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Migrant Care Workers in Sweden: How can the quality of care be maintained with the diversification of the workforce?

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Abstract

Focusing on the elderly care sector in Sweden, which is increasingly dependent on migrant care workers, the aim of this paper is to answer two questions: 1. How is the quality of care maintained in Sweden's increasingly diverse care work environment, which is becoming increasingly reliant on migrant care workers? and 2. How is the care work setting perceived from the perspective of migrant care workers? Interviews were conducted with 6 managers of nursing homes and home help agencies, and 9 migrant care workers in Växjö, Sweden. Adopting Donabedian's (1968) framework for the quality of care (perspectives of: structure, process, and outcome of care services), the results were analyzed focusing on the "structure" of care services. The findings are two-fold. On the one hand, the fact that the Swedish society provided an environment where migrant care workers are encouraged to obtain a professional qualification, without the economic burden falling on them or their managers, can be seen as contributing to the quality of care. On the other hand, however, migrant care workers are overrepresented in the hourly paid part-time staff, especially as substitutes for the staff on summer vacation, where their work environment is characterized by insufficient staffing, which can possibly negatively affect the quality of care.

Key words: Sweden, migrant care workers, quality of care, structure of care

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1. Introduction

Elderly care in Sweden is increasingly relying on migrant care workers ¹⁾. 24 percent of wage workers in the health and welfare sector in Sweden are foreign-born, which is higher than the overall percentage of foreign-born wage workers, at 18 percent (Addati et al., 2018). In Sweden and other European countries, care work has become a common occupation for people from refugee or migration backgrounds to achieve economic independence in the host society. This occurs because care work is in high demand in the host society and does not necessarily require qualifications in the beginning (Christensen & Guldvik, 2014). The number of migrant care workers in Sweden has increased partly because of policy intentions to reduce unemployment among people with refugee or migration backgrounds, and to secure care workers at the same time (Jönson & Giertz, 2013; Kuba, 2007). Kuba (2007) notes that, if and foreign-born people are compelled to take on care work as a substitute for Swedes while working conditions for care workers do not improve, the quality and quantity of care will not be adequately maintained.

This study uses a qualitative method to answer two questions: 1. How is the quality of care maintained in Sweden's increasingly diverse care work environment, which is becoming increasingly reliant on migrant care workers? and 2. How is the care work setting perceived from the perspective of migrant care workers?

In Japan, as the need for care has been increasing, the government aims to secure sufficient personnel by considering diverse human resources and improving the qualifications of care workers. This approach seeks to secure both the quantity and quality of care. To improve the quality of care, it is necessary to promote staff retention by building career paths and to develop staff expertise during this process. However, the shortage of care workers has become more severe, and the government has indicated the need to recruit young people, people with disabilities, and workers from other industries (Ministry of Health, Labour and Welfare, 2015a). In 2019, the government established a new "Specified Skilled Worker" status of residence, which allows the acceptance of foreign workers in sectors facing severe manpower shortages, including the care sector. Thus, the presence of migrant care workers has become important in Japan to ensure sufficient care provision. Accepting workers from abroad in the care sector raises the question of how acceptance requirements can be set to ensure the quality of care. However, to secure both quantity and quality, and to improve the overall qualifications of staff while accepting diverse human resources, one must pay attention to the performance of migrant care workers after they enter the country and how they improve their care skills. How can we maintain the quality of care when care workers become increasingly diverse? Attempting to answer this question will also provide suggestions for the efforts that Japan aims to make to secure both the quantity and quality of care.

This paper is structured as follows. In Chapter 2, the discussion on migrant care workers in Sweden is summarized by referring to previous research. In Chapter 3, three perspectives used by Donabedian

(1968) to examine the quality of care is discussed: structural, process, and outcome. The reason for examining the quality of care from a structural perspective in this study is then explained. Chapter 4 looks into the environment surrounding migrant care workers in Sweden and describes the support provided to them before entering the labor market. In addition, we briefly describe the country's elderly care labor market and vocational education in relation to the structural perspective. Chapter 5 provides an overview of the survey conducted on migrant care workers and managers of nursing homes and home help agencies in the city of Växjö. Chapter 6 summarizes the results, which are then analyzed and discussed in Chapter 7, followed by conclusions, suggestions for Japan, and future challenges in Chapter 8.

