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Searching Avenues for Excellence - An Analytical Review on Finland's Healthcare Sectoral Reformation

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Abstract

This paper presents an overview of Finland's health care sectoral structure to further explore the gaps if present, on tri-dimensional basis (i.e., a-health care leadership, b-organization communication and c-creativity) linked to the work practices, to offer insight and support to the policy formulators and care providers to implement innovative solutions for transformation. The sample and the target locations in the current research study belonged to the regions of Vaasa, Laihia and Vähäkyrö, The study results revealed considerable gap between the verbal or desired aspect and the actual or practical level of work practice in the focused dimensions (i.e., 92%, 84%, and 93% for Health care, communication and creativity respectively) as compared to their actual work effort levels (i.e., 43%, 48% and 29% respectively). The study findings offer assistance to the care providers and policy reformers by pin pointing the weak areas for timely preparation of support processes for perfecting the ideal health and social care sectoral transformation.

Keywords: Healthcare leadership, communication, creativity, policy formulators, innovative transformation

1. Introduction

Finland's Healthcare system is undoubtedly a true example of innovative leadership by exhibiting a tendency to achieve the landmarks of consistency through sustainable development. The success story of Finnish health care system unfolded over a span of few decades and resulted in presenting an internationally acclaimed health care model from a somewhat elementary. The system is designed in such a balanced way that though each and every individual permanent resident gets its proper share from the extensive set of medical services but still the sum of total per capita health care expenses remain considerably lower than in most of the similar countries, leaving the local population generally contented with it. Following are the ingredients (Teperi, et. al, 2009) of Finland's premiere Health Care System currently in place:

1 1 Value for patients

Some of the main aspects are as below,

- Implementing innovative ways to contain cost and increase value to obtain improved health care outcomes,
- Care should be organized around medical conditions over the full cycle of care,
- Health care value be measured periodically against global standards and gaps be reported for reformation and system upgrade,
- Reimbursements be aligned with value and innovative rewards,
- Competition is encouraged based on value of services for patients, while encouraging the restructuring of health care solutions,
- Electronic medical record keeping system are in place to enable fool proof care delivery and support management integration,
- Health plans are encouraged and funding agencies are involved to contribute to generate increased level of value in the overall health care system rather than acting as passive payers.

1.2 Causes of concern for the Finnish Health Care Regulatory body:

However, the general concerns associated with the need to further enhance the reform structure of the Finnish Health care system are as follows:

- To remain at par with the new inventions and innovativeness in global medical services scene with respect to the quality of medical services.
- Expected raised medical facility costs and limited accessibility due to the extremely high levels of aging population at the current point of time.
- Expected lower levels of tax payers in recent future due to higher levels of aging work
- Recent concerns regarding equity issues,

Furthermore, the main stake holders in Finland's health care system as detailed as below,

- Public Sector: (National Government, Municipality, District level governance Structure)
- Private Sectors: Private Hospitals, Clinics and Health care service providers etc.
- Universities and Research Institutes:
- Tax payers,
- Pharmaceutical companies and research centers,

Finland's Health care system comprises of 4- tier structure that can be well comprehended through the following flow chart:

