

# Good Solutions in Nursing and Care

14

Models of good practice of healthy and quality-promoting work design  
of nursing and care jobs in hospitals, inpatient care facilities  
and home care services





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## New Quality of Work Initiative

### **New thinking for a new world of work**

Safe, healthy and at the same time competitive workplaces are the vision of the New Quality of Work Initiative (INQA). Joint projects of the alliance of social partners, social insurance funds, the federal government, states, foundations and companies make one thing clear: Anyone who invests in human capital profits from motivated employees, falling sickness rates and a progressive company image. Started in 2002, the Initiative's own dynamics and its power to convince have now become evident – INQA works.

### **INQA concentrates forces!**

“Working together, each on his own responsibility” – this principle of INQA has proved successful in practice. Under the auspices of the Initiative, specialised working circles have been formed called theme action groups (TIKs). Their tasks range from the “Network building site”, through “Ageing in employment” down to “New quality of office work”. Bureaucracy and inflexible structures are nowhere to be found. These action groups organise targeted activities on individual key issues and pursue them on their own. The knowledge gained is transferred into company practice. Whether an employer, employee representative or health expert – every INQA group is open to people who want to get things done.

## This brochure

provides information on models of good practice in hospitals, elderly care homes and home care services. They are representative of numerous initiatives on the healthy design of work which have already been taken in this segment of the labour market. This brochure was produced in close co-operation with the German Network for Workplace Health Promotion (DNBGF), the Health Service Forum and welfare care services



### The German Network for Workplace Health Promotion (DNBGF)

The DNBGF goes back to an initiative of the European Network for Workplace Health Promotion (ENWHP). Against the backdrop of too little dissemination of workplace health promotion in Germany the DNBGF set itself the goal of drawing greater attention to health promotion at the workplace in Germany. With the Network an attempt was made to spread workplace health promotion in all sectors of the world of work in Germany. The Network is open to all stakeholders (organisations, networks, individuals) who are interested in disseminating “good practice” in workplace health promotion together with others. It pools and networks the ongoing activities and encourages areas so far neglected to be taken into account.

To this end the following six forums were set up:

- Health service and welfare care
- Public service
- Education and information
- (Major) companies
- Small and medium-sized enterprises
- Labour market integration and health promotion.

Each forum works independently and is headed by a co-ordination team and is also supported by the head office. The head office of the DNBGF is located on the premises of BKK Bundesverband and is sponsored as part of the Health and Work Initiative (IGA) together with the Central Federation of the Industrial Berufsgenossenschaften (HVBG – institutions for statutory accident insurance and prevention).



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# 1

## Introduction

## “There is nothing good – unless you do it.” (Erich Kästner)

Do good – that is the first step which has now been

taken in many places in spite of and also because of the host of workloads, strains and challenges for nursing and care staff.

“Do good – and talk about it” is a further step which the Federal Institute for Occupational Safety and Health (BAuA) and the German Network for Workplace Health Promotion (DNBGF) want to support with this publication under the patronage of the New Quality of Work Initiative (INQA). The aim is to illustrate that and how positive changes can be achieved.

The models of good practice documented here from hospitals and facilities providing inpatient and outpatient care are representative of numerous initiatives on the healthy design of work which have now been adopted in this segment of the labour market as well. The following topics

- reduction in mental and psychosocial workloads
- reduction in physical risks
- work organisation, staff deployment
- working hours
- reconcilability of job and family
- staff involvement and staff satisfaction as well as
- workplace health promotion

were to be taken into account in selecting the examples.

The principals, the contractor and some members of the initiative group “Healthy Care”, which was set up as part of INQA in 2004, had agreed at an experts’ conference held in Dresden on 6 and 7 December 2004 on what criteria should be satisfied so that solutions in care can be regarded as good. These include orientation to project management and expertise from workplace health promotion, the perspective of the behaviour of the individual employees and the organisation as a whole, the systematic involvement of the employees in the change processes (participation), the documentation of processes, results and effects, the sustainability and transfer of the good solutions as well as their integration into the corporate culture. Last but not least, the aim with the models of good practice was to also make sure that the change processes, which are primarily geared to improving the health and well-being of the employees, also aim at improving the quality of the services provided, i.e. looking after and caring for patients, residents and clients.

These criteria formed the backdrop for a meeting guideline which was used in researching the examples and compiling the documentation. The results of the research were collated in such a way that they were able to provide ideas for all nursing and care facilities to design the working conditions in their institutes to improve health promotion.

A wide range of models of good practice was selected in order to clearly illustrate that positive changes take place independently of the size of a facility, the body responsible and the region. The selection of the eight models of good practice also show a wide spectrum in relation to the fields of work and the institutional conditions of nursing and care and to the reasons and motives for change processes. However, it also demonstrates where, given all the differences, there are similarities and that there are procedures which promise success: not merely for the duration and success of one single project but also for the longer-term conversion of the results into practice. All examples are characterised by the fact that the projects led to changes in attitudes and procedures in the institutions which are equally beneficial to the employees and residents, the patients and clients and had a positive impact on the image of the institutions in the public’s eye.

The talks and the documentation of the examples have, however, also clearly shown that changes need time, energy and confidence. With the detailed explanation of what has been already achieved and how and what dangers had to be avoided, we want to

contribute towards expanding the knowledge about good practice and participating in what has been learned elsewhere. And not least of all we also want to encourage others to adopt new approaches and overcome the difficulties that can be expected.

We would like to express our sincere thanks to all representatives who were prepared and took the time to pass on their experience and share their knowledge with us and with you.



# 2

## Good solutions in hospital



## 2.1 Family-friendly services in the Lutherhaus Protestant hospital in Essen

### The facility

Evangelisches Krankenhaus Lutherhaus gGmbH is an acute care hospital for basic and regular health care in Essen with 320 beds (as at: March 2005).

In addition to the classic medical services of general and accident surgery, anaesthesia and intensive care medicine, internal medicine and urology, there is a flanking department for ear, nose and throat illnesses and a sleep laboratory.

A health centre with a unit for outpatient rehabilitation and the "Hospiz e.V." are adjoined.

Essen is a city with a high hospital density. The Lutherhaus hospital is responsible for a catchment area with some 110,000 people. In one year roughly 35,000 inpatients and outpatients are treated by the 554 staff (as at 2004).

The Lutherhaus Protestant hospital trains medical students from the university of Witten-Herdecke in the teaching departments general and visceral surgery, anaesthesiology, intensive care medicine and pain therapy as well as nurses, carers and assistants in co-operation with the "Krankenpflegeschule an der Ruhr".

The Lutherhaus hospital has been a member of the German network of health-promoting hospitals (DNGfK) since April 1996.

### The background

#### Basic attitudes and developments

The basic attitudes and therefore objectives and the culture experienced in the hospital mean that efficient health care in the hospital links curative medicine and strategies of preventive and rehabilitative care. This is not only reflected in the handling of the patients but also in relation to staff, visitors and neighbours.

The Lutherhaus hospital has for years had interdepartmental work circles with equal rights which deal with health-relevant issues as well as a comprehensive range of information and cultural services. The Psychosocial Service (PSD), which has already existed since 1983 and was initially set up mainly as an advisory office offering support to the staff, now has comprehensive activities extending far beyond the hospital and the city district. In addition, the Lutherhaus hospital was the first one in North Rhine-Westphalia to establish a PSD.

Art and culture are viewed as possibilities of alleviating the "side-effects" of high-tech medicine for patients, neighbours and staff. Artistic and cultural-didactic processes and a wealth of cultural events are therefore also initiated with the aim of offering the individual support in coping with illness and pain and promoting encounters. The Lutherhaus hospital is a member of the federal association "MediArt e.V."

As regards the patients and the district, there are also

- the indirect involvement of patients in the handover process; the shift changes of the nursing staff have been carried out at the bedside for some five years
- a social visit which has been performed for more than ten years and which was extended roughly one and a half years ago to cover medical transfers
- fixed appointments for relatives several times a week which are offered by the medical and care staff
- a family-friendly patient service (intensive preliminary talks with children and groups of carers, in some cases in the form of play, registration of a carer together with the patient, "city beepers" for carers during the wake-up phase, "emergency mothers" for the children of patients)
- intensive co-operation with nursery schools, other schools and institutions.

Since 1972 when 100 new beds were created on the hospital's move and when more staff therefore had to be recruited, work was initiated on creating a broad-based and harmonised range of flexible working time and work organisation arrangements as a fixed element in the human resources work. The background to this is all family circumstances which require a special decision or support, i.e. in addition to the reconcilability of working and raising children also looking after a relative or companion, for example. Relevant wishes and needs are already discussed during the recruitment talks. Their inclusion is viewed as a core principle of staff development which is to be applied throughout all the departments and cover all professional groups. It equally serves to maintain resources and staff motivation and is aimed at boosting loyalty to the hospital.

The overall family-friendly concept is based on the fundamental conviction that high-quality care is also enhanced by a high degree of job satisfaction of all employees.

### **The Work & Family Audit**

Since 1997 participation in the pilot project "Work & Family Audit" organised by the Hertie Foundation has produced additional stimuli and a more systematic approach in this field. The Lutherhaus hospital was at that time the only hospital among the 30 enterprises which took part in the pilot project.

Using a comprehensive catalogue of criteria, this audit establishes what corporate culture is actually experienced with regard to the family.

The Lutherhaus hospital decided to participate in order to systematically develop and continuously improve the working conditions. The objective assessment of external consultants was aimed at providing further stimuli and ideas for individual staff development.

In September 1998 the basic certificate "Work & Family Audit" was awarded to the care section; the re-auditing workshop was held on 14 March 2003.

At the time of certification 392 employees, of whom 85% women, worked in the audited sections care and the function service; the part-time rate was 47%. In addition, 25 auxiliary workers, 45 trainees and 16 young people doing community service were working in the above-mentioned departments.

Every year a report is made in a matrix indicating to what extent other objectives have since been reached and/or the degree of target attainment has changed in the processes already commenced.

The following fields of action are specified by the audit:

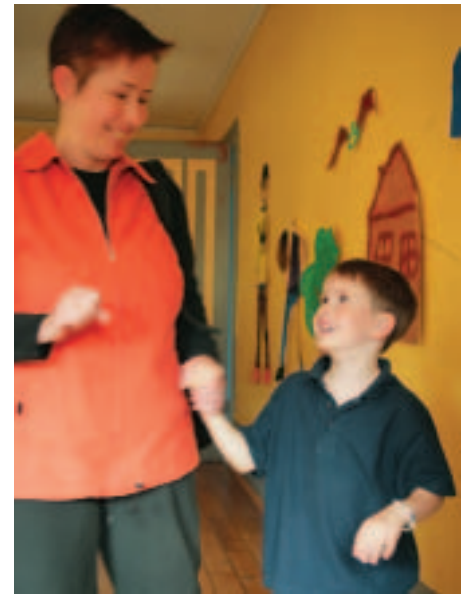
1. Working hours
2. Workflows and work content
3. Place of work
4. Information and communications policies
5. Leadership competence
6. Staff development
7. Pay elements and equivalent monetary benefits
8. Flanking service for families
9. Company and human resources data model
10. Specific features of the company

Measures were taken or expanded in almost all fields of action.

### **Procedure**

In January 1997 the Lutherhaus hospital attended the kick-off workshop for the audit. The company transparency and the presentation of the corporate culture were mentioned as the reasons for participation.

A representative project group was formed from all hierarchical levels to determine the current situation in the department with the most female employees. Together with the agency Fauth-Herkner & Partner, the company commissioned by the Hertie Founda-



**Reconcilability of job and family  
through flexible working time**

tion, it determined the current situation in several meetings and in a workshop, also using a comprehensive questionnaire.

