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Co-determination and participation in project management. Experiences from the construction of a hospital building in Norway.

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Abstract

Changing the physical structure of a workplace has long-lasting organizational consequences. When managing building projects of this type, it is crucial to involve stakeholders in a way that ensures project success. This study uses a stakeholder perspective and examines how co-determination and participation among hospital employees was managed in the process of extending a hospital building in Norway.

Based on input from stakeholder theory, the analysis focuses on the question of whether the employees and their representatives were subjected to *management of stakeholders* or *management for stakeholders*. Project documents have been analyzed in order to detect who was involved in the decision-making process during the planning of the project, and in what way.

The findings show that individual employees, union and safety representatives took part in the decision-making process, thus, corresponding well with a *management for stakeholders*-approach. However, their stakeholder interests were not fully integrated and assessed in all parts of the process, and the project goal of creating a good place to work was only to a limited degree followed up in practice. Hence, it appears that they were mostly subjected to *management of stakeholders* during the process despite their formal participation and representation in the decision-making process.

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1. Introduction

Many construction projects involve changing the physical structure of the workplace, and have long-lasting organizational consequences [1, 2]. Project management (PM) literature has widely acknowledged the need to include the stakeholder perspective in the different phases of the project life cycle [2-4]. The process of designing, planning, moving into a new building, and exploring the new workspace, exposes employees to various degrees of change, and lessons from the field of change management therefore need to be included to ensure project success.

In the Nordic countries, collaboration between the social partners on the national level, and employers and employees and their representatives at company level, are considered core elements of the industrial relations [5, 6]. Employees in general, and union and safety representatives particularly, enjoy a special status as stakeholders in projects affecting working conditions. This is reflected in national laws and agreements between the social partners. Thus, within the Nordic context, including these stakeholders in the PM process is not only wise, but a requirement.

The results presented in this paper is part of a larger study on the process of physically expanding a public hospital in Norway. A new hospital wing was opened in August 2021, however the planning started in 2011 when the hospital board received an evaluation of the state of the existing hospital buildings. The evaluation triggered a project that has yet to be concluded. A development plan together with other strategic guidelines gave premises for the project [7].

In this paper, the main purpose is to examine how the stakeholder management was conducted in the *idea* and *concept phases* of the project, by analyzing official project documents. An overview of the early project phases, including the hospital board decision gates marked in yellow, are presented in Fig. 1. The focus is limited to the practice of co-determination and participation among hospital employees in order to uncover whether a *management of stakeholders*-approach or a *management for stakeholders*-approach was utilized in the idea and concept phases.

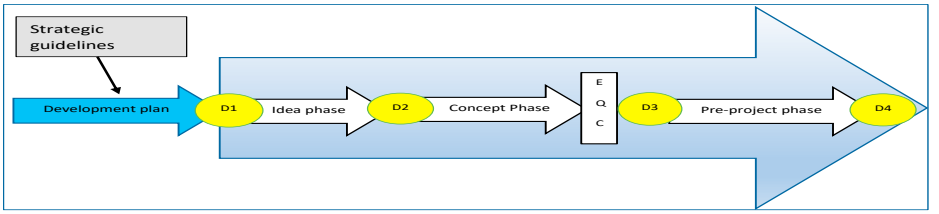

Fig. 1. Early phase project overview.

2. Theoretical background

What defines project success is an ongoing discussion in PM literature [2]. Earlier, project success was defined solely by the ability to deliver on time, on budget and according to predefined quality specifications. Over time several other factors have been added, including that the project result should be accepted by end users. Public-sector projects typically involve many stakeholders with various and conflicting interest in the project outcomes, and project success is partly because of this regarded as more difficult to achieve. Managing a broad variety of stakeholders may be challenging but can also provide valuable input and resources that can be mobilized to secure a good result [4] .

Among the many reasons why projects fail are lack of stakeholder involvement and ownership [4, 8]. In restructuring projects, involvement is essential to realize the intended transformation, and in building projects the early phases of planning and interface between project partners are considered key factors [2].

