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Care Work in Different Arenas: Working Conditions in Swedish Eldercare and Disability Services

*****This paper is a first draft and therefore still, very much, a work in progress. We are grateful for all comments! *****

Introduction

One out of seven employed women in Sweden work in eldercare or disability services. Their work is a prerequisite for the welfare states ability to fulfill its commitment to provide to provide high quality care services to all citizens according to need. Therefore, it is worrying that these women-dominated occupations have poorer working conditions than the labor market in general, especially as regards physically and mentally arduous work and lack of control over one's work. Care work is also associated with high and increasing levels of sick leave (Swedish work environment authority, 2016). However, in national statistics, it is not possible to distinguish different occupations from each other, and as a result, we do not know if working conditions differ between eldercare and disability services. This is problematic since disability services and eldercare are organized as two separate fields of social care (Meagher and Szebehely 2013). Between these fields, there are differences in both legislation and economic development, which may affect the working conditions for staff in disability services and eldercare.

This study aims to compare working conditions and health-and work-related reactions to work in disability services with eldercare. The following questions will be addressed:

- How do eldercare and disability service workers assess their working conditions?
- Do eldercare and disability service workers have different opportunities to provide good quality care?
- What are the consequences of their working conditions in terms of well-being?

This paper is structured as follows. Next section contains a short overview of legislation and resource allocation for eldercare and disability services, followed by a brief account for working conditions in these arenas. Thereafter follows a description of the data used in this paper. The analysis is reported in two sections; the first section presents working conditions and opportunities to provide good quality care, and the second reports the consequences of the working conditions. Finally, the results are summarised and a few points are raised for discussion.

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Legislation and resource allocation

Although the main responsibility for eldercare and disability services lies with the local governments, there are differences between these areas, both in terms of legislation and economic development.

The main legislation regulating the local governments' responsibilities for people in need of care or service is the Social Services Act (SSA) which covers all persons in need of help. Persons with certain extensive disabilities are also covered by the Act concerning Support and Service for Persons with Certain Functional Impairments (the Disability Act). The law applies to: Persons with intellectual disabilities and people with autism or conditions similar to Autism; Persons with significant and permanent intellectual functional disabilities following brain damage as an adult; and Persons, who as a result of other serious and permanent functional disabilities, which are clearly not the result of normal ageing, have considerable difficulties in everyday life and great need of support or service. The Disability Act emphasizes the individual's self-determination and influence over the organization of services, and was introduced in 1994 in order to strengthen the rights for people with disabilities. In accordance with this, the Disability Act has a higher level of ambition – "good living conditions", than the SSA, which is aiming for a "reasonable standard of living. There are also differences in policy. The national disability policy puts emphasis on citizenship and full participation, whereas the policy for the elderly accentuates care and solidarity. Disability services aim to change and improve the users' situation, in contrast to eldercare, which aims to maintain past patters of life and does not aspire towards change or improvement (Erlandsson, 2014).

The different political ambitions are reflected in allocation of resources. For decades, there has been retrenchment in eldercare resulting in declining coverage, and expansion in disability services. Since the year of 2000, every fourth bed in care homes for older people have disappeared since. Consequently, many older persons with extensive care needs live at home, supported by home care services. The resources for home care services have not increased in a corresponding way (Szebehely & Trydegård, 2012). On the other hand, the local governments' costs for disability services have increased with 4% every year since 1980. One exception from the expansion in disability services is personals assistance. The costs for this service increased for the first 20 years after the introduction of the Disability Act, but during the last few years, there has been cutbacks. However, users who lose their assistance, and those who are not found eligible, often receive other services under the Disability Act. Therefore, the cuts do not apply to the whole disability sector.

Working conditions in eldercare and disability services

While there is relatively extensive research on the working conditions for staff in Swedish eldercare, there is a significant lack of knowledge about work in the disability sector. Research on care work has mostly focused on eldercare, and has characterized care as

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complex work that is physically, emotionally and intellectually demanding. To provide good care, care workers need knowledge and experience, as well as an understanding of - and ability to adjust services according to - the users' needs which are often fluctuating (Waerness, 1984; Daly & Szebehely, 2011). Thus, high quality care involves a relationship, a familiarity between the user and the person proving care and staff continuity is therefore important for both care workers and users (Szebehely, 2005; Rostgaard and Thoorgard, 2007). In eldercare as well as in disability services, relations to the users is a source of well-being since it makes work meaningful and rewarding. At the same time, relationships can be demanding and the feeling of not being able to meet the needs of users, feeling inadequate and constantly lack time is a great source of stress among eldercare staff (Astvik, 2003; Gustafsson & Szebehely, 2009). Disability service workers also report that that relations can involve difficulties, and threats and violence is a problem, especially is group homes (Menckel et al, 2000; Lundström, 2006).

