

# PROFESSIONAL DEVELOPMENT IN SOCIAL WORK: ELDERLY CARE IN SWEDEN AND DENMARK

*Jonas Mikael Christensen  
Malmö University, Sweden*

## **Abstract**

The purpose of this article is to highlight and give reflections on elderly care in two welfare states, Sweden and Denmark, on the basis of the question: how can the elderly care profession be understood from a transnational perspective? The empirical data consists of a project, and the analysis is based on an ecological model. The main conclusion is that by focusing on societal and professional knowledge sharing from a regional perspective, we can develop our understanding of the driving forces behind access to knowledge, professional identity maintenance and the professional position of the elderly individual.

*Keywords: development ecology, elderly care, profession, social work, transnational.*

## **Introduction**

Although many similarities exist between Sweden and Denmark, there is significant potential for knowledge transfer within the elderly sector because Sweden and Denmark have different traditions when it comes to areas such as education systems, client influence, and internal funding. The exchange of knowledge within a profession and its importance for gaining knowledge is the starting point of this article due to the transfer of knowledge stemming from a project, *CareSam*, a project partly financed by the European Regional Development Fund, which focuses on geriatric care (Magnusson, Christensen & Liveng, 2013) involving (public) elderly care workers from Denmark and Sweden. The focus of the project is the meeting between practice and research, and can be held up as an example of knowledge support from a regional perspective. The primary aim was to develop the exchange of knowledge and networks within the region's elderly care, and it involved various stakeholders. One outcome of this project has been the establishment of a network which will bring together interest groups to create in-service training, identify opportunities for cooperation in education and research, and provide two-way knowledge transfer within the region of Öresund. Various mental images of the performances in the interaction between people and differences arise from this type of project.

The countries within Europe are confronted by great challenges, as the demographic structure of the European Union (EU) is changing. Low birth rates in the recent past and the

present (TFR1 of 1.6 in 2008)<sup>1</sup> are accompanied by the increasing life expectancy of Europeans (82.4 years for women; 76.4 years for men in 2008)<sup>2</sup>. Today, 17.4% of all Europeans are aged 65 and older. In 2020, the share of those over age 65 will rise to 28% (COM 2011). Accordingly, within the European member states, a growing number of older people (mainly those very advanced in their years) stand in contrast to a declining number of younger people who are able to care for them. Furthermore, the number of single elderly persons and single-person households will increase – much like how the number of senior citizens from a migrant background or with a disability will also rise.

Comparative perspectives are often considered vital for outlining the different conditions of ageing in Europe. Blackman (2000), among others, points out the potential for cross-national learning which aims to address the consequences of an ageing population and particular types of social welfare provision and to consider the services within the wider system they are a part of. In addition, it is worth stating that the aims are not only transnational, but also national and regional (Walker & Lowenstein, 2009). It is seen as going hand in hand with the learning of specific skills or practices, and thus, is difficult to distinguish from the development of the individual's professional identity and from the ways to participate in and act within the framework (in Hultman & Ellstrom, 2004).

The research object in this article is the elderly care worker, reflected in a cross-border project with the aim to highlight and give reflections on elderly care in two welfare states. A reflection on, these concepts is put into focus by the research question, *how can the elderly care profession be understood from a transnational perspective?*

### **Organization of elderly care in Sweden and Denmark**

In Sweden, the national variations are relatively great due to the relative autonomous position of the local authorities (on the municipal level) which are responsible for the provision and organization of the elderly care system. It has even been claimed that, in the case of the elderly, Sweden consists of hundreds of welfare municipalities rather than one uniform welfare state (Trydegard, 2000). In Denmark, the organizing of elderly care is relatively more centralized (in terms of the role of the state) than in Sweden, leaving local authorities with fewer options to design the care according to local conditions. Despite these differences, the elderly care systems in Sweden and Denmark are united in that they stem from welfare state nations and belong to the same welfare model, where the care and education sectors are traditionally publicly financed, according to Esping-Andersen (2001). This is frequently claimed in the research literature as being a hallmark of the social-political development of Scandinavian countries, including Sweden, Denmark and Norway.

*Denmark has chosen to provide both comprehensive care and care for the most needy and small relief to large groups of elderly people with less extensive needs. The Danish home-based care is free for the user and the local authorities have a duty to legislative through outreach proactively offer assistance. To that extent, Denmark is the country that comes closest to the ideal image of the Nordic elder care model.* (Nososco, 2004; Szebehehly; 2005 in Larsson & Szebehehly, 2006)

<sup>1</sup> Total Fertility Rate (TFR): The TFR is the mean number of children that would be born alive to a woman during her lifetime if she were to pass through her childbearing years conforming to the age-specific fertility rates of a given year (COM 2011: 28).

<sup>2</sup> Upon reaching age 65, women within the EU 27 can expect to live an additional 20.7 years and men an additional 17.2 years (COM 2011).

