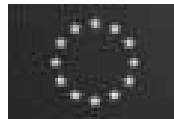


# HIGH ROAD TO WORK ORGANISATION

## CASE STUDY

**Høje Taastrup Kommune**

**(The municipality of Høje Taastrup)**



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### **Abstract**

A development project in a big community care centre for the elderly requires a common effort on the part of the municipality and the trade organisations. That is what the KOM project in the city of Høje Taastrup shows, which was carried out as a partnership project between The Danish Nurses' Organization and The Danish Trade Union of Public Employees/The Danish Confederation of Municipal Employees. A combination of employee involvement and cross-sectional co-operation is crucial to the stability of a change process, especially in this area where sharp demarcations are a tradition. However, without the active support of the top management, the employees' ideas and solution models do not stand a chance. The development process in Høje Taastrup has shown that in a politically governed organisation it is important to have both the support of the administrative staff and top management. At the same time, the project has demonstrated that employee participation alone is not a guarantee of embedding, but that it is necessary to have a direct workplace perspective in connection with the development process.

# HI-RES Case Study: Høje Taastrup Kommune

## Sector

Care for the elderly

## Key Words

Employee involvement; partnership; co-operation

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## 1. Background Information

This case deals with the KOM project, which concerned the municipality of Høje Taastrup's care of the elderly. The project is a partnership project and the partners behind the project were the municipality as employer and the trade organisations (The Danish Nurses' Organization and the Danish Trade Union of Public Employees/The Danish Confederation of Municipal Employees). 'KOM' stands for 'kompetence-, organisations- og medarbejderudvikling' (development of competence, organisation, and employees) in the municipality's care centre for the elderly. The project is financed by KTO funds (collective agreement funds), EU funds, and the partners.

The municipality of Høje Taastrup is middle-sized with around 46,000 inhabitants. The municipality's care services to the elderly include care at care centres as well as in people's homes. The staff includes a number of different groups, with varying levels of education: social and health-care workers and assistants, domestic helpers, nurses, nursing staff at old people's homes, assistant nurses and nursing auxiliaries, occupational therapists, physiotherapists, and administrative employees. In the areas of social affairs and health care, education and professions are of great importance, and, in general, job functions relate to the type and degree of education of the individual employee.

In Denmark, more than half of the public sector is administered locally by the municipalities, which have the responsibility for a large number of citizen-related tasks. The areas of the elderly, day-care centres, and schools are the largest service areas in the community.

The care of the elderly is very labour-intensive and requires many resources. That is the reason why this area receives double and mutually reinforcing attention in public debate and the political system, both from municipal councils and the Folketing (the State). This area, to an increasing degree, is governed via target-oriented and framework management, for example quality and service targets. It is also subject to requirements regarding documentation of task resolution for each employee and user.

The municipality of Høje Taastrup and its care service for the elderly is a big, politically governed organisation with several thousand employees and many management layers. The division of care of the elderly has 730 employees organised in seven geographic districts with a total of 21 care groups. Each group has their own daily managers, and, at the same time, they share the district's management with a handful of other groups.

There are many management levels in a municipality like Høje Taastrup, so there is a great distance physically and mentally from top management to the common assistant. This is reinforced by the fact that a considerable part of the work is very independent and individual, as it takes place in old people's homes, and especially in people's private homes. There are at least four management layers from the head concerning political responsibility - the chairman of the social welfare committee - to the assistants with contact with the citizens.

## 2. Drivers for Change

The purpose of the community care centre for the elderly is to provide a public service to elderly citizens either at old people's homes/care centres or in their own homes. In this service trade, the core of the work is contact with the citizens, which has to a high degree an asymmetrical nature, where one of the parties receives wages to take care of the other. At the same time, a great deal of the work's results depends on a personal, respectful contact between employee and citizen meaning that the employees' most important tool is themselves as a person. This fundamental condition gives rise to some dilemmas and conflicts for managers and employees. An example is that the work and the intensive contact with the citizens require a well-developed ability to distinguish between 'professional' and 'private' on the part of the employees. This applies in particular when the employees are in the citizens' homes, where the private atmosphere is dominating.

