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Innovative Working Community Development through Self-evaluation and Democratic Dialogue

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Abstract. The article describes development action and results achieved in specialized medical care with help of a model called "Towards better work and wellbeing by dialogue" (Loppela, 2004) The model is currently being applied to a large development project named Dinno (Syvänen et al., 2012).

Keywords. Democratic dialogue, reflective thinking, motivation, wellbeing at work

1. Introduction

1.1. The Model

This paper deals with a model in which staff and management engage in systematic self-evaluation and joint reflective-dialogical thinking and naming, experimentation and evaluation of development targets and action. In the model, named "Towards better work and wellbeing by dialogue", the development targets and action are always simultaneously evaluated from the perspectives of employees, employers and clients. The model includes systematic documentation to facilitate evaluation and further development of the issues taken up. The development work takes place in the form of a cyclical process. After naming the development targets, concrete action is planned, including determining schedules and naming persons responsible. An evaluation plan is also prepared. A monthly session is held to discuss previously agreed action and to evaluate the situation using reflective and dialogical discussion. All evaluative comments are entered onto a development plan form.

Essential features of the model include simultaneous examination of individuality and community in the working community and attention given to supporting employees' work motivation and possibilities to learn, develop and have influence at work. As a result, employers benefit from increased employee commitment, high quality work and organization's better performance. For employees, the model entails enhanced job satisfaction and well-being at work (Loppela, 2004).

In the model, a contextual, community-level approach is taken to the functioning of working community and wellbeing at work. The background idea is that work ability and wellbeing at work are primarily manifested in a working community, in interaction with other staff and the environment. The community-level evaluation evolves from individual perspectives, as the individuals engage in democratic dialogue in order to formulate a common position on factors that affect the functioning of their working community. There are three main categories of factors that have an influence on the employees' work ability and on the functioning of the working community: 1) work conditions and health-related factors, 2) the working community and work atmosphere and 3) the employee's resources. These main categories include multiple individual factors. Before launching any development action, an initial assessment needs to be conducted to analyse the relevant factors. Surveys conducted earlier in the organization can also be useful in the initial assessment stage.

1.2 Development through Dialogue and Reflection

Staff's self-evaluation and reflective, dialogical development sessions in groups form the foundation for the development process. First-line managers also participate in these sessions. If there is an investigator present, as in this study, her or his role can involve, among other things, shedding light on various options and encouraging and counselling participants on democratic dialogue and reflection.

The aim during the development process is to use dialogue to help participants to reach new, richer understanding of the issues and problems at hand. Such dialogue is possible in groups, where people are equal and can trust each other (Gustavsen, 1992; Isaacs, 1999). Another aim is to learn to apply rules of democratic dialogue in working community's practical interaction situations (Gustavsen, 1992). Nonaka & Takeuchi's (1995) concept of knowledge-creating companies is also interesting in this context. It involves the idea of turning personal tacit knowledge into socially shared knowledge. Furthermore, according to Amabile (1996), interaction increases people's intrinsic motivation and enjoyment of work. Reflective practice as the second essential element of the process can be looked at in terms of Dewey's (1933) theory on five phases of reflective thought (Loppela, 2004).

In these reflective "steps" manager and employees together analyze those situations that they have chosen to develop. They named the things which work well and which don't work and why not (and in this analyze they really thing client`s / patien`s and employees and also employer view at the same time). They may also check different statistics or earlier evaluations (if those exist), but often they just analyze by discussing all together or in small groups which would be the best solution to test and then they name also the way how and when to evaluate this testing/experiment. The knowledge is shared (manager and other employees, so there are not argue whose word is the last one and whose opinion is the best. There is also a kind of thinking that now we'll test and make an experiments, and then evaluate them. And very often the first experiment is not the right one, in the next meeting they will change the way of acting and decode to test the different thing or they will change even the aim. This is a process of development and self- and process evaluation. The philosophy is also learning by mistakes, it is not useful to try to avoid any mistakes in (innovative) development work.

Reflective thinking should always be involved in dialogue. This means that alternative approaches to work should be addressed, sometimes critically, from all the three perspectives: the different employees, different professions, employer and client

perspective. This is multi professional development work. All the employees give their own view to the common work process. And it is just important to notice and accept that realistic development work needs different views from different workers and different level of hierarchy of organization. It is possible if the democratic dialogue is learned and used.

It is possible to increase intrinsic motivation by common development using democratic dialogue, which is according to Herzberg (1968), born of the work itself and from the sense of achievement, recognition, acceptance, feedback, responsibility as well as growth and advancement. Deci & Ryan (2000) list autonomy, competence and relatedness as the three universal psychological needs, which constitute the basis of intrinsic motivation. Thomas (2001) proposes four intrinsic rewards: sense of choice in how to accomplish the work; sense of competence; sense of meaningfulness and sense of progress. Vartiainen and Nurmela (2002) suggest that intrinsic work motivation is mainly shaped by interaction structures, for example by feedback from the organization, first-line and senior management, colleagues and clients. The relationship between intrinsic and extrinsic motivation, however, is not clear-cut; one might rather speak of a continuum of motivation, with intrinsic motivation at one end and lack of motivation at the other end (Deci & Ryan 2000; Jaakkola & Liukkonen 2002).

