

Original Article

Co-Generative Learning at the Frontline of Elderly care; Options for Full-time Work in the Outermost Reaches of the Organization

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ABSTRACT

The proportion of elderly in the population grows all over the world which means a great challenge providing qualified health care, care in nursing homes and community care for the elderly. Staff in the elder care is predominantly female workforce with auxiliary part time positions and short training. Care work is often, not recognized as heavy work in the same way as male-dominated working-class occupations. From the stand point of management, the employers, home care workers are situated outermost in the organization. From the care workers perspective, however, they are on the frontline. In Sweden, for a long period, quite a lot of pilot projects to provide full time work in home care and nursing homes have been carried out. The purpose of this study is to examine how home care workers consider opportunities to work full time. What benefits could be anticipated, what are the obstacles, how should working conditions and environment be changed for the care workers to accept and cope with full time employments? Further what training would be needed and how should education be accomplished?

The study has been conducted with round table workshops with two groups of women, employed as assistant nurses or as unskilled auxiliary nurses. They express a strong engagement for care work. They also express a perceived competence from their experience on the front line, both for the hands on work and for higher level skills, for example of assessment and advanced commitments. Further they are voicing a disappointment in the employer regarding organization, equipment and support. The conclusions are, there is need for dialogue and co generative learning between care workers, the employer and education providers, both as a way to meet the challenge the increasing proportion of elderly imposes, increasing the quality in care work and as a way to provide care workers with better working conditions.

Care of the Elderly, a Worldwide Challenge

The percentage of elderly people in the population is rising, in Sweden and elsewhere in Europe. By 2050 the proportion of people aged 65 or over will reach between 20 and 30% of the population in several European countries. It is estimated that in 2060, about 25% of the Swedish population will be over 65 years old (Statistics Sweden, 2009). The proportion aged over 80 is also increasing. This means that the need for care of the elderly is increasing and that there is a growing interest in promoting good health among the elderly. The issue of developing care of the elderly is a worldwide concern. This involves recruiting new staff with adequate skills and encouraging employees to remain in their positions (Fengetal 2011, Hugo 2007, Seavey 2011, Winslow et al, 2009). The World Health Organization (WHO) also recognises the importance of older people's health and the need for geriatric care. Thus ageing has been selected as the theme for World Health Day 2012.

The need for long-term care is rising. The number of older people who are no longer able to look after themselves in developing countries is forecast to quadruple by 2050. Many of the very old lose their ability to live independently because of limited mobility, frailty or other physical or mental health problems. Many require some form of long-term care, which can include home nursing, community care and assisted living, residential care and long stays in hospitals (WHO 2012).

Care of the elderly can be researched from different perspectives: as different kinds of nursing of health problems, demographic problems, and as quality and nursing aspects from the perspective

of the elderly or from socio-economic and organisational perspective (Fengetal2011, Hugo2007,Seavey2011,Winslowetal2009).The present study adopts a labour perspective and is conducted in Sweden, which has a long tradition of community care for the elderly (Harnett 2010). The aim of this study is to investigate employees' working conditions, skills and training and the implications of these factors for the future provisionof adequate care for the rising proportion of elderly people.

There are a number of challenges in providingan increasing number of older people with adequate health care (National Board of Health 2007). The workforce in elderly care has traditionally been part-time working women with a limited education and with limited options for education or other forms of employment.Care work is considered, implicitly or explicitly, as compatible with women's capacity to care, an altruistic task that you do because you are concerned about people. Skeggs(1997) claims thatwomen working in care are keen to emphasise their respectability, built on taking considerable responsibility for caring for family members and on paid care work. Job satisfaction is part of the reward. In practice, however, care workis heavy, dirty and poorly paid, a job with low status. Lee-Treweek (1997) argues that lack of research into paid care work is remarkable considering that paid care work constitutes a large part of the labour market. Care work can be compared with other kinds ofwork, such as factorylabour, where various strategies for resistance are used to cope with everyday life, and ethnographic approaches, favoured by sociologists who studied factory labour in the 1970s and 1980s, may prove to be crucial in revealing that care work is real work (Lee-Treweek 1997 p. 47).

