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Comparative report on the innovation groups

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Quality

Quality **is an innovative, quantitative and qualitative research project that aims to examine how, in an era of major change, European citizens living in different national welfare state regimes evaluate the quality of their lives. The project will analyse international comparative data on the social well-being of citizens and collect new data on social quality in European workplaces in eight strategically selected partner countries: UK, Finland, Sweden, Germany, the Netherlands, Portugal, Hungary and a candidate country for EU enlargement, Bulgaria.**

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Background

Work package four focuses on healthy organisations, defined as those that meet the dual needs of the organisation and its employees. The first phase involved individual interviews in one case study organisation in each partner country, examining workplace change and its impact on current quality of life. The second phase involved innovation groups, building on the interviews. This report focuses on the innovation groups.

Aims of the innovation groups

The aims of the innovation groups were:
- to disseminate the analysis of the interviews to participants,
- to address the challenges identified in this analysis in terms of the potential impacts on the dual agenda of enhancing quality of (working) life and workplace effectiveness,
- to begin to engage participants in the collaborative development of small innovations that could help to meet these dual objectives.

Participating organisations

Eight innovation groups were held: one in each country – five in hospitals (Finland, Bulgaria, UK, Germany and Sweden) and three in private organisations (retail chain in Hungary, telecom company in Netherlands and a bank in Portugal).

Participants in the innovation groups

Participants were drawn from the case study interviewees and the composition of the groups in most cases included gender and occupational diversity. Line managers were included, and crucial to the process.

Timing

The duration of the innovation groups was limited to between one and a half and two and a half hours. because of the availability of participants and the difficulties with releasing staff for longer periods. This is a short period for such a process, ideally there should be a longer time period or follow up meetings.

Structure of the group process

The Quality team in each country began by their session by negotiating a set of *ground rules* such as anonymity, inter personal respect and non judgemental brainstorming. Each Group explained the *Dual Agenda* which was the guiding principles for these groups, stressing the definition of healthy organisations as those that meet the dual agenda of both quality of life and workplace effectiveness. A list of the *major challenges* to the health of each organisation, emerging from the thematic analysis of the interviews was then

presented on slides and handouts. Participants then discussed these and *brainstormed* possible dual agenda solutions in terms of changes to working practices.

How the process worked in different contexts

Views on the dual agenda

There seemed to be a consensus among all participants in the different groups (with the exception of the Bulgarian group), that organisations that paid attention to employee quality of life as well as organisational need were likely to be most effective. However, most found it challenging to keep this in mind when thinking about change or envisaging win-win innovations. Much depended on the composition of the group, with some being more "ready" to think creatively than other.

The group in the *Bulgarian* hospital accepted in principle the usefulness of the dual agenda in the long term but in practice there was more concern about the workplace effectiveness side which it was felt could be achieved without too much attention to employees' needs. Economic efficiency was seen as the most important and both managers and employees were concerned with the financial stability of their organisations.

The *Finnish, German and Portuguese* participants accepted without difficulty the idea of the dual agenda although it was considered a challenge to put into practice when considering possible innovations. This seemed to be related to the nature of the group participants in these groups. They tended to be small, relatively homogenous groups of employees with little if any position power, unused to being consulted about organisational issues or involved in decision making. The generation of innovative solutions proved to be difficult.

Discussion of the dual agenda in the *UK* group was limited by the fact that the group were from very different parts of the hospital and so discussions were wide raging rather than focused on specific practices. In contrast in the *Swedish* group all participants spoke with "different voices" both from the perspective of what it were like to work in the hospital but also from an organisational perspective. The *Dutch* group was more used to being consulted and to being involved in decision making. They had little difficulty in acknowledging the dual agenda and the need for changes to take place in order to improve quality of work and move towards a healthy organisation.

Positive or negative focus

There are also differences between the groups in their tendency towards positive or negative thinking which affected the whole process.

In the *Bulgarian* group the tone of the discussion was positive and tended to overshadow complaints although this seemed to be contrary to views expressed in the previous stage of the research. The attitude was also generally positive in the Swedish group which expressed an interest in future change. This enabled them to focus on finding new solutions without criticising current practices. The *German* group tended to concentrate upon only negative aspects of their work and seemed to be resistant to ideas of organisational change as this was perceived as inherently negative or problematic. It appears that a

discussion that is too positive or negative may take longer to reach a point where participants can think about constructive change. If the discussion is a positive it is useful to think of innovations for the future to sustain positive experiences. Where discussion is very negative it is important for the moderator to acknowledge the concerns and then steer the group to more constructive dual agenda thinking.

Focus on individual, the group, organisation and state

Some groups found it difficult to talk about both sides of the dual agenda and were more inclined to talk about individual, work and organisation problems and in some instances about the role of the state and government policy.

The *Dutch* group after much discussion on individual problems and experiences, were steered towards contributing innovative ideas to improve the quality of work. The *German* group had difficulties addressing issues beyond personal, and individual problems and it was recognised that more time would be required to enable them to move towards a constructive problem solving process. Both the *Bulgarian* and *Hungarian* groups initially gave some attention to the role of the state and tended to perceive the problems in their quality of work and life as lying in the area of state legislation and not related to the management of the organisation of work in the hospital. Again the group moderators were able to turn the focus on to the dual agenda. In the UK hospital many of the problems stemmed from initiatives at the level of the state (National Health Service) but nevertheless it was possible to steer the group to focus on the organisation as the more immediate context.

Gender and status diversity and dynamics

The aim was to ensure a diverse group composition (in terms of status, gender and ethnicity) but this was difficult to achieve in many of the cases and made a difference to the process.

The *German* group comprised all women who had long job tenures and were close to retirement, which appeared to create difficulties in coming up with innovative ideas. In the *Finnish* group managers were either unwilling or unable to participate in the group process and this was frustrating for the participants. Moreover, women ended up occupying one side of the table and the male doctor sat alone on the opposite side which may reflect the underlying hierarchies and gender differences at the hospital. In the *UK* the group was over represented by middle managers and it was not possible to get the main grade nurses involved with the group. In the *Bulgarian* group hierarchies in terms of profession, status, age and gender influenced power dynamics and the nature and content of the discussion. For example men seemed to dominate the discussion. Status differences also brought about conflicting perspectives as in the case of the *Dutch* group where some managers tended to have a more positive view of the company. Diversity was most productive in contexts where there was a sense of collegiality and less hierarchic as in the case of the *Hungarian* and *Swedish* groups.

Some outcomes

The main focus of this report is on process rather than outcomes, because learning about process can have wider applications. While it may be possible to transfer some of what is learnt about process to other groups, outcomes are more context specific. Nevertheless it is interesting to look at some of the

outcomes. Given the short time period, many of the recommendations tended to be rather broad and more time would be needed for the development of specific innovations in working practices.

Most participants in all the groups felt that learning about the process had been useful although it was widely recognised that more meetings within the organisation would be needed in order to bring about more systematic changes to enhance both quality of life and workplace effectiveness.

The participants in the *Dutch* group were able to use the process to negotiate a number of constructive recommendations for change. One proposal included the establishment an employee working group for brainstorming about innovative organisational strategies, taking the perspective of the customer as well as the individual employee.

In contrast individual problems tended to dominate the *German* group and so some ideas emerged relating to the relief of psychological pressure. Nevertheless some constructive suggestion emerged such as reducing paper work for nurses, better training and longer hours for the reception service, as well as employing more staff to help to reduce work intensity.

