EMPOWERING HEALTHCARE WORKERS THROUGH PARTICIPATION - A DANISH CASE STUDY

Introduction

Denmark faces challenges in securing appropriate staffing in the healthcare sector, in common with other EU Member States (e.g. OECD/European Union, 2022). This has significant implications for the quality of patient care, staff wellbeing and overall system efficiency (e.g. Cho et al., 2019; Halm, 2019). Staff shortages lead to increased workloads, higher stress levels and a greater risk of burnout for others, which in turn has a negative impact on job satisfaction and staff retention (e.g. Wood et al., 2024). Although the number of midwives in Demark has been rising since 2015 (from 1,888 to 2,268 in 2022; Eurostat, 2024), the Danish Association of Midwives estimates that the shortage of midwives is roughly 100 for the whole country or about 10% of the full-time midwife workforce (Danish Association of Midwives, n.d.). Further, figures from the Municipalities and Regions Payroll Office (KRL) show, for example, that more than 2,400 nurses left public hospitals in one year (between 2021 and 2022; Nielsen et al., 2022); there are reports from the delivery rooms (especially in the capital area) that it is hard to schedule duties because midwives are leaving the public health service. Further, high workload, driven by staff shortages and the need to generate efficiency savings, especially when combined with a lack of workers' participation in decision-making, can be identified as a key psychosocial risk (PSR) for healthcare workers. Research specifically focusing on midwives highlights the significance of autonomy, decision-making power, peer support and professional recognition as factors contributing to their resilience (Andina-Díaz et al., 2024; Hales et al., 2021; Sabzevari & Rad, 2019). When these factors supporting greater agency of workers are absent, mental health issues and burnout become significant concerns, often leading to staff leaving the profession altogether. This directly causes further shortages, which can cause higher stress levels and burnout in those who decide to stay in the profession. In a way, this has the potential to create a vicious cycle, where those who experience a lack of decision-making autonomy and professional recognition, and experience burn-out partially as a result, contribute to the higher workload of other healthcare workers.

To address the challenges mentioned above — especially the lack of workers' consultation, participation and influence in decision-making, rooted in the hierarchical system — for the past six years, the Department of Gynaecology and Obstetrics at the Regional Hospital in Horsens, Denmark, a 200-employee part of a small hospital with approximately 700 employees, has been implementing organisational transformation to address PSRs related to work organisation and culture. A key element of this process was the introduction of theory-based management changes centred around regular meetings held outside the hospital environment. These meetings — or workshops — provided a collaborative space for staff from different professions within the department to discuss challenges and identify practical solutions. In essence, the workshops serve as the starting point for projects — initiated and developed at the workshops — aimed at transforming and improving the department's operations. Once the workshop ends, these staff-led projects are implemented, giving employees a meaningful opportunity to influence and shape their workplace.

This case study is part of a research project[1] carried out with the aim to provide an overview of research on work-related PSRs and mental health-related outcomes in the health and social care sector.

Methodology

This case study is based on four main sources of information. The first is statistical and academic data on the PSRs experienced by nurses and midwives, as well as the broader challenges facing the healthcare system in Denmark. These data helped to provide a description of the context in which the initiative was implemented. Second, media articles from Danish journals were reviewed to gain insights into what was implemented and, more importantly, how it impacted the department's staff. Third, an interview was conducted with a hospital representative to deepen the understanding of the initiative and its results. Lastly, additional sources referenced in the articles and mentioned by the interviewee were

[1] The full report is available at: https://osha.europa.eu/en/publications/overview-work-related-psychosocial-risks-and-mental-health-outcomes-eu-health-and-social-care-sector

analysed to explore the theoretical foundation of the initiative, to better understand its design and purpose.

Description of the intervention

The intervention was initiated by an experienced medical practitioner with a PhD in clinical management, who undertook the role of the head of the department in June 2018. The main goal of the changes was to challenge and reshape the system's hierarchies, including those within the hospital, to give staff more autonomy and control. As they recall:

'Nobody wants the good, old-fashioned hierarchy anymore. The young want to have influence, be seen, heard, have feedback, dialogue and development' (Schelde, 2022).

