Instructions to the readers

Apologies for presenting this very early version of the paper. However, we hope that the empirical analysis and the arguments are clear enough to serve as a basis for the discussion. Please do not cite or circulate.

***Are formal care workers a forgotten group in a Nordic ‘passion for equality’?***

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*Abstract*

It has been argued that the Nordic countries have a passion for equality. A crucial aspect of this equality ambition in eldercare is that generously funded, high quality, services should be offered to all social groups. Despite this universalistic ideal, the Nordic countries have experienced de-universalising trends of declining service coverage and New Public Management inspired reforms, including stricter performance monitoring and cost control through competitive tendering. However, thanks to a prosperous oil and gas industry, Norway has been less affected by the recession in the 1990s as well as by the more recent financial crisis than the other Nordic countries.

The aim of this paper is to analyse how care workers have been affected by these trends: eldercare workers’ employment- and working conditions are compared over time and between four Nordic countries. The analysis is based on the 2005 and 2015 Nordcare-surveys of random national samples of unionised care workers (assistant nurses, care aides etc.) in Denmark, Finland, Norway and Sweden (total N=6,517). Based on what previous research has shown is important for good quality work and good quality care, the paper analyses five aspects of problematic working conditions (Having too much to do; Not being able to affect daily work; Not getting enough support from supervisor; Not having enough time to discuss work with colleagues; and Feeling inadequate in relation to users’ needs), and five aspects of problematic employment conditions (Working involuntary part-time; Working irregular hours; Working split shifts; Reporting worries about salary; and Reporting that working hours do not fit with social commitments).  
  
The analysis shows that, taking the four countries together, crucial aspects of working conditions have deteriorated. The care workers report an increasing workload, reduced decision latitude and less support from managers and colleagues, and they more often feel inadequate in relation to the care needs of the users. While the employment conditions are mainly unchanged, they are clearly more problematic than in most other labour market sectors..   
  
There are some clear country differences: the employment conditions are considerably better in Denmark than in the other Nordic countries while Norway stands out in that the working conditions have not deteriorated. The findings indicate that in Denmark, Finland and Sweden, changes in service coverage and organisational reforms have had repercussions on care workers’ working conditions. These changes have often been introduced without considering the consequences for the workers, and we argue that the care workers have never been included in a Nordic passion for equality.

## Introduction

The Nordic countries have similar ideals of universalism: Publicly funded, publicly provided, high quality services should be directed to and used by all social groups according to need and not purchasing power. It has been argued that these ideals reflect a widely shared passion for equality in the Nordic countries. This is certainly the case regarding care for older people. Virtually all political parties and the vast majority of the citizens agree with the idea that older people should have the right to equally good care irrespective of the size of their wallets (ref). However, it can be questioned whether the women-dominated group of workers that make up the eldercare workforce and who are in the focus of this paper, have been included in this equality ambition.

Despite the shared universalistic ideals, there are de-universalising trends to various extent in the Nordic countries. These trends include tightened public funding and service coverage as well as an increase of market mechanisms, business like organisational models and for-profit providers of the publicly funded services. When it comes to cut-backs and marketisation, Norway is less affected than the other countries (Szebehely & Meagher 2018; Moberg 2017).

Measured as purchasing power standards (PPS) Norway stands out as the most generous funder of eldercare services per 65+ in the population; the country spends 50% more than Sweden and Denmark and 2.5 times more than Finland (Nososco 2017:174). As Norway has a much higher GDP per capita and Finland has the oldest population, the difference between the countries is much smaller when we compare the proportion of the gross domestic product (GDP) spent on care of older people: 2.2 % in Denmark, Norway and Sweden, while Finland still stands out by spending 1.6 % (ibid.:254).

These different levels of generosity is – at least partly – reflected in differences in service coverage. All four countries have seen a trend towards stricter needs assessment, in particular a rapid decline of residential care since the mid-90s – a decline only partly compensated by increasing home-care services. In recent years (after 2005) the proportion of the population aged 80 years and over receiving either residential or home-based care has declined most rapidly in Denmark, but the coverage is still considerably higher in Denmark and Norway compared to Sweden and Finland (Szebehely & Meagher 2018:299). One consequence of the raised thresholds to residential care is that both nursing home residents and home care users are sicker and have larger care needs than earlier.

All the countries have been affected by NPM-inspired organisational changes**:** competition, choice, increasingly predefined services, focus on documentation and measurable quality aspects. Also in this respect are Finland and Sweden the countries most affected. For-profit providers of eldercare services – an unknown phenomenon before 1990 in the Nordics – now run around 20 per cent of eldercare services in Finland and Sweden and around 5 per cent in Denmark and Norway. However, in all the countries, there are very large local variations between municipalities in this respect (Szebehely & Meagher 2018). While Norway has more private residential care than Denmark, Denmark has considerably more for-profit home care. This is because Denmark has a compulsory user choice legislation in home care while choice models in Norway are rarely used. With the requirement that municipalities must ensure users of home care a choice of provider, Denmark has gone furthest in the transition from a public to a quasi-market based home care model among the Nordic countries (Rostgaard 2018).Thus, despite similar proportions private provision in Denmark and Norway, it can be argued that Norway is the Nordic country least affected by NPM (Moberg 2018).

