

Facilitating Arts-Based Methods in Elderly Care
A Multiple Case Study on Organizations

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ABSTRACT

Thesis

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| Title Facilitating Arts-Based Methods in Elderly Care – A Multiple Case Study on Organizations | Number of pages 78 |
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| Abstract Professional use of arts-based methods in elderly care has increased greatly in recent years. As a meeting between two intrinsically different work cultures, the intersection of arts and health has sparked the interest of researchers when it comes to methods and causalities, but less focus has been given to the managerial aspects. This thesis presents a multiple case study of the facilitation of arts-based elderly care in three Finnish municipal organizations. It focuses on the ways in which the work of facilitators is organized in arts-based elderly care. More specifically, it examines the enabling and disabling factors found in municipal organizations using semi-structured interviews and organizational documents. The theoretical framework is built on the investigation of research on arts-based methods in elderly care and in the structuring of organizations. The main findings of the study propose that the formal structuring of the work of facilitators is modest, and that informal structures are used to compensate for the lack of formal ones. The enabling factors for successfully facilitating arts-based elderly care in municipal organizations include formal establishment of facilitator positions, formally supported multi-professional collaboration, creation of legitimacy through commitment from management and a diverse funding base. Disabling factors include lack of formal support for communication between sectors, inadequate formal structure and scarce funding. As the field of arts-based methods in elderly care is still evolving, the managerial aspects of the field should be investigated in more detail. | |
| Keywords Organizational structure, Arts-Based Methods in Elderly Care; Municipal Organizations; Facilitation | |
| Additional information | |

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1 INTRODUCTION

In the recent years, the discourse on art's effects on health and well-being has boomed. Art is seen and experienced increasingly in elderly care institutions, workplaces and prisons. In Finland, with the oldest population structure in Europe, special attention is now focused on arts in elderly care (Liikanen 2010; Ministry of Social Affairs and Health 2015). Best practices have been investigated through various projects, and the concept of arts-based methods in elderly care has been introduced to describe art in the context of elderly care. (Rosenlöf 2014; Huhtinen-Hildén).

At the same time, the Finnish municipal sector is under pressure of improving the efficiency of operations, as the so-called sustainability gap has been weighing on the sector as a whole for years. Recently, the government has taken measures to cut down the amount of municipal organizations. Thus, in the coming years we are to see big changes in the municipal field, in addition to the on-going organizational mergers and smaller level organizational reforms. (YLE News 2013). This puts municipal employees in a delicate position, but also prompts out-of-the-box thinking that can create possibilities for new ways of collaboration between the traditionally stiff municipal sectors.

So far in the municipal sector in Finland, many supportive measures have been taken for promoting access to arts and culture for those who due to old age are not able to seek cultural activities without assistance. As a sign of stronger collaboration between the cultural and health fields, a growing number of municipal organizations have initiated new work descriptions that promote accessibility and the use of arts in elderly care. For example, cultural producers have been entrusted with the responsibility of managing cultural services for senior citizens, including people in need of intensive care. (Rosenlöf 2014, p. 7)

While the health benefits of arts have been outlined by research in the recent years, the organizational practices have not yet been fully investigated. In

practice, the field is still in the process of finding its structure and established practices: concepts, funding, and coordination are in different stages of development. This makes arts-based methods in elderly care an interesting target for research. (Huhtinen-Hildén 2014; Rosenlöf 2014)

In my thesis, I will investigate the field and structuring of the work of facilitators who function between culture and health sectors in Finnish municipalities. In particular, I will look into the organizational structures that enable the work of these facilitators; producers, coordinators and planners.

This thesis does not take into account the vast amount of cultural services provided by so called 3rd sector or private service providers. A more wholesome picture of the various art and culture related services targeted for older people in the case organizations can be found in The Arts Promotion Centre's (TAIKE) publication *Rakenteita ratkomassa* (Rosenlöf 2014). Also, instead of creating a picture of the quantity and quality of arts-based services in elderly care, the study aims at describing the organizational environment and challenges from the perspective of facilitators.

1.1 Background of the study

It seems as if the use of art as a part of care work is a new invention as so much focus has been put on the well-being effects of arts and culture in the recent years. Music has been proven to have a significant effect on recovery from stroke (e.g Soinila & Särkämö 2009), and its use as a part of health care, especially so with the elderly, has gained growing appreciation within the health sector. (Liikanen 2010; Huhtinen-Hildén 2014; Rosenlöf 2014).

While art has been – to some extent – a part of elderly care in the past, too, the vast increase of interest internationally shows that the field is becoming more professional through the establishment of new programmes, networks and research initiatives. In the Nordic countries, a network for music, culture and

health was established in 2011 aiming for international research cooperation and interdisciplinary research, as well as being a platform for researchers, health practitioners and politicians. (Theorell et al. 2016, p. 171-177). In England, with a long history of using art within care, a National Alliance for Arts, Health and Wellbeing was established in 2012. (Clift & Camic 2016, p. 4). Also, the United States has witnessed a change in professionalism as patient safety, ethics, terminology and standards are increasingly discussed. However, the process is still ongoing. (Sonke et al 2016, p. 113-122; Cox & Boydell 2016, p. 83).

In Finland the implementation of arts within elderly care has been worked on for decades, but it is only in the last few years that the phenomenon has received wider recognition. In the past few years, several entities have established new grant schemes for arts in elderly care settings, among these the Ministry of Education and Culture, the Finnish Cultural Fund, the Arts Promotion Centre of Finland and also, substantially, the European union. Various projects have been created with the support of these entities, in search of the right procedures of creating equal opportunities for participating in arts for older people, whether as a "regular" customer or a receiver of intensive care. Also several municipalities are supporting the use of art in elderly care. (Ministry of Social Affairs and Health 2015; Rosenlöf 2014)

In addition to new funding forms, a proposal for an action programme for the promotion of arts and health was ordered by the Ministry of Education and Culture (Liikanen 2010). A monitoring project "Taiku" was set up in order to follow the implementation of the proposal. After the publication of the project report in the spring 2015, the Ministry of Social Affairs and Health (2015) concluded that while the well-being effects of arts in social & health care have been established, continuous professional cross-sectoral collaboration is needed in order to develop the field.

1.2 Problem formulation

Although recognized in the national policy level and in new funding forms, the new field is still facing several challenges. While the projects have helped formulate best practices of the emerging field, the implementation has not always been successful in terms of creating permanent, positive solutions.

A big challenge lies in finding a common language and the right means for the two sectors' collaboration. The goals can be very similar, but the practicalities of how to bring art into care, or even the ideas of what is meant by art and culture, can differ between the parties. For successful implementation of arts into healthcare settings, both sides need to learn from one another. Additional problems may occur with supply and demand not meeting each other: health care professionals do not always know where to find professional artists capable of working in healthcare settings, and likewise, artists are not able to find care units interested, or capable of paying for their work.

For the challenges of education and communication, some municipalities have found a solution in the form of facilitators. Producers, planners and coordinators have been given the tasks of coordinating cultural events and arts projects with the aim of offering the habitants of elderly care units and other seniors alike an equal opportunity of participation in culture, but also to facilitate educational activities and work as informants of the field. (Ministry of Social Affairs and Health 2015) However, the facilitators' support within the organization can be minimal as they work independently for the development of the emerging field.

Furthermore, the Finnish municipal sector is facing several challenges in the beginning of the 21st century. Due to low productivity, there is a call for improving the efficiency of operations. Reasons vary from high labour-intensity, the lack of incentives, inefficient leadership structures, and significantly, the age-structure of municipal employees. The latter is an issue that affects the whole municipal sector as increasing numbers of employees shift from

producers to consumers of municipal services. (Nakari & Sjöblom 2009, p. 13, 34)

The “sustainability gap” in public finance has been a concern for financial politics already since the recession of the 1990’s. Tax revenues have not grown at the same rate as the public spending, and this is bound to continue due to the population’s age structure. (Kasvio 1994, p. 87) The still ongoing financial crisis, starting in 2008, is emphasizing the need for municipal reforms. (YLE News 2013.) The Finnish government has reacted to this with a Local Government Act (2015), that was introduced for the purpose of creating conditions for arranging municipal services in a financially, socially and environmentally sustainable way. At the core of the act are municipal mergers, expected to take place in 2016. Additionally, the social & health care services are under a nationwide construction with aims of making the services more equal and customer-oriented, simultaneously reforming the governance of the services. This reform is hoped to be a big step towards solving the sustainability gap issue. (Health, Social Services and Regional Government Reform 2016)

Simultaneously, continuous pressure for renewing the service organizations increase the experience of insecurity for the municipal staff. While a third of the municipal employees are about to reach retirement, the remaining work force needs to develop and deliver new services due to the changing environment and service demands. A study on occupational well-being of municipal employees (Juvonen & Ollila 2004) recognizes the importance of education in the success of both the municipal employees and the organization. An effective, well-functioning organization could be seen as another significant tool for supporting the municipal employees’ occupational wellbeing, and the success of the organization in the middle of substantial reforms. (Nakari & Sjöblom 2009, p. 34; Juvonen & Ollila 2004, 321).

1.3 Aim of the study

A recent study by the Arts Promotion Centre of Finland (Rosenlöf 2014) describes the different structural support forms for arts-based methods in elderly care in the Finnish public and third sector. In contribution to this, my thesis depicts the work of facilitators in Finnish municipal organizations. Even though some municipalities have already created these new positions, the work of facilitators is not fully established.

The aim of this study is to investigate the emerging field of arts-in-elderly-care and shed light on the issues of facilitating culture for older people. The results can be of interest also for other emerging fields in the process of development, but first and foremost for municipal organizations interested in developing the collaboration between cultural and social & health care sector.

My research questions are: *How is the work of a facilitator of arts-based methods in elderly care structured? What are the organizational factors that enable the work of the facilitators?*

It is important to note that in all case cities, when looking at the city as a whole instead of the city organization, various actors and entities organize cultural services for older people and work with arts-based elderly care. These, often association based actors are not taken into account in this study. Instead, I will only focus on the services provided by the municipal organizations. Thus, this study should not be looked as a wholesome description of the variety of cultural services targeted for older people and arts-based methods in elderly care, but as an investigation of how the city organization, responsible for ensuring equal distribution and access to arts and culture for people in their old age, responds to the challenge of facilitation.

1.4 Research approach

In order to get a wider picture of the ways of organizing the facilitators work, I chose three case organizations that have created positions for facilitators between culture and health sectors. In 2014 there were 10 Finnish cities with more than 50 000 inhabitants that employed at least one person, at least part-time in coordinating, producing and/or planning arts-based methods in elderly care. (Rosenlöf 2014, p. 9) Out of these 10 cities I chose to investigate the three largest ones: Helsinki, Turku and Tampere.

I chose to focus on facilitators working in the municipal sector because of the structured nature of the organizations - I see that municipal organizations are a natural home base for the development and the support of the new field. My choice was also influenced by my professional background as a producer of cultural services for the elderly in the municipal sector. For objectivity reasons, I decided to leave out my previous employer, the City of Jyväskylä.

The underlying framework will be that of organizational theory: I will look into the structuring of an organization as well as formal and informal organizational structures and organizational communication structures. To understand the perspective of facilitators in an emerging field, I will introduce the context by depicting the formation of the field of arts-based methods in elderly care.

A case study will allow me to compare the different ways of organizing the work, which will help in drawing a more comprehensive picture of the successful and unsuccessful ways of organizing work. I collected the primary data through semi-structured interviews in each case organization. After a pilot interview in April 2014, I executed 7 interviews all together in fall 2014 – spring 2015. Documentation from each case organization serves as an additional source of data.

1.5 Structure of the thesis

After the introduction, I will present the framework of arts-based methods in elderly care and introduce the concepts used in this study. I believe this will provide a better understanding of the new field for a reader previously unfamiliar with the subject. Also, I will acknowledge the critique towards instrumental use of arts, as the critics have raised their voices continuously alongside the development of the field of arts in social & health care settings.

To give a more comprehensive framework for the study, I will shortly describe the reasons behind the interest in arts-based methods in elderly care. I will then continue on to introduce theories on organizational structures and organizational communication structures. First, I will look at the general principles on organizational structures, followed by examples on different ways of structuring organizations. As the work of the facilitators in question seems yet quite unestablished and informal in nature, I will take a specific look at informal organizational structures and their relationship to formal structures.

In the results section (chapter 4), I will look at the case organizations separately, as they are in different stages of formally structuring of the work of the facilitators. Before this, however, I will present the methodological approach of the study with general descriptions of the case organizations. As my thesis is conducted as a multiple case study, I will describe this approach before the actual methods - semi-structured interview and documents - used.

As a conclusion I will create a picture of the current ways of organizing and structuring the work of facilitators of arts-based methods in elderly care, and present the structural factors that enable or disable their work.

2 THEORETICAL FRAMEWORK

This chapter aims at presenting the relevant theoretical background of arts-based elderly care and creating an understanding of the organizational situation in which the facilitators of arts-based elderly care function. I will start by looking into the concepts used in this study, the relevant research, and briefly discuss the public discourse that deals with the use of art in health care settings. After this, I will introduce the basics of organizational structure, followed by an investigation of professional organizations and the relationship of informal and formal organizations.

2.1 Concepts used in this study

As the field of arts-based elderly care is in the middle of development, there are various concepts used for describing different aspects of the field. The cultural field in Finland has started to use the term “Cultural elderly work”. However, the social & health care sector does not seem to recognize this term as extensively. Instead, the terms “Cultural rights of the elderly” and “creative methods” have seemed to get more resonance from the social & health care side of the field. As the terminology varies, there is a call for more multi-professional discussion on defining the concepts. (Huhtinen-Hildén 2014, p. 6; Räsänen 24.6.2015; Koponen 31.10.2014)

This study will focus on facilitating art activities that are conducted within elderly care settings. The activities can either be an integral part of nursing practices or separate art elements that take place within care units. The focus of this study is in creating the suitable settings for these activities to take place, from the perspective of administrators, producers and coordinators of such services.

