How to promote the participation of staff in innovation activities in hospital environment?

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1. Introduction

The economic challenges and difficulties, increased needs for health services due to the growth of the number of elderly people and the lack of staff increase the importance of idea production and innovation activities in health care organizations. The concept of “Innovation” means an idea or a reform which has added value for its inventor or to its owner organization (Seeck 2008). It is also a process, in which an idea, which can be e.g. a product, service, action model, work process, or technological, pedagogical or immaterial solution to a problem, is first produced. An innovation can also be a new use or market place for an already existing product or service (Hidalgo & Albors 2008). Innovation is a process; after the establishment of a new idea, it is further developed, demonstrated, tested, perhaps commercialized, and taken in use in the end. Innovation is not always produced as a result of conscious thinking and planning; it can also be generated in an unnoticed way and be found to be an innovation only afterwards (Fuglsang & Sorensen 2011). Learning is connected to innovation. Learning can produce innovations and, on the other hand, involvement in an innovation process is an opportunity to learn (Hoyrup 2012).

A staff who is familiar with the work in hospitals is a key factor in producing new ideas and innovations. However, in just the last few years, the importance of staff as a producer of new ideas and innovations in companies or organizations has been discussed more seriously. If innovation is looked or discussed from the viewpoint of the active participation of employees, concepts such as “collaborative innovation” or “employee-driven innovation” have been used. In this paper, the latter alternative is considered more suitable. Employee-driven innovation can be first a bottom-up process starting on the worker level but can turn out later to be an interaction between several actors that may include employees, clients and managers, as well. It can also be seen as a top-down process if participation is started only by an invitation from managers (Hoyrup 2012). Management plays a central role in employee-driven innovation in several ways. If managers are not interested in giving support and opportunities for idea production to their employees, it is very difficult for them to be active participants in innovation production.

2. Purpose and aims of the study

The main goal of the study was to describe, understand and to evaluate the process in which a new kind of leadership model for one result area at the selected central hospital was created. The study was part of the OSUVA research project (2012–2014) funded by TEKES, in which the leadership of collaborative innovation activities was studied in the field of social and health care by researchers from seven research organizations. In this paper, the methods and processes by which the new leadership structure was created are explained, and the participants’ experiences are described.
3. Methods

The study was carried out by using an action research design as a key method. Action research is based on the work of Kurt Lewin (1890–1947). He was a German social psychologist, who created a new way to do research in the 1940s. He noticed that it is not possible to develop or change working life if the employees are not participating in the process and if they do not understand the need for change. In an action research process, the researcher is interested in finding solutions to existing problems in working practice. At the same time, he tries to get and gather scientifically valuable information on the phenomena. The primary goal of action research is the same as in all research; to test and further develop theories concerning some interesting phenomena or to create a new theory for it. For these purposes, Lewin (1946) developed the well-known phases of action research: diagnosing the problems, setting the goals for development work, making an action plan, the implementation of the action plan and the evaluation of the process, and reaching results and effects. During the action research process, several different kinds of research methods can be used in data collection (Holter et al. 1993, Koshy et al. 2011).

The action research process was carried out in the psychiatric result area at one central hospital in the Northern part of Finland during the period of 1 Feb 2012 to 31 Oct 2013. Semi-structured interviews with selected staff members and focus groups were carried out before and after the intervention. The experiences of the current situation concerning leadership and management, engagement, trust, creativeness, complicity and well-being at work were the main themes of these interviews, which were carried out before (5 focus groups and 12 single interviews) and after (4 focus group and 16 single interviews) the intervention. Also, three surveys were implemented, but one of them was used only before the intervention. Only the results of interviews are presented in this paper.

4. Implementation of the action research process

There were about 120 staff members working in this psychiatric result area, either in the hospital ward or at five open clinics and in administration. The whole process was organised in such a way that a separate development project was planned and funded by TEKES and the research part was included in the OSUVA project. The researchers (n=2) were, however, the key actors in planning the development project, too. The goal was to develop leadership towards a more horizontal and dialogue-based direction.

