

ABSTRACT

Call centres have been called the industrialisation of the service sector, characterised by monotonous, highly controlled work and standardised procedures performed in an old-fashioned, Tayloristic spirit. Stress and work intensification are known implications of such work. Healthcare on the other hand, is based on bureaucracy, but has professional staff. Nurses describe their occupation in terms of caring, cherishing, educating the sick, being dedicated and genuinely concerned for the patient, while assessing and treating individual reactions to health problems. But what happens in an health call centre (HCC)? The call centre is aimed at mass-production, the monitoring of work, performance targets and control. The overall aim of the thesis to elicit and analyse how this can be combined with the nursing profession and the consciousness of taking care of people in vulnerable states of pain and anxiety.

The thesis draws on a study of an HCC in western Sweden, covering the period from 2002 to 2006, based on more than 80 semi-structured interviews with key actors, 400 structured interviews with care-seekers, repeated observations, written documents and other sources. The results show how the HCC's work and work organisation are conceived based on social relations which are shaped and influenced by institutions and social actors. In a Swedish context, HCCs have been introduced on a broad scale since the late 1990s, and it catches the characteristics of the Swedish healthcare system in the horns of a dilemma, i.e. the ambition to address simultaneously (1) equality (2) high quality (3) efficiency and cost control and (4) freedom of choice. Designed to solve healthcare problems, HCCs imply new ways to organise work within healthcare, based on new technology, a Swedish variant of New Public Management practices and rhetoric, control mechanisms and new work relations. Yet the HCCs strongly emphasize the continuity of Swedish healthcare connected to overall institutional features in political, economic, regulatory and cultural terms. Accordingly, the case-study also shows a process of tensions, conflicts and resistance. Visualised as operating in a battlefield, the actors expressed strong and divergent conceptions towards the HCC. The tensions include a focus on primary care versus resources to secondary care, meeting demands for access and immediate care versus steering healthcare, adapting versus changing demands, the responsible care-seeker versus the exigent healthcare consumer, rationalising human service versus more calls on the phone, control versus coordination. For the telenurses, the contradictions also entail fulfilling both quantity and quality imperatives and working in line with ethics and socialised convictions, while wanting care-seekers as well as physicians to be satisfied.

The HCC confirms both a positive and negative picture of call centres embracing contradictions such as control versus autonomy, participation versus exclusion, professional responsibility versus professional vulnerability, upskilling versus deskilling, younger versus older nursing generations, work intensification versus less physical work, isolation versus freedom and different aspects of emotional labour. The concept of HCC might be interpreted as a movement in the direction of a more liberal, Anglo-Saxon model of organising the economy, but with a distinct tendency towards divergency characterised by Swedish industrial relations and work organisation in the healthcare sector and related to the ongoing professionalisation of nursing.

Key words Sweden, healthcare, health call centre, telephone advice nursing, New Public Management, institutions, conceptions, work organisation, labour process, professionals, care-seekers.