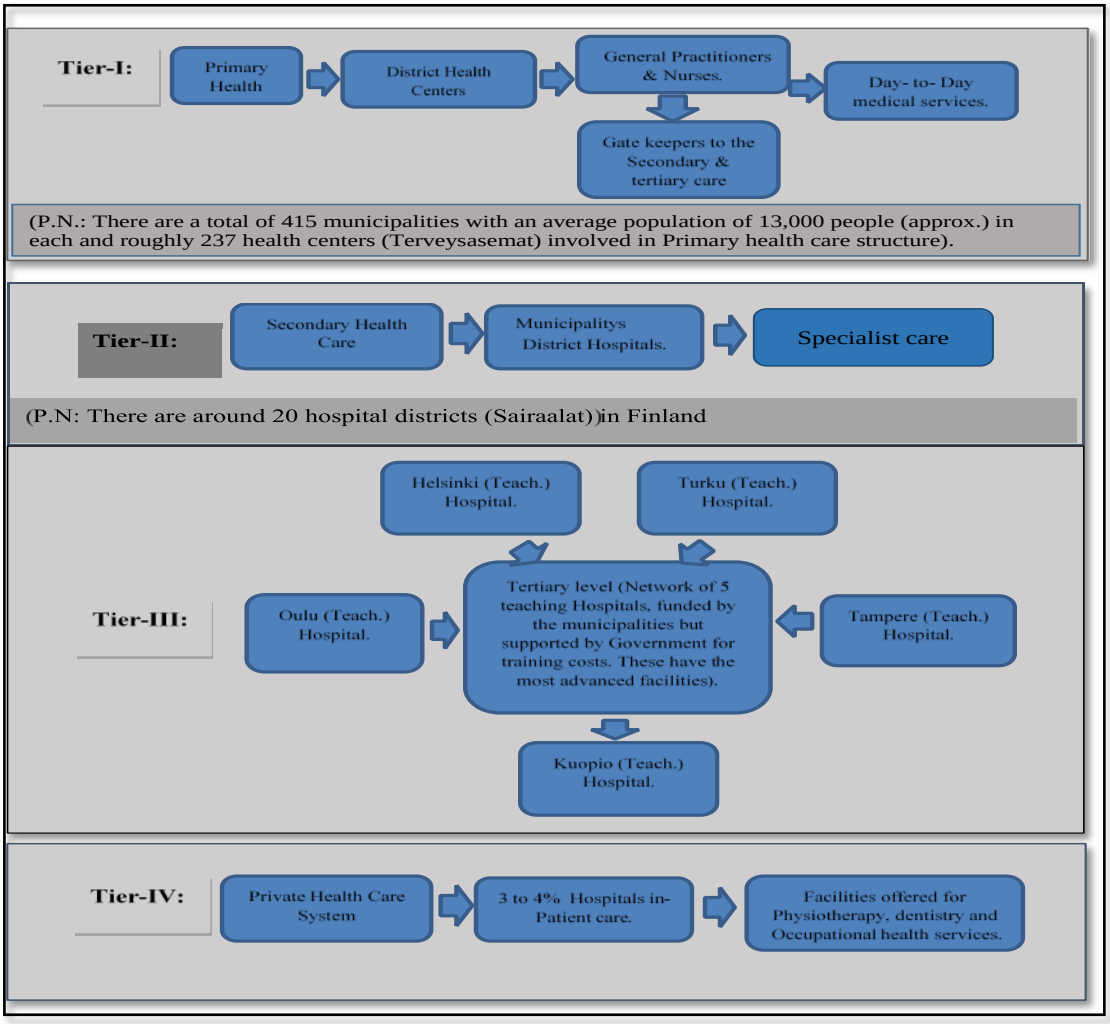

Figure 1. Four tier structure of Finland's Health care system

1.3 Highlights of Finland's Health care system

Main stages in the development of Finland's heath care service history is detailed below,

- The year 1980 marked a leading step by extending the basic Health care system to the homecare for the elderly in addition to the day care facility for the children.
- High level inter-connection between various sectors with regards to computerized patient data based access through open source software initially developed for the U.S. Veterans Health Administration and additionally compliant with CDA subset of HL7 interoperability standard.
- Employers are made legally bound to cover the occupational health care services for their employees.
- The establishment of National Insurance system - KELA.
- The introduction of Patient's Injury Law through which patients got the right to claim compensation for unforeseeable injury that may occur as a result of treatment or diagnosis.

1.4 Suggestive direction/ areas for current reforms

The Finland's Ministry of Public Health is aiming for a nationwide Public Health Reforms, involving the following key areas;

1.4.1 National public Healthcare sector´s organizational structure Reforms:

- Alterations in the hierarchical structure of the `Administrative or Management control system` associated with the Primary or Secondary Health care systems for better control.
- To devise a system where the specialized health care structure work more closely with the primary health care facilities available in the small areas (municipalities)
- Empowering the doctors more so that may control the administrative structure directly,
- To develop a system where the senior doctors are made responsible or the training of the reporting staff (joiner doctors or the nurses etc.)