2.1. Change management

Change management involve evolving from a current to a desired state. Projects that involve organizational change are recognized to be among the most difficult to manage [4]. The two most commonly used theories and frameworks for change management in healthcare are Kotter's 8 step model and Lewin's change model [9, 10]. Kotter [8] has over time identified common mistakes of organizational change, such as failing to create a sufficiently powerful coalition and neglecting to anchor changes firmly in the organizational culture.

Successful organizational change is influenced by numerous factors, such as managerial support, utilization of adequate resources, adequate planning and tracking of the change process [11]. Difficulties related to successful organizational changes is often explained by the notion of *resistance to change* stemming from numerous different

causes. The fear of losing something of value, a misunderstanding of the change and its implications, a belief that the change does not make sense for the organization, and a low tolerance for change are among the most common [8].

PM and change management literature tend to view resistance as a phenomenon that projects need to overcome [2, 4, 8]. A solution suggested in literature is to explain and inform employees thoroughly of the changes, however, several change management theories highlight the importance of including and motivating employees beyond this level [8]. If the initiators of the change involve the stakeholders in aspects of planning and implementing the change, resistance can often be forestalled. With a participative change effort, the initiators listen to stakeholders and make use of their advice and input. In practice, this means providing opportunities for employees to give feedback and play a part, empowering employees and allowing them to make decisions and psychologically embrace the change process [8, 12, 13].

2.2. Stakeholder management

A stakeholder can be defined as an individual, group or organization that can influence, be influenced by or regard themselves as being influenced by a decision, activity or a result of a project, or simply as all individuals that somehow contribute to project success or failure [2]. Involving key stakeholders is now widely recognized as critical to achieve project success and will provide a better understanding of what they expect from the project process and outcomes. Recent developments in stakeholder theory offers new insights into project stakeholder management, including encouraging the internalization of the interests of stakeholders into the project instead of simply managing them [14].

The traditional *management of stakeholders* approach involves analyzing how influential different stakeholders are [2, 4, 14]. The implications of the approach are that the project manager should pay more attention to influential stakeholders and less, or no attention at all, to the rest.

In contrast, the *management for stakeholders* approach view stakeholders as valuable in and of themselves and therefore deserving of attention regardless of their potential influence. When conflicting goals occur, the project manager should seek to accomplish win-win-solutions and work towards minimizing harm to stakeholder interests [14].

In accordance with theory of path dependance, the possibility to influence a project is largest in the initiation phase, and decrease gradually during the project life cycle [2, 15]. In the initiation process the goals of the project are defined, and it is important to ensure support and acceptance of these goals among key stakeholders. Furthermore, all projects are executed in a specific context, and project managers need to take the complexity of the context into consideration when managing stakeholders [14], such as cultural values and legal regulations.

2.3. The Nordic model of co-determination and participation

Co-determination can be explained as a system where “a firm’s shareholders and workers share control over major strategic decisions, and managers and workers share control over day-to-day decision-making” [16, p. 3]. The Nordic countries have long lasting traditions for co-determination and participation for employees [5, 6]. In 1935 the employers’ federation and the Labor Organization (LO) established the first basic agreement, in which fundamental principles of wage formation, working conditions and co-determination on enterprise decisions were decided [5]. The basic principles of the agreement have proven to be durable over time and has contributed to change the dynamics in the labor market from conflict and confrontation to consensus and collaboration. Today, the Nordic countries, together with Germany, have perhaps the world’s most cooperative industrial relations, in large part due to the existence of powerful national unions [16], and the current basic agreement in the Norwegian public health sector requires the employer to ensure that impacted employees have real influence in ongoing development projects [17].

In 1972 employee representation on the board level of companies was established in Norwegian law [5]. Employee elected board members are in a minority position, but have the same voting rights as other board members on strategic company decisions [5, 16]. Supplementing the right for workers to elect board members, are different forms of shop-floor representation where employee representatives participate in day-to-day governance of enterprises [16].

