

Finland: report on emerging themes from the interviews

D4.1 – January 2008

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Quality is a Specific Targeted Research or Innovations Project funded within the European Commission's Sixth Framework Programme (contract no 028945), Priority 7, Citizens and Governance in a Knowledge-based Society (March 2006 to February 2009).

Taipale, S. (2008). Finland: report on emerging themes from the interviews. Deliverable of EU-project Quality, Utrecht: Utrecht University



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Finland: Emergency polyclinic

Introduction

The Finnish case study organisation is a large public hospital, its Emergency Polyclinic to be precise. Finland is divided into twenty Health Care Districts (HCD) that are owned and run by the federations of municipalities. The HCDs are responsible for arranging special health care for the residents of its municipalities. The case study organisation is the main special health care provider within one of these districts. The hospital holds about 2,800 established vacancies. It employs about 2,500 persons with permanent contract and 850 persons with fixed-term contracts. Some affiliated companies, like a dry cleaner and a catering provider, are included in these numbers with a total number of about 115 vacancies. The hospital offers services in almost all special fields and participates in the practical training of nurses and doctors. The case study organisation is a non-university hospital, though it co-operates closely with university hospitals and nursing schools.

The fieldwork was carried out in May-June 2007 at the Emergency Polyclinic. The polyclinic provides both specialist emergency service and night emergency duty service. In addition, there is an affiliated infectious diseases duty service. In total, the emergency and infectious diseases units employ about 130 staff. The services of these units are targeted mainly at the residents of the HCD and provided when people are in urgent need of special medical treatment or when their nearest health care centre is closed. As most municipal health care centres do not provide any kind of health care service at night time, the Emergency Polyclinic is sometimes contacted also in less urgent matters.

The case study organisation serves an ageing population living in a rather large area. Some residents of the district live in the country side more than 150 km away from the hospital. This means that they need to travel long distances to get special health care in case of serious accident or illness, or to get basic treatment at night time. Governments' *Health 2015* programme reports (2006) show that most of the municipalities of the HCD register more chronic diseases - like asthma, arterial hypertension, coronary artery disease and diabetes - compared to the national averages. The same reports warn that an ageing population structure and prolonged unemployment set serious challenges for the people's wellbeing, especially in the smallest municipalities. However, the district is not particularly disadvantageous in terms of public health compared to other districts.

Organisation of the fieldwork

The interviews were carried out by the Finnish research team of the Quality project. The national team leader (Professor Jouko Nätti, University of Tampere) and two researchers (Dr. Timo Anttila and Mr. Sakari Taipale, University of Jyväskylä) negotiated an access to the hospital in the end of year 2006. The initial points of contact were the Human Resource Manager and the Head of Nursing Administration. Thereafter, the research project and healthy organisation study were introduced to the Cooperative Council of the Health Care District. The Council has representatives from every employee groups, trade unions, hospital managements, and the HCD. The Council took a positive position on the study, and permitted its continuation.

The local research team, the initial contact persons, and the council all gave a priority to the Emergency Polyclinic when selecting an appropriate unit for the study. In the course of negotiations, the Emergency Polyclinic was in small turmoil which then lasted over the interviews. New premises of the Emergency Polyclinic were still partly under construction and some new employees were recruited only very recently.

In addition, some preparatory actions, which aimed to the reshaping of existing work procedures and to the speed up treatment of patients, were introduced.

It was assumed that changes would be reflected in the everyday work of the Emergency Polyclinic in multiple ways giving us a good reason to analyse its organisational health. Furthermore, the managers anticipated before interviews that it is not only transformations in the physical work conditions and work procedures that may affect the quality of work and work efficiency at the Emergency Polyclinic. They also assumed that the employees may be preoccupied with some smaller social and practical issues, which may also have significant effects on their work satisfaction and performance.

In the next phase, the practical organisation of nursing and administrative staff interviews was handed over to the Head Nurse of the polyclinic. She worked as a superior for the nursing staff and clerks by doing herself only managerial tasks. She discussed with ten of her subordinates and tentatively agreed upon their participation in the study. In addition, she volunteered herself to be interviewed. The selected persons were then contacted directly by the researcher (Taipale) in order to make individual appointments with them. Eventually, all expect for one practical nurse were interviewed by the same researcher. Two discussions were not taped on the request of the interviewees.

