Putting Workers at the Heart of Quality Care: Towards a *Care Manifesto*

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12 December 2024

SCOHPICA webinar

University of Applied Sciences and Arts of Southern Switzerland

SUPSI

Structure

- The *Gute Pflege* and *Care Manifesto* projects: Exploring and communicating the perspective of frontline LTC staff
- Theoretical framework
- Research methods and process
- Findings

- Moving forward
  - Vision of the Manifesto
  - Strategies to achieve the vision
  - Discussing and implementing the Vision

# *Gute Pflege*: Exploring the perspective of frontline workers in LTC

- Project initiated with Unia in 2021: desire to strengthen the union's work in LTC and to analyse the sector from the point of view of labour studies

- Hypothesis: workers may hold the key to the crisis of LTC

- Decision to develop a qualitative, participatory research project
  - Quant project would have been impossible: 1) access to staff data difficult; 2) little research on staff perspective, so no clarity re the questions that should be asked
  - Participatory project: *conricerca* and Participatory Health Research both aim to empower participants
  - Focus on frontline staff, i.e. staff directly interacting with residents in care homes

Care Manifesto

- After the conclusion of the research of *Gute Pflege*, we discussed with Unia the idea of a Care Manifesto to highlight the results as a strategic document

- It would act as a blueprint going forward to confront the dysfunctions in the Swiss long-term care sector that workers identified to achieve a better quality of care and working conditions

- Assist LTC workers to articulate their proposals for improving care with the public

- Act as a platform for interacting with key stakeholders and garner societal support for care workers

The crisis of long-term care

- A sector "on the verge of collapse" in Switzerland (*NZZ* 16/8/2023) and many other countries

- OECD (2023) in a recent report calls on governments to act on working conditions and "do more than applaud."

- Ageing population triggers LTC boom in Switzerland:

  ➤ the population in need of LTC will nearly triple by 2045 (Fuino & Wagner, 2018)
  ➤ labour demand will increase by nearly 40% by 2033 (OECD, 2023)

- Due to the policy of favouring home care over institutional care, residents are entering nursing homes later: high concentration of physical and cognitive problems

- Working in LTC is increasingly challenging, as reflected in rising absenteeism and staff turnover rates: 28% in 2022, up from 24% in 2021 (FSO, 2023)

