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8. Innovation in public care

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INTRODUCTION

The large cohorts of children born after the Second World War, 'the baby-boomers', are becoming 'a grey tsunami' in need of care, a need estimated to peak in 2040 (Gjefsen et al., 2014). In Norway, the majority of the staff in elderly care work part-time. This is a challenge, because: 1) a patient receives a disproportionate number of staff to relate to; 2) the staff receive a fragmented work environment and an income that it is impossible to live on; and 3) the managers have to lead too many employees with small jobs. Innovation is one of the means for solving this problem (NOU, 2011). In this chapter we address the following research question: how could a traditional part-time-dependent rota work system be challenged by the concept of innovation in order to create new pioneering working schedules based on full-time[1] positions? This expression and use of words contains a priority, namely to those who want to work full-time ahead of those who only want to work a little bit more, for example 60 per cent. Full-time in this context is 35.5 work hours per week.

The empirical basis for this chapter is an action research project in nursing and care work funded by the Norwegian Labour and Welfare Administration (NAV) and the Norwegian Agency for Lifelong Learning (VOX). The project, the Rota System as Innovation, focuses on the use of the concept of 'innovation' for the purpose of improving the shift system within health care organizations, in which 80 per cent of the employees are women. Nursing and care work are typically women's work, and it is common to organize the working hours into a six-week rota system. Experience shows that small part-time positions in a rota system are the starting point of unwanted part-time work, too small or too insecure a workload, and dissatisfaction at work (Vabø, 2006). This creates fragmentation for employees and users, which is impaired with lost learning opportunities, such as for mastery in work (Amble, 2014; Kirkevold and Engedal, 2008). With this understanding in mind, the main objective of the project was to develop sustainable work time arrangements which

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provided organizational cohesion and minimized the need for part-time positions and temporary staff. At the same time, it was important that the solutions should not increase the costs of operation.

Forty-six per cent of Norwegian women work part-time (Nicolaisen, 2013). In Norwegian municipal elderly care, only 35 per cent of the employees hold a full-time position (Moland and Bråthen, 2012), while by comparison 90 per cent in this service in Finland work full-time, which is defined as 37.5 hours per week (Lehto and Sutela, 2009). Moreover, part-time work is the single largest contributor to unequal income between men and women, leaving Norwegian women to live on 60 per cent of men's economic resources.

Part-time work can be either voluntary or involuntary, and there is a common understanding that involuntary or unwanted part-time positions in nursing and care work, with an unwanted low workload, are written into one's employment contract (Fasting, 2013; Ingstad, 2011; Moland and Bråthen, 2012). Employees with unwanted part-time work are often found in work organizations with an ongoing challenge regarding vacant shifts, vacant positions and a great demand for temporary workers. In the case where an employee with unwanted part-time contractual work reports an almost satisfactory workload and income, this may be due to the opportunity to work extra shifts (Fevang et al., 2004; Nicolaisen, 2013). However, this is an unsatisfying work situation, because the employee is not guaranteed a desired permanent workload and a desired income in the long term. It also represents considerable uncertainty for workers in terms of when and how they should work. In the opposite situation, when despite vacant shifts the workload is not satisfactory, this is because mandatory rest after a working Sunday and a vacant shift collide, which is a situation regulated by the Work Environment Act (Amble, 2008; Moland, 2013).

In this chapter, we want to show how it is possible to resolve such uncertainty and collisions, and how the word 'innovation' itself contributed to this:

1. We describe how new, innovative work shift arrangements were developed in an action research project within two health care organizations in Norway.
2. We show how the concept of innovation filled these processes with new content, and how this enables change.

The chapter is organized as follows. First, we introduce the background and context of the project. Next, we present some theoretical notions on innovation in the public sector, and gender and innovation, including the

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tradition and challenges of using the concept in the public sector. Subsequently, we present the research design and why we chose such an interactive methodology. Thereafter, we describe the two selected sub-projects, what we did and learned, and how the choice of definition and innovations came about in the rota system. After this, we discuss our findings in light of current theory and understanding in this area.

BACKGROUND

Improvement projects in women's service work, whether private-, municipality- or state-driven, often have a negative perspective on problems such as 'sick absence', 'reducing unwanted part-time work', 'a bad work environment' and so on. In a talk at a conference, my suggestion was the following: why not use the concept of innovation to open up discussions, and explore whether some definitions for innovation could be relevant in working with human beings and care work? A councillor, a woman from a Norwegian municipality, was inspired by the idea and took the initiative to develop a project combining *innovation* and *the work time system in nursing and care work*, hoping to give such a development project a positive, energetic perspective.

