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Lahti University of Applied Sciences

Management's perceptions of social and health care reform in Finland

The challenges management encounters and competencies needed to promote organisations' ability to reform

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ABSTRACT

The purpose of this research-based development work is to increase management's ability to regenerate in social and health care reformation by investigating the challenges management encounters hence social and health care reformation and competencies management sees as required to promote organisations' ability to reform. Social and health care in Finland, social and health care management competencies, organisation change, change management and change leadership are forming the theoretical background in this work. The research-based development work is a part of "Sujuvasti Soteen" research project. This qualitative study conducted as focus group interview, which was performed autumn 2016. Seven managers from various management levels participated to the interview. An inductive data analysis was used as a method to analyse the data from the interview.

The results indicated that challenges management faces in social and health care reform are structural changes, future planning, reform aims and goals; and management competencies. According to the results business skills and knowledge, knowledge of the social and health care reformation, certain manager's personal qualities and operating practises can help management to promote organisations ability to reform.

Recommendations for the future studies to increase management's ability to regenerate in social and health care reformation are to find out after the reform, which were the challenges management encountered and how they overcame the challenges. Moreover creating social and health care management competence modelling for reformation is recommended.

Key words: Social and health care reformation, change management, social and health care management competencies

Lahden ammattikorkeakoulu
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MÄKI-KOIVISTO, JONNA: Johtajien ajatuksia sosiaali- ja terveysalan muutoksesta Suomessa
Johtajien kohtaamia haasteita ja taitoja, joita tarvitaan organisaatioiden uudistumisen edistämisessä

63 sivua, 2 liitesivua

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TIIVISTELMÄ

Tämän kehittämistyön tarkoituksena on lisätä johtajien kykyä viedä sosiaali- ja terveysalan uudistusta eteenpäin. Tutkimuksen kohteena ovat haasteet, joita johtajat kohtaavat sosiaali- ja terveysalan uudistuksessa sekä osaaminen, jota johdolta vaaditaan organisaation uudistuskyvyn edistämiseksi. Teoreettisen viitekehyksen työssä muodostavat: sosiaali- ja terveydenhuollon muutos Suomessa, sosiaali- ja terveysalan johtamisen kompetenssit, organisaatiomuutos, muutosjohtaminen ja muutosjohtajuus. Kehittämistyö on osa "Sujuvasti Soteen" tutkimusprojektia. Kvalitatiivinen työ toteutettiin Focus group - haastatteluna syksyllä 2016, josta tehtiin induktiivinen sisällönanalyysi. Seitsemän johtajaa eri johtotasoilta osallistuivat haastatteluun.

Tulokset osoittavat, että sosiaali- ja terveysalan uudistus tuo johtajille haasteita liittyen rakennemuutoksiin, tulevaisuuden suunnitteluun, uudistuksen tavoitteisiin sekä johtamistaitoihin. Tuloksista käy ilmi, että johtamisen teoriat, sosiaali- ja terveysalan uudistuksen ymmärtäminen, johtajan ominaisuudet ja toimintamallit ovat osaamisen osa-alueita, joita tarvitaan organisaatioiden uudistumiskyvyn edistämisessä.

Näihin tuloksiin perustuen tulevaisuudessa, jotta sosiaali- ja terveysalan johtajilla olisi paremmat mahdollisuudet uudistua muutoksessa, olisi tarpeellista tutkia muutoksen jälkeen mitä haasteita johtajat kokivat ja miten he ratkaisivat nämä haasteet. Lisäksi olisi suositeltavaa luoda yhteiset kompetenssi mallit sosiaali- ja terveysalan johtajille.

Asiasanat: Sosiaali- ja terveysalan uudistus, SOTE, muutosjohtaminen, johtamisosaaminen

CONTENT

1 INTRODUCTION

Finnish health care has always been aiming to have base in equality, in other words equal rights to health care regardless of social status, wealth or geographical place or residence (Vartiainen 2010). There have been various reforms in Finnish health care system since 1990 targeting various improvements (Kalliomaa-Puha & Kangas 2016; Vartiainen 2010). New era for social and health care system in Finland will arise 1st of January 2020, when the largest change in Finnish social and health care system will take place. The main purposes of the reform are to decrease inequality in health and welfare between people and reduce the cost of social and health care services (Ministry of Social Affairs and Health 2015; Finnish Government 2015.) In the future people will also have freedom of choice. It enables people to choose services from public, private and third sector service providers. (Kalliomaa-Puha & Kangas 2016).

Reforming whole health care and social welfare system in Finland management's performance is in a big role (Hunter 1996). To apply reform successfully, management is in essential role. Clear goals, good communication, shared vision, consistency of implementation, reducing resistance of change are the key to management's success. Even more important is the knowledge of change management. (Szócska, Réthelyi & Normand 2005.)

The purpose of this study is to increase management's ability to regenerate in social and health care reformation. This research-based development work was executed as focus group interview aiming to help recognize management's competences to lead organizational change during social and health care reform and discover challenges management encounters due to the reform. The topic of this research-based development work arose from a research project from Lahti University of Applied Sciences. The subject of the research-based development work is related to current changes. Due to the changes at hand it is unique opportunity to obtain exquisite information from management's point of view.

2 RESEARCH BASED DEVELOPMENT WORK PURPOSE AND OBJECTIVES

The purpose of this study is to increase management's ability to regenerate in social and health care reformation. This thesis is a part of Lahti University of Applied Science's research project called Sujuvasti Soteen. "*Objectives of the project is to develop social and health care organizations' ability to change, regenerative leadership and innovation in social and health care reform*." Research project includes five organisations.

The objectives of this research-based development work are to identify development of social and health care reformation appearance in managements operation. Furthermore recognize challenges management encounters and define management's competencies and knowledge of change management required in organizational change in social and health care reform.

Preparation for social and health care reform is reviewed with two research themes:

-What kinds of challenges social and health care management encounters hence the social and health care reformation?

- What competencies are required from the management promote organization's ability to reform?

3 SOCIAL AND HEALTH CARE TRANSFORMATION

3.1 Social and health care reform in Finland

At the moment there are 301 municipalities in Finland, which are responsible for arranging social and health care services for Finnish residents. Specialized medical care is provided by 20 hospital district and five specific catchment areas are obligated to provide highly-specialized medical care. Municipalities also provide social and welfare services for Finnish residents. Services for people with developmental disabilities are arranged by special welfare district. Municipalities are part of joint municipal authorities of welfare district, which there are 17. (Ministry of Social Affairs and Health 2015.) The law in Finland forms a basis for social and health care services. The most important of those are the Act on the status and the rights of patients (785/1992) and the Health Care Act (1326/2010). The Act on the status and the rights of patients (785/1992) states, that every permanent resident of Finland is entitled to health care needed by condition of health.

Starting from 1st of January 2020 Finland will have 18 autonomous regions, which will be responsible for providing public health care and social services. The change in the social and health care system is called “SOTE”, which is a short for form of Finnish word for social and health care reform. In the future autonomous regions, which are called counties, will be accountable for all public health and social services, rescue services and environmental healthcare. (Finnish Government 2016.) The Minister of Family Affairs and Social Services is leading the reform package in health and social care and social and health care reformation has assigned project manager (Finnish Government 2015). Multiple preparatory working groups are operating underneath the project group. Ministerial working group is discussing the approaches on policy and project includes a parliamentary monitoring group (Regional government, health and social services reform. a).

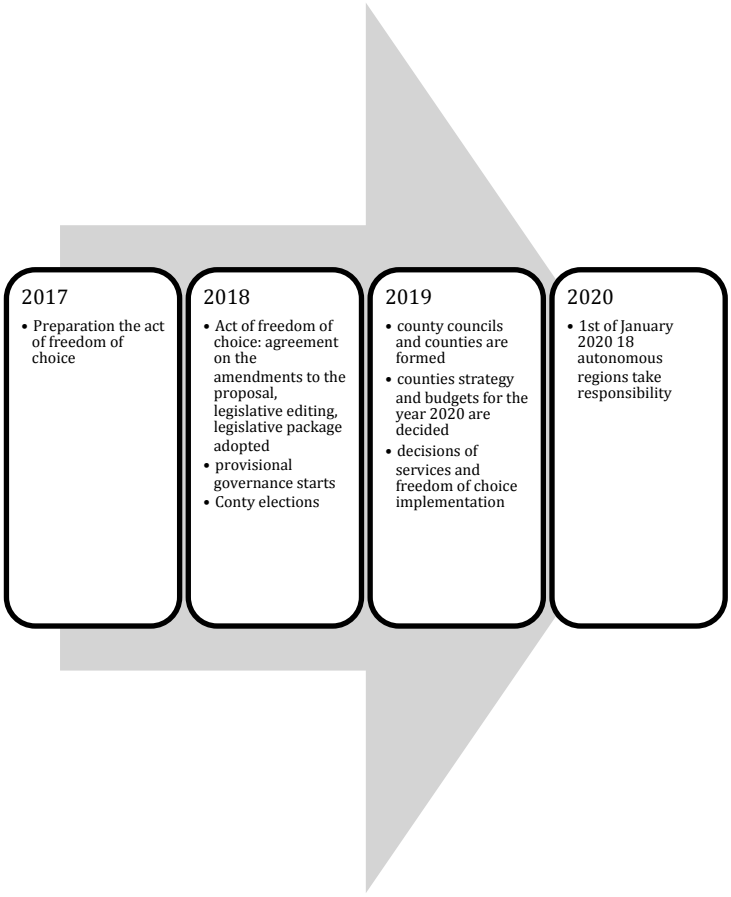


Figure 1. Schedule of social and health care reform progress. (Regional government, health and social services reform, b)

Social and health care reformation timetable is approximately three years (Figure 1). These three years includes county elections, forming county councils, preparation the act of freedom of choice, deciding counties strategy and budget. (Regional government, health and social services reform, b.)

Autonomous regions, which will be formed, are larger than municipalities responsible of these services at the moment. Three main objects for social and health care reform is to decrease inequality in health and welfare between people, give the opportunity for people to reach social and health

care services on a more equal base and reduce the cost of social and health care services. (Ministry of Social Affairs and Health 2015; Finnish Government 2015.) Freedom of choice is a part of reformation, which is requiring preparation of Act of freedom of choice. Due to the freedom of choice, which will be provided to customers of public health and social care, clients can choose to be treated in any area in Finland. Furthermore client can choose the service from a public, private or third sector service provider. However this decision is made for six months period and can be changed only after that period of time. (Regional government, health and social services reform, c.) In the following chapters the aims of social and health care reform are closer inspected.

3.2 Equal opportunities to access social and health care

In near future, social and health care services are combined in order to have customer-oriented entitles and build stronger base for basic public services. According to Health Care Act (1326/2010) regardless of the residence of the person, urgently needed care has to be provided. The Health Care Act also determines timelines regarding assessment and entry for health centres and specialized medical care. For example assessment for need of treatment has to be done within three business days from the day person contacts to health centre. According to the Health Care Act Section 54, in cases where the treatment cannot be provided within the given timelines, it is possible to get the treatment from outsourced service provider. At the moment it is possible to choose the health centre responsible for treatment. It is also possible to choose the specialized medical care provider, but the decision has to be made aligned with the doctor in charge of the care. Thus it can be said that there exists some freedom of choice in the system, however people rarely use the opportunity to choose due to the lack of information. (Aalto, Tynkkynen, Elovainio, Reissell, Vehko, Chydenius & Sinervo 2016.) Some criticism has been presented towards the freedom of choice. Even if Finnish residents have partial freedom of choice at the moment it is not commonly used since people have experienced that they do not have enough

information about the quality of different services. People, who are using health services in more frequent base, are aware that they have opportunity to choose their health centre and doctor. However, only few have changed their health centre. Options of the services should be given to people and the success of freedom highly depends on that. Especially elderly people and people with disabilities will need the help of health care professionals to make the decisions regarding the services. (Eskola 2016.)

Municipalities, which are responsible for arranging the social and healthcare services in Finland, are generally small. 75 % of the municipalities have less than 10 000 residents. That is why it is challenging to provide habitants equal access to the health care services (Järvelin 2002, 28.) According to the researches major barriers of access to health care services in Finland are seen to be geographical inequities and unequal differences between socioeconomic groups (Wahlbeck, Manderbacka, Vuorenkoski, Kuusio, Luoma & Widström 2008). Kinnula, Malmi and Vauramo (2015, 25) states that morbidity and the age of population creates differences in the population in the municipalities, but is not the only explanation. Population dispersion is a problem in rural areas and creates higher costs for sparsely populated municipalities.

