



Managing Organized Insecurity: The Consequences for Care Workers of Deregulated Working Conditions in Elderly Care

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ABSTRACT

Part-time work is more than twice as common among women than men in Sweden. New ways of organizing working hours to allow for more full-time jobs have been introduced for care workers in elderly care, which means unscheduled working hours based on the needs of the workplace. The aim of the study is to analyze how the organization of the unscheduled working hours affect employees' daily lives and their possibility to provide care. The Classic Grounded Theory method was used in a secondary analysis of interviews with employees and managers in Swedish municipal elderly care.

The implementation of unscheduled working hours plunged employees into a situation of managing organized insecurity. This main concern for the care workers involved a cyclic process of first having to be available for work because of economic and social obligations to the employer and the co-workers, despite sacrifices in the private sphere. Then, they had to be adaptable in relation to unknown clients and co-workers and to the employer, which means reduced possibilities to provide good care. Full-time jobs were thus created through requiring permanent staff to be flexible, which in effect meant eroded working conditions with high demands on employee adaptability. Solving the part-time problem in elderly care by introducing unscheduled working hours may in effect be counter-productive.

KEY WORDS

Care work / Deregulation / Elderly care / Employee / Flexibility / Organized insecurity / Working conditions / Working hours

Introduction

Working part-time is more than twice as common among women than men in Sweden, that is, 30% for women and 11% for men (SCB, 2014a). This gendered distribution of part-time work is no different from the situation in the other Nordic countries (Wennemo et al., 2014) or the rest of the western world (England, 2005). Part-time work can be voluntary or involuntary, but in either case, the salary is lower and affects the ability to be self-supporting. Lower income also means lower reimbursement

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rates for parental and sick leave, unemployment benefits, and lower pension payment. The biggest part-time employer is the care service sector (Jönsson & Hartman, 2008), where part-time is more common than full-time employment for the two biggest occupational groups in Sweden, namely nursing assistants and care assistants (i.e., care workers) (Daly & Szebehely, 2012; Werkelin Ahlin & Vinge, 2013), of whom 93% are women (SCB, 2014b). The most common reason for working part-time is that full-time employment is not offered (SCB, 2014a), which is more than twice as common regarding women (162,000) than men (79,000) (SCB, 2014b). In 2011, the number of part-time unemployed women was nearly as high as the number of full-time unemployed (Nyberg, 2012).

In the period 2002–2005, a government equity initiative aimed to increase the number of full-time jobs was launched in Sweden. A sum of SEK 150 million was allocated to support employers willing to start projects (under the initiative umbrella called *HelaProjektet*) that would lead to full-time employment within existing budgets [Arbetsmiljöverket (Swedish Work Environment Authority) 2006]. Around 70 projects were completed, of which 40 were carried out in the public sector. The majority of these projects took place in the municipal elderly care services and included trying out time-scheduling models, which affected 8000 care workers (Jonsson, 2011). The time-scheduling models had elements of unplanned working hours when the permanent staff were expected to circulate between different workplaces to replace co-workers on temporary leave. Previously, temporary staff had been hired. The increased cost of full-time jobs could be balanced against the reduced cost of temporary staff (Jonsson, 2011). The new models included all care workers, even the existing full-time and voluntary part-time employees, thus making demands on their loyalty (Delander et al., 2006). The proportion of full-time employees doubled from 28% to 55%, while the total number of care workers remained the same because of a considerable reduction in temporary employment (Arbetsmiljöverket, 2006). Although the number of full-time employees doubled, it did not follow that they started to work full-time (Gustafsson Hedenström & Swahn, 2011; Jonsson, 2011). A conclusion drawn from the *HelaProjektet*, however, was that it is possible to increase the number of full-time employments without increasing costs, especially in major public organizations [Riksrevisionen (The Swedish National Audit Office) 2014]. Most of the projects were incorporated into the regular organization (Arbetsmiljöverket, 2006).

Time-scheduling models with elements of unplanned working hours have been widely introduced. According to a study by the Municipal Union, organizing care workers, 44% of Swedish municipalities have implemented the right to full-time employment with different models of working hours, usually involving elements of unscheduled working hours (Gustafsson Hedenström & Swahn, 2011). Our study centers on the shared feature of the models in elderly care services, that is, the *unscheduled working hours*. Typical of this system are workplace needs of flexible work hours and the employer's ability to temporarily relocate permanent staff. There are reasons to clarify how the system of unscheduled working hours has been organized in elderly care.