Getting doctors involved in the interviews was challenging. On one hand, the Chief Doctor, who is the superior of other doctors and the Head of the Emergency Polyclinic, could not participate in the study due to other time-consuming undertakings. On the other hand, a majority of doctors visit only occasionally the Emergency Polyclinic while working at other polyclinics on full-time basis. As they only stop by at the Emergency Polyclinic every now and then, they were very difficult to be reached. Finally, the first contact with doctors was made through an interviewed nurse. The nurse introduced the researcher with a doctor, and appointment with him was made immediately. Thereafter, more doctors were sought by using a snowball method. However, only two doctors were finally reached and interviewed.

To sum up, two doctors, one head nurse, five nurses, two practical nurses and two polyclinic clerks were interviewed for the Finnish case study. The interviews were carried out by following the scheme developed by the UK partner. There were two men (a doctor and a practical nurse) and ten women among 12 interviewed. One interviewee worked in a supervisory position, union representatives were not represented in the sample. In practise, the interviews were carried out at an unoccupied office room, at the Emergency Polyclinic.

Organisational change

In 2006, the Finnish Government enforced a new act that sets targets for the maximum waiting times of getting medical treatment in public hospitals. To shorten the waiting times the hospitals have had to find ways to increase their internal efficiency. In addition, they have redirected some patients to other hospitals and outsourced some services as an interim measure. Although these actions have been welcomed by the patients, they have added to the expenditures of the public hospitals, not least to the cost of special health care. As the entire Finnish public sector battles against the increasing expenditures of special health care, also our case study organisation has taken part in the cost-cutting and efficiency-increasing initiatives.

The case study hospital has been preparing to introduce a new procedure into emergency service in order to increase its functional efficiency and cut down the costs. The aim of new procedure is that patients would be sent back home, transferred to outpatient care, or to the wards of municipal health care centres within two hours time instead of getting further treatment at the hospital. This is expected to both enhance the organisation of work and cut down the costs of the hospital. The hospital is ambitiously

aiming to raise the proportion of patients that flow through the polyclinic within this time frame. This kind of work procedure is new and innovative in the Finnish context, and it is not yet fully implemented in the case study organisation either.

The presented organisational reforms have many impacts on the social and physical settings of work. More staff has been recruited from other polyclinics and wards to the Emergency Polyclinic. Some additional recruitment is still to come. The impact of new staff members on the social dynamics of the polyclinic will be thus significant. In addition, the new premises will influence work practices in various ways when completed at the turn of year 2008. For instance, some municipal emergency duty stations will be merged with the Emergency Polyclinic in 2008. Also some specialist fields, like gynaecology, are expected to be more closely linked with the emergency work than before. This means that total volume of the Emergency Polyclinic will increase considerably, not least in terms of patients. Some new medical equipment will be also introduced with the final opening of new premises. It is expected that they will speed up and facilitate work processes too.

Emerging themes and challenges for organisational health

The following issues were the main themes emerging from the interviews. A summary of these themes was later presented to a group of interviewees who confirmed their correctness. The summary raised some discussion about the feelings of inadequacy with connection to the rising intensity and demands of work (theme 1). The nurses defended the correctness of the interpretation whereas doctors tend to think that the experienced and skilled staff (both nurses and doctors) has managed well without any major problems. This is to say, that the feelings of inadequacy are rather linked with the experienced lack of time and not really with professional shortcomings. Consensus on the themes let us believe that these themes are the major factors affecting organisational health in emergency work in Finland.

1. Intensification of work and haste

The interviewees presented the rising intensity of work as one of the main issues affecting effectiveness and wellbeing at work. Simultaneously, many interviewees highlighted that the feelings of haste are experienced very individually. The lack of staff was commonly considered as a part of the same problem. Whereas the most interviewees took the haste almost as granted, some doctors and superiors considered it as a multifaceted issue that is also partly self-produced.