In comparative welfare state research, the Nordic countries usually have been seen as a homogenous cluster with more similarities within the group of countries than other regime types (see e.g. Daly & Lewis 2000). However, the differences sketched out above suggest that eldercare services in Norway are closest to the ideals of Nordic universalism both regarding service generosity and resistance to market reforms followed by Denmark, a country more affected by marketization and where service coverage has declined drastically but still is high in Nordic comparison. Sweden (despite more generous funding of services) joins Finland in the two Nordic countries most affected by marketization and the lowest service coverage (Szebehely & Meagher 2018; see also Moberg 2018 and Rauch 2007)

While the challenge to recruit and retain staff in ageing societies is a widely discussed topic in national and international politics, the workers who actually provide care are usually not visible in comparative welfare research, despite considerable evidence that care workers have more arduous working conditions and more precarious employment conditions than the general workforce (Trydegård 2012 + other ref).

Workers – but not specifically care workers – are in focus in another stream of comparative research focusing on job quality and employment regimes (Gallie & Russel 2009 + other ref). This stream of research often uses the European Working Condition Survey (EWCS) as a database. Also in this type of studies usually the Nordic countries are seen as a homogenous group with comparatively better employment conditions and less work-family conflict than other European countries. Typically, workers in the Nordic countries have more time autonomy but also comparatively high time-stress at work (Anttila et al 2015). There are however some differences within the Nordic cluster: while stressing the similarities between Nordic countries, one study in this tradition reports that Taylorist forms of work organisation (characterised by standardisation of jobs and tasks through formal job descriptions and rules imposed by management) are most common in the Finnish public sector and least common in Denmark, with Sweden in between (Norway was not included in the study) (Anttila et al 2018). However, because of sample size, studies based on EWCS cannot distinguish between different occupations, and this study does not report any details about the different occupations in the public sector. In other EWCS studies, health care (including eldercare workers but also for instance physicians and hospital nurses) stands out as one of the areas more negatively affected (Eurofound 2019).

The aim of this paper is to analyse the working situation of care workers in Denmark, Finland, Norway and Sweden in this changing context. Under what employment- and working conditions do they work, and have these conditions changed in recent years? If there are differences between the countries in trends and level of the problems – can these differences be related to the generosity of the welfare state and/or the impact of market reforms? In other words, is the working situation of care workers related to the level of universalism in the Nordic countries?

## Material and methods

Data: Nordcare postal survey of a random sample of unionised eldercare workers (assistant nurses, care aides and similar groups) in public and private eldercare in Denmark, Finland, Norway and Sweden in 2005 and 2015 (in each country the questionnaire was sent to 1200 individuals in 2005 and to 2000 in 2015). Unions’ membership lists were used for sampling to reach nationally representative samples; the project is, however, an independent researcher-initiated project. The union density is decreasing in most countries but is still comparably high in the Nordic countries and higher among care worker and other mainly public sector workers than in the rest of the work force. In 2015, approximately 75-80% of care workers were unionised (Berge 2013; Kjellberg & Ibsen 2016; LO 2017). Thus, by using the union’s member list for sampling, it was possible to draw a representative sample of care workers in the four countries. However, it is important to stress that the study reflects responses of unionised workers only, who generally have higher formal training, longer work experience and greater job-security than non-unionised workers.

In 2005, the overall response rate was 72 per cent; in 2015, the response rate was 55 per cent, reflecting a general decline in response rates in recent years. [come back to discussion on what the declining response rate means on terms of representativity of the sample]

[Here is the place for a short review of studies on working conditions in care work showing what is crucial for satisfying working conditions in care work + a short review of studies on employment conditions in the general workforce showing what employment conditions are related to good quality jobs. The review leads to the choice of indicators of problematic working conditions and of problematic employment conditions (these negative aspects are strongly related to mental and physical exhaustion and to considerations to quit]

*Problematic working conditions*: heavy *work load*, lack of *discretion* (job autonomy), lack of *support* (from managers/supervisors and from colleagues, and *feeling inadequate*in relation to users’ needs/feeling that one can provide good enough care according to one’s standards. The first three aspects of good working conditions are relevant for most occupations; the last two are more specific for relational work with vulnerable people.

*Problematic employment conditions:* Working *involuntary part-time*; Working *irregular hours*; Reporting that *working hours do not fit with social commitments;* Working *split shifts,* and Reporting *worries about salary*) (two last items were only included in the 2015 questionnaire).

