

EAN POSITION PAPER

Tackling the workforce problems; new ways will open new doors.



Ten new ways of thinking, and statements for employers, staff, and politicians

The fear of old age is not a fairy tale like Snow White. It is reflected in the growth rates of an anti-aging industry worth billions. The devaluation of age is a social reality. The appreciation of age and elders begins with the appreciation of one's own aging. It is in keeping with the genetics of interest groups such as the EAN to work towards a dignified encounter with old age, and the elderly. This, in addition to working to ensure that society does not turn a deaf ear when older people express their needs, nor turn a blind eye when they take their place in society, nor remain silent when it comes to speaking out for them.

These statements cannot stand alone, we also require appreciative and dignified framework conditions for people who work in the care and support of older people. Care is human work regardless of age, gender, origin, social status, spiritual orientation, and age. Workforce resources have become scarce, which makes it even more clear that nursing faces global competition on the labor market. It is important that we develop new ways of thinking, approaching, and acting so we can tackle the ubiquitous problems.

"Old ways don't open new doors!" (Barak Obama)

The current search for solutions to the labor market problems in healthcare and especially long-term care quickly gets bogged down in generalities, incorrect assumptions, and unrealizable solutions. First, there is no single labor market problem, but a series of subsequent and inter-related problems. Suggestions indicating that we need one solution, are either naive or unfamiliar with the sector. Care givers, either formal or informal, are confronted by accumulating challenges. The physically and mentally demanding working conditions deserve a levelling compensation in satisfaction, remuneration, and recognition.

Care giving is recognized as highly satisfactory. Strict managerial structures and quality schemes are felt as satisfaction spoilers. Today's remunerating is not based on personal satisfaction of care givers and receivers, but on over-rated certification grades and general compensation & benefit systems that do not match the individual's satisfaction and compensation expectations. And hence, recognition and appreciation of carers in an economically defined world are under-estimated.

Old ways do not open new doors. Stepping down the old way continuously, and maybe faster here or with more money there, will not bring any change in this vicious circle. The only solution is to find new ways and to open new doors.

A. THE CARE AND WORK ENVIRONMENT

Those who succeed in offering authentically humane conditions will prevail.

1. FRAGILE WORKING RELATIONS

creating stable multiprofessional and multicultural care relations

Fragile working relationships and increasingly individualistic demanding behavior can be met by improved interaction between nursing, health, social work, and therapeutic professions. Ageing is not a disease, but a stage in life, where older people need support to live their preferred lives.

The individual need of support should be in the center of concern of all relevant professionals and their specific expertise. Experience should enable informal carers and the older person to live their preferred life. Starting from the premise that everyone, with their own knowledge and expertise will contribute to the sum of optimal care.

2. THE STABILITY OF THE INSTABILITY

creating healthy relationship cultures

Both employees and those cared for are confronted with toxic conditions due to unstable and difficult to plan working situations and conditions. A healthy environment is one that does not expose anyone to factors that cause illness.

Instability and uncertainty are not solved by straight plans, schemes nor programs. People feel squeezed and feel obliged to choose between sticking to the plan and the real needs and suitable solutions of the older person. There are statistically significant correlations between work satisfaction and specific perceptions in the support of individuality. Guilt, time-stress and the feeling of helplessness do more harm to the care giver than improvisation, initiative, and careful entrepreneurship.

3. EXCESSIVE DOCUMENTATION REQUIREMENTS

it is not just about proving, it is about improving

Residents need resonance. Residents-friendly documentation makes the concrete needs of residents visible in a way that supports the qualitative further development of care-services and increases the needs-based response to those in need of care.

Current systems are based too much on suspicion and distrust. Accountability and reporting distract too much from the actual work and fuel a negative culture – without any added-value for carers and care receivers.

4. INSUFFICIENT AVAILABILITY OF DATA AND INFORMATION

spared time should lead to shared time

The strengths of digitalization are to improve working conditions, networking and availability of data, information and response times. Care The strengths of digitalization are to improve working conditions, networking, and availability of data, information, and response times. Care settings can be further optimized regardless of time and place. Digitalization also could have a social impact: If digital tools are not implemented well, they may reduce personal contact between care users and caregivers thereby reinforcing loneliness.

The digital transition of the sector is not a nice-to-have, but a need. If considered well, implemented well, and responding well to the real needs of staff and older people, it can be an asset a mere cost-factor.

B. LEADERSHIP

“If change is happening faster on the outside, than on the inside, the end is in sight!” (Jack Welch)

5. DATA BOOM AS ABOOMERANG

a fulfilled life needs more than full libraries

There is a clear need to finding and maintaining the balance between empiricism, expertise and empathy in the context of nursing. Care requires a comprehensive basis of trust. It is not enough to measure a person's life and work performance based on key figures only.

Data is the new gold, but should be mined differently. And it is not the quantity, but the quality that counts. More and better information about real needs, expectations and possibilities of both older people as well as staff should feed into a clear view on how to improve working conditions, appreciation and hence, care.

6. LACK OF MUTUAL UNDERSTANDING OF CARE

developing a positive multiprofessional and multicultural atmosphere

Due to increasing multi-professional requirements and multicultural teams, it is necessary to create a common basic understanding of needs, teamwork, and care.

Long-term care should be considered less medical and more social. This requires another approach in training, skills, and employment conditions. And a different mindset for management and politics.

7. INCREASING COMPLEXITY AND UNCERTAINTY IN RESPONSIBILITY

improving the crisis resilience of managers

Create leadership training programs that also include dealing with scarce resources, risk analysis, violence prevention, crisis, and disaster management, while not forgetting that it is always about people and their lives in ultimate dignity.

The Covid crisis has shown once again the programming paradox. The real-world experiences overshadowed the bureaucratic approach of complexity and uncertainty. There was a need for medical and social entrepreneurship and bravery of management and staff to respond to the real needs of older people.

C. SOCIAL AND HEALTH POLICY

**The political life cycle is often significantly shorter than the perspectives that people need for their lives.
The search for the quick win usually does not lead to a deep impact.**

8. UNDIFFERENTIATED QUALITY AWARENESS

create a multi-professional and multicultural, not exclusively academic understanding of quality.

All efforts are to be oriented towards the quality of life of elderly people understanding it holistically, i.e., physically, psychologically, culturally, and spiritually.

Quality of life is subjective. Older people should be the compass to navigate the caring environment, rather than it be the system that defines when older people are satisfied.

9. CARING FOR THE OLDEST SHOULD NOT LEAD TO THE NEGLECT OF THE YOUNGEST

dignity as an attitude to avoid big socio-ethical footprints in other countries

Never has humanity needed so many resources worldwide just to maintain the status quo. It is a paradox that the market for social services also presents us with enormous socio-ethical challenges worldwide. Tricky situations on the labor market must not lead to human trafficking-like situations on the other side.

Clear legal and ethical frameworks are necessary so that there is no differentiation between those that can and cannot afford care.

10. MERE SUPPLY ORIENTATION

change from a care system to a prevention system

The demand for social services is increasing faster than the labor supply. One indicator is the increase in vacancies. Promote measures in health policy that improve healthy ageing of people.

Preventing is better than curing. Especially in the care sector, remarkably, this common knowledge seems to be forgotten. The focus on replacement should change to a focus on enablement, assistance, and the real needs of older people.