

Literature review of self-leading organizations in Finnish healthcare

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Abstract

Self-organization has gained a foothold in leadership conversation, and it is predicted to be the next leadership paradigm (Martela et al. 2021, 4). Buurtzorg is a great example of working self-organizing organization and it has inspired others to try it too. Self-organization has reached Finnish companies (Oodi-library and Reaktor) so it could work in healthcare also like in Netherlands. This new kind of leading could be the answer to our nursing crisis and make a change in nurses' turnover.

Aim was to study exciting literature about the subject and find out those companies that have implemented the self-organizing methods. Objective was to find out how these organizations have introduced self-organization to Finnish healthcare and what effects it has had if any.

Research was done as scoping review. Only publications that addressed Finnish healthcare were included. Also, other thesis and pro gradus were considered because the research of this field is still limited and there are not many publications yet. Those included the number of publications taken in was in total sixteen (N=16).

Results showed that self-organization has been implemented to Finnish homecare, assisted home living and other units. It was also the direction where employees and leaders wanted to go. It has had positive effects on nurse's job satisfaction, lower turnover intentions work effectiveness and care quality.

Keywords/tags (subjects)

Self-organization, self-leading teams, effects of self-organization

STATUTORY DECLARATION

I hereby declare that:

- the Master thesis has been written by myself without any external unauthorized help and that it has not been submitted to any institution to achieve an academic grading.
- I have not used sources or means without citing them in the text; any thoughts from others or literal quotations are clearly marked.
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1 Introduction

Nurses' turnover and nurse shortage is growing problem in Finland and in the world (Tevameri 2022; Lee, Huan-Fang, Chiang, Hui-Ying, Kuo, Hui-Ting 2019, 227). In 2021 done research for specialist health care nurses in Finland 89% had thought about changing career and 42 % do not believe that they will continue in social and healthcare sector till retirement age and under 30 years old 71 % sees this way (Aula research 2021, 9-10).

Social and healthcare workforce shortages alone represent more than half of the total workforce shortages in the Finnish economy. This sector had the most recruiting problems in 2020. In 2020 the social and healthcare sector was left without 32000 workers because of recruiting problems. It is predicted that we will need about 200 000 new workers by 2030. (Tevameri 2022, 48.) Over five hundred social and healthcare workers have left an application to withdraw or limit their professional rights from Valvira in the year 2022. Compared to last year when it was only forty-six. (Tuominen 2022.)

Healthcare field's attraction and holding power has been a problem for few years now. Of those who already work in the field only 24 % would choose it if they would now apply to school and this percentage has decreased for the last three years. Three main reasons to consider change of field were low wage, psychological stress (not enough supports, rush, ext.) and inconvenient working hours. The three worst stress factors were staff shortage, lack of skills of substitutes and insufficient support from the leader. (Aula research 2021, 11).

Nursing shortage affects to the quality of care and poses a threat to nursing profession sustainability (Lee and others 2019, 227; Majeed and Jamshed 2020). Nurses work is not that wanted anymore and it has bad reputation. In 2021 there were more starting places in school than there were priority applicants (Bonnor 2022.)

In 2021 done SWOT-analysis in terms of labor and staff availability few of the weaknesses in the field where weak attraction, organization culture, working conditions and developing people leadership was not as important as managing patient care, accounting and administrative issues and low interest in working conditions. Also, covid has loaded staff and field also has unemployment.

Field's threats were competition of employees between private and public sector, not include employees to developing process, not paying attention soon enough to attraction of the field and working conditions when the need of nurses will worsen and make everything harder. (Tevameri 2021, 86.)

One good asset is that the nurse work still is experienced meaningful. Tevameri says that working conditions and work environment should be so that doing meaningful job is possible. In her opinion leadership theories and studies can offer answers to this. (Tevameri 2021.)

One problem to nurses' turnover, nurse shortage and nurses' work wellbeing is seen in leadership and by changing leadership style we could have positive change. Lee and others (2019) proved that head nurses leadership style had an effect to nurses' turnover. Authentic leadership had a positive impact to work environment and that lessened the work exhaustion. Also, team culture and leader's emotional intelligence has positive effect on turnover intentions (Majeed and Jamshed 2020). To keep the motivated employees in the house we need to focus on leadership (Ristikangas & Ristikangas 2013, 19). Especially in homecare employees still like their work but current way of management and work process lowers nurses job satisfaction and create higher stress (Ruotsalainen, Jantunen & Sinervo 2020, 8).

Frederic Laloux (2016) has written about a new "evolutionary" leadership style called teal leadership, where the hierarchy has been cut to a minimum so that there are no leaders, but the teams are self-leading teams. In this model there is no hierarchy or bureaucracy in the companies. This leadership style has already been implemented to many companies, for example FAVI, Morning star, Buurtzorg and Oodi-library. This new paradigm seems to work in any field. Self-management has quickly come part of Finnish work life conversation (Martela, Hakanen, Hoang and Vuori 2021, 4).

In this literature review my intention is to focus on self-organizing organizations in Finnish healthcare. It's objective is to find out how companies have implemented self-leadership and shared leadership to Finnish health care and has it brought any benefits compared to current dominant leadership style in healthcare organizations. First idea was to do questionnaire study to local

company, but in last three years there have been already done such studies, so I decided to do a literature review and widen it to include whole Finland.

2 Leadership styles

Self-management and self-organization are coming fast. Organizations need to be fast and agile in the modern work environment where globalization, rapid flow of information and automatization have made working more complex and fast-moving. Growing number of work tasks' need more expertise and independent decision making where routine work and top to bottom command chain does not work anymore. Modern information technology enables decentralized structures in organizations. (Martela & Jarenko 2017, 9-32; Juuti 2013, 14.) Self-organization is predicted to be the next leadership paradigm (Martela & Jarenko 2017, 11; Laloux 2016, 55). If not changing to completely self-organized then at least many organizations will try to add self-management inside organizations (Morikawa, Martela & Hakanen 2022; Martela et al 2021).

In today's talk term self-organizing or self-management is connotated to leadership but the same term can mean multiple things at the same time, especially in Finnish. Salovaara has found at least fifteen different English word that can be translates into Finnish word "itseohjautuvuus". (Salovaara 2020a, 53.) In table 1 there are different English words and descriptions for the word "itseohjautuvuus". Martela has divided it into three categories: self-management, community management and self-organization (Martela 2021, 16). In this chapter we focus on those three Martela's terms in table 2 and the goal is to open these terms and define the differences.

Table 1. Terms and definitions (Salovaara 2020a, 53.) Self-translated.

Term	Definition
Self-management, self-leadership	Self-management is self influencing to complete tasks and goal (Goldsby, Goldsby, Neck, Neck & Mathews 2021.) "Self-leadership is a self-influence process through which people achieve the self-direction and self-motivation necessary to perform" (Neck & Houghton 2006)
Self-control	Self-control is displayed when person works knowingly other way than normally without outside limitations (Sims & Manz 1980)
Self-regulation	It is a talent connected to emotional intelligence, ability to control and recognize own feelings, inner strengths and abilities (Salovaara 2020a)
Self-managed team, autonomous teams, self-leading team, self-directed team, self-organized work team, autonomous work team, empowered team	This is how teams work autonomously in organizations. Ability of the team to work autonomously without external guidance and control (Salovaara, 2020a; Martela & Jarenko 2017)
Self-managing/ self-managed organization, self-organizing	Whole work community works self-managing. Work community has supporting elements for this. Also how things organize in complex systems without separate leading. (Salovaara 2020a)
Collectivist/boss less/ peer-to-peer leadership, co-management, co-leadership	Two or more people are sharing power equally.

Table 2. Martela's terms and definitions (Martela 2021, 16). Self translated.

	Self-management	Co-leadership, shared leadership	Self-organization
Target	Individual	Team	Organization
Defenition	A person's ability to act independently without external guidance and control	Ability of the team to work autonomously without external guidance and control	A way to get organised, with hierarchy and the power of superiors is radically reduced
Opposite	Top-down management	A team led by a manage	Hierarchy organization

2.1 Self-management

Self-management can easily be mixed with self-organization. The first one is an individual feature and the second one is a group feature. Self-management is ability to function without someone's control and guiding (Martela & Jarenko 2017, 12). Usually, the first step is to add employee's activity, self-initiation, and decision-making skill (Martela et al 2021, 14). It includes the ability to lead oneself by means of time management, prioritizing, task control and resource management (Martela & Jarenko 2017, 12). When employees are capable of self-management, they can promote common goals by using their own judgement without someone else controlling and giving permission to everything (Martela et al 2021, 14).

Top-down controlling is the opposite to self-management. These employees are seen passive and unable to take the initiative, who need constant control and supervision to make them productive. They need to be guided through every step. (Martela et al 2021, 14.)

Self-management is about power and whether organization is or is not willing to give it. Employee and team needs space and freedom to execute self-management. Martela and others have determined three levels of power to make decisions in your own work. Employee can make decisions considering work, managing work or develop organization. When employee has right to determine how to do work, they can change freely the way to work if they find a better way to do it. Right to

manage own work is the right to choose one's own goals. This is also about how measure success and how to reward. Right to develop one's organization is about how much one can influence structures and practices around the job. It is also about how much you are taken in when making organization level decisions considering the work. (Martela et al 2021, 4.)

Leadership is not a feature with which we are born. It is a skill that can be learned, and everyone should learn it because nowadays work life requires it. (Juuti 2013, 9.) Ladkin (2020, 128-150) writes that through philosophical practices individuals can develop their capacity to deal wisely with ethical dilemmas they face in their leadership role. Perttu Salovaara (2020b, 151-167) says that we all need to rethink leadership and stop thinking leaders as heroic all capable male character without flaws and rather start to think leaders from full human image, way where incompleteness and humility are part of it. It is not logical to exclude some human capabilities from leadership like vulnerability and failing. Humility and humble leaders have gotten more attention and humility has been noticed to have positive impact on corporate culture, performance, team effectiveness and leadership. Great teams have one thing in common and that is psychological safety and humility and accepting vulnerabilities help to create mental safety. "Avoiding failure is a bullet-proof way of hindering innovation."

In his book Salovaara represents seven self-management skills. 1. Argument for your own cause. One needs to be able to represent ideas so that others get interested. Others will question your decision and sometimes all the ideas will not work. 2. Self-regulation. One needs to scale own assets and time resources because one cannot participate to every project no matter how interesting it is. 3. Managing conflicts and receiving feedback. Giving and receiving feedback is everyone's responsibility and so is managing conflicts. 4. Keeping up with the chances. Everyone is responsible of their own learning so everyone must keep themselves oriented about chances, only this way the organization will develop. 5. Equality and equity. Even though the unit has equality it does not mean equity. Some are better at budgeting and other at recruiting. To avoid covens, job rotation is recommended. 6. Emotional intelligence. Caring about workplace atmosphere is everyone's responsibility and that is why good emotional intelligence skills are valid. Others need to be recognized as feeling, thinking and social beings. Individuals need to have the feeling that they are valued. 7. Finding balance between own motivations and work community's goals. Everyone needs to

bring their participation but controlling emotions. When executing own desires, it must be done by controlling impulses. (Salovaara 2020a, 125-127.)

Salovaara also refers to Laloux who says that we wear this professional mask to hide our vulnerability and doubts, hide our feminine side of ourselves that is the caring questioning and inviting side. Rationality and masculinity are more valued in most workplaces and the emotional, intuitive, and spiritual side is neglected. At the same time, authoritarian and hierarchical are not the words that leaders want to be associated with. (Salovaara 2020b 151-167; Laloux 2016, 84.) Even though most of the companies are not ready to fully change to self-leading organization and give up all from the management team, but many of the employees do crave it. When it is allowed, employees do not have to fit into pre-supposed roles that are based on limited human image. (Salovaara 2020b, 164.) Consult company Deloitte reported in 2016 that 92% of respondent wanted organization to be formed to flatter and non-hierarchical way (Salovaara 2020a, 19)

Laloux writes that to embrace this “evolutionary” leadership style we need to embrace the whole human and tame the ego that control us via our fears, goals, and wishes. We do not need to fit into some mold that has been shaped for us, but we can learn to listen to our inner selves and go where it guides us. To enable the whole and make it possible, organizations need to create safe environment so that people dare to show every side of themselves and thrive. (Laloux 2016, 40-41, 84, 97.) Salovaara quotes Bréne Brown saying” Vulnerability is not winning or losing; it’s having the courage to show up and be seen when we have no control over the outcome. Vulnerability is not weakness; it’s our greatest measure of courage.” (Salovaara 2020b, 165). We cannot hide at work behind the mask if we want to be ourselves and learn more from ourselves, strengths and vulnerabilities are both part of us.

2.2 Co-management, shared leadership, and self-managed teams

Most of the organizations now days are somewhere in this category. Their teams might be strongly self-organized, but they work in hierarchic organizations, and they have strict boundaries for their work in what they cannot have control over. These kinds of companies have created a culture where employees practice self-management, but they still report to supervisor or manager. (Martela & Jarenko 2017, 16.)

Instead of the leader telling employees how to organize and do their work best, the team gets to decide it. The team is a unit that chooses the way to organize and share responsibilities and tasks to get the wanted results. The team also takes responsibility for the progress of work and finds the best way to promote it. This needs cultural change in the workplace, so that everyone feels like it is their responsibility to aim for the wanted result and solve the problems that occur. (Martela et al 2021, 14.)

Shared leadership does not necessarily mean that organization must give up all from the management team. Leadership and its responsibilities can be given for example for two people or three, if only one is not named as a leader. Learning shared leadership needs curiosity and safe environment to fail. (Spiik & Sillanpää 2022, 9.) When team's leader is removed the power does not move directly to one person but to whole team (Martela et al 2021, 14).

Shared leadership requires flexibility, quitting blaming and shaming, and curiosity and co-operation. World changes fast and if some project or product is chosen now and we use a year to do it, we finish with outdated product. Flexibility needs the use of modern communication channels; email is too slow. Meetings should be held only when needed and only with those who are needed. Organizations need to allow failing. Blaming others creates toxic environment and if we always get negative feedback after failing, we start to avoid failing. We also need to stop blaming ourselves. Self-discipline is a good thing but when it turns into self-criticism, we are going wrong way. Self-discipline helps us to achieve our goals and limits. Self-compassion helps us to face our failures and do mistakes again instead of being afraid of them. (Spiik & Sillanpää 2022.) Like earlier said avoiding failure is the certain way to stop innovation (Salovaara 2020b).

Innovation comes from curiosity. "Innovation is systematically repeated curiosity" (Spiik & Sillanpää 2022, 40). Curiosity can be learned, added, and strengthened. If the organization is highly hierarchy, then the innovation department should be separated from it to maximize the outcome. Without curiosity and innovation organizational development would be more difficult. (Spiik & Sillanpää 2022.) Working places need change and continuous improvement. Low hierarchy working places have high adaptability to change, but if high-hierarchy organizations learn to accept mistakes then they achieve even higher level of adaptability to changes. (Kucharska & Bedford 2020.)

When leadership shifts to more than one, but they still have named leader the leadership role changes to more guiding and coaching leadership. Leader do not have to have ready answers because employees can do them, leader needs to create right environment, enable flexible working and help them develop themselves. (Spiik & Sillanpää 2022, 12.) Being boss is a tool to make an impact with employees and not an intrinsic value for coaching leaders. It needs passion to help employees to develop, believe in one's employees and good self-knowledge and humbleness, courage to confront employees in good and bad, lead the way and have a fate in future. (Ristikangas & Ristikangas 2013, 17-24.)

According to Gary Hamel hierarchical organizations downsides are that they do not use all the potential in decision making that lies in employees because decisions are made with small group. Employees ability to work reasonably and try new things are limited because of different approving chains. But most of all bureaucratic organizations are slow and cannot respond to fast changes in working environment. (Martela & Jarenko 2017, 17.)

2.3 Self-organization

Self-organization is a group's way to organize work with minimum hierarchical structures. There are no strict command chains, supervisor, or certain roles (Martela & Jarenko 2017, 12; Martela et al 2021, 14). In self-organizing/self-managing companies, sole employees or teams do not have middle management or immediate supervisor. Work delegation, coordination and responsibilities are solved through team's communication. (Martela et al 2021, 15.)

