

Development of self-managed teams through service design methods

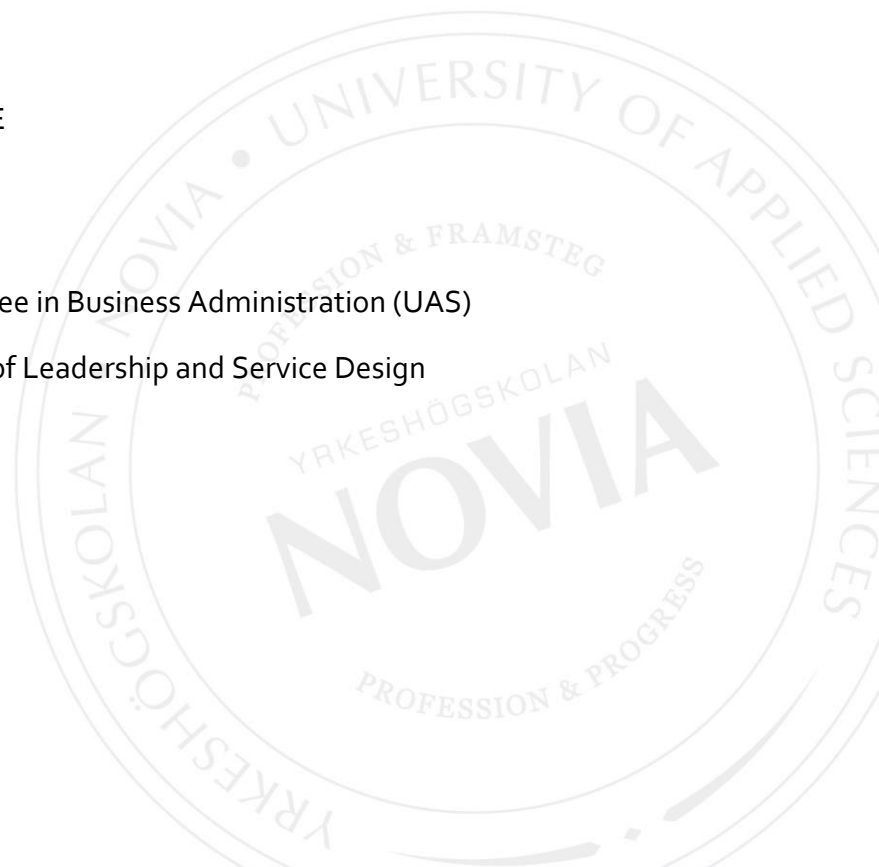
Long-term enhanced service housing nurses experiences on self-managed teams and their impact on workers satisfaction

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Abstract

The thesis focused on evaluating and co-developing the concept of self-management in teams of healthcare professionals and investigating its implications on workers satisfaction. The aim was to gather the employee`s experiences on self-managed teams and then co-create, with the employees and other stakeholders, a working model and service concept for future development. The goal was to use the findings to guide the development of self-managed teams in other sectors. The Commissioner, City of Helsinki, will use the findings to educate other nurse teams and improve their experiences.

Theoretically, the thesis was related to public service design in team settings and improve employee`s experience within self-managed teams. Service design tools and design thinking were centrally used. Service design process chart was used to understand gaps in the organization`s current processes, employee`s challenges and motivations, brainstorm and create a service concept together with stakeholders. Stakeholder map, personas, customer journey map, value proposition canvas, business model canvas were created to visualize aspects of the healthcare professionals needs and ways of improving their experiences and cooperation among the stakeholders.

The results of this research gave insight into the strengths of a self-managed team and the areas of development. Based on these findings, the health care team, together with other stakeholders, will be able to develop their experiences and facilitate operation under this model. Concrete suggestions and a timeline for realistically solving the pain points as a service concept were also made. As a follow up, the researcher recommends a research on the leadership experience on self-managed teams within this organization.

Language: English

Key words: self-managed teams, motivation, self-leadership, service housing environment, service design, team support, self-improvement, ethics

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1 Introduction

Organisations are going through a shift in leadership models in the recent year. Self-managing teams are taking the place of traditional organization structures where managers give orders. *“In order to work smarter, be more competitive, and better meet consumer needs, businesses have shifted to a team-based framework.”* Teams have been devised as one of the solutions to meet the challenges in future (Recardo, 1996). The care environment is known to be hierarchically organised and focused on control and precision. Accountability is evidence-based. Care is a serious business; patients need immediate attention and lives are often at stake. There is a 24/7 operation mentality, following the heartbeat of working in shifts. (Van Der Laan, 2017, p. 20.)

In the traditional organizational structure, highly hierarchical, the Director of Nursing is in charge of overseeing and influencing all the nursing care in the hospital. The nurse with the bare minimum data set is next in line. This nurse works with the Coordinator of Nursing to create care plans and monitor the progress of various residents. Furthermore, the minimum data set nurse acts as a liaison between staff nurses and the Director of Nursing. Registered Nurse and Licensed Practical Nurse are the next nursing positions to be filled. These roles are in charge of residents' evaluations, drug control, and all other professional nursing expertise. Certified Nursing Assistants are the lowest-ranking members of the nursing staff. The primary duty of this role is to assist residents with activities of daily living. They assist with dressing, bathing, eating, and anything else that is required.

The number one priority for service housing facilities is to take care of the residents; nevertheless, this type of health care has its own set of procedures and policies to develop. When there is an issue in the system, whether it is with the Certified Nursing Assistants or the Registered Nurse`s, they must report it to the top. These concerns would be identified by the Certified Nursing Assistant`s to the registered nurses, who would then notify the Director of Nursing. This is the one-of-a-kind aspect. Following that, the Director of Nursing collaborates with the Administrator to reach an agreement, after which the Administrator may consult with the Medical Director. The Medical Officer, in this case Helsinki city, will refer to the controlling corporation. If a significant change is required to address an issue or policy, the Board of Directors may meet and plan. The term "formal functional organizational structure" describes this type of structure (Jschedler, 2014.)

Nonetheless, under this form of management structure, the mechanism for a significant change shows a drawback. When a significant change is required within the corporation, the controlling company's Board of Directors must be involved. This is a lengthy process and introducing the change through the entire company will be a significant undertaking. Another downside of this scheme is that, except for promotions, there is no space for progression. (Jschedler, 2014.)

Recently, public sector organisations have recognized the disadvantages of the traditional hierarchical structure, thereby paving the way for self-managed teams. Self-managed teams are great ways to harvest the potential of human resources available within an organization. The old industrial age idea of managers instructing employees could have been more appropriate in the nineteenth century. As we enter a new decade in the twenty-first century, we owe it to our team members to encourage more creativity and participation. Because the world and the health-care field are becoming virtual in the future, we will need health-care workers who can self-manage in order to keep up with global changes.

This thesis is a development project whereby the author intends to use service design methods and tools to analyze health professionals' experiences of self-managed teams and establish an operating model for improvement purposes. The project is carried out in an elderly service house and all steps are done in real life occasions. In this project, the Commissioner, City of Helsinki – Kustaankartano, is interested in finding new ways to upgrade their services and stand out from competitors. These improvement ideas (service concept) will be introduced to other branches to meet up with the mission, vision, and goals of the organization. This thesis focuses on how an organization should involve employees in service concept creation using service design theory and methods, as well as information from interviews with health professionals on this team.

Teamwork methods are used in all fields, but they are particularly relevant in healthcare environments, where the lives and well-being of patients are on the line. Every person in a healthcare team brings along experiential knowledge, skills, and resources that lead to better overall health outcomes for patients. Nurses deal with a variety of stressors, including numerous patients, so many call bells, and the needs of coworkers. They must be able to balance all these wildly different people and events clamoring for their attention with ease. To master how to navigate the stressful waters of nursing work, nurses need to deftly organize the information coming at them, prioritize to handle the most important tasks first, and learn to roll amidst the inevitable interruptions.

2 Research plan and process

A researcher must create new knowledge and connect the topic to existing scientific theory to conduct educational research. Going through various written sources is a vital part of this method. Effective study depends on the ability to identify a scientifically important research problem. However, research questions should be connected to the researcher's preferred point of view as well as the scientific data gathered. (Eriksson and Kovalainen 2016, p. 39-41.) It is also typical to redefine research questions during the research process.

2.1 Commissioner

The main points and issues that a Commissioner presents are often the provoking factor for business research. The Commissioner is City of Helsinki, under the department of hospital rehabilitation and care unit (Sairaala Kuntoutus ja Hoivapalvelut). The work for this thesis was done in Kustaankartano E-block enhanced service home. The ward is made up of 45 long-term enhanced service housing clients, 26 nurses, one ward manager, one lead nurse, a physiotherapist, social service and one doctor. Kustaankartano Senior Centre is an elderly home located in Helsinki Oulunkylä, in beautiful park-like surroundings. In addition to housing services, Kustaankartano has a service centre and day operations units Eloheinä and Meripihka. Kustaankartano also includes the services houses of Puistola and Siltämäki. The organization's vision is to provide holistic long-term rehabilitation and care services and medical attention to the Finnish and Swedish speaking seniors of Helsinki. The mission of the organization is to maintain and promote the physical, mental, and social capabilities and well-being of the client and to treat illness. The key is to strengthen the client's self-sufficiency and self-reliance by encouraging and supporting the elderly to use their own resources (Kustaankartanon Seniorikeskus, 2020.)



Figure 1. Logo of the Helsinki City, Commissioner of this work

2.2 Problem area, background and aim of thesis.

Social and health care sector are facing a reform. This reform is based on the goals and vision of prime Minister Sanna Marin's government program for Finland for the year 2025. Municipalities are responsible for providing healthcare to their residents (Hallitusohjelman toimeenpanosuunnitelma STM:n hallinnonalalle 2016-2019, 2016, p. 5.) The reform introduced digitization and aims to reduce bureaucracy. The client's independence is supported and data sharing is enabled (Hallitusohjelman toimeenpanosuunnitelma STM:n hallinnonalalle 2016-2019, 2016, p. 5.) What does this imply? Looking at the previous bureaucratic and hierarchical leadership model, Helsinki city would not have been able to reach this goal and vision, so they had to change their leadership model, which gave birth to this trial leadership model of self-managed teams. The focus of the healthcare and social welfare system, according to Prime Minister Sanna Marin, will be on basic services and prevention. Services will be integrated, care lines will function smoothly, and people will receive adequate and effective services as needed. (Valtioneuvosto, n.d.).

The City of Helsinki's social and health care sector has evaluated the reform of social services and concluded that the process needs to be reorganized. Renewable services require many forms of development. The industry has decided to focus on developing organizational culture, service culture, branding, core processes and leadership (Helsingin Kaupunki, 2016, p. 4-7.) The social and health care industry strives for better accessibility and customer experience, as well as productivity and effectiveness. According to the government program implementation plan (Hallitusohjelman toimeenpanosuunnitelma STM:n hallinnonalalle 2016-2019, 2016, p. 15), services should be customer-oriented. Emphasis is placed on early support, a preventive approach and effective customer-driven service chains across administrative boundaries, strengthening the use of experiential expertise and the involvement of customers. Employees are expected to achieve the defined objectives through management, which is why the goal of management has been to add a good personnel experience. The unified management of the renewed services consists of joint work, self-managed teams, and internal motivation. (Helsingin Kaupunki 2016, p. 7-16.) Helsinki City has been using this trial model for two years in service house E-block and would like to know the workers experiences and new developments for future purposes.

The aim of this thesis is to first gather the nurses' experiences and challenges faced while under this leadership model, to co-create together with the nurses, possibly also with other stakeholders, and come up with a working model idea for future development purposes. City

of Helsinki had a vision of implementing this new model in all its branches by the end of 2020. However, due to the Covid-19 pandemic, this vision has not yet been realized. Nevertheless, the plan is to still materialize this vision in the future. The new information gathered from the findings and workshops will be used to benefit the organization and to guide the development of self-managed teams in other sectors. The Commissioner stated that the findings will be used by ward E-Block nurses to educate other teams under the organization with the goal of improve their experiences.

2.2.1 Research questions

Typical qualitative research questions begin with what, how and why; What focuses on exploring and describing states, situations, and process, How and why aim to answering something in a qualitative way (Eriksson et al., 2016, p. 42.) After an interview and discussion on fall 2019 with the Commissioner about the problem area, the researcher came up with the following thematic structured and semi-structured questions for the research purposes with the health professionals:

- 1) What are the employee's experiences of self-managed teams (challenges and positive aspects)?
- 2) How does/can self-managed teams overcome challenges and improve work status/working condition (supporting question)?

2.2.2 Process timeline

The first draft presentation of this work was done on the 1.11.2020, which consisted of the first stage of the process model by Tuulaniemi that is defining and discovering of the problem area through preliminary research. This was done through benchmarking, mapping out a stakeholder map and a business model canvas. The second stage according to the process model was research which consisted of interviewing the employees and commissioner, creation of personas, customer journey map and value proposition canvas. This second stage was presented during the second seminar on the 7.1.2021. The final seminar was presented on the 6.3.2021 which comprised of ideation (codesigning workshop with employees and commissioner and codesigning the service prototype), test and implementation of the service prototype, gathering customers feedback after using the service concept and further evaluation by analyzing gain results and make further development proposals. Below is a detailed process timeline and model for this thesis work.

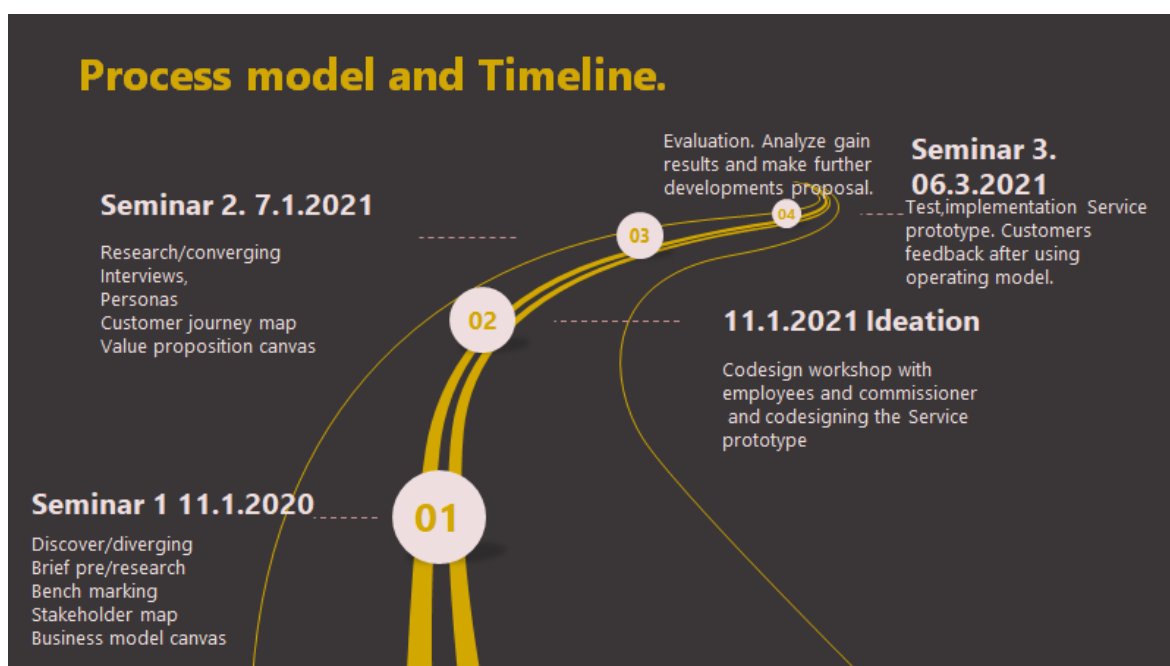


Figure 2. Process timeline

2.3 Ethical aspects in the research

Under this heading, the researcher will elaborate on the ethical aspects of this research work and the nursing ethical principles.

2.3.1 Trustworthiness and validity of the work

From the start, it was debated whether working for the Commissioner would prevent the author from being impartial. Maintaining sufficient impartiality entails the following: based on personal views and expectations, the researcher does not attempt to excessively direct the service design process. Co-creation sessions, on the other hand, must be moderated by a service designer to ensure that they produce results that can be enhanced further down the line (Stickdorn, Lawrence, Hormess & Schneider 2011, p. 198). To improve the consistency of service design research, Stickdorn et al. (2018, p. 113). Recommend using peer-review or co-creation workshops.

During the interviews and workshops, no photographs of people or work environments were taken. The findings of this study will be shared with internal stakeholders as well as the Commissioner. The thesis will be archived in the Theseus database, which is a national repository for research and thesis produced by Finnish universities. The interviews are only preserved on the researcher's laptop and will be discarded after the thesis is published. It is worth noting that the researcher took into account the fact that the participants could not be identified directly or indirectly.

In the research setting, confidentiality entails the careful and planned processing of personal data (Finnish Social Science Data Archive (FSD), n.d.). Only personal information should be collected and processed to the degree necessary for the research, and unauthorized access to the data must be prevented. The researcher will be the only one with access to the data and, in line with the transparency principle of data protection, she was ensured that the research participants were informed of the personal data processing as required by the EU's Data Protection Regulation (GDPR). Before the interviews, the researcher reminded the participants not to reveal details by which they can be identified. All participants were also informed of the possibility to decline their participation at any time.

In conclusion, every good researcher must have a deeper understanding of data management. Actions should be taken way ahead of time before the actual research work begins. Dealing with a public organization was a challenge timewise and the researcher had to leave out some aspects of the thesis related to patient's satisfaction. Obtaining the permit for performing this research took about 4 months. For the validity and trustworthiness of the work, the research was carried out in a block different from the one where the researcher is working.

The success of the topic under investigation is dependent on the researcher. Being an insider may aid the researcher in gaining a better understanding of the research and the phenomena under investigation. On the other hand, some argue that being an insider could lead to loss of objectivity and bias. During this process, though working from a different ward, the researcher strived to be objective. In addition, knowing the subject matter gave the researcher the possibility to better encourage the participants to express themselves more in detail during the interviews.

2.3.2 Nursing ethical principles

The objective of nursing code of ethics is to assist all nurses in achieving their goals in making ethical decisions in the course of their daily work. Health practitioners face ethical problems whether they work in a self-managed team or not. These are much more prevalent in a self-managed unit, where workers make decisions about their patients without consulting the care unit's authority. A nurse's mission is to promote and sustain population health, prevent disease, and relieve suffering. (Sairaanhoitajat, n.d.) A nurse helps people of all ages. A nurse's goal is to help people by increasing their personal resources and improving their quality of life. (Sairaanhoitajat, n.d.) When it comes to a nurse's relationship with a patient, the nurse is solely responsible for her conduct. A nurse sees her patients as valuable human beings who deserve to have their values, convictions, and practices respected in the nursing setting. Patients' dignity and personality are respected by nurses, who allow them to engage in decisions about their own treatment. A nurse understands that all decisions made by the patient are private, and he or she uses discretion when sharing this information with other nurses. Patients are regarded as fellow human beings by nurses, who listen and empathize with them. A nurse's relationship with a patient is built on open communication and unusual confidence.

