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ORGANIZING MULTI-PROFESSIONAL ELDERLY HOME CARE: EFFECTIVENESS AND/OR WORK WELL-BEING

INTRODUCTION

Finland, like other modern countries, will face a challenge unlike any experienced in history: significant ageing of its population. Because expenditures for elderly care will markedly grow, ways of organizing the work more effectively are needed. The policy is based on home care, since care provided by institutions – hospitals, nursing homes and old people's homes – is expensive. The costs are lower. However, elderly home care has to be professional, paid work, since participation in the labour force of both women and men is high in modern countries.

Professional elderly home care has been in the process of being administratively and occupationally reorganized during the 2000s, which is related to the aim of reorganizing public sector organizations to be more efficient and lean. In addition, some of the services are purchased from private social and health service companies.

The policy of elderly home care is rationalized by emphasizing old people's well-being and autonomy. However, resources are also needed for home care, where the objective is physical, social and psychological well-being of the elderly. On the other hand, the well-being of professional workers has to be considered, which means that the work must not over load them. There is a shortage of social and health care professionals (see also Knijn 2007) and employers have to pay particular attention to working conditions. Turnover of the labour force is common. Keeping an ageing labour force in work and a recruiting policy, which include new groups, for example, immigrants, require an active personnel policy and labour force policy.

The present objective is to study the relationship between effective work organization and the well-being of home-care workers for the elderly. The scientific objective is to extend conceptual understanding of work organization by analyzing it in a multi-theoretical framework. The theoretical approach is based on studies dealing with working life. The practical objective is to produce knowledge for application in elderly home care and other similar functions or organizations.

The model of Karasek and Theorell (1990) will be applied as one way of examining the well-being of employees and work organization, since employees controlling their work is an important condition of their well-being. Opportunities to participate in planning and

decision-making in work-related issues and adequate vocational competence provide employees with control, although the work might be very demanding. When there are no opportunities to participate in decision-making and planning and work processes are controlled from outside, work is stressful and burdensome. In addition, inadequate competence does not provide the employee with the resources needed at work, which weakens control. This model helps us to understand some basic conditions for the well-being of employees at the individual level.

In this paper, the research problems will first be formulated, after which the data will be presented. The results will be reported in the following way: the report dealing with social-psychological well-being will start this section and that dealing with work organization and connections between well-being and work organization will follow. In the concluding part, the conceptions of well-being and work organization will be elaborated and some remarks related to labour market policy made.

RESEARCH PROBLEMS

First, I will analyze work organization in home elderly care on the basis of some research findings.

"Work organization" is a broad concept, which it includes a complex of activities related to each other. In this research, the subject is multi-professional teams, which shapes the concept. Thus, it covers of work organization covers the dimensions of management, multi-professional team work and working methods. These dimensions proved to be the most crucial on the basis of the analysis and interpretation of the data. The analysis was interpreted using theoretical approaches to organizational culture (Parker 2000) and a socio-psychological model of organization (Hosking & Morley 1991). According to this theoretical framework, work organizations can best be understood when the analysis focuses on everyday practices, relations and processes. The goal-directed activities of management direct organizations, but their impact can be perceived best when analyzed as part of everyday work and relations. In addition, organizations have to be analyzed in the context of society, since they are part of society and comply with common organizational models.

Management provides work organizations with the crucial structure within which to carry out the functions: decision-making patterns, organizing resources, shaping structures for work and personnel policy are management methods in municipal organizations. Elderly home-care organizations have to adjust their activities according to the regulations and laws dealing with social and health services, policy and municipal context. In addition, the resources in municipalities, one important consideration ion organizing the work, vary. How does management advance effectiveness, but at the same time also promote the well-being of employees within this frame?

Social and health care were united in the organizations under examination. The elderly care work was carried out by multi-professional teams: nurses, practical nurses and home aides. Multi-professional teamwork is challenging, because the practices and logic of occupational groups diverge and because working life relations, especially in the field of health care, are hierarchical. How were the competence requirements defined in multi-professional teams? Was multi-professional team-work efficient in elderly home care? Did it advance or reduce the well-being of the employees?