2. Discussions on migrant care workers in Sweden

In Sweden, research has primarily examined refugees and individuals with migration backgrounds as care recipients, while their roles as care service providers received little attention until more recently (Wrede & Näre, 2013). This trend may result from the perception that Sweden, until recent years, had depended less on migrant care workers than other European countries have (Simonazzi, 2009). Most studies on migrant care workers have analyzed their vulnerable position because they are often employed informally: for example, directly by clients or as live-in workers. In contrast, in Sweden, the care labor market is regulated and formalized. Researchers point out that migrant care workers are employed in the formal sector, which ensures that their working conditions and rights as workers are guaranteed to a certain extent (Behtoui et al., 2020; Jönson & Giertz, 2013).

There are differing views on whether migrant care workers in Sweden experience inequality or discriminatory treatment compared with native-born care workers. However, researchers have noted that migrant care workers from outside the Nordic countries, from the Global South, or who are first-generation immigrants are relatively more likely to feel overworked and unappreciated by their colleagues (Behtoui et al., 2020; Jönson & Giertz, 2013; Olt et al., 2014). These challenges arise because of the workplace environment. For example, migrant care workers report difficulty building trusting relationships in the workplace because their native Swedish coworkers may distance themselves from them as a result of cultural differences. Managers who observe this are often reluctant to address discriminatory treatment of migrant care workers (Behtoui et al., 2020; Olt et al., 2014). Researchers have also noted that male migrant care workers must make greater efforts to gain the trust of care recipients because they differ significantly from the normative image of a care worker in Sweden, which is a white, working-class woman (Storm & Lowndes, 2019). Migrant care workers from the Global South often work as assistant nurses or in other care roles that do not require professional qualifications (see Chapter 4 for details), and few hold managerial positions in these occupations. This situation results in low wages and low occupational status for these workers (Behtoui et al., 2020). Migrant care workers also frequently work part-time, late nights, on weekends, or as substitutes for full-time staff during holidays (Sasatani & Imai, 2003).

The past studies described above show that migrant care workers in Sweden experience work overload and risk feeling undervalued in their evaluations by colleagues as well as care recipients, and may also face discrimination. In addition, they point out that this is due to the normative image of care workers held by care recipients, the specific work environment, and the structure that confines people with refugee and migration backgrounds to certain forms of employment, such as assistant nurses and uncertified care workers.

Previous studies do not discuss in depth how the experiences of migrant care workers and the realities of Swedish care settings that depend on them can affect the quality of care services. Therefore, this study aims to contribute to the discussion on how we can ensure the quality of care in the context of increasing dependence on migrant care workers. This study examines how the environment in which migrant care workers are placed affects the quality of care services.

3. Perspectives on quality evaluation of elderly care

Donabedian's (1968) comprehensive framework is one of the most cited frameworks in discussions on quality evaluation of elderly care (Kajonius & Kazemi, 2016). It has three perspectives: structural, process and outcome. The structural perspective focuses on economic resources, such as budgets and human resources (staffing and the educational level of staff). The process perspective focuses on how elderly care services are provided in practice. The outcome perspective focuses on the effects of providing elderly care services.

In Sweden, "Open Comparisons" is a national quality monitoring system for elderly care and social services that was introduced in 2007. Each year, the National Board of Health and Welfare collects various types of information from elderly care providers and makes it public. The purpose of this system is to support care recipients' free choice of services. In addition to providing an incentive for quality improvement, it also increases transparency in terms of how elderly care services are provided (Johansson & Liljegren, 2020). The information collected for Open Comparisons can be organized into the three perspectives proposed by Donabedian (1968). For example, staff qualities (structural perspective), risk prevention (process perspective), and care recipient satisfaction (outcome perspective) (Johansson & Liljegren, 2020). However, some critics argue that the evaluation items in Open Comparisons do not consider the relationship between staff and care recipients. Erlandsson et al. (2013) emphasize the importance of the structural perspective, arguing that staffing levels and the number of hourly paid staff form the foundation for an environment in which staff and care recipients can build good relationships. They also argue that Open Comparisons neglect the collection of information regarding the structural perspective (*ibid.*).

