Attractive Jobs in the Dutch Elderly Care – how to extend Part-time Contracts?

Author: Quinten Braakman
University of Twente
P.O. Box 217, 7500AE Enschede
The Netherlands

ABSTRACT

Purpose - Within the next three years, the personnel shortage in the Dutch elderly care sector is estimated to grow to at least 125.000 vacancies. Also, 90 percent of the care workers work part-time. Not only is this unused capacity, part-time contracts also have disadvantages for both the employer and employee. In order to reduce the personnel shortage; to provide good care in the future and to decrease the disadvantages of part-time contracts, two things can be done: hiring new care workers and/or extending labour contracts of current workers – 90 percent of the care workers have part-time contracts at the moment. This research is an explorative case study with an empirical approach in order to answer the question: *how to extend part-time contracts in the Dutch elderly care sector?*

Design / methodology / approach - A qualitative case study was done using the general interview guide approach. It was chosen to interview managers, planners and care workers from two elderly care organisations in the Enschede region to collect their thoughts and experiences on the research question.

Results - The general consensus was that in order to offer elderly care employees extended contracts, the following three things need to happen: 1) creating acceptance for different working hours, tasks and locations, 2) reducing demand for care in peak hours by changing the mindset of both care workers and clients and 3) changing the criteria by which care organisations are assessed and financially compensated. Altogether, such a shift from the status quo is a challenging task and is therefore expected to take at least a few years before being successfully implemented. Due to various personal reasons many employees do not want to work more hours. Therefore, the extent to which current care workers can be offered larger labour contracts is rather limited. Nevertheless, it has been reported that the younger generation generally wants extended contracts, so over time this need is expected to increase.

Originality/value – This study tries to provide suggestions to a complex and highly relevant and pressing issue: the rapidly increasing personnel shortage and demand for elderly care. To do this, more knowledge about how larger labour contracts can be offered is needed, since large labour contracts are reported to be difficult for care organizations to offer to employees, yet they are in demand by especially young employees. This study is the only academic case study so far, besides government issued studies, to research the topic of labour contract extension in the Dutch elderly care system. In that sense it is a unique contribution to the development of knowledge in that field from a business administration point of view.

Keywords - elderly care, part-time, labour contracts, extension, Netherlands, preferences, legal, CLA

Graduation Committee members:

Dr. ir. J. de Leede (University of Twente), Dr. A.C. Bos-Nehles (University of Twente)

1. INTRODUCTION & PROBLEM STATEMENT

1.1 Increasing demand for elderly care

Like in many other highly developed countries, the life expectancy of the Dutch population is ever increasing. Children that are born in the Netherlands nowadays are expected to have an average lifetime of over 80 years, in 2040 this will be 86 years (ActiZ, 2018b). To compare: at the beginning of this century, it was still 'only' 75 years for men and 80 for women (CBS, 2016). This has resulted in a tremendous increase in demand for elderly care that has to be covered. In 2022, the personnel shortages in the care sector are estimated to be between 100.000 and 125.000 employees (*Actieprogramma "Werken in de Zorg,"* 2018). Henk Kamp, chairman of Actiz, the Dutch association for care employers, even estimates that within three years, 190.000 people will be needed in the care sector ("ActiZ-voorman Kamp: investeer meer in veilige ouderenhuisvesting," 2018). Currently the amount of vacancies in the care sector is about 35.000 and about half of the vacancies in the (elderly) care sector has proven to be difficult to fill (CBS, 2019a; UWV, 2018). No end seems in sight, as earlier this year the Central Bureau for Statistics CBS) reported that the care sector is the fastest growing sector regarding the number of vacancies (CBS, 2019a).

The Dutch government has acknowledged this pressing shortage as well and has made €2.1 billion available for healthcare institutions to deal with the shortage of personnel (Hendrickx, 2017; Regeersakkoord, 2017). However, money alone is not enough to solve the problem. The money might be there, but the workers are not. Proof of this is provided by the CBS: the Dutch labour market is has not been this tight since the financial crisis of 2008, with currently 88 vacancies per 100 unemployed people, compared to only 14 vacancies in 2013 (CBS, 2019a).

Furthermore, currently the average amount of working hours (including overtime) per week in all sectors is 29,0. However, in the (health)care industry this amount is only 24,6. For women this is even 23,5 hours per week (CBS, 2019c). Thus, on top of the growing personnel shortage, the average working hours of employees in the care sector is much lower than in sectors overall. Not only are average contract sizes in the (health)care smaller than on average, even within the care sector the part-time contracts in the intramural care are smaller than the average in this sector, with a part-time factor 0,62 on average compared to 0,68 for the whole sector (CBS, 2019d).

If these part-timers, which make up for 90 percent of the workers in the sector according to the CBS, would work a bit more, that would solve a part of the personnel shortage problem. In order to do this, while avoiding working planned overtime, extended labour contracts are necessary.

1.2 Disadvantages of part-time labour contracts

On top of the fact that these part-time contracts pose a problem for the elderly care sector as a whole, they also have some drawbacks for the care workers themselves, which could be smaller if elderly care workers were to get extended labour contracts, therefore working more hours per week.

