

# Understanding work ability: Experiences of female assistant nurses in elderly care

Hélène Sandmark<sup>a,b,\*</sup>, Karin Hägglund<sup>b</sup>, Kerstin Nilsson<sup>c,d</sup> and Anna Hertting<sup>a</sup>

<sup>a</sup>*School of Health and Medical Sciences, Public Health Science, Örebro University, Sweden*

<sup>b</sup>*Department of Medical Sciences, Occupational and Environmental Medicine, Uppsala University, Sweden*

<sup>c</sup>*Institute of Health and Care Sciences, The Sahlgrenska Academy, University of Gothenburg, Sweden*

<sup>d</sup>*School of Life Sciences, University of Skövde, Sweden*

Received 20 August 2007

Accepted 27 July 2008

**Abstract.** Few studies to date have investigated retained work ability. The aim of this explorative study was to describe female assistant nurses' experiences of high work attendance over the years. The setting is a municipality in mid-Sweden that employs 466 female assistant nurses permanently within municipal elderly care. A qualitative methodology was chosen and thematic, open-ended, interviews were carried out with 12 female assistant nurses. The interviewees were selected from the 117 women who had taken the least amount of sick leave over the past five years, which meant no sick leave at all or no more than 5 days. The interviews were transcribed verbatim, and thereafter a content analysis was carried out. Three main themes connected with the aim of the study emerged from the interviews: "a desirable job, despite low status", "supportive social networks", and "coping ability". In order to strengthen work ability among female employees in elderly care, the findings indicate that it is crucial to support mobility in working life, and to promote social support and networks at the workplace and in private life, as well as a coping-oriented approach to health issues and social life.

**Keywords:** Women and coping, competence, desirable work, public sector, strong work team, retained work ability

## 1. Introduction

High levels of work stress and sickness absence are public health issues that have dominated occupational life in western society during recent years [3,32]. From an international perspective, sick leave in Sweden is exceptionally high, and since the late 1990s there has been a rapid increase in long-term absenteeism and early retirement [3,32]. This is somewhat paradoxical, in view of the high standard of living and the high longevity in Sweden [44]. During recent years, indicators of health have shown an improvement in the Swedish working population, with the exception of low-skilled

women [43]. It has been suggested that different individual and contextual factors, which could more or less be linked to health, might determine at least to a certain extent who takes sick leave [21,44,48]. Of the one million people working in the public sector in Sweden, 81% are women, and a considerable number are in jobs such as caring for the elderly. Around 120,000 assistant nurses are employed in healthcare and welfare, organized by county councils and municipalities. The majority are women, among whom long- or short-term sickness absence has been frequent during recent years [45]. In the process of acquiring new knowledge about sick leave, it is obvious that there is a need to focus on factors related to high presence at work over the years, expressed as retained work ability, so that measures can be taken to promote sustainable work health.

---

\*Address for correspondence: Dr. Hélène Sandmark, Department of Medical Sciences, Occupational and Environmental Medicine, Uppsala University, Akademiska sjukhuset, SE-751 85 Uppsala, Sweden. Tel.: +46 18 6113659; E-mail: helene.sandmark@oru.se.

## 2. Concept of work ability

The concept of work ability is multidimensional, and closely related to health. The definition of work ability in this study is connected with the WHO's definition of health and human functioning (ICF) [50], including psychosocial and work factors. Thus, the WHO definition places the emphasis on function rather than condition or disease. As health can certainly be influenced by supportive or destructive factors, these could probably act as predictors for presence at work. Previous studies demonstrate slightly different patterns of determinants for good and poor health respectively, as they function differently and cannot be easily reversed [31]. The impact of different exposures and factors is probably also dependent on which occupational and socioeconomic group is investigated, and is thus a question of selection or context.

In this study continuing high presence at work, without previous long-term or frequent sick leave, is seen as an indicator of retained work ability. The perspective in this study is that work ability mirrors the balance of a person's resources in relation to demands from work, family and society, rather than the absence or presence of disease [18].

There are few studies dealing with retained work ability in the sense of high presence at work and not much sickness absence [9]. In a prospective follow-up study of a cohort of men and women in Sweden, Lindberg and co-workers found that retained work ability in women, defined as not being on sick leave more than 14 days during the past year, was associated with reported non-strenuous work, feeling recuperated when starting work, and a workplace with no plans to close down [29]. In a register study of female home care workers, part-time work was a major explanation for retained work ability, which was defined as no sick leave exceeding two weeks during the past five years [9]. In a survey of human service organization workers in Sweden, with no more than seven days of sick leave per person and year, long-term work attendance was associated with male gender, high income, work commitment, job satisfaction, and having positive feelings towards work [8]. Accordingly, different factors explaining work ability have been identified on a general level, but descriptions of the meaning of work ability on an individual level have not been found in the literature.

## 3. Aim

The aim of this study is to focus the individual female assistant nurse; in order to highlight different factors

and setting-based sources of health, as well as investigate how function at work and in private life might explain retained work ability.