Yeab, this work is really busy. It is hectic, and you never know what comes next from the door... whether it is morning or night. .. actually (haste) does not really exist.-- People do experience it individually, some may think that the shift is busy, and the other may disagree with him... it depends on a person in a way (Woman, Nurse, Finnish)

Without exception you hear that we are too few. But they don't really think about it. By changing your own ways of working, by organising things differently... and the work day... you may actually notice that we aren't too few. I don't say that there couldn't be staff shortages in some place, but is not what people always just say. (Woman, Head Nurse, Finnish)

Regarding individuality, it was specified that one employee can perhaps deal with only two or three patients without experiencing haste whereas the other can easily manage with five or six patients. More straightforward working patterns were suggested as a remedy for haste.

If you try to be in two places at the same time, you get even more stressed... when you know that you should be also doing things in other place, you may forget what you should have done here, or you may think that you don't have time to do it. And then there are the ways of working... or practices... they haven't been grounded here yet. (Woman, Doctor, Finnish)

When you have a burning situation, you have to push hard, you have to squeeze everything out of yourself. At that particular moment, it is just hard work, you must aim to straightforward working. It is not easy to increase the pace, the tempo of work. And then there is this straightforwardness that you skip all secondary, it is another thing... it is also a part of effectiveness that you skip all things that are less important... (Man, Doctor, Finnish)

On the other hand, the interviewees described that rush occurs periodically and that it can be partly anticipated. It was clearly stated by the interviewees that there is more rush than before. However, conversations also indicated that due to the organisational changes and increasing work demands (two other emerged themes) the coping with haste has become more difficult too.

There has always been rush, though it used to take place perhaps more occasionally, it was not as constant as now. It also helped when you knew how to do things; you knew the tasks from before (Woman, Nurse, Finnish)

And then it is evident in this region, when some (patients) come from long distances with referrals, then the worst rush always takes place outside the office hours. Especially in the field of neurology, it is difficult as you can't get test results at the night time. It means that they (patients) hang around here and just wait... (Woman, Doctor, Finnish)

The fieldwork brought out also some consequences of increasing work intensity and rush on work performance. The interviewees made it clear through a set of comments how the experienced haste leads to the feelings of inadequacy. Furthermore, the respondents also expressed wishes of working more precisely and cautiously if there were only more time. Many of these remarks reflected the impacts of the ongoing organisational reform on the quality and effectiveness of work. Changes in job descriptions, skill demands and work environment contribute to the feelings of haste.

There is haste, of course, and if there is so much that you lose your grip it is not fun at all...if you can't really do something for the haste. -- Then, there is this... did I do all the things I had to, and so on. (Woman, Nurse, Finnish)

It is already a big challenge that you feel inadequacy. You have not enough time to take care of patients. There are also so many things that you have to double-check, ask advice from other persons or check it up elsewhere, from papers, the Internet or books. As you don't know everything, and you have no previous experience on things. (Woman, Nurse, Finnish)

The Emergency Policlinic applies a team working model. One team consists of a doctor and a set of nurses, though its consistent and team members may vary from shift to shift. The interviewees brought out that it is actually the performance of the team what declines during the rush hours. Individual employees play a crucial role in terms of work efficiency but the impacts of rush are more likely to be reflected in the performance of team.

Patients are in poorer and poorer health, it is obvious. We get older patients with an extensive case history, and we also treat them better than before. In addition, there are accidents... and all the time, there seems to be more and more of them... And, you know, the patients are of poorer quality, they have multiple simultaneous illnesses that can be still treated. It requires from me that I really apply myself to the patients. Besides, it means more tests and it takes your time - - It means rush to others. If you nurse a very ill patient you don't inevitably feel hurry yourself – but it means that you're out of your team. (Woman, Nurse, Finnish)

The team members have the main influence on work efficiency. People matter most. We have a very doctor-centred working model here. If the doctor is a slow worker, it means that all efficiency disappear...even if the rest of the team could perform well. If the doctor is efficient, even a weaker team may perform well enough. In general, it never means that nurses work too slowly or inefficiently. It depends on the performance of the doctor. It matters a lot who is on duty, I mean when it comes to the doctors. The team cannot really compensate it (the individual performance of doctor) (Man, Doctor, Finnish)

2. Organisational change

The interviewees brought out that the big organisational change that the policlinic is going through seems to be used as a kind of reason to suspend smaller improvements proposed by employees. The big change is wanted to finish up first.