The results reported in this chapter are from this larger Rota System as Innovation project, which included two municipalities and a regional health authority, with three hospitals situated in the Agder region in Southern Norway. We report the findings from one of the four municipal sub-projects and one of the two hospital sub-projects. The project started in 2011 as part of a national initiative to reduce unwanted part-time work, and was completed in January 2014. The project was a tri-partite project involving staff and representatives from labour unions, management and policymakers.

The Arena for Innovation: The National Context

The idea of autonomy and employee-driven processes is not new in Nordic work life (Enehaug, 2014; Gustavsen et al., 2010; Hartikainen et al., 2010; Hvid, 2009; Karasek and Theorell, 1990; Trist, 1981). Although the countries represent differing national conditions regarding employment and competitiveness, research shows that what is referred to as the 'Nordic model' represents a mind-set, framework and practice of organizational learning and cooperation that Nordic companies and workplaces can take advantage of in striving to be more innovative (Aasen et al., 2013; Eikeland, 2012a, 2012b; Gustavsen et al., 2010).

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Part-time work is primarily done by women, although women in male occupations tend to work similarly to men, as well as men in women's occupations working full-time (Abrahamsen, 2002; Magnussen and Svarstad, 2013). National statistics show that Norwegian women work 30 hours a week, whereas men work 37.5. This indicates that on average Norwegian women have a six-hour workday, but it is important to note that the hours are unevenly distributed. Part-time work is not just a phenomenon in relation to women with young children and toddlers, as recent studies indicate that young women increasingly work full-time while middle-aged women stay in part-time work (NOU, 2012).

There are many good reasons for both women and men to reduce their work hours, such as being a parent to young children, the desire to live a simpler life disengaged from the consumer society, or religious beliefs and practices which traditionally connect women to the family and men to employment. In Agder work life has been characterized by shipping and industrial jobs, and the region has been wealthy. The Agder region, which scores lowest on gender equality in Norway, has a female population that can be divided into two groups: modern women and a large group of religiously active women who are more conservative than religiously active women elsewhere in Norway (Magnussen, 2013). The two factors of religion and wealth might explain how part-time work and an unequal position between men and women are more apparent in Agder than in the other regions of Norway (Olsen et al., 2013). This regional context provides the platform and boundaries for investigating the innovations with regard to work schedules. Thus, what is innovative in Agder does not have to be innovative elsewhere in Norway. For instance, Finnmark has a totally different history, and to a greater degree has a full-time work culture that is similar to the Finnish work culture (Lehto and Sutela, 2009; Moland, 2013).

The rota system is the shift arrangement in the ward, that is, continuous work in which employment is divided into day, evening and night shifts. What makes shift work a rota system is the varying workload throughout the day, which in turn affects the number of employees at work on the three different shifts. In shift work, which is typical for men's work in the industry, there are fixed teams that work together on all three shifts with the same work tasks and workload in all shifts (continuous production). On the contrary, women's work typically has a varying number of people on each shift to meet a different workload or different work tasks throughout the day (e.g. helping patients to get up and get dressed in the morning and serve them breakfast, while only being present if help is needed in the night).

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In Norway, there is an ongoing and unresolved political discussion related to what is more stressful, shift work or rota work (NOU, 2008). Currently, working hour placement outside the normal workday triggers additional payments. This favours men's shift working, while the drawback associated with a variation in teams and less rhythm in work – typical for women's rota work – is not compensated in the same way. Women in municipal care work have an 80 per cent higher absenteeism rate than the men in the same sector (PAI/KS, 2015). It is customary to explain women's high absenteeism in terms of a time bind, and we also believe it is relevant to draw attention to the rota system and to the conditions necessary for creating a good work environment in women's work.

The Arena for Innovation: The Work Environment

The Norwegian sociologist Anne Lise Ellingsæter (2007) uses the concept of *time welfare* (Abrahamsen and Kalleberg, 1986) to describe how the workload and working hours do not necessarily say everything about the stress and pressure of work, and how the personal experience of the time also affects our personal well-being (Ellingsæter, 2007). In this way, work time becomes a multidimensional social category that is complex, contradictory and difficult to measure. Good time management is therefore dependent on work organization – in relation to the experience of rhythm, intensity, predictability, opportunity for mastery and autonomy in the work community (Amble, 2013).

