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A Local Medical Centre- A Contemporary Organization

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Innhold

Summary

Rehabilitation is not a new idea in itself, but its latitude as seen in today's situation, and the attitudes towards the idea are new in the 'Local Medical Centres'. Respondents in this report were experiencing it differently, some saw it as a completely new establishment, some represented it as a merger. This will somewhat be the heart of this thesis, identified as contradictions. By using academic classifications we are trying to define and describe something, in this case I will try in some merits to define and describe an ambivalent organization.

Modern society changes are built on previous experiences. New information about challenges in today's system, asks for new solutions. As society becomes more complex, the relationship between goals and means are more complex, as the need for problem solving, and coordination. 'Local Medical Centres' are in relation to the 'Coordination Reform', which was implemented from 1 January 2012.

Many of the rules in modern society are rationalized myths that are widely believed but rarely, if ever, tested. They originate and are sustained through public opinion, the educational system, laws, and other institutional forms. Thus, many of the factors shaping management and organizations are not based on efficiency or effectiveness, but on social and cultural pressure to conform to already legitimate practices. This thesis analyses a contemporary organization built merely on employees' experiences and feelings.

In a process of change there will be many different questions and problems with different insights. Problem perception is related to parts of the change process. Choices and strategies are leading to problems that must be solved. The respondents in this study reported conflicts associated with a new establishment of a 'Local Medical Centre'. Some respondents experienced the responsibility of this new establishment as overwhelming, and felt under-qualified. They are lacking the self-reliance of controlling this much of their output. The whole concepts seem to be fairly new in the 'Norwegian Public Sector'. These changes are built on previous experienced and new information about challenges in today's health care system. There is provision for innovation to take form, in a decentralized structure where the organization is left "to innovate itself".

Chapter 1: Introduction -Topic, Issues and Research Questions

1.1 Presentation of Report Topic

The choice of focus and research issues has been an extensive process for this report. The first topic that caught my interest was the 'Coordination Reform', when a research group presented the subject at Molde University College. Later on, a new establishment of a 'Local Medical Centre' (LMC) presented itself to be very interesting, and became apparent to me through a regular discussion on the reform.

The reform's overall goal is to improve services, by a changed sharing of tasks in the 'Norwegian health care system' between 'special health services', and the 'local health services'. One of the intentions is to transmit the responsibilities to municipalities, so that these get a greater role within the prevention, treatment, and rehabilitation of patients. As stated in the Norwegian governments "White Paper no. 47' 2008-2009":

…"Commitment from local authorities on prevention and early intervention will support the goal of more continuous patient care and cost-effective solutions. The majority believes that a necessary condition is establishing good information and management systems that paves the way for municipal planning and prioritization…" (Norwegian government, White Paper no.47' 2008-2009, p.58).

This "White Paper no. 47' 2008-2009" represents a shift in perspective away from the operational to the administrative level and appeals for the need for economic or organisational reforms (Romøren, 2011). Such a redistribution of tasks aims to liberate the capacity of 'state health authorities', so that these are able to handle more specialized tasks. After reading up on the plans of LMC's organizations I straightaway did a comparison with what is called a hub of airlines.

A hub is an airport that an airline uses as a focal point to get passengers to their intended destination. Passengers gather at a junction to be placed on a limited number of airliners, instead of flying between several airports. This saves airlines flying with empty seats on multiple flights. Some airlines may use only one hub, while other airlines use multiple

hubs. Hubs are both used for passenger flights as well as for cargo flights. Many airlines also use focus cities, which works in much the same way as a focus airport (hubs).

Through an LMC the state and municipal operates the opposite way. Here you send patients out of the hospital, from the large to a smaller department, only to be confused of where the patients should be directed. This LMC studied, in this report, did not have its final care-plan, and where in doubts as to whom they were yet.

Hatch & Schultz (2008) argues that contemporary organizations need to define their communal identity as a bridge between the external position of the organization, other relevant environments and internal meanings formed within the organizational culture (Hatch & Schultz , 2008).

Weather this LMC are to be viewed as an organization is not for me to resolve, but in this study, I will refer to it as an organization and not use the term institution. From researching documents, I was given this impression based on theory background. An organization is principally a social entity that has a collective goal and is linked to an external environment (Jacobsen & Thorsvik, 2005).

From my first interview there was an important question that surfaced: Did this organization present itself as something new, a completely new establishment? Given that employees had some background in municipal health system I was questioning how they experienced it. From my initiate research I was under the impression that it was a continuation of something old, but with something new attached. Further study gave in to the thought of this being something completely new in the way it was managed, and were the main reason I was prominent towards this being an organization. It made me get connotations to an organization where the power point was employed from the centre of this unit.

The essential issue for this report will be whether someone from the outside will be able to tell anything about this organization when employees are in the phase of finding out themselves. Employees were experiencing it differently, some saw it as a completely new establishment, some represented it as a merger.

It shows up in my analysis that contradictions could have been in the overall plan while the LMC was initiated from the government. It lies in the creation of this institution that there

will be a certain amount of chaos to bargain, built on contradictions. New organisational theory suggests that in the chaos, we find "the new", something of innovative value, which we can mould into something new and better (Nonaka, 1988).

Municipals all over Norway are emerging into a new coordination. The experience of different divisions is that this is a chaotic process and some are sceptical to the municipals ability to handle its new responsibility. There is something new about the whole concept which is confusing, and there is talk of a "new formula" in the health care system.

There seems to be a lot responsibility delegated from the municipal to this LMC's in question. But at the same time there is pressure originating from the municipal to form LMC, towards becoming more of a nursing home. This pressure is however a contradiction in itself, and what LMC's was intended to be.

1.2 Background of the Study

What we see of specialized health services and the municipal health care today can be seen in a historical perspective. There were no general hospitals in Norway until well into the 1800th-century. Today's treatment and care during illness is regarded as a basic social benefit through the welfare state (Halvorsen, 1996). Norwegian health and social care is based on the classical Scandinavian Welfare model which combines financing and provision of universally accessible services, mainly within the public sector (Romøren, 2011). The historical development of health care services has led to more specialization, partly through the creation of new professions, and partly through partitioning of the medical field. This is still a development in the modern society, however, at a speedier initiative.

The last years have been marked by a new development in the Norwegian health care system. This includes a greater focus on improvement through the 'Coordination Reform' issued in "White Paper no.47' 2008-2009" (Norwegian Government, 2010). Enhancing coordination between primary (long-term care) and secondary (specialist services) health care has been central in Norwegian health care policy in the last decade (Romøren, 2011). Although the Norwegian health care system can be said to be generally satisfactory, it has

greater challenges related to a new modern age. Norway has a small and ageing population (4.5 million; 15% 65+) and a low population density (13 per square kilometre). The goal is that the Norwegian population irrespective of home municipality shall all have equal quality, and easy access to essential health services. The overall goal is that Norwegian health institutions shall provide services with high quality, and with efficient use of resources, so that the needs of the entire Norwegian population are covered (Norwegian Government, 2010).

The Coordination Reform has been gradually implemented since 1 January 2012. In short this is what the reform requests for:

- ✓ Leading the way forward, providing health care a new direction.
- ✓ Preventing rather than just repairing
- ✓ Early intervention before later efforts
- ✓ Get different fragments of the health service to work better together
- ✓ Moving services closer to where people live
- ✓ More tasks to the municipalities and the funding to carry them out.
- ✓ Collect specialized disciplines that are robust enough
- ✓ Healthy patient involvement

    (Norwegian Government, White Paper no.47' 2008-2009)

These changes are built on previous experienced and new information about challenges in today's system. As society becomes more complex, the relationship between goals and means becomes more complex, and the need for problem solving and coordination increases additionally (Regjeringen.no, 2012). The first general national policy initiative for better integration in health care was taken in 2003 when a committee ("The Wisløff committee") was appointed by the government and asked to 1) identify coordination problems in the Norwegian health and long-term care services, and 2) propose practical solutions to strengthen coordination within the total service system (Romøren, 2011, p.3).

New Public Management (NPM) is a very broad term that has been used to describe a number of reforms in the public sector since the 1980s. Neoliberal[1] economic rationalist models inspired the changes over a period starting from the late 1970s. Encouraged by management enthusiasms for entrepreneurialism NPM tries to increase efficiency in the public sector and in the governments control over the public sector (Clegg, Kornberger & Pitsis, 2011). A central hypothesis in NPM is that more market orientation in the public sector will lead to a more cost-effective provision of public goods, without negative side effects on other objectives and considerations. Reforms said to be inspired by NPM all seem to include decentralization, breach of bureaucratic structure through opening further into divisions, the introduction of contract outsourcing, and greater use of market. In addition, there are greater focuses on management, users, output instead of input and processes to actively measure these outputs. There are many views on NPM and weather it (still) exists. One common denomination is that it has been a departure from the classical public administration paradigm. Especially the notion of decentralizing is conflicting with the classical public management paradigm, which is known to be bureaucratic (Politt, Thiel & Homburg, 2007).

Many Norwegian municipalities have over the past few years undertaken some sort of reforms based on the NPM mind-set of decentralization. This could be evident on the values underpinning and providing legitimacy to; freedom, democracy and efficiency in organizing. In the Norwegian government's "White Paper no. 7' 2008-2009" the health care sector was highlighted as a priority area with greater potential for innovation.

'Coordination Reform' is applied as a base to innovate. This is a reform directed as the basis for substantive and organizational changes in municipal sector (Norwegian government: White Paper no. 29' 2012-2013).

For continuation and further development of the 'Coordination Reform' there is a need to rethink a progressive content, structure and resources in the municipal health care (White Paper no. 29' 2012-2013).

The services must emphasis new working methods, the active care, prevention and rehabilitation, and challenge to adopt new technologies. This is in line with the proposals

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[1] Neoliberalism is a political philosophy whose advocates support economic liberalization, free trade and open markets, privatization, deregulation, and decreasing the size of the public sector while increasing the role of the private sector in modern society.

in the report: "NOU 2011: 11 Innovation in care" and this message will build on the foundation laid in 'Coordination Reform' (White Paper no. 29' 2012-2013).

NOU 2011: 11 report proposals, emphasises an innovative program, that aims to design new solutions for the future of care together with users, carers, local authorities, non-government organizations, research institutes and industry (Norges offentlige utredninger, 2011).

New innovation programmes will hopefully contribute to the development and implementation of; welfare technologies, new methods, new organizational solutions and dwellings that are adapted tomorrow. Many of the innovation opportunities that this message points at will occur in cooperation between municipalities, knowledge and research institutions, and civil society organizations or businesses (White Paper no.7' 2008-2009).

The Local Medical Centre (LMC) in 'National health care plan' "White Paper no. 16' 2010-2011" may thus be viewed as a "brick" in the future development of the Norwegian health service. Norwegian municipalities are to cooperate with one or more municipalities and hospital for services. This may be services before or after a visit at a hospital (Regjeringen.no, 2012).

Services at Local Medical Centre (LMC) hope to potentially substitute treatment in hospital. The whole idea behind this is that patients should not have to travel many miles to the hospital for easy follow-up and treatment, if they can be just as good or better at a local medical centre in their communities (Regjeringen.no, 2012).

Hopefully when the municipalities and hospitals with co-located services cooperate, this will ensure the population's closeness to necessary health care services. The academic community is believed to become larger, which can make it easier to recruit health professionals (Regjeringen.no, 2012).

Trough the government statement it is written that the features of a 'Local Medical Centre' (LMC) must be based on local conditions and needs. It states that it is important to look at opportunities to co-locate functions for vulnerable patients in need of long-term services. It is believed that a co-location of multiple services will make it easier to "build up beds" for observation. It will also benefit the services dwelling, rehabilitation and palliative care. Agreements between municipalities and hospitals on LMC's are to be anchored in the legal

cooperation agreements between hospitals and municipalities (Norwegian government: White Paper no.16' 2010-2011). Some characteristics of a respectable Local Medical Centre (LMC) centre are that it:

- ✓ Provide comprehensive and integrated services before, instead and after hospitalization, based on coherent and holistic patient care.
- ✓ Emphasize self-help and early intervention - including rehabilitation, learning and mastering services.
- ✓ Emphasizes the interdisciplinary approach, includes; rehabilitation and rehabilitation services, services to children and young people, services for people with chronic conditions and services for people with cognitive impairment.
- ✓ Includes rehabilitation and rehabilitation services, services for children and young people, services for people with chronic disorders, services for people with cognitive impairment.

