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SELF-ORGANIZING TEAMS IN ELDERLY CARE IN FINLAND: EXPERIENCES AND OPPORTUNITIES

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Health and social care for older people in Finland is increasingly provided in people's homes, leading to large caseloads of high-dependency patients for providers of home care, whose working conditions have deteriorated. Buurtzorg, a model of home care in the Netherlands which empowers caregivers to organize their own work processes, has shown promising results in terms of effectiveness and satisfaction of clients and caregivers. This article aims to provide insights about the challenges and effects of implementing self-organizing teams in three Finnish public health and social care organizations.

Key Words: home care; self-organization; management; leadership

Home care services for older people has faced severe challenges in many Finnish cities and municipalities. Caregivers have become overloaded with work and may feel they can no longer offer their services with the quality they would prefer (Rantanen, 2018; Vehko, Josefsson, Lehtoaro, & Sinervo, 2018). Clients are also dissatisfied, because they are confronted with many different caregivers, who are always in a hurry (Laine, 2018). It is becoming clear that these issues will not be resolved by the same organizational logic that has created the problem in the first place. Hence, we need to seek new perspectives.

Finland, like some other European countries, has in recent years started to move the care of older people to their homes. Consequently, the number of institutional care beds has significantly decreased, with fewer opportunities to provide long-term care or assisted living for older people, even if they are very dependent due to low cognitive or physical functioning. This has resulted in a significant increase in the number of home care clients as well as the complexity of clients' care-related problems (Sotkanet, 2019).

Unfortunately, the increased workload in home care has not been adequately matched by funding and numbers of personnel (Alastalo, Vainio, & Kehusmaa, 2017). Recent studies indicate that working conditions in Finnish home care have deteriorated, essential problems being time pressures, role conflict, working alone, interruptions, poor team morale, and problems in leadership (Vehko, Josefsson, Lehtoaro, & Sinervo, 2018). Home care services for older people have evolved towards crisis in many Finnish cities and municipalities – at least according to public discussion in the media (Rantanen, 2018; Laine, 2018; Kröger, Van Aershot & Mathew Puthenparambil 2018). It is becoming clear that new approaches need to be found for solving these problems.

THE BUURTZORG MODEL

The Dutch home-care provider Buurtzorg has attracted widespread interest for its innovative use of self-organizing teams of home caregivers. By trusting caregivers and empowering them to be responsible for their own work processes and the organization of their work, Buurtzorg has

achieved positive results in terms of effectiveness and satisfaction of clients and caregivers (Monsen & de Blok, 2013a). In recent years, Buurtzorg has grown into an organization of over 10,000 professionals in the Netherlands, having achieved the title of Best Dutch Employer of the Year four times in past five years (Buurtzorg, 2019). Despite of the rapid growth of Buurtzorg, research is needed to investigate this kind of effort to re-organize public health care organizations. The aim of this article is to provide insights regarding the challenges and effects of implementing self-organizing teams in three Finnish public health and social care organizations.

INTRODUCING SELF-ORGANIZATION TO FINNISH HOME CARE SERVICE TEAMS

The success of Buurtzorg in the Netherlands suggests that self-organization could also be an effective way of alleviating the severe problems in Finnish home care services (in Finland home help services and home care services have been merged into common organizations). To this end, at the beginning of 2018 we started a project to study how self-organization could be introduced into Finnish home care organizations and assess the outcomes of self-organization in terms of work effectiveness, employee satisfaction and work environment, care quality, and cost efficiency.

We initially collaborated with seven home care service teams in southern Finland. Six of the teams were located in a large city, and one team was located in a small municipality. In total, we worked approximately with 60 team members and three team leaders. Later in the project, one of the city districts had a change in management. The new team leader informed us that they no longer wanted to participate in the project. As a result, collaboration with three of the six city

teams was discontinued. However, we were able to compensate for this loss by beginning work with another home care organization that had already started to transform 30 of their home care teams towards self-organization, affecting approximately 650 of their employees. Our task in this organization was to retrospectively explore their coaching approach and outcomes.

Initial Assessment

At the beginning of the project, we created an initial understanding of teams' job satisfaction, work environment, and work effectiveness. For information pertaining to work effectiveness, quality of care and client demographics, we used existing registers to which all organizations regularly updated information.

