

Working environments in female-dominated sectors need to improve

THE WORKING ENVIRONMENTS in female-dominated sectors are generally worse than in other parts of the labour market. In the health and care sectors, stress, exhaustion and sleep disorders are commonplace, and both male and female employees report high physical and mental strain. As a result, sick leave rates increase, people leave their jobs, and it becomes increasingly difficult for employers to recruit new staff.

The working environments in female-dominated sectors must improve, and we believe one of the success factors is more knowledge in this area. Knowledge that can change and improve the working conditions for those working in these sectors and that provides guidance to decision makers and industry partners.

In April 2016, Forte opened a call for proposals for research on working environments in female-dominated sectors. A total of 41 research applications were submitted and in October, Forte's board granted funding to ten of the projects. The projects will be conducted in collaboration with industry partners and workplaces, so that research results can be easily and quickly implemented and can directly benefit businesses and organisations in the sector. The ten projects will be completed by 2020.

The projects that are currently underway cover a variety of research issues. Within the initiative, research projects are studying the working conditions of home care workers, why nurses and social workers choose to leave the profession and how the healthcare sector can create sustainable working conditions over time.

In this publication, you can read more about the ten research projects that Forte is now funding.

We hope you find it interesting!

FORTE, the Swedish Research Council for Health, Working Life and Welfare, funds and initiates research to promote people's health, working life and welfare. Every year Forte distributes around SEK 570 million to research. Other key parts of Forte's operations include analysis, evaluation, communication and working for increased national and international exchange. Forte is a government agency under the Ministry of Health and Social Affairs.



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10 projects on
WORKING ENVIRONMENTS IN FEMALE-DOMINATED SECTORS

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Health care needs sustainable change

TEXT: MATS FAHLGREN

Constant changes in the healthcare sector cause severe strain on employees, in a sector where 93 per cent are women. And most of these changes will in fact fail. A four-year project in Stockholm is now researching sustainable change – providing a higher quality of care without overstressed employees.

Change is an obvious and necessary part of health and medical care. Who wants to be treated with 20-year-old methods and medications?

But the continually new and increasing requirements for employees can cause stress and burnout. This is especially true when the increased requirements are not combined with additional resources or influence over the decisions, whether it involves new work routines, treatments, IT solutions or the introduction of national guidelines.

“It is clear that in the long run it is not sustainable

to just keep ‘piling it on’ all the time”, says Anne Richter, researcher in organisational psychology at Karolinska Institutet.

“If something new is introduced, the workload should be reduced elsewhere. After all, we all have limited time and limited resources”.

Anne Richter is now leading a Forte-funded project for sustainable change in health care.

The goal is a better understanding of how working environments, and in particular employees’ shared perception of the working environment, affect health, wellbeing and work.

Few change initiatives are successful

One of the starting points in the project is that only 20-40 per cent of all improvement initiatives in the healthcare sector are successful.

“The fact that change processes are difficult is not unique to the healthcare sector, it is the same in other sectors too”, says Anne Richter, and lists some certain ways to not succeed:

Poor communication or scrutiny about exactly what needs to change, ambiguity about goals, inadequate resources or inadequate training. The list goes on.

“Often the management will simply announce, ‘let’s go!’ without explaining the benefits of the change, for example, higher quality of care. The improvement in quality may not be obvious to everyone”.

“Sometimes change is motivated only by ‘We have

orders from above to do this.’ That, of course, does not lead to any greater motivation amongst staff”.

Consensus between the different management levels is also very important.

“If senior management says ‘this is highly important’, but the direct manager says ‘not a priority’, it is quickly picked up on by employees and affects their attitudes”.

“Research shows that the managers closest to employees are incredibly important for how employees experience change and whether they will say yes or no. That manager has the power to ‘make it or break it’”, says Anne Richter.

Inspiration from the field

She has a research background as an organisational psychologist, but also works at the Centre for Epidemiology and Community Medicine at the Stockholm County Council. The current study is partly inspired by contact with people in the healthcare sector.

“Much of this is inspired by what we have experienced in practice when we have met with different organisations, what the staff has told us about their difficulties”.

Essentially, the project is divided into two parts: first, a current description of which workplace factors – both positive and negative – are most significant when a change is introduced. Factors are defined in the *Job Demands-Resources Model (JD-R)*.

“Factors may be the schedule, workload, demands or stress and anxiety. How much support do you get from your managers and colleagues? How is the environment for learning and for mistakes, is it ok to ask if you don’t understand?”

“And on the positive side: opportunities to progress and develop, participation in decisions. Is the work meaningful and important, how autonomous can I be?”

Here, the researchers take data from current change initiatives in Stockholm County’s healthcare sector, such as new IT solutions or healthcare programs. With the help of surveys, they can determine which workplace factors are most significant, both for change processes and for employee wellbeing.

Then, based on the knowledge from part one, a training program will be developed for healthcare

INFO

PROJECT NAME: *Investigating and creating sustainable change in Swedish health care*

FUNDING: *SEK 4.1 million*

PROJECT LEADER: *Anne Richter, Karolinska Institutet*

PARTICIPANTS: *Ulrica von Thiele Schwarz, Karolinska Institutet; Henna Hasson, Stockholm County Council*

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managers at different levels. Starting in the spring of 2019, 4-6 workshops will take place over four months with managers who have accepted an open invitation. The managers will be trained in sustainable change, stemming from the Leadership Development concept. During the training they will work on their own changes to be implemented in their respective teams.

“Leadership is so important, both for the change and for influencing workplace factors”, says Anne Richter.