Despite the many similarities between Sweden and Denmark, differences exist in these welfare systems and the expectations of welfare, for example, within education for care and nursing. The Danish students have their educational training contract with a municipality or region and get paid throughout the course. The Swedish students earn student grants and can obtain loans. The Swedish training allows one to specialize in disability, an area traditionally carried out by qualified staff in Denmark. Both education purposes are more or less identical and there are compositional requirements of subjects that lead to qualifying training in both programs that are academical and qualifying to the Higher education chops. Theory and practice are closely linked and combined in both systems. The Danish education is a generalist education which alternates between school and practice, and the responsibility for the education is shared between the educational institution and through internships. The Danish student is a learner in the internship. In contrast, the Swedish education is not specialized in the same way; however, it provides the opportunity for specialization through optional in-depth courses and work placement-based learning (abbreviated APL in Swedish and Danish). Although there are structural differences in Danish and Swedish elderly care training, the content is quite similar (Szebehely, 2005).

In general, the academic degree to qualify for care work can be said to be higher in Sweden. Given the example of home-based care, the organization of home-based care differs both within, as well as between, national contexts. However, the aims are not only transnational, but also are national and regional. In Sweden, the national variations are largely due to the relative autonomous position of the local authorities that are responsible for the provision and organization of the eldercare system. In Denmark, home-based eldercare is more centralized, leaving local authorities with fewer options to design care according to local economic conditions. In Sweden, for example, citizens pay a small amount for receiving home-based care, while home care services are free in Denmark. However, in recent decades, we have seen a move towards the ideas of New Public Management in both countries, which in short, has led to greater differentiation and complexity of the eldercare system. This has particularly been the case within home-based care.

In short, the development has led to the deconstruction of traditional ways of managing elderly care, where market-oriented ideas have gained a foothold, resulting in a series of a new conceptual term. For example, receivers of care are seen as “consumers” enjoying the freedom of choice between different forms of eldercare provided by private entrepreneurs and companies. In both Sweden and Denmark, these are a result of recent legal changes. In addition, the Swedish condition is characterized by the legally strong status of the local authority, which has led to larger regional differences than is the case in Denmark. Thus, speaking in terms of life quality, autonomy, identity, and control over one’s own life, elderly people in the two countries face different regional and national conditions. These basic features of good and dignified quality of life can be included in the concept of maneuverability. Hence, it is difficult to speak of a Scandinavian welfare model (Jakobsson, 2008) because there are major differences and different ideas of what wealth and welfare mean in these countries.

Both in Sweden and Denmark, the government and local authorities are responsible for care, which is funded by the taxpayers. In both countries, social policy is basically controlled by a universal welfare system, where everyone is entitled to healthcare. However, despite this, there are some differences in essential parts of social policy, such as elderly care, which Schroder has also pointed out (in Magnússon, Christensen, & Liveng, 2013). There are a

number of competing welfare state typologies, one, according to Esping-Andersen (2001), in which Sweden can be said to have moved more towards a conservative welfare model, where the state has relatively great power. In Denmark, however, a more liberal approach can be seen, in which individuals and labor organizations have more influence. Howeve & Bambra (2007), among others, have criticized Esping-Andersen for lacking gender-perspective, lacking the acknowledgement of subgroups and lacking much general applicability. Nevertheless, the use of a general applicable welfare model is still highly relevant. In Denmark, by legislation, an “elderly council” needs to be represented in each municipality. This council has a relatively strong referral power (no formal decision-making), and hardly no political decision is taken without hearing the opinion of this council (Jarden & Jarden, 2002). In this system, every pensioner over the age of 60 is electable for the elderly council. The election process is organized in the same way as the local elections process, meaning every four years, but no political party associations are permitted.

According to the Danish law, each municipality is obliged to have an elderly council. The statutes of the elderly council must be approved by the city council. It is also the responsibility of the city council to ensure that the elections for the elderly council takes place. In each elderly council, three areas of responsibilities can be seen: budget, social care, and technology and culture. In addition to the elderly council on the municipal level, there is a national elderly council (Jarden & Jarden, 2002). This is in contrast to Sweden, where, on a membership basis, pensioners are represented in organizations for the elderly without having any formal political influence, or so it seems. Furthermore, no national council for the aged can be found in Sweden, where similar responsibilities are assigned to other actors (Anastasia, 2015).

Views on the training for working within elderly care also differ in Sweden and Denmark, with the level of education in healthcare professions in Sweden being slightly higher than in Denmark. In Sweden, elderly care work often requires auxiliary nurse training. Also in Denmark, elderly care workers, social care assistants and many volunteers work together. Sweden and Denmark are also different in the way each country organizes care. In the 1990s, Sweden went through a series of reforms in which the decentralization of local government gave the opportunity for self-governance and self-organization, and this includes care work. This explains why healthcare and social work differs significantly between municipalities of Sweden today and can even differ between the districts within the same municipality.

In general, elderly care in Sweden is controlled by local guidelines, and citizens are offered a number of services that are defined above. Denmark, like other Nordic countries, is characterized by the universal welfare model where all benefit from the same care regardless of where they live. In Denmark, it is quite common for the elderly themselves to define what help they need. Visitor/care managers contact patients to discuss details, including who will perform care work. The individual can choose the provider, which can be either municipal or private. In Magnusson, Christensen and Liveng (2013), it is concluded that both Sweden and Denmark put similar resources into elderly care, but distribute them in different ways. For example, in Sweden, the cost of home care assistance is income-based, but in Denmark, it is free. The care receivers’ influence is relatively stronger in Denmark than in Sweden (Magnusson, Christensen & Liveng, 2013). Also in Denmark, greater attention is paid to elderly people’s wishes and will, but in Sweden, the main focus is on the importance of guidelines and regulations.

