Project work in Finnish KASTE projects

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Abstract
Project work been seen as a solution for developing social and health care work. However, project work is not one-dimensional. In addition, there are some characteristics in social and health care that pose challenges for projects. There is a need to study social and health care project work critically. The aim of the article is to describe and analyze project work in social and health care. The data were collected from KASTE projects in 2008-2011. The data consisted of essays written by project managers (n=11) and interviews (n= 14) with project managers and workers. The data were analyzed using qualitative content analysis. Based on our findings, project work in social and health care was characterized by project management within an organized chaos, power struggles between professions and organizations, attitudes related to co-operation with different sectors, successful team feeling and multi-dimensional peer support. Peer-support and team feeling were valued as important resources in project work although there were different kinds of experiences of their existence. Team feeling can be seen as a means to compensate for the lack of common instructions and to relieve the feeling of chaos. Different kinds of power structures could be distinguished on different levels of co-operation in projects: on project team level, on inter-professional level and on the level of organizations and municipalities. This poses challenges for inter-professional and cross-sectional co-operation in projects, which might affect project progress.

Background

Our society is 'projectified'. Politics is also becoming increasingly 'projectified', manifested as large social and health care projects, for example (Sjöblom et al., 2013). More people work in temporary organizations such as projects, and people in permanent organizations are more involved in projects as part of their daily work (Andersson & Wickelgren, 2009). Projects can be seen as promoters of change (Forssell et al., 2013). In spite of this, projectification is still very much overlooked among public sector organizations (Sjöblom et al., 2013).

Projects have spread into new domains (Cicmil et al. 2009) including social and health care (e.g., Kizmiller et al., 2010). Traditionally, project work has been characterized by its temporary nature, uncertainty and complexity, as well as for being highly interactional (Marshall, 2006). The features of project organization that make it appealing are task orientation, specific schedules, team-based mode of operation, presumed flexibility and adaptability (Hodgson, 2004; Bresnen, 2006; Cicmil et al., 2009; Krohwinkel-Karlsson, 2013). These features offer an alternative to more inflexible forms of organization (Marshall, 2006; Sjöblom et al., 2013). Projects have been seen as a cure for challenges in social and health care. However, project work is not one-dimensional, and projects are described

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as being more multi-layered than before (Andersson & Wickelgren, 2009; Löfgren & Poulsen, 2013). Projects are seen as autonomous from the parent organization (Engwall & Jerbant, 2003), and at the same time, projects are strongly influenced by the parent organization in terms of planning and implementation (Krohwinkel-Karlsson, 2013).

When looking at project management, good practice standards, such as keeping to a timescale and budget and reaching objectives, do not guarantee project success (Cicmil et al., 2009; Löfgren & Poulsen, 2013), especially in public sector-related projects (Hodgson & Cicmil, 2008), which are still little studied (Löfgren & Poulsen, 2013). In response to this, critical literature and research in the field have emerged (e.g. Cicmil et al., 2006; Lindgren & Packendorff, 2006a; Hodgson & Cicmil, 2008).

In this article we look at large social and health care projects. Large projects mean that at least two organizations are involved and the projects have their own funding and organization. The work in such projects is different from daily work in health care; for example, workers do not work with customers, but concentrate on project work instead. A difference between daily work and project work is also that projects have their own objectives, schedules and organizations that affect the way of working (Cicmil et al., 2009). It is important to study what project work in large social and health care projects is like. In this article we want to elucidate the multi-dimensionality of project work in large social and health care projects.

This article is a subset of a larger study whose objective is to describe, chart, evaluate and develop projects in social and health care (Suhonen & Paasivaara, 2009). First we conducted a literature review on shared human capital in projects (Suhonen & Paasivaara, 2011a), after which we explored human capital in health care projects (Suhonen & Paasivaara, 2011b) and challenges in health care project management (Suhonen & Paasivaara, 2011c). The aim of this article is to describe and analyze project work in social and health care. We are looking for answers to the following research question: What is project work in large social and health care projects like?

