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Organizing principles and management climate in high-performing municipal elderly care

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Abstract

Purpose – Previous research has shown that user-oriented care predicts older persons' satisfaction with care. What is yet to be researched is how senior management facilitates the implementation of user-oriented care. The purpose of this study is to investigate the organizing principles and management climate characterizing successful elderly care.

Design/methodology/approach – The department in one highly ranked municipality was selected and compared with a more average municipality. On-site in-depth semi-structured interviews with department managers and participatory observations at managers' meetings were conducted in both municipalities.

Findings – Results revealed three key principles for successful elderly care: organizing care from the viewpoint of the older person; recruiting and training competent and autonomous employees; instilling a vision for the mission that guides operations at all levels in the organization. Furthermore, using climate theory to interpret the empirical material, in the highly successful municipality the management climate was characterized by affective support and cognitive autonomy, in contrast to a more instrumental work climate primarily focusing on organizational structure and doing the right things characterizing the more average municipality.

Originality/value – The authors suggest that guiding organizing principles are intertwined with management climate and that there are multiple perspectives that must be considered by the management, that is, the views of the older persons, the co-workers and the mission. These results can guide future care quality developments, and increase the understanding of the importance of organizational climate at the senior management level.

Keywords Organizational climate, Leadership, Older people, Elderly care, Management, User-oriented care

Paper type Research paper

Introduction

Elderly care in Sweden is considered to be one of the best in Europe (Genet *et al.*, 2011; National Board of Health and Welfare, 2012). Since 2007, the National Board of Health and Welfare is conducting extensive surveys annually by asking the older persons about their experiences with assisted care (home care) and institutionalized care (nursing homes). The last publically available results (National Board of Health and Welfare, 2014) were based on more than 140,000 older persons and 32 different user-oriented quality indicators (e.g. "Do the staff respect your wishes and opinions about the care you receive?", "Can you usually influence the time for receiving care?", "Do the staff usually inform you beforehand about changes?", etc.). Individualized care (hereafter called user-oriented care) has become the dominant approach in elderly care, and all 290 municipalities in Sweden are by law required to provide this, while the National Board of Health and Welfare maintains the supervisory responsibility. Municipalities have, at the same time, a great liberty in how they choose to organize elderly care (Trydegård and Thorslund, 2010). Municipalities in Sweden are annually ranked according to the results in the so-called Open Comparisons service user reports. These rankings have, however, been criticized for being misunderstood and misused (Kajonius and Kazemi, 2014).

Previous analyses of these annual surveys have convincingly shown that inter-personal user-oriented care indicators, such as experiences of respect or information, are strong predictors of satisfaction with care (Kajonius and Kazemi, in press a). Somewhat surprisingly, the findings also have shown that the amount of money spent by a municipality was not significantly associated with older persons' satisfaction with care. Only a few field studies have investigated inter-personal user-oriented care across municipalities (Kajonius and Kazemi, in press c; Kazemi and Kajonius, 2015). A conclusion from these studies is that it is unlikely that the inter-personal treatment of the older persons by the care workers systematically would differ at the municipality level (i.e. an aggregated level consisting of hundreds or even thousands of employees). In the present research, we argue that the organizing principles and working climate at the senior management level is a crucial factor for successful elderly care. Expressed differently, what distinguishes a successful municipality does not only depend on processes taking place at the *inter-personal* level (Kajonius and Kazemi, in press a, in press b; Kazemi and Kajonius 2015), but also with what organizing principles are implemented at the senior *management* level.

Organizing elderly care

One of the most essential aspects of user-oriented care is the feeling of being at ease or feeling at home (Edvardsson *et al.*, 2005; Falk *et al.*, 2013). Home is considered to be the base of safeness, as most people have spent their lives by being surrounded by family, friends and peers. Successful care aims to mimic the home environment, especially when it comes to trust, cooperation and relationships between the caregivers and the older persons (Welford *et al.*, 2010).

