The economy of feelings: emotional labour, ‘soft’ skills and emotional intelligence at work

Emotional labour in Lean Healthcare - some experiences from Sweden

During the last decades, there has been a strong influence from Japan on organisational theory and management practices in the West. It started in the 80’s with culture in focus. The strong culture in large Japanese companies was regarded as an alternative form of control and an effective way for managing an organisation. However, it was often neglected that the culture and employee commitment in Japan was based on life-time employment, senior wage systems and company unions. These conditions were basically lacking in the West, resulting in several unsuccessful attempts to introduce Japanese management practices. The interest for company cultures persisted anyhow.

In this time period, there was also an interest for Japanese work organisation and team work. Dore (1973) compared in his book British and Japanese work organisation models and other authors also made comparisons with the US (Littler, 1982). In the Labour Process debate, Burawoy (1985) presented an influential comparison, also including Sweden, introducing the concept “hegemonic factory regime”. The Japanese model was based on teams integrated in the hierarchical organisation. The Japanese Management System (JPM) was diffused as “best practice” on a global scale (Smith & Meiksins, 1995). Later on, the debate on (company) governance continued this research perspective.

The most important wave of Japanese influence however started in the early 90’s with the concept Lean Production (LP). This is an US interpretation of JPM in the automotive industry, presented by a research team at MIT in Boston (Womack et al, 1990). In Lean Production the work team is central, it is characterized as “the heart of the Lean factory” (p 99). However, the cultural aspects of JPM are not included in LP for natural reasons: the culture in the US society is very different. The unemployment rates was high in the 90’s and the new car plats, some of the them joint owned by Japanese and American companies, were located in green fields, with the highest unemployment rates. This was the base for a negative pressure of the workers to accept the intense work in LP, focusing the flow of production and tight management control in teams. There was a fraction in the union that heavily criticized the “team concept”, supported by some researchers (Parker & Slaughter, 1988).

The period since then can briefly be characterized as a period of diffusion of LP, to industry in an increasing number of societies and to new sectors such as private and public services, especially health care. This is also the case for Sweden, even if the diffusion of LP to Swedish industry came late and Swedish work organisation models
still in the mid-90’s was regarded as an alternative to Japanese influenced models (Thompson & Sederblad, 1994). The take over of the Swedish car producers Volvo and SAAB by US companies, Ford respectively GM, was followed by the introduction of LP in the Swedish plants in the late 90’s. During the last decade, there has been a rapid diffusion of Lean Production systems in industry now including most companies. In the last years also the service sector, both the private and the public, has been influenced by the LP movement. Now, several steps to introduce Lean Healthcare (LHC) have been taken, e.g. at the University hospital in Lund where some departments such as emergency care, fracture treatment and womb cancer diagnosis have been the pilot departments.

In the labour process debate, the concept of emotional labour (Hochschild 1983) has been a given starting point. The distinction between emotion work, in genuine relationships between family members and friends, and emotional labour, the exploitative use of emotions in labour in capitalist society, is useful as it focus that service work must have elements of both to function. The problem arises when emotional labour take the over-hand and the possibilities for emotion work diminish. This is often the case in service work, e.g. in call centres. The focus in call centres is on productivity. There is a continuous measurement of customer calls, waiting time and call durance. However, both collective and individual resistance can be found in call centres (Lindgren & Sederblad, 2004 and 2006).

In Sweden, productivity and measurement also have been focused for the Health Care system during the last years. The background is long waiting times for treatments with surgery, but also for emergency care. In this situation, Lean Healthcare with focus on the flow of “production” (treatment) and continuous improvement of the work process has been presented as a useful concept. The concept also includes a work organisation based on multiprofessional teams. The critique has stressed the difference between producing cars and care of human beings, and the intense work situation for nurses and other groups of employees, such as assistants and administrative staff.

**Aim and method:**
The aim of this paper is to discuss how LHC can lead to intensification of work by use of team work and how emotional labour is influenced by this development. I will in the final sections of the paper use the concept JPM instead of LHC, as I will discuss the development in a broader sense, including cultural aspects. Cultural aspects are almost neglected in the LP and LHC discourses.