Description of the management structure before the study

The management structures of the hospital districts and their result areas are determined in the administrative regulation of each organization in Finland. According to that of the hospital selected for this study, the director of each result area has to be a chief physician and there has to be a management group in each result area, too. The director of the psychiatric result area is specialized in psychiatry. In addition to the director of the result area, there was also one chief physician in administration. Both of them did clinical work with clients and families, too. There was also one chief nurse who worked only at the office of the managers. The management group was composed of these three people and the chief psychologist, the chief social worker, one ward sister who was the representative of all ward sisters (n= 6) working in the result area, and one representative of the staff. The ward sisters were superiors of the nursing staff at their units, and the psychiatrics were
The management group helped the chief psychiatrist with her work as a manager, and important questions were discussed in the meetings of this group. The open clinics and hospital ward had their own staff meetings which allowed the staff to bring out their development ideas or matters concerning their own work or collaboration inside the unit. The voice of the staff was also heard via the meetings of TPD (workplace democracy), which were held 3 to 4 times a year in the psychiatric result area, but the matters discussed in these meetings were on a very official level. During the year, a “development day” was also organised for the staff.

The created structure for intervention

The structure planned for the action research process is described in Figure 1. Five theme groups were established to achieve the goals set for the development process. The themes were based on the interest areas of the OSUVA research project: creativeness, engagement, trust, complicity and well-being at work. In the meetings of each theme group, the staff had an opportunity to discuss questions which they found important and problematic in their work, and they were able to bring out development suggestions. The participation of the staff in theme groups was organised by group leaders. They invited people from different units (open clinics and hospital ward) by phone calls or by emails to take part in the theme group meetings. New people participated in each time in them. The group leaders made collaboration with each other and they knew which staff member took part in each theme group. The purpose was that every staff member could participate at least once in these meetings. During the intervention from spring 2012 to spring 2013, the theme groups had regular meetings about once a month but not during the summer holiday time. The theme group leaders had training before starting their work by a consultant who was hired by the TEKES funding for this job, and this same consultant acted as a support person for them during the whole intervention time. Memos were written about each theme group meeting, and they were put on the internal website, so that everybody was able to read them.

The reflection workshop was established and hold (n=10) each month during the project (1 Jan 2012 to 31 Oct 2013). The hired outside consultant was the leader and chairman of these workshops. The theme group leaders participated and reported the work of their groups at the reflection workshops by delivering written memos to the participants and orally. After the presentation of each theme group, the leader organised a common discussion and reflection. The action steps concerning the development needs and the deadlines for them were established based on the common discussion and the people in charge were selected. The progress and situation of earlier decided actions were checked. All the first line directors and upper level directors of the psychiatric result area were invited to participate in these workshops. The administrative chief nurse from the hospital district, one selected client (experience expert) and at least one of the researchers also took part in them. The average number of participants in these reflection workshops was about 15 each time. Memos were written on all meetings, and they were videotaped, too. An information event, one training event and a closing seminar were also organised for the staff during the process.
The word “intervention” is used for the implementation structure created for this action research.

![Figure 1. The structure for intervention during the action research.](image)

The interviews before and after the intervention

At the beginning and after the intervention, a total of 48 people participated in the interviews. This was nearly half of the whole staff. The first interviews were carried out in spring 2012. Five focus group interviews and twelve single interviews were carried out. The interview themes were the following: leadership and management, engagement at work, trust, innovation activities, and well-being at work. Both researchers were attending the focus groups and the single interviews were shared between them. The second interviews were organized in autumn 2013. Four focus group and sixteen single interviews were carried out. The duration of the interviews varied from 23 minutes to 2.5 hours. All the interviews were tape-recorded and transcribed. The data was analysed by inductive content analysis (Graneheim & Lundman 2004).

Most of the participants were women (n=36). The ages of the participants varied from 27 to 63. Most of them were either registered nurses or mental health nurses, but also other professionals (medical doctors, psychologists, social workers, ward secretaries) participated in the interviews. The work experience of the interviewees varied from 1 year up to 37 years.