The fact thatcare workis heavy, however, is one of the reasons whymany womenare unable to do it full time. Little is known about these conditions. Lee-Treweekstresses that paid carework is not viewed in the same wayas other working-class occupations.The heavy lifting in care work would never be accepted in a male-dominated industrial work.In male working-class occupations, workers' attitudes totheir work can be understood asstrategies of resistance to endure: 'It is only when paid care workers are perceived firstly as workers, and secondly as 'careers', that the potential for resistance can be revealed' (Lee-Treweek 1997, p. 47).

Paid care work is often compared with informal care work, which gives care work a marginalised status and makes it easier to ignore the fact that it is a heavy, dirty and poorly paid job, performed under conditions created by others (Lee-Treweek 1997). MelinEmilsson (2004) points to how desperately tired you can get spending all your working time with demanding old people. However, somepaid care workersstate that they enjoy working with old people and would never be willing to sit in an office. Others find it hard to explain that the work also has an instrumental character. Lee-Treweek (1997) finds that women also, work for financial gainbut that, because it is almost seen as taboo to say you choose care jobs to make money ... 'it's better to say that you love the old dears' (p. 52). Untrained, auxiliary nurses describe an unattractive job that you will reject, but at the same time, emphasise a professional pride, - It is the care workers who do the job, who know the work and know how to do it. They considerthemselves to have the expertise needed for tough'hands-on' work.They devalue skills learned at school and stress that the work must be learned in the situ, 'You can not learn this stuff in a university' (Lee-Treweek, 1997, p. 55). Furthermore, they consider trained nursing skills to be useless, at best and incorrect at worst. Notwithstanding the hard work, they valuejob satisfaction, joyfulness,companionship and pride. They also value a kind of independence, although their conditions are determinedby senior staff and restricted by organisational and financialconsiderations. From the organisational perspective on care work, auxiliary nursesare to be found in the outermost reaches of the organisation of elderly care (Fahlström, 1999). Nevertheless from the employees' perspective they are on the front-line (Lee-Treweek, 1997; Seavey, 2011).

Part-time or fulltime

Family situation can be another reason for not working full time. Women's workcan be divided into paid and unpaid work(Thomsson1998).Increasingworking hours from part timeto fulltimemeansincreasingthe paid work element. One argument against working full time isthe need to be able to take care of the family; children,grandchildren and other relatives. This involves undertaking large amounts of unpaid work. It also assumes that women have primary responsibility forthe care andwelfare of their children.You do not wantyour children tospend too

much time in kindergarten; you want to be at home when they get back from school and to be involved in their leisure activities. Unpaid work, in terms of caring for family and for others' well-being, seems to involve a heavy workload, even after children have grown up. This role is difficult to change and becomes a kind of simultaneous burden and a bit of sticking with part-time work (Thomson, 1998).

In addition to the workload resulting from paid and unpaid care work, there are financial considerations to take into account when choosing between full-time or part-time work. In a traditional labour pattern there is a male breadwinner. However, the perception of the man as the main breadwinner has changed in recent decades (Cunningham, 2008), though women with limited education remain more positive about males as main breadwinners. Women with a limited education are more likely to choose part-time work. Attitudes change when they enter the labour market. Furthermore, women's participation in the labour market is linked to their family situation (Johnstone, Lucke & Lee, 2011). They often stay in part-time work with non-standard forms of employment that provides a low income and limited potential for development at work. Preferences for part-time or full-time work alter over a lifetime as the family situation changes:

Women's choices are not free of constraints; rather, younger generations of women negotiate work and family life by adjusting and changing their own aspirations within the context and circumstances of their lives (Johnstone, Lucke & Lee 2011, p. 267)