Self-organization as a phenomenon does not try to maximize individual's or team's freedom but to create a model that differs from hierarchical system as much as possible (Salovaara 2020a, 56). Self-organization can also be seen as a radical organizational change where all managers are taken away. Self-management and co-management are more subtle way. No matter the way but the coal is to add employees' autonomy and power. Believe is that when given the chance, the motivated employee wants to do the best. (Martela 2021, 17.)

Self-organization does not mean removing structures but replacing them. We need structures to organize large group of people. Instead of building the structure over hierarchy, self-organization

is a different kind of way to execute it. In these organizations there are still rules, guides and customs that guide the work, and these can be as strict as in hierarchical companies the just is not a leader following or executing those. Without structure organizations would fall into anarchy. (Martela et al 2021, 29-30.) Structures that make other decision more likely to happen than other are for example an atmosphere of trust, shared goals, the values that guide our actions, and individuals changes to execute common strategy (Martela & Jarenko 2017, 46).

The current way of leading and current working processes is not working anymore. These are causing lower job satisfaction and increasing stress levels. (Ruotsalainen et al. 2020, 8) Laloux (2016) also writes that something is wrong about today's organizations. Employees are disengaged, leaders are tired, customers do not trust in businesses and all these industries are harming the planet. He believes that humanity can evolve, and the next step of organizational evolvement is happening. (Laloux 2016, 14-19.)

Gary Hammel (2011) argues against hierarchical organizations. He writes about many reasons why we should give up on hierarchies. Each level of management is more expensive than the last. Usually those who make the important decisions about field work are far away from it and the risk of unfeasible decisions grows. Multilayered approval chain is slow and narrowing individual's scope of authority will increase their contribution, willingness to dream and imagine. (Hammel, 2011.)

Hammel sees bureaucracy and self-management as total opposites and writes that the idea and habits of bureaucracy need to go completely before self-organizations can function. (Hammel 2011). Martela and Jarenko on the other hand bring up those organizations that still have different management levels but who have significantly increased team's self-organization. (Martela & Jarenko 2017, 16)

3 How does it work?

The traditional hierarchical organization or bureaucratic organizations where top management organizes the way work is done and coordinates the entity, is still the most common one. Here the orders go top-down, and information needs to go many steps on the way. (Martela & Jarenko 2017, 16.) Lee and Edmondson (2017, 36-38) refer to hierarchical bureaucracy as managerial hierarchy, which took place from late 19th to early 20th century and has been resistant to changes but

its limitations have become more known to scholars and practitioners. That has led different attempts to organize less hierarchically, for example through employee empowerment the manager empowers people to do decisions. Participatory management tries to increase employee participation and in self-managed teams the managerial authority is delegated to groups.

There are few reasons why self-organizing is coming to workplaces now. First, the speed of changes has multiplied because of the highly global and networked working environment and fast information flow. Information flow and technological developments poses a threat to hierarchical organizations. Organizations agility to react to these fast changes is the key to success. If these changes are not responded fast enough, then it will lead to missed opportunities and other failures. (Martela & Jarenko 2017, 18-19; Lee & Edmondson 2017, 37.)

Second, the work tasks are changing. The knowledge-based work will grow when the automation technology slowly replaces humans in many fields. It is estimated that one third or half of human work will be replaced with technology. Peoples' ideas and expertise will be more valued in the knowledge economy. Creativity and ability to see and combine entities will be one of the features to stand against automatization and the other is humane interaction. We still need human touch and empathy even though the machines are better than us to find for example diseases. (Martela & Jarenko 2017, 22-23; Lee & Edmondson 2017, 37.)

Third, the information technology has made it possible for us to coordinate huge masses of people without the need of supervising manager. Many IT companies are ahead in self-management because they have realized how to replace leadership functions in coordination and communication with IT systems. (Martela & Jarenko 2017, 23.) For example, Buurtzorg, home care company in Netherlands had to develop their own IT system to support the teams' communication and information flow. In Buurtzorgweb all the information is transparent so that each team can see others performance, interventions, and outcomes. (Buurtzorg web N.d.)

Fourth, the personal meaning of the work. So-called "millennials" entering work life may have caused a that people seek more personal meaning from work when other traditional sources if meaning decline. Some research say that they seek more than prior generations, personal fulfillment, and mission from work. (Lee & Edmondson 2017, 37.)

3.1 Common practices

Self-organizing companies have few things in common. Those are low hierarchy meaning decentralized power through organization, employees strong self-management or right to do meaningful decisions without supervisor's permission, employees high inner motivation and work wellbeing and companies' success on traditional performance measurements. (Martela 2021, 12.)

Strengthening employee's autonomy does not have to mean chaos or that by removing the leader that the power would automatically move to next individual. The power moves to team. But team, work community needs taking care. If it is not taken care, then it is not a team but a group of people and then the chaos is a risk. Information needs to be transparent to employees be able to fill the void coming from removing the leader. If they do not have all the information, then they do not have a chance to see the bigger picture of the organization. Through experience it might be obvious for the leader what needs to be done, but not for the employees. Before knowing their responsibilities, the staff first needs to talk about working units meaning, goal, individual tasks, and plan how to organize co-operation. (Salovaara 2020a, 62-63; Mäkelin, Vuori & Malkavaara 2021, 82.)

Trust

Change towards self-organization starts from trust. Managers need to let go of the strings that they are holding, and they need to trust the process. They need to give the space for their employees that when given the power and freedom they will do wise and needed decisions for the organization. Employees do not need patronage. (Martela et al. 2021, 33-34.) Buurtzorg's one of the principles is trust. They will try to foster such environment where patients and employees thrive and where nurses can plan and provide the best care needed at that moment. They believe that trust eliminates the need for administration. (Monsen & de Blok 2013, 122-123.)

Trust is the base of functioning and coherent teamwork. Lack of trust is based on team members unwillingness to be vulnerable. If they do not trust then they do not share mistakes or weaknesses. If they do not share there will not be trust. The basic of trust is that team members learn naturally be vulnerable with each other's and they need to believe that other will not use those

vulnerabilities against them. When the team has trust, the members will ask for help, admit mistakes, accept help and questioning, take risks by offering help and feedback, value and appreciate others expertise. They will also minimize politicking and focus on the important, ask forgiveness and forgive and are excited about working together. (Lencioni 2014, 203-205.)

Decision making

In self-organizing companies' decision making is shared but not determined how it should be done. Every organization is different and there are many ways to execute it. When thinking diverse ways to make decisions teams need to think who can start the decision-making process and how fast it must be. (Mäkelin et al. 2021, 79-97.) For employees to be able to make decisions the information must be as transparent as possible. They need to be able to form as truthful and holistic picture as possible of the company. This is achieved through conversation. Also, IT-services help with this when everyone has access to all databases not depending on status. In self-organizing companies people trust that everyone wants to do good decisions considering everyone when they are given enough information. (Mäkelin et al. 2021, 82.)

Decisions can be done through process like in Futurice, W.L. Gore and Morning Star. Prerequisite of this is that everyone has enough information beforehand. This process has three steps. First the person must seek advice from expert of this field. Second, they must ask from those who the decision is about to concern. It does not have to be everyone but for example 3-10 representatives. Third, they will take the advises back to the planning group and consider all of them and then make the decision based on those. (Laloux 2016, 70; Salovaara 2020a, 103.)

Conflicts

In working life there will also be conflicts like in normal world, but who will solve them if now the leader? Traditionally conflicts are handed to leader to solve but even they do not have the right answers most of the time. The system has not taught us to manage our conflicts on ourselves. Because it is a systematic problem in self-organizing companies, it is taught to everyone. When everyone has the skills and knowledge to do it then conflicts can be solved when and where it comes. Usually there are official practices to ensure fair and solution-oriented handling. For example, Morning Star, a Californian canned tomato producer, uses four step accountability process to

solve conflicts. First comes one-to-one conversation between the one who noticed anomaly and the one who acted. This contributes more open conversation culture. If this does not work, then assistant is called in to see the situation from both sides and to give solution proposal. If even this is not working then is called in a conflict-resolution panel consisting of co-workers, who will either support the assistant's solution or give its own. And if the conflict yet does not solve then the CEO is called in, but this has not happened yet. Another example is from Netherland homecare Buurtzorg, where they have coaches helping the teams to solve problems. They will not give right answers but help the team to produce a development plan of how they will solve it. The coach will help the team from planning till the problem has solved. (Mäkelin et al. 2021, 89-90; Salovaara 2020a, 104-105.)

The same thing that applies to conflict handling applies to feedback culture, it is everyone's responsibility and not only the leaders anymore. The one who notices it must bring it up, good or bad, and not talk behind back. Goal here also is to develop company's conversation culture so that there is room for vulnerability and imperfections so that the system gets to repair itself. Giving feedback's idea is to add understanding of work and other ways to do it, not to stalk others for errors.

Objectives

Open conversation culture is the key for deciding goals. Because if employees do not have the courage or permission to speak their mind then the goals are not shared. And if the leader orders what are the goals, then the organization is not self-organized. (Salovaara 2020a, 106-110.) In some companies like Morning Star and Finnis Futurece they have personal goals on top of common goals. In Morning Star, they use CLOU (collegial letter of understanding) where they determine their own individual missions and how to execute it and then this is gone through with colleagues. Futurece uses My Impact-conversation every 3-6 months where they collect feedback on a poster from colleagues and clients. From this poster the employee writes down how she/he has been, achievements, setbacks and learned lessons, how they have improved and what are their strengths, who has helped them and what has been the overall impact of their work. (Mäkelin et al. 2021, 88-89.)

In self-organizing companies' coals and objectives are still needed but setting those differ a lot from hierarchical organization where the boss sets the coals. Common coals guide the work and how it is done. Coals can be changed but the change must come from work community. When employees can effect on their work and common coals then working becomes more meaningful and employees are more committed to work. (Salovaara 2020a, 109-110.)

Strategy and vision

Strategy and vision are traditionally leaders' tools but when adding autonomy, it should be given to employees. Usually, it is done by adding autonomy to "how to" and "what" work should be done, but rarely "why". Employees need to have a saying why work is done and what objectives are worth reaching. Example for this is to use different strategy processes where the top management only finalizes it and summarize it. Employees influencing opportunities can even be added to consider mission and vision. To make employees able to choose why the organization exists. If the power to choose mission is given to employees, then it rarely is to make profit for stockholders but to add work wellbeing, environmental concerns, and joint municipal responsibility. This way the strategy turns into dynamic document that shows direction but may be derogated from and achieving the strategic coals is not the measurement of success. (Mäkelin et al. 2021, 91-92.)

Laloux studied twelve self-organizing organizations and none of them had three- or five-year strategy plan written, because they see that it is much more efficient to observe possibilities and adapt to those that try to predict it and plan work according to the prediction. Easier is to sense what happens around us, like a living organism that alerts the organ when it needs to change. Laloux calls this sense and respond state. When the need of change does not come from above or outside but inside, it is easier and more natural to accept the change. (Laloux 2016, 120-124 & 130).

Mission is supposed to guide and inspire employees in the organizations but in many organizations, it is just verbiage and rarely anybody stops to think what the mission requires them to do. In Laloux's teal model where the ego and fear are put aside there comes space and time to think deeper meanings for own calling and genuine objectives. (Laloux 2016, 115.)

Ground rules

Ground rules can be or include values, story, common principals or play book. These are done together and are not given from above. When everyone has given a chance to make and affect to there, it is easier to accept and understand them. Ground rules are not an invention, but the difference comes from how, not what. Rules need to be done together and caring. (Salovaara 2020a, 123-124.) When organizations have written rules and structures it is possible to create a safe space into workplaces where everyone can low down their masks and be whole. (Laloux 2016, 98-99).

Psychological safety

Psychological safety is the key to everything. It helps to accept chances because change is uncertain (Salovaara & Mäkelin 2021, 47.) If the psychological safety factualizes the team will be more successful (Salovaara 2017, 72). Psychological safety means that people believe that the work community is so safe that they dare to bring up conflicts and not just the good things, without any personal consequences. Salovaara refers to Edmondson who said that for co-operation to work people need to have certainty that the team will not disappear, abandon, or punish other for their opinions. In these communities, people can be their selves. If the team members fear then they do not dare to speak, communication suffers, and work suffers. (Salovaara 2020a, 116-118.)

By creating safe place, we come back to Laloux's idea that we could be whole and take off the mask. When we do not have to fear but be whole at work, we can even find new sides of ourselves. People might notice that they are more alive than they could imagine, and colleagues can help each other's to find their inner callings and greatness. Big part of what has been unpleasant and inefficient just disappears. Ground rules, mindfulness and reflective space and practices has been taken in use to help achieve this safe space. (Laloux 2016, 93-100.) People need to be able to talk openly, it adds trust and psychological safety (Savaspuro 2019, 165).

Finnish Institute of Occupational Health (FIOH) also sees that psychological safety is that you can be yourself and take risks in the team. It supports renewing, creativity, innovation and taking risks, promotes learning through mistakes, promotes efficiency and performance and it enhances job

satisfaction and work commitment. In high safety communities the co-working is effortless, communication is open, and ideas and problems are brought up. Mistakes are not a weapon against others but a learning tool and attitude toward risk-taking is milder. Everybody is respected no matter the background. Psychological safety is needed because of the complexity of work life. Collaboration is needed in complex world to achieve the common goals and safety adds communication. Through this the risks might be avoidable. New work environments need new ways of working but these will not come up in unsafe environment. It also requires learning new and courage to try new. In psychologically safe environment mistakes are seen inevitable when creating new and mistakes will fasten the learning. Efficient employees will make mistakes, learn from them, and teach others. All this creates open conversation, learning and innovation. Everyone can promote others safety. (Yli-Kaitala & Toivainen 2021.)

3.2 Results of self-organizing

Self-organization has proved to have its benefits. Finnish research of 2000 participants found a correlation between self-organization and workflow and work exhaustion. The more the people experienced self-organization the more they felt workflow and had better work wellbeing. Instead, the lower the self-organization level was the more there was stress and work exhaustion. These results were not connected to age, sex, education level, wage, or status. Same results were found when questions were about their organizations. In organizations where the power was decentralized, and practices were more towards self-organizing the employee's workflow and resilience were better stronger and stress and work exhaustion lower. (Martela et al. 2021, 19-22.)

In Buurtzorg they have managed to get higher user satisfaction level and higher staff engagement and fulfilment (Duncan, 2019). Another Finnish research studied about cost efficiency of Buurtzorg model. They found out that it is difficult to measure cost efficiency and it takes time, but it could be possible in a prolonged period. Their findings also indicate that the model can have good impact on work effectiveness, employee satisfaction, quality of care, and work environment. (Jantunen, Piippo, Surakka, Sinervo, Ruotsalainen & Burström 2020, 41.)

One of the most effective ways to improve employee productivity was found to be increasing self-control over work. Multiple studies support the idea that self-leadership is a skill that can be taught to increase the practice and employee productivity. On a team level, study support the idea

of team level productivity increased by self-leading teams. Creativity and self-efficacy improved on both team and individual level and so did psychological empowerment. On an individual level, job satisfaction increased but on a team level there were studies both for and against. (Stewart, Courtright & Manz 2011, 196.)

Self-organization has many benefits, and it might be the answer for many organizational problems, but it also has its own pitfalls. It is not a magic trick that is going to fix every problem in the organization. It also is not a ready baggage that will work the same way for every organization. The term is complex and there are as many ways to execute it as there are organizations. And finally, it is not a quick fix. Building self-organizing organization takes time and effort and is not ready overnight. (Koistinen & Kostamo 2021, 61-63.)

Tomato processor company Morning Star has gotten some significant results by building the company on self-organization. According to their president the employees are more initiative when they do not have strict roles and they have authority to act. Because of that they are more sensitive to sense what needs to change, and they make the change. This model also increases employee's expertise because they and only they are responsible of the results. Without organizational ladder to climb there is no competition over promotions and employees become more collegial. Employees make better decisions "Since the doers and the thinkers are the same, decisions are wiser and more timely." This model has also increased loyalty and even the temporarily workers come back year after year. And lastly it has lower cost because of the missing managers. These moneys are used for higher salaries and investments. (Hammel 2011.)