According to Testad (2010), the number of carers per patient has never been higher in the Norwegian health care system than it is today, but it is debated as to whether the increase has occurred within administrative work rather than within care work. This has led to using the terms 'cold' and 'warm' hands, in which the increase in warm hands – those that give care and touch the receivers – is smaller than the increase in cold hands in the offices. The horizontal cohesion, the 'glue' in the work organizations, can thus be reduced in two ways: through the classical specialization of 'one woman, one function' and through design principles that 'isolate' the individual through reduced opportunities for horizontal contact in the work community (Nielsen and Nielsen, 2006; Vabø, 2007). People have neither the need nor the opportunity to talk together, nor do they want to help each other at work (Amble, 2013). Part-time positions support such developments, as it is believed that one can maintain quality in service when one allows the service provider to specialize in a few patients, though in reality it reduces the horizontal cohesion within the work community. This idea is supported by the recent Norwegian

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PIAAC[2] study, in which women in health care and social care scored below the Norwegian average in terms of basic skills in reading, mathematics and problem solving, as this is linked to reduced learning opportunities and cooperation at work (Bjørkeng, 2013).

As in most Western countries the Norwegian management system in the health care sector is influenced by the New Public Management (NPM) (among others, Hvid and Kamp, 2012; Kamp and Hvid, 2012; Røvik, 2010; Vabo and Vabø, 2014). Many perceive this as a management system based on standardization, a 'taylorized' perspective on work taken from the model of businesses manufacturing goods. Nordic studies of the warm hands show that the NPM and its key ideas still leave room and a need for the use of vocational discretion (Vabø, 2007), that is, judgements which require soft skills and social competence. In her doctoral dissertation, Testad (2010) documents that the employee's sense of management, and possibilities for mastery and autonomy in work are the main contributors to the variation in the carer's health and well-being. Consequently, part-time positions together with leadership and management negatively affect the employee's health and well-being in nursing and care work. A new shift work scheme contains key factors that can – as our project intended – provide cohesion and a better work environment and create regenerative work (Kira, 2006).

INNOVATION IN THE PUBLIC SECTOR

Many argue that the pace of change in the workplace is now higher than ever, and that work has gained new intensity (Eikeland, 2012a; Gustavsen et al., 2010; Oinas et al., 2012; Vabo and Vabø, 2014). Planned development and change contribute to this intensity. These planned processes are often labelled as 'productivity growth', 'increased efficiency', 'better quality', 'improvement' or 'innovation'. Innovation can be defined in many ways, and most definitions consist of two distinct elements: innovation should be based on a new idea and it should be usable. The most cited academic reference to define innovations is 'as new combinations of production factors such as the production of new goods, introduction of new processes, opening of new markets, access to new sources of raw materials and intermediates, and re-organisation of an industry' (Schumpeter, 1934).

'Innovation' is a term traditionally used in the private sector. This means that the usability or applicability of an innovation is measured in terms of economic growth or profitability in the market. This indicates that an innovation is more than an invention; it should be implemented

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and provide profit. In the long run, if a firm launches new innovations that do not make a profit, the firm will cease to exist (Fitjar, 2014).

On the other hand, public sector organizations have traditionally used concepts other than innovation when describing development and change, for example renewal, reformation or modernization (NOU, 2011), but *innovation* has now gained acceptance (NOU, 2011; St.meld. nr. 7, 2008–2009). One reason for this may be the focus of innovation on implementation, and that innovations deal with changes in practice (Sørensen and Torfing, 2012). Fitjar (2014) points to some of the problems of implementing the concept of innovation in the public sector: 1) economic benefits cannot be measured as in a market; 2) innovations that are not viable will not necessarily be terminated; and 3) a lack of measurable gains prolongs them for the same reason. Municipal care has got its own White Paper on innovation (NOU, 2011). In this, the term 'added value' is used to measure the outcome of innovation, although measuring or estimating added value in care work is difficult. In the project presented in this chapter, added value was discussed in depth, which we will come back to later.

