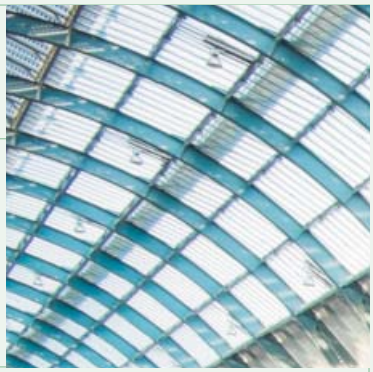
European Foundation for the Improvement of Living and Working Conditions

Eurofound Working Conditions Survey

# Residential care sector: Working conditions and job quality

'*Work plays a significant role in people's lives, in the functioning of companies and in society at large. But what is work? How can we describe it? Is it changing, and if so, is it for better or for worse? Is it fulfilling the numerous and at times conflicting expectations we have of it? How can we take steps to improve work for the well-being of all?*'

Eurofound, *Fifth European Working Conditions Survey:* Overview report, 2012



This report gives an overview of working conditions, job quality, workers' health and job sustainability in the residential care sector (NACE 87).[1] The findings are based mostly on the fifth European Working Conditions Survey (EWCS), which gathers data on working conditions and the quality of work across 34 European countries. Additional information on the structural characteristics of the sector is derived from Eurostat data. The fifth EWCS contains responses from 543 workers in this sector. The report compares aspects of work in the sector with the EU28 as a whole.

## Structural characteristics

In 2010, 2% of European workers worked in the residential care sector (1.7% in 2008 and 2.1% in 2012). The sector saw an 11% increase in employment between 2008 and 2010, which continued into 2012 with another 7% increase. Countries where the residential care sector is relatively large are Sweden (4.9%), the Netherlands (4.7%), Denmark (4.6%) and Finland (3.2%) The sector has relatively little prominence in Greece (0.3%), Romania (0.4%), Cyprus (0.5%) and Bulgaria (0.5%) (Eurostat, 2013).

A large proportion of workers in residential care (72%) work in small and medium-sized enterprises (SMEs, 10–249 employees), compared to 46% of workers in the EU28. Consequently, the percentages of workers in residential care working in micro-workplaces (1–9 employees, 23%) and large workplaces (250+ employees, 6%) are smaller than in the EU28 (42% and 12% respectively).

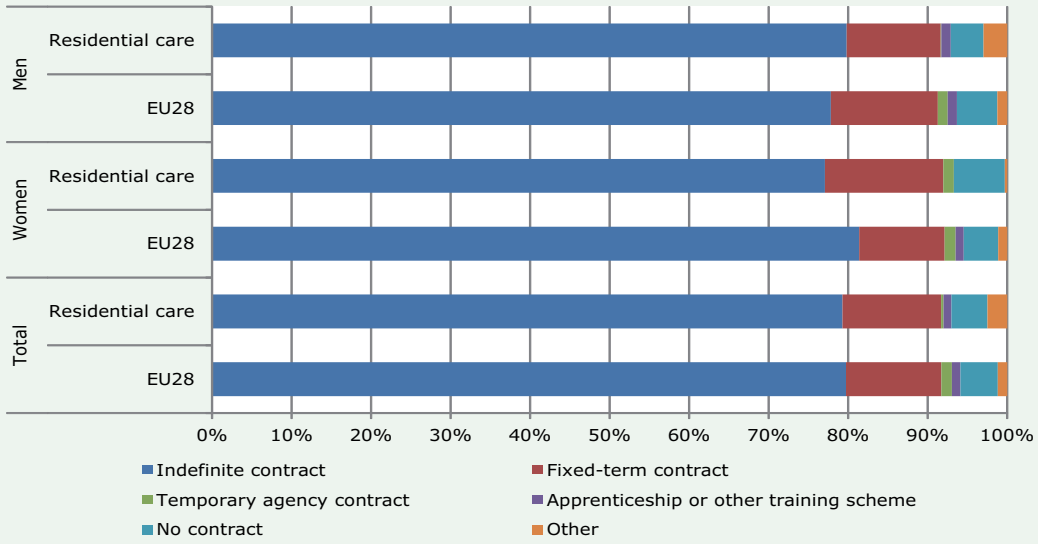
The sector is female-dominated: 81% of the workers in residential care are women. Workers aged 50+ are slightly overrepresented, with 30% of residential care sector workers falling into this age group, compared to 27% in the EU28. In residential care, self-employment is not common. Only 1% of workers are self-employed with employees, and 2% are self-employed without employees, compared to 4% and 11% respectively in the EU28. Figure 1 shows that indefinite contracts are as prevalent in residential care as in the EU28 as a whole and are equally prevalent among men and women.

### Residential care sector in a nutshell

- The sector is female-dominated
- Relatively high prevalence of atypical and irregular hours
- Relatively high prevalence of autonomous teamwork
- Low levels of work intensity
- High levels of exposure to posture and movement related risks and biological and chemical risks

[1] Nomenclature statistique des activités économiques dans la Communauté européenne (statistical classification of economic activities in the European Community).

*Figure 1:* Employment status, by gender




Among both men and women, part-time work is more prevalent in the residential care sector (26% and 41%) than in the EU28 (13% and 38%).