Furthermore, a nurse is unbiased in her work and treats all patients equally well, regardless of their disease, gender, age, creed, language, traditions, ethnicity, color, political opinion, or social standing. Finally, in terms of the nurse's job and technical skills, it is important that the nurse takes personal responsibility for her work. When she receives tasks and gives them to others, she assesses her own and others' abilities. A nurse on a self-managed team does not receive orders from a manager, so he or she must handle themselves. Nurses on the same unit are jointly responsible for ensuring that the unit's nursing efficiency is optimum and that it is continually improved. (Sairaanhoitajat, n.d.)

3 Theoretical framework

A theoretical framework is the application of a theory or of the concepts drawn from a theory, which explains an event or a research problem with the aim of shedding light on a particular phenomenon (Abend, 2008). “Self-managed team” is a relatively new concept, which is being applied in an increasing number and variety of organizations. The concept of a self-managed team entails many different aspects, which are going to be dealt with within this paragraph and are illustrated in a schematic diagram in the Figure below.



Figure 3. Schematical drawing of the aspects of a self-managed team and factors that enable a self-managed team to be functional.

As shown in Figure 3 above, the theories of this academic work will evolve first around the concept of self-motivation, which is a factor that will directly enable a nurse to want to self-manage. When a nurse is motivated, he or she will embark in self-improvement that will enable him or her to be a better team member. Finally, team support and organizational support cannot be left out when describing a self-managed team - workers constantly need support from the team through immediate colleagues and from the organisation through nurse overseer, lead nurse, and upper bosses in a bigger organizational context.

The researcher will further discuss on the environment where this self-managed team of health professionals is working, which is the serviced housing environment. Understanding the vision, mission and goals for the organisation will enable the workers to execute their

tasks with ease. Lastly, service design will be elaborated, including the theories that substantiate my field of work.

3.1 Self-managed teams

A self-managed team is groups of employees who work independently to achieve a common goal. Members of a self-managed team define, schedule, and conduct their everyday tasks while working with little or no oversight. When the team expands, so do the members, with one of the main goals being to develop each employee into a loyal, highly committed, versatile, and professional team player. (Gustavson & Liff, 2014).

In his article “Why self-managed teams are the future of business”, Blakeman states that the effectiveness of self-management in a team is decided by ownership, which derives from the ability to make decisions. People take responsibility in ways they never have before when they are empowered to bring their entire, imaginative, messy selves to work and make important decisions. This is relevant because the most important motivator in business is ownership (Blakeman, 2014.)

Most companies nowadays believe that decision-making can be best accomplished by one manager. However, according to the emerging concept of self-team management, a team can take better decisions. The result of both approaches is quite revealing. In a company where managers take decisions and accordingly assign tasks for the team to complete, team members feel used. In contrast, in a company where responsibilities for decision-making are delegated to the team, every member takes ownership (Blakeman, 2014.)

In order to empower supervisors and employees to produce outstanding performance while dealing with the daily work challenges, it is important to create an environment where everyone is a leader (Gustavson et al., 2014, p. 9). This environment is in sharp contrast with one in which the supervisor tries to get everyone to produce. In a self-managed team, every member takes initiative, assumes ownership, is willing to deal with difficult matters, and accepts accountability. These attributes can be referred to as self-management or self-leadership.

3.2 Motivation

When working within a self-managed team, motivation is a central factor, which can influence productivity and effectiveness in carrying out the daily tasks as well as in keeping

up with the vision and goals of the healthcare organization. Thus, motivation is an important factor to consider when selecting individuals for work in a self-managed team. According to Arnold Bakker, the psychological relation to work has become increasingly important in the twenty-first century consumer economy. (Bakker, n.d).

Motivation can be intrinsic, i.e., dictated by traits such as values, education, and personality, or extrinsic – coming from external factors such as performance demands placed by example., the employer or supervisor. While external factors are most driving within a hierarchical team, intrinsic motivation (self-motivation) is the driving factor for an individual performing within a self-managed team. Self-motivated team players are usually highly goal oriented, establish objectives for themselves, are resilient, committed and more willing to resolve conflicts. A self-motivated individual also presents a positive attitude towards the work, which also facilitates effective internal communication and cohesiveness of the team.

Many factors related to the content of work, the development of work, the encouragement of the work community and the motivation within the work environment in general are linked to the desire to continue working. According to the latest Working Conditions Survey, more and more wage and salary earners would like to retire at an age older than 63 (Lehto, 2014.)

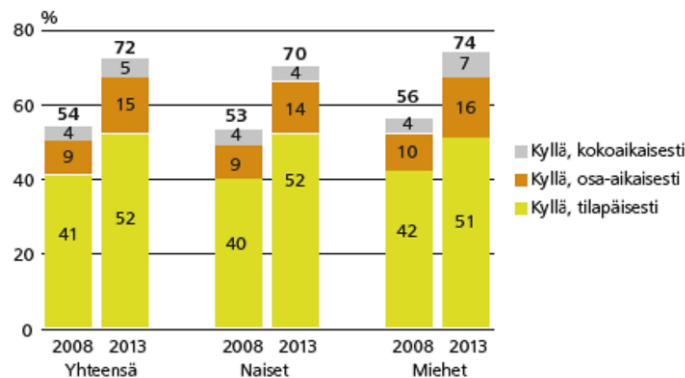


Figure 4. Working condition survey results on the willingness to continue working after retirement age.

According to this same survey, employees who have continued to work beyond the age of 60 stand out among younger employees, for example, because their supervisors give more feedback on the success of work, encourage personal development, and provide more professional support. Managers also give more praise and tend to treat older people equally.

Professionals that have intentions to work beyond retirement age are common in the healthcare sector (Lehto, 2014). This may account on one factor, work motivation. Working condition(s) studies have shown that the way in which work is arranged in general affects job satisfaction and willingness to continue. Working in a self-managed team can provide these conditions and therefore produce internal motivation by itself.

3.3 Self-improvement

For any organization to entrust its workers in operating under a self-managed team, workers need to be able to self-manage or self-lead themselves, which is part of self-improvement. Within a self-managed team, it is of utmost importance for a nurse to embark on constant self-improvement to be able to meet to team and organizational goals.

Within a self-managed team, self-development or self-improvement are the products of internal motivation. External cues, such as feedback are also central to personal development. Within a self-managed team, coaches are meant to build conditions whereby every team member is inspired to improve, also using constructive feedback. In addition to receiving feedback, self-development can also be viewed more broadly as improving one's skills.

3.4 Self-leadership

Self-leadership is defined as the process whereby individuals utilize self-direction and self-motivation to achieve desired goals or outcomes (Houghton & Christopher 2002, p. 672). Self-leadership is a trait that must be present or nurtured to excel within a self-managed team. Principles of self-regulation, auto-control and self-management are at the basis of self-leadership strategies. Self-leading strategies have been classified into three types: behavior focused strategies, natural reward strategies and constructive thought pattern strategies (Houghton et al., 2003). Behavior-focused strategies include self-observation, self-goal setting, self-reward, self-feedback, and practice (Christopher, Houghton, Sardeshmukh, Goldsby & Godwin, 2013). Natural reward strategies are evident when a team member engages in an activity for its own intrinsic value and feels rewarded by performing the activity itself (Houghton et al., 2003). Constructive thought pattern strategies, or thought self-leadership, involve habitual positive ways of thinking that facilitate enhanced overall performance.

In practice, nurses need to be able to feel control in managing their day-to-day tasks, making care plans, medication management, evaluations, and contact with doctors by incorporating trust, self-efficacy, and commitment as a self-leader (Bligh, Pearce, Kohles, 2016). Responsibility and independence go hand in hand, the members of the team must realize that they must be available for work collaboration with team members. Therefore, while planning the days, they need to bear this in mind.

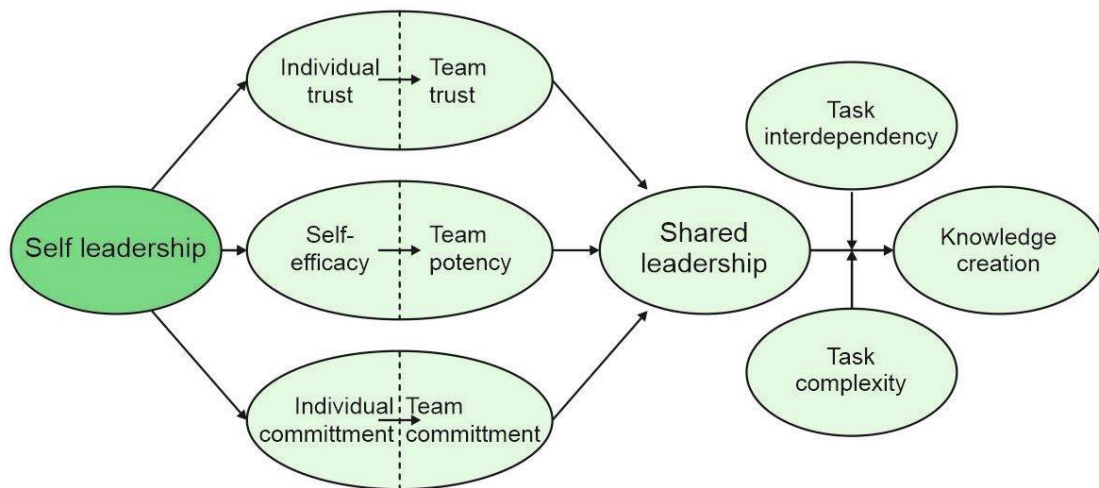


Figure 5. Effects of self-leadership within a self-managed team (Modified from Bligh et al., 2016)

According to Bligh et al. (2016), team trust, team potency and team commitment stem from individual trust, self-efficacy, and individual commitment, respectively, and are crucial intermediary concepts between self- and shared leadership. When individual trust, self-efficacy and individual commitment are manifested by individual team members, shared leadership can take place (Bligh et al., 2016.)

Timothy R. Clark, CEO of Leader Factor, defines trust as the ability to predict the actions of another person. The link between trust and psychological security is based on my prediction of your future behavior based on your past behavior. If I know you will not embarrass, punish, or humiliate me when I am interacting with you and others in a social setting, I will be far more willing to interact, participate, and release my ideas and creativity. If I do not trust you to keep me safe, my self-censoring reflex will kick in and I will play it safe and manage my own personal safety. (Brownlee, n.d.)

Therefore, understanding the determinants of trust in teams can be an important key to fostering team effectiveness (Christopher, 2006). When working in a self-managed team, it is essential to trust the abilities of fellow team members. Individual team members also need

to be proud of their own strengths and not dwell only on their weaknesses. By not trusting other team members, individuals could stagnate some of the goals in the company when deadlines cannot be met because of trust issues. Altogether, nurses should learn to trust and delegate responsibilities as part of self-leadership.

3.5 Team support

For workers to be able to perform well, they need organizational and team support. Organizational support can be seen from the leaders in form of constant feedback, and team training when needed. It is of utmost importance that the organization supports self-managed team workers by creating a psychologically safe environment. The organization must make clear the goals, vision, and mission of the company with the help of multidisciplinary team and come up with clear cut strategies for achieving these set goals. This will be a tremendous springboard for workers in a self-managed team to be able to work seamlessly with a joint goal. A growing reliance on teams in changing and uncertain organizational environments create(s) a managerial imperative to understand the factors that enable team learning. According to Edmondson, context support, team coaching and shared beliefs shape team outcomes (Edmondson, 1999.)

Leaders' inclusiveness is of utmost importance in enabling psychological safety, creating an atmosphere to openly admit to failures and learning from them without fear of sanction or reproach is fundamental to work unit performance. Learning from failures occurs when unit members reflect on a failed experience, openly discuss why it occurred, and identify the work patterns that need to be modified to eliminate the root causes of the problem (Edmondson, 1999.)

The leadership must create a context for learning, continuous improvement systems and structure. The leadership must implement experimental processes to create a psychologically safe environment by applying OODA-Observe, Orient, Decide and Act. For example, in the case where hospital beddings are always on a shortage, the leader and team need to observe the problem itself meaning the long root cause, orient the symptoms of this problem which is e.g., the patient being cold, decide on the priorities and then act by ordering enough that will be enough for a long time. (Edmondson, 1999.)

To create a psychologically safe environment and improve team performance, the leader, in this case the nurse overseer should change the traditional performance feedback methods which are held once or twice a year and are focused on what the worker has done wrong,

towards an alternative approach of long-term sustainable development competitive advantage (LTSDCA). The focus is first on what is desired, then on what is right and on ways to achieve that and lastly on what is wrong. This approach leads to accurate vision of client's value and improves individual and team performance (Edmondson, 1999.)

Cultural diversity has been considered as an important factor determining team potency and team performance. As seen in the figure below, team diversity may be a key contingency factor in the relationship between a team's network structure, the level of team potency achieved within the team, and the team's performance (Tröster, Mehra & van Knippenberg, 2014.)

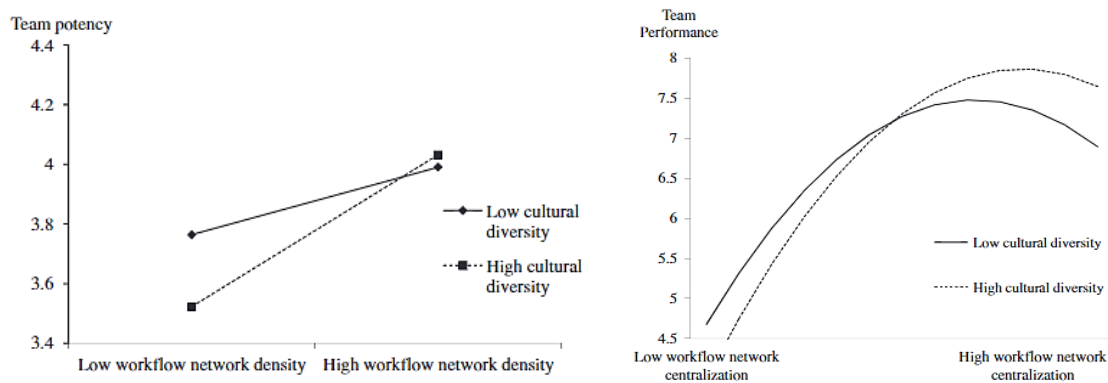


Figure 6. Influence of cultural diversity on team potency and team performance (Tröster et al., 2014)

Cultural differences, and interpersonal communication could pose in a self-managed as one hindering factors for a staff to able to manage self and the team. According to Gustavson et al. team members can be supported by the organization by investing in a common model for team communication and learning together how to use it - because it will provide the team members with the skills necessary to communicate and deal with difficult issues. This very simple but effective communication model involves obtaining value by seeking input from others skillfully. According to the same author, team members are taught to be open-minded, which entails asking others for their viewpoints and ideas and asking others to challenge your ideas and viewpoint. Listening with the intent to understand is crucial in team management and conflict resolution. The skill also involves using phrases that are not conclusive, such as "It seems" or "I believe," which enables individuals to get their point across and have it received open-mindedly (Gustavson et al., 2014).

3.6 Service home environment

Throughout the history of care for the elderly, there has been a gradual shift from home care to service housing through institutional care. The first modern service houses were established already in the mid-80s. Service(s) sectors construction was seen in municipalities as a means of replacing institutional care and as a means of providing home-like housing for elderly people who no longer live in their own homes (Välikangas, 2006, p. 11-12.)

The demand for service housing has increased due to the ageing of the population. The need for services is particularly affected by the number of people aged 75 or over. In 2017, there were 501,800, which was 161,400 more than at the turn of the millennium. The increase in the average life of Finns is reflected in the fact that the number of people aged 85 or over has almost doubled in the 2000s. (Välikangas 2006, p. 20.)

For most elderly people, living at home is the most desirable form of housing. However, when functional capacity deteriorates, retired housing service solutions are also important for many older people. Approximately 95% of over-65-year-olds live in ordinary dwellings and 2-3% in serviced dwellings (Välikangas, 2006, p. 20.)

According to statistics of the National Institute for Health and Welfare, nearly 70,000 clients were covered by service housing for older people and special groups in 2016. More than 47,000 of them were aged 65 or over. Clients also include people with intellectual disabilities, mental health and substance abuse rehabilitation and other persons under the age of 65 who belong to special groups. (Lith, 2018.)

Service housing can exist in a group home and service home or in a service house where the resident has his or her own apartment, rented or owner-occupied. The tenant is responsible for his/her apartment and related costs. In a rented apartment, the tenant has a rental agreement in accordance with the Room Rental Act. In addition, residents use housing support services, as needed. These may include care and care services, rehabilitation, home care assistance, catering, personal care services and other assistance with everyday tasks. In enhanced service housing, staff is present 24 hours/day. (infoFinland, n.d.)

At the end of 2019, there were a total of 65,000 clients in 24-hour services for the elderly, disabled persons, and psychiatry in social care. In non-24-hour services, the number of clients was 12,000 at the same time. Compared to the previous year, the number of clients in 24-hour services decreased slightly and grew by three per cent in non-24-hour services. (infoFinland, n.d.)

The total number of elderly institutional and housing service clients has gradually decreased over the past decade, and in 2019 the same trend continued (THL, 2018; Figure 7). The decrease in the number of clients has been due to a decrease in institutional care, i.e., long-term care in retirement home care and health centers, as well as ordinary service housing. Compared to the previous year, the number of clients in retirement homes at the end of 2019 was 17% lower. The number of elderly clients in long-term care inpatient units in health centers also continued to decrease (-13%). The growth in the number of clients in enhanced service housing and the decrease in ordinary service housing since the beginning of the millennium has stopped. The corresponding share in enhanced service housing for the elderly was 52% (THL, 2018.)

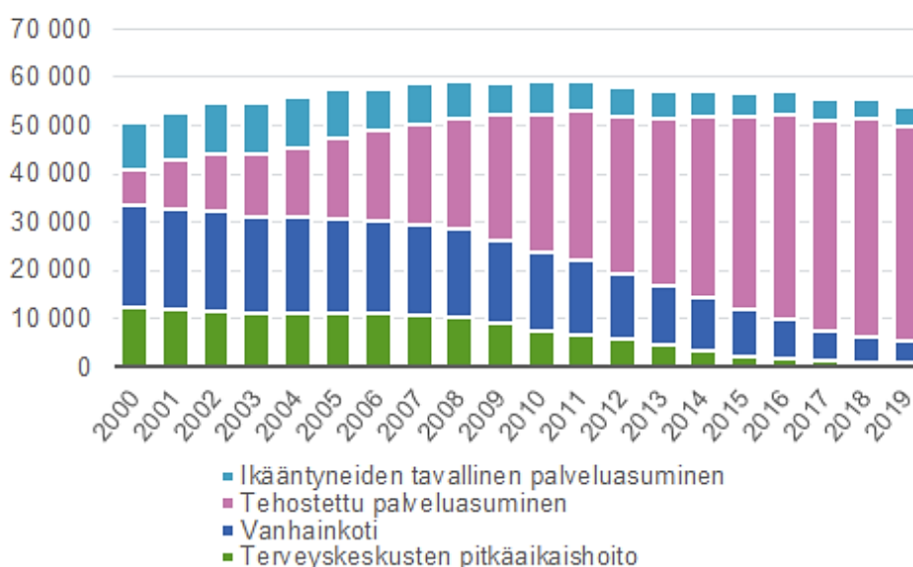


Figure 7. Institutional and housing services for the elderly between 2000 and 2019 (THL, 2018)

According to population projections, the number of people aged 75 and over will increase to 800,000 by 2030 (Lith, 2018).