In eldercare, staff have many users to attend to and understaffing and time pressure contributes to a high workload for eldercare workers. In general, eldercare workers have low influence over the content of their daily work and limited possibilities to use their professional skills the way they perceive is most suitable (Daly & Szebehely, 2011; Trydegård, 2012; Stranz, 2013). This indicates that eldercare work is a high-strain job, with high levels of work demands, and lack of control over their work (Karasak and Theorell, 1990). High-strain work increases the risks of psychological stress and physical illness and several studies have reported that a high proportion of Swedish eldercare workers are physically tired, mentally exhausted and are seriously considering quitting their job (Astvik, 2003; Gustafsson & Szebehely, 2009; Trydegård, 2012; Stranz, 2013). Studies have also shown that a supportive manager can be a counterweight to considerations of quitting (Trydegård, 2012; Stranz, 2013).

Organizational conditions affect working conditions and occupational health (Härenstam et al, 2006). We have reasons to believe that organizational conditions differ between eldercare and disability services, since nursing homes for older people have more users per unit (8-12), than group homes for disabled people (5-6 users). In home care services, workers attend to 9-10 user every day (Trydegård, 2012), while personal assistants spend all their working hours with one user. One of very few studies that has compared eldercare and disability services showed that in 2005, elder care workers were four times more likely to have too much to do, compared to disability service workers and eldercare workers' reported feeling inadequate because they could not provide good enough care, to a larger extent than disability service workers (Szebehely & Trydegård, 2007).

In sum, previous research points to three important aspects of working conditions: firstly, the relations to users and the ability to provide good care is essential for care workers well-being at work; secondly, relations to users is related to work load since a high workload and time affects the possibilities of providing good care; and thirdly, both workload and relations to users are shaped by organizational conditions.

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The database

The study is based on a national survey to Swedish eldercare workers in 2015 (n=770), and a national survey to care workers in the disability sector in 2017 (n=707). The questionnaire was sent to a random sample of unionised workers' and response rates were 54% 2015 and 42% in 2017. In this paper we use survey data from 759 workers in eldercare i.e homecare services (n=244) and care homes(n=515) and 548 workers in disability sector. We only use data from workers in disability services under the Disability act i.e. group homes for people with intellectual disabilities, autism or brain injury (n=246); and personal assistance for people with various extensive disabilities (n=302).

Of the total sample, the vast majority of respondents were Swedish-born, publicly employed women. However, as table 1 shows, there are differences between the groups.

Table 1		
	Disability services (N=538-544)	Eldercare (N=740-755)
Age (mean)	46.8	46.6
Gender		
Women	86.6	92.4
Men	13.4	7.6
Country of origin		
Born in Sweden	83.8	75.3
Born in other Nordic country	3.2	5.1
Born outside Nordic	13.2	19.6
Education in care		
None or less than 1 month	26.5	10.3
1- 11 months	9.2	8.6
1-2 years	31.1	41.7
More than 2 years	33.1	39.4
Public or private employer		
Public	68.9	84.3
Private	31.1	15.7
Working in…		
Care home		67.9
Home care		32.1
Group home	44.9	
Personal assistance	55.1	

There is a larger proportion of men (13% compared to 8%) and privately employed (31% vs. 16%) in the sample of disability service workers, and a smaller proportion of foreign-born workers (16% compared to 25%). The sample of eldercare workers have longer education. Among the disability service workers, 27% have none or less than 1 month of training, compared to 10% of the eldercare workers. 81% of eldercare workers have more than 1 year training in care, compared to 64% of disability service workers. Another difference between the groups is that 68 % of the eldercare workers are working in institutions (care homes),

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compared to 45% of the disability service workers (group homes). The fact that all respondents are unionised workers, who may have more stable employment conditions and working conditions than non-unionised workers, may lead to an underestimating of work related problems. In the analyses, we used cross-tabulation with chi-squared test for a descriptive comparison of the situation for eldercare workers and disability service workers. This was followed by multivariate logistic regressions that controlled for differences in the workers background (gender, education etc.).

Results: Working conditions

In this paper, we explore the three aspects of working conditions that we identified as important for care workers' well-being in previous research: relations to clients, workload and organizational conditions.

Table 2 shows the care workers' assessments of their working conditions as regards relations to clients. A significantly higher proportion of eldercare workers report feeling inadequate in relation to clients' needs, that their opportunity to meet client's need has deteriorated in recent years and that they are worried that the staffing is so low that there is a risk for the care recipients. The largest difference is in worry about staffing levels where more than half of the eldercare workers and about one fourth of the disability service workers say they worry.

Table 2: Eldercare and disability service workers' assessment of their working conditions: relations to clients %

	Disability services	Eldercare	Sign (p)	Odds ratio controlling for background variables. Reference category: Disability services	Sign (p)
Feeling inadequate in relation to clients' needs	9	34	0.000	4.8	0.000
Opportunity to meet clients' need has deteriorated in recent years	20	35	0.000	2.3	0.000
Worried for staffing being so low that there is a risk for the care recipients	24	55	0.000	3.7	0.000

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Table 3 illustrates the differences in workload between the groups. In this area, there are great differences, all of which are to the eldercare workers' disadvantage. About half of the eldercare workers often have too much to do and are working short staffed every week, whereas the corresponding figures for disability services are less than one out of ten, and three out of ten. There is also a big difference regarding lifting heavy weights. These differences can be related partly to different user needs, and partly to the figures showing that eldercare workers work short staffed and worry about staffing to a larger extent.