When a project involves significant changes to the working situation of employees, the Norwegian Working Environment Act [18] requires employers to ensure that the employees affected are informed and participate in the process. The employers are also required to consult with safety representatives during planning and implementation of measures that influence the working environment. Furthermore, all undertakings employing more than 50

employees are required to have a working environment committee that has the specific task of considering all plans that may be significant for the working environment, such as plans for construction work.

The Working Environment Act, the basic agreement, employee board representation and shop-floor representation should be considered important framework conditions when considering co-determination and participation in the Norwegian context. They not only regulate how to conduct changes in organizations, but have over time been internalized in the norms and expectations of both employers and employees as institutionalized cultural practices [5, 16]. However, recent data show indications of an ongoing shift in workplace democracy within the Nordic context, including decrease in employee participation and influence [19].

3. Methodology

The investigation presented here is limited to the *idea* and *concept* phases of the studied project (see Fig. 1) because these phases are most essential in order to have real impact on the project due to the process of path dependency [15]. During these phases, a lot of documents have been produced. Minutes from 26 board meetings and 29 working environment committee meetings, as well as mandates, reports and other underlying documentation from the different project phases were collected and analyzed. Table 1 gives an overview of the data sources. The documents listed have all been available to hospital employees in general and decision-makers in particular during the process.

A total of 72 separate documents have been subject to qualitative content analysis [20] to detect indications of co-determination and participation. Content analysis of documents reduce the risk of the data themselves being influenced by the data collection [21], however, there is always a risk of wrongful interpretation of their content. To combat the problems of human fatigue often associated with reading large volumes of text [22], and to avoid the possibility of researcher bias, the documents were read independently by three different researchers before comparing notes.

Table 1. Data sources.

Type of document	Project phase	Time period	Document code
Minutes of board meetings	Idea and concept phases	2013-2016	BM 1-26
Minutes of working environment committee meetings	Idea and concept phases	2013-2016	WEC 1-29
Idea phase mandate	Idea phase	Oct. 2013	IPM
Idea phase report	Idea phase	Nov. 2014	IPR
Concept phase mandate	Concept phase	Nov. 2014	CPM
Minutes from input gathering	Concept phase	Aug. 2015	IG 1-10
Main function program	Concept phase	Sept. 2015	MFP
Overall technical program report	Concept phase	Oct. 2015	OTP
Main program equipment	Concept phase	Nov. 2015	MPE
Concept report	Concept phase	Jan. 2016	CR

The findings presented are limited to these official project documents. Of course, a lot of things happen in projects, including employee participation, that are not documented this way. The findings should therefore be considered a part of the puzzle and supplemented by other methods at a later stage. However, these official documents are nevertheless important overviews of the information that the project decision makers had to rely on and, hence, give a reasonably representative picture of how the employee involvement was organized and presented to the organization at large.

4. Findings and discussion

4.1. Arenas of co-determination and participation

The analyzed documents reveal many arenas that provide opportunities for co-determination and participation, including employee participation in board meetings, steering groups, project groups, the working environment committee, input gatherings, information meetings and inter-active intranet resources. The findings suggest that the

process has provided plenty of opportunities for employees and their representatives to voice their opinions and influence project decisions, confirming that employees hold a special significance as stakeholders in PM in Norway.

The major strategic projects decisions have been made by *the hospital board* with its 11 members; 7 appointed by the hospital owner and 4 elected by the employees. This corresponds well with the Norwegian model of co-determination, in securing members elected by employees a minority position on the board, and gives the employee elected members a say in the discussions and decisions at this level. However, the board decisions presented in the minutes will not uncover what was actually discussed, whether the views of the employee representatives in fact influenced the final decision, or if the board members were agreeing during the discussions. Nevertheless, having a seat at the board table complies well with the notion of *management for stakeholders* regarding the employees.