Previous research has described a positive organizational climate as being characterized by features of trust, cooperation, commitment and responsibility (Hällsten and Tengblad, 2002). Our theoretical perspective on organizational success, thus, rests on the importance of the management to create and communicate guiding principles

throughout the care organization. This crucial role of management has also been acknowledged by the National Board of Health and Welfare (2009).

Research on management and organization within the Swedish elderly care sector does not have a long record (Runesson and Eliasson-Lappalainen, 2000). However, during the past 10-15 years, research on the characteristics of companies and organizations that reach particularly good operating results show that the common theme is the ability to combine social and technical competencies in efficient and innovative ways. Terms used to describe successful organizations are *organization mindfulness* (Weick and Putnam, 2006), *organizational resilience* (Suthcliffe and Vogus, 2003) and *high-performance work systems* (Gephart and Van Buren, 1996). In the present study, we are not focused on the formal structure of a successful organization, but with the unspoken value principles and the psychological workplace climate that permeate the care enterprise. Characteristics such as high trust, cooperation and communication are obviously desirable principles, but nonetheless, organizations are more or less successful in these areas, and many departments fail to realize these objectives despite good intentions.

Workplace climate
In recent years, the number of research articles on psychological climate in the workplace has tripled during the 2000s (Kuenzi and Schminke, 2009). Climate is the sum of the feelings, thoughts and behaviors among the people in the organization (Katz and Kahn, 1978). In other words, workplace climate is constituted by the shared perceptions that govern relationships within an organization (Koys and De Cotiis, 1991).

What are the components of workplace climate? Ostroff (1993) described three basic components:

(1) *affection* (i.e. people involvement, person knowledge), characterized by cooperation, warmth and social rewards based on effort;

(2) *cognition* (i.e. psychological involvement, self-knowledge), characterized by growth-orientation, intrinsic rewards and rewards based on ability; and

(3) *instrument* (i.e. task involvement, work process knowledge), characterized by a focus on hierarchy, formality and extrinsic rewards of pay.

These components can also be seen as three independent dimensions, as often reported in the psychological climate literature (cf. warmth/support, autonomy/professionalism, and structure/hierarchy in Schneider *et al.*, 2011). Generally, the more positive the climate in terms of these facets is in the workplace, the higher the job satisfaction and job commitment tend to be (Ostroff, 1993; Schneider *et al.*, 2011). Affective support, cognitive autonomy and instrumental work process in a municipal organization imply trust and cooperation. With the aim of providing the best services to the older person, often judged by concerned relatives, this suggests that a climate of affective support, in particular, is of importance for the care organization.

Previous research has shown that the performance of organizations is directly related to the prevailing workplace climate. For example, climate and accident prevention have been reported to be positively correlated in a meta-analysis (Clarke, 2006), a correlation of $r = 0.43$ which is considered to be a strong degree of association in the social sciences (Hemphill, 2003). There is also an established link between climate and employee satisfaction (Schneider and Snyder, 1975), which in turn is associated with customer

satisfaction, particularly in service occupations (Schneider and White, 2004). Also, in Swedish elderly care settings, a positive team climate has been shown to decrease stress among co-workers (Dackert, 2010). More importantly, the relationship between climate and organizational output can be mediated by leadership, which is of particular interest for our study (Mayer *et al.*, 2007; Parry and Proctor-Thomson, 2002).

Methods and setting
With the aim of identifying and describing organizational key factors for successful municipal elderly care, two similar medium-sized municipalities (population 50,000), within geographical proximity, were selected out of Sweden's 290 municipalities. One municipality, Municipality 1, was known for its outstanding results in the national elderly surveys (both in assisted home care and nursing home). The other municipality, Municipality 2, was chosen as a contrast, representing a more average municipality (National Board of Health and Welfare, 2012, 2013, 2014). Tables I and II summarize the differences in rankings and the similarities in budgets between the two municipalities. Both municipalities spent more than the national average, as indicated by the national deviation index, which controls for municipal demography characteristics (National Board of Health and Welfare, 2014).