4 Self-organization in healthcare

Self-organizations are reaching the social and healthcare field also, but it is still a field that has less self-organization than other fields (Morikawa et al 2022, 321; Martela et al. 2021, 27). The public social and healthcare organizations are quite large in Finland and the services are diverse which has created the need of multilayered organization structure. This hierarchy slows down change and very few get to participate into decision making process. Traditionally there has been strong professional managerial power. That and hierarchical structures have caused that those who collaborate with the clients and need to be soon ready, are not prepared for self-management or self-organization. (Ojala & Mäki 2017, 266-269.)

Figure 1 shows how hierarchical the Finnish hospital setting is traditionally. All the levels of nurse leaders they have critical role in leading nursing practices in healthcare organizations. Their work is warried depending on the position in the organization and different leadership styles may also be needed. (Kvis, Voutilainen, Eneh, Mäntynen, Vehviläinen-Julkunen 2019.)

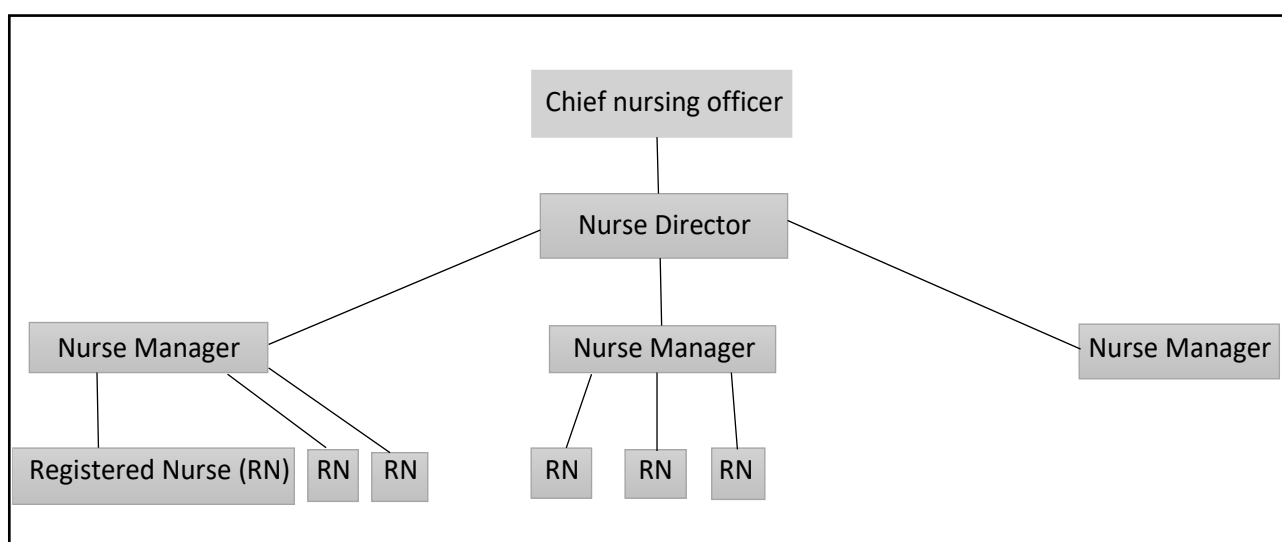


Figure 1 The structure of nursing leadership in Finnish hospital settings (Kvist et al. 2019.)

In the future we will need even more healthcare services because the population grows older and lives longer. There will be less resources, but the services are expected to be more efficient and easier to get and the clients' have even more problems that are less likely to solved by one professional but a multi professional team. Like any other field, also here the chances will be faster and need reacting immediately and not through a project. Client interface workers will be those who need to be ready for chances and ability to adapt to any situation. Changes must be done through fast, small an agile experiment. This requires change in the experimentation culture where also the failures are accepted. (Ojala & Mäki 2017, 266-269.)

It is known for social and healthcare leaders that employees have complained about rush, stress, and work exhaustion for long time. Even though there are multiple development project about work wellbeing the structures of management and co-operation do not support these. Autonomy, chance to effect on one's work and belonging to society improve employee motivation but these

are not utilized in the leadership work. Responding to growing productivity requirements need good people management and employee wellbeing. (Ojala & Mäki 2017, 266-269.)

Helsinki city

In Helsinki city they have started to renew and change their social and healthcare system since 2016 aiming to enhance service's accessibility, client experience, effectiveness, productivity and employee experience. The need to develop leadership and leading has risen from different professionals and from staff surveys and leader's self-evaluations. Employees felt like they wanted less higher steps of approval and more power to decide and freedom to act in teams. (Ojala & Mäki 2017, 272-273.)

Their idea of new leadership started from shared client meaning shared work, self-organization and inner motivation. The project group of 17 members found out eight critical success factors in leadership that were: people centered participation, multidisciplinary teams, coaching leadership, target management (clear objectives determined with employees), information management, self-created rules, agile leadership and management of competences. Shared work, self-organization and inner motivation became the core of new leadership and at the same time the target state of leadership. All of these would apply to everyone, not just the leaders. (Ojala & Mäki 2017, 274-278.)

In Helsinki city's new model self-organizing teams would mean employees' permission to act as they see fit and to pursue their objectives by the means they choose and ability to do right things and focus on relevant. Teams would have objectives and tools to measure them and real-time data from the measurements. They will have clear rules, practices and roles. They also have power to recruit new employees if there is space in the budget and responsibility to familiarize them. Employees need to be responsible and well self-managing. Next to the manual was created leadership measurements. (Ojala & Mäki 2017, 279-280.)

Self-organization was introduced to employees with the help of leadership manual. The manual described how to lead accordingly to the new leadership model and how to communicate about target management. It had exercises for the teams and leaders to involve everyone and get them

to think what they needed to change in order to change their leadership. (Ojala & Mäki 2017, 277.)

Some of the homecare teams converted into self-organizing teams and they started to practice recruiting, how to hold team meetings and planning work shifts without leader. All the teams' leaders have practiced how to coach employees to solve problems without the leader. The whole grew needs new skills like how to give feedback, resource management, self-leadership, development of team's skills and communication skills. These are at the center of the development process. Attitude change and leaders to learn how to trust their employees would be the biggest challenge. (Ojala & Mäki 2017, 282-285.)

Buurtzorg model

Self-management has spread to Finland from other countries. Most common and famous example is Dutch homecare company called Buurtzorg. This company does not have managers or hierarchy. (Laloux 2016, 49) It is a nurse-lead, nurse-run organization that provides homecare. The teams make all the decisions about clinical and operational tasks by themselves. (Monsen & de Blok 2013.)

In Buurtzorg teams have professional freedom with responsibility. They work in teams of twelve taking care of people who need support and manage the team's work at the same time. The team has freedom to organize the work, share responsibilities and make decisions. Workers and teams are entrepreneurial in spirit and continually improve services and organization. Their idea is to approach the client in a holistic perspective. They note clients living environment, people around the client, partner, and relatives. They try to connect clients formal and informal networks. (Buurtzorg n.d.) Trust, autonomy, creativity, simplicity, and collaboration are the principles of the company. The twelve nurse teams care for 50-60 home care patients. (Monsen & de Blok 2013, 123.)

Buurtzorg was created in 2006 by four nurses, and it has currently about 15 000 nurses in over 950 teams. Their model has spread to twenty-four countries. The organization has won Best Employer of the year four times. The staff has rated general satisfaction 8,7/10 and staff involvement 9,5/10. The teams have regional coaches to support the team and back-office of forty-five staff to focus on payroll and invoicing. (Buurtzorg N.d.)

Buurtzorg's basic idea is to trust their nurses. They are given free hands focus on their clients' needs and naturally they try to do what is best for the client. This way the nurses are more motivated and supported than in controlled and authoritarian systems. When the management tire is kept small the overhead cost stays small and can be reinvested into front-line care. Their productivity is about 10 % higher compared to other similar companies and their profit goal is eight percent (others 25%), which is achieved. This makes it also cheaper for the client. (Nandram & Koster, 2014)

This same model works in twenty-four other countries now days (Buurtzorg N.d.) Many countries are replicating Buurtzorg's model and there are teams in United Kingdom, Sweden, and Japan (Monsen & de Blok 2013, 122). In UK they have introduced "Neighborhood Nursing" to the district nursing with the idea of solving their home care crisis. They started in 2016 and by 2018 they had rolled out their version of the model throughout their community nursing services. (Hamm & Glyn-Jones, 2019.)

Magnet hospital

Low organization, high decision-making authority and nurses' high autonomy combined with Magnetic hospital principles rates to higher quality of care (Ruotsalainen et al. 2020). Magnetic hospital status can be earned for a hospital through American nurses credentialing center's (ANCC) Magnet recognition program. The program has started in 1983 and has grown significantly since (ANCC Magnet Recognition Program, N.d.) Now days there are over 600 Magnet hospitals (Bal 2022).

Magnet recognition is the highest award credential a medical facility can receive (Bal 2022), but also a proof of commitment to excellence in health care (ANCC Magnet Recognition Program, N.d.). Program is worldwide and its purpose is to provide a roadmap to nursing excellence (ANCC Magnet Recognition Program, N.d) Process to achieve the title is usually long and complicated and requires "leaders to successfully align nursing strategic goals to improve the organization's patient outcomes. Magnet hospitals have the highest standards of care for patients, business growth and financial success, motivated and valued staff (ANCC Magnet Recognition Program, N.d.)

ANCC has 50 evaluation criteria for applying hospitals (Towards the Magnet Hospital N.d.). Requirements include parts in work environment, nursing excellence, innovation in nursing practices and quality patient outcomes (Gagnon 2021). There are five components in the model. 1. Transformational leadership: Leaders need to implement change to improve hospitals behaviors, values and beliefs for future demands. Evidence-based and innovative approaches need to be implemented to meet the future needs (Bal 2022.)

2. Structural empowerment: Nursing staffs' contributions are recognized, and leaders are committed to professional development and decision-making is decentralized. (What is a Magnet Hospital? 2020.) Hospital's environment should be supported to be innovative and comfortable to achieve hospital's vision and values (Bal 2022). Nurses need to be empowered to carry out the hospital's mission (What is a Magnet Hospital? 2020.)

3. Exemplary professional practice: Nursing staff is expected to apply new knowledge to their practices and demonstrate their role with patients, families and community members (Bal 2022). Nursing can help to provide quality health care and new candidates need to understand it (Berg 2021).

4. New knowledge, innovation and improvements: Nursing practices and care methods advancement needs to be prioritized and the commitment must be shown. Constant improving in knowledge and innovation is one of the criteria. The hospitals need to be prepared for the future by constantly redesign their systems and practices. (Bal 2022.) Clinical and operational processes should be based on research and evidence-based knowledge. Whole hospital should be encouraged to innovate. (What is a Magnet Hospital? 2020.)

5. Empirical quality results: Magnet hospitals foundation is in its staff, patients and community (Bal 2022). They need to be able to show data of improved patient outcomes (Berg 2021).

Magnet hospitals status has studied to report better economic performance than others. By reducing their nurse turnover, they save money on recruiting and orienting new nurses. Better patient outcomes and on time patient discharging saves money as well. The Magnet hospital status also helps the hospitals to improve their marketing position. (Gagnon 2021.)

Magnet hospital is also beneficial for nurses working in one. There high quality work is valued, and the workplace encourages to innovate. Magnet hospitals are estimated to have less safety-related incidents, workplace injuries and body fluid exposure. Nurses have higher job satisfaction, and the turnover is lower. (Gagnon 2021.) In these hospitals all nurse managers need to have degree in nursing. The chief nursing officer (CNO) must have at least master's degree and the CNO must take a part to the strategic planning and the highest governing decision making. (ANCC Magnet Recognition Program, N.d.)

For patients the magnet hospital offers improved patient outcomes and lower mortality rates. This is possible because of the higher nurse engagement and high-quality standards of care. (Gagno 2021.)

5 Purpose and objectives of the literature review

The choice of the topic raised from personal interest to self-organizing teams in healthcare. I work in a Finnish public healthcare unit, and I have seen the pros and cons of hierarchical system. This topical matter has also gained its share in the management literature and research (Goldsby, Goldsby, Neck, Neck & Mathews, 2021). Dutch home care company Buurtozorg has drawn attention for it's innovative use of self-organizing teams. It has succeeded positive results in employee effectiveness and client satisfaction by empowering and trusting employees to take responsibility of work process and organization. (Jantunen et. al, 2020.)

Original idea was to do questionnaire study to local homecare company that has introduced self-organization to the homecare unit about their actions towards but in last few years these studies were already done (Siniluhta, 2020; Hyvärinen, 2021; Jantunen et al. 2023.) There is literature review done considering self-organization in healthcare (Juurioksa, 2022; Goldsby et al. 2021) but not about Finnish healthcare. Self-organization is new in Finnish healthcare but Buurtzorg's success has suggested that it could also work in Finnish home care (Jantunen et al. 2020). Several companies have already introduced self-organization into healthcare (Jantunen et al. 2020; Ojala & Mäki 2017).

This thesis aims to find out how these organizations have introduced self-organization to Finnish healthcare and how it has worked. Has it brought any benefits or downsides compared to traditional way of organizing healthcare? This thesis could become helpful to those who think about starting a new self-leading company or who are thinking about converting into one, as it will provide a review of how others have done it and what benefits or downsides it has brought with it.

Research questions

- How self-organizing teams are implemented to Finnish healthcare?
- What effects self-organization has caused?

6 Implementation

6.1 Method

Research method will be determined by the research question. Literature review's purpose is to gather information of what information exists in a specific area. Usually, the usage is to find an answer to some certain question. (Tuomi, Kunnela & Latvala 2022)

Literature review is remarkable tool in science. Like any other research, it needs to be repeatable. It is meant to develop theoretical understanding and conceptual framework, develop the theory, and evaluate existing theories. Literature reviews can be done for varied reasons and that is why there has developed various kinds of reviews. Usually these can be divided into three distinct categories: narrative literature reviews, systematic reviews, and meta-analysis. No matter the type of review it has typical parts: Search, Appraisal, Synthesis, and Analysis (SALSA). The differences between different reviews comes how these parts (SALSA) is executed. (Stolt, Axelin & Suhonen 2016, 8.)

Narrative review focuses on previous studies and its extent, depth, and quantity. Scoping review is one of the narrative review types. Arksey and O'Malley (2005, 21) have quoted Mays, Roberts and Popay who define scoping review the following way: scoping review "aim to map rapidly the key concepts underpinning a research area and the main sources and types of evidence available and can be undertaken as stand-alone projects in their own right, especially where an area is complex

or has not been reviewed comprehensively before”. Scoping review tends to view broader topics despite the used research design.

There are four reasons why scoping review is chosen. 1. To do a rapid review of the extent, range, and nature of the research to map the field of study and to visualize the material available. This may not describe the findings in any detail. 2. To estimate if full systematic review is worth of doing. To find out if there is any literature for full systematic review or if one is already done and how much doing one might cost. 3. To summarize and distribute the findings of the research. This one can describe the research details and range more widely. This offers a good mechanism to summarize and distribute the findings for politicians, practitioners and consumers who do not have the time or resources to do it themselves. 4. To identify the research gaps. This takes the summarizing and distributing “one step further by drawing conclusions from existing literature regarding the overall state of research activity.” Because research quality assessment is not part of the scoping process it is important to notice that by identifying the research gaps it does not identify the gaps of poorly executed research. (Arskley and O’Malley 2005, 21.)

Conducting scoping review upholds the ideas of systematic review that all the used methods are conducted in strict and transparent way. The process needs to be replicable by others and that is why documenting needs to be done in sufficient detail. Requirement to identify all relevant literature is guiding scoping study rather than highly focused research question. More sensitive literature search and redefining search terms might be wanted as familiarity with the literature increases. To achieve that the strict limitations on search terms, identification of relevant studies and study selection at the beginning might be too restricting. (Arskley and O’Malley, 2005.)