## 4. Methodology

To explore and describe female assistant nurses' experiences of their everyday life regarding high presence at work, an interview study was chosen, as interviews allow the informants to freely express their experiences rather than being guided by the researchers' a priori ideas of relevance [39]. The approach in this study can be characterized as a qualitative research methodology, as the intention is to gain an understanding of actions and meanings in the women's lived experiences. This implies that in the face-to-face meeting with the informant, the researcher endeavours to see things through the eyes of another person, from the subject's perspective [27,35]. Accordingly, it is important to mention that the focus in this study was the content, i.e. the outcome, of the interviews, not the interaction [7].

### 4.1. Setting and interviewees

The setting is a municipality in mid-Sweden that employs 482 people permanently within municipal elderly care. Of these employees, 466 are women. Sickness absence during 2004 was twice as high among women as among men: an average of 41 days per female employee compared with 18 days for men [12].

The definition of work ability in this study is a high level of presence at work; i.e., not being frequently or long-term on sick leave during the past five years. The interviewees were selected from the 117 women who had taken the least amount of sick leave over the past five years, which meant no sick leave at all or no more than 5 days. In order to portray experiences of work ability with diversity and breadth, the sampling process included: being permanently employed, having worked in Swedish elderly care for at least five years, being of different ages, working day or night shifts and in different departments within community elderly care. The first author and one administrator made the selection. All women invited to the interviews agreed to participate. The community-enrolled assistant nurses were interviewed by three female researchers. Personal characteristics of the interviewees are shown in Table 1.

Table 1  
Personal characteristics of the interviewed female assistant nurses

Age	Children	Marital status
31	2	Single
32	2	Married
34	2	Married
40	3	Single
41	3	Married
43	3	Married
44	1	Married
47	4	Married
48	1	Single
48	3	Married
53	1	Living with partner
56	3	Married

#### 4.2. Interviews

Thematic, open-ended, interviews were performed by experienced public health researchers and interviewers, having worked as an ergonomist, a psychologist and a careers counsellor, respectively. The interviewers had never worked as assistant nurses. An interview guide was drawn up, including themes considered relevant to the research question and with a life-history approach. The interview guide include the following themes: adolescence, schooling, choice of occupation, occupational history and present work, family and social network, health and sickness absence. However, in order to avoid preconceived meanings, the interview guide does not include any pre-constructed questions. Accordingly, the interviews were unstructured; in other words, all areas were covered in all interviews, but the sequences in which they appeared differed [42]. The open-ended interview approach entailed that the interviewer asked follow-up questions related to the interviewee's answers. Each interview lasted around one hour. The interviews were carried out in 2006, and the interviewees decided where the interviews should take place.

#### 4.3. Data analysis

The interviews were tape-recorded and transcribed verbatim by a professional research secretary. Each interview covered about 20 pages of single-spaced text. All interviews were initially read through several times independently by the first and second author to obtain a general impression, and to be familiar with the data. The approach is inductive in order to identify new insights [42]. Words, sentences and paragraphs, i.e. the meaning units, representing anything that could be connected to the aim of the study, were identified

according to principles which have earlier been described by Tesch [47] and other researchers [5] as de-contextualization. The meaning units were condensed and brought together, and then organized into categories constituting the descriptive level of the content, i.e. the re-contextualization phase.

Themes were created by linking the categories demonstrating the manifest content of the transcribed interviews [25,26]. The categories and the created themes were thereafter discussed by the first two authors, in order to gain confirmability. These themes were compared with the whole body of interviews in order to validate them to their original context. The tentative themes were also discussed by the first and fourth author, and then revised. Furthermore, two outside co-analysers read the transcribed interviews and drew conclusions regarding the manifest content from each interview. Their findings were discussed with the first author and their conclusions about the content of the interviews agree well with the authors' coding. As the analysis focuses on the manifest content, it has to some extent been possible, as described by Krippendorff, to indicate some quantification of the assistant nurses' descriptions [26]. These quantifications are intended to indicate the direction of the descriptions. Finally, the consistency in the analysis was investigated by the third author.

#### 4.4. Ethical considerations

The interviewees received an introduction letter informing them about the aim and confidentiality of the study. Informed consent was obtained when they were invited to participate in the study, and also just before the interview started. The Ethical Review Board at Uppsala University approved this study.

### 5. Findings

The analysis resulted in three themes, including 12 categories showing the manifest content (Table 2). Three categories are related to the theme "a desirable job, despite low status", which concerns choice of occupation, work content, occupational status and wages. The theme "supportive social networks" (both at work and in private life), also yields three categories. Six categories are linked to the theme "coping ability", which concerns coping ability in private and working life and the balance between them.

Table 2  
Main themes and sub-themes from content analysis of the interviews regarding sustainable work ability

Themes	Categories
A desirable job, despite low status	Wanting to work with people A rewarding job and work ethic, despite low status, heavy workload and poor wages Freedom in the work, despite some monotony
Supportive social networks	A strong work team A few, qualitatively good relationships Equal opportunities
Coping ability	In spite of a difficult childhood . . . Balance: work – spare time – family Demands on one's own children Good self-rated health, despite physical or medical dysfunctions Lifestyle: everyday "built-in" exercise Time of one's own

### 5.1. *A desirable job, despite low status*

#### 5.1.1. *Wanting to work with people*

"There's something in healthcare and something in the job that attracts you."