3.3 Health and well being differences' equalization

As mentioned before, differences between socioeconomic groups are one of the reasons for differences in health and well being in Finland. (Wahlbeck et al. 2008). Moreover divergent working circumstances and styles of living increase the inequalities among people. Health inequalities are mostly caused by differences in living and work conditions as well as cultural and behavioral differences between socio-economic groups. Smoking, unhealthy eating and increased alcohol usage is more common among the people who are in lower social positions. (National Institute for Health and Welfare 2014.) Poor health and well being conditions mentioned costs early deaths and long-term diseases, which most of them

can be reduced. Poor health and well being conditions causes also increasing costs in social and health care services. (Marmot 2010). In Finland there are differences in health and well being of people when it comes to place of living. Morbidity varies a lot between municipalities. (National Institute for Health and Welfare 2016).

3.4 Cost reduction

The cost of social and health care services have increased rapidly in ten years. The statistics shows how social and health care services' cost has dramatically increased from 2003 to 2013. The costs are 180% higher. On the contrary the GDP (gross domestic product) and tax income does not evolve to the same extent. (Kinnula et al. 2015, 13.) The conclusion can be drawn that if the costs continue expanding Finland's economy does not have the power support that.

Population structure and demographics are connected to cost of social and health care services. There are differences in cost of social and health care services in municipalities. Diversity of the areas in Finland, when it comes to the need of social and health care services, is vast. Amount of people over aged over 65 years will increase in the future. By the year 2060 29 per cent of Finnish residents will be over 65 years old. On the contrary the fertility rate is estimated to be only 1.7. (Statistic Finland 2015.) Therefore one of the key drivers for social and health care reform is ageing population. Ageing population results higher expenses in social and health care. (Kalliomaa-Puha & Puha 2016; Kinnula et al. 2015, 13.) It is estimated that by the year 2040 amount of over 75-year old people will increase 196%. (Kinnula et al. 2015, 105). Due to the ageing population economically non-active people will be in responsibility of increasing working-age population. Moreover at the moment many small municipalities are inhabited by elderly people whereas younger population are moving to the larger cities in order to better opportunities in working life. (Parjanne 2004, 19.) That is why at the smaller municipalities would

be struggling to provide social and health care services in the future without the reform.

Changing the structure of social and health care services government is aiming to sustain the public finances. In the new model of social and health care multichannelled finance will be simplified and central government funding will be applied. (Ministry of Social Affairs and Health 2015.) Services will meet people's needs and they aimed to be produced efficiently and cost-effectively. Services can be provided from public, private or third sector but the counties have to ascertain that quality criteria are met. (Ministry of Social Affairs and Health 2015.) It is debated weather these changes are going to be enough to reach the goals of social and health care reformation. There are various opinions weather or not social and health care reform going to bring any savings. Finnish population is getting older and that is going expand the expenses in social and health care. Moreover social and health care are developing and new methods of treatments will increase the costs as will. (Mäki-Lohiluoma 2016.) 93 % of health care managers actually believe social and health care reform will not be ready in the beginning of 2020 (Finnish Federation for Social Affairs and Health 2017). Third sector is seen as an important service provider as well in the reformation. Volunteer work is not yet used as much as it could be but in the future it could have enormous positive influence in social and health care system. (Kinnula et al. 2015, 127).

4 MANAGEMENT IN SOCIAL AND HEALTH CARE REFORM

4.1 Change in public sector organisation

Social and health care reform is a public sector organizational change. According to Fernandez and Rainey (2006) theories of organizational change in public organizations can be confusing since there are numerous perspectives to the topic. However, all researches show that managers are in the key role to make the change happen in the organization.

Fernandez and Rainley (2006) have pointed out eight factors influencing the results of the change process. These eight steps are: ensure the need, provide a plan, build internal support for change and overcome resistance, ensure top-management support and commitment, build external support, provide resources, institutionalize change and pursue comprehensive change. Ensuring the need of change requires leaders to convince members of organization that the change is necessary. Convincing starts from building a vision following a strategy and goals. Managers are encouraged to build internal support for change and overcome resistance, latter most frequently approached with extensive participation. Also support from top-management and support is seen as essential success factor in change management in public sector. Social and health care reformation is a government lead transformation and is executed comprehensively throughout Finland. Therefore support from governmental authorities and political actors is presumably received.

Change also requires resources. It can require economically remarkable investments especially when large-scale transformation is performed. The people working in the organisation should change their everyday habits and adopt new habits. It is suggested that in public sector one comprehensive change in the behaviour is better than gradual implementation. Evaluation and monitoring are suggested to be continuing after change. Leaders are vital component in the change process and they should make sure that systematic change is made in every part of the organization. (Fernandez & Rainey, 2006.) Strategic management,

network management and change management is mentioned as a key tools for social and health care reform in Finland. Management will confront radical change in the future and that is why only knowledge of change management is not enough. (Pöysti 2016.)

This research-based development work's theoretical background consist of planned change/reform/transformation, social and health care management competencies, change management, change leadership and public sector change process (Figure 2.) As mentioned earlier in public sector organization change other management theories are also important, due to the nature of this work it was essential to restrict theoretical background to the essential information. In the following chapters theoretical background is addressed in detail.

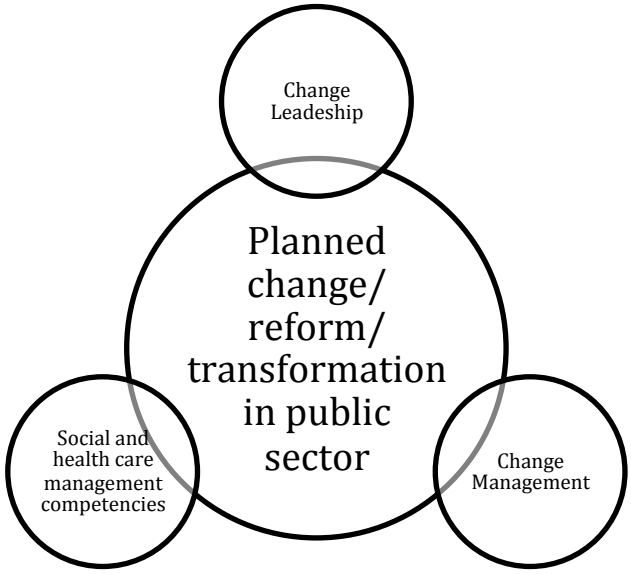


Figure 2. Theoretical background for the research-based development work

4.2 Management competencies in social and health care

Cambridge dictionary (2017) defines competence as "*an ability to do something well."* According to Mulholland (1994) it is the power to carry out certain activity in a recommended level. Wright (1998) defines competence as "*knowledge, skills, abilities and behaviour needed to carry out the job.*" According to Tucker and Covsky (Chouhan & Srivastava 2014) competency consist of knowledge, skills, self-concepts, traits and motives. As a conclusion can be said that competence is set of person's qualities, skills, behaviours, knowledge and abilities, which are leading the person to accomplish the work.

Social and health care management competencies can be observed from different points of views. Sinkkonen-Tolppi and Viitanen (2000) are naming the most important features to be strategic management, change management, managing integrities and managing multi-professional skills (Rissanen 2017, 267). Moreover life-experience, work experience and desire to work as a manager have effect on management competence. Social and health care in Finland are two different types of fields. To have a good competence to manage them, different kinds of skills and abilities are needed. Also knowledge based for these two fields are different. In the following chapters social and health care management competencies are explored further separating social and health care to different chapters.

Researches of management competencies in health care are conducted a lot. In Calhoun, Davidson, Sinioris, Vincent and Griggith (2002) research 18 different health care management competency models were presented. They claim that confusion in terminology, cost and time requirements, methodological deployment, consensus/acceptance, questionable assessment mechanism, defensibility and new development vs. adoption are barriers for developing competency modelling for health care management. Moreover healthcare systems and organization are constantly changing entities and that is why it is challenging also to define competences required from the healthcare management. Besides

changing environment the competence requirements are depending on the title of the management (e.g. financial management) (Stefl 2008).

Healthcare Leadership Alliance has succeeded to build a common framework for competence of all kinds of health care managers (Stefl 2008). According to Healthcare Leadership Alliance (HLA) (2010) healthcare management should master five sectors to success and effectively execute administration. These five managerial areas are: communication and relationship management, leadership, professionalism, knowledge of healthcare environment and business skills and knowledge. Based on HLA's model, American Organization of Nurse Executive (AONE) and American College of Healthcare Executives (ACHNE) have built assessment tools for evaluating personal and professional competences for healthcare managers (Stefl 2008; American College of Healthcare Executives 2016).

Robbins, Bradley, Spicer and Mecklenburg (2001) created an assessment tool for leadership in health care administration and found 52 competencies which were divided into four categories: technical skills (operations, finance, information resources, human resources and strategic planning), industry knowledge (clinical process and healthcare institutions), analytic and conceptual reasoning; and interpersonal and emotional intelligence.

Shewchuck, O'Connor and Fine (2005) points out that healthcare managers are working in many different kind of fields in health care (e.g. homecare, intensive care) and that is why many competency models are too broad and not adequate to apply in practice. Moreover many of the competence models are based only on literature. Prioritized competencies according to Schewchuck et.al (2005) for health care management are: healthcare operations management, patient or consumer focus, political, legal and ethical concerns, financial and economical issues and medical and physicians relationships.

Social care management competence research is relatively new area,

since just over ten years ago there was not vast amount of research made about social care management competencies. It is obvious that social care manager needs knowledge of social care work in order to be able to manage employees. (Niiranen 2004). According to Mylläri nen (2012, 3) social care competencies are focused on strategic management and understanding the big picture. Managing networks, understanding legal entity and competence in economy management is crucial. Transformational leadership is in need when in the future managing social care can be transformed to managing welfare services. The Network For Social Work Management has created brochure for human service management competencies for social work managers. Competencies consist of four areas of expertise, which are: executive leadership, resource management, strategic management and community collaboration. First three expertise are more similar with health care manager competencies, since those includes for example finance management, human resource management and communications skills. However the community collaboration differs from social care management competence.

It should be taken into consideration that the most competence models from health and social care presented in this chapter are created in United States. In United States the health care system is entirely different compared to Finland. These competence models shows how wide range of expertise is expected form the social and health care management hence these competence models give a good theoretical background to this research-based development work.

It can be concluded based on researches that there is no one clear answer for what competences are required from managers in social and health care field. There are several factors influencing in it. It depends on what kind of social and health care system exists and what is the manager’s position in social and health care. Managers need wide range of knowledge and skills to be competent to manage in social and health care. Needed management competence can also change in the future.

Rissanen & Lammintakanen (2017, 266) presents four threats to the management competence in the future. One of them is business management scenario, where social and health care are managed as corporations. In this scenario, only profit matters. This refers to the changes at hand in Finnish social and health care system.

4.3 Organisational change

Organizational change and change management are the key concepts in this research-based development work. Also concepts of reform and transformation are used to describe change. That is why it is important to define meanings of term change. Social and health care in Finland are composed of public sector organizations and that is why public sector change management is also considered as a key term when searching information for the theoretical background.

Herold & Fedor (2008) defines organizational change as: "*demands placed on organizations or organizational subunits that require significant departures from peoples current routines and behaviours, and the success of which depends upon the support of those affected."* Whereas change management is defined as: "*Process, tools and techniques to manage the people-side of the change process, to achieve the required outcomes, and to realise the change effectively within the individual change agent, the inner team, and the wider system."* (Baker 2007) In the public administration literature term reform is more commonly used term than change (Kuipers, Higgs, Kickert, Tummers, Grandia & Van Der Voet 2013). Pollitt and Bouckaert (2004, 2) define public reform management as: "*Deliberate changes to the structures and processes of public sector organizations with the objective of getting them (in some sense) to run better."* Reform does not always mean change for better, but it is a change in a direction supported groups or individuals.

Change is not continuous but it can be sudden or developing slowly. According to Ford and Ford (1995) intentionally occurring change management is when person *"deliberately and consciously sets out to establish conditions and circumstances that are different from what they are now."* (Hayes 2007, 79). There are numerous models of change process. The model used for organizational change depends on how organization is perceived. Most often change models organization is seen as machine, political system, organism or flux and transformation (Cameron & Green 2015.) The change of social and health care reform in not sudden; it is a controlled, large-scale change. There is a difference when it comes to change management. (Mattila 2013, 113.)

These days change is not extraordinary event in organisations. The organisational change is rather rule than exception. Organisations have to change in order to survive in competitive world. Organisations are expected to be cost effective, customer oriented and fast (Kotter 2012, 140). Furthermore multiple types of organisation change exists. In this social and health care reformation following types are applied: structural coalition, expense savings, cultural coalition. (Mattila 2007, 113.)

