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## **Health and Care professions: challenges for the German labor market**

### **Introduction**

For the purpose of this lecture I am dealing with health and care professions, which are after the German classification of professions: certified and assistant workers in nursing and care services (concluded in the professional classification Nr. 48).

I will talk about the following items:

- (1) Demographie and its effects on health and care services;
- (2) Working conditions for the nursing and care workers including wages;
- (3) Education, training and career options for the nursing and care personnel.

Before I start with this main part of my lecture, let me give some explanation “in a nutshell” about the functioning and role of the German Federal Employment Agency.

The German Federal Employment Agency is an autonomous social security institution with a “Selbstverwaltung” – run by a professional executive board with a complex administration and a tripartite Governing body with members of Government on all levels, employer federations and trade unions. There are similar structures on the regional and local level. There are 10 Regional and more than 150 Local Employment Agencies with about 600 offices and more than 100 000 employees.

They are mainly responsible for unemployment insurance and labor market policies including counselling for occupational training.

They have to take care for about 1 Million persons – mainly with with shortterm unemployment (up to one year).

Since 2005 there are in addition more than 300 job centers - especially for the long term unemployed and their dependents.

They are not entitled for unemployment insurance but for welfare payments.

These are two thirds of the unemployed (about 2 Million) and together with their dependent persons more than 4 Million people.

They also have to provide labor market measures and instruments for promoting the integration of the long term unemployed into work.

These local job centers are mainly run by the local employment agencies together with the communities.

About one third of them are run only by the communities. These job centers have to provide the welfare payments to the long term unemployed and their dependents, subsistence allowances of manifold kinds, and additional social services.

These local labor offices also will be in charge for the integration of refugees - once they have been registered and granted the right to stay in Germany at least for some time.

Despite the general increase of employment and decrease of short-term unemployment, long term unemployment stays consistently high.

This puts increasing strain on the information, counselling, recruitment and training services in the Local Employment Agencies and Job Centers.

It is an ongoing important task for the management in the German Federal Employment Agency: guiding the staff, training its personnel for these responsibilities, which are increasing in volume and importance in the years and decades to come.

The different cultures and languages of the refugees will need adjustments and increase of all kinds of services.

### **Demography and effects on health professions**

The demographic development in Germany, often summarized under the terminology "aging society", has a significant impact on labor market and employment.

In this lecture I will focus on demographic changes and their impact on the nursing and care (older people) professions - as specialists and assistants.

(In Germany, specialists in nursing and care usually have an occupational training in practice and professional schools (public and private) below academic grades; assistant workers have a much shorter training period).

More than half of the employees in the health professions are in these two professional fields (nursing and care), which correspond to 968,000 full-time positions due to the high part-time rate. (these are 1.3 mill. out of a total of 2.4 mill. workers in the health professions).

### **Demographic changes and impact on nursing and care professions**

Germany is experiencing considerable demographic changes, which will increase in the years and decades to come.

According to projections of population and work force by the Federal Statistical Office the proportion of population above 60 years will grow by 40 percent till 2050; above 80 years by 50 percent to about 10 mill..

Accordingly, the number of people in need for nursing and care services will increase from 2.1 mill. in 2010 to 4.5 mill. in 2050.

However, such "status quo" projections always have to be evaluated with caution, since many factors might change in the three and a half decades till 2050.

Especially improvements in health care and health behaviour could lead to less need for nursing and care.

There also can be changes in the birth rate, which for the time being with 1.3/1.4 children per woman in childbearing age in Germany is one of the lowest in the European Union (EU).

As estimated by the Federal Statistical Office, there is already now a considerable deficit in supply of personnel and services.

This will increase and is projected till the year 2025 between 157,000 and 193,000 workers.

(The high difference in these projections is an expression for the uncertainties about the development of the different health and care conditions).

Academic research is projecting the deficit in nursing and care personnel - right now - to 30,000 full-time jobs at the hospital, 90,000 in nursing homes and 74,000 in external public and private services.