In order to understand better team members' view of their work environment, we conducted six face-to-face focus group discussions with a total of 15 team members. All of these discussions used semi-structured interview questions, that were organized under themes of job satisfaction, leadership, trust, work wellbeing and client satisfaction. All of the discussions were recorded and transcribed. The discussions were analyzed following a method, proposed by Gioia, Corley and Hamilton (2013) that guides the analysts to develop salient quotations from the discussions towards more general level of understanding. Our analysis resulted with similar findings with what has also been discussed in Finnish media (e.g. Rantanen, 2018; Laine, 2018).

We also strengthened our understanding of team members' work environment and job satisfaction by conducting a postal job satisfaction survey that was sent to 179 workers. In total 121 workers responded to the survey (response rate 67 %), with 53 respondents from teams

participating in our coaching activities, and 68 respondents from teams in the same city and municipality, selected as a control group. In the survey, we used internationally tested instruments, such as Karasek's (1979) job control, organizational justice (Elovainio et al. 2010), Harris's Nurse Stress Index (1989) and General Health Questionnaire (Goldberg, 1972). Analyses were performed using covariance analysis. The analysis of the job satisfaction survey revealed that, although respondents were suffering from time pressure and overwork, this alone did not determine their job satisfaction. Interruptions at work were associated with several negative outcomes, including mental strain, whereas readiness of putting new ideas into practice at workplace was associated with positive outcomes, such as less stress and workers' perception of improved care that address client's needs better. Also, level of autonomy, social support, management that is perceived fair, and adequate time to perform the work are important factors associated with job satisfaction and psychological well-being of the workers. These findings strengthened our belief that self-organization has the potential to address current challenges with home care services for the elderly in Finland.

Experiences of Coaching Teams

Our objective was to move selected home care organizations towards self-organization, through monthly coaching with both members of the management and teams of direct caregivers. With team leaders and their superiors, we sought to facilitate discussions on topics such as:

- How can the organization's objectives be articulated so that they are taken into account when team members are acting independently?
- What kind of information do caregivers need in order to guide their independent decision-making?

With the teams, we sought to guide caregivers to consider:

- How could they collectively improve their work practices?
- What behavioral norms should teams develop to support self-organization?

Our experiences from the coaching activities suggests that self-organization is difficult to introduce into an organization unless everyone from team level to top management wants it to happen. If managers are not fully advocating for self-organization and enabling it to emerge, caregiver teams will be unable to actively develop their work practices. We have noticed that team leaders play a particularly key role. During our coaching activities, we witnessed two changes of team leaders. In one case, the change in management soon led to discontinuation of coaching activities. In the other case, the new team leader helped us achieve notable progress with the team. Committed team leaders have been able to positively influence team members towards self-organization. They have also reserved the time for the team members to develop their work practices. We have noticed, that when the team members have heavy workloads or are unable to attend the coaching sessions, progress is difficult to achieve.

Personal Responsibility for Growth

While managers have an important role in creating fruitful environments for self-organization to emerge, progress will not happen without active involvement of the team members. Throughout years of working in hierarchical organizations, many team members have learned to be passive, following the rules that have been imposed on them. Changing that mindset can be a time-consuming task. As a first step, it is important for team members to realize that their voice really

matters, and that the organization needs their heart and brain in their work. When this is achieved, self-organization begins to evolve so that teams constantly and collectively improve their work practices. Layers of management begin to disappear, and the role of managers changes to coaches and leaders.

Buurtzorg has grown based on principles of *trust, professionalism, creativity, simplicity, and collaboration* (Monsen & de Blok, 2013a). These principles are essential in fostering self-organization, but they cannot be easily introduced into any organization. Rather, achieving these principles requires personal skills that team members must learn for themselves, by considering how they can change. An important skill required to support such personal growth is *dialogue*, the art of thinking together, that enables participants to exchange freely their interpretations and viewpoints, giving space for new kinds of knowing to emerge. According to Isaacs (1999), there are four distinct practices that enhance the quality of conversations:

- **listening**, not only to others but to ourselves;
- **respecting**, allowing different viewpoints rather than trying to change the way others think;
- **suspending** opinions, so that we can change direction and see with new eyes; and
- **voicing** important observations respectfully without the need to dominate, no matter how uncomfortable the issue may be.