The aim, therefore, is to use the knowledge of individual employees to find better solutions and foster an organisational culture in which staff from different disciplines can work together to develop ideas, create plans and take the lead in implementing them:

'[The idea was] to organise it in a way where staff are more involved in developing clinical practice and the organisation at the same time as having a greater impact on strategy and daily work while focusing on interdisciplinary collaboration between nurses, midwives and doctors' (Interview data).

The intervention aims to create a more supportive workplace environment where staff feel valued, empowered and motivated to stay, reducing the risk of burnout and high staff turnover. Specifically, it allows the staff themselves to address the key workplace challenges, providing autonomy and addressing disengagement.

In practice, the intervention consisted of the setting up of regular two-day workshops, a space to develop bottom-up projects, and teams that aim to transform how the department operates and is managed. These projects and project teams are designed to address real issues identified by staff, empowering them in two key areas: decision-making in their daily practice, and influencing the broader workplace environment. Staff are encouraged to take ownership of organisational change by forming interdisciplinary teams tasked with the design and implementation of projects that address the challenges identified by the management team and staff.

What was done and how

The new approach was called 'Professional development in balance: Women's diseases and births in a sustainable healthcare system', and it is grounded in a series of management theories that frame how individuals equip themselves to handle the complexity of working in the healthcare system (Storkholm & Christiansen, 2023). The common denominator from the theories that are the backbone of this initiative is that the voices of all staff members are important and that everyone must take responsibility for improving everyday life (Brown, 2018; DSS, n.d.; Edmondson, 2012, 2018; Kegan & Laskow Lahey, 2009, 2016; Interview data). Those ideas were then translated into the practical arrangements at the department.

The starting point for implementing this theoretical approach in practice was the holding of two-day workshops, as previously mentioned. The aim of the workshops was to bring staff together to find solutions for a specific challenge identified in advance. The first workshop was organised in March 2019 and there have now been 11 workshops, taking place around twice a year. Currently, around 75 staff members (out of 200) have taken part and are currently engaged in different teams and projects implementing the actions agreed upon during the workshops. While this is not the only new solution implemented at the department, this specific initiative is central.

The workshops aim to help break hierarchies at the department, as they are set outside of the formal structures of the workplace. Different staff members spend this time together, eating, sleeping and developing ideas together. Holding the workshops off-site helps participants to fully immerse themselves in the experience and gain a fresh perspective on their work and the challenges they face:

'The workshop takes place away from everyday life. Precisely to get out of familiar surroundings and to be able to devote yourself to work with the professional task, the relationships in the team you work in, and the insights you gain when you have the opportunity to immerse yourself in your collaboration profile and reflect on your own professional, personal development zone' (Storkholm & Christiansen, 2023).

In practical terms, the workshops are structured around personal and organisational development: the (mostly) interdisciplinary groups work to solve various concrete, professional, organisational, clinical or managerial challenges or ideas, while at the same time gaining new knowledge about teamwork and how their own personal strengths and weaknesses are at play (psychological safety, collaboration, leadership skills). At the end of each workshop, participants go back to their jobs with an action plan and an implementing team assigned.

Each workshop is designed for around 25 participants, bringing together a diverse group of professionals represented in the department's workforce: doctors, midwives, nurses, medical secretaries, and bioanalysts (lab workers; Interview data). It is deliberately structured to include a mix of different roles, professions and experiences (including length of service at the department), for example for newly employed people:

'We have to combine them with our experienced staff because otherwise, they're not able to solve the assignment, so we need to combine both experienced and our new staff' (Interview data).

The workshop, or in a broader sense, the whole initiative cycle, is organised by steps:

1. The first step involves identifying the issues at the department to be addressed. These challenges or areas for improvement are often, although not always, recognised by leadership, including department heads or middle managers, who assess and determine the focus. Once the issue is selected, staff members decide who will be well suited to tackle the challenge, and who should be assigned to participate in the workshop to work on this specific issue, although participation remains voluntary. Ideas for improvements can also come from the staff and are then included in the same process (e.g. a mobile app for pregnant women, see below).
2. During the second step, the workshop itself, participants work collaboratively to address the identified challenges. This process is coupled with personal development so that those assigned to resulting projects are well prepared and capable of implementing them. External consultants facilitate the discussions, guiding participants through the generation and development of ideas. This process includes, for example, prioritising actionable ideas and conducting stakeholder analysis. Practical tools such as SWOT analysis, stakeholder mapping, and innovation and change management techniques are introduced to participants so that they leave the workshop with new knowledge on tackling the issue at hand. The whole process concludes with the creation of a strategic action plan.
3. The final step involves participants returning to the workplace to implement their action plans. Responsibility for the execution of the action plans, tracking of progress and follow-up rests entirely with the assigned teams.

