



# The Long-term Care Workforce in Austria – Who Are They and What Do They Do?\*

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Austria has witnessed a growth in its formal long-term care (LTC) sector in recent years as supply of services has increased. As LTC issues have gained prominence, the LTC sector has been heralded as a potential job creator, deemed particularly suitable for improving the job prospective of long-term or low-qualified unemployed. Yet, to this date very limited statistical information is available about the workers currently employed in this sector – including essential information such as their qualifications, age, gender – as well as their working conditions. This gap is all the more relevant as the demand for LTC is likely to increase further and the workforce has long been identified as a key factor in the quality and sustainability of LTC (Fujisawa and Colombo, 2009). This Policy Brief (PB) is the first of two PBs that seek to address this gap by summarising the results of the first survey of working conditions carried out in three regions in Austria for both the home and residential care sectors (Bauer et al., 2018). This PB in particular focuses on the profile of the LTC workforce.

**Keywords:**  
**Long-term care,**  
**workforce,**  
**working conditions**

The survey on working conditions of LTC workers replicates surveys carried out in other countries (e.g. Nordic countries, Germany, Canada) using a similar questionnaire for comparison purposes (Szebehely et al., 2017; Daly and Szebehely, 2012). The Austrian survey was carried out between March and May 2017, using a mix of online and postal questionnaires sent directly to providers in the regions of Vienna, Upper Austria and Salzburg. The survey consists of a home care and residential care sample, each stratified by region and ownership

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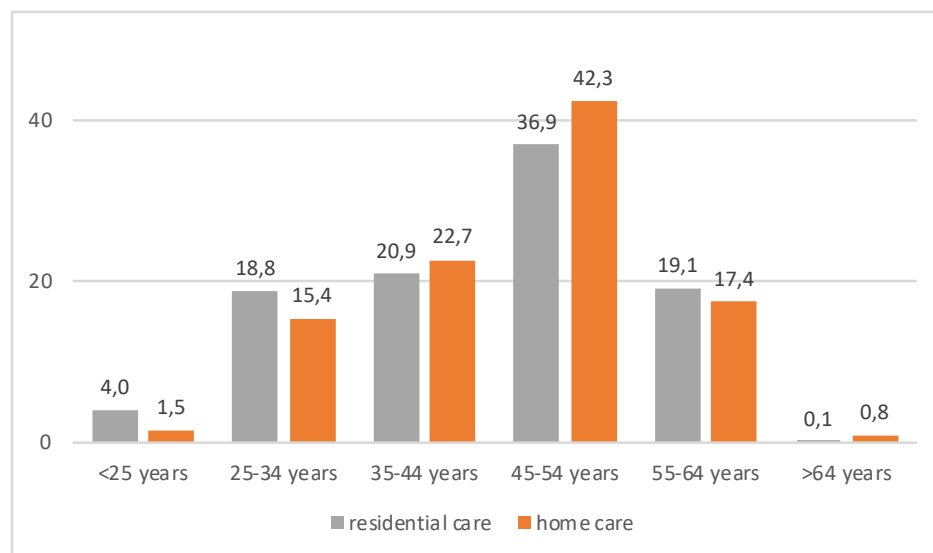
type (public, for-profit and non-profit). The total sample consists of 1,110 workers (701 for care homes and 409 for home care), with a response rate of 28.3% (29.3% for care homes and 26.6% for home care).

## Age and gender distribution and type of employment

**Who are they?**  
**A mostly female,**  
**middle-aged workforce**  
**but with sizeable**  
**regional differences**

Similar to other countries in Europe, the LTC workforce in Austria<sup>1</sup> is disproportionally made up of women, mostly in their 40s (median age for women is 47). Men constitute only 6% of those employed in care homes and 11% of those in home care, and tend to be relatively younger (median age for men is 43). Only about ¼ of the workforce is younger than 35, while less than 1% remain employed beyond the age of 64 (Figure 1). Taken together, these figures may reflect a lack of attractiveness of the sector among the younger workers and hint at the possible demanding working conditions in the LTC sector – as hardly anyone works beyond statutory retirement age. Overall, close to 30% of the workforce have a higher education degree (i.e. 3 or more years following secondary education), with men reporting a slightly higher education on average.