- The LTC crisis is a **staffing crisis** where staff shortages exacerbate the difficulty of responding to ever more complex needs = an environment where work has become extremely difficult
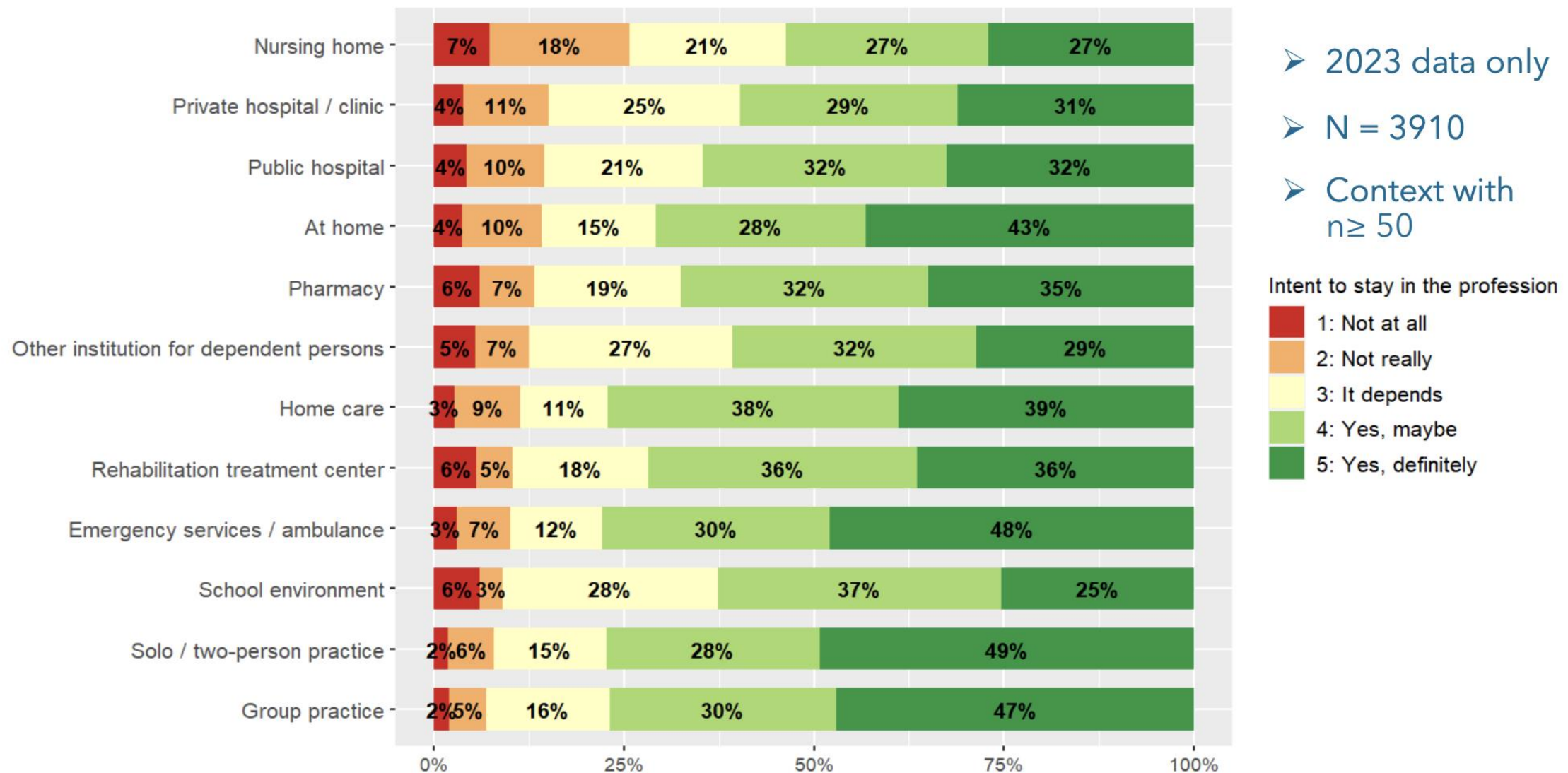
Intent to stay in the profession in the next few months if the situation stays the same, by main professional context

- 2023 data only
- N = 3910
- Context with n≥ 50

Intent to stay in the profession
- 1: Not at all
- 2: Not really
- 3: It depends
- 4: Yes, maybe
- 5: Yes, definitely

(Peytremann Bridevaux et al., 2024)

30

6

Policy responses to the long-term care crisis

- There are **three main responses** to the crisis:

    1. the **use of migrant labour**

        o Care imperialism/extractivism >>> policies to limit emigration

    2. Investment in staff **training**

        o yet new trainees are the most difficult to retain

    3. Let the **market** solve the crisis (privatisation and marketisation)

        o Investors' rush ("grey gold")

        o Cost-cutting and labour casualization

            ➢ 3rd party fees paid to people who work without a contract with the nursing home (ie. Temporary or agency staff) was the cost centre with largest increase in 2022 (+44%, CHF 164.3 million) (FSO, 2023)

            ➢ Qualified healthcare workers decreased by 1.6% while auxiliary workers (little or no qualifications) increased by 0.7% (FSO, 2023)

Behind restructuring: the drive to contain cost increases

- At the heart of recent transformations of LTC lies an over-arching concern: to limit the cost increases that will follow the rising demand for care work

- LTC suffers from Baumol's **cost disease**: Costs rise with demand because productivity growth is slower than in other sectors (e.g., manufacturing

- Two reasons behind this:
  - ➢ Difficulty to standardize work
  - ➢ Quality tied to human contact

- ➔ *political* problem (see Swiss debt brake mechanism): **New Public Management** has driven significant restructuring in the way care is provided in the labour process, paving the way for marketisation – by acting precisely on the two "obstacles" to productivity increases