Full-time employment in elderly care through unscheduled working hours

The Swedish elderly care policy rests on two principles, the same as in the other Nordic countries. One is that care of older people is a public responsibility and should be of

high quality. The other is that care services should be provided by trained and qualified personnel (Anttonen & Sipilä, 1996). The care provided, in the home or in residential care, is a weekly round-the-clock service, requiring constant staffing albeit more work-intensive during some hours. The varying work intensity is one reason for part-time work in elderly care (England, 2005). To a greater extent, part-time employees' work schedules can include weekends and evenings, which gives the employer flexibility. Unscheduled working hours fit into the new flexible working life as formulated by Allvin et al. (2013) and Hanson (2004), that is, in terms of deregulation. Full-time positions are created through unscheduled working hours, which mean that the organization of the care provision in some respects requires deregulation.

In the elderly care sector, deregulation involves *firstly* that a slice of the regulated working time, usually up to 20%, is excluded from the scheduled working hours but is reserved for the time when a co-worker is on leave and there is a need for a substitute. The absence can be planned, such as an occasional day off, or unanticipated, as in the case of sick leave. When there is an urgent need, an unscheduled employee is expected to appear at work at a very short notice. In this way, the employer demands work time flexibility (Grönlund, 2004), which means dissolution of a clearly demarcated working time, since part of it is deregulated. *Secondly*, the clearly demarcated workplace with familiar co-workers and clients is dissolved, as some tasks are to be performed elsewhere as the need arises in other care service teams. The workplace is also deregulated and spatial flexibility is added (Grönlund, 2004). Deregulation of working conditions in terms of place and time constitutes an internal flexibility for the organization (Grönlund, 2004; Kelliher & Desombre, 2005), as the permanent staff members are reshuffled in accordance with organizational needs. In our study, this is shown by variations in working time and workplace. Earlier, the number of staff varied on the basis of external flexibility (Grönlund, 2004; Kelliher & Desombre, 2005), which means different forms of temporary and part-time positions.

Several studies show that we cannot assume that flexibility suited to workplace needs is also suited to employees (e.g., Chung et al., 2007; Hofäcker & König, 2013; Thornely, 2007; Karlsson (2006); Zetinoglou et al., 2005). Studies on the consequences of deregulation point in different directions. A literature review (Joyce et al., 2010) of how employees are affected by flexible working arrangements tentatively shows that flexibility designed to increase employees' chances to control and influence their work is beneficial and promote employee health and well-being. This is confirmed by another review (Nijp et al., 2012). The opposite flexibility that is justified and prompted by the interests of the organization tends to have negative repercussions for employees (Joyce et al., 2010). Generally, it would seem that employer flexibility leads to inflexibility and job insecurity for employees (Saloniemi & Zetonoglu, 2007). However, flexibility can take different forms in different sectors and have different meanings to employees (Grönlund, 2004).

There are gaps to be filled here, not least in a sector and employee perspective. The full-time positions offered as part of the HelaProjektet were assumed to benefit the employees rather than the employer as employees can choose shifts within the unscheduled working hours. Many care workers who received full-time positions refrained from working full-time, however, although they had expressed a wish to do so earlier (Jonsson, 2011). The time-scheduling models expected to enable full-time work can also have had the opposite effect, as there is information that care workers have reduced their working time since the models were introduced (Gustafsson Hedenström &



Swahn, 2011). The question why employees refrained from working full-time remains unanswered. What happens when unscheduled working hours are introduced in elderly care services in order to convert part-time into full-time employment jobs? Against the backdrop of the shortage of research on ongoing organizational changes on care workers' working conditions (Daly & Szebehely, 2012; Jonsson, 2011; Trygdegård, 2012) as well as on how different forms of work hour schedules and shifts affect employees (Åkerstedt et al., 2012; Kecklund et al., 2010), it is urgent to investigate how these new work conditions are perceived by employees and not least how they affect the provision of care for the elderly. Knowledge of how care workers experience the changes made and their effect on the content of care work is missing. This gap is problematic, not least in view of the fact that the terms and conditions of work for the two biggest occupational groups in Sweden, nursing assistants, and care assistants, which also happen to be in a woman-dominated sector, are made invisible. *The aim* of this article is to analyze how the organization of the unscheduled working hours affect employee's daily lives and their possibility to provide care.