Care work is thus regarded on one hand as a women's commitment (Skeggs, 1997) and on the other as heavy, dirty work, comparable to male factory work (Lee-Treweek, 1997). The workload means that many women cannot cope with working full time. Part-time work for women can exacerbate gender differences in terms of resources and roles. For low-skilled, middle-aged and younger women, part-time work may have lock-in effects. (Delta Inquiry, 1999). However, many women are happy to work part time. For young people entering the labour market and for parents of young children, part-time work can be a good solution. From that perspective, caring for the elderly has also proved an attractive labour market for women, offering plenty of part-time jobs without any special training requirements. Work, even part-time work, is an important part of life and has implications for health, well-being and participation in social life. Exclusion from work is a kind of deprivation (Jahoda, 1992). Part-time work is thus a form of employment which gives affiliation to the labour market and a form of unemployment affecting the economy for both individuals and society. In Sweden, part-time unemployment has long been on the public agenda. It is mainly women who choose part-time work or are unemployed part time. In Sweden, 40% of the women in the labour market work part time while only 9% of the men work part time. Part-time unemployment is influenced by the desire to combine work and family, a heavy workload and opportunities for full-time work. About a third of part-time workers wanting to work more hours cannot do so for labour market reasons (Swedish Action Plan for Employment 2000).

Full-time projects at national and local levels

In an attempt to reduce the number of involuntary part-time workers in Sweden a 'National Full-time Project' ran from 2002 to 2005 (HELA-projektet; Full-time Project, 2006) with the following overall objectives:

- reduced part-time employment for part-time/hourly employees,
- reduced involuntary part-time work, and
- reduced barriers to opportunity for full-time work.

The intention was to bring about lasting changes; to enhance skills and to address organisational and safety issues. The interventions were to lead to better health in working life, to reflect gender perspectives and to apply to part-time (un)employed men and women. In the project plan it was noted that part-time unemployment primarily affects women. Key sectors involved in the project were health and care sectors (Full-time Project, 2006). Before the start of the national project, employers were offered funded support to undertake local interventions aimed at reducing involuntary part-time positions. Different kinds of employers were interested in such trials and about 70 projects were started. These have been reported (Full-time Project, 2006) but not published internationally.

This study is part of a pilot study on a municipality's participation in the 'National Full-time Project'. The overall aim of this study is to examine the idea that women, employed in caring for the elderly, have about the conditions for part-time and full-time work. What are the advantages and

disadvantages of the two types of employment? Do they believe that full-time work is possible and desirable? What would be required for part-time employees to extend their working hours and what do they perceive to be barriers and opportunities?

The first part of the pilot study was a local survey, carried out by the local municipality. 71% of employees in various care roles were working part time. Of these, 49% wanted to increase their hours. The main reasons given by those wanting to maintain part-time employment were their unpaid-work commitments and family duties as well the perception that the paid work was heavy. The women valued having time for other things and some freedom. 31% wanted to work fulltime, mainly for financial reasons. They had positions as unskilled care assistants or assistant nurses, who had an upper secondary education, and were aged between 22 and 62. They were employed in nursing homes or home care for the elderly with employment rates of between 0,54 and 0,95 of full time hours. Some were *part-time unemployed*, meaning that they had previously been full-time employed and had had their hours cut, but had retained the right to unemployment benefit for 300 days. Others were *part-time employed*, and had accepted positions with fewer hours and no right to unemployment benefits. This resulted in some confusion as some of the part-time workers had involuntarily accepted part-time employment instead of full-time substitute employment, giving them no security in the event of illness or pregnancy.

Working environment and security

The local pilot study carried out by the municipality also included an analysis of the working environment, which involved the use of focus groups. The participants felt that the following issues were important for a sound working environment: clear leadership and goals, honest communication, dialogue and sensible forms of participation. There must be effective channels of communication and coordination, both "internally" within their own working groups and "externally", for example with the health care. Camaraderie and having fun at work is important. External professionals (such as occupational therapists, physiotherapists and trained nurses) must participate in dialogue and working relationships. Furthermore, the physical working environment should be attractive with good lighting and ventilation. The necessary equipment and tools must be available and in good working order. There should be easy access to waste disposal areas, laundry and cleaning equipment, washing machines and engine preheaters for staff. Protective equipment and lifting devices should function properly. Heavy and dirty work requires the employer to provide protective clothing and footwear. Security during evening and night work is a safety issue that must be taken into account.