The working environment committee of the hospital should also play its part during the process. The committee in question has 12 members; 6 appointed by the employer and 6 elected by the employees. In addition, representatives from the hospital's occupational health service attend the meetings without the right to vote. Contrary to the other arenas of co-determination and participation, the employee representatives are not in a minority position in the working environment committee. During the idea and concept phases of the project, the working environment committee has discussed the building project numerous times, and this has provided employee representatives with further opportunities to influence the process and make sure that the interests of employees are safeguarded.

During the idea phase of the project, a *steering group* was established to oversee the work on behalf of the board. The group had 13 members, including 11 high-ranking hospital managers and 2 employee representatives (a safety and a union representative). A *project group* was also established to discuss the tasks of the idea phase that was decided upon in the idea phase mandate. The project group had 20 members, including 2 high-ranking managers that overlapped with the steering group, 12 middle managers, 2 external architects, 1 patient representative and 2 employee representatives (a safety and a union representative). The employee representation in both the strategic and more day-to-day decision making of the project corresponds well with the Norwegian model of extensive co-determination and participation, but the overlap of high-ranking managers in the two groups underline management control.

A *steering group* was also established in the concept phase and 10 different interdisciplinary project groups worked on specific areas. According to the concept report (CR), more than 100 co-workers were involved in these groups, and all included union and safety representatives. Monthly information meetings for employees, a digital suggestion box and a specific webpage were also introduced to ensure the information flow of the project. The CR acknowledges the need for organizational development groups, but this was not implemented until the concept phase was concluded.

Overall, the analyzed documents show that the project process has provided employees and their representatives with a vast number of arenas in which co-determination and participation is possible. This is in accordance with long traditions in Norwegian working life, and requirements in the Working Environment Act and the basic agreement [5, 16, 19]. This extensive inclusion of employees as stakeholders also corresponds well with theories of change management that underlines the need to include stakeholders in the planning and implementation of organizational changes and anchor changes in the organizational culture [8, 12, 13]. Involving these important stakeholders in this manner could also be a strategy for preventing resistance to change, or an effort to internalize stakeholder interests into the project goals and plans. The way especially union and safety representatives have been included in the process could help prevent the project from being deemed a failure due to key stakeholders being left out in the process [2]. All these features of the project process seemingly point to an approach of *management for stakeholders* and not only *management of stakeholders* [14]. However, except for in the working environment committee, although employee stakeholders are present at the table, they are in a minority position. In order to shed further light on the question of management *of* versus *for* stakeholders, attention needs to be turned to the *content* of the decisions made in the process and whether and how employee interests were integrated parts of the project process, goals and outcomes.

4.2. The hospital board

The major decisions in the project were made by the hospital board, marked in Fig. 1 as D1-D4. The minutes from board meetings show that all project decisions were made unanimously. This is in accordance with earlier research findings that employee elected board members tend to regard company interests as largely aligned with the interests of the employees, or that the culture of the Norwegian work life model is strongly leaning towards collaboration and consensus and that this is reflected on the board level [5]. A quote from the minute of the board meeting of 2nd of October 2013 (BM 1) underlines this point: "After a thorough discussion, the board agreed on a joint proposal" (our translation). This is a clear indication of a tendency towards board consensus as a cultural practice.

The minutes from the board meetings show that during the idea and concept phases, the hospital board has had the building project on their agenda in almost every meeting as part of an orientation from the CEO. In most cases, the minutes make no notes of input from the board in these instances. Nevertheless, when the board has something to add, it concerns co-determination and participation. Two examples are especially interesting in this regard.

In the board meeting of the 20th of December 2013 (BM 3), the board specifically asks that the representation of staff members is strengthened in the steering and project groups of the idea phase. This indicates that the hospital board is aware of potential pitfalls when it comes to stakeholder management and wants to take measures to avoid them. At the end of the concept phase, when discussing the concept report on the 29th of January 2016 (BM 26), the board points to the importance of formal consultations with the union representatives, employee involvement, and the anchoring of the project in the organization. These signals from the board, indicate the board's intention of having a *management for stakeholder* approach, but could also imply a critique of the hospital's failure to achieve it so far.