Finally, in 2020, an evaluation will take place on whether the implementation has succeeded. Has it led to sustainable change or not? Here researchers will use surveys and interviews for both managers and employees.

“How did the employees experience their managers in the different change contexts, resources and sustainable working environments? There may be around 100 questions in the survey”, says Anne Richter.

“And we will make sure to measure the most important workplace factors. If the workplace environment was not the best, for example, it could explain why a change initiative was not successful there”.

“The aim is education and training for managers within the healthcare sector about how to create effective implementation processes that are also positive for the employees in the long run”, says Anne Richter. ●

»The managers closest to employees are incredibly important for how employees experience change and whether they will say yes or no.«



Female shift workers the focus of a new study:

»Our goal is to improve working conditions«

TEXT: LINNEA BOLTER

The fact that night-time work is strenuous for health has been observed in many different studies. It has also been observed that shift work is worse for women than for men. The reason for this is now being investigated by researchers at the Stress Research Institute – so that a solution to the problem can be found.

Today, about every fourth employee in Sweden is employed in shift work – landing us firmly amongst the EU countries with the most shift workers. More than half of all those who work irregular hours throughout the day and week are women and many of those are working in health care.

Women affected more negatively than men

Long-term shift work often puts strains on health and there are a large number of scientific studies that show how our working hours can increase the risk of diseases such as diabetes and some cancers. It is also known that women's health and sleep are affected more negatively by working shift work than men's. What these differences depend on however, is the need for further investigation. Therefore, a group of researchers at the Stress Research Institute and Karolinska Institutet will now examine large-scale longitudinal data to identify the factors that affect the ability to cope with shift work.

"It's complicated to compare men's and women's shift work, because they work largely in different sectors. We are not the first to investigate the differences, but we will try to avoid the problems found in several previous studies", says Philip Tucker,

Guest Researcher at the Stress Research Institute, who will head the study.

They have the assistance of data from two long-term studies: SLOSH, which is representative of the Swedish labour force and LANE, which specifically follows nurses during the last year of their education and the first three years in the profession, when many

INFO

PROJECT NAME: *Women in shift work: A prospective cohort study of the factors that predict shift work tolerance*

FUNDING: *SEK 1.3 million*

PROJECT LEADER: *Philip Tucker, Stress Research Institute, Stockholm University*

PARTICIPANTS: *Petter Gustavsson & Ann Rudman, Karolinska Institutet; Constanze Leineweber, Paraskevi Peristera & Göran Kecklund, Stockholm University*

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PHOTO: NIKLAS BJÖRLING

have begun shift work. The data from LANE thus gives a picture of how health in a strongly female-dominated profession is affected by shift work compared to working daytime only.

"It is interesting to investigate what it is that changes when you start shift work. Many nurses work in similar working environments and in the long term, we hope to identify potential interventions that can improve the working situation for shift workers in health care", says Philip Tucker.

Human needs neglected

Nurses often have the hardest shift schedules, with at least two shifts per day. In some schedules, the intervals between the shifts are so short that it is impossible to find time for both the different needs in daily life and to get enough sleep before the next shift begins.

"Many shift workers like to consolidate their work weeks in order to have longer periods of free time. The disadvantage to this is that there is not enough time for rest and recuperation between work. We must all eat and sleep and, of course, we also have other things to do outside of work. Something needs to be sacrificed", he states.

Often it is sleep that is sacrificed – and sleep is a key factor in maintaining health. Because many nurses alternate between working night and day, the body's internal clock is also disturbed.

"The consequence is that the body is struggling to adjust to being awake at night – without really succeeding. If you alternate between working day and night, it's best to keep the body's internal clock on a day schedule. At the same time, it means that night shifts can be challenging", says Philip Tucker.

The effect of inequality in the home

The health differences that have previously been observed between male and female shift workers can thus partly be explained because it is more common for women to work the most demanding shift configurations. But there are also other factors that can play a part, such as stress levels in the workplace and family responsibilities.



"Even though Sweden is the most gender equal country in the world, we know that it is still not completely equal in most families. Women carry a heavier load in regards to children and household duties – we will take this into account when we examine the differences".

What do you hope the study will lead to?

"First and foremost, we will try to identify which factors cause women to be more negatively affected by shift work. Then we can aim to reduce this difference. Our focus is on improving the working situation for women who do shift work, but it is very possible that our results will also work well for male shift workers", says Philip Tucker.

Have you ever worked shift work?

"Not on a regular basis, as maybe I should have done. My experiences are from simulated shift work for study purposes. Even though I and my research colleagues design shift schedules, we completely ignored our own advice!" ●

25%

Today, about every fourth employee in Sweden is employed in shift work.

Strained social services challenged

when 35,000 refugee children arrived...

TEXT: MATS FAHLGREN

The major wave of refugee arrivals in 2015 was an extreme strain on social services, including services that received unaccompanied minors. Researchers in Umeå are now investigating how the crisis was managed.

Evelyn Khoo is a Senior Lecturer at the Department of Social Work, Umeå University. She has extensive experience in research on social work with children. In the autumn of 2015 she saw statistics that had her worried.

“Because of my research, I knew that in 2014 we had more than 30,000 children in social services throughout Sweden. But the number of unaccompanied minors was not included in that calculation. The autumn of 2015 came and suddenly we now had more

than 35,000 newly arrived unaccompanied refugee minors – a sharp increase in the number of children in need of support and care”, says Evelyn Khoo.

The wave of refugees descended on an already strained social service, where the majority of employees are women. Particularly in the child services sector, there has been talk of high workload and staff turnover, many vacancies and sick leave due to stress.