A great amount of literature can be found on change management. When searching literature for this research-based development work's theoretical background plenty of change models were found. The foundation of change models can be considered Kurt Lewin's three-stage model, which is base for many change models and framework, describes the process of individual change (Fernanderz & Rainley 2006). The three steps in the process are unfreezing, change and refreezing. Unfreezing includes three steps: defining the current situation, creating the vision of desired end-state and identifying the forces that will help drive and resist change. Step called change, means implementation of the plan following refreezing when new habits are taking place in everyday action. Second step, change, is a period of confusion, challenge and clarification. The third step refreeze means new mindsets and habits formed and established. (Smith 2014, 38; Taskinen 2017, 156.)

Usually change is based on economical value or organisation capability. Change based on economical values is harsh, it approaches change in changing the structures and cut down the operation. Change based on organisations capability on the other hand culture in the organisation and aims to increase human capability. These two approaches for change can be also combined. (Beer & Nohria 2010, 138)

4.4 Change management and change leadership

Kotter has analysed change over 15 years. According to Kotter (2012) there are eight stages of creating large-scale change: *"establishing a sense of urgency, creating the guiding coalitation, developing a vision and strategy, communicating the change vision, empowering broad-based action, generating short-term wins, consolidating gains and producing more change and anchoring new approaches in the culture."*

Cunningham & Kempling (2009) research findings suggest that building guiding coalitation can be the most valuable principle in public sector organisational change. Guiding coalitation requires right people, common goal and trust. These people should have position power, expertise, credibility and leadership skills. However this group should not be only consist of managers. (Kotter 2012, 59, 61, 68.) It is emphasised also when planning the social and health care reform in Finland that wanted results will be achieved with skilled change management together with personnel (Pöysti 2016, 2). As claimed by Pöysti (2016), engaging the employees and the users of the services to the change is important. Succeeding in large-scale change requires every individual's involvement in the organization and during change different level of managers have different kinds of roles. Senior managers have responsibility to build the strategy and policy for the transformation. Middle management is responsible to communicate and deliver the message between senior management and the workforce. Successful change manager needs a wide competence. (Baker 2007, 90-91.)

Besides the management, leadership should not be forgotten since the leaders are the driving force to make the change happen. There are studies about change management but the study approaches are narrow. Change leadership instead, which is important as well in organisational change, is very little researched (Kuipers et al. 2014) Leader in the organisation can be anybody. Leader in this work is meant person, who guides others, shows other an example and activates people to work towards wanted direction. Leadership on the other hand has a set of planned actions. According to Kouzes & Posner (2007, 14) excellent leadership follows these five routines: models the way, inspires shared vision, challenges the process, enables other to act and encourages the heart. Person with a great leadership talks about vision. People tend to follow first the leader and secondly adopt the plan at hand. That is why leadership is important in change as well. Leadership is about creating connections; sustain good relationships and creating a community, which is inspired to work towards the shared vision. Leader who people wants to follow is truthful, inspirational, have competence and looks forward. (Kouzes & Posner 2007, 14-35.)

Management plans, organizes, controls and solves problems whereas leaders encourage people to overcome the obstacles while working towards the vision. Good vision in change makes clear the direction for change and motivates people to work toward that vision. Vision should be communicated through many different ways, should be repeated and example should be shown by the management. (Kotter 2012 71, 95-97). Pinkley (2014) summarises findings of change theory from Kotter (2007) and Kouzes and Posner (2007) who are among the others the most known researches of change management. According to Pinkey (2014) in order leaders to promote change in health care organization it is important to act the way employees are wanted to act. Besides that leader must motivate employees to want to change, be alert, dedicated and understand change as a process.

According to Sirkin, Keenan and Jackson (2005) duration, integrity, commitment and effort are key success factors in organizational change.

Studies show that short-term organizational changes are more likely to success than changes with long life-span. That is why long life-span changes should be reviewed and assessed regularly. Organization should rely on their managers to lead the change successfully, employers should receive unlimited support during the change and the staff's workload should not increase more than 10 %. These four factors are called the hard factors in change management whereas culture, leadership and motivation are soft factors and usually more focused on. Most common reasons why organisations fail to transform are when people don't give needed effort and make sacrifices. People do not tend to make sacrifices unless they believe that the change is possible. Promise of a better future must be given to the employees, because they are changing their daily working routines and ways of thinking (Heifetz & Linzky 2010, 100). Change is teamwork and everyone should commit to it. In order to work everyone towards the needed goal people needs vision. When executing the change, people need to see some results. These are called short-term wins. It is crucial that the change happens in the organization culture too and the new way of executing the work becomes the new norm. (Kotter 2012, 5-14)

Organisation culture is an important part of organisation change. Culture is something we cannot see, it is hard to change but it has influence on human behaviour. The way to change culture is to change people's actions. It can take time but when people see the effect of change in action they can see the results. (Kotter 2012, 156,165) According to Schein (1992, 3) Organisational culture is *"the pattern of basic assumptions that a group has invented, or discovered in learning to cope with its problems of external adaptation and internal integration, and that have worked well enough to be considered valid and, therefore, to be taught to new members as the correct way to perceive, think, and feel in relation to those problems."* Leaders in the organisations are able to affect on the organisation cultures.

People react to change different ways, even the managers but change always creates uncertainty, which is followed by fear. Change effect

especially to the middle management. It can decrease performance and commitment. If change creates uncertainty it can disturb the routines of development and operation planning. (Mattila 2007, 115.) Tired manager who feels that the workload is too high is a danger for managing change. Moreover resistance is one key factor management should solve. Resistance is not always seen but can be passive and seen in the behaviour. (Pirinen 2014, 98) The best way to manage change with the employees is to plan the change well, market change to the employees, determined execution and after the change go through how well was succeeded. (Moisalo 2012, 229-238)

In organisational change initially comes chock and after that anger and denial. Managers have to face with the resistance and therefore it is very important to be able to handle conflicts. People can have different ideas on how things should be changed. When employees have evidence of certainty and accept the reason for change the counter-flow will disappear. Thus, resistance prevents change and that is why it is important to find the balance between stability and change (Finch 2011, 112-113; Heifertz & Linzky 2010, 108). Teamwork and communication are good ways to effect on employees' productivity positively (Beer & Nohria 2010, 142).

It is obvious the larger scale the change is, the more challenging it is to manage. Especially in this social and health care reformation the decision for change and organisation coalition comes outside of the organisation. Therefore management and employees have fewer opportunities to be part of the change and effect on it. (Taskinen 2017, 165.) It is important that management lets employees participate into change. If employees feel that they do not have opportunity to affect, it motivates employees to work toward the common goals. Communication is important fact in organisation change. Communication happens too often in silos, whereas open communication should be done between different management levels and different parties of organisation. (Pirinen 2014, 67, 126.)

As a conclusion based on these theories it can be said that to apply organisation change successfully both change management and change leadership is needed. Every level of management has importance in executing the change. Change takes time and short-term goals should be preferred. Good leader and shared vision reduces the change resistance and helps in organisation culture change.

5 QUALITATIVE RESEARCH METHOD

5.1 Research-based development work implementation

In qualitative research the purpose is to describe the phenomenon comprehensively following rich understanding and insight of the topic. Qualitative research describes people's experiences and is suitable to use when investigating people's feelings related to change (Holloway & Wheeler 2002, 4.) Qualitative research aims are not to find own ultimate truth. Instead it describes individuals' experiences and perceptions of the topic (Moule 2015, 53). Qualitative research is always related to the environment, organization, community and culture origin of the data (Kylmä & Juvakka 2007, 58, 64, 65, 79; Burns & Grove 2009, 51). Conceptualization, imaginative reasoning and elegant expression are the skills needed when executing qualitative research (Burns & Grove 2009, 51).

Interview is one way to collect data in qualitative research. Benefits of the interview are that the questions can be repeated. It gives interviewer the flexibility to correct misunderstandings. Questions can be given before the interview so that interviewees have time to think about the answers. This way the interviewees can produce more data in the actual interview situation. Interview as a method takes considerable amount of time. Also economical point should be considered. During the interview interviewee can observe the participants. It can give additional information of the topics. (Tuomi & Sarajärvi 2009, 71, 73-74.)

During the qualitative data analyses it is important to concentrate on the topic that is analysed. Data can bring up many interesting topics but the researcher should be focus on the research topics. (Tuomi & Sarajärvi 2009, 92.) The purpose of data analysis is to find the crucial information that answers to the research questions (Eskola & Suoranta 2000, 150). Inductive data analysis means that the knowledge of the researches should not effect on the results. The results arise from the data. (Tuomi & Sarajärvi 2009, 95) Reading the data at first can mislead the researcher. It

is good to have some theoretical background of the topic by reading related literature. (Eskola & Suoranta 2000, 152.) Writing data is the meaning for transcribing. In this work interviews were transcript on a word document. The challenge is to get from the interview all the necessary information. Sometimes pauses or changes in the tone of the voice can make a difference in meaning (Kylmä & Juvakka 2007, 110). Coding is made after reading the data multiple times. The meaning of coding is to work as a tool to describe the data. Number of researchers and mindset at the moment of coding is always going to effect on results in some level (Eskola & Suoranta 2000, 156; Tuomi & Sarajärvi 2009, 93). After coding it is time to do categorizing. Categories of the data can be presented as a table. The last part of the analyses before presenting the results is themes. The purpose of themes is to describe ideas of certain phenomenon. (Tuomi & Sarajärvi 2009, 93).

In this research-base development work literature review was only used to understand the theoretical background of management's competences in health care and change management. First relevant keywords were selected. Relevant keywords for this research-based development work were: Social and health care reformation, change management, change leadership and management competencies in social and health care. Based on these keywords literature from databases and most resent publications were searched (Burns & Grove 2009, 91, 94). Background of Finnish social and health care system and the reform at hand was chosen to the theoretical background to give the reader the understanding the base of the work. Reforms in social and health care field all over the world in common these days. Old-fashioned health care systems are not compatible with expanding population and limited funds. Therefore changes in extensive scope have been made. In the European continent researches from big social and health care reformation in Great Britain, Ireland and Sweden are available. Some similarities can be found in the reformation but the situation is never directly comparable to the Finnish system. (Kinnula et al. 2015, 87-96.) Moreover there are also reforms made in Finnish Social and Health Care system before, but large-scale

reform and research related to that does not exist. That is why it is possible to avoid data contamination with previous knowledge. (Holloway & Wheeler 2002, 31.) These were chosen since it was found in the literature that they were the key theories in social and health care reform. Moreover these topics were included in this work's objectives.

Even tough it is said that in qualitative research previous literature can effect on researcher's openness, in this work theoretical background was needed not only to build a base for understanding the topic of this research-based development work but also explain and support findings. Target organization of this research-based development work is a municipality in Finland. This municipal co-operation offers social and health care services for over 200 000 people in Finland. The interview was held on October 2016. Permission from target orientation was already granted, which allowed carry out the interview. The overall schedule for the research-based development work is 12 months, which allowed doing precise analyses of the data.

5.2 Focus group interview

This research-based development work's interview carried out as focus group interview, which is carefully chosen group of people who give in depth ideas to the researched topic (Krueger & Casey 2000, 4). It is usually excellent method when collecting information of the topic, which has been little researched (Hirsjärvi et al. 2012, 204). Interview gives also the possibility to find meanings in nonverbal communication, which can give valuable information to the researchers. (Hirsjärvi & Hurme 2009, 35). Focus group interviews are interviews with relatively small groups (Kylmä & Juvakka 2007, 58, 65). According to Polit and Beck (2010, 341) appropriate amount of interviewee for focus group interview is 5 to 10 people, whereas Burns and Groves (2009) claims 6 to 10 to be appropriate amount for focus group interviews. Based on these guidelines, seven participants were selected to this focus group interview.

Municipality's social and health care management was approached via email to ask participation to the focus group interview. Participants were assigned by the organization therefore participants could not be chosen. However all the participants were working in the position giving essential premises to participate to the interview. Permission to execute the research was received May 2016 from the target organisation. This research-based development work was carried out as a group interview in November 2016. The interview took place in quiet conference room and two hours were reserved. Total seven people from various management levels were interviewed. Interviewees were selected by the target organisation. One of the interviewees arrived 30 minutes after the start of the interview. Interview was performed in Finnish. Recorder was tested before interview to verify functionality. Recorder was placed in the middle of the oval table and interviewees were all sitting similar distance from the recorder. After the data was written, recording was deleted from recorder and appliance returned to the Lahti University of Applied Sciences.

Themes for the interview were broad and research questions were loose in order to have open mind to approach the phenomenon. Interview data was tape recorded and stored appropriately (Holloway & Wheeler 2002, 86). The questions in focus group interview should be simple, clear and evolve conversation (Krueger & Casey 2000, 40). There were two research questions in this focus group interview:

- What challenges social and health care reformation brings to the management?
    - how it has affected on management
    - how it has appeared
- What reforming and organizations ability to reform requires from the management?
    - How to act as a manager so that employees are able to transform, produce new ways to operate and drive things forward?
    - What competencies are needed in the management?

