

Sweden: report on emerging themes from the interviews

D4.1 – January 2008

Linda Lane, Leila Billquist, Margareta Bäck-Wiklund,
Stefan Szücs – Göteborg University



Universiteit Utrecht



*Institutionen för socialt arbete
Göteborgs universitet*

Quality is an innovative, quantitative and qualitative research project that aims to examine how, in an era of major change, European citizens living in different national welfare state regimes evaluate the quality of their lives. The project will analyse international comparative data on the social well-being of citizens and collect new data on social quality in European workplaces in eight strategically selected partner countries: UK, Finland, Sweden, Germany, the Netherlands, Portugal, Hungary and a candidate country for EU enlargement, Bulgaria.

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).

Lane, L., Billquist, L., Bäck-Wiklund, M., Szücs, S. (2008). Sweden: report on emerging themes from the interviews. Deliverable of EU-project Quality, Utrecht: Utrecht University



Universiteit Utrecht



*Institutionen för socialt arbete
Göteborgs universitet*

The knowledge and data provided in this publication has been collected as part of the FP6 EU-financed-project QUALITY. It reflects only the authors' views. The EU is not liable for any use that may be made of the information contained therein. The user uses the information at his/her sole risk and liability.

Contents

- Sweden: University hospital.....4
- Introduction.....4
- Organisation of the fieldwork.....5
- Organisational change.....5
- Emerging themes as challenges and support for organizational health.....7
 - Economy8
 - Stress.....8
 - Communication10
 - Team work11
 - Competence11
 - Workplace culture12
 - Impact on work life balance13
- Some future issues anticipated or discussed.....13

Sweden: University hospital

Introduction

The Swedish case study organization is a large teaching hospital for training medical students. In direct proximity to the hospital is a large health care institution training nurses and other care-giving staff. The hospital serves one of Sweden's larger cities along with the surrounding region, providing healthcare services to a population of more than a million people through a system of institutions each with their own service profile. The demographic characteristics of the population are comparable to with the rest of Sweden.

Sweden has a decentralized healthcare system. Decision-making in the healthcare sector rests largely in the hands of regional and local politicians, elected to 18 counties, two regions and one local authority. Swedish counties enjoy a high degree of political and economic autonomy with the primary mandate to develop health services that are in line with the needs of their constituencies. The governing board of our hospital has nine members representing a variety of political parties. The Hospital Director together with nine Department Directors and a separate staff function have formal responsibility for running the hospital.

The hospital has a long history. It was founded in the 18th century and in its present form was established in 1997; since 1999 the hospital is an integrated institution and primary care-giver in the county. The merging of different autonomous units into one large integrated institution has not been without friction and some of the aftermaths of the merger are still visible. The hospital is one of the largest in Sweden with 2100 beds divided into 165 Wards with a staff of more than 17000 employees in a variety of occupational categories and as such is one of the largest employers in the region. The hospital may be characterised as a "knowledge institution" where the majority of employees have higher than secondary education and at least 45 percent have college/university degrees. Of all employees 34 percent are qualified nurses, 27 percent other caregivers including licensed practical nurses (LPNs) and 11 percent doctors. The gender distribution shows that 82 percent of the hospital's employees are women and about 20 percent of all employees are of non-Swedish ethnicity.

In the Swedish context, this constellation of an elite, knowledge driven organization, with continuous demands for investments in human capital and technology; led by politicians charged with a political mandate but with a lack of time, insight and/or economic wherewithal to carry out their assignment, often result in a decision-making processes and practices that block efforts to create healthy organizations.

In Swedish administrative culture policy documents regulates different areas of work and work related themes. The Equal Opportunity Act from 1980 is regulated by law; otherwise institutions are free to establish decision-making policy documents at the local level. These include but are not limited to policies governing: workplace milieu, management, IT, media and communication, wages, environment, sponsoring, sexual harassment.