5. Results

Experiences of the staff before the intervention

It was noticed during the interviews that the staff in the psychiatric result area could be divided into two groups according to their experiences and opinions about the current situation. The staff working in open clinics was more positive in their opinions and more satisfied with their work than people working in the hospital ward. The interviewees from the hospital ward brought out many kinds of problems, which were due to the structural, physical and work-related changes made especially at their unit. The staff criticized the superiors’ and leaders’ activities during the change
process at their unit. They also felt in general that their superiors had stopped leading. The managers did not take the responsibility they were expected to take. The staff missed more support and more interest in their valuable work with patients and clients. They wanted to get more information, feedback and awards concerning their work.

The attitudes to the innovation were positive, and the staff in whole result area felt free to talk about their new ideas but there was too little support and encouragement from the leaders to carry out these ideas at the level of implementation. A controlled innovation process, resources and rewards were lacking. The people were very engaged with their work and enjoyed working with clients and patients, but some felt that their well-being at work was weak because of the recently made changes and the poor function of their managers. Trust between the employees and the managers was also weak according to many interviewees, who mainly worked in the hospital ward.

Description of new created management structure

Based on the positive experiences with the discussions at the reflection workshops and in theme groups from about one year’s time, an idea of a new management and leadership structure was born in the psychiatric result area. The structure was created and discussed at the last three reflection workshops. Two new collaborative groups instead of the earlier “TPD meeting” were established with the approval and decision of the government of the hospital district for a trial time of two years (1 Oct 2013 to 30 Sep 2015). The representatives of each unit and special workers / experts from the psychiatric result area were selected to participate on the basis of voluntariness. At some unit, the participants were chosen by lottery. Each participant’s period of mandate in the beginning was one year, after which the representatives were planned to change. The ward sisters and assisting ward sisters, a chief nurse, the director of result area and her secretary were also members of these new groups. The number of participants in both groups is 11.

The groups have different responsible areas. Group 1 (Kero) is focusing more on the staff and well-being questions and group 2 (Pudas) more on the content and implementation of care and clinical practice in general, respectively. The idea is that the representatives of the staff bring the ideas and needs from their work unit or from their colleagues to these new collaborative group meetings. These new groups are expected to present development suggestions to the management group of the result area. The management group can also ask the opinion of the new groups on matters under development or before making decisions in some difficult and complicated questions which have effects on the work of the staff. The goal in general is to improve information and discussion between management and staff as well as the staff’s opportunities to influence their own work. Discussions in these groups are open and the memos of the meetings will be put on the internal website. These two groups are planned to have about 4 to 6 meetings during the first year.

Staff’s experiences after the intervention

The experiences of this action research process were mainly positive. The increase in discussions between management and staff, between staff working at different units and between different professions was found good and important; however, it demanded a lot of time and resources. The interviewees were satisfied with increased opportunities to participate and influence work-related issues and to be heard: “This process has given me the experience that I am not a victim; instead, I feel that I can make difference and have influence on matters”. It was possible to bring out conflicts, discuss needs and ideas for development and to make development plans together. It was
nice to get to know each other and to get different points of view to the common matters. This also brought about the need to reflect one’s own opinions and one’s own traditional working methods.

The atmosphere and climate in the theme groups was praised. The enthusiasm of the group leaders and their way to act during the group meetings was met with satisfaction. The staff members in the hospital ward worked in three shifts, and some of them worked only at night. This made it difficult to hear and follow what was discussed at the reflection workshops or in the theme groups. The holiday times and sick leaves of staff also hampered the follow-up of the project events. Because of these facts, the memos on the internal website were considered very important. Some criticism was focused on the invitation practice; it came too late and, because of this, it was not possible to arrange participation in the group although someone would have liked to.

The interviewees were satisfied with open and abundant discussion at the reflection workshops, which often led to development plans concerning the reported faults in work practice. Some felt that the discussions had been too long and exhausting, and others felt that there had been too little information on the purpose of the reflection workshops and on the people who should take part in them. Concerning the experts, it was felt that he was not needed at all the workshops and, on the other hand, there could have been more of them in some workshops. The matters brought up in the theme groups were not always discussed in a sufficiently detailed manner; sometimes one question or problem took the place of other matters, which were ignored. The role of an outside consultant was found to be too dominant according to some interviewees, and this may have effects on the content and quality of the discussions during the workshops.

