

# **HIGH ROAD TO WORK ORGANISATION**

## **CASE STUDY**

**Esbjerg Centralsygehus  
(Esbjerg County Hospital)**



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### **Abstract**

Demarcations and traditional management are typical barriers to the qualitative development of the services of hospital wards, i.e. treatment of patients. At Esbjerg county hospital's surgical ward, the development of teams in connection with groups of patients has been beneficial to both employees and patients - and thereby also to the hospital. The patients experience more continuity in their contact with the nursing staff, and they also benefit from better co-ordination of their treatment. For the employees, the team formation has brought much more stability and influence on the daily work and the internal co-ordination, which, from a long-term point of view, can reduce the employee turnover and the absence due to sickness. The team project was supported by employer and employee organisations in the area of health care.

# HI-RES Case Study: Esbjerg Centralsygehus

## Sector

Public services, Hospital

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Abstract

### 'Good Practice' Case Study: Esbjerg Centralsygehus

Sector

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## 1. Background Information

The hospital sector is one of largest public resource areas in Denmark - administered by regional authorities. At the same time, the hospital sector is one of the popular themes in the public debate, primarily in the form of negative reactions to, for example waiting lists, hygienic problems, and mistreatments. Media and politicians rarely devote time to consider the complexity of hospital administration. The hospitals treat patients with all kinds of somatic and psychiatric illnesses.

The hospital area is characterised by a high degree of professionalisation in diverse levels of education. Very sharp demarcation lines exist here, where each employee group deals with a small part of the patient care, and, thereby, does not necessarily have or is in need of having an overview of all steps in the patient care. Add to this that a typical hospital has a large number of different collective agreements represented. The largest employee groups are the doctors, who have the responsibility for the treatments, and the nursing staff, i.e. nurses - with responsibility for patient care - and assistant nurses and nursing auxiliaries/social and health care assistants. Apart from that can be mentioned administrative staff, hospital assistants of various kinds, physiotherapists and occupational therapists, and radiographers. The mono-professional aspects of the hospital jobs tend to overshadow the fact that patient care means dealing with all steps of patient care - and that it is the same patient that the individual employee groups meet.

The hospitals are administered via a relatively complex management system where treatment and care each has its own management track. That also applies even though shared ward management systems are often found - with a head nurse and a consultant doctor. At the same time, there are competing specialities and ward subjects: medical, surgical, psychiatric, and sub-specialities such as children, emergency room, X-ray, etc. Apart from the largest management systems, there are separate management systems for smaller employee groups, for example physiotherapists and orderlies.

## 2. Drivers for Change

In other words, there is a great need to focus on work organisation of the individual ward, out of consideration for both treatment of patients, job satisfaction, working conditions, and the hospital as an enterprise with a bottom line requirement. A crucial element is development of the interdisciplinary task solution - and softening of the much too rigid demarcation lines.

The partnership 'Samarbejde om udvikling på sygehuse' (SUS) (co-operation regarding development at hospitals) has been formed on this background. The parties are the employers' organisation the Association of County Councils in Denmark and the trade organisations FOA - the Danish Trade Union of Public Employees, Danish Nurses' Organization (DNO), and Junior Hospital Doctors' Association.

Surgical ward 252 at Esbjerg Centralsygehus is one of those workplaces that have received collective agreement funds in the form of consultancy services (from Advice A/S). An important element has been collecting of experiences from the participating projects. Danish Technological Institute, Human Resources Development has been process evaluator of the SUS project.

Surgical ward 252 is a ward for surgical patients with gastric disorders, intestinal diseases, and vascular disorders. There are 51 beds and 48 members of the nursing staff, 4 secretaries, 3 consultant doctors and quite a large number of junior hospital doctors, who are students and therefore at the ward temporarily. The ward has had several changes of management, a high level of employee turnover, and a high percentage of absence due to sickness and absence due to maternity leave (at a time, 18 out of 45 employees were absent due to maternity leave). As it is typical for a hospital ward, the management system is hierarchical and centralist.

However, now, management plans to introduce team structure in order to increase the employees' participation in work planning. The team structure is to increase quality and result in a more integrated treatment of patients, increase job satisfaction and thereby increase the stability among the employees - and, consequently, also benefit the hospital as a whole.

The objectives of the SUS project were and are many, and many of them are long-term. The most important are:

*General objectives via team organisation*

- Greater continuity of patient care because of more stable staff
- Better co-ordination of patient work between employee groups
- More experienced and resourceful staff - among other ways, via upgrading of qualifications
- Less absence due to sickness
- Reduction of employee turnover (nurses)
- Breaking down of demarcation lines - competence clarification and development between employee groups (nurses, social and health care assistants and assistant nurses and nursing auxiliaries and secretaries)
- Improvement of premises

*Specific objectives - development of the team*

- Strengthening of feedback and internal training
- Better introduction of new employees and students
- Well-functioning ward rounds
- A more unanimous attitude to patient care and distribution of responsibility

*Specific objectives - development of the team leader role*

- Clarification of the team leader's role and function in the team and at the ward
- Upgrading of qualifications and training of the team leaders
- Establishment of regular meeting routines for the team leaders and their leaders.