The team members are chosen based on the task at hand — while they are often interdisciplinary, sometimes they are not, if, for example, they are dealing with some particular clinical practice, and there is no need to involve different specialists. They can also be organised around clinical sub-specialities. For example, the urogynaecological team consists of doctors, nurses and a secretary (Storkholm & Christiansen, 2023). This means that such a team takes long-term responsibility for managing their care area according to their specialisation. In practice, they are responsible for managing ambulatory services, bookings, patient information, clinical quality indicators, and collaboration with other departments and with municipalities, using their own human resources. In those instances, there may be no need to participate in the workshops, as the teams already operate autonomously. Their strategies are shared with leadership for feedback, but the teams still maintain a high degree of independence.

The projects implemented at the department are very diverse, and the teams have the autonomy to progress with them as they see fit. Examples of the projects developed during the workshops include:

- '**Team talk**' is a tool developed by employees. Team talk creates a space for learning and reflection in everyday clinical practice. In this case, after a birth process, the team gathers and everyone reflects on four questions: 1) What have we done? 2) What worked well? 3) What could have been done differently? 4) What did we learn? The idea is to be short and pragmatic (Storkholm & Christiansen, 2023): it is a way of creating psychological safety and practising feedback and collaboration. It is a space where everything can be shared, in a safe space, and as the Head of Department describes: 'A characteristic of Team talk is that everyone has to say

something. It helps to break down the barrier for new employees who may not dare to say anything. Here they *have to* say something' (Graugaard, 2022).

- **Creating content for a mobile app for digital communication with pregnant and fertility clinic patients.** In this case, a midwife is the project manager for developing the content for an app; she is also still an active midwife with close contact with the patients, which allows her to better understand pregnant women's needs (Schelde, 2022; Interview data).

Further, as part of the broader initiative, special 'wellbeing teams' were created to replace the classic staff meetings for midwives only. Here, the classic manager/employee conversations can take place in a smaller team, and the midwives meet with the sole purpose of creating a space for their group in which challenges can be discussed in a more intimate, less rigidly structured forum. The wellbeing teams intend to provide more psychological safety in the midwifery group (Storkholm & Christiansen, 2023).

In terms of resources, the human resource coverage for the period of the workshops has to be organised by the management. At the same time, the overall costs do not rise with the implementation of projects, as all the hours that have to be dedicated to the projects are reassigned from other tasks that are no longer needed (e.g. administrative tasks now done by other staff members, see section on *Challenges*). However, there are costs associated with the organisation of workshops, and particularly the availability of staff to cover all the shifts, as some of the staff members are not available (Interview data).

What was achieved?

The achievement has to be assessed from two perspectives — the impact on the department's functioning and the impact it had (and has) on its employees. Although both areas of impact are highly interconnected, it is worth looking at the achievements separately.

With the aim to challenge the hierarchy and the workplace culture, the workshops, and what was done at the workplace afterwards, are reported to be highly successful. This is reflected in both the higher independence level of the staff and a feeling that some things can be said openly. As one of the midwives said:

'When you get to know each other outside of context, it becomes easier to talk together in the team. It helps to provide psychological security and makes it easier to say what was good or less good in a situation or to invite you to have a look at the collaboration. … Now it is easier to talk about how to do it better' (Graugaard, 2022).

Thanks to this more open atmosphere, which is built on trust, employees reported that they have more room to influence decision-making, which in turn makes the work more sustainable for workers and more efficient for the workplace. This does not mean that the hierarchy has disappeared, as the management still needs to make the difficult decisions and decide on who carries out specific tasks (Graugaard, 2022).

Allowing the teams to run specific projects or tasks, especially at the sub-clinical level, has also resulted in changes in the organisational structure of the department. For example, there are no longer 'quality nurses'[2] responsible for scheduling and development. No jobs were lost, but the responsibilities of these posts were reassigned to other team members (Schelde, 2022; Interview data). It also impacted the role and responsibilities of management, especially at the middle level, which had to make room for others to make decisions.