Over the years a great deal of pressure has been put on elderly care provision. The number of citizens who require care is growing without the financial resources growing respectively therefore requiring a high degree of efficiency. At the same time, a good deal of the employees will retire over the next 5 - 10 years, and the number of young people entering the labour market is not enough to match the future demand for labour. Consequently, there is a need for workplaces, to be both efficient and attractive which is a challenge, since the organisations are very complex and hierarchical. The interested parties are many, and the requirements differing to others.

The KOM project in the municipality of Høje Taastrup's care centre for the elderly attempted to solve the challenges by involving managers and employees from the performing part of the work in development of services, quality, employee competencies, and the organisation as a whole. The purpose of the project was to create better, a more efficient solution of tasks and ultimately a better service to the elderly. The project was initiated in January 1999 and was terminated in June 2001.

The methodological basis is inspired by the ideas behind 'the learning organisation' and 'the developing work'. That means that employees, managers, trade organisations, and evaluators would contribute to the learning process of the project, that all functions, tasks, and employee groups participate on an equal footing in the project, and that external experiences are to be incorporated.

The core of the project was five cross-sectional and interdisciplinary working groups with employees and managers in close contact with the citizens. The group members also included employees from the administration and representatives from external co-operation partners, for example hospitals and schools. In this way, the broadly composed groups had a comprehensive view of the care services. The groups' task was to specify five main themes in the competence development process:

1. Qualifying education: Need for learning, including focus on internal learning.
2. Rotational jobs - hospitals/counties and care centres for the elderly/municipalities: Development of co-operation and thereby service.
3. Improvement of quality: Initiatives in development of the care services.
4. Qualification of temporary workers, including ethnical minorities: Education and internships.
5. New organisation forms - via IT.

The cross-sectional co-operation and the teamwork with the municipality's external partners were the cornerstones of the KOM project. An important factor was also the project co-ordinator who was hired full-time for the project.

Apart from a continuous evaluation throughout the project, a final evaluation was prepared so that the municipality of Høje Taastrup as well as other municipalities could benefit from experiences and solutions of the KOM project, thereby demonstrating its value. Dissemination of experiences is a central precondition in the financing of the project.

### 3. Characteristics and Process of Change

The KOM project ran for 2½ years of which the last six months were a continuation of the original time horizon. The life of the KOM project can be described in three main acts: the stage is set, the development process speeds up, and results see the light of day towards the termination of the many sub-stories. However, this general time perspective covers great differences in the individual sub-processes.

#### *The rotation model - as an example*

This model was at first realised with assistants as the target group, but the concept contained enough potential to be utilised by other trade groups or in a cross-sectional contexts.

*The aim* of the rotation model is to increase co-operation between workplaces in two sectors: the county hospital and the municipal care centre for the elderly. Another aim is to increase knowledge, among the municipality's employees in the care centres, of other parts of the care services, which they normally have no contact with. The final aim is to improve the citizens'/patients' experience of the services provided.

*The target group* is the nursing staff, i.e. nursing auxiliaries, nurses and assistant nurses. Two separate processes have been developed: a short one for nursing auxiliaries and a longer one with more training for nurses/assistant nurses. Nursing auxiliaries are not a trade group at hospitals, so it is new to be 'let in' at hospitals and in psychiatric wards, and for nursing auxiliaries it constitutes a great development potential.

A rotation process for the employees of the care centre, between care centre and hospital is a means to improve their co-operation quality. In the relation between the geriatric treatment at the hospital and the professional care of the elderly in their homes there are many possibilities for developing the co-operation, thereby optimise both treatment and care. That applies to, for example, the exchange of information regarding the condition of citizens in connection with hospitalisation and discharge, which can make the transition between the two more smooth for citizens, and, at the same time, make work more flexible and satisfactory for the employees.

The meeting and exchange between employees of the two workplaces and different parts of the care services helps create increased understanding of and respect for each other's work and break down prejudices. Internally it creates a possibility to develop the co-operation, for instance between the care centre for the elderly and the district psychiatry. It also applies to the shifts of the individual care group, where there also can be great barriers regarding culture and understanding.

In this way the process, which has the theme 'geriatrics', gives nurses and assistants a skills boost and the learning potential has both organisational and personal benefits.