Problems within these areas are measured with the following survey questions:

|  |  |
| --- | --- |
| ***Problematic working conditions:*** |  |
| *Heavy workload* : ”Do you have too much to do in your work?” | ’Most often’=1;  ‘Sometimes’, ‘Rarely’ or ‘Never’=0. |
| *Lack of discretion:* ”Can you affect the planning of each day’s work?” | ‘Sometimes’, ‘Rarely’ or ‘Never’=1;  ‘Most often’=0. |
| *Weak support from manager:* ”Do you get support in your job from your closest supervisor?” | ‘Sometimes’, ‘Rarely’ or ‘Never’=1;  ‘Most often’=0. |
| *Weak collegial support:* ”Do you have time to discuss the work with your colleagues?” | ‘Sometimes’, ‘Rarely’ or ‘Never’=1;  ‘Most often’=0. |
| *Feeling inadequate:* “Do you feel inadequate because users are not receiving the care you think they should?” | ’Most often’=1;  ‘Sometimes’, ‘Rarely’ or ‘Never’=0. |
| ***Problematic employment conditions:*** |  |
| *Involuntary part-time:* “Are you satisfied with the number of hours you are working?” | ‘No, want more hours’=1;  ‘Yes’ or ‘No, want fewer hours (even if the salary would be reduced)’=0. |
| *Irregular hours:* When do you usually work?  Please mark one or more relevant alternative/s:  ‘Weekdays, daytime’, ‘Weekdays, evenings’, ‘Weekends’, ‘Night’ | Those marking 3-4 of the alternatives=1. Those marking 1-2 alternatives=0. |
| *Problems with work family balance:* “In general, how do your working hours fit in with your family or social commitments outside work?” | ‘Not very well’ or ‘Not at all well’=1;  ‘Very well’ or ‘Fairly well’=0. |
| *Split shifts:* “Do you work split shifts,i.e. two shifts a day at least 2 hours unpaid time between sessions?**”** | ‘Yes, more or less every day’, Yes, every week’ or Yes, every month’=1; ‘Yes, but more rarely’ or ‘No, never’=0. |
| *Worries about low pay:* “When you think about your work – are you worried that your salary does not cover your expenses?” | ‘Yes, a lot’ or ‘Yes, somewhat’=1.  ‘No, not very much’ or ‘No, not at all’=0. |

Background variables include gender, experience with care work, training level, working hours and type of work place (presented in Table 1)

## Findings

*Table 1.* Participants’ profile in the four Nordic countries 2005 and 2015

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | All four countries | | | Denmark | | | Norway | | Finland | | Sweden | |
| **Year** | | 2005 | 2015 | | 2005 | 2015 | 2005 | 2015 | 2005 | 2015 | 2005 | 2015 |
| **N** | | (2610-2710) | (3555-3766) | | (775-784) | (1084-1116) | (668-716) | (804-923) | (633-653) | (934-966) | (535-554) | (708-766) |
| **Gender**:  % men | | 2.3 | 4.6 | | 1.7 | 3.9 | 2.7 | 3.8 | 1.2 | 3.7 | 4.0 | 7.7 |
| **Experience in care work:**  -5 years  6-9 years  10-19 years  20 years+ | | 15.8  14.9  33.6  36.2 | 16.1  14.4  31.5  38.8 | | 15.5  17.3  30.7  36.5 | 12.3  16.4  32.6  38.7 | 9.7  14.4  36.4  39.6 | 8.5  11.2  32.1  48.2 | 19.9  13.2  32.2  34.8 | 26.2  16.7  28.8  28.4 | 19.5  14.4  33.0  33.0 | 18.2  12.3  32.5  37.0 |
| **Training level:**  % more than 2 years of training | | 36.0 | 51.0 | | 29.8 | 42.7 | 34.7 | 46.2 | 49.3 | 72.9 | 30.8 | 40.6 |
| **Working hours:**  Full time or 35 hrs+  Part time 30-34.9 hrs  Part time 25-29.9 hrs  Part time < 25 hrs | | 52.0  20.8  13.6  13.6 | 57.2  21.9  11.1  9.9 | | 39.4  36.2  19.6  4.7 | 49.3  35.2  12.4  3.1 | 38.0  15.7  15.6  30.7 | 41.3  18.3  16.7  23.8 | 91.3  2.2  0.8  5.7 | 86.8  5.9  1.3  6.0 | 41.0  26.5  17.7  14.9 | 48.4  26.1  15.4  10.0 |
| **Work place:**  Home care  Residential care  Home- and residential care  Daycare, rehabilitation or other care | | 22.8  60.4  12.9  4.0 | 26.6  64.2  4.7  4.6 | | 28.3  52.4  14.3  5.0 | 35.3  55.8  3.1  5.8 | 16.4  62.3  18.1  3.2 | 18.0  70.9  6.4  4.8 | 19.0  69.4  7.1  4.5 | 22.4  67.2  5.2  5.3 | 27.4  58.8  10.8  2.9 | 29.5  64.4  4.3  1.8 |