(Norwegian government: White Paper no.16' 2010-2011).

August 2012 a new Local Medical Centre (LMC) opened two units. Here they will offer rooms for 16 patients. The division will mainly receive patients after a stay in the hospital and will be in need for some sort of rehabilitation. The idea is that patients will only need a short-stay or limited, in some way, before discharged home, or to other municipal services. The unit will be staffed by a total of 14 new employees in shifts, and a department management.

1.3 Issues and Research Questions

This report has been evolving from reading different documents influenced by a short interview which woke my curiosity, and gave into more interviews. A 'Local Medical Centre '(LMC) through a 'National Health Care Plan' in "White Paper no.16' 2010-2011" is built on the progression of a new 'Coordination Reform' through "White Paper no. 47' 2008-2009" and there are many similarities in their objectives. These ideas seem to be influenced by a new innovation plan 'Tomorrow's Care Plan' through "White Paper no.29' 2012-2013", that is to be implemented at the same time as the LMC's.

Selection of new innovative solutions to meet future care challenges was appointed by Royal Decree of 26 June 2009 and was manifested in "White Papers no.7' 2008-2009" which may be linked to 'Coordination Reform' issued at the same time "White Papers no.47' 2008-2009" (Norges offentlige utredninger, 2011).

This led me to my research question:

How does it work to open a Local medical Centre (LMC) in association with a relatively new reform, what are we able to see of a contemporary organization?

In this context, it became appropriate to also examine how, and the way the establishment is done.

The basis and the purpose of this study are to illustrate the situation of this new organization. This is done through employees' subjective criticisms, and experience of working in these new units. I will support and present my discoveries by compare findings, and theory on; organizations, organisational change, organizational knowledge and innovation. Given the topic and the need for knowledge, my thesis will build on a theoretical framework. This study will not be an evaluation but rather an exemplification and exploration of a new organization.

1.4 Structure of the Report

This report is divided into six chapters, which then is divided into different number of smaller sections. The first chapter is the introduction where the background and relevance are described, and ends with the problem and research questions for the study.

Chapter two gives into theory perspectives that are rendering the study's research question. This chapter is serving as the survey's theoretical basis. The theories will elaborate on organizations as socially constructed phenomena and organizational change. Yet, Nonaka's (1988) work on innovation has a central place, and is in many ways a pillar in this study.

Chapter three highlights the method for this report, study design and procedures. In this chapter I will introduce my interview guide, questionnaires and the observation in connection to this study.

Chapter four is previous research in relation to public sector reforms in Norway. Here I have included recent research which will be of comparable interest in relation to my research issue.

Chapter five is a chapter for empirical findings and discussion. Here I present theory on organizations as socially constructed phenomena, and organizational change through organizational innovation, and reviews and discuss my findings at a given LMC. Along with the theoretical basis of Chapter 2 this chapter represents this reports most extensive part.

In the last chapter six, I will present my conclusion to this study, and also attempt to envision ahead in time, in terms of my discoveries at this given LMC.

In the report I use the shortage LMC to name this given Local Medical Centre.

Chapter 2: Theory Perspectives

2.1 Introduction

When studying an organization it is essential to define what to study. This means limiting it in a way. In this chapter I like to enlighten theory on organizations as socially phenomena, and look at the meaning of chaos in connection to innovation, and new establishments. Organizations have some universal features like; Goals, people, some sort of structure and activity. Formed by this there will develop an organisational culture. These apparatuses are to some extent interconnected, and have a mutual influence on each other. People work together, to achieve certain goals in a structure, with cultural limitations, when viewed as an organization (Anderson, 2009). Due to time restrictions, it has not been possible to grasp an organizational culture, but influenced by these people, it has been possible to get a notion as to what this organisation is today.

By using classifications we are trying to define and describe something, in this study report I tried in some merits to define and describe an ambivalent organization. Many textbooks define an organization as a support for a common goal. Abrahamsson (1975) sees an organization as a planned association of persons for the purpose of achieving certain goals. According to Jon A. Anderson however, this is incorrect. He writes and believes that this only applies to those who may own the organizations (Anderson, 2009). I would like to compare owners of an organisation to the government who sets out the directions and overall goals of the institutions in Norway, for this report a given LMC's. Let us perceive the government as the owners in this case, which identifiable have a concern at the intention for a common goal. But what about the employees, and if they miss direction what is there to make out of this, as an organization?

As written previously a LMC was through "white paper no. 16, 2010-2011" built on the progression of a new 'Coordination Reform' through "White Paper no. 47, 2008-2009", and there are many similarities in their objectives. These ideas seem to be influenced by a new innovation plan through "White Paper no. 29' 2008-2009" that is to be implemented at the same time as the 'Coordination Reform'. Selection of new innovative solutions to meet future care challenges was appointed by Royal Decree 26 of June 2009 (Norges offentlige utredninger, 2011). In the theory perspective given below I have reviewed new

organizational theory on innovation and change which will be closely connected to my finding in this LMC. Employees described chaos and frustration and agony over missing objectives. This report examines the idea; that this could have been an overall plan from the beginning.

2.2 Organizations as Socially Constructed Phenomena

The Norwegian Minister of Health held in his speech, November 2012 in parliament, wishes for clearer signals from the government and parliament regarding the health care systems in Norway. These signals are, however, to be generally made but entail specific goals. But it should not be an insoluble list of detailed signals. He wishes that future efforts be directed to the content of the services, on ambition for quality and patient safety. This statement could very well be seen in relation to the new paradigm of public management, which has moved from bureaucratic organizational structures towards decentralized organizational structures. Organizations often seek to decentralize when systems and processes are becoming too slow because of too much decision making. 'The Norwegian Health Care System' is in a situation where it requests for higher efficiency (Clegg, Kornberger & Pitsis., 2011).

Brunsson & Sahlin-Andersson (2000) writes of organizations as socially constructed phenomena. It is argued that recent public-sector reforms can be interpreted as attempts at constructing organizations. Public-sector entities that could formerly be described as agents or arenas have been transformed into "more complete" organizations. This is done by installing, or reinforcing; local identity, hierarchy and rationality. This interpretation helps to explain important aspects of the reform process.

Brunsson & Sahlin-Andersson (2000) describes three general labels which of identity, hierarchy, rationality and have examined public-sector reforms in relation to them. Below I will introduce them.

Seeing something as an organisation means endowing it with an identity. This develops between different forces. Organisations are controlled and managed from the inside but they adapt to influence or handle their environment. Modern reforms attempt to give public sector more autonomy. Rules from the inside have become fewer and less specified

and instead decisions are taken in relevant local unit. The tasks of central units are more framed in terms of giving advice and follow-up rather than imposing directives on local units (Brunsson & Sahlin-Andersson, 2000).

Organizations co-ordinates activities, members of an organization should therefore act in a way that contributes to assured common aim and termination. For this to happen there needs to be elements of hierarchy within the organization that directs action. With help of this hierarchy, the special identity of the organization is to be transformed into organizational action. Further Brunsson & Sahlin-Andersson (2000) writes that the authoritative centre should have some freedom of choice when it comes both to 1) forming the organizational identity, and 2) shaping organizational action. Constructing such local hierarchies is the objective of many public-sector reforms (Brunsson & Sahlin-Andersson, 2000).

Organizations are also assumed to be rational. Organizations are assumed to be intentional, in the sense that they work towards specific goals or purposes. Intentionality represents a kind of process hierarchy, whereby organizational policy is transformed into action. Administrators are expected to plan goals, objectives and preferences as well as action alternatives, their consequences, and compare these factors to determine their choice of action (Brunsson & Sahlin-Andersson, 2000).

Public-service reformers have tried to install various systems of management as written objectives. This is to achieve that objectives control the action instead of rules. The individual entity should replace rules by objectives, and this way achievements can be registered accordingly (Brunsson & Sahlin-Andersson, 2000). The organizational form would therefore emerge at the core of these objectives.

2.3 The Santiago Theory

The Santiago Theory of Cognition, is a direct theoretical consequence of the theory of Autopoiesis[2], and developed by Maturana and Varela (1987-1998). It brings together strands from philosophers and physicists as Leibnitz, Einstein and Heisenberg. It essentially deals with the relationship between systems and the world they live in (Normann, 2001, p. 170).

Cognition is considered as the ability of adaptation in a certain environment. Cognition emerges as a consequence of continuous interaction between the system and its environment. The continuous interaction triggers bilateral perturbations; perturbations are considered problems - therefore the system uses its functional differentiation procedures to come up with a solution (if it does not have one handy already through its memory). Gradually the system becomes "adapted" to its environment - that is it can confront the perturbations so as to survive. The resulting complexity of living systems is cognition produced by the history of bilateral perturbations within the system/environment schema.

From Normann's (2001) book "Reframing Business":

…By engaging in personal and social processes in the language domain about our symbols and about the nature of our socially constructed world, about the structures of our language, we are actually able to set the preconditions for changing that world. At one level we coordinate our behaviour through language. At a higher, level by communicating about our language and about our communication, we can begin to set the stage for the emergence of new meaning, new reality, and new coordinated behaviour… (Normann, 2001, pp. 170-171).

Cognition is humans' capacity of adaptation in a certain environment; this is possible through humans' communication which is formed into new realities.

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[2] Autopoiesis means "self-creation" and expresses a fundamental dialectic among structure, mechanism and function.

2.4 Conceptual Framework of a Self-renewal Processes

Here I will forward this reading to inform about the work of Nonaka (1988).
He argues that the essence of self-organization is the creation of information, debating the need to run an organization with the acceptance that it will renew itself, based on this information. Chaos widens the spectrum of options, and forces the organisation to seek new points of views. For an organisation to renew itself, it must keep itself in a "non-balanced" state at all times. Creating information is synonymous with creating meaning. Creating meaning, in turn, is creating a new perspective or a new point of view, namely a new dimension for organizing and interpreting information. The most typical process of creating information is the process of developing strategies or new products. By creating strategies and product concepts that have meaning, organizations can clearly differentiate themselves from other companies (Nonaka & Takeuchi, 1995). The employees at the LMC admit that they need to be doing things in a new way, even though they are not sure how yet.
Olsen (1993) writes that reform processes are characterized more by the creation and reshaping of aims and preferences than by the transformation of predetermined aims into new structures and processes (Olsen & Brunsson, 1993). Would setting out chaos and lack of objectives force reforms to take action and not just create and reshape their aims?

Based on the experiences of leading Japanese companies, Nonaka (1988), attempts to formulate a conceptual framework of a self-renewal process of an organization. He conceptualizes the process as the continuous creation and dissolution of organizational order, or non-equilibrium self-organizing process. He separates three different phases. The first consist of creating chaos and fluctuation: This phase often starts with a new set of strategies or a strategic vision. If this gives in to new perspectives, an entirely new connotation of the organizations trend may be applied. This could again radically transform the organizational perspective up to the present (Nonaka, 1988).

By setting out new visions, or strategies, there will often be a set of chaos involved for the involved, in the organisation. From this theory there will be a wish of setting out chaos to start something new. After this phase there comes a new direction, which is characterized by a certain fluctuation. As the organization moves into the direction of innovation, creating more chaos is amplified to focus on the specific contradictions that need to be

resolved in order to solve a problem. Inductive and holistic information can be created through structured project groups. When groups are working in a way of keeping new information, fluctuation may pass into well-organised concepts.

The thirds phase is a dynamic cooperative phenomenon for resolving discrepancies. Information is now created of dynamic cooperation within an organization in a means to resolve problems, and this will now be of innovative nature (Nonaka & Takeuchi, 1995).

In the last phase, recognized by Nonaka (1988), is where a new order is formed. New information is created, and is transformed into recognized knowledge. An organization may transform information into a standard, distribute it to other departments, and stimulate systematic self-organization of information (Nonaka & Takeuchi, 1995).

Nonaka (1988) sees a living organisation as a system that carries on continuous non-equilibrium self-organizing. Changing environments have become a part of today's reality, however, the changes are also stable at times and it is this stability that managers often manage.

…"Managing strategy is mostly managing stability, not change"… (Mintzberg, 1987, p.73). Managers cannot plan strategy all the time, they need to exploit the ones they already have set, and make them into effect. In this perspective managing strategy is not as much to promote it, as to know when it needs to be done. Long periods of stability are often broken by short periods of revolutionary change, when these changes are a fact, planning is not as important as to act upon it. In this perspective there is nothing extraordinary by setting up a local medical centre without the direct and well established guidelines on how to control every aspect of the institution. In regards to Mintzbergs (1987) and Nunaka's (1988) theory the organization is well equipped to define itself over some time. An organization can even have a pattern (or realized strategy) without knowing it, let alone making it explicit (Mintzberg, 1987, p.67).