In this study I will employ the term "**arts-based methods**" in the context of

elderly care. The term can refer to a variety of activities from art therapy to concerts in social & health care settings. It is important to note, that art therapy can only be practice by a certified therapist, and most of activities under the label of arts-based methods are not, in essence, therapy. At the same time, participating in art and creating art can, from the perspective of the subject, feel therapeutic, nurturing and enhancing. Arts-based methods may help in gaining new ways of expression and enhance communication, thus creating better possibilities for experiencing well-being. (Huhtinen-Hildén 2014, p. 7; Känkänen 2013, p. 33). Simultaneously, it is essential to point out that not all art in the context of elderly care, as is the case with art in general, is necessarily striving towards the well-being of the experiencer – art can also raise questions, bring out unwanted emotions and cause feelings of unease.

Alongside arts-based methods in elderly care, I will speak more broadly about **cultural services for older people**. The terms are not interchangeable, but the latter one encompasses the first one: cultural services for older people also include public events that are specifically targeted for older audiences, sometimes with specific content and often with a special focus on accessibility. Arts-based methods are used within the context of elderly care, rarely accessible for wider audiences.

I have chosen to use the term **facilitator** to describe the people in the focus of my study. According to Oxford Dictionaries, facilitator can be understood as “a person or thing that makes an action or process easy or easier”, while the verb **facilitate** can be seen as a synonym for “making possible” or “making easier”, “to enable”, “forward”, “advance” and “promote”, to name a few. I find this term very describing of the underlying purpose of the work of the people in question. While the official, varying titles, such as cultural producer, cultural planner or cultural coordinator, describe the practical function of the work, facilitator could be seen as the underlying common nominator for these people. (Oxford Dictionaries 2015)

The term **intermediary**, introduced by Bourdieu (1984, p. 325), is often found

when referring to people working in roles between the arts and the audience. I have consciously decided to use a different term in this thesis to emphasize the different nature of the work of what is commonly seen as cultural production and the work in focus. In the Finnish context, the work description of a cultural producer can vary extensively depending on the work place. The nature of the work of an opera producer is very different from that of a producer working in a summer theatre, and even more so from one working with elderly care. In the cases at hand, even though a facilitator of arts-based methods in elderly care can have a working title of a cultural producer, the focus of their work is not in managing a single production, but more widely in creating better possibilities for art to happen in elderly care settings.

2.2 Arts-based methods in elderly care

Advocators of the use of arts in elderly care often claim how “it is known” that arts have an effect on a person’s wellbeing. It is experienced on a daily basis by culture lovers, elevated after a powerfully staged experience, and witnessed by nurses, amazed by the Alzheimer’s patient who after years of silence breaks into a song after hearing a tune from her childhood. Based on more than a feeling, research in the late 1990’s and early 2000’s in different countries has shown correlation between the use of arts and an increase in well-being. This correlation has been found between participation in arts activities and well-being, determined based e.g. on experienced well-being (Matarasso 1997), longevity (Konlaan 2001; Hyyppä & Liikanen 2005), reduced blood pressure, heart rate and experienced stress (Allen, Barlow, Ching, Forrest, Golden, Izzo, Niles & Niswander 2001) and also in the reduced amount of taken medicine (Cohen 2009). Music, in specific, has been found to help when recovering from a stroke (Soinila & Särkämö 2009).

What has prompted the excessive rise in the use of art within unconventional settings might also, apart from encouraging research results, be explained by the question of justification. According to Belfiore (2015), while public funding

of the arts was historically more widely accepted because of the aim of democratization, more recently the negative views on the concentration of the resources on high, elitist culture, have raised, which consequently has made it more difficult to make the case for public arts funding. The difficult economic climate of the 1980's in the UK launched a still on-going quest for new rationales for public support of the arts. This has caused what Belfiore calls “justification anxiety”, a desperate need to find new ways of justifying the public spending on arts. However, regardless of the attempts, the public opinion has not shifted to a more positive direction. She argues that, in fact, the focus on measuring possible societal impacts of arts, has diverted the conversation from the underlying question of values that lies beneath cultural policies.

Critics have also pointed out that when investigating the benefits of the use of arts as a part of care, it is hard to differentiate which comes first: well-being or art. For example, von Otter (2008, p. 5) claims that many results can be explained by a person’s social status and thus ability to attend cultural activities. Additionally, in her literature review on the connections between culture and quality of life, Galloway (2006, p. 339) found only little empirical evidence of the correlation. Regardless of the possible well-being effects of the arts – or the lack thereof, the field is evolving and art is being use as a part of care increasingly. However, critical investigation of the practices is still lacking. Sonke, Rollins Graham-Pole (2016, p. 113) point out that despite the development in the field, professionals still need to define the discipline more clearly. Additionally, Huhtinen-Hildén (2014, p. 6) prompts for a better definition of common terminology.

2.2.1 Arts, health and the elderly in Finland

In the 2000’s in Finland, an increasing focus has been placed on arts effect on the experiencer’s well-being. Simultaneously those who have difficulties accessing art in their everyday lives – like older people living in elderly care institutions - have become the target of several development projects with the

intention of increasing their life quality through arts and culture. In Finland, projects, such as Keinu (Nuutinen 2007), Lysti (Jussila 2011), Kulttuurikaari (Willberg 2011), KUVA (Koponen 2011), Osaattori (Leppisaari 2013), and Taikusydän (2016), have taken place in different corners of the country, many of which with positive experiences about creating new best practices and launching collaboration between cultural and social & health care sectors.

More than just individual projects, the beginning of 2010's has seen a national interest in promoting arts effects on well-being as well as the focus on arts-based methods in elderly care. The Ministry of Education and Culture commissioned a proposal for an action programme for the promotion of arts and health for the years 2010-2014 (Liikanen 2010). As a result, collaboration on an administrative level increased, a wider general awareness of the positive impacts of arts and culture in well-being was reached, and the use of arts-based methods increased. However, according to a report on the success of the programme, there are great differences between regions. There is still a call for structural development and sustainability of the field, beyond individual projects. (Ministry of Social Affairs and Health 2015)

Alongside development projects, several individual foundations and municipal organizations have launched new grant schemes for artistic work with the goal of promoting health and wellbeing. In early 2016 the Sipilä government established a new key project that aims at expanding the so-called percentage principle into social and health care. Traditionally focused on the field of construction, the idea of the percentage principle is to invest 1% of the construction costs in arts, often in visual arts. The new key project aims to improve accessibility to arts and culture and promote the well-being effects of the arts by means of expanding the principle: a part of the social and health care budget should be reserved for acquiring art works for social and health care units, or for developing the use of arts-based methods in elderly care. In addition to elderly care, the impact is hoped to reach e.g. hospital patients and customers of child welfare. (Ministry of Education and Culture 2016; Prime Minister's Office Finland 2015)

It is noteworthy, that while the general interest in supporting the use of art as a part of elderly care has increased, the field still lacks a structure on a national level. In comparison, a national Network for Children's Culture Centres has been created through the support of the Ministry of Education and Culture, but a nation-wide structure for arts-based methods in elderly care is still missing. In this regard, the Sipilä government key project seems like a significant proposal for a national level funding system. If successful, it might have a great impact in further development and sustaining the field that has thus far suffered from varied and often lacking means of funding. However, if perhaps a good means of supporting art activities, the percentage principle would not be likely to solve the issue of coordination, education and information sharing, which the network of Children's Culture Centres is working for. (Children's Cultural Centres in Finland 2016)

Amidst the endorsement of the use of arts in health promotion, critical voices have also been raised. While the national broadcasting company YLE (2015) has started to use the concept of "welfare art", this has not been received without discord as the arts field has raised critique towards underpinning art as a means for something other than art itself: while art might have health effects, they should not be made the sole purpose of creating art. (Helsingin Sanomat 2016). Artists have questioned labelling art targeted for a certain public with a prefix, instead of simply calling it "art". This also raises a question about the term "arts-based elderly care": why should we simply not speak about art, that takes place in the context of elderly care?

While the discussion continues, interest towards critically investigating the topic is increasing. In 2016 two research projects are ongoing in Finland: Artsequal (administered by University of the Arts Helsinki) and Taikusydän (in the footsteps of the former Ministry of Education monitoring project Taiku, administered by Turku University of Applied Sciences), the first fostering research into arts, social issues and equality and the second coordinating the various projects in the field. Also, already since 2011 University of Turku has hosted a professorship for culture and well-being. (Artsequal research initiative

2016; Taikusydän 2016; Rosenlöf 2014).

2.2.2 Facilitators between arts and health

While researchers have already started investigating the health effects of art in older people, very little focus has been thus far put into the managerial implications of taking art into an unusual setting such as health care. Other actors in the field of arts-based methods in elderly care, such as artists, arts educators, care professionals and managers in elderly care - have been investigated to some extent, while the facilitators between artist, audience and care professionals have barely received any attention from researchers. Räsänen (2011) has investigated leadership in elderly care with the focus on quality of life, also taking into account access to arts and culture. Nurses' point of view on arts with older people were examined by Engström (2013).

The report *Rakenteita ratkomassa* (Rosenlöf 2014) creates a comprehensive picture of the various arts-based elderly care practices found in Finland, and functions as an illumination of the emergent structures. In the report, Rosenlöf (p. 9) describes the work of facilitators working in municipal organizations: tasks can include mediating between artists and social & health care, producing cultural events targeted for older people and/or managing a catalogue for art and cultural services targeted for care units. The job description varies based on the organization and can include all or some of the described tasks.

The administrative side is referred to in Huhtinen-Hildén's article (2014) in which she discusses the "professional landscape" (p. 9) of professionals working with arts-based elderly care. She looks for the needed competencies in arts-based elderly care while aiming at creating a framework for quality management. The article serves as a conversation opener on the various, not established concepts and terminology of the emerging field. Moreover, it calls for a better understanding of the working context and the different positions

and roles the professionals in the field hold.

Halonen & Strandman (2012, p. 45-47) discuss the role of an arts manager, or intermediary, in arts and health. They present three ways the intermediaries can find themselves in: 1) as an invisible assistant who enables an artistic performance to take place in care settings 2) a co-creator of participatory activities and 3) an activator of co-production. In the first approach, the focus is on traditional event production in a special setting while in the other two the intermediary becomes a more participatory agent in the art work. In addition, Halonen & Strandman point out the prerequisites of working as an intermediary in the field, emphasizing communication and understanding of the discourse used by health care professionals, but also including flexibility, sensitivity and ethics (p. 47).

The importance of communication is backed up by Huhtinen-Hildén (2014) who emphasizes the intermediary's (or, in her words, administrator's) need to shift between different cultures of the different work places (p. 5). The difference in work culture creates challenges not only for the administrator, but also for the researcher as the different sectors value different methods. Additionally, the ethical aspects of conducting research, as well as administrative work, in arts-based care are yet to be determined. (Cox & Boydell 2016, p. 83)

The professionalism of an arts-based care administrator is questioned by Josie Aston (2009) in her report on art coordinators' work in UK hospitals. She points out that while the coordinators work in a professional manner, their work is not professionalized due to the lack of recognized training and ethical guidelines, and the fact that the professionals are not organized (p. 31). However, the field seems to be developing at a fast pace and signs of a wider recognition are already taking place in Finland, evident from the amount of development project and funding forms. While a university level training is still missing, additional training for artists, care professionals and producers has been provided through development projects such as Osaattori (Leppisaari 2013) and

The Agency for Cultural Wellbeing (2016), both funded by the European Social Fund.

An underlying reason for a large amount of development projects can be found in the different natures of art and care. Halonen & Strandman (2012, p. 47) aptly point out the difference in work cultures between the two sectors: “The art sector and that of care and cure are very different from their basic nature --- while for the artistic community it is natural to test, take risks and have freedom in expression, the world of care naturally avoids all of that.” Art in elderly care provides a natural collision point for the two sectors aiming to work together towards common goals from different viewpoints. The threat of a failed collaboration is emphasized by the lack of commonly defined concepts and structure. (Huhtinen-Hildén 2014, p. 6)

2.3 Organizational Structure

The concept of organization is a challenging one when we talk about the work of facilitators of arts-based methods in elderly care. Their work is highly specified and independent, thus fitting the concept of a professional organization. However, when we look at how their work is structured, things get more complex. Their employer and official work place is in the cultural division, but the work takes place equally as much in the social & health care division, or between the two.

Many views on organizational theories stem from the notion that structure is a key factor in creating a successful organization. Organizational control and coordination, established through formal structure, enable rational behaviour that is essential in meeting the objectives the organization exists for (Bolman & Deal 2013, p. 45). Beyond the rationale, however, organizations consist of human beings that function irrespective of the formal lines drawn on an organizational chart. By investigating the relevant organizational theories that take into account both the rational, formal approach to structure and the

informal, I attempt at finding theoretical implications fitting the work of facilitators of arts-based methods in elderly care working in municipal organizations.