There are five steps for conducting scoping review. Identify the research question, identify relevant studies, study selection, charting the data and collating, summarizing, and reporting results. The research question guides the way search strategies are built. Identifying primary studies and reviews is “the whole point of scoping the field” in order to answer the research question. To achieve this, one needs to use various sources for searching research evidence. Arskley and O’Malley used electronic databases, reference lists, hand-searching of key journals and existing networks, relevant organizations, and conferences. To select the studies the definition of terminology

is important at the beginning of the scoping study. Scoping study has developed similar inclusion and exclusion criteria as systematic review. (Arskley and O'Malley, 2005.)

Data charting is similar process to systematic review's data extraction. The final stage includes collating, summarizing, and reporting the results. In contrast to systematic study the scoping study seeks to present an overview of all material rather than excluding most of the findings. This way the evidence from studies that would have been excluded will be shown to public. Thereby how this potentially large mass of material is presented is critical. Scoping study does not try to seek for evidence or synthesize anything but to observe the existing literature, and it does not try to evaluate the quality of evidence and so on it cannot determine whether the findings are generalizable or solid. (Arskley and O'Malley, 2005.)

6.2 Collection of data

In this these there are used those data bases that are accessible with the accounts of JAMK and University of Eastern Finland. When limited the data bases the JAMK library service gave sixty-six suitable data bases where selected got nine. BioMed Central, Cinahl Ultimate, Google Scholar, PubMed, UEF (University of Eastern Finland) library and Theseus. Also, Finnish data base Medic was used but there were no relevant studies or articles that could be used.

As an inclusion criterion the year 2013 was the limit because self-organization is quite new in Finnish healthcare, and I wanted to have comparatively recent studies. In the early search it came clear that there were few peer-reviewed studies done about this subject because this is so new subject in Finland. That is why this literature review also includes thesis and pro gradu studies. Within these studies the focus was on those that deal with healthcare organizations or companies. In table 3 the inclusion and exclusion criteria are presented in brief.

Table 3 Inclusion and exclusion criteria

Including criteria	Excluding criteria
Full online access	Not full online access or fee required.
Finish or English language	Other languages
Peer-reviewed or not peer-reviewed, thesis, Pro gradu or full research	Other publication, book, blog or book review
Empirical material	No empirical material
Done between 2013-2023	Earlier studies
Context: has to be about self-leadership in Finnish healthcare	Out of context: Self-leadership concerning other industries or social care

Self-organization has multiple synonyms that mean the same as seen earlier in this thesis. The Finnish terms “itseohjautuvuus” and “itseohjautuvat tiimit” were the ones that were used for Finnish data bases as a search terms. Word “terveysala” was used to limit the results from Google scholar. For the English terms “self-management” brought too many options that referred to patients’ skills to manage their diseases so that was left out. After the test searches the final words were “self-organization,” “self-organizing teams” and “self-leading”. To narrow the results and to specify the results to Finnish healthcare words “healthcare” and “Finland” were added so that the final search combination was for example “self-organization” AND “healthcare” AND “Finland.”

Data base search was done first 17.3.2023 and it was done again 28.3.2023 because I did not have access to all the data bases on the first time. Based on headings and abstracts forty-three studies got chosen. After removing duplicates there was twenty-four studies left. After reading the whole text yet another ten was left outside. Exclusion was done considering the theses that were done to develop a manual or guidebook or guidelines for specific organization. Also, literature review theses that included studies from other countries were left out because those did not give information about Finnish self-organizing teams and those results may not be straightly generalizable to Finland.

In figure 2 the whole research process is described. For CINAHL, Theseus and Google scholar the figure says two searches because to all of those the search was done in Finnish and English, and the results varied depending on the language. One of the articles came from my mentor as he is one of the authors and the article has not yet been published. With this the final data includes five peer-reviewed articles and 11 theses or pro gradus. In table 4 all the included reaches are listed and explained shortly the results of the research.

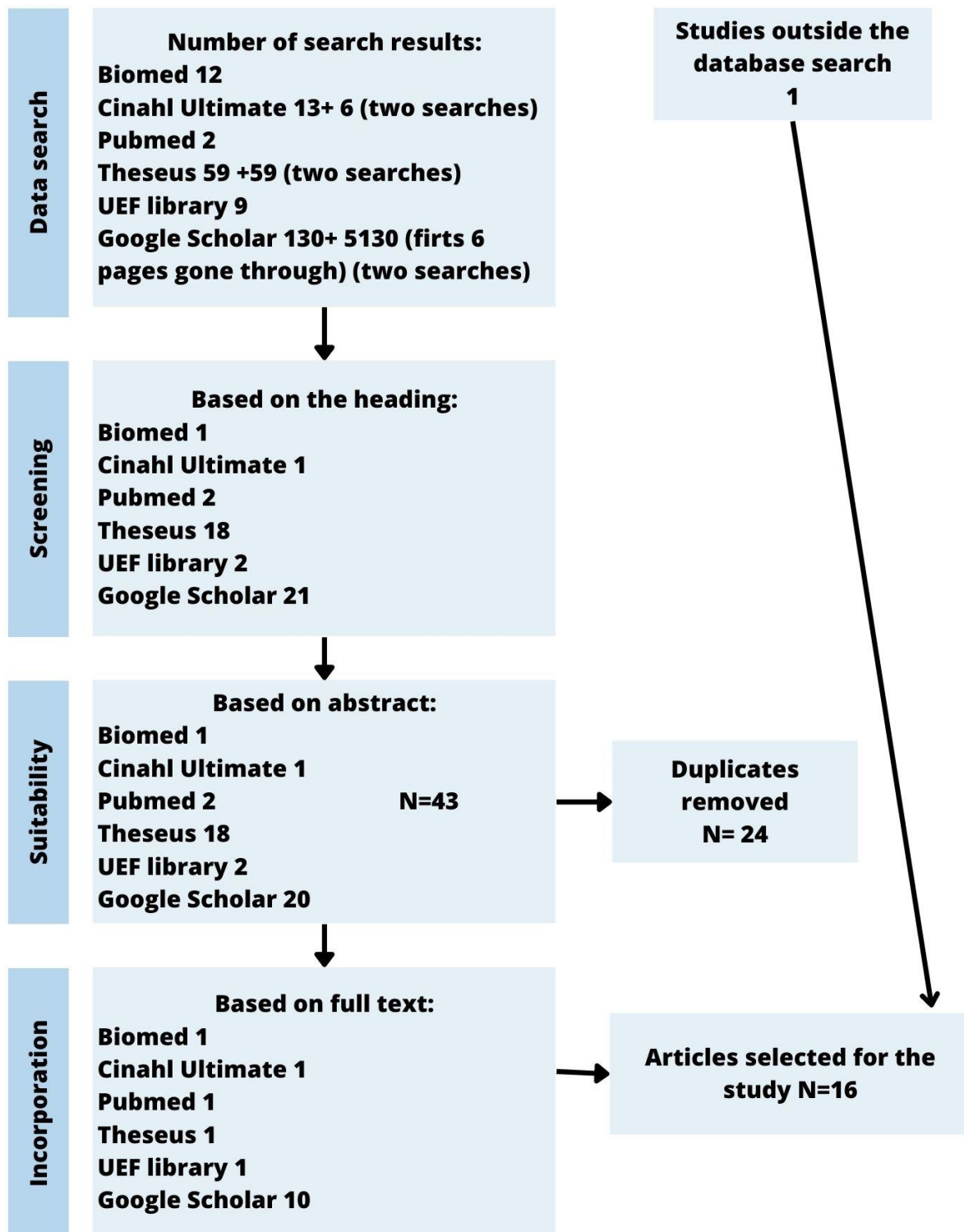


Figure 2 Data search

Table 4 Literature review results

Author(s), Name and year	Objective of the research	Method and aineisto	Results
Salla Ruotsalainen, Marko Elovainio, Sami Jantunen, Timo Sinervo, The mediating effect of psychosocial factors in the relationship between self-organizing teams and employee wellbeing: A cross-sectional observational study , 2022, Finland, International Journal of nursing studies	To examine whether employees in self-organizing teams have higher job satisfaction and lower turnover intentions compared to employee's in non-self-organizing teams.	Cross-sectional survey study, N=377 licensed practical nurses, N=183 registered nurses, therapist and managers, N=31 other employees, in total N=600, 64 teams,	Employees working in a self-organizing team were more satisfied with their job and had lower turnover intentions compared to those who worked in a non-self-organizing team.
Salla Ruotsalainen, Sami Jantunen & Timo Sinervo, Which factors are related to Finnish home care workers' job satisfaction, stress, psychological distress and perceived quality of care? - a mixed method study , 2020	"The aim of the article was to explore the challenges, stressors, teamwork and management factors that are associated with home care staff members' wellbeing, job satisfaction and experienced care quality, and further, how staff members experience their work."	Mixed method study, quantitative (N=175) and qualitative surveys (N=15)	Time pressure was associated with higher stress and psychological distress. Interruptions were associated with lower job satisfaction and higher stress. Teamwork variables like participative safety were shown to explain the variation in quality of care. Dissatisfaction with management practices seemed to lead to decreased job satisfaction. Insufficient number of carers led to exhaustion and strain. Having more autonomy at work was associated with job satisfaction.

<p>Sami Jantunen, DSc (Tech)Jukka Piippo, PhD, RNJukka Surakka, PhDTimo Sinervo, PhDSalla Ruotsalainen, MPHThommie Burström, PhD, Self-Organizing Teams in Elderly Care in Finland:Experiences and Opportunities, 2020, Finland, Creative Nursing</p>	<p>Article aims to provide insights about the challenges and effects of implementing self-organizing teams in three Finnish public health and social care organizations</p>	<p>Semi structured face-to-face interviews (N=15), structured job satisfaction survey (N=121, 68 belonged to control group),</p>	<p>Self-organization has the potential for positive impacts on work effectiveness, employee satisfaction and work environment, care quality, and cost efficiency. Achieving these will take time.</p>
<p>Jukka Surakka (toim.), Thommie Burström, Sami Jantunen, Ira Jeglinsky-Kankainen, Jukka Piippo, Åsa Rosengren, Salla Ruotsalainen, Timo Sinervo, Report, Itseohjautuvuus ikäihmisten palveluissa, Self-organization in services for the elderly, 2017, Finland, Arcada</p>	<p>The overall aim of this project was to develop home care in different regions of Finland. The aim was to find out how the model of self-organized teamwork management is suitable for the Finnish home care practices in Finland. The aim was to develop home care so that teams are self-directed and empowering, the working atmosphere is open and positive, and there is trust within the teams.</p>	<p>Qualitative and quantitative individual and group and individual interviews, customer and staff surveys, cost-effectiveness analysis. First quantitative survey N=121, followup survey N=600</p>	<p>Based on the results of the project, the self-organization seems to have positive results in the Finnish service system, although mainly only in serviced housing and only to a limited extent in home care. Self-organized teamwork seems to be linked to team empowerment, teamwork and teamwork performance, experiences of teamwork effectiveness, leadership fairness, access to talent at work, and workload in terms of rush and lone working. In addition, self-management was also associated with well-being at work, especially in terms of job satisfaction and willingness to change jobs, as well as perceived better quality of care.</p>

<p>Sami Jantunen, Timo Siervo, Sari Ruotsalainen, Tapio Mäkelä. Scandinavian Journal of Public Administration (to be published September 2023), Introducing Self-Organization to Finnish Home Care Teams: Expectations and Outcomes</p>	<p>"The purpose of this paper is to understand better what kinds of expectations Finnish home care workers about self-organizing teams and what kinds of outcomes Finnish early adopters have experienced after self-organizing principles have been introduced to their organization."</p>	<p>Research project, Cross-sectional study</p>	<p>The results "reveal that, although management and team members perceive their current organizational environment differently, both parties share the will to evolve towards self-organizing work practices. The early results of coaching home care teams towards self-organization suggest that achieving change is likely to be a slow process."</p>
<p>Miskala Ilja , Saksa Pauli & Uurto Pauliina, Master thesis, Itseohjautuvuus kotihoidossa: työntekijöiden kokemuksia uudesta tiimimallikokeilusta, Self-management in homecare: how healthcare workers experience the new self-managed team model, 2017</p>	<p>Objective was to find out how homecare employees have experienced in new self-managed teams in Helsinki city's homecare unit.</p>	<p>Theme interview (N=6)</p>	<p>Self-managed team model is seen as a positive thing and it can provide better client experiences. Comprehensiveness of change has brought challenges. According to city of Helsinki's own indicators the experiment is successful because the employees are developing their own work and methods. The leadership role is different, and the leadership can have a strong effect on teams successful work. Preliminary results show positive impacts on productivity because of decreased bureaucracy.</p>

<p>Luurila Johanna Hursti Marjo, Master thesis, "Kun saa ottaa vapautta ja vastuuta" Kotihoidon hoitajien kokemuksia itseohjautuvuudesta, "When Allowed to Have Freedom and Responsibility" 2021</p>	<p>Objective was to describe on what self-direction means to the home care worker and on the factors that support and prevent self-direction in home care.</p>	<p>Qualitative theme interview (N= 13)</p>	<p>This study revealed sets of meanings that have an impact on nurses' job satisfaction. Ability to make decisions was seen as a important feature. Autonomy, empowerment and a well-functioning work community are factors that were linked to job satisfaction and, through that, to the quality of home care. retention. The manager's leadership skills matter. In some cases the management is still seen authoritarian and this could be obstacle for self-organization.</p>
<p>Kela Sari, Master thesis, Kotihoidon ikääntyneiden työntekijöiden työhyvinvoinnin tukeminen itseohjautuvuuden avulla, Supporting the well-being of elderly home care workers through self-direction, 2020</p>	<p>To find out how self-directed effects among older home care employees and to provide written knowledge to support well-being at work and to develop an action model for other home care providers when implementing self-directed work.</p>	<p>Qualitative operational research (N=11)</p>	<p>Self-directed teams work improved the well-being of older workers at work via client satisfaction and improved client performance. Chance to develop one's own work brought meaningfulness to work. Self-directed work can benefit both clients and employees and it could increase the attractiveness of home care work and thus increase the availability of workers.</p>

<p>Tykkä Sanna, Pro Gradu, Puhalletaanko yhteen hiileen? Itseohjautuvuudesta kohti yhteisöohjautuvuutta sote-organisaatioissa, Working together for a common goal. Self-directed teams in social and healthcare organizations, 2020</p>	<p>To find out the social and healthcare organizations workers attitudes about self-direction, promoters, inhibitory issues and supportive leadership of self-directed teams.</p>	<p>Qualitative questionnaire (N=135)</p>	<p>Under ideal conditions the attitudes among workers appeared to be positive towards self-direction. The individuals in the team, acting responsibly and in a planned way, proved to be the key foundation of teamwork. Obstacles to teamwork included the team being too large, problems with interaction and the lack of accountability, uneven distribution of responsibilities. Respondents also felt that management attitudes in change situations were not always supportive of employees. In order to avoid working as individuals unplanned activities, using research and effective induction training self-direction and self-directed teams could be transformed into a more human model and more interactive way of working.</p>
<p>Kinnunen Marika & Pelttoniemi Hanna, Master thesis, Työterveyshoitajan itseohjautuvuus ja sen vaatimukset lähiesihenkilötyölle, The Self-directedness of an Occupational Health Nurse and its Requirements for the Work of the Immediate Supervisor, 2021</p>	<p>Perceptions and experiences of occupational health nurses about self-directedness as well as how it can be supported through the work of an immediate supervisor.</p>	<p>Qualitative theme interview (N= 11)</p>	<p>The occupational health nurses are self-directed even without defining self-organization. At work, the support of the manager, introduction and experience are important. In addition to self-direction, the results highlight the importance of the team and team leadership.</p>