The women stated that they had become interested in working with people early in life. Some had tried other jobs such as office work, teaching, working in shops or restaurants or cleaning, but said that these jobs were not what they wanted to do most. The older informants in particular had varied backgrounds in various jobs over the years: cleaners, bookbinders, playground supervisors, municipal child-minders, shop assistants, office workers and cold-buffet chefs. Some women had experience of emergency healthcare in hospitals, and one continued to work in emergency care from time to time alongside her job in elderly care. Some had worked as child-minders and thought that this was good when their own children were young; but none of them wanted to continue working in childcare. However, not all of the informants had made a considered choice when they started working in elderly care. The women had got jobs there because it was easy to get work in a nursing home or in the home-help service, and the workplaces were near their homes, which the women regarded as an advantage.

"They needed people, and at the department they said that I could go down and talk to them. I started the next day and that was that . . ."

The younger women had made more active choices to work in the occupation, and had looked for work in elderly care after completing the nursing programme at upper secondary school. The women did not regret choosing their job and they stated that it was a desired job: they found their work stimulating, and they experienced immediate positive feedback from the elder-

ly people. This was a very clear message shared by the women. They felt needed and felt that their work was appreciated by the elderly people as well as their relatives.

"... but the response you get from them is worth so much. You're very much appreciated."

The informants were interested in further training and learning more about the medical conditions that the elderly might have, such as dementia. The employer provided training and learning activities which were appreciated.

Being off work, on holiday and on leave other than sickness absence, could sometimes feel awkward. In such cases the interviewees did not always see this as entirely positive; some pointed out that it "feels difficult to be away".

"It's hard to take a holiday. You feel that you can't take time off for a holiday, because something might happen . . ."

#### 5.1.2. *Rewarding work and work ethic, despite low status, heavy workload and poor wages*

The women said that the responses they experienced from the elderly were important, because the work was arduous and poorly paid. The women were well aware that their work had low status in the community, and they thought that they were underpaid. Yet, neither low pay nor low status had induced the informants to look for other work, and they stated that they had had to, or had been able to adapt to the pay level. On the one hand they thought their work with the elderly was important and rewarding, but on the other hand they talked about their work as physically demanding and an underpaid low-status job.

The women thought that it was important to go to work every day and not be absent or on sick leave. They

mentioned the term ‘work ethic’, and said that they felt responsible for ensuring that the work ran smoothly, both for the elderly and for their colleagues.

“Here at our place, there is a very good work ethic. And the fact is that nothing in life is actually free; you really” have to work for what you want. That’s the way it is. I think that applies to both material things and relationships.”

One of the women had tried to find strategies to ensure that she could keep on working in elderly care. The women said that the work wore them down, but on the other hand they stressed that they made sure to learn correct carrying and lifting techniques, and always tried to take part in training in such matters. One example of how to reduce physical strain was the procedure when an elderly person had fallen onto the floor. The first thing was to ensure that the person could lie there for a few minutes in a relatively comfortable position. A pillow and blanket could facilitate the position, and then a colleague who could help lifting the person. This reduced the load and strain on the body, and protected the physical health.

The women pointed out that there were a number of aids that made it easier to lift and move the elderly people who required most nursing care, and they arranged for such devices themselves. Some women thought that the job was a strain mentally, and could be even more noticeable than the physical strain.

“You have to have the energy and give of yourself all the time and you’re not always in the best shape to do that.”

### 5.1.3. *Freedom in the work, despite some monotony*

The work offered freedom and variety, and good flexibility, which had even increased in recent years, with more flexible working hours and a new type of scheduling. The women appreciated the mobility in their work, something which primarily applied to those who worked nights or travelled around to elderly people who lived in their own homes. Those who worked in care wards for elderly people who did not have their own homes preferred to be in one and the same location, and to have fixed routines. In general, the women thought that they had scope for adaptation and change in their work, depending on their own needs or those of the elderly. There were often agreements within the work team and between staff and clients, to create flexibility that benefited both parties. The women who had worked nights for many years explained that they liked the freedom of their jobs and the challenge presented by night work in particular.

“We structure our work based on needs assessments, the health of the elderly people on that particular day and the times they’d like us to visit. So it’s a job with freedom, that sometimes requires decisions, very quick decisions . . .”

There were differing opinions on the work content; some women thought that their work was varied enough, with a range of different tasks, while others thought it had become increasingly monotonous in recent years. These women felt that changed processes at work had meant that their jobs now contained far too few challenges and variation, and were even monotonous. They also stated they had far too little time to spend with the elderly nowadays, and wished that they could sit down and chat more with them.

## 5.2. *Supportive social networks*

### 5.2.1. *A strong work team*

The work team had meant a lot to the women over the years. The teams had taken shape gradually, and functioned very well. One of the women said that there was an open atmosphere for discussion in the team, and if someone was going through a difficult phase in her private life, the others in the team supported her. The women stressed that the members of the work team were more important than management for the creation of a good work situation.

“The way we work means that we don’t actually have much to do with the manager. So it’s been more important who our colleagues are – that we all get on and so on.”