2.3.1 Foundations of Organizational Structure

Organizations exist for the purpose of accomplishing a certain activity, and for this, there are two basic requirements: division of labour and coordination of the tasks. This applies for the simplest and smallest of organizations as well as the more complex ones. The way in which an organization is structured is dependent on the organization's age, size, purpose and methods used for production. The organization is supposed to answer to the demands of the environment, while maintaining an internal harmony. The chosen structure both enables and restricts organization's performance. (Bolman & Deal 2013, p. 61; Gerding 1993, p. 586-587)

Johnson (1993) compiles reasons found from literature that explain why, apart from dividing labour and coordinating it, structure is needed in an organization: it enables action, helps with information processing, reduces uncertainty, reveals normative behaviour, provides social support and helps with integration (p. 2-5). Structure can also have negative consequences for the individual organization members, such as manipulative use of power and the hindrance of innovation. According to Johnson, however, investigating communication structures can help diagnose possible problems in organizational communication.

When talking about differences in organizational structure, there are some fundamental concepts that need to be considered. First, formalization determines the level of formal rules, policies and practices found in an organization. In earlier literature on organizations, the main focus was on formal structure: the black on white facts about relationships between organizational members. I will discuss the relationship and nature of formal and

informal organization structures in more detail in chapter 2.3.3. Secondly, a significant structural feature can be found in centralization: whether the decision-making power is divided amongst organizational members or focused on an individual, such as the CEO or a management group. Thirdly, organizational structure differs based on complexity, i.e. the level of specialization, integration (whether a work tasks require coordination between employees) and span of control. (Rogelberg 2007, p. 586).

Additionally, a key factor in organizational structure is coordination: often divided into horizontal and vertical or a mix of both, the coordination style depends, again, on organizations environment. According to Bolman & Deal (2013, p. 61), for a fast changing environment, horizontal coordination would be a preferable choice. Respectively, a stable environment calls for more vertical coordination.

What makes structuring an organization a complex task can be, at least partly, explained by the contingency view: according to the view, there is no one and only right kind of organization for each context, but the most efficient type of structure is dependent on the e.g. the organization's size, environment, strategy and the used technology. (Fremont & Rosenzweig 1985, p. 552; Rogelberg 2007, p. 588). Simultaneously, while the real-life organization design varies based on environmental, functional and individual needs, organizations do face pressures of uniformity: one hospital organization most often resembles another hospital. Reasons can be found e.g. in regulative requirements that are easiest met in a specific structure, thus pushing organizations in a specific field towards similar structures. (Scott 2001, p. 153)

An essential factor in designing an organization is the match between structure and strategy. If the organization's structure does not meet the strategic aims, it is likely to fail. An effective organization should be structured purposefully and aim at meeting the changing demands of the environment through fitting strategic planning. For example, if an organization exists for the aim of producing consumer products, but lacks organizational flexibility in responding

to ever-changing customer needs, the organization is not likely to succeed long. (Gerding 1993, p. 175-177; Rogelberg 2007, p. 587)

With regards to public organizations, it is important to note that while all organizations must be aware of their environment, public organizations have a different relationship to their surroundings than the private ones: their customers, the citizens, both form the environment and are the owners of the organization. Traditionally hierarchical, often accused of being stiff, municipal organizations have had to find new ways of interacting with their customers and balance with “from inside out” vs. “from outside in” ways of governance. (Kooiman & van Vliet 1993, p. 70) This is seen today in attempts of mitigating citizen participation in decision making, e.g. in the Finnish citizen’s initiatives, an online service facilitated by the Ministry of Justice. (Citizens’ initiatives in Finland, 2016)

2.3.2 Some Ways of Structuring an Organization

What then would be the appropriate way of structuring an organization? Mintzberg (1979; 1983) has studied this extensively. Following the contingency view, he has depicted ways in which the individual parts of the organizations work together and proposed different ways of structuring an effective organization. While Mintzberg is just one of the countless esteemed organizational theorists, I chose him as a starting point for describing the basic ways of organizational structure, due to his extensive, thorough and clear manner of presenting his theories.

The most usual way of depicting an organization’s structure is through an organizational chart, aka organigram. It shows the formal structure of an organization: division of labour, including the different positions found in an organization and how the positions are divided into units. What an organizational chart does not show is a large amount of information regarding internal relationships and informal structures - it only illuminates the raw

structure and hierarchies. As Mintzberg puts it, an organigram can be seen as a map: it provides essential information about how regions are connected to each other, but tells nothing about the relationships between the regions. However, an organizational chart gives us a general idea of the building blocks of each organization, and can thus be seen as a useful tool. (Mintzberg 1979, p. 36-37)

Building Blocks of an Organization

Mintzberg (1983) suggests that an organization consists of five parts: Operating Core, Strategic Apex, Middle Line, Technostructure and Support Staff (see figure 1) (p. 159-162).

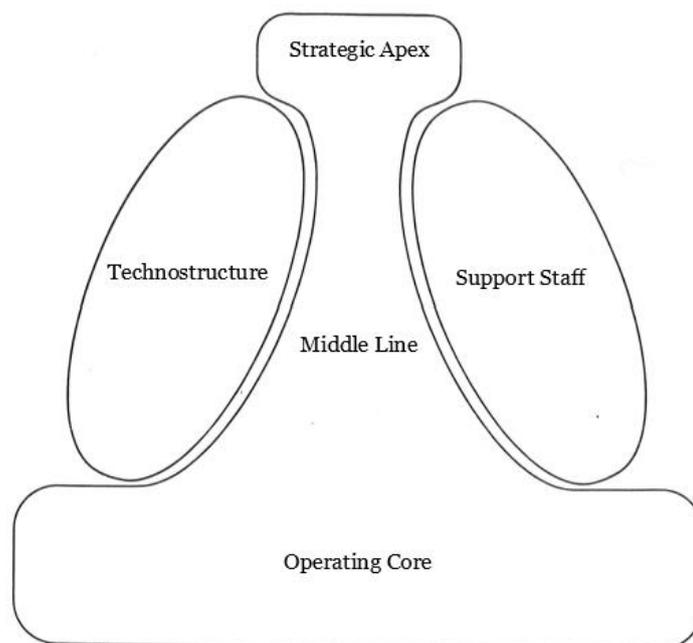


Figure 1: The Five Basic Parts of Organization (reproduced from *Structure in Fives. Designing Effective Organizations* by Mintzberg, H. 1983 Englewood Cliffs, NJ: Prentice-Hall, Inc.)

The operating core produces the actual products and services. At the other end of the chart, the Strategic apex (aka the top management) has the overall responsibility of the organization. Unlike the operating core, their work is non-

standardized with responsibilities over both direct supervision and strategy building. These parts are connected by a set of middle line managers who work as supervisors in different organizational units. In practice, Middle Line performs same managerial roles as the CEO but in the context of his or her own unit. The role of Technostructure is to make the work on other levels more effective through the means of analysis. For example, by investigating the operative core, the Technostructure can find ways for making the work more standardized which can consequently lead to a reduced need of direct supervision. Support staff is separate from the operations, but helps the organization function in a more streamlined manner: security, mailing, cafeteria and communications make sure that the organization functions effectively. (Mintzberg 1979, p. 24-34)

In the forming of an organization, these groups of people in different layers of the hierarchy are emphasized depending on the context. Mintzberg (1983) has introduced five basic forms for structuring an organization: The Simple Structure, The Machine Bureaucracy, The Divisionalized form, The Adhocracy and The Professional Bureaucracy. The two latter ones can be described as professional organizations which I will investigate in more detail in the next subchapter. All of these configurations are built on the basis of different decentralization styles and coordination mechanisms used, and the previously introduced organizational building blocks. For example, a Machine Bureaucracy (e.g. a factory) relies on formal communication channels and strong Technocracy that helps develop standardization, while in a Simple Structure (e.g. a young start-up company) little formality is needed, and the focus is more on flexibility and specialist staff.

While Mintzberg focuses heavily on the structural blocks in an organization to explain the way they might function, Karl Weick (2009) takes a different approach to the subject. He sees that organizations function based on processes, rather than structures, thus conveying a picture of organizations as impermanent constructions. In Weick's view, organizations exist in an environment full of equivocal information, which individuals try and make

sense of. Through coordinated action and reflection, they use the information to develop the organization. He sees that organizations should be analyzed on the basis of interactions between different actors, the unit of analysis being a “double interact”: person A says something that person B reacts to, causing person A to adjust. Ultimately this is a question of communication, which Weick sees as the basic building block of an organization. (p. 22) Focused on human behaviour and interactions, Weick’s view complements that of Mintzberg’s, thus creating a more layered view of what actually takes place in organizations.

Professional organizations

Rather than a single structural form, the term professional organization describes the nature of individuals working within a structure. According to Kasvio (1994, p. 65), what differentiates a professional organization from a traditional one is that their most valued asset is the expertise of its employees. Professional organizations produce services that are specified, and the producers are often highly trained professionals or specialists. Sveiby (1990, p. 37) states that professional organizations depend on individual specialists whose work is non-standardized and requires complex problem solving. While the concepts in literature are often used to refer to private enterprises, Sveiby claims that similar characteristics can be found in public organizations that produce highly specified services, such as governmental offices and universities (p. 41-42).

Mintzberg (1983) differentiates professional organizations between Professional Bureaucracy and Adhocracy, with the first one employing trained specialists in standardized operations, and the latter one drawing together experts from different disciplines into an organic structure with little formalization of behaviour (p. 189-213, 253-279). Professional Bureaucracies rely heavily on the skills and knowledge of their individual operating professionals, who produce standard products or services. These professionals have a considerable amount of responsibility over their work. Organizations such as general hospitals and

schools could be labelled Professional Bureaucracy. Compared to e.g. Machine Bureaucracy, the Strategic Apex in Professional Bureaucracies might have a seemingly smaller amount of power at their hands, as they don't have direct power over the experts. The power the professional administrators have, however, is found through their role in the organization: if a manager is able to gain external funding for new operations, he/she will also be able to decide on the distribution of the funds.

What differentiates an Adhocracy from a Professional Bureaucracy is e.g. standardization: while in a Professional Bureaucracy the professionals' skills are standardized in order to produce standard products or services, professionals in an Adhocracy come from multiple disciplines and aim to innovate. In an Adhocracy, standardization would lead to stifling innovation and new approaches. Furthermore, breaking conventional boundaries of specialization and differentiation are essential in Adhocracy. In a Professional Bureaucracy the professionals can be expected to operate on their own, while in an Adhocracy the employees work in multi-professional teams with common targets (think of an avant-garde film company). Simultaneously, experts in adhocracies work in such narrow fields of expertise that their superiors may have difficulties in understanding their work, thus having to rely on their expertise. (Mintzberg 1979, p. 432-446). Furthermore, Kasvio (1994, p. 65-66) points out the issue of leadership in a professional organization: highly trained professionals are difficult to lead by anyone else but another esteemed professional.

Etzioni (1959, p. 52 in Mintzberg 1979, p. 360) gives a classic description of a manager in an administrative position: "they are in charge of secondary activities: they administer the means to the major activity carried out by experts". Drawing from this, Mintzberg describes professional administrators who are found at the top of highly specialized organizations. They are often e.g. executive directors, chiefs of hospitals and the presidents and deans of universities. These professionals are situated at the boundary of the organization, balancing between needs from the external (government, client associations) and internal (needs of the experts), while trying to ensure the

autonomy of the experts, such as doctors and university professors. (Mintzberg 1979, p. 361)

2.3.3 Formal and informal organizations and communication structures

The formal organization, often depicted by an organizational chart, describes the interrelation of the people that form the organization, as determined by the rules and systems that are in place in order to achieve the most effective functioning of the organization. As mentioned earlier, the organizational chart does not give a wholesome picture of what happens in an organization, like an x-ray does not give a complete picture of a human being. As humans, our interaction is very rarely limited to formal boundaries. Informal communication patterns are born often in an organization, leading to what can be called informal organizations. These organizations can, depending on the context, be an essential precondition for efficient collaboration, thus furthering the goal of the formal organization. On the other hand, they can start developing to a different direction than the formal organization, thus creating discord between e.g. the higher levels of formal hierarchy and the informal organization created by staff members. Both types exist simultaneously, shaping and influencing each other. (Roethlisberger & Dickson 1984, p. 92-93; Mintzberg 1983, p. 9)

Dow (1988) presents two terms that describe the formal and informal structures in organizations: configurational (formal) and coactivational (informal). While the traditional, configurational view presents structure as an enabler of accomplishing tasks in a certain environment, in coactivational view structure is seen as a “joint product of various interlocking decision rules or strategies adopted by individual actors” (Dow 1988, p. 60). In other words, in the coactivational view organizational structure is created by individual organization members. This phenomenon is referred to as “the invisible hand” – something that is not found in official documents but still undeniably exists (p.

60). Johnson describes the intrinsic difference between the two views: while in configurational approach the structure precedes communication, in coactivational communication is the basis of the structure. Johnson and Dow complement the view on the relationship of formal and informal structure as interrelated: the two forms can exist adjacent to each other and influence each other. (Dow 1988; Johnson 1993)

In his theory on Organization as a System of Flows, Mintzberg describes how the different parts of an organization are entwined through flows of authority, material, information and decision processes. He divides the flows into formal and informal: Organization as a System of Formal Authority and System of Regulated Flows can be seen as formal, while Organization as a System of Informal Communication can be viewed strictly informal. Additionally, he describes two flow systems that combine informal and formal relationships in organizations: Organization as a System of Work Constellations and Organization as a System of Ad Hoc Decision Processes. (Mintzberg 1979, p. 53-64)

Organization as a System of Formal Authority refers to the classic formal organization model already discussed. Formal authority can be seen in organigrams: authority flows from one formal level of hierarchy to another. In a more detailed view, Regulated Flow, attention is focused to the formal movement of information within and between organizational parts. E.g. when implementing a strategy into new practices, the information flows through formal channels from the Strategic Apex downwards in the hierarchy. Additionally, management information system, or MIS, can be used through regulated flows: in this reverse flow the top management collects data from all levels of the organization in order to assess performance, e.g. the success of the strategy implementation. (Mintzberg 79, 36-43.) In the municipal context, regulated flows can be found e.g. in formal decision making between City Council and City Board.