**Figure 1: Age distribution of workers in the LTC sector in Austria, overall in per cent**



Source: Bauer et al., 2018.

<sup>1</sup> Throughout this PB we will refer to Austria whenever reporting survey results for the full sample (all three regions).

**A majority of LTC workers in Austria have open-ended contracts and work part-time**

The majority of care workers have a permanent contract (about 95% overall), even in the home care sector, which is often subject to greater fluctuations in demand or working schedules. The survey found no discernible differences between regions or gender on the contract type. Part-time work is a defining characteristic of the LTC sector in Austria, as nearly 2/3 of all workers interviewed reported working part-time. The distribution of part-time work shows that this mostly consists of working schedules between 21 and 35 hours per week. Part-time is especially prevalent among women (68% in comparison with 27% among men) and in the home care sector (78% as opposed to 54% in care homes). This distribution of working time seems for the most part to correspond to workers' preferences – 90% of all workers report satisfaction with their working time – but it is likely that this working time pattern also serves as a strategy for reconciling work and family (see below). However, regular paid overtime (i.e. at least once a week) is relatively frequent in the home care sector, with close to 40% of workers reporting it (as against only 15% in care homes). Unpaid overtime was much less frequent but it was reported by at least 11% of home care workers. It appears therefore that, rather than relying on precarious forms of employment, the combination of part-time and paid overtime is used in the home care sector as the way to manage working schedules and fluctuations in demand and needs of users.

**Vienna stands out as having a more diverse workforce (gender and ethnic background)**

Concerning gender as well as other characteristics of the workforce, there are, however, significant differences between the three federal regions (*Länder*) covered by the survey. Vienna in particular stands out as the region with the highest share of men employed in the care sector (approximately 17% for both residential and home care). About ¼ of all workers interviewed were born outside Austria, whilst in Vienna this share is approximately 50%. Vienna also stands out as having almost half of its workforce working full-time. As men and those with a migrant background tend to report a preference for full-time work, taken together, these characteristics may explain part of the prevalence of full-time work in Vienna.

## Work-life conciliation of the workforce

About 42% of workers had children below the age of 20 (those with children below the age of 6 were 11%). Besides children, about 1/3 of surveyed workers reported other caring obligations, mostly care for older relatives. As the two groups do not overlap perfectly (only 12% of workers report having a child younger than 20 and other informal care obligations), there is a sizeable share of workers with informal obligations (either to children, disabled or older people) thus making conciliation of work and family life an important issue for the LTC workforce in Austria.