In Japan, the Care Service Information Disclosure System was introduced in 2006, which made it mandatory for each elderly care service provider to evaluate the quality of their elderly care services. For example, this system discloses information about staff members, such as their occupation, employment status, and the percentage of elderly care staff with experience of over 10 years. In addition,

the system presents a radar chart that shows the status of operations in seven areas: “protection of care recipients’ rights,” “efforts to ensure quality of services,” “response to consultations and complaints,” “collaboration with external organizations,” “business operation and management,” “safety and hygiene management,” and “employee training.” (Ministry of Health, Labour and Welfare, 2022). The information published here is limited to self-assessment from structural and process perspectives (Egashira, 2022). Establishing indicators to evaluate outcomes is difficult from the outset because the evaluation of elderly care services differs according to the perspectives and outlook of individual care recipients. Additionally, the physical and mental health of each user tends to fluctuate, which causes significant variation depending on the time of evaluation (Ministry of Health, Labour and Welfare, 2015b).

This study examines the quality of elderly care from a structural perspective, of the three perspectives proposed by Donabedian (1968). There are three reasons for this.

First, the structural perspective focuses on the premise of the process and outcome of elderly care services. Donabedian’s (1968) three perspectives can be understood as a continuum, where structure affects process, and process affects outcome, which together determine the quality of elderly care. As a first step in examining the quality of elderly care services, this study will examine the quality of elderly care services from the structural perspective, which forms the basis of the three perspectives.

Second, Sweden demonstrates specific characteristics in the supply of elderly care services from a structural perspective. Sweden reports high public expenditure on elderly care compared with other OECD countries, maintains a high number of care workers per population aged 65 and over, and is recognized for providing generous elderly care (OECD, European Commission, 2013). However, Sweden does not have national-level regulations, such as staffing standards at elderly care sites or qualification standards for elderly care. In recent years, municipalities have reduced elderly care staff because of worsening financial conditions, which has raised concerns about a decline in quality (see Chapter 4 for details).

Third, although tightening the qualification requirements for care workers and enhancing vocational education is important when considering the quality of care, a dilemma arises when recruiting diverse human resources. If the requirements for language ability, academic degrees, and qualifications become too strict, valuable human resources may be excluded from the care labor market. Migrant care workers, in particular, face challenges such as learning the Swedish language and the recognition of qualifications they acquired in their home countries. To enable diverse human resources to work in the care field, the structural perspective that focuses on the implementation of vocational education and the process of obtaining qualifications is important.

Iguchi (2012) proposes that researchers should pay attention not only to the qualities of care workers but also to the “objective conditions for them to maintain and demonstrate their abilities” (*ibid.*: 7). Iguchi further argues that the structural perspective should expand its focus beyond staff allocation standards and educational levels to include the work environment, as well as the systems and policies that regulate these things. Therefore, this study will adopt a structural perspective focus on the

vocational education, qualifications, and work environment of migrant care workers, as well as the underlying policies.

4. Environment surrounding migrant care workers in Sweden

Many migrant care workers in Sweden began working in elderly care after arriving in the country as refugees or immigrants. To illustrate the path that they take before becoming a care worker, this chapter will first describe the introduction program, which is provided to individuals who have recently arrived in Sweden as refugees or immigrants (hereinafter referred to as new arrivals) before they enter the labor market. Further, the elderly care labor market and vocational education system in Sweden will be briefly summarized.

4-1. Support for new arrivals before labor market entry

People who received a residence permit as a refugee or for “refugee-like reasons” are entitled to participate in a two-year introduction program. During this program, authorities pay allowances of 231–308 SEK per day, which is equivalent to just under 3,000–4,000 JPY per day ²⁾ (OECD, 2014). People recognized as refugees first receive a three-year residence permit. If they achieve economic independence during this period, authorities grant them permanent residency (County Administrative Boards, 2021).