Not surprisingly, care work is strongly women-dominated (least so in Sweden) but there has been an increase of men care workers in all the countries between 2005 and 2015. Partly because of the sampling method (unionised workers only), workers in both years represent an experienced workforce. In the Nordic countries taken together, more than two thirds of the respondents have at least 10 years of experience in the eldercare sector (Norwegian workers have the longest experience and workers in Finland the shortest). The training level is highest in Finland but has increased in all the countries: the proportion of the workers with more than two years formal training in care is higher in 2015 than in 2005. Additionally, working full-time (35 hours or more per week) has become more common over the years but with the exception of Finland more than half of the workers work part-time, with the largest proportion working short part time (less than 25 hours a week) in Norway. Part-time work is common among women in most countries but clearly more so in care work than in most other occupations (ref). Finally, the majority of the respondents work in residential care but an increasing proportion work in home care, reflecting how the resources are spent in eldercare services (Nososco 2017:174).

Table 2, Panel A, reports the proportions of workers in the four countries taken together who report problems in the ten indicators of working and employment conditions in 2005 and 2015, respectively. Panel B shows the change between 2005 and 2015 of the different problems reported as odds ratios controlling for all the background variables in Table 1 with 2005 as the reference category.

*Table 2.* Problems related to working conditions and employment conditions in Nordic countries 2005 and 2015. Panel A: Percentage; Panel B Multiple logistic regression, adjusted for background information in Table 1 (reference category 2005)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Panel A | | Panel B | |
|  | 2005 | 2015 | Odds ratio | P-value |
| N | 2643-2692 | 3686-3754 | 5846-5927 |  |
| *Working conditions:* |  |  |  |  |
| Heavy workload | 37.0 | 40.8 | **1.16** | 0.008 |
| Lack of discretion | 56.0 | 66.3 | **1.61** | 0.000 |
| Weak support from manager | 55.7 | 62.9 | **1.34** | 0.000 |
| Weak collegial support | 48.1 | 54.5 | **1.31** | 0.000 |
| Feeling inadequate | 28.2 | 31.4 | **1.39** | 0.000 |
| *Employment conditions:* |  |  |  |  |
| Involuntary part-time | 12.9 | 13.1 | 1.18 | 0.070 |
| Irregular hours | 49.7 | 48.7 | 0.90 | 0.104 |
| Problems with work family balance | 22.5 | 22.0 | 0.93 | 0.292 |
| Split shifts | - | 12.4 | - |  |
| Worries about low pay | - | 44.1 | - |  |

Table 2 shows that problematic working conditions are quite common in the Nordic countries. In 2015, two thirds of the Nordic care workers report lack of discretion, almost the same proportion reports weak support from their closest manager and more than half of the respondents report weak collegial support. Somewhat fewer (41%) report heavy workload while close to one third often feel inadequate in relation to the users’ needs. In the countries taken together, there has been a significant increase of all five problematic working conditions between 2005 and 2015; in particular, the care workers’ possibilities to affect their daily work have been reduced.

In contrast, there are no significant changes of problematic employment conditions between 2015 and 2005 (note that only three of the five indicators can be compared over time). Around half of the workers have irregular hours (three or four different shifts)[[1]](#footnote-1). Almost the same proportion (44%) are worried about low pay, while more than one in five report difficulties combining work and family life, 13 per cent work involuntary part time and 12 per cent work split shifts.

Behind these general trends, there are some clear country difference, see Table 3 and 4.

Table 3 follows the format of Table 2 focusing on change over time in each country, and reports percentage (Panel A) and odds ratios for the situation in 2015 compared with 2005 (Panel B). Table 4 focuses on differences between the countries in 2015, and reports the odds ratios for Finland, Norway and Sweden compared to Denmark (the latter is the reference category).

