



Finland: staff well-being in social work and health care



Arja Kumpu

Finland's municipalities employ 430.000 people, roughly 20 percent of the country's workforce. About four-fifths of these employees work in health care, education and the social services. Women account for the vast majority of the municipal workforce; only one in five employees are men. The average age of municipal employees is currently about 45.

These employees are for the most part well educated, because the qualifications of many jobs are laid down in law and require a specific educational background.

The majority hold at least upper secondary qualifications and one quarter of all employees hold an academic degree. The municipal services sector is extensive and comprises more than 5,000 job titles. The largest groups are registered nurses (36,000 staff) and practical nurses (19,700), comprehensive teachers (14,900), childcare workers (14,400) and auxiliary nurses (12,100). In the municipal sector 34 percent of personnel work periodically (114,75 hours per 3 weeks).

Local government employers (KT) is an interest organisation for government employers representing all Finnish local and joint authorities. It negotiates and concludes collective agreements in the local government sector. KT plays a key role in improving performance and the quality of working life. The municipal sector has to struggle with a very rapid retirement rate. It has been estimated that by 2030 about 80 percent of all head nurses, registered nurses and auxiliary nurses will have retired. Similarly around 70 percent of the different administrative and technical workers will have reached retirement age, while about 60 percent of employees in the whole social- and health care sector will have retired by that time. Only about one quarter of employees in the social and health care services are under 35.

This is the challenge facing the municipalities. The official retirement age is 63 for nurses working in the care sector. By comparison, the retirement age for those with administrative tasks is 65. While this is the official retirement age, employees in Finland may go on working until they reach 68. Many nurses chose semi-retirement (19 hrs per week) before they reach the official retirement age. Those doing periodic work may have difficulties sleeping after a night shift or have health difficulties due to the arduous work in the care sector. In some workplaces it is possible to work only morning and afternoon shifts. In certain circumstances it is possible to change workplace, for example to day centres for the elderly, where the work is not so demanding. One big challenge is that it is difficult to find new registered and practical nurses to fill the vacancies.

In addition it's not always easy to find new jobs or easier tasks for older staff. So it's important to develop different ways of promoting

employees' well-being. Employers support older workers with special courses (so called ASLAK). These are special group rehabilitation courses for employees, and are co-financed by the employers and KELA (the Social Insurance Institution of Finland, provider of social security benefits for all Finnish residents). The course duration, content and frequency depend on the employees' rehabilitation, employment, professional and occupational health care needs.

Rehabilitation centres around health promotion, life management, and promoting function-oriented solutions and operating practices. Rehabilitation is closely related to employees' work, working environment and everyday life. The content of rehabilitation courses must further each individual's rehabilitation goals, which are worked on throughout the rehabilitation process. Rehabilitation is a comprehensive learning- and solution-based process geared toward refreshing ways of thinking and operating models.

The rehabilitation process deals with various topics: health, nutrition and physical activities, psychosocial counselling and guidance as well as special professional factors related to the individual's work and working environment. A multi-disciplinary team leads group discussions and develops various functional exercises. Courses focus on topics that are worked on between sessions in the form of special tasks. Mid-term assignments support the rehabilitation process.

Finland also organizes so-called TYKY activities, which aim to promote motivation, improve the working atmosphere and foster employee well-being and working capacities. TYKY activities are developed and organised together by employers and employees. The central goals are promoting health and occupational skills and improving the effective functioning of the working community. It is important to take steps to promote the health of employees, and to reduce factors that can threaten occupational well-being.

■ Arja Kumpu

Association for the Directors and Experts of Residential and Long-Term Care for the Elderly, Finland
Member of the E.D.E. General Board

E.D.E. Vision 27

This is the 27th issue of the newsletter. E.D.E. VISION. It will inform you about current developments in the field of long-term care services for the elderly in Europe as well as about projects of the E.D.E. and its member associations. The E.D.E. will also give its views on current questions of European policy in the context of long-term care.



Prof. Dr. Wilfried Schlüter

A flat share in the front building – living apart, working together

Haus Bethesda is a venerable establishment in Berlin, dating back over 100 years. Situated in the former working-class Kreuzberg district, it was first a Protestant hospital and later converted into a care home. While the first patients and residents were “modest folk” from the neighbourhood, today its clientele has changed: The population is young and the neighbourhood trendy, with cafés, bars, small fashion shops, wine stores and organic food. How can a care home fit in here? By adapting to its environment. In recent years the establishment has increasingly opened its doors to its neighbours. In fact it's a perfect place for yoga lessons, dance groups and other initiatives. With time more and more people from the neighbourhood came to inquire about a care home for their relatives, stressing that they were looking for something that “doesn't look so much like a care home. That's not what my mother wants.”



When two medical practices moved out of the front building, the idea arose of creating shared living accommodation for residents who were in need of care but did not suffer from dementia. A market niche, as it turned out. Because while there are now over 150 shared flats in Berlin for people with dementia – cared for by ambulant staff – almost none exist for elderly people who are mentally sound. The result was a spacious, lovingly restored 300-square-metre dwelling with two stories, 12 bedrooms, 6 bathrooms, a living room and a large kitchen. “It's certainly a change for someone like me who's lived alone for so long,” Erna Beiersdorf (91) admits. “But I'm happy to have the company.” Before moving in she'd looked after herself with the help of her son, but the solitude was hard to bear.