The changes have been so remarkable. I noticed when I got back to the first floor (from the second floor after a job rotation), how exhausted people really were. So many changes have taken place, and the requirements towards us have kept increasing. Yeah (some laughing), we should adapt to all kinds of changes. As a whole, this is a huge change. (Woman, Nurse, Finnish)

If people do not commit themselves on this (i.e. change), and do not understand it comprehensively, and if they are not persistent and flexible. It takes years, and things do not change here and now. People often stick on trivial and minor issues, on something that is concrete. They think it over and over again, and don't consider that we are in the transformation phase (Woman, Head Nurse, Finnish)

The age structure of the case study organisation is rather wide. The interviewees pointed out some difference between the older and younger employees regarding their approaches to the organisational change and transformations in work. The older employees were described having more fixed working patterns that may hinder the adoption of new working procedures. The younger colleagues, then, very depicted very skilful and fast-learners, though their commitment on health care work was questioned to some extent.

Some have been working here for 20-30 years, and they have used to do things in a certain way. And then when we should change the way of working and the entire culture, think things in another way. Of course it depends on a

person, but in a big organization like this, protesting against changes can be pretty hard at times. (Woman, Head Nurse, Finnish)

There is a clear difference between generations. Many older workers are not in their dream jobs either, but still the young have a totally different attitude towards work. They do they tricks... and somehow they are not so much present. It is just work for them and that's it. They don't always put their heart and soul into the work, although they learn all tricks very well. (Woman, Nurse, Finnish)

Many interviewees considered that there should have been more training. This is mainly because changes in job descriptions and new medical equipments. Especially those nurses that were recently recruited from the wards of the hospital pointed out training needs.

When the new polyclinic was opened, we got only two-days of training. It was initially planned, that we would start with a small amount of patients so that there would have been time to learn new thing. However, the new clinic was kicked-off with 31 patients. (Woman, Nurse, Finnish)

A training period for newcomers is very short here, if it really exists. In this kind of emergency work, it should last some weeks or even months. Here it has been four-days so far, which is absolutely not enough. (Woman, Nurse, Finnish)

After all, the interviewees believed that things will normalise in the future. In the middle of constant change, much energy is spent on the coping with rush and on learning new things mainly. The small deficiencies in working conditions or lack of training will be perhaps compensated when the major reform is completed. Meanwhile, the good team spirit, colleagues and superiors have a crucial role in terms of wellbeing and work-efficiency.

I believe that it (normalization) will come at some stage, and then we begin to think things. Now all energy is spent on keeping the patients alive. You just try to to handle your shift, an you don't think about it too much (Woman, Nurse, Finnish)

3. Physical work conditions

The physical work conditions of the Emergency Polyclinic have remarkably changed as a part of the organisational change. The interviewees stated that the new premises are something they can be mostly proud of. There is now much more space and medical equipments are modern compared to ones in the old premises.

It is a good thing that we get new premises. There is perhaps no similar, so modern emergency clinic, in Finland, perhaps not in the whole Europe. (Woman, Head Nurse, Finnish)

When this is all completed, our shock room will be about 100 m². I mean there will be really space to be and work. It is evident when you got something new that is more comfortable and restful, just because of colour schemes and furnishing... (Woman, Nurse, Finnish)

The functionality of the new premises was still criticised to some extent as well. The waiting rooms are far from the registration desk, and out of the staff's sight. Keeping an eye on patients and their relatives is thus difficult if not impossible. It was also complained that desks are not adjustable, security cameras are misadjusted, and that distances will be lengthy when the last wing of the building is opened. Noise was mentioned as a disturbing factor too.

For example, the office over there, it is a much smaller than this (the interview room that was about 10m²). It is such a tiny and cigar-shaped box. There are at least four nurses, plus doctors wandering around there. It is not restful at all, there is awful, such a hullabaloo all the time. We should absolute have a bigger office. (Woman, Practical Nurse, Finnish)

I don't know... I guess it will be relieving when we get an X-ray machine and a CT scanner over here. Now it is about continuous transporting of patients to and fro. In some places, office design could have succeeded better. Some of the offices are really confined. And there might be, at the same time, like ten people, nurses and doctors, like when we have a change of shift. (Woman, Doctor, Finnish)

4. Increasing demands

Especially nursing staff expressed that work-related demands have increased. At the Emergency Polyclinic all special fields are represented and nurses should be capable of treating all kinds of patients. In this respect, increasing training needs were underlined. Patients have also more multi-illnesses and are therefore much more demanding to nurse than before.