<p>Pinomäki Sini & Salmelainen Lotta, Bachelor thesis, Itseohjautuvuus vanhustyössä: työntekijöiden kokemuksia johtamisen roolista itseohjautuvassa tiimissä, Self-management in elderly care: Employees' Experiences The Role of Leadership in a Self-Managing Team, 2020</p>	<p>The purpose of the thesis was to examine, describe and evaluate how employees experience the role of leadership in a self-managing team.</p>	<p>Qualitative research (N= 5)</p>	<p>Based on the results of the thesis, the supervisor gives his employees the freedom to plan and carry out their work as they see fit, but in problem situations they support employees when necessary the supervisor ensures that the team's activities comply with the law and, if necessary, allocates work tasks left undone. Self-organization requires strong trust both from manager to employee and between employees to be successful.</p>
<p>Soile Saari, Master thesis, Itseohjautuvuuden toteutuminen vanhuksen toimintaympäristössä: Itseohjautuvuuden elementit, kehittämistarpeet ja esimiehen tuen merkitys, : Implementation of self-directing in the Operating Environment of Elderly Work: Elements of self-directing, Development Needs and the Importance of Supervisor Support, 2021</p>	<p>"The aim was to investigate which different elements supporting self-directing were best implemented in the elderly work organizations that were the target group of the study. The intention of the thesis was to highlight how elderly work professionals working in self-directing teams want to develop a self-directed way of working, and how management can support the implementation of self-directed work in elderly work. "</p>	<p>Quantitative questionnaire study (N=149)</p>	<p>The elements of self-direction in the elderly care organizations under study is best realized through the experience of belonging. there is room for improvement in capability, and in particular the experience of autonomy. Employees want more influence on their work. Those working in self-organized teams hope interaction, sharing knowledge, taking responsibility and giving freedom for development. The support and assistance of the manager was found to have a bearing on how experience of autonomy and belonging came true.</p>

<p>Hyvärinen Elisa, Master thesis, Itseohjautuvan tiimimallin käyttöön-otto, Implementation of self-managing teams, 2021</p>	<p>"The purpose of the thesis was to describe evaluations of managers, persons in charge, representatives of stakeholders and self-direction experts (N = 6) concerning the implementation of self-direction from the perspective of employee driven innovation."</p>	<p>Qualitative semi-structured thematic interview (N=6)</p>	<p>"The factors influencing the implementation of self-direction can be divided into enabling and inhibiting factors" Enabling factors are values and strategy, leadership, an organizational culture and enabling thinking. Challenges related to the industry, culture and society, challenges related to values and strategy, structures that do not support self-management and legislation are obstacles to a self-managed approach, resources that do not support self-direction, and organizational culture, policies and mindsets that do not support self-direction</p>
<p>Koivistoinen Sari, Bachelor thesis, Itseohjautuvuus sosiaali- ja terveysalalla – laadun ja työhyvinvoinnin rakentaja kotiin tuotavissa palveluissa, Self-management in social and health care – positive effect on well-being at work and service quality in home health care, 2017</p>	<p>The aim of the thesis was to study the effects of a non-hierarchical, agile organizational model on quality and well-being at work in the social and health care sector.</p>	<p>Qualitative semi-structured questionnaire (N=14)</p>	<p>The characteristics of an effective, agile team included initiative and accountability, commitment, interpersonal skills and professionalism. The effects of self-direction on well-being at work were perceived to be freedom and responsibility, trust, commitment, meaningfulness of work and increased innovativeness. The quality of service was seen to be influenced by the agile team through professionalism, trust, respect and flexibility.</p>

<p>Riikonen Sari, Pro Gradu, Perusterveydenhuollon hoitohenkilöstön näkemyksiä itseohjautuvuudesta ja hoitotyön kehittämisestä, Views of primary healthcare staff on self-direction and development of nursing, 2021</p>	<p>"The purpose of this study was to describe the nursing staff's experiences of self-direction in the development of nursing and to investigate their perceptions of how a manager can support the employee's self-direction. The aim of this study was to generate information that can be utilized in the development of nursing through self-direction."</p>	<p>Qualitative semi-structured theme interview (N=14)</p>	<p>The results showed the willingness and readiness of nurses to develop nursing care in a self-directed way. Self-direction in self-management was perceived as a factor that facilitates work. Restrictions on meetings due to the covid pandemic, lack of human resources and a national shortage of substitutes were cited as obstacles. There were no perceived obstacles to further development of the activities of managers, but there was a need for more managers to be present. The survey results have been affected by the ongoing pandemic and the nationwide shortage of substitutes, which has made self-management more challenging.</p>
<p>Siniluhta Arto, Master thesis, Työyhteisöstä tiimiksi Tiimivalmennus yhteisöohjautuvan tiimin tukena, From work community to team Team coaching in support of a self-management team, 2021</p>	<p>Purpose was to "find out how a modern work community would be built into a self-management team with the help of team coaching. "</p>	<p>Qualitative. semi-structured thematic interviews with practical nurses and nurses (N=11)</p>	<p>Results showed three important factors in the development of the work community into a self-management team through team coaching.</p>

6.3 Analysis of data

According to Arskey and O'Malley the fourth stage of scoping review is charting the data and their charting remind a lot of narrative review's charting. It is done using Excel. Data charting needs to be done so that comparison between different interventions is possible. Usually, the chart is a

mixture of general information and specific information. It includes author(s), year of publication, study location, intervention type, and comparator (if any); duration of the intervention, study populations, aims of the study, methodology, outcome measures and important results. (Arskey & O'Malley 2006, 26.)

Arskey and O'Malley will not say directly how the analysis should be done. Niela-Vilén and Hamari guide beginner researchers to organize and categorize so that similarities and differences can be found. Finally, it will be written and interpreted by the writer so that the result will form an understanding-enhancing entity. (Stolt et al. 2016, 30.) Levac, Colquhoun & O'Brien (2010, 6) advice to use qualitative content analysis approach to make more sense of extracted data. Tuomi & Sarajärvi (2018, 104) also say that qualitative content analysis can be used for literature reviews. (Stolt et al. 2016, 31.)

The synthesis of data is important because "scoping studies are not a short summary of many articles." Second phase after charting includes reading the material, coding it, form categories, classes, and themes in order to find similarities and differences, organize and compare those and so to interpret the results. Usually this is done in small pieces repeatedly. Classes, categories, and themes are combined and compared and then named. (Stolt et al. 2016, 31.)

This thesis will use content analysis as a tool to organize results. Qualitative content analysis can be divided into three different forms: data-based, theory-driven, and theory-based analysis. This thesis will focus on data-based analysis using it to simplify, cluster, form sub- and super-categories and form combining categories. Material is gone through asking it the research questions. (Tuomi & Sarajärvi 2018, 107-114.)

For the clustering of the material, excel was used to help to outline the results from the thesis'. The five research papers were gone through on their own. Colour coding was used to help keep on track which theses had a mention about each subject. When reading the thesis, I would write down the subject that arise from the text and I would mark all the thesis that had the same claim. These claims started to form groups, categories, that eventually formed three main categories.. Each of the thesis had their own colour and as the topic arise I marked the topic with the colours of the thesis'. This made it easier to go back to each thesis when writing later about the topic or

claim. After reading all the thesis' the topics started to form under negative and positive effects and under those two main categories started to find similarities in the topics forming sub-categories. Names for the sub-categories came from the theme that they represented. The clustering method can be seen in table 4

Table 5 Clustering of the thesis'

Positive impacts of self-organization	
Small group activity	Effects on the team
Team meetings	
Togetherness	
Trust	
Cooperation	
Open working atmosphere	
Education and familiarization	
Equity of work	
Possibility to affect one’s work	Effects on the autonomy
Ability to plan shifts	
Own works planning	
Distribution of works	
Planning vacations	
Independent decision making	
Increased responsibility	
Agility of work	
Self-managing	
Commitment to work	
Easier access to training	
Flexibility and adaptation	
Freedom and responsibility	
Acknowledge of expertise and previous skills	
Brainstorming and experimenting	Effects on meaningfulness of work
Development work	
Problem solving between the team	
Values and strategy	
Organizational culture	
Rules and agreements	
Innovativity and creativity	
Increased attractiveness	

Improvement in customer service <div><div></div><div></div><div></div></div>	Effects on client work
Consultation of customers and activation <div><div></div><div></div></div>	
Benefit of the client <div><div></div></div>	
Quality-of-life work <div><div></div></div>	
Increased client satisfaction <div><div></div><div></div></div>	
Client orientation <div><div></div><div></div></div>	
Clients' ability to function <div><div></div></div>	
Own work-life balance <div><div></div></div>	Personal effects
Own work's development <div><div></div></div>	
Work motivation <div><div></div></div>	
Meaningfulness of the work <div><div></div></div>	
Lower stress levels <div><div></div></div>	
Work wellbeing <div><div></div></div>	
Personal growth <div><div></div></div>	
Recognizing strengths <div><div></div></div>	Impact on leadership
Support from the team leader <div><div></div><div></div><div></div><div></div></div>	
Dialog <div><div></div><div></div></div>	
Inclusion to decision making <div><div></div><div></div></div>	
Simpler leadership structures <div><div></div></div>	
Cost efficiency <div><div></div></div>	
Leader's participation <div><div></div></div>	
Information from leader <div><div></div></div>	

Negative impacts of self-organization	
Missing coals of the team	Effects on team and teamwork
Understanding of the roles	
Respect of others	
Bad attitude and resistance of change	
Bad cooperation	
Avoiding responsibility	
Commitment to self-organization	
Inequality	
Uncertainty	
Not enough information	
Lack of familiarization	
Freedom and responsibility	
Stress	
Trusting too much to your leader on everything	

Click formation	
Negative working environment	
Inadequate meetings	
Passivation after the beginning	
Tight schedule	Recourse based effects
Fast changes	
Big workload	
IT problems	
Poor impact potential	Negative impact on leadership
Lack of personal support	
Continuing top-down managing	
Attitude of the management	
Capability of the management	
Not enough trust	
Adequate support	Leadership requirements
Self-leading skills	
Substantive knowledge	
Positivity and encouragement	
Dialogue skills	
Fairness	
Acknowledge individuals and the whole employee	
Support work-wellbeing	
Trust	
Coaching leader	
Easily approachable	
Workflow monitoring	
Setting boundaries	

Enabling matters	Disenabling matters
Strategy and values	Strategy and values
Inclusion	Bureaucracy
Recognition of earlier skills	Laws
Coaching/serving / enabling leader	Collective agreements
Dialog skills of the leader	Uncertain roles and guidelines
Simple structures of management	Sharing competences
Organizational culture	Unsupportive resources
Rules and agreements	Organizational culture
Training and meetings	Hierarchical way of thinking
Good communication skills	Lack of trust

Open and confidential environment	Tight schedule
Tolerance of uncertainty	Lack of employees
Flexibility	Resistance to change
New way of thinking	Inadequate familiarization
Stability	Attitudes
Familiarization	Poor information flow
Experience	Outsourced operational control (ERP)
Meaningfulness of the work	Inadequate information
Support from the colleagues	Strong control and boss-culture
Small teams	
Communication	
Support from the leader	

Miskala, Saksa & Uurto 2017

Luurila & Hursti 2021

Kela 2020

Tykkä 2020

Kinnunen & Peltoniemi 2021

Pinomäki & Salmelainen 2020

Saari 2021

Hyvärinen 2021

Koivistoinen 2017

Riikonen 2021

Siniluhta 2021

7 Results

This chapter will describe the material from the literature review. In first chapter there is an overall description of the publications, and the next two chapters will answer the research questions that were:

- How self-organizing teams are implemented to Finnish healthcare?
- What effects self-organization has caused?

7.1 Description of the material

Fifth stage of the scoping process is collating, summarizing, and reporting the results (Arskey & O'Malley 2006, 27; Levac et al. 2010, 6). Levac and others (2010, 6) recommend three steps to do so: analyzing the data, reporting results, and applying meaning to the results. After the literature review there were total of sixteen research articles, reports, thesis, or pro gradus recognized. Five (N=5) of these were research articles/ reports gone through peer-review and ten (N=11) thesis/ pro gradus. Quality of the studies was not evaluated in this thesis because the scoping study does not seek to assess quality of studies to present a narrative account of existing literature. (Arskey & O'Malley 2006, 27). However, the conclusions from peer-reviewed and not-peer-reviewed studies will be gone through in their own chapters.

All studies were qualitative studies done using group or individual interviews, questionnaire or the combination of these two. Four (n=4) were published in English and the rest in Finnish. All the studies focused on Finnish healthcare systems. Because the topic is new in Finland the publications year of the studies chosen to this thesis wanted to be less than 10 years old, but even though this was used as a limit there are no older research than 2017 as seen in figure 3.

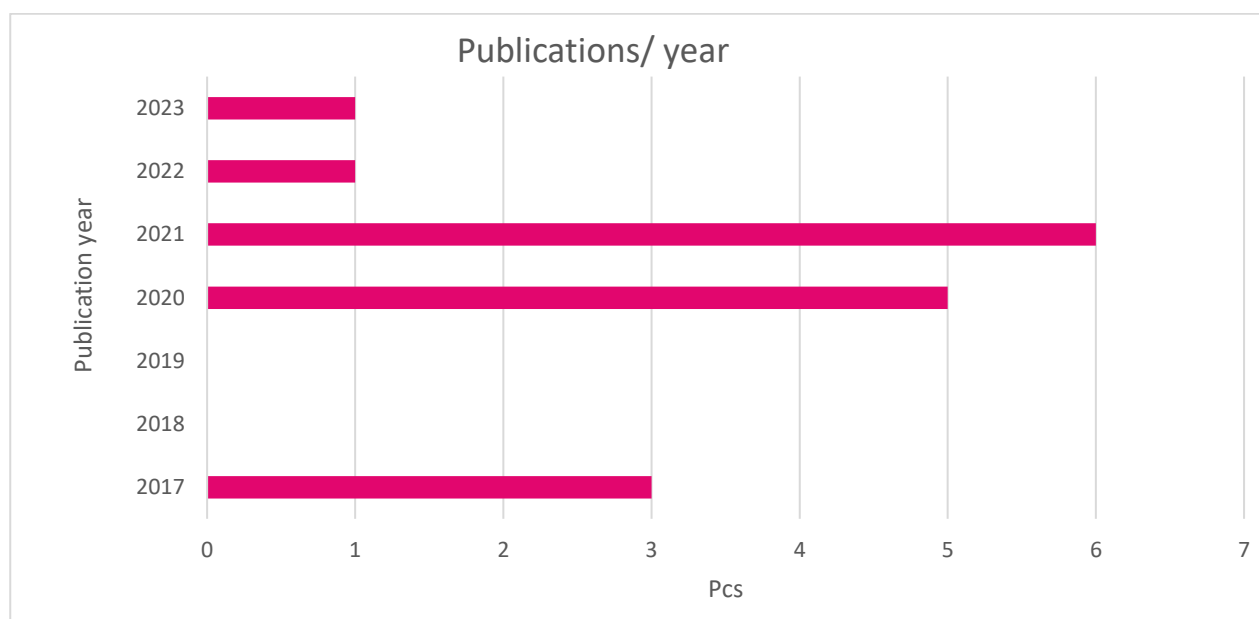


Figure 3 Research publication/ year

From theses and pro gradus emerged six themes that address self-organization: self-organizations positive and negative effects, self-direction as experienced by carers, leadership requirements, enabling and disabling issues. Qualitative content analysis was used to help categorize the results from the thesis and pro gradus. In next chapters we will go through five of the categories. The category how employees have experienced self-organization will be left out because it did not answer this thesis' research questions.

7.2 How does self-organization work in Finland?

By now it is clear that self-organization has also come to Finland. It is implemented to homecare, assisted living facilities, hospitals, and occupational health units. Figure 4 shows number of the team that participated to self-organizing coaching or that already were implementing self-organization. Four of the used research were left out from the figure because they did not tell the number of the teams used in the study.

Figure four gives an idea of how widely self-organization is already in use in Finland, but it's flaw is that we do not have the information whether their teams are the same or different teams that have participated into chosen research. Other places where self-organization was used were outpatient geriatric clinic and different acute wards. (Tykkä 2020, 35; Riikonen 2021, 31). Mostly it has

come to homecare and Buurtzorg's success in Dutch homecare might explain this phenomenon in Finland too.