In the *Bulgarian* hospital employing more staff was considered too risky but like the German group there were also suggestions relating to the reduction of paper work as well as the speeding up the introduction of a new intranet system. Some specific proposals to emerge from the *UK* group such as employing more Equality Advisors to enable the hospital to deal more effectively with bullying and discrimination and reduce inefficiencies arising from stress, grievance and complaints procedures. This group also made a number of recommendations relating to improving management training, internal communications and restoring the use of mobile phones which were withdrawn as part of cost cutting exercise. Increasing training which would help people cope with increased work loads was the main recommendation of the *Finnish* group. In the *Swedish* group there were a few suggestions about improving communication relating to general information. Developing group specific information and avoid overload was seen as a priority. It was recommended to give priority to improving competence and skills through on the job training which in turn would be linked to career planning. The *Hungarian* group put together a list of recommendations to be handed to senior management some of which addressed a dual agenda more than others. Suggestions included; more team building throughout the organisation; more equipment for recreational activities in the breaks; more fringe benefits which are tailored to individual needs; a regular pay rise following the inflation rate and finally (state) regulation of Sunday work.

More time would have been needed to develop the ideas more specifically within a dual agenda approach. For example, it might be possible to demonstrate how employing more staff would make the organisation more effective and efficient as well as benefitting employee quality of life, by working out new ways of working or by reducing absenteeism.

Developments and dissemination

All the groups were keen that the results of the interviews and innovation group should be further disseminated, in particular reporting findings and recommendations to senior management structures.

The *Dutch, Bulgarian and Finnish* groups suggested that more informal meetings would be useful so that participants can jointly sort out various issues. The *Bulgarian* group felt the recommendations should be reported to the Ministry of Health In the *Portuguese* bank, the group felt that it would be useful that the innovation group process should be adopted by the HR department as a tool for assessing workers' needs and their quality of work. The *German* group wished that the results should be reported to the emergency staff and hospital administration and similarly the *UK* group expressed a wish that the findings would be reported to the hospital executive board In the *Swedish* hospital the Quality team was asked to carry out a session with medical staff including doctors.

Guidelines for future innovation groups

Aims

- To address workplace challenges (working practices, structures, cultures) that have negative impacts on the dual agenda of employee quality of (working) life and workplace effectiveness,
- To engage participants in the collaborative development of small innovations that could meet these dual objectives.

Setting up the groups and group composition

When setting up the groups include as much diversity as possible in order to generate multiple perspectives and hence optimise creativity and innovation.

Ideally participants should be people who work together in a single department or unit so that they can reflect on specific challenges to the dual agenda in their everyday working practices.

Always include managers in the group to secure their engagement as they may be the decision makers in a position of power who can affect change.

An ideal number for an innovation group is between 10 and 15 participants although a smaller number can also result in a productive meeting.

It is useful to have at least two facilitators.

Preparation

Analyse data from interviews using a dual agenda lens (impact on quality of life and workplace effectiveness) to draw out some themes about challenges to healthy organisations and consider the assumptions underpinning these challenges. It is also important to understand the context such as organisational changes and how they are experienced and their impact on attitudes to further change.

Time

A two or three hour meeting can start the process by identifying areas for change. The initial group should be seen as part of a longer term process.

Structure

1. Introductions – explain the purpose of the group.
2. Set ground rules – everybody should be able to have a say and what goes on in the group is confidential. Brainstorming means that everyone should be able to come up with innovative ideas without fear of being judged.
3. Take time to explain the dual agenda of employee quality of life and workplace effectiveness as this is the core framework of the process.
4. Present on slides and or handouts, tentative challenges to the dual agenda based on analysis of interviews and observations, as a basis for discussion.
5. Invite participants to discuss these challenges and their impact on the dual agenda and then to select the most important ones to focus on.
6. Invite brainstorming of ideas, writing them on a flip chart, encourage positive thinking and when finished go through the ideas and get the group to consider the implications for the dual agenda.

Process

It is important to make sure the discussions keep to the dual agenda and not to focus purely on complaints and problems. The role of the facilitator is important here to steer people to think constructively about innovation.

If the discussion is very positive and participants do not see any problems or challenges to work with, discuss innovations that might be useful in the future to sustain positive experiences. Where discussion is very negative it is important for the moderator to acknowledge the concerns and then steer the group to more constructive dual agenda thinking.

Participants who are not used to being consulted or involved with decision making may need to be given time to find their 'voice.'

Raising consciousness about gender and other diversity issues is important. For example stereotypes, and sexism may to be challenged, pointing to the effects on both organisation and employee quality of life of enabling diverse groups to meet their full potential.

Ensure that group outcomes are communicated appropriately, followed up and acted upon – ideally continuing the process after the first meeting or where possible, putting structures in place whereby the process can be continued in ways that meet the needs of the participants and the organisation.

Comparative report on the innovation groups

Background

Work package 4 of the Quality project builds on and extends the previous work packages by focusing on workplace change and its impact on current quality of life as well as anticipating issues that may affect quality of work and life (positively or negatively) in the future. A qualitative approach is used to explore in

depth the notion of a healthy and socially sustainable workplace and the factors that are perceived to contribute to or challenge quality of life and workplace effectiveness, focusing on one organisation in each country.

The research was carried out in two phases; individual interviews followed by innovation groups. This report first presents a brief overview of the interview phase before describing and discussing the innovation groups. Finally, we draw on this discussion to present a set of guidelines for future innovation groups.

The interviews

The objectives of the interview stage were:
- to examine perspectives on healthy and socially sustainable organisations of employees at various organisational levels, in one organisation in each country;
- to explore the trends and practices that contribute to and those that pose barriers to healthy organisations and employee quality of life, in these organisations,
- to consider implications for policy and practice.

Interviews were carried out in one organisation in each of the partner countries. Five were in hospitals, (in Finland, Bulgaria, UK, Germany and Sweden) plus three others; in a MNC retail chain in Hungary, a telecommunications company in the Netherlands and a bank in Portugal, see Table 1.

Table 1 the case study organisations

	Sector	Number of interviews
The Netherlands	Telecom	13
The UK	Hospital	20
Bulgaria	Hospital	14
Finland	Hospital	12
Portugal	Finance	14
Sweden	Hospital	10
Hungary	Retail	20
Germany	Hospital	8

Analysis of the interviews (see Deliverable 4.2) demonstrated that healthy organisations can be defined as those which meet the dual needs of employee quality of life and workplace effectiveness – that is, the "dual agenda" (Rapoport et al, 2002; Lewis and Cooper, 2005) see Figure 1 below.

Organisational processes and other factors associated with healthy organisations included:
- equity and procedural and distributive justice,
- good internal communication,
- the provision of opportunities for self development, training and opportunities to use skills and qualifications,
- good social and interpersonal relationships,

- supports and resources to enable people to feel valued,
- predictable working time.

However, a number of barriers and challenges to healthy organisations also emerged from the case studies.

In the hospitals some common challenges included work intensification and the fast pace of work, financial pressures and communication issues. Work intensification was also a major barrier to healthy organisations in retail, telecom and finance organisations. Other barriers in these three organisations included pressures associated with the need to survive in a highly competitive market and some of the new ways of working adopted in these contexts, as well as team and interdepartmental issues and problems of internal communication.

Gender issues were important in both sectors. Deep seated assumptions about gender roles and competencies were often unchallenged in the hospitals and in some cases there was also more overt discrimination. There was more explicit awareness of gender issues in the Swedish and British hospitals than in the other hospitals where this was often more taken for granted. but this did not mean it was always tackled where it was acknowledged. All the other three organisations are highly gendered, in terms of occupational segregations and some stereotyping although the discourses tend to be that things are getting better. Policies were in place to support the reconciliation of work and family life in all the organisations but there were some problems in their implementation. In particular they were frequently undermined by work intensification.

Aims of the innovation groups

The aims of the innovation groups were:

- to disseminate the analysis of the interviews to participants,
- to address the challenges identified in this analysis in terms of the potential impacts on the dual agenda of enhancing quality of (working) life and workplace effectiveness,
- to engage participants in the collaborative development of small innovations that could meet these dual objectives.