An exceptional refugee year

Evelyn Khoo realised that social services faced a major challenge and that there was a need for additional research. In total, Sweden received 162,000 asylum seekers in 2015.

“I felt that we had to research on how it is to work under such extremely stressful and unique circumstances. Not even during World War II or the war in the Balkans has Sweden received so many refugees in such a short time”, says Evelyn Khoo.

She chose to focus only on refugee children, perhaps the most vulnerable in society – and often the most questioned.

“They are questioned on their age, their reasons for migration and their backgrounds. Often they are misunderstood as well. We sometimes see them as a homogeneous group, but they are not. Each child has their own history, their own background”.

“Perhaps we do not have the knowledge we need to take care of these children and their specific needs? We do not have much experience of working with unaccompanied minors under such stressful, extreme conditions”.

Evelyn Khoo and her colleague Viktoria Skoog will now seek answers to a number of questions in the wake of the refugee wave: What solutions were used, what strategies were in place at an individual and organisational level and were there people who worked “outside the box”?

The research will also look at how the extreme workload affects people on a personal level: stress, frustration, sleep problems.

“We have a feminist perspective; ‘the personal is political’. If someone is suffering in a stressful work situation, it’s not just that individual’s feelings and experiences that are of interest, but also why that is the case, the structural conditions for the job”, says Evelyn Khoo.

She and Viktoria Skoog will facilitate at least three focus groups in three anonymous municipalities across Sweden which have different conditions for working with refugee children. The researchers will also interview 30 people, social service workers and managers.

“We want to speak with managers who work closest to the social service workers, but also at higher level, managers who are responsible for economic and organisational decisions. We will try to capture as many voices as possible”.

Khoo and Skoog will also interview social workers who did not cope and resigned from their jobs with refugee children. However, the children themselves will not be interviewed.

The interviews have not been conducted yet, but they will probably discuss controversial solutions to staffing shortages. The municipalities simply needed people!

“And with inexperienced or temporary staff it is difficult to create a relationship with the individual on the other side of the table. And that obviously has consequences for the job”.

The crisis is not over yet

Some social services reported themselves in accordance with the provisions of the Social Services

Total applications for asylum



Of which were applications for children



SOURCE: SWEDISH MIGRATION AGENCY (2016)

INFO

PROJECT NAME: *Social work in the shifting sands of the ‘new’ refugee crisis. A gendered professions perspective*

FUNDING: SEK 3 million

PROJECT LEADER: Evelyn Khoo, Umeå University

PARTICIPANTS: Viktoria Skoog, Västernorrland Association of Local Authorities

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Act (commonly referred to as “Lex Sarah”) when they realised that they were not working in accordance with the rulebook. Evelyn Khoo thinks there may be further reports. When we talked in January 2017, she said the crisis is not over yet.

“Managers in Individual and Family Care (IFO) tell me: ‘The crisis is not over, but the worst part, finding the children a roof over their heads and food in their stomachs, that part is over’”.

“The question is whether we now have what it takes to think long-term about the complex problem of unaccompanied refugee minors, that’s a big question”, says Evelyn Khoo.

Various municipal policies and regulatory documents will also be studied, along with the National Board of Health and Welfare’s guidelines *Barnets behov i centrum (BBIC)*, on putting the child’s needs in the centre and how to investigate and follow up children in community care.

“I’m curious whether BBIC was followed for unaccompanied refugee children. Or were there changes as a result of the situation, for example, on how to investigate and how long it should take”, says Evelyn Khoo.

Do you mean there may be one benchmark for Swedish children in social welfare and another for refugee children?

“That may be a working hypothesis, but it is not something we have evidence to support as yet”. ●

Of which were unaccompanied children



Of which were children with guardians



Better working conditions in the disability sector

TEXT: MARIE LANN

There are currently few studies on working conditions for employees in disability services. Now Marta Szebehely and her research team will fill the knowledge gaps.

Should I stay or should I go? This is a question many employees in care services and aged care ask themselves regularly. The physical and mental strain is acute and the workload often too demanding.

“Under which conditions is an employee prepared to stay with an employer? How much can you take before you quit?”, asks Marta Szebehely.

She is a professor of social work with a focus on the elderly at Stockholm University and has for many years studied the working conditions for employees in aged care. There she has been able to see a clear deterioration over the years. Many of the people she meets feel inadequate and want to leave their jobs. The cause is always the same: a poor working environment.

An unexamined profession

But what is the situation for employees in the disability sector? Do they experience the same problems?

“There is currently quite extensive research on the working environments in aged care, but almost none about the situation for this group. Here we see that there are significant knowledge gaps. That’s why we wanted to examine this area more closely”, explains Marta Szebehely.

Over the next three years, together with her three research colleagues at Stockholm University, she will investigate how employees in group homes, day programs and home based social support, as well as personal assistants, experience their work situation. In the study, the research group will also look at how managers in different arenas of disability services experience the ability to lead the work, support the staff and improve the working environment.

“We know that aged care and disability services are sectors that will need more and more resources to meet the challenges of the future. Many employees feel that the work is demanding. When the workday is over you are mentally and physically exhausted and have feelings of inadequacy. In some way, we need to succeed in changing the conditions that exist”.

Broad application and combined methods

The research project, which goes by the name “Disability care work in different arenas: organization, work content, relations and working conditions”, will have a broad application and will capture a wide range of issues.

