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Healthcare, social work and nursing professions A market of the future. Perspectives and problems in Austria

The development of healthcare, social work, and nursing professions is marked by dynamics of growth that are highly distinguished, even though this segment of the labour market has only just begun expanding. This trend of expansion has demographic reasons, and it mirrors how our society's values are changing.

So as to support the organisation of the expected growth, there is an immediate need for action – in many respects, but mainly regarding political issues. Above all, this includes the following points: increasing and widening education and training offers, making health professions, social work and nursing jobs more attractive, setting up legal security for those on the job, and guaranteeing quality.

1. Perspectives

The chances for healthcare, social work, and nursing professions to develop mainly rely on two social trends which are extraordinarily marked:

Trend 1: An increasing need for care and nursing among elderly people

Already now, there is an acute lack of care personnel in many regions (the keyword here is '**care and nursing emergency**'). The number of people who need care and nursing, though, will only start rocketing up in the next few years and decades.

The number of over 80 year-olds, just below 300,000 people in the year 2000, is going to rise to about 900,000 in 2050 (compare figure 1). The rate of this age group among the total of the population will rise from 2.5% to 11% in the same period of time (compare figure 2).

At the same time, there will be other developments which will again increase the need for care and nursing, such as the people's **rising demands** regarding care that is appropriate to their age and the **dwindling capacities in family care** (in the form of a rising number of single households, for example).

Trend 2: People are increasingly aware of health issues, and the health industry is booming ("wellness")

Hardly any branch of industry has seen so many changes, as well as such a fundamental change in values over the recent years as the health sector. The centre of attention in this altered 'health awareness' is the ever increasing importance of the theme '**Quality of Life**', as well as securing this quality over a period of time that is being expanded significantly ('**Prevention**').

The increasing basic supply with goods in the industrialised Western societies can also be understood as the 'quantitative' dimension of life. Securing this quantitative foundation of life shifts into the centre of attention the question closely following it: the question for quality and the contents of life. Thus, quality of life becomes a key issue in every 'post-material' and post-modern society.

FIGURE 1:
The number of over 80 year-olds

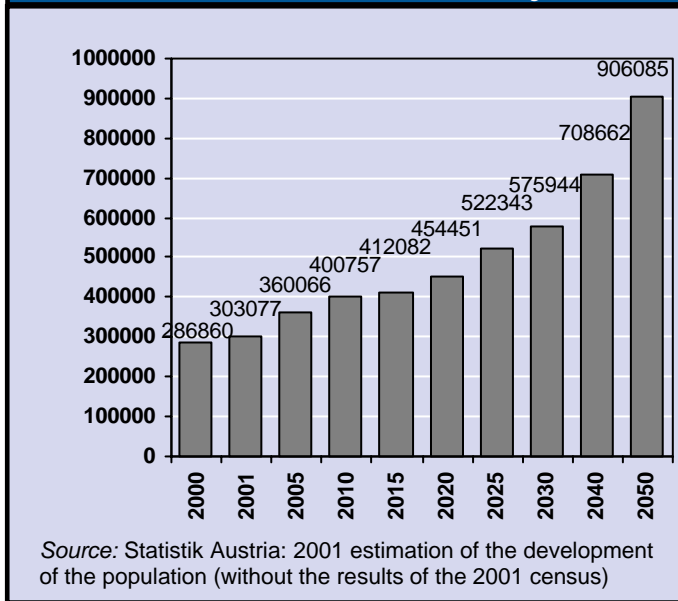
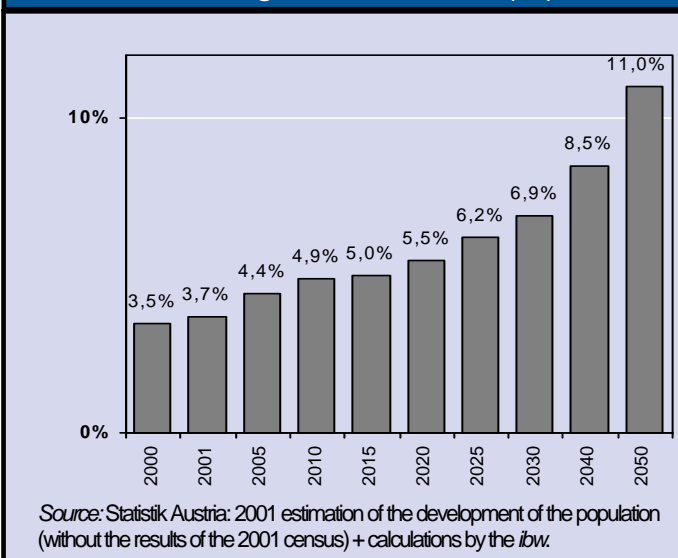


FIGURE 2:
The rate of over 80 year-olds among the total of the population



This change in values has already influenced human behaviour to a remarkable degree. Even the population's day-to-day health behaviour is undergoing lasting change: only slowly, but steadily. The special program of the 1999 micro-census (source: Statistik Austria) shows that **the number of people over fourteen who do not take specific measures to maintain and promote their health, and to prevent disease, has dropped to 29 per cent.**

This percentage plummeted by another four per cent between 1991 and 1999. The most common behavioural

patterns that are relevant for people's health are healthy nutrition and regular exercise.