## Working conditions

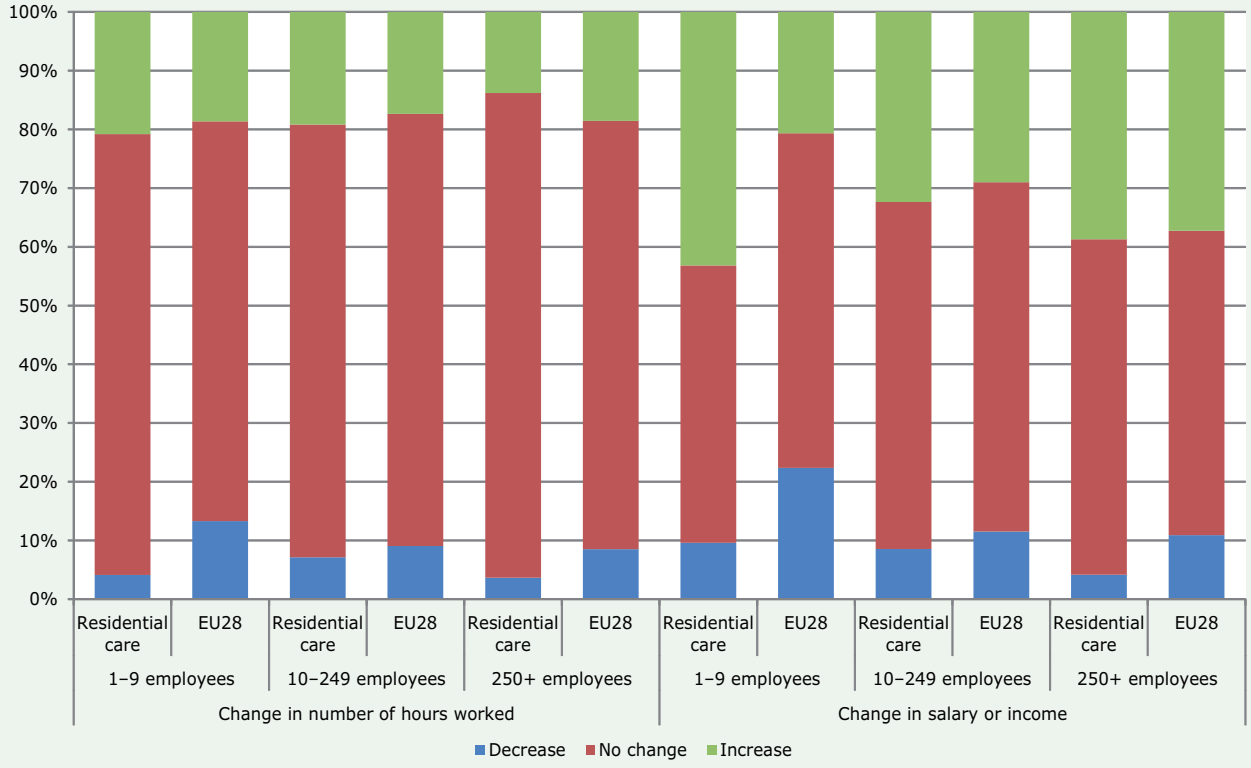
### Changes since the crisis

Figure 2 shows that workers in residential care are slightly more likely to report no change in their working hours than workers in the EU28. This is mainly because workers in the sector were less likely than the average EU28 worker to experience a reduction in their number of working hours in the year prior to the survey.

Differences in changes in salary between residential care and the EU28 as a whole are much more pronounced. Across all workplace sizes, a much lower proportion of workers in the sector reported a salary decrease than in the EU28 as a whole, and a much higher proportion reported a salary increase. This last difference is particularly large for workers in micro-workplaces.

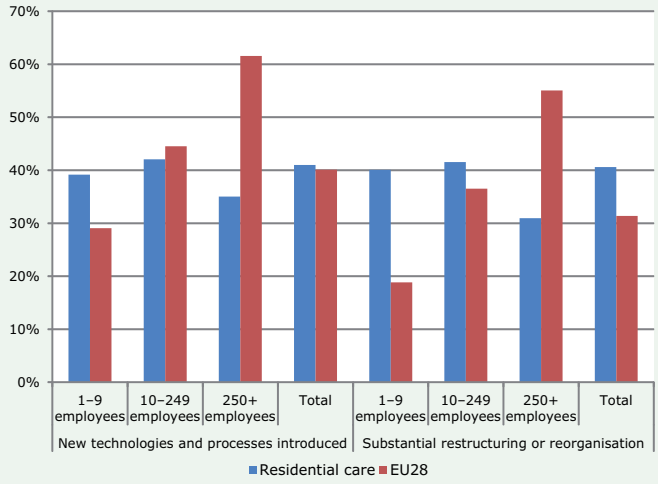
Workers in the residential care sector in general were just as likely to report restructuring and the introduction of new technologies as workers in the EU28 (Figure 3). A larger proportion of residential care workers in micro-workplaces report technological

*Figure 2*: Percentage of employees reporting changes in number of hours worked and salary or income in past year, by workplace size



changes than equivalent EU28 workers. For workers in SMEs and large workplaces, however, residential care workers less often reported technological changes than EU28 workers. Substantial restructuring is reported much more frequently by workers in micro-workplaces and slightly more frequently by workers in SMEs in residential care than by their EU28 counterparts. However, workers in large workplaces in residential care are much less likely to report restructuring or reorganisation.

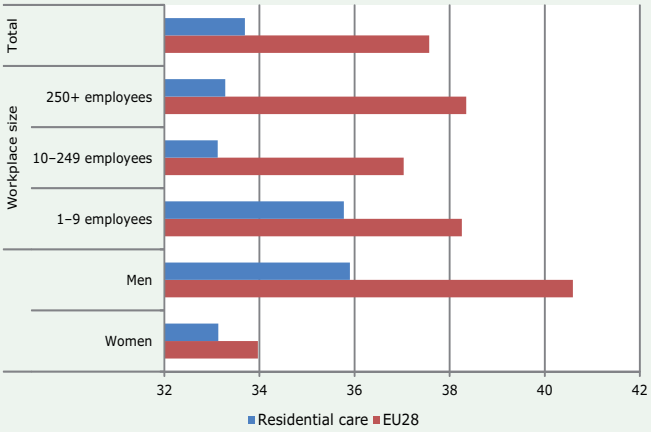
*Figure 3*: Restructuring and introduction of new technologies in past three years, by workplace size




**Working time and work–life balance**

Workers in residential care on average work 34 hours per week compared to 38 hours in the EU28, a difference that is partly due to the relatively high prevalence of part-time work in the sector. As in the EU28, men in residential care tend to work more hours on average than women (Figure 4); however, the difference between residential care and the EU28 average is much larger for men than for women. Workers in micro-workplaces on average work three hours more per week than those in SMEs and large workplaces.

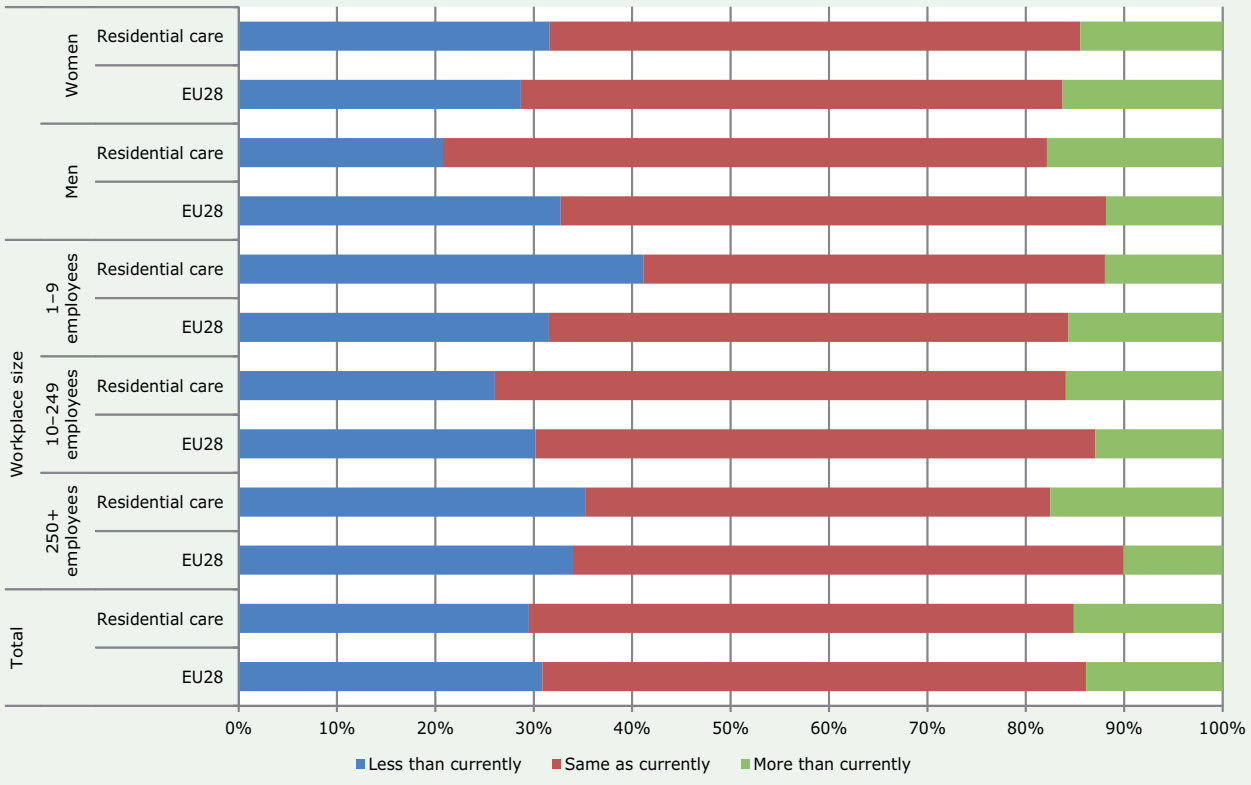
*Figure 4*: Average working hours, by gender and workplace size