The White Paper on innovative and sustainable development in Norway states:

> In the care sector, the importance of obtaining a sufficient number of employees is often addressed. This is a challenge that will become more important. The capacity of an individual carer is limited. However, through research and innovation, the capacity can increase. The care sector is characterized by a low level of education and little research. New methods, tools and care technology can contribute to both individuals in need of care receiving better services, and care workers having the pleasure of being in the job longer – and providing more and better care. (St.meld. nr. 7, 2008–2009, p. 131)

The current project contributes to the challenges cited above, as organizing the work better will provide more care with less difficulty, which can be defined as an *incremental organizational innovation*.

INNOVATION AND GENDER: RESEARCH PERSPECTIVES

Among 106 994 articles from the Scopus database with 'innovation' in the title, only 2445 mentioned the word 'gender' in the text (Alsos et al., 2013). This is an indication of how research on innovation is gender blind. In the aforementioned article in a special issue on gender and

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innovation, Alsos et al. (2013) emphasize how the word 'innovation' is a masculine, male concept that requires research, which also accommodates innovation and renewal of women's work. They suggest that gender-sensitive innovation research should embrace one of three perspectives on gender: 1) *gender differences and similarities in innovation*, so-called 'gender as variable', which provides a quantitative approach to gender in innovations; 2) *gendered constructions of innovation* linked to the definition of innovation; or 3) *gendering processes of innovation* as 'doing gender'. The second perspective regards the construction of the innovation concept, which affects the definition of innovation. In our case, in the health care sector, how should the word be defined to embrace a renewal in work in which the result is not a product, but a service that does not measure added value in use, money or market share? The empirical basis for the article is a renewal of the rota system in nursing and care work in the public sector with primarily women employees. We discuss how we gendered the process, and whether – or eventually how – our results met the chosen definition. In this chapter, it is therefore the second perspective of Alsos et al. (2013) in particular that will be illuminated, the construction of the concept of innovation in the context of traditional women's work. In addition, we shed some light on women's experience in using or doing the concept of innovation. What new, innovative work shift arrangements could be developed in such a context, and how was the concept of innovation applied in these processes as a tool for promoting change? This formed the basis for the choice of research design.

RESEARCH DESIGN

The main project was organized as a network project (Amble et al., 2005), in which the six sub-projects were linked together. Two of them are reported on in this chapter. The work on the sub-projects took place, respectively, within the limits and requirements of each participating institution. As a work form, the project was designed to arrange discussions and cooperation with the staff at the participating workplaces in employee-driven processes. Through regular network meetings, an exchange of knowledge, plans, progress and experiences between the involved projects was communicated. The main project included a total of five networking gatherings, and between the network meetings the local participants met and reported on the results and discussed further progress. Moreover, the project had three phases: a mapping phase, an implementation phase and an evaluation phase (Amble et al., 2014).

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Action Research as Interactive Research

The project had an action research design. According to Greenwood and Levin (2007, p. 1), action research is a set of cooperative and democratically oriented strategies that generate knowledge and design actions; it includes cooperation between trained experts and local stakeholders.

One criticism of this variant of action research is that it often has too much of an emphasis on action and too little of an emphasis on the documentation of research of academic standards. As stated by Svensson (2002), it has become more common that action research attempts to distinguish a specific research design that emphasizes scientific knowledge production. This is done by introducing the term 'interactive research'. The concept of interactive research adds a greater emphasis on the *joint learning process* between the research field and the researchers, so that new knowledge will both be relevant and meet the necessary academic standards (Svensson and Nielsen, 2006). In Scandinavia, interactive research is distinctly different from action research because of its stronger connection to research in the public sector (Tydén, 2006).

We would like to emphasize how this research design supported the research question. In interactive research, much of the project activity is tied to a dialogue and discussion between the participants. In this way, the rhetorical use of the concept of innovation became relevant, as did how the concept of innovation was applied in these processes – whether something was innovative or not and how the concept became a tool for promoting change and turned out to be a meta-perspective on the interactive process.

RESULTS: NEW, LONGER AND WIDER

The results from the project were on the level of both substance and process. The project produced concrete results for the participants, hence creating new knowledge for employees and employers in the actual context. Nevertheless, these results are based on some choices made during the process, choices that in themselves were the results of discussions, first the definition of the innovation concept and second the definition of added value. These are the meta-results that became guiding principles in the discussions at each participating workplace.