Interviews
We interviewed municipal elderly care managers, investigating what organizing principles might be contributing to a successful care organization using semi-structured in-depth interviews. We interviewed the nursing home manager, home care manager, quality manager, heads-of-unit managers and manager-in-chief at the care department level in both municipalities. Seven females and five males, in the age range of 35-65, participated voluntarily after informed consent. A semi-structured interview guide was used, including questions about views on user-orientation, the care organization and overall elderly care quality. In total, 12 interviews were recorded and transcribed into approximately 120 pages, which are available upon request. The material was analyzed

Municipality/year	Budget/ capita home care	Budget/ capita nursing home	Budget/ elderly home care	Budget/ elderly nursing home	National deviation index
Municipality 1					
2012	15.0	33.3	116.4	514.1	9.8
2013	15.2	30.7	174.1	590.8	10.0
2014	15.4	31.0	198.0	648.3	8.0
Municipality 2					
2012	14.7	31.2	134.1	542.8	4.7
2013	15.7	30.4	218.0	592.3	5.2
2014	21.9	22.5	333.7	452.5	4.3
All 290 municipalities					
2014 range	6.5-30.7	12.2-64.2	104.6-516.2	350.5-2222.8	−27.6-60.3
2014 median	17.1	27.7	247.8	652.3	1.7

Note: All numbers are thousands of SEK, except for the national deviation index which is reported by Swedish Statistics enabling comparisons between municipalities in which municipal demography characteristics (ethnicity, proportion older persons, tax income, etc.) have been taken into account

Table I.
Descriptive statistics for selected municipalities 2012-2014

User indicator	Municipality 1			Municipality 2		
	2012	2013	2014	2012	2013	2014
Home care						
Overall satisfaction	94	95	95	89	93	91
Influence	72	70	76	58	67	63
Respect	90	88	90	81	91	85
Information	89	–	76	68	67	–
Treatment	82	85	86	72	78	71
Safety	57	59	57	40	51	41
Nursing homes						
Overall satisfaction	88	91	90	84	86	85
Influence	72	75	80	56	61	64
Respect	87	88	86	83	81	79
Information	57	75	–	46	61	–
Treatment	69	70	70	55	64	58
Safety	56	58	53	49	56	54

Table II.
Descriptive statistics
for user-oriented
indicators in selected
municipalities
2012-2014

Notes: All numbers represent the percentages of satisfied older persons at the municipal level; to illustrate the magnitude of the reported differences along the indicators, consider the following example. Analyzing the differences between Municipalities 1 and 2 in Treatment year 2012 (i.e. 82 vs 72) yields a small Cohen's $d = 0.27$; $t(600) = 3.2$, $p < 0.001$ (equivalent to a biserial correlation of $r = 0.13$)

using a thematic approach, searching for guiding organizing principles, being as distinct as possible enabling a differentiation between the successful and the more average municipality.

Meeting observations
We also attended management meetings at the senior management level (one meeting with the heads of units of nursing homes, one with the heads of units for assisted living in home care and one with the entire management team for the central care administration), in both municipalities. We were also given permission to visit various units in the organization, making observations and taking notes. Research recordings took place openly and managers attending the meeting were informed about our participation, with the stated purpose of describing municipal elderly care at the upper management level. In total, we participated in six meetings, three in each municipality.

A potential limitation of the observations was the observer effect (Denzin and Lincoln, 2011), that is, managers could modify their behaviors and act differently in response to knowing that they were studied. However, this bias seemed unfounded, and we felt included as any other participant in the meetings. To further reduce any observer effects, the purpose of the study was explained as an attempt to describe managerial practices at senior level within elderly care. A second potential challenge was to secure dependability and credibility of our observations (Morse *et al.*, 2008). As a verification strategy, the observations were discussed extensively during the entire process of data collection. In this way, the observation and recording procedures were calibrated to ensure consistency. Peer debriefing sessions were also held during the data collection to ensure confirmability (i.e. the equivalent of objectivity in quantitative research) (Patton, 1999).

Ethics
This research was approved by the National Committee for Ethics in Sweden. The research was carried out in accordance with the recommendations of Swedish Research Council's research ethical principles for the humanities and social sciences (i.e. informing research participants about the purpose of research, acquiring consent from the participants and stressing that participation is voluntary; personal data must be stored in such a way that unauthorized person cannot take them; collected data should only be used for research purposes). The interview and observation data were transcribed without any references to individual participants.