### **3. Characteristics and Process of Change**

The project has lasted for about 1½ years. The most important driving forces have been the head of the ward (in charge of patient care), the head of section (the middle manager under the head of the ward), a secretary, and the external consultant financed by the parties behind the SUS project.

Firstly, the focus of the central activities have been development of teams in connection with the three specialities - and types of patients - at the ward and, secondly, development of the team leader role. Systematic team meetings have been held as a part of the continuous planning and co-ordination. And activities have been arranged to clarify competencies for individual employee groups, describe procedures for the team's working areas, training of new employees, and training both in the form of training by a colleague and introductory speakers.

### **4. Obstacles to Change**

Generally, the lack of interdisciplinary co-operation, which the project is to deal with, is a barrier in itself in the attempt to create both physical and mental space for dialogue. It has taken a great deal of work to make the teams and the development activities function, because team organisation touches the fundamental planning of work and co-operation in relation to the individual patient.

During the project, the employee turnover and the percentage of absence in the nursing staff have continued to be large, which have proved to be tough odds for the project.

In the beginning of the process, after about three months, another challenge was the change of process consultants of the SUS project.

## 5. Risk Analysis

The team leader role has been central, and it has not been an easy task to change role from being an 'ordinary' nurse to becoming a leader of a group of former colleagues. The leader role requires more visibility and less dealing with the running of the ward. But it can be difficult when everyday life is busy and the percentage of absence due to sickness is high. In this connection, there has been difficult tasks addressing some employees' absenteeism.

Project co-ordination has been another important function. No special resources have been allocated to this function, and, consequently, it has been hard work for management - in addition to following and supporting the project from an overall point of view - ensuring the daily progress of the project. Looking back, a project co-ordinator would have been beneficial to the project.

The external consultant has headed a number of important activities regarding team formation and team leader development. Towards the termination of the project, the allocated consultancy hours dried up at the same time as embedding of the achieved benefits was vital. Therefore, the ward has financed some supplementing consultancy hours itself.

In the wake of this project, management is working to spread the team organisation to another ward. Thereby, there are good possibilities of using the experiences of the project described here in the next process.

## 6. Benefits of Change

Development of teams at ward 252 has benefited both employees and patients - and, thereby, in the long term, also the hospital. Employees and managers have experienced the benefits as greater job satisfaction because of the division in teams, which makes work more interesting, and which expands the possibilities of job development and specialisation. Moreover, the nursing group has experienced a degree of breaking down of demarcation lines - between nurses and the social and health care assistants. For the patients, the new team organisation means that they meet fewer and more competent staff members. Employees and managers sum up the benefits of the development project themselves:

*For the patients*

- Better quality of care
- Improved continuity of care - confidence of being treated by the same and specially trained staff
- Earlier discharge

### **Teams give fewer mistakes**

*I am certain that fewer mistakes are made now because of wrong medication.*  
(Nurse)

### **Teams give more continuity**

*It means a lot to the patients. They see the same people every day; the same people follow them day after day. The staff communicates calm to them.* (Social and health care assistant)

*For the employees*

- More responsibility - and more satisfaction with it
- Improved possibilities of competence development
- New tasks for some groups - satisfaction
- The nursing staff's co-operation with the doctors has improved
- Permanent colleagues
- Competent and secure feedback
- Greater awareness of own work

**Two different teams and experiences**

*The team means that I now know where to meet in the morning. It is different and for the better. Our team has many nursing tasks, for example we have six ostomates who have been heavy. (Nurse)*

*The team does not function. We have many patients ... But socially we are fine... (Nurse)*

*Co-ordination has improved - more energy to participate in meetings, i.e. better planning regarding who participates in meetings - managers and employees - and how it is to fit together. (Nurse)*

*Co-ordination, for example in connection with ward rounds has not improved. (Nurse)*

**Teams provide an overview**

*The atmosphere at the ward has become better. Illnesses and problems - it seems less burdensome.*

*Before I left, there was chaos every single morning: We were to be at the office and get an overview of who was sick, and how we were to be distributed. (Nurse)*

*For the hospital*

- Less employee turnover
- Meeting of political requirements and public relations potential of interdisciplinary co-operation

**Teams give better patient care**

*The professional level has improved. The doctors experience that the nursing has improved, and we receive no complaints over the care. We are now in control of all steps in the patient care. (Manager)*

## Conclusions

Development of teams based on the individual patient groups is a slow process involving close co-operation of the individual team leader and employee. Surgical Ward 252 in Esbjerg has experienced that, but, at the same time, the way has definitely been paved for the benefits that are to be gained in connection with increased delegation and interdisciplinary co-operation. Increased focus on all steps of patient care and the collective task solution benefit the involved patients and employees, but the hospital also benefits in the long term because of increased efficiency and less employee turnover and absence.

The development work across demarcation lines between employee groups and employers/employees is necessary for the development of work and organisation. At the same time, the process requires many resources. Therefore, the partnership's initiation, co-financing, and enthusiasm during the project have been decisive for the results.

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