Staff and Staff Conditions. A focus on Norway in an international perspective

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Nursing homes in Norway

- High coverage of NHs. Some possible reasons:
  - Dispersed population, many small communities, infrastructure challenges
  - Relatively good economy
  - Public opinion and political priorities
- NH services subject to medical and health legislation

Kvam kommune

evuk

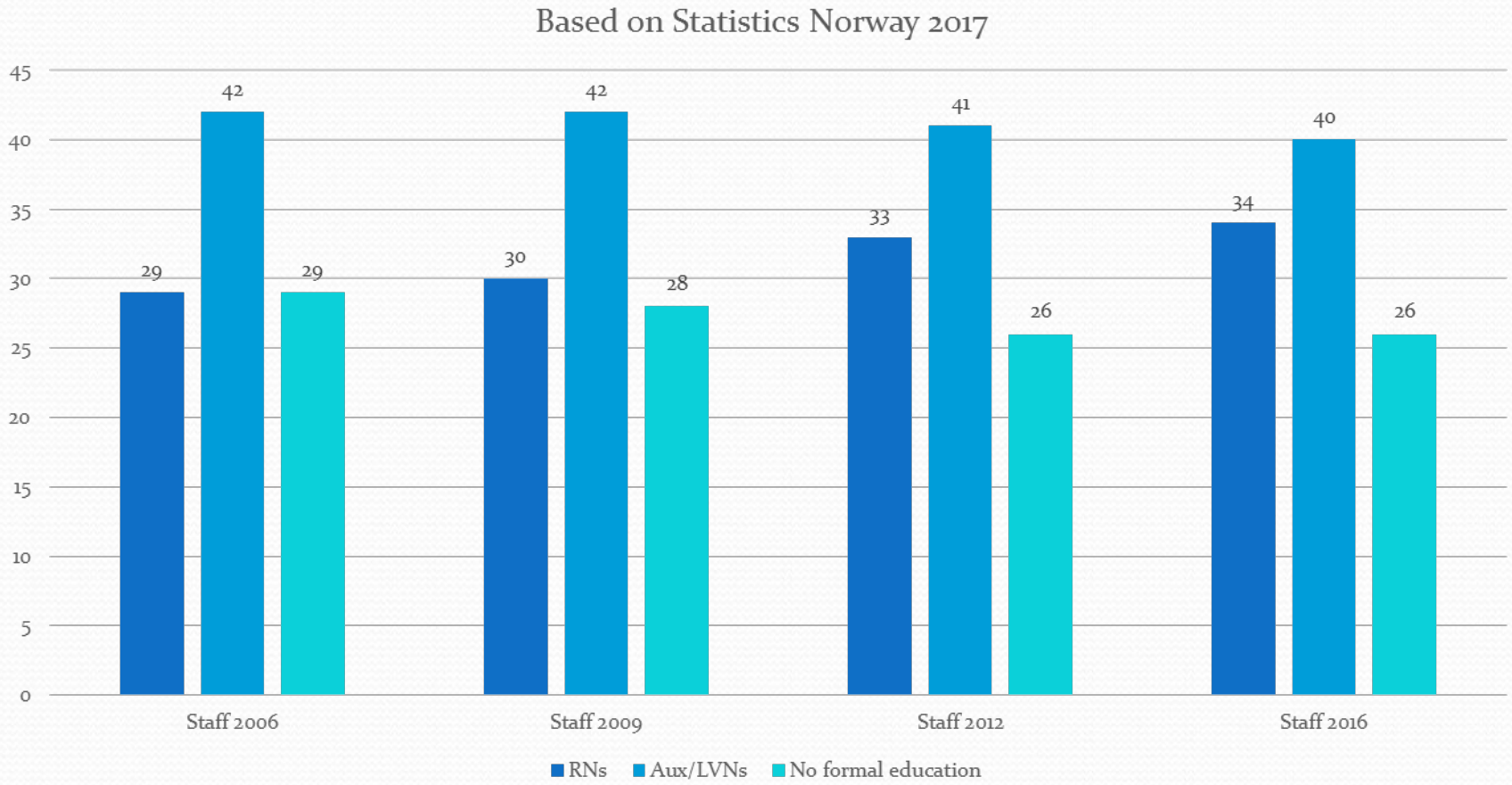
Staffing and staff conditions and quality of care

- Research findings support that
  - There is a positive correlation between how staff fare and how residents fare
  - Better staffing means better quality of care
  - Higher formal education means better quality of care
- Hence good conditions for staff and enough and skilled staff may enable good care for residents
- However, does this necessarily always happen?

Relatively high staffing level and level of formal competence

- Unofficial standard of staffing has been a ratio of 0.94 full-time equivalent employee (FTE) workers for each resident, including all personnel nurses, managers, and housekeeping
  - Relatively high in comparison with Canada, USA and Great Britain, somewhat higher than Germany, approximately same as Sweden (Harrington et al. 2012)
- Formal competence:
  - The percentage of skilled workers in LTC increased from 65,5 in 2003 to 74,0 in 2016 (Statistics Norway 2017)
  - Higher than Canada, USA, Great Britain and Germany, approximately same as Sweden (but higher % RNs in Norway)

Formal staff competence Norwegian municipal care services



Assistive personnel

- Their work was found to be mentally and physically demanding in the countries studied (Canada, USA, Great Britain, Germany and Norway).
- Relatively low incomes as compared to national average annual wages for all workers.
- Some, but not all, assistive personnel receive specialized education to do their jobs.
- Assistive personnel in Norway and Germany are better prepared; those in Norway and Canada are better paid.
- Benefits provided by LTRC employers to assistive personnel varied widely across and within countries.