Another issue is having sufficient time to discharge all duties, which requires adequate staffing. New employees must get information and schedules must be good. Emergencies must be dealt with and expertise provided in certain cases. It is important to be given opportunities for skills development, learning, reflection and study visits. Flexible working hours are a requirement for full-time work. A recurring contention was that the heavy work in nursing homes and home based care means that 70 - 90% of full-time employment should generate a full-time salary.

The research project

After the pilot study, described above, the group of researchers embarked on a series of group interviews using the pillars of the Full-time Project: employment, equality and participation. We chose to use group discussions with women with varying types of employment and where full-time work may be desirable. People were selected for group interviews by the heads of the agency. Some of the participants had been selected to attend; while others could choose whether they wished to participate. The idea was that there would be eight women in each group, but for various reasons not all of them could attend every time. All were women of similar ethnicity. The ages ranged from 20-25 to 60, some were relatively recent employees, while the majority had been working for the local employer for many years. Some of the group members worked full time, while others were part time but had requested extended working hours. Some had permanent contracts and others temporary positions. Some were receiving part-time unemployment benefit to compensate for part-time unemployment, others had chosen a lower level of employment for family reasons, such as taking care of their children. A few were working part-time and were claiming part-time disability benefit or sick leave.

We assumed that these groups, composed of both full-and part- time care workers, could constitute a representative sample with varying degrees of employment. We asked to visit their sites and

meet the two groups of women to understand their working conditions and opportunities for full-time work. We met each group three times, for about two hours each time. The group discussion as a method, - a kind of "round table workshop" (Evans & Kotchetkova 2009) - was chosen to give participants an opportunity to listen to each other's stories and interpretations of their work situation and working environment. Such discussions would allow for mapping of the situation: work, skills, labour organisation, leisure, opportunities for recovery etc. Meeting the same group of workers on three occasions also provided opportunities through recurrent dialogues to discuss various solutions to problems and give participants an opportunity for reflection between the sessions (Wibeck et al 2007). The procedure was inspired by a model of cogenerative learning (Elden & Levin, 1991) where dialogue is used as a model for collaborative learning in the workplace. Cogenerative learning means that researchers (outsiders) and practitioners (insiders) meet in dialogues. Theories from the insiders and the outsiders can be articulated and tested against each other. Meeting the group participants three times paves the way for proposals for development and learning opportunities. Eventually, a common theory can be created and, if successful, could change the work and be tested in further research.

Some of the participants were assistant nurses with an upper secondary-school education. Others were auxiliary nurses with a very brief education. During the group work, the participants' commitments were covered by stand-ins. If the meeting time was outside working hours they were compensated. The home-care team initially met us in their group room, which serves a dual purpose for both work and rest. We met the nursing home staff twice in the dayroom at the nursing home. At the final meeting both groups were invited to our site at the university.

Based on the results of the survey, the following key issues were selected for the initial conversation with the groups: How can health be promoted? How can your work situation be set up to enable full-time employment? What is needed to accommodate full-time work? What are the reasons for the choosing full- and part-time work and what are the barriers? How should full-time work be organised? Subsequently, as we learned more about the specific areas of work, we were able to ask new questions. Recurring themes were the working environment and conditions in general, the potentials for recovery, the organisation of labour with varying terms of employment, schedules and shared schedules, lack of job descriptions, working with other professionals. Do employers provide equipment for doing the work - protective clothing, transportation, documentation and communication? Do employers listen to suggestions for change? Do they provide encouragement and support for health promotion? Is the allocation of resources efficient? Are there any career paths, opportunities for training or professionalisation strategies?