A new way of looking at the organization was born from the concept of cognitive limits. Human beings are seen as limited by its ability to process only a limited amount of information. The semantic information examines the actual meaning of the information. This is something human beings can do, not machines. This theory focuses that we see humans not just as simple processors of information, but as creators of information.

Further we can see that it is the information process achieved by hierarchy, division of labour and operating procedures that is the most effective (called syntactic information). These processes are able to extract and put new information into new systems (Normann, 2001).

Nonaka's (1988) view, gives that the firm construct an organizational structure and overcomes the cognitive limits[3] of the individual. And the way human do that, is by simplifying the process of information processing within the organization. The organization will maintain a given framework until the information processing of the organizational members is limited. This theory also maintain that the enterprises that are best adapted to the environment are those which have built up information processing structures of information generated by the environment, as well as general decision making (Nonaka, 1988).

2.5 Strategies Influenced by its Success

Mintzberg (1987) and a research team from The McGill University studied in the 70s and 80s organizational strategies and how these strategies influence on its successes. In Mintzbergs (1987) article; Crafting Strategy he makes comparison with theory from his own work and his wives work as a craftsmen. He seeks parallels with what his wives does in her ceramic work, with the work some companies do unconsciously in strategy development. He describes how well qualified managers use strategy, as an artist uses clay in their pottery work. In his metaphor, ceramic artists are like leaders that shape strategies like the artist shapes their clay.

Planning, as we traditionally know can be characterized by static processes and bureaucracy. This image distorts what Mintzberg (1987) believes strategy development processes could be. He believes there is a general lack of creativity in strategy development and by becoming more aware, organizations should make room for more creative processes. Strategy development has a tendency to be very formal, and its planning can exclude processes that might be important for innovation (Mintzberg, 1987).

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[3] Pertaining to the act or process of knowing, perceiving, remembering

Mintzberg (1987) writes that there is no "one best way" to make strategy. In reality strategy is often a word defined in one way, but acted about in another. Literature on strategy making often perceive this method of forming a plan as a deliberate process. Strategy is often seen as a plan with intention to act upon it, but all plans as Mintzberg (1987) points out is not necessary acted upon. He writes that we often fool ourselves when intending to act upon a plan.

…"Effective strategies can show up in the strangest places and develop through the most unexpected means. There is no one best way to make strategy… (Mintzberg, 1987, p.70).

…Likewise, there is no such thing as a purely deliberate strategy or purely emergent one. No organization- not even the ones commanded by those ancient Greek generals-knows enough to work everything out in advance, to ignore learning en route…(Mintzberg, 1987, p.69).

Much is written about how establishments must work to keep up to date and be in constant development. It turns out however that this is difficult to implement, and that there will from time to time, be stagnation. Mintzberg (1987) writes that developments go in "ups and down turns", and that establishments may find little time left to hang on to the development. He describes how individuals can then be the reason that strategy changes, and evolves, with its surroundings. Strategies can for example occur when a nurse are in contact with patients and detect a new need. When this nurse goes back to the management, where he / she ask the unit to make any changes to existing practice, a change of strategy may occur.

Strategies need not be deliberate, they can also emerge. Strategic reorientations may happen in brief, quantum leap. Effective strategies develop in all kinds of strange ways. To manage strategy is to craft thought and action, control and learning, stability and change (Mintzberg, 1987).

…At work the potter sits before a big lump of clay on the wheel. Her mind is on the clay, but she is also aware of sitting between her past experiences and her future prospects. She knows exactly what has worked and not for her in the past… (Mintzberg, 1987, p.66)

This is how a large number of employees work every day without the management at its side.

This comparison helps to understand the incomprehensible in organizations, where you can see that there has been change without any directive from the management.

The McGill University call strategies deliberate strategy, or emergent strategy. Mintzberg (1987) comprehend that strategy making is not one or the other, deliberate or emergent.

…"For just as purely deliberate strategy making precludes learning, so purely emergent strategy making precludes control"… (Mintzberg, 1987, p.69).

Used separately neither approach makes much sense. Learning must be coupled with control. That is why the McGill research group uses the word strategy for both emergent and deliberate behaviour. Because an organisation cannot understand and take everything into account when they plan strategies, they will need to work with some flexibility.

…"Deliberate and emergent strategy forms the end points of a continuum"… (Mintzberg, 1987, p.69).

A third type of strategy exists as a mix of deliberate and emergent, called process strategy. The process of strategy formation is controlled by the management but allows the actual content of strategy to others in the organisation. Here the management control design of the structure, its staffing, and procedures and so on, but leaves the most important bit to the staffing (Mintzberg, 1987).

2.6 The Competing Value Model

Like Mintzbergs (1987) comparison to a craftsmen work, Quinn (1988) complies with a similar metaphor.

…"Look at a novice workman or a bad workman compare his expression with that of a craftsman whose work you know is excellent and you'll see the difference. The craftsman isn't ever following a single line of instruction. He's making decisions as he goes along. For that reason he'll be absorbed and attentive to what he's doing even though he doesn't deliberately contrive this. His motions and machine are in kind of harmony. He isn't following any set of written instructions because the nature of the material at hand

determines his thoughts and motions, which simultaneously change the nature of the material at hand… (Quinn, 1988, p.25)

Quinn (1988) sees mastering organisational change as mastering contradictions. We are biased in how we process information. We prefer to live in certain kind of setting and our biases are influenced at both the functional level and the cultural level. Thinking about contradictions is not a natural inclination. It requires counterintuitive processes. The natural tendency for people socializing around Western thought is to be what Bateson (1979) calls "schismogenic". The term refers to arguments, theories, or perspectives that are split. One of the two opposing, but connected values is chosen over the other. This kind of thinking defines away contradictions and eliminates paradoxes. While this kind of thinking is useful in pursuing a goal, it also produces a one-dimensional mental set that tends to be blind to emerging cues that require another perspective (Quinn, 1988).

By mastering contradictions Quinn (1988) believes managers consecutively will master organisational change.

2.7 The Information Creation Process

Information generates information. An organization that creates information is nothing but an organization that allows maximum of self-organizing order, or information out of chaos. The more chaos or fluctuation an organization has inside its built- in structure, the more likely it is to have a lively information creation activity (Nonaka, 1988).

Creating challenging and a vague vision in a self-renewal process of an organization, often starts with the creation of strategic vision, which asks the basic question "What do we live for?" Such a vision may create an entirely new meaning of the organizational direction, which radically transforms the organizational perspective up to the present (Nonaka, 1988).

The organization as an open system carries on a self-renewal character as new information enters continuously from the environment into the organization, creating fluctuations and generating a variety of problems and decision alternatives. For an organization to evolve continuously, it is necessary to allow freedom among the employees in the organization, to

generate creative conflicts between them. To create information, it is more desirable for an organization to have several coexisting countercultures than to be dominated by a single value (Nonaka, 1988).

Amplification of fluctuation is focusing contradictions in the means of resolving a contradiction. This means looking at two different views, connect them, and lift the conversations a stage higher. In this process new perspectives and therefore also new information will evolve from it (Nonaka, Toyama, & Konno, 2000).

Nonaka, Toyama, and Konno (2000) appreciate an organization as an entity which continuously creates knowledge. Toffler (1990) sees knowledge as the highest quality power in today's knowledge based society (Toffler, 1990).

Knowledge is dynamic since it is created in social interaction amongst individuals and organizations. Knowledge is context specific, as it depends on a particular time and space. Without being put into context, knowledge is just information, not "real knowledge". Knowledge is essentially related to human action. Knowledge has the active and subjective nature represented by such terms as 'commitment', and 'belief' that is deeply rooted in individuals value systems. Information becomes knowledge when it is interpreted by individuals and given a context and anchored in beliefs and commitments of individuals (Nonaka, Toyama, & Konno, 2000).

2.8 Summary

After searching the literature on the subject of new establishments and definitions on organizations, I find that there is a multitude of literature on the subject and that much is attempted explained, and defined by different theorists. The knowledge that employees holds has become more important and they are seen as a greater resources for contributing to establishing organizations. There are also recent perceptions on how power should be delegated downwards within the organization, and that we are to focus on reaching the goals and objective and be ruled by them. Rather than be "ruled by the rules". Contradictions and conflicts are no longer such a bad thing, value can exceed from contradictions by tumbling into something completely new, and innovative. New theory seeks the option to be focusing on knowledge and information creation, rather than on a strategy to work on the system. Ideally the organization will form and identify itself by working closer to its objectives.

Chapter 3: Method and Study Design

3.1 Introduction

I have already revealed that I conducted a document review, observation, in-depth interviews and questionnaires. In this chapter I will convey why I have chosen these procedures. I would like to communicate how I will use the information as well. It has been a goal to be able to tell and elaborate features of a contemporary organization, here the given LMC. The methods used will illuminate and answer my questions to the best of my ability.

This study consists of different fragments. There was prior to this study, a review of significant documents from the government, I see this as the starting point and first stage of this study.

Then the second fragment: I endured in two interviews with staff, which have provided insight beyond the documents that I have looked at from the LMC and 'Collaboration Reform'. These interviews made it liable to start formulating a research issue, which then lead to awareness, and further studies.

Then a third fragment followed by two more in-depth interviews, re-interview with prior interviews, observation and questionnaires of informants. The thesis will show how different theory is suitable to explain a contemporary organization. Even though an organization can be in a chaotically and establishing stage there are knowledge present that will define the organization, in one or another given way. I chose to interview a limited selection of respondents and used only qualitative methods in my thesis. I had the choice of interviewing the entire population, but as this would be time-consuming and without the adequate increase of quality to my thesis, I decided to use my time more effectively by focusing on the key respondents.

The concern for the validity and reliability of/to data is essential in any study. This studies main concern has been the ability to collect data that is relevant to the research issue.

Grønmo (2007) suggests that the term "credibility" is more appropriate for qualitative methods than the term reliability; I rely on this statement for this study (Grønmo, 2007).

The intention has been that respondents and informants in this thesis will be anonymous. In practice however it is not possible to ensure complete anonymity due to the size of the study. I have only examined a limited progression, or a limited sphere of time. And I have talked with and interviewed relatively few people; nevertheless these are important and key persons in the establishing stage. The LMC is kept anonym as well as the municipal it is established in.

I was able to visit the LMC and attend one of their personnel-meeting. This was very informative and I could do some observation of their social interaction at a regular setting. Noticeably the need for ethical standard became obvious. It was very clear to me the responsibility as keeping trustworthiness to their disclosure, to preserve as much as possible of their identity. To make my empirical findings unrecognizable I write mostly in general, and in a nonconcrete way. But some of the informants' answers in the questionnaires are referenced in the text. These are, however, hopefully well-weighted by the informants as they were handed out on a voluntary basis and they were given time to finish them. The references are extracts from a wider picture which hopefully makes them anonyms.

3.2 Social Science Methodology

Historical sociology is an effort to understand the relationship between personal motion and experience, and the social organization, as something which is continuously constructed, dynamic and constantly changing. Each page must be understood in light of the past, we are both creative and created. Something we choose to do, something we must do. Action between people of people are institutions, institutions are left to take action. This is a (historical) process as a connection between actor and structure. Structure creature of action and action-creation of structure (Abrams, 1982)

"... The present struggle as to create a future out of the past" (Giddens, 2010, p.67).

Anthony Giddens (2010) describes an institutional reflexivity in modern society. By this he means that modern society constantly produces large amounts of new knowledge about

their institutions and practices, and that the same institutions and practices then continuously are examined and re-organized in the light of the same knowledge (Giddens, 2010). Institutional theory proposes that organisations have the structures they do largely for cultural reasons. And that some designs and practices become regarded as displaying higher cultural capital. It sees legitimacy as the driving force behind making organizations more alike (Clegg, Kornberger & Pitsis, 2011). My abilities and theory perspective will most likely be affected by these 'apparatuses'. The same will be possible evident in the respondents and informants for this report. We are formed by the past and presents without knowingly being aware to this fact.