1.4.2 National public Healthcare Information System Reforms

Technology based innovative solutions for the provision of healthcare services are the latest trend in the global Health care scene due to the following reasons:

- It ensures greater levels of efficiency of hospitals and customer satisfaction in addition to patient safety issues. Henceforth, this fact justifies the creation of intense demand for healthcare innovative technological products and services.
- Devise a ICT system to support that it can facilitate the processes of `lean` and `Just in Time ´ concepts in data management so to support doctors' decision-making processes,
- Healthcare informatics be used as a key or the development and enhancement of Increasing staff (Nurses and Juniors health care staff) awareness through education ,
- The systems in the Health care units at various levels (the Primary, Secondary or the remaining levels) are integrated for streamlined management and improved patient safety in terms of patient data with regards to diseases and treatments etc.
- The key methods of telemedicine and mobile health technology be incorporated to make the health care system more innovative with a wider outreach or the underserved populations,
- The health care systems should be supported by the concepts of data standardization, data sharing and governance with in the Health care network throughout the nationwide levels,

2. Literature Review

2.1 Leadership in health care environment

According to Gilmartin and D'Aunno (2007) emotional intelligence leadership theory (Goleman, 1995) is relatively ignored in the health care literature. Gilmartin and D'Aunno's (2007) research identified considerable level of linkages among nurse managerial style and staff job satisfaction, turnover and retention. Nurses

preferred managers who were participative, facilitative and emotionally intelligent and such styles were in turn linked to team cohesion, lower stress, and higher empowerment and self-efficacy. Karilnli, Arabay, Gunay and Guneri (2008) studied the quality of nurse managers' relationships with their staff (using Leader Member Exchange theory), nurses' organizational identification, and whether job involvement mediated any relationship between these factors. Their study results further confirmed the trend that upon offering increased level of opportunities of participation in decision making, by the supervisors of nurses resulted in increased levels of organizational identification and job performance. In one study conducted by, Hamilton, Spurgeon, Clark, Dent, and Armit (2008) established the fact that while high-performing trusts, interviewees consistently identified higher levels of medical engagement. Leadership and administrative failures, personality difference which result to team conflicts, communication problems, trust issues amongst teammates which hinders cooperation and coordination (Kazmi, 2012; Kazmi, Kinnunen, 2012 ; Kazmi, Takala, 2012; Kazmi, Naarananoja, 2014; Kazmi, Naaranoja, 2015c), and lack of adequate reward and recognition system is a major issue in organizations and proves detrimental to the success of any establishment, (Cannon & Edmondson, 2001; Nadolska, & Barkema, 2014; Lingard, et al., 2004; Kazmi, Naarananoja, 2018). The above studies and findings reflect the elements involved in the mechanism linked to the complexity in leader's adaptive decision making capability (Kazmi, Naarananoja, Kytola, 2015a; Kazmi, Naaranoja, 2013; Kazmi, Takala, Naaranoja, 2014; Kazmi, Takala, Naaranoja, 2015; Kazmi, Naaranoja,2015a) that can be seen and understood through figure 2 displayed below;