Group interview is a good way to gather information if the topic is sensitive. It has to be taken into account that in the group interview interviewees can be reserved and scared to tell their opinions For example dominant individuals can prevent others to tell their opinions. (Hirsjärvi et al. 2012, 211.) It is important, that the atmosphere in the focus group interview is relaxed. This way participants can openly express feelings and talk without hesitant, in order accurate data collection to be possible. (Hirsjärvi & Hurme 2009, 63; Krueger & Casey 2000, 5).

Managers participating to the focus group were colleagues and familiar with each other, which gave them opportunity to express themselves openly. All the participants were working in a management position having several years of work experience, which made the group to be homogeneous. Homogeneity is important in focus group interview to gather divergent opinions (Krueger & Casey 2000, 71). Even though it

might be better that participants do not know each other, in this focus group interview, having participants unfamiliar with each other was not possible, since the target was to specifically gather information from one municipality's social and healthcare management (Burns & Grove 2009, 513). It is common that in the group there are different kinds of people what comes to talkativeness, some people talk more than others (Krueger & Casey 2000, 111). During the interview, few people were more talkative than others but everybody were given time and space to express themselves. Krueger and Casey (2000, 173) brings out the problems when focus group interviewees are from existing organization. Hirsjärvi and Hurme (2009, 63) call these phenomenons as group dynamics and power hierarchy. It must be recognized that selecting participants to this interview who are from the managers of same municipality may have affected on how they express themselves in the interview.

According to Hirsjärvi et al. (2012, 224) content analysis should be made as soon as possible after data collection. Due to the circumstances the process was prolonged but it did not effect significantly on the maturity. Interview can be unreliable if the interviewee wants to be seen socially acceptable answers. Interview is always connected to the situation and context. That is why results can never be generalized. (Hirsjärvi et al. 2012, 206.)

5.3 Inductive content analysis

Since on going reform is larger than ever, only limited information about the subject is available. Inductive content analysis can be used as a method when there is not a lot of information about the research subject. (Kylmä & Juvakka 2007; Granehein & Lundman 2004). Thematic analysis was considered to use for the data analysis but it was rejected since it can end up with shallow data analysis, which does not describe the data well. (Eskola & Suoranta 2000, 175-180).

First the recorded interview was transcribed. Interview was transcribed using exactly the same words. It should be noted that qualitative research is a process of interpretation, which means that there is not only one true interpretation can be made. After transcribing, data was familiarized by rereading the transcript, which has led to dwelling with the data. Data reduction in this work was not necessary since the amount of the data was not excessive. (Burns & Grove 2009, 520-521.)

First step of the data analysis after transcribing was coding. Coding is to find participants' quotations from the transcript, which are answering the research questions. Words and sentences, which were describing and answering to the research questions, were highlighted. (Granheim & Lundman, 2004; Grove, Burns & Gray 2013, 281 - 282) Yellow was used as highlight colour answering the first research question and blue answering the second question. These codes, also called as meaning units were after that written in a table for separate Word document. Since the interview was made in Finnish, the transcribing was also made in Finnish. All the content analysis process was made in Finnish. Results were translated into English. When writing the research report, the quotations, which were taken from the data, were translated into English. This enables being truthful in analysis and reporting and increases the research's trustworthiness.

The content analysis process included dividing transcribed data to meaning units, labelling meaning units to codes, creating subcategories

from meaning units and creating categories and finally themes. Table 1. presents an example of the inductive content analysis made in this research-based development work. Long-table approach was used as an analysis strategy in order to label themes and classify results (Krueger & Casey 2000, 132).

Theme	Main category	Sub-category	Meaning unit
Challenges management encounters due to the social and health care reformation	Changes in structure	Equality	*"…Private sector do not have the same obligations as public sector…"*
	Reform aims and goals	Freedom of choice	*"…Challenges with freedom of choice…"*
	Changes in structure	Organisation cultures	*"Different kinds of organisations with different kinds of organisation cultures are combined…"*

Table 1. Example of the inductive content analyses

6 RESULTS

6.1 Summary of the results

This research-based development work's aim was to discover the challenges management encounter due to the social and health care reformation, moreover to find the competencies, which helps management promote organisations ability to reform. Managers participating to the focus group interview were from various manager levels and had various experience managing social and health care services. Social and health care reformation was familiar to all the interviewees and was concerning all of their work. They were professionals in experiencing social and health care reform and that is why they were appropriate participants to this study.

Discussion during the focus group interview was active and participants brought up various perspectives to the topic. Two main topics were formed after inductive data analyses 1) Challenges that management encounters hence the social and health care reformation 2) competencies, which are required from the management to promote organization's ability to reform. Both of the main topics have 4 themes (APPENDIX 1 and APPENDIX 2). The results are presented following these themes.

In this study four main categories were found to describe challenges management encounters hence the social and health care reformation. These four main categories were: Structural changes, Future planning, Reform aims and goals and Management competencies. Moreover four main categories describing the competencies were: Business skills and knowledge, knowledge of the social and health care reform, manager's personal qualities and operating practises. Figures of the main and sub-categories are presented with the results.

6.2 Challenges that management encounters hence the social and health care reformation

Participants described structural changes to be one of the challenges in social and health care reform in Finland (Figure 4.) Structural changes had five sub-categories: equality, collaboration, organisation structures, organisation coalition and organisation cultures. Equality was one of the subcategories of structural changes. Participants were worried that there will be lack of equality in reform. Combining social and health care as one was seen as a hindrance since participants were experiencing that reform is more concentrating on health care than social care.

"…Social care's part has been hidden…reform has been shown like it is health care project…"

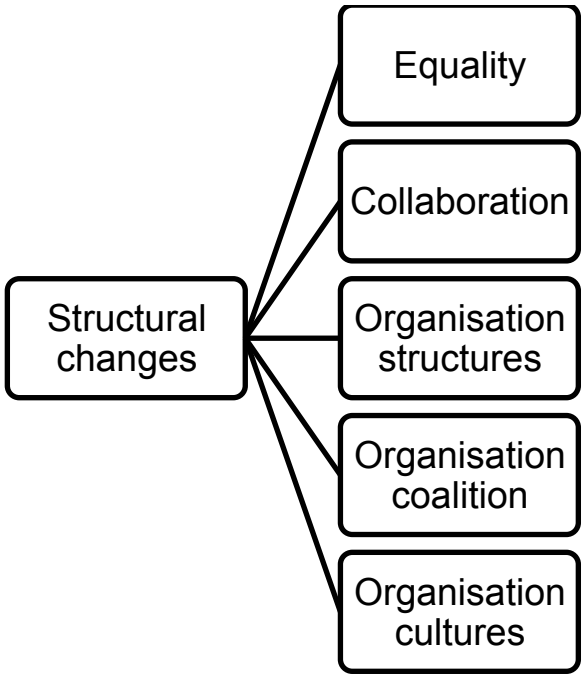


Figure 4. Main category of structural changes and its subcategories

Unequal situations were also described when talking about public, private and third sector. There should be enough market niches so that small

companies and third sector service providers could operate in the future. Participants were afraid that Finnish social and health care services would be ran by few big operators. Participants were hoping that everybody who is involved in reform would be able to have an effect when the changes are planned. Especially participants emphasized the importance of involving the employees to the change.

Collaboration was usually described as a challenge to have common interests. Collaboration was seen as a challenge if the organisations do not share the interests and have common goals in transformation. According to the participants variety in interests creates confusion and it is hard to reach the aims and goals. Planning should be made in collaboration with different parties. Participants were hoping that everybody who is involved in reform would be able to have an effect when the changes are planned. In primary health care social care was seen as bigger operator than in specialized health care. That is why collaboration was seen as challenging.

Changing organisation structures inside of the organisations were seen as a challenge. Organisation structures should be rebuilt. It was seen impossible to be competitive in market if old structures are kept.

"*…Changing the structures so that it should be possible to abandon old structures…if you build on the old structures you can never reach competitiveness weather it concerns IT systems, building or other things…"*

Nationwide challenge according to the participants was to combine different kinds of organisation. Participants expressed the concern that reform is seen outside more as health care transformation, therefore social care can be easily forgotten. It was hard for participants to imagine Organisation coalition, since there is variety in the organisations which each has their own way of working. Moreover these organisations have different statutory obligations. Organisation cultures were seen as a challenge not only in personnel's operation but also in municipalities.

Participants described that that not only the structures, but the cultures should be somehow combined. Different kinds of decision-making cultures in municipalities were seen as a challenge as well.

Future planning was one of the main category arose in inductive data analysis. Future planning had three subcategories: long-term management, position in social and health care reformation and external uncertainty factors. (Figure 5.)

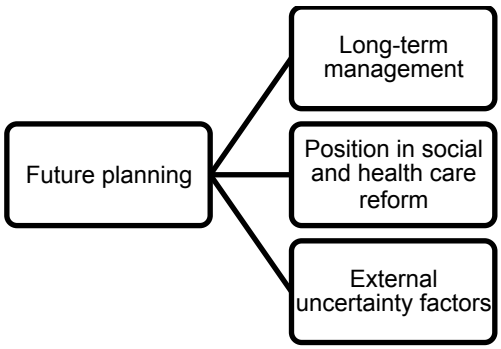


Figure 5. Main category of future planning and its subcategories

Social and health care reform has caused challenges in long-term management. While the transformation is in process, the participants described stagnated situations where nothing is really moving forward and it caused challenges in developing the operation. Participants were feeling like the future is not so clear and reform has to be made one step at the time. Participants told that they are more careful when planning long-term investments.

"…You have to be alert all the time and think what you do, what kind of moves you make when big investments are made for the future, for instance residency and new operation models.."

Future planning was seen challenge since participants questioned if the aims and goals regarding to the reformation really are that clear.

"…one step at the time, it is good way to proceed. But I must question, if we really know where are we going."

Due to the changes in organisations, participants were not sure if their position as it is going to remain. Participants would want also in the future to operate in meaningful work. Participants were seeing future unclear since the reformation is going to decrease management positions and it is not possible for everyone to continue in the same position as before after social and health care reformation. External uncertainty like generational change and politics where seen challenge for future planning. Generational change creates uncertainty because it depend who and how the municipality is going to be managed in the future. Furthermore legislation regarding the whole reform at the time of the interview was still in a process. That is why participants were feeling lack of courage when making big decisions about the future.

Many social and health care reformation aims and goals were mentioned during the interview. Reformation aims and goals, which were seen challenging were: freedom of choice, time, Economy, IT systems and quality. (Figure 6.)

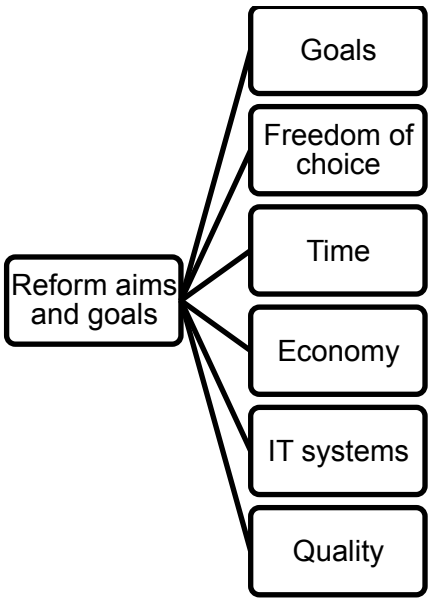


Figure 6. Main category of reform aims and goals and its subcategories

Goals in general were seen as a challenge. Freedom of choice will be big part of social and health care in the future according to the participants. Freedom of choice was experienced challenging in reform because it became part of the reform in short notice. Participants were worried that freedom of choice will bring challenging in market when people can choose between private, public and third sector service providers. Time and economy stimulated a lot of discussion. The schedule for the reform was seen too short. Participants agreed that large-scale reformation needs more time in order to innovations, organisation reformations and operations are completed. Conducting reformation in timely manner was seen challenging and requires a lot of hard work.

"…It takes a lot of time to accomplish change…"

"…how many organization reformations, innovations and operations can be handled and completed in few years…"

According to participants were concerned municipalities economical situation but also brought up citizens point of view. Participants hoped that the economical efforts would end up as good services for the customers. Participants questioned if the decision makers are able to understand the economical aspect of the reformation. Participants expressed their worry concerning the results are going to be gained of the economical investments. Investments, which are needed for the reform, is going to cost higher tax burden to the citizens and the participants were concerned weather the citizens going to gain enough benefit from it.

"…Can they comprehend this economic…here are taxes used and where would be beneficial to invest."

IT systems and investing to that were seen as a big challenge. Quality concerning the services was also brought up in discussion. There are no quality measurements for all the operations. In order to have quality measurements, operations should be research-based. That was seen as a challenge especially in social care. For example child protection is one

area in social care where participants see impossible to have solid quality measurements.