Informal leadership had developed within the work teams, or else the teams had arrived at a strong consensus on how to organize and carry out the work. These two processes had challenged formal structures in the organization. The gap between staff and managers could sometimes be perceived as wide, and there was not always enough contact. One woman felt that she needed more feedback on her work.

“You need a pat on the back and you need someone from the outside who says, wow you’re good at your jobs, sort of, well done.”

Despite a great deal of interest in their occupation, the interviewees emphasized that they needed a proper work-life balance, and that it is important to differentiate between work and spare time. They were aware that this is important for their own well-being, and they allowed themselves to recover from work by sometimes forgetting about their jobs.

“I think it’s wonderful when I’ve finished work. That’s when I can forget about it. My children and family or whatever I’m going to do are what matter after work.”

### 5.2.2. *A few, qualitatively good relationships*

The children, the family and sometimes the relatives had formed a social network and support framework for the assistant nurses. The interviewees explained that they gave priority to having a few good and close friends rather than having a large number of more superficial acquaintances. They emphasized that they thought their friends or relatives in their social network were significant. Their close friends were sometimes also their colleagues.

“That’s how it is, you don’t need so many, you know, you can have a few good friends, three or four . . .”

### 5.2.3. *Equal opportunities*

The women had created a social situation that they were in control of, and were largely happy with. Those who lived with a partner said that they had a good relationship on equal terms. They were well aware of the choices they had made and what they wanted. Most of the interviewees were in their second or third long-term relationship, and a few were single (Table 2). They stated that their more recent relationships were more equal. In their relationships, they planned life together with their partner, and managed to make it run smoothly. If housework had been traditionally divided in the family or relationship, it was often by deliberate choice.

“He can dress them how he likes and change nappies and cook whatever food he likes. Yes, he can do it in this way and I don’t see it. And so it doesn’t matter really if it’s, well . . .”

Some of the women were single and thought that this had certain advantages, but they could feel lonely at times, especially now that their children had grown up and were coping more on their own.

“I don’t need to have a bloke, or husband, waiting for me at home, asking things of me. I can live the way I want to.”

## 5.3. *Coping ability*

### 5.3.1. *In spite of a difficult childhood . . .*

The interviewees described childhoods with difficult family circumstances. The women had grown up as foster children, spent periods of time in children’s homes, or moved away from home at an early age due to an untenable social situation. Some were second-generation immigrants, and one or two were first-generation immigrants to Sweden.

“She had me when she was 16 and got married at 18. And I’m her only child. So she’s been extremely enterprising all her life, yes, she really has. But I haven’t lived close to her very much, so to speak.”

Some of the women told us that one or both of their parents were alcoholics. The women described the different ways in which money had been short in their childhood, and that they had sometimes shouldered great responsibility for themselves and other family members. When one of the women was ten, she herself had taken the initiative to become a foster child and had lived with a different family, to get a better life.

“It was often tough and difficult. Five of us lived in one room in the south of Stockholm. Dad was an alcoholic, so you can imagine what it was like. He died quite young.”

### 5.3.2. *Balance: work – spare time – family*

Finding and creating a work – life balance was considered important, and one woman had always worked full-time, while others worked part-time or used to, in order to adapt their job to their own children and family circumstances. For the interviewees, part-time work had been essential in order to maintain a work – life balance. It had been a conscious choice, and they had thoroughly weighed up how much work they could successfully combine with family life and children. Part-time work had naturally been a difficult financial issue, and the women said that their lower pay had meant sacrifices and a tighter budget. Women whose children were now grown-up had switched to full-time jobs.

“If you feel happy in your family life and you get everyday life to run smoothly and have fun, you function really well at your job too. I mean, you get that peace of mind.”

### 5.3.3. Demands on one's own children

All the interviewed women had children, and time spent with them had been full of many different activities over the years, often not particularly grand, but fairly well planned.

“... and going to the beach at XXX to build sandcastles, a lot of things like that. And we go to museums; we've started going there to see ...”

The women also made demands in their commitment to their children, and had clear rules and strategies to make sure it all worked. There was no doubt that the women had been active parents during their children's upbringing. They also sometimes expressed concern for them in their teenage or adult years.

“There's always something going on, but I like that. I think it's great that they want to be at home with us, and that I know where she is. So she and I have quite a good relationship, although I'm the one who sort of has the authority. We're not like friends ...”

### 5.3.4. Good self-rated health, despite physical or medical dysfunctions

The women said they had found a good rhythm in life and that they felt a type of basic strength despite health problems. One woman said that her greatest worry was that she would not be able to work if her health were to become too poor. There were some variations in how the women rated their health, but none of them considered they were in poor health, or had given up and accepted functional impairments or pain. However, this did not mean that they were free from ailments. The health of the interviewees varied; a few stated they had virtually no health problems, while most of the others had illnesses and pain. One of the women explained that she felt worn out, and another that she was more tired than she looked. The women with illnesses or problems with muscles or joints or mental health problems said that they had different ways of coping with them so that their private and working lives could run smoothly regardless.

The women described their attitudes to health in general, and commented on why many people today do not feel well, but did not include themselves in these thoughts. They had not reflected very much on what health actually meant; health was not simply the absence of disease, they said, but they did not hesitate to include the issue of general well-being in the concept of health. The informants brought up the issue of sickness absence, as they had some colleagues on sick leave.