In Informal Communication, organizational members exchange information

directly while bypassing official authorities. According to Mintzberg (1979, p.51-53), networks of informal communication can be seen as a set of channels connected by individuals who possess a considerable amount of information. These individuals can function as gatekeepers, or “nerve centres”, receiving important external information and further distributing it within the organization. They can additionally be found in between divisions, linking them together. Mintzberg proposes three different ways in which the nerve centres bypass formal authorities: 1) Direct peer contact, 2) Direct diagonal contact and 3) Overriding scaler chain (see figure 2).

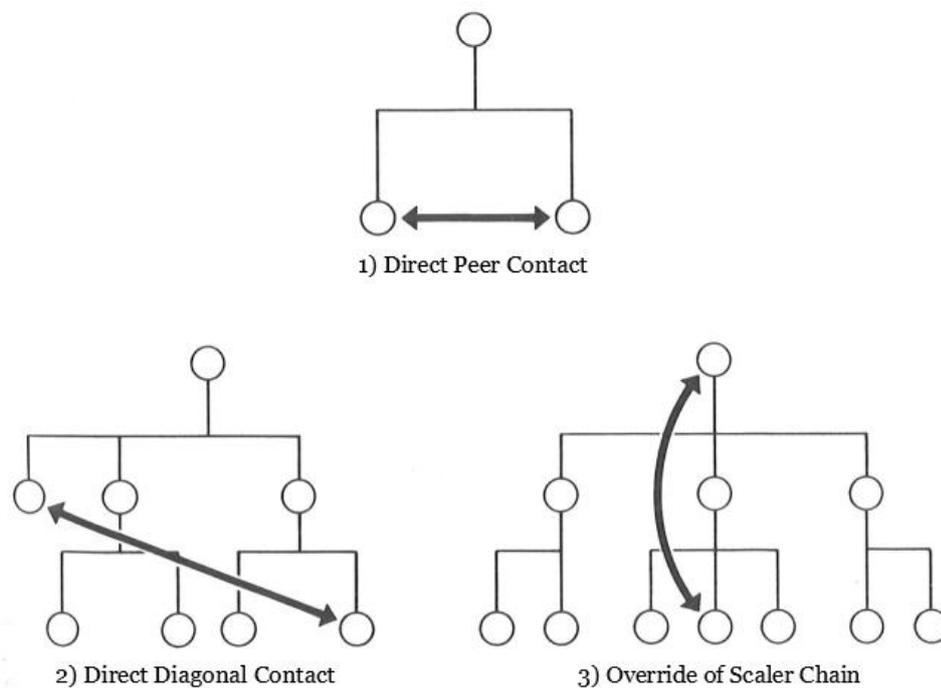


Figure 2: Bypass Channels of Communication (reproduced from *The Structuring of Organizations. A Synthesis of the Research* by Mintzberg, H. (1979). Englewood Cliffs, NJ: Prentice-Hall, Inc.)

Furthermore, in the footsteps of Galbraith (1973, p. 50), Mintzberg (1983, p. 88) talks about “liaison positions” that are created in order to support essential communication between units. These positions are formally established but carry no formal authority over other organizational members. Their main purpose is to facilitate coordination between divisions, making communication more economical as the formal authorities on higher hierarchical level are

bypassed.

Mintzberg's idea of an Organization as a System of Work Constellations suggests that the organization consists of a set of seemingly independent groups that work within their own level of hierarchy. He claims that while a manager might communicate with his/her subordinates through formal communication channels, it would be equally important for the manager to communicate with colleagues on the same level of hierarchy, to solve problems appropriate to his/her level. E.g. a group of individuals from different units, who are looking for a solution to a common problem through informal conversing could be labelled as a constellation. Simultaneously, a constellation could also be a committee that works on an informal basis. (Mintzberg 1983, p. 20-21)

While in the regulated flow it is pointed out how information travels through formal channels, the Ad Hoc Decision Process combines the flow of formal authority with regulated flow and informal communication, thus giving a more realistic, albeit an incomplete picture of how an organization functions. A great amount of standardized decision-making takes place on all levels of the organization on a daily basis, but the non-standardized, exceptional "ad hoc" situations that call for decision making are more interesting to investigate, not least due to the nature of most producers and coordinators working within the arts. (Mintzberg 1983, p. 58)

Organizational structure can be looked at through formal lines drawn on a chart, that forms the skeleton of the organization. This, however, gives as complete of an idea of what actually takes place in an organization, as an x-ray does of human behaviour. Informal organization has been the focus of interest on organizational research since the 1940's, complementing the formal view by investigating how organizational members connect on different levels of an organization. The way people communicate across formal lines and create connections in order to advance organizational performance, is complex, and impossible to convey through an organizational chart.

The challenge of defining the work organization of a facilitator of arts-based elderly care remains, as the nature of their work seems fitting for a professional organization, but takes place in a traditional bureaucratic municipal organization. Their work is independent, specialized and divided between different parts of an organization, thus perhaps fitting for the description of a liaison or a nerve centre, connecting different people from within and outside the organization. In chapter 5 after presenting the methodology and analysis, I will expand on the subject of the facilitator's organization in relation to the theories presented.

3 RESEARCH METHOD

My thesis is conducted as qualitative case study, drawing from the interpretive tradition. In this chapter I will present the approach of the study as well as the data collection methods, most important being semi-structured interviews. After presenting my approach to data analysis, I will finish the chapter with critical reflections on the thesis process. In addition to the critical reflections, I will assess the success of the thesis process throughout the chapter.

3.1 Methodological approach of the study

The case study approach is used widely in different academic disciplines, e.g. political science, law, psychology, sociology, anthropology and organizational & management studies. Rather than a single method, a case study is seen as an approach or a strategy that combines different research methods, often both quantitative and qualitative. I chose this approach for my thesis because this approach offers the possibility of bringing out complex issues in an accessible format, through real-life narratives. The methods I employed were semi-structured interviews and investigation of documents. (Eriksson & Kovalainen 2008, p. 9, 28)

In a case study it is essential to note the number of cases studied and the amount of detailed information found from each case investigated. The more cases investigated, the less detailed information can be collected for each case, and vice versa. Thus, case studies are usually conducted on only a few cases, often just one. (Gomm, Hammersley & Foster 2000, 2-3). My choice was to investigate three cases in as much depth as possible for the purpose of a master's thesis. Although generalizing the results in a case study is problematic, the cases can bring out information applicable for other cases. (Saaranen-Kauppinen & Puusniekka 2009, p. 43-44).

Case studies have been criticized for a lack of scientific rigour and sometimes

described as anecdotal, as opposed to positivist research that builds on “hard”, objectively observable data. (Eriksson & Kovalainen 2008, p. 28). I found the case study approach and the interpretive tradition most suitable for my purposes, as I wanted to describe a phenomenon from the perspective of individuals working in untraditional settings. I believe that my choice will bring out insights of the matter that would not have been discoverable through quantitative methods.

In order to get a comprehensive enough understanding of the work of the facilitators, I chose to interview seven individuals in three organizations. I conducted semi-structured interviews in each organization and used documents in describing the organization’s structures and background with arts-based methods in elderly care. In order to gain a fuller understanding of the organization in which the facilitators work, more interviews and non-participatory observations could have been used. However, considering the resources at hand, I limited my data to the selected interviews and documentation. Alternatively, fewer case organizations could have been selected with more varied research methods (such as non-participatory observations). My choice was to investigate three organizations due to their differences in organizational structure: I believe this will provide me with interesting insights into comparing the different ways of structuring the work of the facilitators of arts-based methods in elderly care.

3.2 Data collection

The main data of my thesis was collected through semi-structured interviews and documentation. The thesis focuses on three city organizations with established administrative practices of supporting arts-based methods in elderly care. The city organizations I investigate are Helsinki, Turku and Tampere. Within these organizations, my main focus was on the facilitators of arts-based methods in elderly care: people working in positions in which their goal, either entirely or partly, is to enable access to art and culture within elderly care.

In order to keep the amount of data manageable, my point of view was limited to the organizational structure and enabling factors from the facilitators' perspective. Therefore, I excluded possible interviews and documentation related to individual artists working with older people or nurses working as cultural instructors.

3.2.1 Case Organizations

The Case organizations, Cities of Helsinki, Turku and Tampere, were chosen based on their established practices of organizing cultural services targeted at older people. When selecting the cities in 2013, there were 5 cities with population more than 50 000 in Finland, with a full-time coordinator, producer or planner working for arts-based methods in elderly care. The cities chosen were the three biggest ones based on population; the other two were Jyväskylä and Kuopio. Despite the similarity in size and activity level of the chosen cities, each of them have their special traits and practices that require closer investigation. (Rosenlöf 2014, p. 9)

Prior to writing this thesis, I had worked at the City of Jyväskylä as a producer of cultural services for older people. While Jyväskylä is also among the largest cities in Finland and active in the field of arts-based elderly care, I decided not to include this city in the case study. My work at the city has provided me with understanding of the field and its challenges, which prompted me to choose this topic. However, to ensure objectivity and scientific quality of the study, I decided to leave my former employer outside the study.

Helsinki has established a unique position for a cultural planner who works for the social & health care division as well as the cultural division. The planner has an advantaged position to take part in planning the activities for social & health care sector, and can be seen crucial in creating functional and sustainable services. The planner works independently and has a superior in both cultural and social services divisions. Some of the city's elderly care units, such as

Kustaankartano, have become renowned for their approach to activating their inhabitants through cultural activities, among other things (MTV3 2015). Recently, the city was granted 110 000 € for the development of a national network for cultural senior and elderly work. (City of Helsinki 2016)

In Turku, as a part of the Cultural Capital of Europe 2011, several collaborative projects in arts and health & well-being were launched. One of the projects, KUVA (Koponen 2011), aimed at integrating culture into elderly care and thus improving the life quality of older people in institutional care. This served as a starting point for collaboration between two facilitators working in the city organization; one in the cultural and the other in the social & health care division. Additionally, a model for ensuring the cultural rights of each elderly person in intensive care was established by the name “cultural treatment plan” (from Finnish *kulttuurisuunnitelma*). Advancements took place outside the city organization, too: University of Turku was granted a professorship on cultural health and well-being, and the following year a network of cultural well-being was created, consisting of representatives from various organizations and projects. (Koponen 2011; Rosenlöf 2014)

Tampere has taken a structural approach to supporting art with older people: their administrative practices include regular meetings with a group of varied professionals from different city sectors, with the target of providing better cultural services for older people. A development project (Kulttuurikaari 2009-2011, see Willberg 2011) has given birth to processes that provide structural support for the facilitation of arts-based methods in elderly care. The first facilitator that was interviewed works in the cultural services in an independent position, in which she is responsible for organizing arts-based activities for older people. Another person interviewed works at the social & health care division as a cultural coordinator, her responsibilities being similar to the facilitator working in the cultural services. Furthermore, Tampere is an especially interesting organization because of its adoption to the purchaser-provider model. (Järvinen 2014)

The case organizations have a different approach to providing art in elderly care: Helsinki aims at speaking of art in the context of elderly care, while in Tampere the facilitator's approach is more care-oriented and thus the terminology follows the lines of "creative rehabilitation", that also translates to the nature of services provided. Also, the facilitators in both Turku and Tampere produce events as a part of their jobs, while the Cultural Planner in Helsinki works with administrative planning. All of them work as coordinators between the cultural and social & health care sectors. Ways of collaboration also differ between cities: in Turku the two interviewees are in regular contact and plan activities together, while in Tampere the two facilitators manage their respective fields of work independently.

3.2.2 Interviews

The main data was collected through semi-structured interviews. Semi-structured interviews are used to getting thorough information while keeping the focus with the help of structured questions. They allow the respondent to describe phenomena in their own words, and the interviewer to come up with follow-up questions that help understanding the topic in question. I chose the interview method as I saw it fit to purpose: I needed detailed information about the work of the facilitators, and at the same time I had a specific target of understanding the challenges and possibilities in organizing the work. I believe that other research methods would not have provided me with as much in-depth information. I found other possible interview styles not as suitable due to their limitations: a structured interview would probably not have given a chance to investigate complex problems of the work organization, while an unstructured interview would maybe have resulted in too extensive and non-comparable information. (Eriksson & Kovalainen 2008, p. 9)

In the interviews, 7 in total, I was looking to find answers to the following questions: How are cultural and arts-based services for the elderly organized in each city organization? What is the facilitators' work like? How much resources,

such as time and money, are allocated to supporting arts with older people? What has been the role of externally funded projects in the establishment of permanent structures? And also, considering the independent and pioneer nature of their work: how does the organization support their work and if it does not, where do they get support for their work?

