

PRESS RELEASES

How to Attract and Retain Workers in the System of Long-Term Care for the Elderly?

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Around half of the deaths caused by the coronavirus in Croatia pertain to elderly persons living in nursing homes.¹ However, people working in the long-term care system are also exposed to the coronavirus as they often lack adequate protective equipment and are set to work in new and more difficult circumstances.² In June, the Organization for Economic Cooperation and Development (OECD) published its **Report on people employed in the system of long-term care for the elderly. The present press release summarises the key results and recommendations from the said report.³ The report primarily emphasises the need for more employees, better working conditions and acquisition of additional knowledge and skills.**

Projections by the European Commission predict that, by 2050, almost every third Croatian citizen will be older than 65, while a third of those older than 65 will be over the age of 80. The aging population, accompanied by chronic health issues becoming increasingly frequent, will lead to greater demand for long-term care. In Croatia, care is most often provided by family members; however, considering that family ties are becoming weaker and more women are joining the workforce, the demand for formal long-term care in nursing homes, family homes, foster homes or the beneficiaries' own homes will increase. The demand for accommodation in nursing homes already exceeds its availability, not to mention the shortage of the workforce.

According to OECD definitions, the term "long-term care workers" includes nurses and caregivers but excludes doctors. Even though Croatia is not an OECD member, the Report contains some data pertaining to Croatia. For instance, in 2016, Croatia reported two long-term care workers per 100 persons aged 65+, while the average in OECD countries was five workers. This number was even lower in Slovakia, Bulgaria, Romania, Cyprus, Portugal, Poland and Greece, while Italy, Hungary and Slovenia reported similar numbers to Croatia, leading to the conclusion that the dominant form of care in Southern and Central Europe is non-formal (family) care. By means of comparison, Sweden and Norway reported 13 workers per 100 elderly citizens.

The OECD report shows that all countries share common problems with regard to long-term care workers, with four main conclusions derived from the Report:

- I. If adequate measures for employing and retaining workers in the system are not introduced, the number of workers will be insufficient as their number is increasing at**

¹ Data obtained from the Croatian Institute for Public Health of 1 July 2020.

² For more information, see research by the Croatian Chamber of Nurses "**Alarmantno loši uvjeti rada medicinskih sestara u socijalnoj skrbi** (Distressingly poor working conditions of nurses in the social welfare system)".

³ OECD (2020), **Who Cares? Attracting and Retaining Care Workers for the Elderly**, OECD Health Policy Studies, Paris: OECD Publishing.

a slower pace compared to the number of elderly citizens in need of long-term care. If we wish to retain the current workers-to-elderly citizens ratio, by 2040 the number of care workers in OECD countries would have to increase by 60% (13.5 million). By using technology and changing the work conditions in order to enhance the efficiency of the provided services, the number of additional workers needed would be half as much. If productivity remained the same, Croatia would require around 30% more workers by 2040. Many countries rely on immigration; in 2015, almost half of all long-term care workers in Ireland and one-third in Switzerland were foreign-born, while in Croatia less than 5% of care workers were foreign-born.

2. **People working in the long-term care system often lack sufficient knowledge for successfully performing their tasks.** Caregivers constitute around 70% of all care workers (OECD average); however, the number of conditions they have to meet in order to be selected for this job is relatively small. 90% of caregivers are women, middle-aged women on average. Less than half of OECD countries require of caregivers to possess a minimum level of education or official certificates. Apart from providing assistance with feeding, getting dressed and moving, they are also expected to monitor the health status of the persons under their care, promptly react in emergencies, communicate with family members and doctors, take care of the beneficiaries after their discharge from hospital - all tasks for which they lack the knowledge and skills.
3. **Low salaries and stressful work conditions are limiting factors for recruiting and retaining workers.** Discontent with work and lack of career advancement opportunities makes these workers seek other positions more often than in the hospital workforce, while the average duration of employment in this population is two years shorter than in the overall workforce. The proportion of part-time contracts in this sector is, on average, two times higher than the same proportion in the entire economy and, in general, this system is characterised by high job insecurity. More than half of the workforce works in shifts, with reports of undeclared work. Salaries are often slightly higher than the minimum wage and are lower than the salaries of caregivers and nurses in hospitals. The workers are often exposed to physical and mental health risks (e.g. back pain due to lifting of beneficiaries or stress due to the beneficiaries' aggressive behaviour, especially those suffering from dementia, and work overload).
4. **The efficiency of the care should be enhanced, the loss of independence of elderly persons should be postponed and integrated care should be encouraged.** Innovative technology is gaining in use, mostly in the form of alarms, sensors, GPS monitors, smartphones, while robots and smart homes are slowly emerging. Nurses often do tasks for which they are over-qualified; on the other hand, they are more than skilled for some tasks performed by doctors. In addition, healthy aging would decrease the need for long-term care. The systems of health and social care should be better connected and formal care should be aligned with non-formal care.

In short, if you want to attract workers, you need good work conditions and the opportunity for additional training (some countries provide financial incentives for this purpose). Their job would be made easier by the introduction of technology, better organization of work and reduced administrative burden. On the other hand, the workers would be encouraged to remain in the workforce by higher salaries, prevention of occupational injuries and diseases, better implementation of employment contracts and solving the problem of precarious work. Some countries managed to reduce undeclared work by tax reliefs or vouchers for purchasing long-term care services.

The recommendations above issued for OECD countries apply for Croatia too, but before any appropriate measures can be adopted, the competent ministry needs to start publishing, on a regular basis, data on the number of workers and their education level for all parts of the long-term care system. In addition, we should re-examine the current system of education of future nurses, enrolment quotas and the immigration policy in force in order to see whether specific changes would be able to contribute to the enhancement of the system of long-term care for the elderly. Nurses and caregivers have a demanding and stressful job – which has been made even harder in times of the coronavirus pandemic – and we should start taking good care of them too. The fate of the most vulnerable society group is in their hands.