*Table 3*. Country specific analysis of problems related to working conditions and employment conditions in four Nordic countries 2005 and 2015. Panel A: Percentage; Panel B Multiple logistic regression, adjusted for background information in Table 1 (reference category 2005)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Danmark** | | | | **Norway** | | | | **Finland** | | | | **Sweden** | | | |
|  | Panel A | | Panel B | | Panel A | | Panel B | | Panel A | | Panel B | | Panel A | | Panel B | |
|  | 2005  (%) | 2015  (%) | OR | P-value | 2005  (%) | 2015  (%) | OR | P-value | 2005  (%) | 2015  (%) | OR | P-value | 2005  (%) | 2015  (%) | OR | P-value |
| N | 770-790 | 1110-1130 | 1770-1806 | | 687-716 | 911-925 | 1393-1414 | | 640-654 | 956-976 | 1503-1520 | | 537-556 | 762-770 | 1175-1191 | |
| *Problematic working conditions:* | | | | | | | | | | | | | | | | |
| Heavy workload | 30.0 | 38.8 | **1.39** | 0.002 | 37.1 | 32.8 | 0.83 | 0.119 | 44.0 | 47.0 | 1.15 | 0.216 | 38.4 | 45.4 | **1.31** | 0.029 |
| Lack of discretion | 41.8 | 55.6 | **1.84** | 0.000 | 64.4 | 66.6 | 1.16 | 0.203 | 62.8 | 78.3 | **1.94** | 0.000 | 57.6 | 66.3 | **1.50** | 0.002 |
| Weak support from manager | 52.9 | 65.7 | **1.74** | 0.000 | 50.8 | 53.9 | 1.06 | 0.391 | 57.9 | 64.3 | **1.27** | 0.032 | 63.3 | 67.8 | **1.32** | 0.028 |
| Weak collegial support | 55.6 | 64.3 | **1.32** | 0.007 | 53.0 | 55.3 | 1.13 | 0.280 | 38.4 | 43.1 | 1.14 | 0.246 | 42.6 | 53.8 | **1.81** | 0.000 |
| Feeling inadequate | 22.0 | 35.3 | **1.94** | 0.000 | 21.1 | 20.6 | 0.97 | 0.833 | 30.5 | 35.2 | **1.31** | 0.021 | 28.9 | 33.7 | **1.34** | 0.027 |
| *Problematic employment conditions:* | | | | | | | | | | | | | | | | |
| Involuntary part-time | 6.1 | 9.2 | **1.91** | 0.002 | 25.6 | 25.5 | 1.08 | 0.599 | 3.3 | 3.8 | 0.66 | 0.204 | 17.3 | 15.7 | 1.06 | 0.730 |
| Irregular hours | 8.5 | 12.8 | **1.75** | 0.001 | 59.0 | 53.2 | **0.69** | 0.001 | 80.1 | 82.5 | 1.24 | 0.152 | 60.5 | 54.3 | **0.73** | 0.011 |
| Work family balance problems | 6.8 | 8.1 | 1.24 | 0.268 | 27.4 | 15.8 | **0.44** | 0.000 | 29.8 | 30.7 | 1.03 | 0.841 | 30.2 | 38.8 | **1.43** | 0.006 |
| Split shifts | - | 2.3 | - | - | - | 2.0 | - | - | - | 8.8 | - | - | - | 44.1 | - | - |
| Worries about low pay | - | 26.5 | - | - | - | 37.5 | - | - | - | 61.5 | - | - | - | 55.7 | - | - |

*Table 4.* Analysis of problems related to working conditions and employment conditions in 2015. Multivariate logistic regressions with control for all background variables in Table 1. Reference category Denmark

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Norway | | Finland | | Sweden | |
| N | 3331-3392 | | | | | |
| *Problematic working conditions:* | | | | | | |
| Heavy workload | **0.75** | 0.004 | 1.12 | 0.263 | **1.23** | 0.041 |
| Lack of discretion | **1.90** | 0.000 | **3.33** | 0.000 | 0.85 | 0.159 |
| Weak support from manager | **0.59** | 0.000 | 0.96 | 0.679 | 1.15 | 0.187 |
| Weak collegial support | **0.76** | 0.008 | **0.40** | 0.000 | **0.71** | 0.001 |
| Feeling inadequate | **0.43** | 0.000 | 0.87 | 0.200 | 0.91 | 0.380 |
| *Problematic employment conditions:* | | | | | | |
| Involuntary part-time | **3.35** | 0.000 | **0.39** | 0.000 | **1.70** | 0.000 |
| Irregular hours | **9.19** | 0.000 | **31.39** | 0.000 | **8.96** | 0.000 |
| Problems with work family balance | **2.19** | 0.000 | **4.09** | 0.000 | **7.31** | 0.000 |
| Split shifts | 0.99 | 0.979 | **3.97** | 0.000 | **41.47** | 0.000 |
| Worries about low pay | **1.88** | 0.000 | **4.01** | 0.000 | **3.57** | 0.000 |

If we first focus on the *trends*, Table 3 shows that all five indicators of problematic working conditions have deteriorated in Denmark and Sweden while Finland has seen deteriorations in three of five indicators. In none of the countries have there been any improvement in these five crucial aspects of working conditions but in contrast to the other countries, no significant deteriorations have occurred in Norway. For the three indicators of problematic employment conditions that are possible to compare over time, the pattern is more mixed: improvement in two indicators in Norway, deterioration in two in Denmark and improvement in one and deterioration in one in Sweden (no significant change in Finland). To summarise the trends in working and employment conditions, Denmark is most negatively affected followed by Sweden and Finland while Norway is not at all (negatively) affected.