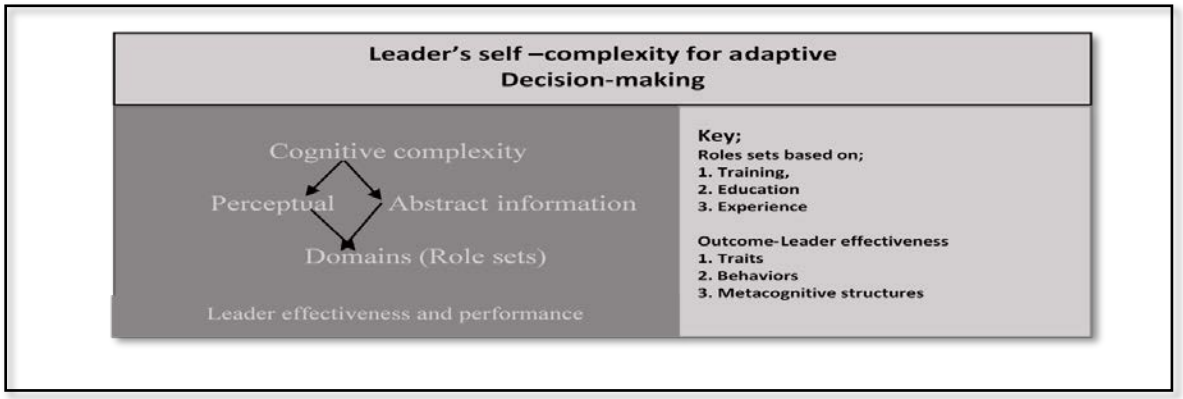

Figure 2. Leader's self –complexity for adaptive Decision-making

2.2 Organizational creativity

Creativity is defined as a process of producing novel and worthwhile products and service ideas. (Mumford, (2003). In-depth research on creativity has identified almost 172 methods for idea generation (Smith, 1998). A phenomenon of idea generation termed `heuristic` (West, Neil, 1996) is extensively explored by psychologists and management experts to explain the underlying logic and impact of experience-based techniques for problem solving, learning, and discovery to offer solutions, which might not be optimal ones, due to being embedded in non-scientific methods namely; rule of thumb, an educated guess, an intuitive judgment, stereotyping, or common sense). The concept of heuristic is criticized by few theorist for being unscientific. According to the critics, it is a situational solution and limited in scope since being depended upon while fuzzy front end phases of the new products and services development related processes. However, despite being criticized, the concept still holds significance in the field of organizational operations management process (West,Neil, l996; Gigerenzer, 1991). An individual´s decision making is facilitated through creative thinking for exploring effective problem solutions while being flexible in opting from a variety of choices to gain maximum benefits, opportunities, technologies, and changes to support his routine life (Flach, 1990; Mumford and Gustafson, 1988; Runco, 2004; Kazmi, Naaranoja, 2015b; Kazmi, Naarananoja, Kytola, 2015b). Team empowerment through decentralization of official authority results in creating mid-points of innovation and excellence at various levels to ensure enhanced level of organizational operational effectiveness (Childre, and Cryer, 2000; Kazmi, Naaranoja, Takala, 2013; Kazmi, Naaranoja, 2013; Takala, Naaranoja, 2014; Kazmi, Naarananoja, Kytola, 2015a; Kazmi, Takala, Naaranoja, 2015).

However, there are contradictory approaches to the idea generation process. The traditional approach for generating innovative ideas for problem resolution through creative thinking is built upon the adoption of an `out of the box and unstructured thinking approach`. Such a cognitive approach does not follow systematic patterns to be truly original and innovative by initiating the thought process by placing the 'problem first' to encourage 'brainstorming' ideas till the desired solution is reached. Contrary to `out of the box` thinking, a modern approach to new idea generation through creativity propagates the logic of thinking `inside the box` (Boyd and Goldenberg, 2013), an enhanced or rapid process for innovation, referred to as a counter intuitive approach. Theorists in favor of the notion defend the concept with the logic that humans think in patterns, or operate within their bounded rationality (Gigerenzer, 1991; Simon, 1957) and usually depend upon cognitive factors, namely knowledge, familiarity and experience, during the problem solving process. 'inside the box' thinking is a process of exploring problem solutions while remaining within one's familiar surroundings and using the help of set patterns embedded in creativity. This is additionally termed inventive solutions and prepares the ground for systematic inventive thinking (SIT). This technique is currently followed by number of well-known companies (Boyd and Goldenberg, 2013) across the globe (e.g., SAP, Johnson and Johnson, GE, Procter and Gamble, and Philips). According to Boyd and Goldenberg (2013), the most inventive ideas are not very far from one's reach and occasionally at the advent of a new invention; one feels that he or she could have thought that too.

The SIT technique elucidates that new ideas can be generated by using any of five simple techniques namely:

i. Subtraction, (e.g. the invention of the Sony Walkman by subtracting the recording feature and the size of the cassette player, invention of contact lenses by subtracting the frame from the pair of glasses),
ii. Task addition, (e.g. innovations of scanners with the added function of emailing facility or the latest introduction of back packs by the Samsonite company that has the of addition to the back holding straps having massagers placed at the `Shiatsu` points in accordance with Japanese body massage techniques,
iii. Division, (e.g. the introduction of split air conditioners with offering separate components (i.e. air blower part, exhaust box and remote control),
iv. Multiplication and the attribute dependency (e.g. transition sunglasses, as their one attribute of changing color depends on changes in the outside light). Basically, the SIT method is embedded in the cognitive sequence of moving inside out. The difference in the process flowing between the two approaches of innovation can be understood by looking at the following Figure.