There are cumulative effects on the mismatch between increasing demand and supply of care services:

On one side: The demand for nursing and care services will increase;

On the other side: At the same time the nursing and care workers are also experiencing the aging processes. (In the last 10 years, the number of professionals below 35 years dropped by 15 percent, while it doubled for the above 50-year-old).

### **High fluctuation in nursing and care professions**

These cumulating effects on the mismatch in labor market and work conditions for the nursing and care personnel will be further increased.

There is an above average turnover of personnel in this sector.

As can be explored from scattered empirical research trained nurses in hospital will in average stay only 14 years in their profession.

The "retention quote" for care personnel in retirement homes will only last about eight years (source: University of Freiburg).

However, these rates of retention and/or fluctuation have to be differentiated, since they are not reflecting the return to work after the breaks mainly due to family responsibilities.

Taking the return into consideration, the retention rate in these jobs is higher than the statistics on fluctuation would suggest as has been found out in a recent study of the Vocational Training Institute in Germany (Anja Hall. "Health and geriatric care - what about the myth of the exit and dead-end job?" Training in Science and Practice, Issue 6, 2012, pp 16-20)

### **Poor income and working conditions**

Previous studies on the reasons for the low retention of workers in the nursing and care professions point especially to the following factors:

- (1) the significant health burden in these activities due to extremely high physical and psychological strains;
- (2) poor earning and career potentials;
- (3) low social prestige.

- Workers in nursing and care professions cannot imagine staying in their jobs until the statutory retirement age, which in addition has been raised from 65 years to 67 years from 2012 to 2029. (Among all workers in the health and care professions, this only applies to 50% of employees; for the workers caring for older people only to 25%).

- Compared with the entire work force nursing and care workers are at the top in the quota

for sick leave and health-related premature retirement from the labor force, whereby psychological factors play an increasing above average role (Barmer GEK 2009).

-Thereby it is found, that the lower the skill level, the higher the rate of sickness leave. It is easily to imagine that the nursing assistants are burdened physically much stronger than their higher-skilled professional colleagues.

- Another important factor for the high sickness and retirement ratio results from a lack of training and career opportunities. This is causing particular high problems, considering that management and clients in the nursing and care field could get longer and better services by improving training and career opportunities. This could even be a compensation for other deficits in income and working conditions. (Kistler et al 2006, p. 61f).

### **Empirical Research in employability and working conditions**

The analysis of empirical research on the effects of working conditions on employability during the life cycle of workers shows some results for the industrial and productions sectors.

But also in these fields there are marked deficits in respect to work and workers with increasing age.

There are only few theory-based studies, which lack the biographical dimension of work during the lifespan of the workers concerned. (Kistler *ibid.*: 26).

For the health and care services there is a complete lack of scientific and reliable research on the conditions of work - taking into consideration the specific needs of aging workers, which are mostly women - between 80 and 90 percent - with additional family responsibilities.

In order to fill these research gaps the Alice Salomon University for the Health and Care Sector in Berlin, provided a combined project on research and teaching.

Under the heading "age management in social and health" eleven bachelor students, working half time as professional nurses, did engage in this project in the course of three semesters 2011/2012.

The research work has been divided in five sub-projects:

- A quantitative study on job satisfaction and retention of nurses in their jobs (1)
- A qualitative study on personnel management during the life cycle of workers -taking into consideration the increasing age structure (2)
- A qualitative study on age discrimination in the workplace (3)
- A qualitative study on the problem of the burnout in nursing (4).
- A quantitative study on the topic "Human Resources Development 50+" for students of the Alice Salomon Hochschule (5).

### **In the following I will give you a brief outline of the results of these 5 studies:**

(1) The starting point of the study '**job satisfaction and retention of nurses**' was an example in the manufacturing sector, which did focus on personnel management and their effects on job satisfaction for different generation groups.

The research question that should be answered was: Could there be found a similar

connection between personnel management and job satisfaction for different groups of generations in the health and care professions.

This could have led to advice for a generation oriented personnel management with better results on job satisfaction and therefore to a higher retention rate at the job.