A pilot interview with the Helsinki City Cultural Planner was conducted in April 2014. This interview was intended to give an idea on how to approach the wide subject of supporting arts-based methods in elderly care. I chose to interview the Helsinki City Cultural planner due to her experience in a unique position, working for both the cultural and social & health care division, and her active participation in the development of the field in Finland and also internationally. Based on the interview, I chose to conduct a multiple-case study that would allow comparison and wider drawing of conclusions on the organizational support provided by large Finnish municipalities. (Räsänen 15.4.2014)

The interviews were conducted as follows:

| Nr. | Interviewee | Title | Organization | Place & time | Length |
|-----|------------------------------|----------------------------------|--|---------------------|------------|
| #1 | Jenni Räsänen (née Varho) | Cultural Planner | City of Helsinki, Cultural Office and Social Services | 15.4.2014 Helsinki | 1 h 20 min |
| #2 | Tuulia Koponen | Director of Nursing | City of Turku, Welfare Division | 31.10.2014 Turku | 1 h 15 min |
| #3 | Olli Hirvonen | Cultural Producer | City of Turku, Welfare Division | 31.10.2014 Helsinki | 1 h 20 min |
| #4 | Tarja Järvinen | Cultural Coordinator | City of Tampere, Cultural Services | 13.11.2014 Tampere | 1 h 30 min |
| #5 | Sinikka Kaurahalme | Cultural Coordinator | City of Tampere, Social Services | 3.6.2015 Tampere | 50 min |
| #6 | Merja Etholén-Rönnberg | Head of Eastern Service Area | City of Helsinki, Hospital, Rehabilitation and Care Services | 4.6.2015 Helsinki | 1 h |
| #7 | Veikko Kunnas | Head of Cultural Policy Division | City of Helsinki, Cultural Office | 10.6.2015 Helsinki | 1 h |

I chose to interview the aforementioned people based on their position in the city organizations: the key interviewees, and the focus of my cases (#1, #3 and #4) were the facilitators officially working in the cultural division with close connection to the social & health care division. Interviewees, #2, #5 and #6 work at the social & health care division with at least some cultural aspects tied to their work description. I hoped that these interviews would provide me with

different perspectives to the work of the facilitators. The last interview (#7) was conducted in the hopes of gaining a wider understanding of the development of the field from a strategic point of view.

The interview's consisted of 7 topics with 19 questions (see interview template attached). As my interviewees work in various positions and in different organizations, some interview questions had to be altered for the sake of relevance. In some interviews, I found it challenging to keep the structure and content of the interview similar enough for comparison. This proposed slight challenges for the analysis, but was necessary when considering the study as a whole.

My advantage in conducting the interviews was the fact that I was familiar with the field in question as I had previously worked in a position similar to the facilitators. Therefore, I had been in contact with most of the interviewees before starting my thesis process, and I found it easy to approach them with my subject. However, while conducting the interviews, I had to be conscious of not making false assumptions based on my knowledge of the field and remain as neutral and objective as possible.

It needs to be emphasized that according to interpretive approach, achieving complete objectivity is not just difficult but altogether impossible as the researcher cannot but make interpretations of the data. The approach starts from the philosophical basis that an objective reality cannot be reached as we as human beings interpret as we describe. This differentiates the approach from positivist study, where the aim is to measure reality in an objective and non-disputable manner. (Ashworth 2000; Eriksson & Kovalainen 2008)

To make the interviews as successful as possible, I prepared myself with appropriate interview questions and secured the interview situation by choosing peaceful locations and reserving enough time (a minimum of one hour depending on the interviewees wishes). I found it suitable to ask fairly direct questions as I was familiar with most of the interviewees. The issues at hand

were not strictly delicate, but simultaneously some interviewees might have found it difficult to speak very straightforwardly about their employer. In my experience the interviewees were open about their views of the work organization. All of the interviewees agreed to appear in the thesis with their own names. (Eriksson & Kovalainen 2008)

With a permission from the interviewees, I recorded the interviews for further analysis. The interview of mr. Kunnas was not recorded due to a technical error. This, however unfortunate, did not affect my ability to analyze the data as a whole as mr. Kunnas' perspective on the topic was broader than the other interviewees. As a superior of a facilitator, his work was not at the focus of the thesis. I transcribed the data recorded during the interviews and analyzed it according to themes such as "enabling structures" and subthemes such as "leadership".

3.2.3 Documents

As a secondary data source I used organizational documents. Documents, or textual materials, are often used in case studies as a significant source of secondary data. The documents can include e.g. formal reports, meeting memos, informal records and personal notes. In my study, alongside the interviews, I examined documents to create an understanding of the cases, specifically the city organizations. From each organization, I collected documentation regarding the formal organizational structure. (Eriksson & Kovalainen 2008)

A challenge for the study was created by organizational reforms that concerned each city in one way or another. The interviewees provided me with non-published information on on-going organizational reforms, which was significant when it came to understanding both the organizational changes, but also the state of uncertainty the interviewees were working in.

The documents were mainly used for creating an image of the formal organization the facilitators work in. They include official organizational charts on both wider city level and divisional level. A list of organizational documents is provided alongside a list of references.

3.3 Data Analysis

While the documentation provided me with information on the formal organizational structures, through the data from interviews I was able to look for the ways in which the facilitator's work is actually carried out in the organization. I employed content analysis of the interviews on two levels: I searched for 1) structural factors that enable the facilitators work and 2) informal and formal organizational structures. Additionally, I looked for recurring themes rising from the data. (Eriksson & Kovalainen 2008). Themes discovered were e.g. leadership, communication and networks. I will present the complete findings of the analysis in chapter 4 and the resulting conclusions in chapter 5.

3.4 Critical Reflections on the Research Process

During the thesis process, I aimed at securing the validity through a thorough investigation of the subject and "respondent validation" (Silverman 2006, p. 291), meaning that I requested the interviewees to assess the validity of the initial analysis and results. While Silverman argues that these methods of validation, traditionally used in quantitative research, are not without problems when it comes to qualitative research, I found them appropriate for the purpose of a master's thesis. I believe the choice of methodology helped me create a reliable study, as the interviewees were willing to answer my questions without hesitations. (Saaranen-Kauppinen & Puusniekka 2009, p. 25-26)

Regrettably, the thesis process extended beyond my preferred schedule because of other professional engagements. This was an issue particularly when considering the rapid nature of changes and development taking place in the field. Certain things in the facilitator's work have thus changed since the time of the interviews and the publication of the thesis. However, I trust that the results can still be of use for discussion on structuring the work of facilitators in different municipal organizations.

The field of arts-based elderly care is still in development and common concepts are yet to be formed. Investigating a topic still under development and with little academic research behind it proposed a challenge for the thesis process. As my thesis topic has not gained a lot of focus in research, discovering applicable studies concerning the perspective of facilitators in arts-based elderly care was challenging. Additionally, the concepts used in Finnish elderly care sometimes vary between cities, which made it difficult to communicate them in a consistent manner. The English terms might have a different connotation in English speaking countries. I chose to conduct the thesis in English for personal preference and goals at discussing the issues in an international context in the future.

4 ANALYSIS AND RESULTS

In this chapter I will present the results of the data analysis. I will present each case organization separately with a short conclusion in the end of each subchapter. In chapter 5 I will draw conclusions on the findings as a whole.

4.1 Helsinki

Helsinki, the largest of the case organizations with 630 000 inhabitants, has established a unique position for a cultural planner who works for the social & health care division as well as the cultural division. The planner has an advanced position to take part in social & health care sector development, which can be seen crucial in creating functional and sustainable services in arts-based elderly care. The planner works independently and has a supervisor in both cultural and social & health care division. This position, alongside active participation and initiation in several development projects has created Helsinki an image of an exemplary city organization for supporting the use of arts-based methods in elderly care. I conducted interviews with three people in the Helsinki City organization: the facilitator working in the double position (Jenni Räsänen, née Varho) and her supervisors in the Social Services (Merja Etholén-Rönnerberg) and Cultural Policy (Veikko Kunnas).

The facilitator interviewed works under the title of Cultural Planner in the Cultural Policy Department and Social Services (see figure 3). Administratively she is situated at the Cultural Office, and her direct supervisor is the Head of Cultural Policy. Simultaneously, her salary is half paid by the social & health care division, and she has another supervisor in the elderly care side of the city organization. Her job consists of administrative design of arts-based elderly care with three main functions: 1) sustaining and developing a network of elderly care institutions situated in Helsinki 2) planning and organizing training in creativity and arts-based methods for elderly care professionals 3) promoting and developing the position of artists working in elderly care settings. She has

worked in this position since 2011, after completing a report on arts-based elements found in elderly care units in Helsinki. The report, *Taidetta ikä kaikki* (2010), worked as a kick-starter for the network of elderly care units and professionals interested in art based methods, and as a starting point for her work between two divisions. (Varho 15.4.2014; Rosenlöf 2014).

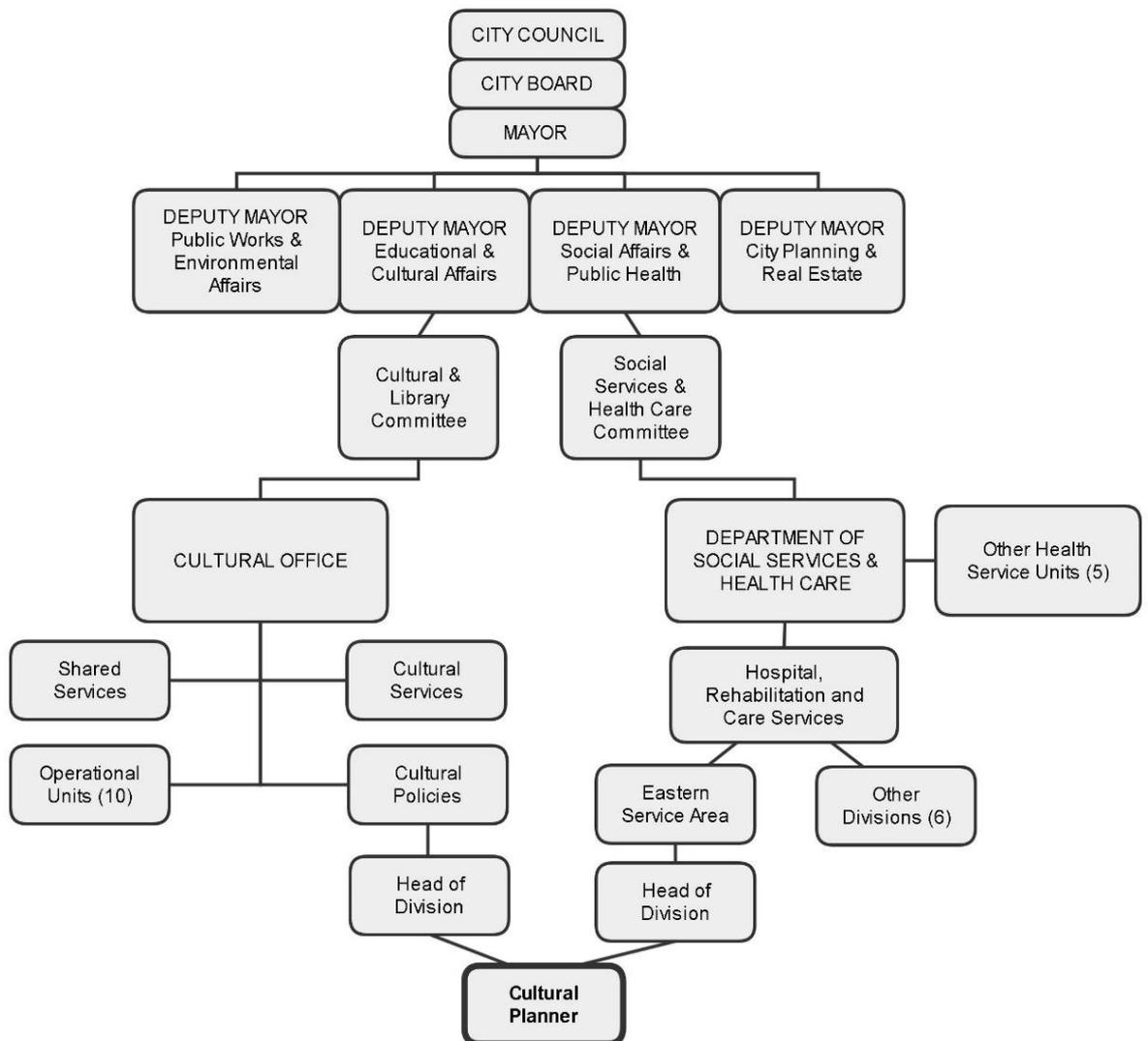


Figure 3: Facilitator’s position in the City of Helsinki Organizational Chart.

Even though the report *Taidetta ikä kaikki* seemed to be the kick-starter for this unique position, years of preparatory work had preceded the actual establishment of the position. In 2000, during the Helsinki Cultural Capital year, a sub-project with the theme of art in institutional care (IIK! – Taidetta

laitoskodeissa) took place in 8 elderly care institutions in Helsinki, with an artist working in each institution with both inhabitants and nurses (Varho; Etholén-Rönnerberg; Varho & Lehtovirta 2010):

When artists were working in the institutions for a short amount of time, that's when they apparently got the idea of having a cultural coordinator in Social Services Department. That's when they started to understand. So in fact it took 11 years. (Varho 2014)

The facilitator describes the importance of being a part of two divisions, and the commitment of the Social Services Department as follows:

The fact that they pay [roughly half of her salary], and the fact that I belong to two divisions, I find it extremely important for several reasons. They have an interest in what I do. They want to hear me out and they want me to contribute to them. Which means I get to take part in management team meetings, I get to be involved in strategy building, they ask my opinion. This would not happen if I was only working for the Cultural Office. (Varho 2014)

Her work is monitored by her immediate supervisor, the head of Cultural Office, on regular meetings. She meets her Social Services Department supervisor two to three times a year, and once a year together with both supervisors. She has been given a mandate to develop her job description based on actual need and her superiors trust her judgement. Because of this, she feels strong ownership of her work. She does not have to count hours spent on either cultural or social services division - the two are intertwined in her every day work.