### Methodology and methods

The CareSam project was divided into three phases. The first phase consisted of four dialogue seminars, two held in each country, with lectures and discussions on important themes in the field. These themes were chosen by the research group. Participants in the seminars were invited broadly; representing education, management, care workers and NGOs. Between 50 and 150 representatives from the field of elderly care attended the four seminars. Based on the dialogue seminars a diversity of knowledge, questions and visions were collected by the researchers, which formed the impetus for the work in three different project teams made up of employees, managers and educational representatives from the transnational Region of Oresund. At the last two seminar participants were encouraged to join the project teams. A number of people responded, so that each team had a size which made it able to organize itself and work together (approximately 10 participants in each team). In the second phase these three teams worked separately, with researchers as documenters and arrangers, generating knowledge about their chosen themes: a) Educations for care workers, b) Future challenges in care work, and c) Dementia and dementia care. The teams arranged visits to nursing homes and dementia care units in the Region, invited lecturers and presented own knowledge based on experience from work and other projects. Finally each working team hosted a seminar for all participants presenting their results. During the team work, participants were inspired, sometimes provoked from the ways work was being done at the different settings. Discussions pointed to both possibilities for change and to the restrictions experienced by economical and educational limitations in the field of elderly care. In the third and final phase all material were gathered and discussed in the research group. Here it showed that an important theme in the three teams had been the question of meaningfulness in care work, which people with an insider perspective found obvious, but which they at the same time thought was invisible in the surrounding society. The dementia team was for instance preoccupied with possibilities of raising knowledge about the importance of the social and psychological aspects of dementia care in society as a mean to develop care. On the basis of these findings the research group decided to make a film ([www.mah.se/caresam](http://www.mah.se/caresam)), addressing challenging, interesting and rewarding perspectives in present and future elderly care work.

The themes from the three working teams were presented to a film producer who conducted interviews with the researchers. A design for the film was made including interviews with frontline workers; some of them had been involved earlier in the CareSam seminars and in the thematic groups, as well as recordings at elderly care settings which had been visited by the teams. The film highlights the questions: *How can we stimulate interest in care for the elderly? How do we make more people interested in working in the care sector? What are the challenges they are facing as employees?* In the film a number of Danish and Swedish care workers give their answers to why it makes sense to them to work in elderly care. In the film, the answers are structured into a number of themes, for example the importance of activities, the right environment, meeting with the elderly and the reputation of the profession. In this way the film contributes to the co-construction of elderly care as an important and meaningful job, drawing on multiple voices from the sector. It can be understood as presenting “the insider perspective”, or what Geertz (Geertz 1974) labelled an experience near analysis. However, experiences like the one just described are not found in the film; instead, we find as the red thread, or main theme, what could be labelled a “discourse of meaningfulness” (Ducey 2007). The film was intentionally created with the purpose to stimulate interest in, and raise awareness of, the importance of elderly care services. This intention was fulfilled through a number of

interviews with care workers and half-documentary video recordings showing care workers carrying out the central tasks and challenges of their work. The interview questions centered not only on the reasons why the care workers were in their jobs and what they found satisfying about them, but also on the challenges and difficulties they saw in the sector in general. A consensus on the importance and meaningfulness of the work came to dominate the film. To illustrate this, statements and expressions have been transcribed from care workers (with fictitious names) which are presented in the film. As the transcripts illustrate, meaningfulness is not only related to the care aspect, but also to the possibilities of learning and reflections about their own professional roles and importance.

### **Notions in learning the profession**

It is important for Swedish care staff to enable elderly people to be active. In Denmark, activities adapted to the needs of the elderly are seen differently. In Sweden, health professionals work to the “schedule”, but in Denmark, “the time being” is prioritized. This brings to mind a Danish term, “*professional love*”; it means just “*being there*”. In summary, in Denmark, the focus is more on caring, while in Sweden, the focus is more on giving care:

*In Denmark, it is important to listen to elderly people and adapt to their wishes. There is another type of flexibility, and activities in Denmark seem to be more spontaneous than in Sweden, where activities are often made on the basis of ‘plans’.* (Swedish elderly worker in Denmark, source: [www.mah.se/caresam](http://www.mah.se/caresam))

Among the Swedish nurses, the importance of client influence and the need to raise the status of the profession was emphasized in the CareSam project. In contrast, the Danish nurses emphasized the need for good relations with the elderly – to see the elderly as the person as he or she is and not as a product of their disabilities. Jarden (2002) concluded that Denmark places a great emphasis on state provisions, a care system that allows for more flexibility in the living conditions and the social environment of elderly persons has developed. All in all, these reflections on differences can be related to what Hofstede (2001) points out as a key understanding in cultural differences and acknowledge that the cultural dimensions he identified, as culture and values, are theoretical constructions. They are tools meant to be used in practical applications. Generalizations about a country’s culture are helpful, but they have to be regarded as such, as guidelines for a better understanding (Hofstede, 2001).