The introduction program consists of three parts: Swedish language education, civic orientation to life in Sweden, and employment support. Municipalities are responsible for Swedish language education and civic orientation, while the public employment service is responsible for employment support. There are also measures to promote employment of migrants, such as subsidies of 80% of wage costs of new arrivals, tax relief equal to twice the employers’ social security contributions and so on (OECD, 2014).

4-2. The elderly care labor market

In Sweden, municipalities are responsible for providing and supplying welfare services, and the supply system differs among municipalities (Erlandsson et al., 2013–2018). Elderly care in Sweden is primarily provided at home, and admission to nursing homes is limited to individuals with severe care needs. In 2020, approximately 83,000 individuals resided in nursing homes, while approximately 264,000 individuals used home care services (OECD, 2022).

According to a survey by Eurostat, the statistical office of the European Union, the hourly wage of care workers employed in nursing homes is 14% lower than the average hourly wage for the entire country. Although this gap is smaller than the average hourly wage difference of 21% among EU member states, the hourly wage of care workers remains relatively low (Dubois, 2021). A survey also shows that Swedish care workers have a higher intention to leave their jobs compared with care workers in other Nordic countries. This situation is due to the large number of users per care worker, physical

and mental stress, and issues related to harsh working conditions and limited opportunities to improve skills (Wallin, 2020).

In Swedish care settings, there are assistant nurses, nurses, and care workers without qualifications. Among these staff, assistant nurses constitute approximately 90% of the 200,000 individuals working in elderly care (Wallin, 2020), and they play a central role. The proportion of part-time workers remains high, even among those who are classified as regular employees (Saito, 2014).

4-3. Vocational education

In Sweden, all adults have the right to free compulsory education, Swedish language education, and courses that qualify them for higher education (Skolverket, Refer Net Sweden, 2019). In principle, opportunities for adult education and vocational education should be available to all citizens (EAEA, 2011). Income security is provided by the Swedish Board of Student Finance according to Studiestödlagen (Student Aid Act) which ensures the stability of the students during the study period. Enrolling in higher education make individuals eligible to receive learning assistance, which consists of a fixed basic allowance and a loan. With these systems in place, Sweden is described as “a society where it is easy to move between work and education” (Morozumi, 2012: 61). In recent years, policymakers have placed particular emphasis on the economic independence of new arrivals, and their inclusion in the labor market has become a major policy goal (Cetrez et al., 2020).

Adult education in Sweden is provided in municipal adult education institutions and folk high schools ³⁾. These institutions offer vocational courses, courses that qualify one for higher education (Skolverket, Refer Net Sweden, 2019), and Swedish language education as a part of the introduction program (EAEA, 2011; OECD, 2014). Assistant nurses, who play a central role in the field of care, obtain their qualifications by receiving vocational education and practical training at the upper secondary level at adult education institutions. In Sweden, employers are expected to encourage individuals who enter the care workforce without qualifications to undergo training to improve their skills. Other efforts to maintain the quality of care include establishing a system that allows workers in the care industry to receive training for career advancement while employed (Sasatani and Imai, 2003).

However, some recent trends, when examined from a structural perspective, could negatively affect the quality of care. Due to the deterioration of finances of municipalities, funding for elderly care decreased. This led to the reduction of care staff and the decrease in the number of short-term employees dispatched as part of work experience programs (Wallin, 2020). In 2018, the parliament decided to significantly cut the public employment service’s budget. This decision sharply reduced the allocation for work experience programs and administrative costs, resulting in the closure of 130 local public employment service branches (World Association of Public Employment Services, 2019).

Currently, Sweden does not have a national standard for assistant nurse qualifications (Christidis, 2019). Therefore, the government proposed clarifying the standards for assistant nurse qualifications to ensure the quality of care services. There are also proposals that the National Agency for Education and the National Board of Health and Welfare should jointly develop an educational curriculum for the

training of assistant nurses (Wallin, 2020). Thus, the training of care professionals has become a critical issue.