Materials and Methods

The empirical data on which the study is based comprise five project evaluations conducted in the municipal elderly care services in five mid-Sweden municipalities of varying sizes. The purpose of all the projects was to increase the number of full-time positions for care workers (nursing assistants and care assistants) on condition that the increase was financed within the existing budget. Three of the projects were funded by HelaProjektet and two had been carried out earlier. The purpose of the evaluations was to study the new ways of organizing work from the perspective of the care workers. All the projects included the element that we term 'unscheduled working hours' in this study.¹ Approximately 140 care workers were interviewed individually or together in their work teams. The two main interview themes were: How do the new working conditions affect your daily care work and your everyday life. They were chosen to represent as large parts of elderly care services as possible. A large majority was women aged 25–55 years with a long experience of care work. Over 20 managers, all women but one, from all sectors of elderly care and at different levels were interviewed individually. The data collection was carried out in the years 2001–2005 with regular interviews at the respective workplaces. All interviews were recorded and transcribed by the interviewer. The print-out covers over 600 pages. Further information on the studies in terms of completion, selection, data collection, and results of the evaluations are available in a number of evaluation reports (Ede, 2005:5; Ede, 2005:8; Ede & Karlsson, 2003:2; Ede & Sjöden, 2002:1; Ede & Strandell, 2005:9). In the present article, we undertake a renewed analysis of the empirical material. It is now treated as a cohesive whole and the analysis will go beyond the limits set for the commissioned evaluation.

Processing and analysis

Classic Grounded Theory (CGT) (Glaser, 1998) was applied in this secondary analysis. The purpose of CGT is to formulate a theory that explains the main concern of the

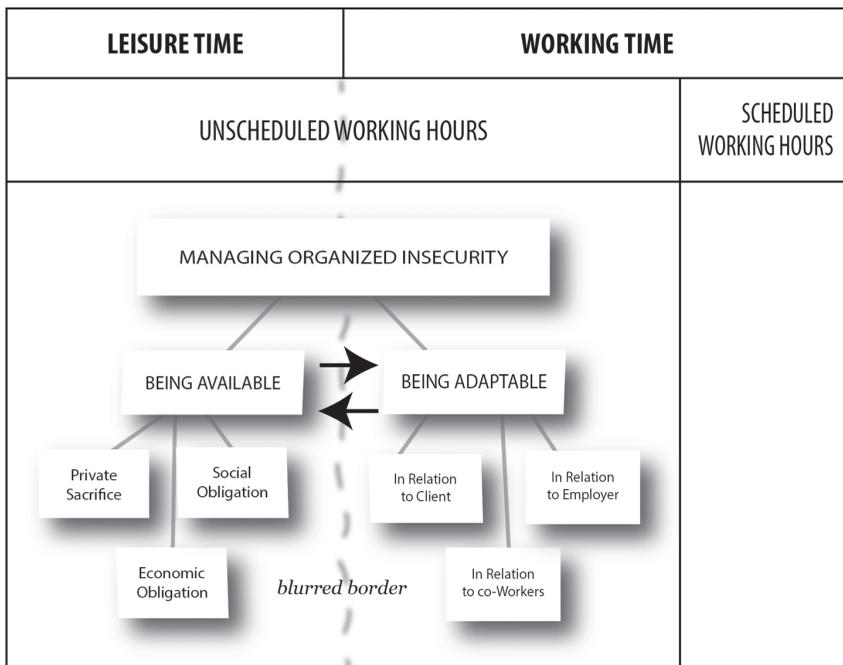
participants by discovering and conceptualizing social patterns, that is, grounded theory is the systematic generation of theory from data acquired by a rigorous research method (Glaser, 1998:3). Both quantitative and qualitative data can be used since everything is data according to Glaser (1998).