Closely linked to this new health awareness and behaviour, **health tourism** is booming extraordinarily. Even though it is mainly short stays that are continuously gaining popularity, holiday trips that last four nights or more bear, according to statistics, witness of the impressive growth of health tourism in Austria, too.

Between 1984 and 2001, the number of 5-day-vacations (or above) that Austrians took -motivated mainly by health issues- in their own country, rose from 71,000 to almost 170,000. The growth rates of the last few years (1999 to 2001) are especially impressive; this is even more remarkable in light of the fact that the total number of holiday trips decreased in the year 2001.

The relative proportion clearly rose, too: in 1984, 3.6 per cent of all domestic vacations (with four nights or more) had health issues as their centre of attention. In 2001, it was already 7.1 per cent.

By contrast, foreign vacations did not see a relative increase in health trips. This is also proof of the high standard and the presence of the Austrian health and wellness tourism.

Development of the labour market in healthcare and the social welfare system

The field of healthcare and social work is one of the **central poles of growth** on the whole of Austria's labour market. The increasing number of employees clearly underlines this: Between 1995 and 2002, the number of people working in the economic sector of "healthcare, veterinary care, and social work" rose by more than 22 per cent, while employment as a whole merely went up by three per cent.

2. Lack of education and training opportunities

There exist deficits regarding the range of education and training opportunities in many officially organised health professions (qualified physiotherapists, for example). Most of all, however, there is a special need for training possibilities in nursing professions, also including elderly care. This quantitative need is immediate and will be even stronger in the future; professions include qualified health care personnel, qualified nurses, nursing assistants, nurses for the elderly, etc.).

What makes the whole issue even more difficult is the fact that there do not exist standardised laws and rules for social work professions such as nurses for the elderly or nursing home assistants. The disadvantages resulting from the provinces having their own laws are the following: no unified training standards, impediments to mobility, flexibility and requirement logistics; what is more, many provinces do not even have laws for these issues. Yet, the aforementioned disadvantages are to be done away with by a mutual agreement between the federal state and the provinces according to art. 15a of the B-VG (federal constitutional law). Still, one can expect a number of obstacles regarding schedule and organisation in the course of the agreement being implemented. The ultimate aim are pan-Austrian, unified regulations in the form of a modularised, two-level training (specialised social worker and qualified social worker) that include further specialising on work with the elderly, families, handicapped people, and the pedagogy of integration. As regards the specialisations of work with the elderly, families, and the handicapped, the target is integrating also nursing assistant training according to the federal law of health and nursing (GuGK). This will be of major importance for graduates, who will see their fields of work grow and their qualifications pay in terms of permits, especially when working with sick people.

Professions in "health and social care" are not very attractive

Nursing and health care professions (qualified health care personnel, qualified nurses, nursing assistants, nurses for the elderly, nursing home assistants etc.) are not very attractive due to a number of unfavourable conditions such as:

- the job being physically and psychologically demanding,
- unfavourable and irregular working hours,
- rather low incomes,
- a poor chance for promotion and career opportunities.

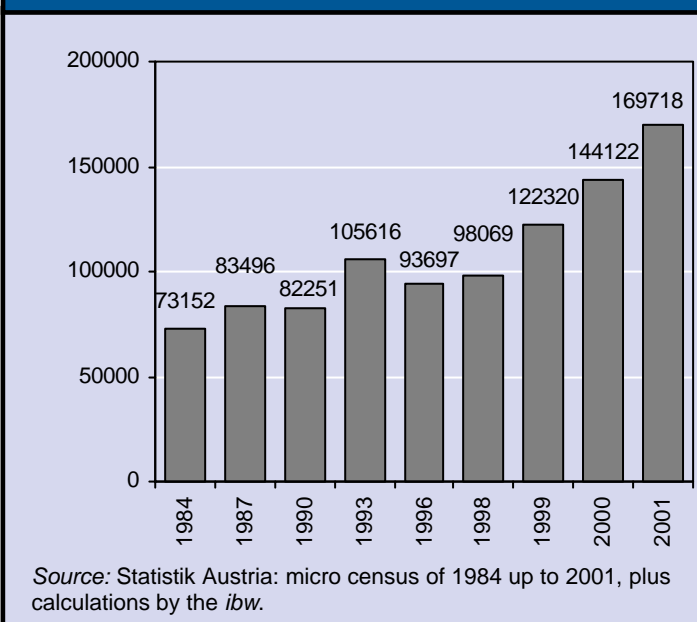
Besides that, many of the above circumstances lead to the people leaving their specific jobs after a relatively short period of time.

In light of the slim chance for promotion and career opportunities, also the lack of flexibility and adaptability, as well as the **absence of permeability in the system of education** has to be paid attention to. The absence of permeability exists both top-down and bottom-up: top-down means that job training cannot start immediately after compulsory schooling; training programmes have as

a prerequisite certain limits of age and education (i.e., successful completion of 10 school years in order to gain access to the qualified health care personnel and nurses programme, or an age limit of 17 years to be allowed to enter nursing assistant training – with an even higher limit of 18 years in the Viennese law). Lack of 'bottom-up' permeability simply means that even graduates from qualified health care personnel and nurses programmes do not gain access to university education (cf. 'Matura', the secondary school leaving exam).