And the fact that I'm working for both divisions and I can do things that need to be done, and I don't have to wonder whether this belongs to culture or social & health. If they'd start to count how many percentages I do for either, that would just kill it. The fact that they trust my expertise, that they have allowed me to create [the job description] according to the need [of the field], is extremely important. (Varho 2014)

Having the trust of her superiors on both divisions creates a necessary mandate for mutual communication with elderly care staff. She sees herself a facilitator, a person who brings two different fields together. The mandate makes it possible for her to work without additional obstacles, often created by divisional barriers.

I think it helps that I don't actually represent either of the fields, it makes me a facilitator who brings people together. -- People [artists, nurses] can come straight to me and I can act without thinking. We can work without additional obstacles. (Varho 2014)

Although Jenni is the only person facilitating the services, there are others in the city organization working for the cause: the nursing staff responsible for executing cultural activities in elderly care units have been re-titled as cultural instructors, replacing the old title that referred to “activation” or “stimulus” creation. While continuing with their old job descriptions, they can now also be seen as cultural missionaries within care institutions. This is a result of consistent work in establishing a mutual understanding about the importance of access to culture in the social & health care division.

Having a unique position in a large organization combined with a great amount of freedom also has its down sides: most problems have to be solved independently, or with the help of individuals from a network outside the municipal organization. The facilitator's work has little resemblance to her colleagues work at the Cultural Office and vice versa.

That's one of the biggest problems I have, that I don't have a support network. --- And the fact that I don't have colleagues [in the city organization, who work with arts-based elderly care]. The network comes in handy when I have a problem, I usually go through the people I have in my network, like ok she's an expert of this, I'll call her instead of going to my boss for answers. (Varho 2014)

Although the double position creates a great starting point for coordinating and developing arts-based elderly care services, and other cities tend to look up to the “Helsinki model”, the structure is still unfinished. According to the facilitator's supervisor at the Social Services division, the structure needs to be

developed further in order to function properly. She believes the structure, consisting of a facilitator and cultural instructors, is a good start, but that it's not enough. She sees that having a facilitator in each of 4 city areas (Southern, Western, Northern, in addition to Eastern, the designated area of the facilitator's supervisor) would help strengthen the structure.

This structure we have in Helsinki, it's unique. To even have a structure. That it's not dependent on one person. --- But it's too fragile still. Even if we've tried to create a structure, it's not enough, it's too much for one person to handle. And this is where we try and make it stronger. So maybe the coordinators [in different divisions] could work as a support group for one another. (Etholén-Rönnberg 2015)

While Helsinki is an active city in terms of arts-based elements used in elderly care, there are regional differences between units. Formally situating the single facilitator in the Eastern division pushes focus towards one part of the city, while attempts are at serving the city as a whole. The existing structure does not, in its permanent state, necessarily guarantee equal distribution of services.

According to the facilitator's supervisor, the cultural instructors, with very small budgets to work with, also have experiences of being an outsider in their own division due to a lack of understanding – sometimes also from their immediate supervisors. This creates an incentive for increasing the amount of education, communication and facilitators who could also support the work of cultural instructors, while offering peer support for each other.

Helsinki has created a unique way of enabling the work of the facilitator by allowing her to have legitimacy to speak for both cultural and social & health care sectors. This fosters mutual understanding and enables coordinating the various services taking place in the city, thus functioning as a healthy starting point for equal distribution of the services. However, in a city the size of Helsinki, there is a need for more than one facilitator due to the sheer amount of elderly care units and services available.

4.2 Turku

Turku City organization has taken part in several development projects in the recent years in support of developing arts-based methods in elderly care. As a part of the Cultural Capital of Europe year 2011 the city launched an EU-funded project KUVA, which was later followed by KUVA II. These projects aimed at creating a functional collaboration between the cultural and social & health care sector. According to the interviewees, the attempts seem to have been successful. The people interviewed were a Cultural Producer coordinating cultural services for older people (Olli Hirvonen) and a Director of Nursing (Tuulia Koponen) (see figure 4).

In Turku there is a great variety of organized cultural services for the elderly, often made possible by 3rd sector actor, i.e. associations and private companies. Thus, the description of the jobs of the facilitator and the Director of Nursing does not give a wholesome picture of the service variety.

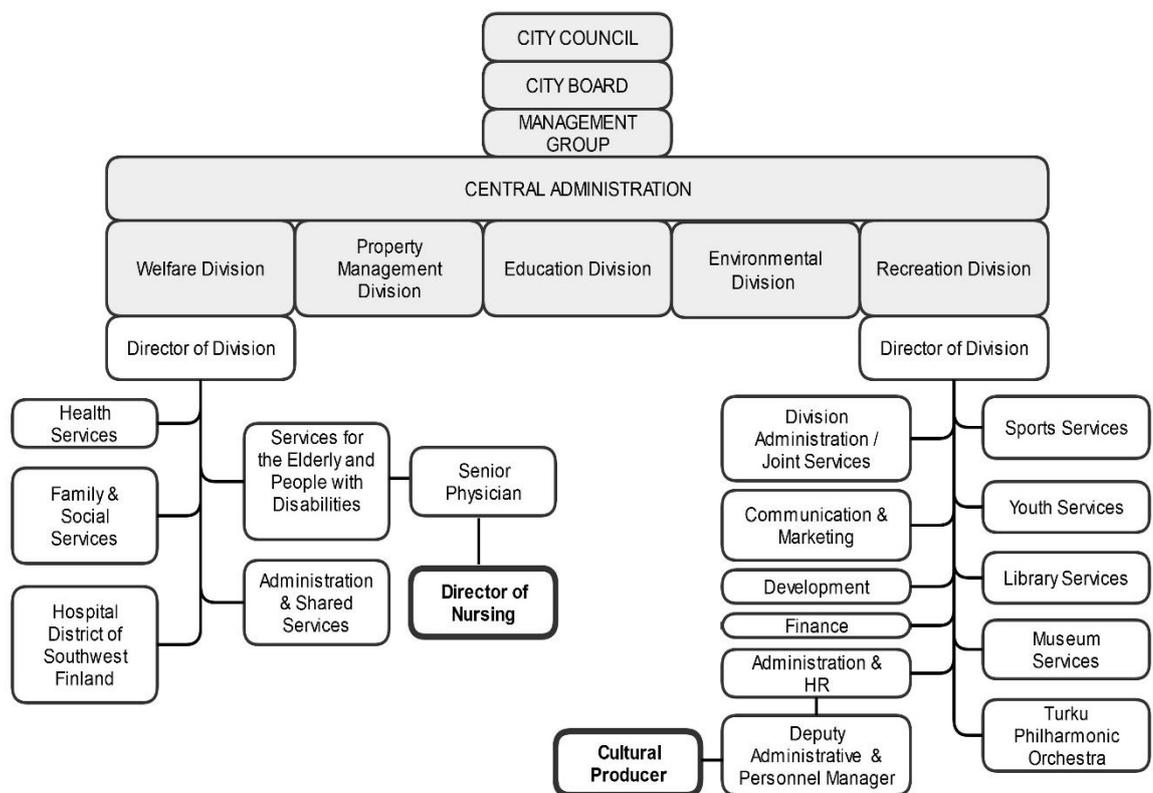


Figure 4: Facilitator's position in the City of Turku Organizational Chart

The interviewed facilitator works as a Cultural Producer in the Recreation Division. His work description, starting from 2011, includes responsibilities in organizing preventive cultural work, targeted for people approaching pension age. He also designs services for older people who either live in or regularly visit care units. In addition to this, he works with event production and develops accessibility and equal distribution of services through streaming services and voluntary programmes such as *Kulttuurikummit*.

The facilitator was assigned to the position from another division and while he had previously worked with arts, he had no prior experience to working with older people or the social & health care sector. As he would be the first person to work as a facilitator of arts-based elderly care, the facilitator had the challenge and liberty of creating his own job description from the start, without specific instructions or guidelines. As he puts it, he was provided a desk, a computer and a go-for-it.

So they gave me an empty desk and told that I'll get a computer in a week. So I started building it from scratch. During the first two weeks I went to all of the care units to see what this is about. And that's where it all started. They didn't really give me any instructions, so I just created the whole thing. (Hirvonen 2014)

In Turku the coordination of target-specific cultural services is divided between 5 coordinators: one responsible for older people (the facilitator), and the other four for children and youth, immigrants, Swedish speaking customers and adults in working life. The facilitator works in collaboration with the other four coordinators as well as the sports division and the welfare division as a whole. Additionally, he works in a team focused on a specific region in Turku with representatives from youth, sports and library services. In the regional team, his role is to represent culture as well as the elderly perspective.

A traditional Cultural Division has disappeared from the Turku organizational chart, and what used to be called the Cultural Division has been turned into Recreational Division, including Youth, Sports, Orchestra, Library and Museum

services. Thus, a traditional Cultural Division does not exist anymore. Around the time of the interviews, the city had undergone an organizational reform and in the aftermath, not all blocks of the organization had been completely fixed. The facilitator describes the situation as follows:

The organizational structure changed during this year. It's so fresh that in this chart you won't find us because we're not in it yet. We still don't know; they are all having the conversations except us. We don't know where we belong. Right now I don't know if I should work focused on regions or age groups. (Hirvonen 2014)

This example shows the insecure and unclear position municipal employees often find themselves in. Simultaneously it is hard to judge the result of the organizational reform just after its completion – actual results will be visible much later on.

The facilitator's responsibilities include collaboration both regionally and age-group-wise. Experiences have been mixed: collaboration has indeed increased and in the best case the citizens view the services targeted for them as a clear entity instead of scattered and separate services. In the worst case, however, the services are not equally distributed because of insufficient resources.

If I notice that in our team there's an issue that needs fixing regarding adults in working life, I consult the coordinator working with adults in working life. This is how it's supposed to go. But in practice we don't have the time to focus, during the year I've been doing this I've only been able to focus on elderly people. There's a clear lack of resources. They can't afford to hire new staff and the work load keeps growing. I understand the situation but is this the right way of going about it, I'm not sure. (Hirvonen 2014)

Another person interviewed works as the Director of Nursing in geriatric hospital care, and has taken an active role in promoting arts-based methods in elderly care. She has several subordinates who work with the 200+ elderly patients in geriatric intensive care. Her main job concerns managerial tasks in hospital environment, and through her position she is able to influence the staff's commitment and attitudes towards the cause.

The starting point for collaboration between the cultural and social & health care sector was in 2011 when the KUVA project, as a part of Cultural Capital project, was launched. Both people interviewed were actively involved in the project that aimed at increasing the life quality of elderly people living in intensive care units and hospital wards for geriatric patients. (Koponen 2011).

Since it started in 2011 our collaboration has been easy and well-functioning. We got to know each other during the project and that has made it easy, you only have to call or email and ask how we should go about this or that we would need this, can we get it, it's very nice. And it's made possible by having one person responsible for coordinating culture for older people in Turku. (Koponen 2014)

The KUVA project helped establish the connection between cultural and social & health care sectors. In this case, the input has paid off and the collaboration is well-functioning, if informal in nature. However, the Director of Nursing's concern is that there is no incentive from the top management to continue the work, and her input in the matter stems from a personal interest. This proposes a negative side of an informal connection.

I have to say that in municipal organizations, people work in separate sectors and it depends completely in the person, but also in the channels you're able to find. (Koponen 2014)

The two interviewee's collaboration results in art and cultural services in elderly care with very little if only extra resources invested: the care units are able to receive e.g. library and museum services that might otherwise be inaccessible for the habitants of intensive care. These services require 1) collaboration between the facilitator and cultural institutions 2) collaboration between the facilitator and the intensive care units 3) nurses committed to offering cultural contents for elderly people as a part of their every day care work 4) no financial transactions between city units. The Director of Nursing communicates with the facilitator about the needs of the care unit and makes sure that the nurses interested have the working conditions to use culture, while the facilitator responds to the units' needs through communication with the cultural institutions. Similar to Helsinki, in the geriatric unit a number of nurses have

been assigned as responsible for executing cultural activities.

While there is a functional collaboration between the two interviewees the existing structure is based on individual, informal connections, thus making the structure fragile. Dependent on the will and activity level of an individual, the future of the collaboration is unclear. The Director of Nursing finds a reason for the lack of more formal structural support in communication:

This is too much dependent on the right person happening to be in the right place. It hasn't been understood or seen as important by others, and we have to be critical towards ourselves and ask, why. Is it because of the way we have tried to communicate this. Are we using the right words when we speak about this? Probably we're using the wrong concepts, because different actors are looking for different reasons and justifications. We should be able to give the right arguments for the right people based on whether they are a doctor or focused on medical care: how should I argue my point to him? It can't be the same as for people with disabilities. So that we should be prepared. And then there's the problem of communicating this to politicians. (Koponen 2014)

She continues by emphasizing the importance of using the right language:

If you come here arguing over art, it doesn't work. I can tell. And it doesn't mean I don't find it important. But in that situation you should have the focus on care, and attach art to it. You should think about this already when planning. So probably it is the difficulty of communication and we haven't understood how important it is to emphasize that. (Koponen 2014)

To further illuminate the conditions of providing arts-based elderly care, it needs to be mentioned that in geriatric care, it is specifically forbidden to allocate money into arts and culture due to the tight financial situation. The free-of-charge services help solve the issue, but the imperative unveils a wider issue: having to work with extremely tight budgets portrays a view of culture as something luxurious that is only to be enjoyed of when there is “extra” money to use.