The special nature of social and health care projects and its associations with project management

Social and health care organizations are extraordinarily complicated. Hospitals have been described as several different worlds consisting of the worlds of physicians, nurses, managers and trustees (Glouberman & Mintzberg, 2001). These different worlds can be seen as sub-cultures that have evolved around professions. Strong professionalism is characteristic of social and health care. Professionalism requires specialized knowledge that calls for long periods of studying (Collier, 2012). Professional ethics, including ethical norms, standards and responsibilities, is one distinctive feature in professionalism (McCrickerd, 2000). Projects are influenced by the wider contexts in which they exist; project management, for example, is affected by professional cultures (Marshall, 2006).

Different norms and cognitive schemas associated with different professional values, codes and norms are likely to complicate project work (Bresnen, 2006).

Social and health care organizations are functionally differentiated and there is strong professional territorialism (Carlström & Ekman, 2012), which is why there is a need for cross-functional tasks (Bresnen, 2006). Projects provide one possible solution to this, although some studies claim that project management is not a suitable tool for solving cross-sectorial policy problems (Löfgren & Poulsen, 2013). Cross-functional tasks require inter-professional collaboration, meaning that different professional groups work together, combining different fields of know-how in an effective manner for the benefit of the customer (Bender et al., 2013). It is also a common feature of project management to have extensive inter-professional relations across organizations (Bresnen, 2006). This perspective supports the applicability of project management to social and health care. However, there are collaboration difficulties in inter-professional teams (Liff & Andersson, 2012; Nylén 2011).

Figure 1. Basic dimensions of social and health care projects.
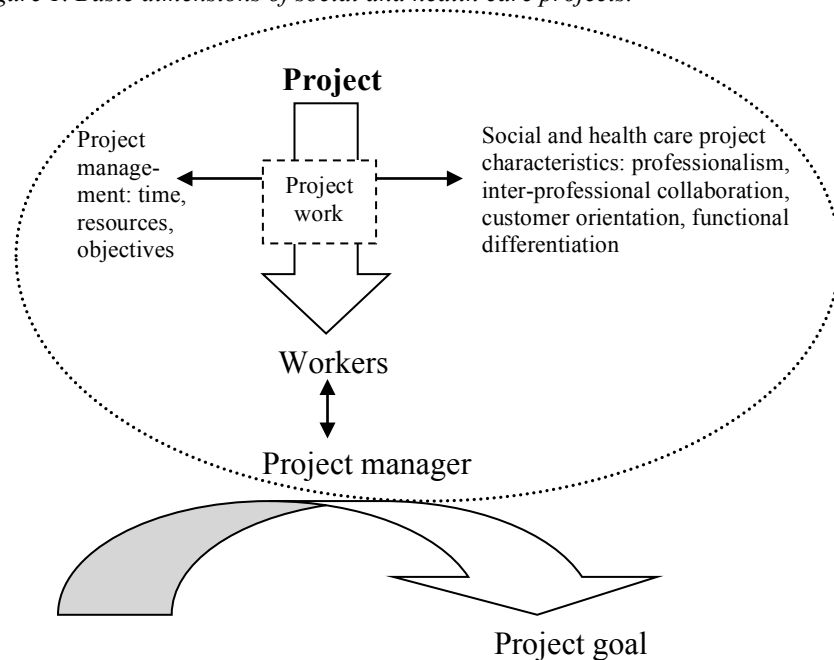
In contrast to functional differentiation, customer orientation has been emphasized in social and health care in recent years. It means that services are provided by responding to customer needs, and customers are listened to (Tomey, 2009). The ultimate goal of projects in social and health care is to improve customer services and patient care (Crawford et al., 2002). Customer orientation is also a great challenge. During the last few decades, patients have been re-defined

as customers (Bolton, 2002), and the status of the patient is considered that of 'King' (Bolton & Houlihan, 2005). Professions should be able to re-integrate disintegrated units for the benefit of customers, but this has proved to be problematic (Liff & Andersson, 2011).

The basic dimensions of social and health care projects are summarized in Figure 1.