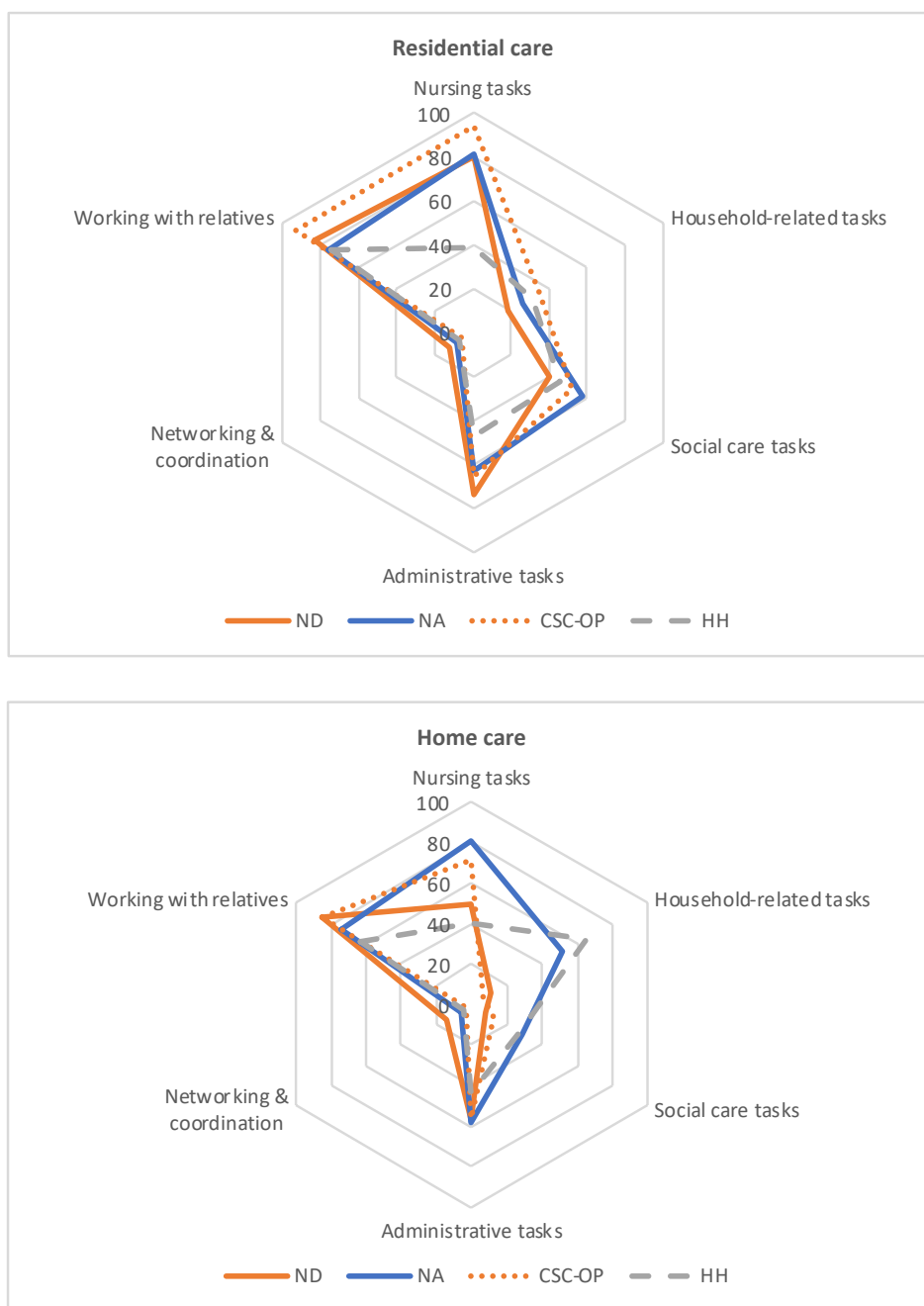
**Part-time work seems to be a coping strategy for balancing work and family life, but organizational characteristics matter too**

To get further insights into this matter, regression analysis was used to identify the factors associated with self-reported difficulties in conciliating work and family life (see Bauer et al., 2018: 121). The statistical analysis shows that unlike most personal characteristics (including gender, age and crucially, having children), it is the organisational or work-related characteristics, such as working full-time and in middle or large-size providers, that are associated with greater difficulties in conciliating work and family life. In light of this, the high prevalence of part-time, particularly among female workers, may be seen as a coping strategy for work-family conciliation. As the majority of workers report being satisfied or even very satisfied with their working time, it is also plausible that workers self-select into the LTC sector to some extent, particularly women with caring obligations and those in the home care sector. In fact, workers might change sector (from residential to home care) within the LTC sector when informal care obligations arise because they are aware of the higher flexibility and autonomy regarding working schedules in home care (see the second Policy Brief of this series).

## **What do they do and whom do they care for?**

The Austrian LTC regulations stipulate which tasks certain categories of staff are allowed to carry out (e.g. nursing tasks such as injections are confined to nurses, but also handling of users follows strict regulations). This partially explains the differences found in the distribution of regular tasks (carried out at least daily) between the different groups of LTC workers (see Figure 2). A more detailed analysis of tasks showed that for the most part there was a correspondence between those allowed by regulations and those carried out by different types of professionals (see Bauer et al., 2018). Apart from the 'classical' professionals such as nurses with a diploma (ND), nursing assistants (NA) and home helpers (HH), the Austrian LTC workforce has been complemented since around 2010 by the new professional profile of 'certified social carers specialised in working with older people' (CSC-OP). Based on a combined training in nursing assistance and social care for two (without diploma) or three years (with diploma), they are deemed to be especially qualified for working in community and residential care (*Fachsozialbetreuung Altenarbeit*). However, their integration in staffing ratios, tariffs and other regulations is still ongoing in most regions, except Upper Austria.