There are several different objectives of how to conduct a study, and there are different methods on how to proceed. There are, however, two main ways of going about when looking at and finding data called; qualitative and quantitative methods. Both qualitative and quantitative methods are good research methods and may be complementary to each other (Kleven, 2002). Which research design to choose depends on what issue it is to be studied. How it should be done and the time dimension associated with it, its population, and all other variables (Grønmo, 2004).

Qualitative methods are seen as particularly suitable for finding meaning in relationships or seeking a total perspective. The method can also provide the best sense to the study of social processes (Holter et al. 1996). When you want to know something about how people understand their world qualitative methods is seen as particularly fit (Kvale & Brinkmann, 1999).

To examine my research questions in relation to a contemporary organization I have chosen to conduct a qualitative study based on a case study more precisely entitled a phenomenological study. This was a decision based on the research issue where I wanted to understand more of a contemporary organization. To be able to collect the most appropriate answers I believe in using a case study, based on qualitative methods, to understand how employees understand their workplace, this contemporary organization in question.

In a case study, a particular individual, program or event is studied in depths for a defined period of time. In a case study, the researcher collects extensive data on the individual(s),

program(s), or event(s) on which the investigation is focused. These data often include observations, interviews, documents, past records, and audio-visual materials. In many instances, the researcher may spend an extended period of time on site and interact regularly with the person or people being studied. The researcher also records details about the physical environment and any historical, economic, and social factors that have bearing on the situation. Due to the fact that the organization I study is new it was not relevant for this study to elaborate on any historical facts. Even though this could be up for discussion as it is by some seen as a merger of an old established institution. My findings did, however, support the fact that this organization is put together on "new grounds", with new ideas attached. So I choose to disregard historical attributes in relation to this report.

By identifying the context of the case, the researcher helps others who later read the case study report to draw conclusions about the extent, to which its findings might be generalizable to other situations. A case study researcher often begins to analyse the data during the data collection process; preliminary conclusions are likely to influence the kinds of data he/she seeks out in later parts of the study. Ultimately the researcher must look at convergence (triangulation) of the data: Many separate pieces of information must all point to the same conclusion (Ormrod & Leedy, 2010). By using different methods, as in this study report, the method works counterproductive in reaching the same conclusion. I was able to grasp a situation that was communicated through different means in the same wording. It was evident that there was chaos involved and the observation was highlighting feelings of frustration and anger. I would not been able to grasp this much, by only evaluate interviews or/and questionnaires.

Phenomenology refers to a person's perception of the meaning of an event. A phenomenological study is a study that attempts to understand people's perceptions, perspectives, and understandings of a particular situation. This type of study is really trying to understand how it is like to experience something. My methods are hoping to collect and analyse these perceptions and perspectives to help me understand more of the situation the employees at the LMC are finding themselves in.

An important purpose of qualitative studies is to gain an understanding of the social phenomenon about people and situations. Such a study may be directed to the aims of understanding reality as it is perceived by the people the researcher is reviewing (Ormrod & Leedy, 2010).

Both qualitative and quantitative methods are well established and used in research and can be complementary to each other. They have both positive and negative aspects, what one chooses should be seen in the context of the study (Kleven, 2002). The methods are, however, prioritized differently when it comes to collecting data and their interpretation.

For this study, I believe in using the qualitative data approach. Qualitative researchers often use multiple forms of data in any single study. In this case I have used observation, interviews, written documents, electronic documents, e-mailing, and internet website. And there are numerous books for my literature review. Many qualitative studies are characterized by an emerging design. In this study, data that was collected early in this process has influenced the kinds of data that is further collected and analysed. This is due to the process of keeping an open-minded view to the study, not excluding any information that could influence the end result (Ormrod & Leedy, 2010).

Qualitative data are tailored so to give diversity and depth to the method. Quantitative data is where there are many informants, but fewer and more rigid variables. Another difference is that the quantitative approach is often far removed from its data selection and its many devices. In contrast qualitative methods tend to have a research strategy more closely to its selection and are based on deep and rich information from the few devices (Ormrod & Leedy, 2010). It appeared more appropriate when dealing with employees subjective perceptions to work close and in-depth to be sure the information collected remained valid throughout the study. If I worked on a more shallow level I would question whether I collected true subjective emotion and perceptions, or whether they are delivered, in a conscientious way of duty. Many empirical findings are presented using quotes, which reveals the importance of employees' opinions.

The results of a qualitative research are presented by text, while quantitative research is represented in the form of matrices prepared by statistical analysis techniques. Still there are similarities between these two types of studies because they both want to contribute to a better understanding of the society we live in. How individuals, groups and institutions act and / or collaborates (Holme & Solvang, 1996).

The purpose of my study is based on employees' experiences and views looking at the similarities and variations in how respondents and interviewees answers my inquiries. Qualitative method is a method for generating knowledge where one examines the meaning of events and experiences for those who experience them. This leaves it open on how they can be interpreted or understood. The researcher will often start to analyse the data during the data collection. So preliminary conclusions are likely to influence data collected in a later stage, ultimately this could be counteracted by triangulation. In triangulation you find quantities; I have used triangulation to the degree that I have counted the number of matching results. Repstad (2009) believes that if we are to be precise, one must say that it is almost inevitable indications and frequency estimates also in qualitative methods (Repstad, 2009).

Qualitative method's is flexible both in terms of methodical arrangements and on how it can be used differently to different respondents. Ratings and any changes can be made along the way. The danger in this could be that the scheme changes so much that the initial perspective of the survey can get lost (Grønmo, 2004). Qualitative methods are well suited to lighten several aspects of a case. With flexibility, this advantage can also be a problem when the formulation can adapt and adjust during the process. Research design can be described as the assignment recipe for purposeful conduct, and may sometimes preserve the real issue. The aim is to have a guide which ensures that one gets the factual data, but still should allow for the flexibility known to the qualitative study (Ringdal, 2007). Since I am looking at few respondents, it is problematic to generalize or compare on the basis of these, but still, this is the case for this study. I feel, however, that generalization can be made after observing most of the people working here at a personnel meeting, and observing how they felt about different issues relating to this establishment. It all supported the assumptions made that this was of a greater concern for them.

In qualitative method, it is important to note that in contrast to subject / objective conditions in the quantitative method you are prone to a subject/ subjective factors between researcher and informant. This may because the parties interact through personal interaction, which may be reflected in the result. The degree of anonymity is also lower than more statistical survey, and it can cause the participant to provide a more ideal version than what is real. The qualitative method has the great strength of in-depth data to help, which helps researchers who uses this approach to increase understanding of the phenomenon that is being studied (Grønmo, 2007).

Again, the empirical data is sourced from within this organization and is based on statements from employees. The knowledge communicated is therefore local and partial, not universal and objective. According to sociologist Pierre Bourdieu (1984) there is a need to study a section of the social reality, and mark an epistemological break with the knowledge actors studied have about themselves and their situation. Bourdieu believes one must construct its object on the basis of theoretical models and categories, and then uncover regularities and structures that exist regardless of whether the actors themselves perceive and intended them (Bourdieu, 1984). In this study there has been and intension to look beyond the most intense of feelings and grasp a common perspective from the different methods used. Theories were used after the second fragment of this study, to give me an objective ground for this report.

Despite the uncertainties, I will summarize the responses I have gathered as reasonably appropriate and comply with employees' perceptions and experiences, "in them I trust".

3.3 Reliability and Validity

A fundamental question in all investigation is whether the data is reliable. Rehabilitee is questions about the accuracy and quality of the survey, the presentation and interpretation of results. Rehabilitee is related to whether the survey represents the real state of affairs. It also states how the research was being conducted. If the same measurement was to be repeated many times, the goal of reliability is to have the same result every time (assuming that we are measuring the same thing). Reliability is determined by how the investigation and how data is carried out, aiming for the accuracy of the various operations in this process. The higher the reliability achieved, the higher likelihood, an independent study would produce the same results (Hellevik, 1991).

In regards to qualitative methods one could say that the term reliability does not fit at all (Grønmo, 2007). Qualitative data collection is a process between respondents and researcher, where data collection and analysis is done simultaneously. In practice it is therefore virtually impossible to make mutually independent data collection based on exactly the same study design. Grønmo (2007) therefore suggests that the term "credibility" is more appropriate for qualitative methods. It is in my assessment that if

another researcher were to conduct this study, he/she would reach the same result and the comparable answers from the respondents and informants.

Brunson (2000) warns against claiming general validity beyond what is studied. The goal needs to be examining theories adequately and have the confirmation of data before using it in the thesis. In scientific research, validity is a term for how well one is able to measure what we intend to investigate. It is the interpretation of the data that needs to be validated, not the method of measurement or test. As a researcher I would not state this report as the whole truth. Due to time- and resource-limitations, and human abilities there will always, when trying to understand a contemporary phenomenon, be possibilities for other interpretations. Based on this study design with interview guide and questionnaires it is, however, believed that the same answers would lead to an analogous conclusion.

The concern for the validity of data is essential in any study. This studies main concern has been the ability to collect data that is relevant to the research issue. There are several alternative study designs that could have highlighted the problem in this report. Ideally, one should use more time and try to see the importance of organizational change by analysing what is actually happening in the organization due to an establishment. This means an attempt to measure changes in what the organization actually produces and decides. Another suitable approach could be to conduct a survey before at the preceding reestablishment, or put up a comparative study in which data from another local medical centre in Norway was compared. Both of these methods were difficult to conduct due to time and resources, so the issue was illustrated by asking employees about how they experienced this establishment. This implies that one assumes a presumption that it affects the employees, and that they may express this and answers to the study.

Characteristics of the respondents might lower validity. Employees can in turn be influenced by different factors. Since answering in-depth interviews and questionnaire was not binding, the answers of the respondents could be strategically on the basis of self-interest. This is not considered likely, although there may always be a possibility that employees choose more negative or positive answers than is the case for the relationship they have interest to be put in focus. Further deviations may arise if respondents feel compelled to answer questions they do not have the knowledge or interest in. The questionnaires used in this study were all on a voluntary basis, to ensure that the motivation for informants were present. The motivation and self-interest may therefore be

of higher importance in this study, and could be debated. However, my presenting the aim for this study has hopefully not motivated them in any other way than to contribute. My study is purely for educational purpose.

3.3.0 Selecting Respondents and informants

Initially respondent in direct contact with the administrative part of establishing stage were interviewed. The reason was I believed that they were those directly acquainted with the phenomenon being studied potentially holding a broader understanding (Jacobsen, 2000). The remaining respondents were selected on the basis that they could shed light on the challenges discussed and the various factors that emerged during the first interviews. The next respondents were selected with respect to their positions.

Respondents and informants are terms that are often used interchangeably. In this study, it has been in-depth interviews which have served as the main focus of the study. Informants were later handed questioners to validate what the respondent had said. Thus, reinforce or weaken the assumptions that were already taken by me as a researcher.

In the end there were chosen four respondents and five informants, total of nine individuals. All of these were women and had worked in the health sector earlier (this was information from the administration). In the beginning of the study there was a limit for the number of interviews. There were planned for 5 interviews that became four plus a questionnaire of five responding. It is believed that this validates the data more as there are more individuals to respond on the issues, even though, there were only four not five in-depth interviews. I was open for more interviews, but I was informed that they were under heavy pressure and did not find time for more interference. I could easily understand that they were busy and I was very appreciative of all the information I was already given, and the time and effort they had sent my way.

3.3.1 Document Reviews

Document investigation is a systematic review of existing documents. Where the content is categorized and relevant data are logged. Data collecting in a qualitative study takes a great deal of time. The researcher should record data thoroughly, accurately and systematically (Ormrod & Leedy, 2010). When selecting the documents, it is important to

clarify the focus of the survey. What themes are prioritised for the collection of information? Which type of texts I have printed and used have been a continuous consideration. Collection and analysis of data occurs partly at the same time. A document can highlight and give rise to other topics and then to several other documents that should be examined. The documents I am often referring to in this report are the 'White Papers' issued from the government. I ended up using five of these documents in the report. These are referenced in the text and in the reference guide.

Large amounts of documents are read and evaluated in order to find relevant information. Data categorized by date and relevance. One potential problem is that my perspective may have influenced the selection and interpretation of documents, this is a possibility which is always present when analysing (Jacobsen, 2000). I have tried to be open-minded and in my analysis I have been relatively general and focused on the big picture.

A document search provides a good basis for the interview phase, in this study the governments documents of local medical centre is the source for my interview guide.