On a more personal level, the whole approach was intended to also build the internal resilience of the employees and allow them to work on their strengths and weaknesses. The goal of this was to make each staff member feel valued and that they have an impact, which was also something reported by the interviewed nurses and midwives, for example:

'I find that our voice and attitude count. It gives me enormous pride' (Graugaard, 2022).

[2] A 'kvalitetssygeplejerske' is a quality nurse, a role focused on improving and maintaining standards in healthcare settings. These nurses work on various tasks, including ensuring patient safety, managing documentation, scheduling of duties and overseeing medication handling. They often collaborate with other medical professionals at the workplace to develop and implement quality improvement processes (Bové-Christensen & Hølge-Hazelton, 2012).

The initiative contributed also to counteract burnout. Here, progress was measured before the start and periodically rechecked. The assessment was conducted before the first workshop using the Danish-validated version of the Maslach Burnout Inventory.[3] At the beginning of the introduction of the workshops (2019), results showed moderate burnout levels at 18%, compared to rates as high as 40% to 50% in other settings, making it a favourable starting point. Burnout levels were not measured during the COVID-19 pandemic to avoid skewed results. The next measurement, in 2023, showed a reduction from 18% to 14.1%. Although not highly statistically significant, this trend suggested that burnout, in spite of the high demands of the pandemic, did not increase in the department between 2018 and 2023. By 2024, the results showed a further decline in burnout to 9.4%, half of the initial levels (Interview data).

This all translated into positive results for the department and the hospital as a whole. In addition to creating a space for constant improvement and facilitating ongoing development, a number of important tangible results were also achieved. For example, the department no longer has problems with staffing, something that is a challenge in other Danish hospitals as previously mentioned. Other positive results include almost no waiting lists for surgeries, specifically since the department serves many women in menopause suffering from bleeding, for whom the first choice would be hysterectomy. With a changed approach to clinical practice, this is no longer the only option, and fewer surgeries are scheduled (Schelde, 2022). Further, the urogynaecological team increased the number of outpatient visits by 26%, which meets increased demand (Storkholm & Christiansen, 2023). All in all, it can be said that the change in the workplace culture coming from the point of view of employees' consultation and participation, and consequently their wellbeing, results also in better patient care. Positive organisational and workplace culture is associated with reduced mortality and increased patient satisfaction (e.g. Braithwaite et al., 2017).

Success factors

The success of the intervention in the Department of Gynaecology and Obstetrics comes down to a few key factors.

Firstly, it should be highlighted that the whole project, and, in a broad sense, the approach to management at the department, is grounded in theory and expertise. This made the whole project structured, intentional and well thought-out.

Secondly, the vision and determination of the engaged parties — here, especially the leader and the department's staff — to make the workplace better for everyone drove the whole process, but it also required a significant transformation, and without this determination, it might have been unsuccessful for the sole reason of scale. Here, the workers' consultation, participation and involvement, both at the planning stage and then at the implementation stage of the changes, were key.

Further, one of the most significant success factors was how it tackled the lack of workers' participation and influence, which had been and still is considered a major source of burnout and dissatisfaction for medical staff. By making it a focal point and giving employees a real say in decision-making and problem solving through projects, the initiative created a sense of practical ownership and pride in their work outside of strictly clinical practice. This did not just make them feel more fulfilled, it also led to better teamwork across disciplines and a work culture of shared responsibility for improvement, independent of seniority.

This approach also fostered resilience by focusing on both organisational and personal development equally, equipping staff with the tools and confidence needed to handle challenges and projects and teams to which they are assigned. In this case, one is supporting the other, as without the proper skills, such as conflict management, team members may not have the necessary capabilities to successfully implement the projects.

Lastly, the way workshops were organised also contributed significantly to the success of the project. Taking the conversations out of the hospital setting and into a more neutral environment allowed staff to challenge hierarchies. This built trust and created a space in which everyone felt safe in sharing ideas and working through challenges together, which then translated into their everyday clinical practice.

[3] The Maslach Burnout Inventory (MBI) is a widely used psychological assessment tool designed to measure burnout. Developed by Christina Maslach and Susan E. Jackson in 1981, the MBI consists of 22 items, each rated on a frequency scale from 0 (never) to 6 (every day; Maslach et al., 1997).