The proportion of workers in residential care that say they would prefer to work the same number of hours as currently is the same as in the EU28 as a whole (Figure 5).

Workers in micro-workplaces in residential care are more likely than their EU28 counterparts to prefer

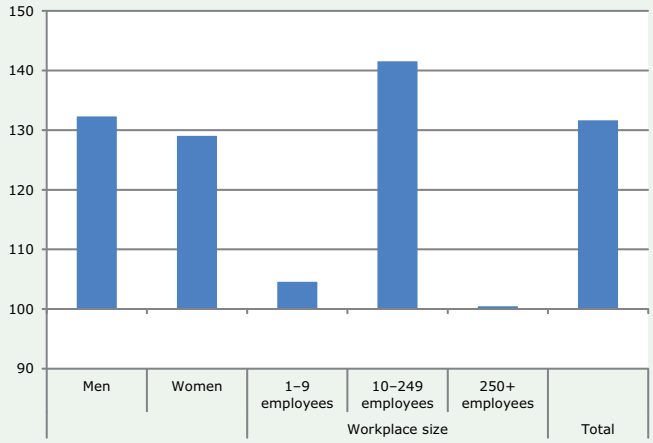
*Figure 5:* Working time preferences, by gender and workplace size



working fewer hours than currently, whereas workers in SMEs in the sector are less likely to prefer a reduction of working hours. Workers in large workplaces in residential care are much more likely to indicate a preference for working more hours than workers in large workplaces in the EU28 as a whole. Women in residential care only differ marginally from women in the EU28 as a whole, but men in the sector are much less likely to report a preference for working fewer hours and more likely to report a preference for working more hours than men in the EU28 as a whole.

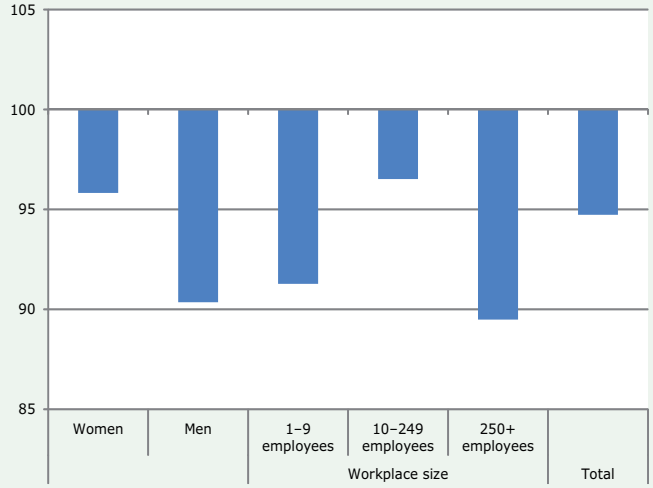
Figure 6 shows that working atypical hours overall (weekends, evenings or nights) is much more prevalent in residential care than in the EU28 as a whole, but that this difference is almost fully accounted for by workers working in SMEs in the sector.

*Figure 6*: Index of working atypical hours (EU28=100), by gender and workplace size



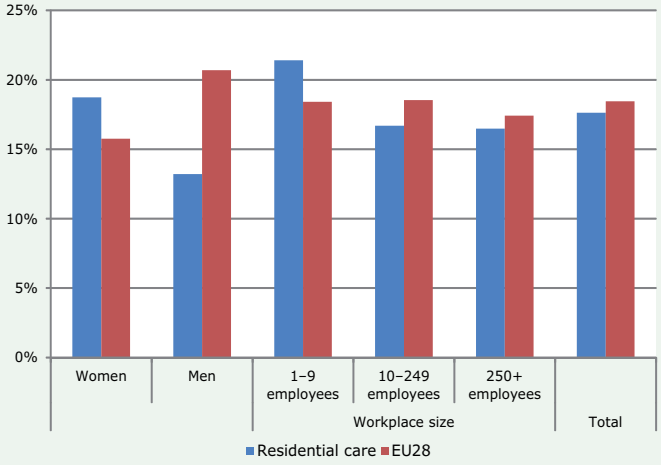

Residential care is below the EU28 average for working time regularity (working the same number of hours each day and the same number of days each week) (Figure 7). The differences are most pronounced for men, workers in large workplaces and workers in micro-workplaces.

*Figure 7*: Index of regularity of working time, by gender and workplace size




Workers in the residential care sector report a similar work–life balance (the fit between working hours and family or social commitments) to the EU28 average (Figure 8). However, while women report a below-average work–life balance, men report an above-average work–life balance. Workers in micro-workplaces in the sector are the most likely to report a poor work–life balance.

*Figure 8*: Poor work–life balance, by gender and workplace size

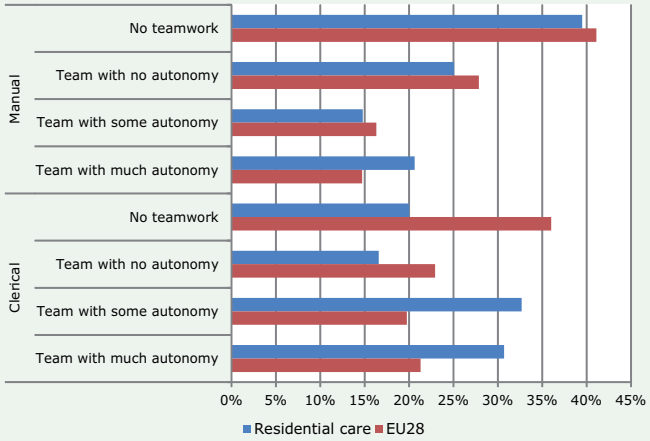



## Work organisation

### *Teamwork*

Teamwork has been proposed as an alternative to work organisation models based on high levels of labour division. As teamwork reflects a variety of practices, it can also assume a variety of forms. Different types of teamwork can be identified using the EWCS by looking at the level of autonomy within the teams. Teamwork is much more prevalent in residential care (78%) than in the EU28 (62%). The largest difference in teamwork is found among clerical workers in the sector, 80% of whom report working in teams compared with 64% in the EU28 (Figure 9). In particular, working in teams with some or much autonomy is more prevalent among clerical workers in the sector than in the EU28 as a whole.