Working methods are crucial from the point of view of effectiveness and employee well-being: for example, a reasonable division of labour and appropriate work patterns and technology can advance both. What kind of working methods were applied in the multi-professional teamwork? Were they effective? Did they advance the well-being of employees?

The term "effectiveness" involves many notions. Quite often it means increasing work and decreasing resources. It can also mean effective ways to use resources: for example replace routines by technology. In the first case, the consequences might conflict from the perspective of well-being at work. In the second case, effectiveness can save employees' resources for more meaningful tasks. Thus the relation between effectiveness and well-being can vary greatly depending on the conception of effectiveness.

Second, the aim is to analyze the socio-psychological well-being of professional employees in elderly home care. The concept of socio-psychological well-being here includes the dimensions of individual well-being, relations in the work community and job satisfaction. These seem to be the most crucial in this sense.

Work organization may be related to the well-being of employees in many ways. The approach of the investigation is Karasek and Theorell's model, but it may be extended on the basis of the findings.

Data and methods

The data comes from a study carried out in 2007-2008 (Arja Haapakorpi & Ilkka Haapola: Work organization and well-being of employees in social- and health care services – the case of elderly home care). The research data was collected in two municipal elderly home-care organizations in one big city and one medium-sized town in Finland. The research subjects were superiors, nurses, practical nurses and home aides. I will call the organizations BCO (the big city organization) and MSTO (the medium-sized town organization) later in this paper. In both municipalities, social and health care are united into one in elderly home-care service organization. In the BCO, the number of employees was 1700 and in the MSTO 260.

The data included interviews (20 individual and group interviews) and an Internet-based survey (182 respondents, the rate of response in the BCO was 64% and in the MSTO 43%). The BCO sample was "theoretical": 8 work-teams were selected from the 60 teams on the basis of the criteria of employee well-being and work atmosphere. The teams, whose well-being and work atmosphere were the most advanced and least advanced were selected, information obtained from a questionnaire carried out by the municipal organization's personnel management.

RESULTS

The well-being results will be examined first. In the next section, the results for work organization and connections between well-being of employees will be examined.

Well-being of Employees

The findings of the socio-psychological well-being of employees are based on the data of the questionnaire and interviews. Since only part of the data can be presented here, the physical well-being dimension had to be left out. The proposition "my work is psychologically very stressful", proposed in the Internet-questionnaire, is analyzed here, because the interview data analysis made it seem to be very important. Twenty-five percent of the employees responded "very often" to this proposition and 30% "quite often". In addition to this, they reported insufficient resources. They very strongly claimed that more staff was needed if the goal of holistic care work was to be achieved. The average was 4.5. [1] Approximately half of them said that there was not enough staff for a sufficient performance. Thirty-five percent of the respondents mentioned that turnover and sick leave in their team made it difficult to organize the work.

Despite this, the interview data showed that the work was usually under control and the problems dealing with sick leave could be resolved, because the employees were committed to their work and team. However, the worrying exceptions were teams, in which many problems coincided: lousy superior-employee relationships or group dynamics, accumulating turnover and sick-leave problems and an excessive workload for the superior because of too many employees. This was alarming, because these downhill trends were hard to stop.

Despite the relatively demanding work and stress, the employees reported job satisfaction according to many dimensions. The character of the work was satisfactory and was considered meaningful in the social framework. They found it interesting (totally agree 57%), socially important (totally agree 73%) and independent (totally agree 72%). They said that it provided an opportunity to advance their competence (totally agree 57%) and help other people (totally agree 57%). Compared to the average Finnish findings, they ranked these dimensions quite high, which is often the case in the municipal work organizations (see Melin, Blom & Kiljunen 2007, 71-75). The same employee, who reported stress in the interview, also claimed that the work was satisfactory.