The research team will use several methods to achieve its results. A nationwide questionnaire will be sent to employees via the union organisation Kommunal. The questionnaire will then be

»Under which conditions is an employee prepared to stay with an employer? How much can you take before you quit?«



PHOTO: EVA DALIN/STOCKHOLM UNIVERSITY

supplemented with focus group interviews and in-depth interviews with selected unit managers in various organisations across Sweden.

“Through a combination of questionnaires and interviews, we will highlight working conditions in different professions and under different organisational conditions”, says Marta Szebehely.

The results will then be compared to the results obtained by Marta Szebehely and her colleagues in two previous research studies from 2005 and 2015, when the main focus was on the working environments in aged care. In these studies a grim picture of the working conditions was painted. Many employees experienced severe problems and many wanted to leave their jobs.

“We wanted to find out which problems were related to wanting to leave your job. This is something we will look at in this study as well. What makes a person want to stay and what makes them want to resign?”

Dissemination important for the research group

The research group is eager that the study receives attention and that the results can be put into practice in different organisations and companies. Therefore, the research team has planned a longer period of time

at the end of the three-year project for dissemination of the study. Marta Szebehely and her colleagues will try to publish seven scientific articles and a report on the study.

“We hope, of course, that we will also be able to influence decision makers, trade unions – actually, all those who can initiate change – in order to make a difference for employees in the future”. ●

INFO

PROJECT NAME: *Disability care work in different arenas: organization, work content, relations and working conditions*

FUNDING: *SEK 3.3 million*

PROJECT LEADER: *Marta Szebehely, Stockholm University*

PARTICIPANTS: *Viveca Selander, Helene Brodin & Sara Erlandsson, Stockholm University*

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A gender-conscious working environment

– combatting conflict with knowledge

TEXT: ANTONIA HALLBERG

What do employees in elementary school, social services and aged care have in common? That's right - the majority are women. And we all know how women are. They just can't get along.

This statement, of course, has no scientific basis. "It's a myth about the sex", says Britt-Inger Keisu, Associate Professor at the Department of Sociology at Umeå University. However, it is a view that is still quite common among us.

Previous studies do in fact show that conflicts are more common in female-dominated workplaces than in those where the proportion of women and men is even. On the other hand, we also know that female-dominated professions are generally characterised by poorer working environments, and that the level of poor health and sick leave is higher. This is possibly where we can find explanations.

Britt-Inger Keisu does not believe that women have some kind of inherent conflict-seeking driving force. Women do not fight because they are women. But she believes that a poor working environment can provide solid ground for conflict.

Gender-conscious conflict management

"There are many perceptions about how women are and how women should be: women backstab each other, they can't make decisions, and they can not get

along. These kind of myths are of great importance to our psychosocial work environment and it is important to draw attention to it", says Britt-Inger Keisu.

Because what happens at a workplace where gender consciousness amongst the staff is high? What does this mean for conflicts and how they are managed? And how does it affect relationships and stress at work?

This issue is now the subject of Britt-Inger Keisu's newly started research project "*Can workplace conflict be constructive? A study of conflict and mental health in women dominated work place from a gender perspective*". The research will focus on both constructive and destructive conflicts. Broadly this includes both job-related and interpersonal conflicts. The project is divided into a quantitative and qualitative part: a survey that identifies the occurrence, causes and consequences of conflicts in selected occupational groups, as well as a series of workplace studies in the form of interviews and workshops with managers, employees and union representatives.

The research group does not only want to investigate the workplaces in the study, they also want



»What happens at a workplace where gender consciousness amongst the staff is high? What does this mean for conflicts and how they are managed? And how does it affect relationships and stress at work?«

PHOTO: UMEÅ UNIVERSITY

to influence them. During the workplace studies, the research group will analyse, problematise and then feed back the results directly to the organisations. The aim is to raise awareness of gender and conflict among managers and employees. In the next step, they also want to initiate change processes together with the affected workplaces.

"I don't think we will start any revolutions", says Britt-Inger Keisu, "but it will be of help along the way. We are hoping to reach people who are important for systematic workplace and development work. I believe that knowledge is important for a workplace".

The backbone of the welfare society

While a poor working environment and poor working conditions can be expected to create conflicts, conflict can also contribute to an unhealthy and stressful environment for employees. Today, conflict management occupies a great deal of work time for managers as well as employees. This is serious.

The occupational groups that Britt-Inger Keisu and her team have chosen to study are important to the public sector in Sweden. This includes social workers within social services, nurses in aged care and primary school teachers. They represent, as Britt-Inger Keisu says, "the backbone of welfare", and are essential for us to function as a society.

So, is it not time to strengthen the structure that carries us? ●

INFO

PROJECT NAME: "*Can workplace conflict be constructive? A study of conflict and mental health in women dominated work place from a gender perspective*".

FUNDING: SEK 3.7 million

PROJECT LEADER: Britt-Inger Keisu, Umeå University

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How home care can be a healthier workplace

TEXT: MARIE LANN

The working environment problems in homecare services have been known for a long time. Something has to be done. Now Gerd Johansson and her research colleagues will find out what.

Stress and a constant battle against the clock. Short breaks and small margins between home visits. This is how many employees in homecare services describe their working day. The work environment problems in the industry have been known for a long time. More needs to be done in less time. Mental health problems and sick leave are increasing.

“Looking at the number of people on sick leave in homecare services – both related to physical and mental problems – they are increasing more and more. Organisations are finding it harder to recruit staff, while our ageing population means we are seeing an increasing need for home care. This is a major challenge facing homecare services”, says Gerd Johansson.

She is a Senior Professor in the field of working environments at Lund University and has extensive experience in research on occupational environmental issues in health care. Together with five research colleagues from Lund University and KTH Royal

Institute of Technology, she will over the next four years look into how working conditions in homecare services can be improved.