Firstly, part-time nurses experience less obligations towards their employer than their full-time colleagues and working part-time negatively affects job satisfaction, as Mallette found. "*Full-time contract nurses have more of a relational psychological contract than part-time or casual nurses. The psychological contract has a direct effect on nurses' job satisfaction, job withdrawal, career commitment, and career withdrawal*" (Mallette, 2011).

A Polish study among knowledge workers confirmed this finding about flex- and part-time working, stating that *"job insecurity is the most influential factor in the model of job satisfaction for all employees. […] Flexible workers are much more vulnerable to job insecurities in terms of job satisfaction"*(Wilczyńska, Batorski, & Sellens, 2016). To specify for sex, working flex for an extended period of time more often leads to reduced working hours for women than for men, which has a negative impact on job satisfaction for women (Wheatley, 2017). Given that 90 percent of the elderly care workers in the Netherlands is female, this is problematic. Larger contracts could reduce this problem.

Job satisfaction is important, as the higher the job satisfaction, the better the performance of the workers. Thus, job satisfaction is not only nice for the workers themselves, it also increases job performance and like this the quality of care (Judge et al, 2001; Platis, Reklitis, & Zimeras, 2015).

Secondly, not only job satisfaction is an issue, income security is determined by the type of contract as well. Dutch researchers found that, on the matter of income security, flex workers would prefer a permanent job in the future (Klein Hesselink & van Vuuren, 2002). The problem with the income (in)security that is a characteristic of part-time work is that "*the financial situations and the leisure lives of female part-timers in lower level jobs reveals a less positive picture of their 'life balancing' than is portrayed in much work–family literature. Instead, they emerged as the least financially secure employees and, linked to this, less satisfied with their social lives too*" (Warren, 2004).

The Ministry of Health, Welfare and Sport states this in a report as well, saying that larger contracts are a solution to this problem, as it is *"important for the necessary economic independence of (mainly) women. Split working schedules with a few working hours in the morning and a few in the evening do not fit that well."*(*Actieprogramma "Werken in de Zorg,"* 2018)

1.3 Possible solutions

To meet the growing demand for care and tackle to problems of part-time labour contracts, two solutions would be possible: 1) new employees are hired; 2) the current employees work more hours per week. A combination of both could be a possibility as well, where new employees are also offered larger labour contracts than contracts sizes that are currently common practice for novice care workers. The focus of this study is to research how labour contracts can be extended, preferably for both current and future employees.

1.4 Most opportunity with young labour market entrants

With regard to the work in the elderly care sector in general, are workers reportedly continuously deal with overtime, time pressure and stress (Latijnhouwers & Ten Napel, 2017). 71 percent of the employees in nursing homes and homes for the elderly report that their employers do not take (effective) measures to reduce work load and work pressure (Jettinghoff,

van Hassel, & Joldersma, 2017). Thus, despite the meaningful work these care workers do, their jobs are rather stressful ones. 69 percent of the workers in the home and nursery home elderly care sector (in Dutch: *vvt*) reported that they do not want to work more hours structurally (ICSB, 2018). Only 24 percent reported that employees would like to work more. This decreasing share of health care part-timers that would like to work more than they currently do has been a trend since 2014. The unused part-time working time has dropped from 9,4% in 2014 to 5% in 2018 (CBS, 2019b). According to the ICSB report, the solution to this problem could be found among young people, as it states that the biggest opportunities for extended contracts are with young workers (≤35 years old).

This is in line with the findings of the University of Utrecht and Young Capital, which stated that "69% of the total number of (working) respondents who currently work full-time (36–40 hours per week) also see this as their ideal work situation. This number is about 76% for the Netherlands." (YoungCapital & University of Utrecht, 2017). To provide good elderly care in the future, new employees have to hired, probably with larger contracts, plus such contracts have to be offered to current employees as well.

The objective of this study is to explore how to extend elderly care employees' labour contracts. The scope of this study is intramural non-hospital elderly care. Nowadays elderly people with less serious issues stay at home longer than a few years ago, this means that the care needed once they enter the intramural system is more complex than before as well (see 2.1.1).

1.5 Research question

To find a possible solution to the problems of the increasing demand for care and the disadvantages of part-time contracts, the first research question (RQ1) is: *how to extend part-time contracts in the Dutch elderly care sector?*

The current average working week among female elderly care workers (which is 90% of the total number of workers in this sector, see theory 3.1.5) is 23,5 hours. Therefore, I determine 24 hours to be the break-even point in this study and 'to extend' a contract in the main research questions is thus defined as '≥ 24 hours/week' in as far as this was not the case before.

1.6 Academic & practical relevance

Academic relevance: for now, this is the only academic case study, besides government issues studies, into the topic of labour contract extension in the Dutch elderly care system. In that sense it is a unique contribution to the development of knowledge on that field from a business administration point of view. Furthermore, it helps to check the outcomes of the previous studies, ordered by the government.