Work Organization

The results dealing with work organization will be reported in the following order: first, the analysis of the management model will be presented, after which the results for multi-professional work and working methods will be analyzed. Both of these will also be examined from the perspective of the well-being of employees.

The organizations were hierarchically low and the decision-making dealing with practical work was close to the teams carrying out the work. The low structure seemed to be related firstly to opportunities of participating in and secondly to supportive personnel management. The analysis of the work organization is mostly based on the interview da-

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[1] The scale was 1 (not agree at all) to 4 (strongly agree).

ta, because it highlighted processes and issues which could not be accessed in the questionnaire data. The questionnaire data confirmed the interview data analysis.

The most crucial issue for stress management according to Karasek and Theorell's model is the control of work, as was realized in the organizations studied. The employees said that they could influence their work and participate in decision-making and planning at the team level. Participation opportunities were limited because the management and political and policy decision-makers in the municipality had the final say and defined the services and their context frames. The employees regarded this as self-evident and accepted these limits.

However, not all employees used opportunities to participate in planning and decision-making and not all of them applied all their competence for these purposes. The reason was that it increased the work load being rather demanding and time-consuming. According to some other studies, this phenomenon is quite common (Julkunen 2008). The levels of independence and competence at work are high, which improves job satisfaction, but might also exhaust employees. It is important to note that there are limits of competence requirements and autonomy at work.

The personnel management was analyzed using the Internet questionnaire data. The respondents seemed to be relatively satisfied with the level of support, 78% of them reporting that they agreed with the claim "I get enough support from my superior".

Thus, the relationship between the superiors and the elderly home-care employees was relatively satisfactory, 86% of the employees reporting good or very good relations according to the data from the Internet questionnaire. This rate was a little higher than the average in Finland (see Melin, Blom & Kiljunen 2007, 45). The quality of this kind of relationship was reflected in the well-being of the employees, there being a clear correlation between the superior-employee relationship and the reverse variable "My work is psychologically very stressful".[2]

The *multi-professional team model* was investigated primarily on the basis of the interview data, and the questionnaire data supported the interpretations. According to the interview analysis, the teams planned and carried out the work independently and the role of the superiors was to provide the employees with appropriate conditions and to communicate between the senior management and employees. The purpose of this kind of team model is efficiency and flexibility. The teams shared responsibility for the clients, which made the division of labour flexible. Some of the teams suffered from a high rate of turnover and sick leave, and this team model made it possible to replace those on sick leave.

The team model worked well, but there were problems as well. The teams hold common responsibility for the work and helped each other. They carried mobile phones with them and could call their workmates at anytime and ask for advice. The nurses on the teams, who had the role of a professional superior, got most of these calls. The employees found this working method satisfactory, because it relieved the stress. They also considered the responsibility of the well being for elderly rather heavy, because the work is done in people's homes without the support of workmates and superiors.

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[2] The scale of the variable was reversed in the correlation measurement in the following way: 1= totally agree, 4= totally disagree. (Pearson correlation .298, significance 0.01).

The model was problematic in two ways. First, independent teams are socio-psychologically vulnerable. A group dynamic is based on the relations between the team members, and varies a lot for socio-psychological reasons. Appreciation and equality between members seemed to be the cornerstone of a good group dynamic. The group dynamic affected both efficiency and well-being, which came out in the comparison between the teams. The same method of work division worked well in the team with a good group dynamic, whereas the team with a relatively weak group dynamic could not organize it and needed the help of their superior. In addition, the work atmosphere was excellent in the teams with good group dynamics and the teams with poor dynamics suffered from conflicts and rows. This is confirmed by other studies (Tinney 2008). The role of the superior was weak in this sense. Thus, traditional, hierarchical and rigid models of work organization provide more stability than those relying on independent group work and flexible practices. On the other hand, this kind of teamwork model gets the best employee commitment when the dynamic is good.