The paper is based on research projects that I have conducted since the late 80’s regarding: team work in Swedish industrial companies; mergers and acquisitions between Swedish and foreign companies in the automotive industry; call centers and business travel agencies; tele-nursing centers in Sweden; case studies of team work in Japan. Methods used have been questionnaires, interviews and observations.

Regarding my research on LHC, documents have been studied and informant interviews have been made with two nurses, one manager, one HR-assistant and two union
representatives. I have also attended open lectures on Lean at the hospital. In seminars with researchers and professionals tentative research results have been discussed.

**The Lean concept**
The background to Lean Production, presented in 1990 by Womack, Daniel & Roos, was the successful development of Japanese companies especially in the automotive industry and the Japanese Management System, JPM. The company in the forefront has been Toyota and sometimes JPM is a synonym to “The Toyota System”. However, the Lean Production concept was aimed to be used in the US and in Europe, with in some respects a very different culture compared to the Japanese culture. The very strong societal and organisational culture in large Japanese companies, such as Toyota, is basically lacking in Western society and companies, even if some companies tried to build up strong cultures, as mentioned earlier influenced by Japanese models.

**Lean at Lunds University Hospital**
Lund is an old university city with appr. 100 000 inhabitants, of which about 30 000 are students. The city is located close to Malmö (260 000 inhabitants) in the very South of Sweden. The university hospital is one of the largest work places in Lund and is also a regional hospital, offering special health care service for quite a large region. The Region as organisation has very large financial deficits and has had serious problems to reach a budget balance.

This was the background when the administrative manager at the Region engaged a new manager to focus on strategy, and Magnus Lord was employed. He immediately started to look for good models of healthcare. Lord found some smaller hospitals, e.g. in the States, which had started to work with the Lean concept and had reached good results on productivity and quality. In 2006/2007 he presented a change program based on Lean Healthcare for Lunds University Hospital.

The departments of the hospital had to express their interest for being involved in the program. There seemed to be a large interest and several pilot projects to introduce Lean were started. One of the first activities was to go to study the use of the production system at Scania (the truck producer) in Södertälje, just outside Stockholm. Scania has a established cooperation with Toyota in work organisation and is in Sweden often seen as one of the leading companies to introduce Lean Production (The author of this paper is the project leader of a new three-year research project to study the company Scania, e.g. the production system).

**Lean Healthcare – central aspects**
There are some common aspects in Lean Production that also is possible to find in Lean Healthcare. In my interviews and tentative analysis I have focused the following:

a- Value processes
b- Continuous improvement
c- Leadership
d- Team organisation
e- Work intensity, emotional labour
f- Organisational culture

a) In the Lean Production concept, and also in Lean Healthcare, the basic idea is to arrange the production as continual process, a flow. In car and truck production, this is materialized in a production line. In healthcare the processes often are harder to identify and the first activity in a Lean Healthcare change program can be to find these “value processes”.

b) The idea of “continuous improvement” goes back to the 80’s and the focus in Japanese companies to change the organisation to improve the quality of both the products and the production processes. It is in this system important that suggestions from the lower levels of the organisation not are neglected and that they seriously are valuated. If they are useful, they shall as soon as possible be the standard operation for the whole factory or even the whole company.

c) The leadership should support this development and the leaders in the organisation should be prepared to listen to all employees and support their – and the organisations development. The ideal is a kind on transformative leadership and coaching but the focus is as much on the team as the individual.

d) Team organisation is, as mentioned, the core of Lean Production. The preconditions for establishing teams in healthcare is different than in industry, as in the hospitals there are strong professional and vocational groups organized, such as medicines, nurses and care assistants. In the presentation of Lean Healthcare the importance of the team often is neglected or just mentioned. In practice however, I have during my interviews found the team organisation is important for Lean Healthcare, as well.