One of the employees behind the model says of its possibilities to the assistants: "We get into the hospitals and into the psychiatric wards. So that we know something about it, when people ask - until now it has been closed country for us."

To the municipality it means, "More committed employees. The more interest you take in your work, the happier you are - and the less absence due to sickness you have. [...] The more influence you have on your work, the less absence due to sickness...."

On the benefits for the citizens it is said: "Their assistant now dares to call the hospital or the district psychiatry - then the citizen experiences that something is being done. And now that they have seen [the activity unit], they call. Elderly people often think: "It so bureaucratic." So it means something."

#### *The development process as a learning process*

The KOM process was a learning course for all parties. The partners and the steering groups had to be patient waiting for results. Those with responsibility for co-ordination tasks learned of the connection between the political needs and the practical reality, both in project work and in the everyday life of the services provided in people's homes, including the citizens. 'Field' Employees and managers participated in an entire skill development process in connection with the KOM project, where they learned of development work in general and specific changes in their everyday lives. They learned a great deal about their own work and group/department, the co-operation concerning user service and the municipality as a workplace and framework for cross-sectional co-operation.

## **4. Obstacles to Change**

The KOM project had two primary 'soft spots'. The main point was the fact that the middle managers, as a group, had not been incorporated. Consequently, there was a lack of support from management - and from many colleagues - to participation in meetings in connection with the project. The result was that it was difficult for the managers to see the relevance of the project at all, including the pilot test of the development models.

The KOM project's other weakness was linked to lack of specific project work embedded in everyday life. No individual group or department participated directly in the project, which impeded the contact between the project and its participants, and the rest of the employees and managers. The project was clearly rooted with those employees and managers who participated in the project, but it was difficult for them to disseminate and explain it to their other colleagues. Extensive project organisation did not make it more transparent to neither participant nor the 'ordinary' employee.

Continuous information was given via the project's newsletter, but it was not enough, since the participants experienced a growing need for explanation and dissemination in the care centre, which experienced problems in connection with support of the KOM project and of the activities which colleagues and managers participated in. It became apparent when the employees were asked to 'sell' the models for competence development, and experienced a need to take the role as 'ambassador' of the project.

Moreover, it turned out that it is important to be aware of the politicians' role. A development project based on financial resources needs the support of the politicians, who are responsible for the municipality's finances.

## 5. Risk Analysis

The implementation of the KOM project among managers and employees has received special attention during its course. The contact from the project to workplaces and middle managers has been insufficient. Therefore, measures have been initiated to improve the application at workplaces and the involvement of middle managers.

The project co-ordinator has been permanently employed in a general development consultant function. In the continued development work there is considerable awareness of the direct and personal contact being key to involvement and dialogue. It applies to the individual workplaces, where present and future competence development processes are to take place, as well as in relation to the group of middle managers. A forum has been established for the group of middle managers consisting of 21 group leaders - and that is something completely new.

## 6. Benefits of Change

A specific result of the KOM project is that good models for development of employees' competencies have been formed. Consequently the quality of the care given has improved, employees have greater influence on their work - possibly getting new tasks that they did not have before.

A large group of employees have been 'trained' in development work as a result of the project.

The parties now have considerable experience in connection with cross-sectional co-operation from municipality and trade organisations to the specific project participants.

## Conclusions

Municipalities aiming to develop user service and workplaces in the area of the elderly care services must have patience, since these organisations are complex. The KOM project in the municipality of Høje Taastrup has shown that it is possible to come a long way with a top management and cross-sectional decision that 'now we will do it'. The project has also shown that it is necessary to involve shop floor employees directly in the development work, if specific problems from everyday life are to be solved. Resources for project co-ordination are an inevitable factor.

However, the KOM project has furthermore shown that it is not enough that shop floor employees participate, if changes are to be embedded in the everyday life of a care centre for the elderly. The individual workplaces and middle managers have to play a more active role than they did in this case. It is difficult and time-consuming, but essential if real changes are to be made.

The project in the municipality of Høje Taastrup has been carried out as a partnership co-operation with The Danish Nurses' Organization and The Danish Trade Union of Public Employees/The Danish Confederation of Municipal Employees. One of the strengths of the

project has been that employer and employees, including the various trade groups, have co-ordinated their efforts.

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