5. Overview of the Interviews

In this study, interviews were conducted with migrant care workers and managers of nursing homes and home help agencies to examine the situation of recruitment and vocational training of migrant care workers in Sweden. The interviews were conducted from August to November 2019 in the city of Växjö, located in the southern part of Sweden. Växjö has a population of approximately 95,000, and the foreign-born population accounts for 19.3% (as of the end of December 2020) (SCB, 2021). The proportion of the foreign-born population in Växjö is approximately the same as that of the total population in Sweden, which is 19.7% (as of the end of December 2020) (*ibid.*).

The participants were recruited using snowball sampling. The participants' attributes are presented in Tables 1 and 2. Table 1 shows that participants represented a range of home countries, ages, length of residence in Sweden, and qualifications; however, only two participants were men. Seven of the nine participants had experience fleeing from their home countries, and all participants originated from outside the EU. Table 2 shows data from nursing homes and home help agencies wherein the proportion of migrant care workers among total staff varied. In care service providers located in neighborhoods with a higher percentage of residents with migration backgrounds, the proportion of migrant care workers was particularly high, exceeding 70%.

Semi-structured interviews were conducted with participants, which lasted 1–2 hours. The primary language used was English. However, interviews with care workers B, C, D, and E were conducted with the support of a Swedish-language interpreter. Managers were asked about the recruitment process for migrant care workers, whether they provide special support when hiring them, and typical career paths of these workers. The migrant care workers were asked about their reasons for entering the care work field, their vocational education before and after starting care work, their future career prospects, and stressful situations at their work.

Interviews were recorded to be transcribed in English afterwards, then recompiled in Japanese. This research was approved by the Research Ethics Committee for Social Studies of the Graduate School of Human Sciences at Osaka University (approval no.: 2019025).

6. Results

6-1. Migrant care workers' pathway to care work

Several migrant care worker participants began their career as uncertified, hourly paid, part-time staff. Three participants (care workers B, C, and D), who had recently arrived in Sweden, worked as hourly paid staff, while attending folk high school, an institution for adult education, in order to prepare for college. Care worker C and D were summer substitutes who were temporarily employed during

Table 1 Individual attributes of participants: migrant care workers

Care worker	Country of origin	Sex/Age ^{*1}	Length of residence ^{*2}	Qualification
A	Eritrea	Male, 24 years old	5 years	Assistant nurse
B	Syria	Male, 22 years old	4 years	Uncertified care worker
C	Syria	Female, 20 years old	<5 years	Uncertified care worker (Summer Substitute- hourly wage)
D	Iraq	Female, 20 years old	3 years	Uncertified care worker (Summer Substitute - hourly wage)
E	Thailand	Female, early 20s	approx. 10 years	Uncertified care worker
F	Serbia	Female, 32 years old	7 years	Assistant nurse
G	Congo	Female, 36 years old	10 years	Assistant nurse
H	Chile	Female, 62, 3 years old	approx. 35 years	Assistant nurse → Nurse
I	Somalia	Female, 49, 50 years old	30 years	Assistant nurse

*1 In cases where the participant's exact age is unknown, an approximation is shown to the extent that was clear from the interview.

*2 In cases where the exact details of the participant's length of residence in Sweden were unknown, an approximation is shown to the extent that was clear from the interview.

Table 2 Attributes of participants: managers of nursing homes and home help agencies

Manager	Type of service	Characteristics of the area	Percentage of migrant care workers among staff
A	Nursing home	–	approx. 50%
B	Home help business ^{*1}	Immigrant settlement area	approx. 80%
	Nursing home	–	almost none (2 people)
C	Home help business	Immigrant settlement area	approx. 75% (13–14 out of 18 people)
D	Nursing home	–	approx. 25% (8 out of 32 people)
E	Nursing home	–	approx. 50%
F	Nursing home	Immigrant settlement area	approx. 80% (21 out of 27 people)

*1 Manager B was previously the manager of another home help business in the city of Växjö.