The hospital has three clearly defined tasks, to provide:

- *General health care to the population of the city and the surrounding environment*
- *Expert care to the county and the country*
- *Conduct research, development and teaching of medical staff of all categories*

As a high quality teaching and research institution, the hospital it is challenged to become knowledge driven centre among the leading international hospitals. Its goal visions are as follows:

- *Each individual patient shall be treated with respect and in accordance with their needs*
- *The hospital will be the first choice for both students and personnel*
- *The hospital will lead developments in health care in the region*

A day at the Hospital includes the following activities:

- *25 babies are born*
- *400 emergency patients are cared for*
- *2 431 scheduled visits to specialists doctors*
- *2000 (approx.) admitted patients*
- *175 major surgery operations*
- *800 x-rays*
- *18 567 laboratory tests*

Organisation of the fieldwork

The fieldwork was undertaken in August-September 2007. The interviews were conducted by the Swedish Quality Research Team with the additional assistance of Dr. Leila Billquist. The sheer size of the hospital necessitated the concentration of fieldwork to a specific area of medical expertise. Our aim was to interview personnel from as many levels of the selected organization as possible. Professional contacts between the Swedish team's National Coordinator (Professor Margareta Bäck-Wiklund) and the specialized Department led to the selection of one Department as the object of our fieldwork. Our contact at the hospital was the Assistant Director of the department who, after contact with the Quality Team was allotted the task of locating staff and organizing the interviews.

The team interviewed 10 members of staff, eight of which were women. We interviewed qualified nurses, licensed practical nurse (LPNS), junior doctors, and managers. Three of the interviewed belong to management and one had previous experience as manager – although managers, all four began their carriers in medical professions as doctors or nurses. Six of the interviews belonged to other categories of medical staff. Included among the interviewed were representatives from trade unions that organize doctors, nurses and other medical staff.

Organisational change

Organizational change is a continuous process at the hospital. A portion of the changes affect the whole organization while others are of particular interest for selected clinics or wards. Hospitals in Sweden are

mainly publicly funded, which is the case in this study. However, private sector solutions are a small but growing element in the production of medical services. Some services traditionally produced in hospitals have been or are in the process of being outsourced. In some cases these are temporary solutions to shorten waiting-lists thereby providing patients with faster high level health-care. In other cases, private solutions include long-term contracts with a variety of private companies. In both cases, outsourcing always leads to conflict and often result is a loss of competence in some strategic area of medical expertise. There are examples where this kind of change has resulted in a vicious circle, whereby expert staff leave, causing disruptions in the everyday activities of the unit in question which leads to the reputation of the unit being called into question, making it difficult to recruit new qualified personnel.

The Hospital's economy is a recurring theme. Targeted and general budgetary cutbacks are numerous and a source of continuous unrest among all personnel categories. Reactions are often most vocal among professional personnel in the hospital's areas of expertise. The manager in one specialized areas has announced his resignation because of cutbacks in personnel and merging of wards and units. He comments in the Local Paper (LP) as follows:

The rational behind my decision is that the preconditions that were available when I started as a manager are no longer at hand. The area of expertise becomes too narrow and no longer forms a unit large enough to steer and develop, however I will stay on and continue to practice my medical profession. (Area (a) Manager, Man. LP, Oct 20, 2007).

Public management decisions tend to be more centralized during budgetary expansions when more money is added to the budget and decentralized during budget cutbacks. Decentralization of management decisions during cutbacks is a way for politicians to avoid taking blame and responsibility for political decisions. As a result, personnel in individual units are forced to responsibility for budget decisions over which they have little or no control and practically no possibility to influence. When cutbacks are announced as in this case in one specific area it immediately triggers responses from politicians responsible on the county level as:

It can hit the counties hard and we fear that costs will be transferred to us. (Local politician, Man. LP, Oct 20, 2007)

Apart from specific targeted areas as the example above illustrates, a general order of financial cutbacks for the whole Hospital was announced, which will affect all areas of expertise. In order to organize and plan the budget for 2008 the planned cutbacks were made public in the Local Paper. All units with more than eleven staff members will be affected.