RESULTS

Workplace and time

The home care-team calls their work place the "shack". The site is limited with no space that an employee can call their own. They have two common rooms for administrative work and rest, which means that it is impossible to make a phone call in private or eat your lunch without running the risk of disrupting someone's papers or disturbing others. The location is intended as a meeting place before they going out on their various calls and is not intended to provide a safe haven for individual workers. The site is an old house, and has two other flats with tenants. The rooms belonging to the staff has been renovated and are bright but small. It is very clear to visitors that this is not a work place designed for senior members of staff or anyone with a key position. "Shack" gives the impression of an organisational culture that marks this as a place for workers in low-status occupations. The employees use metaphors to show that they see their work rooms as a place for friends around the table, "joking and barking at each other". The noise level may be high but nevertheless they stress that this is a place for social comfort, in spite of conflicts and differing opinions. They stress the good relationships within the group. The group at the nursing home also stresses the collective and the social relationships that may compensate for low wages, subordination and fragmentation of working hours.

Both groups are controlled by superiors and colleagues. Time is measured using detailed schedules. Time seems to be something that is constantly being discussed, both in terms of lack of time and in terms of time-management tools, such as financial methods as well as threatening organisational changes. The workers feel that they are expected to be constantly on the go. This can

manifest as a feeling that they should both do their work and be able to make time to talk to the resident or the relatives. The women spend their time helping others – the residents, clients, relatives, nurses and other professionals. They do paid care work as much as possible without impinging on the needs of their own family or other personal commitments. Part-time is acceptable when their children are young. When their children get older and need less care they want more hours.

Despite age differences, the women pointed out that the groups get on well. There is no distinction between workers in the groups. Although values can vary between different age-groups, they note that they often have fun together. There does not appear to be any power struggle between younger and older members of the group. Differences between them are based on experience and a common understanding that everyone can learn. You must listen, learn and watch what the older and more experienced members of the group do. On some occasions it was obvious that some members, unlike others, are skilled assistant nurses. This became most apparent when job delegation and salary levels were being discussed. The experience and knowledge they describe demonstrate that they are aware of their subordinate position and responsibilities. Their knowledge and attitudes make life easier for other groups: staff, nurses and doctors, for the residents and their relatives. They share knowledge and experiences with each other – they discuss things, though routine work is too close and too abundant to provide opportunities for reflection and to theorise about everyday practice. This is interpreted, by themselves, as normal female behaviour, questioned only in exceptional cases. Both groups emphasise group values in the way they behave. External requirements from the management about retraining or reorganisation, or from the union about trade union involvement, are perceived as disruptive to the group, both unwanted and disturbing. Distinction from other groups – health care, nurses, aid assistants, supervisors and managers – are very clear. This can probably be explained by the fact that they are reminded in all contexts that they are in the lowest position. Collaboration across boundaries, creating differentiation in the group, is not compatible with the image of themselves as a group and the values this group represents. The discussions in the groups emphasise a strong feeling of “us and them”. There is some scepticism towards increasing involvement with other professions or being drawn into other hierarchical structures. This becomes evident in discussions on enhancing skills through training, where the focus is on skills benefit to the group, not to individual career paths.

Self-management and collective culture

The division of responsibilities allows employees, within strictly circumscribed limits, some control. They take collective responsibility for their work situation and the context in which they operate. Home-care team members invest in private mobile phones and bikes to cope with their work for the group and the residents in an acceptable manner. They make judgments about the needs of individual residents and organise situations where more than one member of staff may need to be retracted. This entails conflict between different sets of rules: not lifting alone and not being allowed to work in pairs. Using their private mobile phones allows them to communicate and plan to join forces when lifting, even though this extra task does not involve any additional payment. Despite financial awareness – not perceived as freedom but stress – employees choose to work on the basis of commonly agreed quality criteria. They undertake additional work to make up for the powerlessness of residents. Some scheduling is delegated to the group which can create discord among its members. Individual employees who need time off must tie in with other employees' needs and wishes. “First come first served” or “she who shouts loudest or longest” are given as explanations for why some employees have better schedules than others.