Research has shown that interventions that meet the dual agenda are more likely to be effective and sustainable than those which only meet one aspect of the dual agenda (See Rapoport, Bailyn, Fletcher and Pruitt, 2002). This may be more counter- intuitive in some countries than others. The dual agenda approach is particularly effective if it involves a questioning of taken for granted and often gendered assumptions. Examples include the assumption that full time or long working hours are necessary to demonstrate commitment or that it is not necessary to find more efficient ways of working as committed workers do not need time outside work,. Interventions such as the introduction of periods of quiet time where workers cannot be interrupted have been successful in enabling people to get their work done within normal working hours, thus increasing workplace effectiveness and enabling employees to go home on time (Rapoport et al, 2002). However, solutions are organisationally specific and it is the process and not the solutions that are generalisable.

Figure 1

Dual agenda

Employee quality of life   Workplace effectiveness
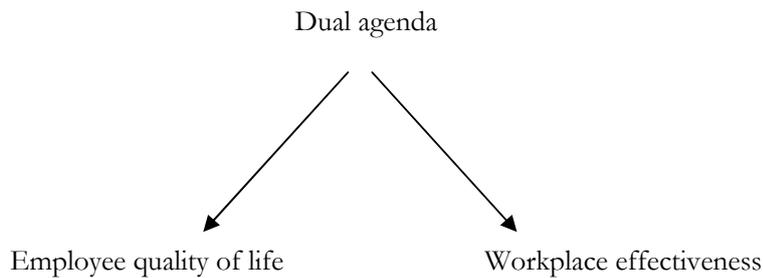
The participating organisations

Eight innovation groups were held: one in each of the country case study organizations (see deliverable 4.1).

In most cases it was relatively easy to set up the innovation groups following the completion and analysis of the interviews. In Bulgaria the innovation group was arranged ten days after the last individual interview took place. In most cases it took longer than this and in Germany the session was postponed for quite some time due to scheduling problems and workload at the hospital.

Participants in the innovation groups

Participants were drawn mainly from the case study interviewees so that they were already involved and interested in the project. However, it was not always possible to draw a group entirely from those interviewed and so in some cases other colleagues were invited. Every effort was made to include some diversity within the groups to generate a richness of diverse perspectives in order to encourage creativity. Most groups included both gender and occupational diversity, but the German group, which had been particularly difficult to set up, comprised 4 nurses, all women and the Swedish group was also all women. Another initial aim was to work with participants working in a single unit so that there could be a focus on local innovation but this was only possible to achieve in Finland, Germany and Sweden. Although the aim was that the groups in the same sector would have a similar rage of participants, the reality of this type of research is that practical conditions can make this difficult. In many cases, some participants had to drop out at the last minute, so numbers were smaller than anticipated. Details of participants are presented in Table 2.

Table 2. Innovation group participants

Country	N of participants	Number who were interviewed in stage one	Proportion of men: women	Occupations	Number of managers	Single unit or department or cross organisation
Bulgaria	8	5	2:6	2 doctors, 2 nurses, 4 administrators	3	Cross
Finland	7	7	1 (doctor): 6	5 nurses, 1 doctor, 1 clerk	0	Emergency Policlinic
Germany	4	4	0:4	nurses		Single unit
Hungary	8	8	4:4	3consultants, 3 department heads , office manager, sales director	5	Cross organisational
Portugal	4	4	1:3	3 clerks, I administrator	0	Central services
Sweden	4	4	0:4	3 nurses (one of whom was a union rep), an assistant manager and (a junior doctor called away at last minute)	1	One unit
The Netherlands	11	9	7:4	Call centre agent, 2 mechanics, 2 managers, 2, customer services agents, shop assistant, 2, administrators	2(men)	Cross org
UK	11	11	5:6	HR advisor, diversity manager, service manager, consultant midwife, nurse intensive care, head of nursing for surgery, finance manager, 2 trade union officials, intensive care consultant	5	Cross org

The groups were facilitated by between 2 and 4 members of the national Quality research team- with at least one person taking notes. The group process was also recorded, except in Germany where the Works Council did not permit this.

There was some discussion about whether to include senior HR personnel in the groups. In Hungary the HR trainer who organised the interviews eventually decided not to participate in the session because it was felt that this may have inhibited some participants from speaking out openly and honestly. This decision was reinforced by the experiences of the Dutch group. Here the Human Resources director of the company opened the group meeting. She emphasized the importance of the research for the company as a whole and she assured the group that the recommendations following this meeting would be discussed at the management level, which was useful. However she also maintained that compared to the last few years the work atmosphere has become more secure and relaxed. The participants did not all agree about this but did not contradict it until after she left. In particular participants stressed the mounting work pressure they experienced rather than the appearance of an increasingly relaxed working atmosphere which the HR Director claimed. A decison was made after this to exclude HR directors from most of the other groups to avoid inhibiting discussions. Line managers however were included, and important for the process.

Timing

The innovation groups lasted between 1 hour 30 minutes and 2 hours 30 minutes. This is a very short period of time for such as process, but we were limited by the availability of busy participants and reluctance of the management to releases staff for longer periods. Nevertheless some people managed to stay longer. For example in Bulgaria only one hour of discussion was planned but the group lasted for two hours and some participants stayed on longer over drinks and informal conversations. In all cases it was stressed that this session should be regarded as the beginning of a process that we hoped would continue in some form after the group finished, as systemic innovations and change take considerable time.

Structure of the group process

A common set of guidelines was developed and agreed for facilitating the innovation groups. See Appendix 1.

The Quality teams in each country began the session by introducing the process and asking the team to agree on *ground rules* relating to anonymity beyond the group, interpersonal respect and non judgmental brainstorming. It was also stressed that that this was a creative, safe discussion, not a complaint session, except insofar as complaints fed into constructive ideas and innovations. For example the Hungarian research team had been somewhat concerned that the discussion may turn into a complaint session, where respondents would not detach themselves from their personal difficulties and frustrations, or into verbal 'politician-bashing' that is a very typical conversational pattern in Hungary, so it was useful to make it clear at the beginning that this was not the purpose of the session.

The *Dual Agenda* which was the guiding principle for these groups, was then explained. We defined healthy organisations as those that meet the dual agenda of both quality of life and workplace effectiveness. Research showing that workplace interventions that meet the dual agenda are more likely to be effective and sustainable than those which only meet one aspect of the dual agenda was discussed. The

objectives of the innovation group were discussed within this framework: to discuss challenges to healthy organisations and to collaborate in identifying possible innovations that would overcome them and meet the dual agenda.

A list of the *major challenges* to the health of each organization, emerging from the thematic analysis of the interviews was then presented on slides and handouts. See Appendix 2 and also Deliverable 4.1 for a full list of these themes. The groups were then asked if they agreed with our analysis and this was followed by some discussion of what they thought were the main challenges facing their organisation at this time. Two or more challenges were then selected by each group to be considered in more depth in terms of their outcomes for the quality of life and workplace effectiveness. Participants then *brainstormed* about possible dual agenda solutions in terms of changes to working practices. In the UK group participants were divided into 2 groups for this part of the process; clinical and non clinical staff, to partly compensate for the wide spread of participants rather than the focus on one work unit.

The challenges selected for discussion were:

Bulgaria: emigration and the rise of patients' demands. The participants also commented upon the salaries of the hospital personnel, the changing legal regulations in the health sector and the medical profession, and the relations between the hospital and the National Health Insurance Institute

Finland: The group discussed about three themes; rising intensity of work and haste, increasing demands, and organisational changes.

Germany: working conditions and organization of work were the most prevailing issues along with new IT systems about which the nurses felt they had not been consulted Individual psychological problems were also raised.

Hungary: Though participants made a choice of challenges to talk about, the discussion touched upon all the nine key challenges to some extent, because they were judged to be interrelated.