The following people were in the project group:

- the deputy nursing manager (also responsible for co-ordination and organisation)
- one ward manager
- the PR manager
- the medical superintendent of the anaesthesia clinic – and intensive care medicine
- the head of medical engineering, who is also a staff representative
- a member of the facility management department, who is also a staff representative

Recommendations for action and target agreements were worked out for the hospital in another workshop. The project group and the nursing management were largely responsible for their implementation; they co-operated closely with the hospital's quality management and the WHO working group (health promotion).

The nursing manager, the deputy nursing manager, the clinical trainer, the managers of the departments medical engineering, PR work and quality management as well as two staff representatives from the facility management and nutritional advice departments took part in the re-auditing workshop (March 2003). It was agreed there that more work was to be performed in the following three fields of action:

- further optimisation of the life-oriented working hours and the offer of time accounts
- development of an information strategy (transparency of the flanking services on offer, also to new employees) and marketing strategy
- expansion of the survey and documentation of family-friendly data and information.

Nowadays, members of the working group meet roughly twice a year to exchange views on the developments so far and set out new objectives. Minutes are kept of the meetings which form the basis for the report in the form of a “matrix for the target attainment” to be submitted to the non-profit Hertie Foundation.

The services were made public, both internally and externally, through intensive PR work and, as a result, the information was to be disseminated more in the hospital and of course a positive public image enhanced. In addition to reports, brief presentations and documentation on the project, the PR department compiled press releases and a flyer on the “Family-Friendly Services”. There were reports in the local and national press, on the TV programmes “Mona Lisa” (ZDF), “Kind und Kegel” (WDR) und “Kinderella” (tm3), N-TV as well as at various congresses.

## Results and effects

At present, fifty different part-time employment models are being offered at the Lutherhaus Protestant hospital. Individual arrangements on working time and work organisation can be selected by every employee, i.e. covering all professionals and types of job.

The following can be selected:

- Qualified part-time employment between 15 % and 93 % of the working hours of one full-time employment: In 2004 out of a total of 359 nurses, 231 were full-time workers (168 women, 63 men) and 128 part-time (103 women, 25 men)
- Job-sharing, especially in the area of managerial functions: For example, out of 11 ward positions and three departmental manager posts, nine are held by part-time workers (cf. documentation, as at 2004).
- Free arrangement of the start and end of work, especially for part-time workers
- Co-ordination of duty rosters of married and non-married couples covering different departments
- Establishment of time accounts above all for foreign workers to enable them to take leave in their home countries longer than the leave specified in collective agreements
- Preference given to filling free positions with staff already employed in the hospital
- Different part-time models for those approaching retirement age
- Flexible working hours (flexitime) with family-oriented core times
- Flexible changes in monthly target working hours
- Shift models with greater flexibility for acute family emergencies
- Time accounts (plus and minus hours)
- Short sabbaticals
- Leave granted to take care of dependents without termination of contract
- Unpaid additional leave for family or other reasons.

The reduction in peak workloads and the appropriate deployment of staff are now computerised.

The working hour regulations are part of a comprehensive family-friendly concept which also covers:

- Company-backed day care: This is a model project which was initiated by the “Verein allein erziehender Mütter und Väter” (VAMV – association of single mothers and fathers) and backed by the Ministry for Equality in North Rhine-Westphalia, an LBS initiative, the city of Essen, the Alfred Krupp Foundation and the AOK [general medical insurance fund].
- Support for the association “Kindervilla e.V”.: The day care facility offers children between 3 and 14 years of age family-like structures (project ended in 2002).
- Co-operation with two nursery schools and an elderly care home near the hospital to provide help to staff unbureaucratically and without unnecessary delays in using the services of the nursery schools or the elderly care home.

## Success factors

The philosophy prevailing at the Lutherhaus hospital and the experienced culture were helpful; the hospital received an award from the city of Essen for being a “children and family-friendly hospital” in 1994 and again in 1998.

The basic workshop (May 1998) showed a congruence of the attitudes in the company – less surprising for the employees as for the auditors.

The participation in the pilot project of the Hertie Foundation clearly showed what had already been achieved and where a more systematic approach had to be adopted. However, it also meant that the audit was financially feasible (pilot phase).

The family audit and the measures were conducted in interdepartmental co-operation and linked with the issues of quality management and health promotion. The extensive PR work both inside and outside the hospital contributed not least of all to more information, an improvement in image and greater identification of the employees with their own hospital.

There was great interest in protecting and keeping workers. Naturally, financial effects were also taken into account. The low staff turnover, a very low sickness rate and numerous jubilees for long-serving staff of between 10 and 40 years are seen as indications that the hospital has adopted the right approach. Key figures and other information are used for planning activities.

### **“Inhibiting” factors**

The scope of the part-time jobs provided varies greatly between the different types of job; that also applies to the extent to which part-time jobs being offered are accepted.

As the present level of job vacancies is already very high, it is also difficult to release other resources.

It remains a challenge to repeatedly achieve and maintain a balanced ratio in the structure of the workforce so that the support for one group does not lead to an excessive demand on flexibility and to the overtaxing of the others.

### **Conclusion**

The hospital has succeeded with the tailor-made model to also offer employees satisfactory working time models when they enter the family phase and to reduce their workload in everyday family life with flanking services. Ensuring a balance between different stakeholders remains an integral part of a continuous improvement process.

### **Co-operation partners**

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## 2.2 Workplace health promotion in transfusion medicine at the German University Hospital Freiburg

### The facility

The University Hospital Freiburg is a clinical complex offering maximum care; its catchment area stretches from Basle to Karlsruhe and from the French border to Lake Constance. All faculties of human medicine are represented in 13 clinics, 5 institutes and 5 central units. With approx. 1,600 beds the University Hospital Freiburg is the third largest of its kind in Germany and one of the largest medical centres in Europe. 54,000 inpatients and 380,000 outpatients are treated here every year.

Roughly 8,000 people are employed at the University Hospital, including 950 doctors and 2,500 nursing staff. The University Hospital is therefore also the largest employer in the region.

In addition to health care as an important service for the population, the University Hospital trains over 4,000 students in human and dental medicine, maintains its own schools with 600 places for trainees and pursues high-quality research. Key research topics were set up at the complex and are being continuously redefined in line with the changing needs of modern medicine.

The commitment of the University Hospital Freiburg to the social needs of its staff is reflected in a host of social amenities: For example, in addition to a children's day care centre with 40 places, the hospital runs a staff nursery school with shorter opening times for 15 children and provides the parents' association "Kinder in Klinikum (KiK)" [children in the hospital] rooms and supporting services free of charge.

The contact office for alcohol problems and addiction and the psychosocial advisory office, through which a supervision service for nursing staff is organised, is available to the employees in difficult personal crises.

The University Hospital Freiburg was the first major clinical complex in Europe to work out an eco-balance and publish guidelines for environmental protection. Other German and European hospitals have since followed the Freiburg example.

### The background

The German University Hospital Freiburg attaches great importance to company health care for its employees. The aim is to support a company culture which contributes towards the employees feeling well socially, mentally and physically at the workplace. Motivated and satisfied workers of all professions were an indispensable condition for optimum patient care. Work has been under way continuously since 1999 in the field of workplace health promotion and the projects are supported financially by the University Hospital Management Board.

Encouraged by the nationwide ötv/ver.di project "Efficient organisation and management forms for workplace health promotion", the staff council and the University Hospital Management Board agreed for the first time in 1998 on a project to promote health. As part of this project, focus was to be placed on the promotion of personal, social and organisational health potential. Initially, the project was implemented in the central canteen and central laundry (approx. 220 employees) and documented in a project report. The sustainability of the effects of this sub-project was evaluated in a study at the University of Freiburg.

At the same time, staff in the psychosocial advisory office and the contact office for alcohol problems and addiction drew up a concept for a health initiative. Since January 2002 there has been a working group on workplace health promotion (WHP) in which representatives of the staff council, the PR department, the in-house further training department, the clinic research centre, the clinic's own medical service, the supervision service, the institute for environmental medicine and hospital hygiene (IUK), the sports medicine department, the contact office for alcohol problems and addiction, the psychosocial advisory office, the catering service, the human resources department, the repre-

sentative of the severely handicapped and the women's representative work together. Their task is to link and expand existing and new activities in health promotion throughout the entire clinical complex.

After the central canteen and laundry the transfusion medicine department was selected as the third "intervention area" and a project with the cleaning service of the children's clinic is currently under way.

### **General conditions and development in the transfusion medicine unit**

With the transfusion medicine unit a section of the University Hospital Freiburg was selected for the first time where nursing staff work; in the blood donation centre they formed at the start of the project the largest professional group comprising 11 out of 17 employees (with 15 full-time jobs). However, the general conditions and tasks in the transfusion medicine unit differ in many aspects from those in inpatient care.

The project in the transfusion medicine unit took place between October 2001 and November 2003. At the start of the project there was a large number of different problematic issues, in some cases existing for many years, in this unit. Its image within the clinical complex was regarded as bad and there were takeover bids for the blood donation centre.

In 1999/2000 there were far-reaching changes on the upper and middle management levels in the transfusion medicine unit. The new medical director had advocated the intervention and a search was made for an external co-operation partner to support the project.

The transfusion medicine unit is one of the five key facilities of the University Hospital Freiburg and reports directly to the University Hospital Management Board. It comprises the blood donation centre, the immunohaematology laboratory, the so-called blood bank, the quality control laboratory and the HLA laboratory (HLA = human leukocyte antigens). While the blood donation centre is accommodated in the "Langerhans" building, all the other sections are on three floors in the laboratory building in the "Torbogen".

The transfusion medicine unit supplies about 10% to other hospitals, laboratories and doctors' practices in addition to the departments in the University Hospital Freiburg. It is faced with high demands in the quality assurance field and in the recovery of blood products with a variety of statutory requirements and regulations.

The basic staffing in the transfusion medicine unit, which comprises about 48 full-time positions, did not change appreciably in terms of numbers over the course of the project.

The Hospital's own blood donation service is one of the oldest in Germany and there is a loyalty among many donors towards "their hospital". However, there has been a decline in the number of donors.

The blood donation centre is the only section in the transfusion medicine unit where there is constant direct contact with donors and patients. Here there is a very heterogeneous team structure (nursing staff, medical laboratory assistants, doctors' assistants, doctors, administration staff). A crucial key to maintaining and "caring for" existing donors and winning new ones was seen in the behaviour of the employees among each other and towards the donors. The need to increase the number of donors took on special significance owing to external takeover bids for the blood donation unit; they had already been submitted prior to the project and were updated during the course of the project. Against this backdrop special attention was paid to this section from the outset. There was dissatisfaction in the hospital about the blood bank.

The close linking of the workflows and the good co-operation between the various sections and professional groups is a precondition for quality-assured work at a reasonable price. However, the background was such that the various sections in the transfusion medicine unit tended to work independently of each other and the employees mainly felt they did not belong to one unit. People frequently only knew each other "by

sight” and in the sections blood donation, blood bank, quality control laboratory and HLA laboratory there were sometimes quite different problems. This applied, for example, to issues of workflow organisation and to requirements such as conversion work and the level of quality assurance. The reciprocal acceptance and level of esteem between units and professional groups were not very high.

**Procedure**

The experience in workplace health promotion projects lead to principles for the promising implementation in the hospital. The planned structures and procedures are based on this expertise.