Photo: New York Times

An interdisciplinary perspective on the staffing crisis in long-term care

- Lack of staff, particularly qualified, has a negative impact on "quality of care".
    - QoC typically measured through a range of medical indicators (Perruchoud et al., 2022) *but* a care home is not a hospital (QoC / QoL).
- Destructive effect of intensification and clash between indicators and "real work" (Dejours 2003)
    - Contradictions emerging from the application of Taylorist (industrial time) work organization to service sectors (Le Dilosquer & De Gasparo , 2017) and particularly to LTC (Glazer, 1993)
    - Alienation of care workers (Nies, 2021)
    - Standardisation entails a clash with the "logic of care" (Mol 2008: 75):
        In the logic of care, the crucial moral act is not making value judgements, but engaging in practical activities. (…) But what it is to do good, what leads to a better life, is not given before the act. It has to be established along the way.

Exploring Workers' perspectives on LTC: Gute Pflege Project

- While some of the workers' frustrations are known (wages, increasing documentation), it is essential to dig deeper into their perspective on the crisis and their malaise

- Public health research pays limited attention to unions and collective bargaining, while social science research shows it has a key role in worker satisfaction and dissatisfaction (Blanchflower et al., 2021)

- Decision to use group interviews to tease out the perspective of frontline care workers

- Co-creation of research questions:

  ➢ What constitutes 'good care' from the point of view of workers?
  ➢ How do working conditions influence the quality of care?
  ➢ Does the way care is organised affect workers' relationships with residents and other staff?

- Participants recruited through an online survey (findmind)

- **High response** rate, particularly in German-speaking Switzerland
  - 1500 responses, with 420 completing the questionnaire

- 5 group interviews (2 in F, 2 in G and 1 in I) with different workers from different backgrounds [28 in 7 Cantons]

Key findings

https://www.supsi.ch/documents/d/deass/finalgutepflege-report

**The vicious circle of work in nursing homes:
when planning meets the unexpected**

- The labour process has been restructured around a predefined sequence of time-bound tasks, with ever less room for workers to manoeuvre (intensification of work) ➔ resentment against *minutage / minütele*

  "It's like being in the military."

- Restructuring, from the workers' perspective, is related to the financing structure (which aims to limit cost growth) and is implemented using tools to measure residents' dependence (such as RAI).

- Taylorist organization of work is derived from the factory, which is designed to eliminate all (unforeseen) obstacles to productive time.

- However, when dealing with vulnerable people, the **unexpected is a constant**: a care workers cannot say, "I'm sorry, I only have four minutes left" to a distressed resident

How standardisation harms both workers and residents

- With predetermined tasks, work is organized as a series of consecutive actions, whereas care work generally involves *multiple and concurrent tasks:*

  - mismatch between what is prescribed and the reality of the work, documentation cannot account for the *actual* activity performed yet it determines it, and is resented ("I'm not an IT person")

  - work is evaluated and organized on the basis of individual tasks - but care is fundamentally a collective process

- These contradictions lead to

(1) permanent overload (staff are constantly short of time) while forcing workers to

(2) ration care

- The intensification of work based on "productive" targets is a source of great distress for both workers and residents.

  Viewing residents as tasks and not people

Exhaustion exacerbates the vicious circle

- The difficulties of care work, exacerbated by changes in the labour process, **exhaust** workers physically and mentally, particularly new employees.

- This increases absenteeism and thus the workload of those present, who have to take care of the residents.

- Frequent requests for short-term replacements are a source of stress, fatigue and frustration; they accentuate the strong feeling of **lack of recognition** by staff:
    - financially
    - professionally
    - Personally
- Because it is structurally inadequate to the needs of care, the organisation of work drives workers away, deepening the vicious circle of care work

Searching for good care: the impact on residents

- Worker stress, staff turnover and shortages all have a negative impact on residents.

- Residents have complex aspirations and relational needs; they suffer from a lack of essential interactions:

    "I just want to talk."

- "Time and relationships are the foundation of good care"-because without trust there can be no good care ➔ Workers understand the effort needed to **build** this trust, even if this activity is not recognized: they often do it for free

- However, organizational changes make it difficult to establish these stable and healthy relationships:

    "Good care is not just about keeping a body alive."