Practical relevance: the demand for care among the Dutch elderly is increasing dramatically. To treat them well, within the next 3 years 100.000 care workers are needed. This can be done by 1) extending the labour contracts of employees, 2) hiring new care workers or 3) a combination of the two, including the extension of contracts or new employees. This aims to answer the question how these larger contracts can be achieved, thus contributes to knowledge generation on this topic and hopefully to extended contracts.

2. THEORETICAL FRAMEWORK

2.1 Stakeholders and influencing factors

There are three main stakeholders with various interests that could affect contract size, which are the clients, the employers, and the workers themselves. Although not a shareholder on its own, the Dutch legal framework covers all three stakeholder groups. Employers' interests are sub-divided into capacity management and quality standards determined by the payer. Employees' interests are sub-divided into preferences and qualifications.

2.1.1 Client satisfaction

The more care is needed, the more full-time employment (FTE) is needed to meet this demand and keep client satisfaction up. With the increasing demand (see *problem analysis*), I therefore expect a more pressing need for extended contracts as part of the solution. Of course, this expectation assumes that employees with large contracts (e.g. 1 FTE) do not simply replace two colleagues with smaller contracts (e.g. 0,5 FTE), but rather co-exist. In 2018 the Ministry of Health, Welfare and Sport launched a plan to keep elderly people with the lighter complaints in their own homes longer and receive home care there rather than moving to elderly homes and receive intramural care (*Programma Langer Thuis*, n.d.). This has led to a changing clientele type in intramural elderly care: due to this later entry in the intramural elderly care system, when clients finally enter this system, the care needed by them is more complex, as their complaints have increased over time. The complexity of care needed is measured according to the 'care intensity package' (*zzp*) level (see 2.1.6). The higher this level, the more time a care organization can bill the client's payer (e.g. a care bureau or health insurance company). To conclude: the demand for care has increased because of 1) the aging of the population and 2) the increasing complexity of care needed. This demand is expected to keep growing over the next few years.

2.1.2 Employer: capacity management

Much has been published about capacity management, and various scheduling problems have been categorized. According to Baker, three main groups can be distinguished: shift scheduling, days off scheduling and tour scheduling, which combines the first two types (Baker, 2006; Van Den Bergh et al., 2013)

Elderly care organisations are dealing with tour scheduling issues, where there are shifts to be taken into account, plus an operating week (7 days) and an employees' working week (e.g. 5 days) which are not congruent.

De Causmaecker classified four different personnel scheduling problems. These are 1) permanence centred planning, 2) fluctuation centred planning, 3) mobility centred planning and 4) project centred planning (De Causmaecker, Demeester, Berghe, & Verbeke, 2004). The elderly care institutes that will be studied are so called *permanence centred planning organisations*, which are defined as "*organisations [in which] a minimum personnel coverage is required at all times. Personnel work in shifts (typically three, but in some cases more)*". The paper also states that "*in general, permanency is guaranteed by cyclical schedules, but the cycles are very often disrupted due to absence of personnel. Shift moves are thus unavoidable."* Therefore, the policy elderly care organizations have on dealing with these problems has to be focused on in the interviews.

From a scheduler's point of view, I can assume that it is in the scheduler's interest to create a working schedule with maximum flexibility to deal with peak hours in demand for care properly, preferably with a low amount of staff physically present during 'down time'. Another solution would be to decrease demand for care during peak hours, thus 'flatten' these spikes and stabilize demand throughout the day. To make contract extension easier to plan for, the assumption is made that schedulers will be interested in the multi-skilling – the performance of a range of different tasks ("What is multi-skilling?," n.d.) capacities of their care workers. This phenomenon will be discussed further in the section *employee preferences*.

2.1.3 Employer: meeting financer determined quality standards

The quality standards by which elderly care organisations are assessed and compensated for their services are non-uniform, as they are set by multiple institutions (depending on which law covers the care provided). Either a health insurance company, a municipality or a so called 'care bureau' (in Dutch: *zorgkantoor*) pays the bills for the care. For this reason, the specific rules by which the organizations in this study operate, vary. Criteria set by insurance companies that apply to the elderly care organisations researched in this study will therefore have to be identified in the interviews. Other than that, the limitations and possibilities set by the current CLA for nurses in the elderly care sector (in Dutch: *vvt*) are taken into account (see 2.1.6).

2.1.4 Employee preferences

Currently around 81 percent of the healthcare employees has a fixed labour contract (CBS, 2019f). The report 'Research contract extension' (*Onderzoek contractuitbreiding*) confirms that in the Netherlands, 69 percent of the care workers is satisfied with his/her working hours and does not want to change the labour contract (ICSB, 2018). Still, this leaves almost one third of the workers unsatisfied. Factors that affect the employee's wish for a different contract size are 1) family situation, 2) age and 3) commuting time. Before the influence of these factors are examined, some positive facts have to be stated: 58% of the employees we are studying report that they have influence on their schedules, and 72 percent reports that the working times match well to their private situations (Jettinghoff et al., 2017).