The work stages were agreed on in advance with the project management and an external moderator as a rough guide and discussed later in the project steering committee. The same applied to the timetable of the project, which was geared to two years, and to the tools which were used.

| WHAT?<br>The work stages                                                                                      | HOW/BY WHOM?<br>Tools and bodies                                                                                                                                    | WHEN?<br>Timetable              |
|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Determining and describing the starting conditions                                                            | <ul style="list-style-type: none"> <li>– Information talks</li> <li>– Workshops</li> <li>– Supplementary questionnaire</li> </ul>                                   | 10/01 – 02/02                   |
| Establishing objectives on the basis of different project descriptions, developing and implementing solutions | <ul style="list-style-type: none"> <li>– Project steering committee (PSC)</li> <li>– Health circle (HC)</li> <li>– In addition: jour fixe, working group</li> </ul> | 10/01 – 07/03<br>04/02 – 06/03  |
| Assessing the project, exploiting experience                                                                  | <ul style="list-style-type: none"> <li>– Discussion+feedback form (PSC)</li> <li>– Assessment talks</li> <li>– Final reports</li> </ul>                             | 07/03<br>08/03<br>11/03 + 06/04 |

The analysis comprised various information talks, workshops for all employees in the transfusion medicine unit and a supplementary questionnaire. On the basis of the information talks, initial questions and issues were formulated which were to be allowed for in the course of the project. The workshops were intended to give as many employees as possible the opportunity to obtain a comprehensive overview of the project and the planned work stages and to become heavily involved in the analysis. Roughly 85% of all the employees in this unit accepted this offer.

The questionnaire served as a supplement to the work in the workshops; it had been compiled in co-operation with the AOK–Southern Upper Rhine and contained seven sets of questions relating, among other things, to the well-being of the employees, health complaints, the relationship with supervisors, satisfaction at the workplace and suggestions for improvement. The results of the workshop and the written survey provided important indications of improvement possibilities and resources.

Intervention was performed through a project steering committee and a health circle. Moreover, time-limited working groups were to be set up as and when required.

The project steering committee comprised members from different units, professional groups and hierarchical levels. Six members of the project steering committee belong to the transfusion medicine unit, seven work in the occupational safety and health department, the psychosocial advisory office and the women’s representative and they were involved as members of the staff council or through the project management. The em-



ployees from the higher-level sections and the external experts (AOK, statutory accident insurance fund, the ver.di trade union) had already participated in the health promotion project in the canteen and laundry. The PSC was chaired by the external co-operation partner.

The project steering committee met at a total of 15 roughly 2-hour meetings between October 2001 and July 2003; a final meeting was held in November 2003. The tasks of the PSC were to provide advice and flanking assistance, support with problem analyses and in the implementation of proposed solutions, securing the flow of information, support for the managerial staff, co-ordination with similar projects and ideas for follow-up projects.

Using a list of 24 people interested, a proposal was prepared for the composition of the health circle and agreed on with the units: Staff from the blood bank, the quality control department, the HLA laboratory, the blood donation centre, one assistant doctor and the medical superintendent worked together in the health circle. The deputy project manager and staff council member moderated the health circle. They met 20 times between April 2002 and June 2003 to develop proposed solutions for the different problems.

In view of the special problems surrounding the blood donation centre, a “jour fixe” was also held when aspects of communications, co-operation and dealing with conflicts were tackled. Participation was obligatory and counted as working time.

The evaluation was made using reports of the health circle and the PSC, a feedback sheet as well as on the basis of discussions and single and group talks. The results were documented in project reports.

#### **Information flow and PR work**

In addition to the support for the internal information flow and the PR work at the University Hospital through reports of the project steering committee and the health circle, the **Wandzeitung** (“wall newspaper”) of the staff council and articles in the publications **personalrat aktuell** and **amPuls**, a gain in image was also to be achieved in the public’s eye, permanent donors won and the loyalty of previous donors enhanced.



The **conception of a PR campaign “Blood donation”** was drawn up in consultation with the manager of the transfusion medicine unit through a “working group for PR work” and in co-operation with the communications and press department. The success of this campaign was reflected in a host of articles in the press, contributions on radio and TV, calls for donations by a building market chain and in company workforces. Furthermore, blood donation was advertised on 500,000 beer mats sponsored by the Ganter brewery, “towels” in trams, 500 posters in doctors’ practices, chemists’ shops and similar facilities.

### Results and effects

Here are the key results and effects:

- Changes in the organisation of the workflow and staff deployment
- Familiarisation and deployment concepts were revised or modified
- Relief provided through the deployment on a day basis of an additional doctor in the blood donation centre, additional deputies at other workplaces
- More transparency about the workflows in the various sections
- Change in the room usage concept in the blood donation centre, new guidance/ orientation system, changes in the reception area
- Measures to improve the lighting, protection against the sun and the room air conditioning
- Dealing with each other and with the donors has improved
- Considerable, steady rise in the number of donors (first-time and second-time donors)
- Increase in capacity in spite of observance of the savings cuts and development of other business fields
- Implementation of an advertising and image campaign
- The reputation of the transfusion medicine unit also rose in the University Hospital
- Rejection of the external takeover offer by the University Hospital Management Board
- Increase in the employees’ identification with the transfusion medicine unit
- Employees continue to work independently and with increasing participation under the logo they selected themselves “WisL = We look for solutions”.

The evaluation of the feedback sheets from the donors also confirms that the workflows and the treatment of the donors were improved. Co-operation within and between the units has enjoyed a positive development, also from the viewpoint of the workers. The willingness to assume responsibility, help shape changes and participate in further training courses has increased. During the course of the project, however, sensitivity also grew at all levels to what remains to be done in the various sectors.

Moreover, the project steering committee produced further initiatives, for example to improve communications at the university clinical complex as a whole.

### **Success factors**

It proved helpful that there were already successes from other health promotion projects at the clinical complex and a large number of the players (especially in the PSC) already had experience with the structures and processes. The commitment and willingness to take up suggestions for solutions and implement changes were very high among the management and some staff in the transfusion medicine unit; their position in the course of the project was strengthened and backed by the positive outward effect.

### **“Inhibiting” factors**

Nurses in transfusion medicine work in a field which, related to a traditional understanding of “nursing”, offers few possibilities of identification and interdisciplinary thinking and action are demanded to a large extent. However, there were prolonged attempts to set themselves aside as a professional group from “the others”.

All in all, there was considerable scepticism owing to the in some cases long-standing conflicts and a lot of mistrust as regards the ability and willingness to change in the transfusion medicine unit. At the same time, the employees were confronted with a high level of expectations in their circle of colleagues.

### **Conclusion**

Workplace health promotion is also sustainable and successful in large facilities of the health service. However, in its planning and implementation the particular experience, requirements, tasks and general conditions for the respective intervention area must be taken into account without the health management losing sight of the organisation as a whole.

### **Co-operation partners**

AOK, GUV, ver.di

*mediCONcept* – Organisationsentwicklung im Gesundheitswesen, Wuppertal

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## 2.3 Kinaesthetic project in the Heidenheim district clinics

### The facility

The clinics of the Heidenheim district comprise two corporate components: The Heidenheim clinical centre is a central care and academic teaching hospital of Ulm University. It has 679 beds, 11 medical departments (anaesthetics and operative intensive care medicine; visceral, thorax and vascular surgery; accident and plastic surgery; gynaecology and obstetrics; internal medicine; neurology; paediatrics and adolescent medicine; psychiatry, psychotherapy and psychosomatics; radiodiagnostics; radiotherapy; urology) and 4 external physicians' departments (ophthalmology; oral, dental and face surgery; homeopathy; ear, nose and throat medicine). The Giengen geriatric rehabilitation clinic opened in 1998 and has 30 beds.

The Heidenheim clinical centre is the first municipal hospital in Baden-Württemberg to be run since January 1994 as an independent facility; the rural district council is the body responsible.

There are 1,053 jobs which are held by 1,520 employees. In 2003 they looked after 21,136 outpatients and 42,487 inpatients.

The hospital has a monopoly position in the rural district.

The clinical centre has been a member of the German network Health-Promoting Hospitals (DNGfK) since 1996 and was the first member hospital in Baden-Württemberg; membership was applied for immediately after the establishment of the DNGfK.

The health promotion mandate is firmly anchored in the hospital philosophy; during the first three years a total of 25 projects were implemented in the area of patient and employee-oriented health promotion. This also includes, for example, fitness programmes, health days in co-operation with the general health insurance fund AOK and the city of Heidenheim, interprofessional executive seminars and the recertification of the EMAS environment quality stamp.

### The background

Health-promoting hospitals want to achieve both the highest possible gain in health for patients, offer their employees a health-promoting working environment and become involved in the neighbourhood of the hospital and the region. The kinaesthetic project was to follow on from these intentions.

However, there were also other reasons: For example, the regional data presented by the AOK had shown an above-average increase in back disorders among the nursing staff in the clinical centre. The steadily rising number of patients requiring more care was identified as one reason for this.

Moreover, there were ideas coming from the professional debate. In literature kinaesthetics was described as an extension of specialised competence.

Kinaesthetics is the science of the sensation of movement and the perception of motions. It is used for the gentle movement of patients and for working without back pain. Its fundamentals have been taught since the early nineties in basic and advanced seminars. However, in practice its consistent application is particularly difficult when only individual employees participate in appropriate training courses. That was to be avoided in the Heidenheim project.

The project took place within the demonstration project "Quality management in the hospital" (BMG). The nursing director of the Heidenheim clinical centre had the idea for the project. In early 1999 the pilot project started in the clinics for neurology and internal medicine. These departments were selected because the workload caused by patients in need of a lot of care is particularly high. Moreover, there are many part-time workers employed in the neurology department. The pilot project was evaluated and concluded in May 2001 and has since been further refined in follow-up projects and transferred to other departments.

### Procedure

There was already a wealth of prior experience on working in and with projects in Heidenheim at the start of the project. Since 1994 there has been a staff office for quality management which is manned by a doctor released from duty for this work and a staff office for organisation development and project management in the nursing sector for more than five years. Here, classic project management is applied and there is a lot of experience with analyses and the evaluation of projects.

And the development of solutions with the involvement of the employees had already been tried out. There had, for example, been circles in the laundry and the canteen.

The project mission and the project goals were documented at the start of the project.

In addition to the data from the health insurance funds, a participant survey was conducted immediately before the start of the training courses to analyse the starting situation. The workload from the mobilisation of the patients was also surveyed and questions asked about expectations relating to the activities.

The training courses were held in four groups and five training units between the end of September 1999 and November 2000. The total of 58 participants obtained full training in the kinaesthetic principles. In order to enhance the aspect of networking and limit the costs of the project, employees of an external facility also attended the courses.

Approx. € 14,572 and some 1,800 hours of working time were invested in the project.

The evaluation survey resulted in the following in May 2001:

- the back disorders in the mobilisation of patients had fallen from 49 % to 30 %
- 50 % of those surveyed saw causal interconnections here
- the knowledge about mobilisation had greatly increased (+41 %)
- the sick days lost due to back complaints fell to one tenth of the initial value among those surveyed.

The project itself and the results were documented in a report which was sent to the body bearing the costs and were also presented in the hospital. Moreover, those who did not participate directly in the project were informed by means of an electronic newsletter compiled for the nursing staff; there were also reports in the staff newspaper PULS, ward manager conferences and other media.

The response to the project was not only entirely positive among those directly involved, which was reflected in the evaluation survey, talks and in letters. Employees from other departments wanted to make use of this support possibility and ward managers also expressed their interest. And so the first project became a milestone; it was already decided in the autumn of 2000 to continue the training activities during the course of the project.

The clinic had succeeded in winning the local health insurance funds as co-operation partners and they also bore a large proportion of the costs.