summer vacation. Care worker E had similar experiences in the past. In this study, the migrant care workers who work as hourly paid staff tended to be young. When young individuals like them around the age of 20 wish to pursue higher education, such as college, they must first complete their secondary education at folk high schools or other institutions. In addition, three other participants (care workers A, F, and G) started working in elderly care after obtaining assistant nurse qualifications through vocational training supported by the public employment service. Not all of them initially wanted to have a career in the care field; instead, they made a practical decision based on their circumstances. Care worker G, who came from the Democratic Republic of the Congo with her husband, did not expect to work in elderly care at first. However, searching for available jobs lead her to working in this field. Care worker

I from Somalia worked in various jobs, such as childcare worker, interpreter, even opening her own restaurant at one point. She started working in the elderly care sector 13 years after arriving in Sweden. She did not have a specific reason for choosing this field either; she simply needed employment to support herself and her family.

6-2. From uncertified care workers to qualified assistant nurses

According to interviews with managers of nursing homes and home help agencies, migrant care workers entered the care sector either through work experience programs supported by the public employment service or by beginning as hourly paid staff without a qualification. This finding aligns with the trends summarized in section “6-1. Migrant care workers’ pathway to care work,” which are based on interviews with migrant care workers.

At least four managers had accepted workers through work experience programs. Work experience programs offer migrant care workers with an opportunity to learn the language, regardless of their previous experience in care work, and provides additional manpower (Manager A). After the work experience period ends, those who have not previously worked in care can be included in the standard hiring process and obtain regular employment (managers C and d).

In addition, many migrant care workers begin working as summer substitutes because many care workers take extended vacations and nursing homes and home help agencies require replacement staff. At Manager E’s nursing home, migrant care workers represented approximately 50% of all staff. However, they accounted for 70–80% of the hourly paid staff and approximately 70% of summer substitutes, which were approximately 20 people.

The typical route to regular employment in the elderly care field involves beginning work as a participant of the work experience programs or hourly paid staff, then undergoing vocational training to obtain an assistant nurse qualification. In the municipality of Växjö, it is required that the employee start their training in order to become a regular staff, and if the employee does not do so in a specified period, their employment will be terminated (managers A, D, and E). The period during which a care worker may work without qualification is limited. Those who wish to continue working may study to obtain an assistant nurse qualification while working part-time. In basic terms, this period consists of 75% work and 25% study at a vocational institution (managers A, B, and C). The study is generally done online (managers A and B), and qualification requires 2–2.5 years (managers B and C). Because of the difference in wages of thousands of SEK for migrant care workers when they are educated as assistant nurses compared with when they are not, training for qualification benefits both migrant care workers and nursing homes/home help agencies facing staffing shortages (Manager D).

6-3. Vocational education and support for migrant care workers

None of the managers considered the education of migrant care workers they employ their direct responsibility. Instead, obtaining education for assistant nurse qualification and so on was considered the responsibility of individual care workers, with the help of the public employment service and other

services (Manager B). If care workers' language skills are considered insufficient at the time of hiring, managers may instruct them to reapply for the job after improving their Swedish language proficiency (managers C and F). However, once they are hired, the managers felt responsible for encouraging their care workers to obtain sufficient education to provide good care, including education to qualify as assistant nurses, regardless of whether they were born in Sweden (managers C, E, and F). If there is someone promising among the uncertified care workers, managers may assist them in obtaining the required education to become an assistant nurse, allowing them to extend their period of employment (Manager F). Managers may also nominate someone to pursue further education (managers A and B). At Manager D's nursing home, a woman who worked as an uncertified hourly paid staff became interested in the career and decided to undertake training to become an assistant nurse in order to continue working there.

6-4. Conflicts of managers in securing personnel

The high percentage of migrant care workers, together with statements from several managers, shows that migrant care workers are necessary to secure care personnel in elderly care. Young Swedes show little interest in working in elderly care, and securing care workers within the country remains difficult (Manager D).

Managers also saw the work experience programs provided by the public employment service as an important measure to secure personnel. Manager C explained that, due to the cuts to the public employment service's budget, she could no longer rely on the work experience programs for additional manpower since around 2014. Manager A stated that she wanted participants of the work experience programs to come even if she did not get any financial support for it, referring to them as "extra hands."