“To me, health is that you feel well, not just that you're not ill, but that you feel good and are satisfied despite all the poverty and wretchedness that I usually say I live in. So, you might say I'm in good health because I feel good.”

### 5.3.5. Lifestyle: everyday, “built-in” exercise

The majority of the interviewees engaged in some kind of physical exercise: not of an extreme or expensive kind, but rather low-intensity, everyday exercise that was often woven into other activities.

“I'm not ill very often, if that's your definition of healthy. And I do the right amount of exercise to stay healthy.”

The women said that they did various everyday activities: they cycled to work all year round, always used the stairs, swam, walked in the countryside, took long walks with the dog and went mushrooming. Others might work out in the gym at their workplace, or go for a massage. Some of the women did not want to exercise in public facilities or in organized classes, but preferred to exercise alone or with a few people they knew. They also said that they were interested in “eating right”, and were enthusiastic about this subject.

### 5.3.6. Time of one's own

The fact that the women had families had not prevented them from having time for themselves over the years. They stressed that this had been important for their well-being and in helping them recover from work. This had meant certain demands on their partner and children.

“... I also think it's important to do something outside the family. You have to have another life. You can't just have your identity in the family, because I don't think you'd be happy.”

The women's attitude was that they needed time on their own as a prerequisite for a well-balanced life that they had had for many years, and before they started working in elderly care. Having time for themselves appeared to be a reality for these women, and was also something they regarded as an entitlement.

“Thursday evenings are mine. Yes, that's when I choose what to do. If I want to be at home I stay at home. If I want to do something else, I do.”

## 6. Discussion

The objective of this study was to gain a deeper understanding regarding retained work ability, meaning not being frequently or long-term on sick leave, in the context of female assistant nurses working in a caring job. The themes and categories identified in the manifest content analysis are discussed in relation to work presenteeism, and the findings are compared with earlier research in related fields. Methodological considerations and the trustworthiness of the study are also discussed in this section.

One feature in the assistant nurses' descriptions is duality and ambiguity, meaning that some of the identified themes and categories have both negative and positive dimensions. This is apparent in one of the themes, directly related to occupational work – A desired job, despite low status. Work with the elderly was experienced as meaningful, and mostly as a positive challenge, but for some of the informants, not challenging enough. In the public sector in Sweden during the last few decades, there has been an ongoing process of downsizing, due to cost-saving demands, along with a deskilling process among assistant nurses in the health-care sector [15]. Some women in our study described (and disapproved of) a similar process of deskilling over the last few years. Despite this double-edged stance, the informants concluded they were in a job they really wanted to have. Work motivation is a complex issue and there are many layers of influence, such as internal factors connected to skill and context, and to interactions in the societal and organizational culture [34].

The fact that the work is reported to be rewarding could be seen as beneficial, addressing earlier studies, which claim that it is essential to maintain a mutual balance between efforts needed for performing a job and the reward obtained. Siegrist [42] stated that efforts and achievements that are reciprocated by adequate rewards in a contractual exchange provide opportunities to experience recognition and satisfaction [42]. If high work-related demands recurrently occur in combination with low rewards, it is possible that this could cause sustained strain reactions, with adverse effects on physical and mental health. Our study showed that the sense of a rewarding job, despite low status and low wages, was crucial for the women's long-term work ability. Our findings seem to be consistent with studies of healthcare workers where it has been found that combinations of great efforts and high rewards have a positive effect on employees' work-stress level and well-being, and that an imbalance could predict sickness ab-

sence [24,49,51]. In today's work settings, where co-workers and teams are often expected to self-manage their work, intrinsic rewards, such as experiencing the work as challenging enough, and as a worthwhile commitment, are essential [2,19].

Job satisfaction and influence over work can to some extent be considered as an indicator of positive mental health and the sense of having a desirable job. Job control is the ability to make the work environment more rewarding. Individuals who have job control have the ability to influence the planning and performance of work tasks, which affects job stress and health positively [18]. Our findings connect to the well-established Job Strain Model, where the balance between demands and control impacts health functioning, especially among health care workers [22]. It has been shown that being able to exert control over work is associated with good work ability in homecare workers [1].

The interviewees in our study expressed the importance of having the right competence for work tasks, and many of them had rather long work experience in their present occupation, which, together with an interest in learning new things, assured them a high decision latitude, as well as freedom of action and control in their work situation

The women reported part-time work as a strategy for balancing occupational work and family demands. This could be interpreted as a coping strategy, and is in concordance with findings in a Swedish study of homecare workers [9]. From our study we interpret the effects of part-time work in relation to work ability to be a potential health-promoting strategy. Our informants stressed that it was a well-considered decision not to work full-time during periods with small children. However, there is a risk that part-time work could prevent employees from having a close connection with working life and being sufficiently updated at work [41]. This is highly important in the context of gender division of labour in the family, and could result in even lower wages for women, making it impossible for women to make their own living [11,52]. The fact that the women reported low wages, and periods of part-time work, should be noted with regard to established epidemiological studies, showing that income inequality is associated with numerous negative health and psychosocial outcomes [23,38], and that women's own income is a more important determinant regarding health than men's [14]. For instance, psychosocial stress near the bottom of our steeply hierarchical society could to a considerable extent be explained by

these associations, which means that income injustice and inequalities are public health risk factors [14]. The general pay disadvantage in female-dominated jobs in the public sector, which is even more accentuated by low income due to part-time work, affects large groups of women and is a health hazard.