The first follow-up project started in 2001 and an entire ward participated in it. A project commenced in 2003 related to the particular requirements in intensive care. The duration of the sub-projects was about 14 months in each case.

Furthermore, one employee was trained as a kinaesthetics teacher. She works part-time on an oncology ward and also helps in other trained wards (individual, employee and patient-related support during ward visits). She also organises kinaesthetics meetings.

The sustained application of kinaesthetic principles is supported, in addition to practical assistance on site, through the training of the nurse students, participation in the projects and experience reports.

### Results and effects

The activities achieved the following:

- A complete introduction of kinaesthetics with a significant improvement in the quality of the health of the employees in the selected nursing areas

- Positive response and high degree of satisfaction of the employees who were directly involved
- The workload due to the mobilisation of the patients fell appreciably
- The use of positioning aids was appreciably reduced
- Kinaesthetics is largely implemented in the trained sections
- Colleagues ask about appropriate programmes on offer
- Reduction in sick leave and back disorders
- Sustained improvement in the quality of positioning/moving patients
- Improved mobilisation especially of seriously and chronically ill patients
- Qualification of the clinic's own trainer with constant practical assistance and evaluation
- Activity-related adaptation of the programmes offered
- Continuation and extension of the training activities to other target groups
- Development of additional core competencies
- Expansion of a new service module
- Image gain inside and outside the hospital.

After employees strongly formulated their needs, the adaptation of the concept to suit the geriatric psychiatry unit is currently being prepared. In this connection the project relates less to mobilisation but to aspects of touching and feeling.

Employees at elderly care homes repeatedly take part in the training courses; this qualification is now recognised as a service and a specific competence of the hospital.

Neue BKK, the BKK Schott-Zeiss and the Heidenheim clinical centre have together developed a training programme for caring relatives which goes far beyond the statutory requirements and therefore has a model character: It comprises caring for those in need without suffering from back disorders and looking after patients suffering from dementia and is also conducted in part at home. Programmes are also being developed in relation to the emotional stress of caring relatives. The health insurance funds bear the full fee of the training courses for caring relatives.

The extensive PR work both in-house and externally not least of all contributed to more information, an improvement in image and greater identification with the workers' own hospital.

### Success factors

The traditionally very good contact with the AOK was helpful in the development and expansion of the project; 55% of the employees are insured with this insurance fund. For example, there has been an annual health report of the AOK since the end of the 90s as well as a meeting with the AOK manager every 6 months. Moreover, data now flows from the DAK report into the regular analysis; here, too, the rise in mental stress is also confirmed.

The staff council, the clinic's physician, the occupational safety and health expert and the hospital management attend the meetings with the AOK. They pass on the information from the health report to their departments where it is further discussed – in different ways – with the employees. In addition, a steering group was formed one year ago as an operative body.

In the meantime many facilities are working with kinaesthetics: The special feature of the Heidenheim approach is certainly the fact that the factors

- comprehensive application
  - systematic procedure
  - orientation to the project management and the
  - philosophy of health-promoting hospitals
- are taken into account and combined.



### “Inhibiting” factors

There were no medical concerns but initially some critical opinions at the ward manager level. Here, the question was first raised as to whether the cost was justified. Ward managers feared that with training everywhere no duty rosters could be prepared and the patients would only be looked after to an inadequate extent.

The workload which resulted in staff bottlenecks in the wards through the absence of several employees at the same time was, however, offset by the dedication of the other employees and by auxiliary staff.

Kinaesthetics is a very body-oriented method and therefore there were some reservations among some employees which were discussed in detail. Moreover, the relationship level in the training courses is repeatedly reflected to a great extent analogously to the respective medical specialisations. Some employees do not attend the third module where special transfers are prepared and implemented.

### Conclusion

There are still departments which are not trained (e.g. paediatric clinic and gynaecology) but, on the whole, there is a change in awareness – especially in the intervention departments. It became clear that sustainability has to be repeatedly supported and promoted.

Health-promoting activities are regularly the subject of reports and discussions owing to the consen-

sus at management level and due to the mandate from the membership in the DNGfK. On the whole, the topics of quality and project management and health promotion are linked.

Acceptance and recognition are also increasing internally due to successes which are also communicated outwards through PR work. New tools should possibly be deployed to evaluate the medium and long-term benefit.

### Co-operation partners

AOK, BKK, DAK

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## 2.4 Sustained reduction in mental stress among nursing staff through health promotion – Havelland Kliniken GmbH

### The facility

The Havelland clinic Nauen forms together with the Paracelsus hospital Rathenow Havelland Kliniken GmbH.

The Havelland clinic Nauen is a hospital for regular health care with 442 employees (incl. trainees, young people doing alternative civilian service, etc.) and one of the largest training centres in the Havelland rural district. It is one of the first comprehensive newly built hospitals which were erected in the state of Brandenburg after 1989. The opening ceremony was held on 1 May 1998. The eight specialised clinics with a total of 341 beds comprise the medical clinic, a general surgery and accident surgery clinic, the clinic for gynaecology and obstetrics, the clinic for paediatrics and adolescent medicine, the psychiatric clinic, the urology clinic, the clinic for anaesthesia and intensive care medicine, and the psychiatric day clinic.

Health promotion is a corporate objective in the Havelland clinic Nauen; this hospital has belonged to the German network of health-promoting hospitals (DNGfK) since 2000.

The Paracelsus hospital Rathenow is responsible for the basic medical care of the population in West Havelland and the neighbouring rural districts. Here there are five clinics (medical clinic, surgery clinic, gynaecological/obstetric clinic, clinic for paediatrics and adolescent medicine, anaesthesiology) with 204 beds and 294 employees (incl. trainees, young people doing alternative civilian service, etc.).

### The background

The Havelland clinic Nauen feels committed to looking after the health of the employees in addition to the health promotion of patients, relatives and the commitment to health promotion in the region. For example, there has been for some time a steering group for health which also comprises members from the AOK, DAK and Barmer Ersatzkasse Nauen, the guild health insurance fund IKK, the State Office for Occupational Safety and Health in Neuruppin and the state accident insurance fund in Brandenburg as external partners. Other members of the steering group are the hospital management, the clinic's physician, the hygiene nurses, the works council, the HR manager and the employee for project management and co-ordination of the health promotion projects. The strong external membership results from the extensive mandate of the WHO for health-promoting hospitals.

The steering group meets twice a year. In the past it has already dealt with reducing physical workloads.

The topic of reducing mental stresses was dealt with in greater detail due to the financial support obtained from the "New Quality of Work Initiative" (INQA). Furthermore, the hospital was also to be put in a position through this pilot project to integrate health promotion permanently in the company.

### Procedure

Two overriding objectives were to be attained with the project:

Firstly, the aim was to create a decision-making basis for priority sections of health promotion by means of a comparative study of work-related mental stresses in various wards. Secondly, the clinic was to learn through the exemplary procedure supported externally and allowing for the steps analysis – intervention – evaluation how to systematically implement the health promotion process under its own management in the entire hospital and integrate it permanently into the corporate philosophy and practice.

A method mix comprising document analysis, structured expert interviews with the nursing manager and the (deputy) ward managers, activity observations in all work



shifts, surveys of the nursing staff and screenings were used to analyse the current situation. For example, both the objective workload was to be determined and subjective strain and stress situations included. The analysis was based on the specifications of ISO 10075-3.

In the Nauen company sector the wards for gynaecology, paediatrics, intensive therapy, emergency care, operative sector and anaesthesia with a total of 85 employees were included in the analysis; in Rathenow the wards for gynaecology, paediatrics, intensive care therapy, emergency care, operative sector, anaesthesia, surgery (2 wards), internal medicine (4 wards) and the labour room with a total of 153 employees.

In co-operation with the ward managers and nursing managers solutions and action plans were already developed for some ward-specific problems which had become clear in the expert interviews.

The ward-related analysis results were presented and discussed in feedback workshops, the overall results were presented in ward manager discussions and staff meetings and in the steering group.

Whereas the analysis was conducted in both clinic sections, only Nauen managed to establish two health circles with nurses. One circle was formed at the suggestion of the hospital management in the emergency care ward; the other was organised to embrace several wards and so nursing staff from all the wards involved could be included. The employees in the circles belonged to one hierarchical level and were selected by the hospital management. The circle embracing several wards was supervised by the quality representative of the Havelland clinic; the aim of this was also to create the conditions for the hospital's own independent health promotion work in the future.

The proposed solutions compiled in the circles related to behaviour and circumstance-oriented measures; they were regularly reported to the nursing and/or hospital management and their implementation organised or supported from there.

It was confirmed during the course of the project that the right approach had been adopted. This is also backed up by the image analyses and a standardised patient survey which is continuously conducted. The philosophy behind the patient survey was also the result of a health promotion project. Moreover, there is a complaints and sug-



gestion management which provides information on what positive developments have been achieved and where there is a need for action.

### Results and effects

The following were mentioned as positive developments:

- Improvement in the work organisation
- Reduction in interface problems between wards/departments
- More transparency through decision-making routes
- Improved staff leadership
- Strengthening of the human resources through relaxation training courses, communication and stress/conflict management courses
- Willingness to assume personal responsibility was boosted in some cases
- Positive effect on motivation, satisfaction, sick leave.

Participation in the circle enabled some members of staff to assume a multiplier role in their respective wards.

Moreover, on the basis of the exemplary procedure health promotion was introduced from April 2003 to March 2004 in a modified form and with the hospital's own resources for the nursing staff and the medical staff in the Paracelsus hospital Rathenow.

In addition to programmes which can be used voluntarily, there is a range of seminars which were agreed on with Lufthansa Flight Training. In the 1½-day training courses entitled "The hospital as a modern service company" which the medical and nursing staff attend together, issues which make people dissatisfied are put on the agenda. Moreover, the employees learn here how to deal with conflicts constructively and handle aggressive patients. The seminars are completed with agreed targets which are binding on the entire team and which are reviewed in terms of their implementation in a follow-up session after one year. The aim of the seminars is to enrich the atmosphere in the wards and the professional care of patients. At the same time, the seminars protect any employee who learns here to maintain professional distance and react calmly in conflict situations.

### **Success factors**

The conviction of the hospital management that the health of the employees is a crucial success factor for the clinic was highlighted as a major condition for the success of the project. The management had already taken action to reduce physical workload and documented its conviction by its membership of the DNGfK. Accordingly, the project work was strongly supported by the management.

Owing to the “view from outside” and the method mix, problems could be identified and described which would otherwise have been ignored as the usual everyday routine. The external support was often necessary and helpful when the project had to endure “dry spells”.

Moreover, the Havelland clinics have a suitable infrastructure and human resources for the integration of health promotion into a comprehensive quality management system. They are a full member of the EFQM and are currently applying for certification to KTQ. Therefore, they have a high claim to quality and further momentum is expected from the discussion of the results in the network of health-promoting hospitals.

### **“Inhibiting” factors**

The employees had to be repeatedly motivated to participate in health promotion activities. Scepticism about being able to have an impact through one’s own commitment became repeatedly evident and there was also criticism of the composition of the circles which included outsiders.

The membership of the German network of health-promoting hospitals did not automatically mean that the fundamental approach and the tasks in health promotion are clear to all employees. They have to be discussed over and over again; the same applies to the wealth of aspects in health promotion, the connections between health and quality management and their process-like nature.

### **Conclusion**

“Patient orientation is becoming increasingly important for the survival of a clinic – however, this can only be achieved through worker orientation.” Accordingly, investments in health promotion are also regarded as investments in safeguarding the location. If the principle of health promotion, however, is to be introduced in a comprehensive and sustainable manner, the aim must be to implement permanently decentralised structures. Local quality representatives can also help to boost health promotion and prevent requirements being placed exclusively on central bodies such as the steering group. It is also important to work across professional groups from the very outset.