Despite the risk of division and dissension, the collective responsibility is clear; they do “collective culture”. The two working groups represent homogeneous workplaces in that most employees are women. Job-sharing in the home and segregation in the workplace do not seem to pose any competition with men in any of the arenas. They also seem to respond defensively in their explicit desire for change, rather passively accepting subordination – messy work hours, low pay and low status. They work closely together, they have similar backgrounds and values in general and they have no stated interest in climbing up the hierarchy. Their suggestions for additional job in the Full-time Project are working in the nursing home kitchen some days, home, foot care and hair care. However, although care boundaries are not breached in this selection of skills, it does seem

feasible to breach certain subordination barriers. These are boundaries that maybe crossed, which is evident in questioning of the aids assistant's "right" to make aid assessments, the physiotherapist's "right" to assist with rehabilitation measures and the cleaning manager's "right" to implement cleaning measurements. In such cases, they can envisage others' higher-level work and develop a desire to gain recognition and a mandate for such work.

If you develop skills – whom do they benefit? We do not use the knowledge we have. We could use our existing knowledge for development at work.

Time for reflections

During our second meetings the participants from both groups, emphasised their deliberations since the first meetings. They started by stressing that they had really thought about the conditions for the care-giving and the options they had for change. They described what they would like to develop and ideas for benefits they could see in everyday care work. They also voiced feelings of distrust and a belief that their ideas would not be implemented.

The ideas expressed included opportunities for daytime activities, meeting places and exercise since many of the elderly residents were under-stimulated. They also saw needs for changed medication and health care. Inspiration had come from, both from their own experience and from the training they had been given. But the ideas are conditional; the responsibility lies with the more senior, decision-making members of staff. Other groups of staff with higher-level skills are responsible for those tasks, but group participants argued that needs are overlooked. Or that these needs are not recognized at all by aids assistants or management. Staff responsible for resources did not prioritise such matters. This represents a conflict – the workers who are at the lowest level argue that their experience gives them the skills needed to make their own decisions, but that they have no authority. Traditionally, care workers are used to accepting care practices, feelings of subordination – of having no value. On the other hand, they perceived their employer as a betrayer, who does not take account of their expertise on the needs of the residents or of their capacity for more skilled work. However, decisions about schedules and stand-in staff were delegated. The scheduling that has actually been delegated to the workers causes conflicts between the workers about divergent requests. The workers are also aware that the municipality does not comply with the Social Services Act. The municipality is guilty of neglect of some of the legitimate needs of clients and residents:

"It's just a pressure washer and water flush"

Workers also admit to making conscious protests:

"The municipality staff decided to restrict the amount and choice of food and beverage, but we break the rules".

Despite disagreement on schedules, for example, the group participants emphasised that they value the sense of fellowship during working hours and that they have fun together:

"It's hard work, it's lonely work, but when we meet up we have fun together".

The framework for care positions seems unclear to the care workers, often to their disadvantage:

"If you have a part-time job but get a temporary full-time post, how does that work? You might resign your half-time job and try to become a full-time employee. But if you get pregnant during the temporary post, then you don't have anything to come back to."

"Really I don't want to work full time, I can't stand it. But employment agencies hound you if you work part time. Half time is exhausting!"

Positive impressions

At the third and final meetings with the two groups, we, as researchers, presented a summary of the impressions, both positive and negative, that we had found to originate from the group discussions in terms of situation and conditions, work organisation, obstacles and opportunities for full-time work. Group participants from both the nursing home and the home-care team, expressed interest in trying new jobs and new responsibilities. This interest, however, varied from person to person. They feel that they are very flexible and are used to solving the various issues that crop up every day. This is because they never know exactly which members of staff are present and what jobs they will be doing. Their work is all about people who need care and help in respect of bodily, social and practical needs. Everything has to be done – it is not an option to skip anything if the load seems particularly heavy on any given day. The workers'

description of this situation provides a quality awareness of the needs of their "clients". The services are to be provided in a manner that the workers can be proud of. Combined with this quality awareness, there is an awareness of the costs involved, an understanding that the financial resources needed to provide these services are finite. The workers are interested in continued training, in extending the scope of their work, and in potentially taking on new responsibilities that are currently designated to be at a higher level in the municipality. They are interested in organising work in new ways and have creative ideas for improvements. Their work has a relatively large degree of freedom within the framework of financial and regulatory restrictions.