The experiences with the effects of the process were positive. The collaboration between the units was now found to be better. Communication was more open, and some social events had been arranged to all the staff after a long break. The meetings in general were now assessed to be more goal-oriented, and there was not so much unnecessary talk during them. There was a general experience that people cared more of each other; for example, people took notice that everybody was able to have lunch during the work shift.

The interviewed staff members assessed that the project had produced positive changes concerning the behaviour of their leaders, innovation activities, engagement in work and trust both between employees and managers and between employees themselves. They also brought out many concrete changes which had been done during the project. For example, the employees felt that their leaders had started to lead again and collaboration was better. It was also easier to get through new initiatives. A big positive change had happened in the hospital ward, where all earlier good leadership practices had been taken back and developed further. The first line leaders themselves felt that they were braver and more willing to be encouraging, listening and trustful people and superiors for their staff. The selection of the Innovator of the Year had also taken place just at the end of the first project year.

6. Discussion

It was noticed that the structure developed for this action research project was a success and led to a new kind of leadership model in the target organization. It can be used in all hospital organizations and also in other kind of organizations which want to develop the active participation of their personnel and staff in decision-making and development work.
The theme groups were the forums in which staff members from different units and from different profession groups had the opportunity to get to know each other and discuss work-related issues. It was obvious that there was a lack of these kinds of meetings because people clearly felt that this was a new kind of opportunity for them to discuss their work with other employees in small enough groups without the participation of the official managers. They were able to talk openly and freely about things which were in their mind and which they perceived as important and problematic. This gave them a feeling of being listened to. Written memos on these meetings were noticed to have an important role; it was a way to transmit the discussed matters to the leaders and other staff members. The memos were discussed at the reflection workshops, which increased their importance. During the process, the staff also noticed that their thoughts and ideas were taken seriously because some decisions on changes were done at the reflection workshops. The changes were also implemented in practice which increased trust in the managers. All this increased the feeling of an ability to influence the activities and practices at your own work place.

The reflection workshops were important discussion forums during the project. Their great importance was based on the members present. Both leaders and staff members had the opportunity to share thoughts and ideas with each other. The subjects discussed were mainly based on the work of the theme groups. It was a new method to have a discussion. Earlier, there were only separate meetings on the clinical level and in administration, except for “TPD meetings”, which were organized a few times a year. This was democracy and organized in the best possible way. The presence of the administrative chief nurse from the management group of the hospital district was valued high among all the participants. Her presence was a signal that she was interested in the work in psychiatric result area, and, through her participation, the activities were believed to be well known also at the top level of the hospital district.

The use of an outside consultant in the process was mainly a good decision. She had a lot of earlier experience in development work with work communities. She led the reflection workshops in a personal and strong way which was good in the beginning, but later the participants expected to have a more central role themselves. The consultant was quite authoritarian with strong opinions about what should be done and how, and this might make people little passive in their own thinking. However, she was showing and teaching the members of the workshop how to lead this kind of development work, and after she finished her work a few months before the end of the project, there was no problem with continuing the development work. Without this consultant, the role of researchers would have been formed differently. Now, we were able to concentrate only on research duties during the process, and our participation in the leadership of the development work was minimized.

The new leadership model developed during the action research process is now being tested in the target organization. The most central challenge with it is how the selected representatives of the units took their tasks. The original idea was that they would first discuss matters, problems and development needs with their colleagues at their own units and then bring them into the new collaborative groups. In this new model, the units are like “theme groups”, and the new groups (Kero and Pudas) are like reflection workshops, as presented in this study. Notice should also be taken of the role of the leaders in the new groups. They should give a central role to the members of these groups and not take too a strong role to themselves.

7. Conclusions
This action research case is an example of the fact that, in a hierarchical hospital environment, it is possible to change management and leadership structures and to give an opportunity to the staff to participate more actively in RDI work and in the decision-making process. However, it requires support and positive attitudes from managers and leaders, as well as both motivation and interest from staff members.

References