The work groups in this study were described as well-functioning and strong, but management and formal leadership did not seem to be particularly important for the women, and was also distant and non-functioning from time to time. This was most obvious among the night staff. In fact, the formal management did not seem to interfere much with these women's work situations, and in many ways the women appreciated the lack of formal guidance, which gave them even more freedom at work. Our results show a "bottom-up" description of an organizational situation, but the question is how well these teams let new and inexperienced personnel in; further, how well the teams' norms agreed with the formal management's intentions, and how disposed the work groups were to change and adapt. Nevertheless, there are few theories and models describing how organizational conditions are linked to health and working conditions. Workers cannot be seen as passive objects at the workplace, but must be viewed as human beings taking an active role in decision making [17].

The impact of social support from work groups and from family and friends in our study is in concordance with earlier findings, where this was found to be important for promoting health and preventing sickness absence [6]. The identified theme of social support in this study, meaning trust and friendship, was thus horizontally oriented; formal and informal networks are of importance for work ability. The women's influence over their work situation and control over family life, as well as the balance between these two spheres, was prominent. The key strategic concept regarding the women's behaviour and mental status is the notion of empowerment [4,40], which appears in their reported self-imposed delegation at work [33], and their ability to control living and general working conditions.

Regarding job satisfaction and performance it has been found that self-esteem, self-efficacy, and internal locus of control are dispositional predictors [20]. Our results show a probable linkage to these traits, and coincide with these earlier findings. Patterns of internal locus of control and coping ability [52], including managing and mastering of one's own life, may well result in continuously reduced stress among the women in our study. These are obvious and important issues derived from the interviews, and could probably to a

large extent explain the women's sustainable work ability. Coping with physically and mentally demanding job content requires a combination of knowledge and coping strategy [10,13]. Coping ability, in private life, as well as in working life, was thus the third theme identified.

### *6.1. Methodological considerations*

The trustworthiness of a qualitative interview study depends to a large extent on the interaction between researchers and informants, and also on the analysis of data [28,43]. Qualitative method was chosen for data collection in this study, with an explorative and inductive approach in order to obtain a wide picture of the women's experiences of work ability in the context of women in caring jobs. The qualitative method also allowed us certain flexibility, and enabled us to study interrelations rather than to spot causes.

After twelve interviews the data collection seemed to be complete and appropriate for the purpose of answering our research question. The interview situation was planned according to the wishes of the interviewee, as the aim was to create an unstrained setting. The outlined interview guide allowed an inductive strategy to derive the predominant themes reflected in the interview transcripts. The interview guide did not hinder this strategy, as it was very short.

One of the most basic and important decisions in the content analysis was the selection of the meaning units and the further analysis into categories and themes, which was guided by the research question of the study. In this study the coding procedure was conducted to include those parts of the interview where the women talked about how they experienced working life and their participation in elderly care, and how their family- and social life was linked to this from a health and well-being perspective. The co-reader's role in the analysis was not primarily to validate the coding and the inter-subjective observer agreement, but merely to be seen as providing a dialogue to confirm the results in a global perspective. Their comments and perceptions were compared with the identified themes and could ensure that the data and process of analysis addressed the focus of the study [26]. Further, the credibility was strengthened through the discussions between the co-researchers to seek agreement.

Regarding transferability of the findings we suggest that they can be transferred to similar settings and contexts: women working in low-status jobs in similar socio-economic systems. 'Assistant nurse' is the

most common occupational title among Swedish women [44], and therefore the number of settings concerned could be considerable.

## 7. Conclusions

According to the findings, it is possible to implement measures to promote retained work ability, and to contribute to the development of work policies and work settings, which in turn can promote long-term work ability. One of the most crucial implications is that it should be made easier to get a desired job, according to competence and interest. Thus, work mobility should be facilitated, as well as social support at work and in private life. Further, coping with one's own health issues, and the balance between work and family should be encouraged.

Factors contributing to retained work ability have not previously been investigated to any great extent, and therefore the findings of this study have added to the knowledge-base on actions for work health promotion among women working in elderly care. To date, risk factor research regarding sickness absence from work has been more common than promotive studies. However, there is also a lack of interview studies on women with high sick leave. Results from such future studies may well add information about what measures should be taken to maintain work ability and to support return to work for those who have been on sick leave.

## Acknowledgements

The authors wish to thank Haninge Municipality for assistance; Monica Renstig for help with the interviews; and Kristina Rabenius and Brita Sandmark for assistance in the analysis.