*The thing that is so rewarding for me is working with people who have lived a long life. You see, I do not think that everyone should work in a retirement or a hospital. Not everyone should work with people. There are differences between Sweden and Denmark. In Denmark, it is easier to dismiss people than in Sweden. We have talked to people in Scania and heard that, in Sweden, there are people that should be dismissed, but they can’t be because of certain rules. I think that it is better if some people work with machinery. It requires certain skills to work with people, a certain way of meeting them.* (Johan, Swedish elderly care worker in Denmark, cited in Ciasto, 2013)

Elderly care work is characterized by the caregivers’ professional closeness with elderly people. In regard to this, Maria states, “*The thing that is so giving for me is working with people.*” Central to all the interviewed employees is the relationality of the work. It means that the care worker potentially receives direct recognition from the elderly person he or she

supports. Vera, for instance, points out the giving and taking when being a part of the daily life of the elderly at a nursing home: *“You get a lot back from the elderly...when you have helped them with something, they give you a smile... a hug...or they say, ‘I am so happy you did this for me.’ You simply feel that you have done something that is good for them...and they are content.”*

The various meetings are, in themselves, described as fulfilling in a way that has no equivalent in many other occupations. Paul focuses on the diversity of human beings, meaning that no two working days are the same: *“It’s about being together with people and no days are the same....You are meeting fifteen different people...and can’t do anything the same way... some days’ things go easily and other days you think, ‘Oh my God’...but that’s what’s so exciting...it gives a lot.”* In the team meeting, Sue talks about calm days and pressed days, she acknowledges the extreme poles of the work; it can almost be heaven or hell, but that is what she likes about it.

### **Learning about health and history**

The historical dimension as part of an elderly person’s life and the connection between the care worker and the elderly act as link between past and present. Ingrid expresses it as *“It’s their home and you have to show a lot of respect...what I enjoy is getting to know them at home...where you can experience them at home...for example, you see pictures...and insights into how they have lived.”* In this expression, there is both professional and personal meaning. Ingrid needs to be a humble listener and a professional caregiver and integrate both so that the elderly person feels that Ingrid, as a care worker, is a part of their daily life. There is a conditional and continuous learning perspective under the condition that you are professionally aware and open towards the elderly, as Alicia express it, *“You learn something new every day at work and from the elderly...they have so much wisdom that can’t be found elsewhere....if you listen actively and show some commitment, you can learn things.”* Visiting many elderly people every day is not seen as a problem for Alicia. The satisfaction in a relational work as care work could be seen as dependant on personal knowledge and relatively high level of autonomy and crucial for the satisfaction (Kamp & Hvid, 2012).

The range of needs, in itself, gives meaningfulness a certain dimension, as Tilde expresses it: *“Also, you learn a lot through meeting different people....and gain knowledge about illnesses....Their needs are so diverse....that you are always learning something new.”* Hackman and Oldham (in Shields & Johns, 2016) point out that when having high dimensions like task identity, task significance, skill variety, autonomy and receiving feedback will have a strong impact on meaningfulness, responsibility and identification in motivation. One example of meaningfulness and responsibility is when Anna helps Mrs X put on her compression stockings:

*We are going to help Mrs X to put on her compression stockings...but in reality, the visit is more about social comfort...to give her a hug and hear how she is doing....it’s really hard for her, and it’s really nice to bring energy for her.*

The aspect of identification in motivation is further expressed by Sofia:

*I think it’s really exciting to have my workspace in other people’s homes...I get this special feeling when I go into someone’s home...and experience their life... for example, knowing that their tablecloth has a history....these relations...and*

*the closeness and the personal space...I think that's really interesting and exciting and [this is] why I belong in home care.*

These care workers express a strong sense of dedication and feelings of contentment in their daily work with elderly people, where meaningfulness and a special relationship with the clients is apparent.

### **Theoretical frame**

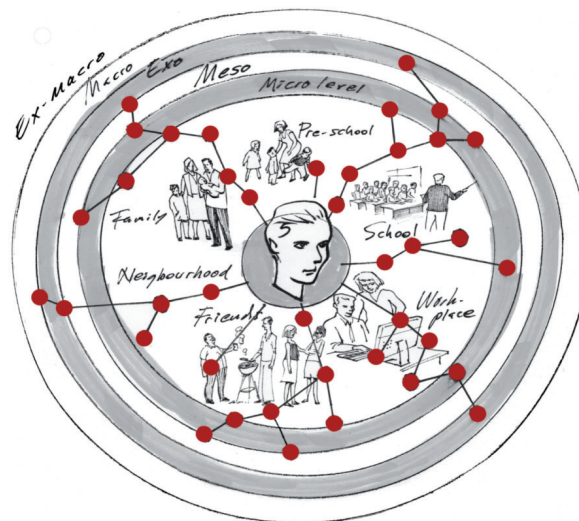
Elderly care is a part of human service organizations. This means they are part of a caring society, and elderly care workers in these organizations are expected to embody the values of caring, commitment, trust, and responsiveness to human needs (Hasenfeld, 2009). The relationships between individuals and the interplay between different levels is a part of understanding a professional context. This study's theoretical frame of reference is to be found within developmental ecology, founded by Bronfenbrenner (1979). According to Bronfenbrenner's theory, everything is interrelated and interacts with one another, but to varying degrees and at different times. This theory not only focuses on relationships between people, but also between the different systems of which our lives and our world are made up. Bronfenbrenner maintains that the individual always develops within a context and his theory covers the whole of this context. The choice of developmental ecology as a frame of reference can be motivated by the fact that Bronfenbrenner divides this context into different levels, which simultaneously act upon and interact with the individual and influence his or her development. To understand the individual's development within its context, the study should not only include the individual and his or her specific environment, but also the individual in his or her relation to the general environment on different levels. Thus, when focusing on professions, we focus on both individuals and organizations, and when reflecting upon social policy and welfare systems, we focus on the societal level. Bronfenbrenner does not focus on the individual's sphere of influence, but rather on the individual's drive and ability to influence their relationship to a specific environment. In this theory, human development can only be understood when individual relationships towards other people in his or her socio-cultural context, as well as natural psychological and biological pre-conditions, are seen. This also gives us the possibility to integrate individual development with family and institutional development (Bronfenbrenner, 2005). The elderly care workers, through their organizations, reflect their commitment and dedication to improving the quality of life of people in need and offers them the opportunity to practice their professional and occupational skills (Hasenfeld, 2009).