3.3.2 Interviews

The interviews have been the main source of data gathering. My information is based predominantly on interview sources, and therefore I rely mostly on my data from the interviews. In an interview situation it is common to use an interview guide. According to (Grønmo, 2007) the interview guide is a "... rough description of how the interview will be carried out, focusing on the topics that should be addressed ..." (Repstad, 2009, p.78). It needs to be definite enough to catch relevant information to the studies, yet so general that every interview can be adapted to the current situation (see attachment 1).

The theme of the interview cannot be said to be particularly uncomfortable, but respondents were sometimes asked to point out problems or negative aspects in relation to the establishment. They did not seem to find this uncomfortable but answered in same matter as previously. They did not seem to feel uncomfortable or reluctant to any of the questions and they understood the questions at once. This gave in to a good flow and natural intersection of the questions. I was very satisfied at how the respondents engaged in the interview. They seemed interested in the study and fascinated at the idea of being under a study. This was also communicated during my attending the personnel meeting. It

seemed as this was a process they could not understand for themselves, and were interested in someone to potentially clarify the subject. One of the challenges with the questions I presented was that some of the questions where retro inspected[4]. This puts an extra pressure on respondents to go back in time and evaluate previous experiences.

There was a desire for group interviews in my first draft of the master proposal. The thought was that it could be interesting to collect more people who worked at the LMC, as well as some from the project group, together. The idea being that this could provide insight into group dynamics and key challenges. And in addition grasp various different "points of views" in a relatively short time. There are mainly two reasons why I have not gone for the group interview. Firstly, the practical bit of gathering more people. People were busy, and their days were fully booked already. The second reason was the time frame associated with this task. However, by attending a personnel meeting I felt I could observe some of the dynamics and see how the challenges of an establishment engages most of the employees. Most of the people attending had something to say. After engaging in this study it is clear that a group interview would not necessarily be a good idea. Repstad (2009) sees group interviews as most appropriate when the group is fairly collectively coordinated without excessive shared conflicts. By being engaged in conflicts, respondents could answer tactical. On the other hand, the commitment could be so strong that the interviewer will be witnessing fresh and authentic exchanges of information. I got the chance yet, to see the commitment of many employees in being an observer at a department meeting. This gave me an understanding of conflicts that were present on the basis of a new establishment (Repstad, 2009).

I have chosen respondents in two ways: Respondents I consider to be central for the case and by the snowball method (Grønmo, 2004). This is done based on the document survey and general knowledge of the process. The majority of these individuals hold key positions at the LMC. My selection of data sources could be seen as a purposeful selection, I have been interested in the individuals that will yield me the most information about the topic under analysis. The snowball method are where the respondents are asked if they have any tips for other people to talk to. This is also checked against their own knowledge of the process. In me getting tips for other people to talk, confirmed the selection of respondents I

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[4] Retro inspection means looking backwards.

had already chosen. They were understood with the process of study a contemporary organization. Some interviews were conducted face to face, others on the phone.

In-depth interviews are most appropriate for situations in which you want to ask open-ended questions that elicit depth of information from relatively few people. The questionnaires were built on some of the same questions and were open-ended.

By phone interview and face-to-face interview, I first informed respondents about the survey questions. I went briefly through what I wrote about and wished to investigate, and assured them that it would be anonyms. Both for ethical reasons, and because I believe this provides the best message for responding to me. I tried to be friendly in my communication to encourage the respondents to talk to me. The issue of anonymity was not raised further after I presented the thesis as general and that I would not use any sensitive personal information. Respondents did not seem to worry about this issue at all. Some of the interviews were recorded using the voice recorder on my mobile phone with the consent of the respondent. There were some minor disturbances under the interviews. There was no experience as to that this destroying the flow or the information. The interviews were made over a period of one month. This made me able to work on the information from one of the interviews at a time, combining them to an analysis at the end. The answers of the questionnaires were used as a validation to the information I was already holding. In this matter they contributed as informants.

3.3.3 Observation

I was invited to attend a department meeting at the LMC; I saw this as a very valuable way to get data. By visiting the LMC and attend one of their meetings it was possible to do an observation. Observations in a qualitative study are intentionally unstructured and free-flowing. The researcher can shift focus from one thing to another as new and potentially significant objects, and events present themselves, and makes it possible to take advantage of unforeseen data sources as they present themselves (Ormrod & Leedy, 2010).

This was a natural setting and the centre for many discussions regarding the institution. At first I presented myself and the plan of my master proposal. There were about 14 attending and I was observing that they were all women in different ages. They were interested in my doing there and seemed interested in the idea of being under a study. They seemed to be very understood by their situation as being in a starting point of something new.

Observation is the study of people to see what situations they naturally converge and how they tend to behave in such situations (Repstad, 2009).

There was free flow of information, discussions and questions from many of the attendants. This all told me that this was people compassionate of their work and workplace and these people where without knowing it, already contributing by this mean, forming the LMC into something of sustainability. They showed commitment and were enrolled in different project groups and seemingly used to the idea of taking on responsibility, outside the frames of caring for patients. I was able to see their reactions in the discussions and their reactions were very much understood in the material I have collected in my study. The words frustration and chaos became evident as the best manner in explaining how employees experience this new establishment.

3.3.4 Questionnaires

Overall, the questionnaire consisted of four questions; all four were open ended questions and where open for the informants own interpretation, and there were 'free will' to respond as chosen (see attachment 2). The questionnaire was handed out and collected by the department manager. In total of five questionnaire where returned to me. These were all part of employees in direct contact with patients. The fact that department manager where in contact with the questioners could lead to informants being concerned for the department manager's access to the completed questionnaires. The consequences of this are believed to be very limited, as the employees had the opportunity to deliver the questionnaire themselves and were very eager to bring their feedback. And the themes and feelings of the new establishment seemed to be, one of openness and two-sided debate were all parties were invited to be open and honest of their ideas and feelings. From the observation it was clear that the manager allowed for information and discussion to take on a free flow.

3.4 Ethics

All activities that may have an impact on other people must be judged by ethical standards. Ethical issues arise in contact with interviewees, observation and questionnaires during data collection. Any information that can be linked to individuals is convoyed confidential,

and the researcher must therefore avoid disclosing information that may be recognizable to individuals. To respect all participants in my study, even the anonym questionaries' respondents, presented as informants, was actually challenging due to the size of this study. Any research study involving human beings should respect participant's right to privacy. Under no circumstance should a research report be represented in such a way that others become aware of how a particular participant has responded or behaved. In general a researcher must keep the nature and quality of participant's performance strictly confidential (Ormrod & Leedy, 2010).

Jacobsen (2000) emphasises three basic requirements: Informed consent, requirements on privacy and the right to be accurately reproduced (Jacobsen, 2000).

Informed consent is the requirement that the respondent and informant participate voluntarily in the study, and that this decision should be taken on the basis that the person has the expertise and adequate information about the study to make this decision. Employees were informed about the study as a voluntary gesture. Those who responded to the survey are employees given the LMC, and it is believed that these are competent to decide whether they would participate in the study or not. The respondents received information about the study either via sms or e-mail and telephone. Overall, it is likely that the participants understood the purpose of the survey.

Secondly, respondents are entitled to privacy (Jacobsen, 2000). In this context it must be considered how sensitive and private information from the interviews is, as well as whether it is possible to identify individuals from the data. Some of the information that has been collected can be debated as being sensitive. It was in some cases many emotions present linked to the experience of the work. I have excluded information that is not seen as necessary to show my results and highlighting the issue. The material is presented as to preserve respondents and informants from recognition. However, due to the size of this study, there would be a potential risk of information being recognized.

Finally one has a requirement that the results will be accurately reproduced (Jacobsen, 2000). This means that you should present the material as accurately as possible, and do not take items out of context. The first element is of such a nature that one can always discuss whether this is done in a satisfactory manner. In this case, the specific parts have been presented, while others have been omitted. This is partly due to lot of information and for respondents' anonymity, but these choices are also made on the basis of relevance.

Some of the answers completeness, may possibly, in some extent been abandoned in respect to the focus of the analysis.

It is an occasion were seeking for loyalty that occurs when people open themselves in the situations I was lucky to take part at, when observing at the LMC. Loyalty to informants goes primarily to discuss in a fair way what that the researcher can find of academic material. I realized that not everything was relevant to my study, but it was still important as a confirmation that respondents and informants opened up to me, and I got access to the feelings that were present. Most data were part of a total picture.

3.5 Summary

By conducting a document review, observation, in-depth interviews and questionnaires one hopefully gathers enough empirical data to make value to any conclusion given. These procedures which have been carefully chosen are believed to give this study the academic value, to be a study for informative and educational purposes. As mentioned in the introduction it has been a goal to be able to tell and elaborate features of a contemporary organization, here the given LMC and give understanding to a process which is still undefined. Method has been an evaluation and the choices fell on the method of qualitative studies. In a conclusion I will hopefully be able to lighten and answer my questions to the best of my capability, built on sustainable theoretical and academically framework. Since I am looking at few respondents, it is problematic to generalize or compare on the basis of these, but still, through the use of my methods its believed that this study are to take advantage of the believe in a case study earlier named phenomenological study.

The concern for the validity and reliability of/to data is essential in any study, as in this study. The intention has been that empirical findings are to be ensured a durable quality manifested in its study design.

It is important that researchers be aware of the influence political debates, situational challenges, media reports and profession can have on the result interpretation. These factors are, however, welcomed in this study because; they are all part of the contemporary situation the employees in the LMC is finding themselves in.

Chapter 4: Drivers of Change; Coordination Processes.

A report conducted by PricewaterhouseCoopers (2010), shows that the majority municipalities and health authorities are satisfied with the interaction between them. Several previous studies have documented worse experiences. Both substantive and methodological factors are likely to explain these differences. The researchers asked managers in the Norwegian health care system if it is possible that they have different experiences, than performing healthcare personnel. Later investigations can follow up if there are such differences between levels within organizations. Local authorities and health trusts' ratings are largely congruent, except for on the coordination processes, where health authorities are far happier than municipalities (Askim et al. 2010).

As for differences between municipalities in satisfaction with interactions with health authorities, the report could not find strong cause-effect relationships. Neither the size of the municipality, municipal health expenditure, or centrality, has statistically significant association with municipal experiences with coordination (Askim et al. 2010).

In the case of agreements on coordination there are several positive findings. Both strategic and operational agreements have good coverage and by far, most respondents have good experiences with the agreements. On the other hand, findings on perceived monitoring of compliance, including the deviation from agreements, particularly from municipal standpoint, were poor. In the case of samples where municipalities and health meet, all health authorities are satisfied with the executive committees. The vast majority of middle management committees report confidently on contentment. Municipalities are experiencing more mixed experiences. It would appear that some selection takes place most on health authorities' premises. Most likely municipalities need to take the blame to this fact. Some municipalities are poorly represented, prepared, and coordinated. When it comes to interaction, coordinator survey shows that three out of four hospitals have coordinator positions, while less than half of the municipalities have experience with these coordinators. In both camps, the experiences are predominantly good. But it should be noted that some municipalities perceive the interaction manager as the health authorities, more than municipal, "attorney"(Askim et al. 2010).

It appears that the problem in many places, from the municipals' standpoint, is that community health services requested information, but that hospitals do not provide the

information requested by the municipalities. Standard criticism emerges from the study that hospitals are criticized for; lack of discharge summaries and late notice of discharge. Criticism as uttered against municipalities themselves goes on a lack of medical information (Askim et al. 2010).

The main impression from the report is that a good set of agreements and cooperation, is working well for senior and middle managers. And a good collaborative culture are factors that affect how well other instruments work, such as work experience, coordinators and information exchange. Work culture is probably the most important thing. Both local authorities and health authorities believe improved collaboration culture is a crucial measure to improve cooperation in the health sector. One is the health authorities, such as recognition of municipal health role in overall patient care. On the other hand, municipalities have a way to go, such as the prioritization of work contracts and selection for interaction with health authorities. Research has not provided clear answers and there is a need for more knowledge about what can strengthen cooperation culture (Askim et al. 2010).

Chapter 5: Empirical findings and discussion

5.1 Introduction

As mentioned previously in this report it is important, when studying an organisation, to define what to study. I started studying this organisation by making a call to one member of the LMC organization. I got the impression that this new establishment was seen as a mix of something old, already established, and something completely new. My impressions changed however after my observation and interviews at the LMC. This was not a view which was generally agreed upon.