I think it boils down to leadership: what you value as a leader and what it is that you find important. (Koponen 2014)

During the time of the interviews, Turku was freshly out of an organizational reform, leaving the facilitator without a clear understanding of what his work organization actually consists of. With limited funds and often lacking horizontal support, the ways to facilitate the services has been found through collaboration between the facilitator and the Director of Nursing, with assistance from local cultural institutions. While a development project has been essential in launching the successful collaboration, the future of providing the services in a structural manner remains open.

4.3 Tampere

The city of Tampere has several organizational features that support the use of arts and culture in elderly care. Two facilitators, one in cultural and one in social & health care division, take care of the coordination of cultural services targeted for older people in their own respective divisions. A multi-professional steering group with representatives from different units, meets regularly with the target of coordinating the services on a city-wide level. The services are funded by the city purchasing group as well as a separate bequest fund. (Järvinen 2014)

Tampere is an especially interesting organization because of its adoption to the purchaser-provider model (Tynkkynen 2009). The model, employed since 2007, creates distinction between the producer of the services and the purchaser who pays for and directs the production. In the model, politicians or public officers function as purchasers, and the providers are either public or private service producers. The purchaser has the power of choosing how the public resources are allocated, and on what terms should the services be produced. The terms of the produced services and remuneration are defined through contracts. The purchasing committee makes the contract with the provider, thus working as a mediator between the provider and the top management. (Järvinen 2014; City of Tampere Operational Model and Organization 2015).

The first interviewee (Tarja Järvinen) works as a coordinator at the Cultural

Services and is responsible for the coordination of cultural services targeted for older people. Her job description includes designing and producing cultural services (performances, events, workshops) for seniors who frequent care units and other elderly services regularly, and budgeting. Her job description is thus similar to the one of the facilitator in Turku. Cultural Services unit is a part of the Cultural and Leisure Service Division alongside of library, museum, cultural and sport services and the adult education institute. The service unit is governed by the Director of Cultural and Leisure Services.

The second interviewee (Sinikka Kaurahalme) works as a coordinator within Institutionalized Care, designing and organizing events for the elderly in intensive care. As a coordinator, her responsibilities are similar to that of the facilitator working in the cultural sector. Contrary to Helsinki, the facilitators in Tampere produce events on a regular basis. Interestingly, in Tampere the facilitators' positions are found under the umbrella of Welfare Services (see figure 5). Theoretically, this indicates better collaboration possibilities for these the sectors, traditionally situated in separate divisions in bureaucracy.

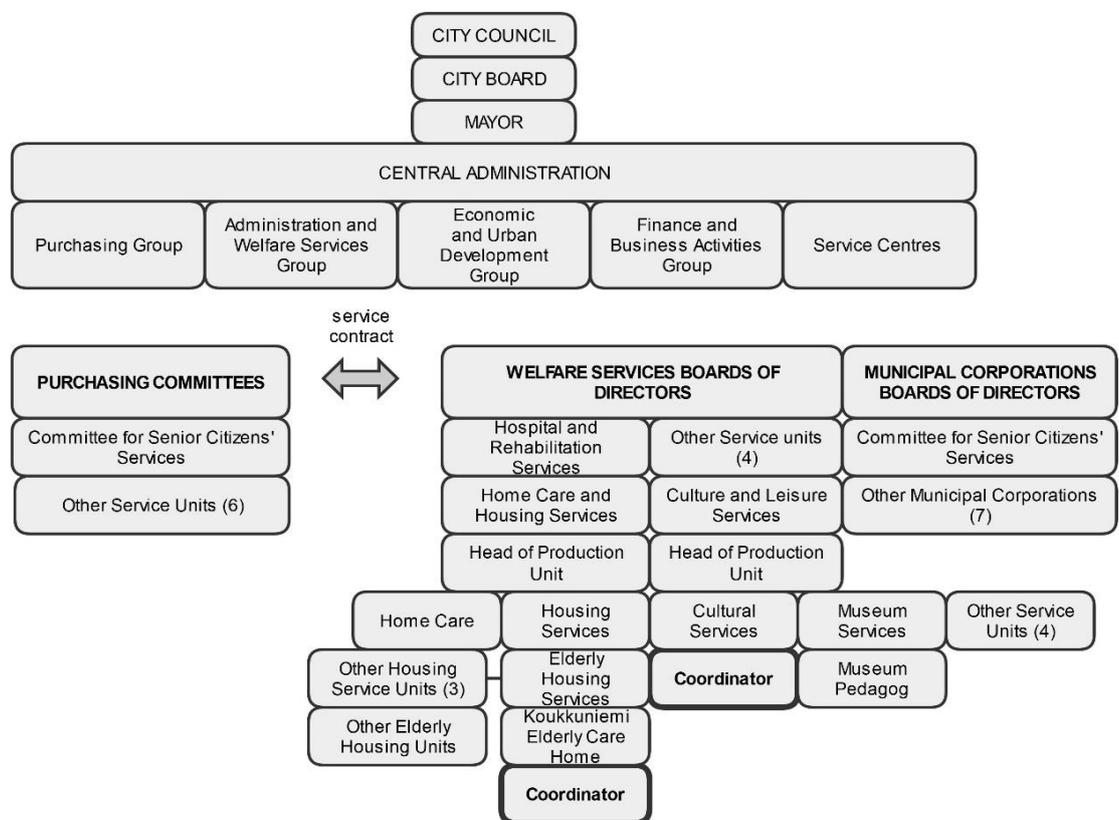


Figure 5: The facilitators' position in the Tampere City Organizational Chart

In Tampere, measures beyond the theoretical collaboration possibilities have been taken for enhancing the collaboration of cultural and social & health care division. E.g. the externally funded projects such as Kulttuurikaari (Willberg 2011) has had a significant influence on the successful collaboration of the two divisions. During this project, a multi-professional steering group was set for the purpose of ensuring the equal distribution of cultural services for the elderly on a city-wide level. After the project “The Diamond Group” continued working informally, as the members found it essential for structured city-wide coordination of cultural services for older people.

The members of the group include facilitators from both cultural and social & health care sector and representatives from the committee for senior citizens’ services, museum, library, worker’s institute, sports, open elderly care, financial administration and communications. (Rosenlöf 2014.) They continue to meet regularly, even after the end of Kulttuurikaari project. However, with the end of the project a great deal of resources disappeared, leaving the members with less time to participate in the group.

A multi-professional group as the Diamond is not yet found in other cities, and can be therefore seen as a pioneer model for structural collaboration and service coordination in a large city. While in Turku cross-sectoral collaboration does take place in a structured manner through the cultural coordinators, they have a focus on all the citizens instead of a targeted group, and less professionals partaking in the coordinating. The Diamond Group is thus the only example found in the case organizations of a multi-professional group whose target is to secure equal distribution of art-based methods and cultural services targeted for older people and nursing staff.

According to both interviewees, an essential part of the Kulttuurikaari project, in addition to creating the Diamond Group, was the committing of elderly care staff to the use of arts-based methods. Also, connections were established to the city cultural institutions and local professional artists; prior to the project the activities were mainly self-organized by cultural instructors. These connections,

and therefore the use of professional artists and art professionals, have remained a part of arts-based methods and cultural services offered for elderly people.

One of the key things with Kulttuurikaari-project was to commit the elderly care staff. We did it through education and occupational well-being events and such. We want to have the people involved. That's when we have a chance of pushing this forward. --- We have a strong and varied selection of art services, especially since we had extra money for this project, we were able to try out all kinds of things like social circus and we have had great experiences, and we have continued with the work and it's not just something small: staff members have been trained as social circus instructors and they have a really positive, active attitude. (Järvinen 2014)

While the project has had a positive impact in the development of the services, Tampere has a relatively long history for consistently providing cultural services for intensive care, prior to Kulttuurikaari. Also, like in the other case organizations, the care units have a set of cultural instructors whose main job is to provide the inhabitants with cultural activation. The facilitator working in the intensive care unit sees the instructors as a part of her work community, regardless of the different nature in work description. By the time of the interview, she had been working in this position for 13 years, starting after her predecessor retired, which shows that the services have existed a long time already before the hype on arts effect on well-being. The facilitator finds the fact that she and her colleagues work in permanent positions an important factor for the development and sustainable provision of the services.

Underlying the Kulttuurikaari project and the resulting Diamond Group, a significant factor in the successful development of collaboration between the cultural and social & health care sectors was the shift to purchaser-provider model. Both factors have facilitated communication, mutual understanding and finding a common ground for providing services through collaboration. While the project facilitated collaboration on a practical level, the transition into purchaser-provider model prompted formal cross-sectoral collaboration, as this was officially assigned as a task for the civil servants. The coordinator

illuminates the difference before and after the purchaser-provider model through an example of collaborating with home care:

When I started this service for the elderly, in the beginning of 2000, we didn't have any link to home care. We would have events and people [from home care] would help out [the elderly] with coming there and all that, but we just couldn't get the message through. It was like a wall. Even though we thought we had the right people but we didn't. It was shocking really, that it only started working once we moved to the purchaser-provider model, through the compulsory collaboration. --- Once we moved into the purchaser-provider model, we started developing the collaboration strongly. It brought along progress and made us work together. (Järvinen 2014)

What also sets Tampere aside from the other two case organizations is the diversity of structural funding. Both facilitators have budgets to spend on cultural services, but additionally, care institutions get earmarked funding for culture from bequests. Policies vary between different cities, and out of the three case organizations, Tampere is the only one in which bequests are consistently used for the specific purpose of providing older people with cultural services. Also, the Diamond Group has a small budget that is divided between the two facilitators. Similar to Turku, other cultural units in the city are actively used for providing services, such as museum and voluntary services, that have their own budgets.

Even when cross-sectoral collaboration seems to have set deep roots in the Tampere City organization, and there is a strong existing structure for providing arts-based services for older people, practical issues with mutual understanding and different work cultures are hard to overcome. Looking at organizational cultures, it does not come as a surprise that communication sometimes fails: while in the Cultural Sector, the cultural coordinator and her colleagues work in highly independent positions, but when working with social & health care sector, strong hierarchies and old traditions apply. Kulttuurikaari-project helped establish the right connections between the right people, but as people change positions and organizations change structure, the connections are easily broken unless the use of art and culture is deeply established in the care unit, on

both managerial and staff level. This illuminates the importance of a formal structure for facilitating the services.

All of us coordinators in our units, in museum, library and others, they have given us the freedom to work independently. That's how it works in this sector. But when you go to social & health care, it's a different organization, the old traditions, it's like a different world you meet, especially when [organizational] changes are taking place again. They don't include staff in planning or prepare them for structural changes from the grass root level. (Järvinen 2014)

Different organizational cultures can become a hindrance for service production even when resources would be available. The cultural coordinator's example on a meeting with elderly care staff shows how important preparation and using a mutual language is:

I took part in a meeting with the whole service centre staff and started like: "Hi! I'm Tarja from Cultural Services! We have money we can use together! We can come up with anything you want for your customers, it could be a one-time event or you can have a professional artist working with you, anything you want, the choice is yours." I was greeted by an icy silence, no one said anything. And I continued by explaining that these are our clients, mine and yours, and I cannot reach them in any other way than through you. (Järvinen 2014)

The future of the Diamond Group is uncertain due to lack of time resources and, perhaps, also due to the informal nature of the group. As a remedy for better securing the structural coordination of cultural services for older people, the cultural coordinator would see a full-time coordinator who would be in charge of development and information sharing within the field as well as towards people with decision-making power. Leading the Diamond Group would be one of the coordinator's responsibilities. She is concerned over the fact that in the current system, an image might be created where art for older people is covered already by different institutions and service processes, but in reality, without coordination between all actors involved, grey areas remain, thus leaving some of the customers entirely without the service.

Very easily you'll have gray areas when working separately, and the purchaser can't influence on what is happening in the intensive care institutions when they're ordering [services] only for open care. There's a big blind spot in institutional care. This is overlooked when people think that everything is working but it's not. (Järvinen 2014)

Despite the persistent challenges in communication, Tampere has employed several factors that enable the work of the facilitator: mutual umbrella of the Welfare Services, two facilitators of arts-based methods in elderly care in permanent positions, a multi-professional group that coordinates the activities on a city-wide level, multiple funding sources and committed nursing staff are in the foundations of a structure that enables elderly people living in institutions to have access to art and culture. Collaboration has been not only supported but pushed forward by development project and organizational reforms. Even though the continuity of the Diamond Group is uncertain, it seems to have proved its worth for the individuals working in different corners of the organization with the same goal. Issues of equal distribution do remain and the attitudes among care units are not always positive towards the use of art. A further issue is yet another upcoming organizational reform that might change the current situation for better or worse.

5 CONCLUSIONS

The case organizations have found different ways of structuring the work of the facilitator by emphasizing different aspects; Helsinki is focused on administrative design, education and the promotion of the use of art in the context of elderly care, while Tampere takes a more care-driven approach: the terminology used suggests a stronger stress on the care world rather than the cultural field. Moreover, the facilitators in Tampere and Turku produce services in addition to designing and developing them.

While the case organizations have their unique ways of organizing the services, followed by unique strengths and weaknesses, the general challenge seems to remain. Strong structural support from the organization is lacking, as well as opportunities for effective communication – an issue that seems to be at the core not only when launching collaboration, but also when further developing the services.

During the time of the interviews, each of the investigated organizations were either freshly out of an organizational reform or about to embark on one, and the uncertainty of work structuring affects each employee. However, the organizational changes can bring, and have brought about positive development by bringing together the two traditionally separate sectors of culture and social & health care. For example, Tampere has an organizational structure that brings cultural and social & health care services under the same umbrella of welfare services. This alone, however, does not guarantee successful collaboration, but it needs to be supported by the organization on a more practical level: funding, engagement of managers and staff alike, clearly assigned roles and responsibilities are needed for the services to function.