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A Definition of Innovation

In our project, the idea was that work organized better could provide more work with the input of less energy and difficulty. Along with such thinking the Rota System as Innovation project anticipated an innovation concept that combines the American Kanter's (2000) definition, namely that 'innovation is the development and exploitation of new ideas', with the Danish Kristensen's (2008) welfare innovation as 'new and familiar knowledge brought into use in new contexts'. Taken together, these two make it possible to combine the situation in a local context with something new in relation to this. It means something that has been attempted elsewhere, though not in the current municipality or institution, which may be innovative, that is, the regional being a reference or context to whether something is innovative or not (Blake and Hanson, 2005). The definition has followed the project as a common thread, and has been repeated in the various discussions as a litmus test of the ideas discussed during the process.

Perspective on Added Value

The added value of our innovations caused a great deal of discussion and it was decided – though not by consensus – to use an overall strategy in which the added value of the innovation would be the fastest way to achieving a full-time work culture. This enabled a shift in focus from the individual employees' 'wanted workload' to a holistic focus on systems based on full-time positions, building a work culture in which the norm is full-time. The added value of this innovation is measurable in the number of employees per patient, a better coherence of services, and employees working more with less strain because the work is better organized. The opposite strategy, 'reducing numbers of unwanted part-time positions', usually starts with increasing all employees to a 40 per cent part-time position, which is the limit for pensionable income (Amble, 2008). With this 'bottom-up strategy', employees will increase their work hours until they have the work hours or income best suited for them. Even so, such a solution will neither prioritize the employer's needs to build holistic rota systems and thus use the carers more effectively, nor contribute to a culture in which the full-time worker is constructed as the norm. Instead, 'individually personalized shifts' become the norm. Experience from previous projects has shown that this individual tailoring strategy has its downside, not only in relation to the employer's interest in maximizing utilization of labour, but also for the service quality. It also has a downside for the carers, since they become the target of isolation

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(Amble, 2013; Moland, 2013). In this project, the added value of the innovation was linked to capacity building, which helped to solve the future demand for human resources in care.

Our guiding principle for the thinking in the project became three-fold: something new, something usable, and getting closer to a full-time culture! We will come back to this in the discussion, but first we will look at the substantial innovations.

Innovation 1: Working in Long Shifts

One of the four municipal sub-projects included two adjacent departments with 18 patients in a nursing home. After many long discussions between employees, unions, managers and project managers, a new rota system was developed. This new system included organizing the weekend by teams doing long shifts, working 13.5- and 14-hour shifts on Saturday and Sunday. In working long shifts, the employees increased their positions to full-time. This is a way of organizing shift work that requires a dispensation from the Work Environment Act. The stakeholders at a workplace can agree on shifts up to 12 hours, while for longer shifts they need permission from the regional union's representatives. The ward developing the shift system involved heavy care, as it has two sections for dementia patients. To the best of our knowledge, this was the first ward of its type in Norway, utilizing a rota system with teams organized in long shifts (Ingstad and Amble, 2015). On average, the team works every fourth weekend, working between 34 and 35 hours on the three shifts linked to the weekend, with two long shifts and one regular one on either Friday or Monday. The long shifts are actually a day shift and an evening duty added together. By working in this manner, each long shift team eliminates a shift change and the need for a second shift during the weekend, thus reducing the need for employees during the days in the weekend by half and giving more time to the patients.

The research showed that the wards gained in tranquillity, which created a better environment for the patients. The use of medicine declined, the food budget went up, the staff had more time for cooking, the patients got extra homemade food, and everyone was happy. A key success factor was the employee-driven planning process before the experiment started. In this process, the concept of *innovation* had been a vision guiding the discussions, often asking whether the different solutions discussed were innovative enough. All the staff, including the manager, were 'against' a long shift or did not believe that it was possible in a dementia ward. In Norway, it is normal to work 7.5-hour shifts, and the mental barrier for working longer than 8–9 hours in this service was

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high. In retrospect, it is easy to see that the sub-project manager was essential in bringing the planning process to an experiment in practice. She kept the project on track when progress was slow, as she met resistance not only from the participating employees, but also more widely. For example, the new rota shift plan was ready in December 2012, but the first attempt to implement it did not take place until April 2013; this was due to the application for dispensation and other factors. During this waiting period, the staff changed from being sceptical to being impatient, and they were 'geared up' to get started. They wanted to make it happen, despite the fact that the rest of the staff in the institution's other wards were negative. During this process, the staff started to feel proud of their new rota system. They became the owners of both the process and the solution; by having ownership, they made it possible to acknowledge the rhetorical use of the concept of *innovation* as a mechanism that had opened the solution from relatively small individual changes to ending in a real, novel shift in work systems.

