

Decent and precarious work in nursing and care work: A mixed-method systematic review

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BACKGROUND

In the care sector, the rationalization, privatization and commercialization have turned sector towards precarious; therefore, decent work has been called for care work by ILO. Precarious work harms not only the well-being of workers, but is a threat to patient care quality. Existing health and social care systems, and societies, seem to fail to provide care workers with secure, predictable, and ethically sustainable decent working conditions.

RESULTS

Table 1. Contextual factors/conditions contributing to decent and precarious work.		
Decent work	Contextual factors	Precarious work
	Personal factors	
Older (+)	Age	Younger (+)
	Intersection of race, gender, class, age	(+)
	Migrant status	(+)
	Work-related factors	
Longer (+)	Work experience	Shorter (+)
Permanent (+)	Employment contract	Temporary (+)
Leadership (+)	Position	Nurse assistant (+)
	Long-term care, older people care	(+)
(+)	Work volition	
(+)	Career adaptability	
(+)	Nursing work environment	
(+)	<5 monthly night shifts	
(+)	>2 training sessions per year	
	Societal factors	
	Privatization, flexibilization	(+)
	Cost-cutting pressure, neoliberal restructuring	(+)
	COVID-19	(+)

METHODS

A systematic review searched six databases original studies where authors explicitly stated that studies targeted to decent/precarious work in the care sector. The dimensions of decent and precarious work were analyzed deductively using the Employment Quality Framework. After screening 6,272 records and 92 full-texts, five decent work and 13 precarious work studies were included.

Table 3. Outcomes for decent and precarious work.		
Decent work	Outcomes	Precarious work
	Health and well-being outcomes	
(+)	Physical health	(-)
(+)	Mental health	(-)
(-)	Physical and emotional burnout, stress	(+)
	Poverty, unaffordable housing	(+)
	Lack of control over future	(+)
	Afraid to be sick	(+)
	Negative affect, anxiety, frustration, anger	(+)
	Early retirement	(+)
	Work-related factors	
(-)	Turnover, intentions to leave	(+)
(+)	Empowerment	(-)
(+)	Job satisfaction	
(+)	Career exploration	
	Work well-being	(-)
	Work-life balance	(-)
	Moral dilemmas	(+)
	Sense of alienation	(+)
	Disengagement	(+)
	Covert resistance	(+)
	Quality of care	(-)
	Work capabilities	(-)
	Organizational conflicts	(+)

Table 2. Dimensions of decent and precarious work classified according to the Quality of Employment framework (UNECE).		
Decent work	Quality of Employment	Precarious work
Safe working conditions Work recognition	Safety and ethics of employment	Poor working conditions, excessive workload, understaffing, inadequate ratio, absenteeism Lack of appropriate equipment (also during COVID-19) Minimal induction, misinformation about employment Bullying, harassment, racism, institutional racism, unfair treatment, discrimination Devaluation, lack of respect, systems of oppression and patriarchy
Sufficient compensation	Income and benefits from employment	Low pay, lack of benefits Extra or unforeseen tasks without compensation
Free time and rest	Working hours and work-life balance	Shift work, stand-by time, flexible work schedule, unpredictability of working times, part-time jobs, unsocial hours, irregular hours, split shifts, poor work-life balance
Access to healthcare	Security of employment and social protection	Job insecurity, temporariness, freelance/self-employment, multiple jobs Trajectories between unpaid and paid care work Lack of access of disability insurance, expensive private health insurance
Work position	Social dialogue	Disempowerment
Work development	Skills development and training	Poor professional development, skill precariousness (poor advancement and training) Ageism (less access to career opportunities)
Work atmosphere	Workplace relationships and work motivation	Vulnerability, control by management, being at the bottom of occupational hierarchy No influence opportunities, powerlessness, no control over work, lack of autonomy Relational precariousness (not been able to meet the needs of patients)

CONCLUSION

Scarce evidence was available on decent work in the care sector, whereas rich in-depth and experiential data described precarious work. Migrant care workers in long-term care environments face pronouncedly precariousness, which poses challenges in ethical recruitment policies globally. Also, young care workers should be provided opportunities to fully engage in their work and organizations. Training is also crucial for managers, as it decreases authoritarian and controlling management practices.