**Figure 2: Job profiles by tasks carried out regularly, by sector and education**



Source: Bauer et al., 2018. Notes: ND=Nurses with a diploma, NA=Nursing Assistants, CSC-OP=Certified Social Carers specialised in working with older people, HH=Home helper.

**Despite the workers' wishes there is limited time for social interactions with users, particularly in residential care**

Arguably more interesting are the similarities and differences between sectors. Contact with relatives of users is literally an everyday task across categories of staff, as is administration (e.g. documentation) across sectors. Home help is carried out often in the context of home care (although only by less-qualified staff), but far less frequently in care homes. Social interactions with users are much less frequent in home care, while in care homes these are not only more

frequent but nearly all categories of staff report them as a regular task. This seems to indicate greater scope for social interactions in care homes, either by design (e.g. as a means to improve the quality of life of residents confined to institutions) or necessity (e.g. due to greater time constraints, particularly on nurses and certified social care workers faced by home care workers). And yet increased social interaction with users is one of the tasks singled out by workers (especially in the residential care sector) as one aspect they would like to improve (i.e. carry out more often). Interactions with other workers across the health-social care divide (e.g. GPs or other medical staff) are practically absent from the routine of LTC staff, which may hint at difficulties in coordinating and integrating care across professions and organisations.

**An ageing population means having to care for a majority of users with severe care needs, particularly in care homes**

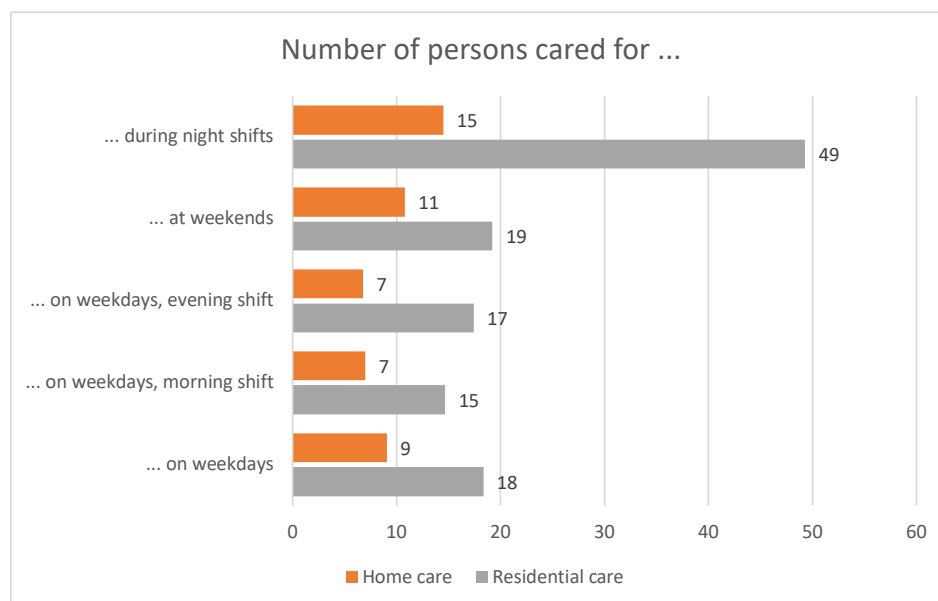
There is a significant difference between the home and residential care sector regarding the care needs of users, which partially reflects the criteria set in most regions to limit access to care homes (typically care level 3, i.e. care needs above 120 hours of care per month). About 83% of staff in care homes reported caring for people with incontinence, while 72% reported caring for people with dementia and 65% for people with mobility difficulties (e.g. bedridden). Incontinence was also highly prevalent among home care users (70%), but dementia and mobility constraints were much less present.