Service accommodation (palveluasuminen) is available in Finland for those who need assistance in living independently. The aged, disabled, mentally disabled, and those suffering from mental and drug addiction issues will all live in this service accommodation. Municipalities, organizations, and private entrepreneurs provide supported and service accommodation. (infoFinland, n.d.)

Service housing is a form of housing designed for individuals who need ongoing assistance but do not require intensive treatment. For this project, both the lodging and housing-related

facilities are included in the service housing. The occupant is financially responsible for his or her own expenses. The municipality, on the other hand, must ensure that the resident can afford to live in a service home like E-block. In return for being able to do so, an occupant may live in his or her own home and obtain services. Domestic assistance, meal service, personal hygiene services, various protection services, leisure facilities, rehabilitative services, and health and medical care are examples of such services. (infoFinland, n.d.) Service housing is mainly organized and funded by municipalities in Finland, although you can also get into a private service house as a self-paying customer.

Municipal service demand, describing the value of the publicly funded market, amounted to EUR 3.6 billion in 2017, including daytime activities and certain support services for service housing for older people and special groups (Lith, 2018).

In 2015-17, according to Statistics Finland, the demand for service housing grew by EUR 260 million. The growth was highest in monetary terms in enhanced service housing for older people, but in relative terms fastest in housing services for people with disabilities. At the same time, the demand for institutional care for the elderly and disabled decreased clearly (Table 1, Lith, 2018.)

Table 1. Estimated demand for municipal services in institutional care and service housing for the elderly and disabled 2015-17

	2015, milj. euroa	2016, milj. euroa	2017, milj. euroa	Kasvu 2015–17, %
Laitoshoido	813,3	689,8	602,2	-26,0
- Ikääntyneet	654,1	549,1	472,5	-27,8
- Vammaiset	159,2	140,7	129,7	-18,5
Tehostettu asumispalvelu	2 398,9	2 547,2	2 581,1	7,6
- Ikääntyneet	1 710,5	1 821,2	1 832,5	7,1
- Vammaiset	688,4	726,0	748,6	8,7
Tavanomainen asumispalvelu, yms.	947,1	945,4	1 026,0	8,3
- Ikääntyneet	299,3	299,0	328,1	9,6
- Vammaiset	647,8	646,4	698,0	7,7
Palvelutalo- ja asumispalvelut	3 346,0	3 492,6	3 607,1	7,8
Yhteensä	4 159,3	4 182,4	4 209,3	1,2

3.7 Service design

Design thinking is a phrase that is frequently used as a metaphor for addressing an issue in a 'designerly' manner. (Design Commission, 2013, p. 20). Service design is “*a new holistic, multi-disciplinary, integrative field*” (Moritz, 2005).

The need for service design has been recognized in the public sector. Traditionally, the public sector has utilized cost reduction to make services more efficient. However, effectiveness and better quality of services could be achieved by designing services that meet the needs of the user. There are a number in additional advantages of service design for the public sector. Service design can help navigate complex situations by trying out a solution through the creation of a prototype. It also helps with public engagement by giving voice to users of public services (Design Commission, 2013, p. 13-15.) To be more design-competent, the public sector needs to understand the benefits of professional service design as well as incorporate service design skills for the improvement of services to the public. This would also create awareness for the public on how external service design support can help respond to service challenges (Design Commission, 2013, p. 18.)

Service design is an interdisciplinary iterative approach, where the services are co-created through interaction between service providers and stakeholders. The stakeholders are involved in different stages of the service design process and in exploring and defining the service proposition. A successful service design process requires integrating stakeholders as early as possible in the development process. This work started with a one-on-one meeting with the Commissioner and with the identification of the problem area.

The service design process is both iterative – it involves cycles of design, testing and evaluation - and human-centered (ISO, 2010). For this work, the researcher harnessed these features of service design since the application area involves humans and the development of a novel service in the form of self-managed team.

Human-centered design thinking enables better understanding of the problem area as well as creates new ideas that reflect more closely what customers want (Brown, 2008). This is usually achieved through the creation of fictional characters called “personas”. For this reason, “personas” were created after interviewing the employees (nurses/health professionals) towards the goal of designing services or new lines of action that are as human-centered as possible - simply walking through the shoes of the users. In this way, service design connects the areas of cultural, social, and human interaction. The products of

service design are meant to provide experiences over time and across different touchpoints (Clatworthy, 2012). Touchpoints are the points of contact between a service provider and service user. What an organization designs and proposes to customers are offerings that are accessed through touchpoints along a timeline and that, through use, provide desired experiential outcomes.

There exist numerous design process models, which differ according to the number of steps or the accuracy and the aspect identified in the different phases. The identification and discovery phases involve the understanding of the service context and the users need, as well as of the business environment of the employees. The building, conceptualizing and creation phases involve visualizing, co-creation, participatory design, and prototyping. Lastly, the implementation phase consists in incorporating the created service. Development and training are also often included in the process (Figure 8) (Mager, 2009; Van Oosterom, 2009). Prototyping can provide a way for a dialogue to take place through concept sketches, rough physical prototypes, stories, role playing, storyboards or any form of visualization.

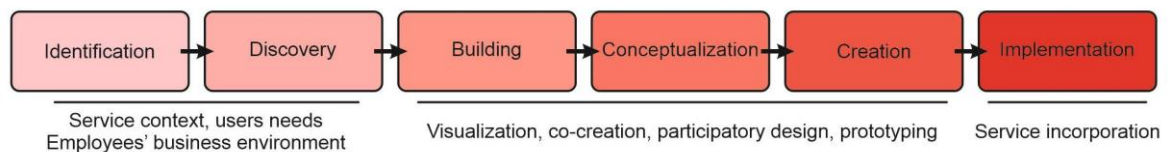


Figure 8. Phases of service design

Design thinking, as an integral part of service design, has an ability to create concepts, solutions and future service experiences that are usable and desirable for users and efficient, distinctive for service providers. The researcher's role in this project as a service designer, therefore, is to create solutions that are usable for the healthcare professionals and beneficial for the organization. Designers serve as liaisons between all stakeholders by bringing design thinking to life, through a service design process and innovative prototyping. Towards this goal, the designer needs to have empathy to be able to understand the consumers' world, in this case the employees. The characteristics of a good design thinker are empathy, integrative thinking, optimism, experimentalism, and collaboration (Brown, 2008. p. 84-92).

The involvement of the users in the design process is essential. The users' role can range from proactive participation, whereby they contribute to solving and framing design challenges, to an inactive role where they are not engaged (Keinonen, 2009, p. 23, 142-148.)

For this thesis project, the employees' involvement role is proactive participation, where they are involved in finding the solution for the challenges that they are facing in relation to the self-managed team model. When the end-user participates in the design process, new ideas, service needs and different ways of utilizing the improved ideas are met. The researcher will involve the employees who are the users of this services and possibly different stakeholders, through co-creation in a workshop session. The researcher will make good visualization for the whole self-managed team about the challenges that came up and the suggestions for improvement in a way that is simple and understandable by the nurses. Using cards boards and personas will be incorporated in the ideation phase. This approach is clearly linked to cooperative design as seen in figure below (Holmlid, 2009).

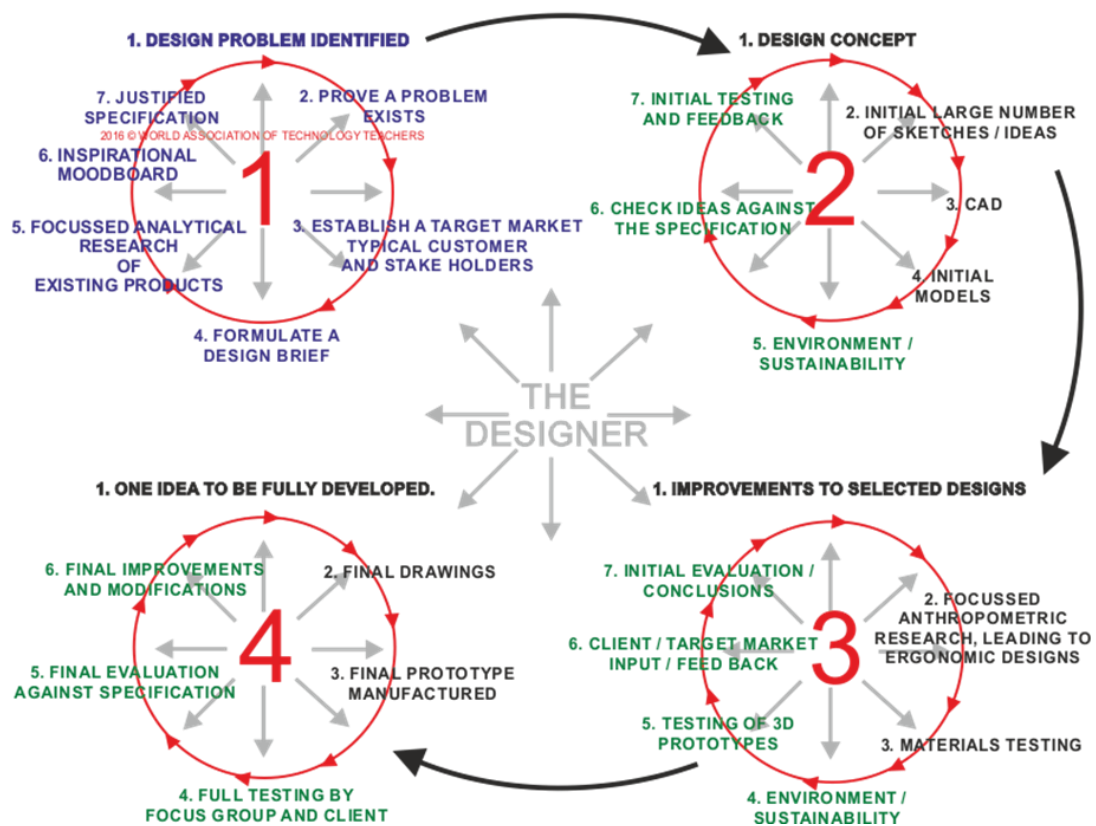


Figure 9. Cooperative design approach diagram (Ryan, 2016)

4 Research method

The research for this project consisted first in conducting interviews.

4.1 Qualitative research

The aim of qualitative interviews is to generate research data. The interviewer schedules ahead of time for the interview. The main aim is to study the subject and collect new knowledge that will be used to improve the service model. Analysis methodology and research questions should direct the interviews. When conducting an interview, guided and semi-structured interviews allow you to vary the wording and order of your questions. The benefit of this method of interview is that systematic information is obtained, and the discussion is casual. (Eriksson & Kovalainen 2016, p. 91-94). The researcher interviewed 13 health care professionals. The lead nurse helped the researcher to recruit participants for the project.

4.2 Data analysis

Content analysis will be used to interpret the data. It is a standard method of data analysis in qualitative research. First the data is coded, then classified and finally repeating themes are searched for (Tuomi & Sarajärvi 2009, p. 91–93).

4.2.1 Coding

Coding is an essential part of qualitative content analysis when the researcher wants to categorize gained data for the writing purposes. The researcher tries to be as objective as possible when coding the data in a way that another researcher could repeat the coding and gain the same result (Eriksson et al., 2016, p. 120). The researcher can develop a coding system based on gained empirical data (Eriksson et al., 2016, p. 140).

5 Service design process

This research will repeatedly go through the process of service design, as also stated by Juha Tuulaniemi in his book *Palvelumuotoilu* (2011). A service design process follows creative problem-solving principles. “Process” in this context connotes logically progressing and repeating chain of event; in a nutshell it is a continuous repetition of the process in a reasoning manner. The essence of service development is to create new and unique services.

The service design process consists of five parts (Figure 10), which will be described in the paragraphs below.

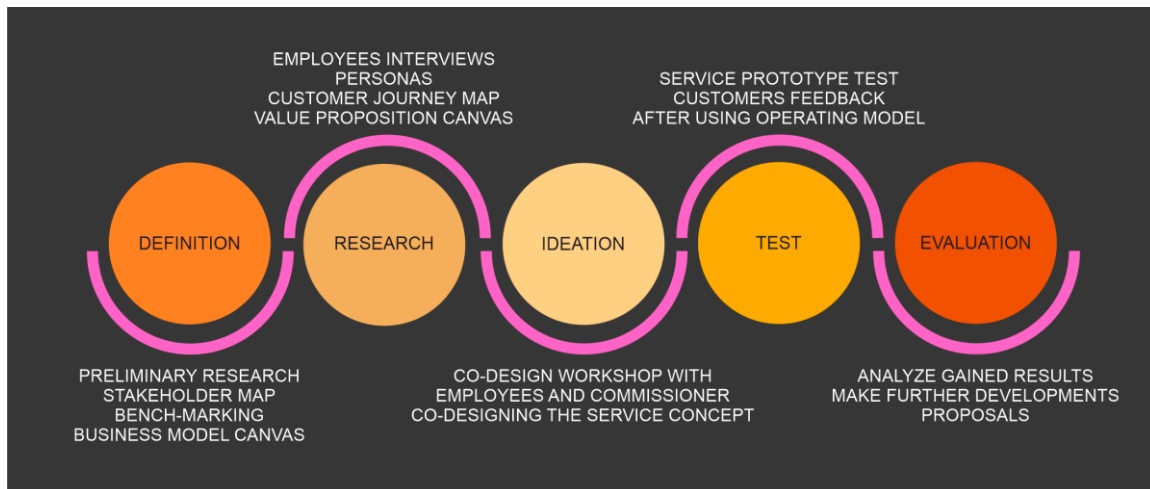


Figure 10. Service design process chart

Each stage is critical and completes each other in the process of service design. That is why, at the beginning, it is necessary to understand the whole process. It does not, however, indicate that the procedure is unchanged, or that it must be strictly followed; it is flexible and scalable. It is about understanding the overall thinking and how to support the development (Stickdorn, Lawrence, Hormess and Schneider, 2011.)

6 Definition of the current status

The first stage of the process is the “Definition” stage where the problem to be solved is identified and described. It is important to get a good brief where the Commissioner helps define the goal for the process. The Commissioner must provide the researcher with sufficient background information about the organization and its industry.

6.1 Preliminary research

Aim of preliminary research was to understand the environment where the self-management concept operates, get an overview of the existing situation as well as to learn more about the essential elements that are involved in the self-managed team in Kustaankartano E-block. Used research tools and methods were discussed with the Commissioner in fall 2019 about background of different leadership models in the organisation. These are presented in the following chapters on the traditional hierarchical model and on the work structure of a nurse in E-Block during the working model of self-management. The preliminary research aims to

get information also about the organization involved. During the first meeting with the Commissioner in fall 2019, the organisation determined the needs and the goals for this development challenge. Strategic objectives, timetable, budget, and other resources were discussed. The researcher also made known her role as a service designer, which is an important part for the project. The researcher then analysed and tried to understand the culture and the goals of the organization and their business perspective. This also involved looking at some statistics and written documents. It is essential to understand the goal of the organization in general and in relation to service being created. Preliminary research includes for example, studying the vision, values and strategy of the organization and their service portfolio as well as gathering data on the target group (Tuulaniemi 2016, p. 131.)

6.1.1 Background of the different leadership models of the Commissioner

Insights from personal communication with the employees, revealed that according to the traditional hierarchical leadership model, strict protocols are in place for every area of duty and decision-making. The Nurse Overseer assesses the various needs within the ward, dictates budgeting, assigns specific people in charge of purchases, as well as takes charge of every final decision. The nurse has little-to-no autonomy in decision-making. For example, a nurse cannot order urgent medications, diapers or even food/beverages, without the permission from the Nurse Overseer. In addition, if a client needs for example, new dresses, dental checkup, or outdoors recreational activities, a nurse can take steps towards these needs albeit upon permission from the Nurse Overseer.

The Nurse Overseer supervises the care plan of every client. Quarterly reports and yearly assessments are also managed by the Nurse Overseer. She assigns deadlines for report rendering by the nurses.

Every health care professional had a list of what to do and what not to do. For example, the practical nurses take care of clients' activities of daily living, basic care as well as administering regular medications, while the Registered Nurse alone has the right to administer certain medications like opioids, analgesics, morphine, and intramuscular shots. The principle of "primary nursing" (oma hoitajuus) is in place whereby every client is assigned to a primary nurse who will be responsible of the client's holistic care as well as of the communication with the client's relatives and arranging meetings as need be. This means that only the primary nurse has the most accurate and complete information concerning the

client and can communicate such information to a client's family member in the most detailed manner.

The Registered Nurse is the only nurse who is involved in the doctor's rounds, before, during and after they have been carried out. Listed below are the key activities that the Registered Nurse carries out at the three different stages:

Table 2. Key activities of a Registered Nurse during the stages of a doctor's round

Before	During	After
Gathering investigation results and evaluating and setting order of urgency	Review of unstable or deteriorating clients	Health professional team organization, clear communication of the doctor's orders and motivation of the ward team on the plan of care
Informing and preparing clients for the upcoming doctor's round	Decision-making and documenting of care	Progression of tasks, accomplishing doctor's orders
Encouraging clients to think about any questions they may have, which may help to avoid forgetting what is important to them	Review of client's medication plan	Repetition of information to the client
Seek eventual perspectives of care from the multidisciplinary team to be discussed during the doctor's round	Convene multidisciplinary team meetings with the client and relatives as need be (<i>hoitoneuvottelu</i>)	Ordering client's medication from pharmacy strictly according to doctor's orders

The Kustaankartano E-block service home is made of three floors with an independently managed team of health care professionals in each floor. This setting leads to poor cross team communication and cooperation.

The Nurse Overseer also plans all nurses' work shifts, which can lead to dissatisfaction among the nurses when the assigned shifts do not suit their own personal plans. Only a few nurses in the ward have the right to recruit workers, solely in the absence of the Nurse Overseer during weekends or public holidays. The workers do not have autonomy in their work shift planning which can lead to for example., burnout and excessive number of sick

leaves. The number of night shift workers is fixed, and these positions are usually permanent, which means that no new workers can opt for the position.

Workers general events, such as wellbeing days, are arranged in every aspect by the organization in a centrally managed manner, which leaves little-to-no space for nurses to express their wishes on the activities for the day, as well as for the management of their work shift during that day. For example, nurses would come to work in the morning and after the clients have had lunch, would leave the ward, and have a lunch break within the organization premises or somewhere out in the city. The rest of the time left is often spent in lectures.

6.1.2 Work structure of a nurse within a self-managed team

Within a self-managed team, nurses are given autonomy to take decisions that concerns their work and patients care plan. Teamwork is evident. However, each nurse has their own plan for their current client. The team has set team goals, and they are made clear to the entire team. Nurses plan their own work shifts and can plan night shifts more flexibly. Nurses use lean board to set out team and personal goals, from daily to weekly, monthly, and yearly goals. With this lean board, the entire team has a full view with just a single look at the board. There is rotation of nurses within the block, and this applies also to the principle of primary nursing (omahoitajuus) – every nurse change client every six months. Internal changes are made by the nurses, as well as spontaneous outdoors activities are organized by them, such as grill-day, outdoor sports, dancing, or visits to amusement parks in the city. The nurse informs the Nurse Overseer, and the finances are provided.

