	7
Organization of frontline management	
Integrated team management	12
Separated mono-professional management	13

In sum, the variation between municipalities was considerable from the beginning, both in relation to the “cross-professional”, the “permanent”, and the “self-managing” element outlined in the policy initiative, as well as the interpretation of what constitutes a “team”.

Despite these differences, the purpose of the new organizational structures, whether integrated or collaborative, was the same: To create a mutual client base for the professional groups connected to the home care teams, to enable access to the different frontline professionals involved in the client pathways, and to support dialogue through face-to-face rather than written interaction between professionals.

Temporal dimension: How interpretations develop and change over time

As shown above, the reactions that municipal actors anticipated from frontline professionals influenced their interpretation and approaches to the implementation process in the initial phases of designing the organizational model. However, interpretations were not only shaped by expectation but also by experience. For example, as discussed above, several municipalities initially envisioned to preserve their existing organizational model and avoid integrating professionals across separate units. However, within-case analyses conducted after the second round of data collection revealed that some of these municipalities eventually decided to opt for the integrated organizational form. Conversely, some municipalities that initially wanted to reorganize had decided not to do so. In other words, our analysis clearly reveals how the municipalities' interpretations change over time, from what is envisioned in the project applications to the first interviews, and again from the first to the second round of interviews.

Some of these changes were expected and followed directly from the incremental bottom-up approach to organizational change adopted by some of the municipalities. This approach meant that frontline professionals had a high level of influence in terms of deciding which activities they thought could improve their work. Municipal actors in these settings expected that additional – and perhaps more far-reaching – changes would occur over time, as frontline

professionals gained experience and confidence with new ways of working. In the second phase of data collection, we thus find examples of municipalities that, based on pilot projects in one district, decided to implement cross-professional teams in additional districts. In other cases, changes to the original interpretation of the policy mandate and new organizational model were unexpected and mainly rooted in resistance at frontline level.

The data contains several examples of how reactions from frontline workers led local management to reinterpret key elements, both in early and later stages of the implementation processes. As outlined above, some municipalities set out to imitate and test the Buurtzorg model, stating an ambition to mimic its core elements as closely as possible. In these cases, the local managements' interpretation of the "cross-professional" element involved a new team structure with integrated teams of care workers, nurses, and therapists. However, this in many cases resulted in massive resistance from particularly the nurses who valued being organized in a health care unit of only nurses that functioned separately from home care units of care workers. In general, municipal actors explained, the nurses struggled with a lack of motivation. They also lacked a clear view of the relevance of the new organizational model in relation to their own role, tasks, and professional development.

The analysis also reveals a significant shift in actors' concerns over time. During the first round of data collection, municipal actors were typically occupied with practical issues associated with the new everyday practices. It had generally come as a surprise to managers and project managers that practical issues would have such an impact on the process. What challenged them the most in the initial phase were problems concerning new facilities, meeting rooms, car keys, and the like. Over time, the focus shifted from practical concerns to professional concerns. In the second phase, challenges were less practical and more related to deep-rooted and intangible phenomena such as culture, values, and professional identities. In some municipalities, it gradually became evident that some professional groups – and

individuals – struggled to find meaningfulness in the envisioned models of interprofessional collaboration. In interviews, frontline professionals in these municipalities expressed frustrations due to a lack of continuous alignment between the expectations of management and frontline professionals. Others expressed how they had great expectations at the initial phase of implementation and were disappointed with what it had turned out to be.

In general, professional hierarchies, identities, and achieved privileges turned out to represent a challenge to implementation in most municipalities. One example concerns efforts to install regular morning meetings among home care workers and nurses. While the nurses typically started their shift at 7.30 or 8 am, the home care workers started at 7 am. The initiative to establish mutual meetings in the morning, where frontline workers could plan and coordinate their day together, challenged the nurses who were not interested in starting their day earlier.