The twelve residents are accompanied through the day by two committed care workers, with emphasis being placed on shared tasks like setting the table and doing the laundry and ironing, activities that are carried out by the staff in normal care homes. Conveniently, all of the appliances are located in the large and comfortable kitchen, so there's always something going on there. Both women and men take part in the chores. They're all over eighty and most are quite mobile, but they've got plenty of verve and even get on each other's nerves at times, which is only to be expected in such close quarters. “It's like family living,”

one relative chuckles, “including quarrels over who does what.”

She appreciates hearing about how other people handle difficulties with a care-needy father or ailing aunt. Exchanging views can ease the conscience and allow relatives to come to terms with their decisions, for example having their mother move here from Cologne.

All residents need help washing, dressing, showering and the like. The staff remains discreet in the flat, only coming over from the main home to carry out such tasks, as well as at night. The comfortable rooms look all the more normal. Nothing points to professional care – even the computer with files on each patient is tucked away in an old cupboard. Caregiver Jutta Dankert smiles: “It's just like we imagined it: a bit of home!”

■ Viola Kleßmann

member of the DVLAB

Director of the AGAPLESION BETHANIEN HAUS BETHESDA

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SAVE AGE – Energy Consumption in 100 Residential Care Homes for the Elderly

The SAVE AGE project has entered a new phase. By now, preliminary energy audits of 100 European care homes have been carried out, resulting in thorough baseline analyses providing key insights into energy consumption in residential care homes. The knowledge thus acquired must now be translated into useful cooperation activities with care homes, their associations and other stakeholders in the care sector.

Our analyses have shown that residential care homes for the elderly lack knowledge and awareness of energy efficiency and are generally quite reluctant to acquire new technology. Their main concern is to provide the best quality care they can, while technical energy issues tend to be neglected. The development of international comparisons of energy efficiency within care homes will raise their



awareness and lead them to take decisive steps towards energy efficiency.

The data collected in the project was compiled using a simple benchmarking tool that enables a care home's energy consumption to be estimated, based on simple criteria such as size, location, number of residents, number of employees and year of construction. There is a great need to complete the missing information and, eventually, to carry out more detailed analyses in the future.

To check the average energy consumption in care homes for each participating country and compare it to the estimated numbers, visit our website: www.saveage.eu.

ARODEMS to host next meeting of the E.D.E.'s General Board

On April 21, 2012, ARODEMS (The Association of Care Home Directors of French- and Italian-Speaking Switzerland) will welcome delegates of the E.D.E.'s member associations from 18 European countries for their spring meeting in Montreux.

Today ARODEMS comprises 208 members from all of the cantons of French- and Italian-speaking Switzerland. The association's president is Pierre Rochat, who has been the director of Fondation Beau-Site in Clarens for almost 30 years. Together with the undersigned he presides over a committee of 12 directors.

The profession of director, at the heart of many human, ethical, demographic, political and economic issues, is becoming increasingly complex and effort must be made to raise esteem for it among social and health care professionals, residents and their families as well as the general public. Assisted suicide and accompanying people to life's end, the need to prevent abuse, the growing number of elderly people suffering from cognitive impairments and intergenerational solidarity are just some of the delicate and vital issues that characterise our profession.

These issues dovetail with our association's objectives, namely enhancing professional recognition while respecting professional ethics, promoting educational qualifications and developing bonds of collegiality between members. Added to that are professional concerns such as the management of human resources, the search for quality in care services and a commitment to matters of social policy.

In accordance with our finances, we seek to defend the professional interests of our members and develop joint projects – notably the creation and development of the ARODEMS website – to promote continuing education among directors and to find appropriate solutions regarding job security and employee well-being in care homes.

At the same time we seek to foster good relations with associations in other countries. Hence it is a pleasure for us to welcome the members of the E.D.E.'s General Board to Montreux, to facilitate meetings and visits, and above all to provide the context for a fruitful exchange of knowledge and experience in an atmosphere of friendship.

■ **Jean-Louis Zufferey**
General Secretary of ARODEMS



E-Qalin in the Czech Republic

At the end of 2011 the project realised by the Czech Association of social care providers and funded by the European Social Fund came to its end. E-Qalin was brought to 15 care homes where two or three process managers were trained. Ten of these homes started E-Qalin immediately after finishing the E-Qalin training. The first homes had an easy start, as all the cost were funded by the EU and participants only had to pay for the final certificate. Nevertheless it has taken us a long time to reach this point.

E-Qalin was something new for Czech home directors. Until now some homes have worked with ISO 9001 and a few with EFQM. We had to translate all the education materials and change some of the examples, replacing them with new ones that fit better into the Czech context. We also translated the E-Qalin movie into Czech and added a couple of minutes in which we presented the first experiences with E-Qalin in the Czech Republic. We created a new web site (www.e-qalin.cz), published articles about E-Qalin in national magazines and organized a big conference on the subject.



E-Qalin workshop during the last APSS congress in Tábor

At the beginning of 2012 we addressed further nursing homes with an offer to take part in new E-Qalin training, although we did not count on many applications as the financial situation in the social services is very difficult. We are facing another cut in state subsidies of around 10 %, making for total cuts of 20% in 2011-2012. Moreover as all participants must now pay the full cost of E-Qalin training. Despite our reservations we received more than 20 applications! E-Qalin in the Czech Republic goes on.

■ **Jiri Horecký**
President of the Czech Association of social care providers APSS CR

E.D.E. office moved on March 1, 2012!
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