If you do not have a boss, who is in charge? Everyone or no-one? In Kustaankartano E-block service home, the health care professionals have a solid grasp of these answers. They lead together. Colleagues from all over the world have chosen to go beyond hierarchy to create a high-performing diverse team, and they have reinvented the organizational frame by self-managing. The self-managed journey in Helsinki city, first was tested four years ago, in 2016, in home care nurses, then in 2019 was introduced in Kustaankartano H1-block and E-block. The organisation has its own internal processes already in place to assist with the smooth running of this new leadership model. Team members received and were trained in new roles. The team was also trained in soft skills, conflict resolution, communication, facilitation, and feedback.

The teams in E-block have no managers. Instead, they have cross functional self-managed teams that work in fluid and changing roles. The roles in these self-managed teams change

as the tasks and projects change. Nurses work more freely, and the bureaucracy is reduced. Nurses have new roles, and everyone has a responsibility area. Practical nurses have to undergo internal courses and update their medication pass. In this manner, they can also administer some medications that before self-managed teams only registered nurses could.

Practical nurses also attend doctors' rounds after an orientation period. Within this model, there is the new role of a lead nurse who coordinates, supervises, and works in cooperation with the Nurse Overseer. The Nurse Overseer has more of a coach role within the team. Every nurse is given the right to recruit staff in case of shortage, albeit clear guidelines are given regarding this.

Every shift has a team leader for the day, which is chosen independently from professional background or work experience. The team leader for the day has the task to delegate and coordinate every activity for that day and ensure that the day goes smoothly. He or she is responsible for holding the unit phone, receiving all incoming calls, and recruiting staffs, if needed for that shift. In case of an emergency, he or she consults the doctor. Doctors' consultation has clear and strict procedures to be done before, during and after consultation. Every nurse must get familiar with these procedures so that in case of an emergency, they can act fast and correctly. Every nurse has the right to order medications (dose delivery bag) from pharmacy for the clients, order linings, sheets and diapers as well as repairing company as need be. Worker's wellbeing days are planned by the nurses. The Nurse Overseer gives guidelines and budgeting, and the team executes the activities involved.

6.2 Stakeholder map

A stakeholder map will help you find out who the most prominent individuals and organizations are. The interplay between these groups can be chartered and evaluated by representing various stakeholders who may have a direct or indirect effect on the service experience. (Stickdorn et al., 2018, p. 58-59.)

In this thesis project, a stakeholder map helps to understand which stakeholders are involved in the ecosystem and helps to reveal existing relationships between these stakeholders. The stakeholder map can also help to find the hidden potential for cooperation between different stakeholders. Drawing a stakeholder map for Kustaankartanon E-block team started with a meeting with the Commissioner. It assisted in the identification of all key stakeholders in the ward's self-managed teams of healthcare professionals. The stakeholder map was divided into "internal", "external" and "connected". The internal stake holders are the main workers

of E-block, that is., registered nurses, practical nurses, geronome, doctor, social worker, physiotherapist, lead nurse, nurse overseer, patients, and the patients' relatives. External stakeholders are the emergency care nurses, laboratory nurses, Kustaankartano senior center, volunteers, hospital pastor and director of nursing. Lastly, the connected stakeholders are the Ministry of healthcare and social affairs (SOTE), Helsinki City, the government, hospital rehabilitation and care services, Northern Helsinki health care services and media.

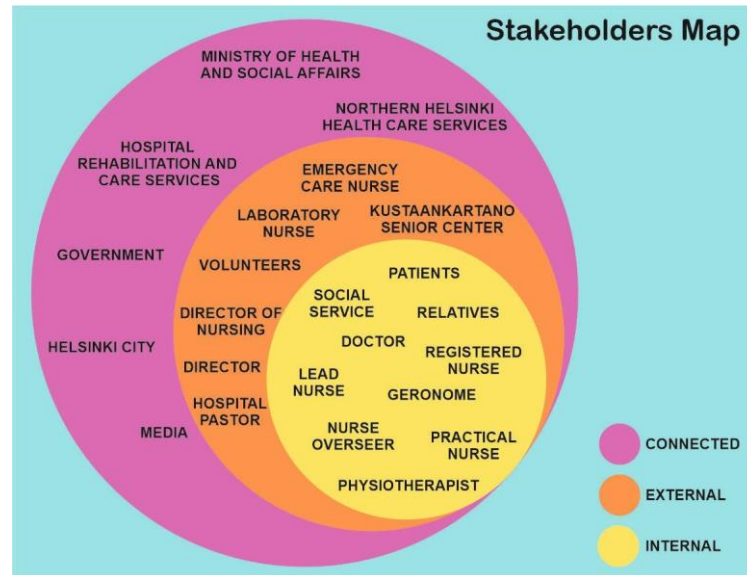


Figure 11. Stakeholder map

6.3 Benchmarking

Benchmarking is the systematic comparison of the performance of one firm against other firms. The main aim of benchmarking is to understand the performance of the organization and its best practices, which will help to identify the areas of improvement. In this project, the researcher's main goal is to create a unique brand of services for the self-managed teams in Kustaankartano E-block. In achieving this, the researcher will look at how self-managed teams operate(s) within Finland in elderly care environment and IT companies. After going through some of their common denominators and strengths, the researcher will then analyze the best company practices using the SWOT analytical tool, as shown in Figure 12.

Benchmarking was done through phone calls with an IT company in Finland called CS Control Software Oy created in 2006 with approximately 15-30 workers. CS Control Software Oy also works within a self-managed team. The researcher also benchmarked Vincit Oyj Turku through face to face, which is also a self-managed IT and design company. Lastly benchmarking was also done with a geropsychiatric ward in Kustaankartano H1-

Block. The results of the benchmarking of these three companies can be seen in the Figure 13 below. All of them were self-managed and multicultural.

Helsinki city is a public organisation and has more resources to cater for its workers and clients' needs. IT company strength is easier to self-manage when working on individual bases than with the public sector that it is new and self-management is usually team based.

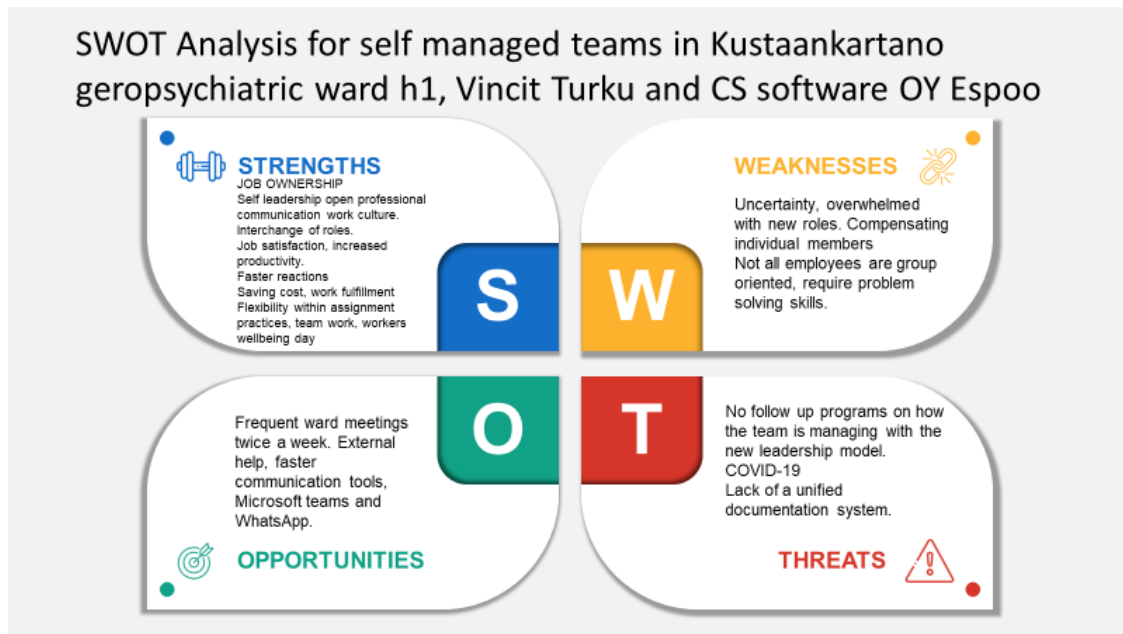


Figure 12. Results of SWOT analysis

Benchmarking-key learnings, clear cut best practices.

- Three companies were benchmarked through interview
- Vincit service design company of self managed team Turku
- CS Automated soft wear IT company Self managed team Espoo.
- Self managed teams of nurses Ward h1 Geropsychiatric ward Helsinki.
- Open professional communication culture (työnohjaus) work coach
- Team work during doctors round for unanimous understanding of doctors orders. "don't work alone" Nurse communicates Doctors orders to team communication channels (Microsoft teams) in other for everyone to be informed about any recent changes. "Vierheittä ei pelätä"
- Cultural issues more recreation and wellbeing activities "after work" sponsored by the organisation. Team decides on activities to do. "Yf vastavastuulitvahvistu" corporation between employer and the staff.
- One documentation system, every specialist and external stakeholders are also updated.
- Continuous education of role functions.

Figure 13. Result of benchmarking

6.4 Business model canvas

Business model canvas is a template where you can sketch out your business model. Any service design process includes the development of a business model canvas. In a business model canvas, key areas are partners, resources, activities, value proposition, employees' relationships and segments, channels, cost structure and revenue streams (Stickdorn et al., 2018, p. 76-79).

A business model canvas is created to describe the concept and its value from the perspective of service providers and employees. It would help to map risk areas and opportunities of the offered service. The canvas is based on the inputs, interviews, and discussions with internal stakeholders that occurred during the research process. The value proposition is a list of an organization's product or service's specific selling proposition, as well as how the offering sets them apart from the competition. (Figure 12) (Stickdorn et al., 2018, p. 76). In self-managed teams the value propositions are competence-based nursing practice, work motivation and autonomy, job ownership, work flexibility, own job planning, less pressure from authorities, natural and effective work, quality of care for the clients, flexible care assignments and increased productivity. Self-management creates value for the employees, these can be considered as value propositions because one of its fundamental value is for the employees to operate with less interference from the authorities.

Various employee segments and target groups who have similar needs and traits are listed in the employee segment (Stickdorn et al., 2018, p. 76). These are the team of health care professionals (Registered Nurse, Practical Nurse, Gerontologist, Physiotherapist, Social worker, Lead Nurse, Nurse overseer and Doctor). The channels through which employees interact, from the identification of a problem area or goal until the finding of a solution, are listed as channels. These could be online or offline (Stickdorn et al., 2018, p. 78). Employee relationship are carried out through face-to-face ward meetings every month, team goals, weekly team meetings, open communication and trust within the team and other stakeholders. Key resources are essential in order to obtain the goals and vision of the team. This is achieved by having staff that is knowledgeable on how self-managed teams operate and their expectations, having also external support through the form of expertise knowledge, if needed.

The environment in which the business works is composed of key partners (Stickdorn et al., 2018, p. 79). This includes hospital rehabilitation and care services, Northern Helsinki health care services, ministry of health care and social affairs (SOTE) and Kustaankartano senior

center. They are the ones who usually take away or share some responsibilities with the company (Jeffries, 2018). The cost structure, which involves fixed and variable costs incurred by the organization, is shown at the canvas's bottom. The cost of the smooth running of self-managed teams are composed of salaries for the health professionals, occupational health insurances, cost for the structure, rents, maintenance cost, IT cost, hiring of external help if need be and financial cost for workers well-being day. These costs come from the smooth running of a self-managed team.

The Commissioner (City of Helsinki) provides budget for this program and lists all the necessary costs that it may cover. This cost structure block is linked to the canvas's seven preceding blocks (Stickdorn et al., 2018, p. 79). The last block, revenue streams, shows how the enterprise derives revenue from various sources. It specifies how much each employee category is compensated and how this influences overall revenue. The organisation also receives funding from the ministry of health and social Affairs as a public organisation. This block is also connected to the above seven blocks of the canvas (Stickdorn et al., 2018, p. 79.) The aim of incorporating this tool is to clarify the organization's core objective while recognizing weaknesses and strengths. (Stickdorn, et al., 2011, p. 212).

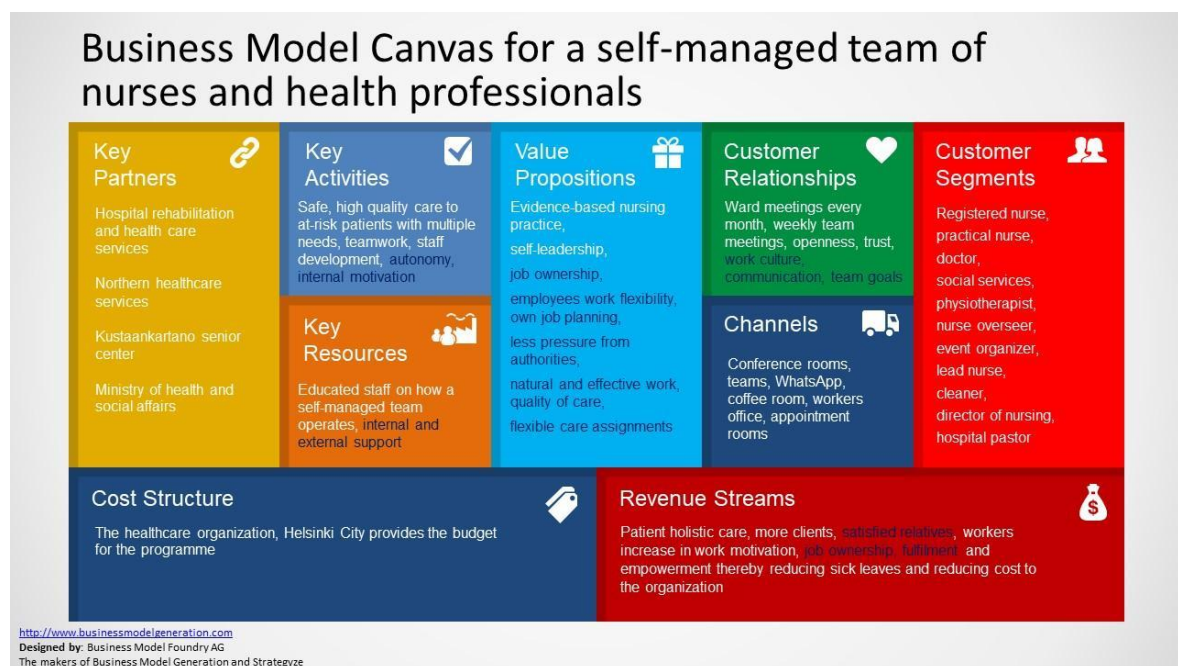


Figure 14. Business model canvas: in black are items included after this research

7 Research

After the preliminary research, the researcher proceeded with deepening the understanding of the employees' needs, desires, expectations, values, and motives. This was done through

conceptual employees' interviews and creation personas, as discussed in the paragraphs below. The research included mapping the target groups, understanding the service provider's objectives and needs, as well as clarifying the assignment and the goals based on the data and results obtained in the research. During this phase, the researcher aims at analyzing, evaluating, defining, and visioning the service, the brand and its position on the market.

7.1 Interviews with the employees

Interviews are data collection tools closely associated with qualitative, human, and scientific research (Giorgi & Giorgi, 2003). According to Griffiee (2005), interviewing is a popular way of gathering qualitative research data because it is perceived as talking and talking is natural. Interview is co-created between the evaluator and the respondents. This can be face-to-face, online or via telephone. For this research, interview was conducted face-to-face and individually with the interviewees. This allowed the researcher to observe the behavior and body language of interviewees. Qualitative interviews are used in research to understand the thoughts of people and reasons for action (Tuomi & Sarajärvi, 2009, p. 75). In service design, interviews form a useful method to gain more profound knowledge on customers' perspective on services and products (Stickdorn et al., 2018, p. 122).

When preparing for the interviews, the researcher wrote a letter (Appendix 1), four weeks before, in English and Finnish to the intending interviewees. The purpose was to sensitize them on the aim and content of the interview as well as on the factors concerning GDPR (see Appendix 1). It also contained the researcher's contact details. This letter was distributed to all the workers of E-block, essentially to determine their participation. The letter was given again to the interviewee candidates on the interview day. The interviews were conducted in a one-on-one meeting with the researcher. No group interview was included in this study and the length of each interview was approximately 20-45 minutes. All interviews were recorded, and interviewees were informed. Interviewees consisted of two males and eleven females working in Kustaankartano E-Block. They all had different qualifications, ranging from director of nursing, lead nurse, registered nurse, practical nurse, nurse assistant, geronome and social services, as well as varying work experience in the organization ranging between 3 to 40 years. Interviews were held in a period of three days in November 2020.

The themes of the interviews were centered around the employees' experiences, challenges, and expectations of a self-managed team. There is a guideline with themes and questions,

but additional questions can be presented, and the order of questions can be changed (Tuomi & Sarajärvi, 2009, p. 75.). Beforehand, the interview form was prepared, see Appendix 2. In the end, the interviewees were given the opportunity to freely bear their minds about the development of the project. The lead nurse recruited interviewees. According to Tuomi & Sarajärvi (2009, p. 33), the process of choosing interviewees is not random in qualitative research, because the aim is to describe the specific phenomenon and understand action; meaning that interviewees can be chosen so that they are suitable for providing data for the research.

During the interviews, all the interviewees appeared calm and relaxed, some were excited, and they answered all the questions. The interviewees were given the right to choose the language they were comfortable with since it is a multicultural team. Four interviews were conducted in English and nine in Finnish. The list of interview questions can be found in Appendix 2. The basic structure of the interview consisted of five sections: background information; longevity of service; employee experiences; motivating factors; pain points, challenges and ways of solving these challenges. However, the questions were slightly modified to earmark the user group and highlight issues from an individual perspective.

With the aid of content analysis, the data from the interviews was organized and analyzed. Content analysis is a method to systematically transform a large amount of text into a highly organized and compact summary of key results. Transcribed interview texts are often common starting point for qualitative content analysis. In the process, it is important to interpret the answers and to recognize main themes and categories but not to lose the core meaning of the data (Erlingsson & Brysiewicz, 2017).

The researcher also used coding for analyzing the content. Coding is an essential part of qualitative content analysis when the researcher wants to categorize gained data for (the) writing purposes. The Researcher tries to be as objective as possible when coding the data in a way another researcher could repeat the coding and to gain the same result. (Eriksson et al., 2016, p. 120). Researcher can develop a coding system based on gained empirical data. (Eriksson et al., 2016, p. 140).

The researcher transcribed all interview answers and gathered them into one table. Data was organized and grouped under each question and simplified in a way that the essential content from the answer was inserted into the table. The expressions were categorized by similarities after which the categories were named. A section of the interview questions addressed interviewees' background information regarding their age, work experience, hobbies, and

family situation. The researcher left out the names intentionally especially during data analysis so that they are not identified, interviewees background data would however be presented after the second seminar.

The main themes in the interview session are motivation and implementation, empowerment and trust, self-improvement, team cohesiveness, work culture and cultural diversity, change and its challenges. The findings gained from the interviews are presented below:

Motivation and implementation of self-managed team

Interviewees felt that the motivation behind the self-managed team concept was to streamline the bureaucracy attached to their duties. The implementation process was perceived as smooth, all interviewees mentioned the workshops organized by the organization to prepare employees mind-set and ease transition. The workshops gave an opportunity for to employees to ask questions on the concept and have a clear understanding of its necessity. The concept encourages empathy within team members and towards their clients.