If we instead focus on the *level of the problems* and look at the situation in 2015, Table 4 shows that care workers in Norway are better off than their counterparts in Denmark in four of the five *working condition* indicators. Besides the general picture of better working conditions in Norway the picture is mixed: Swedish care workers report more problems with heavy work load than workers in the other countries, Finnish care workers have more problems with lack of discretion and Danish care workers with lack of time to discuss work related problems with colleagues.

The analysis of *employment conditions* shows a quite different pattern. With two exceptions (involuntary part-time in Finland and split shifts in Norway), the care workers in Denmark report considerably better employment conditions than their colleagues in the other Nordic countries. In 2015, working fewer hours than preferred is most a problem in Norway where 26 per cent of the workers report working involuntary part-time compared to 16 per cent in Sweden, 9 per cent in Denmark and 4 per cent in Finland.[[2]](#footnote-2)

In contrast, working irregular hours is most common in Finland: eight in ten Finnish care workers work a combination of three or four shifts (weekday daytime, evenings, weekends and/or night) compared to half the workforce in Norway and Sweden and only one in eight in Denmark. Regular hours, i.e. working weekdays, daytime only is uncommon in the care sector in all the countries but least so in Denmark (18 per cent compared to 6-8 per cent in the other countries, not shown in the table). Finland stands out in that 40 per cent of the workers work all four types of shifts, i.e. night shifts in combination with days and evenings compared to between 2 and 6 per cent in the other countries (not shown in the table).

The variation between the countries is also very big when it comes to working split shifts – this is mainly a problem in Sweden where almost half the workforce (44%) report working split shifts compared to 2 per cent in Denmark and Norway and 9 per cent in Finland. Given the differences in the prevalence of irregular hours and split shifts, it is not surprising the Danish workers report least problems with work family balance (8 per cent compared to 16 per cent in Norway, 31 per cent in Finland and 39 per cent in Sweden). Finally, also worries about low pay are more common in Finland and Sweden, reported by 62 and 56 per cent of the workers, respectively, compared to 38 per cent in Norway and 27 per cent in Denmark. The odds ratios reported in Table 4 confirm the much bigger differences between the countries in employment conditions than in working conditions.

## Discussion

As we analyse both working conditions and employment conditions, and compare both trends and levels between the countries the picture is a bit complex. However, the most important results are that the working conditions have deteriorated in all the countries except for Norway, and that the employment conditions are considerably better in Denmark than in the other three countries.

The following is a preliminary interpretation of the findings.

We believe that the deterioration of *working conditions* in Denmark, Finland and Sweden but not in Norway can be related to the fact that Norway has been much less affected by de-universalising trends, in particular by marketization and service cutbacks. The generosity of the Norwegian welfare state and the resilience to NPM trends seem to have protected the workers against the negative changes in working conditions that have affected the workers in the other three countries.

But why do Danish care workers report the strongest increase in working condition problems? One reason could be that Denmark has seen the sharpest decline in service coverage during the period under study; another reason could be the comparatively strong impact of market reforms in home care in recent years. Rostgaard (2018) has shown that Danish home-care workers in the for-profit sector report more work-related problems than do publicly employed home-care workers. Privately employed home-care workers report heavier work load, less support from managers and less time to discuss their work with colleagues, and Rostgaard concludes that “(u)pholding the consumer choice for the user thus comes at a price for the employee, at least under the present regulation and condition of the free choice” (ibid. p X). The fairly strong increase in Denmark of for-profit home care in recent years may therefore partially explain the strong increase of work-related problems.

The work-related problem that has increased the most is lack of discretion. In all the countries except for Norway, the increase is much stronger in home care than in residential care (not shown). This can be related to the fact that the impact of NPM with detailed steering and increasingly predefined tasks has affected home care more than residential care. In all the countries there has been a considerable increase in the number of visits a home-care worker is doing during a working day, which can be related to the decline of residential care and increasing care needs among home-care users. In 2015 a home-care worker makes on average between 11 (Finland) and 15 visits during an ordinary daytime workday (Kröger et al 2018). The many tasks to be carried out during these short visits are increasingly strictly predefined, which leaves the worker with very limited scope to adjust to the changing and different situation of each user.

The reason why lack of discretion is a more common problem in Finland and Norway could be related to the fact that in contrast to Denmark and Sweden (where home care workers report more problems than residential care workers), in Finland and Norway this is a problem to the same extent in home care and in residential care (not shown). In the case of Finland, this could in turn be related to the findings by Anttila et al (2018) that Taylorist forms of work organisation (standardised tasks, formal job descriptions and strict rules) are most common in the Finnish public sector and least common in Denmark, with Sweden in between – a “ranking” in line with the findings in Table 3. As Norway was not included in Anttila et al’s study, we do not know whether Norwegian public sector workers in general report more Taylorist work – however, in our study this seems to be a clear problem in Norwegian eldercare: lack of discretion is the only working condition problem where the situation in Norway is worse than in Denmark.