The employers saw how the participants in the experiment, the women employees with unwanted part-time work, obtained better work conditions. Some of the employees had previously worked almost every possible weekend (more than 26 in a year by one account) in search of extra income. The municipality confirmed the perception of increased peace and prosperity and an improved quality of service for the patients on the wards, with the staff even saying:

> Now we can relax a little, we know that when we are at work we can also plan our leisure time. Next year, I know that I have 42 out of 52 weekends free. Previously, it was difficult to plan my spare time since I always had to be ready to take a shift if they asked. Now, both work time and leisure time are predictable, and I have a secure income. This is the best thing about the project.

Innovation 2: Creating a Resource Team

Employees who work cross-sectionally in a hospital ward can be organized in different ways. In one model, employees can be called in whenever extra staff are needed, and they have to cover all units or work on all wards and have no specified work schedule. In another model, the employees have a full-time position, and are working on a schedule covering defined wards within the hospital. The models have different names, such as 'substitute pool', 'resource team' or 'staffing unit'. Baumann (2005) looked at the differences between a traditional substitute pool and a resource team. The difference between these two models is the number of units that a carer can work in. In a traditional substitute pool,

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the carer is considered a generalist who can work with different types of patients, whereas in a resource team the nurse is regarded a specialist and expertise is emphasized, and the nurse can only work on a limited number of wards. Baumann's (2005) study shows that the use of a resource team provides an efficient distribution of employees, while providing safety and better qualifications for the personnel. In our example, it was this method of organization, a staff unit organized as a resource team, that was selected to be tried out.

The reason for establishing a staffing unit was primarily to reduce involuntary part-time positions. The hospital conducted a survey showing they had a large number of employees involved in unwanted part-time work. They also found that the employees were not interested in increasing their workload if they had to work on multiple wards or work more shifts on weekends. The hospital had neither the financial resources nor a sufficient number of staff to be able to meet these requests. Instead, the hospital decided to design a staffing unit with full-time positions that covered the needs of most of the wards in the hospital. However, the plan was that each employee only had to alternate between five (later four) wards. The hospital advertised the positions – with these conditions – both internally and externally. Those who were employed agreed to take shifts on five wards, and as part of this solution the employees were to receive systematic training on the wards. There were 37 applicants for the positions, which was perceived as being surprisingly many. Interviews were conducted for all the applicants, and 14 people were employed.

The staffing unit, that is, the innovation, was evaluated after three months. The ward managers using the staffing unit were happy with the arrangement, and felt that the nurses from the resource unit were competent and had mastered their tasks. The employees rated their skills lower than the ward managers did, but altogether the experiences were consistently good. In the autumn of 2013, the project was expanded to 20 employees, and a coordinator with a 30 per cent position was hired. The coordinator was to prepare individual competency plans for the employees in the unit. Training was further organized based on the reported needs of the employees, and the unit had its own union representative. As of August 2014, the unit had expanded to 30, and the staff unit was extended to cover a further 14 wards at another location under the same organization. The sub-project period was completed in the spring of 2014, and the unit was permanently established as part of regular operations (Jahnsen, 2014).

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Innovation 3: A Tool to Promote Wider Change

In this experiment, the steering committee of the main project had many discussions on what – if anything – was innovative about the different, proposed solutions. The definition of the word 'innovation' was therefore used to analyse the efforts – both before and after the actions – and maintain a focus on what distinguished this experiment and organizational choices from what was usual in the work of reducing unwanted part-time positions. There were three circumstances that we discussed and agreed upon as being essential. First, the project should leave the focus on employees who worked unwanted part-time shifts, turning the spotlight on creating a virtual organizational unit based on full-time work, and therefore creating a unit with a full-time culture from day one. This was a change in perspective which we perceived as innovative. Second, an organizational unit with sustainable conditions should be designed and the vacant positions advertised accordingly. Theoretically, this might not have encouraged the employment of those who had involuntary part-time positions, but rather employees who wanted full-time permanent positions and enjoyed working in multiple locations. Third, the 'virtual organization', for example the coordinator, union representative and skills development staff, should be in line with other physical departments of the hospital and acquire corresponding resources. This was also considered to be innovative. In addition, the use of the word 'innovation' met an internal 'need', by highlighting the awareness of how this development work was novel and innovative, which subsequently gave confidence and arguments to the local leaders of the sub-projects.