5.1 Enabling and disabling structural factors

There are common factors found in all case organizations that make the work of a facilitator challenging: first and foremost, the thin formal structures that support the work of the facilitator. While all of the case organizations have facilitators working in permanent positions, formal support from different parts of the organization is lacking in most cases. However, the networks, and especially in the case of Tampere, the informal organization, compensate for the lack of formal support.

The following enabling factors for successful facilitation of arts-based methods in elderly care were found from the data: 1) formal establishment of full-time facilitator positions 2) multi-professional collaboration, 3) funding, 4) legitimacy and 5) wide networks. Disabling factors include 1) lack of formal support for collaboration between sectors, 2) inadequate formal structure and 3) lack of funding.

| | Enabling (formal) | Enabling (informal) | Disabling (formal) |
|----------|---|---------------------------------|---|
| Helsinki | Formal position; Legitimacy in two sectors | Network | Inadequate formal structure |
| Turku | Formal position | Network | Funding; Defective formal structure; Defective communication channels |
| Tampere | Formal positions in both sectors; Funding | Multi-professional organization | Defective communication channels |

Table 2: Organizational factors affecting the facilitation of arts-based methods in elderly care

Formal and informal organizations

In Helsinki, a formal connection has been established between the facilitator and her supervisor in the social & health care division, which seems to create legitimacy in the eyes of both employees within the social & health care division and colleagues from other organizations. This can be seen as crucial when

developing the services. On the other hand, while the Helsinki facilitator is in a good position, she lacks horizontal support in the organization. Additional formal connection can be found in the cultural instructors working in care units and, naturally, the facilitator's immediate supervisor in the cultural division.

Tampere employs individuals in different parts of the organization (cultural services, intensive elderly care, museum services) who work for enabling arts-based methods in elderly care. While this might also be the case in other Finnish cities currently, Tampere has been the first one to employ a full-time employee for all the mentioned positions. This gives an indication about strong interest in securing accessibility to art in elderly care institutions. What started as a formal collaboration group in Tampere during a development project, stopped working officially after the completion of the project, but continued on an informal basis, as participants found it useful for coordinating the arts and cultural services in elderly care on a city-wide level. The Diamond Group, consisting of individuals from the same level of hierarchy working towards a common goal, could be described as a constellation, as presented by Mintzberg (1983).

Strictly speaking, the only link between the Turku facilitator and the Director of Nursing is the informal connection created during a development project. The mutual connection could, perhaps, be seen as an informal organization, as their collaboration is regular but unwritten. The cultural producer's formal ties do extend to other cultural coordinators and the Director of Nursing has power over nursing practices in her unit. Ultimately, the organization is very thin and the successful provision of services dependent on networks.

Not only do the facilitators work in independent positions but also cultural instructors tend to find themselves alone within their communities. When working for a cause that is not always understood and appreciated by other organizational members, the need for support is emphasized. The semi-formal ties amongst the instructors and between instructors and facilitators are not always of help because the individuals are based in separate units. For the

facilitators, this can be a bigger challenge in a city with perhaps several cultural instructors but only a single facilitator.

Networks

As the facilitators work in highly independent positions, networks are essential for successfully accomplishing their work. In the case of Helsinki, an extensive report on the existing services was compiled before establishing the position of a facilitator. The process of investigating all of the city's elderly care institutions and interviewing the staff members involved with the subject was a starting point for a network that continues to exist. The idea of "nerve centres" or "liaison positions" presented in chapter 2 (Galbraith 1973; Mintzberg 1983) is in this regard applicable for the facilitator working in the middle of various actors. The facilitator bypasses formal authorities by communicating with individuals from all levels of the hierarchy. Her position is formally established but she does not possess formal authority over organizational members. Additionally, the facilitator has an extensive network outside the city organization that to some extent compensates for the lack of formal and informal support from within the organization.

From the perspective of service facilitation, collaboration with local cultural institutions is often useful as institutions often provide services that can be moved from place to place (such as to an elderly care institution) as well as services specifically targeted for older audiences. For an equal access to culture in all of each organization's elderly care units, coordination is required. The facilitators can function as an essential focal point for coordinating between artists, art institutions, care units (including nurses, cultural instructors and head of units alike), politicians, educational institutions and other administrators, thus ensuring the equal distribution of the various services as well as working for the development of the field. The downside of this might be that the facilitators find themselves in a difficult position with high level of responsibility in coordination and little support from the actors around.

Funding

Structural funding of arts-based elderly care can either enable or disable the facilitation of the services. One case organization struggled with not only inadequate funds but from a ban of using money for cultural purchases in social & health care sector, due to a lack of resources. On the other hand, even with extremely scarce funding, services can be provided through effective use of networks.

When funding is not dependent on a scarce yearly budget, the facilitators have more tools to distribute the services in more equal a manner. For sustainable and equal facilitation of high quality cultural services and arts-based methods, structural and varied funding base would be necessary. A combination of budgets from cultural and social & health care sectors, complemented with bequest funds served as a solid funding base in one case organization.

Legitimacy and management

The attempts of arts and culture of integrating themselves into social & health care field have included both success and failure, latter experiences often resulting from lack of communication and legitimacy. In this context, when a facilitator has the legitimacy to speak for both sides, culture and health, communication and collaboration become more effective. Possible preconceived notions on a topic such as culture - still often unfamiliar within the care context - vanish more easily when the facilitator is able to talk about the subject in the terms of social & health care sector, instead of trying to bring advice as an outsider. A more wholesome collaboration can be reached when the facilitator speaks equally well the language of culture and health, and is not hindered by the question of legitimacy in one sector or the other, but is a professional of both. In the case of Helsinki, legitimacy has been achieved through formal establishment of a “liaison” position in both divisions.

While the formal position in both sectors is a good example of creating legitimacy, at the core of legitimizing the work is the support of management in both sectors. The differences in work cultures between cultural and social & health care sector can obstruct the collaboration, unless there is will to continuously seek common ground. While not all artists and all nurses need to collaborate with each other, those who are willing to do so need to be aware of the other professional's aims and ways of working. Without committed management, well-educated and aware artists and nurses willing to include art as either a part of the care work or an additional element to it, the facilitation becomes pointless.

All case organizations have established positions for cultural instructors who work within elderly care, paying attention to cultural needs, conducting cultural activities, taking responsibility for professional artists or volunteers visiting the premises and/or communicating with the coordinators. By creating such positions, the services have a steadier foothold in elderly care. However, in order to continue working in a position different from their peers, the instructors need to have the support and legitimacy from their superiors.

Managerial support of the facilitators is a challenge as their work is highly specified, independent and complex. In all case examples the managers are in charge of divisions comprising several other entities alongside facilitation of arts-based elderly care. This is a common challenge for professional organizations, as pointed out by Kasvio (1994). For more practical support, facilitators might benefit from a multi-professional steering group.

Multi-professional collaboration and communication

At the core of the successful facilitation is communication between the two separate divisions. Whether it is one or more individuals working for both divisions, or people working for culture and social & health care separately, communication about goals and means of reaching them needs to be constant.

This could be supported by the establishment of clear roles for facilitators, and structural support for collaboration through formal multi-professional steering groups. In the case of the City of Tampere, a multi-professional group coordinates services on a city-wide level while crossing organizational boundaries. Such a group, matching Mintzberg's (1983) definition of a constellation, seems like an employable way of ensuring equal distribution and effective use of resources in a large municipal organization.

Translating between culture and health, and between practice and administration, is one of the most important roles of a facilitator. This requires specific professional skills and know-how. Each city organization has undergone one or several development projects that have helped establish the right channels for communication and collaboration between cultural and social & health care sectors. These channels, however, are not always formal in nature, and in worst case can vanish when personnel changes take place. In order to guarantee the successful facilitation of the services, more formal communication channels are required in each organization.

5.2 Structuring the work of a facilitator

The facilitators work in traditionally hierarchical organizations that lie on formal flows of authority. However, often their work spans formal organizational boundaries, supported by informal connections made with individuals on different levels of hierarchy. Networks play an important role in the successful work of the facilitator; scarce funding, highly independent positions, and the insecurity brought by the pioneer position, as well as organizational reforms, are all factors that can bring extra challenges for their work, while a wide network functions as an extra resource.

The facilitators function between sectors, which is untraditional in bureaucratic municipal organizations with strong hierarchies and sectorial lines. While it is hard to see where facilitators in the definitions of operating core, strategic apex

or technostructure, they may be viewed as liaisons working between different sectors, connecting people from within and outside the organization. One of their main tools is communication, which Weick (2009) sees as the basic building block of an organization. The facilitators, sometimes creating their own work description from scratch, have built their own boundary-crossing organizations through the means of communication. The formal aspect of their organization is limited and in most cases, seemingly fitting only on one side of the bureaucratic organization. In reality, however, their work is divided almost equally between the cultural and the social & health care sectors.

Drawing from the interviews, there are certain elementary factors that are required for the facilitating of arts-based methods in elderly care in a municipal organization:

- 1) A full-time facilitator** with either
 - a. legitimacy to work for both cultural and social & health care divisions without time restrictions or
 - b. a colleague in the other division or
 - c. a combination of the two
- 2) Multi-professional steering group** for city-wide coordination of services and educational needs
- 3) Committed management** to ensure the continuation of the facilitation

The issue of communication and collaboration channel rose as a significant factor for disabling the facilitation of arts-based elderly care. While in all case organizations the position of the facilitator is formally established, the rest of the work is reliant on informal connections. Concerning the communication-dependent nature of the facilitator's work, more formal support for inter-sectoral communication and collaboration would be needed.

6 DISCUSSION

The use of arts-based methods in elderly care has increased rapidly in the past years in Finland. Best practices are spreading and partnerships are established between social & health care and cultural sectors, that have traditionally shied away from collaboration due to differences in work cultures, methods and attitudes. While the development of the field is fast also in municipal organizations, there are challenges in providing the services in a systematic, consistent and equal manner.

In 2014, a report (Rosenlöf 2014) commissioned by the Arts Promotion Centre Finland pointed out essential aspects for municipal organizations to consider when formally launching art and cultural services targeted for older people. The starting point would be to acknowledge the role of arts and culture as a part of an individual's well-being. Stemming from the organizations investigated in this thesis, many steps have been taken in practice, but little seems to be established on a strategic level.

When speaking about municipal organizations, one cannot bypass speaking about politics: the political situation influences greatly municipal decision-making, and political values are reflected on budgets. It looks like, regardless of the difficult financial situation, or perhaps even because of it, Finnish municipalities have been able to allocate funds into developing a soft-value activity such as arts-based methods in elderly care. The constant changes due to organizational mergers bring both challenges and opportunities, that have been used for the purpose of creating new connections between arts and health sectors.

As a significant example of the political nature of the topic, The Sipilä government has initiated a national funding programme in order to expand the funding base of arts in social & health care settings, which can create sustainability for the field. In order to establish further legitimation on a national level, common goals, principles, methods and ethical guidelines for the

use of arts as a part of elderly care should be investigated. In 2016, the Helsinki City organization received a grant for creating a national network of arts-based methods in elderly care, showing a structural form of supporting the development of the field. This, if successful, could respond to the apparent need in the field for a more structured national recognition.

While funding tends to be a common argument when discussing the issues of facilitating arts-based methods in elderly care, in fact it was not among the main issues stressed during the interviews. However, one case organization did struggle with not only inadequate funds but from a ban of using money for cultural purchases in social & health care sector, due to a lack of resources. The example points out a delicate issue in the field: if elderly care is suffering from an acute lack of funds for basic care, is it ethical to use funds for culture in elderly care? This argument, often raised especially in the current financial situation, can also be seen as a value statement: culture can only be an expenditure when “everything else is taken care of”. For the facilitators and other professionals working in the field, the general trend in the field seems to be pointing towards a more positive direction.

The field of arts-based methods in elderly care is under development and the managerial side remains under-investigated. Managing cultural services in health care settings seems to be undertheorized and very little research on the administrative aspects has been conducted so far. While a single model for successfully facilitating the services is perhaps impossible to find, the topic could be investigated in more detail from several perspectives, such as the formation of informal connections and organizations and inter-organizational fields. Also, the funding structure of the field is varied, and could be an interesting topic of further investigation. Development in the field takes place on several levels – artistic, health care, administrative and managerial – and all of these levels could be investigated in more detail.

On a different note, it seems that while discussing the best practices, both in the administrative level as well as in general issues combining arts and health, the

actual target and benefiter of the services can be forgotten. While the customers of arts-based elderly care can bring about certain challenges for research, their point of view as the recipient of arts-based methods in elderly care should not be overlooked. Regardless of the aspect investigated, multi-professional approach can be seen as an essential starting point for studying arts-based elderly care in more detail.

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8 APPENDIX

APPENDIX 1

Interview template

1. Background

When did you start working in this position?

What were the circumstances like when you started?

Did this position exist before you started working on it?

Can you tell me about the reasons for establishing the position?

2. Work description

What is your role in the organization?

Under what title do you work? Does the title correspond to what you are doing?

Tell me about your work description.

3. Organization & support

Describe your work organization.

Who do you work under?

Do you have colleagues with a similar job description?

How is arts-based elderly care supported in your organization?

4. Collaboration

How would you describe the collaboration between culture and social & health care divisions?

5. Network

Who do you work with, apart from your closest colleagues, within and outside the organization?

What does this signify to you?

6. Development projects

What are your experiences in development projects in arts-based elderly care?

What kind of impact have they had?

7. Challenges

What are the biggest challenges in facilitating arts-based methods in elderly care from your perspectives?

In an ideal situation, how would your work be organized?