For the empirical quantitative survey amongst employees of a hospital of maximum care four generational groups were formed:

- Traditionalists, born from 1928 to 1945:
- Boomer, born between 1946-1964:
- Generation X, born between 1965-1977;
- Generation Y and Millennials, born from 1978 to 1990.

The results confirmed the expected relationship between job satisfaction and commitment to the company. This in turn is influenced significantly by the type of personnel management in the company.

It also was found that younger and older workers have different demands on their working conditions. However, this can not be distinguished by the different generations.

Instead of generation, the age and life stage of the nursing workers play a crucial role in the relationship between human resource management, job satisfaction and commitment to the company.

**These therefore have to be major factors in human resources management and a meaningful staff development.**

(2) In a qualitative study on **age-oriented personnel management** an employee representative and a personnel manager were interviewed in a Berlin hospital. The aim was to investigate whether age and age-appropriate staff development plans are in place and implemented.

In practice of the selected hospital, it is obviously an awareness of the need for such concepts and measures for company-specific implementation.

But this study also identifies contradictions and obstacles of all kinds in the practical implementation of a consistent age-oriented personnel management.

These results showed: Despite all the conceptual understanding of the management and executive levels for an age-oriented personnel management the transfer from concept to practice is not working.

(3) The starting point for the third part of the project on the issue of age **discrimination in the workplace** was the General Equal Treatment Act (AGG).

This was first analyzed to determine whether and to what extent it is appropriate to prevent discrimination and age discrimination.

From these findings, a questionnaire for qualitative interviews on age discrimination in the nursing profession has been developed and applied.

Two interviews with professionals over the age of 40 years have been undertaken and analysed.

The following results have been found out:

**Age discrimination of various kinds is experienced and practiced in everyday work.**

**Negative evaluations of the elderly are equally expressed in the nursing profession and in society in general.**

**The practical effects of the claimed deficits with increasing age in the nursing profession, however, seem less to be a case on the individual basis, but rather a consequence of the prevailing unfavourable working conditions at large.**

(4) The fourth part of the project was concerned with the widely known “**burnout**” in nursing and health professions.

It has been assumed that nurses are exposed to a variety of stress factors in their daily work.

In addition to the known physical strains in professional care work, there is the to daily confrontation with illness, dying and death.

The two interviews with nurses, who had been effected by burn out showed the following results:

Increasing economic orientation reduction of permanent staff and time pressures worsen working conditions.

The concentration and increase of stress in care services lead to sustained and potentially health-threatening stress at work.

**At the same time, the interviews also show very clearly:**

- The professionals themselves have a great attachment to their profession.
- There is an individual effect of piling stress, because the quality of services to the clients cannot be provided as regarded necessary and therefore responsibility for the sake of the patients cannot be provided.
- The intangible benefits they derive from the interaction with the patients, which are very high for their work satisfaction, cannot be realised.
- This resource for a human "age management" is badly neglected in practical personnel management.

(5) The fifth part of research report was an **analysis of the relevant research and teaching programmes for the health and care management in the Alice Salomon University.**

It should be determined the degree to which this conceptual knowledge and best practice models have been included in the research and teaching programmes.

The starting point was a differentiated analysis of the various elements of an age-oriented personnel management.

With a quantitative survey amongst students of the Alice Salomon University teaching and learning programmes have been reviewed.

On this basis, recommendations to the teaching have been developed.

**The results of this study did strengthen the findings from the other subprojects of this empirical research:**

There was a clear lack of transfer from the concept to application of age-oriented personnel policy in the nursing and care professions.

But even in the University programmes, the age discrimination - regarding older workers as less efficient in their services (deficit model) prevailed and there was little practical support for the application of age oriented personnel management in practice.

## Conclusion

The project group "**age management in social and health**" has been divided into five sub-projects.

The empirical research in these sub-projects were based  
- on two quantitative studies on the sub-projects "satisfaction and personnel management in the hospital" and "presentation of knowledge for staff development 50+ among students of health and care management"  
-and three qualitative studies on the topics "age discrimination", "age-oriented personnel management to promote employability" "burnout in nursing".