Managers' expectations for migrant care workers were no different from those for Swedes in terms of work attitude: they expected a positive attitude toward work and an interest in both people and the job itself (managers C and F). Manager F stated that care workers who do not have a positive attitude toward care work do not need to remain in the nursing home, and if they lack interest in their work, they should seek employment elsewhere. However, to secure sufficient personnel, managers had to accept individuals who may not necessarily be enthusiastic about their work. According to the managers, the number of people without a strong interest in care work directed into this field is increasing, which may lead to a decline in the quality of care. Nevertheless, there was still a need to secure personnel, leading to a dilemma for managers (Manager D).

6-5. Experiences of migrant care workers in the field

The migrant care workers described the reality of working in elderly care based on their own experiences, where there are too few staff relative to the older persons they must take care of. In the nursing home where care worker A works, two care workers are responsible for one unit that consists of nine residents. Deciding which tasks to prioritize, while taking care of residents one after another as many of them wait their turn, has remained a challenge for him since the beginning. However, he stated

that he has no choice but to accept this situation.

Care worker C, who began working as a summer substitute staff, worked with six other substitute staff in the absence of full-time employees. The tasks that substitutes can perform are limited. There was frequent confusion: for example, when no one was able to give insulin injections. Care Worker C admitted that she and her colleagues sometimes forgot to do some tasks on time such as giving residents medicine because they were too busy. She reflected on her experience with care worker D, who worked with her, as very stressful. Care worker B also worked with only one other person during the summer to manage responsibilities that are usually handled by six people. He stated that the other substitute staff he worked with also had a limited understanding of the work, and he found working under such conditions stressful.

7. Discussion

When adopting Donabedian's (1968) approach to evaluating the quality of care from a structural perspective, we can discuss the quality of elderly care services in the city of Växjö from the following two points.

First, there were efforts to maintain the quality of care by creating an environment that encourages uncertified care workers to obtain qualifications. Many migrant care workers begin employment without qualifications. However, in many cases, they receive vocational training while working part-time for about two years and obtain a qualification as an assistant nurse. This is a result of several factors. First, the introduction program for people who come to Sweden as refugees or immigrants. This was important in that it allows people to acquire basic language skills and a basic understanding of Swedish society before entering the labor market. Second, migrant care workers being employed in the formal sector, just like other care workers. Third, adult education and vocational education being universally guaranteed to citizens with a residence permit. Fourth, income security for those who receive adult education and vocational education. Fifth, the requirements by Växjö that uncertified care workers should obtain a qualification as an assistant nurse. These systems function under the responsibility of the public employment service and the municipality and do not create an economic burden for the employers nor the migrant care workers. The fact that they are in an environment where they can undergo vocational training and obtain qualifications as an assistant nurse can contribute to maintaining the quality of care from a structural perspective.

Second, although hourly paid care workers are necessary to secure care personnel, their working conditions are not always favorable, which could create challenges in maintaining the quality of care. On the one hand, migrant care workers often chose care work and endured the working conditions as a practical means of earning a living. On the other hand, managers depended on migrant care workers working under such conditions to ensure adequate personnel.

Some migrant care workers reported that they entered elderly care because no other jobs were available, others worked as hourly paid employees while they attended educational institutions to

pursue college. The work environment for care workers employed on an hourly basis is characterized by excessive workloads, overcrowded schedules, and limited staffing levels. Migrant care workers who worked as summer substitutes were often inexperienced and struggled to collaborate with other care workers in similar positions. Maintaining quality of care under these conditions becomes a challenge. The risk of poor quality of care cannot be attributed solely to the lack of competence or qualifications among migrant care workers; rather, it reflects a structural problem within the current care workforce in Sweden. In addition to the absence of regulations for staffing standards at the national level, the concentration of migrant care workers among hourly paid staff, especially as summer substitutes, combined with financial cutbacks by the municipalities, may be leading to increased risk of a decrease in the overall quality of care provided.

8. Conclusion

The purpose of this study was to examine two questions through a qualitative approach. First, this study examined how the quality of care is maintained in Sweden, where reliance on migrant care workers is increasing and staff diversity is growing. Second, this study investigated how migrant care workers perceive the actual state of the care work setting.