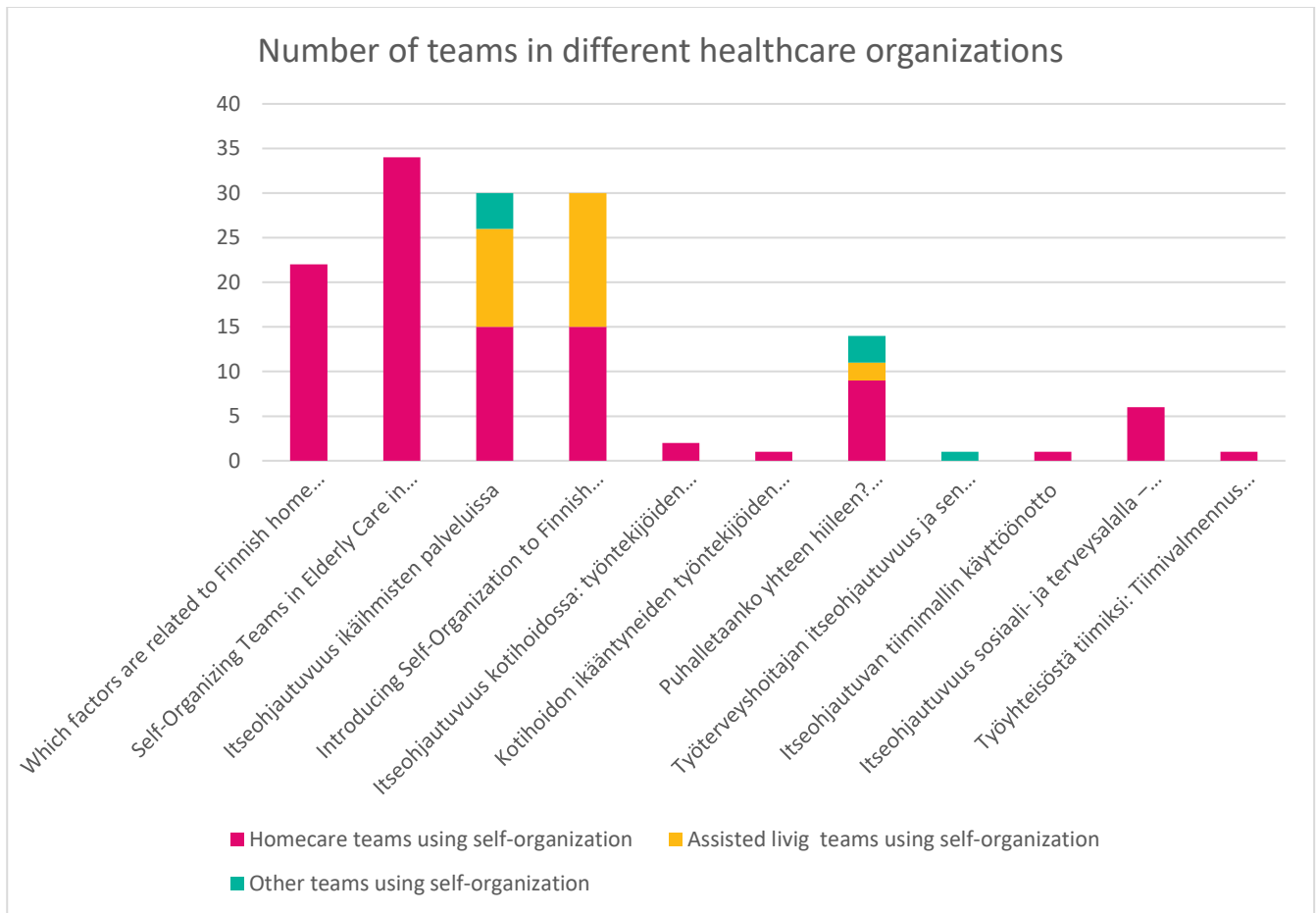


Figure 4 Number of teams in different healthcare organization according to the research material

Two of Arcada research report's research questions were quite close to this thesis first question: "Does self-organization model work in Finland?" "Is the model applicable to different types and sizes of care organizations?" Their result show that self-organization has satisfactory results in Finnish service system. They studied self-organization in homecare, assisted living facilities and in four other places and of these showed reliable results. Self-organization had connection to the experience of functioning teamwork itself, partly fairness in management, access to talents, the strain of working in a hurry and working alone, work wellbeing especially job satisfaction and willingness to change job, and in terms of perceived better quality of care. Results were measured in workload, autonomy, use of talents, leadership, teamwork, stress, work well-being and willingness

to change job. In assisted living facilities self-organization improved in all measured areas (Surakka, Burström, Jantunen, Jeglinsky-Kankainen, Piippo, Rosengren, Ruotsalainen & Sinervo 2020, 26, 80-83.)

Self-organization development teams got more opportunities to affect planning of shifts and holidays, and distribution of work. Most positive impacts were shown in assisted home living facilities. In homecare the differences were smaller. Small town homecare experienced the results positive where medium city experienced it neutrally. In small town the self-organizing teams developed with strong support from leaders. They also felt that workers' empowerment had improved. (Surakka et al. 2020, 80-83.)

At the same time, they realize that developing self-organizing teams is not easy and especially in homecare the results were unsure. (Surakka et al. 2020, 80–83.) It is also time consuming (Jantunen et al. 2020, 39; Jantunen, Sinervo, Ruotsalainen & Mäkelä 2023, 23). For teams to develop they need support and encouragement from their leaders. During one of the development projects, the researchers found out that highest management was not interested so much about self-organization, and they set limits for it. (Surakka et al. 2020, 80-83.)

Everyone from teams to top level management need to want the change. If the management is not committed for the change, then the employees cannot develop the work practices. Team leaders play the key role, if they are committed, they will have a positive impact on self-organization. But as said the involvement of team members is also needed and they need to change from followers to active member and they need to realize their voice matters. After this the “self-organization begins to evolve so that teams constantly and collectively improve their work practices. “(Jantunen et al. 2020, 39.)

Stakeholders should also change their mindset from one to another organizational paradigm. Organization's management and supervisors' huge contribution and commitment is needed to enable the change. Management should also pay attention to build conditions for building trust, transparency, open communication culture, team-friendly atmosphere, and a process of cultural change. (Jantunen et al. 2023, 23.)

There are few reasons why self-organization in homecare does not work as well in Finland as it does in Netherlands. One might be the ERP (Enterprise Resource Planning) system that schedules employee's client visits, compensation system that says how customers are billed and paid to service providers and limited chances to change care and service plans that tells what needs to be done with client. In Finland, the teams also cannot refuse new customers, and they cannot choose their customers. (Surakka et al. 2020, 80-83.) Similar findings were in Jantunen's and others results where homecare had only minor advances towards self-organization and the positive influence was only minor, whereas in contrast assisted home living facilities the positive change was evident, team's autonomy got higher. (Jantunen et al. 2023, 22.)

Before introducing self-organization to the homecare teams, what Jantunen & others (2023, 16) found was that both team members and leaders both wanted to change the way of working toward Laloux's Teal-model. They used Laloux's color classification to determine where the team members and leaders felt like they were before change to self-organizing team and where their dream of the organization would be. Teams felt they were more Achievement-Orange organizational model where the leaders saw it more a Pluralistic-Green organization (Laloux, 2016). No matter the starting point, they all wanted to change for Evolutionary-Teal organizational model. "This finding suggested that organizing coaching related to self-organization was worth pursuing" (Jantunen et al. 2023, 16.)

7.2.1 Enabling matters

From theses and pro gradus, found in literature review, immersed issues that enable and disable self-organization. Enabling matters were organizations values and strategy and employee involvement into strategy work. (Hyvärinen 2021, 26-27) Management that supports leadership and is more coaching leadership, servant leadership and enabling leadership was seen important. (Hyvärinen 2021, 26-27; Luurila & Hursti 2021, 37)

Teams and leaders who recognized and used employee's earlier expertise had a positive impact. Leaders' ability to dialogue was a valuable tool. Low hierarchical structure and easily approachable leader were part of the successful organization culture. If the culture and the atmosphere were positive and employees could trust each other's was seen as a prerequisite for organizational

change. New kind of thinking and attitude and thinking creatively as a starting point for organizational change. Interaction skills, open and trusting atmosphere enabled creativity and constructive discussion. (Hyvärinen 2021, 25-32.)

Rules and agreements and writing those open were seen as important part (Hyvärinen 2021, 29; Riikonen 2021, 49). Limits were seen as a clarifying and safety-enhancing, but others felt that it would still be leader's responsibility to do these and not the teams (Riikonen 2021, 48, Luurila & Hursti 2021, 41) where others saw that leader needs to be more like coach and support than give answers (Hyvärinen 2021, 37). Education, meeting, and good new employees' orientation were supporting self-organization (Hyvärinen 2021, 30; Luurila & Hursti 2021, 36). Good and open information and applications to do it was a precondition for action (Luurila & Hursti 2021, 36). Employees experience, collegial support communication skills, flexibility and tolerance of uncertainty were important personal qualities (Luurila & Hursti 2021, 34; Hyvärinen 2021, 30).

7.2.2 Disenabling matters

Values and strategy could also be seen as disabling matters if employee participation did not come true. Highly hierarchical, uncertain policies, roles and leadership structures were also disabling. Finnish legislation was seen strict and abundant and against self-organization. Also, collective agreement was limiting self-organizing. (Hyvärinen 2021, 33-36.)

Low resources in terms of finance, staff and time were disabling self-organization (Hyvärinen 2021, 36, Luurila & Hursti 2021, 39). Organizational culture could also be disabling if it were still against self-organization and wanted to stay in old routine thinking. If employees' or leaders' way of thinking was authoritarian or hierarchical it was slowing organizations self-organization. This also was connected to taking responsibility and moving it to another professional group (Hyvärinen 2021, 38). The commitment and taking responsibility were not always even (Luurila & Hursti 2021, 40-41; Riikonen 2021, 42-43).

There was also resistance to change where some nurses tried to maintain the old ways of working (Luurila & Hursti 2021, 42; Riikonen 2021, 46). Insufficient guidance and poor information flow were disabling things (Luurila & Hursti 2021, 39, 42). Chances to affect one's job were good in other places and in other quite poor and development ideas were listened just pro forma and they

could only seemingly say how they want to work. (Luurila & Hursti 2021, 42; Riikonen 2021, 45 & 50). Outsourced customer or operational management also reduced carer's ability to plan their day (Luurila & Hursti 2021, 40).

7.3 Effects of self-organizing

Ruotsalainen, Jantunen and Sinervo (2020) found out that current work processes and management styles seemed to lower homecare workers work satisfaction and increase stress even though they liked their work. They felt like they were not able to affect their work and the work was organized so that it did not help them to accomplish their objectives. Centralized EPR system created problems on a practical level making staff feel like they are always in a hurry and spending more time in the car than at the client. "The current situation in home care seems to make staff members strained and exhausted." (Ruotsalainen et al. 2020, 8-10).

Exhaustion has led to increased sick leaves. Increased workload has led to homecare's bad reputation as a working place. This and employee's inability to influence their own way of work has increased their stress. What they found was that autonomy of staff was not related to psychological distress or experienced stress but to job satisfaction. "Less autonomy at work and less idea implementation were shown to negatively influence job satisfaction." Managers who did not take employees into consideration when making decisions caused dissatisfaction and was linked to decreased job satisfaction. (Ruotsalainen et al. 2020, 8-11)

To increase job satisfaction homecare workers should be allowed to influence their job and increase their ability to manage their working days. Interruptions were also found out to be a stressor and it negatively affected job satisfaction. Ruotsalainen's and others results interpreted that using self-organizing teams as a development method could have potential in Finnish home care services. Having more autonomy and influence on one's job could have positive impact on job satisfaction. (Ruotsalainen et al. 2020, 8-11)

Self-organizing teams were studied to have higher job satisfaction and lower turnover intentions compared to control group. These teams were more likely to have more autonomy and by being

able to plan their working days they were able to even out their demands and time pressure. Outsourced EPR system decreases autonomy by not letting employees to plan their days. (Ruotsalainen, Elovainio, Jantunen & Sinervo 2022, 4-6.)

Jantunen and others found out that self-organization in homecare has the potential positive impact on work effectiveness, employee satisfaction and work environment and care quality. They also studied cost efficiency but their results about that were inconclusive. (Jantunen et al. 2020, 40-41.) Surakka and others found that after a year the results showed negative results in cost effectiveness, but their work was still in progress (Surakka et al. 2020, 78).

In later study was found that even though the homecare teams had large autonomy in planning their own work and distribution of task, their autonomy was still low, and the actual decisions required supervisor's approval. In assisted home living the teams had clearly more autonomy. Compared to the control group they could distribute the tasks more autonomously and plan work shifts, working methods and vacations and they could influence recruitment and need of substitutes. After the coaching towards self-organization their autonomy increased in work shift and hour planning, choosing working methods and task distribution. (Jantunen et al. 2023, 18-20)

Surakka and others found that self-organization has connections to the experience of teamwork, partly on the right of management, the ability to use talents at work, the strain of rushing and overworking, and job satisfaction and job turnover, and the willingness to change jobs, and perceived better quality of care. They could not explain connection between self-organization and work wellbeing, job satisfaction, willingness to change workplace and work quality but they assume it might be increased because employee empowerment or improving the effectiveness of teamwork. (Surakka et al. 2020, 80-84.)

From the theses and pro gradus there came up six positive categories and three negative categories of what impacts self-organization had caused in organization or teams. These are classified in table 4.

Table 6 Self-organizations positive and negative impacts

Positive impacts	Negative impacts
Effects on the team	Team and teamwork
Effects on the autonomy	Resource based effects
Effects on meaningfulness of work	Impact on leadership
Effects on client work	
Personal effects	
Impact on leadership	

7.3.1 Positive impacts

Effects on the team

Working in small self-organizing teams were seen to enabled better planning of work, increased information flow and work management. (Miskala, Saksa & Uurto 2017, 50.) It had increased togetherness, working together and trust to coworkers. (Miskala et al. 2017, 53; Koivistoinen 2017, 44; Saari 2021, 48; Tykkä 2020, 51; Siniluhta 2021, 34). Trust from the leader and trust to coworkers was basic requirement for self-organization (Pinomäki & Salmelainen 2020, 27).

Especially homecare was seen as lonely work and the support from the team and possibility to ask for help mend much. The teams also took care of each other's wellbeing. (Siniluhta 2021, 34). One team felt that the team's inner communication especially considering clients had increased and the problems about client work were easier to solve (Luurila & Hursti 2021, 29). Trust to colleagues and trust from employer was seen as the base of the self-organization. Leaders need to trust that employees do what is expected of them and colleagues need to trust that everyone will do the give tasks in best possible way. (Pinomäki & Salmelainen 2020, 27).

The workload had spread more evenly, the feedback to co-workers has increased and the communication culture is open. (Miskala et al. 2017, 53). Cooperation with team members had improved

and colleagues were willing to help, support and give advice. Also, team spirit had improved (Siniluhta 2021, 34; Kela 2020, 50; Luurila & Hursti 2021, 35; Miskala et al. 2017, 53).

Efforts are being made to train workers and familiarize them to work. Some even allow part-time work and study leave for employees. Nurses are teaching and guiding practical nurses and practical nurses help each other's. Employees get to wish what training they want to attend. (Siniluhta 2021, 33-34.) One team saw that familiarization changed to more detailed with check lists (Miskala et al. 2017, 52).

Effects on the autonomy

Possibilities to impact on one's job have increased after self-organization. Employees have better chances to plan working shifts, the course of the working day and planning the work. (Miskala et al. 2017, 47; Saari 2021, 46; Riikonen 2021, 39, Pinomäki & Salmelainen 2020, 32; Siniluhta 2021, 40; Tykkä 2020, 56; Luurila & Hursti 2021, 30; Kela 2020, 49.) "Commitment created a base for autonomous shift planning." (Luurila & Hursti 2021, 29).

Self-organization had improved sharing daily workload when employees got to do it independently. Work was seen more efficient when matters were agreed together without leader. It also increased individuals' decision making which increased a sense of job control. Employees also had more saying in vacation planning. Having a strong saying to your daily work was seen to increase work motivation. (Luurila & Hursti 2021, 29-30.)

Leader's trust to employees to plan and execute work increased. Work commitment was increased when employee's response primarily to colleagues. (Pinomäki & Salmelainen 2020, 27). Freedom and responsibilities are seen to grow trust and innovation. The freedom to make independent decisions was seen to elevate the professional identity and bringing job satisfaction (Koi-vistoinen 2017, 47; Riikonen 2021, 52; Luurila & Hursti 2021, 32-33). Some teams took consideration of the specific skills and interests of employees and utilized their previous professions (Siniluhta 2021, 32).