*Figure 9*: Teamwork and team autonomy, by occupational category




### *Task rotation*

Task rotation is also an important feature of work organisation. Depending on how it is implemented, task rotation may require different skills from the worker ('multiskilling') or may not ('fixed task rotation') and is either controlled by management or by the workers themselves ('autonomous'). Task rotation has been shown to be beneficial for workers' well-being, and autonomous multiskilling systems in particular are associated with higher worker motivation as well as better company performance.

Task rotation and multiskilling are more prevalent in residential care than in the EU28 as a whole (Figure 10). This is especially true for management-controlled multiskilling and autonomous multiskilling. Management-controlled fixed rotation, however, is less prevalent in the sector than in the EU28.These differences are most pronounced in SMEs.

### *Female bosses*

The percentage of workers who report that they have a female boss (67%) is far above the proportion in the EU28 (29%). Breaking down the data by gender, 69% of women and 59% of men report having a female boss. These figures, again, are much higher than the EU28 average of 47% for women and 12% for men. However, the proportion of workers with a female boss still falls well below the proportion of women working in the sector (81%).

### Skills and training

Overall, the majority of workers in residential care say that their present skills correspond well with their duties (Figure 11). In this sector, workers are equally likely to report being 'over-skilled' as workers in the EU28 as a whole and slightly more likely to report being 'under-skilled'. Within the sector, male and younger workers are the most likely to report being over-skilled'.

The percentage of workers in residential care who report they have received employer-paid training is much higher than in the EU28 for both men and women and across all age groups (Figure 12).