Dutch researchers found that the life phase an employee is in and the accompanying financial obligations are the leading factors when it comes to the wish for certainty vs. flexibility in contracts. These factors are more important than age or generation. Employees with children and/or a mortgage more often want to a fixed contract, whereas with their financially less-bound counterparts, flexible, part-time contracts are more prevalent (Van der Klein & Stavenuiter, 2016). Even though fixed contracts might just offer a vail of (financial) security, it does provide more psychological certainty (Van der Klein & Stavenuiter, 2016).

Family situation: in the last quarter of 2018 almost 90% of the elderly care workers were female (CBS, 2019g). For this reason, maternity leave and a worker's family situation could be relevant factors that affects contract size. McIntosh et al. (2012), who performed a unique Dutch study about the effect of motherhood on career progression, showed that "*the younger the child the greater the regressive detrimental impact*" and "*a women's career progression is reduced incrementally as she has more children, and part-time workers have reduced career progression regardless of maternal or paternal circumstances*". This is opposed by another Dutch paper, which states that "*in contradiction to what was expected, home domain characteristics did not predict a part-time preference for female, but for male MDs"* (Heiligers & Hingstman, 2000).

Although this might be a good indicator that more research in the field has to be done, it is important to take into account that this study regarded medical specialists (MDs) and not elderly care workers. I assume that, although strictly speaking this is hardly a 'preference', the more children a nurse has, the smaller the likelihood of a ≥ 24 hours/week contract is.

Age: 28% of the employees in the elderly homes and home care sector in the Netherlands is over the age of 55 (CBS, 2019e). To retain nurses as long as possible, Cohen states that retention initiatives could be installed, which "*can include altering working conditions to reduce both physical and mental stress and addressing issues of employee health and safety"* and "*offering senior nursing staff flexible working hours, salary structures that reward experience, and benefit programs that hold value for an aging workforce*" (Cohen, 2006).

This is confirmed by another study, which also stated some other reasons employees have to retire later: "*financial advantages of working and the maintenance of social contacts were the reasons reported most frequently for not taking full retirement*" (Proper, Deeg, & van der Beek, 2009). When the results of these two studies are added up, one could argue that, in order to meet the increasing demand for elderly care, retaining older (> 40 years old) and often experienced elderly care workers is very important. This could be achieved by increased salary, investing in building strong group cohesion among care workers, reducing stress, flexible working hours. Because of the last two, I expect the need for older care workers for larger contracts to be small.

Workload and pressure: elderly care-workers have reported to be working overtime on a regular basis (Latijnhouwers & Ten Napel, 2017). Furthermore, 80% of employees working in nursing homes report that the workload has increased over the past few years (Jettinghoff et al., 2017). 68% of the respondents in this sector reported that they mainly experienced this increased workload as "I have to do much more work". Although 41% rated their work pressure as "good", 47% found this to be "too much". Before drawing conclusions however, we have to determine the cause of problem. The assumption made, based on the petition "*Het roer moet om*" (Meijman, 2015), is that part of the increased experienced work load is overregulation. That is: filling out forms, doing administration and similar other tasks that distract from i.e. taking an old person to the park.

The assumption is that less regulation will reduce the experienced workload and therefore leave more room for longer contracts. In addition to this, I expect that schedulers have to be careful with multi-skilling in their planning, as the extra tasks a care worker might be assigned to do to work more hours, might easily be of the administrative kind, rather than actually taking care of elderly people.

Given that the experienced workload and the experienced cause of this have risen significantly, larger contracts might not be welcomed by all employees. This is in line with the 'Research contract extension' report (ICSB, 2018). The more the experienced workload, the weaker the wish for more working hours and thus an extended labour contract.

2.1.5 Employee qualifications

In the Netherlands 5 levels of care workers can be identified in an elderly care organisation with different levels of education. These levels are: 1) care help (Dutch: *zorghulp*), 2) helper, 3) care workers or care workers individual care (IC), 4) nurse (intermediate vocational education) and 5) nurse (college education) ("Niveaus," n.d.). The difference between these levels is the variety and character of tasks that the employee is qualified to perform. The more tasks an employee is qualified to do, the more likely I expect it to be that this person can be given a larger labour contract.

In the Netherlands a care worker IC is educated vocational education level 3. This allows the worker to perform nursing-technical tasks, such as helping clients to get out of bed, giving medication, help putting on compression stockings etc.

A nurse is trained either at vocational education level 4 or at university of applied sciences level 5. The nurse performs a more extensive set of basic nursing tasks. Thus, in order to qualify for these jobs, different levels of education are required, and different sets of tasks are performed, therefore each job has its own unique characteristics as well, which might affect the feasibility of larger labour contracts for these employees.