To better understand the complex inter-relationship between the individual and society, Bronfenbrenner developed his model of developmental ecology which consists of four systems, each of which operate at different levels: from *micro* (the most specific) up to *meso*, *exo* and then *macro* (the most general). To understand an individual, it is not enough to simply describe him or her in the context of their family (micro context); we must also take into account how the various sub-systems interact with the individual and with one another (meso context). The macro system is then crucial for placing this analysis within the context of daily life like that of elderly care. In addition to the four system levels, time is also an important factor in the developmental ecological perspective. Both the individual and the environment change over time, and Bronfenbrenner maintains that these changes are crucial to our understanding of how different systems influence the individual and his or her development. The same goes for institutional and cultural development, meaning that, for example, the presence of strong



individuals in an organization greatly influences its organizational development. This is why the model of Bronfenbrenner can be seen as a multi-level model (Bertram, 1988). However, the model does not feature what can be interpreted as an international level, an important factor in regard to the all-pervasive force of globalization. As a result, I feel that it is important to also refer to Drakenberg's (2004) study, where she complemented Bronfenbrenner's model with a fifth level, an ex-macro level. Resilience capacity on a mental, intra-level (Christensen, 2010) and an entrepreneurial way of building, developing and keeping networks gives the different levels in the Bronfenbrenner's Development Ecology model a broader understanding of what stimulates learning processes and our understanding of education and the profession in a welfare context. Transformation in a welfare context can thus be understood from both individual and social perspectives (ibid).

Elderly care work can thus be said to contain six different levels of intervention; the intra-personal level (capacity of resilience), the micro-social level (person, client, focus on interaction), the meso-social level (group, institution, coherence), the exo-social level (society, institutions, educational system), the macro-social level (culture, nation, traditions, language), and the ex-macro-social level (international relations and EU influence). When understanding elderly care in a cross-border perspective, we can relate to what Fayolle and Kyrö (2008) describe as the interplay between environment and education. Therefore, ties, meetings and networks are closely linked to the individual. Given this, a connection between the (extended) Development Ecology model and Entrepreneurship gives us the Entrecology model:



**Figure 1.** The Entrecology model (Christensen, 2010)

Each link in the Entrecology model should be seen as each individual's own, unique, personal network. The starting point is the individual and the interplay between their surrounding contexts. When analyzing social networks as a tool for linking micro and macro networks, the strength of the dyadic ties can be understood (Granovetter, 1973). These strengths (or weaknesses) give dependency as well as independency. This leads to a paradox which has been discussed by Jansson (2008) among others in relation to the professional dilemma that can be seen in many organizations. The Entrecology model combines these two dimensions. If we view elderly care work as an action-oriented discipline, then both action and intervention

are essential elements of the identity of elderly care work. In order to meet the elderly's needs, the profession needs to be creative and focus on opportunities to, in the best way possible, organize how to fulfil the needs of the elderly. This study primarily focuses on the meso-social level and the exo-social level from a professional point of view.

### Result and Discussion

Sweden and Denmark have different educational traditions and view encounters with the client or patient in slightly different ways. In Denmark, more flexibility within the profession can be seen which attaches great importance on spending time with the client. In Sweden, there is a clearer system approach, which focuses more on *doing* than on *being*. Further differences are the Danish elderly council's major reference power. There seems to be a gap between the political rhetoric and professional practices within elderly care. This means that greater demands will be placed on the frontline employee and may result in a crossfire between the organizational system's economic requirements and a growing elderly population that will have increasingly more complex healthcare needs (Magnusson, Christensen & Liveng, 2013). In regard to the future of education for elderly care workers and learning, both similarities and differences can be found. In this article, the care workers' views of their work through self-reflection have been highlighted out of *meetings on different levels* can be said to characterize elderly care in general, but the meeting of professionals within the care sector occurs on many different levels, both together and independent of each other. These meetings could be exemplified on the basis of the following levels: *Individual level*; the elderly meeting with other elderly people, staff workers who meet with the elderly and their relatives, *Organizational level*; Danish and Swedish elderly care organizations interacting with each other, through staff-workers meeting with other colleagues, *Society level*; Legal structural meetings concerning topics such as elderly care legislation and educational systems in Denmark and Sweden and *Societal-organizational level*; Through political decisions, policy documents, et cetera meeting with Danish and Swedish geriatric care in a regional context. In Denmark, the client seems to be more in focus and have a different status than is the case in Sweden (Magnusson, Liveng & Christensen, 2013). Danish elderly care has a tradition of strong client influence, while in Sweden it seem to be more focused on practical chores and attitudes from those who work in the care sector (ibid). This gives the profession a certain position of power, but it is responsible for using it in the proper way. The care employee can be said to hold a position of power, but should not act on this power as it could lead to a professional dilemma (Christensen, 2010).