"…we haven't discovered clear indicators in order make the operation so that we would have solid quality and effectively measurements."

In the Figure 7. Management competent which participants described challenging in social and health care reformation is presented. Management competent included following sub-categories: ability to reform, leadership, workload, states related to change, new forms of management and strategic management.

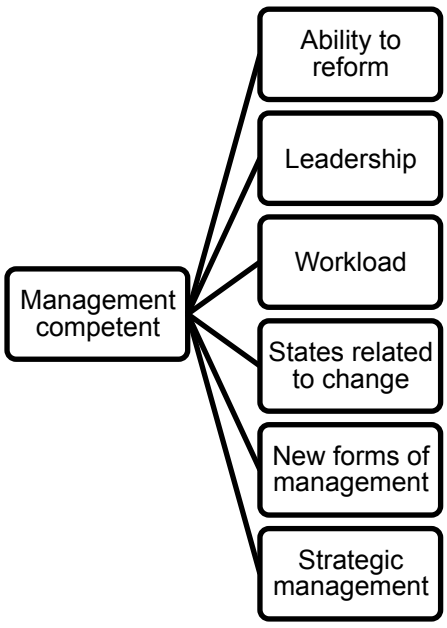


Figure 7. Main category of Management competent and its sub-categories

Social and health care reform creates new competitive situations between private and public health care. Ability to reform was considered challenging since public health and social care should change their base from public organisation towards service business corporation in order to

compete with private health care. Public health care should have higher performance.

"…How you can transform these old organisations to agile, start up and competitive business all of a sudden"

Participants expressed their concern that if public health is not able to reform, private health care will conquer the market. At the same time when change is required, the public health system is stiff and does not allow the changes needed to be made completed. There were divergent opinions on leadership. Some participants described no leadership existing but on the contrary there are too many management levels. Situation was described unclear due to the lack of leadership. It was described challenging to know where the reformation is going and to be aware of the aims and goals of the reformation. Workload that social and health care reformation costs for management was seen extensive. Major workload was seen caused by unclear situations. Moreover participants understood that in order to conduct the reform in two years it causes a lot of work in daily worklife.

"…Absurd amount of different kinds of hands-on things have to be taken care of and combine and now we are doing the brutal work…"

Participants described States related to change with various words. These words described states participants experienced, which were mostly negatively oriented. *"Uncertainty"* as a word was used multiple times. Also process of change was described slow, unclear and lacking vision. Lack of courage was seen as a hindrance to try new models or innovations. "*Lack of prospects" and "inexperience"* were also mentioned during the interview related to states. Participants also had a sense of stress.

"…Looking at these people and colleagues it surely brings stress, this uncertainty…"

Related to the changes in operational system participants described several new forms of management they needed to apply during the reform. Understanding the bigger picture of social and health care

combined was seen as a challenge. Furthermore managing big organisation seemed to be challenging. Participants described that the reformation requires taking management to the whole new level.

"If you think about the future of social and health care reformation, you manage service provision which has many service providers and you have to manage orders and you have to manage all those networks, so that the social and health care reform, all those municipalities and businesses would work as a network to the same direction and towards the same goals.."

It was expressed that strategic management tools like vision and aim are not clear to everybody and that creates the challenge. According to the participants things should be simplified to create possibilities to manage the reform strategy.

"A so that we understand where we are going B shared goal and C that the changes are enough and powerful"

6.3 Competencies required from the management to promote organization's ability to reform

In this study four main categories were found to describe competencies management believe to help the organisations ability to reform. These four main categories were: Business skills and knowledge, knowledge of the social and health care reform, manager's personal qualities and operating practices. Figures of the main and sub-categories are presented with the results.

In the focus group interview various business skills and knowledge were raised as an important competencies to promote the reform. Business skills and knowledge the management described as helpful were: change

management, human resource management, business management, service product management, managing networks and resource management. (Figure 8)

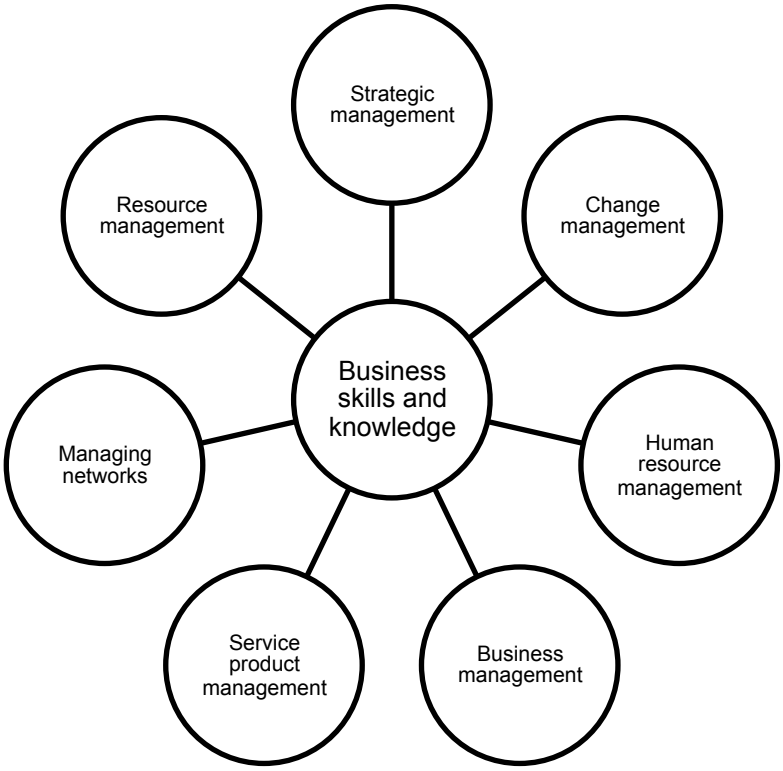


Figure 8. Main catregory of Business skills and knowledge and it's sub-categories

Change management was described as a helpful competence. Following characteristics of change management were mentioned during the interview: renewing the operation, developing the operation, measurement, following the outcomes, crisis and knowing project management.

"…When many organisations are collided you should be able to find the obstacles for the regeneration."

Human resource management was also referred multiple times. Participants told that educating the employees is one important human resource management tool to use in order to promote the reform.

Moreover people should be included to the reform and let them be innovative.

"…Employees inclusion is one issue and it should be highly invested in…"

Business management and service product management described as an important parts were to change the social and health care services to products and transparency as an part of the operations was described as an important parts of business management.

> "…*Operations has to be productized and transparency…it is more business and service product management…"*

According to the participants managing networks should be increased and the usage should be emphasized. Human resource management was described in various ways. Participants noticed that there is a lot of potential in employees; therefore their participation in the reform was seen crucial.

"…It is not that they are heard, but it is that they are couched and activated and they are taken along and given opportunity to do their own innovations related to work."

Participants said that reformation requires modern ways to manage also economical situation was important to acknowledge as a leader. These were features considered to be change management skills. Resources management arose as one subcategory since participants experienced that effective usage of resources did not always happen and that was experienced as a challenge.

Aims and goals, customer-orientation and economical preconditions raised from the data as competence to promote organizations ability to reform as a knowledge of social and health care reform. (Figure 9)

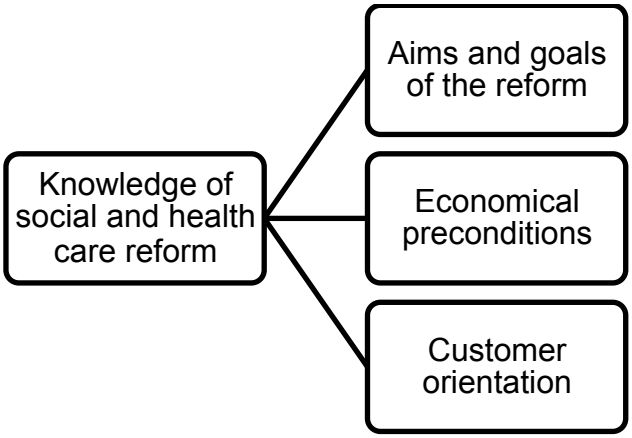


Figure 9. Main category of Knowledge of social and health care reform and it's sub-categories

According to the participants aims and goals are set by the government and the operation is based on this framework. The participants described that if the aims and goals are clear it eases their operation. Economic preconditions were described as precondition, which had to be taken in to consideration since its limiting nature. The government sets economic preconditions. Customers were described as source and motivation. Customers were seen as the biggest source of innovation during the reformation. Customer orientation was seen as important competent.

> "*I feel that we are reforming because we want better services to our clients…"*

Various manager's personal qualities were mentioned during the interview. These qualities formed three sub-categories: leadership, characteristics and communication. (Figure 10)

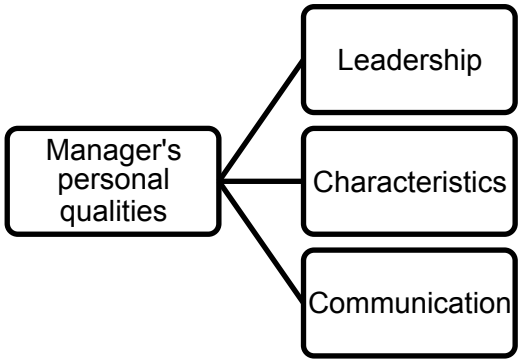


Figure 10. Main category of managers personal qualities and it's sub-categories

Manager was described as leader in reform who should be able to take leadership position in the organization during the social and health care reformation. Various managers' characteristics were mentioned during the interview to help to promote the reform in the organization. According to participants, manager should be brave, have high tolerance for uncertainty and be flexible.

"…bravery is needed and that kind of tolerance for uncertainty when you need to be able to take it if something is making you wait."

Ability to estimate the future was also an important quality but also it was mentioned that managers can do mistakes and they should learn from their mistakes. Participants described helpful characteristic as "*ability to navigate*". This word included knowing the limits of economical resources, knowing the options and limits of reforming. Management should be able continue working towards the reform even if it is not always a pleasant work. Due to the different perspectives participants mentioned communication to be helpful to promote the reform in the organization. According to the participants sometimes discussions has to be repeated multiple times and manager have to be able to reason their own point of view.

Management described certain operating practices to be help managing the reform. These operating practises were: description of the management system and working practices. (Figure 11)

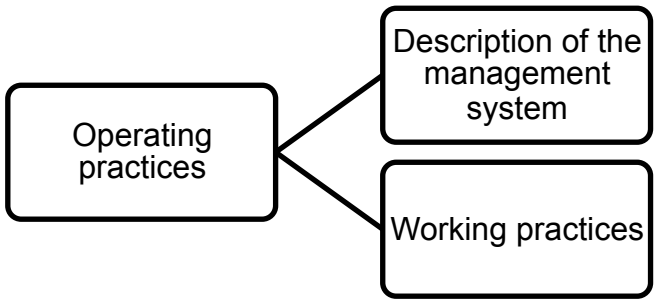


Figure 11. Main category of operating practises and it's sub-categories

Participants emphasized that it is important for all the workers to know their job contents during the change process. Participants named these job contents as description of the management system. It was seen as managers' task to make sure that staff knows their roles and common rules. Also knowing the rules of management were important competent in reform. Systematic preparatory work was mentioned as important working practice to help the organization in change process. Participants mentioned precise meeting practises are helpful. By that they met that when having a meeting concerning the reform, people would have their presentations ready so no time is wasted for unnecessary meetings. Even if working groups were formed and goals were set, participants suggested that it was not always enough systematic.

> *"..There was goals and conduct of meeting were precise…but not enough systematic preparatory work is done which would take it forward.."*

7 DISCUSSION

7.1 Discussion of results

In this chapter theoretical background is combined with the results. This is called synthesis. Furthermore meaning and usability of the results are evaluated. (Hirsjärvi et al. 2009, 263; Tuomi & Sarajärvi 2013, 158) This research-based development work was conducted as focus group interview and results were analysed inductively. The result suggested that social and health care managers have experienced structural changes, future planning, reform aims and goals and management competencies as a challenge due to social and health care reformation. Furthermore managers believed that business skills and knowledge, knowledge of social and health care reform, manager's personal qualities and operation practices can help them as competences to promote organisation's ability in reformation in social and health care transformation.

Social and health care reformation was seen as a large-scale change, which had enormous effect on structural changes. Structural changes can be seen as one type of change but it is rare that the change would effect on structures (Mattila 2007, 113). Organization cultures were seen as a challenge. Many different organisation cultures will collide in social and health care reformation. Organisation cultures are hard to change especially in old organisations since the culture can be built for a long time. Management has the ability only effect on the part that is visible (Kotter 2012, 156, 165; Mattila 2007, 34-39). Manager should be able to change the ideas and values of employees. When people with different ideas and backgrounds come together, managerial interventions for shaping the culture becomes more complicated. (Avlesson 2002 171, 173.)