Portugal: The challenges focused upon were somewhat different from the original list: Training needs and innovative skills; Competition and (dis)trust among departments; A 'generational' divide; a concern that 'Quality shouldn't be provided for costumers only', and the need for a more 'humane' and 'caring' organisation

Sweden: The group focused on suggestions for the future in relation to communication, competence and time pressures

The Netherlands: The group focused on the challenge of surviving on a highly competitive market, work pressure, working practices especially recent reorganisation of work and internal communication

The UK: The group in the UK hospital focused on the intensity and long hours of work constant change and poor internal communication as well as bullying in relation to gender and race.

Not all groups agreed unreservedly about the challenges faced by their organization and some negotiation and agreement was necessary. In The Netherlands for example, there were concerns regarding the reorganization of work which it was felt were made without fully considering the consequences for the individual employee, although not all agreed with this viewpoint.

How the process worked in the different contexts

It is, of course, not possible to generalise from the experiences of these diverse groups but nevertheless it is interesting to note some differences in the ways in which the group processes worked, which may have implications for the operation of future innovation groups. There were some differences in responses, particularly in: response to the dual agenda ; the tendency of the groups to be positive or negative, and the tendency to focus on individuals, and the group/organisation to the role of the state. There were also some differences in group dynamics in relation to gender and occupational status.

Views on the dual agenda

Most of the participants in the groups agreed that organisations that paid attention to employees' quality of life were likely to be the most effectives, though there were some variations in responses to this and many found this difficult to put into practice when considering innovations.

In the group in the Bulgarian hospital there was an acceptance in principle of the usefulness of the dual agenda in the long term but in practice there was more concern about the workplace effectiveness side, which it was felt could be achieved without too much attention to employees' needs. This appears to be underpinned by two factors. First, both managers and other workers accepted the discourse '*the patient before all*'. While they could see the link between patient well being and workplace efficiency, they found it difficult to extend this to a consideration of the impact of the quality of life of the hospital personnel. Employees' wellbeing was socially constructed as something additional, desirable but not essentially linked to work effectiveness and less important than the quality servicing of the patients' needs. Secondly, there was also a view that while the dual agenda would serve as a useful basis for longer term policy strategy, in practice ('*at this moment of the reform*', '*in the short run*') economic efficiency was seen as more important. Both managers and employees were concerned with the financial stability of their organisation and were well informed how the budget and their salaries were formed. Possible changes in the organization of work, even when raised as a means for achieving a higher quality of work by reducing employees' stress, were then discussed from the point of view of their cost. This could be linked to the media attention and the public debates about the health sector reform concerning the changes in the formation of hospital budgets.

The idea of the dual agenda was accepted by the Finnish group without difficulties but it was nevertheless considered to be challenging to put into practice. The facilitators found that encouraging people to address both elements of the dual agenda at the same time was the most challenging part of the innovation group Challenges to the dual agenda were recognised, and some assumptions behind them also discussed. Nevertheless, the generation of innovative solutions that would facilitate problem-solving appear to be a very demanding task and the participants were more problem-oriented than innovation-seeking. Discussion tended to fluctuate from work efficiency to wellbeing issues and back. Participants

were all in employee positions, and had very restricted possibilities for decision-making in the hospital which might have influenced their ability to think creatively.

This also appeared to be the case in Germany. The nurses in the German group had particular problems internalizing the significance of the dual agenda with regard to the organization of their work. On one level they could see that changes in their shift starting times has led to a decrease in the quality of working life and also reduced work effectiveness as the transitions between two shifts allows less time for discussing important work matters and coping with psychological work demands. At the same time the nurses argued that their shifts plans could not be improved upon..A return to the old system did not appear to be feasible for the nurses since the number of nurses was fixed and there was a lack of applicants for vacant positions, but they were unable to think of other possible changes or innovations. This may be because they are, by their own admission, unused to being consulted on many work related decisions and therefore are not accustomed to problem solving or thinking about innovative solutions- so specific techniques may be needed to empower the group.

The UK group was characterized by a greater number of mid level managers than non managers, but while some managed to focus on the dual agenda other participants focused on complaints relating to quality of work and life and again it was necessary to continually remind the group if the objectives and the dual agenda framework. Some of the UK group had an expectation that the innovation group would be more focused upon reporting the findings of the survey and face to face interviews and it was important to repeat during the course of the session that the focus would be thinking beyond problems and towards dual agenda 'solutions', demonstrating the importance of managing expectations both prior to and during the innovation group.

Difficulties in focusing on the dual agenda were also experienced in a private sector context by the group in the Portuguese bank. Again the number of participants was small and this was a homogenous group with no position power to effect change. All the participants recognized the challenges identified as important both for the company as a whole and to them in particular. They were ready to discuss them at length and to give accounts of the effects those challenges exert over their quality of life and work. On the other hand, they found it much more difficult proposing detailed solutions for those problems. The few proposals that they did make were limited and usually generic in nature. Although this is probably due to the lack of organizational power of the employees interviewed it can also be viewed, as stemming from an organizational culture which is still somewhat rigid and hierarchical. Workers complain about the problems they see and feel, but it's difficult for them to be heard and to try and tackle those problems at the team level or department level; others are in charge of finding and providing the necessary solutions.

However, the small number of participants was less restricting in the case of the Swedish group as the group members' had several functions and were observant of *turn taking* in the group process. All participants spoke with "*different voices*" meaning both from a perspective of what it was like to work at the hospital but also from an organizational perspective. The Swedish team attempted to frame the discussion in terms of the dual agenda by asking each participant to use the first words that came into their mind to describe a healthy organization. The goal was to get the participants to put their own words into the discourse as themes affecting work and personal life integration, the quality of working life, and efficient and sustainable workplaces and how discourses surrounding these themes may vary within different contexts.

The Dutch group also appeared to experience less difficulty in arguing that to improve the quality of work and to move towards a healthy organization, certain changes would have to take place.

Thus national, economic and political context as well as workplace setting and the extent to which participants are used to being involved in decision making may all influence the ease with which a process based on problem solving with a dual agenda can be successful.

Positive or negative focus

There were also differences between the groups in their tendency towards positive or negative thinking which affected the overall process. It appeared that while too much focus on the problems in their organisations could make it difficult to think constructively about innovations, a lack of critical awareness could also undermine the process.

In Bulgaria the tone of the discourse was very positive and this overshadowed complaints. At times the moderator felt that the group was trying to present their hospital as highly successful and had to challenge them by referring to problems they had raised in the previous stage of the research. The effect of this was usually that participants agreed that the situation was complex and therefore solutions were not straightforward. The Swedish group too, was very positive in its focus- identifying what it considered to be existing aspects of a healthy organisation. The positive feelings expressed in relation to work and working life by the participants was however complemented by an interest in future change. As one member of the group stated, "*otherwise we would not have been here*". Thus the group was able to construct a reason to find new solutions without criticizing current practices.

In the German hospital (nurses) group, in contrast, although there was talk about a good team spirit among the nurses, the focus was primarily on negative aspects of their work , to the extent that that the discussions became stuck and it was not possible to move on in such a short time. It is important to understand this in context. The innovation group session took place during a process of major organizational change in the emergency ward. As the nurses already stated in the individual interviews, they had the impression that organizational change in the hospital always occurred top-down, with the nursing staff at the bottom having to live with the results. A new IT system has just been introduced and has detrimental effects on the work organization for nurses. This perception of organizational change as something inherently negative (particularly because they are not involved in the decision making process) may explain why the nursing staff are inclined to defend the status quo, whatever the problems, rather than to facilitate innovation.