Empowerment and Trust

In general, all interviewees agreed that self-managed team concept allowed independence that was elusive in their cause of duty. The team could plan their work schedules without involving the nurse overseer; they are able to make decisions on matters regarding their work, which has helped employees taken ownership and are more responsible. Prior to the introduction and implementation of the self-managed team, there were some certain duties that could only be carried out by registered nurses, these duties are almost the whole essence of their work, but they could not do them without the supervision of the nurse overseer, like Implementing physicians' orders, administer medications, perform treatments, procedures, and special tests. Order, interpret, and evaluate diagnostic tests to identify and assess clients' conditions. Assess and evaluate patients' needs for, and responses to, care rendered. Apply sound nursing judgment in patient -care management decisions. Provide primary and emergency care for occupational and non-occupational injuries and illnesses. Carry out doctor's consultation in case of emergencies; administer prescription medications as ordered like opioids and analgesics. Collaborate with the nursing team to create a Plan of Care for their clients. Direct and guide ancillary personnel and maintain standards of professional nursing. With the self-managed team concept, the nurses can perform all these functions

within their team; this has created trust between the organization and employees as well as job satisfaction and job ownership.

Self-improvement

Interviewees admitted that the concept has helped them to learn more about the job and bring their professional knowledge into force. Employees know(s) the implication of wrong decision or wrong application of medication and therefore are more careful and diligent when attending to clients. Team members communicate more and assist one another if the situation demands. They all agreed that self-improvement is an important aspect of self-managed team concept, as huge responsibility lies on the team to do the right thing with little or no mistakes.

Team cohesiveness

All the respondents felt that, the self-managed team concept promoted support, first among team members as they all could identify with one another. Also, they felt that it has produced much support from the lead nurses and ward managers. Everyone tend to be supportive and wanting for the concept to be a success. Decisions are now made from bottom to the top as ward managers seek their opinions before decisions are implemented. They suggested more social interactions with team members. One of the interviewees highlighted that they have had one cultural party at the workplace to build team cohesiveness, but a lot still need to be done. The interviewee also highlighted on building more connections with the team. Because now, especially because of COVID-19 pandemic, nurses have a limited period for social interactions, and team meetings are done with facemask on, and within a limited time. Reporting system is "hiljainen raportti" meaning silent report. This means that workers in the beginning of their work shifts, they are expected to read clients report on computers to maximise time. So, less time for interactions.

Work culture and cultural diversity

The work culture in the era of self-managed team concept is such that, team members can assign shift and work rotation within the team thereby creating an enabling environment for flexibility. This has helped to streamline the cultural differences among team members, since different races work together, they are able to familiarise and gain good practices. Some of the interviewees highlighted that this has increased social skills as you get to know your colleagues. This also strengthen teamwork. When asked if they will recommend self-

managed team to another block, almost all the interviewees answered in the affirmative (Figure 15).

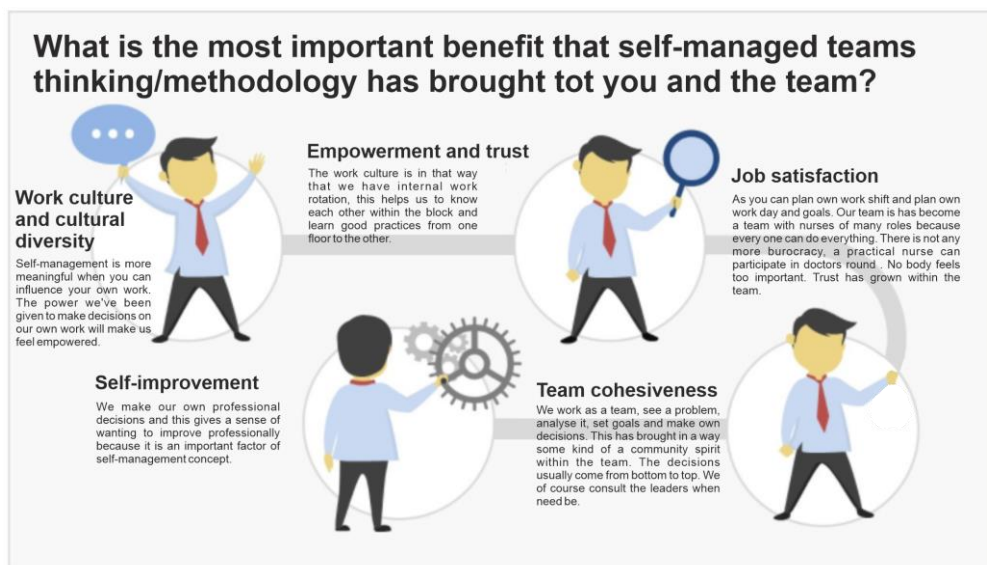


Figure 15. Quotes from the interview. What are the benefits of self-managed team to employees and team?

Change and its challenges

When interviewees were asked about the challenges faced because of the change and how they can solve these challenges. Many highlighted different issues that bothered on fear for change; boldness to speak out on difficult issues; discernment to understand workers different strengths; information breakage; overwhelmed with role change; cultural issues; uncertainty; lots of mistakes; not understanding doctor's order; work culture and global pandemic. Interviewees felt that the concept is innovative but solving these issues will help nurses to render their duties effectively.

Interviewees agreed that some team members fear change and are not able to adapt easily, these create(s) slowness to the rest of the team; one way of solving this issue is to be patient while encouraging such employees. Some of the respondents mentioned a situation where nurses do not understand a certain instruction and would not seek clarification; such can be disastrous and injurious to clients' health. The possible solution is to contact lead nurses or nurse overseer, it is important that the nurses understands that self-managed team does not indicate complete autonomy and if situation calls for higher authority, employees should escalate without hesitation. Other challenges enumerated was understanding the different capabilities of the workers so as to assign them appropriately, some workers function well with writing tasks while others are better in clinical tasks, switching roles would allow team lead understand workers strength and can make placement better.

The challenge about role change was raised by some of the interviewees, some workers being overwhelmed with role change, because they had labelled some tasks as the duties of the registered nurse. It was highlighted that this role change has brought many mistakes like not ordering the right medications for patient, difficulties in interpreting doctors' orders and sometimes-cultural issues on interpersonal communication came up. When asked how this could be solved, some interviewees suggested that employees could still be working in close monitoring with the registered nurses until they are confident to carry out these tasks independently. In addition, when a practical nurse is with the doctor and is unable to interpret orders, it is advised to always work as a team with other nurses to be sure they have a common understanding (Figure 16).



Figure 16. Quotes from interviewees: Challenges that comes with change and how to solve them.

The organization has however engaged the nurses in many workshops to discuss self-managed team process, but many respondents felt that having a feedback session would be more appropriate. The feedback session could be to discuss how well nurses have been able to implement the learned skills for instance.

7.2 Personas

Personas are imaginary profiles or archetypes based on actual research that represent a particular group of people, such as a group of employees or users. (Stickdorn et al., 2018, p. 40-41, Stickdorn et al., 2019, p. 178). In the case of self-managed teams, personas can represent groups with similar service needs. After the employees' interviews, three group of

personas were generated by the researcher, based on the different pain points that aroused. Personas support workers in placing themselves in the shoes of various stakeholders, having a deeper understanding of their needs, and creating empathic representations of employees or target groups. Family status, hobby interests, beliefs, emotions, challenges, job responsibilities, team communication platform, actions, and motivations were all used to categorize the data. The pictures, their age, name, experiences were fictional, behavior, motivations challenges and responsibilities were generated from the interview insights.

Persona #1 (Figure 17) is a practical nurse who is 30 years old. Her name is Kemi, she values clear goals for her role as a team lead for the day. Her main challenge she faces with the onset of the self-management work model is uncertainty with the new model. She is not sure what to do as a team lead. She feels she is seen by other team members as the one who always picks up what is not going on well within the team for discussion. She has strong clinical, assessment, communication, and observational skills. She is a leader who can take initiative, make tough patient care decisions, and accept accountability for outcomes. She likes learning from others as well as teaching. She strives for change and works as a change agent. She is a type of personality who wants to be where the action is and where the change is most needed. she is always vigilant, efficient, responsive, and organised. She is passionate about the job, compassionate, empathetic with patients and their families.



Figure 17. Persona #1

Persona #2 (Figure 18) is nurse Belle who is 60 years old and registered nurse. she values support from the team and responsibilities should be introduced gradually. Her greatest challenge from self-management working style is that she sometimes does not understand doctor's orders and feels like asking for help from others is a burden because everyone has their own job to do too. Belle is afraid of mistakes and change process. she exhausted and

does not have energy for anything. She recently divorced and want to do things the way it was done before self-management model came. she is reserved and avoids confrontation. She loves her job and is passionate about her position. she is afraid of change and does not feel confident learning new things because she feels she is too old to learn.

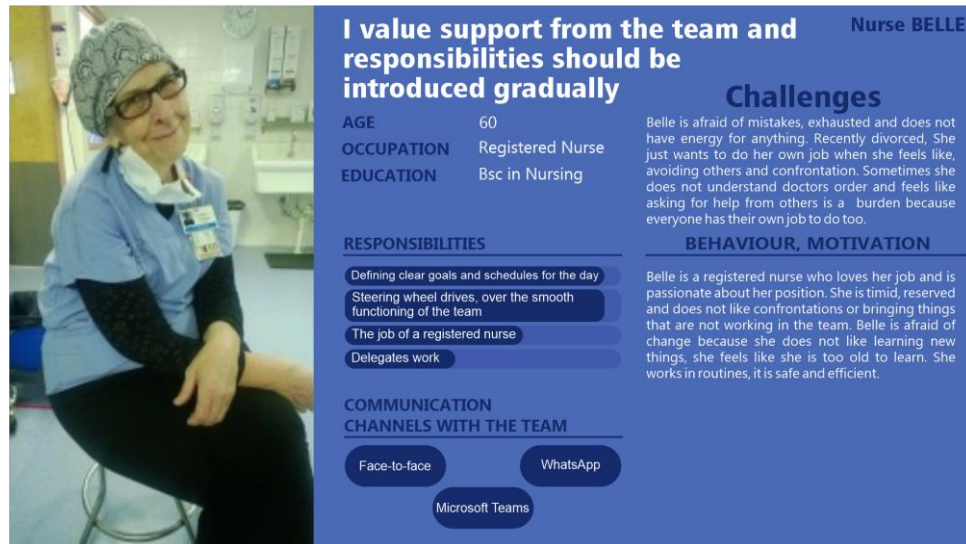


Figure 18. Persona #2

Persona #3 (Figure 19) Jukka is 40 years old geronome who is very positive and jovial in nature and sees everything from a positive lens. His responsibilities are elderly care. He promotes well-being, social participation, health, and functional ability of the elderly. His main challenge on self-management working model is that he values corporation with team members and other stakeholders and a feedback or follow up session on self-management model from the leadership. His means of communication channel with team is through face-to-face communication, teams meeting, Microsoft teams and WhatsApp.



Figure 19. Persona #3

7.3 Customer journey map

The customer journey is an important feature of service design. It is a platform for visualizing the customer's path. A customer journey is a retrospective account of the customer's actions and interactions with the service. Touchpoints are the points where a consumer communicates with the service. User insights are characterized by these touchpoints. After identifying the touchpoints, the overall customer experience can be defined by linking them. Customer journey maps can be made more personal by including photos and including all relevant information having an effect/impacting on the user's experience (Stickdorn et al., 2011, p. 158-159.)

In October 2020, after the development of personas, a customer journey map was developed (Figure 20, Appendix 6). This was done from a nurse point of view. Since there are so many touchpoints in the health-care industry, the nurse journey map is generally complex. For the sake of simplification and directness, the researcher created a nurse journey map for a quick journey during a doctor's round, which was described by the interviewees as one of the pain points associated with self-managed teams. The researcher obtained a deeper understanding of the service thanks to the customer journey diagram. During the co-creation workshop in February 2021, the produced customer journey map was validated. The customer journey map was used as a starting point to Improve nurses experience to provide employees with better outcomes, ultimately inspiring their loyalty, job satisfaction and never-ending trust. The employee journey map outlined the service process prior to, during, and after the usage of the service. The employee journey map was used in the co-design workshop, which included the commissioner and staff.

Before the service of attending to the doctor's round, the nurse needs clarification of what to prepare for. The aim of the commissioner is to make sure there are already clear internal processes to help a new practical nurse who has not been before on doctors' round to understand her role and objectives. The nurse focuses on collecting investigation results and evaluating and setting order of urgency and informing and preparing clients for the upcoming doctor's round. Encouraging clients to think about any questions they may have, which may help to avoid forgetting what is important to them Seek eventual perspectives of care from the multidisciplinary team to be discussed during the doctor's round. The work on the backstage is to ensure before the doctor's round, the nurse has her fears and insecurities taken care of by have a team meeting with the nurse, encouraging and motivating her.

Ensuring there are enough employees at work to take care of clients while the nurse can concentrate only on doctor's round.

During the service, the doctor arrives at the ward and nurse review of unstable or deteriorating clients, makes decision and documenting of care. Review of client's medication plan and Convene multidisciplinary team meetings with the client and relatives as need be (hoitoneuvottelu). The team is to handle the possible problems the nurse could face at this stage like trying to remember all the clients' cases while dealing with some challenging clients. At the backstage, the team has provided already enough staff(s) and making sure help is always around the corner. Work with another registered nurse so as not feel overwhelmed.

After the doctor's round, the Nurse may realise that there are some prescription orders that the doctors gave to the client and she does not understand. She runs into panic but calls the doctor back and asks for clarification. The nurse now goes to the next step of health professional team organization, clear communication of the doctor's orders and motivation of the ward team on the plan of care. Progression of tasks, accomplishing doctors' orders.

Repetition of information to the client. Ordering client's medication from pharmacy strictly according to doctor's orders. From the backstage, the nurse may possibly face some problems like accomplishing the doctors' orders alone. What the team does at the backstage is to double check with colleagues, print doctor's orders into patient's files so every member of the team can read again. Ensure that every first-time nurse works together with an experienced practical nurse or a registered nurse.

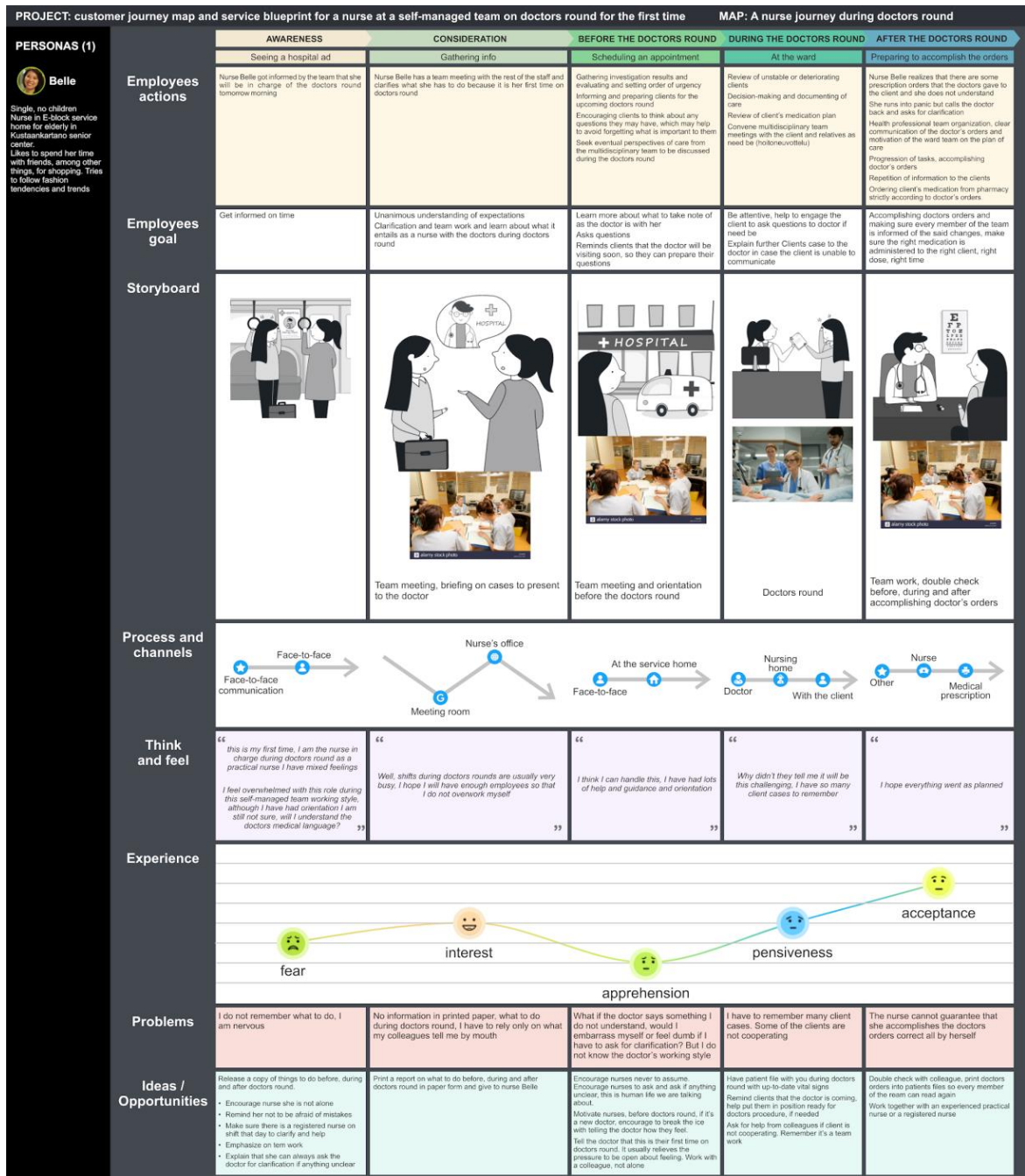


Figure 20. Customer journey map for a nurse on doctor's round

7.4 Value proposition canvas

Value proposition canvas is a tool to view employee motivations in business settings. On one hand, it helps to understand better the users' needs and motivations while on the other hand, it helps to think what the company or business can offer to the employees, which would help to solve the employee needs. Value proposition canvas is made with a segment or a persona in mind and it is divided into two parts: the first part is about the users' needs, pains, and gains and the second part is about the pain relievers, gain creators and the products or services that the company offers or can offer. (Van der Pijl, Lokitz & Solomon, 2016). The

user part of value proposition canvas focuses on the jobs that the employee is trying to get done and what pains and gains he is experiencing during the process.

From the insight of the value proposition canvas as seen in Figure 21, The employee`s job is to ensure smooth professional operation within nurses with less interference from authorities. The pains of this employee before the self-managed team working model were inability to make professional decisions without interference from authorities, decreased job motivation which was because of the work culture, working in routines. increased sick leave which automatically increases cost to the organisation. clients and relatives also directly affected by relatives not having on time information about their family members because of their own nurse principle. After the self-managed team concept, there is nonetheless uncertainty with the new model, information breakage, employees overwhelmed with new roles and difficulties to speak out about difficult issues within the team. As seen in the gains after using this model, there will be faster reaction time of nurses because decisions concerning their work are don by them and employees will get more value by being empowered, job satisfaction, job ownership, creation of multifunctional team because of rotating roles within the team.

On the other side of the canvas, pain relievers are elements or actions that can relieve pain for the employees. These channels that are expected to relieve the pains, for example integrated meetings and all matters reported in one platform, weekly team meetings twice a week, faster communication IT tools like Microsoft Teams, WhatsApp, clearer strategies to achieve goals and external help if need be.