Collectivity is one form of social capital. Project work involves very close teamwork (Lindgren & Packendorff, 2007; Löfgren & Poulsen, 2013), which requires collectivity. Nocker (2009) talks about 'togetherness' and belonging, resulting from shared experiences over a project. Belonging highlights the personal experience of a project team's joint action. It can be understood as 'team feeling', which means a shared feeling of belonging to the project team (Nocker, 2009). Team feeling and social support are factors that shape and maintain project work. Here, social support means assistance between people on both practical and emotional level (Highsmith, 2010). This has previously been little studied in social and health care projects (Tansley & Newell, 2007).

However, a more general view of project work is that everybody has to take care of themselves, work is stressful, requires long hours and commitment (Lindgren & Packendorff, 2007), and can disrupt family lives (Lindgren & Packendorff, 2006a). Project team members are expected to have a high degree self-responsibility (Lindgren & Packendorff, 2006b). There is hardly any wellbeing at work-promoting collectivity in projects (Lindgren & Packendorff, 2007). It is even said that project workers recount 'war stories' because the work is so hard (Lindgren & Packendorff, 2006b). Project work has also been described as 'organized chaos'. In order to be a professional in project work, you must conform to project management norms, such as deadlines (Lindgren & Packendorff, 2007). Consequently, projects are not only stimulating from the perspective of project worker. Project work implies disciplining people in space, in time and in their souls (Lindgren & Packendorff, 2006a). The project management approach is said to exert control over workers, not only over work. This is in contrast to the common understanding of the project approach where workers are thought to be relatively autonomous knowledge workers (Thomas, 2006). Some critical perspectives claim that people are being colonized by projects and people's identities are determined by project management from several levels and projects (Andersson & Wickelgren, 2009). This explains why project workers seek higher positions in future projects as a reward, with the result of increasing responsibility (Packendorff, 2002). This is related to questions such as are project workers completely regulated by projects (Andersson & Wickelgren, 2009) and are projects a form of disciplining professionals (Hodgson, 2002).

Power and influence are related to project work because of the goal-directed and uncertain work involved. Issues related to power are usually not discussed in project management literature (Marshall, 2006). For example, the power of different participants in projects is one issue that increases complexity (Cicimil & Hodgson, 2006). In social and health care, power can be related to professionalism, and it can be reflected in inter-professional co-operation. Power can be seen

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in project management discourses, for example in project management having its own language (Hodgson, 2002; Marshall, 2006; Hodgson & Cicmil, 2008). The effect of professional language is seen to monopolize the representation of processes, in line with the Project Management model, by attempting to sanction certain articulations of organizational processes while delegitimizing as 'unprofessional' those that do not subscribe to the Project Management ontology (Hodgson, 2002).

There are a lot of issues related to project management which are unconscious or even hidden, but which affect project work in social and health care. That is why it is important to study how people act in projects (Lindgren & Packendorff, 2006a). Previous studies have also revealed a need to explore project actuality because it contributes to more satisfactory outcomes of contemporary projects. Project actuality means the understanding of the lived experience of project organization members with work and life in projects (Cicmil et al., 2006).

Earlier studies in social and health care project management have focused on aspects such as how to reduce costs in health care services with the help of project management (Sa Couto, 2008), understanding and evaluating organizational change projects (Lee et al., 2011; Dobers & Söderholm, 2009; Peltokorpi et al., 2006), implementation of IT projects (Kizmiller et al., 2010), exploring project evaluation methods (Buelow et al., 2010) and exploring human capital in health care projects (Suhonen & Paasivaara, 2011a). Taking workers' aspects into account is also important from the viewpoint of project workers' wellbeing at work, job satisfaction (Hodgson & Cicmil, 2008) and retention of experts in social and health care projects.

Conduct of the study
Projects investigated in the study

Large-scale social and health care projects in the Finnish public sector are in the focus on this article. The projects were ongoing in the 2010s, and they lasted from one to five years, most of them from two to three years. These projects are in the focus because in recent years, health care reforms have been more the rule than the exception in the Nordic countries (Fagerström & Salmela, 2010).

In recent years a typical feature of the development of the Finnish health care system has been guidance within the framework of the national development program of social and health care (KASTE). KASTE defines the general development objectives and activities for Finnish social and health care between 2008 and 2011 (Ministry of Social Affairs and Health, 2009). The KASTE program aims at promoting the wellbeing and health of the population, improving the quality and effectiveness of services as well as increasing the inclusion of the population and reducing social exclusion. A total of 39 extensive projects were carried out within the program in 2008-2011 and EUR 104.2 million in discretionary government transfers was reserved for KASTE projects (Ministry of Social Affairs and Health, 2009). All projects explored in this study are included in the KASTE program.