In some cases, the level of conflict increased throughout the implementation process. Sometimes, these struggles led to signs of resignation, i.e., going back to old ways of working and accepting the status quo. In other cases, this resistance from the nurses eventually resulted in a change of strategy, as local management abandoned their ambitions and reinterpreted the element of "cross-professionalism" as collaborative structures rather than integrated teams, thus following the example of their more cautious neighbors who opted for this interpretation from the beginning (cf. Table X). In these cases, managers and project managers expressed that they experienced a pressure to lower their ambitions to meet the needs and wants of frontline professionals. Finally, in a few cases, the local management did not abandon their initial interpretation of the organizational model and continued to try and implement their vision despite the many obstacles they faced. These municipalities had either employed the incremental change strategy, wherefore the changes were smaller but based on the frontline workers' motivation, or they had succeeded with implementing integration in a delineated area of home care and, on that basis, set out to continuously implement new teams.

In contrast to the data from the first round of data collection, data from the second round clearly indicates that certain actors played a vital role in the local implementation processes. However, there was significant variation in terms of who these actors were in each case. In some cases, frontline professionals spoke of project nurses or other ‘change agents’ as someone who had had a great impact on their ability to develop and implement the desired changes. In other cases, participants pointed to individual actors such as team leaders as someone who possessed special abilities to drive change processes, or they would highlight a rehabilitation therapist or a nurse that were highly motivated to be part of interprofessional teams and who were quickly able to see how it contributed to their own role and tasks. Participants often connected positive changes in outcomes to these local champions. Notably, many did not have a formal role as, e.g., ‘change agent’, and while some municipalities did purposefully hire individuals who were both motivated and capable and not fixed in ‘old ways’, their presence and engagement often appeared to be a matter of coincidence and good fortune rather than thoughtfulness on the part of formal (project) managers.

Discussion (to be developed …)

Throughout decades of scholarship, interpretation has been acknowledged as a central mechanism in policy implementation, particularly in relation to ambiguity. Even so, interpretation has remained understudied and undertheorized. In this paper, we have built on policy implementation and translation theory with the aim of developing a theoretical understanding of the role of interpretation in implementation. The main implication of our theoretical discussion is that interpretation is integral to implementation and that implementation scholars should devote more time and effort to understanding processes of interpretation rather than viewing them as deviations. We have then used this theoretical

framework to analyze our case, focusing on formative interpretations within the hierarchy (vertical dimension), across local organizational contexts (horizontal dimension), and over time (temporal dimension) and how these interpretations shape the implementation process.

Our multiple case study illustrates how this (admittedly rather simple) idea of tracing interpretations along these three dimensions helps us to see implementation as a continuous and highly dynamic process that is shaped by several actors within the hierarchy whose efforts may take on new directions over time. As we add cross-case comparisons to our within-case analyses, it becomes clear that these interpretive processes also easily result in considerable variation between local organizational contexts. This is the case, even though these organizations are all part of the same policy field, occupy similar roles in the administrative systems, and employ similar groups of frontline professionals who are responsible for delivering largely similar services, and, set out to implement the same novel organizational model. However, the first formative interpretation made by national policymakers left local actors with considerable room for subsequent interpretations and hence paved the way for significant variations as the model was implemented in practice.

Xxx

Ideas for discussion points:

- *Reflections on supplementary + alternative explanations for the observed variation…*
- *Role of municipal actors, e.g., project managers / development consultants – are they overlooked in the implementation literature?*

- *Discussion of the role of legislative framework, IT systems, work routines, economy, etc. → existing structures did not support the envisioned integration of health and care workers, in fact they made it almost impossible to achieve in practice – even half-attempts to create change should be deemed successful in this light? Lots of low-hanging fruits were picked, it actually made a difference, but on a small scale rather than radical change…The massive problems facing elder care (e.g., recruitment) are not yet solved!*
- *Did policymakers get what they wanted (and what did they actually want/expect)?*
- *Limitations and next steps*

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