Negative impressions

There is a corresponding negative impression of the business – a gloomy picture of lack of money in home-care and nursing homes as portrayed by the media. In addition they have a feeling of being used of a greedy organization (Rasmussen, 2004) taking advantage of their commitment and job satisfaction at the front line. The groups interviewed have a feeling of being neglected, while they themselves are keen to do their best for the elderly residents. Subordination is built into care of the elderly, which affects both the elderly themselves and the employees. Their working conditions are perceived as under constant threat of reorganisation. Employees are almost exclusively women. Services are consistently getting worse with conditions that have no comparison either to similar occupations held by men or services elsewhere in the municipality. They have to accept that they themselves must provide their own equipment, that their premises are poor or wretched and that they must argue for protective clothing and safety. They feel betrayed in that they are not listened to regarding their skills and theories for development, but given responsibility for solving unsolvable practical dilemmas.

Opportunities and implications for learning

In spite of the negative impressions, we did however find an interest in developing the care of the elderly. They say that they actually chose the work because they are interested in the job, they are proud of what they do and do see the benefits. This could be understood as a form of a "caring self" (Skeggs, 1997), which is dialogical relative to others. This group has limited access to education and other positions in the labour market. Nursing is for these women, a kind of cultural capital that they have trained for and thus have access to. But they are aware that the various forms of knowledge are at different skills levels in the hierarchical relationships they work in.

They suggest developing their present work through skills in areas such as different fields of caring; rehabilitation and bodily care, health care, psychiatric nursing and medical care. Furthermore they suggest financial and organisational changes. These areas are seen as ways of extending their working hours and coping with the tough workload as well as a strategy for increasing the value of their work and improving quality for residents and patients. Such changes require training and education. But we have also found a reluctance to pay for this education; the employer is expected to offer paid training for nurse training for example. The care workers are not interested in taking time off for training.

Providing care for the elderly in sufficient amounts and of sufficient quality is a multidimensional problem. In official rhetoric the issue is about offering full time positions for financial and social reasons. Being part-time means being an outsider with limited opportunities for development, there are lock-in traps with difficulties getting full time (Delta Inquiry 1999). For employers this is a "just-in-time" approach. Both employers and employees have an ambivalent attitude towards part-time work. It can suit the needs of parents, both mothers and fathers, to work part time during certain stages of life. The low training requirements help to lock-in effects, women who have no qualifications do not have many options and the low level of education makes them easy to use as labor, they are interchangeable and do not have sufficient status and self-confidence to make demands or to contribute to development of business.

On the other hand, there is a considerable need for new and more qualified labor (Lee-Treweek, 1997; Mezey et al, 2008; Seavey, 2011). According to our respondents you cannot learn the right skills at school. Traditional school learning will not take account of "local theory" that emerges during the process (Ellström, 2001). Furthermore there will be no interchange between practitioners' local theories and the theories of "outsiders", the educationalists (Elden & Levin 1994). Melin & Emilsson (2004, p. 11) argues that traditional education with occasional training days

of lectures or study visits does not lead to lasting and useable learning. This kind of training will only be an opportunity for relaxation from the heavy work. MelinEmilsson (2004) suggests supervision and mentoring as alternatives while Mezey et al (2008) gives an example of caring development in TNH (training nursing homes). The trend is also towards an increasing proportion of the staff in elderly care not having a basic education. This brings with it a considerable responsibility for municipalities and private care providers to offer both introductory and ongoing training. There is an increase in responsibility and workload for existing staff. Recruitment of qualified staff is a quality issue. Current trends with increased stress and reduced attraction lead to a downward spiral (Johnredén, 2002). More career opportunities, skills development in the specialized areas suggested by the staff could be worth trying. Arneson & Ekberg (2005) argue, for a supportive environment and health promoting learning to occur, a combined bottom-up and top-down perspective is needed. We found that the care staff is interested in gaining qualifications so that they are better prepared. But this interest is conditional, it must be listened to and met with a corresponding commitment from the employer and society to develop quality care for the elderly and provide adequate working conditions and working environment for care workers.

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