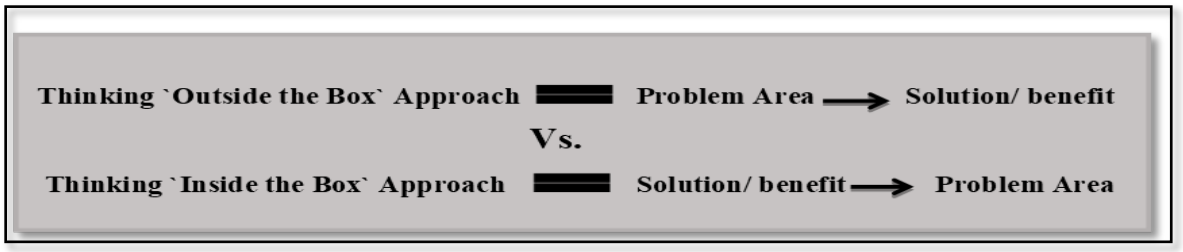

Figure 3. The opposing process flows – outside the box vs. inside the box thinking (Kazmi, 2016)

Figure 3 above presents a brief overview between the two approaches which take completely the opposite route from each other while supporting innovative idea generation logic. One starts from defining the problem area first and the finding effective solutions in an unstructured way (i.e. out of the box thinking), while an inside the box thinking process approaches the effective solution or the benefit logic prior to exploring the problem area (Boyd and Goldenberg, 2013). All the above, suggests that there is no single approach to support innovation process and new idea generation. Therefore, the aimed approach of the study is to install strategic thinking so that the thinking process is aligned with corporate planning (Goldman and Casey, 2010) and targeting the required operational areas. In the next section the author will describe the concepts of strategic thinking and product innovation along with their interconnection.

2.3 Organizational communication

Two way communication is considered a basic condition to initiate any mutual action between 2 or more individuals or groups (Roy et al., 2010). Effective communication between the team members during the process of new product development. This can be achieved by sharing information among the work team members and organizing project meetings (Ebadi, Utterback, 1984; Thamhain, 1990). Peter Drucker (Flaherty, 1999) and Edward Deming, (Edwards, 1986) research study findings suggest that fear in organizations hinders innovative initiatives, effective communication and the overall performance. In addition, organizational leaders and managers must acknowledge the fact that periodical information systems evaluation and the upgrading of communication systems (DeLone, McLean, 2003) ensure global project success. This approach is directly connected to the process of organizational "information technology-enabled" service exchange through organizational interactions (i.e. local vs. global) to ensure effective partnership to guarantee value co-production. The view of democratizing innovation by empowering team members to take a greater role by taking more of an active stake in work environment (Von Hippel, and Eric, 2005). has gained attention over the years.

3. Methodology

In the case study, the research methods of especially devised questionnaires were implemented with the additional formal interviews were conducted to obtain the feedback of the selected sample of 34 respondents from targeted localities- (i.e., Laihia and Vähäkyrö)., representing different hierarchical levels (i.e., senior management, line management and staff etc.) as well as different operational setups (i.e., physiotherapy units, child and mother care units, dentistry units or the general physician units etc. The study's expectation is to pinpoint gaps to find out and suggest innovative ways to boost better administrative control with reduced levels of cost for implementation of health care reforms in the targeted locations. However, while chalking out research findings, following facts must be given utmost consideration;

- Too many changes in the systems can sometimes make the systems more complicated to understand and may result in complete collapse or failure,
- The suggestive changes may head towards centralizing the power and authority instead of promoting the sense of decentralizing and smartly distributing the power which is a key for efficient working.
- Hierarchical changes and restructuring usually promote deep sense of `lack of trust´, `feelings of insecurity` and `lack of cooperation` among the staff and require countering therapies of change and stress management etc. to regain the levels of organizational efficiency, that will further involve huge costs, time and additional attention of the regulatory bodies.

4. Results and analysis

The parameters picked to analyze the feedback process to finalize the research activity were as follows:

- Understanding the currently placed health care system,
- Current situation of collaborative innovation approaches in the target environment,
- Motivation through all parties (i.e., staff, customer and service providers) participation,
- Current mode(s) of governance deployed for collaboration,
- Behavior patterns of the involved parties (i.e, staff, customer and service providers),
- Current level of openness within the environment or network (internal/ external with reference to all the involved parties (i.e., staff, customer and service providers)
- Preferred methods, techniques and technologies for innovative collaboration

The following table reflects the employee's feedback gathered from Laihia and Vähäkyrö locations and arranged in a manner to highlight the current situation, the associated gaps hindering the process of collaborative innovation as well as the process of change management:

Table 1: Reflecting key response areas with respect to the three selected elements (i.e., a-Healthcare leadership, b-Communication and c- Creativity) and the gaps towards healthcare transformation (Kazmi, A., Naaranoja, M., 2013, 2014).