Harnett (2010) discussed the use of power and points out that, although there are roles associated with power, it is important to emphasize that these roles only get their meaning when they are staged. This point of view is based on a relational perspective where power is seen as something in constant negotiation. Power is not just about who has power over whom, but also, it is about how we talk about the elderly and what we see as "truths" in Danish and Swedish elderly care (Harnett, Jonson & Wästerfors, 2012). To put it another way, the elderly care worker holds a position of power, but he or she is not expected to use it. Actors (individual, organizational, or societal) within elderly care act as a part of a knowledge system on either the individual or the organizational level and which sees the market and society interact with each other. The society, through its authorities on different levels, have their own professional identity which reflects their relations towards clients and the organizational frame. This, in particular, gives the exo-social level and the meso-social level a key role. Ties between the elderly care

worker and client include both social, legislative, and market components. The link between the freedom to act and limitations of the same may be viewed differently according to how the rhetoric is translated into practice in each region. Learning and working practice, as an output from this, needs to be understood when comparing meetings in a professional context. The surrounding environment related to a societal framework (local, national, and international) and/ or organizational context (such as personal network or workplace), in relation to the individual's capacity, plays a key role in overall development. The Entrecology model gives us a tool to see knowledge acquisition as a process; in which the individual develops through and with their respective network. How reality is viewed and how, in a collective way, reality is defined on different levels – family, organization and society – will affect one's capability for acting and learning.

It can be said that the level of dependence or independence which the elderly workers' experience in their organizations and society are of great importance when considering knowledge processes and acquisition. The elderly care worker's ability to define his or her professional sphere of influence is defined in relation to the contextual level of freedom or lack of freedom that the elderly care worker experiences in the relationships that he or she has, both horizontally and vertically within their organizational environment. Exchange of learning on an individual, professional meso-social level and knowledge transfer on the exo-social level seem to be key factors in a regional development context when it comes to the elderly sector. In general, experiences which take place in the exo-system could give substantial input into personnel development. The Development Ecology model, developed by Bronfenbrenner through the Entrecology model, makes a substantial contribution to our understanding of the individual's role and behaviour in relation to the context surrounding them on different levels.

### Conclusions

The research object in this article is the elderly care worker, reflected in a cross-border project with the aim to highlight and give reflections on elderly care in two welfare states. A reflection on these concepts is put into focus by the research question, *how can the elderly care profession be understood from a transnational perspective?*

Key findings are that in Sweden, professionals seem to adopt a more distinct systems approach in its service provision, while professionals in Denmark seem to be more flexible and attaches greater importance to spending time with the elderly. Another finding is that, in Sweden, there seems to be a greater professional focus on *doing* rather than on *being* in comparison to Danish elderly care. Many similarities are to be found in Swedish and Danish elderly care, as both Sweden and Denmark are part of the same welfare model, although they have some differences in organization and structure. In Denmark, the elderly care worker can be seen as more "entrepreneurial" in the way of acting and understanding the professional role. In Sweden, "doing nothing" is, in many ways, seen as a non-professional behaviour. Furthermore, in both Sweden and Denmark, there is a gap between rhetoric on a societal level and in practice. The perception of authority is different as well as trust in the authority, and even though both countries belong to the same basic "welfare system," there are differences in norms, rules, and laws. This is not the case in all areas, but differences do exist. In Sweden, care professionals therefore, tend to emphasize consensus and consensus solutions, whereas in Denmark, the decision-making process is more absolute; once a decision is made, action quickly follows. A model like the Entrecology model can enhance the levels of understanding in knowledge exchange meetings between professional care individuals and the