Furthermore, there can be seen certain deficits in the tertiary field of training in general. To this date, no studies have been established towards a university diploma in nursing science.

FIGURE 3:
Health vacations
(trips of four nights or more)
**Domestic holiday trips of Austrians,
with health issues being the main motivation**



Wherever there are no clear regulations by the law, there is much legal uncertainty on the job

A common interpretation of the Austrian law (law for doctors etc.) is that only doctors and people in legally defined nursing professions are allowed to treat patients. These jobs are the following: health care and nursing professions, midwives, medical-technical services, qualified cardio-technicians, first aid personnel and assistants, (non-)medical masseurs and masseuses¹.

In practice, this conjures up a lot of legal uncertainty as well as problems of definition (what does 'sick' mean

exactly?) wherever the jobs listed above are being done outside the fields regulated by the law. One has to ask herself, for example, whether a fitness coach is allowed to give tips on muscular tension – and this question only seems to be banal at first glance.

A field of work that is strongly affected by these legal uncertainties is the sector of 'alternative and complementary medicine', which is growing extraordinarily fast. At this point, one has to refer to rules and regulations in other countries such as Germany. There is no doubt that the passing of the law that regulates non-medical curing professions in the year 1939 bears historical burdens. And, it may well be doubted if it makes sense to apply medical achievements as the (only) criterion for ensuring quality in the area of alternative medicine.

Yet, it remains a fact and a consequence that in Germany, non-medical healers are, besides doctors, also allowed to make diagnoses and employ therapy; with respect to legal issues, they are thus on the safe side when doing their job.

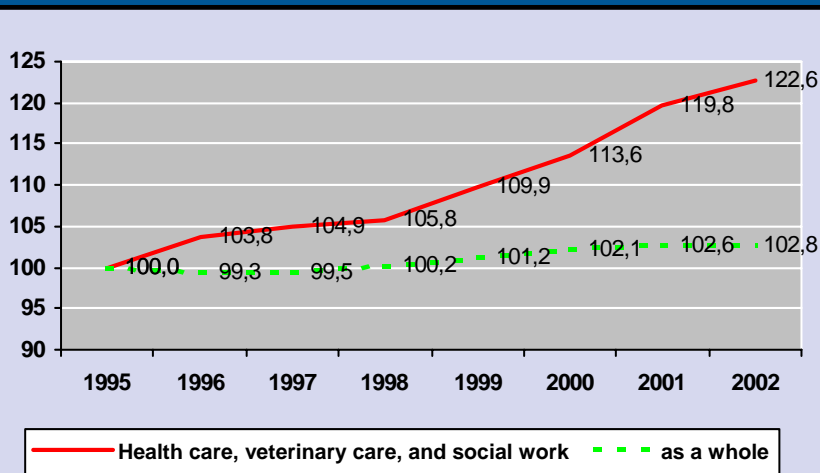
Ensuring and maintaining quality

In connection with all this, one has to consider the question whether certain liberties in doing one's job could/would have a negative effect on the process of **ensuring quality**. One may well doubt, however, that pursuing this process is a meaningful solution if done via completely unrealistic reservations regarding fields of work. It suggests itself that all people working in the health sector have to do with sick people in one way or another, regardless if they are (already) allowed to do so or not.

The discussion about how to ensure and maintain quality should without a doubt be central to all future reformist considerations. It would be a fallacy, however, to define the extent to which quality is ensured automatically and solely by the degree of legal reservations. There already

¹ Similarly to practising, there are certain reservations for the field of training, too. The so-called 'training reservations law' says that people who want to receive training for jobs that underlie the laws of healthcare have to do their training at institutions which have an official permit to provide it. In practice, this means that normally, these trainings have to be done at universities, hospitals, or institutions related to these.

FIGURE 4:
Employees (index; 1995 equals 100)
Economic sector "healthcare, veterinary care, and social work"
compared with total employment (yearly average)



Source: association of the Austrian social insurance providers, plus calculations by the *ibw*.

exist, for example, self-organised attempts to ensure quality in parts of the alternative and complementary medicine sector (f. ex., via training guidelines, access criteria set up by the associations, or via copyright standards).

Most of all, however, it has to be mentioned that **legal recognition** and the **corresponding legal basis on which one can do his or her job** do not stand in contrast to the process of ensuring quality; much more, it **allows for lawfully regulated and adequate systems and processes to be established that ensure quality**. The legal possibilities to ensure quality standards exist only in legalised areas *a priori*; in every case they are bigger than the 'grey zones'. This also holds true for questions of liability, for example. Yet, it is also other aspects that are directly affected by legal security, such as the taxation of income. It can be assumed that people are more reluctant to declare income that comes from jobs that are legally problematic or even illegal than to list 'regular' income. Insofar, **creating legal security** in this area would **contribute significantly to reducing 'black economy'** and social security scrounging. ■