2. Methods: Data Collection and Analysis

The target organization of this study was one ward in Seinäjoki Central Hospital, which provides specialized medical care within South Ostrobothnia Hospital District in Finland. The ward has undergone major organizational changes during the past years; two wards have been merged and one of the first-line managers has taken over the responsibility for running the ward. As the first step of this study, an extensive survey named Dinnovation and involving all staff was conducted to explore working conditions on the ward. The survey included questions covering the following areas: management and first-line management; values; objectives; responsibilities; encouragement and rewards; possibilities to influence the work; working community atmosphere and features; competence; learning; innovativeness, development; command of work; pressures and future prospects at work; ensuring reasonable work and work life demands; flow of information, communication and communication technology. Employees and managers discussed the results of the survey in a session presided over by the investigator. Both positive resources and development targets were addressed. Development objectives, means to achieve them, an evaluation plan and the evaluation were collected and entered onto a development plan form. Process evaluation was carried out throughout the development project.

3. Results

3.1 Summary of the Dinnovation Survey March 7, 2013

Positive resources	Development targets
Appreciation, meaningfulness and importance of the work	Reducing the amount of work and psychological stress at work

Rewarding feedback from patients	Improving occupational safety (e.g. cluttered corridors and quality of air)
High working morale	Creating a more peaceful working atmosphere
Open discussion	Provision of constructive feedback
Humour	Increasing collegial respect and support
Mutual support between employees	Dividing incentives equally, naming incentives
Reliability and fairness of the first-line manager	Clearer division of responsibilities between the ward and step-down unit
Quality level of the work (personal characteristics)	Appreciating all employees and diversity in the working community
Appropriate tools at work	Reducing overburdening of the ward (e.g. acute care patients, amount of work in the step-down unit)
Taking clients' views into consideration	The care process of acute care patients
	Updating instructions to secure the flow of information
	Administrative review of objectives, performance, savings and changes

3.2 Development Group: Prioritization and Action Plan

Following the survey, a so-called Dinno Development Group was created of 10 voluntary regular members and their substitutes representing all occupational groups. The group selected and prioritized some of the most urgent development targets and formulated concrete action, persons in charge, schedules and an evaluation plan. The group meets once a month. In the beginning, the investigator attended all meetings, but later, in approximately half of the sessions, she has been replaced by the ward manager. The group has been carrying out development work since spring 2013.

The development targets presented in the table were prioritized as follows, starting with the most pressing needs: Reducing (psychological and physical) stress at work and securing that the amount of work is “manageable”/defining limits; creating a more peaceful working atmosphere (for example for office work); improving the provision of constructive feedback; developing orientation and increasing collegial respect and support. Concrete action planned to meet these development needs involved the following: redefining the order of having the doctor’s round; testing a system involving 3 modules and a team leader; reformulating job descriptions (for example, allowing practical nurses to inject insulin); stopping offering step-down unit beds for patients from other wards during the ward’s summer break; developing more uniform counselling for the follow-up care of discharged patients; revising written instructions; making invisible patients visible and specifying documentation practices.

3.3 Staff Evaluation

The majority (92%, N=25) of the respondents in this study felt that the working community had succeeded well or rather well in detecting their positive resources and development targets. Most respondents (88%) also agreed that all members of the working community had had equal opportunities to bring up various issues and to express their opinions. The discussion was rated as open; the majority of the staff had participated and suggested improvements. A few respondents mentioned that the presence of management had to some degree curtailed discussion. Participants hoped that the issues brought up would become visible in practice, that more time would be given for discussion and reflection and that the new plans would be turned into practice through real experimentation.

In their evaluation of the development action and Dinno group, **the ward manager and assistant ward manager** stated that decisions made had been put into practice. They found that the long summer break had affected the process to some extent. **Other staff members** explained that they had “a good feeling about development work”; their ideas had turned into something concrete and new practices had been tried out, revised, amended and approved. Their job descriptions had also been reviewed. When inquired about informing and engaging staff members outside the Dinno Group, **the ward manager and assistant ward manager** told that other staff had been informed of the development action by electronic mail and in ward meetings. They indicated that in future, more time would be required for planning because the development targets were extensive. **Other staff members**, in contrast, thought that the staff outside the Dinno Group had not been adequately informed. In their experience, implementing practices that have been agreed upon is not always easy. Lack of information was a commonly mentioned reason for this. Changes in staff, with temporary staff, substitutes and summer employees coming and going, were also found to have a negative effect on staff commitment.

4. Discussion

All development action and evaluation undertaken for this study reveal that successful development of work and working community relies on active staff members and managers willing to engage in dialogue, analyse work situations and accept different ideas and views on development. First-line managers need to encourage staff members to openly express their ideas but also to critically evaluate existing practices. The initial assessment conducted for this study revealed that there had been little of such encouragement and limited time reserved for generating ideas together. It is often necessary that people other than the immediate team members participate in development efforts. For example, somebody representing the management is frequently required to set things into motion. Challenges to concrete development work involve limited resources, the three-shift work, difficulty to find substitutes and constant changes in staff.

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