Meaningfulness of work

Employees have felt that leaders encourage them to try new things and be creative. Employees see development of work important, and they want to find new ways of working. (Miskala et al. 2017, 47-48; Siniluhta 2021, 35) Nurses were challenged to use their imagination and creativity to develop their own work. The experience of working in an agile organization has contributed to work commitment and innovation, as well as a sense of meaningfulness and sense of congruence and belonging. Self-organization was seen to effect on finding the meaningfulness of work and to work wellbeing. (Koivistoinen 2017, 47, 50.)

Employees feel that the job has become more attractive (Kela 2020, 52). Work wellbeing increased after the job description got wider. Nurses became more active, and they felt new attraction to the work and felt more committed to their work after starting the experiment. Positive feedback from the clients also affected to work wellbeing. (Kela 2020, 49-51.)

Effects on client work

Client work was seen to improve when clients' needs were better taken into consideration. Client work was more personalized and better quality. Self-organization had improved customer satisfaction. (Miskala et al. 2017, 50; Koivistoinen 2017, 49; Kela 2020, 44.) Self-organization increased team meetings that have improved client work. One team had divided the clients into groups depending on their needs and in these small groups the clients had their own carers in charge of them. In these small group meetings, they have been able to focus systematically to each client's needs and this way to improve their care. (Miskala et al. 2017, 51.) Conversation about client increased and lead to common problem solving (Luurila & Hursti 2021, 29). Responding to clients' needs was faster when the team members were able to do decisions without asking permission from the leader every time (Siniluhta 2021, 28).

Developing ones' own work has increased and cooperation with clients' relatives has increased (Kela 2020, 45). Small groups had also improved customer interest and more attention was paid to quality-of-life work that had increased client's activity and motivation (Miskala et al. 2017, 65-66). Clients became more active and social, and they spontaneously went to common rooms with each

other's (Kela 2020, 52). Clients' ability to function was seen to have improved and the clients became more active on bringing their wishes about the care. Clients gave more positive feedback because they were treated more by familiar nurses. (Kela 2020, 48-49, 51.)

Personal effects

Diversified job description has increased employees' well-being at work. Well-being at work was also increased by cooperation, work commitment and development of own work. Their work has become more meaningful as they have been able to plan stimulating activities and the course of the day. The stress experienced by employees was also decreased because of fewer customers. (Kela 2020, 45.)

Impact on leadership

Self-organization had positive impacts on leadership. Coaching leadership was seen to be better than micromanaging. Leader could not be in the role of ruler or giving orders but more guiding. Results showed that leaders were supportive. (Luurila & Hursti 2021, 37.) Leader of the team was more like a background influencer who should be interested about ongoing tasks and who is available if needed. The leader was wanted to guide and help find solutions to problems when the team could not do it on its own or when the team is heading to completely wrong direction. Mistakes should not be punished so that everyone dares to make them. (Pinomäki & Salmelainen 2020, 28; Kinnunen & Peltoniemi 2021, 50; Miskala et al. 2017, 47.)

Leaders need to manage dialogue (Tykkä 2020, 58). The leader has better involved the employees and involved them in the decision-making process. Leader was seen to participate more by taking part in daily reporting and weekly team meetings. Employees were also taken into recruiting process, so that they got to have a saying who they want to work with. (Pinomäki & Salmelainen 2020, 27.)

7.3.2 Negative impacts

Team and teamwork

In some teams the goals of self-organization were too unclear and there was hope of written goals and rules. The role of other workers and leaders was unclear, this affected togetherness of the employees. Some teams did not have enough respect towards others. (Miskala et al. 2017, 54.)

Resistance to change was seen as an obstacle. There were those who wanted to hold on to old habits. There was also too much trusting on shift manager, so that everyone consulted them and did not try to solve things in a team (Luurila & Hursti 2021, 40-41). If the new freedom was wrongly used the cooperation did not improve. There were those who wanted to avoid responsibilities and commitment to self-organization. (Luurila & Hursti 2021, 41; Saari 2021, 52).

In some teams there was a risk of strong individuals overpowering those who were quieter and then the team would not be equal. (Kela 2020, 43). Information flow and communication were seen insufficient in some teams because the information changed so rapidly. When information does not flow people start to assume things and valuable information was not shared. (Saari 2021, 51.) When there was not enough sharing cliques and internal units were precipitated (Siniluhta 2021, 36).

Recourse based effects

Tight schedule and insufficient number of employees were seen as main problems. Tight schedule weekend the quality of treatment and quality of life support. Self-organizing was perceived to be more stressful. (Miskala et al. 2017, 57; Luurila & Hursti 2021, 39.) Also, quick changes felt like a threat to client work (Miskala et al. 2017, 57). The workload was perceived as excessive in some teams. It was hoped that time for interaction would be organized by the employer so that teams would have the opportunity to organize time for interaction (Saari 2021, 50). IT problems were also a barrier to the development of self-organization (Siniluhta 2021, 37).

Negative impact on leadership

In some cases, the employees felt like the management of the organization did not change even though they implied so. Employees did not have real power and top-down chain did not change. Hierarchy did not move away. Employees also felt like they did not get enough personal support as for some it takes more time to learn new things. (Luurila & Hursti 2021, 42-44.)

7.3.3 Leadership requirements

Leader's responsibilities are vast, and the role requires a lot. Employees thought that their leaders need to have self-leading skills to organize and prioritize their work. (Tykkä 2020, 57-58.) They are required to have substances knowing and good dialog skills. The leader was hoped to be interested in the work situation, time to listens and time for discussion. The atmosphere of discussion should be open and confidential. (Tykkä 2020, 58; Pinomäki & Salmelainen 2020, 29; Kinnunen & Peltoniemi 2021, 48).

Sufficient support was seen important. Employees wanted leader to be easily approachable also in demanding situations (Pinomäki & Salmelainen 2020, 28; Kinnunen & Peltoniemi 2021, 50; Riikonen 2021, 62; Saari 2021, 53-54). Leader needs to be interested in the work situation and they need to have time for listening and talking. Regular conversations between employee and the leader were hoped. (Kinnunen & Peltoniemi 2021, 48.)

Leader was hoped to see the person as whole and individually and take consideration their previous skills. New employee's familiarization and all the employee's skills and training supporting was seen to belong to the leader. (Kinnunen & Peltoniemi 2021, 51.) The leader was seen to be more coaching background influencer who could help when needed. Their role was to monitor workflow through monitoring the indicators and results required by law. (Pinomäki & Salmelainen 2020, 28-29.)

8 Conclusions

Even though self-organization is new thing in healthcare field it has reached Finnish healthcare units also. From the result was found that self-organization has been introduced to Finnish homecare, assisted living homes and other places also like hospital wards. Jantunen and others

(2023) found out the same thing as Salovaara (2020a, 19) did that self-organization and flatter organizational structures are wanted. Self-organizing teams are already in practise in Jyväskylä, Pirkanmaa, Uusimaa, Kainuu, Helsinki, Etelä-Pohjanmaa, Kanta- Häme, Pohjois-Savo, Kymenlaakso and Lapland. Most of the studies talked about team leaders and their influence on the job so the assumption is that most of these self-organizing teams were not completely flat like Buurtzorg model, but they had implemented self-organizing as part of the hierarchical organization. Developing self-organizing teams is not easy and it will take time and to do so they need a lot of support from their leaders. Everyone from the team to the top level of the organization need to want this and work towards it (Jantunen et al. 2020, 39). If the management is not committed or only give the power to change and effect one's work only seemingly, it will not work. Changing the organization culture to support new way of thinking is important but not easy.

Leaders need to be open, fair and have trust to the employees. Leaders need to support employees but be more like coaching background influencer. Committed team leaders had positive impact on self-organization but also the employees need to change from followers to active doers (Jantunen et al. 2020, 39). Mostly employee involvement had increased, and leaders were seen to participate more (Pinomäki & Salmelainen 2020, 27) but in some cases their attitudes towards self-organization did not change and hierarchy and top-down chains remained (Luurila & Hursti 2021, 42-44). Seems like some leaders and managers just wanted to pick the cherries from the cake. Take the best parts of self-organizing teams but not actually giving the power and freedom to make the real decisions.

When comparing self-organizing homecare and assisted home living the model seemed to work better in assisted home living distribute where they were able distribute the tasks more autonomously and plan work shifts, working methods and vacations and they could influence recruitment and need of substitutes (Jantunen et al. 2023, 18-20.) Working in teams in assisted home living versus working alone, outsourced ERP system, carers not being able to effect on service plans and not being able to choose client or effect on the number of clients may explain why self-organization did work better in assisted home living and why Finnish self-organized homecare did not work as well as Dutch version. (Surakka et al. 2020, 80-83; Jantunen et al. 2023, 22.)

Self-organization had many positive impacts. It lowered nurses' turnover intentions and increased their job satisfaction, work effectiveness and care quality. Results correlate with other findings also (Martela et al. 2021, 19-22; Stewart et al. 2011, 196). Self-organization also had positive impacts on teamwork, information flow and team spirit. It increased their autonomy to plan work-days, and this helped to ease the time pressure and demands. They felt that the job had become more attractive. Clients also were happier, more active, and motivated and more attention was paid to quality-of-life work. They felt like they were getting better service because there were not so many nurses taking care of them. Some teams were concerned about sufficient resources, and they felt that there is not enough time, nurses, or other resources to execute self-organization properly.

Even though most interviewed teams felt like their leaders trust them, courage them to develop work and participated more, there were those who felt that they did not get enough information or that there was uncertainty about the rules, limits, goals, and roles. Salovaara said that organization needs rules and limits or there is a risk of chaos. Information needs to be transparent, but it is also everyone's responsibility and own such self-management skills that they will keep up with the changes. If goals are set by leader, then the organization is not self-organized. (Salovaara 2020a, 62-63, 125-127). Ground rules should be written out and employees should be taken into the planning process. If they are not part of it all the rules, strategies and plans easily become disconnected and no one follows those.

All the teams seemed to be at different state of development when it came to self-organization. Some teams had just started and experimented self-organization only few months (Kela 2020, 49) while others had done it for longer. Because teams were in such different stages it the answer varied, and some had good results for example in autonomous work planning (Miskala et al. 2017, 47; Saari 2021, 46) while others still did not know how to do it (Kela 2020, 49). In the theses' it was seen that self-organization is not a ready baggage that is just given and executed. It is ongoing process that needs continuous development work.

In order to take self-organization forward and to the next level in Finland it would need some financial support from the EU or the government. New companies need startup money, and the on-

going companies need fundings to study this suitability more in the healthcare field. But as this being such a new thing it needs more enthusiastic pioneers, leaders, who are willing to try this and to take this to the field. We need entrepreneurs who are willing to take the risk and try this in new companies, but we also need those who are ready to take this to existing companies and change the heads of the managers who are in charge. If this is wanted to be spread widely in our healthcare system then those who are already working in the management level need to be re-educated and they need to be taught to do thing differently. Few enthusiastic researchers are not enough for it. But not all the leaders are either suitable for this.

Just like magnet hospital changed the idea of hospital work, now the magnet hospitals have the highest standards of care for patients, business growth and financial success, motivated and valued staff (ANCC Magnet Recognition Program, N.d.). They have found a way to keep their nurses and stop the turnover flow and I believe it is because the nurses in these hospitals have similar work description as the nurses in self-organizing teams have. Nurses are valued more in the magnet hospitals, and they have more saying, and when their job description got wider their work wellbeing increased like in self-organizing teams. (Kela 2020, 49) .

Self-organization might have its pitfalls and like Koistinen and Kostamo (2021, 61-63) noted it is not a magic trick or ready baggage that fixes every problem in the organization it still has brought many good things with it. I believe that most of the negative effects emerges when self-organization is not executed properly or when leaders only try to “pick the cherries from the cake” and use only those parts that they want or feel confident. The whole self-leadership should base on trust (Martela et al. 2021, 33-34). If the team leaders are not ready to let go of the strings and trust that their employees will do what is best for the company, then it will not work. Employees will sense if they are not given the real power to decide.

If done properly with sufficient support from leaders it could help us solve the healthcare field nurse shortage crisis. This is seen as a better way of nursing and give more to the clients and the nurses. There is many evidence providing the idea that the current way of organizing and leading organization has come to its end and both employees and leaders need and want the change. The time of change might be difficult, but I believe that self-organization is inevitable.

9 Discussion

Assessment and applicability of the results

Self-organization and the research about Finnish healthcare field's self-organization is still quite limited. There are only few researchers who's name came multiple times in the publications, and I believe that the scientific community around this topic is not that big in Finland. However self-organization interests' students who are entering the healthcare world possibly as leaders or as employees and there were quite many thesis/ pro gradus done about the subject.

As the research field is still quite narrow this thesis uses on top of peer-reviewed publications other same or lower-level thesis and pro gradus. From these I was able to find indicative results about the subject. Theses and pro gradus are not peer-reviewed but those will go through review process. Those are not necessarily as dependable as peer-reviewed articles, but they will show the way. Like this, the other theses' are done following good scientific practices.

These results will show the situation in Finnish healthcare's self-organizing team. The results give an idea of how and where it has worked and what the teams and organizations need to take into consideration when planning to implement this way of working into their organization. I believe this thesis will help those teams who are thinking about starting to self-organize or those teams who are already using the method but need to think back and see how they could correct their course by seeing what thing could disenable self-organization.

Because this field is so new in Finland it needs a lot more research to be done. There are plenty of master thesis level studies done but not PhD thesis level or higher. The topic could benefit of follow-up survey done to the companies practicing self-organization. Also, the results should be compared to finding in other countries. For the future it would be good to study how Finnish law allows completely self-organized teams or should some changes be made. There would also be room for studies about how the organizations have solved different practical difficulties like planning shifts or hiring new people. It would also be interesting to find out how different teams have managed the teamwork and sharing different task.

The practical level of study is missing in the Finnish study field. Students in University of Applied Sciences should be asking how different solutions are made in the companies and does it differ a lot for example when compared to Buurtzorg's model and way of organizing things.

Cost effectiveness is one of the most important aspects when making decisions about changes. There was only one research (Jantunen et al. 2023) that tried to study cost efficiency, but they did not manage to get results. It would need a long-term study of the company with comparison team and open access to both sides' annual accounts to find out if self-organizing teams would be more cost effective. This kind of study can not be made by students in school, but it needs to be a research group who does this.

However the students could do pro gradus or thesis about upper management's attitudes towards self-organization. Many studies focused on employees' attitudes and feelings about it but there were no studies of the management level attitudes. Especially now when we are all part of the bigger well-being areas in Finnish social and healthcare field, those who are in charge have an effect to massive number of employees. If they are not willing to make the change then the small units have a hard time trying to do things differently.

I believe it is important to study more about self-organizing teams and self-organization as it seems to be the next step in the leadership culture and possibly the next paradigm of leadership. I also understand why people are not quite yet ready to change their way of working or to study this more. This will take away middle step leaders' works. If we will convert into more and more self-organized then we do not need that many leaders anymore and they would have to change back to the "basic" work as a nurse or as builder or then they would have to find something completely new. If they would lose all the benefits that their status has brought to them.

Reliability

This thesis has been done following the good scientific practices (Tutkimustieteellinen neuvottelukunta 2023). I have pursued to be honest, honest, careful and accurate when writing this thesis. Every step of the literature review is described openly and precisely so that the reader can verify the authenticity. I used data bases offered by JAMK and used all those sources that could bring results regarding my topic. The use of search term was wide and for those data bases that use

both Finnish and English the search was done in both languages to maximize the results. I believe that the research and the results were sufficiently covering the existing studies.

Topics from the publications were categorized carefully and the results were presented as accurately as possible. References and quotations have been done using JAMK's reporting guidelines. In this thesis there were no confidential material so no further no further measures were taken to conceal the material. This thesis did not get founding or include other persons.