“We have seen that there are major issues to solve in this area. One person’s home is another person’s workplace. What applies then? How do you create a sustainable situation for both parties? Is it too stressful for employees, with the limited time per visit? What can be done differently? We understood that there were many questions that had to be answered. And because we have some knowledge of research in healthcare and care services we felt that this was something we definitely wanted to immerse ourselves in”.

Participation a key word for the project

Work on the Forte-funded study “To create a better work environment in the home care sector – participatory organizational change in practice” will be divided into two parts. At the first stage, the group will investigate what research and knowledge currently exists in the field. But it is not your average literature review, emphasises Gerd Johansson.

“In addition to the scientific research in the field, we will also review what has been done in practice in the profession. Reports, written documents, memos – everything we can get from companies and municipalities around the country”, she explains.

There is extensive work ahead. The material that the research group will develop will be gathered in a database that your homecare company, municipality and user organisations can turn to for relevant data on how to improve the quality of their working environments. This is something that is not available today, despite the many work environment problems that the industry is struggling with.

Participation is an important key word for the research group, which will involve staff from the homecare sector and partners in the industry throughout the project, partly through a reference group and in intervention groups.

Intervention studies are the second part of the project. Five interventions will be carried out and then

INFO

PROJECT NAME: *To create a better work environment in the home care sector – participatory organizational change in practice*

FUNDING: *SEK 5.8 million*

PROJECT LEADER: *Gerd Johansson, Lund University*

PARTICIPANTS: *Christofer Rydenfält, Inger Arvidsson & Roger Persson, Lund University; Charlotte Holgersson & Britt Östlund, KTH Royal Institute of Technology*

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evaluated to measure workload problems, stress and psychosocial aspects.

Gerd Johansson hopes the interventions will provide new knowledge about how work in homecare services can be organised to create good and sustainable working environments.

Suggestions for improvements

By 2020, the research project is expected to be completed. Gerd Johansson and her colleagues then hope that the results can be disseminated in order to benefit societal development.

“I hope that we have identified suggestions that can help organisations working in this field. That we can present suggestions for improvements and new working practices for the industry. We certainly won’t have solved the whole problem, but at least we may have an important piece of the puzzle”. ●

»The number of people on sick leave in homecare services, both related to physical and mental problems, is increasing more and more.«

Increasing mental illness on its way to being explained

TEXT: LINNEA BOLTER

Although stress-related sick leave continues to increase, we know little about why more and more people are getting sick from stress. However, a group of researchers at the Stress Research Institute are tracking down the answers. The aim is to identify what needs to be developed in our workplaces to reduce the rates of sick leave.



Over the past seven years, sick leave has increased dramatically in Sweden – between 2010 and 2015, the number of new cases of sick leave increased by 98,000. In particular, psychiatric diagnoses increased. In the majority of the increasing cases, it was women who had received the diagnoses and the majority of them were stress-related.

What this large increase is due to is still unclear. Therefore, researchers at the Stress Research Institute will now investigate what may be behind the increasing rate of sick leave – and why such a large proportion of all people with mental health problems are women.

“The largest increase in psychiatric diagnoses can be seen within the sectors of school, health care and other care. We also want to investigate whether deteriorating working conditions have also affected other female-dominated sectors”, says Anna Nyberg, researcher at the Stress Research Institute.

Why are the healthcare and school sectors so vulnerable?

“A contributing factor is most likely the budgetary cuts and major organisational changes that have been made in the public sector since the 1990s. But there are also other factors that come into play”, she states. Through data from SLOSH, longitudinal surveys

among the working population, researchers will investigate whether sick leave rates in recent years can be explained by organisational factors and by the psychosocial working environment that has in many places deteriorated in female-dominated organisations.

“What we are looking at is female-coded and male-coded organisations – not specifically women and men. In previous studies, it has been found that men in female-dominated organisations have the same sick leave rates as women. The fact that more women are affected is most likely due to the fact that many more women work in these sectors. At the same time, women have more stressors outside of work that can impact, such as care for children and older family members”, says Anna Nyberg.

Organisational stressors that are likely to contribute to the harmful stress levels include, among other things, staffing cuts and employee scheduling. It is also about organisational justice – about how leadership and decision-making is carried out. Another important variable is the balance between performance and reward.

“One can expect that organisational factors will affect the psychosocial working environment. For example, scarce resources and organisational changes contribute to an increase in the demands of each individual employee. If fewer employees are required to perform the same amount of work as before, the pressure increases”, says Anna Nyberg.

She continues, “We know quite a lot about working environments, but we know less about how to create a good working environment. We hope we will be able to identify what needs to be developed on the organisational side to reduce sick leave”.

Why is the working environment so inferior when women make up the majority?

“There are hypotheses within gender theory that a male gender-mark yields a higher status, while

98 thousand people

That's how much the number of new cases of sick leave increased between 2010 and 2015

INFO

PROJECT NAME: *Can increased mental ill-health be explained by deteriorated organisational prerequisites for good working conditions in women dominated organisations?*

FUNDING: SEK 3 million

PROJECT LEADER: *Anna Nyberg, Stress Research Institute, Stockholm University*

PARTICIPANTS: *Paraskevi Peristera & Annika Härenstam, Stockholm University; Anne Hammarström, Umeå University; Gun Johansson, Stockholm County Council*

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the status is lower in organisations that are female gender-marked. Some studies show that you are better off if you work for technical services, for example, than if you work in health care or social services at the same municipality”, says Anna Nyberg, adding: “At the same time, it is not certain that this pattern is true for the entire labour market”.