Results
Two research questions guided the present research. First, we were interested in exploring what organizing principles the senior management level in a highly ranked municipality use and, second, what characterizes the working climate at this level?

Organizing principles
The interviews revealed that the elderly care administrations in a municipality contend with a lot of bureaucracy, politics and economy. This was seen as having potential repercussions on the end-users' (i.e. the older persons) perceptions of treatment and safeness; "Quality is defined by law and statutes" (8, Municipality 2). However, Municipality 1, the higher-ranked municipality, almost seemed to be a force against these pressures, always prioritizing the older person. "Our basic thesis is that it should be easy and simple for the older person, and that we in the organization should provide aid with any problem" (12, Municipality 1). One typical example of bureaucracy was the well-meaning focus on the welfare of the care workers. "It is easier to set goals based on what the staff should do instead of putting the older persons at the center" (2, Municipality 2). There seemed to be a choice of focus on user-orientation as the final guiding principle in the midst of all rules and regulations:

> […] quality of elderly care happens in meetings between staff and users […] Quality is what the clients experience […] We can have great systems, and the best guides and directions, but quality happens with those providing the quality […] (12, Municipality 1).

As an example of the constant focusing on relationships, Municipality 1 wrote letters to prospective older persons/users as fellow citizens to connect personally, and this letter was signed by the head of the central care administration/organization. They considered this as important proactive work. When the day comes for the older person to utilize their elderly care services, they already feel part of a relationship. Out of the three thematic principles found in the empirical material, we formulate the first as follows:

- A successful municipality focuses on supporting the end-user, the older person, in terms of affective needs. [View of older person]

A second thematic principle which emerged in our analysis pertained to the management's view of the employees carrying out the mission. Often, in Municipality 1, we heard the importance of believing in the employees' autonomy. "So I do not believe that you can tell someone what to do and the person will do it. it might work one time and then it may even be worse" (10, Municipality 1). There seemed to be an appreciation of initiative and daring innovation in the organization:

We try to create the courage to take initiatives, the employees are not so afraid of what you can and what should not, I think this is positive […] they may determine what has to be said, they think for themselves (10, Municipality 1).

This courage to let the personnel to perform and fulfill the mission was prevalent at all levels of the management, "And then I think, oh well, if I overdraw the budget, and then I ask myself and explain why, then I can explain this to the committee […]" (11, Municipality 1). In contrast, the other municipality sometimes expressed almost the opposite, following the guideline of "I do what is expected of me, and it's what you do […]" (5, Municipality 2). Furthermore, the activities were formally guided by steering documents. "The results from the national surveys are used for developing work and planning, and this becomes the content of the steering documents" (8, Municipality 2).

Recruiting the right people as care workers and providing on-the-job training were important in Municipality 1. "We have the most qualified care workers" (10, Municipality 1). "We have a lot of training of staff before they start, and we continue with it, because it's the most important thing we have" (12, Municipality 1). Municipality 2, on the other hand, seemed to use pressure tactics, "When you have the implementation plan in place, the care workers actually are forced to start using individualized care" (6, Municipality 2).

The emphasis on early on-the-job training and education of the care staff, and not just letting them to start their work merely based on previous merits seemed to set the municipalities apart. "We have had a basic training program for ten days, we also have a development program targeting team leadership and team development for eight days" (7, Municipality 1). We formulate the second thematic principle as follows:

- A successful municipality recruits, trains and allows for employee autonomy and achievement. [View of employees]