Focus on individual, the group/organisation or the state

The goal of the group discussions was to focus on working practices that might better support the dual agenda. This required a focus on the workplace and collective processes. However some groups found this difficult and were inclined to talk more about individual problems or the role of the state. Bringing the discussion back to the organisation or to the particular work unit was easier to achieve in some of the groups than others. Where participants were drawn from across the organisation this may be because

employees often tend to identity with their particular work unit, or in the case of hospitals, with their specialism or professional group than the organisation.

In the group in the Dutch company some of the participants raised individual problems and experiences. Hence, in some instances the moderator had to steer the discussion back towards the company level. However, at the end of the meeting everybody contributed to innovative ideas to improve the quality of work. Similarly in the Hungarian retail company group some participants approached the issues from their personal perspective initially, but they were able to reflect on the organizational aspects of the issue and, with the help of occasional reminders by the moderator, they then considered the dual agenda.

It was more difficult to sustain a focus on the organizations in the small German group of nurses. Because of the inability to see any way of changing the situation regarding shifts which the group admitted was not good for either quality of life or effectiveness, the nurses tended instead to focus on individual factors including individual psychological problems and individual coping responses. They were unable to move beyond negativity to think about collective strategies for changing the situation and felt that coping now had to take place individually. It would have taken much more time to begin to empower these nurses to feel entitled to workplace support for quality of life and work, but this would appear to be necessary for moving to a more constructive process.

A rather different tendency emerged in Bulgaria and Hungary, especially when thinking about necessary changes. This was a focus on the state rather than individual or organisational levels. The Bulgarian participants tended to perceive the problems in their quality of work and life as lying in the area of state legislation and not in the management or organization of work in the hospital. Indeed the participants considered that there was enough support, for example for working parents, offered from the state and no need for the hospital to be proactive in anyway. This reflects other European research where, for example, it was found that parents in Eastern European countries expect the state to ensure provisions for managing parenthood and work and expect little support from employers, beyond complying with state regulations (Lewis, Smithson et al, 2006). Nevertheless the moderators were able to manage this and the issue of necessary organizational change was gradually picked up by participants. In the UK the some of the National heath Service changes creating challenges to Quality of were the result so state rather than hospital total policies and therefore some of the discussion here also focused on the role of the state

Gender and status diversity and dynamics

Diversity within groups is important to provide multiple perspectives and avoid Group Think. (Janis, 1982 Lack of diversity in the groups could inhibit creative thinking. In the German group not only were all participants women and nurses, but they all had long job tenures which made it hard for the nurses to come up with new ideas After spending decades in their jobs, they naturally had problems coming up with innovative ideas. On the other hand, the fact that most of them had only a few years to go until retirement makes it plausible that they were not advocating major changes in their organization.

In most of the groups the inclusion of managers was a conscious strategy on the part of the researchers to secure their engagement with the dual agenda. This helped to direct the discussion to the organization rather than to individual and small team problems. Lack of representation of management also undermined opportunities for envisaging change. In the Finnish hospital, for example, managers were not

able (or willing) to participate in the process due to their relatively small number, ongoing organisation reform and wage bargaining process. The absence of managers, who could really implement some innovative ideas, was frustrating for the participants. In the UK hospital the reverse was true. Management was over represented while the perspectives of nurses and doctors at lower levels, arguably the core of the hospital staff, although voiced in the interview were not well represented in the innovation group. This affected both the dynamic of the group and the ideas that came out of the group discussion. Similarly in the Swedish hospital the fact that the junior doctor could not participate as planned was a cause of concern, which reflected the experience in the UK as well.. That she could not participate due to workload was seen as an exemplification of one of the central themes that emerged from the interviews, namely stress.

The composition of the groups, in terms of both status and gender can affect group dynamics. In the Bulgarian group, for example, there was an interesting interaction between status and gender. There was a clear professional hierarchy, with the doctors having the greatest authority, then came the age hierarchy with younger people less vocal and then gender hierarchy with men dominating the discussion. In the hospital the professional and gender hierarchy largely coincided with women concentrated among the nurses – a level which was considered lower in knowledge and power. Challenged by the moderator the participants did not see any sexist problems and admitted having a professional hierarchy depending on qualifications only. The male doctor and manager tried to dominate in the beginning, although with encouragement from the moderator the others including nurses and administrative officers later joined the brainstorming. Laughter often facilitated the discussion. The male nurse was also very talkative, often disagreeing with opinions expressed by others which helped to reduce Group Think. These apparent power differences were not surprising, and reflect deeply gendered assumptions emerging in the Bulgarian group discussion, that went unchallenged by participants. The group first claimed that there was no gender discrimination, citing good informal relations and team work as evidence In the discussion, however, this division among women nurses and men doctors was seen as 'natural' with the woman nurse claiming that '*surgery is a male specialty*' The male doctor and manager stated that women could not achieve the top qualifications and hence top positions in the hospital because '*when at home the child cries, wants to eat,… the windows must be clean – all these are women's tasks*'. This statement was not opposed by any of the participants, either because they agreed or did not feel able to voice dissent. For the researchers it was clear that hidden behind the equality and anti-discrimination statements was a traditional gendered culture which was not only organizational but a wider societal phenomenon and that challenging this would require more time and effort than was possible in this meeting.

Gender dynamics were less overt in the other groups. In Finland women ended up occupying one side of the table and the male doctor sat alone on the opposite side. This configuration may reflect some underlying hierarchies and gender differences at the hospital, though there were no observable tensions between nurses and doctor in the course of meeting. The doctor questioned the feedback from the interviews about experiences of intensification of work. However, the nurses confirmed the original interpretation presented by the researcher, and convinced the doctor that this is really the case at least regarding the nurses.

Status differentials were important not only because of power manifested in domination of the groups but also because they brought different and sometimes conflicting perspectives. This could be productive if participants were willing to listen to each other. In the Dutch group, for example, the two managers

participating in the discussion clearly had a more positive view of how the company operates than the others. One manager was surprised by the critical and sometimes negative comments of the other participants. Some participants expressed their belief that organizational changes are made without taking fully into account the consequences for the individual employees. The two managers did not agree on this point. Among the participants there was one work council representative who was more aware than the others of general company developments and could therefore argue from a more general perspective. This improved the discussion and allowed learning to take place.

Diversity was most productive in contexts where there was a sense of collegiality observed and less sense of hierarchy. This appeared to be the case in the Hungarian and Swedish groups.

Some outcomes

The focus of this report is on process rather than overall outcomes, because learning about process can have wider applications. While it may be possible to transfer some of what is learnt about process to other groups, outcomes are specific to each organizational context. Nevertheless it is interesting to look at some of the contrasting outcomes, and the factors which might influence them.

Overall, the sessions merely began the process of applying the dual agenda and rethinking underlying assumptions about the organisation of work. Nevertheless most participants felt that learning about the process had been very useful, although it was widely recognized that that more meetings of this and other groups within the organization would be needed in order to bring about more systemic changes to enhance both quality of life and workplace effectiveness. Any interventions that did emerge were minor, but the positive feeling during the meeting and the feedback at the end, in most cases, showed that there was a developing readiness to address the issues and accept different perspectives.

The actual seeds of ideas for innovations or small changes depended on the nature and directions of the discussions, which in turn were influenced by workplace context, group composition and wider context as discussed above.

In the Dutch group in the telecom company, the concept of innovation and the focus on organizational practices fitted well with organisational discourses. The innovation group structure also appeared to fit the informal company culture; the participants were clearly used to getting together and to openly discuss things, unlike some of the other groups, although they did not feel that they were always listened to. Participants talked about the company's need to be continuously innovative to attract customers and recognised that in order to make innovative products, the company needs to find efficient ways to organize work. One change that had been introduced in pursuit of greater efficiency, but without widely consulting staff had been to cut up the work into smaller parts. Work became more standardized and employees are responsible for a minor part of the final product. This fragmentation caused employees to feel that they can no longer be creative and innovative. The participants bemoaned their loss of job autonomy over the recent years. In this context the group was able to use the process to negotiate a number of constructive recommendations for change. They argued that more attention should be paid to individual employees and their new ideas about how work should be organized. The participants suggested establishing a working group consisting of employees for brainstorming about innovative

organizational strategies, taking the perspective of the customer as well as the individual employee, at work-processes beyond different units of the company.