Earlier data collections in the study show that depression among women does not differ between professions with different proportions of women and men. However, the gender composition of the profession seems to play some role among men suffering from depression.

Thus, a woman in a typical female-dominated occupation does not seem to be at greater risk of depressive symptoms than a woman in a typical male-dominated or gender-integrated profession. However, the results are preliminary so far. Now we will move the research forward and look more closely at health care and care services.

How did you become interested in the impact of the working environment?

“Already when I was completing my psychology degree and was looking at working life issues, the interest was there. I want to be a part of creating good conditions for preventing poor health. Working life is an exciting area with many positive dimensions – we need to work to feel good. But there is also a great risk for stress that we need to learn more about in order to prevent mental health problems”. ●

Researchers want to reduce hearing damage

TEXT: LINNEA BOLTER

The occupational noise level in many female-dominated sectors can lead to hearing damage. At the University of Gothenburg, researchers are now looking at ways to minimise the risk of hearing impairment, which could make more employees feel better and stay longer in their jobs.

Many of you might remember the humorous feature on the noisy pre-school environment on Swedish television's SVT Sydnytt, which has been viewed millions of times since it was broadcast in late autumn 2003. In the clip, the news anchor in the studio tells us that the Swedish region of Skåne will improve the environment at pre-schools, as the noise exposure is sometimes so high that children risk hearing damage. A clip from a pre-school then shows a child screaming into another child's ear while someone pounds a piano in the background. The news anchor can't keep from laughing.

However, it is not only the children who suffer from the high noise level. Among pre-school teachers, hearing-related problems are common and many also report a work injury as a result of noise exposure. At the University of Gothenburg, researchers began investigating the pre-school environment ten years ago. 10,000 women, half of whom had degrees in pre-school education, responded to a survey, which showed that pre-school teachers were highly affected by hearing-related problems. Now the survey will be followed up with the same response group as before.

"By following up the participants, we hope to highlight the importance of occupational noise levels, as well as noise in combination with stress and impaired work function", says Kerstin Persson Wayne, Professor of Environmental Medicine at the Univer-

sity of Gothenburg.

Common hearing-related symptoms include difficulty in perceiving speech when several people talk at the same time and feeling pain or discomfort at everyday sounds, also called acoustic sensitivity. In the long term, hearing impairment often leads to reduced ability to work and sometimes difficulty in working in the profession. Furthermore, a noisy working environment increases stress, which in turn can lead to sleep problems. Many people also experience sound fatigue when the workday is over.

"It is common that people can't handle any more noise once they have been exposed to high noise levels all day. Therefore, they may avoid going to the gym, dance classes or other recreational activities. It is easy to get into a downward spiral of health", says Kerstin Persson Wayne.

The focus of the study is female-dominated workplaces. In these workplaces the noise level is often more complicated to remedy than in typical male-dominated industrial environments, where noise from machines can largely be avoided by hearing protection, building enclosures for machines or switching to quieter tools.

"Many people find it difficult to use hearing protection in communication-intensive professions. Good hearing is also more critical when working with people, where speech and communication is central", she states.

»Hearing impairments are often permanent, therefore it is very important to find the protective factors that reduce the risk of suffering.«



What do you hope the study will lead to?

"We want to find out how hearing impairments occur. By identifying the risk and protective factors we hope to be able to implement interventions. That is, identifying possibilities to influence the working environment so that noise exposure is not as high, as long-term or as frequent", says Kerstin Persson Wayne, and continues:

"Hearing impairments are often permanent, therefore it is very important to find the protective factors that reduce the risk of suffering. Now that the retirement age has risen it is even more important to have a good hearing and not to have problems beginning in middle age. But interventions are always difficult".

Why are interventions difficult?

"In order for interventions to be long-term, they must work for the organisation. Most people know what they should do, but different obstacles – such as "this is how we have always done it", time pressures, stress, understaffing, inadequate leadership or financial goals – can get in the way of good intentions. Therefore, we will have group discussions in workplaces within the sectors of health care, schools and care services with the aim of developing interventions that could work long term".

Kerstin Persson Wayne hopes that employers will use the results to improve the working environment in their own organisations.

"It was not difficult to get employers and staff interested in participating. In all organisations it is important to hang onto staff – especially in health care, care services and pre-schools where they have difficulty recruiting. And everyone of course also wants their employees to be happy and healthy". ●

INFO

PROJECT NAME: *Exposure to noise and stress in education, health care and social services - identification of risk and preventive factors as a base for interventions for sustainable work function.*

FUNDING: SEK 4.8 million

PROJECT LEADER: *Kerstin Persson Wayne, University of Gothenburg*

PARTICIPANTS: *Sofie Fredriksson, Jeong-Lim Kim, Mia Söderberg & Kristina Gyllensten, University of Gothenburg; Mikael Ögren, Sahlgrenska University Hospital; Stephen Widen, Örebro University*

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When nurses and social workers leave

TEXT: ANTONIA HALLBERG

Every year, over 4,000 newly graduated nurses and 2,000 social workers enter the Swedish labour market. But they do not last long. Under the surface lies a dissatisfaction that drives many to leave both the workplace and the profession prematurely. Researchers at Lund University will now investigate why.

In July 2016, more than half of all midwives in Helsingborg's hospital resign. This includes around 36 people over the course of two days. The resignations are made in protest – against stressful working conditions and unreasonable

working hours. And it's not a unique phenomenon. In recent years, several hospitals in Sweden have suffered mass resignations of nurses.

