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### **Ola Ravndal Bjørnstad, Norway - *Supervisory challenges in Norwegian public healthcare surroundings***

As a result of never ending increased spending on public healthcare, the Norwegian Government implemented the cooperation-reform from 01.01.2012. The reform is supposed to transfer a wide range of healthcare services from expensive state-hospital services to less expensive municipality-based services. In a qualitative case-study related to my master's piece in Change Management at the University of Stavanger, spring 2014, top level bureaucrats from Stavanger Municipality, bureaucrats from Stavanger University Hospital and experienced hospital medicates were interviewed about the implementation of the reform and what view they have on the reform in general. In special two economical incentives were investigated. The theoretical frame for the investigation is to analyze the findings from both instrumental and professionals culture perspective. The findings are divided. The bureaucrats in Stavanger Municipality follows the state reform in a loyal manner. New municipality based health-services are being started and a formal law-based cooperation with Stavanger University Hospital is implemented. On the other hand Stavanger University Hospital also safeguard statutory at the same time as medicates don't know anything about the hospital cooperation with the municipality and have no knowledge about the new municipality based health-services. The medicates interviewed all expresses that the most important issue for them is the possibility to work with specialized healthcare and research within the specialized areas of medicine. Regarding to the economical incentives the physicians only care about it if the incentives are matching with their aim to get patients faster out of the hospital, mainly older people who can be transferred to nursing-institutions. Otherwise the medicates have no interest in acting in compliance with the cooperation-reform. All in all the study concludes cultural aspects must not be underestimated if one wants success with a health reform. The culture variable has not been included in planning and implementation of the cooperation-reform. Quantitative data shows us expenses to both municipality and state based health services are rising just as much as before the reform. In the wake of the case study one can ask how supervision can provide input to intelligent future healthcare-reforms. One possible answer is a pragmatic approach both to health care as a whole, but also to the different people working there, both bureaucrats and medicates. Through supervision this knowledge of culture can become known, and more intelligent healthcare reform can be made possible. This, though, is a research-area yet to be developed further.

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