4.3. The working environment committee (WEC)

The organization of working environment committees can vary between hospital trusts, and in this case there is one joint executive committee covering multiple hospital sites organized under the same hospital trust. In a vast majority of the WEC meetings from 2013-2016 information concerning the strategic planning, the building project planning and related organizational change processes was presented, either as part of an overall status update from the CEO or the executive manager of the internal service department, or as a separate issue for information and discussion. A standard phrase from the minutes in these cases was: "The working environment committee takes note of the information" (our translation). On a few occasions, though, the WEC made general remarks underlining that working environment conditions should be specified as "independent objectives" in future project plans (WEC 3, 4 and 6).

All decisions reported in the minutes were unanimous. This indicates a tendency towards consensus. Few of the cases in the minutes referred to committee discussions. Lack of discussion is also highlighted in a self-evaluation conducted by the committee in March 2014 which concludes that "The hospital CEO is pleased with the committee, but would like more working environment committee discussions" (WEC 11). The statement indicates a desire to increase co-determination, in line with a *management for stakeholders*-approach. The WEC's structure and practice developed over time, might affect the discussion climate and reduce the opportunities for in-depth discussion, thus hampering the fulfillment of its potential as an arena for co-determination and participation in line with research findings indicating that established PM stakeholder practices often include a *management of stakeholder* logic [23].

An additional piece of information from the committee minutes possibly relevant for evaluations of co-determination, is found in the standard status reports given by the senior safety representative in every meeting. On some occasions, challenges related to an imbalance between tasks and resources for the safety representatives and a lack of educated and experienced safety representatives in various divisions of the organization is presented (WEC 6, 11 and 29). The summarized annual report of 2015 from the safety representatives, states: "Some local safety representatives report that they are not properly involved. The expectations must be clarified so that it is clear how one should be involved, and that this is carried out according to the intentions" (WEC 29, our translation).

4.4. The idea phase

The hospital board set off the idea phase of the project by approving the idea phase mandate (IPM) in a board meeting in October 2013. The stakeholder interests of the employees involve how the project will affect their work and working conditions. These interests are included in the idea phase mandate by stating that creating a good workplace for employees is among the overall goals of the project. The mandate further underlines that one of the main success criteria of the idea phase is that it is well anchored among the affected members of staff. The mandate also states how the idea phase should be organized and determine that the project manager should form a reference group of highly qualified staff members. This could be interpreted as means to anchor the project in the organization in accordance with the recommendations of change management literature [8, 9, 13]. These factors point to the intention of integrating the interests of employees in the idea phase in line with *management for stakeholders*.

The idea phase report (IPR), paints a different picture. The report sums up the work that has been done in the idea phase. It repeats the overall goals of achieving good working spaces and a good working environment, ensuring health

and safety (H&S), and having motivated employees willing to change. However, how this should be achieved is not given further attention. Instead, the alternatives for development of the hospital buildings are assessed based on economic and technical criteria and not actively evaluated by considering other stakeholder interests. One could ask if the intentions clearly stated in the mandate have been followed up in practice in the idea phase. How and why the intentions of the mandate got lost in the process, is a matter that needs further investigation.

4.5. The concept phase

The hospital board put the concept phase in motion by approving a mandate for the concept phase (CPM) in a board meeting in November 2014. The concept phase mandate also have a clear stakeholder management perspective. The employee perspective, organizational anchoring of the project and achieving an open process are maintained as success criteria in this project phase. A good working environment is established as a specific project goal, H&S is an explicit focus in the document, and employee representation is secured in the steering and project groups. The mandate also holds the project manager responsible for ensuring that information on the project is available to internal and external stakeholders. These elements point to a *management for stakeholders*-approach. The mandate also points to the need to initiate organizational development, thus recognizing the need to view the project not only as a construction project, but at the same time as a restructuring process involving organizational change.