From Hospital Administration the message is:

We think that this general system for implementing cutbacks will be the most economic efficient and do the least damage to the work in general. To facilitate the process we want to involve all personnel, meaning that each unit manager will be responsible for how to implement the cutback in his or her unit. The definite figure is not yet set – we are still in the calculation phase.” (Area (b) Manager, Man. LP, Oct 20, 2007).

The Hospital Human Resource manager comments on the upcoming changes as follows:

At this stage we think that each unit can decide for themselves how to reduce personnel, and of course the first stage is to eliminate those on temporary contracts. Another strategy might be to not fill vacancies. It is also possible to prolong scheduled on call time. (LP Oct. 20, 2007)

The unions have as yet not received the plans for review and negotiations but their spontaneous comments were unanimous:

The organization is already too tight and slimmed – the margins are already too small! (LP Oct. 20, 2007)

The Hospital is in the kick-off stages of launching a new strategic program to be completed in 2015. At present only a few main principle are discernable, but a program for better communication and involvement of staff on all levels are under development.

This strategic program it thought to be welcomed by staff members but it is also an issue for further reflection. Change was one issue often commented upon in the interviews. As one interviewee stated:

It is important to understand that change is a normal condition, but it is important to find a reasonable pace to implement change – so far only the unions have been involved. It is also important to evaluate the effects of changes to a larger extent than what is done today.

Changes in medical technologies are often evidence based but what about organizational change? (HR Manager, Woman)

The effects of financial problems were visible in almost all the interviews; regardless of level and position. A couple fears were highlighted in particular namely, that it in the end financial considerations would affect the quality of work and the level and developmental potential of the hospitals unique expertise. In response to whether the security of patients was at stake one former manager said:

Yes, it [finances] threatens both personnel and patients and by extension jeopardizes the possibility to achieve the overarching goal for the work in the entire hospital. (Former Manager)

This short statement summarizes the contradiction the vision embodied in official hospital goals- to give the safety and well-being of the patient the highest priority and at the same time provide an attractive work place for employees - meet when faced with the reality of political decision-making.

Emerging themes as challenges and support for organizational health

The purpose of the interviews was to gather participants' views as to whether their organization exhibited the ideals of a *healthy organization*. A healthy organization was defined as an organization where demands for efficiency and sustainability can be combined with employees' needs and demands for a good working environment. In the presentation of emerging themes we have tried to keep separate those aspects of the themes that are particular to the organization from those that address individuals and individuals' position within the organization.

We identified a number of major themes with under categories in the interviews:

- **Economy** as related to: organizational frame as well as “*the organization in the organization*”.
- **Stress** as related to: work load, tempo, patient/family relations, balance between work life and family life.
- **Communication** as related to different levels within the organization and between different categories of personnel.
- **Competence** in terms of educational opportunities, on the job training, as well as the content of both i.e., does additional training improve personnel’s competency to address challenges they face in their work life, or is all competence “good?”
- **Balance between work life and work life.**

Economy

Economy is an issue, as discussed above hospital finances are related to ongoing change including budget cutbacks as well as “the organization in the organization.” With “organization within the organization” we seek to express employees’ feelings of being a part of a well functioning organization that in most ways fulfils the hospitals goals but where they feel threatened, isolated and in some respected alienated from the Hospital organization. Thus, an “organization” in the eyes of employees may be an individual Ward, polyclinic or a unit. Much depends on leadership at the different levels and how well communication functions between them.

Stress

Stress was of primary concern for all of the interviewees. It was articulated in different ways and took on different characteristics depending upon level in the organisation. These are stress related to patient/family contact, increased work tempo, physically demanding work and work intensification.

Our staff experience stress in different ways. Different professional cultures meet in the care of patients, periods of increased workload may be aggravated by a lack of communication emanating from conflicts over real are perceived encroachments on professional roles. (Hospital Manager)

The patient as first priority – Stress related to patients was a major concern. The wards provide care to very sick patients. Relations with patients and their families are given high priority. However, patients today are more well/misinformed about their illnesses. They search the Internet and other sources and come to the hospital with ideas about the way they should be cared for. Conflict between patients’ self diagnosis and the policies, ordinations etc of the medical staff once they are on the ward is often a source of stress for staff. Patients know their rights, threats of reporting poor care or of not doing a good job increases stress levels among nursing staff.