This will be a discussion of an organization, LMC, which is about to be established as a result of the 'Coordination Reform' (White Paper no.47' 2008-2009), in relation to two other white papers: 'National Health Care Plan' (White Paper no.16' 2010-2011), and 'Tomorrow's Care Plan' (White Paper no.29' 2012-2013). It is important to keep this in mind further into the discussion. This is not an all recognized organization by anyone at this moment. I am trying to analyse and define an organization, which has not yet had the opportunity to define itself. My information is based primarily on interview sources, and therefore, I rely mostly on my data from the interviews. Written sources, observation, and questionnaires will supplement and support, or weaken what has been said.

 I'd like to discuss **how does it work to open a Local medical Centre (LMC) in association with a relatively new reform, what are we able to see of a contemporary organization?**
In this context, it became appropriate to also examine how, and the way the establishment is done.

I want to describe this establishment defined on the subjective perspectives of the people working here. From prior experiences, researching different documents, this could easily been initiated as a bigger plan from the beginning. This establishment was to form itself built on the local needs of its user and the shareholders to this organisation. Who to better form and define an organisation than the ones working here? Theory backs the assumption that some tasks are better performed through decentralized hierarchy (see page 11).

The direction I was captivating during this study showed itself to be an exciting journey. I was able to grasp a part of a process, which had almost just started.

5.2 There are often some gaps of ambition and implementation

'Management by Objectives and Results' (MBOR) is based on a system which tries to establish unambiguous goals, objectivity, and incentive elements into often traditionally trust-based systems, embedded in a complex political-administrative context, for then to delegate responsibility of accomplishment attached to these objectives further down the lines (Christensen, Stigen & Lægreid, 2006). From my research this seems to be a planned proceeding in this re- or new establishment of the LMC. New directives are issued and progressed in the government, and the 'health and care department', which then issues new guidelines and directives directed to municipalities. Municipalities are to be more accountable and take more responsibility for their own programs. Direction from (MBOR) is to be formulating clear, stable, and consistent goals and targets, which are to give municipalities more leeway and discretion in their work. This latitude is again forwarded from the municipality to the LMC. They are again to perform their daily work built on clear, stable, and consistent goals and targets. This however is not the case. There seem to be some communication missing for this to be running smoothly. The responsibilities are not clearly stated yet, and there is frustration as to who is responsible for what. As one of the informant writes in regards to responsibilities:

> The start-up phase is experienced, and is characterized by the lack of procedures and good guidelines to the responsibilities that this organization needs. (Informant 1)

Peters and Pierre (1998) introduces a potential organizational problem that the new organisational structures might extant.

…"Although structural organizational changes, such as decentralization and moving decision making on operative issues downward in the organization are very common today, the problems associated with changing the culture of the organization are often much more difficult than are the structural changes" ... (Peters & Pierre, 1998, p. 230)

On the question of "How have you experienced the initial phase of the LMC?", three among those answers:

It has been a heavy start-up phase. There has been some poor planning in relation to who we are, and what we do. (Informant 1)

It has not been taken into account the resources and the time it takes to establish a new organization. (Informant 2)

It was early apparent that it was poorly planned. It was as we had to figure out "the state of affairs" ourselves, which procedures, cooperation and so on to practice. (Informant 3)

It is expressed that this establishment is not well enough planed and the employees lacks guidelines. Planning and preparation was flawed from the beginning and it has not been clear which procedures, support and so on to practice.

Quinn's (1988) see organizations as complex and dynamic systems, with competing expectations as a rule rather than an exception. In an organisation resources are usually at stake and stakeholders are often unaware of the strong predispositions they hold. He argues that in every organisation there are at least four general perspectives on what "good" organizations are and what "good" managers do. Unfortunately these are contradictory; they are also emotionally held "moral" positions. People feel strongly about them, and it is often difficult for them to see any value in contrasting views. Because values are implicit, most people are unaware that they are carrying around an ideal set of preferences about organising and that there may also be advantages to be gained in directly opposite preferences. These preferences usually go unarticulated. Instead they tend to be expressed as blind moral statements that reflect anger over conflicts within the organisation (Quinn, 1988). There is naturally some anger connected to the conflicts related to the LMC. Employees hold viewpoints on how this new establishment affects them. Here are some answers in regards to how this establishment affect employees:

It has been a crude manoeuvre of employees as there has not been given any part-time employees linked to the temporary start-up phase. The use of agencies of nurses has been hard since the routines are not in place, and they are left without guidelines. (Informant 1)

Have been exciting to be given this opportunity, but too busy that we have done it properly. (Informant 2)

I perceived the start-up phase as chaotic, a lot of uncertainty and, insecurity. (Informant 3)

From the interviews and questionnaires it is evident that the start-up phase is perceived as chaotic and with a lot of uncertainty. This chaos is felt by the employees and they are

trying to find direction, however, this takes much of their time and efforts. They seem to be looking for common goals, as to whom and what they are.

Abrahamsson (1975) sees an organization as a planned association of persons for the purpose of achieving certain goals. According to Jon A. Anderson however, this is incorrect. He writes and believes that this only applies to those who may own the organizations (see page 10).

Employees at the LMC are not necessary preoccupied with the predetermined goals, established by the government, of the organization on an everyday basis. They go to work and have smaller specified goals and aims for their day. In my interviewing them, they are not aware of the governments overall plan in how they are run in today's contemporary strategy. They have their own ideas as to how this organization should be run. They are all frustrated by the amount of chaos and the absent of rules and routines to make their day more well-organized. Employees here are interested in their patients who they see as their number one priority, they are all working as to make the organization more professionally run, in terms of how patients are welcomed and treated. They feel however that it is difficult to get anything established when there are so many "loose ends", who are they supposed to be, who are their patients? These questions are often asked by the employees.

When they started in August 2012, they did not know exactly what they started. All employees at this organization have different background. Some of them worked at the preceding rehabilitation centre before they started at this new organization, others worked at different nursing homes, some in the hospital etc. Their experience and education influence how they work here at the LMC because the organization is not yet completely conventional.

At the LMC there are different ideas which to some degree conflict with each other. The two terms of care and rehabilitations are conflicting when employees at the LMC have different ideas about how to attend for patients. Caring traditionally for patients means care for them at institutions, and the fulfilment of the special needs and necessities that are unique for each patient. Rehabilitations mean dealing with restoration and in this term meaning helping them to take care of themselves. Government goals for local medical centres sates that they are to provide comprehensive and integrated services before, instead and after hospitalization, based on coherent and holistic patient care. That they are to emphasize self-help and early intervention including rehabilitation, learning and mastering

services. The employee in the organization is, however, not fully aware of whom their patients are yet. They are not able to grasp to what degree they are to provide comprehensive and integrated services before, instead and after hospitalization. Due to the varying record of patients' needs, it has been hard for the employees to establish certain criteria and routines in how to learn all of these patients to care for themselves. Not all of the patients who have visited the LMC have been able to care for themselves, which again keeps confusing the caretakers at this organization. The organization has recognized that they have been moving in a wrong direction at one point, moving towards becoming a nursing home. This is countervailed by now trying to define once again its patients. This is todays overall biggest challenge and has been for some time. The patients are however sent from the municipals distribution office, which is working on placing patients. Are they not understood with the objectives and intentions of the LMC? A gradual redefinition of an organisation, of its objectives and the criteria on which outsiders should asses it, may also help reformers to create a crisis, a major discrepancy between ambition and performance, which in turn motivates a call for sweeping reforms.

5.3 Reality, they say, is socially constructed

Modern society consists of many institutionalized rules, providing a framework for the creation and elaboration of formal organizations. Many of these rules are rationalized myths that are widely believed but rarely if ever tested. They originate and are sustained through public opinion, the educational system, laws, and other institutional forms. Thus, many of the factors shaping management and organizations are not based on efficiency or effectiveness but on social and cultural pressure to conform to already legitimate practices (Clegg, Kornberger & Pitsis, 2011).

The reality of today's challenges at the LMC is defining their users, and they are on a current basis trying to halt a development towards becoming a nursing home. They are already experiencing that the idea of rehabilitation are challenged due to the pressure from the municipal to take on patients. As one of the informants writes:

> We experience one mandate and directives from the project relating to provide a good offer and rehabilitation with a ten day offer after hospital stay. Then we get another instruction from the municipality's top management to serve patients discharged from

the hospital, to avoid having to pay health authority. But we often consider the patients too sick for rehabilitation. (Informant 1)

They have been trying to ease some of the pressure by allowing for some patients, but saw that it was taking a wrong toll. They were taking the direction towards becoming a nursing home. This was countered and they started working on a new manifest of directives, this is the first written manifest ever established due to the "unsteady" start.

Seeing something as an organisation means endowing it with an identity. This develops between different forces. Organisations are controlled and managed from the inside but they adapt to influence or handle their environment (Pfeffer & Salancik, 1978). Modern reforms attempt to give public sector more autonomy. Rules from the top down have become fewer and less specified and instead decisions are taken in relevant local unit. The task of central units is more framed in terms of giving advice and follow-up treatment rather than imposing directives on local units (Brunsson & Sahlin-Andersson, 2000). This seems to be the case at the LMC, but from past experiences the responsibility now behind the employees seems somewhat confusing to them. It is like they are expecting more direction and are asking questions in relation to this fact: - where are our guidelines? From some of the answers in the questioners, it is apparent that they are searching guidelines:

Here is yet to be working out instructions and getting written procedures. (Informant 1)

Procedures are not in place! (Informant 2)

We are solving tasks from day to day. (Informant 3)

Organizations co-ordinates activities, members of an organization should therefore act in a way that contributes to assured common aim and termination. For this to happen there needs to be elements of hierarchy within the organization that directs action. The formal constitution of leadership and administration is established at the LMC. However, they are still working towards finding their common purpose. The objectives placed in front of them are vague and still changing on a regular basis. The conflicts arise on practices of "How to do things around here?", but also the most basic assumptions as to how they are to perform. What is rehabilitation supposed to be in the LMC, how will it be formed. The confusion seems to be around how much rehabilitation they are to yield. What level of rehabilitation is connected to their group of patients? And who are their patients exactly? The new directives are handed them in different formats from different interest groups,

none of them is written down, because they cannot do much about them before they have certain criteria well established.

Brunsson & Sahlin-Andersson (2000) writes that the authoritative centre should have some freedom of choice when it comes both to forming the organizational identity and to shaping organizational action. There are reported feelings on high freedom of carrying out new routines. Some reported too much freedom leading to questions of is this normal? Could this chaos, absent of guidelines be productive? Constructing local hierarchies is the objective of many public-sector reforms. The idea is that these hierarchies which develop into organizations will form and comply with local amendments. Different stakeholders are influencing this process, however, in relations to their own interests. This makes this process regarded as a process of unresolved issues which is very time-consuming.

Organizations are assumed to be intentional in nature, in the sense that they work towards specific goals or purposes. There is no doubt an understanding for caring for patients. However, the ideas as to how to care for patients, this seems to be the heart of conflicting and creates contradictions between employees. Administrators are expected to plan goals, objectives and preferences, as well as action alternatives, their consequences and compare factors to determine their choice of action. A respondent of the administration reported on the question of planning objectives:

-…But that seems to be all I am doing these days… (Respondent 1)

Public-service reformers have tried to install various systems of management as written objectives so that objectives control the action instead of rules. The individual entity should replace rules by objectives and this way achievement can be registered accordingly. The employees at the LMC seem to be on a good path in this respect, and this seems to be part of their effort in defining themselves. For this type of formation, the optimistic view will be that the department has enough autonomy to be run in the best possible manner according to what it yields. The idea is that the autonomy will improve efficiency and that this entity aims to adapt quicker (Mintzberg, 1979-87). Employees at the LMC feel helpless and alone in their work, as the municipal does not get what they are up against. As the respondents' points out:

We are trying to make the best of this situation. We help patients; enabling them in a way to go and stay home, after hospital. Or if they are unable to do so, report and express what they need from us. But the municipal does not understand that some patients are too sick for this organisation. (Respondent 1)

It is clear that there are economic and political factors that determine what priorities are by the employer. (Respondent 2)

Employees at the LMC, feels as if the municipal do not understand what they are up against, what the challenges is, forming this organization. They feel helpless because they want to do a good job, but are left confused, and in desperate need of resources and guidelines in their cooperation with the municipal.