Assistive personnel cont.

- There are high rates of part-time work among assistive personnel without access to employment-related benefits, except in Germany and Norway where benefits apply to all workers whether part- or full-time.
- U.K., Ontario, Canada, and the U.S. (many states) have various systems of certification for assistive personnel, with most having from 1 to 3 months of instruction time.
- Germany and Norway have more substantial programs for assistive personnel

Laxer et al. 2015; Jacobsen et al., in press

Recruiting and retaining staff for LTC in Norway

- Wages and pension for health personnel in LTC same as for hospital staff (but with less pension right and sometimes less pay in for-profit run facilities).
- Less prestigious work than working in hospitals
  - Less than 10 % of 3. year students of nursing state they want to work in the LTC sector
- Too few RN positions in hospitals, and almost no LPN/LVN positions. No space for NAs/assistants (with little or no formal education). This means that in practice, the recruitment of skilled staff is not too bad in Norwegian NHs.

Multicultural staff

- A new situation in Norway, in contrast to e.g. Canada, USA, Great Britain and Germany
  - Up to 30 nationalities in some Norwegian nursing homes

Workers' conditions in Norway

- Strong unions in Norway
- Scandals: in Norway: frequently a focus on workers' conditions and workers' rights (Lloyd et al. 20159
- Hierarchy vs distributed leadership (see Tamara Daly et al)

Prescriptive or interpretive regulatory environments

- We define prescriptive regulation as a tendency to identify which
- staff should do what work *and* when and how they should do it. Interpretative
- regulation reflects a tendency to broadly define care but not which staff should
- do it, nor when and how they should do it.

Regulatory environments in context

- Prescriptive regulatory
  - a lower ratio of professional to nonprofessional staff
  - higher concentration of for-profit providers
  - a lower ratio of staff to residents
  - a sharper division of labor.
- Interpretive regulatory environments
  - higher numbers of professionals relative to non-professionals
  - more limited for-profit provision
  - a higher relative ratio of staff to residents, and a relational division of labor that enables the care to be more fluid and responsive (Daly et al. 2016)

Regulatory environments in Canada, Germany and Norway

- The regulatory approach to staffing and administrative funding is highly prescriptive in Ontario while the regulatory and funding orientation in Norway tends to be more interpretive. German facilities also have some latitude to interpret regulations. As a result, care work in Ontario tends to be very task oriented with definite divisions of labor that hindered workers' abilities to provide quality care.
- The prescriptive regulations did not promote a high standard of relational care, nor did they promote good working conditions. Instead, regulations promoted reactive work organization. Resistive work organization emerged within conditions of austerity

Regulations and marketization

- The more for-profit share of NH market the more prescriptive regulatory environment (Choiniere et al. 2015)
  - Comparison Canada, USA, Great Britain, Germany, Sweden and Norway
- The more for-profit share of NH market the more complex regulations and the more time consuming the reporting systems (ibid.).
- In general, staff conditions and staffing seem appears to be better with less for-profits (Harrington et al. 2015, Harrington et al., in press).

For-profit NH sector

- Norway: Around 6,2 per cent of a total of 41,000 beds in residential care are run by for-profit (FP) providers (Statistics Norway 2016)
- Sweden: 18 – 19 per cent FP of 90,000 beds (Statistics Sweden 2014).
- Canada: approx. 37 % for profits (Harrington et al., in press)
- UK: around 86 % for-profits (Harrington et al., in press)
- United States: around 70 % for-profits (Harrington et al., in press)

Structural conditions for quality of care

- Staffing level
- Staff education
- Not for-profit and public organization
- No large chains

See various publications by Prof. Charlene Harrington and others

Better conditions for staff, better for residents?

- Some research supports this assumption
- However, better staff conditions does not necessarily imply better lives for residents of NHs
  - Spontaneous activities in Norway and Canada (Ågotnes and Jacobsen, in press)
  - End of life – care: much room for improvement in many Norwegian NHs!

Spontaneous activities, Canada NH

One organized activity took the form of several games that fell under the common theme “Happy Hour”. In this weekly activity, residents could choose from six different games that staff and volunteers facilitated, all played in a large common room where drinks and snacks were available. The games differed in complexity, size, and type to suit residents with different physical and cognitive capacities, interests, and desire to play with a group. Staff involvement was minimal: staff facilitated and organized rather than controlled and decided. Volunteers provided continuous help with some of the games. The “Happy Hour” did not have a fixed end-time but continued for as long as residents were interested. It often lasted a relatively long time, approximately one and a half hours, perhaps because of the different opportunities provided. Because of the way the activities were organized, residents seemed to find groups that reflected their interests and capabilities. Some groups were divided into groups of the same gender – puzzles for female residents and a card game for male resident – while inclusion in other groups seemed to depend on physical capability. In general, the atmosphere was lively, positive and driven by residents (from Ågotnes and Jacobsen, in press).

Spontaneous activities in Norwegian NHs?

- Spontaneous activities was less frequently observed in Norwegian NHs during project fieldwork experiences
- The interpretive regulatory environment in Norwegian context could have allowed for more flexibility and spontaneity in care situation than has been observed.
- Why? Possible explanations:
  - Norwegian NHs are frequently somewhat hospital-like
  - Activities in general are quite organized in Norwegian society, and carried out in a rather collectivistic ethos

Concluding thoughts

- Working conditions for staff varies much across jurisdictions
- Work conditions for staff appears to be better the less marketization and for-profit actors, with a more universalistic approach to welfare state services, and with less of a prescriptive regulatory environment.
- A good workplace holds promises as to a good place to live for residents. Research supports such a view
- However, a good situation for staff does not necessarily imply good quality of care and promising care practices.