The analysis started with an open coding phase. Words, phrases, and chunks of text were reviewed and questions were put to the material, such as: What is going on here? What is the main problem? As the codes were developed and compared, they converged into categories. The categories were compared and refined as the analysis progressed (i.e., constant comparative method). We drew maps to describe the relationships between the categories and in the process a pattern emerged displaying that the respondents' main concern was how they should manage the insecurity that the organisation of unscheduled working hours had given rise to. This main variable was termed *managing organized insecurity*. Then, we started to encode selectively and only looked for data relevant to the main variable. In accordance with the principles of CGT, we also went in search of literature related to the main variable (Glaser, 1998).

Result

The main features of the generated model and its concepts are presented in Fig. 1.

Figure 1: Model of how the organization of unscheduled working hours affects the daily lives of employees and their ability to provide care, in a continuous cycle of the two phases of managing organized insecurity.





Managing Organized Insecurity

With organized insecurity, we mean the features that define the flexibility expected of the care workers to fulfil the unscheduled working hours, which made up 20% of the total working hours. Flexibility in this case entailed that employees were prepared to work beyond scheduled hours when there was a need of temporary staff. Previously, temporary workers were hired; now, the permanent staff members are required to fill in. We call this way of organizing work *organized insecurity*, since employees do not know *if, when, and where* the unscheduled working hours have to be put in constitutes an integral part of the system. Earlier, all working hours were pre-planned and located to the same workplace with familiar co-workers and clients, that is, regulated in terms of time and space. Deregulation, constituting an organized insecurity, has the effect that employees tend to behave according to the expectations of the organization. Managing organized insecurity involves a cyclic process of first *being available* for work even when it collides with private commitments and then of *being adaptable* in relation to new clients and co-workers since the unscheduled working hours require employees to pitch in where there is a need, which is not necessarily in their own care team. Besides, employees must adjust to the employer's demands even though the new conditions have detrimental effects on the provision of care.

Being Available

Being available means being prepared to replace absent co-workers as part of unscheduled working hours. In case of urgency, the employee is expected to show up for work on the same day. This form of flexibility in relation to working hours was new to the permanent employees, who previously had all the time at work scheduled. The new arrangement of working hours blurs the distinction between working time and spare time. In such a system employees have to be prepared for work while being off work. The demand for availability is reminiscent of the time when they were temporary workers and had to sit by the phone waiting to be summoned. This creates a tension in relation to all the private commitments that have to come second. This tension is familiar to them, but it is new within the frame of permanent employment. They do have the right to decline a shift offer, which is emphasized by the employer, but in reality, the right is restricted in two ways. In relation to the employer, there is an economic obligation, and in relation to co-workers, there is a social obligation. Both obligations come with a sacrifice in the private sphere.

Economic obligation

Economic obligation emerges in relation to the employer because the salary is paid out for the total working hours *regardless* if the unscheduled working hours have been fully completed or not. It is associated with being in debt for something that has been paid for. 'A sort of advance payment', as an employee puts it. The obligation to accept a shift in order not to be indebted is in effect incorporated in unscheduled working hours because the availability of shifts is unpredictable and beyond the control of the

employee, as the need for a shift only arises when a co-worker is absent. The *responsibility* for finding a shift, however, rests on the employee, thus causing anxiety for not finding a vacant shift within the time frame stipulated. 'It is a hunt for hours so as not to owe time' is a recurring statement in the interview material, and it reflects the stress caused by the system.

Regular checks are made of the unscheduled working hours (ranging from every 4 months to yearly) and an agreed number of hours (surplus or deficit) can be carried over to the next period. Deficit hours beyond the agreed number mean wage reduction: 'I owe money. I didn't have enough hours', as an employee says. Wage reduction for paid work not performed may seem logic. However, the logic falls flat in the face of the fact that *firstly*, the employee cannot influence the need of shifts: 'To accumulate the hours you must wish for a co-worker to be absent', says an employee. *Secondly*, there is the sense of being on duty even when they are not at work: 'I feel that the employer controls my time – the scheduled and the unscheduled. All my days off belong to the employer. The time bank means that I never feel off duty', says an employee. *Thirdly*, the shift to be filled must occur on a day that is not scheduled: 'Something I find very stressful is that there might not be a vacant shift on my day off', says another. As a result, they cannot influence any potential debt to the employer, or the size of the debt. Besides, the reverse, namely that additional surplus hours mean extra pay, should apply, but this is not the case: 'If I work now I would have surplus hours and I don't get any extra for that', says an employee.