## References

- [1] L. Ala-Mursula, J. Vahtera, A. Linna, J. Pentti and M. Kivimäki, Employee worktime control moderates the effects of job strain and effort-reward imbalance on sickness absence: the 10-town study, *J Epidemiol Community Health* **59** (2005), 851–857.
- [2] G. Aronsson and T. Lindh, Långtidsfriskas arbetsvillkor. En populationsstudie (in Swedish) Work conditions among workers with good long-term health. A population study, *Arbete och Hälsa, Work and Health*, The National Institute for Working Life, Stockholm, 2004.
- [3] S. Bergendorff, M. Cohen Birman, M. Eklund, C. Gardberg Morner, U. Lidwall and S. Olsson, Women, Men and Sickness Absence, in: *Social Insurance in Sweden 2004*, B.M. Andersson, ed., The National Social Insurance Board, Stockholm, 2004, pp. 11–116.
- [4] J.B. Brookings and B. Bolton, Confirmatory factor analysis of a measure of intrapersonal empowerment, *Rehab Psychol* **45** (2000), 292–298.
- [5] B.F. Crabtree and W.L. Miller, *Doing Qualitative Research*, Sage Publications. London, 1992.
- [6] A.H. De Lange, T.W. Taris, M.A. Kompier, I.L.D. Houtman and P.M. Bongers, The relationships between work characteristics and mental health: examining normal, reversed and reciprocal relationships in a 4-wave study, *Work Stress* **18** (2004), 149–166.
- [7] D. Edwards, *Discourse and Cognition*, Sage. London, Thousands Oaks, New Delhi, 1997.
- [8] L. Dellve, J. Eriksson and R. Vilhelmsson, Assessment of long-term work attendance within human service organisations, *Work* **29** (2007), 71–80.
- [9] L. Dellve, C. Karlberg, P. Allebeck, B. Herloff and M. Hagberg, Macro-organizational factors, the incidence of work disability, and work ability among the total workforce of home care workers in Sweden, *Scand J Public Health* **34** (2006), 17–25.
- [10] J. Ektor-Andersen, P. Orbaek and S.O. Isacsson, Behaviour-focused pain coping: consistency and convergence to work capability of the Swedish version of the chronic pain coping inventory, *J Rehabil Med* **34** (2002), 33–39.
- [11] C. Hakim, A Sociological Perspective on Part-Time Work, in: *Between Equalization and Marginalization. Women Working Part-Time in Europe and the United States of America*, H.-P. Blossfeld and C. Hakim, eds, Oxford University Press, 1999, pp. 22–70.
- [12] Haninge Kommun, Personalslut Haninge kommun Haninge Municipality [Annual Accounts for Human Resources], *Haninge Municipality*, 2005.
- [13] C.A. Heaney, J.S. House, B.A. Israel and R.E. Mero, The relationship of organizational and social coping resources to employee coping behaviour: A longitudinal analysis, *Work Stress* **9** (1995), 416–443.
- [14] Ö. Hemström, Health inequalities by wage income in Sweden: The role of work environment, *Soc Sci Med* **61** (2005), 637–647.
- [15] A. Hertting, K. Nilsson, T. Theorell and U. Sätterlund Larsson, Assistant Nurses in the Swedish Health Care Sector during the 1990s – A Hard-hit Occupational Group with a Tough Job, *Scand J Public Health* **33** (2005), 107–113.
- [16] H.F. Hsieh and S.E. Shannon, Three Approaches to Qualitative Content Analysis, *Qual Health Re* **15** (2005), 1277–1288.
- [17] A. Härenstam, MOA research group. Different development trends in working life and increasing occupational illness requires new working environment strategies, *Work* **24** (2005), 261–277.
- [18] J. Ilmarinen, K. Tuomi and M. Klockars, Changes in the work ability of active employees over an 11-year period, *Scand J Work Environ Health* **23** (suppl 1) (1997), 49–57.
- [19] P.P. Janssen, J.D. Jonge and A.B. Bakker, Specific determinants of intrinsic work motivation, burnout and turnover intentions: a study among nurses, *J Adv Nurs* **29** (1999), 1360–1369.
- [20] T.A. Judge and J.E. Bono, Relationship of core self-evaluations traits – self-esteem, generalized self-efficacy, locus of control, and emotional stability – with job satisfaction