Methodology, data and analysis

This article is related to both technical and hermeneutic interests of science: our aim is to use the information obtained with this article in developing project work and to understand projects more profoundly than before (Habermas, 1981). We have collected data for this article with interviews and essays because they let the voice of staff to be heard. We aim at capturing the project work perspective by dissecting staff views and project organization's work from the inside (Buchanan & Bryman, 2009; Cicmil et al., 2006). We study projects through essays and interviews; i.e., through language produced by project managers and workers (Prasad & Prasad, 2009).

The study participants were project managers and project workers in KASTE projects in 2008-2011 (n=25). The data consisted of project managers' essays (n=11) and interviews with project managers and project workers (n=14). The data were collected at the same time when evaluation material for the KASTE program was collected from 2009 to 2010. The participants were informed about the study and asked if they were interested in participating (Christians, 2011). In the essays we asked the participants to describe their experiences of the challenges and positive things in the KASTE projects and their management and to describe their own work in the projects. In the interviews we asked them to express their opinions and experiences about KASTE projects from the viewpoint of the work they had done in the projects.

Table 1. The analysis process and findings in the study

Sub-themes	Main themes
• The challenges in everyday work • Visioning issues and perceiving entities • Routine-like control of issues • Adequacy of work time and scope • Uncertainty of future and future of development work • Time scales and appropriation linkage	Project management within organized chaos
• Struggle over influence • Power connected to people's personal attributes • Competition and co-operation	Power struggles between professions and organizations
• Initiating co-operation • Challenges in combining different organization cultures • Unwillingness to co-operate	Attitudes related to co-operation between different sectors
• People getting to know each other in a team • Supporting staff and finding objectives for work – viewpoints of project managers • Team spirit	Successful team feeling
• Different networks and meeting colleagues • Giving and getting peer-support	Multi-dimensional peer support

We used qualitative content analysis to analyze the data. We focused on understanding project work through the contents of the texts and by searching for essential themes in them (Elo & Kyngäs, 2007). The analysis process proceeded

as follows: first we transcribed the interviews. Then we read through the interview texts and essays several times, deciding to use complete thoughts as units of analysis. We then outlined sub-themes from the texts inductively, naming them using descriptive concepts. After that we continued the analysis by grouping together the sub-themes that had similarities, forming main themes. Then we named these main themes using the following: project management within an organized chaos, power struggles between professions and organizations, attitudes related to co-operation with different sectors, successful team feeling and multi-dimensional peer support. The process of analysis and the findings of our article are described in Table 1.

Trustworthiness of the study

To ensure trustworthiness, we have included quotes from the original data. Furthermore, the applicability (transferability) of the results requires case-specific judgment. Our main objective was not transferability of research results, but understanding social and health care project work.

We have described the research process so that it can be repeated if necessary. It gives the reader a possibility to understand the limitations of the process of data collection and analysis. We have confirmed neutrality in our study by only doing interpretations that are based on our data and reflect our interpretations of the original data. This is also confirmed by quotes from the original interviews and essays.

Findings

Project management within an organized chaos

Project team members, especially project managers, described a lot of challenges in their everyday work. They described their work as involving a lot of traveling and working with numerous groups of actors. The challenges for project managers' work also included extremely long working hours and the fact that work continued even when they got home, which led to stress and reduced leisure and family time. The following quote from interview data shows light on these issues:

> Sometimes you don't even have time to breathe. You leave for work in the morning and come home late at night. At home you have to work at night after the children have gone to bed. The large work field (four provinces) takes up working time and traveling makes the working days long. Traveling is not working time, so some days you spend as many as five hours traveling in your own time. This is physically burdening. There is too much work and the stress level is high. You have to cut back on your own leisure time as well as exercise. Of course this cannot go on forever, but it has already lasted 1.5 years. (Project manager, interview)