2.1.6 Legal framework & CLA

Finally, there is a legal aspect to consider. This is closely connected to section 2.1.3, as the structure of elderly care organisations on the one hand and the financers of their clients' care on the other hand is regulated on a national level. The three main acts with regard to the elderly care are the Long-Term Care Act (*Wlz*), Social Support Act (*Wmo*) and the Health Insurance Act (*Zvw*). These acts determine who pays for whom, and for which treatments. According to care organisations, one of the main reasons that larger contracts cannot be planned for is because the extra hours worked by the care workers cannot be billed to the payer (ICSB, 2018). These payers are categorized as follows:

In the case of *Wlz*, clients can get a 'care intensity package' (*zorgzwaartepakket - zzp*) indication. This indication gives clients the right to move to nursing homes and receive intramural care ("Langdurige zorg: vanuit de Wlz, Wmo of Zvw?," 2018). The level of this indications determines how much the 'care bureau', the executive body of the the Ministry of Health, Welfare and Sport, pays for the treatment of the client ("Zorg vanuit de Wet langdurige zorg (Wlz)," 2019). It is important to discover what is the effect of this regulation on the care that care organizations get paid to provide vs. what they would like to provide to their clients. Care provided under the Social Support Act is paid for by the municipality, and, logically, health insurance companies pay for the care covered by the Health Insurance Act. These laws, of which the *Wlz* is the most relevant for this research question, set certain (quality) standards to guarantee a minimum level of treatment.

Other than the care acts, there is the Working Hours Act, which regulates night shifts, brakes etc. I do not foresee any real problems with this Act, as the most serious regulation it states is that "*after a series of 3 or more night shifts, an employee must have at least 46 hours of non-work time*" and a night shift is *"[when] an employee must work for more than 1 hour between the hours of midnight and 6 am*" (Ministerie van Sociale Zaken en Werkgelegenheid, 2010), which is not very likely to happen.

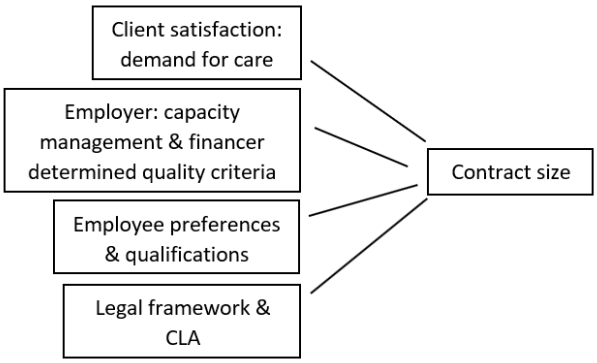
The Act on Professions in Individual Healthcare (*BIG*) regulates the tasks (health)care workers are allowed to perform. According to article 36 of this act, in the Netherlands only *BIG*-registered care workers of level 3 and higher have the right to give medication to clients. Thus, the workers licensed to do so are probably required by their organisations to work during the peak moments, and therefore I expect them to have more possibilities for contract extension than their non-*BIG*-registered colleagues.

The legal framework in this study is rather complex, as the elderly people receiving care are not all covered by one law. Instead, this topic is covered by multiple laws, such as the General Act Extraordinary Care (*AWBZ*), which was partly transformed into the Long-Term Care Act (*Wlz*) in 2015. According to the *AWBZ*, people that need intramural care are indicated with a certain 'care-intensity package' (*zzp)*. The level of this package (ranging from 1 to 9) determines what care organisations are paid for per client (Van Rijn, 2018). Generally speaking: the higher the level, the more care is required, and the more money and time care organizations are given to provide this care. Since the higher *zzp* indications is linked to more time spent per client, and therefore connected to a higher demand for care, this system could affect the extent to which extended contracts are possible.

A CLA was negotiated between trade unions, healthcare institutions and associations for employers (ActiZ, 2018a). Some examples: article 5.1A of this CLA provides organisations and employees the flexibility to reschedule working times - within boundaries - as they see fit (FNV, 2018). However, it does state that employees cannot be asked to work longer than 10 hours in a row. Employees over 55 years old are not required to do night shifts. Also, all employees have the right to certain periods of rest, for example 60 hours after nine 24-hour working weeks and in the elderly care industry, employees have a right to 22 weekends of per calendar year.

2.2 Research model

Model 1: research model



3. METHODS

This research is an explorative case study with an empirical approach in order to answer the question: *how to extend part-time contracts in the Dutch elderly care sector?*

3.1 Research design

A qualitative case study was done using the general interview guide approach. It was chosen to interview managers, planners

and care workers directly, rather than sending questionnaires, so as to be able to collect in-depth data, interpret the finer meaning of that what was being said (which is more difficult on paper) and ask follow-up questions to provide a better understanding. This approach with pre-structured questions using an interview protocol combined with spontaneous follow-up questions was preferred over other interview types, because this type allowed me to ask each interviewee roughly the same prepared questions to cover all the variables from the theoretical framework, while maintaining the flexibility to react to the answers of interviewees and discover more about specific, partly unanticipated, aspects of the question how to extend labour contracts in the elderly care. The interviews were conducted in relatively informal settings which allowed me to develop rapport with the interviewees, so they would share their thoughts more freely. To protect anonymity the names of the organisations the interviewees work for are not mentioned. Organisations were invited to host talks with care workers, planners and managers. The people that were then interviewed were those that matched this request, and which were suggested to the researcher by the organisations themselves.