As Finland spends so much less on eldercare services one might have expected Finnish care workers to report most work-related problems, for instance heavier workload and more feelings of inadequacy than workers in the other countries. Yet, among our indicators, Finnish workers are only worse off regarding the possibility to affect the daily work, as just has been discussed. However, there are indications that the much lower generosity of the Finish welfare state has negative consequences for the worker. The staffing ratio in Finnish nursing homes is considerably lower than in the other Nordic countries and Finnish care workers are much more worried about their own and the residents’ health due to low staffing in both home-based and in residential care (Kröger et al 2018). Maybe the fact that Finnish care workers have considerably higher training level serves as a protection against feeling inadequate, as does the fact that they report more collegial support than workers in the other countries.

If we turn to the *employment conditions,* we have noted that there have been fewer changes over time – neither to the better, nor to the worse. The fact that there have been so few improvements in the employment conditions is remarkable given that national and local politicians in all the countries increasingly express worries about how to recruit care workers to cater for the increasing needs of an ageing population.

Further, with focus on employment conditions, the image of the Norwegian welfare state is less rosy. The high prevalence of short part-time employment and the high proportion reporting working involuntary part-time in Norway suggest that not even the most generous Nordic welfare state treats care workers on par with the rest of the work force. The right to full-time work is definitely an unreached goal for care workers in Norway – even after 10 years’ experience of care work one in five Norwegian care workers report that they want to work more hours (compared to 10% in Sweden, 6% in Denmark and less than 2% in Finland).

However, Norway is certainly not the only country where care workers have problematic employment conditions: irregular hours are most common in Finland while split shift is more or less an entirely Swedish phenomenon, and Swedish workers report most problems with combining working hours and their family lives. Instead the country to look at as an example seems to be Denmark where involuntary part-time, irregular hours, split shifts, worries about pay and problems combining work and family life seem to be much less of an issue compared with the other countries (with two small exceptions as we saw in Table 4).

There are no indications that older people in Denmark receive less care around the clock than in the other countries (which could have explained why fewer work irregular hours or split shifts). Neither is there more 24/7 care provided in Finland where eight in ten care workers work three shifts or more. The fact that care has to be provided in daytime as well as in evenings and nights does not have to imply that the same care worker has to work these different times of the day. The difference between Denmark and the other Nordic countries seems to be that different shifts are carried out by different workers – some work only daytime, others only evenings etc. Interestingly, there seems to be a different way to organise the working hours in the Danish labour market generally, not only in care work. Shift work seems to be much less common in the Danish labour market compared to the other Nordic countries. According to the most recent European Working Condition Survey from 2015, 24 per cent of women in Sweden and 27 per cent of women in Finland work some kind of shift work (different hours in different days) compared to only 6 per cent of women in Denmark (Eurofound 2017a: 31; Norway was not included in the study). As we have found that half of the Nordic care workers (Table 1) work weekdays and weekends, and daytime as well as in evenings and sometimes nights, irregular hours is clearly more common in care work than in the rest of the labour market, but Denmark stands out both in our data and in Eurofound’s study.

There is solid evidence that irregular hours (including split shifts) have negative consequences for workers’ health and well-being (see e.g. Anttila et al 2015; Eurofound 2019). In particular, there is a strong correlation between predictable and regular hours on one hand and good work-family balance on the other. Eurofound (2017b:63) summaries this relationship: “High regularity – working the same number of hours every day, and hours and days every week, along with fixed starting and finishing times – is associated with a good work–life balance: workers whose schedules are regular are almost 2.5 times more likely to report a good fit between work and private life.”

Given that our study shows that irregular hours are much more common in care work than in the workforce in general, with the exception of Denmark, we would expect that care workers in the other Nordic countries report more problems combining work and family life than the general workforce. This is also the case for Finland and Sweden where it is twice as common that care workers (in our study) report problems with the fit between work and commitments outside work compared to the general workforce in these countries; in Norway and Denmark, care workers differ much less from the general workforce.[[3]](#footnote-3)

Work-life balance problems are not only correlated to irregular hours but also to the length of the workday and work intensity (Anttila et al 2015). This suggest that the high prevalence of short part-time in Norway – despite being an unwanted phenomenon – probably is a reason why comparatively few Norwegian care workers report problems combining work and family commitments. In contrast, the combination of heavy workload, and the comparatively high proportion working irregular hours and split shifts in Sweden probably explains why Swedish care workers report most problems combining work and other commitments.