External reports are helpful to build up a “healthy level of pressure” internally. The tools for self-monitoring should, however, also be supplemented by aspects of health promotion; for example, it is planned to allow for relevant key figures with the introduction of the balanced score card.

### **Co-operation partners**

- Professor Dr. Anne-Marie Metz, University of Potsdam
- AOK, DAK, Barmer Ersatzkasse Nauen
- IKK
- State Office for Occupational Safety and Health in Neuruppin
- Brandenburg state accident insurance fund

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# 3

## Good solutions in inpatient care facilities and home care services



### 3.1 “Focus on People” (MiM) – Protestant care home for the elderly in Wichlinghausen

#### The facility

In 1991 the Protestant community of Wichlinghausen placed Gemarker Gemeindestift and the Wichlinghausen senior citizens' home under the overall responsibility of a non-profit limited liability company. The church community became the sole shareholder. From 1994 an organisational model was developed in view of the forthcoming introduction of the statutory nursing and care insurance which was to combine nursing, economic and ethical aspects. Moreover, it was to be confirmed that welfare action and economic thinking are not contradictions but mutually reciprocal necessities.

Evangelische Altenhilfe Wichlinghausen gGmbH (EAW) today offers, in line with a holistic view, a comprehensive social service system in the outpatient, partly inpatient and inpatient sectors in which the elderly person is regarded as a partner of the employee and not as an object to be looked after. The facilities include the “Villa am Diek” (sheltered accommodation), the senior citizens' centre Gemarker Gemeindestift (with short-term care), the Wichlinghausen senior citizens' centre (with day care), the Johann Burchard Bartels House (Wupperfeld senior citizens' home) and the welfare centre (domestic care, social care, home emergency-call service, meals service, laundry service, home service, advice office Mobilé). A new building will be opened in 2007.

Occupancy in the inpatient facilities is almost 100%; in recent years there have been extensive renovation and conversion work and new buildings.

EAW has roughly 550 employees. It sees itself as part of a local and regional support network and accordingly is also involved in the “Round Table of Care”, the community care conference of the city of Wuppertal, the working group of free welfare care and, for 10 years, in the Protestant Association for the Care of the Elderly in Wuppertal. Two participating facilities of EAW received awards as part of the “ÖKOPROFIT Betriebe Bergisches Städtedreieck” in 2003/2004.

#### The background

On the basis of the facility philosophy, employees of all hierarchical levels drew up the facility concept “Focus on People” (MiM). MiM is a dynamic organisational model and service system geared to learning and changing. Using this holistic and process-oriented approach, existing problems were to be eliminated, future ones avoided and a gentle strategy of change adopted in which friction losses are minimised and it is guaranteed that employees can grow with the increasing demands.

A graduated system of control groups, analogous to the management levels, was developed through MiM and the information flow as well as process orientation and the participation of all employees described. The internally occupied staff offices quality management and controlling (since 1995) and personnel marketing (since 2001) are also active as consultants for executives.

Based on the facility philosophy and MiM, a project group was formed in early 1997 which consisted of the managing director, the facility managers, employee representatives and employees. It was based on the fundamental conviction: A person who likes coming to work, feels at home there and carries out his/her activity with pleasure, not only achieves better work results but is also less frequently ill than someone to whom this description does not apply. The aim was to introduce a comprehensive health management system in compliance with the facility philosophy comprising in-house structures, processes and the working atmosphere. At the same time, the project group wanted to allow for the increased workloads due to higher demands and the urgent need for action to reduce the sickness rate, which resulted from the free market orientation, cut-backs by the body responsible and increased pressure from the competition. In mid-1997 co-operation began with the Institute for Workplace Health Promotion, Cologne (WHP) of the AOK.

### The procedure

After the plans had been made in early 1997 by the internal project group based on the facility philosophy and allowing for customer, employee and process orientation, the project group results were presented in mid-1997 and the presence improvement programme was passed. One of the aims was to lower the relatively high sickness rate (base: sick notes) of 6.38% at that time to under 4%. The employee representative supported the process.

Internal and AOK data were used for the analysis.

A working group – it went up to the level of team managers – discussed possible influencing factors for reducing the sickness rate, e.g. increasing the socially competent leadership behaviour, and action, e.g. training courses for moderation and staff leadership. There were very different opinions: For example, the talks on return after sick leave could only be achieved on the basis of their incorporation into the overall culture.

The processing method was documented with reports and feedback to the steering group; the satisfaction of those involved in the project was also reflected in the steering group.

At the same time, the structures and processes for the implementation of MiM and the introduction of a comprehensive quality management system were further extended. At present, there are three hierarchical steering groups with clearly assigned areas of responsibility: For example, steering group 1 is responsible for innovations, the continuous improvement of standards, the establishment of quality circles and project groups, the formulation of the project mandate, the description of the requirements from the quality management sector and for evaluation; there the project managers regularly report on the interim results. The task of steering group 2 is the continuous improvement and maintenance of standards. Steering group 3 – in addition to the continuous improvement and maintenance of standards – mainly looks after their implementation in everyday work. Whereas steering groups 1 and 2 meet every week, steering group 3 convenes at least every second week. Moreover, there are a host of quality circles and project groups some of which are encouraged to be set up by team managers.

Occupational safety and health is integrated into the quality management system. The aim here is to minimise risks and workloads and exploit and further promote the resources of the employees in the field of physical health and fitness as well as in the field of staff development and qualifications. With the focal points on attendance improvement programmes, medical check-ups and risk assessments, the health management is also described in the quality manual. New co-operation projects were agreed on with a local works physician centre and an external occupational safety and health expert for successful implementation.

The sickness rate statistics are now automatically compiled using the roster programme. Team meetings, the systematic evaluation of the return talks and the risk analysis provide further details and up-to-date information on stresses and strains of the employees. Furthermore, a customer and staff survey is being prepared for the end of 2005/early 2006; it is also to include questions on the health management and satisfaction and is to become a regularly used tool with which the developments can be measured over an extended period.

The developments at EAW in general and in the project work and health promotion in particular are presented in “KLARTEXT – Die Zeitung der Evangelischen Altenhilfe”. KLARTEXT now appears every quarter with a 12-page issue and is sent to all employees with their pay slip. It has also been put on the Intranet and Internet. Moreover, EAW has a sophisticated meeting system and uses computer-aided communications via e-mail and the Intranet; in every team there is at least one PC. Utilisation is intensified and extended in training courses.



### Results and effects

The following selection of activities was performed and described in a closer connection with health promotion:

- Seminars and workshops for executives  
(e.g. moderation techniques, improvement in the in-house information flow, improvement in leadership qualities and behaviour)
- Introduction of convalescence talks
- Seminar for team managers “Healthy Talks”
- Extensive investment in work equipment  
(lift baths, hoists, beds with electric lifting facilities to promote work without back pains and improve the quality of work)
- Supplementary seminars on work which is gentle to the back.  
The talks on return from sick leave are held in a graduated procedure, documented and systematically assessed. When the intensity in holding the talks and in relation to the reports dropped in-between, this was discussed with the team managers and further action derived from this. To support this process, rules on chairing talks and a guideline were drawn up, among other things.

The suggestions for improvement system and action plans also ensure that ideas of the employees and proposed solutions undergo further processing.

The number of employees was not increased but contents, general conditions, qualifications and infrastructure were improved in order to be able to tackle different challenges more professionally. The quality of the work performed was improved significantly in this way and produced nothing but positive effects for residents and customers.

There is a low staff turnover rate, little feedback about a poor working atmosphere and a high participation rate at parties and other activities. The working atmosphere is characterised by team spirit and mutual trust.

Staff development and qualifications enjoy great significance and regular vocational and further training courses are viewed and communicated as a condition for successful quality development. For example, in 2003, 624 employees attended internal and ex-

ternal training courses. In 2004, roughly 750 employees attended training courses involving a total number of over 2,500 hours. The further training time is working time in 98% of all cases. In 99% of the cases the courses are financed by EAW.

The vocational and further training concept is also described in detail in the quality manual and standards have been compiled for determining, planning and ensuring their transfer into practice. The further training of all teams is evaluated by the HR management using an employee further training matrix, assessed and presented in steering group 1 at the turn of the year.

After the sickness rate had initially almost been halved, it is now relatively constant at 4%. In 2003, a sickness rate of 5.65% was recorded with the new calculation basis (rota programme). After intensification of the attendance improvement programme, the rate was reduced to 4.58%. However, it should be noted that these figures include between 35 and 40 "ASSH" workers (work instead of social security) who exhibit a considerably higher sickness rate than the other employees. If the ASSH employees were taken out of the calculation, the rate would be just under 4.3%.

### **Success factors**

With the start of the MiM concept the aim from 1995 onwards was to get the employees to participate in quality circles and project groups and initially the executives obtained qualifications with the support of external partners. The declared aim and orientation was and is to develop into a learning organisation.

The employees are accustomed to their supervisors regularly talking to them (e.g. talks on target agreements, team discussions) and to them communicating to each other (e.g. as part of internal audits with specially qualified employees of their own facility, in project groups and quality circles); the application of moderation techniques as well as a well organised meeting and documentation system are also helpful. The selection of staff confirms that employees can gain promotion in their own facility.

The issues of a corporate concept, quality management, staff development, further training and health promotion are thought out together and dealt with as overriding tasks. In this way health management can become a continuous task which, in turn, is continuously improved.

### **"Inhibiting" factors**

EAW is characterised by high development dynamics and in recent years has integrated a series of other facilities whose employees are characterised by different cultures, behaviour, structures and processes. These initially have an impact when the employees belong to a new body responsible. One natural consequence of this is different timing in their development.

### **Conclusion**

The starting point was the basic idea that company health management only promises success when it is anchored in a comprehensive approach. Structures, processes and the working atmosphere must be health-promoting; the facility philosophy and the MiM concept create an appropriate framework for this.

Under certain circumstances one special task and challenge for the further development of the health management system at EAW is the complexity of the approach as well as the development dynamics of the company linked to the expansion of the structure of services offered.

### **Co-operation partner**

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## 3.2 Company health management in Sozialdienste der Volkssolidarität Berlin gGmbH

### The facility

Sozialdienste der Volkssolidarität Berlin gGmbH was established on 28 October 1999 and is a subsidiary of the state association of Volkssolidarität Berlin e.V. and a member of Paritätischer Wohlfahrtsverband, Landesverband Berlin e.V. The company works in various regional networks and geronto-psychiatric associations and is also involved at national level in Bundesverband der Volkssolidarität e.V.

Sozialdienste der Volkssolidarität Berlin gGmbH runs:

- seven welfare centres
- three residential care homes
- three residential facilities for “living with service”
- a day care facility
- and, in co-operation with another care service, looks after three residential communities for the elderly suffering from dementia.

The total of 650 employees look after some 1,600 clients in the city.

### The background

“Quality of Work” was a key issue of the social services of Volkssolidarität Berlin gGmbH from the outset. A quality management procedure was implemented in the company in order to maintain high quality in nursing, care and services, ensure a continuous quality development and safeguard customer satisfaction.

All outpatient services have been certified since 2000, the inpatient services since 2004 according to DIN EN ISO-9001. SQ Cert GmbH and Paritätischer Wohlfahrtsverband, Landesverband Berlin e.V. awarded the Quality Mark – 1<sup>st</sup> Star – to Sozialdienste gGmbH for the sections nursing, care and services. At present, the outpatient services are applying for the 2<sup>nd</sup> Star: They have supplemented the ISO 9001 with elements from the EFQM.