3.2 Interviewees

The theoretical framework (see section 2) was used to develop interview questions and an interview protocol for employees of two elderly care organizations in the Enschede region.

In both organizations, which will be called A and B in this study, the following people were interviewed (functions are as reported by the organizations). The seven interviews (six 1-to-1 and one 1-to-2 interview) have been recorded and transcribed. The interviews were conducted on four different days, twice with organisation A and twice with B, within a three-week timespan.

A dozen elderly care organizations throughout the Netherlands were contacted and invited to participate. These organizations were selected based on geographical location; type of care offered (with respect to the limitation of intramural care. The majority of the contacted organisations either rejected the invitation for participation based on various grounds (i.e. full agendas, “multiple researches are already being conducted” and “does not align with our priorities and policy”) or did not respond. The two organisations that were studied both met the selection criteria and are therefore valid. The interviews offered room for in-depth questions and new ideas to explore the possibilities regarding extended labour contracts. For example, how this challenge is perceived from managing styles’ and company cultures’ perspectives. Both participating organisations are located in the Enschede region. One organization has around 20 intramural locations, whereas the other has about 35. Both organisations offer a wide range of services, such as nursing homes, recovery homes, day care, transmural care, assisted independent living etc.

Among the participants are ‘boots on the ground’ as well: a nurse and a care worker individual care (IC). Helpers, educated at vocational education level 2, are excluded from this study because of the limited range of tasks they are qualified to do. The research question is therefore limited to employees with levels 3 to 5.

Table 1: interviewees

ORGANIZATION A	**ORGANIZATION B**
Planner	Supervisor
Nurse	Coach & Coordinator
Care worker individual care (IC)	Manager P&O (personnel & organization)
Manager HR	
Manager Care	

In order to measure the factors determined in the theoretical framework, interview questions have been phrased to cover these factors, which are *industry character, demand for care, capacity management, meeting quality standards*, *employee preferences* and *employee qualifications.*

These factors are defined as:

Client satisfaction: the rating the client gives to the organisation for the care he/she receives. This is operationalized by phrasing questions on the trends the interviewees have observed in clients’ expectations, wishes and feedback on treatment over the past few years, plus their expectations for the future. The satisfaction is assumed to be connected to the number of clients that demand intramural elderly care, the complexity of care needed (measured in *zzp*) and the length of stay of a customer in intramural care

Capacity management: the systems, software and practices in place in the organization to connect the demand and the supply of care workers (level 2 to 5).

Meeting financer determined quality standards: the dominant standards imposed on elderly care organizations by government and the health insurance companies of the client that receives care, since the insurers usually pays for these services. To be determined are: 1) *which bodies pay for the services provided by the interviewed organizations*? 2) *Which quality standards are in place? 3) How do they affect the possibility of larger contracts?*

Employee preferences: the personal preferences of the care worker regarding the working hours, working schedule and tasks performed.

Employee qualifications: the qualifications a care worker possesses which allows him/her to perform a certain set of tasks.

Legal framework & CLA: the laws and legally binding agreements that cover the Dutch elderly care system and its labour contracts.

By asking a combination of pre-constructed open-ended questions and spontaneous follow-up questions these factors can be measured in a qualitative way.

A few examples for care workers are: *what do you (dis)like about your work and why? Would you like to work more/as long as/less than you currently do and why?* (to measure employee preferences)

Managers were i.e. asked: *which large trends have you experienced in the elderly care sector and how did you handle that?* (to measure the industry character) and *to which extent could larger contracts be offered to employees and why?* (to answer a sub research question).

Planners were asked: *how is the working schedule made?* and *how could extended labour contracts be scheduled? What would have to change to make this possible?* (to answer the main and a

sub research questions). Furthermore, questions were asked along the line of *which quality standards do you have to take into account when scheduling your employees?*

3.3 Instruments

The general interview guide approach was used to gather qualitative data from the organizations, for which an interview protocol per interviewee was made. These interviews were recorded and transcribed for further use in this study. The interviews ranged from 20 to 70 minutes in length. The interview questions differ per function of the interviewee (i.e. HR manager, caretaker, planner). They are based on the developed theoretical framework and are phrased in such an open-ended way that the interviewees have enough opportunity to freely share their thoughts, opinions and experiences.

From the qualitative data found in the transcripts, phrases were coded that answer (parts of) the research questions. Citations from the interviews are used in the results to support and/or explain the conclusions drawn from these data.

4. RESULTS

Generally speaking, the majority of the participants, especially the managers, shared the opinion that offering larger labour contracts to care workers would be possible. Managers and planners also observed the trend that new labour market entrants have a stronger wish for larger contracts than current employees. In organisation A the first positive experiments with extended contracts have already been conducted.