Few variables were found to create gains within the team such as frequents feedback within the team and from the authorities, general ward meetings to discuss issues arising as a result of the self-management concept, Earlier care interventions, less stress for nurses, real time evaluation of goals. From the insights gathered on what is paramount for the employees, it is obvious that their main motivation was working with less interference from the leaders. Juggling through their day-to-day work with clear goals and objectives, support from their team and organisation was adding value to their work which gives job satisfaction and that internal motivation to self-improve.

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Figure 21. Value proposition canvas, in yellow are the items included after this research

Using this canvas makes you think differently about your employees and what you offer to them. This value proposition canvas also includes items after gaining interview insights. The organisation should focus on these gains, pain relievers and gain creators as these add value to the employees and in turn brings value to achieving the organisational goals and resources

Discovered pain points

Several pain points were established based on the study results, employee data review, and employee interview and the authors' brainstorming as seen below.

- Many highlighted different issues that bothered on fear for change. Interviewees agreed that some team members fear change and are not able to adapt easily, these create(s) slowness to the rest of the team
- Boldness to speak out on difficult issues
- Discernment to understand workers different strengths. Other challenges enumerated was understanding the different capabilities of the workers so as to assign them

appropriately, some workers function well with writing tasks while others are better in clinical tasks

- Information breakage also came up as employees indicated it an issue in the team and needs to be addressed
- The challenge about role change was raised by some of the interviewees, some workers being overwhelmed with role change, because they had labelled some tasks as the duties of the registered nurse. It was highlighted that this role change has brought many mistakes like not ordering the right medications for patient, difficulties in interpreting doctors' orders and sometimes-cultural issues on interpersonal communication came up
- Uncertainty which came as a result of the new self-management working model, nurses are not sure, what they are doing is it right? they valued a follow-up feedback session on how their learned skills are put in place
- Some of the respondents mentioned a situation where nurses do not understand a certain doctor's instruction and would not seek clarification; such can be disastrous and injurious to clients' health. Lots of mistakes; not understanding doctors order was evident.
- Work culture and global pandemic. Interviewees felt that the concept is innovative but solving these issues will help nurses to render their duties effectively.

8 Ideation

The third stage in the service design process is the stage of "Ideation". During this stage, the researcher considers alternative solutions first at wide perspective and narrows down the scope at a later stage. The researcher will use this stage of the research work to generate ideas and develop concepts. Using co-design with the employees, developing new or alternative solutions based on the service provider's goals and employees needs in collaboration with the target groups and the service provider will be achieved.

8.1 Co-design with employees and Commissioner

Co-creation or co-design is an empathic design approach, where the focus is on participation and equality. The aim of the approach is to bring people together to achieve a common goal by creating a forum for open discussion, open exchange of ideas and a proactive atmosphere.

The approach is human-centered and should involve all the stakeholders relevant for the service and the chosen angle. Different views, roles and experiences are regarded as equals.

Involving the customer, visitor or end-user in the design process evokes co-ownership, loyalty, and long-term engagement. (Jyrämä, Mattelmäki 2015, p. 58; Nyström, Leminen 2011, p. 64–65; Stickdorn, Schneider 2011, p. 30-31)

The first workshop took place on the 2021 through Microsoft Teams whereby the researcher presented the results of the employees' interviews executed in October 2020. The audience of the meeting was the nurse director and superintendent. Feedback of the audience was positive regarding the results of the research and the quality with the thesis author's work. The aim of this meeting was solely to present the interview results to the Commissioner.

The second workshop was held in 2021 through Microsoft Teams virtually (Appendix 7-8). The audience of the meeting was the nurse overseer, the lead nurse and most of the employees of Kustaankartano E-block. The researcher presented the results of the interview and design proposal. The feedback was impressive, and the researcher was commended. After the presentation and discussion, the workshop started. The aim of the workshop was to process further, some of the development suggestions which arose during the employee interviews in October 2020. The workshop was carried out based on online co-creation using Jamboard where employees can write down solutions on the problem areas. Personas were created based on problem areas from employees' interviews. These personas were formulated with speech bubbles and picture cards to describe situations that came from the interviews (see Figures 22-24). The employees were given a task to analyse and solve. A total of four task were given:

1. Defining clear goals for the daily role of a team lead. How to continually enhance workplace psychological safety for every worker?
2. How to encourage workers to accept Change to self-managed team? Ways to enhance workplace inclusion and diversity How to increase understanding of nurses' competences on self-managed teamwork style so far?
3. Ways to enhance a continual workplace flow of information which will also reduce medication errors and enhance a better quality of care for clients and reduce stress for nurses.
4. Ideation of the service concept for E-block, the pilot processing plan and how to execute the plan in day-to-day working life.



Figure 22. Formulated persona #1 used during the co-creation workshop



Figure 23. Formulated persona #2 used during the co-creation workshop

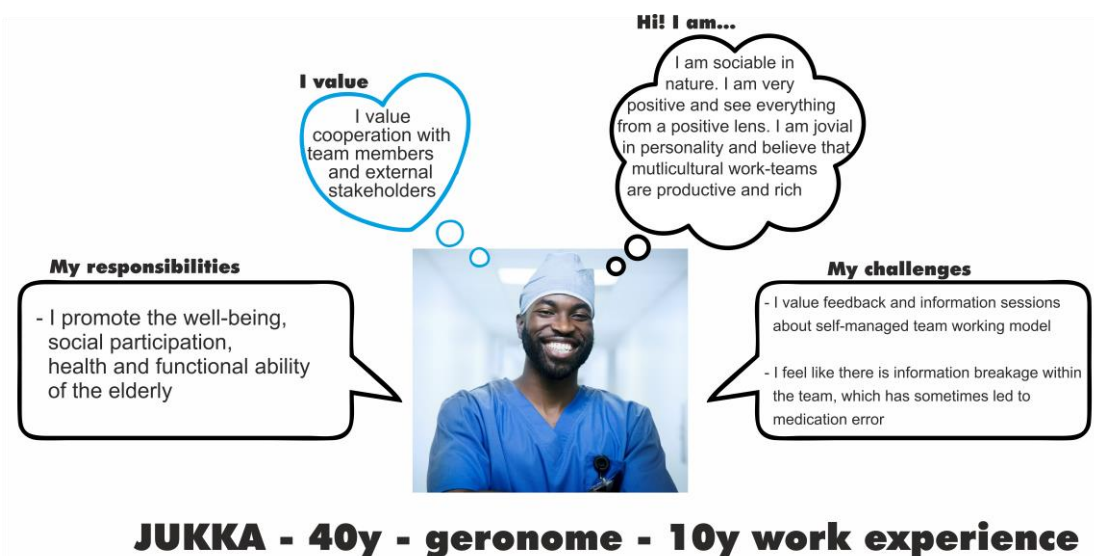


Figure 24. Formulated persona #3 used during the co-creation workshop

Results from the workshop were the following:

Task 1: Defining clear goals for the daily role of a team lead. How to continually enhance workplace psychological safety for every worker?

The working group acknowledged that, it could be confusing sometimes when working as the team lead for the day. With many acute situations that may occur in the patient's life and many responsibilities for the nurse. The organisation has clear goals for the role of a team lead. The employees emphasized that every nurse should take it upon their own responsibility to read through the list of what he or she is expected to do as a team lead in the beginning of every shift. He or she should however not feel pressured with the title "team lead", teamwork is of essence and open communication with the whole team. The nurses underlined the essence of the team to continue with the culture of being able to give feedback and receive feedback.

Task 2: How to encourage workers to accept change to self-managed team? Ways to enhance workplace inclusion and diversity how to increase understanding of nurses' competences on self-managed teamwork style so far?

All the workshop participants agreed that the lack of information sessions about how far the team has managed under the self-management model was evident. They agreed with the nurse overseer that, an information session will be held after summer because the organisation is presently going through another major change of a new documentation model. There is also a need to be patient and encourage workers who are afraid of change, the participants underlined that this is not only the job of the nurse overseer but the whole team. Nurses need to acknowledge their weaknesses and not be afraid to ask for help. The participants encouraged active participation and open communication during team meetings which are usually held on Tuesdays and Fridays.

Task 3: Ways to enhance a continual workplace flow of information which will also reduce medication errors and enhance a better quality of care for clients and reduce stress for nurses

It was noted that there is a constant break of information, periodically, major changes after doctor`s rounds are not informed by every member of the staff. The nurses acknowledged this is a challenge as the team has its own internal resources already in place to make sure there is seamless flow of information, but this does not help the situation. The participants underlined that, it is every nurse responsibility to obtain information concerning their work

for the day, they reminded each other of teamwork. They suggested that reports concerning issues to be handled before and after doctor's round should be conducted by the whole team. Clear division of task. Medication changes should be printed and placed inside every client's file for each worker to read again when needed. Double or triple check of medication changes and implementation.

The participants of the workshop suggested that a unified documentation report system will also reduce misunderstandings of doctor's verbal orders on phone. This is a situation where doctors who do not have access to the organisation's own documentation system (Efficia - potilastietojärjestelmä), will have to give orders upon consultation in case of an emergency during weekends through phone calls. Implementing a unified documentation system, misunderstanding of doctors' verbal orders will also reduce. The nurse overseer highlighted that the organisation is already working on having a unified documentation system called APOTTI that will be fully put to work by the beginning of April. This will solve most of these issues.

Task 4: Ideation of the service concept for E-block, the pilot processing plan and how to execute the plan in day-to-day working life

During the workshop, the nurses figured that having a table format proposed by the researcher is the best way for every employee to understand with just a single view. They suggested that handling one pain point that aroused from the interviews will be the best way to execute the testing phase of the pilot processing plan. After brainstorming amongst the participants of the workshop, they chose to handle the issue of information breakage that leads to medication errors. This was taken first because it was the most pressing pain point within the team. See Figure 25. The participants decided that a feedback session will be done through teams meeting after testing this plan for two weeks. Then another pain point will follow sought.

8.1.1 Designing the service prototype

The service prototype is currently in its early stages. The aim of creation is to investigate various options and bring ideas into motion. The goal is to make quick progress. More observations are obtained from experiments, and it is possible to obtain more clarity? Where should I aim? More accurate designs are possible to make (Hassi, Foutouh, Ramid 2015, p. 49-50).

During the co-design workshop with the employees, the service prototyped was designed after brainstorming and discussions with different stakeholders. By planning the implementation of the prototype, firstly the employees chose one pressing pain point which was “information breakage within the team which leads to lots of medication mistakes”. Secondly the team brainstormed on how they are operating now, what is the starting point of this pain point? They concluded that the current situation in the ward to have a seamless flow of information was that they had team meetings every Tuesdays and Fridays, open professional communication culture, face to face during daily reporting and communication through Microsoft Teams and WhatsApp. Notwithstanding these current situations, there are still information breakage and medication errors.

Thirdly they unanimously “built a rule of the game” that each employee is committed during this trial period so that the pain point is addressed. They concluded that the rule of this game is that every nurse takes it as his or her responsibility to read the changes that comes after every doctor’s round.

Fourthly, the nurses also stated the most important things to be done by everyone in the team so that this pain point will be solved. They brainstormed and concluded that after every doctor’s round, the report is reviewed and in addition, the nurses report files are printed and displayed in the doctor’s folder where everyone can read again. Triple check of orders to ensure they are correct.

The fifth point that came up during the designing of this prototype was “what is the main goal. Why are they putting up these action points? (to the clients and to the team of nurses) After a quick brainstorming, they stated that it was because they wanted a flow of information and unanimous understanding of the doctor's order. This question was of utmost importance for the whole team to remind every nurse why they are doing this.

The sixth point was what was the desired end-result? Here they responded that it is for the team to be informed, seamless flow of information and reduced or no medication mistakes.

The seventh point they formulated in a question format was how do they know this prototype was successful, what are the KPIs? They also stated here that they will use HAIPRO-which is an IT tool used in social and healthcare patient and customer incident reporting. So, whenever there is a medication error, the nurses write it down on this platform and the information goes directly to the nurse overseer who then acts immediately.

Lastly, the employees selected team leads who were the registered nurses as persons in charge of monitoring the smooth functioning of the action points. See Figure 25 below.

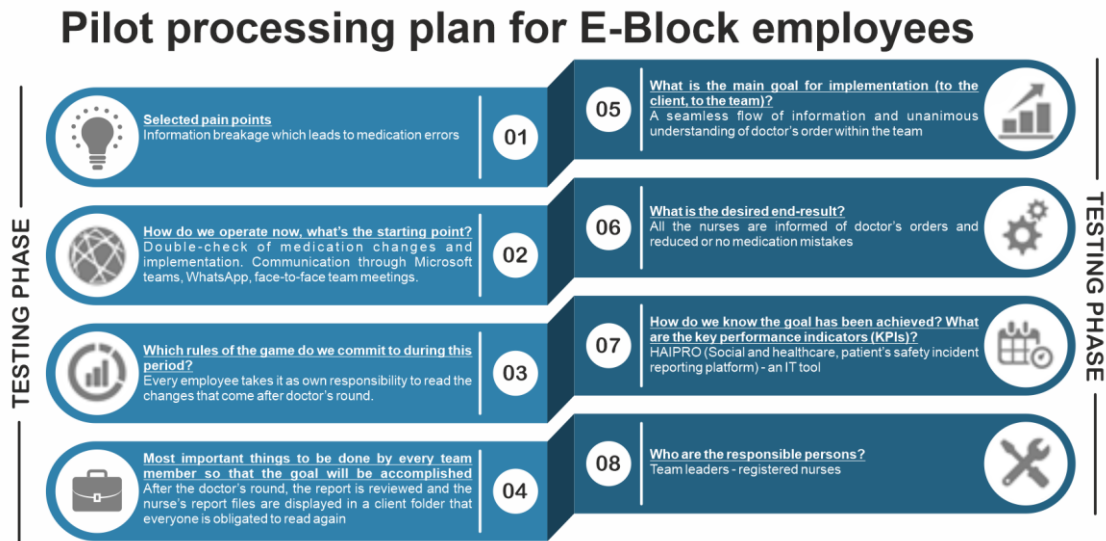


Figure 25. Table format of how to process the pain points derived from the interviews. Testing after co-creation workshop.

9 Service design test – implementation and evaluation

This chapter is covering the test and implementation of the service prototype designed by the employees. Employee input on the service prototype is presented, and if necessary, the Commissioner is presented with further improvement ideas to refine the self-managed team service model of pain points. Based on user reviews, the service can be fine-tuned. Continuous improvement is expected in the service industry. Putting the developed service's ideas and expertise to the test. Improving the service model before incurring development costs.

The evaluation of the service prototype decides if the service is functional. Employees will try out the prototype to see how appealing and exciting the service is. It shows how convenient it is to use the service. By putting the action plan to the test, the service prototype shows whether it is consistent with the company's plan and whether it is realistic. This work's service concept is financially viable. (Tuulaniemi, 2011. p. 197). The employees tested this service prototype for seven days.

In the final stage of the process, “Evaluation”, The production process' progress is measured. (Tuulaniemi 2016, p. 126,128, 132, 136,142, 182, 232.). After presenting the service concept

to the team the pilot processing plan, the researcher made phone calls and interviewed the employees. In 2021, the researcher interviewed two employees, the nurse overseer, and the lead nurse. This number was this small due to the busy schedules of the nurses, it was not possible to get every employee to participate.

Employees were asked how satisfied they were with the service concept, the action plan? Did employees feel they got enough support on how to solve these pain points with the use of the table format? If no, is there a better way to execute the main problems? Do employees have other feedback or ideas on how can the self-managed team's pain points be developed? Figure 26 summarizes the main results of the feedback interview.

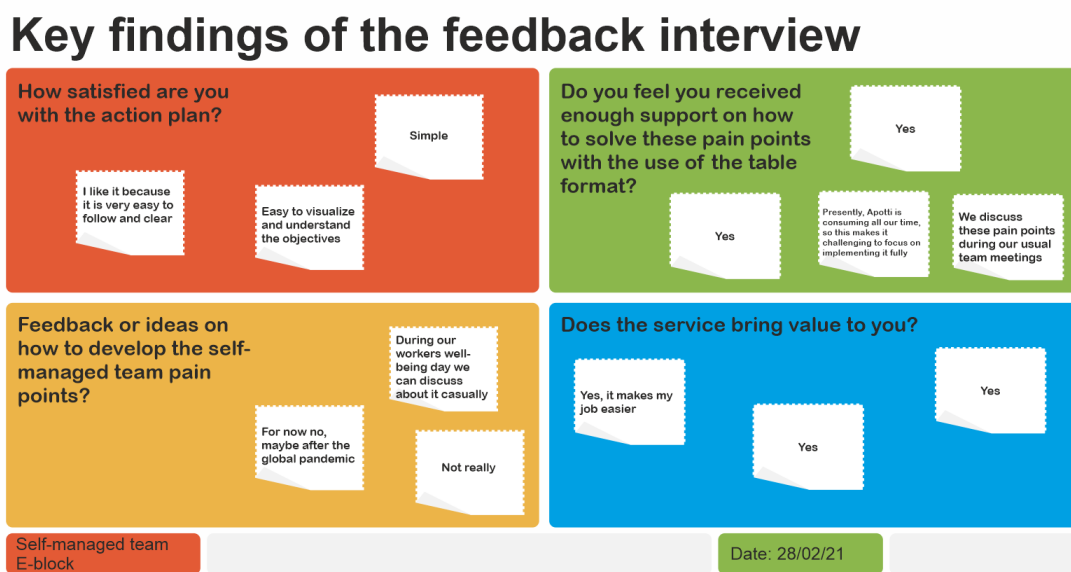


Figure 26. Summary of employee's interview after testing the service prototype

As seen in the figure above, feedback was positive as workers felt it was easy to accomplish the goals because it was clear and straight to the point. The employees felt that notwithstanding, the organisation is presently having other issues like the global pandemic and other internal changes of a new documentation system which makes them to have a hold on the other pain points to be executed in summer.

A service prototype evaluation is a hands-on form of learning. In addition to merely explaining the prototype, employees will obtain real-world insight and learn on a deeper level. It is important to comprehend the relationships of the different stakeholders as well as how the stakeholders are acting.

10 Findings

The researcher will present the findings of this work in the form of an action plan description in a table format and the service concept. Based on customer interviews, co-creation, customer journey map, value proposition canvas, business model canvas and other research data, it will be highlighted in development ideas.

10.1 Summary of the development proposals of the pain points

Based on the findings of the study, review of employee data, business model canvas, value proposition canvas, customer journey map and business model canvas, the authors' ideation and brainstorming, the following service creation proposals were developed: as seen in Table 3 below.