Challenges

One of the main challenges was that this type of initiative questions rigid hierarchies and how things are (or were) usually done. The new structure and the new work culture, its implementation and its success require a different approach to leadership and management style. Letting go of control, trusting teams to handle tasks independently and stepping back from micromanaging are difficult adjustments for some leaders (Interview data). They have to find a way in this structure and their role within it, which sometimes proved difficult, especially as the responsibilities traditionally held by roles such as 'quality nurses' or 'quality midwives' have been redistributed across teams and persons.

This adjustment has not been limited to management; medical staff also had to adapt to their new levels of autonomy and responsibility. Many decisions now rest directly with the employees rather than being deferred to supervisors, requiring a shift in mindset and practice. Additionally, the department's approach sometimes clashes with traditional systems, for example, in regional collaborations, in which other hospitals send managers in relation to the projects while this Horsens' department sends the directly responsible employees (Graugaard, 2022), potentially causing misunderstandings.

This is also related to the issue of transparency, which is not yet satisfactorily resolved. With multiple teams working on various projects, tracking progress and ensuring alignment without overburdening the system with reporting may cause challenges. The lack of a streamlined system to monitor and share updates — such as the Scrum methodology,[4] commonly used in the private sector — creates possible gaps in communication (Interview data).

Conflict management is also an ongoing issue. With so many teams collaborating, conflicts can arise both within groups and between them. Addressing these conflicts requires consistent effort and mediation skills, which not all leaders or team members may have developed, or are not yet comfortable in using (Interview data).

Key takeaways

The Department of Gynaecology and Obstetrics at the Regional Hospital in Horsens has implemented two main streams of change to counteract the identified psychosocial risks: on the one hand enhanced workers' consultation and participation in decision-making though the organisation and facilitation of workshops (which give employees opportunity to discuss challenges and solutions, as well as to improve their managerial skills), and on the other hand an organisational shift, towards closer, less hierarchical cooperation. The changes provided opportunities to address challenges in a staff-led manner. This resulted in changes in work culture and work organisation that, in turn, contributed to improved working conditions, reduced PSRs and increased staff retention.

Through enacting both streams of change, the department's staff reported fewer burnout symptoms, which, in post-pandemic times, is not an easy achievement. This, in turn, translated into lower levels of workers — here, nurses and midwives — leaving the hospital and the profession altogether, something very desirable from the standpoint of managing a hospital department.

This case study shows that the changes introduced also contributed to improved patient care and patient satisfaction. As shown above, the workshops provided a platform for staff to identify new clinical treatment options, reducing the need for surgeries as well as changing the way the work is organised. This played a role in increasing the number of outpatient appointments to meet increased demand.

Both of the components discussed here above have, to a degree, transferability potential. The change in working culture, which required rethinking authority and hierarchical structures, necessitates determination from both leadership (or management) and the workers themselves. A key factor in the department's success was this determination from the very beginning and the initial strong commitment of the leadership and management to kick-start the process. Adopting this model required a willingness to embrace change and support from the leadership team.

Similarly, this process needs to be sustained by the staff themselves, as without workers' consultation and willing participation, it would stall and could not be fully implemented. With the key aspect centring

[4] A Scrum methodology is a team collaboration framework, which was originally and is still most commonly used in software development. Nowadays, it is also used in other contexts where teamwork and collaboration are important to achieve objectives. The methodology is organised around developing the product — the scrum team responsible for it (product owner, developers and scrum master) and the workflow needed to develop it (https://www.scrum.org/resources/what-scrum-module).

on employees regaining agency, their full participation is necessary to create an environment responsive to their psychosocial wellbeing. Therefore, staff should be made fully aware of the advantages of workers' participation to implement initiatives aimed at improving organisational culture and working conditions.

Lastly, implementing a change of this scale requires a well-structured, thoroughly planned and informed approach grounded in current knowledge and best practices in management techniques. With the transformation taking place at a foundational level of the organisation, having a leader capable of driving and sustaining this change is key, as replicating such success becomes more challenging without a good understanding of healthcare management.

In addition, also the workshops and initiatives that were developed to achieve workers' participation and to pursue the intended organisational changes could be transferable. As this case study has shown, the workshops give employees greater agency and ensure that their voices are heard. This creates a safe space for asking questions, sharing ideas and taking on accountability, contributing to an improvement in employees' wellbeing.

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