Focused dimensions	***Sub-dimensions***	***Current situation***	***Observed gaps towards three focused dimensions***
1.Health care leadership	- Relationship Pattern among the team members representing various departments. - Support form colleagues in implementing organizational innovation process. - Respect of other's opinions and feedback.	- Casual attitude towards collaborative innovation process :(Response examples)-`Contribute to the innovation process where possible, current resources are limited. - `Limitation within the scope of service area- Health care vs. commercial enterprise `. - `Innovation can be managed only if more workforces be provided. - Monthly routine meeting are the source of exchanging work related ideas, however, it takes weeks and months to arrange a meeting for some out of routine exchanges of views. - Usual examples of discussions on new idea: during coffee breaks or lunches. - Mostly, nature of work develops the social connection patterns within and among departments: (i.e., mother care unit's staff, physiotherapy or dental care units etc.) - One respondent associated female dominant work environment with gossip prone setup reflects shaky level of trust. - Secrecy is also well regarded. - Old problems i.e., shortage of staff and of resources. - For special meetings - require month in advance, - However, usual departmental meetings take place once in 2 week. - Customer orientation is highly required for dissemination purposes. - Example of one suggestion by a respondent- Information regarding health care services can also be provided in the form of publicity campaign during annual events for better understanding and customer ease etc.	- No special efforts made to create options for creativity and innovation. - Lack of control on resources and openness. - Lack of time and eagerness for creativity. - Secrecy is well supported. - Thought process among majority that there is not much room for Innovation and creativity since `Health care services are different than any commercial activities like selling the `Bakery items or Vegetables` etc. - Visible gap between the senior and junior level work related approaches within one departments or among different in one location as well as the Different units (i.e., Laihia, Vähäkyrö and Vaasa) - Incidents are clear where the issues remained untouched and undiscussed to ovoid argument. (i.e., contrasting approach towards brainstorming to think about and create something new and innovative. - Lack of time and resources, - Hard to create positive linkage among different departments within one locations so its obvious that the combined services flow through different work locations that can hamper the services quality manifold (i.e., connecting service operations within Laihia, Vähäkyrö and Vaasa). - New process slow down the work process, (negative effects of red-tapism). - Staff capacity for to handle the current work load is suffering heavily. (i.e., combined physiotherapy operations at different locations) - External relations (customers, partners and regulators) are quite weak and have adequate room for improvements as compared with the national and international bench marks. - General feeling of disconnect is prevalent among the local staff towards the policy makers supporting the notion of being left out and ignored during major crafting policy involving their work life.

2.Confidence: Judged through organizational communicational support process.	- Through discussion pattern and style with the supervisors on organizational innovation process, - From health professionals - From higher management - From colleagues - From customers (patients) - Time availability for offering innovation - Profitability of innovation in the work place - Human Resource shortage - Productivity in the work place - External relationship (customers, partners, regulators etc.) - Incentive creative ideas - Efficiency level: staff capacity for innovation management	- Personal thought process reflected some trust with in the internal environment but lacks confidence externally. Responses Examples: 'when new idea arises- think if worthy enough then share directly with supervisors or colleagues. However, customer orientation required.	- Trust level is visible for supervisors and colleagues within the same departments but weaker level of Trust outside the departments, even within one location as well as the other locations. (Decision makers and policy implementers etc.) - More reservations towards health professionals and higher management for being left out in the process of policy making change implementation. - Trust and commitment is generally intact at different levels among colleagues but mostly secrecy is preferred, that can hamper the creativity and innovation process. - Extensive room for improvements in offering quality services to customer is available through innovation techniques as compared to the international bench marks (i.e., eHealth, telemedicine, epromotion etc.)
3.Creativity: Judged through general issues in operations.	- Patient satisfaction , willingness and collaboration or vice versa in in collaborative innovation process - Team´s activity for generating innovative ideas - Effectiveness – In-house availability of expertise for innovation - Ageing population - Staff turnover - high, average, low, - Decision making process-top, down bottom, - Organization size-large, medium, small - Welfare system -	- No adequate time margin for creativity due to hectic work routine and limited resources (i.e., outsourced or eternally provided resources at some locations.) - Respondents' clear hint towards the red-tapism within the work processes as the result of collaboration among different locations (Lahia, Vähäkyrö and Vaasa) by referring to the time duration of ` six months to one year. Some respondents highlighted the delayed processing for 3 months etc. - More load of customers is expected due to the aging population as compared to the ratio of service providers at different locations, especially in the changed policy scenario. - The extended length in the operations´ hierarchy created through the negative effects of `red- tap, resulting in slowing down the service process as well as the decision quality.	- The collaborative feeling for providing quality services to patients is available among the workforces within the internal environments (i.e., physiotherapy, mother and child care, dental care) but hampered at some locations due to time, resources as well work control crossover (Ref. Physiotherapy Services). - The resource allocation and provision is one of the major issues but not controlled locally. - The ratio between the services staff and the number of customers/ patients is incompatible. - Work process delays due to the lengthy hierarchical controls. -