DISCUSSION

This chapter presents an action research project in health care organizations with the aim of developing new, innovative work shift arrangements. The Rota System as Innovation project pinpoints that the concept of innovation could be a tool in itself to promote change in such a dialogue-based design. The two cases we have presented underscore the concrete but also more abstract results, and how the concept of innovation as a tool for change made it possible to get around barriers that traditionally would demand solutions other than those we actually chose.

The municipality example tells how the dementia wards used team-based long shifts covering several departments on the weekends. The new rota system combines regular shifts during weekdays and long shifts on

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weekends, which is also new. The combination – team and rota employees, who alternate between normal and long shifts in what is considered to be heavy care – is a completely new kind of work organization, in which the team effects are clearly appreciated. This is in accordance with newer research on long shifts (Ingstad and Amble, 2015). The traditionally heavy weekend has turned out to be good for employees, providing better quality for patients and relatives, as they meet permanent staff on all shifts at the weekend. Because of this organizational solution, the employees receive full-time positions. This solution is not general, but builds upon the fact that the vacant weekend positions on the ward were on employees' already-working weekend, so no collision with Sunday work, regulated by the law, occurred.

What we considered to be innovative in the hospital project was the organization of a virtual unit, with its own coordinator and union representative and the ability to maintain professionalism through the development of vocational training packages. Professionalism is about competence, and we found that skills development is the key to shifts based on full-time positions when they are cross-sectional. Expertise gives professional security and increases the staff's flexibility. It is innovative to reverse the processes of motivating involuntary part-time employees to be more flexible than they anticipate being, to design a sustainable organizational unit on paper and to openly advertise all positions. This turns the perception of employees in the unit from being substitutes to being resources on the ward.

The word 'innovation' was used in the discussions, particularly when discussing the choices of solutions in the sub-projects. It gave a focus, awareness and experience to how to build a full-time culture that would eventually remove the unwanted part in a long-term perspective. In retrospect, it is clear how the focus on innovation and how we defined it opened up the possible space for solutions, from individual to system, from cause to possibility.

During the various discussions, there was a repeated exposure of both negativity in relation to the word 'innovation' itself, as it was perceived not to belong in health care, and disappointment at how 'small' were the changes created by the word 'innovation'. In the final evaluation, a union representative conveys the attitude: 'If what we have done in this project is innovation, we can just throw out the whole word.'

At the same time, we as the experts who have worked on this issue for several years, and in many projects focusing on 'reducing unwanted part-time positions', see that the use of the word 'innovation' actually contributed to an entirely new perspective on this development work. We understand the negativity as impatience and sorrow when you realize you can't fix the problem with one project. This indicates how demanding it

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can be to accept the incremental side of an innovation. At the same time, and in line with Alsos et al.'s (2013) second perspective, we took time to discuss and choose a 'feminized' – adapted to the service – definition of the innovation term, 'a new or old idea used in a new situation', with the overall perspective of added value as building a full-time culture. But we also met resistance to such a soft, incremental definition. Some of the women themselves had masculine ideas of innovation, thereby expecting a larger change than achieved, often not valuing the new knowledge created, but missing the concrete manifestation of more radical change.

We find that the word 'innovation' is provocative for many women, yet we believe that the pros outweigh the cons of using it. The most striking experience is how the usage of the word opened up the field for solutions that would not have been possible if for example the name of the project had been 'Efforts against unwanted part-time work'. The role of the principal author as the researcher in the project has often been to 'reduce' the concept of innovation, focusing our definition on an incremental vision of steps toward a bigger goal: good work as a full-time culture!

The term 'innovation' gave other solutions than those we anticipated and in terms of connecting the added value of the innovation to full-time work culture, that is, a change of focus from part to whole, from short- to long-term. In the project group, we described this as a feeling of liberation, a 180-degree change from 'working to remove barriers' to 'finding possibilities'. To sum up, the concept of innovation seems to have created not only new – in the actual context – and creative solutions, but also solutions whose implementation makes it possible to reach longer and wider: solutions that point towards a more holistic organization of the typically women's work necessary to meet the estimated peak in care!

NOTES

* The research was conducted as an action research project in close cooperation with the research participants.
1. Full-time work includes positions of 80–100 per cent.
2. OECD's adult PISA, testing basic skills in the population.

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