"What we see now, in [location] we are further ahead in that regard, is that 30% of our personnel is under 30 years old. In other places within our organisation around 50% is above 50 or 45 years old. On the not-so-long term you will get tremendous trouble with that. […] So, I hired all boys now, I have 5 men now. It's bizarre, they never came before. It's all large contracts that I gave them, they can work long shifts, and then they will come. That's what they want." (Manager Care, org. A)

However, the managers also stated that, in order to offer elderly care workers larger contracts, a different approach to organising in the elderly care has to be adopted. Specifically, customs, habits and behaviour of planners, managers, care workers and clients have to change. If customs, habits and behaviour of care workers and clients are changed:

1) The peaks in demand for care might be flattened, which would mean a more stable demand for care. That way, it would be easier to offer someone 8-hours shifts, instead of 2 x 3 hours. This way, with the same amount of working days, someone could work more hours per week, thus have a larger contract.
2) There is more acceptance to work on multiple locations and do more tasks per care worker. Having more work at hand per employee makes it easier to offer this employee a larger contract.
3) Care workers might be more willing to do more evening- and nightshifts as well, therefore making it easier to offer them a larger labour contract.

The extent to which larger labour contracts are possible within the next three years is expected to be relatively small due to 1) the difficulty to change widespread and long fostered habits, customs and cultures and 2) the lack of influence elderly care organisations have on external factors. Nevertheless, the possibilities for larger labour contracts are expected grow over time. Although not quantifiable from the data gathered, this assessment is based on 1) employee preferences, subdivided in the preferences current and future employees, 2) the financing system and 3) Dutch labour market conditions.

4.1 How to extend part-time labour contracts?

4.1.1 Decrease peak hours by performing tasks at different times during the day

The peaks in demand for elderly care are in the morning, when all clients are woken up, washed, dressed and prepared for breakfast at the same time, and in the evening. Decreasing these peaks is needed, because during these peak hours, usually only 3-hour shifts, many care workers are needed. Even when working 4 days a week during the peak hours, this would only be 24 hours, and it means that the workers has to travel back and forth to work 8 times per week.

"You have to chop off a piece of those peaks, otherwise it won't work. I think you could do that by starting the conversation [with the client] and determine: 'What do you want?' You might be surprised. But what happens next is this: it will disrupt our processes and our whole rhythm […] You really have to organise things differently." (Manager P&O, org. B)

However, just asking what clients want might not be enough, as habits and customs can be hard to change. Two interviewees suggested a more demanding approach: this is what we can offer to a client, either he accepts it, or he finds another caretaker. To realize this, they recommended that care workers are facilitated to change client expectations, habits and customs by training the employees in communication skills.

"It is about mindset and about looking differently at how to explain things […] 'These are the wishes you have, this is what we can offer. If you are not willing to make concessions in that, that's fine, then you have to ask a different care organisation to take care of you." (Manager Care, org. A)

Both managers also stated that care workers experience difficulties in having such conversations because of their caring nature and their relationship with the clients. One manager, who had already conducted successful experiments with larger contracts, recommended to face this problem by offering negotiation and discussion trainings and tips to employees. This should help them to manage the expectations of their clients, which would have to change, were larger labour contracts given.

Therefore, this is another behavioural shift, although necessary to create a more stable demand for care, and thus to offer extended contracts, that could prove difficult to realize, especially in the short term.

Nevertheless, the good news for the research question is that the second manager already adopted the approach to organizing care differently successfully.

"Currently my teams work long shifts, even helpers plus [level 2], so it's not just dependent on the nurse, who is busy with work all day anyone. Also, for other people it [longer shifts, extended contracts] is an option for sure. But then you have to look to how care is organised." (Manager Care, organisation A)

This manager suggested performing certain tasks throughout the day instead of doing everything in the morning and evening. For example: taking a shower in the afternoon. This helps to decrease the broken-shifts problem as well, as tasks will be performed

throughout the day, thus longer shifts are possible. The broken shifts problem was stated is the most frequent violation of the CLA in their organisation.

"The goal is: we do not want any planned Working Hours Act violations anymore. We have to schedule more healthily, so we can reduce work pressure and stress in the teams to reduce absences and sick leaves" (Manager care, org. A)

4.1.2 Working in multiple locations; different tasks

For two reasons, part of the solution is if nurses and care workers would work on more than one intramural location. Firstly, with more clients to take care of, it is easier to plan long shifts, which are necessary for a large contract while respecting resting hours etc. Secondly, with multiple locations, and thus larger teams, a colleague who is under hours can more easily take over the tasks of a care worker or sick leave or on holiday. These gaps in the schedule can more easily be filled by people with larger contracts than part-timers. Although different locations do not completely take away the peak demand hours for care, it has been proven to be a successful measure:

"*I had a 360-hours per week shortage of personnel last year. So, at some point when I was offered larger contracts that I didn't need or couldn't place, I did start talking with the applicants and warned them that they could only do 8 hour shifts if they worked on multiple locations, so that you made combi contracts […] they didn't mind."* (Coach & coordinator, org. B)

Furthermore, different (administrative) tasks can be done during those shifts, such as updating and filing *zzp* indications of clients and conducting satisfaction evaluations with clients. It is expected that not all employees will like this, neither is everyone qualified to do so. Larger contracts allow planners to plan for such administrative tasks to ensure that they are performed correctly and in due time.