They also argued that to improve the quality of work and to move towards a healthy organization, the internal communication between different units of the company, and especially between managers and lower levels of the company, needed to improve.. The participants came up with the following recommendations to improve the communication between managers and employees: organizing discussion groups between employees and managers; organizing special learning-days for managers: managers working directly with employees (managers participating on the shop floor); managers should be more present at the unit which they supervise. Hence recommendations that came out of this meeting related to enhancing employee voice in order to enrich tasks, enhance job autonomy and generally optimize human capital, though some suggestions were more specific than others.

This group illustrates how the dual agenda process has the potential to be effective, even in a short time, if the participants are "ready". In this case, readiness involves being accustomed to thinking about innovation and feeling entitled to make their views heard. This is likely to be related to the particular sector and organisation, and possibly to the wider, Dutch, consensual model of industrial relations. Readiness may also depend on the satisfaction of lower order needs. Thus, using Maslow's model of a hierarchy of needs, it can be expected that workers who are very concerned about basic needs such as adequate pay and conditions may be less willing and able to consider the workplace effectiveness side of the dual agenda or less creative in seeking innovative solutions. For example the group sessions involving nurses often focused on the need for an increase in pay.

Some groups were very individualistic in their approach and hence their solutions. For example in the context of the rather individualistic discussions in the German nurse group, ideas for the relief of psychological pressure were discussed. For example an idea for improving professional help for nurses by counselors and supervisors was considered but rejected, because it was argued that many nurses did not know how to accept professional help, because there was no time for counseling during working hours, and because some participants stated that they would rather suppress the negative experiences. Handover from shifts often include an element of debriefing which acts as an outlet for this issue, at times of crisis. In such a setting professional tend to stick together in their tribes (e.g. doctors and nurses separately) to manage distress. Other suggestions about which there was more consensus included increasing wages to facilitate recreation in the non-working time. Nevertheless the group did also develop some measures for better work organization including a reduction of paper work for nurses and an improvement of the situation at the reception of the emergency ward. They suggested that receptions staff be trained better and work longer hours, since nurses also have to perform administrative tasks (e.g., registering new patients) once the reception staff has left the workplace. This addressed the nurses' feeling of overwork. Many groups discussed issues related to the intensification of work which was a widespread challenge to quality of life, and other suggestions were made about how to deal with this. For example, suggestions were made for reducing the paperwork and speeding up the introduction of the new intranet system in the Bulgarian group.

Employing more staff was on many wish lists for reducing work intensity but not all felt that this was realistic or made a dual agenda argument for this as a win-win solution. The German group felt increasing numbers of staff was the only way to change working practices, but understandably were not able, in the

short space of time and from their position of relative powerlessness, to develop the argument for this as a win-win solution. In the Bulgarian hospital employing more staff was considered risky. As the male nurse put it: '*If we employ more people to reduce the burden of the paper work, then the salaries will drop down*'. Moreover intensification of work was not only seen in a negative light by the Bulgarian group, but also as having advantages. It was perceived as raising the stability of the organization and increasing work efficiency. The UK group recommended an increase in one area of staffing- equality advisors, which the participants felt would help to reduce inefficiencies which arise when staff are experiencing stress as a result of bullying, including time resources and stress involved with complaints and grievance procedures.

The rising intensity and fast tempo of work were presented in the Finnish group as something that develops from continuous interruptions and deficiencies in the organisation of work, but was also discussed as at least partly self-produced. There was also a common understanding that haste and rising work intensity could be relieved by avoiding less-important and certain new tasks. At a more general level, it was recognised that employees need control over their own work and to be able to utilize their skills. In this respect, the most concrete recommendation was to increase training that would help employees to cope with the new demands. As part of this solution, it was suggested that in the planning of work shift list some time could be reserved for peer-training. Employees could teach certain skills to each others if there was some time allocated for that. This was constructive, but the focus was more on enabling employees to manage intense workloads than reorganising work to reduce intensification.

The UK group also made a number of recommendations but while some were related to the findings and the dual agenda, others reflected the agendas that participants brought with them. (for example suggestions about policies such as introducing a compressed work week). Recommendation that built more explicitly on the dual agenda process included restoring funding for management training and development to avoid internal communication issues, and reinstating the use of mobile phones for selected staff after consultation. Mobile phones had been removed across all staff groups as a cost cutting exercise without consultation about where they were needed or not necessary. This created problems in relation to support staff responding quickly to problems such as issues of building maintenance and repair, as the hospital is on a large site. This lead to inefficiencies and an intensification of work and stress for some staff.

The Swedish group made a few concrete suggestions about how to improve communication.. A suggestion for improvements was a communication strategy that includes both general information as well as group specific information; avoids information overload and includes routines for follow up and feed back The group felt that this would improve the effectiveness and sustainability of the organization as well as their personal wellbeing. In a hierarchical organization, clear leadership with a well-defined communication structure increases the sense of involvement regardless of position and task. Everybody should have the possibility to voice his or her opinion. It was considered important to *be familiar with the main leading ideas* governing the workplace as well as the organization as a whole Competence was one other dominant theme. There were numerous possibilities for on-the-job –training, something the group looked upon as very positive. However, as wages and other career possibilities were considered scarce the following suggestions to formulate clear goals for on-the-job-training should be formulated:

On-the-job-training should not be used in lieu of better wages;
On-the-job-training should be linked to career planning with identifiable career paths

Both of these suggestions relate to personal well being and to the effectiveness and sustainability of the organization. The hospital is a knowledge-driven organization and the competence of the staff is its most important asset.

The Hungarian session focused on individual, organisational and state issues and ended with participants putting together a list of recommendations to be handed to the top management - the recommendations were filtered out on a consensual basis from all the suggestions that came up during the session and were commonly agreed upon. While the list contains some recommendations that appear individualistic and would have a direct impact to the participants' personal quality of life, it was generally agreed on that employees' well-being has a strong impact on the quality of their work, which in turn strongly affects the store's business success.

1. Recommendations there should be more team-building opportunities on the level of departments and stores.
2. There should be equipment and opportunities to relax in the breaks everywhere (e.g. table-football, internet), with internal regulation regarding their usage.
3. There should be more fringe benefits and they should be more diverse and corresponding to individual needs (e.g. employees could choose between types such as sports center subscription, health services).
4. There should be regular salary raise, at least following the inflation rate.
5. Sunday work should be regulated; there should be more free Sundays (a state intervention).

More time would have been needed to develop the ideas more specifically within a dual agenda approach. For example, it might be possible to demonstrate how employing more staff would make the organisation more effective and efficient as well as benefitting employee quality of life, by working out new ways of working or by reducing absenteeism.

Development and dissemination

The groups ended their discussions by considering if and how they wished to take the process forward.. All groups were keen that the results of the interview study and innovation groups should be further disseminated. In keeping with the focus on the role of the state, the Bulgarian group asked whether the results of the study would be reported to the Ministry of Health and whether we expected any changes. They were very interested in whether the research project was supposed to have any policy impact and formulated their expectation towards the researchers to exert influence on national and/or EU policy-making. The German group asked that both emergency staff and the hospital administration would be provided with the results of the study, while the Bulgarian group felt that they had formulated a few innovative recommendations but worried how management would respond. The UK group wanted the findings to be presented to the hospital executive board.. They were concerned that this should not be just another consultation exercise that was not followed by action, as was their previous experience.