*Figure 10:* Prevalence of task rotation, by workplace size

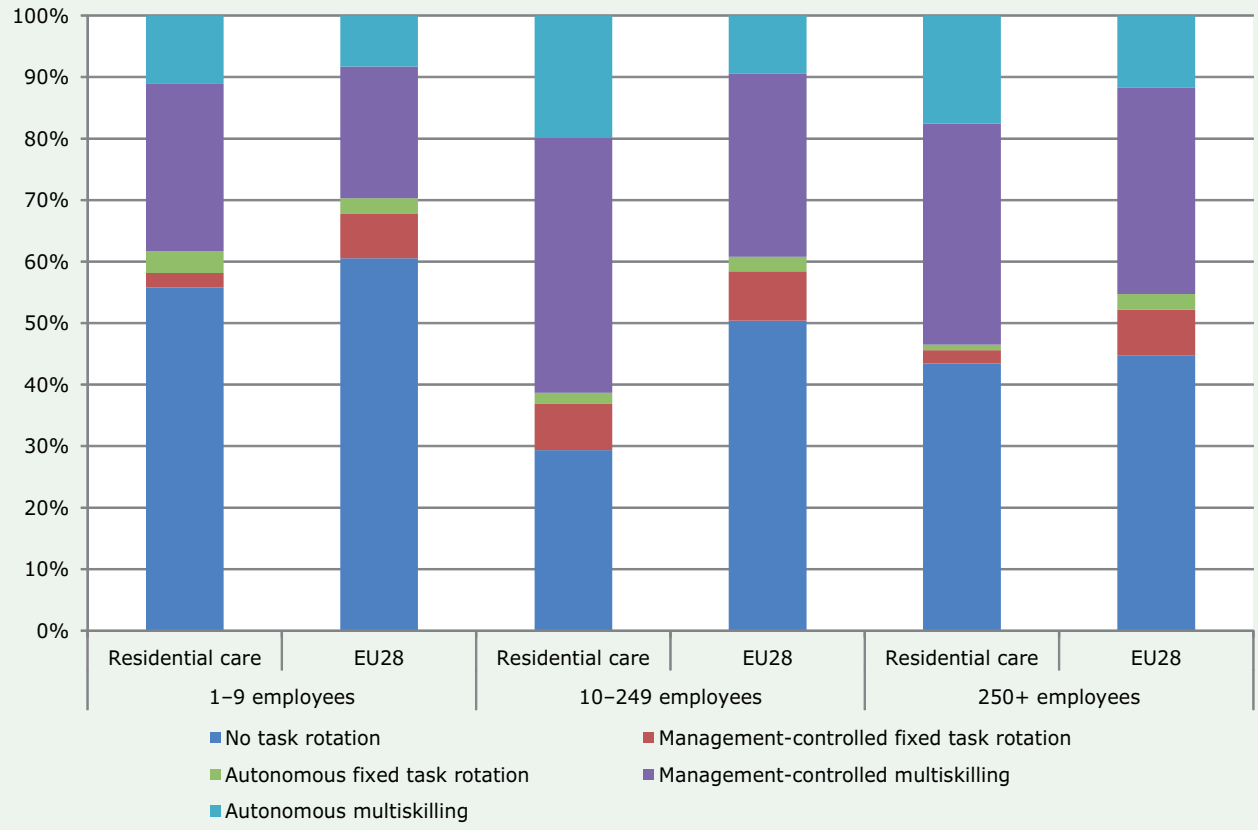


*Figure 11:* Match between skills and tasks, by gender and age

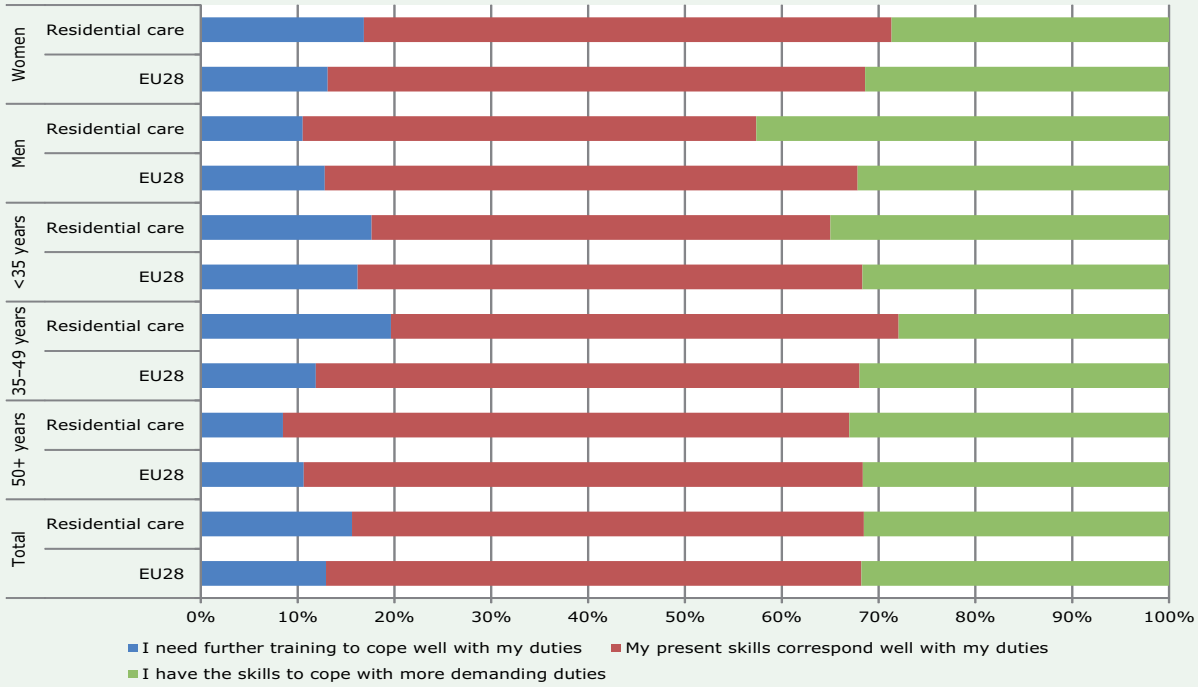



*Figure 12*: Employer-paid training, by gender and age

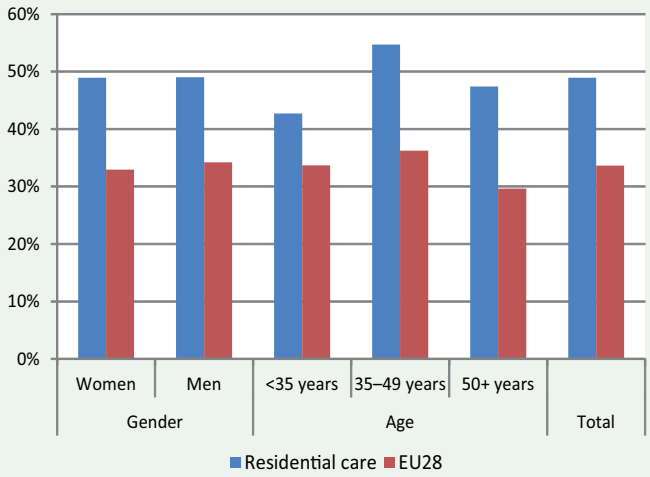
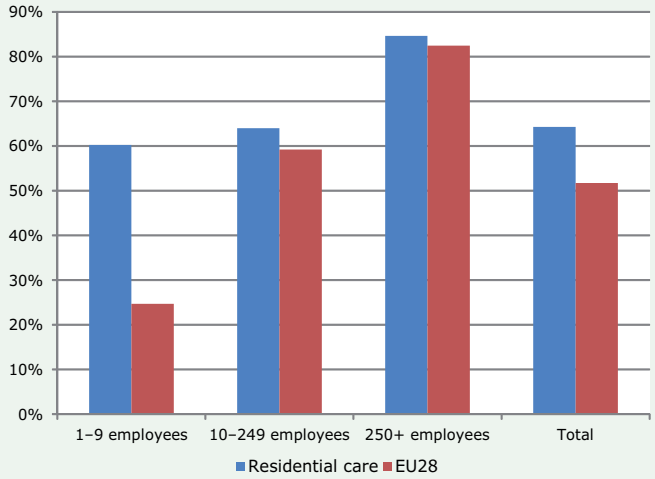



*Figure 13*: Availability of an employee representative at the workplace, by workplace size




Men and women in residential care are equally likely to receive training, and the pattern across the age groups is similar to that in the EU28, with workers aged between 35 and 49 being the most likely to receive employer-paid training, followed by workers under 35 and finally workers over 50.

**Employee representation**

The EWCS contains limited information on formal employee representation. It asks whether an employee representative is present at the workplace and whether workers have raised an issue with an employee representative in the past year. Figure 13 shows the combined results of these questions (an employee representative has been considered to be 'available' if they were present at the workplace or when an issue was raised).

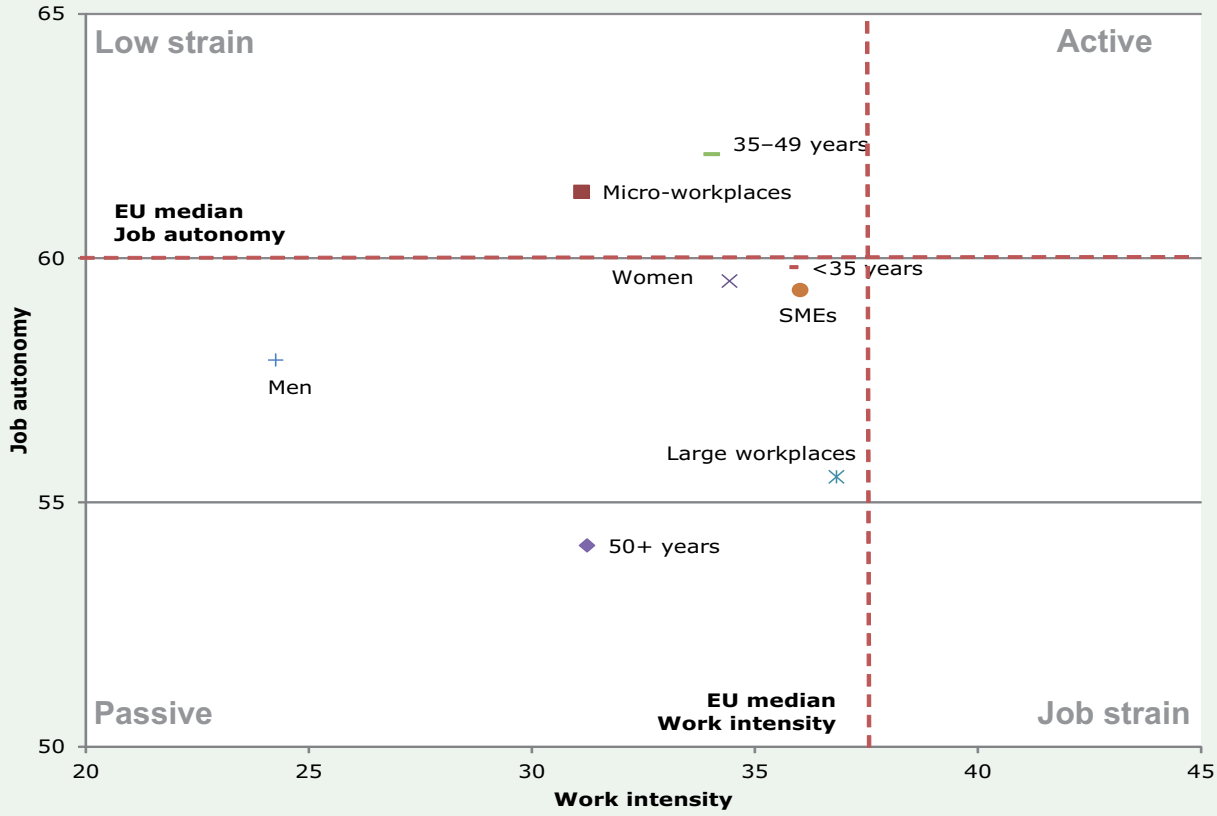
In 2010, 64% of employees in residential care reported that an employee representative was available compared to 52% of workers in the EU28. Employee representation varies according to size of workplace. This positive difference is almost completely due to micro-workplaces in the sector, where there is a comparatively very high level of availability of employee representatives. The differences between the sector and the EU28 in SMEs and large workplaces are small.