context in which they study learning and knowledge creation when reflecting on professional context, like in the elderly care sector. The organization of elderly care affects the elderly individual, and to a greater extent, the organization and control of the personnel schedule. The elderly care profession needs to further develop the profession to focus on social and healthcare needs and give the elderly a right to decide what they think is reasonable care, thus promoting individualistic thinking and high quality. In addition, the development of the social care profession should cover not only medical care, but also social skills. In Denmark, it is important for the individual to feel they have influence and power over their care. This is done by trying to adapt the care to not only what the user wants, but also what they do not want. In contrast, in Sweden, we see that not only is the business framework important, but also that the elderly are active and kept busy. In Sweden, defining the different types of services that elderly people have access to and are offered is seen as important. In contrast, in Denmark, the importance of the elderly to have choices is more focused on. Diversity of perceptions and images of elderly people and their care is a key-factor in order to understand different constructions of meaningfulness in the health care professions. There are significant differences between the care work in Denmark and Sweden. A cross-border dimension in a project where multiple voices are included gives an added value to the understanding of notions of elderly care. However, the ultimate aim remains the same and there are major similarities in the way the work is performed. Through greater awareness of the differences and similarities in how we address future needs, we can acquire a greater understanding of what we have in common and hopefully construct the field in ways containing its complex and multiple dimensions. We can draw from this the idea that there are different views on what welfare and choice mean and how we interpret them and then apply them to care. In Sweden, defining the different types of services that elderly people have access to and are offered is seen as important. In contrast, in Denmark, the importance of the elderly to have choices is more focused on. This article has shown that, by focusing on societal and professional meetings in the elderly sector from a regional perspective in two relatively similar welfare societies, we can develop our understanding of differences and indifferences between these societies and driving forces behind access to knowledge, identity and the position of the individual. Hence, there is a need to deepen the knowledge in these driving forces because the closer we are, the closer we will feel. Thus, the importance of the question of how do different organizations and systems establish relationships based on the desire for professional autonomy, self-identify, and dignity may be further explored. A cross-border dimension in a project where multiple voices are included gives an added value to the understanding of notions of elderly care. However, the ultimate aim remains the same and there are major similarities in the way the work is performed. Through greater awareness of the differences and similarities in how we address future needs, we can acquire a greater understanding of what we have in common and hopefully construct the field in ways containing its complex and multiple dimensions.

### References

- Anastasia, E. (2015). *Cross-regional analysis of population ageing in the arctic*. University Press: University of Oulu.
- Bambra, C. (2007). Going beyond the three worlds of welfare capitalism: Regime Theory and Public Health Research. *Journal of Epidemiology and Community Health*, 61(12), 1098–1102.
- Bertram, H. (1988). *Sozialstruktur and Sozialisation. Zur mikrosoziologischen Analyse von Chancenungleichheit*. Darmstadt, Neuwied: Luchterhand.
- Blackman, T. (2000). Defining responsibility for care: approaches to the care of older people in six European countries. *International Journal of Social Welfare*, 9, 181-190.

- Bronfenbrenner, U. (1979). *The Ecology of Human Development*. Cambridge: Harvard University Press.
- Bronfenbrenner, U. (2004). *The Social Ecology of Human Development: A Retrospective Conclusion*. In U. Bronfenbrenner (Ed.), *Making Human Beings Human Bioecological Perspectives on Human Development* (pp.3-15). Cornell University, Sage Publishing.
- Christensen, J. (2010). Proposed Enhancement of Bronfenbrenner's Development Ecology Model. *Education Inquiry*; 2(1), 101-110.
- Ciasto, T. (2013). *Elderly care in the Oresund Region*. Malmo: Visualife. Retrieved from [www.mah.se/caresam](http://www.mah.se/caresam)
- Drakenberg, M. (2004). *Kontinuitet eller förändring? (Continuity or change?)*. Equal Ordkraft (Power of Words) project, report, Municipality of Helsingborg/Malmö University.
- Ducey, A. (2007). *More than a job: meaning, affect, and training health care workers*. IN: Clough, Patricia Ticineto (ed.): *The Affective Turn. Theorizing the social*. Duke University Press, Durham & London.
- Esping-Andersen, G. (2001). *Nordic Welfare States in the European Contest*. London: Routledge Press.
- Fayolle, A., & Kyrö, P. (2008). *The Dynamics between Entrepreneurship, Environment and Education*. Edward Elgar Publishing. Cheltenham.
- Geertz, C. (1974). From the Native's Point of View: On the Nature of Anthropological Understanding. *Bulletin of the American Academy of Arts and Sciences* 28(1), 26-45.
- Granovetter, M. (1973). The strength of weak ties. *American Journal of Sociology*, 78(6), 1360-1380.
- Harnett, T. (2010). *The Trivial Matters. Everyday power in Swedish eldercare*. (Dissertation, School of Health Sciences, Jonköping University).
- Harnett, T., Jonson, H., & Wästerfors, D. (2012). *Makt och vanmakt på äldreboenden [Power and powerlessness of the elderly]*. Lund: Studentlitteratur.
- Hasenfeld, Y. (2009). *The Attributes of Human Service Organizations Thousand*. Oaks: SAGE Publications.
- Hofstede, G. (2001). *Culture's Consequences: comparing values, behaviors, institutions, and organizations across nations (2nd ed.)*. Thousand Oaks, CA: SAGE Publications.
- Hultman, G., & Ellstrom, P. E. (2004). *Lärande och organisationer [Learning and Organizations]*. Lund: Studentlitteratur.
- Jakobsson, G. (1998). The politics of care for elderly people in Scandinavia. *European Journal of Social Work*, 1(1), 87-93.
- Jansson, E. (2008). *Entrepreneurship as a Paradox: A Romantic-Ironic History of a Deviant Entrepreneurship*. Uddevalla Symposium 2008. Spatial Dispersed Production and Network Governance, University West.
- Jarden, M. E., Jarden, J. O. (2002). *Social and health-care policy for the elderly in Denmark. Global action on Aging*. Retrieved from [www.globalaging.org/elderrights/world/densocialhealthcare.htm](http://www.globalaging.org/elderrights/world/densocialhealthcare.htm)
- Kamp, A., & Hvid, H. (Eds.). (2012). *Transition Management, Meaning and Identity at work A Scandinavian Perspective*. Frederiksberg: Copenhagen Business School Press.
- Larsson, K., & Szebehehly, M. (2006). *Äldres levnadsförhållanden [Older people's living conditions]*, rapport 112, 411-420. SCB and Umeå University.
- Magnusson, F., Christensen, J., & Liveng, A. (Eds.) (2013). *Caresam: äldre och utmaningar i Öresundsregionen - att arbeta med äldre i Sverige och Danmark [Caresam: aging and the challenges in the Oresund region – to work with äldre in Sweden and Denmark]*. Retrieved from <http://dspace.mah.se/handle/2043/16574>
- Shields, J., & Johns, R., (2016). *Managing Employee Performance and Reward*. Cambridge University Press.
- Szebehehly, M. (Ed.) (2005). *Äldreomsorgsforskning I Norden – en kunskapsöversikt [Elderly care research in the Nordic countries - a knowledge]*. Tema Nord 2005: 508. Nordiska ministerrådet.
- Trydegård, G-B. (2000). *Tradition, Change and Variation. Past and present trends in public old-age care*. Stockholm University: Dept of Social work.
- Walker, A., & Lowenstein, A. (2009). European perspectives on quality of life in old age. *European Journal of Ageing*. 3(6), 61-66.