Research on migrant care workers in Sweden has focused mainly on their equality in status and rights. Various factors, such as the normative image of care workers held by care recipients, the work environment of migrant care workers, and the concentration of migrant care workers in certain employment forms, such as hourly paid staff, especially substitutes for full-time employees, can lead to unequal treatment and discrimination of migrant care workers. This discrimination is primarily centered on excessive workload and lack of recognition from colleagues and care recipients. This study aimed to contribute to the discussion on ensuring both the quantity and quality of care in the context of increasing dependency on migrant care workers. It further examined how the environment in which migrant care workers are placed affects the quality of care services.

Donabedian's (1968) framework for evaluating the quality of care was adopted, which had three perspectives: the structure, the process, and the outcome. This framework is one of the most frequently cited in discussions about quality evaluation in elderly care. This study focused on the structural perspective and examined the vocational education and qualifications of migrant care workers, the work environment, and related policies to analyze Sweden's efforts to maintain the quality of elderly care.

The results of interviews with managers and migrant care workers conducted in Växjö revealed factors that can contribute to maintaining the quality of elderly care, as well as factors that present challenges in maintaining quality.

Migrant care workers often begin working in elderly care without qualifications. However, they commonly receive training as assistant nurses and acquire a certain level of expertise. This occurs in an environment that encourages the acquisition of assistant nurse qualifications without creating an economic burden for migrant care workers or their employers. This environment consists of adult

education and vocational education available to all citizens, income guarantees for those who receive education, and Växjö's policy that requires uncertified care workers to receive training within a specific period. These factors explain why managers actively encourage migrant care workers to obtain assistant nurse qualifications.

However, the work environment for the hourly paid staff, especially those employed as summer substitutes, which often serve as the primary entry point into elderly care for migrant care workers, makes it difficult to provide quality care. These workers experience stress and confusion due to insufficient staffing, excessive workload, and, at times, the presence of staff members in similar situations who still lack experience and skills. The challenges in maintaining the quality of care do not result from the increase in migrant care workers themselves but from structural problems in the current state of elderly care work in Sweden, such as issues with setting staffing standards. As Iguchi (2012) points out, while the qualities of care workers are important when examining and discussing the quality of care, it is equally crucial that they have the "objective conditions necessary to maintain and exercise their abilities" (*ibid.*: 7).

Establishing a system capable of providing quality elderly care services with care workers from diverse backgrounds is also essential for Japan. In Japan, elderly care settings have staffing standards. Further, for migrant care workers who work in Japan, certain regulations exist regarding Japanese language level, care work skills, and staffing standards. In addition to these measures, it is important to consider the diverse human resources after they begin working and to support their continued skill development. To achieve this, we must create an environment in which vocational education and training are available without imposing a financial burden on either the employers or the care workers.

The discussion of the evaluation of the quality of care in this study points to the importance of considering whether an environment and system exist in which care workers can demonstrate their abilities. Further research needed is to further investigate this issue by considering not only the structure of care services but also how it relates to the processes and outcomes of care services in determining its quality.

Notes

- 1) "Migrant care workers" is defined here as individuals who move to a foreign country, either as minors or as adults, and work in the elderly care setting following a different language and culture, even for a short period. Further, the subject of this study is migrant care workers employed in the formal labor market who work in nursing homes and home help agencies. This definition does not include domestic workers employed in the informal labor market.
- 2) 231 SEK (approximately 3,200 yen) per day before the introduction program plan is finalized, 308 SEK (approximately 4,200 yen) per day after the customized introduction program plan is finalized.
- 3) Folk high schools are residential institutions, and life there is also considered an important part of the education. There are over 150 folk high schools in Sweden, with 70% of them rooted in social

movements or nonprofit activities within the country. The remainder are operated by municipalities. The purpose of folk high schools is providing civic education, and they aim to contribute to the development of democracy, reducing educational disparities, and raising citizens' awareness of education and culture (Folkhögskolornas informationstjänst, 2016).

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