People have more illnesses than before. If someone came earlier with a broken ankle, now he has not only a broken ankle, but also diabetes and alcoholism, he is an unemployed and homeless. We see a lot of socially excluded people. Especially here at the duty station you face all kinds of problems; drugs and child welfare problems. (Woman, Nurse, Finnish)

We will get more patients, for instance, from the field of otorinolaryngologi... or some polyclinic, like ophthalmological polyclinic, can be closed for one day and all patients will be redirected to us. But we (nurses) haven't got any training on eye diseases, until very recently. We had a two-day training, just couple hours in two afternoons, but everybody couldn't make it. Everybody else can shut up their "shops", but we can't. All the patients are guided here. And in the future, we will get more gynecological and neurological patients, more and more, all the time. We can only hope that we will get some special training on these issues as well. (Woman, Nurse, Finnish)

Today, patients are more aware of their rights which makes nurses more cautious when dealing with them. Requirements regarding the patients' rights and possible implication if violating them are among those reasons why nurses regard that their salary is not in balance with demands and responsibilities of their work.

At the present, there are these delirium patients. It means that you notice the influence of alcohol on patients. This has raised vivid discussion, since there are all these new acts, for instance, regarding restraining of patient with straps and so on ... So, what are you allowed to do and what is not allowed. Frankly speaking, it means that we

have to go through all that crap, rough and tumble, and everything. It is really difficult, in a way; to figure out what are you allowed to do in that kind of situation, and what not. (Woman, Nurse, Finnish)

Patients' rights have become a more and more important issue. It makes us feel a bit uncertain. We don't have many means of intervening if something happens. Of course it is good that patients have a right for proper treatment. But if the patient, for instance, behaves aggressively we can do really nothing. (Woman, Nurse, Finnish)

They (aggressive patients) have increased in number... if you compare to what it was like a couple years ago. And then we have got all these new laws. You have to think really carefully how you nurse the patients. For instance, if someone tries to run away; should you let him go, call the police, or can you strap him. The instructions are really detailed nowadays. (Woman, Nurse, Finnish)

5. Team spirit

Despite all rush and transformations interviewees had a high regard for collegiate atmosphere and good team spirit. It was stressed that colleagues are eager to help, they give advice when needed, and that generally speaking everyone get along well together. These ideas were associated with the lack of training. The good collegiate atmosphere partly compensates that the experienced lack of training.

We are in a way very experience group, we certainly copy with all this. We have a versatile skills and a sort of collegiality, so that we do ask help from each others. The lack of training is compensated by asking help from somebody else. In this way, we teach each others. In a very concrete way, please come and help me... I don't know about this kind of patients anything. We have so different skills and backgrounds, that there is always somebody who can help you. However, this kind of learning is not often very profound. (Woman, Nurse, Finnish)

Superiors are really good, I think, both in the first and second floor. It is easy to cooperate with them, in my case at least everything's very good, and I haven't really heard complains from others either. (Woman, Nurse, Finnish)

In terms of wellbeing at work, we have all started from the same point. We previously worked in the different units of this hospital, we have completely different backgrounds. We all have some skill shortages as well. Nevertheless, we have a very good team spirit. We have a common goal, nobody knows everything, and we need each other. The threshold for asking is really low as you know that other is incomplete in some respect too. (Woman, Nurse, Finnish)

The lack of permanent doctors was mentioned as a real challenge for everyday working. The patients could be treated more effortlessly if doctors were more familiar with the everyday practices of the polyclinic. It was also noticed that young and inexperienced doctors are first to be assigned to the Emergency Polyclinic. However, no impacts on the general atmosphere were mentioned in this respect. Doctors and nurses get along very well as hierarchical structures are not that high in the emergency work.