**Psychosocial and physical environment**

***Job autonomy and work intensity***

The psychosocial and physical environment has a huge impact on workers' well-being. According to the job demand and control model of the American sociologist Karasek (1979), workers are more likely to suffer from work-related stress when they are faced with high levels of demand while being limited in the

*Figure 14:* Distribution of groups of workers by average levels of job autonomy and work intensity




control they have over the way in which they carry out their job.

Figure 14 shows the likelihood of workers in residential care suffering from work-related stress. Groups of workers are plotted along two axes: job autonomy and work intensity.

In residential care, the bottom left quadrant of Figure 14 contains the average for men, women, workers in small, medium and large workplaces, workers under 35 and workers aged 50 and over. Workers in the bottom left quadrant are likely to be in 'passive' jobs, characterised by relatively low levels of intensity and relatively low levels of autonomy. Their jobs are not sufficiently challenging and while workers in these types of jobs are not very much at risk of work-related stress, they are at risk of frustration and low motivation because they are not in a position to change much about what they do and how they do it.

The top left quadrant indicates 'low strain' jobs. In this sector, averages for workers in micro-workplaces and workers aged 35 to 49 fall into this category. These jobs are characterised by relatively low levels of work intensity and relatively high levels of job autonomy. Workers in this category are usually at low risk of stress, and are not as likely to suffer from frustration and loss of motivation as those in passive jobs. However, their jobs might not challenge them to realise their full potential.

Because work intensity in residential care is relatively low, none of the group averages are located on the right side of figure 14. This implies that very few workers in the sector are located in the the top right quadrant, which contains the so-called 'active' jobs with relatively high levels of work intensity but also with relatively high levels of job autonomy. Although these jobs can be very demanding, workers have sufficient discretion to choose the way in which they do their job as well as to develop coping strategies through active learning and are challenged into developing their potential to the full. Similarly, very few workers are found in the bottom right quadrant which is the most problematic 'job strain' category. These jobs are characterised by higher than average levels of intensity and lower than average levels of autonomy. Workers in this category therefore run the risk of accumulating high levels of unresolved strain, which can cause unhealthy stress levels and consequently a range of stress-related illnesses such as cardiovascular disease and mental health problems.

*Figure 15*: Index of good social environment (EU28=100), by gender and workplace size

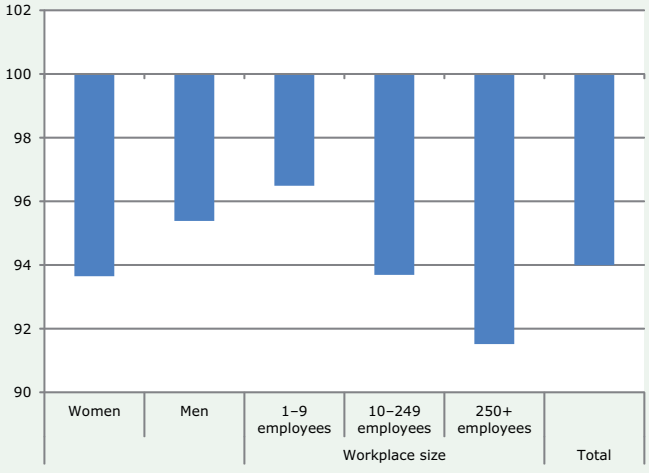
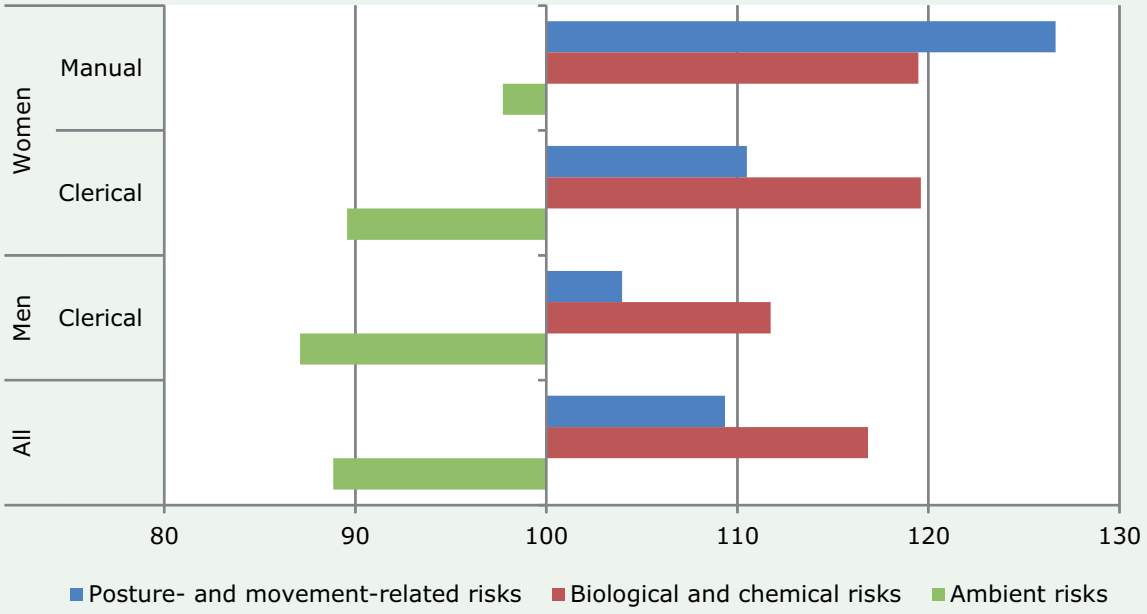


*Figure 16:* Indices of exposure to physical risks (EU28=100), by gender and occupational category*




*The number of men in manual occupations in the sector is insufficiently large to provide reliable estimates.

***Social environment***

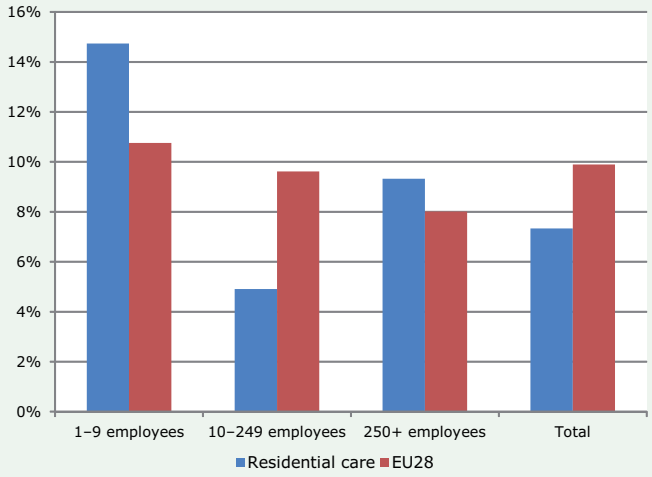
A good social environment is characterised by the existence of social support and the absence of abuse at work. Social support can help workers deal with high levels of work intensity. The social environment in workplaces in the residential care sector tends to be slightly worse than in the EU28 as a whole (Figure 15). The difference is largest for women and for workers in large workplaces.