Reform aims and goals have been criticized a lot. As it is stated earlier amount of elderly people in Finland will increase in the future. Besides ageing population, more expenses in the future will cause new methods of treatments. Moreover the schedule for reform is too tight. (Mäki-Lohiluoma

2016.) Only 7 % of social and health care managers believe that social and health care reformation will be ready in the beginning of the year 2020. (Finnish Federation for Social Affairs and Health 2017) Management interviewed for this work expressed their worry about the schedule of the reformation to be too tight in order to do all the changes and innovation needed. They not only described schedule and economical challenging but also freedom of choice, goals in general, IT systems and quality of services.

Freedom of choice has been debated topic. As mentioned before, there has been partial freedom of choice existing in Finland. According to survey conducted by Aalto et al. (2016) people who used health services were aware that they have opportunity to choose their health centre and doctor. However, only few had changed their health centre. The survey showed that people have enough information of the quality of care to make any choices, especially elderly people, were experiencing they do not have enough information of the quality of care to make any choices. Success of freedom of choice depends on how information on the options of the services is given to people. This issue have been addressed and in order to people choose freely from private, public and third sector service providers, they need accurate information and help form the health care professionals. There is a change that elderly people or people with disabilities will not have the same opportunity to choose freely the services they want to use. Professionals should be there to support people in freedom of choice and offer enough information about different service providers. (Eskola 2016.) In this work's results is seen that management was worried that there will be a lot of competition if freedom of choice is executed. Results of this work show that it is a challenge to execute this large-scale change within few years. Moreover economical resources are not enough. Large-scale change is easily failed, especially if there are no short-term goals and rewards (Kotter 2012, 5-14). Challenges of the reform aims and goals found in this work are similar compared to literature.

Literature shows that the competencies required from the management are wide. (Healthcare Leadership Alliance 2010; American College of Healthcare Executives 2016; Robbins et al. 2001; Myllärinen 2012, 3). Management is in crucial part executing the change. Future social and health care management is going to be challenging and new ways to manage are needed. Especially strategic management and change management are needed. (Rissanen & Lammintakanen 2017, 267). Participants in the interview were from the different levels of management. This can effect on the results. However strategic management, change management and new ways to manage were mentioned as challenges in the reformation. Furthermore it is said that change management, strategic management, network management. Also clear communication and goals, shared vision, consistency of implementation, reducing resistance are resulting positive results in change. (Pöysti 2016; Szocska et. al 2005.)

Rissanen and Lammintakanen (2017) have expressed their worry that social and health care management in Finland will in the future need extensive knowledge of business skills, if social and health care fields have to compete in the market. Results show that business skills and knowledge was considered to be in important role in the future. Moreover it was in major role when interviewed managers considered competence they need to promote the change in health care. As mentioned in the literature, the interviewees also mentioned strategic management, change management and managing networks. According to the results substance knowledge was considered helpful to manage the reform. This aligns with the literature, where both social and health care managers are expected to know health and social care operations. (Healthcare Leadership Alliance 2010; Myllärinen 2012)

In order to combine social and health care to one whole, special expertise is required. (Mäki-Lohiluoma 2016.) Since social and health care management is in important role to execute the planned change, it requires a lot of management knowledge and skills. (Fernandez & Rainley 2006). Leadership management is as important as change management. Without leadership change is hard to succeed. (Kotter 2012) As stated

before the competence requirements for social and health care manager are different. Therefore it is hard to draw a conclusion for most crucial competence for managers in these work environments. In general there are a lot of competencies needed in social and health care management. Results of this work showed that some of the same competencies that are required form social and health care manager apply to competence needed from management facing the reform. These competencies are business skills and knowledge, understanding the environment and some manager's personal qualities like communication.

From this can be concluded that management can use their existing social and health care management competencies. However some of the management competent was seen as a challenge in reformation. Strategic management was mentioned as both; as a challenge and as a competence. Leadership was also seen as a challenge. Leadership is change is a crucial factor. Only managing change is not going to result succeed in change. Leadership is needed to motivate people and show the way in a change (Kouzes & Posner 2007, 14).

If the workload of the reformation is too big, management can feel uncertainty Management mentioned that workload of the reformation is heavy. Moreover the future was seen unpredictable. It is normal that change process, which has continued long, is bringing out feelings of uncertainty. Uncertainty can disturb the long-term planning and operation planning. (Mattila 2007, 230, 115). It should be mentioned that Uncertainty is also increasing generally in Finland's work environment (Statistics Finland 2014)

Results also brought up some challenges and competencies, which was not seen in the literature. During the interview some participants were also stating that there are no challenges, which are caused by the social and health care reformation. They were also stating that the reformation do not change the daily management.

It has to be mentioned that systematic literature review was not made for this research. And the consequences can be that all researches related to change challenges and competencies were not found. However small knowledge on theoretical background helped to do the inductive data analyses. This work resulted new information on competencies management considers as needed in social and health care reformation. Operating practices, which were mentioned by the management, were not seen in the literature. Change management and management competencies are broad subjects. Having larger knowledge on this topic could have helped combine all the results with theory of the subjects. This research-based development work gave insight on managements experience challenges in social and health care reform and what kind of competencies are needed to promote the change. The results answered the research themes. Moreover this research-based development work's results were related to the theoretical background. Knowledge of change management was not in a big role n this reform according the results. By examining further the challenges and competencies it is possible to increase management's ability to regenerate in social and health care reformation.

7.2 Evaluation of the research method

When starting a qualitative research it is important that the research finds the theme interesting and obtaining supervision during the work is important. It is also important to consider weather or not it is possible to gain data from the research. (Myers 2013, 20.) The research topic seemed very interesting but also challenging. Amount of knowledge related to change management and social and health care reform was small to the researcher. Supervision was obtained throughout the work. Reformation, which is on going process at the moment in Finland, is unique change to collect information. Moreover management's perceptions of the reformation are important since they are in the key role taking the reformation forward (Pöysti 2016).

It is important in qualitative study that the research questions are connected to the problem and purpose (Grove et al. 2013, 463). This work's purpose was to increase management's ability to regenerate in social and health care reform. The research questions where, what kind of challenges management encounters due to the reformation and what kinds of competencies are needed to promote organisation to reform. Social and health care reformation is new situation in Finland and that is why it is important to know the challenges management phases. Qualitative method was chosen, since it was appropriate to give insight of management's perceptions about the reformation through the focus group interview. Moreover the topic was little researched and qualitative method gave inside of individuals' experiences and perceptions of the topic (Moule 2015, 53.)

First the theoretical background was formed. It is good to have some theoretical background of the topic by reading related literature, since reading the data first time can be misleading without any information related to the topic (Eskola & Suoranta 2000, 152). Theoretical background was necessary for this work, to give the to the reader of the

topic, even if it is not it can effect on researcher's openness. Theoretical background for this work was wide and in the beginning of the work only the most crucial ideas and theories were research from literature. When the inductive data-analysis was made, theoretical background was expanded to give the support for the results. Theoretical background was wide especially when it comes to social and health care management competencies and therefore it was challenging to connect it to the result. Maximum five years old references should be used in quantitative studies. (Grove et al. 2013, 463.) This was kept in mind while reading the literature. When searching statistics or Acts of law, it is important that the information is the latest. However defining change management and competencies older literature had to be included to get accurate information. Therefore older literature had to be included. Systematic literature review was not made so it could be that more relevant literature to the topic could be found by using that method as part of this work. Pointing out the weaknesses of the studies used for theoretical background is important (Grove et al. 2013, 463). Some articles needed to be abandoned since they did not seem to be reliable source of information.

Data collection executed as focus group interview and happened November 2016. Two hours were reserved for the interview. The interview took 1h 14minutes and 38 seconds. There were two interviewees in the event. The main interviewee was experienced due to her background and was familiar with interviews and with the method. The main interviewer presented the questions to the group. The second interviewer followed conversations and made notes. Some criticism has pointed out toward the focus group interview. Even tough focus group interview may seem easy to gain data of the researched topic; it should always include empirical research. Moreover lack of analytical perspective and superficial discussions are the coins of focus group interview. (Holloway & Wheeler 2006, 119). Focus group as a method in nursing research is not always applied properly. In order to use focus groups it is important to understand that Focus group interview's main characteristic is that participants actively interacts with each other (Webb & Kevern 2001).

During the focus group interview participants confirmed each other's ideas and there was a lot of conversation. The second research question evolved little less conversation. The participants told openly about their ideas during the interview. No long silent moments occurred. During the focus group interview the atmosphere should be non judgemental and the participants should feel confortable in order to talk about the subject openly (Holloway & Wheeler 2002, 110-118). Interview was conducted in the participants work environment, in their own conference room. Moreover the participants were familiar with each other and assumable talk about the social and health care reform since it is concerning participants future. Asking more detailed questions during the interview would give more detailed information. In some cases the answers were shallow and participants did not explain widely what they mean with their answers. Some of the interviewees used metaphors in their answers, which made data analysis challenging.

As a data analysis inductive content analysis was used as a method. Inductive content analysis is interpretation of the person who does the analyses. (Krueger & Casey 2000, 203). However results of the content analyses should present ideas, emotions and feelings of the participants (Krueger & Casey 2000, 202). It is important to acknowledge the deficiencies of the data analysis process (Grove et al. 2013, 593). The idea of inductive analyse is that the theory should not effect on the results hence the results are arising from the data (Tuomi & Sarajärvi 2013, 95). The interview was carefully transcribed. During the data analyses it was mandatory to carefully search the meaning units from the transcript, which answered the research questions. This was the part of the work, which took most of the time and was the most challenging. Remembering the research question and finding the meaning units which answers to that research question is one of the most important thing in content analysis. (Elo & Kyngäs 2007).

This work is theoretical-based development work. Originally the purpose was to present the results to the organisation, where the interview was made. This way it could be confirmed that the results were presenting the truth of participants. Since the reformation in the municipality, this organisation does not exist as it was before, the results cannot be confirmed.

The purpose of the work was to increase management's ability to regenerate in social and health care reformation by finding challenges management encounters due to the social and health care reformation and define managements competencies needed for the reformation. Finding the challenges and competencies addressed the purpose of this work. The findings where compared with previous knowledge from the literature. The interview and data analyses were made in Finnish. When the data analyses were ready the results were translated in English. Examples presented in the results were directly translated from the interview. Translator was not used during the process. Background of studies in English and IELTS Academic Total Bandscore 8.0 gave enough English language knowledge to conclude the translation. Some Finnish references had to be used in this work, since all the social and health care reformation information found was not translated into English. Also literature concerning research method was used in Finnish to understand better the process of qualitative content analysis.

7.3 Conclusions from the results

Social and health care reform is a complex planned and large-scale change. In literature reform has been approach with change management methods and public organisation change. Little was know management's ideas about challenges and competencies needed in the reform. According to the results of this research-based development work, management experienced as challenges in social and health care reform structural changes, future planning, reform aims and goals and management skills. Reform aims and goals were known to be challenging, since there has been a lot of discussion. Also structural changes, which included organisation cultures, were known to be challenging in change management. Results brought up new information about challenges in future planning and management skills. Managers were especially challenged with future planning, since the reform caused a lot of uncertainty. Most of the management competencies, which were experienced as a challenge, were in theory described as management's competencies in social and health care.

Results showed that management has many tools to promote the organisations ability to reform. These four main tools were business skills and knowledge, knowledge of the social and health care reform, manager's personal qualities and operating practices. Business skills and knowledge and knowledge of the operational fields were presented as managers' competencies in theoretical background. Management needs wide skill set, especially when social and health care are combined, since they require different kinds of competencies. Results of this research-based development work show the diversity and complexity of the reform.