The construction of the link between unscheduled working hours and wages has a tendency to force employees to be flexible in relation to the employer's staffing needs and is thus implicitly made into an obligation for the employees. To the employer, this is a flexible way of using staff.

Social obligation

The responsibility for temporary staffing in the new system is delegated to the work team in which the vacancy arises. In other words, the team members have to find a co-worker willing to pitch in at a short notice. This delegation, however, is not combined with the mandate to order but has to be solved with the help of a 'flexible' co-worker. The social obligation to accept taking on a shift is solidarity with co-workers as everyone knows what is going on in the workplace. The awareness of what the effort of finding a replacement entails is formulated thus: 'Everyone knows what it's like to be on the phone to people and then others have to work instead'. Work is intensified when someone in the team is on the phone, as *two* persons are then absent until a replacement has been found. The situation also involves a predicament. The person making the call is aware of the deliberations needed before a decision to accept a shift can be made, as it will mean making sacrifices in the private sphere, while the person taking the call is aware of the risk involved in declining as that might mean not being asked next time a shift needs to be filled: 'It's impossible to say no because they may not call again'. Being aware that absence means a heavier workload for the co-workers also results in accepting a shift even when it collides with other plans. The employer is aware of the increased workload: 'They have to spend a lot of time fixing temps when people are on leave. The responsibility for this lies with the team', says a manager, who used to be responsible



for staffing. We argue that the shift of responsibility entails changed social relationships. The care workers now have a social obligation to one another.

Private sacrifice

Accepting to work a shift means sacrificing something in terms of family and private commitments. Unscheduled working hours merge with leisure time and the problem of keeping them apart is displayed in remarks of the type, 'I had to work on my day off' or 'I was to be off duty today but I have to collect more hours'. The blurring of work and spare time is a strange and undesired phenomenon. One employee says: 'I distinguish between work and time off. I don't want to take work home', and another says: 'I want a set schedule all the time. Then I can adjust. I want to know when I will be working'.

Working hours are perceived as unlimited when the employees are on and off duty at the same time. This paradox gives a feeling of being confined and prevents after-work recovery. The fear of being indebted to the employer reinforces the obligation to work, as an employee puts it:

When the shift ends, I never think: now I'm off duty. Knowing it would make my body wind down. I never feel that today because someone can call when you are on liquid time and there is a debt to work off.

Previously, the employer was responsible for demarcating work from life through the pre-set work schedule. When also the system of unscheduled working hours was introduced, responsibility shifted to the employees. The extent of frustration, bad conscience, and guilt caused when obligation to work takes precedence is striking in the material. An employee says: 'Because you are sure to have plans for the day and then they phone from work and you put aside your plans and say yes and feel bad about your kids'.

A great part of the respondents' accounts is devoted to organizing everyday life at home. The flexibility demanded at work by being available is not compatible with other forms of scheduled activities, such as school, child care, or social events that require continuity and planning ahead: 'Life is so full of unpredictable things that I need to know when I will be working. There's a lot of planning at home with the kids and stuff', says an employee. The empirical material clearly shows that family takes priority, as illustrated by the following remark: 'I can only feel sorry for the person who values work the most. I don't dislike going to work but at home there is another part of life of equal importance. Or more important'.

Being adaptable

Being adaptable in this context means that the care workers have to adapt to new constellations of care clients and co-workers, as the workplace continuity is disturbed. If work attendance is high in their own team, they have to join other teams. The employer assumes that shifting workplaces is unproblematic. For employees, however, there is a problem, as relationships are an important part of the work. Even if the duties are the same (e.g., making beds, intimate hygiene, medication), they are performed in negotiation

with the client and cooperation is necessary to get the task done. Knowing *how* the client wants the task to be done and being familiar with the team's interpretation of the meaning of the task, the division of task and routines are important to doing a good job. The previous workplace regulation has been deregulated through the new form of workplace flexibility and has generated deep concerns about being adaptable to clients and co-workers, as well as the concern about not being able to provide good care due to the demands placed on them.