Only with such personal growth can fruitful collaboration be established, which eventually leads to fulfillment of the important principles of *trust, professionalism, creativity, simplicity, and collaboration* (Monsen & de Blok, 2013a).

Assessing Cost Efficiency

Research indicates that the Buurtzorg approach is cost efficient (Monsen & de Blok, 2013a; Monsen & de Blok, 2013b). However, cost implications for the health and social care economy in the Netherlands relies almost entirely on two reports (Ernst & Young, 2009; KPMG, 2015). These reports are not in English and are not written by researchers. Knowledge about the relationship between cost efficiency and self-organizing activities is therefore scarce.

It is tempting to believe that other organizations should do what Buurtzorg does in order to become cost efficient, but there is a need for further research. Indeed, there are organizational characteristics to consider. Buurtzorg is an entrepreneurial firm who have introduced a radical philosophy related to care for older people. Thus, it does not share the cost characteristics of Finnish large public health care organizations. Buurtzorg as an organization is homogenous, focusing on the one thing they do best: the health care tasks of home care. Indeed, firm activities are also regulated; the firm cannot perform all activities as a public organization. Buurtzorg has grown organically, carefully designing the organization with cost efficiency in mind. Finnish large public health and social care organizations are heterogeneous, with many interdependent units and activities in both home care tasks and home help services. Only 10-15% of employees are registered nurses, the majority being practical nurses with 3-year vocational training. Due to demographic changes, these organizations have had to take on a growing number of clients, whether they have the resources or not.

Consequently, cost structures, cost follow-up processes, and cost dynamics differ between Buurtzorg and Finnish large public health care organizations. This does not mean that public health care organizations cannot learn from the Buurtzorg example, but it does mean that such

learning must be performed with insightful consideration. In this study we measured the change of cost development among teams caring for older people in a smaller Finnish municipality. One team was subject to a change intervention; two other teams were used as control groups. We created a cost follow-up model that tracked changes in cost items quarterly for a year, using the cost situation before intervention as a benchmark. We measured changes every quarter of the year. This follow-up process is still ongoing.

Here are some reflections on what we have learned about cost efficiency.

Setting up cost assessment is hard. In terms of cost processes, there were no traditional measures of the cost of processes on a team level, so new procedures had to be invented; this step added its own costs. Financials controllers did not have access to all the necessary data from the registers; they had to ask for data from other sources. One year after starting the cost follow-up process, controllers were still learning how to cross-run some systems.

Cost assessment is a slow process. After one year, we could not identify any positive changes in cost. This is probably due to the slow change process; it takes a long time before the changes influenced costs. Also, in municipal organizations, due to political decision making, budgets of work units are rather stable and do not change according to the number of clients or their care needs.

Costs are dynamic. After one year, we observed a negative change in cost development in the self-organizing team. After some analysis, we realized that the cause was a significant increase in the number of clients. Thus, it is challenging to measure cost efficiency due to the dynamics of

providing home care for older people. The number of clients can change significantly during a short period of time. If this dynamic is not taken into consideration, cost efficiency can be misinterpreted (teams may seem cost-inefficient or super-efficient).

Cost efficiency is context-dependent. During this process, we started a cost-efficiency project with a large public health and social care organization. They had already performed self-organizing training programs but had not performed any cost efficiency analysis. The teams in this project did not provide home care for older people; we soon found that new cost efficiency variables had to be defined in order to create meaningful measurements. Our conclusion is that measurements of cost efficiency must be understood as context-dependent. What works for measuring cost efficiency for home care teams may not work with other types of teams. Researchers and administrators must strive to create meaningful context-dependent measurements.

To conclude, in terms of cost efficiency, our results are inconclusive. So far, our study indicates that it takes a significant period of time to achieve cost efficiency improvements. Our study also shows a need for administrative learning in order for public health organizations to create and manage cost efficiency follow-up tools. Financial controllers play a key role in supporting this kind of work.

SUMMARY

Our results indicate that self-organization has the potential for positive impacts on work effectiveness, employee satisfaction and work environment, care quality, and cost efficiency, but

achieving these benefits will take time. Any public organization introducing self-organizing teams must show patience in accounting for any positive outcomes. They must also show perseverance in developing the use and practices of self-organizing teams in order to reap the benefits of such organizing efforts.

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PULL QUOTES (material from the text, repeated in the margins to draw reader interest)

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