Work was described as rewarding, however, when it consisted of visioning issues and perceiving large entities. Work also involved a lot of routine management: coordination, preparation, team communication, external communication, keeping project entities together, keeping to a schedule, traveling, preparing oral presentations, taking care of project administration such as checking invoices, meetings etc. At times, the sheer volume of things that should be taken care of gave rise to anxiety among project managers; as a result they were not able to do everything as well as they wished. For example, reporting was seen as burdensome and time-consuming, as shown by the following quote from an essay:

> Checking and double-checking also took a lot of time. In addition, correcting mistakes caused by sloppy work took up a lot of working time in a large project. Of course mistakes did sometimes happen and they had to be corrected. The large scale and three-tiered structure of the projects did pose challenges, however. (Project manager, essay)

There was consequently a lot of discussion about the sufficiency of work time and the scope of project managers' work. One viewpoint was also that project management was usually a part-time job, even though the managers felt that they were expected to do a full-time job. Project managers were expected to have leadership skills, extensive knowhow in project management and network management as well as the ability to work efficiently with practical matters. In some cases the project manager was the sole member of a project team, as shown by the following quote from an essay:

> There are not enough resources allocated to managing our project and this is seen in my work every day. I do everything: expert management, administrative management, financial management, copying, mailing etc. On the other hand, I am not a member of any team so I cannot delegate my work to anyone. (Project manager, essay)

Everyday project work was also associated with uncertainty about things to come and the future of development work. This was felt to be a burden and it affected the progression of work in sub-projects. At the same time, project workers' and managers' ability to cope with uncertainty was seen as necessary. The constant changes, lack of instructions and poor knowledge of future prospects that are typical for projects gave project managers reason for concern:

> In the initial phase project managers received very little support, for example in terms of common instructions and practices. There is also a kind of inability to channel program objectives to everyday activities in projects, because projects are so extensive that needs cannot be met in any area. Compromises must be done on everything. The result is not what anyone wanted; instead, you end up with a compromise. (Project manager, interview data)

The work requires the ability to bear uncertainty and ability to work with many different issues. It does not suit everyone and does not bring out the best in all people. That is why clear instructions from those providing funding make things easier: they give a clear framework for the work. (Project manager, essay)

Project managers saw a lack of logic in the extent of project and program objectives compared to the length of the funding period. They felt that the results expected could not be reached within the timescale given. Project managers were concerned about linkage between time scale and appropriation; timescales were perceived as too inflexible and project cost had to be reported during ongoing projects, for example. They also thought that funding was given for periods that were too short, which was seen to hinder motivation of project managers and long-term development work in social and health care:

There is and has been a clear conflict here. And they still demand us to show results and evaluations even though any honest person could tell that the results and objectives cannot be reached within this timescale! This causes difficulties in motivation again... (Project manager, interview data)

Power struggles between professions and organizations

According to team members' experiences there is a lot of struggle for influence in projects. The power relations formed were established little by little during project planning and implementation. The power related to the project seemed to be associated with team members' personal qualities, such as personality, profession or high position in parent organization. According to the team members, some members were listened to more than others, and they also had stronger influence on the outcome than others. Physicians were seen to have more influence than other project team members:

It was more difficult for me to make my voice heard than it would have been if I had been a physician. (Project team member, interview)

Project work involved competition and co-operation between team members at the same time. This was reflected in people's different interests and attempts to combine them. One key goal was to find a solution that would benefit all and reconcile different interests; this was hampered by competition, as shown by the following quote:

Competition between different actors for results and honor may be harmful. (Project manager, essay)

Feeling/A sense of equality between project team members was seen as important from the viewpoint of project progress. Multiple strong personalities in a

team might hinder some team members' willingness to participate in discussion. Strong personalities were also seen to have more influence in decision-making than others. These team members did not listen to others; instead, they carried on speaking when others were speaking. This led to the feeling that not everyone's participation and work in the project was valued, which made project implementation difficult:

> There was something between the professional groups, like a lack of respect in one professional group for the work of other professional groups. It was related to the culture. And the project did not get on well; it did not progress in a functional manner. (Project manager, interview)