“What's wrong here?”, Dr Rebecca Selberg at Lund University wonders. “Why choose to leave instead of working for change?” Together with her research team at Lund University, she is now launching a three-year research project aimed at investigating the tendency for resignation among nurses and social workers.

These professions, both strongly female-dominated, are two of the largest in the public sector. But they also have another common denominator: an unusually high labour mobility. This tendency extends beyond mass resignations in individual workplaces. Many also choose to completely leave the profession prematurely.

One in five want to leave the profession after five years

A study conducted in 2013–2014 at Karolinska Institutet shows that one in five nurses strongly consider leaving the profession after just five years. This problem is also international. In a

European study involving over 33,000 nurses, 49 per cent said they were considering leaving the profession.

Among social workers, the phenomenon is less explored, but there are signs of similar trends in this profession as well. A survey of 309 social workers in Stockholm County Council showed, for example, that 54 per cent had been in their current workplace for two years or less, and 48 per cent already wanted to leave their job.

“There are, of course, other professions where mobility is as high or even higher, for example some service sectors. But in relation to comparable professions, that is, other professions requiring a three-year college education, the numbers are remarkable”, says Rebecca Selberg.

“These people have spent three years of their lives learning the profession. Most will take out student loans. It's a huge investment in both time and money. But still they choose to change their careers after just a short amount of time. It raises many questions”, she continues.

Why nurses and social workers change their jobs and careers to such a high degree is of course an interesting question – but is it important? Is there a problem here, or can the high mobility in fact be positive for organisations and the profession as a whole?

“It is of course positive that the sector does not get stilted. But many managers experience the turnover rates as a problem. It takes significant resources, you need to train new people and it's difficult to plan ahead. In addition, the issue is highly important for the wellbeing of the people employed in this sector – there seems to be underlying inadequacies”, says Rebecca Selberg.

In pursuit of underlying factors

We already know a lot about nurses', and to a certain extent social workers', tendency to change workplace

INFO

PROJECT NAME: *Exit, voice and loyalty – an intersectional study on professional turnover among nurses and social workers*

FUNDING: SEK 3.8 million

PROJECT LEADER: *Rebecca Selberg, Lund University*

PARTICIPANTS: *Magnus Sandberg, Lund University; Paula Mulinari, Malmö University; Marlene Malmström, Region Skåne*

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and profession. However, previous studies have mainly focused on quantitative data. There is a lot of research on how many people leave the profession or who are thinking about leaving. This is also interesting, says Rebecca Selberg, but we are missing one important aspect: Why?

In the study *Exit, voice and loyalty – an intersectional study on professional turnover among nurses and social workers*, the research group has chosen to use a wide range of research methods. Combining a comprehensive survey with ethnographic surveys and in-depth interviews at selected workplaces, they want to get closer to understanding the underlying causes.

Rebecca Selberg and her research team hope that the results of their studies will provide concrete benefits to organisations within county administrations and health care. They want to give managers and employees the keys to a better understanding and the tools to implement change – so that nurses and social workers will want to stay. ●

49%

of Europe's nurses are considering leaving the profession



Studies on gender and IT in health care

TEXT: MATS FAHLGREN

Almost all nurses in the Swedish healthcare sector are women. And almost everyone who builds the digital tools they use are men. This is one of the starting points for research in Uppsala about how digitalisation affects the working environment of nurses.

The healthcare sector has digitalised quickly. Today, doctors spend about half the working day in front of their computers, writing reports.

And when Sweden's 100,000 nurses complete about 12 million patient visits a year, it generates a huge amount of data, ranging from sedimentation rates and blood pressure to x-ray referrals and hours of surgery.

What happens in these interactions between pa-

tients, nurses and IT systems can be crucial to quality and safety in the healthcare sector.

"Poorly designed systems create stress and increase the risk of mistakes. Technology is one of many reasons that patient safety declines when the working environment is poor", says Åsa Cajander, Senior Lecturer in Computer Science at Uppsala University.

She is researching human-computer interaction and notes that despite the extensive digitalisation in health care, there is not much research on the effects on the working environment. And nothing at all from a gender perspective.

"There are many reports on how IT systems in health care have major user problems, so we know that there is a great potential for improvement".

"But there is a lack of research about the major working environment issues, such as how it affects communication, structures of power and opportunities for knowledge development", says Åsa Cajander.

She will now investigate the answers to these questions and a number of others, together with gender specialist Minna Salminen Karlsson and other researchers within a multidisciplinary group.

Whose opinion matters most?

In the male hierarchical healthcare system, nurses are seen as both subordinate and unable to contribute to the development and evaluation of technical tools,



according to the project proposal.

Male dominance is just as strong in the field of computer programming. But when you get closer to human contact, whether it's customers or patients, it is women who dominate, for example when it comes to nurses in health care.

"Just look at the wages and compare computer programmers to nurses. Who do you think is more highly valued? Which of them will we listen to when making decisions within a IT project in health care?", Åsa Cajander asks rhetorically.

She and the other researchers will interview about 30 nurses and assistant nurses in three different fields in Uppsala: surgery, paediatrics and oncology. They will collect data via questionnaires to nurses and undertake 40 interviews with patients, relatives and decision-makers in health care, always with the working environment at the centre.

The researchers will also follow nurses in their technological daily life, filming and then analysing what is happening through participatory observations. Åsa Cajander has coordinated research on online patient records since it started in Uppsala in 2012 (DOMÉ). The introduction initially faced a great deal of scepticism from doctors in Uppsala.