e) The principle of value processes and a flow can easily be imagined to give as a consequence a stressful work situation for employees, especially if you for some reason not are in form for maximal performance. Even if the slogan for LP is: “Work smarter, not harder” the pressure from the managers, colleagues – and the clients in LHC - can create a very stressful work situation. Here, it is most obvious that LHC can increase the prevalence of emotional labour, at the cost of opportunities for emotion work.

d) Regarding culture, we find the main difference between JPM and LP. The Japanese companies has been built up in a society with a very strong culture, both in society and internal in the companies. In the LP concept cultural aspects are very hard to find. LP is often seen as a “production technology for the organisation”, without any cultural focus. My interpretation of LHC is that there are some examples of attempts to build up strong cultures in the organisations, but also implementations are mainly orientated towards the “technology” aspects.

**Empirical findings**

The introduction of Lean at Lunds University hospital started at some departments, such as the Anesthesiology (Emergency medical service) department and the Orthopaedic (e.g bone fractures) department. This is services were you find a flow of patients coming in. However, there are also some departments involved with patients for long time treatment e.g for cancer of different kinds. The nurses I have had informal discussions with about the Lean program at Lunds University hospital worked at the two departments mentioned above. They were both positive to Lean. The first mentioned that it fits well to work in a team at an emergency department and it is important to diminish the waiting time for the...
patients, previously often all too long. The department has been rebuilt, so now the patients directly go to X-ray investigation before they will meet the doctor. The second nurse, working at the Orthopaedic department, was especially positive about her opportunities to influence decisions by the team and the competence development that came with Lean. She mentioned that all nurses will go for a course for several days. That had never happened before. It should be mentioned that these discussions were held a couple of years ago, when the program was in a first stage. Unfortunately, I have not had opportunity to have a follow-up talk with the two nurses about the situation today.

It was probably not a coincidence that Magnus Lord, as new strategy manager in the autumn of 2006 at the hospital, choose Lean as the concept to implement to reach increased productivity. Lean Production was then since several years the dominant concept in Swedish industry. The Metal Workers union registered already in the early 90’s that most workplaces had implemented the concept. There were also, as mentioned, some experiences from the US of Lean Healthcare at hospitals. What from the outside looked as a problem was that the hospital at the same time announced that they had to cut down the number of employees. However, the manager of the hospital declared that these were to separate processes and no one will loose the job due to Lean implementation. To complete the picture, it should be mentioned that the number of patients are increasing rapidly so increased productivity was a necessity. This is also the explanation the HR-assistant gives to explain the start of the Lean program.

In the open lectures, where about 300 people attended each occasion, Lord illustrated the unproductive and wasteful way healthcare had functioned previously. He gave examples from the departments involved in the Lean program how much time and efforts that have been saved. The flow principle is in focus. In one of the lectures I attended, Lord started with asking how many of the participants that were doctors? One man discretely raised his hand! The limited interest from doctors, and especially passive and also active resistance, is a problem for the implementation of LHC. In some of the interviews this has been obvious when we have come into the issue of teamwork. Obviously, it is very much up to the attitude of the doctors if the Lean program will be implemented successfully. There seems to be a tendency to polarization, for or against Lean, at the hospital now. This can be one reason why the strategy has been changed to not any longer select and learn up “Lean coaches”, but instead give the line managers the responsibility for the Lean implementation. When I asked the HR-assistant if there is a risk for too high intensity when working according to the Lean principles, she informed me about one department where the chief doctor had stopped to take in more patients, with the health of the nurses in mind.

The healthcare unions in Sweden are basically integrated with the professional organisations that might increase possibilities of resistance and union control (Dent, 2003). The union representatives that I interviewed, all of them nurses, had both positive and negative experiences of Lean. The positive experiences came from the emergency department. Here teamwork, combined with “triage” (evaluation of the patients status on a scale from 1 to 5, depending on the degree of emergency) had lowered the waiting hours and resulted in a positive climate at the department. Previously, there had been very
little time for emotion work with the patients and the work situation was dominated by stress and emotional labour. Now, elderly patients with leg fractures passed the emergency department directly and went immediately to surgery and then to care departments.