- and job performance: A meta-analysis, *J Appl Psychol* **86** (2001), 80–92.
- [21] W. Jzelenberg, D. Molenaar and A. Burdorf, Different risk factors for musculoskeletal complaints and musculoskeletal sickness absence, *Scand J Work Environ Health* **30** (2004), 56–63.
- [22] R. Karasek and T. Theorell, *Healthy Work: Stress, Productivity, and the Reconstruction of Working Life*, New York; Basic Books, 1990.
- [23] I. Kawachi, Social capital and community effects on population and individual health, *Ann N Y Acad Sc* **896** (1999), 120–130.
- [24] M. Kivimäki, J. Vahtera, J. Pentti, L. Thomson, A. Griffiths and T. Cox, Psychosocial during economic decline, *J Applied Psych* **82** (1997), 858–872.
- [25] N.L. Kondracki, N.S. Wellman and D.R. Amundson, Content Analysis: Review of Methods and Their Applications in Nutrition Education, *Journal Nutrition Education Behav* **34** (2002), 224–230.
- [26] K. Krippendorff, *Content Analysis: An Introduction to its Methodology*, Sage, Beverly Hills, Calif. 2004.
- [27] S. Kvale, *Interviews: An Introduction to Qualitative Research Interviewing*, Sage, Thousand Oaks, Calif. 1996.
- [28] Y.S. Lincoln and E.G. Guba, *Naturalistic Inquiry*, Sage Publications Inc., Newbury Park, London, New Delhi, 1985.
- [29] P. Lindberg, E. Vingard, M. Josephson and L. Alfredsson, Retaining the ability to work – associated factors at work, *Eur J Publ Health* **16** (2006), 470–475.
- [30] I. Lynch, G. Davey Smith, M. Hillemeier, M. Shaw, T. Raghunathan and G. Kaplan, Income inequality, the psychosocial environment, and health: Comparisons of wealthy nations, *Lancet* **358** (2001), 194–200.
- [31] J.P. Mackenbach, J. van des Bos, I.M. Joung, H. van de Mheen and K. Stronks, The determinants of excellent health: different from the determinants of ill-health? *Int J Epidemiol* **23** (1994), 1273–1281.
- [32] S. Marklund, E. Palmer, C. Hogstedt, M. Bjurvald and T. Theorell, in: *Den höga sjukfrånvaron – sanning och konsekvens [High rates of sickness absence – truth and consequence]*, Swedish National Institute of Public Health, 2004, pp. 11–14.
- [33] S.T. Menon, Psychological empowerment: definition, measurement, and validation, *Canadian J Behav Sc* **31** (1999), 161–164.
- [34] I. Miller Franco, S. Bennet and R. Kanfer, Health sector reform and public health worker motivation: a conceptual framework, *Soc Sci Med* **54** (2002), 1255–1266.
- [35] E.G. Mishler, *Research interviewing Context and Narrative*, Harvard University Press. Cambridge, Ma. 1986.
- [36] R. Newell and P. Burnard, *Introduction to Nursing Research: Incorporating Evidence Based Practice*. Blackwell Publishing, London 2006.
- [37] Noblet and A.D. Lamontagne, The role of workplace health promotion in addressing job stress, *Health Promot Int* **21** (2006), 346–353.
- [38] K.E. Pickett, S. Kelly, E. Brunner, T. Lobstein and R.G. Wilkinson, Wider income gaps, wider waistbands? An ecological study of obesity and income inequality, *J Epidemiol Community Health* **59** (2005), 670–674.
- [39] D.F. Polit and C.T. Tatano Beck, *Nursing Research. Principles and Methods*. Lippincott Williams & Wilkins. Philadelphia, 2006.
- [40] J. Rappaport, In praise of paradox: A social policy of empowerment over prevention, *Am J Comun Psychol* **9** (1981), 2–25.
- [41] H. Sandmark, Work and family: associations with long term sick-listing in Swedish women, *BMC Public Health* **7** (2007), 287.
- [42] J. Siegrist, Adverse health effects of high effort – low reward conditions at work, *J Occup Health Psychol* **1** (1996), 27–43.
- [43] D. Silverman, *Interpreting Qualitative Data Method for Analysing Talk, Text and Interaction*, London, Sage, 2001.
- [44] Statistiska centralbyrån (SCB), *Undersökningarna av levnadsförhållanden (ULF)*, Statistics Sweden, *Living Conditions Survey (ULF)*, Stockholm, 2007.
- [45] The Swedish Association of Local Authorities and Regions (SALAR), *Care of the Elderly in Sweden Today. Health and Social Care Division*, Stockholm, 2007.
- [46] S. Szucs, Ö. Hemström and S. Marklund, *Organisatoriska faktorerens betydelse för långa sjukskrivningar i kommuner* (in Swedish), *The importance of organisational factors for spells of long – term sickness in municipalities*, 2003:6, ed, National Institute for Working Life, Stockholm, 2003.
- [47] R. Tesch, *Qualitative Research. Analysis Types and Software Tools*, New York, The Falmer Press, 1991.
- [48] J. Vahtera, M. Kivimäki, J. Pentti and T. Theorell, Effect of change in the psychosocial work environment on sickness absence: a seven year follow up of initially healthy employees, *J Epidemiol Com Health* **54** (2000), 484–493.
- [49] van Vegchel, J. de Jonge, T. Titia Meijer and J.P.H. Hamers, Different effort constructs and effort–reward imbalance: effects on employee well-being in ancillary health care workers, *J Adv Nurs* **34** (2001), 128–136.
- [50] WHO, *International Classification of Functioning, Disability and Health (ICF)*, World Health Organization, Geneva, 2001.
- [51] A. Väänänen, S. Toppinen-Tanner, R. Kalimo, A. Väänänen, S. Toppinen-Tanner, R. Kalimo, P. Mutanen, J. Vahtera and J.M. Peiró, Job characteristics, physical and psychological symptoms, and social support as antecedents of sickness absence among men and women in the private industrial sector, *Soc Sci Med* **57** (2003), 807–824.
- [52] I.U. Zeytinogla, M.B. Seaton, W. Lillevik and J. Moruz, Working in the margins: women’s experiences of stress and occupational health problems in part-time and casual retail jobs, *Women Health* **41** (2005), 87–107.