> People do not have the courage to speak up, especially if there are strong personalities in the team who express themselves in strong terms. (Project team member, interview)

Attitudes related to co-operation with different sectors

Professionals worked together with professionals from different social and health care sectors. This was reflected in team members' attitudes towards co-operation. Negative attitudes were seen especially in initiating co-operation, when people needed quite a long time period to orientate themselves. There were also challenges in combining different kinds of organization cultures, for example harmonization of different meeting and working practices. Team discussions and dialog were needed to come up with common practices. Some parties, such as some municipalities, were unwilling to commit to the cooperation that would start with the project. They said they would commit to the project but not to actually working together. A need for skilled project managers was seen, especially ones with strong leadership skills, in order to create and maintain a positive attitude for cooperation promoting project progress. The following quotes show project managers' and workers' views on attitudes related to co-operation:

> Combining different people, views and working practices is difficult. (Project team member, interview)

> There are problems with some parties' unwillingness to commit to co-operation: they are committed to the project but do not want to work together. (Project manager, essay)

Successful team feeling

From the viewpoint of fostering team feeling team members considered it important to get to know each other. After that, working as a team was usually perceived as very innovative and meaningful, characterized by a strong team spirit, joy and a strong feeling of getting things done. Achievements reached together, as a team, were the crowning glory, as it were. Team spirit was sup-

ported by working together in one direction. In the following, team spirit is described by a project team member:

> Team building has been successful. We have succeeded in creating a team spirit to work together. (Project manager, essay)

One project manager described that team feeling was strengthened when there were clear frames in project management and reporting. For example, clarification of project goals and keeping project team members abreast with them, as well as willingness to create common practices had a positive effect on team feeling:

> In earlier projects development of team spirit was promoted by clear frames in project instructions and reporting. As a result, these things did not have to be put into question during the project, as all actors were on the same side. (Project manager, essay)

There were also views about a lack of a positive team feeling. Changes in team members during project implementation caused difficulties in recruiting project workers, or in the case of a project time scale that was too tight, team feeling was affected in a negative manner.

Multi-dimensional peer support

Peer support was a prevailing design in KASTE projects. Different networks and meeting colleagues in the context of projects were seen as positive because they facilitated peer support. Team members understood peer support to mean support that employees in the same situation gave each other equally, mutually and confidentially. Giving and receiving support was based on sharing experiences, emotions and feelings. Peer support was important between both project workers and project managers. It was as varied in nature as social support: it involved networking and getting to know different actors widely, in different provinces and in the entire country, as shown by the following quotes:

> At managers' meetings we have been able to share positive and negative things on a general level. Sometimes you long for more profound support for management. It's just that everyday work gets in the way of that – we should look for this kind of support more actively ourselves. (Project manager, essay)

> I have got to know actors in two provinces and different working methods in social and health care. Joint project worker meetings involving the Ministry and THL (National Institute for Health and Welfare) have created new networks and we have been able to share experiences on where things stand in different regions in Finland. (Project manager, essay)

Discussion

The aim of this article was to describe and analyze project work in large social and health care projects. Project work in social and health care was characterized by project management within an organized chaos, power struggles between professions and organizations, attitudes related to co-operation with different sectors, successful team feeling and multi-dimensional peer support.

At the time of conducting this research KASTE projects were a new feature within Finnish social and health care development work. Related to this, project coordination was seen to require a more clearly defined common strategy and instructions for work. When the daily work in projects felt confusing and complicated, workers gave support to and received support from each other. The experiences of peer-support differed between the workers. Some felt they got a lot of support while others felt like they were all alone with their projects. This may be due to differences in how different individuals experience things, or it may reflect the wide range of situations involved in KASTE projects. Seeing peer-support as meaningful and ability on the part of project managers and workers to reflect on their own work, understanding its complexity, was a strength of health care projects. This prompted workers to develop themselves in their work and provided opportunities to find development points in project work for the benefit of future projects.