The negative experience came from a department working with advanced heart surgery: There each patient should be treated individually as complications can arise e.g. problems to put a needle into the vein in the arm of the patient. Now, there was a calculated time for each stage of the work process and the time pressure means stress for the team and the nurses. Also, some specialists are not included in the team. For instance, the surgeon himself (almost always a man) worked as an individual, waiting for the team to prepare the patient for his first cut. Moreover, here Lean had been introduced top-down, resulting in low involvement from the nurses. The stress with the handle of the patients had also resulted in a “hard climate” between the employees. This work situation seems to be very much dominated by emotional labour and Lean seems to worsen the situation.

The nurse from the emergency department would suggest the hospital to use Continuous improvement, instead of Lean to label the program. Lean is “imported” and continuous improvement is actually what it is all about, from his perspective. For the nurses on the lowest level, in Sweden called “under nurses”, the pressure to come up with improvement suggestions all the time can be a stress factor that take time from the daily care with patients. It increases emotional labour and consequently changes the balance between emotion work and emotional labour. In the end, the important question seems to be if the unions will be able to resist attempts to decrease the number of employees and to increase intensity of work from the managers and politicians?

What is the future for Lean at Lund University Hospital? On the one hand, the program goes on and the hospital is the 16-17 March (the same days as for ILPC!) the organiser of the big scale conference: “Lean Healthcare – The Way to Lean in the whole Healthcare System”. There are actually about ten Lean pilot projects in the Region running and it seems as the ambition is to have an overall implementation of Lean in the healthcare system. On the other hand, there has now been a merger between Lund and Malmö University Hospitals, creating the Skåne University hospital. Magnus Lord, the strategy manager has left his job and now works as a consultant. Obviously, one reason for his decision is the merger as he expresses doubts about the effectiveness of large organisations in Health Care. He now gives lectures on Lean at hospitals in the Region, dreaming of starting a Lean project in a small hospital. The crucial question seems to be if LHC is an “organisational technology” or a concept based on a strong organisational culture and employee commitment?

Conclusions
In conclusion then, does Lean Healthcare at Lund University Hospital lead to increased intensification of work and prevalence of emotional labour? The answer is not a straightforward yes or no – there are examples of both positive and negative effects for the employees described above. The basic idea in Lean Production focusing the flow and continuous process can of course if it is pushed to far be a source of stress for the
employees. On the other hand, if there is long waiting hours for the patients due to that
the work process is planned badly, the work situation for emotion work for e.g. the nurses
will not be favorable. The experience from the emergency department illustrates that the
introduction of the Lean concept in this situation can be successful. In this department,
the nurses seem to be involved in the change process and the multiprofessional teams
functions quite well.

In the heart surgery department the opposite seems to be the case. The introduction of the
Lean concept came from the managers without any involvement of the nurses and the
team functions only partly, or not at all. The work situation is characterized by emotional
labour and the stress on the nurses is high. The work process seems not be suited for
standardization, a main feature in Lean Production, so the introduction of the concept
here is a mistake.

To summarize, if there are employee involvement and worker control of the labour
process, for instance by team organisation, the Lean concept does not always have to lead
to increased emotional labour. In Sweden, the unions also in the healthcare sector have an
influence of the labour process, strengthen by that they also are interest organisations for
the professional groups. The team control can for the nurses be regarded as a preferable
alternative to the traditional control by medicines and administrators.

It is possible to identify one “hard” and one “soft” version of Lean in the healthcare
sector (comparable to hard and soft HR, see Storey, 2007). In the soft version of Lean, a
strong organisational culture also is a precondition for a successful implementation. This
will be difficult to establish in a large organisation with a long distance to the top
managers, as one union representative commented on the new merged hospital in
Malmö/Lund. In an age with financial problems for the Health Care sector and a focus
on rationalization and performativity for professionals (Dent & Whitehead, 2002), the
forecast for the soft version of Lean Healthcare does not looks promising.

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