A similar concern to that of the UK hospital group was expressed by the Dutch group. Participants expressed the feeling that recommendations following discussions among employees and managers and employees are not always taken seriously by the management team. Therefore, the participants strongly requested that their recommendations would be reported to the management team and they also asked to be informed about the outcomes of the Quality project as did the Bulgarian groups.

Some groups, notably those in Finland and the Netherlands also wished to develop the process, with more of this kind of informal meetings where participants can jointly sort out various issues. In the Finnish and Dutch groups this was viewed as an antidote for problems with internal communications and important for also facilitating the exchange of information and contributing to the team spirit. The Bulgarian Quality team felt that in order to work against deep seated assumptions and to really instigate a change in the organizational culture toward the acceptance of the dual agenda, more meetings would be necessary with the same and with other participants. In the Portuguese bank the Innovation Group was welcomed and praised by the participants as an example of a possible way of expressing opinions, listening to co-workers concerns and reaching a consensus about important and shared issues. They would like to see this process incorporated by the HR department as a tool for assessing workers' needs and their quality of work. Seeing their preoccupations shared by others from a different perspective helped the employees to clarify for themselves and their colleague's issues regarding quality of life and work and, on the other hand, helped bring to light important collective challenges which are rarely debated on open and common ground.

The Swedish research team received a request to carry out a session with medical staff including doctors All the national teams reported the outcomes of the research and recommendations to the organisations. For example, in the Netherlands a presentation was made at a work council meeting, while others reported to HR or other directors.

Guidelines for future innovation groups

The aims of innovation groups are:
- to address the workplace challenges (working practices, structures, cultures) that have negative effects on the dual agenda of employee quality of (working) life and workplace effectiveness,
- to engage participants in the collaborative development of small innovations that could meet these dual objectives.

Setting up the groups- group composition

When setting up groups include as much diversity as possible in order to generate multiple perspectives and hence optimize creativity and innovation.

Ideally participants should be people *who work together in a single department or unit* so that they can reflect on specific challenges to the dual agenda, in which they are all involved. This facilitates the development of small but more concrete innovations The wider organization often appears more distant and recommendations and innovations may be more generic and more difficult to think through at a practical level. It is also easier to influence a smaller unit than a total organization.

Always *include line managers* in the group to secure their engagement with the dual agenda as they may be the decision makers and have the position power to facilitate change. This may require a dedicated period of "time out "such as an "away day , planned well in advance. In some contexts differences in status may inhibit discussion, but it is important for the group facilitator to manage this to ensure that participants of lower status do not feel threatened. In the case of non line managers, for example HR Directors, however, a decision has to be made about the relative importance of gaining other diverse perspectives versus ensuring the group feels comfortable and uninhibited.

Try to include members of all essential categories of staff. Often it is most difficult to recruit key staff- such as doctors in hospitals- because of the nature of their work. Specific pro active strategies may be needed to ensure this coverage and the limitations of groups that exclude such people should be clearly acknowledged.

An ideal number for an innovation group is between *10 and 15 participants*, although it is possible to have a productive meeting with a smaller number. Often people have to drop out at the last moment so it may be better to over than under recruit if that is possible. This is particularly the case when there is only one member of an important constituency. For example if there is only one man or woman or one manager their absence would weaken the group.

Preparation

Interview participants and other colleague prior to the innovation group and analyses the data using a dual agenda lens to draw out some themes about challenges to healthy organisations. Consider some of the assumptions underpinning these challenges. This provides insight into the organisation/unit and thus saves time in the group process and also enables participants to feel more involved in the process.

It is important to understand the context, for example the changes taking place and how they are experienced and how this might influence attitudes to further change.

Time

The process of engaging participants in the collaborative development of small innovations that could meet the dual agenda takes time. It is important to manage expectations both prior to and during the innovation group.

A two or three hour meeting can start the process by indentifying areas for change and beginning to challenge some assumption by using a dual agenda lens. It will take much longer to think collaboratively about specific interventions or innovations and make concrete plans. The initial innovation group should therefore be the start of an ongoing process

Structure

1. Introductions. Explain the purpose of the group- to identify challenges to quality of working life in the near future and to brainstorm about what could be done to address them in ways that enhance both quality of life for employees and workplace effectiveness. You could use the slide on the dual agenda to introduce the idea. This should help to legitimise discussions of employee well being as well as organisational outcomes.

2. Set ground rules. Everyone should be able to have a say. What goes on in the group is confidential. Brainstorming means that everyone be able to come up with innovative ideas without fear of being judged. The aim is for creativity, so participants must feel safe. If you sense that this is problematic- e.g. workers will not speak up in front of managers, try to bring this into the open and to discuss the implications. Why is there low trust? Point out that this works against the interests of the organisation because it will inhibit discussion. To meet the dual agenda we need everyone's views Try to set up an atmosphere of trust or if not to make it clear that this will make the process difficult- but ultimately of course if there is resistance you have to work with what there is.

Take time to explain the dual agenda of employee quality of life and workplace effectiveness as this is the core framework for the process. It may be worth citing research showing that workplace interventions that meet the dual agenda are more likely to be effective and sustainable than those which only meet one aspect of the dual agenda. Discuss the objectives of the Innovation Group within this framework. Useful references on the dual agenda include

Rapoport, Bailyn, Fletcher & Pruitt (2002); Lewis & Cooper (2005) - see references;
Rapoport, R., Bailyn, L., Fletcher, J. & Pruitt, B (2002). *Beyond Work-Family Balance: Advancing Gender Equity and Work Performance*, Chichester: Wiley
Lewis, S. & Cooper, C.L. (2005). *Work-Life Integration. Case Studies of Organisational Change*. Chichester: Wiley

3. Present on slides and or handouts, tentative challenges to the dual agenda based on analysis of interviews and observation, as a basis for discussion. The participants are the experts on their jobs so some discussion may be needed to negotiate a joints understanding of the main challenges.
4. Invite participants to discuss these challenges and their impact on the dual agenda and then to select the most important ones in order to consider possible changes that would help to enhance employee quality of life and workplace effectiveness.
5. Invite brainstorming of ideas, which needs space and trust. Maybe write them on a flip chart without comment while you are collecting them. Don't judge them, but do encourage positive thinking and not complaining/moaning. When you finish go through the ideas and get the group to consider the implications for the dual agenda- quality of life and workplace effectiveness.
6. Repeat with another issue if there is time.
7. Finish by agreeing on recommendations from the group and a strategy for taking them forward.

Process

While the logic of the dual agenda is quite easy to grasp, its use in practice is often experienced as very challenging and participants often fall back into discussing either just what they need for better quality of working life or just what is needed for the organisation to become more efficient. Some interventions in the discussions by the facilitators are often necessary to help participants to keep both aspects of dual agenda on the table.

The extent to which participants are used to being involved in decision making or feel relatively powerless can influences the process. Participants who are not used to being consulted may find the process more difficult, although if this is well managed, and given sufficient time, they may welcome the opportunity to

have a voice. If group members are relatively powerless or are not used to being consulted in decision making it will take longer to empower them to think creatively. Some groups may be used to being consulted than others or feel more helpless. Acknowledge this and give permission to think the unthinkable. The same model may not be applicable in all contexts. For example, in some cases a staged process may be useful, without managers in the first instance and then with manager sand employees. Participants whose basic needs are not satisfied by, for example, appropriate pay or job security are likely to be preoccupied with these issues and therefore less able or willing to engage in creative thinking around the dual agenda.

If there is a focus on the negative and complaints it is important to give people time to air their grievances and feel that they are heard, first, but then to steer towards what is also positive or potentially positive about their work and try to think of ways of maximizing this for dual agenda. While too much focus on the problems in their organisations can make it difficult to think constructively about innovations, a lack of critical awareness can also undermine the process.