## PROFESSIONAL DEVELOPMENT IN SOCIAL WORK: ELDERLY CARE IN SWEDEN AND DENMARK

### *Summary*

*Jonas Mikael Christensen  
Malmö University, Sweden*

This article focuses on the professional field of elderly care in the two welfare states of Denmark and Sweden, which appear to have much in common. The empirical data is based on a cross-border project and is used to give reflections on the elderly care profession. The focus of the project was on the meeting between practice and research, and is an example of knowledge support seen from a regional perspective. The research object in this article is the elderly care worker, reflected in a cross-border project with the aim to highlight and give reflections on elderly care in two welfare states. A reflection on, these concepts is put into focus by the research question, *how can the elderly care profession be understood from a transnational perspective?*

Included in this project is a film which includes interviews with frontline workers. The film highlights the questions, how can we stimulate interest in care for the elderly? How do we make more people interested in working in the eldercare sector? Also, what are the challenges they face as employees? In the film, Danish and Swedish elderly care workers explain why it makes sense for them to work in elderly care. Their answers are structured into themes, such as the importance of activities, the right environment, meeting with the elderly, and maintaining the reputation of the profession. This study's theoretical frame of reference is found within developmental ecology. The choice of developmental ecology as a frame of reference was motivated by the fact that Bronfenbrenner divides this context into different levels, which simultaneously act upon and interact with the individual, thus influencing his or her development. A connection between the (extended) Development Ecology model and Entrepreneurship gives us the Entrecology model as a tool to see professional knowledge acquisition.

Although many similarities are found between Sweden and Denmark, there still remains significant potential for knowledge transfer within the elderly sector – as Sweden and Denmark have different traditions when it comes to education systems, client influence and internal funding. There seems to be a gap between the political rhetoric and what the care professionals practice in elderly care. A key conclusion is that Sweden seems to adopt a more distinct systems approach in its service provision, while in Denmark, they are more flexible and attach greater importance to spending time with the elderly. Another conclusion is that, in Sweden, there seem to be a greater professional focus on doing rather than on being in comparison to Danish elderly care.

There are many similarities in Swedish and Danish elderly care in relation to both Sweden and Denmark being a part of the same welfare-models, even though there are differences in organization and structure. It seems that we adopt a more distinct systems approach in our service provision, while in Denmark, there is more professional flexibility and greater importance is placed on spending time with the elderly. In Denmark, the elderly care worker can be seen as more “entrepreneurial” in the way they undertake and understand their professional roles. Even though similarities between Danish and Swedish elderly care exists, differences in how the care professions are seen are also found, which gives Sweden and Denmark the potential to learn from each other.

Finally, we can say from this that there are different views on what welfare and choice mean, and how we interpret them and then apply them to care. It is more important to *do* than to *be* in Sweden,

while it is the contrary in Denmark. This article has shown that, by focusing on societal and professional meetings in the elderly sector from a regional perspective in two relatively similar welfare societies, we may develop our understanding of differences and similarities between those societies and driving forces behind access to knowledge, identity and the professional position of the individual.

Hence, in conclusion, we must deepen our knowledge of these driving forces, because the closer we are, the closer we will feel. Thus, the importance of the question of how do different organizations and systems establish relationships based on the desire for professional autonomy, self-identify, and dignity in the elderly care may be further explored. A cross-border dimension in a project where multiple voices are included gives an added value to the understanding of notions of elderly care. However, the ultimate aim remains the same and there are major similarities in the way the work is performed. Through greater awareness of the differences and similarities in how we address future needs, we can acquire a greater understanding of what we have in common and hopefully construct the field in ways containing its complex and multiple dimensions.