Today, all Swedish county councils have online patient records, to varying degrees and with different systems. The effects of online patient records are also monitored in this study: Have online patient records increased the workload and the amount of incoming calls? Are patients upset? Are patients making use of the opportunity to submit health declarations online?

A concrete goal for the research group is to provide a framework for decision support when IT solutions are being procured and introduced into health care,

especially those that affect nurses. The working name is *eWorkEnvironment Framework*. They hope it will contribute to a better IT working environment, and in the long term perhaps reducing the rate of sick leave among nurses.

"When a county council introduces new IT systems today, many different levels are involved, with different templates and different ways of thinking. They need to be supplemented with a working environment perspective and gender perspective, which I would claim does not exist today in any organisation".

"There is a lot about functionality and technical specifications when setting requirements for procurement, but no questions about how it will affect the working environment", says Åsa Cajander.

Involving the users

Nurses should, of course, be included in the discussions about the *eWorkEnvironment Framework*, so that it does not become a product that is not grounded in reality.

"I hope that there can be a transfer of knowledge from both sides: that we can learn from them and they learn from us".

However, it is common for new IT solutions to be introduced without first asking the end users, such as nurses. How can this be the case?

"There are many reasons as to why this happens, often a lack of time. It could also be perceived as a problem that users will describe different situations and different needs – people are of course not all the same".

"Another reason is the education of civil engineers which is based on models of reality and complex problem-solving where the end users simply do not figure".

"Often they do not know how to involve the users. But it is a very interesting phenomenon", says Åsa Cajander.

She tells the story of when the Academic Hospital's medical records system, Cosmic, crashed and was down for several days in 2016. During that time no one was able to record information and could only read an "emergency copy" of medical records.

"Cosmic is the heart of the Academic Hospital. Many people became very stressed that they couldn't report and document in the manner prescribed", says Åsa Cajander.

"But there were also some interesting comments about how nice it was, because suddenly there was much more time for patients!" ●

INFO

PROJECT NAME: *The effects of digitalization on the work environment of nurses. (DISA)*

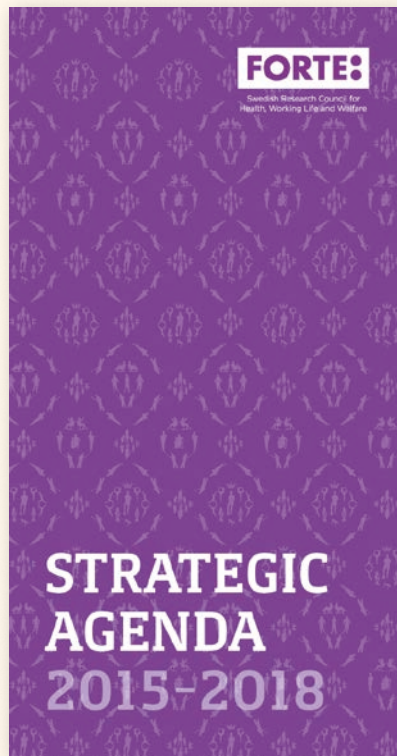
FUNDING: SEK 5,8 million

PROJECT LEADER: Åsa Cajander, Uppsala University

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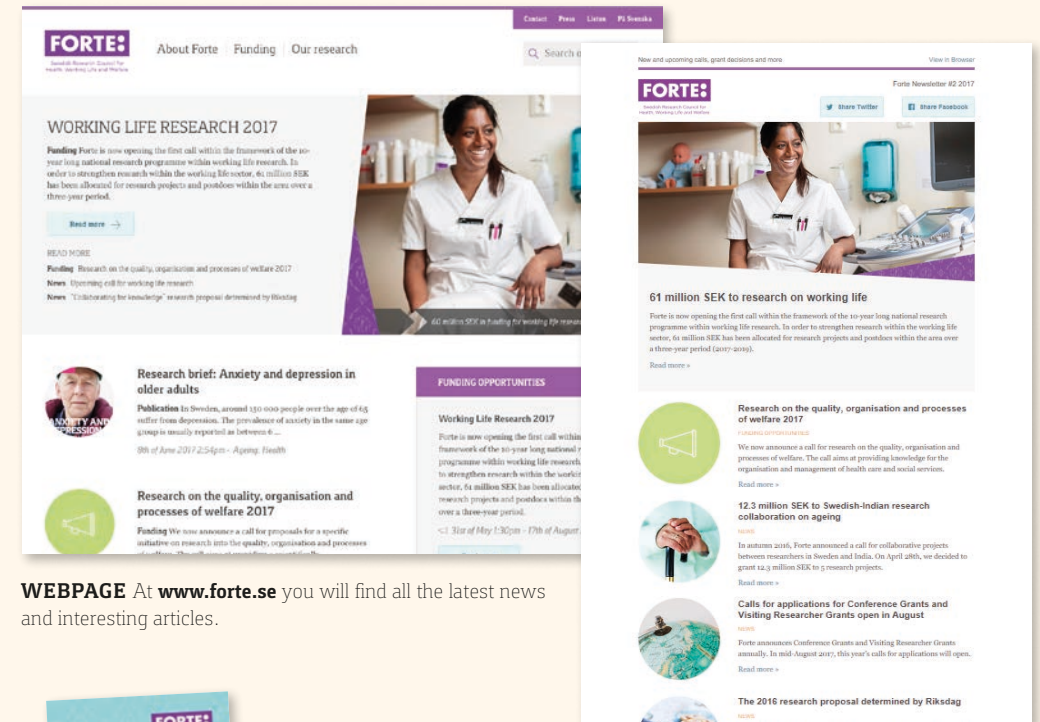
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