5.4 To be, or not to be; Organization

Establishing fit with context is essential for survival (Normann, 2001). Employees at the LMC are finding themselves in an establishing stage. It is a new type of organization. However, they are still part of an old and well-established institution, which is the 'Norwegian health care system'. As mentioned previously the LMC is a continuation of a previous institution which was a rehabilitation centre, as well as the establishment of a new plan to get discharged patients out of the hospital that are still in need of care. The LMC was intended from the project group to be a mixture of two types of institutions planed for both long-term and short term bedsides. This would double capacity in comparison with the previous rehabilitation centre. It added 8 new short-stay-beds for discharged patients from the hospital.

As Normann (2001) states in his book "Reframing Business", no change starts from nothing. The LMC is a new type of organization but are built on previous experiences, most made by people working here. Starting at the stage which the LMC is now, there will always be something 'old' which will have higher positional value put into a new context. It is such proactive systemic change- reconfiguration- in which the value of certain assets is leveraged by fitting the assets into a different system that we refer to as resulting from reframing (Normann, 2001).

Chaos widens the spectrum of options and forces the organisation to seek new points of views. For an organisation to renew itself, it must keep itself in a "non-balanced" state at all times (Nonaka, 1988). Employees at the LMC ask themselves if they are to work in this chaos forever. From some of the literature in this study, that could very well become the case. The view on chaos would nonetheless have to change if it becomes the norm rather than the exception. Creating information is synonymous with creating meaning. Creating

meaning, in turn, is creating a new perspective or a new point of view, namely a new dimension for organizing and interpreting information. The most typical process of creating information is the process of developing strategies or new products. By creating strategies and product concepts that have meaning, organizations can clearly differentiate themselves from other organizations (Nonaka, 1988). The employees at the LMC admit that they need to be doing things in a new way. They are just not sure, how, yet.

Reforms processes are not always easy and successful. Reform processes are characterized more by the creation and reshaping of aims and preferences than by the transformation of predetermined aims into new structures and processes (Brunsson & Olsen, 1993). The employees at this LMC are optimistic to some degree and it seems as they really wish to be part of a well-functioning organization. Here are some of the answers given on the question "How would you describe the LMC?":

> This is a project with great potential to provide a good plan in rehabilitation with a focus on the individual patient groups. It is held, by added request, to get expertise in relation to the offer to be provided. But even if this is important, it has been abandoned for now. (Informant 1)

> We have many dedicated and talented employees that wish to make this organization work. (Informant 2)

> We are on the track to achieve a healthy work environment. We are many talented people who are well under way to provide a good service. (Informant 3)

As pointed out previously, the employees communicates that they want to make this organization work and function in a respectively manner. Different factors are, however, making it difficult to reach a respectively «state of undertakings", that employees said need to be in place.

5.5 We have to change in order to be

Lipietz (1992) has a well-known statement …"We have to change in order to be the same"… (Lipietz, 1992). This is a study of a contemporary institution or you might, like me, call it organization. The idea behind this organizational change could very well be; to end up defining this as an organisation not an institution. From own assumptions I found that I was using the term institution as soon as I started reviewing the LMC, because I knew it was part of the public sector. Let me for now; just refer to it as a workplace. This is a basic postulation because we know there are people working here. We also know that

there are patients connected to this workplace, however, no one really know just yet a clear merit of realistic patients. So I was left with two descriptions of the LMC. It was a workplace and their objectives were to care and rehabilitate patients. After undergoing this study, however, I would also like to see it as an organization.

From the interview there are agreements on the fact that they need to find a new way to run-through their purposes. Compared to Lipietz (1992) …"We have to change in order to be the same"… (Lipietz, 1992). The employees at LMC have moved so far as to realise for themselves that they have to change in order to "do" the same, and then communicate a public identity. They need to find an identity that tells themselves, the municipality, and their local environment and convey to their patients who they are.

The open-ended interviews and questionnaires used for this report held the same open-ended questions. However, in the absent of questions relating to their colleagues, the majority specified in some degree; good qualified colleagues with commitment. It could be tempting to assume that they already share some common ends, and hold a starting point to an organizational culture where there is talk of a "we" sense and the "others" (the environment).

5.6 Towards becoming a learning entity

Based on the work of Nonaka (1988) I would like to compare the processes at the LMC with a self-renewal process of a firm. The LMC as a unit conceptualizes the process of establishment as the continuous creation and dissolution of organizational order, or see it as a no equilibrium self-organizing process. The LMC has already moved through one and the first phase established by Nonaka(1988), which consist of creating chaos and fluctuation. This phase often starts with a new set of strategies or a strategic vision, in this case issued by the government, enforceable by the municipality (see page 14).

If what is happening now at the LMC gives in to new perspective in any way possible, an entirely new connotation of the organization may be applied. In given municipality there has never been a LMC before. This could again radically transform the organizational perspective up to the present. Giving an organization this much autonomy does not have a historical background in public institutions. Mintzberg's (1979) machine bureaucracy can

be said to illustrate what many associates with the typical public organization. Its character is presented by primarily relying on coordination through a standardization of tasks. This is accomplished using written rules and procedures. The machine bureaucracy has centralized decision-making authority and limited horizontal decentralization (Mintzberg, 1979).

By setting out new visions or strategies there will often be a set of chaos involved for the involved in the organisation, as here in the case of this LMC. From Nonaka's (1988) perspective there will be an aspiration from the government of setting out chaos to hopefully start something new and better. After this phase there comes a new direction, this phase is characterized by a certain fluctuation. As the organization moves into the direction of innovation, creating more chaos is amplified to focus on the specific contradictions that need to be resolved in order to solve a problem. I believe this is the phase where the LMC is now. Inductive and holistic information can be created through structured project groups. When groups are working in a way of keeping new information, fluctuation may pass into well-organised concepts. The employees work in several project groups at the LMC, and they were initiating two new projects as I was observing them at the department meeting. It was on a voluntary basis, but there were two people volunteering without hesitation as driving forces for the projects. The thirds phase is a dynamic cooperative phenomenon for resolving discrepancies. Information is now created to dynamic cooperation within an organization in a means to resolve problems, and this will now be of innovative nature (see page 14). The LMC are working in project groups and there is evident of already new progress built into a sustainable structure, but it is very vague and not final yet.

Nonaka(1988) sees a living organisation as a system that carries on continuous non-equilibrium self-organizing. The employees at the LMC, expresses that they wish for stability. However that might not happen in near future. As one of the respondents uttered:

  -"I hope, looking ahead in time we will have a definition on our patient's needs. But it won't happen any day soon I believe", there is too much that needs to be done. And it all takes so much time. (Respondent 1)

Changing environments have become a part of today's reality, however, the changes are also stable at times and it is this stability that managers often manage.

…"Managing strategy is mostly managing stability not change"… (Mintzberg, 1987, p.73). Managers cannot plan strategy all the time, they need to exploit the ones they already have set, and make them into effect. The LMC will have to try out their guidelines set and if they do not work they will have to create new ones. This might develop into; two-step ahead and one-step back. But calculating this tells me they will move forward anyhow, and into something better. In this perspective managing strategy is not as much to promote it, as to know when it needs to be done. Long periods of stability are often broken by short periods of revolutionary change, when these changes are a fact, planning is not as important as to act upon it. In this perspective there is nothing extraordinary by setting up a LMC without the direct and well established guidelines on how to control every aspect of the organization. In regards to Mintzbergs (1987) and Nonaka's (1988) theory the organisation is well equipped to define itself over some time. All they potentially need is time. A new way of looking at the organization was born from the concept of cognitive limits where there is a view that the operating procedures that is the most effective, are able to abstract and put new information into new structures through division of labour (see page 13).

By simplifying this process of information into something sustainable the LMC will hopefully build up information processing structures, and information generated by the environment as well as general decision-making. This could be created into something new and of value to all shareholders (positively patients).

Herbert Simon's (1969) sees human's abilities limited by time as to how much information we can process into something sustainable. However, key individuals belonging to a self-organizing team are making these decisions or are serving as "triggers" for this continuous process to take place (Simon H. 1969). So, information is to be created by individuals, not just by the processes. By giving the LMC autonomy the government has handed these unknown individuals the power to create something new.

In the last phase recognized by Nonaka (1988) is the one where "a new order" is formed. New information is created, and is transformed into recognized knowledge. An organization may transform information into a standard and distribute it to other departments and stimulates systematic self-organization of information. Hopefully the LMC will experience this one day, but if they are able to grasp the process of it will be a bigger question. Normally this will happen in a time sequins and adapt in a speed not

noticeable for the employees. If they continue to evolve they will be busy handling a new contradiction, a new problem that needs to be resolved and not noticing the form they are taking.

5.7 Missing Path

In my study, there were some very key words that were repeated and recurring. These words were chaos and frustration. By definition chaos is the concept of disorder, confusion, and agitation. Agitation is related to the feeling of frustration so this seems to be very much interconnected. In my realization of this thesis I saw that this chaos seemed as to be all in the plan from the beginning. This puzzled me at some point, and made the study very interesting.

In the findings of this study there are indication that people working here, feel as if they miss direction from the municipal. Looking at contingency theory there are four important ideas on optimizing an organisation. The theory introduced the idea that there is no one best way to manage. This will make an open end for a new set of leadership. The theory however goes on explaining the need for an organisations design to fit with its environment. This is clearly missing at this LMC. The LMC seems to lack a fit because it does not clearly define what the user of this establishment will be. Which is to be their main activity, this makes it understandable and I could clearly see the needs from employees to get some answers (Fiedler, 1971).

Effective organisations are to ensure a fit to its environment but also to its subsystems. At given LMC they are not contempt when working arranged with their subsystems. They get their patients allocated from a distribution office working on the municipals behalf. This system seems to lack the needed, or see it as desired, efficiency for the need of employees at LMC. They asked to take on some of these responsibilities themselves, because they believed they could make improvements. Several of their collaborative partners seem to be confused as to their interference with the LMC. And employees at LMC are in need of more qualified service to their necessities. There are routines that are sought after but not possible at this moment due to the restrictions set by the municipal which is to be all part of LMC's subsystem.

Contingency theory also makes the postulation that an organisation is better satisfied when it is accurately designed and the management style is appropriate both to the task undertaken, and the nature of the work (Fiedler, 1971). My study did not encompass any management style evaluation. However, the study was able to investigate the design of this organisation. This was something that had already been changed a number of times and that was still in the work of being defined. It was so clear that this suggestion of being designed was missing. When one of the respondents said that it was hard to see this process to be formed in any other way, I moved to theory on the creation of information, theory that focuses on humans not just as simple processors of information but as creators of information. If this organisations design is so undefined, there must be some process, where new information is surfacing. Considerably volumes of contemporary organisational theory would not accept an undefined organisation, in this case evident in a non-existing design. Organisations will by most theorists define itself in a certain fashion. Or is it humans wish to define organisations for our own necessity? Nonaka(1988) argues that a living organisation is a system that carries on continuous non-equilibrium self-organizing. Mintzberg (1987) view on managing strategy is mostly managing stability, not change. How to define something which will always be of a changing character? Will the point of defining vanish? Could the LMC become an established organization without a clear and steady design, because it is changing its design on a regular basis?

5.8 It is better to innovate self, than to be innovated

The government's main strategy for meeting future care challenges has been to activity seek demographic changes to a gradual expansion of services, and to prepare for the rapid growth of care that will be about 10-15 years, by investing in the education of professionals and renovation of buildings (White Paper, no. 25' 2005-2006). This message is also focused on finding new solutions by mobilizing society's overall care resources adopt new technology and new scientific methods, and support local innovation in local government.

It is primarily in municipalities innovation must happen. The most important, is to support municipalities' own innovation and opportunities, either by removing barriers and align legislation and funding to actively support the need for innovation and change. Any

forward-looking business set of resources and personnel, to drive innovation and product development (White Paper, no. 25' 2005-2006)..

Many of innovation opportunities this message points at will occur in cooperation between municipalities, knowledge and research institutions and civil society organizations or businesses

In a process of change there will be many different questions and problems with different insights. Problem perception is related to the change process. Choices and strategies are leading to problems that must be solved. As written previously, respondents and the informant's reported conflicts associated with this establishment. My observation could also support these experiences. Some people experience the responsibility of this establishment as overwhelming, and felt under qualified. I am left thinking that they are not under qualified; they are just lacking the confidence of controlling this much of their output. The whole concepts seem to be fairly new in the 'Norwegian Public Sector'. I am left wondering if this organization could become an ever-evolving organization as long as the guidelines for handling patients where at place. If the objectives where just improved and they knew who their patients were. I am left wondering if this would be enough, the employees seemed more than capable to handle the organizing of tasks and routines connected to rehabilitating for patients.