In one month, we might have for instance 165 different doctors who're on duty here. They work at a certain clinic, and then are on duty here. If we got doctors who are committed to the emergency work, and who'd work only here, things would work. In addition to the Chief Doctor, we have got only one permanent doctor so far. (Woman, Head Nurse, Finnish)

Gender issues

There are more men working at the emergency polyclinic compared to the wards of the hospital. Nevertheless, men form still a clear minority of workforce at the emergency work. Both women and men interviewees described that higher number of men balances the atmosphere of women-dominated health care work.

I like that we have more men here (compare to other polyclinics and wards). Therefore, it is not only about a cackling of women. Men bring along a kind of relaxed atmosphere. They work with surgical and operative patients, girls nurse babes. It is partly justified, men do plastering and so on. Sometimes I feel that men come off well with easy and simple tasks, with tasks that do not require a lot concentration... no hard feelings. (Woman, Nurse, Finnish)

(About gender differences) Not in the ways of working. Men don't stress that much, in a good way. In this kind of workplace, men are just advantageous. There is so much such... like violence and other things. I think that is good that there is at least one man per shift. (Woman, Nurse, Finnish)

Regarding the nursing staff, it was brought out that there are certain tasks, like plastering and trauma work, which are more often carried out by men. Among both men and women, doctors and nurses, this was described as a natural division of work. Regarding doctors, interviewees did not find differences between men's and woman's works as doctors' job descriptions are much more strictly defined.

Men and women confuse things equally. Perhaps men act in a way very straightforwardly. They may adapt more easily to all pilot projects, whereas women think them over many times and keep reiterating the same things. (Woman, Head Nurse, Finnish)

(Men) like obviously work with technical appliances... routines, such as the change of diapers, are easily left for women, and such tasks as order-making (food, medicines etc.). I was really surprised about this. So far we haven't had any discussions about these issues. It is men here who are involved in all projects and development issues. Women haven't reached any trainers' position or such yet. (Woman, Nurse, Finnish)

Regarding nurses, you may notice that male nurses do more certain tasks... Among doctors, there is no such difference as there are fixed job descriptions and you have to take care of all your tasks. Perhaps the male nurses who work here are so self-confident and pretty skilful too. When they have a good self confident, they also get some guts to do these things. (Man, Doctor, Finnish)

To conclude, the presented gender issues were rather stereotypic and existing differences were considered somehow harmless. Even if there were some gender-based divisions of tasks, differences were not presented as discriminatory practices. Rather, the interviewees (most women) presented them as something that can be tolerated, or something that could be even permitted for men who are the minority. However, as the quotation above shows these issues were not discussed throughout and explicitly at the polyclinic so far.

Family and free time

The impact of above listed challenges on personal and family life differed among the interviewees. Some highlighted that work does not interfere personal life at all, whereas others told that they suffer from work to home spill over every now and then. Especially the older employees told that at times they feel fatigued after a busy working day. On average, three-shift work was depicted demanding when it comes to the reconciliation of work and private life.

Earlier I thought a lot (work issues at home) but I have never been a thinker-type. I get things out of my mind quite quickly, and I have to. This is, you know, a workplace where you see all kind of stuff. You cannot keep on thinking, and you can't think with emotions. You have to be quite unemotional. (Woman, Nurse, Finnish)

If nothing else, you can hear comments, and I say so too, that after the shift there is no energy to do anything. You just do what you really have to. You don't feel like talking to anybody when you are off duty. (At work) you get a heavy load of human relations. You should take care of so many people within a one day, you explain and explain, and don't then have too much energy left. You pick out really carefully the friends you like to talk with. (Woman, Nurse, Finnish)

From the manager's perspective, the staff appears very experienced and professional, and is therefore able to make difference between work and free-time. However, there are some negative issues that are likely to be drifted home if they take place.