The table 1 above reflects current working trends in the third Column, through the respondent's feedback against the three main elements i.e., i- organizational leadership, ii- organizational communication and iii- organizational creativity) highlighted in the first column. Henceforth, this activity offers an opportunity to the author to compare the current weak areas with the observed gaps in the three selected study dimensions detailed in the last Column of the table. On the basis of the respondents feedback analysis following comparative results are achieved:

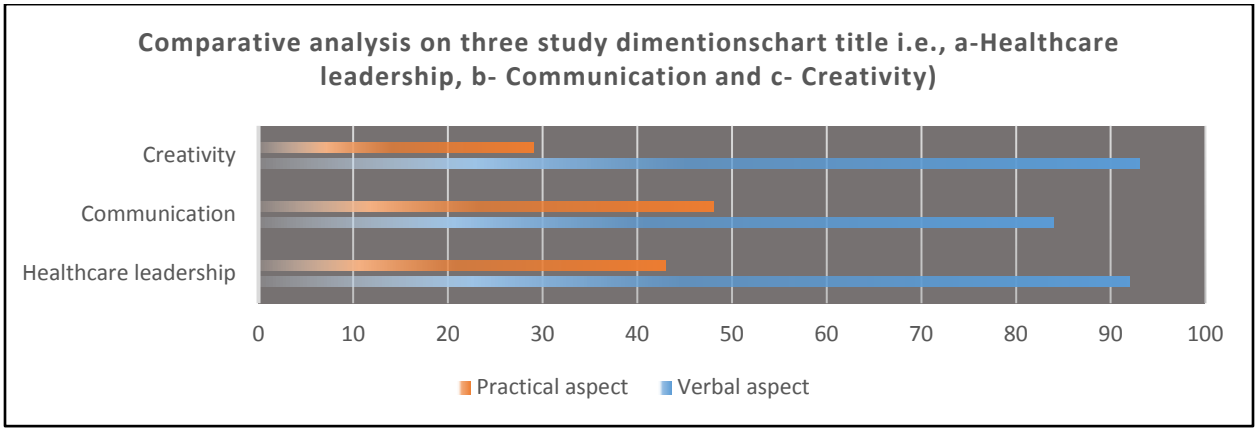

Figure 4. Graphic representation on study results presenting comparative analysis on three focused study dimensions

Figure 4. above represents comparative analytical results on three selected dimensions ., a-Healthcare leadership, b-Communication and c- Creativity obtained on the basis of study sample's feedback analysis. The distinction is created on the basis of the gap between the respondents' desired or verbal expressions as compared to their actual or practical response or tendency linked to each focused dimension. The results displayed, through the above graphic representation, revealed that the respondent's verbal or intentional expressions in case of each dimension is on the higher side (i.e., 92%, 84%, and 93% for Health care, communication and creativity respectively) as compared to their actual work effort levels (i.e., 43%, 48% and 29% respectively in cases of the referred study dimensions. The pointed out tendencies or the gaps pinpoints the weak areas to offer opportunity to the policy reformers and management to implement transformational solutions for health care sectoral success.

5. Conclusion

The current analytical study was intended to explore the current state of affairs in the selected study locations i.e., Vaasa, Laihia and Vähäkyrö, to further examine the gaps if present, on three selected dimensions (i.e., a-health care leadership, b-organization communication and c-creativity) linked to the work interactions and practices to suggest support and insight on the weak areas, to the policy formulators and care providers to implement innovative solutions for sectoral reformation. The study results revealed considerable gap between the verbal or desired aspect and the actual or practical level of work practice in the focused dimensions (i.e., 92%, 84%, and 93% for Health care, communication and creativity respectively) as compared to their actual work effort levels (i.e., 43%, 48% and 29% respectively). The study findings offer assistance to the care providers and policy reformers by pin pointing the weak areas for timely preparation of support processes for perfecting the ideal health and social care sectoral transformation.

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Biography

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