The essential question I am left with is; would the employees here find it acceptable? Would they request a design, a characterization to who they are as an organization, their work place? Or is it enough to know who their patients are and be able to perform the work with less chaos?

Empirical findings through observation, interviews and questionnaires were all obvious to me. This was one of their common goals, to get to a point where they could define their patients. And this desire was to me, to be; evidently linked to their completion of work.

Let's again look into Mintzberg (1987) metaphor:

…"Ceramic artists are like leaders that shape strategies like the artist shapes her clay"… (Mintzberg, 1987, p.66).

If managers lack the knowledge about the strategy, like in this case, there will be no opportunity to ensure a tangible effort in a perfect shaped strategy, it will happen by itself.

Therefore, there is no better comparison than a "lump of clay" that is just now, being shaped every day at this organization.

5.9 Summary

From the interviews and questionnaires it is evident that the start-up phase for the LMC is perceived as chaotic and with a lot of uncertainty. This chaos is felt by the employees and they are trying to find order, however, this takes much of their time and efforts. They seem to be looking for common goals, as to whom and what they are as an organization.

Employees at the LMC are not necessary preoccupied with the predetermined goals, established by the government, of the organization on an everyday basis. They go to work and have smaller specified goals and aims for their day. In my interviewing them they are not aware of the governments overall plan in how they are run in today's contemporary strategy. They have their own ideas as to how this organization should be run. They are all frustrated by the amount of chaos and the absent of rules and routines to make their day more well-organized. Employees here are interested in their patients who they see as their number one priority, they are all working as to make the organization more professionally run, in terms of how patients are welcomed and treated. The reality of today's challenges at the LMC is defining their users, and they are on a current basis trying to halt a development towards becoming a nursing home. They are already experiencing that the idea of rehabilitation are challenged due to the pressure from the municipal to take on patients.

The formal constitution of leadership and administration is established at the LMC. However, they are still working towards finding their common purpose. The objectives placed in front of them are vague and still changing on a regular basis. The conflicts arise on practices of "how to do things around here", but also the most basic assumptions as to how they are to perform. What is rehabilitation supposed to be in the LMC, how will it be formed. The confusion seems to be around how much rehabilitation they are to yield. What level of rehabilitation is connected to their group of patients? And who are their patients exactly? The new directives are handed them in different formats from different interest groups, none of them is written down, because they cannot do much about them before they have certain criteria well established. Employees at the LMC, feels as if the municipal

do not understand what they are up against, what the challenges is, forming this organization. They feel helpless because they want to do a good job, but are left confused, and in desperate need of resources, and guidelines in their cooperation with the municipal.

By setting out new visions or strategies there will often be a set of chaos involved for the involved in the organisation, as here in the case of this LMC. If what is happening now at the LMC gives in to new perspective in any way possible, an entirely new connotation of the organization may be applied. In given municipality there has never been a LMC before. This could again radically transform the organizational perspective up to the present. Giving an organization this much autonomy does not have a historical background in public institutions.

Chapter 6: Conclusion

This thesis has been evolving from a document research influenced by a short interview, which woke my curiosity into a widespread study of: documents, articles, books, interviews, observations and questionnaires. I established research questions in a vein to help me focus at reaching a conclusion. At this point in my study I am to write a conclusion, but I am just as curios as when I started out researching.

My answers left me asking more questions, wondering what I have really documented. LMC's is a plan based on the 'Coordination Reform' and hopes for higher innovative measurements. Its overall objective is to ensure higher quality and efficiency of services. Due to time restrictions and the size of this study it was impossible to measure quality and efficiency. Based on the employees' experiences though, quality and efficiency of services was not satisfactory. They did not seem content at today's offer. It is not unbiased, however, to judge this early in the process, quality and efficiency measures may adopt as the LMC is operating more in relation to its objectives (which is still not manifested).

Through this study I found that the ideal of a LMC was a somewhat a wobbly characterization that seemed to be very loose in its directives. I could not comprehend this at first. In fact so that it was hard to really understand, reaching the end of this study, what to make of it. I would like to conclude the fact that this is work in process.

When looking at findings we should ask questions of the discoveries validly. It is severe to make too much conclusions this early in a new establishment. Nonetheless, there is a pressure toward taking on responsibilities which makes this LMC counterproductive in the means of working as mainly a rehabilitation centre. In my findings there was suggestion of this organization taking on an identity closer to a nursing home which at one point had to be countervailed.

Services at LMC's are, to some degree, to substitute treatment in hospital. The whole idea behind this is that patients should not have to travel too far to the hospital for easy "follow-up" and treatment. If they can be just as good or better at a LMC in their communities. The overall plan is to get patients in and out of this LMC establishment, reducing the pressure of hospitals. If patient is placed at an LMC for too long I see potential of a "hold-up" in

effectiveness. Efficiency will then be slowed down and the overall plan will get diminishing results.

Due to the fact that they did not know their patients and lacked resources, the majority of employees did not feel able to fulfil self-help and early intervention, rehabilitation, learning and mastering services. This is closely connected to efficiency, but is also very connected to the job of defining themselves and the offer given by this establishment.

Employees had many opinions and feelings towards this establishing phase. And there were many contradictions. Some saw it as a totally new establishment others as a mix of a preceding rehabilitation centre as well something new.

In short it seems that this establishment is experienced as chaotic and hectic for most employees.

Evidently there was a certain amount of chaos to be discovered at this organization, however there were no greater confusions over the objective, as caring of their patients. They knew what was expected of them in this regard; they held in my point of view a very professional ownership in their role at this workplace. I was met with commitment and interest and their response and communication showed me professionals that were personally interested in forming this workplace into something of sustainability, and something to be proud of.

Employees communicated stress and agony over their loss of what they see as professional handling of patients. This told me they have own objectives and criteria on how to perform. These were not connected to defining an organization, or use theory to explain these merits. Their objectives were connected to patients and their nature of everyday performance. In this manner I believe the organization is able to define itself from the centre of ambition measured in the care for patients. It is my believe that when there is a stable plan defining their patients they will work as an organization because they will see themselves limited in a way. Organizations have some universal features like; Goals, people, some sort of structure and activity. Formed by this there will develop an organisational culture. These apparatuses are to some extent interconnected and have a mutual influence on each other. People work together, to achieve certain goals in a structure, with cultural limitations. From historical view and employees being only a single input to production they are today more valued in terms of treasured knowledge, which could potentially lead to innovative actions in the organisations.

New institutionalism emphasizes that organizations develop over time. It emphasizes that the informal aspects of the organization are important, and that organizations meet the many needs of its members. This organization will most likely evolve and change character from what is present today. Organizations are very complex phenomena and it is therefore difficult to manage and lead under a single shared style, contradictions is therefore not necessarily bad. Contradictions could be the ingredients to successes.

The study gives me an insight in how chaos could be constructive and be part of creating something new. I have no doubts as to something of a completely new character will surface in this place were employees are engaged in project groups and handed responsibility to form this organization. I am just not sure as to how big it will be, and if it will contain innovative nature. It is probably too early to tell just yet, but I am personally hoping that this organization will develop into a new conception and develop new directions as to how patients can contribute in their own rehabilitation. If this organization is able to stand against pressure in becoming a nursing home, this LMC's municipal will see a starting of a new direction, which may very well form the future.

For further studies of this establishment, it would be interesting be able to screen a new type of organization in "The Health Care of Norway". What further studies would find, however, is hard to predict. If this establishment resigns into a nursing home there could potentially be a study of a reform failure.

Last Words

Let me again specify the immense commitment, which seemed to be present in this organization, and point out Nonaka, Toyama & Konno (2000) work on knowledge in organizations:

…Knowledge has the active and subjective nature represented by such terms as 'commitment' and 'belief' that is deeply rooted in individuals value systems. Information becomes knowledge when it is interpreted by individuals and given a context and anchored in beliefs and commitments of individuals…

(Nonaka, Toyama, & Konno, 2000, p.7)

I would not expect to be this fascinated prior to my study. I see this organization with so much potential, but I also sense the risk of it reassigning into more of a nursing home. It seems to me as the only authority able to define this, at this time, are the employees working here. Personally, I doubt that they understand this influence they have on their own workplace in this modern age. All this decentralization and responsibility is all new to them; it is new to all of us in this new 'Public Sector Era'. However, some would say that the control is only so loos as the funding. An organization's control over actions is never absolute because there are always competing claims for the control of given actions. Participants can, and frequently do, have incompatible preferences and goals (Pfeffer & Salancik, 2003). Economic pressure will be a demining factor as to how much this LMC can define own agenda. Nonetheless, I am cheering for this LMC to become something new and a healthy visionary which believe in patients own abilities and strengths to rehabilitate and be able to go home.

Social science has a tendency to take its objects of study as given, seeing them as natural entities of some kind. Individuals, organisations, states and other basic social units waiting for the social scientist to study them (Strang & Meyer, 1993).Theorizing organizations is a way of intellectualizing an organization, meaning it is studied by people who are caught in a specific historical era, resulting in a mix of individual vision and technical production located within a socio-historical context.

… "Theory making is always liable to subvert institutionalized conventions that has petrified into unreliability accepted orthodoxies that can never be contained completely

within established cognitive frames and conceptual parameters"... (Hardy, Clegg & Clegg, 1999, p.27).

Social theorists' constructions may not always coincide with those of other people; what theorists' sees as certain type of entity, may be interpreted differently by the practitioners (Brunsson & Sahlin-Andersson, 2000).

In this study the employees have been the source for understanding a given LMC as a contemporary organisation. Employees and my own insights and perceptions are limiting factors in understanding this process.

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Attachement 1

Interview guide/ Intervju guide:

1. Fortell meg kort om din utdanningsbakgrunn og hva du har gjort før du startet i jobben på **xxx**. Hvorfor ønsket du stilling her?

2. Hvordan ser du på din og din organisasjons rolle i etableringen av **xxx**? Hvilke utfordringer ser du som spesielt viktige i etableringsfasen? Hvilke forventninger har vært stilt til deg og **xxx**?

3. Hva synes du er det mest sentrale trekk ved etableringsfasen og hvordan opplever du / har du opplevd den?

4. Hva ser du som de viktigste utfordringer i dagens drift av denne organisasjonen?

5. Hvordan bedømmer du større utfordringer og hverdagslige utfordringer, i driften av denne organisasjonen?

6. Hvordan ser du denne etableringsfasen? Opplever du å ta lignende beslutninger som ved tidligere arbeidsplasser og ved behandling av pasienter?

7. Hvilke ideer og formål synes du dominerer denne organisasjonen? Er det stor oppslutning om disse ideene/målene? Hva bunner eventuelle forskjeller i?

8. Hvordan har samarbeidet med andre aktører/parter vært, som f.eks. sjukehuset i **xxx**, hjemmepleien, sjukehjem, og ev. andre deltakere?

9. Har du noen endrede oppfatninger og / eller tilnærminger til arbeidet ditt etter din tid her på **xxx**?

10. Hva tror du driver prosessen videre, hvordan ser du for deg **xxx** om et par år?

Attachement 2

Questionnaire/ Spørreskjema:

1. Hvordan har du opplevd oppstartsfasen av **xxx** ?

- ▪ Hva ser du som de viktigste utfordringer i dagens drift av denne organisasjonen?

2. Hvordan ville du med egne ord beskrive **xxx** ?

- ▪ Hvilke ideer synes du dominerer denne organisasjonen?

Attachement 3

Til xxx

Hei!

Mitt navn er Therese Aas Vegsundvåg. Jeg er student ved Høgskolen i Molde og er i gang med

avsluttende masteroppgave i Samfunnsendring, organisasjon og ledelse. Jeg har valgt å studere

deres arbeidsplass fordi jeg ser dette som et spennende tema og en fin utfordring. Jeg ønsker

komme i kontakt med så mange som mulig for å gjennomføre intervju og samtaler, med bakgrunn

i oppstartsfasen dere er i gang med.

Studien vil bevare alle respondenter anonyme, og jeg er kun interessert i generell informasjon i

tilknytning til oppstartsfasen. Denne studien vil på ingen måte være en evaluering av deres

arbeidsinnsats eller arbeidsplass.

Mvh Therese Vegsundvåg