An organizational change of direct interest for the participants in our study is the establishment of a new Ward in the area of medical expertise where the interviews were conducted. The new Ward will share some of the work-load from already established wards as well as take on new tasks. Some of the personnel employed on the new Ward were recruited from other wards in the same expertise field. This change gives both positive and negative challenges but is firm supported by the Ward Manager.

The primary challenge is to get the ward running properly. That is to give the patients the care they need and deserve without wearing out the personnel.

The challenges are positive and negative, positive in that it is “fun” to be a part of a new task. It is educational; one meets new people etc, negative, over work, stress work intensification.is stressful at the moment once the ward is complete and routines in place the ward will be a good place to work. (Qualified Nurse)

Work tempo – The day to day work on a ward is constantly interrupted by unforeseen events. A patient requires extraordinary care, new patients arrive. Furthermore, in the name of efficiency wards are expected to treat an increased number of patients in a shorter period of time. While advancements in medical science makes this feasible, the actual daily impact on personnel is to increase stress. The fact that more is to be done in less time with the same staff causes feelings of inadequacy and fear of making mistakes. At the same time staff is charged to keep abreast of new techniques, rules and regulations.

Physically demanding work – Interviews did not mention physically demanding work in the sense of heavy lifts, as a problem. Instead physical demands were more concerned with working in rooms that are under dimensioned for much of the modern equipment required to provide care for today’s patients. Patients may require two or more machines that take up floor space making routine care physically demanding due to lack of space to manoeuvre.

Work intensification – All interviewees expressed that work load had increased. There is increased demand to treat more patients in a shorter period of time. So called patient flow is closely associated with these demands. The most stress was expressed by those groups that had less control over their how their work was distributed such as doctors, nurses and LP nurses. This group also experience fewer opportunities release built up stress. Managers have more control over their work but tend to alleviate high stress levels by staying after regular work hours or by taking their work home.

There are also some specific examples of how changes including both work tempo, and work intensification related to less resources affect the work.

A few years back there was a resource team with very competence nurses that could “fill-up” on short notice when needed in any of the wards. The team was dismantled 3 years ago as a result of a budget cut. (LP Nurse)

The new EU-directive towards long working hours to some of the personnel seems as a paradox as:

It leads to more and shorter working periods. Some weeks you are supposed to work every second night during a three days period...a scheme with a week where you are on call during the night... it becomes a burden to switch between day and night shift in such a short time – but on the other hand it has also positive consequences as it gives you a period of four weeks when you are not on call.

But the new rules have contributed to increased work tempo. (Doctor, Woman)

This statement is similar with the following in relation to the new law:

Instead of getting more personnel to help fill the schedule, the Ward lost a staff member by reducing the change-over time between shifts! (LP Nurse)

In an organization where work tempo and work intensification permeates the daily work as well as organizational change generated in the overarching hospital organization and reorganization, planning and logistics becomes a big issue. It also tends to stress the importance of open well targeted information and feedback. The everyday work becomes more stressful, managers tend to spend more and more time on planning to fulfil the sections tasks within the given budget frame. The personnel who meet the patients express a feeling of inadequacy and a feeling of not being able to perform top quality work.

This is a double edged-sword, our staff gain a great deal of professional satisfaction from the care they give our patients; on the other hand they must reconcile themselves that no matter their personal feelings they can not shirk their responsibility to deliver care; as the needs of patients always has first priority. (Hospital Manager)

Increased work tempo and work intensification creates an organization vulnerable to disruptions such as long-term and short-term sickness absences, absences to try other forms of employment as well as general dissatisfaction among staff, which in turn often makes the hospital a target for media exposure, debate and critique.

Hospital management is acutely aware of the problems facing personnel. Management is required by law to provide not only a good physical work environment, but also to take into account the effect of mental and emotional stress on personnel in the performance of work tasks. Stress management, work overload and work intensification are but some of the issues discussed in local health and safe committees.