As this research demonstrates social and health care management are experiencing many challenges due to the reformation. Even tough change management was stated to be one of the most important management competent in the literature; it was in minor role in management's point of

view. On the contrary management highlighted business management skills in general to be beneficial competencies in reformation. By defining the most crucial challenges faces and competencies, which are most needed in reformation management has the ability to encounter the challenges by using the most needed competencies. (Figure 12)

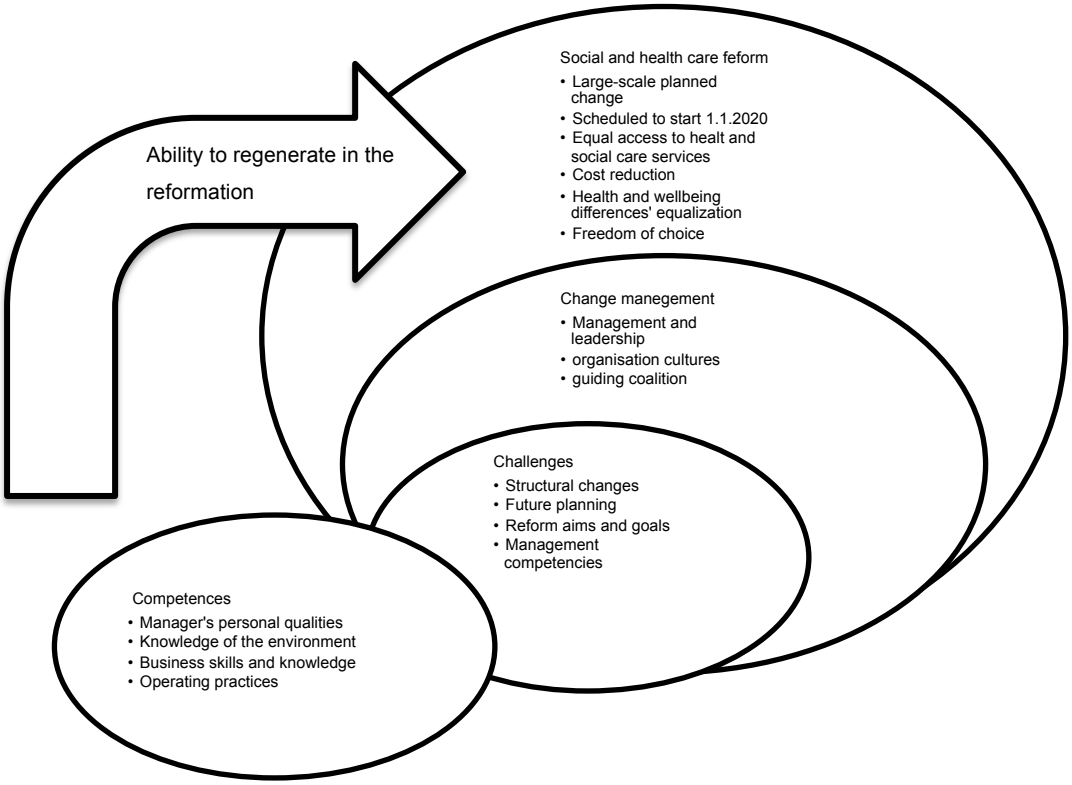


Figure 12. Description of the synthesis of the work

Results of this research-based development work show the diversity and complexity of the reform. As the research has demonstrated social and health care management can offer new insight and approaches on social and health care reformation and strengthen the believed ideas found in literature.

7.4 Research reliability and ethics

In qualitative research method's reliability is usually based on reliability and validity. Reliability can be established for example by examining if it possible to repeat the research. Validity exists if the correct research methods are used (Hirsjärvi et al. 2012, 231). Some argue that in qualitative study reliability consists of dependability, credibility, transferability and confirmability (Holloway & Wheeler 2006, 251; Shenton 2004, 64). These methods to prove reliability are based on quantitative research methods and that is why Tuomi and Sarajärvi (2009, 140) states that reliability should be based on the following facts: how well it was managed to stay in the study subject, how did the gathering data went, how participants were chosen, how is the reliability of the study and how clear and consistent is the reporting.

Credibility is the key factor to reach trustworthiness in qualitative research. It can be ensured by giving participants right to refuse participation in any part of the research, by having peer evaluation, by comments which are reflective and detailed description of the research process. (Graneheim & Lundman 2003, 109-110; Shenton 2004, 64-70, Hirsjärvi et al. 2009, 231-233.) Data collection, description of the interview environment and data analysis were described in detail, therefore the work is transparent and follows good research process. In this work example of the data analysis was included. Moreover the categorizing was included as figures to show the inductive content analysis in detail. Seven participants were selected for the interview. Group consisted from both genders and different management levels. Interview was conducted as focus group interview, which is explained carefully in chapter 5.2 of this work. The research questions were given before the actual interview so that the participants would have time to get familiar with the topic.

Problems with qualitative content analysis can be that the when the content analysis is done the researcher is not able to verify from the

participants that the results are equal to their ideas. Also the length and scope of the data can be problematic. Understanding the expressions can be also problematic for the researcher. (Eskola & Suoranta 2000, 145.) Credibility was achieved during data analysis by choosing the meaning units carefully. In some cases meaning unit was a sentence, in other cases one word. In both cases there is a chance of loosing the actual meaning of the data. (Granheim & Lund 2003, 10.) Expressions were problematic in few cases. Reading the transcribed data carefully solved this thus the meaning of the whole topic was found and this way the meaning of expressions was found. Quotations from the data were added in the results to increase credibility and to show that the relevant data from the transcript has been chosen. (Granheim & Lund 2003, 10.) Supervision was present throughout the work. As conducting focus group interview it was helpful that there was more experienced person to do the interview, this is how was avoided the crucial mistakes, that can be made due to the lack of knowledge on the method of focus group interview. Aims and goals of this work were reached by choosing correct methods. (Graneheim & Lundman 2003, 109.) Literature of the methods and theoretical background was search in American and Finnish literature to give as broad perspective as possible.

Transferability is hard to prove in qualitative research since the results are usually reflecting ideas and situation of small population. However researcher should give detailed information of the data collecting methods, contextual factors and other limiting information so that the reader can understand the context of the research. (Graneheim & Lundman 2003, 109-110; Shenton 2004, 64-70.) Even if qualitative research result can never be generalized as mentioned before, the social and health care reformation is nationwide in Finland. Similar size of municipalities, which participated to this focus group interview, can be found several in Finland. That is why it can be concluded that the results can be beneficial for the other municipalities' management. (Graneheim & Lundman 2003, 110.)

In qualitative research dependability can be only be reached by describing the process in detail so that the research can be repeated. (Graneheim & Lundman 2003, 109-110; Shenton 2004, 64-70.) Process description was executed throughout the work. Confirmability can be reached by describing by describing analysis in detail. (Graneheim & Lundman 2003, 109-110; Shenton 2004, 64-70.)

In this research-based development work good research ethics were followed. According to Hirsjärvi et al. (2000, 26-27) good research ethics includes avoiding plagiarism, avoiding self-plagiarism, avoiding generalizing the research results without criticism, avoiding miss usage of the research funding and avoiding misleading reporting of the results. According to TENK (2012, 30) responsible conduct of research includes *"integrity, meticulousness and accuracy in conducting the research, and in recording, presenting and evaluating the research result."*

Results of this research-based development work were presented truthfully and in detail. Carefulness was implemented throughout the process. References were noted correctly in order to avoid plagiarism. Urklund-service will be used to confirm that plagiarism does not exist in this work. Peer evaluation will be also used to increase dependability and confirmability.

Laws and legislations have been also considered throughout the work. According to the Personal Data Act and Constitution sets framework for research. People, who participate to the research, have the right to stay unknown. This has to be considered in every part of the research: when storing the data and when the data is analysed and results are written. (Kylmä & Juvakka 2007, 140). The data from the focus group interview was stored and deleted appropriately. Also special attention was obeyed when transcribing the data. All the names and data that people could be recognized from, was left out. Furthermore carefulness was followed when examples of the data were added to the results. Research funding was not needed for this research-based development work.

7.5 Recommendations for future studies

The purpose of this development based research work was to identify the challenges management encounters due to the social and health care reformation and what competencies is required from the management in order to promote organisations ability to reform. This work included management from different levels. As literature suggests different management levels have different duties in change management. It would be interesting to investigate challenges and needed competencies of different management levels in the future.

The social and health care reform is still on going and has not ended yet. This work was describing how management perceives the challenge. Therefore some of the challenges management mentioned were more assumptions that real challenges. Therefore it could be investigated weather or not these challenges were actually real when the reform is applied. It would be also important to study how management encountered the challenges and how management solved challenge related issues.

There are no official social and health care management competencies defined in Finland. Social and health care manager students study the same programme in Universities in Finland. Competence definition is needed especially now, when this two systems are combined. Competency modelling requires knowledge from the work field, not only literature based knowledge.

REFERENCES

Aalto, A-M. Tynkkynen, L-K. Elovainio, M. Reissell, E. Vehko, T. Chydenius M. & Sinervo, T. 2016. Valinnanvapaus terveydenhuollossa-terveyskeskuspotilaan näkemyksiä. Suomen lääkärilehti. 2016; 71 (47): 3021-3026.

Act on the status and the rights of patients 785/1992. (Retrieved 25 November 2017) Available from: http://www.finlex.fi/fi/laki/kaannokset/1992/en19920785.pdf

American College of Healthcare Executives. 2017. 2017 competencies assessment tool. (Retrieved: 1 December 2017) Available from: https://www.ache.org/pdf/nonsecure/careers/competencies_booklet.pdf

Avlesson, M. 2002. Understanding organizational culture. London: Sage Publications.

Baker, D. 2007. Strategic change management in public sector organisations. Chandos Publishing. UK & USA.

Beer, M & Nohria, N. 2010. Cracking the code of change. Harward Business Review. (Retrieved 1 December 2017) Available from: https://pdfs.semanticscholar.org/fedd/24db6a6a18533e1fa9d8ff651161292c158c.pdf

Burns, N. & Grove, S. K. 2009. The practise of the nursing research: appraisal, synthesis, and generation of evidence. Missouri: Saunders Elsevier.

Cambridge dictionary. (Retrieved 3 February 2017) Available from: https://dictionary.cambridge.org/

Cameron, E. & Green, M. Making sense of change management. 4th edition. London: Koganpage.

Calhoun, J.G. Davidson, B. L. Sinioris, M. E. Vincent E. T. & Griggith, J. R. 2002. Toward an understanding of competency identification and assessment in health care management. Quality management in health care. 11(1): 14-38.

Chouhan, V. S. & Srivastava, S. 2014. Understanding competencies and competency modeling - A literature survey. Journal of Business and Management Vol. 16 (1), 14-22.

Cunningham, J. B. & Kempling, J. S. 2009. Implementing change in public sector organizations. Management Decision Vol. 47. No. 2.

Elo, S. & Kyngäs, H. 2007. The qualitative content analysis process. Journal of Advanced Nursing. 62(1)107-115.

Eskola, J. (2016) Soteuudistus ja valinnanvapaus. Mitä valinnanvapaus tuo tullessaan-näkökulmia soteuudistukseen-seminaariesitys https://www.youtube.com/watch?v=h2KbkhEaZJk

Eskola, J. & Suoranta, J. 2000. Johdatus laadulliseen tutkimukseen. 4. edition. Tampere: Vastapaino.

Finch, E. 2011. Facilities Change Management. Wiley-Blackwell. Noida, India.

Fernandez, S. & Rainey, H. G. 2006. Managing successful organizational change in the publisc sector. Public Administration review. March/April 2006.

Finnish Federation for Social Affairs and Health. 2017. Sosiaalibarometri 2017: Sote-uudistus ei vähennä eriarvoisuutta. (Retrieved 28 November 2017) Available from: https://www.soste.fi/ajankohtaista/sosiaalibarometri-2017-sote-uudistus-ei-vahenna-eriarvoisuutta.html.

Finnish Government. 2016. The government published draft bills on health, social services and regional government reform. (Retrieved 22 December 2016). Available from: http://valtioneuvosto.fi/en/article/-/asset_publisher/10616/hallitus-julkisti-sote-ja-maakuntauudistuksen-lakiluonnokset

Finnish Government. 2015. Tuomas Pöysti sote- ja aluehallintouudistusten projektijohtajaksi. (Retrieved 19 December 2016). Available from: http://valtioneuvosto.fi/artikkeli/-/asset_publisher/tuomas-poysti-sote-ja-aluehallintouudistusten-projektijohtajaksi

Grove, S. K. Burns, N. & Gray, J. R. The practise of nursing research. 7. edition. Missouri: Elsevier.

Graneheim, U. H. & Lundman B. 2004. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Education Today (2004) 24, 105-112.

Hayes, J. 2007. The theory and practise of change management. Palgrave macmillan.

Health Care Act 1326/2010. Available from: http://www.finlex.fi/en/laki/kaannokset/2010/en20101326.pdf

Healthcare Leadership Alliance. 2017. (Retrieved: 2 December 2017) Available from: http://www.healthcareleadershipalliance.org/directory.htm

Heifertz, R. A. & Linzky, M. 2010. A Survival Guide for Leaders. On Change Boston: Harward Business Review. 99-118.

Herold, D. M. & Fedor, D. B. 2008. Leading change management, leadership strategies that really work. London: Kogan Page.

Hirsjärvi, S. & Hurme, H. Tutkimushaastattelu, teemahaastattelun teoria ja käytäntö. Gaudeamus: Helsinki.

Holloway, I. & Wheeler, S. 2002. Qualitative research in Nursing, 2nd Edition. Blackwell Publishing.

Hirsjärvi, S. Remes, P. & Sajavaara, P. 2012. Tutki ja kirjoita. 15. revised edition. Helsinki: Tammi.