A third theme with regard to organizing highly successful elderly care which emerged from the interviews was the constant prioritizing and reminders of the mission, in contrast to being slowed down by focusing on rules and procedures. The mission was illustratively formulated as "It should be great to live in Municipality 1"(7, Municipality 1). In contrast, in the more average municipality, we more often heard complaints about rigid regulations. ".here the implementation plan is as the Alpha and Omega" (8, Municipality 2). ".and you must be able to document, so you can go back to a case and ensure that you made my your decision correctly. It cannot be arbitrary […] " (6, Municipality 2). The differences between the more successful and the average one can best be described as the first one having more of a flexible, user-oriented focus, while the other had more of an instrumental, rule-oriented focus. The successful municipality came across as more questioning and reflective with regard to how to achieve the goals of user-orientation: "We need to have a more quizzical perspective so that we do not entangle ourselves only in laws and boundaries […] "(12, Municipality 1). "I think we spend quite a lot of time to reason about solutions with one another […] " (7, Municipality 1). In contrast, the other municipality more appeared to be an organization that had a hard time keeping up with progress, "They often live in their own system, it is almost out of control. There are risks for a build-up of subcultures" (2, Municipality 2). We formulate the third organizing principle as follows:

- A successful municipality trusts that the care mission will guide the enterprise, and not formal structures and rules. [View of mission]

Management climate
The second aim of our research was to study the characterizing features of the management and working climate. This was done by conducting third-party observations. At first glance, there seemed to be obvious differences in levels of engagement and energy at the department level. The following are illustrations from a narrative based on observations made by the first author from both municipalities.

A meeting with nine of the heads of home care units gathered exemplified the psychological climate that prevailed among the managers in the more average municipality. People came and went in and out of the meeting, without excusing themselves. Some were initially late, someone was constantly off and on the phone and a few implicitly signaled a feeling of resignation. There did not seem to be a focus in the meeting. The spread of skills, experiences and personalities seemed unsynchronized and even hindering potential productivity. The impression was that there was much unsaid and that the managers present had learned how to spend as little energy as possible. To the observer, it felt like an involuntary relief to come out from such a meeting.

The similar situation in the more successful municipality, being in a comparable setting with 11 heads of the care units, felt more like being at a motivational meeting united by the ideology of providing the best elderly care possible. The attention was top-notch for two hours before lunch without a break, with keen interest radiating from everyone involved. Sometimes these meetings could be extended for large parts of the afternoon as well. It was an exhausting but rewarding experience.

During the stay with the management in the more average municipality, it was apparent that certain key persons did not get along and that this affected the entire working climate, presumably muting the willingness to speak and take initiatives. The topics of discussion in the meetings were often about recording procedures and documentation. One manager expressed spiteful joy when she heard that our research indicated that the inter-personal relationship between care worker and older person predicts satisfaction with care. "That's what we always have said. It is all about soft values […]". The feelings from the unit managers seemed to be that they would have liked more support and better communication from the central care organization. Instead, these senior management meetings were often viewed as mandatory (i.e. attendance due to duty), from which good news or solutions rarely emerged.

In the more successful municipality, on the other hand, we were struck by an optimistic mood in an atmosphere of both heartfelt affect and hard cognitive work. The meetings were also like the other municipality held on a weekly basis. However, in this municipality, they did not have set finishing times, and could sometimes go on till they felt finished. Interesting comments and reflections were lifted with ease and, participation and influence were high, reflecting an inspired working climate. An expression of this was that jokes and a merry mood were more frequent. This openness and sense of direction seemed to provide a basis for trust, cooperation and communication among the members of the management team. Another striking

characteristic observed from several of the talks and participation in the meetings was that managers seemed to take a pride in their mission, and expressed a responsibility to empower their employees. The head of the care administration organizations seemed to play a crucial role in creating the workplace climate. In one municipality, there was trust and respect directed toward the head of care organization, while in the other, there was potential rivalry and distrust attributed to the head of the organization.

Summary of results
In summary, the municipalities had the same purpose; however, in one, there was a climate with lots of energy and opportunities for voice, and in the other, the climate was more strict and rule-driven. Our impression of the different work climates were that in one, there was a strong sense of ownership and pride in the mission, while in the other, there was more a sense of going to work and duty. A conclusion is that the successful municipality was characterized by a climate of engagement, which was visible in management relationships, which in turn inspired the entire organization. It inspired the guiding value of the mission, the view of employees as professional and autonomous and, ultimately, the older person as the constant center of the enterprise.