Sozialdienste gGmbH is a member of the quality community for outpatient services; an agreement for this community was first concluded with the AOK Berlin in 2000 in which special quality services are rewarded with a quality surcharge.

The quality agreements have effects on the staffing levels, the qualifications and the everyday work of the employees: For example, there is a full-time job for quality management in every welfare centre and for the whole company and employees receive targeted training to satisfy the respective requirements. There are regular team meetings, case discussions, interdisciplinary case conferences, customer surveys and a co-ordinated complaints management system as well as the acceptance of helpful suggestions for change for all centres.

In this connection the employees were and still are confronted with numerous new demands; they are supported (individually) and now react very flexibly to changes.

It was hoped by participating in the project “Competence Development – Company Health Management” to obtain further ideas on staff development and the development of the sickness rate.

The project (duration: 10/2001 – 12/2005) was backed by funds from the Federal Ministry for Education and Research and the European Social Fund; the project management was assigned to Arbeitsgemeinschaft betriebliche Weiterbildungsforschung (ABWF) e.V. domiciled in Berlin as part of the project Qualification Development Management (QUEM). The network focuses on the pooling of know-how, the review of approaches in quality management already available and the development of new ideas, the linking with existing management systems and the preparation of an action guideline on health management. The Berufsgenossenschaft für Gesundheitsdienst und Wohlfahrtspflege (BGW – institution for statutory accident insurance and prevention in the health and welfare services) also participates.

### Procedure

The network co-ordination for the executives from various hospitals and care facilities for the elderly takes place centrally by means of seminars, workshops, meetings and bilateral contacts. In addition to overall control of the project, another aim is to analyse the current situation and the general conditions for know-how transfer, process consultancy, qualification and evaluation.

The following institutions from Berlin, Brandenburg and Mecklenburg-Western Pomerania are involved:

- Sozialdienste der Volkssolidarität Berlin gGmbH
- Nursing and care services “Sozius”, Schwerin
- External physicians’ hospital “Klinik Hygiea” in Berlin
- German Red Cross Clinical Centre Luckenwalde
- Elderly care home “Abendsonne”, Berlin

The principle applies that the local networks learn from the superordinate network. To this end a joint further training programme has now been developed on the basis of a further training needs analysis which contained 11 activities in 2005. The further training programme comprises, for example, topics such as the performance of workplace analyses, motivation as a managerial task, the design of team development processes, conflict management, techniques of moderating and holding talks, stress management concepts and the like.

The following fields of action were selected following a needs analysis of the network partners:

- Increasing the health rate through behaviour and circumstance-oriented measures
- Improving staff satisfaction and the quality of care
- Initiating and/or further promoting team development processes
- Improving the culture of the employees talking to each other

Related to the competence development in the work process at Sozialdienste der Volkssolidarität Berlin gGmbH, this meant:

- Increasing and stabilising the health rate
- Improving job satisfaction and motivation
- Maintaining the quality of care at a high level and raising it
- Developing suggestions for improvement
- Optimising work processes
- Developing competence in dealing with inappropriate stresses and processing them
- Benchmarking/comparisons between the welfare centres

At Sozialdienste der Volkssolidarität Berlin gGmbH a steering group was established in which the management, the care service managers, the works council, the quality representatives and the departmental managers participated. This group assumes overall management of the internal project management. Here the conception work is performed, actions planned, implemented, supported and evaluated.

The steering group is supported externally. The external partners also look after the health circles at the welfare centres and perform qualification activities.

The following measures have been taken since the start of the project:

- Further training programme for executives to develop method competence and social skills (11 units, each 1½ – 2 days)
- Participation of all executives in the BGW seminar on the topic of occupational safety and health as a managerial task
- Staff satisfaction survey (conducted at intervals of 1½ years)
- Concept and seminar “Holding staff appraisal talks in a motivating fashion”
- Concept and steering structure for all welfare centres “Company Health Management”
- Seminar “Company Health Management”
- Seminar one and two “Prevention of Back Disorders”

- Projects in the welfare centres:
  - Holding talks on health in a motivating fashion
  - Staff development talks (incl. target-oriented further training programme)
  - Work situation analyses
  - Team development
- Moderator training “Company Health Circles”
- Health circles in six welfare centres (the seventh has only belonged to the company since 1 April 2005)

On the “Prevention of Back Disorders”, for example, a course is being offered to 10-15 employees in each case in co-operation with physiotherapists from the surrounding region in all seven welfare centres in the spring; in the autumn this activity will be conducted again to the same extent.

Minutes are kept of the health circle meetings and which are chaired by the social workers. They were prepared for this task in a training course and have the opportunity to regularly share experience. Prompted by the health circles, so far restructuring has been conducted, tour plans adapted, rainwear acquired for example. Communication was improved through the redesign of rooms and the resultant creation of workplaces to which staff can retreat and the establishment of a new consultancy room and the consultancy frequency of the works council in the centres was increased.

The results of the health circles were also discussed with all the circle members of the multiprofessional teams and the managing directors as well as the section manager of the outpatient services.

Analogue to the procedure in the quality management system, activities are in general assessed according to the PDCA principle (plan-do-check-act); here different procedures and tools are employed, e.g. questionnaires for the assessment of the seminars or internal audits. Factors such as staff turnover, participation in further training courses etc. are included in an internal benchmarking procedure. Every year Sozialdienste der Volkssolidarität Berlin gGmbH also participates in a nationwide benchmarking of Volkssolidarität and in a company comparison of Bank für Sozialwirtschaft – Service GmbH.

A working group Marketing and PR Work meets every four to five weeks, selects issues and forwards research orders to the individual teams. The results are again summarised in the working group and passed on to the round of managing directors which decides on strategic marketing.

## Results and effects

The interim results at a glance:

- Circumstance-preventive action was taken, e.g. redesign of rooms, additional purchase of computers, staff deployment
- Behaviour-preventive action was taken, e.g. participation in further training to prevent back disorders, circles for regeneration
- Sickness rate lowered by implementing the concepts
- The tool “Holding staff appraisal talks in a motivating fashion” is positively accepted by employees
- Talking culture and staff satisfaction were improved
- Team cohesion was improved
- Identification with the company and Verband der Volkssolidarität was increased.

Furthermore, there have been running exercise groups for 1½ years in which roughly 25 employees aged from 22 to 58 from all hierarchical levels participate. The running exercise groups take part, among other things, in sponsored runs (e.g. on behalf of the Berlin heart centre for children suffering from heart diseases), in company relay races and also in national running events.



### Success factors

The following are mentioned as criteria for the success of the network project:

- Acceptance and support by the management
- Co-operation with the works council
- Creation of internal structures and processes for the company health management, e.g. through the set-up of the steering group
- Active internal PR work
- Further training geared to needs and target groups
- Establishment of a pool of moderators and the sharing of experience among them
- Co-operation partner BGW; external input and consultancy, external support and the sharing of experience among the network partners
- Staff and financial resources and the use of internal rooms for training courses.

Equally encouraging for the quality and health management is, all in all, the fact that an attempt is being made “to remove the limits on places of learning”. This means, on the one hand, learning is frequently organised on site and in a direct practical context. On the other hand, the expert competence of those who were qualified for new tasks is applied directly and the “new” experts in turn qualify their colleagues. Moreover, the company’s own institutional limits and perspectives are extended in that employees work for a time at the co-operating facilities on issues embracing all institutions, for example, care transfer.

The external recognition of what has been achieved is also consistently aimed for. For example, recognition is planned in 2006 as part of the BGW programme “qu.int.as – Quality Management with Integrated Occupational Safety and Health”.

### Conclusion

The intensive examination of the issue of quality, related to the development of structures and processes (e.g. meeting system, complaints management, training courses, participation of many employees in changes) already set the course which is also im-



portant for the successful implementation of a health management system. The company management expresses its appreciation for the overall concept in numerous ways.

At the same time, the importance of external support is emphasised; without it nothing could have been achieved. Participation in the supra-regional project meant that substantial synergetic effects were achieved through the exchange among colleagues and the participation of the consultants and other external co-operation partners and additional resources exploited.

### Co-operation partners

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### 3.3 Health programmes for the employees and trainees in senior citizens' homes in Mönchengladbach

#### The facility

Sozial-Holding der Stadt Mönchengladbach GmbH was established from the office for care for the elderly in 1995 and is a wholly owned subsidiary of the city. Since then Sozial-Holding has gained a reputation as an innovative enterprise especially in the field of care for the elderly and has made a name for itself throughout Germany with various projects and publications (e.g. on EFQM in care for the elderly; dementia). These actions focus on people who make use of the services offered. The company wants to reliably offer them high quality.

With its five subsidiaries, Sozial-Holding offers the citizens of Mönchengladbach a wide range of social services. Altenheime GmbH is the largest subsidiary and is responsible for the five municipal senior citizens' homes. Roughly 580 residents live in them; almost as many people work in nursing and care.

Sozial-Holding employs a total of roughly 870 workers.

#### The background

For Sozial-Holding the motivation to introduce a health management system was not the increased sickness rate but rather the experience that something can actually be done about the sickness rate. For example, the introduction of flexible working hours in care in 2001 reduced absenteeism appreciably.

However, the evaluations of the AOK data on incapacity to work also showed that the sickness rate in the care sector – which is normally compared with the branch and the region – was a good three times higher than in the administration sector.

Moreover, there was a number of other motives, e.g.

- the imminent shortage of skilled workers in care for the elderly
- an ageing workforce structure
- the correlation between motivation and absenteeism rates
- the rise in mental stress factors at the workplace which also results from the change in the resident structure
- more attractive design of the workplaces through more transparency and greater latitude for action for the employees.

Based on codes of practice, health promotion was therefore deemed from the management viewpoint as an important tool to keep and promote qualified workers and to position the company as a modern service company on the market for (potential) customers and employees.

Health promotion was implemented as a continuous task from the very outset. Anchored in the company philosophy, health promotion is viewed as part of the quality management and staff care and development and taken into account in all company decisions. It is pursued in close connection and harmonisation with other quality assurance measures, in-house training courses or internal and external benchmarking.

Workplace health promotion is supported and backed up equally by the management, HR management and works councils. Therefore, many ideas could and can be implemented spontaneously and quickly.

#### Procedure

Health promotion started in January 2002 with a survey of all employees. This survey was conducted by the Institute for Workplace Health Promotion of AOK Rhineland. The survey was performed separately according to the sectors service, administration and care; the feedback rate of the questionnaires evaluated was 60%.

At the same time, the initial programmes intended to arouse the health awareness of the workers were started. These included “the apple”: The offer to all workers to go and



get an apple every day from the fruit baskets in the break rooms initially triggered a variety of reactions, also some critical, which showed that the employees need more.

However, one thing was achieved immediately: Everyone knew that health promotion had been initiated. The apple was intended to remind the workers not to forget health in everyday life. In this respect it became the logo and symbol of health promotion. However, it also stands for the “bite”, the will and the stamina that sustained health promotion needs.

After presentation of the survey results the steering committee for health started its work in May 2002. This committee includes the management, HR management, works councils, the works physician and the occupational safety and health expert. Its tasks include the strategic alignment of health promotion and considerations on the tools used, results and experience gained from the activities.

The steering committee is moderated by an employee from the WHP institute.

The steering committee for health established the following five objectives which are to be reached with health promotion and which in the meantime have largely been implemented:

- Appreciable improvement in in-house communications using the health programme
- Reduction in days lost due to illness up to 30 June 2003 by 1.5 percentage points
- Reduction in the number of colleagues who become ill several times thanks to “information talks after absence” which are to be introduced in all sections of the company
- Introduction of the health circle work in which as many workers as possible are included in order to make internal problems transparent to all employees and as a result make a solution possible
- Design of key break rooms in all buildings with the aim of enhancing the individual’s ability to relax and recuperate and increase job satisfaction.