They don't think about work too much at home. Unless, like in the whole country there has been a lot of talk about juridical issues, like regarding patient care. In emergency work, you get always some complains about caring practises. If you get in to the target of this kind, it is sure that it will go with home. Patients' complaints about medical practises have multiplied, people are aware of their rights and for good reason (Woman, Head Nurse, Finnish)

The future challenges

The pace of change has increased with years. Before the changes took place slowly, they very kind of small things. If you just think this population, those who use these services, they have also become more aware of thing and more demanding. This is a one new source of pressures. There are new groups of clients, such we haven't had before. More foreign patients will come, and it brings a new kind of culture to the caring and medical treatment. Lots of new things what you have to consider, not least the language skills. (Woman, Head Nurse, Finnish)

This quotation summarises some main future challenges expressed by the interviewees. The interviewees were confident that the intensity of work will keep rising in the future. Additional recruitments were considered as a positive signal as they might relieve the feelings of haste, at least temporarily. Some nurses and clerks assumed that their job descriptions will change remarkably in the future, and new tasks and demands will arise. These statements were associated with the uncompleted organisational reform and prospective mergers with municipal emergency units.

Both nurses and doctors also assumed that the increased mobility of people and immigration will raise new issues of multiculturalism. The language skills of the staff will be tested. The employees have to be

also better aware of the cultural backgrounds of patients, and what kind requirements foreign cultures set for caring and service practices. The following list summarises the main future issues discussed or anticipated by the interviewees.

Work and workforce

- The pace of work will keep increasing in the future
- Haste will remain if the number of staff will not grow
- The growth of staff will be paralleled by the increasing number of patients
- More doctors should be committed to work at the Emergency Policlinic only

Content of work

- Job descriptions will change and some tasks will be transferred between occupational groups
- If nurses' wages will remain and job demands keep growing, work motivation will be tested
- Ways of working will change due to new medical and nursing practices

Demands and training

- Job demands will increase which adds both to training needs and stressing factors
- Mastering of all special medical fields requires more skills from nurses
- Increasing multiculturalism will be reflected in service, nursing and treatment practices to a large extent

Work conditions

- The functionality of new premises and the division of new spaces between different actors
- Wellbeing at work maybe jeopardized by physical distances that will be rather lengthy in the new premises

Success of organisational change

- How successfully organizational reforms in hospital are implemented?
- Do reforms bring any savings?
- Importance of coordination (of things and people) will increase as more activities are centralized into the same place.

Patients

- The impact of rising living standards and new ways of life on public health
- Patients' awareness and misinterpretations of their rights and health issues are growing, which hinder especially the everyday work of nurses
- Ageing of population will bring new challenges in terms of treatment
- Unpredictable and aggressive patients undermine safety at work

Discussion

The Finnish case study specified that organisational health of the Emergency Policlinic stems from a combination of general working life trends (e.g. rising intensity of work, haste), specific organisational transformations (e.g. changes in work procedures, physical premises), and organisation culture (e.g. team spirit, social support). The study showed that these trends and organisational changes are considered as kind of inherent properties of modern working life. On one hand, they were presented as somehow unavoidable elements of today's work. On the other hand, it was underlined that they are experienced and coped with very individually. In contrast, organisation culture and especially collegial atmosphere at work were considered to balance the negative sides of modern working life. Organisational culture substantially contributes to organisational health and individual wellbeing at work.

Contemplation of emerged themes raised also some theoretical questions. For instance, how organisational reforms and following smaller changes in everyday work context affect the experienced wellbeing at work. This is to say, that as the respondents have (or at least they experience that they have) only little influence on the pervasive organisational reforms, the ensuing smaller changes and practical defects are perceived more influential. Practical defects like those in space planning and new computer systems are more tangible elements of organisational health; they are faced and dealt with everyday. Big organisational reforms, then, are considered rather distant. Their impacts on organisational health are somehow vague. Smaller adjustments in everyday work contexts are reflected more immediately in employees' wellbeing than major organisational reforms.

The phenomenon can be also understood through Granowetter's (1973) well-known concepts of strong and weak ties by extending it from social to physical context as well. The case study showed that the major organisational reform is likely to violate both strong and weak ties. In their everyday work, the interviewees were strongly tied to such things as buildings, offices, and established work procedures. Even if they were subjected to reformation, changes in weaker ties seemed to affect experienced organisational health and wellbeing at work most. For instance, new medical tools, skill requirements and some current patients' right issues, as well as some single defects in space and safety planning, were described to have significant impacts on work efficiency and wellbeing at work.