In relation to the client

Being adaptable to an unknown client means being able to quickly handle two usually diverging interests: the client's need of individual support and the employer's expectation that the job is done within a tight and standardized time frame. It takes time, for instance, to figure out *how* an unknown client likes things done. Lack of knowledge creates uncertainty in the client relationship and in the professional practice as well as restricting the possibility to provide high quality care. An experienced care worker relates how she feels when meeting new clients: 'Although I've been working for twenty years, I know nothing. The job is new with every new client. They are all personalities with their own preferences. It takes a while before I know everything'. Strictly focusing on the task per se rules out the relational dimension of care provision. It is not enough, and the respondents keep returning to this subject: 'Yes, but where was the quality? They are human beings. You can't just walk in, pull up the stockings and leave again. You turn into a machine'.

Knowledge of care recipient's habits and preferences is built on continuity and long-term efforts in the relationship and goes beyond the actual task performance. There are many statements in our material on the extensive work on relationships performed as a natural part of work as well as descriptions of how the cooperation is negotiated before and during the performance. These negotiations rely on the care worker's concrete descriptions and planning of the task, while making sure that it is not performed against the client's wish or by excluding him/her. It takes sensitivity to do the task in accordance with the client's preferences.

In relation to co-workers

Concerns about being adaptable to the temporary team arise as a result of not knowing about the routines, combined with the team's interpretation of the meaning of the task and distribution of the work in relation to the client.

Even if the number of members in the team is the same, the stand-in cannot completely fill in for the absent person. The respondents have all experienced this as they have been stand-ins as well as on the receiving end. Team members share the responsibility of making the work run smoothly, but are individually accountable for their own areas of responsibility without a visible division of work. They trust each other to perform what is needed. A newcomer to the group does not know this: 'Going to a workplace once a month means being a nuisance rather than useful', as a respondent puts it. Another says: 'The others know exactly at what time to do different things and



I have to ask all the time'. It is hard not to know and not to meet the team member's expectations. Yet another says: 'It is difficult to get a hang of routines in the workplace and learning the names of clients and staff'. Others testify that there is no time for giving instructions when the replacement is sudden and short-term: 'Everyone is so busy that they don't have time to instruct me. I can just stand there and wonder where the staff have gone to'. In many respects, the work duties can appear similar, but there are major differences in vital details between teams and type of care, as a respondent points out: 'Moving from a residential facility to the home care services is difficult. It's lonely work and no one to ask'.

Others describe how the atmosphere in the team changes and undermines the team spirit if the stand-in does not know how to be a good co-worker, that is, taking initiatives or finding a niche in the team. Being adaptable involves a strenuous adjustment process that they do not always manage. A respondent says: 'We depend on one another, on views and values. How we approach the clients. If I do this and you do the opposite all the time, it won't work'.

In relation to the employer

Being adaptable to the employer's demands means renouncing legitimate demands for acceptable working conditions and the chance to put professional competencies to good use. The employer's instrumental approach to care work, combined with the shuffling around of employees, results in a loss of the expertise created in the relationship between known clients and co-workers. This is a violation of the rhetoric of care provision, which rests on job performance in a continuity-based relationship. Employees are now replaceable objects, replacing others repeating the same task. Performing the task is more important than how it is carried out. It creates insecurity, reduces participation, and is perceived as exploitation: 'I feel used'. Being seen as a 'task' unrelated to the performer, the care worker, also objectifies clients.

The employers consider the employees' resistance to circulating with scepticism. One of them, who worked in this way as a nurse, does not understand the objections. She says: 'I entered, did my task and moved on to the next. There was no need to relate to either patients or co-workers or be concerned about anything other than doing your job correctly'.

Unscheduled working hours is detrimental to care provision when the employee is deprived of the possibility to work professionally. Building a relationship is fundamental to care provision in all care settings. At the very least, it is the relationship that makes a mentally and physically strenuous job meaningful. Knowing *what* in combination with *who* to know and *how* to do a task are central components in the professional care practice.

While the employers focus on tasks being performed in time regardless of who does it, the employees think that the employer does not understand that the job includes so much more than doing a task: 'The politicians making decisions and the case managers providing the basis for decisions don't know what kind of work this is', says an employee.