An important aspect of workforce and quality regulations in Austria is staff ratios in care homes. As federal regions are responsible for these regulations, there are marked differences in the staff ratios between the *Länder* (Staflinger, 2016), and the region of Salzburg does not even impose a minimum staff ratio. The reported number of users for which each worker cares for (i.e. caseload) is significantly higher in care homes than in home care at all times, and it is much higher during the night in care homes, respectively during evening shifts in home care (Figure 3). Concomitantly, most home care workers consider their caseload reasonably adequate (only 18% and 24% of workers consider this to be too high during evening shifts and weekends, respectively); while in care homes at least half of the workers consider their workload to be too high during the day (the proportion reaches 2/3 for the night shift).

Despite the absence of a minimum compulsory staff ratio in Salzburg, this region does not seem to have a higher caseload per worker than Vienna or Upper Austria (Table 1). Non-profit organisations and smaller providers report in general the lowest caseload – both overlap to a great extent and both are concentrated in Salzburg, which goes a long way to explain differences found between regions.

**Figure 3: Caseload distribution by sector and shift in Austria**

**Caseload is particularly high for workers in the residential care sector**



Source: Bauer et al., 2018.

**Table 1: Caseload distribution in residential care by shift, ownership type, provider size and region of Austria**

	Number of persons cared for ...				
	... on weekdays (day-time)	... on weekdays (morning)	... on weekdays (evening)	... at weekends	... at night
Residential care, total	18	15	17	19	49
<i>Regions</i>					
Vienna	19	14	16	18	33
Salzburg	21	11	14	14	38
Upper Austria	12	16	19	21	61
<i>Type of provider</i>					
for-profit	15	16	18	20	50
non-profit	20	8	12	11	28
public	17	15	18	20	53
<i>Size of provider*</i>					
small	14	13	14	13	33
medium	20	14	16	21	56
large	17	16	19	19	45

Source: Bauer et al., 2018.

Note: \*) Size of providers refers to the number of employees per provider with the following categories: small (40 for care homes, 10 for home care), medium (between 41 and 80 for care homes, between 11 and 30 for home care), large (higher than 80 for care homes, higher than 30 for home care).

## Austria in comparison with other EU countries – Tu Felix Austria?

### Differences and similarities of Austria *vis-à-vis* Germany and Sweden

The survey carried out in Austria replicated earlier studies in Germany (2010) and Sweden (2015) – two countries used as comparisons, the former due to its cultural proximity, the latter due to its differentiated nature (e.g. organization, funding). The general demographic characteristics of the Austrian workforce are very similar to the other two countries – the most noteworthy exception is the lower share of workers with migrant background found in Germany.

### Austria has better contractual conditions but the highest share of part-time employment

Regarding contractual arrangements, all countries are characterised by having a large majority of workers with open-ended contracts. Nonetheless, Austria still stands out as having a higher share of workers on permanent contracts across sectors. Countries are also similar in terms of working times in the residential care sector, but Austria has a much higher share of workers reporting part-time in the home care sector. Again, Austrian workers are among those reporting higher satisfaction with their present working time arrangements, while both in Germany (home care) and Sweden (residential care) a sizeable minority of workers would welcome an increase in their working time.