Furthermore, the costs of absenteeism are to be reduced, the maintenance and further development of the quality of the services offered guaranteed, workplaces designed according to ergonomic criteria, the working atmosphere improved, work motivation maintained and promoted, the quality of life of all those involved increased and the health awareness and behaviour of the employees improved.



Health circles are regarded in Sozial-Holding as an important element in worker involvement in quality management using the EFQM model. From the management's point of view this makes the form of the health circle work, which is time-consuming and staff-intensive, sensible.

The health circle work commenced in June 2002 and in the meantime circles have been set up in each of the five senior citizens' homes, in the administration sector and in the central canteen. In 6 meetings each group of roughly 5–6 employees collects shortcomings and annoyances in daily work which places a strain on them and their colleagues in the company and it develops draft solutions. The circle work is moderated and documented. The employees are obliged to review the current documentation with their colleagues for completeness. In this way they become multipliers for the issue of health.

Proceeding from the survey results, four problem areas are considered in the circle work:

- Environment and design of the workplace (keywords are: equipment and usability of facilities / structural shortcomings etc.)
- Work organisation (organisation of rosters / training courses / co-operation between various sectors)
- Communication and forwarding of information (number and quality of the meetings, information channels, clarity and validity of information)
- Leadership and behaviour of supervisors (handling criticism, recognition and praise).

After only employees without leadership functions reach agreement in the health circle, the individual points which the health circle has collated are discussed with the in-house executives for the action planning. In this extended health circle concrete action plans with established timeframes and areas of responsibility are derived from proposed solutions. The documentation prepared on this forms the basis for a review. Here the extended health circle meets again after 6 months to examine the implementation of the action plans.



In the meantime this form of worker participation has been permanently supplemented by a structured suggestions for improvement system.

Moreover, a comprehensive health promotion programme was conceived for the first time for training in care for the elderly and implemented with the students and lecturers of the specialised seminar for care for the elderly from November 2002 to April 2004. The Federal Ministry for Family Affairs, Senior Citizens, Women and Youth and AOK Rhineland supported the project financially.

When the German law on care for the elderly came into force in August 2003 health promotion was also firmly integrated into the theoretical care training. [complete project report available at [www.bmfsfj.de](http://www.bmfsfj.de)]

Evaluation was performed at Sozial-Holding by means of direct communication, the exchange in the steering committee, implementation checks of the action plans, cost-benefit analyses and surveys. For example, a staff survey on benchmarking is conducted every two years into which health promotion issues were integrated.

Transparency and public relations work are basic conditions for ensuring that the health promotion activities are sensible and lasting. The employees are regularly kept up to date on health information. The employees are informed about the health promotion activities by the respective super-

visors and using notices in all facilities on the notice boards. One important tool is also the company newspaper "So (Ho) issues!"; it was launched parallel to the introduction of health promotion, appears every 6 months and is handed over personally to the employees.

### Results and effects

First of all, a selection of activities at a glance:

- Every employee receives an apple a day
- Possibility of regularly having a massage at the workplace (Ortho-Bionomy process)
- Establishment of eight health circles in various sections
- Initiation of the action plans and regular implementation checks
- Design of the break rooms and other ergonomic conversion work
- Comprehensive vocational and further training programme for specialised and personal qualifications
- Training of the management in management workshops
- Introduction of staff appraisal talks
- Team-oriented measures to improve the work organisation and communication (e.g. possibility of team supervision)
- Flanking practical health programmes, e.g. courses on nutrition and giving up smoking, information events on health issues
- 'Back school' and team-oriented courses for lifting and carrying properly
- Company sports, co-operation with health club
- One special project: A health programme for the trainees was developed and successfully implemented.

**The massage at the workplace:** Sozial-Holding makes a therapy using the Ortho-Bionomy® principle freely available to the employees at the workplace. Every week 20 employees can register for treatment which takes place during the breaks. The offer is taken up gladly and gives each individual one moment of relaxation. The workers

become more attentive and develop a feeling for health and each other. The masseuse gives advice and points out when a visit to the doctor appears advisable; in this way serious operations have already been avoided.

**The back school** was not used to the extent wanted. Here, workplace health promotion met its limits. An employer can provide programmes and invite, but not oblige.

**The break rooms:** Owing to the change in the resident structure in senior citizens' homes – nowadays a large majority of the people are confused or suffer from dementia – the mental workload is also increasing. It is all the more important for employees to be able to gain distance and find peace and quiet in their breaks. Therefore, the break areas were successively redesigned in all five senior citizens' homes. One important aspect was the involvement of the employee: for example, the desire for a punching ball to get rid of frustrations was also taken seriously.

**Professional qualifications:** It is an important task of workplace health promotion to maintain and raise professional qualifications. For the feeling of being overtaxed with the demands of one's job creates negative stress and makes people ill in the long term. In addition, employees in the health circle hit the nail on the head: Specialised knowledge helps!

In addition to special training courses, e.g. for coping with increasingly confused residents, all employee groups were also informed at Sozial-Holding about the objectives and contents of the health promotion programme. They are to learn to prove their motivation not by "working until they drop" but by being able to offer the customers and residents calmness and professional competence.

**The work in the health circles** was implemented quickly and systematically. It is constantly adapted to the existing and developing culture of communication and co-operation and reflected against the background of further requirements. 42–60 measures were planned in each circle in the first round. These ranged from the lack of laundry bags to the renovation of showers. At least 60% of the proposals were implemented within 6 months. They did not shy away from cost-intensive investments. As the survey already showed, the working atmosphere and behaviour of supervisors was also very positively assessed.

All in all, the sickness rate was not reduced to the extent hoped for. Against the backdrop of the increasing demands, the consolidation of the sickness rate is, however, already a success and staff satisfaction was increased.

Health promotion has been established in the minds of the workers. They experience in the circle work that their suggestions and ideas and also their criticism are taken seriously. Decisions become easy to understand. The circle work, however, also shows the employees their own blinkers. For example, a learning effect is achieved in many respects from an improvement that is implemented. The employees are starting to question their work organisation. The teams learn to reflect together on how stresses in connection with work can be avoided or reduced. And the exchange about good solutions for overcoming everyday demands is also to be intensified in all teams. Thanks to the health circles, an awareness is spreading that health is an important resource – for each and every individual and also for the employer.

### **"Inhibiting" factors**

Restructuring processes, quality-related individual projects and structural work took place at the same time in the company and, as a result, employees and supervisors were also stretched and sometimes overtaxed: For example, the multiplier effect of the health circle work is difficult to achieve in the teams because the time for exchanging information is generally limited and reserved for specialised issues.

At the start of the circle work employees were sometimes very sceptical as regards the implementation chances of many proposals. This scepticism was only repudiated by the visible results. Some of the problems discussed in the circles were already being dealt with but many employees did not have this information. It was shown here how important transparency is to avoid frustration and resignation among the employees. All in all, suggestions for improvement in communications and the flow of information were and are more difficult to implement than, for example, ergonomic measures.

For many people the aim was to eliminate the attitude that an employer only wanted to exploit them. The value of qualified and committed employees for a company must therefore be made clear to the employees themselves first. It also turned out that successfully implemented projects and objectives achieved are lost in everyday work and are quickly forgotten. However, it is important and also health-promoting to see and celebrate appropriately what has been achieved jointly.

### **Success factors**

From the viewpoint of the co-coordinator, the following factors contributed in particular to the success of WHP:

- In-house engine and active participation of the company management
- Promoting corporate culture and short, free implementation channels
- Involvement and commitment of all company players in the steering committee
- Institutionalisation of the circle work
- Comprehensive participation of the employees
- Consultancy and flanking support from the AOK/WHP institute
- Dealing with specific job-related issues
- Continuous communication on health promotion
- Good linking with other fields of action
- Reflection on and modification of individual activities
- Acceptance of the limits of workplace health promotion

### **Conclusion**

In the meantime a comprehensive health management system has been created at Sozial-Holding which offers the structural and process conditions for the lasting implementation of workplace health promotion; the continuous improvement is, however, only possible through the committed and qualified players in the company. Here, too, very good conditions have been generated to tackle the issues already planned and other outstanding and additional challenges.

### **Co-operation partner**

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### 3.4 Work logistics in care for the elderly – Samaritans' Foundation in Zuffenhausen

#### The facility

The Samaritans' Foundation is a church foundation under civil law and a member of the Württemberg Welfare and Social Organisation domiciled in Nürtingen. As one of the largest providers of social services in Württemberg, it runs 33 homes and facilities with a total of 3,750 places for the elderly, handicapped and mentally ill people at 20 locations. The Samaritans' Foundation employs roughly 2,250 people, about 150 of whom in the training centres.

The sector of care for the elderly with roughly 2,100 places includes 19 homes and the centres assigned to them, three welfare and social centres as well as two Protestant vocational schools for care for the elderly.

The Samaritans' Foundation in Zuffenhausen is one of the elderly care homes; it offers 92 places for residential care two of which for short-term care. It was built in 1965 and completely renovated between 1988 and 1991. Today it only offers single rooms.

Of the roughly 48 full-time jobs, 38 are in the care sector; the part-time rate is 66 % here. External service companies are commissioned with the cleaning and laundry work.

#### The background

It is a matter of course for the Samaritans' Foundation that help for people in a rapidly changing work demands flexibility and openness to changes. Therefore, it reacts constructively to social developments and integrates new expertise from science and research into its practical work. Facilities of the Samaritans' Foundation have already become examples for many others with its trend-setting professional competencies and projects which have received awards for being exemplary.

Staff involvement and self-determination are mentioned in first place as the management principles of the Samaritans' Foundation. The projects which match this claim include the project "Work logistics in caring for the elderly (ALIDA)".

In 2000 the Berufsgenossenschaft für Gesundheitsdienst und Wohlfahrtspflege (BGW – institution for statutory accident insurance and prevention in the health and welfare services) initiated a pilot project to prevent work-related health risks and to optimise the "work logistics in caring for the elderly". The project was conducted in three groups in North Rhine-Westphalia and Baden-Württemberg; each group included five care facilities for the elderly.

The basic concept was further developed from the experience gained by the pilot groups; at present, fundamentals are being created in a follow-up project, which is being supported by contec and the BGW, for broader dissemination of the concept. Five facilities are currently participating in ALIDA, which is tailored exactly to the Samaritans' Foundation.

The Samaritans' Foundation in Zuffenhausen was involved in the pilot project from May 2001 to March 2003. At the start of the project there was a high sickness rate, a large amount of overtime and a high workload; the atmosphere was dominated by resignation, demotivation and 'work to rule'. Therefore there was initially only a certain willingness to become involved in the project in one section of the facility.

#### Procedure

The project started in early 2001. Agreement was reached in a workshop in May that in the Samaritans' Foundation in Zuffenhausen the residential section management should be strengthened by working hours which overlap shifts, more detailed job descriptions and the extension of responsibilities (strengthening and empowerment). With regard to the employees, greater job satisfaction was to be achieved through

- differentiation of the ward tasks
- a reduction in sick days and absenteeism rates
- a reduction in overtime and
- transparency of the roster planning through participation and time windows.

In this connection the aim was also to improve the results of the staff survey (BGW company barometer) conducted at the outset by the research institute IGES.

The results of the staff survey and the discussion about it were also used to derive further objectives during the course of the project. They related to the flow of information between management and staff, praise and recognition of the staff, team agreements, relief services and the recruitment of staff in good time.