Health and safety has high priority at the hospital, together with our trade union partners we are continuously working to improve the work environment. We have accomplished a great deal but much still remains to be done. Working with health and safety issues is an ongoing process. (Hospital Manager)

The hospital is trying to take health and safe issues more serious. We have noticed some improvements. We have had a program to help ease staff suffering from burn-out back into work. But the budget for such programs is uncertain we don't know what will happen in the future. (Trade Union Representative)

Communication

An obstacle to a healthy organization observed by all of the interviewees was the lack of communication between all levels of the organization. Most felt that communication among the closest colleagues on the same ward functioned very well but that information channels between different levels of the organization functioned poorly. Personnel described this problem in three ways: one as parallel information tracks, whereby personnel on the same level was privy to different information concerning a common problem; and two information overload, in this case it was not a lack of information but rather too much information without giving individuals a chance to process it; and better communication between the different levels, a recurring theme articulated in different ways.

Better communication within the organization as such – and above all between the political board and the hospital i.e. more long term planning, you need to take into account more than one year in advance. (Medical doctor, Man)

The most important hinder for a healthy organisation is an unclear organisational structure where employees are unsure of their rights and duties. Where there is poor communication between the different levels. Where employees feel they are not heard and are constantly “walked over”. (LP Nurse, (1))

Communication can also refer to management style.

Leadership has changed. When you are handling personnel it is necessary to have a multifunctional perspective as you have to deal with all kinds of issues such as is your personnel motivated or not to meet new challenges, are they prepared to give up family life to participate in further education; does your own family life allow you to engage in further in job related activities. (Assistant Manager, Woman)

The perspective expressed above reveals a recurring theme in the interviews i.e. low trust in the political board as well as the Hospital Directorship.

Team work

Many of the disadvantages noted in the themes presented above are compensated by the fact that the interviewees all agreed that they received help and support from their colleagues on the ward. Small problems were often solved between the staff themselves. In general, they felt able to communicate any problems that arose to their nearest manager; that they were listened to and their grievances were taken serious. It was in their relations to other departments and specifically to hospital management that personnel felt unheard and under valued.

In contrast to the mistrust expressed previously, were numerous accounts where open communication and a culture of trust between the nearest manager and personnel worked very well. This was regarded important as most of the work on the ward is teamwork.

We have a pretty good commitment in the workplace, the workload is distributed in a fair way, we are close, cooperate and we have a lot of fun! However, it is a tough climate – when you work you concentrate on that but when you take a break in the coffee room you try not to talk about work. We also try to do things together outside work. (LP Nurse)

However, communication is not always experienced in a positive way; the outcome is dependent where and how individuals are located within the organization. Individuals with insecure positions for example, working on short-term contracts, in a gendered environment with a demanding work-place culture may feel unwelcome, isolated and a burden on the team they so much want to be a part of.

Competence

Work on a specialized ward requires high levels of competence. In general, hospital staff has high levels of formal education but in order to keep up with advances in the medical profession personnel must continuously engage in different forms of on-the-job training. The hospital is acutely aware of this and has organized different forms of educational opportunities for all personnel. To this should be added courses operated by trade unions which personnel is encouraged to attend and seminars conferences etc provided by others such as pharmaceutical companies and companies producing new technology.

We must devise new innovative ways to retain our staff. One way would be to have clearly defined career steps for nurses in much the same way as for doctors. As it is now, nurses seeking career advancement must leave the work they are most experienced to perform if they want to get ahead. They take work away from the direct care of patients and their professional experience is lost when it is best needed. Clearly defined career steps would be in the interest of both nurses and the hospital. (Hospital Manager)

The great challenge in work life for employees at the hospital is to try to live up to the goals set by politicians. To give good service (among other things reduce waiting list!), to guarantee patients security, and to retain competence among employees. Employees must be valued more, and politicians can show this through better wages. (Qualified Nurse)

Workplace culture

The main features of the workplace culture that emerged through the interviews can best be summarized by one middle manager:

The standard norm for the personnel is leading themes; high levels of knowledge and competency. The overall climate is open and even cheerful; however, the section has a reputation for being a tough place to work at – but the personnel cope. (Middle Manager)

I feel that that there is not much I can do as an individual. I enjoys my work and do not want to leave. So I have to accept changes and try to make the most of them. (LP Nurse)

These ambiguous statements taken together with the consequences of the different dimensions of stress, presents a picture of a vulnerable organization. The highly qualified personnel are proud and most of the time enjoys their work, they cope with stress but are less tolerant with colleagues that do not meet the high standards. Some even take pride in the reputation of having a tough but open climate. However, there were also voices that regarded the culture as macho and antiquated.

There is no slack in the organization and lack of time and insufficiencies is a continuous threat and sometimes a reality. In the long run the preconditions for a healthy and sustainable organization are at stake.

The section as well as the hospital at large is a female dominated organization. In a teaching hospital the level of competence is high in several areas and a fertile soil to build an academic career, a career in administration as well as in medical professions. The medical doctors are by tradition and definition a “real” profession with their own area of expertise and well established in the academic community. However the former firm boundaries between them and the qualified nurses, which have required academic training and often extensive further specialist training, sometimes tend to be challenged. The same occurs between qualified nurses and the licensed practical nurses. This work-place is no exception and there is a great deal of “corridor talk,” everybody whines now and then but no one is prepared to take responsibility and formulate arguments.

Different value systems exist in the same workplace and intersect in a complicated pattern often with a gender signature. The gender order sometimes tends to be reinforced as a consequence of traditional values, competence and status. This was also something that everybody was aware of even though a

traditional gender order was established. Different group's professionalization strategies reach beyond the aim of this report but are important dimension for analysing workplace culture.

Impact on work life balance

The impact of the themes discussed above on the work life balance of individual interviewees depended very much upon where they were located in the organizational structure. Some staff members felt they had little control over their work and suffered increased stress as a result. On the other hand, once they were off work, the job seldom interfered with their private life. Shift work is planned in advance. Occasionally, some member of staff may be asked to work overtime but even this is restricted by work time regulations.

A very important aspect of my work that makes my life easier and allows me to go home and not worry about the job is that I know I can trust my colleagues to do a good job and they know they can trust me. When I go home I know I am leaving our patients in good hands. (Qualified Nurse)

The real impingement on leisure time is fatigue, both mentally and physically resulting from increased work tempo and work intensification. Complete recuperation often requires longer uninterrupted leisure time.

For management the case is different, although they also enjoy regulated work time, their work burden often requires them to spend longer hours at work or to work at home. New technology such as e-mail, mobile telephones and computers makes this easier but also means that managers are always on call. Personnel in leading position express difficulties in drawing a line between work and family life. One former manager says:

Of course it affects the possibility to separate work and family life. You are a manager both day and night. (Former Manager)

By the end of the day you realize that you carry more and more of the work load with you at home. (Assistant Manager)

The issue that managers need mentors and supervision has gained a growing insight and an internal organization to meet these needs are emerging, but with growing demands, upcoming budget reductions the possibility to meet the needs of managers appear limited.

Some future issues anticipated or discussed

The vision for the future was mixed. The interviewees felt that stress would continue to be a major factor in their work life. Personnel must be prepared to change workplaces, work with different occupational groups and perform different task throughout their work life. The efforts of trade unions to soften the impact of these changes would they felt be limited. The same could be said for the impact of new laws, rules and regulations. The outcomes were harder to foresee but given their experience, the interviewees felt that the impact would be mixed at best.

The interviewees enjoyed their work and hoped to continue working in the medical field. Competence would continue to be a major issue and life long learning would be an integral part of their professional lives. The fact that the hospital encouraged continued education was a positive factor but not if it is used to compensate for low wages.

All agreed that an important task in future was to improve communication between different levels of the organization and as a final sentence that is valid for everybody.

We must change the way we think, the tempo is too high. We need to take a step back, calm down and take care of each other.