

Constant changes – on organization, leadership and work environment in elderly care

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Summary

THE POINT OF DEPARTURE in this report is to shed light on the work environment and organization in elderly care but also what changes at different organizational levels mean for the work and health of employees and managers. We describe societal changes during the past 30 years having played an important role with regard to elderly care, we compare Swedish to other countries, and we analyze the consequences of the work environment on employees and managers.

In the report, we present studies where we have investigated changes, work environment, organization, and leadership in elderly care from the 1990s and onward. We compare the work environment in Swedish elderly care to that of other countries, especially northern Spain. Based on a work and organizational psychology perspective, we show that the psychosocial work environment in Sweden is poorer compared to other countries. Moreover, working conditions are less favorable in Sweden. A number of research studies in our overview show that the general work environment has deteriorated during a long period of time. Although frequent and positive initiatives have been launched over the years, many of these have not been sustainable over time. Organizational changes, including comprehensive work schedule changes, mergers, and cutbacks, have constituted a recurrent disturbance to elderly care organizations, even if the purpose was rather the opposite.

We have addressed three overarching questions:

1. How do these societal changes influence work conditions in elderly care, especially for employees and first-line managers?
2. Is there a balance between work demands and organizational and individual resources?
3. How do organizational changes affect the conditions for leadership and work environment?

The report addresses decision-makers and politicians at all levels but also the people working in elderly care. Our intention is to raise awareness of the importance of having a well-balanced work environment in place before changes are initiated. We are convinced that this is a necessity in order to move on and solve the problems facing elderly care, problems for a long time highlighted by authorities and researchers.

Elderly care during a time of change

At the beginning of the 1990s, three radical societal changes occurred in Sweden that had a great impact on elderly care: the financial crisis, the Elderly Reform (Ädelreformen) and the implementation of New Public Management with its market-oriented perspective on the public sector.

The economic crisis led to unemployment and a decrease in GDP resulting in less money going to elderly care. The Elderly Reform meant that municipalities took over responsibilities previously carried out by county councils. This led to an increasing number of elderly individuals in municipal care who were more fragile and needed more medical attention. In order to meet the needs of these people, municipalities hired nurses and started to train their employees. The general idea was that municipalities would be responsible for these services, which would be more cost-efficient and offer a higher level of quality in elderly care. At the same time, ideas from New Public Management were rapidly disseminated in the Swedish public sector, focusing on marketization and cost efficiency.

In our report, we present examples from the perspective of first-line managers on how these three changes were intertwined and affected the work and work conditions in elderly care.

Work environment and leadership in elderly care

Reorganizations are common in the Swedish care sector. Large organizational changes often entail additional demands and instability in the organization and for the employees. They may thus result in negative effects in terms of the employees' health and work situation and lead to an imbalanced work environment. Even though differences do exist, there are some general aspects of the elderly care work environment that are frequently addressed, which include high demands and limited resources in terms of support from the organization but good resources in terms of social support from employees. Relations with the first-line manager are frequently reported

to be good, but there are problems associated with large work teams and/or geographical distances between the manager and the employees. The work tasks in elderly care are often seen as meaningful and important by the employees, but they have low status in the eyes of people outside the organization. The lack of balance in the work environment is also true for managers. The focus on cost efficiency has, among other things, led to an increasing number of responsibilities and a higher number of subordinates, resulting in high turnover among managers and employees in elderly care. Moreover, our studies show that there is a relation between work environment and the elderly individuals' satisfaction with their care, even though it is not always possible to scientifically show a direct relation.

Over the years, initiatives to raise the level of quality and competence have been launched in elderly care. These typically do not focus on the work environment, and even when they are, the effects are frequently not sustainable. This lack of effects is likely due to an imbalanced work environment. In our report, we present examples of national programs concerning improving quality and their subsequent effects.

Comparisons with elderly care in other countries

In order to gain a broader perspective on the work conditions and work environment in Swedish elderly care, we discuss comparisons with Spanish elderly care based on our own research project and with the Nordic countries based on other research projects. The results show that Swedish elderly care in many respects has less favorable work conditions compared to both Spain and our Nordic neighbors. More specifically, in comparison with the Nordic countries, the Swedish work environment seemed to have deteriorated, especially when it concerned access to manager, work schedules and opportunities to grow and develop at work. Compared to Spanish elderly care, Swedish managers had less influence, employees perceived the quality of care and their health less favorably and employees were more prone to want to look for another job. Swedish elderly care is also more frequently subject to organizational changes compared to elderly care in most other European countries, and we can show that these changes relate to a lower estimation of quality of care and a higher rate of thinking about looking for another job.

Recommendations

1. Work environment issues must be addressed at the *strategic organizational level*. According to Swedish law, top management has the uttermost responsibility for the work environment and must support the work processes and offer the conditions needed for first-line managers to be able to lead. This means that strategic management must also have access to updated knowledge on the work environment and its consequences for employee health and productivity. Knowledge regarding the negative effects of frequent organizational changes also needs to be updated and taken seriously.
2. *There must be a better balance in the work environment* between demands and resources. Lacking a balance in the work environment in elderly care has a long history and needs to be addressed in order to manage the high levels of sick leave levels and needs for recruitment. Without a necessary work environment balance, quality improvement initiatives and training programs will not offer the expected results. It is essential that it is possible to focus on a good quality of care and a healthy work environment simultaneously in the organization. The elderly individuals encounter a larger number of employees today than previously. However, both employees and the elderly individuals ask for more time together to build relations. Good relationships would guarantee both a good quality of care and a good work environment.
3. *Training and clear roles*. Demands at work need to be reduced and the professional role needs to be more clearly defined. In current elderly care, no differentiation is typically made between work tasks, such as cleaning and nursing. However, we argue that it should not be possible to replace trained care staff with employees who lack training in care. Employees with training in care should work with care issues, and employees without such training should perform service tasks. Education and training are essential aspects and necessary ingredients in a solid learning organization. It would be highly beneficial for Swedish elderly care if such learning organizations could be established since they are well-equipped to adequately address the challenges facing elderly care.

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