Team members had a strong need to feel that they belonged to a community. Project team offered this sense of community at least to some of the project managers and workers. Peer support was valued and seen as important from the viewpoint of project workers' and project managers' well-being at work. This has been given very little attention in previous research (Tansley & Newell, 2007). Strong peer support may be a special feature of social and health care project work because traditionally, project workers are assumed to work alone (Lindgren & Packendorff, 2007). Emphasizing team feeling and belonging reflects this (Nocker, 2009). There are well-grounded requirements for recruiting project workers and managers with high social and interpersonal competences (Löfgren & Poulsen, 2013). It is important especially from the viewpoint of project success and staff well-being at work. Team feeling can also be seen as a means of compensating for the lack of common instructions and relieving the sense of chaos in project work. From a critical point of view, team feeling might also be an ideal for project teams, a thing that many project workers want to achieve, which is why it was emphasized in the contributions by some project workers. Wanting to have a good team feeling shows a positive attitude towards project team work and developing it.

Project workers' need to belong and have a sense of community is related to the work of traditional bureaucratic-hierarchical organizations (Hodgson, 2004; Prasad & Prasad, 2009). It is also related to discussion where projects can be seen as promoters of stability (Forssell et al., 2013). Our findings indicate that social and health care project team members expect from projects the same kind of activities and formal dimensions of working together as in traditional organi-

zations. This is partly in line with the studies of Andersson & Wickelgren (2009) and Hodgson (2002) claiming that project work is actually under tight control and is regulated in a certain manner. However, strong peer support in social and health care projects may be one issue that promotes professionals' staying on in project work, which is why it should be supported.

The findings show workers' strong commitment to working long hours and sacrificing leisure time and family life, for example. These can be seen as norms in project work (Lindgren & Packendorff, 2006a; Lindgren & Packendorff, 2007; Andersson & Wickelgren, 2009) and also as a tradition of work in a predominantly female field. Another view is that project managers and workers were seen as being multi-talented, which is why only scant resources were allocated to project management. When project managers had plenty of responsibility they wanted to have better instructions for project management and implementation to be able to meet the expectations set for their project.

The findings also revealed the existence of power structures in projects (Marshall, 2006). Power structures were seen on different levels of cooperation in projects: on project team level, on inter-professional level, and on the level of organizations and municipalities. This was most clearly visible on team level where some subcultures and professions had more power than others. For example, physicians' power seemed also in our findings to be taken as self-evident (Bender et al., 2013). These underlying assumptions pose challenges to inter-professional co-operation in projects and for creating a well-working project culture in social and health care.

In the social and health care context project work is seen specifically as a tool for solving cross-sectorial problems, although it is claimed that project management is not employed for solving cross-sectional problems (Löfgren & Poulsen, 2013). Managers in social and health care should also consider other ways of organizing work besides projects when aiming to increase cooperation between different sectors with the view of solving problems in a customer-oriented way.

One challenge in project work in KASTE projects was that they did not have one specific parent organization; instead, projects were funded by the ministry and planned and implemented by many organizations, for example several municipalities and health districts. As a consequence, the support of the parent organization for KASTE projects and project management was low, which may have had a negative effect on the project work. Previous studies show that projects are strongly influenced by the parent organization in terms of planning and implementation (Krohwinkel-Karlsson, 2013).

Conclusions

Peer support was valued as an important resource in project work although there were different kinds of experiences of the existence of peer-support. Peer support was one way for project workers to cope with projects and with disciplining on the part of project management. Project managers and workers were capable

of recognizing and reflecting on their own work in projects, which gives them a good basis to develop social and health care project work.

Projects and project management seem to discipline workers in social and health care. Workers adopt a project worker identity, including working long hours, and they may be at risk of burn-out. This does not promote social and health care as a magnetic field or encourage experts' retention in the field. That is why it is important to discuss correct timing, i.e., when project work is an appropriate way of organizing work in social and health care, and to avoid applying it just in any situation.

At present, different professionals seem to consider their own views to be the most important when difficulties arise in project work in terms of integration of different parties' views. Bringing about a change towards a more customer-oriented approach calls for changes in attitudes and ways of working amongst professionals. Traditional power structures related to professionalism complicate this when they affect the way the work is done.

The findings of this article can be utilized in projects in other fields besides social and health care. They can especially be made use of in projects in other fields of welfare services but this requires case-specific consideration. The findings can also be used in welfare service projects in countries other than Finland.

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