- Responding to residents' needs and desires is complex, and staff are not able to do it as well as they would like, even though they understand them better than anyone else.

So what is good care? "I wish I could just do my job."

- LTC workers feel they know how to provide good care; they strive to do so (logic of care) against the constraints posed by the organisation of work

- Absenteeism and departures are symptoms of a labour process that does not allow workers to do their jobs.

- One of the crucial problems seems to be that nursing homes are organized primarily as medical facilities, while they are also places where people live: what role do residents' wishes and their quality of life play?

- Workers suffer greatly from these dysfunctions and the difficulty of meeting the needs of residents (employment conditions are a problem too, but less significant)

- **Our study has shown that the long-term care crisis (the tip of the iceberg of which is the staffing crisis) has deep roots in the way work is organized and evaluated: to solve it, it will be crucial for workers' voices to be heard.**

Constructing a worker-driven Care Manifesto

- A total of 20 people agreed to take part in 3 discussion sessions:
  - 1 F / 1 G online ➔ themes and arguments, vision
  - Production of a first version
  - In-person session in Bern on July 5 2024
  - 2° draft
  - Discussion at the Fachtagung der Pflege (31/8/2024)
  - Finalisation

- Difference with the other Manifestos: desire to translate the principles of the "care society" into a vision and a strategy for concrete transformation
  - Blending the theoretical with the practical

NOTHING ABOUT US WITHOUT US IS FOR US

GLASGOW
INTERNATIONAL
FESTIVAL OF
VISUAL ART
2012
20 APRIL
07 MAY

We clean, we care, we look after others, and now **we're speaking up**!

Some inputs from the Manifesto

Publication expected in January 2025 / available from us on request (F & G)

Our vision: quality care in 2035

- Long-term care is organised around needs and takes into account the aspirations, weaknesses and resources of the cared for and of those who care for them.

  - Care decisions reflect a balance between quality of care and quality of life concerns.

- The organisation of care work is participatory and follows the 'logic of care': worker's horizontal collective organisation is the cornerstone of the Swiss care system.

  - Everyone has the time and flexibility they need to plan and implement care

- There are sufficient medical and social care staff because care work is recognised as a fundamental pillar of society: they have useful work, career opportunities and a high degree of self-determination.

  - Salaries are attractive and recovery time, whether during the year or during holidays, is protected and considered essential to the quality of care.

- Care is organized and financed in a way that promotes solidarity between rich and poor, and between generations. Everyone now has access to the care and support they need, regardless of where they live, their age or their financial resources.

Turning Vision 2035 into reality

- **Meaningful participation and mobilization**
  - ➢ We need to mobilise a broad base of support. It must involve trade unions, professional associations, organizations representing the various fields of healthcare, civil society, seniors and young people.

- **Organization and alliances**
  - ➢ Build solidarity that transcends different unions, employee categories and the sectors in which care is provided to develop collective strength by promoting unity through a shared vision and common goal
  - ➢ Building alliances with society by engaging with different care organisations, regulatory bodies and the general public

- **Co-construction of care with workers and residents**
  - ➢ Care must be organized so that staff can act according to the logic of care, which entails:
    - ➢ Promoting collective autonomy
    - ➢ Transforming care assessment and financing

- **Improving working conditions**
  - ➢ Reducing working hours
  - ➢ Wage increases
  - ➢ Ending the casualization of work (as it is an obstacle to participation)

We need your input on the Manifesto and future…

- What are your thoughts on…
  - The idea that workers ought to play a key role in organising the provision of care?
  - The need to rebalance QoC and QoL?
  - The ways to strengthen the voice of workers?
  - The role of trade unions and collective bargaining in addressing issues in the sector?
  - Other aspects of the research / Manifesto?

- If you find the Manifesto to be a useful instrument…
  - How can we leverage it to influence policy discussions?
  - How can the Manifesto be shared across care homes in Switzerland? And with other stakeholders?

- Any other, further thoughts or suggestions?