

Coping with COVID-19 in Nordic Municipal Eldercare

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Introduction

A major problem in the current COVID-19 crisis is how to cope with contagion in eldercare. Evidence indicates that COVID-19 tends to be especially lethal to older people (See table 9B in SSI 2020). Contagion of diseases is not a new problem in eldercare, but COVID-19 questions old organizational routines to the extreme as indicated by recent reports (Barnett *et al* 2020; BBC 2020; Svendsen *et al.* 2020; Tønner 2020; Aagaard 2020). Contagion problems are likely to increase over time due to higher rates of infection in society. Four of the Nordic countries (DK, N, S & SF) organize eldercare similarly at the municipal level with nursing homes for very weak older persons and homecare for the majority of older people in need of care. Along with the crisis, this similarity in institutions enhance the likelihood of interorganizational learning and diffusion of novel practices (Strang & Meyer 1993, Czarniawska & Sevón 2005). On this background, the purpose of our project is to generate data for later analysis and future capacity building while facilitating immediate dissemination of promising practices based on empirical reports from the Nordic countries. This VELUX project focuses on data generation in Denmark but is tightly coordinated with similar contemporary projects in Finland, Sweden and Norway.

Research questions

The main research question focuses on the immediate situation and its development in the coming months: *How are Danish managers and employees in nursing homes and homecare seeking to avoid COVID-19 contagion and how do they respond once the COVID-19 virus has entered their organizational unit?* The main question will be pursued through four sub-questions: *a) problems and solutions:* What problems do they face? How do they try to solve them? What are the most important solutions? *b) Routines:* What organizational routines do they change if any? What novel routines are put into practice? *c) Learning:* How do they learn from good and bad experience? How do they learn from the experience of others? *d) Diffusion:* To what extent do novel solutions diffuse across organizational boundaries? How do units exposed to the virus in later stages (e.g. nursing homes and homecare in rural areas) learn from experience of units exposed to the virus in the early stages (e.g. nursing homes and homecare in urban areas like Copenhagen)?

Theoretical approaches

This type of crisis is under-researched (Ansell *et al* 2010; Christensen *et al* 2016) and the study is therefore exploratory but informed by research from previous crises. Previous research shows that

existing standard operating procedures (SOPs) tend to be used initially (Allison *et al* 1999; Moynihan 2008), may lead to disasters if they are inadequate (Weick 1993) and, moreover, that new SOPs often need to be invented and reinvented (Moynihan 2008) during the crisis. Research in user innovation shows that some professionals will invent and/or search for novel solutions (Franke *et al* 2020; Hansen 2010; von Hippel 1988, 2005; Feldman 2000). Lead user innovation research suggests that inventions are most likely in extreme situations with resources available for innovation. Search for novel solutions are enhanced by networks (Granovetter 1983; Hansen *et al* 2017; Rogers 2003) across organizational and professional boundaries (Kapucu 2006; Quick & Feldman 2014; Williams 2012) and by the urgency of the crisis (Filippetti *et al* 2010; Svava 2013). However, we do not know how organizational learning; user innovation and diffusion unfold during pandemic disasters and to what extent the responsive capacity of eldercare is driven by lead users. The study will therefore generate important new knowledge. We have chosen the lead user innovation approach to guide our initial data collection (Franke *et al* 2020) in phase 1.

Research Design, data collection and time schedule

The project uses a mixed method design (Creswell *et al* 2018). Respondents will be managers and employees in nursing homes and home care. The project will be conducted by Morten Balle Hansen (MBH), Tilde Marie Bertelsen (TMB), Andrej Christian Lindholst (ACL) and a student assistant (NN).

Table 1: Time schedule data generation and outputs

Year	2020 - 2021															
Month	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J
WP1: Interviews and document analysis (MBH, TMB, ACL, NN)	X	X					X						X			
WP2: Construction/revision and test of survey (MBH, TMB, ACL)	X	X				X						X				
WP3: Web based Survey Nursing Home (NH) managers (TMB, ACL)		X	X				X						X			
WP4: Web based Survey Home Care (HC) managers (TMB, ACL)		X	X				X						X			
WP5: Web based Survey to NH and HC employees (TMB, ACL)		X	X				X						X			
WP6: Dissemination of knowledge to practice (MBH, TMB, ACL)		X	X				X	X					X	X		
O1: Preliminary country reports targeted eldercare professionals			X				X							X		
O2: Final country reports and international report round 1, 2 and 3					X					X						X
O2: Data files – both interview and survey data - ready for further analysis				X	X				X	X					X	X

Note: O Output from project. Green = Phase 1; Red = Phase 2; Blue=Phase 3

Phase 1 (April-August 2020): At the beginning of May (see table 1) virtual (by phone, skype, etc.) semi-structured qualitative interviews (Brinkmann 2014) will be conducted with municipal eldercare managers and employees at different levels. The selection of managers and employees for interviews will be based on the lead user approach. Interviews will continue until no more novelties are disclosed. The purpose is to uncover all promising inventions in the toolkit of virus protection used in eldercare. The findings from the interviews will be used to design the Web-based survey

which will be conducted in early June 2020. The purpose of the survey is a) to uncover how much various measures are used; b) to disseminate knowledge of possible measures to the eldercare professionals; and c) to discover new measures. The generated data will be made publicly available via Danish National Archives (previously Danish Data Archive) and findings will be published in a country report in Danish as well as a report in English. The Danish report will be carefully coordinated and based on data from all four countries but targeted at eldercare professionals in Denmark.

This phase has independent value because a) it generates a data file of both immediate interest in Nordic comparative research, b) and of long-term global scientific interest for understanding innovation in eldercare and c) because it immediately disseminates knowledge of promising novel practices to Danish eldercare professionals.

Phase 2 and 3 (not covered by this application; budget estimate: DKK 275,000): The Danish data collection will be repeated in the fall 2020 and in the spring of 2021. The purpose of the 2nd and 3rd rounds is to uncover patterns of diffusion, ongoing experience of the different measures we found in the first round as well as possible reinventions and new measures to prevent contagion. In this phase the interviews will be supplemented with document analysis of instructions from national health authorities. The **output** from phase 2 and 3 will be 2 qualitative and 2 quantitative datafiles ready for further analysis, 2 national reports targeted practitioners and a report in English for an international audience.

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