If the discussion is very positive and participants do not see any problems or challenges to work with, discuss innovations that might be useful in the future to sustain positive experiences. Where discussion is very negative it is important for the moderator to acknowledge the concerns and then steer the group to more constructive dual agenda thinking.

Often participants focus on individual rather than collective or organisational issues. Again it is important for facilitate-or to acknowledge concerns but then encourage a more collective approach and keep steering the group back to the dual agenda.

In some countries, especially in Eastern Europe the focus may be on the role of the state rather than organizations. Try to steer the group towards very concrete organisational issues such as specific working practices and how they might be changed to underline the role of the workplace.

Continually challenge assumptions and taken for granted beliefs- for example that a shift system cannot be changed or that extreme workloads are sustainable- by using the dual agenda.

Raise consciousness of gender (and other diversity) issues and assumptions, for example the operation of stereotypes. Challenge these using the dual agenda and , for example, pointing to the effects on both the organization and employee quality of life of not enabling women to reach their full potential. Some specific gendered awareness techniques may be a necessary precursor to facilitate the process.

Recognize that national, economic and political context as well as workplace setting may all influence the ease with which a process based on problem solving to a dual agenda can be successful. Be sensitive to cross cultural issues. There may, for example be cultural differences in sense of entitlement in terms of the support expected by employers or the state, which will impact on the process.

Encourage participants to think about the ways in which issues of equity and effectiveness intersect in their own lived experiences and are not only theoretically introduced by a researcher.

Ensure that group outcomes are communicated appropriately, followed up and acted upon.

Ideally, continue the process after the first meeting or, where possible, put structures in place whereby the process can be continued in ways which meet the needs of the participants and their organization.

References

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Appendices

Appendix 1 Guidelines for conducting the innovation group used in the study

Work Package 4. The innovation groups

The innovation groups

Remember that the guiding principle for these groups is the Dual Agenda. That is, we are defining healthy organisations as those that meet the dual agenda of BOTH quality of life and workplace effectiveness. So we will discuss challenges in terms of the potential impacts on this dual agenda and also look for innovations that meet the dual objectives of enhancing quality of (working)life and workplace effectiveness. This may be more counter- intuitive in some countries than others. Research has shown that interventions that meet the dual agenda are more likely to be effective and sustainable than those which only meet one aspect of the dual agenda (See Rapoport et al , 2002 etc).

There should be at least two facilitators for each innovation group, including one person taking notes (in addition to taping the proceedings. The process involves:

1) Introductions. Explain the purpose of the group- to identify challenges to quality of working life in the near future and to brainstorm about what could be done to address them in ways that enhance both quality of life for employees and workplace effectiveness. You could use the slide on the dual agenda to introduce the idea. This should help to legitimise discussions of employee well being as well as organisational outcomes

Ask permission to tape the discussion and again assure anonymity. Note that you will need a very good microphone to get a good quality recording

2) Set ground rules. Everyone should be able to have a say. What goes on in the group is confidential. Brainstorming means that everyone be able to come up with innovative ideas without fear of being judged. The aim is for creativity, so participants must feel safe. If you sense that this is problematic- e.g. workers will not speak up in front of managers, try to bring this into the open and to discuss the implications. Why is there low trust? Point out that this works against the interests of the organisation because it will inhibit discussion. To meet the dual agenda we need everyone's views Try to set up an atmosphere of trust or if not to make it clear that this will make the process difficult- but ultimately of course if there is resistance you have to work with what there is.

3) Feedback your analysis (brief report) and ask them to comment. Stress that you are talking about themes and not individual responses. Ask if your interpretations are right or if not get them to agree on a new analysis. The idea is that they should own the issues they are going to discuss so it is important that they agree on it. Ask them if they want to add any other future or emergent issues (focusing on the future).

4) Get the group to agree on 2 or 3 of the most important themes to work on (E.g. workload and stress, bullying). Try not to let them avoid some because they think they are too difficult. It is better to address the difficult ones and perhaps also one easier one to get things going.

5) Put up the slide of the dual agenda again and then start with one theme. First talk about the reason why it is a problem and try to identify assumptions in relation to the dual agenda. So for example if the issue is intensified workloads the assumption underpinning this might be that people can take on more and more work (and not need time or energy for family , relaxation etc). What are the implications for a) quality of life and b) the sustainability of workplace effectiveness? (I.e. the dual agenda). So, the idea is to get participants beyond thinking about personal problems and issues and to reframe the issues in terms of the dual agenda and as organisational concerns. If the issue is anticipated rather than existing (e.g. multiculturalism in Finland), frame it in terms of the dual agenda- that is how can we ensure that responses benefit employees and clients.

6) Invite brainstorming of ideas, which needs space and trust. Maybe write them on a flip chart without comment while you are collecting them. Don't judge them, but do encourage positive thinking and not complaining/moaning. When you finish go through the ideas and get the group to consider the implications for the dual agenda- quality of life and workplace effectiveness.

7) Repeat with another issue if there is time.

8) Agree on recommendations from the group. These will go into our report. Ask them of they will do anything else with the report- e.g. take up ideas with management. But that is up to them!

9) Thank them all for taking part.

Writing up the report on the innovation groups

The report should focus on process and outcomes as well as overall reflections on the process.

Process: write an account of the process including: membership of the group, sequence of the discussion and nature of the discussion- e.g. was there agreement on the main themes, what themes/issues were selected for consideration.

Outcomes. These are the ideas and recommendations made by the group

Reflection on process. This includes for example: your reflections on the level of trust; what works well and what is less successful; how could things have been done differently; what did you and the participants learn from the process

Good luck! Remember this is exploratory. It is the process that is important. If the groups don't come up with any ideas it doesn't matter- but we would want to analyse why and how the process could be improved.

Appendix 2 Key areas/challenges presented in the feedback from analysis of the interview data

Bulgaria

- rising patients' expectations
- rising intensity of work
- growing need of raising the qualifications of the personnel
- increasing paper work and reporting
- pay levels and financial stability of the hospital
- the need of renovation of technological equipment
- potential emigration of the personnel abroad

Finland

- work intensification
- work tempo
- haste
- increasing work demands
- including issues of employees' control over their own work and skill utitlisation
- organisational changes

Germany

- working conditions
- organization of work

Hungary

- the positive and negative effects of organizational growth
- work patterns and rotas
- physical work conditions, psychological work with customers
- human resources (how the principle "people are in the centre" materializes), HR training of managers
- social relations (communication, team spirit, loyalty, solidarity, support)
- competitiveness of wages, benefits
- situation of women and men
- quality of life, stress
- work-life balance, free time, family; the influence of uneven workload on quality of life and relationships among employees

Portugal

- changes in workplace culture and ways of working
- increasing workloads and daily pressures
- competition and cooperation among departments
- work-life balance and gender issues

Sweden

Economy as related to organizational frame as well as "*the organization in the organization*".

Stress as related to: work load, tempo, patient/family relations, balance between work life and family life.

Comunication as related to different levels within the organization and between different categories of personnel.

Competence in terms of educational opportunities, on the job training, as well as the content of both i.e., does additional training improve personnel's competency to address challenges they face in their work life, or is all competence "good?"

The balance between work and life

The Netherlands

- surviving on a highly competitive market
- work pressure
- reorganizing work: division of labour
- internal communication
- more emphasis on customer friendliness

UK

- Intensity of work and a long hours culture – people are working longer hours and/or working harder
- Experiences of de-professionalization and deskilling – people see more and more tasks routinised
- Bullying, racism and gender issues – instances of bullying and racism have emerged including lack of use of procedures to deal with it
- Working patterns and rotas, and work life balance issues – rota system established does not allow for much flexibility in terms of balancing demands in the work place and at home
- Communication – problems occur between different departments and professions
- Sustainable of current practices – given the above can people effectively "carry on" and continue?