Table III summarizes the findings of the empirical material and the relationships between the three climate types and the three organizing principles. The successful organization displayed a climate of high affective motivation, and viewed the older person as a fellow citizen. Similarly, there was a connection between a climate of high cognitive freedom and the view of the co-workers as autonomous. Finally, and perhaps most importantly, the climate of less instrumental structure was associated with innovative solutions and developing organizational behaviors.

Discussion
Three themes that distinguished the successful municipality/organization apart from the average one were extracted from the interview material, that is, the view of the older persons, the view of the employees and the view of the mission. These three themes were tied with the three facets of psychological climate at senior management level (Ostroff, 1993; Schneider *et al.*, 2011). As seen in Table III, the senior management in the more successful organization held the first dimension of affect/support in high regard, constantly relating to the older persons' needs as the main reason for the enterprise. Similarly, the second dimension of cognition/autonomy distinguished the more

Organizational climate		Organizing principles	
Climate facet	Perspective	High-success municipality	Average-success municipality
Affective (supportive)	Older person	End-users as fellow citizens are at the center of mission/attention	End-users are older clients with preferences
Cognitive (autonomous)	Co-worker	Co-workers are seen as team colleagues in realizing the mission	Co-workers are a part of the organization
Instrumental (structural)	Mission	The mission has priority over structure	Rules and roles guide the mission

Note: Taxonomy based on Ostroff (1993) and Schneider *et al.* (2011)

Table III.
Relationships between organizational climate and organizing principles in elderly care

successful from the less successful municipality in that the first was characterized by a climate in which they not only encouraged one another but also the employees to be creative and purposeful professionals. Finally, the third dimension of structure referred to being rigid with regard to tasks and formal procedures, being characteristic for the more average municipality. This was the feature that differentiated the most between the two municipalities in our study.

In our opinion, organizing principles in terms of user-orientation and organizational climate in terms of affective support reinforce each other and co-exist, particularly in the context of elderly care. Notably, both municipalities aimed for a user-oriented care approach, but used different organizing principles and differed in terms of output, as seen also in the national elderly polls. The management climate seemed to accentuate the formation of organizing principles, increasing or decreasing the sense of employee trust, cooperation and commitment, which in turn reshaped and refined the organizing principles, as in a feedback loop (Wilderom *et al.*, 2000). Moreover, the three organizing principles and climate characteristics identified and described in the present research are generalizable to other contexts in particular, as previous research has shown that the size, age and type of organization are *not* important moderators of the climate's effects on performance (Sackmann, 2011).

To the extent that the management level is successful, one can expect the organizational climate and end-user satisfaction to be correlated (Schneider and White, 2004). Organizing an enterprise around soft values, and not primarily around rules and regulations, seems to be a key factor in explaining high performance, as previously shown in the psychological climate research (Wilderom and Berg, 2000; see also Shin, 2012 for findings on the links between CEO ethical leadership, ethical climate and work outcomes). In a related vein, Wang *et al.* (2013) showed that innovation workgroup climate level mediated the relationship between leadership and employee creativity. An illustrative example of how soft values (i.e. organizational climate) can be more important than formal rules and structures in our present study was that the participation of the elderly in planning their care was formalized to a higher extent in the less successful municipality, while the proportion of older persons reporting having influence in everyday activities was actually lower as compared to the more successful municipality. A suggestion for future studies is to investigate whether workplace climate would act as a mediator for organizing principles in explaining user-oriented outcomes, such as perceived support and autonomy.

We believe that the results of the present study contribute to an increased understanding of the crucial role of management, organization and climate for user-oriented outcomes. However, as previously mentioned, it also serves as a case study for understanding the mechanisms behind high-performing organizations. There are unmistakably different ways of organizing for quality at higher levels in a care organization, although the basic interactions between the care workers and the older persons remain much the same, in terms of respect, treatment and safety. With this study, we have shown that at the senior management level, the climate can either be primarily governed by duty, regulations and structural inflexibility, as in the case of the more average municipality, or by a more vision-based view of the mission, anchored in but not blocked by legislation, with a decentralized and shared sense of responsibility, as in the case of the more successful municipality.

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