References

- ANCC magnet recognition program. Nd. Magnet model-Creating a magnet culture. Referred 25.5.2023. <https://www.nursingworld.org/organizational-programs/magnet/magnet-model/>
- Arskey, H. & O'Malley, L. 2005. Scoping studies: towards a methodological framework. International Journal of Social Research Methodology. Referred 28.4.2023. <https://doi.org/10.1080/1364557032000119616>
- Aula research. 2021. Kysely tehyläisille 2021-Tulosesitys. Referred 20.1.2023. https://www.tehy.fi/system/files/mfiles/dokumentti/aula_researchin_kysely_hoitajien_tyossajak-samisesta_ja_tyohyvinnoinnista_2021_id_17362.pdf
- Bal, D. 2022. What are Magnet Hospitals? (And Why It Matters for Nurses). NurseJournal. Referred 25.5.2023. <https://nursejournal.org/resources/what-are-magnet-hospitals/>
- Berg, S. 2021. What is Magnet hospital?. Incredible health. Referred 25.5.2023. <https://www.incrediblehealth.com/blog/magnet-hospitals/>
- Bonnor, M. 2022. "Hoitotyön imago on kaamea", sanoo koulutusjohtaja - hoitajista on pulaa ja alan koulutuksen hakijamäärät ovat romahtaneet. Yle. Referred 20.1.2023. <https://yle.fi/a/3-12252905>
- Buurtzorg web. N.d. Buurtzorg. Referred 20.2.2023. <https://www.buurtzorg.com/innovation/buurtzorg-web/>
- Buurtzorg. N.D. The Buurtzorg model. Referred 27.2.2023. <https://www.buurtzorg.com/about-us/buurtzorgmodel/>
- Duncan, M. 2019. Integrated care systems and nurse leadership. British Journal of Community Nursing. Referred 22.2.2023. DOI: [10.12968/bjcn.2019.24.11.538](https://doi.org/10.12968/bjcn.2019.24.11.538)
- Gagnon, D. 2021. What is Magnet Hospital?. Southern New Hampshire University. Referred 25.5.2023. <https://www.snhu.edu/about-us/newsroom/health/what-is-a-magnet-hospital>
- Goldsby, M. G., Goldsby, E. A., Neck, C. B., Neck, C. P., & Mathews, R. (2021). Self-Leadership: A Four Decade Review of the Literature and Trainings. Administrative sciences, 11(1), 25. <https://doi.org/10.3390/admsci11010025>
- Hamm, C. & Glyn-Jones, J. 2019. Implementing an adapted Buurtzorg model in an inner city NHS trust. British Journal of Community nursing. Vol 24. No 11. Referred 6.3.2023. Doi: [10.12968/bjcn.2019.24.11.534](https://doi.org/10.12968/bjcn.2019.24.11.534)
- Towards the Magnet hospital. Nd. Hus. Referred 25.5.2023. <https://www.hus.fi/tietoa-meista/vuosikertomukset/2019-2021/2020/en/patient-care/quality-and-patient-safety/magnet-hospital/index.html>

Hyvärinen, E. 2021. Itseohjautuvan tiimimallin käyttöönotto. Theseus. Referred. 10.4.2023. https://www.theseus.fi/bitstream/handle/10024/511558/Opinn%C3%A4ytety%C3%B6_Hyvarinen_Elisa.pdf?sequence=2

Jantunen, S., Piippo, J., Surakka, J., Sinervo, T., Ruotsalainen, S. & Burström, T. 2020. Self-Organizing Teams in Elderly Care in Finland: Experiences and Opportunities. Creative nursing. Referred 23.2.2023. Doi: [10.1891/1078-4535.26.1.37](https://doi.org/10.1891/1078-4535.26.1.37)

Jantunen, S., Sinervo, T., Ruotsalainen, S., & Mäkelä, T. To be published September 2023. Scandinavian Journal of Public Administration.

Juurioksa, K. 2022. Itseohjautuvuus terveydenhuollossa. Pro Gradu. University of Vaasa. Referred 28.2.2023. <https://osuva.uwasa.fi/bitstream/handle/10024/14661/Pro%20gradu%20Katariina%20Juurioksa.pdf?sequence=2>

Juuti, P. 2013. Jaetun johtajuuden taito. PS-kustannus.

Kela, S. 2020. Kotihoidon ikääntyneiden työntekijöiden työhyvinvoinnin tukeminen itseohjautuvuuden avulla. Theseus. Referred. 10.4.2023. <https://www.theseus.fi/bitstream/handle/10024/333104/OPINN%C3%84YTETY%C3%96%20PDF.pdf?sequence=2>

Kinnunen, M. & Peltoniemi, H. 2021. Työterveyshoitajan itseohjautuvuus ja sen vaatimukset lähesihenkilötyölle. Theseus. Referred 10.4.2023. https://www.theseus.fi/bitstream/handle/10024/507636/Kinnunen_Marika_Peltoniemi_Hanna.pdf?sequence=3

Koistinen, J. & Kostamo, T. 2021. Yhteisöohjautuvuuden sudenkuopat. Teoksessa: Matkaopas yhteisöohjautuvuuteen. Haaga-Helia. Referred. 22.2.2023. <https://www.haaga-helia.fi/sites/default/files/file/2021-04/matkaopas2.pdf>

Koivistoinen, S. 2017. Itseohjautuvuus sosiaali- ja terveysalalla: Laadun ja työhyvinvoinnin rakentaja kotiin tuotavissa palveluissa. Theseus. Referred 10.4.2023. <https://urn.fi/URN:NBN:fi:amk-2017102516291>

Kucharska, W., & Bedford, D. A. D. 2020. The power of mistakes: Constant learning culture and hierarchy. Kidmore End: Academic Conferences International Limited. Referred 3.2.2023. DOI: <https://doi.org/10.34190/EKM.20.032>

Kvis, T., Voutilainen, A., Eneh, V., Mäntynen, R., Vehviläinen-Julkunen, K. 2019. The self-organizing map clustered registered nurses' evaluations of their nurse leaders. Wiley. Referred 22.2.2023. DOI: 10.1111/jonm.12758

Ladkin, D. 2020. Rethinking leadership. A new look at old questions. Second edition. Elgar.

Laloux, F. 2016. Reinventing organizations. Kohti tulevaisuuden työyhteisöjä. Teal Suomi osuuskunta.

Lee, Huan-Fang; Chiang, Hui-Ying; Kuo, Hui-Ting. 2019. Relationship between authentic leadership and nurses' intent to leave: The mediating role of work environment and burnout. *Journal of Nursing*. Referred 20.1.2023.

Lee, M. & Edmondson, A. 2017. Self-managing organizations: Exploring the limits of less-hierarchical organizing. Referred 17.2.2023. DOI:[10.1016/j.riob.2017.10.002](https://doi.org/10.1016/j.riob.2017.10.002)

Levac, D., Colquhoun, H. & O'Brien, K.K. (2010). Scoping studies: advancing the methodology. *Implementation Sci* 5, 69. Referred 4.4.2023. <https://doi.org/10.1186/1748-5908-5-69>

Luurila, J. & Hursti, M. 2021. "Kun saa ottaa vapautta ja vastuuta" Kotihoidon hoitajien kokemuksia itseohjautuvuudesta. Theseus. Referred 10.4.2023. https://www.theseus.fi/bitstream/handle/10024/507626/Hursti_Marjo_Luurila_Johanna.pdf?sequence=3

Majeed, N., Jamshed, S. 2020. Nursing turnover intentions. The role of leader emotional intelligence and team culture. Wiley. Referred 20.1.2023. DOI: 10.1111/jonm.13144

Martela, F. 2021. Itseohjautuvuus on yhteisöohjautuvuutta- ja se lupaus on suuri. Teoksessa: Matkaopas yhteisöohjautuvuuteen. Haaga-Helia. Referred 7.2.2023. <https://www.haaga-helia.fi/fi/ajankohtaista/artikkelit/matkaopas-yhteisohjautuvuuteen>

Martela, F., & Jarenko, K. 2017. Itseohjautuvuus tulee, oletko valmis. Teoksessa: Itseohjautuvuus: Miten organisoitua tulevaisuudessa? Alma Talent.

Martela, F., Hakanen, J., Hoang, N., Vuori, J. 2021. Itseohjautuvuus ja työn imu Suomessa- Onko itseohjautuvuus työhyvinvoinnin vai työpahoinvoinnin lähde?. Aalto University. Referred 25.1.2023. <https://www.aalto.fi/sites/g/files/flghsv161/files/2021-04/ItseohjautuvuusJaTyonImuSuomessa.pdf>

Miskala, I., Saksa, P. & Uurto, P. 2017. Itseohjautuvuus kotihoidossa: työntekijöiden kokemuksia uudesta tiimimallikokeilusta. Theseus. Referred 10.4.2023. https://www.theseus.fi/bitstream/handle/10024/136324/Miskala_Ilja.pdf?sequence=1

Monsen, K. & de Blok, J. 2013. Buurtzorg: Nurse-led community care. *Creative nursing*. Vol 19. Issue 3. Referred 27.2.2023. DOI: 10.1891/1078-4535.19.3.122.

Morikawa, M., Martela, F., & Hakanen, J. 2022. Itseohjautuvuus suomalaisessa työelämässä – missä ja ketkä sitä kokevat? *Hallinnon Tutkimus*, 41(4), 312–328. Referred 27.1.2023. <https://doi.org/10.37450/ht.111867>

Nandram, S. & Koster, N. 2014. Organizational innovation and integrated care: lessons from Buurtzorg. *Journal of Integrated care*. Vol 22. Referred 6.3.2023. Doi: [10.1108/JICA-06-2014-0024](https://doi.org/10.1108/JICA-06-2014-0024)

Otala, L. & Mäki, T. 2017. Palvelut uudistuvat ja johtaminen muuttuu sote-alalla. Teoksessa Itseohjautuvuus. Alma Talent.

- Pinomäki, S. & Salmelainen, L. 2020. Itseohjautuvuus vanhustyössä: työntekijöiden kokemuksia johtamisen roolista itseohjautuvassa tiimissä. Theseus. Referred 10.4.2023. https://www.theseus.fi/bitstream/handle/10024/336399/Pinom%C3%A4ki_Sini_Salmelainen_Lotta.pdf?sequence=4
- Riikonen, S. 2017. Perusterveydenhuollon hoitohenkilöstön näkemyksiä itseohjautuvuudesta ja hoitotyön kehittämisestä. Theseus. Referred 10.4.2023. https://www.theseus.fi/bitstream/handle/10024/134521/Koivistoinen_Sari.pdf?sequence=1
- Ristikangas, M., & Ristikangas, V. 2013. Valmentava johtajuus (3. painos.). Alma Talent
- Ruotsalainen, S., Elovainio, M., Jantunen, S., & Sinervo, T. 2022. The mediating effect of psychosocial factors in the relationship between self-organizing teams and employee wellbeing: A cross-sectional observational study. International Journal of Nursing Studies. Vol. 138. Referred 11.4.2023. <https://doi.org/10.1016/j.ijnurstu.2022.104415>
- Ruotsalainen, S., Jantunen, S. & Sinervo, T. 2020. Which factors are related to Finnish homecare workers' job satisfaction, stress, psychological distress and perceived quality of care? - a mixed method study. BMC Health services research. 20, Article number: 896. Referred 11.4.2023. <https://bmchealthservres.biomedcentral.com/articles/10.1186/s12913-020-05733-1>
- Saari, S. 2021. Itseohjautuvuuden toteutuminen vanhustyön toimintaympäristössä. SeAmk. Referred 10.4.2023. https://www.theseus.fi/bitstream/handle/10024/495519/Saari_Soile.pdf?sequence=2&isAllowed=y
- Salovaara, P. 2017. Monikollinen johtajuus: Kuinka organisoida itseohjautuvuutta. Teoksessa Itseohjautuvuus: Miten organisoitua tulevaisuudessa. Alma Talent
- Salovaara, P. 2020a. Johtopäätös. Yhteisöt ja organisaatiot pomokulttuurin jälkeen. Teos.
- Salovaara, P. 2020b. Rethinking leadership. A new look at old questions. Second edition. Elgar.
- Salovaara, P., & Mäkkelin, J. 2021. Kohti yhteisöohjautuvuutta. Teoksessa Matkaopas yhteisöohjautuvuuteen. Haga-Helia. Referred 11.2.2023. <https://www.haaga-helia.fi/fi/ajankohtaista/artikkelit/matkaopas-yhteisöohjautuvuuteen>
- Savaspuro, M. 2019. Itseohjautuvuus tuli työpaikoille, mutta kukaan ei kertonut miten sellainen ollaan. Alma Talent.
- Siniluhta, A. 2021. Työyhteisöstä tiimiksi. Tiimivalmennus yhteisöohjautuvan tiimin tukena. Theseus. Referred 10.4.2023. https://www.theseus.fi/bitstream/handle/10024/503385/Siniluhta_Arto.pdf?sequence=2&isAllowed=y
- Siniluhta, A. 2021. Työyhteisöstä tiimiksi: Tiimivalmennus yhteisöohjautuvan tiimin tukena. Jamk. Theseus. <https://urn.fi/URN:NBN:fi:amk-2021060414149>

Soile, S. 2021. Itseohjautuvuuden toteutuminen vanhustyön toimintaympäristössä: Itseohjautuvuuden elementit, kehittämistarpeet ja esimiehen tuen merkitys. Theseus. Referred 10.4.2023. https://www.theseus.fi/bitstream/handle/10024/495519/Saari_Soile.pdf?sequence=2

Spiik, K., & Sillanpää, E. 2022. Yhteisöohjautuvuus: Jaettu johtajuus. Karlex.

Stewart, G., Courtright, S. & Manz, C. 2011. Self-leadership: A multilevel review. Journal of management. Vol. 37 No. 1, January 2011 185-222. Referred 27.2.2023. DOI: 10.1177/0149206310383911

Surakka, J., Burström, T., Jantunen, S., Jeglinsky-Kankainen, I., Piippo, J., Rosengren, Å., Ruotsalainen, S. & Sinervo, T. 2020. Itseohjautuvuus ikäihmisten palveluissa. Arcada Publikation 1 / 2020. Referred 10.4.2023. <https://urn.fi/URN:NBN:fi-fe2020100983669>

Tevameri, T. 2021. Toimialaraportit. Katsaus sote-alan työvoimaan. Työ- ja elinkeinoministeriö. Referred 24.1.2023. https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/162852/TEM_2021_02_t.pdf?sequence=1&isAllowed=y

Tevameri, T. 2022. Toimialaraportit. Sosiaali- ja terveysalan työvoima ja yritys kenttä. Työ- ja elinkeinoministeriö. Referred 20.1.2023. https://julkaisut.valtioneuvosto.fi/bitstream/handle/10024/163908/TEM_2022_2_T.pdf?sequence=1&isAllowed=y

Tuomi, S., Kunnela, A., Latvala, E. 2022. Opinnäytetyön ohjaajan käsikirja. Jamk. Referred 7.3.2023. <https://oppimateriaalit.jamk.fi/yamk-kasikirja/kirjallisuuskatsaukset/>

Tuominen, M. 2022. Yli 500 hakenut ammattioikeuksien poistoa Valvirasta. Tehy. Referred 20.1.2023. <https://www.tehylehti.fi/fi/uutiset/yli-500-hakenut-ammattioikeuksien-poistoa-valvirasta>

Tutkimustieteellinen neuvottelukunta. 2023. Hyvä tieteellinen käytäntö (HTK). Referred 11.4.2023. <https://tenk.fi/fi/tiedevilppi/hyva-tieteellinen-kaytanto-htk>

Tykkä, S. 2020. Puhalletaanko yhteen hiileen? Itseohjautuvuudesta kohti yhteisöohjautuvuutta sote-organisaatioissa. University of Tampere. Referred 10.4.2023. <https://trepo.tuni.fi/bitstream/handle/10024/124041/Tykk%c3%a4Sanna.pdf?sequence=5&isAllowed=y>

What is Magnet Hospital. 2020. Duquesne University, School of nursing. Referred 25.5.2023. <https://onlinenursing.duq.edu/blog/what-is-a-magnet-hospital/>

Yli-Kaitala, K., & Toivainen, M. 2021. Pelotta töissä- psykologinen turvallisuus työyhteisössä. Finnish Institute of Occupational Health. Referred 13.2.2023. <https://www.ttl.fi/oppimateriaalit/pelotta-toissa-psykologinen-turvallisuus-tyoyhteisossa>