The gap between the employer and employee is widening as a result of the employee's increased responsibility and workload as a means to solve the consequences of the

unscheduled working hours. Objections were raised at the time of the implementation of the new working-time arrangement. An employee said to her boss: ‘Why should we have a time bank? I asked the boss. “Everyone has one now, she answered. But the managers don’t. None of my friends have one. My hubby doesn’t”’.

Discussion

The aim of this article was to analyze how the organization of the unscheduled working hours affect employee’s daily lives and their possibility to provide care.

Our results show that the main concern of the respondents in our study is managing the uncertainty that the unscheduled working hour has caused. Managing this uncertainty involves a cyclic process of first *being available* for work to replace absent co-workers because of economic and social obligations. These obligations mean making sacrifices in the private sphere. Then, it involves *being adaptable* in relation to unknown clients and co-workers and to the employer, which means reduced possibilities to provide good care. We call this way of organizing work, *organized insecurity*, as the uncertainty of not knowing *if, when, and where* the unscheduled hours are to be worked off is an integral part of the system.

In Sweden, there is broad support for eliminating the ‘part-time trap’ for women (Tullberg, 2003) from politicians as well as labor market parties [SKL (Swedish Association of Local Authorities and Regions) 2014]. To this end, full-time positions have been created within existing budgets with the help of internal flexibility (Grönlund, 2004), meaning the partial deregulation of working hours and workplace. This study reveals different and contradictory demands caused by organized insecurity, which need further elaboration. The *first contradiction* concerns the relation between work and private life, which can be linked to men and women’s different and unequal relations to work and family. The *second contradiction* involves a conflict-ridden intersection in the organization of care work, which refers to the relation between the continuity of task or relationship and the quality of care work. The *third contradiction* concerns more freedom of choice for employees or being more tied to work, which highlights the discrepancy between the discourse on full-time employment in elderly care and how it has been organized in practice.

The *first contradiction* relates to gender equality. Does it increase or decrease when care workers’ working hours are less regulated, that is, when the line between work and leisure is blurred? On the one hand, unscheduled working hours enable employees to work full-time and continue to combine work and family life as they can decline offers of shifts. The prevalent gender order with women being responsible for the unpaid care (Bekkengen, 2002; Szebehely et al., 2014) can thus be maintained at the price of increased workload for women. Is it possible that the way of organizing work to increase the number of full-time jobs that we have described can be seen as a way of having increased access to the women workforce without changing men’s terms and conditions (at home and at work)? If this is the case, it is likely that the organizational restructuring reproduces inequality and even reinforces the skewed distribution of work between the sexes. On the other hand, less regulation of work hours can make it more difficult to combine work and family responsibilities, as our study shows that care workers stand by for work also when they are off duty because the system of unscheduled working



hours turns all time into potential working time. Increased gender equality would then be attained only through more pressure on men to prioritize differently between work and family life. Even if equality aspects, such as women being offered full-time jobs and having the chance to be economically independent, have been satisfied, there is little knowledge of how this organizational change affects workload and family life, not least in regard to the relationships and negotiations between women and men. The fact that there are more full-time jobs does not mean that full-time employees work full time, because women tend to consider private life in their career considerations (Thomsson, 2013). Care workers have even reduced their hours as a result of the implementation of unscheduled working hours (Gustafsson Hedenström & Swahn, 2011; Jonsson, 2011).

The *second contradiction* highlighted by organized insecurity concerns the relation between the continuity of task or relationship and the quality of care work when workplace continuity is broken. Workplace deregulation with a focus on task continuity in accordance with increased emphasis on techno-economic rationality requires that a temporary change of workplace is unproblematic for employees. This kind of regulation has been enabled by the market adjustment that elderly care has undergone in the Nordic countries since the 1980s, which has entailed an increased emphasis on tasks performed within strict time limits (Kamp et al., 2013; Szebehely & Meagher, 2013; Trygdegård, 2012). Emphasis on techno-economic rationality clashes with care rationality (Waerness, 1996), in which relationship continuity is a prerequisite for care work. Relationship continuity between care givers and care recipients is an important aspect of quality in care work (Astvik, 2003; Stone, 2000). It is also the relationship continuity with the client and co-workers combined with freedom of action – on the basis of ‘making a difference’ for the client – that makes work meaningful to care workers (Daly & Szebehely, 2012; Trygdegård, 2012). There is a reason to believe that increased emphasis on task might worsen working conditions and the chance to provide good care when autonomy is reduced in the care of the client. In the light of these two seemingly contradictory demands in care work, namely task or relationship continuity, it is justified to ask how reduced workplace continuity, which means reduced relationship continuity, affects job satisfaction and the perceived quality of care. There is very little knowledge in this area.