Table 3. Summary of the pain points and service development proposal

PAIN POINTS	SERVICE DEVELOPMENT PROPOSAL
Information breakage within the team and connected stakeholders.	Use internal processes already in place to make communication clear. Open professional communication culture.
Medication Error due to misunderstanding of doctor's order.	<p>Ensure the five rights of medication administration. (Right patient, right medication, right dose, right time and right route)</p> <p>Follow proper medication reconciliation procedures.</p> <p>Double check—or even triple check—procedures.</p> <p>Have the physician (or another nurse) read it back.</p> <p>Document everything.</p> <p>Teamwork. Ask questions when unclear.</p> <p>A new unified documentation system called APOTTI to avoid any misunderstanding in situations where the doctor makes a verbal prescription.</p>
How to encourage workers to embrace change that comes because of the self-managed working style.	The team needs to be patient and encourage workers who are afraid of change. Turn negative vibes to positive. Help each other and

	encourage employees to know when to ask help.
Overwhelmed with role change Discernment to understand workers different strength.	Make clear goals for the whole team what is expected at every given role. Write down in paper form. Work with a colleague. Teamwork! change roles. Giving responsibilities and Changing roles amongst employees, by so doing, it will enable the team to identify workers different strengths and weaknesses.
No follow up on the team on how they have implemented the learned skills of self-management.	Follow up sessions to be done during summer because presently the organization is going through a lot of other internal changes.
Global pandemic. Hindering the full functions of self-management because the leadership must give instructions from the government to safely work with the clients.	Teamwork and general understanding of the situation at hand.
Cultural diversities, interpersonal communication issues.	Import a third party to organize work guide, more social gathering when possible for example workers wellbeing day, workers decide on how to spend the day, get to know each other.

10.2 Service concept

The service concept outlines the whole service narrative. The employee is at the heart of the creation of a service model. After defining employee-driven needs, the next step is to build ideas that solve these opportunities. Employees will implement the concept that has been developed. Co-designing the product and presenting it to the team of self-managed healthcare professionals are all part of the service concept creation process (Figure 27). The service concept and capability to serve the healthcare professionals are then implemented. For the employee, a strong concept generates value. Looking at the feedback, it is evidential that the service concept created for this work, generates value to the team of nurses as it tackles their pain points and ensures smooth working experience within this self-managed working model.

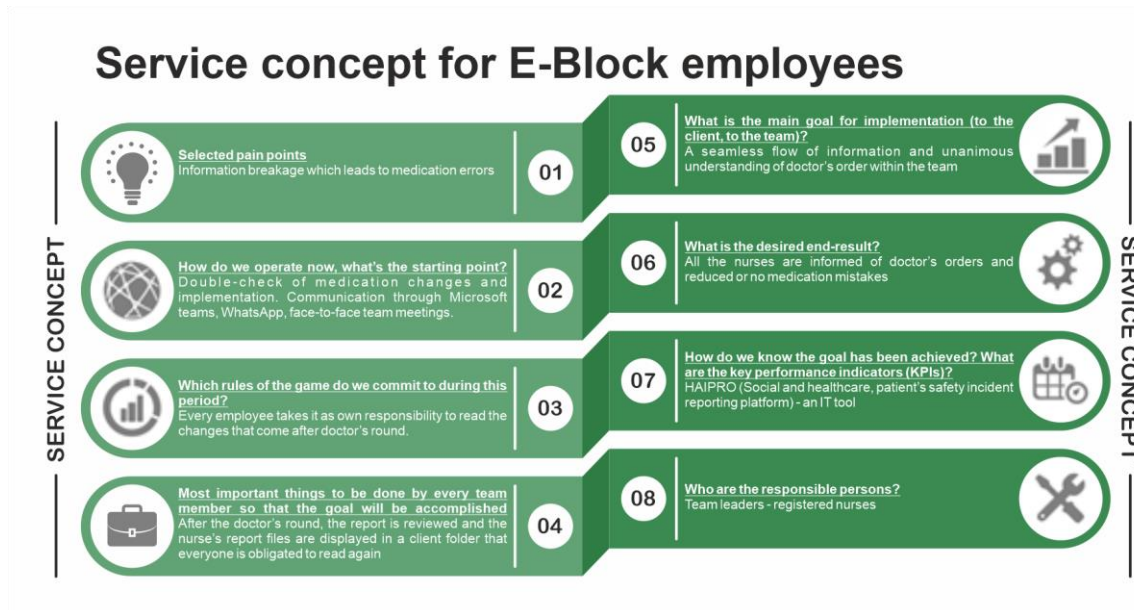


Figure 27. Service concept

11 Conclusions

The Master's thesis focused on evaluating and co-developing the concept of self-management in the team of healthcare professionals and investigating its implications on workers satisfaction. It is aimed to first gather the nurse's experiences and challenges faced while under this leadership model, and co-create together with the nurses, and with other stakeholders. Then come up with a working model idea for future development purposes. The thesis went according to plan; there was good cooperation between the researcher and the commissioner. During the ideation phase, the global pandemic took its toll, and it was challenging because of very strict restrictions in the elderly homes, how to gather employees for a co creation even online. This also was successful with good turnout. Theoretically, the thesis was related to service design of public services in team settings, developing the employees experience within this concept of self-management. The research process necessitated service design, which is defined as the implementation of known established processes and skills to the development of services. Service design tools and methods and design thinking was used as the navigating board for this project. The researcher used service design methods and tools since they help to innovate or improve existing services towards making them more useful and desirable for employees, as well as efficient and effective for organizations.

Design thinking is a human-centered approach to service design that prioritizes human needs. It is important to develop empathy and understanding for employees. Employees

should be the root of the problem, and the development process should be iterative learning through experience or mistakes. Employees build and test service prototypes. Employees and leadership collaborate to design programs. The established services must be commercially viable and offer the business a competitive advantage. The aim of design thinking is to enhance people's quality of life. The aim of service design is to enhance the usability of the service and the experience of the employees. The data gathered during the service design process aids an organization in making strategic decisions.

Employees involved in the service design phase performed a service prototype evaluation. Following the prototype test, workers were interviewed. The service met the expectations of all employees. However, the time for testing was less than two weeks, so this was a short time and the employees felt it might have been more productive if the test was implemented for a longer time. The results of the evaluation were summarized and analyzed, followed by a proposal for further development. Although this research work was done in a public organisation where it is not too competitive, with the new service offerings to this ward, it is possible to upgrade the company. Alternatively, trying to recommend it to other wards that will ultimately execute the concept of self-management in future. This study demonstrated that design thinking, service design, and service idea creation could all be used in the healthcare sector.

The guiding principle of the thesis was to further design an action plan through employee involvement and insights. The research aimed to identify the development process pain points and make improvement suggestions resulted from co-working with the healthcare professionals and the leadership. The aim was to jointly make suggestions for improving the pain points that arose because of changes that came with the self-management concept.

The research question “what are the employees experiences of self-managed teams (challenges and positive aspects)?” was addressed through face-to-face interviews with the employees. These experiences were both positive and negatives as seen in the chapter of the research “employees’ interviews” Employees experienced positives aspects as motivation and implementation of self-managed team, through the practice of self-management working style, they experience empowerment and trust, self-improvement, team cohesiveness, job satisfaction, satisfied clients and relatives and a change of work culture and cultural diversity. The challenges that came up as result of this working model as the employees highlighted different issues that bothered on fear for change; boldness to speak out on difficult issues; discernment to understand workers different strengths; information

breakage; overwhelmed with role change; cultural issues; uncertainty; lots of mistakes; not understanding doctor's order; work culture and global pandemic. Interviewees felt that the concept is innovative but solving these issues will help nurses to render their duties effectively.

The second research question was “how does/can self-managed teams overcome challenges and improve the work status/working conditions”. How this was addressed through suggestions given by the employees during face-to-face interviews and a codesign workshop where they further concretely designed a prototype and specific action points for it. The researcher succeeded well in achieving the thesis goals. When the employees were interviewed, the researcher collected their experiences of the self-managed team as well as their challenges and suggestions on how to solve them. This gave the researcher insights into strengths of the team and areas of further development based on the concrete development suggestions generated from this research, the health care team together with other stakeholders will be able to develop their experiences and ease navigation of workers while operating under this model. Concrete suggestions were also made in the form of a table format and a timeline how to realistically achieve and solve these pain points.

As a follow up, the researcher recommends a research on the leadership concretely within this organisation. Of particular interest would be what is their experiences from the leadership point of view. This thesis work was a success as the researcher received commendable rewards and feedback from the healthcare team and the Commissioner. The organisation had already internal processes going on to better the implementation of self-management, Direct feedback from the commissioner “*the results of this work were like an eye-opener walking through lenses of service design tools, it was like an icing to the cake*”.

Further research could involve the study of external stakeholder perception about the service concept and action plan, the designing of employee's journey map and service blueprint for a new nurse - healthcare professional into the self-managed team. Furthermore, it will be of interest to investigate the leaders – coaches experiences of the new self-managed working model.

Lastly, I also express my sincere gratitude to the team of Healthcare workers at E-block for openness and cooperation during this work and my colleagues for utmost support.

12 Limitation of the research and lessons learned

The university library is normally crowded at this time of the year. Under normal circumstances, the researcher would be writing a thesis in the library right now. However, all university facilities, including the libraries, are closed due to the coronavirus containment measures. It's harder to work from home, I study a lot better in a library. For example, they have better chairs. There is no difference between being at work and being at home in this case. This situation is strange and unfamiliar, and it can be frustrating at times.

Working from home is not the only thing the pandemic has changed for writing my thesis. To conduct my thesis, I had to recruit respondents. Due to the coronavirus I had to learn alternative tools to execute the work without physical contact with the participants. We can get different shades of opinion when we talk with people face-to-face. Getting together with a group was not recommended in the first place, but with the new restrictions that are put in place by the government since the 2.12.2020, it is now forbidden to meet up in groups.

I also realized I had to do the double research work all the time because most of my interviewees were Finnish speakers, so I had to translate from English to Finnish all the time whenever I had a workshop or presentation. Working within the organisation I believe made it a little easier for me. I received lots of help with translations within the organisation.

I was able to have in-depth interviews on the phone, when doing my benchmarking. But this also created difficulties. "For example, it was hard to analyze body language, which is important for further questioning". The topic of my thesis is something I really care about, so this is an unfortunate situation. However, the co-creation went seamlessly online.

I am positive about the university. One or two days after the news broke about closing the universities, I received emails on how to continue in this unprecedented situation. "I am content with my supervisor who shared ideas about doing my research in this odd era with me. It is something she mentions to be very grateful for. Despite everything, I remain positive. During this research I have learned working with the public organisation from the researcher's point of view. I have always worked in a public organisation but doing this development here as an insider was an eye-opener and a learning experience for me. The thesis permit took 4 months to be processed. There was much bureaucracy involved. This slowed down my work, but I was glad that I was able to accomplish it at this time. I was very pleased with the smooth running of the process itself after the permit was granted, the Commissioner checked on me if everything was going as planned, I had a lot of support from

the organization, I worked most of the work during working paid hours. Recruiting the interviewees and creating a cozy calm room for interviews was seamlessly organised by the organisation.

Studying full-time and working full-time was exhausting, I felt at one point I was always on the go, but I am glad I had a lot of support from the university and my employee was empathetic, so most of my work schedules were planned by myself to fit my school programme.

The outburst of the global pandemic in 2020 slowed down my work for this research. The work was conducted in a service home for elderly, so I was dealing with vulnerable groups. Having a face-to-face meeting was challenging because of restrictions implemented by the health and well-being department to curb the spread of the virus.

When I was enrolled into this programme, I had no prior knowledge on service design. I am very proud of myself looking at how far I have come, I have gained knowledge on this field, I am able to implement the learned skills and knowledge into this work, my field of study and I am also able to facilitate this project as service designer. Different other IT tools for conducting workshops were also learned during this process.

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Appendices

Appendix 1. Consent form in Finnish

SUOSTUMUS OPINNÄYTETYÖNÄ TEHTÄVÄÄN TUTKIMUKSEEN

Minua on pyydetty osallistumaan tutkimukseen: ”Itseohjautuvuuden kehittäminen palvelumuotoilun keinoin laitoshuoltoympäristössä”

Olen perehtynyt tutkimusta koskevaan tiedotteeseen ja saanut riittävästi tietoa tutkimuksesta sekä henkilötietojeni käsittelystä. Tutkimuksen sisältö on kerrottu minulle myös suullisesti ja olen saanut riittävän vastauksen kaikkiin tutkimusta koskeviin kysymyksiini. Selvitykset antoi Magdalene Awahnde. Minulla on ollut riittävästi aikaa harkita tutkimukseen osallistumista.

Ymmärrän, että tähän tutkimukseen osallistuminen on vapaaehtoista. Minulla on oikeus, milloin tahansa tutkimuksen aikana ja syytä ilmoittamatta keskeyttää tutkimukseen osallistuminen. Tutkimuksen keskeyttämisestä ei aiheudu minulle kielteisiä seuraamuksia.

Voin myös, milloin tahansa peruuttaa suostumukseni tutkimukseen ja suostumuksen peruuttamisesta ei aiheudu minulle kielteisiä seuraamuksia.

Allekirjoittamalla suostumuslomakkeen hyväksyn tietojeni käytön tiedotteessa kuvattuun tutkimukseen.

Kyllä

Allekirjoituksellani vahvistan, että osallistun tutkimukseen ja suostun vapaaehtoisesti tutkittavaksi sekä annan luvan edellä kerrottuihin asioihin.

Päiväys:

Allekirjoitus

Nimen selvennys

Suostumus vastaanotettu

Suostumuksen vastaanottajan allekirjoitus

Nimen selvennys

Alkuperäinen allekirjoitettu suostumus jää tutkimuksen vastuullisen johtajan arkistoon ja kopio annetaan tutkittavalle. Suostumusta säilytetään tietoturvallisesti niin kauan kuin aineisto on tunnisteellisessa muodossa. Jos aineisto anonymisoidaan tai hävitetään suostumusta ei tarvitse enää säilyttää.

Appendix 1. Consent form in English

CONSENT TO THESIS RESEARCH

I have been asked to participate in the research: "Developing self-management through service design in an institutional care environment"

I have studied the research bulletin and received sufficient information about the research and the processing of my personal data. The content of the study has also been told to me orally and I have had an adequate answer to all my questions about the study. The explanations were provided by Magdalene Awahnde. I have had enough time to consider participating in the study.

I understand that participation in this study is voluntary. I have the right, at any time during the investigation and without giving a reason to suspend participation in the investigation. The suspension of the investigation will not have any negative consequences for me.

I can also, at any time, withdraw my consent to the research and the withdrawal of consent will not have any negative consequences for me.

By signing the consent form, I agree to the use of my data for the research described in the bulletin.

Yes

With my signature, I confirm that I will participate in the research and voluntarily agree to be examined and give my permission for the above-mentioned matters.

Date:

Signature

Name clarification

Consent Received

Signature of the recipient of the consent

Name clarification

The original signed consent remains in the archives of the director in charge of the study and a copy is given to the subject. The consent is kept secure as long as the material is in an identifiable form. If the material is anonymised or destroyed, the consent no longer needs to be kept.

Appendix 3. Interview questions

- 1) Are you familiar with self-managed team's leadership model?
- 2) How does self-managed team display in your day-to-day work and what impact does it have on workers satisfaction?
- 3) In your opinion how has self-managed teams been implemented in your team?
- 4) How can the boss in the best way possible support workers and what does it mean to be the boss of self-oriented teams? (question to the lead nurse and nurse overseer).
- 5) Do you identify in your team factors that are change resistant in relation to this leadership model to be fully operational? If yes, how can you solve them?
- 6) When was the first launch of the self-managed team project?
- 7) Did you have any pre workshop /education, before the organization began operating in self-managed teams?
- 8) If yes, were they lucrative? Would you need more? Or do you need more and why? What professional group in your organization has the least support about the operating model of self-managed teams?
- 9) What is the most important benefit that self-managed teams thinking/methodology has brought to your organization?
- 10) What are the enabling factors for self-managed team initiatives/project?
 - a. Committed management
 - b. Committed employees
 - c. Good financial resources
 - d. Enough time for the project
 - e. Self-managed teams workshop/education from the organization
 - f. Good flow of information
 - g. Other, what?
- 11) What are some of the challenges or disabling factors for this project and why?
 - a. Tired of development projects
 - b. Lack of knowledge
 - c. The will to maintain old ways to do things
 - d. Discrepancies between professional groups
 - e. Negative Experiences from previous projects
 - f. Other, what?
- 12) Do the nurses feel they have more autonomy in being more involved in decision making?
- 13) Do they trust that the organizational goal will be handled according with the teams operating without a "boss giving orders"?

Appendix 4. Information concerning the thesis

TIEDOTE TUTKIMUKSESTA

**Itseohjautuvuuden kehittäminen palvelumuotoilun keinoin laitoshuoltoympäristössä
Novia Ammattikorkeakoulu Turun , Maisterintutkinto.**

6.6.2020

Tutkimuksen nimi ja rekisterinpitäjä

Itseohjautuvuuden kehittäminen palvelumuotoilun keinoin laitoshuoltoympäristössä –
Magdalene Awahnde, Novia Ammattikorkeakoulu turun, maisterintutkinto.

Pyyntö osallistua tutkimukseen

Sinua pyydetään mukaan tutkimukseen, jossa tutkitaan itseohjautuvuutta ja sen kehittämistä laitoshuoltoympäristössä. Tarkoituksena kerätä työntekijän kokemuksia itseohjautuvasta tiimistä ja kehittää toimintamallia tulevaisuuden kehitystä tukien. Sinua pyydetään tutkimukseen, koska tunnistettu että nykyinen tiimisi on itseohjautuva. Tämä tiedote kuvaa tutkimusta ja siihen osallistumista. Liitteessä on kerrottu henkilötietojen käsittelystä.

Mukaan pyydetään yhteensä 12-15 tutkittavaa.

Vapaaehtoisuus

Tähän tutkimukseen osallistuminen on vapaaehtoista. Voit kieltäytyä osallistumasta tutkimukseen tai keskeyttää osallistumisen, milloin tahansa.

Tutkimuksen kulku

Anonyymi kyselyssä selvitetään työntekijän kokemuksia ja pyritään niiden avulla luomaan toimintamallia. Kaikille vastauksille on varattu avoin vastauskenttä. Pidetaan kaksi kehitystyöpaja vastauksien ongelmien perustella, kesto noin 30mins/yhden työpäjä. Tutkimuksen arvioidaan kestävän 3kk. Kyselyyn vastaaminen kestää arviolta 30min, toivon mahdollisuutta olla yhteydessä mikäli aihe vaatii syvempää perehtymistä. Kysely toimitetaan kerran.

Tutkimuksesta mahdollisesti aiheutuvat haitat ja epämukavuudet

Kysely on anonyymi eikä vastauksia voida personoida jälkikäteen.

Tutkimuksen kustannukset

Tutkimukseen osallistumisesta ei makseta palkkiota.

Tutkimustuloksista tiedottaminen ja tutkimustulokset

Valmis tutkimus voidaan niin toivottaessa toimittaa tiimien esihenkilöille.

Appendix 5. Data Management Form

Leadership and Service Design

Data Management Form

Type(s) of data: What particular type of data is this plan covering, and what is the data used for? You can use multiple forms for different types of data (e.g. data, software, registry data).

My Thesis will be basically made of data from Qualitative data through recording individual interviews. These interviews will be used for the purpose of my thesis.

SOURCE: From where do you get data (new data collected, reused, or other)? What are the IPR aspects to be taken into consideration? Ethical considerations?

Data will be collected through interviews. Two workshops shall be organised with the participants to gather user insights and co-create services abased on the findings from interviews. Ethical considerations are taken into place by asking participants consent for data archiving, letting them know that results will be presented anonymously, and no participant will be identified from data, no personal information will be stored or published about the participants. There will be complete transparency and data will be analysed with anonymity.