Table 3: Eldercare and disability service workers' assessment of their working conditions: workload %

	Disability services	Eldercare	Sign (p)	Odds ratio controlling for background variables. Reference category: Disability services	Sign (p)
Having too much to do	14	47	0.000	4.8	0.000
Working short staffed every week	29	53	0.000	2.6	0.000
Lifting heavy loads or people every week	42	77	0.000	4.9	0.000

In table 4, we present three organizational conditions; support from manager, worries about reorganization and the workers' assessment of whether or not they experience too much monitoring and control of their work.

Once again, the eldercare workers report more problems than disability service workers. A little more than half of workers in disability services, compared to almost 80% of eldercare workers feel that they lack support from their manager. 15% in disability services and 25% in eldercare worry about reorganizations. A third of disability service workers and more than half of eldercare workers feel that there is too much monitoring and control of their work. This means that they have small possibilities to affect the content of their daily work, and this may affect their opportunities to adjust the services to the users daily needs.

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Table 4: Eldercare and disability service workers' assessment of their working conditions: organization %

	Disability services	Eldercare	Sign (p)	Odds ratio controlling for background variables. Reference category: Disability services	Sign (p)
Lack support from manager	**55.0**	**67.7**	0.000	**1.770**	0.000
Worries about reorganisation	**15.3**	**24.8**	0.000	**1.845**	0.000
Too much monitoring and control	**31.5**	**54.2**	0.000	**3.788**	0.000

For tables 2, 3, and 4, the two last columns to the right shows the odds ratios based on multivariate logistic regressions. The purpose of these analyses was to test whether the differences between eldercare and disability services could be attributed to differences in the workers' background (presented in table 1). The multivariate logistic regressions showed, that for all included variables in all three aspects of working conditions, the differences between the groups were significant. This means that the eldercare workers have a significantly higher risk of experiencing poor working conditions than the disability workers.

Consequenses of working conditions

As stated earlier high level of work demands and low control over work are factors that often lead to job stress and fatigue (Karasek & Theorell, 1990). Since all explored working conditions are worse in eldercare, we would expect that the eldercare workers also experience more consequences that are negative. As presented in table 5, we use four variables to explore consequences of working conditions: physical fatigue, back pain, mental fatigue and serious considerations of quitting the job.

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Table 5: Consequences of working conditions %

	Disability services	Eldercare	Sign (p)	Odds ratio controlling for background variables. Reference category: Disability services	Sign (p)
Physical fatigue after workday	**42**	**74**	0.000	**4.3**	0.000
Back pain after workday	**28**	**48**	0.000	**2.8**	0.000
Mental fatigue after workday	48	54	0.051	1.2	0.133
Seriously considered to quit	43	49	0.053	1.3	0.060

Even though four out of ten disability service workers report that they often or always feel physical fatigue after workday, and three out of ten experience back pain, the situation is still worse in eldercare where three out of four are feel physical fatigue and almost half have back pain. These differences between groups remain significant after controlling for background variables. However, the rather small differences we see regarding feeling mental fatigue after a workday are no longer significant when we control for background variables. This means that about half of the workers in each group often or always feel mental fatigue after a workday. Since the working conditions we have explored are more problematic in eldercare, we find this surprising. Another unexpected finding is that the differences in the proportion of workers who have seriosusly considered quitting are rather small, at least in comparison with the differences in working conditions. The differences are also not significant when we control for background variables (p=0.6).

Summary and discussion

The aim of this paper was to compare working conditions and health-and work-related reactions to work, in disability services with eldercare, and we posed three questions: how do eldercare and disability service workers assess their working conditions?; do eldercare and disability service workers have different opportunities to provide good quality care?; and what are the consequences of their working conditions in terms of well-being?

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Our findings suggest that, in all aspects we have explored, working conditions are worse in eldercare. The largest differences are in relation to users and workload. The problematic conditions relating to relations to clients and workload - especially feelings of inadequacy in relation to users' needs, feeling that the opportunity to meet the users' need has deteriorated, working short staffed, worry that the low staffing level results in risk for users' well-being, and having too much to do – illustrates that eldercare workers have poorer opportunities to provide good quality care. Our tentative conclusion is that these differences are related to the different ambitions in the legislation. We believe that the 'good living conditions' stipulated in the Disability act makes municipalities aim higher for both workers and users.

On the one hand, our results show that there is room for improvement in eldercare, both for the sake of users and staff. On the other hand, we cannot ignore the fact that there are problematic working conditions in disability services as well: ¼ are worry about risks for users due to low staffing levels, 3/10 are working short staffed every weak and 1/3 report too much monitoring and control. Organizational conditions are known to affect working conditions (c.f Härenstam et al 2006) and support from manager can be a counterbalance arduous working conditions (Trydegård 2012). Therefore it is problematic that more than half of workers in both groups lack support from their manager. The problematic working conditions are also reflected in the workers' reactions: almost half in both groups feel mentally fatigue after the workday, and more than 40% have seriously considered to quit. We need to explore further why so many disability service workers think about quitting and the causes to mental fatigue, but it is clear that working conditions need to improve in both eldercare and disability services.

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