The *third contradiction* brought out by organized insecurity is between increased choice and being more tied to work when working conditions are partly deregulated. The discourse on increased choice through unscheduled hours also aims to attract new employees into elderly care, not least to meet the increasing demand for elderly care services (see, e.g., SKL, 2014). To a greater extent, employees can plan and be responsible for their own work, which can make work more stimulating and freer. The opposite is, however, also possible. Even if individuals have a better chance to voice their personal preferences in choosing working time, it can also mean that hidden principles in the organization govern employee behavior (Allvin et al., 2013; Grönlund, 2004).

Despite promises of freely choosing working time, our study shows that the employees were made to act in a certain way through the economic and social obligations that were also introduced. So, the question is whether self-determination in fact is reduced when the line between work and leisure is blurred. When workplace continuity is broken, employees must attend to two different governing principles: increased task control, which means that employees are replaceable, and increased control of relationships, as the autonomy in the care of the client is reduced.

The tendency in the organizational restructuring seems clear. Care workers get greater responsibility and a heavier workload but less influence. This is in line with what Rasmussen (2004) characterizes as a 'greedy organization'. Elderly care also seems developing in this direction because the power and the economic means of control are centralized, whereas the responsibility for performing the work is decentralized. The frontline workers are increasingly confronted with the widening mismatch between socio-political goals of good care, the client's needs, and the limited chances to provide care.

The organized insecurity, that is, not knowing *if*, *when*, and *where* the work will be done, highlights the conflicting demands that the care worker must manage. This can be the reason that many care workers refrain from working full-time, although this is offered and they are in favor of it (Jonsson, 2011). Time-scheduling models with elements of unplanned working hours can be counter-productive despite the promise of increased employee flexibility. The explanation lies in the relational meaning of flexibility. For someone *to have* flexibility, someone else has *to be* flexible (Bekkengen, 2002). The power aspect revealed in the freedom of action of one, in this case the employer, requires the adaptability of the other, in this case the employee, because the working conditions related to temporary employment infect and affect permanent employment. The transformation of work – the unrestricted working time and the reduction of job satisfaction through the loss of meaning-creating relationships – can erode the everyday life and the care work, not least because their taking care of others – at work and at home – is confirmed as insignificant.

The compliance and adjustment involved in managing organized insecurity can have wider implications generally in occupational settings in which the individual is expected to continuously conform to workplace changes. Further research is necessary to ascertain whether the central concepts of the model presented here can be applied to working conditions in other sectors and occupational areas, and also to fill in the knowledge gaps on the contradictions and conflicting demands that organized insecurity displays in elderly care.

Methodological Considerations

In this secondary analysis, we used an empirical material collected by one of the authors for the purpose of evaluation during a 4-year period in five different municipalities of varying sizes. Different data collection methods were used, individual and group interviews. All interviews were recorded and transcribed by the interviewer, who daily spent time in the different staff groups and workplaces following the implementation process. The respondents represented different social positions and different areas of elderly care. Regardless of workplace and municipality, the respondents' statements were similar but different in relation to social position, which called for further analysis beyond the scope of the evaluation. We consider the analysis to have a high degree of credibility, as the phenomenon can be studied from different perspectives – employee and employer – and the pattern emerging is the same regardless of workplace and different size municipalities. In the course of the analysis, we constantly returned to the empirical material to test and confirm our joint interpretations. Furthermore, we used peer-debriefing (Creswell, 2009) in modifying the model, as preliminary analyses were presented to colleagues who were not involved in the analysis process.

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End note

- ¹ Also called 'liquid time' or 'time bank' in illustrative data.