INPUTS: In what formats do you receive or initially store the data?

I intend to receive the data through interview's which will be recorded in audio formats, I may need to write text should in case there is a point I intend to put most interest.

DOCUMENTATION: How do you document the data? Is the documentation sufficient to reproduce the data from the inputs, and your work from the data? What kind of personal information of the subjects is necessary?

I will document the data through audio tapes. While framing the questionnaire, I will collect both personal information of the respondents such as gender, age, employment status and city of abode and variables that I wish to test. But in the arrangement, I will place the variables first while the demographic questions come last. I will include in the first paragraph a statement indicating that taking part in the research is absolutely voluntary, and information volunteered on the survey will be treated with utmost confidence.

COLLABORATION: With whom and how do you collaborate? What kind of personal information of the subjects is necessary?

I collaborate with the participants of the thesis meaning my interviewees. My commissioner and my thesis supervisor are my contact persons. The only personal information necessary from my interviewees is the gender, age, job description and number of years' experience. During my data analysis, I will not collaborate with any other person, just me alone.

STORAGE: Where will data be stored? Who manages it?

Since the data will be used for my project, I will at this time not collaborate with anyone. Additionally, I will store the data securely and destroy it after the research. To achieve this, since the data is stored electronically, I will delete it and ensure that no information remains anywhere.


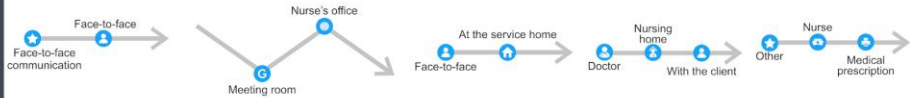

END OF LIFE: How do you decide what to delete, save, and migrate? Must any data be deleted? Is the deleted data reproducible?

After analysing my data, I will delete all data, and nothing will be left traceable.

SECURITY: How will data be kept secure? Consider: 1) confidentiality, 2) availability (backups)?

I will use TXT and ODT for textual data as recommended by the Finnish Social Science Data archive and with my audio recordings I will use WAV to ensure data is secured.

Appendix 6. Customer journey map

PROJECT: customer journey map and service blueprint for a nurse at a self-managed team on doctors round for the first time		MAP: A nurse journey during doctors round				
PERSONAS (1)	Employees actions	AWARENESS	CONSIDERATION	BEFORE THE DOCTORS ROUND	DURING THE DOCTORS ROUND	AFTER THE DOCTORS ROUND
		Seeing a hospital ad	Gathering info	Scheduling an appointment	At the ward	Preparing to accomplish the orders
Belle  Single, no children Nurse in E-block service home for elderly in Kustankeskano senior center. Likes to spend her time with friends, among other things, for shopping. Tries to follow fashion tendencies and trends	Employees goal	Nurse Belle got informed by the team that she will be in charge of the doctors round tomorrow morning.	Nurse Belle has a team meeting with the rest of the staff and clarifies what she has to do because it is her first time on doctors round.	Gathering investigation results and evaluating setting order of urgency. Informing and preparing clients for the upcoming doctors round. Encouraging clients to think about any questions they may have, which may help to avoid forgetting what is important to them. Seek eventual perspectives of care from the multidisciplinary team to be discussed during the doctors round.	Review of unstable or deteriorating clients. Decision-making and documenting of care. Review of client's medication plan. Convene multidisciplinary team meetings with the client and relatives as need be (holoneuvottelu).	Nurse Belle realizes that there are some prescription orders that the doctors gave to the client and she does not understand. She runs into panic but calls the doctor back and asks for clarification. Health professional team organization, clear communication of the doctor's orders and motivation of the ward team on the plan of care. Progression of tasks, accomplishing doctor's orders. Repetition of information to the clients. Ordering client's medication from pharmacy strictly according to doctor's orders.
	Storyboard	Get informed on time	Unanimous understanding of expectations. Clarification and team work and learn about what it entails as a nurse with the doctors during doctors round.	Learn more about what to take note of as the doctor is with her. Asks questions. Reminds clients that the doctor will be visiting soon, so they can prepare their questions.	Be attentive, help to engage the client to ask questions to doctor if need be. Explain further. Clients case to the doctor in case the client is unable to communicate.	Accomplishing doctors orders and making sure every member of the team is informed of the said changes, make sure the right medication is administered to the right client, right dose, right time.
	Process and channels					
	Think and feel	“ This is my first time, I am the nurse in charge during doctors round as a practical nurse I have mixed feelings. I feel overwhelmed with this role during this self-managed team working style, although I have had orientation I am still not sure, will I understand the doctors medical language? ”	“ Well, shifts during doctors rounds are usually very busy, I hope I will have enough employees so that I do not overwork myself ”	“ I think I can handle this, I have had lots of help and guidance and orientation ”	“ Why didn't they tell me it will be this challenging, I have so many client cases to remember ”	“ I hope everything went as planned ”
	Experience					
	Problems	I do not remember what to do, I am nervous	No information in printed paper, what to do during doctors round, I have to rely only on what my colleagues tell me by mouth	What if the doctor says something I do not understand, would I embarrass myself or feel dumb if I have to ask for clarification? But I do not know the doctor's working style	I have to remember many client cases. Some of the clients are not cooperating	The nurse cannot guarantee that she accomplishes the doctors orders correct all by herself
	Ideas / Opportunities	Release a copy of things to do before, during and after doctors round. • Encourage nurse she is not alone • Remind her not to be afraid of mistakes • Make sure there is a registered nurse on shift that day to clarify and help. • Emphasize on team work • Explain that she can always ask the doctor for clarification if anything unclear	Print a report on what to do before, during and after doctors round in paper form and give to nurse Belle	Encourage nurses never to assume. Encourage nurses to ask and ask if anything unclear, this is human life we are talking about. Motivate nurses, before doctors round, if it's a new doctor, encourage to break the ice with telling the doctor how they feel. Tell the doctor that this is their first time on doctors round. It usually relieves the pressure to be quiet about feeling. Work with a colleague, not alone	Have patient file with you during doctors round with up-to-date vital signs. Remind clients that the doctor is coming, help put them in position ready for doctors procedure, if needed. Ask for help from colleagues if client is not cooperating. Remember it's a team work	Double check with colleague, print doctors orders into patients files so every member of the team can read again. Work together with an experienced practical nurse or a registered nurse

Appendix 7. Co-creation workshop – Jamboard

Pictures of personas and interviewees' responses during co-creation workshop in Jamboard.

Itseohjautuvan tiimi työpaja E-talon työyhteisössä

1/4

18.02.21

teemi palaverit keskustellaan asioita. Vuoron vastaukset, vuoro vastaukset on vastaus, ei kommentoimaan negatiivisesti.

Mitä arvoistan

Arvoistan seikoita tavoitteita minun uusi rooli, kun vuoron vastaava

Minun työvastuuta

- Otan vastuun päivystys tilanteita
- Delegoidan päivän työ
- Määrittelen selkeät tavoitteet ja aikataulut päivälle.
- "Ohjauspyörä" ajan tiimin sujuvan toiminnan yllä

Minun haasteita

- Olen epävarma uusi itseohjautuva tiimi työmalli, ei ole varmuutta, miten toimia.
- Koen, että minua pidetään aina entisena, joka näkee vain asiat, jotka eivät mene hyvin työyhteisössä.
- Koen olevansa työyhteisössä "pöytäjalja", luon esiin konkreettiset puutteet työyhteisössä ja nostan ne asiat esille kuka työyhteisössä.

Hei! Minä olen...

Ennenhän E-talossa, minulla on ollut kiltit, arvostettu, arvostettu ja haastavimmat. Olen sellainen joka uskallaa tehdä omia päätöksiä lääkärinä parina. Käytän muokkaimia ja toimi muutosagenttina. Haluan olla sellä roolilla on toiminta ja minulla olen senkin tarve.

Olen haastavampi, aikaa kuluu paljon on vaikea kytkeä asioita toisiinsa. Olen aina valmis, vastaanottavainen, nopeasti, tehokas ja jäsennelminen.

KEMI - 30v - lähihoitaja - 10v työkokemus

Itseohjautuvan tiimi työpaja E-talon työyhteisössä

2/4

18.02.21

käyty ensi läpi lääkärin asia, etukäteen pöytä miten tämä asia hoito. Selkeä työ lääkärin kiertävyydessä. Ei jää yhden hoitajalle.

Tiimissä voi tehdä päätöksiä yhdessä keskustelua. Toimisi parina ryhmässä ja esimiehen annettava paljon kannustusta hänelle. Hänen pitäisi harjoitella miten antaa positiivisesti palautetta esim. epäkohdista.

Saa enemmän perehdytys oman vastuun alue

Hänen on mahdollisuus osallistua viikko tiimipalaveriin ma ja pe

Lähihoitajat ovat osallistuneet innokkaasti myös lääkärin kanssa toimimiseen

Mitä arvoistan

Arvoistan työyhteisössä tulla osana käytyä asioita

Minun työvastuuta

- Sairanhoidajan työkuva
- Koordinoidan päivätöitä
- Otan vastuun koko osaston
- Delegoidan päivän työ
- "Ohjauspyörä" ajan tiimin sujuvan toiminnan yllä

Minun haasteita

- Jotkus on stantseilla, että on väärin ymmärtänyt lääkärin määräyksiä.
- Minusta tuntuu, että on taaska muille, eikä uskalla pyytää apua.
- Toistilhan on osattain tehtävissä. Olen luottavampi up. ja varustunut

Hei! Minä olen...

Sairanhoidaja E-talossa. Puhkain muokkaimia. Koen olevansa liian varma. Ompaan uusia toiminta tapoja. Puhkain tällä viiteillä, koen olevansa varma että on energiaa esillä. Vastikään en ollut, haluan vain tulla kirkkaasti sen muuta jolla välttää mutta sekin kaikinlaatu vastavastuu.

BELLE - 60v - sairaanhoitaja - 20v työkokemus

Itseohjautuvan tiimi työpaja E-talon työyhteisössä

3/4

18.02.21

Näin on vieraan henkilönä, puhua kukaan, kun saa arvostaa, pieni into kukaan ja onnena paikkaa tervetulla työssä.

Tiedonkuluksia aina päivittäin, aina kukaan tiedon kerääminen on. Puhua, haluan arvostaa lääkärin kanssa ja sen jälkeen esittää. Haluan yhteistyötä tiimi ja tiimien työ. Haluan että kukaan näe jokainen työ.

Apotti asiat nyt vievät suurimman osan aikaamme

Mitä arvoistan

Arvoistan yhteistyötä tiimin jäsenten ja yksipuolisten sidosryhmien kanssa.

Minun työvastuuta

- Edistän vanhusten hyvinvointia, sosiaalista osallistumista, terveyttä ja toimintakykyä.

Minun haasteita

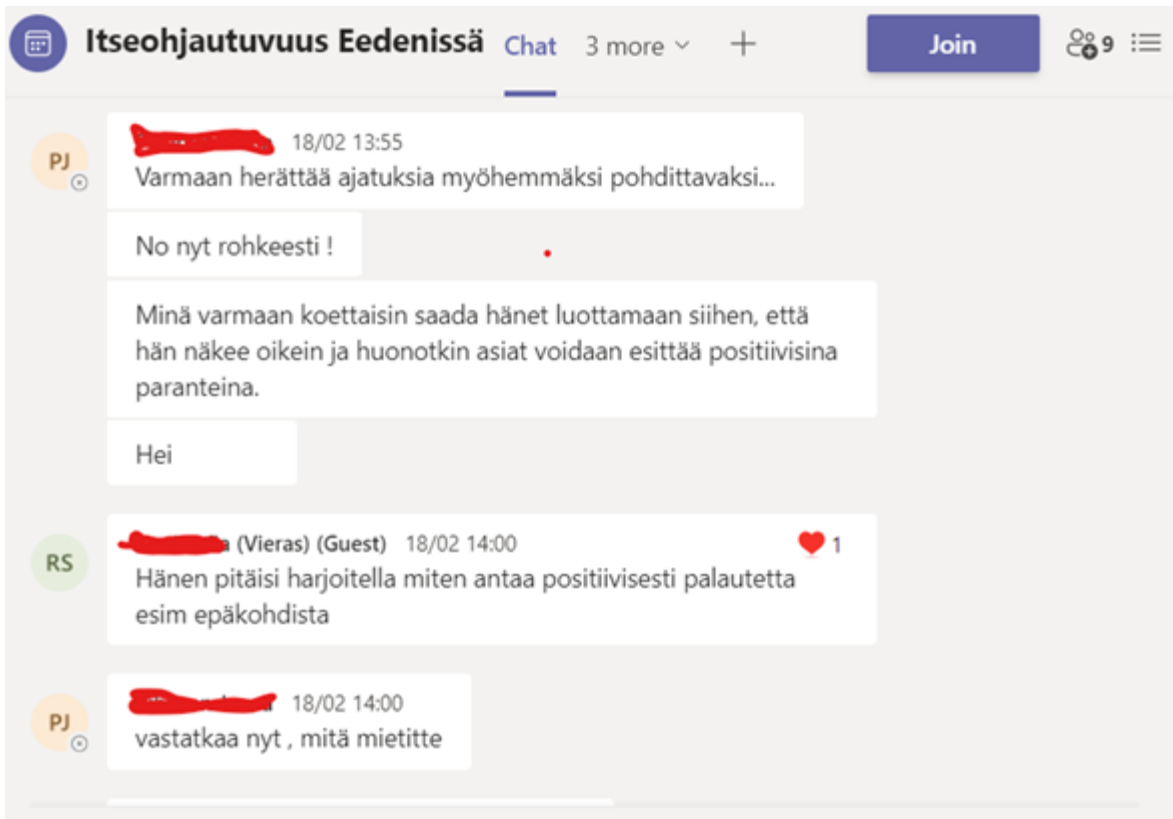
- Arvoistan palautetta tai infoliaisuus itseohjautuva tiimi työskentely tapa.
- Koen, että työyhteisössä on informaatio katkoksia, jonka seurauksena tulee joskus lääkintä virheitä.

Hei! Minä olen...

Luonteiltani sosiaalinen. Olen hyvin positiivinen työntekijä joka näkee kaiken positiivisesta ihmisistä. Olen lupsakka persoona ja uskon että monikulttuurinen työ teamia ovat tuottavia ja rikas.

JUKKA - 40v - geronomi - 10v työkokemus

Appendix 8. Co-creation workshop – Microsoft Teams



Itseohjautuvuus Eedenissä Chat 3 more + Join

PJ 18/02 13:55
Varmaan herättää ajatuksia myöhemmäksi pohdittavaksi...

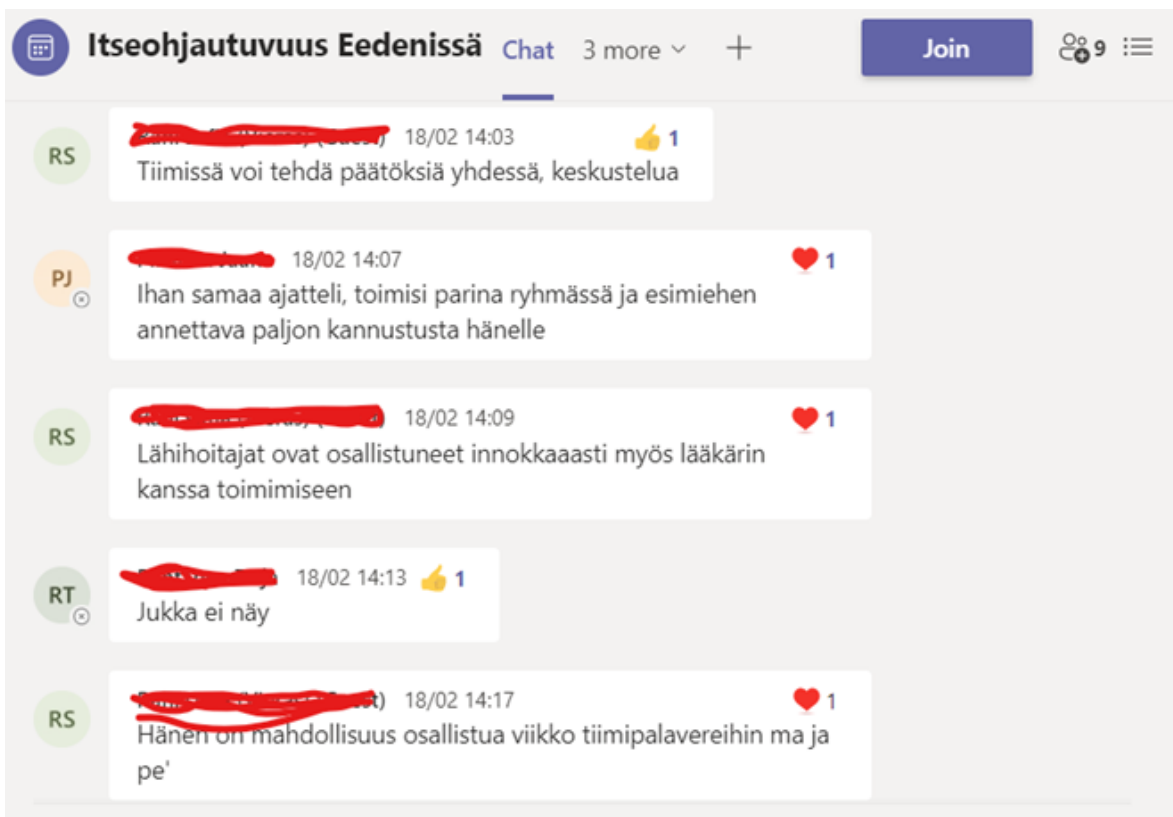
No nyt rohkeesti !

Minä varmaan koettaisin saada hänet luottamaan siihen, että hän näkee oikein ja huonotkin asiat voidaan esittää positiivisina paranteina.

Hei

RS (Vieras) (Guest) 18/02 14:00 ❤️ 1
Hänen pitäisi harjoitella miten antaa positiivisesti palautetta esim epäkohdista

PJ 18/02 14:00
vastatkaa nyt , mitä mietitte



Itseohjautuvuus Eedenissä Chat 3 more + Join

RS 18/02 14:03 👍 1
Tiimissä voi tehdä päätöksiä yhdessä, keskustelua

PJ 18/02 14:07 ❤️ 1
Ihan samaa ajatteli, toimisi parina ryhmässä ja esimiehen annettava paljon kannustusta hänelle

RS 18/02 14:09 ❤️ 1
Lähihoitajat ovat osallistuneet innokkaasti myös lääkärin kanssa toimimiseen

RT 18/02 14:13 👍 1
Jukka ei näy

RS (Vieras) (Guest) 18/02 14:17 ❤️ 1
Hänen on mahdollisuus osallistua viikko tiimipalaveriin ma ja pe'



Itseohjautuvuus Eedenissä

Chat

3 more



Join



lea



RT

[Redacted] 18/02 14:21

👍 2

Tiedonkulussa aina ongelmia. Oma vastuu tiedon hankkimisessa on myös.

PJ

[Redacted] 18/02 14:23

missä pahin katko?



RS

[Redacted] 18/02 14:26

👍 3

Meillä ennen lääkäripäivää ja sen jälkeen käydään raportin yhteydessä läpi ja lisäksi Hoi-lehdet esillä kansiossa josta jokainen luo lukea vielä itse