The data collected independently with different methods provide valid results, which can be summarized as follows:

**As expected, the projects unanimously indicated that the traditional discourses of respect for the elderly on the one side and age mockery on the other side continues.**

**Also in the present times the view is prevailing that increasing age is connected with less services of the workers.**

**Thus the deficit orientation visavis the aging work force is continuing.**

Our analyzes show that both the middle management level and students have an awareness of the challenges for personnel management in the nursing and care professions-  
- resulting from the demographic development, raising of the retirement age and, consequently, increasing average age of employees.

**This general awareness is facing a substantial passivity of managers in the health and care services and facilities as well as little concrete knowledge about possible solutions.**

## Recommendations for an age- oriented personnel management

This leads to the following **recommendations** for an age oriented personnel management:

- Personnel managers at intermediate level, including the employee representatives have a need for improvement in personnel management.
- However, because of their sandwich position between senior management on the one hand and the employees on the other hand no initiatives for an age oriented personnel management are taken.
- As a result, there remains the deficit of the theory-practice transfer.
- Personnel managers on the lower level as well as the employees themselves have hardly concrete ideas on possible solutions.
- In addition to the "sandwich position" the nursing managers very often lack relevant education or training.
- Therefore these two levels of management have dissatisfaction with the status quo.
- As a result there is the increase of physically and mentally heavy work loads.

- There is not only lack of sufficient protective measures but any systematic prevention.
- Younger employees are apparently able to compensate for these increases in their work loads - also due to the consistent lack of staff.
- For the older workers, there is a piling up of work burden.
- Especially for them their own ambition for good care and lacking opportunities result in major conflicts.
- In light of the objective and subjective workload differing between the ages - conflicts increase - between individual employees and hierarchy levels but also between young and old.
- A systematic conflict management is obviously lacking, sometimes even any communication.
- In particular, already sick (from burnout) professionals in the best case develop a capacity to deal with this situation on an individual basis.
- They must concentrate to meet their own needs in the first place, to comply with their unfavourable work situation and hope for support in the medium and longer run.
- This strategy as well as the provision of reliable services remain on the individual level.
- There can therefore be only selective "relief" in individual cases.
- The inhumane working conditions continue to exist.
- In particular, keeping in mind the deficit and discriminatory images of aging, according to which older employees experience discrimination and degradation, sickness and early retirement can be expected.
- This increases the negative impact on older workers.

In addition, a further problem is one of the outstanding project results:

- The employees complain regardless of age at the lack of recognition of their professional care work.
- They complain less about financial and working conditions.

**From different perspectives and with different methods of analysis the project does provide the clear indication:**

**The Lack of appreciation of the nursing and care work is under the prevailing conditions in the labor market and in society a particularly weighty deficit area.**

Therefore in the first place there has to be much more appreciation the nursing and care workers and their important and difficult work.

These workers often have deliberately chosen their profession. They are committed and willing to take a lot of effort and disadvantages for providing important services to the persons in need.

This applies regardless of membership to one or the other generations and could give the necessary support to satisfaction and retention in their jobs.

**Other concrete solutions** arising from the findings of the project are:

- Necessary are: a systematic theory-practice transfer with the aim of age- and life phase-oriented management of human resources, an organizational development including a systematic conflict management, which is sensitive to age discrimination.
- Both the culture of recognition and the specific measures of personal and organizational development must be initiated and sustained by the middle management. Initiatives have to come from the trade unions and the employee representatives.
- Also the representatives of clients, patients and the population have to be involved in improving the necessary nursing and care services.
- This has to be embedded in socio-political and socio-legal frameworks for the needed nursing and health services, their organisation and financing as well as a human working world in a demographically aging society and work force.

**The full results of this project (including quotations of literature, as mentioned in the text of this lecture) can be found under [https://www.uni-kassel.de/fb01/fileadmin/datas/fb01/Institut f%C3%BCr Sozialwesen/Aner Homepage\\_lfS\\_Link1.pdf](https://www.uni-kassel.de/fb01/fileadmin/datas/fb01/Institut_f%C3%BCr_Sozialwesen/Aner_Homepage_lfS_Link1.pdf)**