***Physical risks***

Exposure to biological and chemical risks is the most prevalent physical risk in residential care, followed by posture- and movement-related risks (Figure 16). Exposure to both these risks is higher in residential care than in the EU28 as a whole; exposure to ambient risks, however, is lower than in the EU28.

Women in manual occupations report substantially higher exposure levels to all risks than men and women in clerical occupations. In residential care, 7% of workers report that they were not very well or not at all well informed about workplace risks, compared to 10% in the EU28 (Figure 17).

*Figure 17*: Not very well or not at all well informed about health and safety risks at work, by workplace size



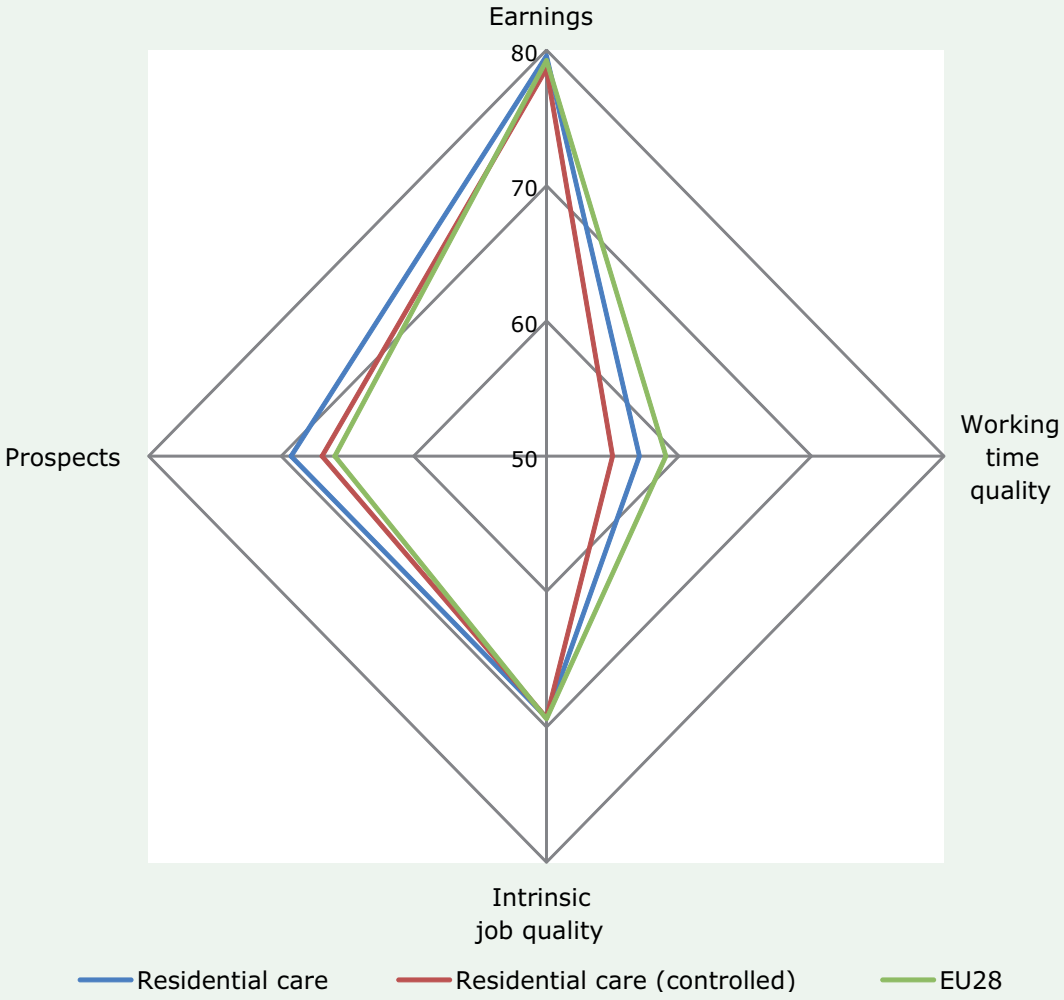

However, the percentage of people reporting not being properly informed about workplace risks in the sector is relatively high in micro-workplaces (15%), and especially low in SMEs (5%).

## Job quality

In the report *Trends in job quality in Europe*, the authors constructed four indices of job quality: earnings, prospects, intrinsic job quality and working time quality. The indices are built using job characteristics that are unambiguously associated with workers' well-being.

Figure 18 summarises job quality in the residential care sector. It shows the average score for the sector

*Figure 18:* Job quality in residential care compared with the EU28




Note: Scores on all four indicators range from 0 to 100

on each of the indicators, with and without controlling for the structural characteristics of the sector's workers (age, gender, workplace size, education level and country), and for the EU28.

The graph shows that the residential care sector does not differ much from the average in the EU28 in terms of earnings and intrinsic job quality. Working time quality is slightly worse than the EU28 average and prospects are slightly better. When controlling for structural characteristics (age, gender, workplace size, education level and country), the difference between the EU28 and the sector in terms of working time quality increases, suggesting that workers in the sector are significantly worse off in this respect than workers with similar background characteristics working in other sectors. The difference in terms of prospects almost disappears, implying that the relatively high score on this dimension is largely accounted for by the make-up of the sector in terms of the structural characteristics of its workers.