Hunter, D. J. 1996. The changing roles of health care professonel in health and health care management. Soc. Sci. Med. Vol. 43, No 5.

Järvelin, J. Health Care Systems in Transition. European observatory on health care systems. (Retrieved 5 February 2017) Available from: http://www.euro.who.int/__data/assets/pdf_file/0008/80693/E74071.pdf.

Kalliomaa-Puha, L. & Kangas, O. 2016. In-depth reform of the health care system in Finland. ESPN Flash Report. 2016/34.

Kinnula, P. Malmi T. & Vauramo, E. 2015. Miten sote-uudistus toteutetaan? Kunnallisalan kehittämissäätlö: Sastamala. (Retrieved 18 November 2017) Available from: http://www.kaks.fi/sites/default/files/TutkJulk_91_net.pdf

Kotter, J. P. 2012. Leading change. Boston: Harward business review press.

Kouzes J. M. & Posner, B. Z. 2007. The leadership challenge. 4th edition. San Francisco: John Wiley & Sons.

Krueger, R. A. & Casey M. A. 2000. Focus groups, 3th edition, a practical guide for applied research. Sage Publications: USA.

Kuipers, B. S. Higgs, M. Kickert, W. Tummers, L. Grandia J. & Van Der Voet, J. 2014. The management of change in public health organizations: A literature reviwew. Public Administration Vol. 92, No. 1, 2014 (1–20).

Kylmä, J. & Juvakka T. 2007. Laadullinen terveystutkimus. Helsinki: Edita.

Marmot, M. 2010. Fair Society, healthy lives. The Marmot Review. (Retrieved 28th November) Available form: http://www.parliament.uk/documents/fair-society-healthy-lives-full-report.pdf

Mattila, P. 2013. Johdettu muutos - avaimet organisaation hallittuun uudistumiseen. Talentum: Keuruu.

Ministry of Social Affairs and Health. 2015. Social welfare and health care reform. 15.12.2015. (Retrieved 15 December 2016) Available from: http://www.slideshare.net/stmslide/social-welfare-and-healthcare-reform-in-finland-15122015

Moisalo, V-P. 2011. Uusi HR, Arjen henkilötstöjohtamista. Kuopio: Infor.

Moule, P. 2015. Making sense of research in nursing, health and social care. Sage Publications: London.

Murthy, C. S. V. 2007. Change Management. Himalaya Publishing House. Nagpur.

Myers, M. D. 2013. Qualitative research in Business & Management. London: Sage Publications.

Myllärinen, T. 2012. Esipuhe. In Niiranen, V. & Hänninen, M. (toim.) Sosiaalitoimen johtajat kunnissa. Helsinki: Suomen Kuntaliitto.

Mäki-Lohiluoma, K-P. 2016. Ratkaiseeko valinnanvapaus terveydenhuollon haasteet -valinnanvapaus ja soteuudistus Suomessa. (Retrieved 19 November 2017) Available from: Kelakanava. https://www.youtube.com/watch?v=D5oxE6vp-Hw

National Institute for Health and Welfare. 2014. Health Inequalities. (Retrieved 28 November 2017) Available form: https://www.thl.fi/en/web/health-and-welfare-inequalities/health-care-cervices

National Institute for Health and Welfare. 2016. THL's Morbidity Index 2012-2014. (Retrieved 28 November 2017) Available from: http://www.julkari.fi/bitstream/handle/10024/131462/THL_sairastavuusindeksi_2012-2014.pdf?sequence=3

Niiranen, V. 2004. Sosiaalityön vaatimukset ja kvalifikaatiot. Janus 12(2), 226-223.

Noso, M. 2017. Johtaminen sote-uudituksessa - strategiat hyötykäyttöön. In Pohjonen, S. & Noso, M. (ed.) Kansalainen keskiöön! Näkökulmia sote-uudistukseen. Kunnallisalan kehittämissäätiön, 30-39. (Retrieved 19 November 2017) Available at: http://kaks.fi/wp-content/uploads/2017/04/nakokulmia-sote-uudistukseen.pdf.

Pinkey, L. M. 2014. Healtcare Reform: Innovative and Other Proven Strategies for Successfully Managing and Implementing Organizational Change. University of Maryland University College, ProQuest Dissertation Publishing.

Pirinen, H. 2014. Esimies muutoksen johtajana. Helsinki: Talentum.

Polit D. F. & Beck C. T. 2010. Essentials of Nursing Research. Seventh Edition. Appraical Evidence for Nursing Practise. China. Wolters Kluwer Health / Lippincott Williams & Wilkins.

Pollit, C. & Bouckaert, G. 2004. Public management reform: A comparative analysis. New York: Oxford.

Pöysti, T. 2016. Johtaminen uudistuvissa sote-palveluissa. 20. 5. 2016. (Retrieved 22 December 2016). Available from: http://alueuudistus.fi/documents/1477425/0/Po%CC%88ysti+inhimillinen+sote+johtaminen+2016+0520.pdf/28a6bdce-f9be-456f-9379-88997d7da400

Regional government, health and social services reform. a. Valmisteluryhmät. (Retrieved 22 December 2016). Available from: http://alueuudistus.fi/soteuudistus/valmisteluryhmat

Regional government, health and social services reform. b. Preparation and implementation of the health, social services and regional government reform. (Retrieved 18 November 2017) Available from: http://vnk.fi/documents/10616/3934867/Sote-+ja+maakuntauudistuksen+valmistelu+ja+toteutus+en.pdf/

Regional government, health and social services reform. c. Freedom of choice for clients. (Retrieved 28 November 2017) Available from: http://alueuudistus.fi/en/freedom-of-choice-for-customers

Rissanen, S & Lammintakanen, J. 2017. Sosiaali- ja terveysjohtaminen 2020-luvulla. (toim. Rissanen, S. & Lammintakanen, J.) Sosiaali- ja terveysjohtaminen. Helsinki: Sanomapro.

Robbins, C. J. Bradley, E. H. Spicer M. & Mecklenburg, G. A. 2011. Developing leadership in healthcare administration: a competency assessment tool. Journal of Healhtcare Management. 46(3). 188-202.

Schein, E. H. 1992. Organizational Culture and Leadership: A Dynamic View, 3rd ed. San Francisco: Jossey-Bass.

Schewchuk, R. M. O'Connor, S. I & Fine D. I. 2005. Builduing an undertanding of the competencies needed for health administration practice. Journal of healthcare management. 50(1): 32-47.

Sillanaukee, P. 2016. Johtaminen uudistuvissa sote-palveluissa. Johtamisen ja esimietyön päivät. Tehy. 12. 5. 2016. (Retrieved 22 December 2016). Available from: http://www.slideshare.net/stmslide/johtaminen-uudistuvissa-sotepalveluissa-pivi-sillanaukee-1252016

Sirkin, H. L. Keenan, P. Jackson. A. 2005. The hard side of change management. Harvard Business Review. Oct 83 (10): 108-18, 158.

Smith, R. 2014. A change management perspective. In Smith, R. King, D. Sidhu, R. & Skelsey, D. (ed.) The effective change manager's handbook.

Statistics Finland. 2015. Population projection 2015-2065. (Retrieved 18 November 2017) Available from: http://www.stat.fi/til/vaenn/2015/vaenn_2015_2015-10-30_en.pdf

Statistics Finland. 2014. Quality of work Life Survey 2013. http://www.stat.fi/til/tyoolot/2013/tyoolot_2013_2014-11-26_en.pdf

Stefl, M. E. Common competencies for all health care managers: The health care leadership alliance model. Journal of health care management. 53:6. 360-374.

Szócska, M. K. Réthelyi J. M. & Normand, C. 2005. Managing health care reform in Hungary: Challenges and opportunities. (Retrieved 5 February 2017) Available from: http://www.bmj.com/content/bmj/331/7510/231.full.pdf

Taskinen, H. Organisaatiomuutosten johtaminen. In Rissanen, S. & Lammintakanen J. (ed.) 2017. Sosiaali-ja terveysjohtaminen. Helsinki: Sanomapro. 147-166.

TENK. 2012. The Responsible Conduct of Research. (Retrieved 2 December 2017) Available from: http://www.tenk.fi/en/tenk-guidelines

The Network for Social work Management. Human Services Management Competencies. (Retrieved 28 November 2017) Available from: https://socialworkmanager.org/wp-content/uploads/2016/01/Competency-Brochure-4-19-15-With-Forms.pdf

Tuomi, J. & Sarajärvi, A. 2009, Laadullinen tutkimus ja sisällönanalyysi. Helsinki: Tammi.

Van Der Voet, J. Kuipers, B. S. & Groeneveld, S. 2013. Implementing change in public organizations: The relationship between leadership and affective commitment to change in a public sector context. (Retrieved 18 November 2017) https://jorisvandervoet.files.wordpress.com/2013/07/van-der-voet-et-al-implementing-change-in-public-organizations-pmra.pdf

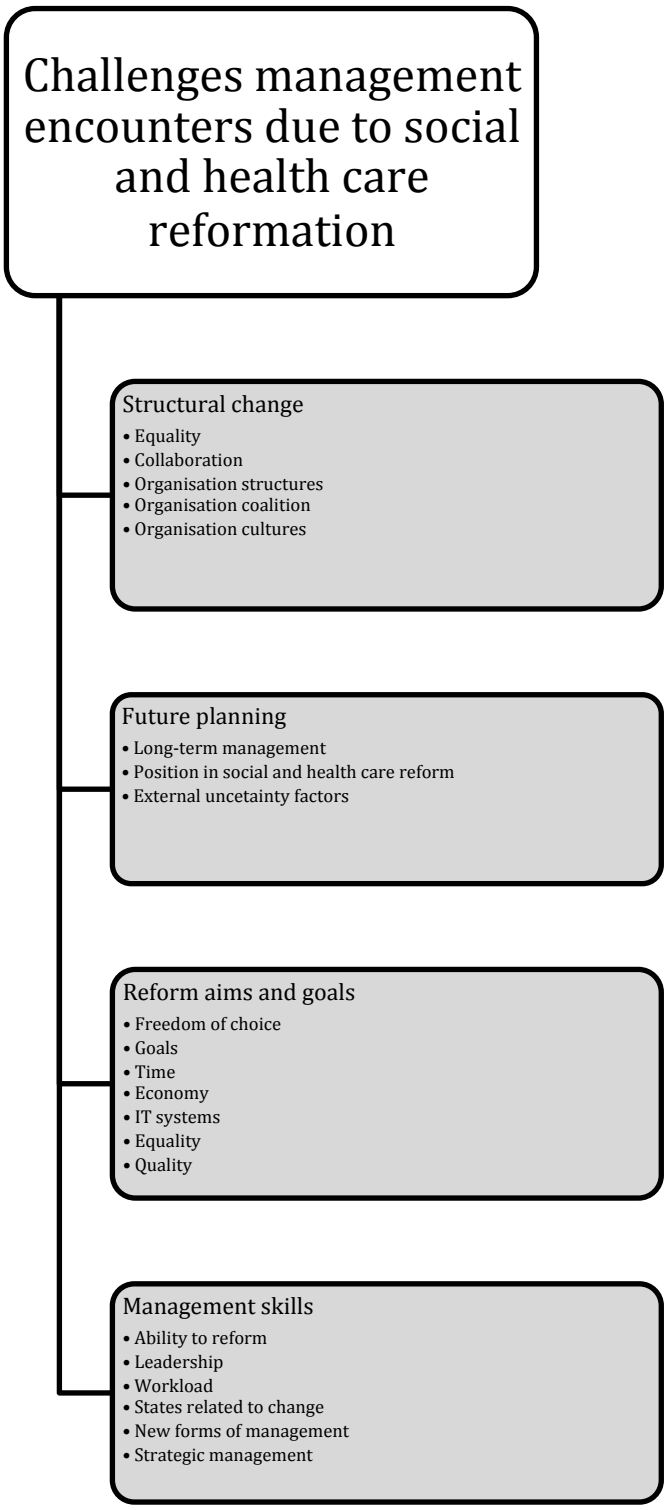
Vartiainen, P. 2010. Changes and challenges in Finnish health care management. Society and Economy, 32 (2010).

Wahlbeck, K. Manderbacka, K. Vuorenkoski, L. Kuusio H. Luoma M-L & Widström E. 2008. Quality in a Equality of Access to Healthcare Services. (Retrieved 3 February 2017). Available: https://julkari.fi/bitstream/handle/10024/75975/R1-2008-VERKKO.pdf?sequence=1

Webb, C. & Kevern, J. 2001. Focus groups as research method: a critique of some aspects of their use in nursing research. Journal of Advanced Nursing, 33(6), 798-80.

APPENDIX 1

Results of the inductive content analyses: theme, main and sub categories.



APPENDIX 2

Results of the inductive content analyses: theme, main and sub categories