However, it also became clear that the optimisation of the workflows required work logistics tools and a comprehensible measurement of performance.

The first project phase was completed in early 2002. The project tools RAP (rest and activity phases), LPS (performance planning) and MZT (computer-aided measurement of the services of the care staff relating and not relating to the residents) were applied. However, they were rejected in some cases because of too much work and expense involving computer-aided measurement facilities which were not in place. The awareness of the care staff of the provision of customer-oriented services was, however, increased in the process.

During the first phase the following specific changes were achieved:

- Changes in the work assignments and the working time of the residential sector managers
- Description of workflows of the residential sector assistants
- Reform of the bath schedule (weekly rhythm)
- RAP-oriented roster preparation by the residential sector managers
- Planning for staff breakfast away from the wards
- Reduction in the sickness rate (-20%) and in overtime (almost 50%) in the pilot sector
- Elimination of peak workloads
- Increase in staff satisfaction.

A change in the working atmosphere was introduced which enabled

- the tools and their application to be assessed for practicability and, if necessary, for corrective action to be taken
- the original project objectives to be reviewed for implementation capability for the entire facility.

The above-mentioned changes were very complex and had a variety of interactions. To give just one example: The residential sector managers were firmly integrated into the care sector prior to the start of the project, they had shift and weekend duty and performed their managerial tasks as well. During the course of the project it was laid down that 50% of their working time was reserved for administrative activities and managerial tasks. This time was not fixed to certain days but they could divide their time up as they wanted. The residential sector managers had only one weekend on duty per month, their daily working hours were changed so that their work overlapped shifts, i.e. they had regular contact with the employees on both shifts.

In spite of initial scepticism it was soon shown that, as the result, the overall flow of information was improved and more intensive contact with the relatives was created. Complaints were now clarified in good time and there was always a competent contact on duty for the doctors. All this contributed to relieving the workload of the other employees. The acceptance of these restructuring measures grew as a result of these positive effects.

Overall there was a development towards project capability on conclusion of the first phase in Zuffenhausen. And therefore the second phase was prepared at a two-day closed meeting in April 2002. ALIDA II was to pay more attention to the issue of staff orientation through a sort of “management of the soft facts”, e.g. job satisfaction,



communication and atmosphere on the ward. Moreover, a suitable tool for the regular and valid measurement of the residents' wishes was to be developed to optimise the deployment planning in the interests of the residents and staff.

The increased interest of the employees was also exploited to tackle projects unrelated to ALIDA in the second project phase, e.g. certification to IQD and the preparations for computer-aided care documentation.

On conclusion of the project the IGES survey was performed again and the data for a 'before-after' comparison generated. A lot had improved in the meantime. The proposals which were still open or newly formulated by the end of the project were processed after the completion of the project in working groups with the participation of all employees.

### Results and effects

The following results were achieved in conjunction with ALIDA:

- Development and modification of tools for measuring break and activity phases, service demand curves and residents' wishes
- Use of the by now computer-aided tools for comparison and restructuring of the resident groups and a reasonable, needs-oriented deployment planning and duty roster planning
- Introduction of duty covering a late/night shift (without extending the job chart; one employee additionally between 17.00 and 22.00) and spreading of a late snack time
- Extending of the going-to-bed times of the residents and relieving the workload of the late shift until 22.00
- Recording of the habits which structure the day, the free time after work and interests of the future residents – utilisation of the information for deployment plans in the receiving wards
- Development of highly flexible group care
- Residential section managers work to cover shifts in all three sections and deputise for each other: Reduction in the number of ward deputies

- Acceptance of some tasks of the care manager by the residential section managers, as a result guarantee of good continuity and deputising for holiday times
- Introduction of a joint “working breakfast” of the residential section managers which is also used for performing tasks with representatives of interfaces (e.g. ward managers, care managers, staff representatives); this group is also responsible for ensuring the continuity of the project results
- Change in the workflows and re-prioritising of activities not related to the residents
- Elimination of peak workloads and easing of the temporary overworking of the employees
- Involvement of the employees in preparing the duty rosters (time windows for duty and leisure time wishes)
- Elimination of scepticism and resignation among employees
- Preparation of more detailed job profiles
- Fixed area of responsibility of the residential section assistants, as a result relieving the workload of the care staff
- Improved co-operation with the social services
- Reduction in the sickness rate (in the pilot section of the first phase by 20%)
- After an initial rise owing to the project, a reduction in overtime by almost 50% in the entire facility
- Improvement in the general mood and the working atmosphere
- More commitment and acceptance of responsibility by employees

At the same time, certification took place in December 2000. Paper documentation has been replaced since the summer of 2003. Time management and communications are supplemented by MS Outlook.

### **Success factors**

The following were described as beneficial:

- Involvement and sensitisation of the employees through the staff survey
- Disciplining project pressure through external support
- Introduction and empowerment of the project management in relation to the management of the project
- Preliminary project experience gained in a pilot section
- Continuous project control and ability to change direction
- Promotion of communication through the project structure
- Relieving the project manager from work for 40 hours per month
- Advice, support and qualifications through the external partners.

The external initiation through the institution for statutory accident insurance and prevention and the wide range of support permitted the project to be conducted in less than two years; the necessary resources had certainly not been easy to obtain from the core business.

A lot developed during the course of the project contrary to what had initially been assumed; these developments were dealt with openly and constructively. Moreover, in the final phase of the project intensive work was performed to attain effective and efficient sustainability.

### **“Inhibiting” factors**

In addition to the fear which was initially triggered in some employees by, for example, the reduction in overtime, there were difficulties due to the scheduling of individual milestones in the course of the project and to delays in the supply of analytical instruments by an external partner.

Fears in handling the computer were eliminated by adaptation qualifications relating to the use of computers.

## Conclusion

From the very outset two fundamental tasks were explicitly examined and pursued: The project was structured both by a staff-oriented motive and a work logistics approach. The “magic triangle of customer, employee and costs” had been reflected in many respects in the course of the project and re-aligned.

Positive developments continued after the conclusion of the project. For example, at the start of the project at the turn of the year 2,800 hours of overtime had been recorded; this figure was already substantially reduced during the project; the mean overtime figure in the last annual financial statements was zero.

Thanks to the experience gained in connection with ALIDA, the employees are now much more open today to new ideas and are prepared to become involved in other projects.

The project was initially extended in Zuffenhausen and is being transferred to other facilities of the foundation. Thanks to ALIDA, there are already substantial effects in the facilities involved.

## Co-operation partners

BGW, AOK–Stuttgart, contec, Bochum

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# 4

## Summary



The public debate on the health service and welfare work is frequently mainly held against the background of the financeability of the services and the reduction in costs. This has already been reflected in the last 15 years in various amendments to the law which have resulted in major changes in the health service and welfare work. The change process is still not completed. The general conditions in which care is performed and the caring activities themselves will also continue to change in the years to come.

In addition to financing, the public debate and the current reforms also deal with issues of quality and efficiency of the services provided in this section, – the quality of the working conditions of the employees, however, plays a subordinate role here.

It is frequently described in research results and specialised publications that carers perform very heavy work and why. In addition to the physical strains and stresses, the comprehensive relationship work in care and the rise in mental illnesses of the employees have come increasingly into the limelight in recent years. And the premature departure of carers from their jobs and the reasons why were recently researched comprehensively in a European study.

Carers in the facilities for inpatient and outpatient care often feel in their everyday work that they are walking a tight-rope between very high requirements from patients and residents, who nowadays frequently suffer from more complex physical and mental illnesses and limitations, and what they can still do on the basis of their qualifications and the working hours on which their activity is based. And they frequently feel left on their own with this dilemma by their direct supervisors, their employers and the bodies responsible.

Therefore, our attention was focused on alternatives in the system and the latitude for action which are available to the employees and in their facilities. In outpatient care, however, we were able to identify considerably fewer completed practical projects; here, more initiatives have been and are started and good solutions supported which have, however, yet to produce concrete results and a longer-term transfer and therefore have been almost completely disregarded in this documentation.

When, why and how success can be achieved in attaining an improvement in the working conditions in individual facilities for inpatient and outpatient medical care, a reduction in stress and an improved quality of care has been documented in the eight practical examples.

It was confirmed here that there is no workplace called “care”. Even work areas in hospitals sometimes differ substantially as regards the requirements and range of stresses and strains. Successful projects are therefore always based on a detailed analysis of what special conditions, requirements and starting situations there are. They can only be successful in the sense of longer-term implementation and transfer if – regardless of whoever originally had the idea for the project – the management, supervisors and employees all pull together in the implementation of the project. This does not mean that at the start of a project not only sceptics have their say but it has to be well considered whether the new project is indeed sensible at the time and against the backdrop of other current “building sites”. During the course of the project, however, everyone must be prepared to reflect on themselves and their behaviour, to become involved in new experiences and, under certain circumstances, accept the realisation that the new challenges can only be overcome if new things are learned. All the practical examples documented prove what great significance vocational and further training has for successful changes.

In addition to the institutional conditions, the reasons for the projects also varied to some extent. On closer examination, however, it turned out that the motives were generally complex from the outset or quickly became so. An improved range of services or the introduction of quality management were often the focus at the start. During the course of the project it was shown everywhere that an “added value” for good practice is always evident at several levels. At the same time, there were positive effects for individual employees and, as regards the services they provided, for the facilities as well.



In all the examples selected the support by external partners played a major role. Those who now bear responsibility in care for their employees frequently did not learn the ability and skills to initiate and control projects during their training. Executives are frequently in a “sandwich” position themselves with the extensive requirements both internal and external and require individual support and assistance. Co-operation with external partners is characterised, on the one hand, by highly specialised support and advisory services but it is always co-operation for a limited period in which help is provided for self-help.

Related to the systemisation, reporting and evaluation of the practical projects, there is now greater sensitivity and professionalism; one reason for this is certainly the significance which quality promotion and quality management have nowadays in the facilities of the health service and welfare work. And in relation to the exchange of experience both internally and covering several institutions, good progress is evident; in individual cases the expertise and skills acquired in the practical projects are also used to develop new fields of business.

Other common features in the practical examples were:

- the basic willingness of the important decision and opinion-makers in the company to achieve positive results on the basis of consensus
- the intention to support results to improve organisational workflows or other activities in organisation development
- the creation or use of helpful structures (top down – bottom up) and processes (orientation to the project management)
- the provision of resources (financial and working hours)
- the involvement of the executives
- the linking of the reduction in inappropriate stresses with other issues
- a good information flow and PR work
- the conviction that obstacles are a matter of course and that one can learn from mistakes and that they can be used to achieve further improvements.

Key health-promoting potential like the improvement of the social relationships,

transparency, extension of the latitude for action and qualifications of the employees in line with the requirements were not only aimed for as results but also already experienced during the course of the project.

There is no ideal solution for reducing workloads and in workplace health promotion – and most certainly not in the health service and welfare work. However, there is a sound basis for a structured and systematic approach and there is a wide range of tools which can and must be modified analogously to the respective backgrounds and general conditions in the areas of application. The interactions between health promotion, efficiency and quality of services can be and are proven.

The participation and the empowerment of employees of all professional groups and hierarchical levels are crucial to ensure that a win-win situation is created through workplace health promotion. Attractive working conditions through the reduction in inappropriate stresses and health promotion release resources among the employees which are of benefit to the facilities themselves and help to decide on the competitiveness and attraction of a facility.

## Imprint

### Good Solutions in Nursing and Care

Models of good practice of healthy and quality-promoting work design of nursing and care jobs in hospitals, inpatient care facilities and home care services

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