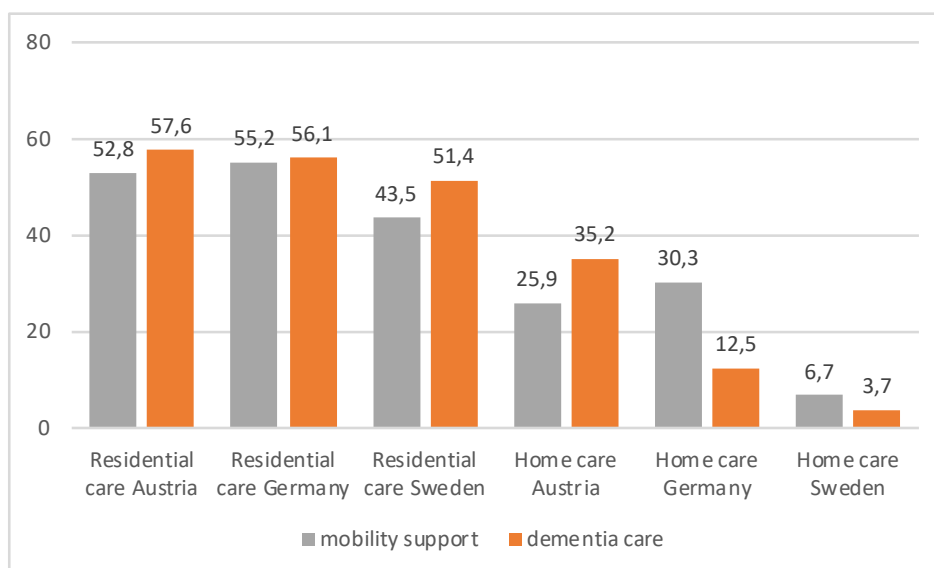
For conciliation of work and family life there are only figures available for Germany and Austria. The German LTC workers report in general much less satisfaction with their conciliation arrangements, with the difference being particularly significant for those with children aged 12 or lower. While childcare arrangements differ between the two countries, this also seems to provide further evidence that part-time enables Austrian LTC workers to cope with competing care obligations.

### Swedish workers' caseload is only half of those in Austria and Germany

In terms of caseload, Austria and Germany have comparable figures for the residential care sector, with Sweden reporting a lower caseload; while Austria has the lowest case load for the home care sector. There is not a straightforward association between the differences in caseload across countries and the share of workers reporting dissatisfaction with their caseload, probably due to different reference points as to what is considered a too heavy caseload. For example, Swedish workers seem in general to consider their caseload too high even when having similar or lower reported caseload as in Austria or Germany (see Bauer et al., 2018: 90) and even though the case mix (i.e. severity of care needs) of Swedish users is less severe than in Austria or Germany (Figure 4).



**Figure 4: Proportion of residents/clients needing support with mobility and/or dementia care by sector and country, in per cent**



Sources: Bauer et al., 2018; Szebehely et al., 2017; Theobald et al., 2013.

## Challenges and opportunities for policy

In comparison with other countries that either have dual LTC labour markets (e.g. Germany) or a sizeable share of low-qualified workers (e.g. England), Austria's LTC workforce is relatively highly qualified and protected by collective labour agreements and fairly strong regulations. Austria provides, therefore, an interesting example to Europe of how it is possible to develop a formal LTC sector without embarking on a 'race to the bottom' regarding precarious employment contracts and deregulated labour laws.

The findings from the survey, exploratory as they are, also raise questions about the effect of staff ratios on the reported caseload of workers: Salzburg has no legally defined staff ratios but nonetheless seems to fare well in terms of caseload. Of particular relevance is the size of providers (in the Austrian case, much more apparently than their ownership type), with smaller providers associated, for example, with better possibilities to balance work and family life.

In Austria as in other countries the gender dimension of workforce issues is undeniable. The fact that the LTC sector remains, apparently, unattractive to men and to younger workers is a worrying sign as to its long-term sustainability.

The prevalence of part-time and the relatively ample satisfaction with this arrangement for work-life balance purposes most likely cannot be dissociated from the wider context of familialism in Austria, where women are still expected to a large extent to shoulder care tasks in the family. The related implications of these arrangements on gender equality (e.g. in terms of gender pay gap) should, however, not be underestimated. At the same time, it seems unlikely that recently implemented new labour laws that extend the maximum working schedule to 12 hours in a day and 60 in a given week, will have a major impact on the LTC sector. Indeed, such working time arrangements have anyway been prevalent, particularly in the residential care sector, while the high share of part-time employment in home care and the specific working schedules<sup>2</sup> will likely make this regulation unfeasible. Existing evidence, however, points to the possible adverse health effects of 12-hours shifts (Blasche et al., 2017) and this may further add to the overall high constraints and burden that workers already face in the LTC sector (see second Policy Brief of this series).

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<sup>2</sup> A widely-used pattern of working schedules in home care is based on 'divided shifts' with 4-5 hours in the morning and 3-4 hours in the evening.

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