Finally, how can we understand why Finnish and Swedish care workers report more worries about pay compared to Norwegian and especially Danish care workers? As full-time work is most common in Finland and short part-time most common in Norway, one would maybe expect Finnish care workers to be the least worried and Norwegian workers the most. Surprisingly however, there is no significant correlation between the number of hours worked and worries about low pay in any of the four countries. Instead, what matters is whether part-time is unwanted or not: in all the countries those who work fewer hours than they want to are more worried about low pay. This pattern is the strongest in Norway where 62 per cent of those wanting to work more hours report worries about low pay compared to 30 per cent of those who are satisfied with the number of hours worked. This finding suggests even more that Norwegian care workers should be more worried about low pay than workers in Finland where hardly any worker reports involuntary part-time.

The explanation is probably to be found in wage differences between the countries. The average annual wage per full-time and full-year equivalent in the total economy is more than 20 per cent higher in Denmark and Norway than in Finland and Sweden.[[4]](#footnote-4) It is probably not possible to find internationally comparable information on wage levels for care workers but there are national statistics that can be used for a calculation. This data show that the more skilled care workers earn 81 per cent of the national average in Denmark, 83 per cent in Sweden and 86 per cent in Norway,[[5]](#footnote-5) while less skilled care workers earn around 75 per cent of the national average in all three countries.[[6]](#footnote-6) We have (yet) only been able to find information for Finland on care workers without skill differentiation (78%).[[7]](#footnote-7) [more details and sources to be provided]

This suggests that care workers wages in relation to the average national wage level does not differ much between the countries, although given that Finnish care workers have the highest training level, wages seem to be comparatively lower in Finland. Probably, the higher proportions reporting worries about pay in Finland and Sweden reflect the generally lower wage levels in these countries, rather than care work being more valued in Denmark and Norway. When comparing only the two latter countries, it is clear that also the level of involuntary part-time matters. Norwegian workers report more worries about low pay than workers in Denmark, but when we compare those working involuntary part-time in the two countries there is no significant difference (not shown).

## Conclusions

In contrast to the image of a homogenous Nordic cluster of countries, we have shown that there are some clear differences in Nordic care workers’ employment- and working conditions. The findings indicate that changes in welfare state generosity and organisational reforms have had repercussions on care workers’ working conditions in Denmark, Finland and Sweden but less so in Norway – the country the least affected by cut backs and marketisation.

While the employment conditions have not deteriorated in the same way as the working conditions, they have not improved, which is remarkable given the political awareness in all the countries about the challenges to recruit care workers to meet the demand for care in ageing societies. The care workers’ employment conditions are still clearly worse than in the work force in general but less so in Denmark than in the other three countries. Thus, our study suggests that there are lessons to learn from Denmark about how to organise 24/7 care without imposing (so much) irregular working hours or involuntary part time on the workers.

Finally, even if there are clear differences between the countries, we can conclude that Nordic care workers have arduous working conditions and problematic employment conditions. In the Nordic countries, as elsewhere, care work is a low paid women-dominated occupation. Despite the equality ambitions in the Nordic care regimes, also in these countries care workers are “underpaid and overworked” (to borrow the title of an article by Razavi & Staab, 2010). Cut backs and NPM reforms have been introduced without considering the consequences for the workers and none of the Nordic countries seem to include the care workers in a ‘passion for equality’.

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1. Actually, the proportion with irregular hours is even higher as only 23 per cent of the Nordic care workers work one shift only; the indicator shows the proportion working three or four different shifts, i.e. weekday daytime, evenings, weekends and/or nights. [↑](#footnote-ref-1)
2. Of those working part time in Norway 37 per cent want to work more hours compared to 24 per cent in Sweden, 10 per cent in Denmark and 17 per cent in Finland (where very few work part-time, see Table 1). [↑](#footnote-ref-2)
3. Proportions of the workforce according to EWCS 2015 reporting poor or rather poor fit between working hours and their family or social commitments: 13.7 % in Denmark, 14.3% in Finland, 11.3% in Norway and 16.7% in Sweden (the question is identical in our survey and in EWCS). (<https://new.eige.europa.eu/data/information/ta_wrk_bal_self__ewcs_familybalance>) [↑](#footnote-ref-3)
4. In Denmark 51,126 USD PPP in 2015 compared to 51,663 in Norway, 42,886 on Finland and 41,467 in Sweden (OECD Employment and Labour Market Statistics (<https://www.oecd-ilibrary.org/employment/data/oecd-employment-and-labour-market-statistics_lfs-data-en>) (Visited May 30, 2019) [↑](#footnote-ref-4)
5. Refers to SSYK2012 code 5321 [↑](#footnote-ref-5)
6. Refers to SSYK2012 code 5322 in Denmark and Norway and 5329 in Sweden. [↑](#footnote-ref-6)
7. Refers to code 532. [↑](#footnote-ref-7)