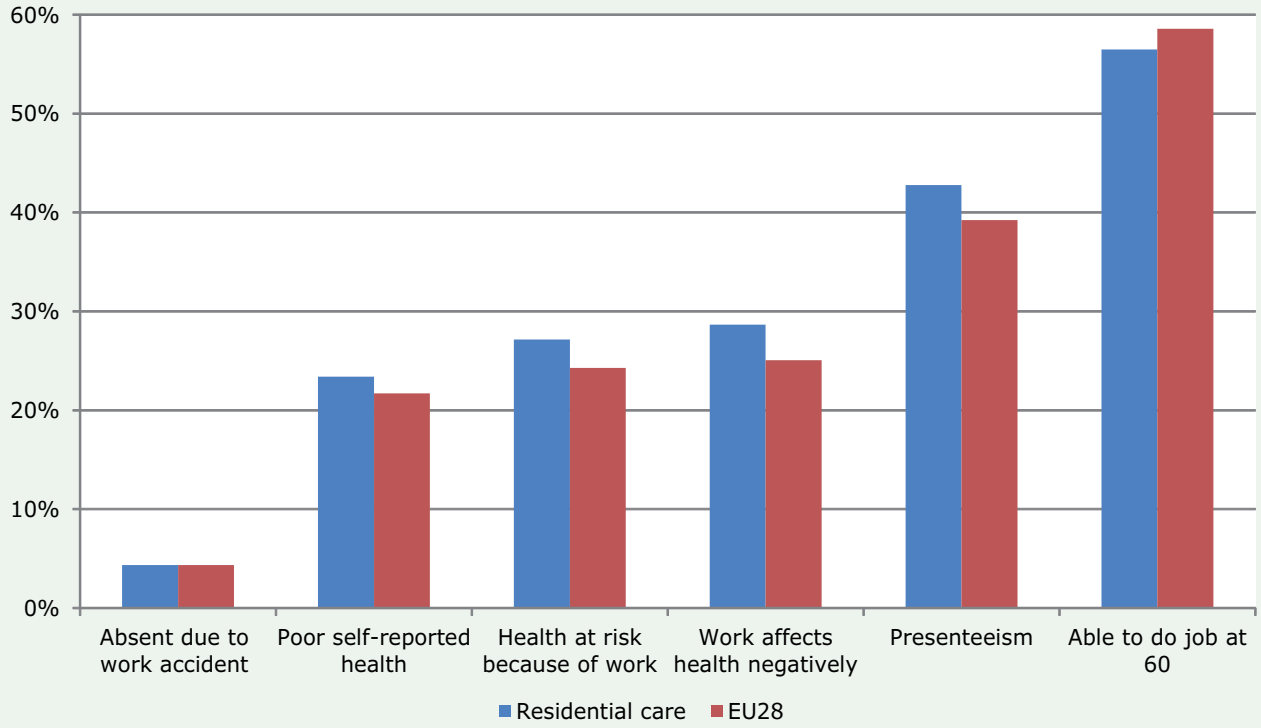
## Health and sustainability of work

Working conditions can have both a positive and negative impact on the health of workers and on the sustainability of their jobs. Figure 19 shows that residential care does not compare very favourably with the EU28: there are larger proportions of workers reporting their health is at risk due to work, as well as negative effects of work on their health, poor health, and having worked when sick (presenteeism), and a lower proportion of workers who think they will be able to do their job at the age of 60.

Part of the difference between residential care and the EU28 for the two indicators of health at risk due to work and work affecting health negatively can be explained by the make-up of the residential care sector by gender, age, education, workplace size and distribution across European countries. However, significant differences remain when controlling for these variables, suggesting that health at work is an issue that needs to be addressed in the sector.

Figure 20 shows that the residential care sector does not differ significantly from the EU28 average on the indicator of mental well-being. The level of

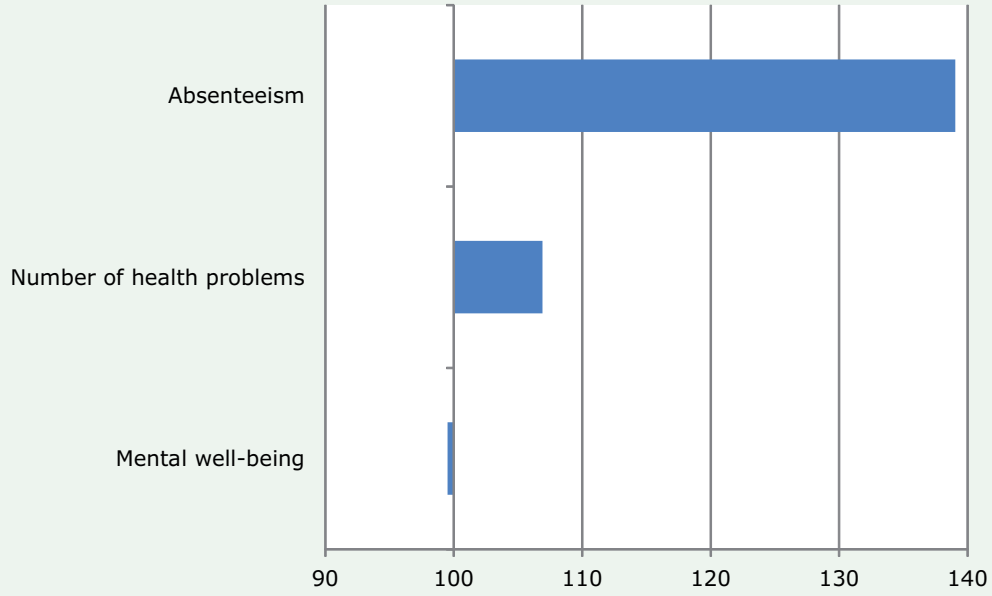
*Figure 19:* Health and sustainability of work




absenteeism is much higher than in the EU28, and the number of health problems is also slightly higher. However, these differences between the residential care sector and the EU28 average are no longer statistically significant when controlling for structural characteristics (age, gender, workplace size, education level and country). The most important structural factors underlying the difference are the large proportion of women and the overrepresentation of older workers: both groups have higher scores on absenteeism and reported number of health problems.

It is important to keep in mind that the impact of work on health is a very gradual process that can take a long time and cannot be fully captured in a cross-sectional survey. The results in this section are likely to underestimate the often negative health effects that physically and psychologically strenuous working conditions can have.

*Figure 20:* Indices of health symptoms, mental well-being and absenteeism (EU28=100)



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## European Working Conditions Survey

Eurofound developed its European Working Conditions Survey (EWCS) in 1990 in order to provide high-quality information on living and working conditions in Europe. Five waves of the survey have been carried out to date, enabling long-term trends to be observed and analysed.

The EWCS interviews both employees and self-employed people on key issues related to their work and employment. Fieldwork for the fifth EWCS took place from January to June 2010, with almost 44,000 workers interviewed in their homes in 34 countries – EU28, Norway, the former Yugoslav Republic of Macedonia, Turkey, Albania, Montenegro and Kosovo. The 5th EWCS was implemented by Gallup Europe, who worked within a strong quality assurance framework to ensure the highest possible standards in all data collection and editing processes.

The questionnaire covered issues such as precarious employment, leadership styles and worker participation as well as the general job context, working time, work organisation, pay, work-related health risks, cognitive and psychosocial factors, work-life balance and access to training. A number of questions were included to capture the impact of the economic downturn on working conditions.

For more information on the EWCS, see http://www.eurofound.europa.eu/surveys/ewcs/index.htm

## Sectoral analysis

The report *Working conditions and job quality: Comparing sectors in Europe* and the series of 33 sectoral information sheets aim to capture the diversity prevalent across sectors in Europe in terms of working conditions and job quality. The report pinpoints trends across sectors in areas such as working time and work–life balance, work organisation, skills and training, employee representation and the psychosocial and physical environment. It identifies sectors that score particularly well or particularly poorly in terms of job quality and sheds light on differences between sectors in terms of health and well-being.

For more information, see http://www.eurofound.europa.eu/surveys/ewcs/2010/sectorprofiles.htm

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