The second problem was that the model presupposes uniform competence from the employees and a high standard. The division of labour should be equal, which is possible only if the employees have even competences. The nurses had specialized tasks dealing with medical treatment, but generally nurses, practical nurses and home aides hold similar duties and tasks. This did not work properly, especially in BCO, where medical treatment was more accentuated on the work. Care was becoming of secondary importance, which was also caused by the new policy intended to decrease the proportion of care work. Many home aides did not have licences for medical operations because of which the work was sometimes difficult to organize to make the work load equitable. The documentation skills of the less educated staff were also insufficient which is why this task was not done or was inadequate. [3] This problem is quite common (Tinney 2008). To conclude, there were difficulties in organizing the work and the unequal work load did not assist the ideas of work efficiency and employee well-being. In addition, the senior home aides felt worthless after 40 years service, although their competences in the field of care had been considered appropriate 10 years ago. This did not enhance their job satisfaction.

The independent team model suggests efficiency and socio-psychological well-being of employees, where the group dynamic is good and the competences are equal and high. If these characteristics are not realized, efficiency and well-being are not high either. The high and even competence requirements are reasonable from the point of view replacing other team employees, but in labour force policy terms they raise some problems and questions, which will be discussed in the next section.

CONCLUSIONS AND DISCUSSION

The Model of Work Organization and Well-being of Employees

The opportunity to participate in decision-making and planning - related to the low organization model - and supportive personnel management promoted a good relationship between employees and superiors and employee well-being, but the model of independent teamwork included both positive influences and risks.

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[3] The electronic documentation of health and medical treatment is important, because several actors, other employees and staff in hospitals participate in the care and treatment.

The multi-professional teams carried out their work independently and the employees shared responsibility for the duties and customers. The teams were flexible, being able to carry out the work despite lacking resources. The employees found this model satisfactory, because it released the tension related to the responsibility for the client work.

However, the quality of the team model was unstable and vulnerable, because the group dynamics strongly shaped both the atmosphere and performance of the team. The role of superiors was quite weak in this model, although a good superior-employee relationship enhanced the well-being of the employees. In addition, the team model required relatively high competence from every employee, which was difficult to realize. This made division of labour troublesome and overloaded some staff. The division of labour and job descriptions were too rigid from this perspective. The interesting challenge is to maintain this flexible model but reshape it, taking into account the impact of a group dynamic and rigid, high competence requirements.

The work was stressful and the resources were limited from the perspective of the ideal of holistic care (see also Tinney 2008). However, the work was generally under control, because of the commitment of the employees. The participatory patterns in the organizations and the character of the work aided the control of stress. The crucial issue is the balance between the resources and the job satisfaction related to the character of the work. Job satisfaction can be maintained only if there are enough resources for proper performance and participating in decision-making and planning (see Grainger 1995, 432). Thus, the resources cannot be decreased from this perspective, because they are already near the limit.

Questions of Policy and Politics

The requirements of occupational competence have increased in social and health services during recent decades and have reached a high level (Kröger & Vuorensyrjä 2008). The problem is how to get and retain a labour force in these services, if the competence requirements are high, but the wages are relatively low and a significant rise is unlikely. The political goals of extending work careers and including immigrants in the labour market and society impose challenges on work organization in elderly home care. The expectation is that an immigrant work force will partly replace an ageing work force, but the problem is that they quite often do not gain admission to education in social and health services. The target of keeping the ageing work force in working life supposes flexibility of competence requirements and work organization.

In the future, it is necessary to create more flexible requirements in vocational competence and the job descriptions. The work force will be more heterogeneous, which supposes adjusting work organization and division of labour. The idea of making the requirements more flexible and adjusting work organization is often interpreted as lowering the level of social and health services (Knijn 2007). This fear is justified, because the common target of saving money in public services soon leads to deteriorating service (Knijn 2007). However, the flexible competence requirements and work organization does not mean lowering the level of services, if there are high standards, enough highly educated staff and the division of labour is reasonable.

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