10 interdisciplinary project groups were established in the concept phase, and all members were invited to an input gathering to respond to six different pre-defined construction scenarios. Minutes from the group discussions (IG 1-10) show that the groups were especially concerned with what medical departments should be placed close to one another in order to provide the best possible interaction. Such considerations directly influence the working conditions of employees in the project. This is an example of how the project group members found it meaningful to provide important input to the project in order to achieve the goal of good working places for employees.

A main function program (MFP) was also developed based on input from the project groups. In addition to addressing the issue of spatial closeness of different departments, the report also considers different modes of hospital operation, including what operational models promote cooperation between employees and departments, competence development and joint use of personnel. These are all issues that affect the stakeholder interests of employees.

An overall technical program report (OTP) was also produced. In this report the goals of achieving good working conditions and a good working environment are repeated, and how the concept of sustainability in the project should be interpreted is clarified. The report points to the fact that the Western Norway Regional Health Authority, has included “the social dimension that provides patient and employee safety, well-being and a health promoting environment” (p. 10, our translation) in its notion of sustainability. The rest of the report pays some attention to measures to ensure that the indoor environment and noise levels are satisfactory, and the maintenance of employee security in threatening situations. A similar focus can be seen in the main program equipment (MPE), where physical H&S is a main priority.

Many of the reports and other documents produced in the concept phase, recognize that satisfying employee interests and including employees and their representatives in the process are necessary means to achieve project success. It is therefore somewhat surprising to find in the final summary of the concept report (CR) that the mission at hand is to find “the alternative that provides goal achievement for the lowest cost” (p 9, our translation). The report argues for the preferred alternative based on space requirements and cost calculations, without deliberating much further on the other goals of the project defined in the mandate. Hence, it seems that the other perspectives, including those of stakeholders, somehow disappeared in the process, but this needs to be examined more closely.

5. Conclusions and further research

This paper has focused on co-determination and participation among hospital employees during the idea and concept phases in the process of expanding a hospital building in Norway, based on content analysis of official project documents. Overall, the analyzed documents have shown that the project had a conscious approach to stakeholder management, especially when it comes to hospital employees. The findings confirm that union and safety representatives enjoy an important status in PM in a Norwegian context. Many different arenas for co-determination and participation have been established as part of the project. This indicates a commitment to a *management for stakeholders*-approach and intention when looking at the mandates for the process decided by the hospital board.

Whether this intention has been fully implemented in practice is more ambiguous. The documents clearly reveal that employee interests have been discussed during the process. Nevertheless, the employee perspective seems to largely disappear when it comes to the actual evaluation of the different construction alternatives. The documents tend to mention the employee perspective in the overall description of the project goals and organization, but mostly fail to mention how these perspectives have been implemented and considered when it comes to making recommendations for further actions in project process. Whether the employee representatives have had any real influence in the project, what concerns they have voiced, and if these concerns have been met is hard to unveil.

Based solely on content analysis of project documents, it appears that the project ticks all the boxes of meeting the requirements of relevant laws and agreements when it comes to co-determination and participation. The tendency in the documents to emphasize how well employees have been formally included in the process, could also be a way to legitimize the process knowing the Norwegian context. However, despite all the assurances of involvement and anchoring, the documents still fail to show that the interests of the employees have been internalized into the project in such a way as to reach the level of *management for stakeholders.* Thus, it appears that the employees and their representatives were mostly subjected to *management of stakeholders* during the project process.

To get a fuller picture of co-determination and participation in this project, further research is needed. Document analysis will not reveal the informal processes that unfold in arenas for decision making but is a good starting point for further investigation. A different methodological approach is required to supplement the picture painted here. A suggestion for further research is to conduct quantitative surveys among hospital employees and qualitative interviews with participators in the different arenas of decision making identified in this paper. This would hopefully provide new insights into the subject of co-determination and participation in the field of PM.

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