"There are plenty of areas of attention […] BIG, so the checking of tasks performed, VIM analysis, so the evaluation of the clients […] Normally we leave it to themselves [the workers], now we plan for the evaluation in the shift so that those tasks are actually done, because the person then has the time to go to a client and perform that evaluation." (Manager Care, org. A)

The more qualified one is, the more tasks one can do. This makes it easier to schedule longer shifts, therefore make it more likely that an extended labour contract can be offered to this person. One way of offering larger labour contracts while 1) maintaining flexibility and 2) respecting employee working time wishes is to compromise: offer a zero-hours contract on top of a regular part-time contract. This way a care worker can be asked work more hours if he/she wishes so, but, protected by the CLA, cannot be forced to do this, which would be possible in a part-time contract. This option is offered to employees of company B.

"The zero-hours contract is an important instrument for us. […] It's an instrument for workers to say: 'I would like to work extra every now and then, but I want to determine when'. And that is possible." (Manager P&O, org. B)

4.1.3 Workers' concession in working hours

Theoretically, the demand of care could possibly be stabilized somewhat throughout the day, which makes longer shifts and therefore, more working hours per care worker easier to schedule. However, not everyone can only work during daytime, as care has to be provided 24 hours a day. This includes doing evening- and nightshifts. One of the conditions for contract extensions to be offered to a wide group of care workers and nurses, is that they are willing to work more evening and night shifts as well.

Many employees do not want or cannot make these concessions on working hours. More night shifts could be a large burden for the growing group of senior care workers for example. Therefore, the extent to which current employees can be given extended contracts is assessed as small.

"Some people still like short shifts, so you shouldn't get rid of it completely. You have a target group of older employees for whom long shifts are too heavy." (Manager care, org. A)

The extent to which future employees will be given extended contracts is expected to be large. These entrants 1) want large contracts and 2) can negotiate it successfully due to the tight labor market and growing demand for care, as was reported by multiple interviewees.

"In principle we prefer flexible hours in a contract. But the tendency is that someone applies and says: 'I would like 32 hours.' The roles are almost changing now, that we say: 'Can we plan for that, or will we get out empty-handed?'" (Supervisor, org. B)

4.1.4 Different financing and quality standards system

The current financing system with *zzp* indications was reported to be a constraint by manager from organisation B, however this is not something that elderly care organisations can easily influence.

Currently the bills of the clients in the interviewed organisations get paid according to a variety of acts, such as *Wmo* and *Wlz*, thus according to the client's 'care intensity package' (*zzp*) level. It could be asked "*if 100 clients are entitled to 30 hours of care per week each, thus 3.000 hours per week in total, how can we give 100 care worker a 30-hour contract instead of 200 care workers 15-hour contracts?*

Simply replacing 200 care workers by 100 care workers will not increase the amount of care that can be offered, thus not contribute to solving the personnel shortage. Either existing employees have to work more and/or new employees have to be hired. However, hiring new employees who could demand large contracts puts elderly care organisations at financial risk due to this *zzp* financing system. Although extended labour contracts are necessary to meet the future demand for care, plus they reduce the tension on the schedules of the other care workers in a team, these extra hours of larger contracts could lead to financially uncompensated over-formation in the short term.

"Even though the money is there, the personnel isn't. I had to hire a few nurses last year, I had to give them a large contract, because if I had not done that, they wouldn't have come here. Then I had to justify myself for running red numbers. But if I hadn't hired them, that would have let to more sick leaves and absences of other personnel because of stress and pressure." (Coach & coordinator, org. B)

Control mechanisms and bureaucracy have developed strongly in the past few years. Strict regulations are in place which make scheduling larger contracts throughout the year difficult.

"*Theoretically, it would be very well possibly to make such a 5-shifts schedule. However, our financing is totally not based on that, our financing is based on: how many care-hours do you receive? And those care hours I have to divide throughout the*

week, one way or the other, I cannot change that." (Manager P&O, org. B)

What should happen according to this manager is to put more trust in the care worker rather than these mechanisms, which often come down to ticking checkboxes on forms. This would help to make the care sector more flexible and easier to change, so that larger contracts can be implemented more easily.

Nevertheless, this is expected to take quite some time. Multiple managers reported that care workers are reluctant to change, and the interviewed care workers themselves generally reported to be satisfied with their working hours and tasks.

"… changing shifts and the use of personnel. What's wrong with it when clients only wake up at 9 AM and the morning shift starts later? People are still very stuck in the idea: morning shift, evening shift, helper shift next to it." (Manager Care, org. A)

5. DISCUSSION

5.1 Theoretical implications

Due to the limited scope of this study, the nature of the research design and methods and the transdisciplinary character of the problem (as it touches on HRM, psychology and financial, legal and demographic issues), this study cannot easily be compared to other theoretical frameworks in the classical way. However, this study does lay the groundwork for future research on the topic of contract extension, as will be further explained in sector 5.3.

A comparison to other regions in the Netherlands, for example in the larger cities, could be made. Furthermore, possibly the situation in the Netherlands could be theoretically compared to the situation in other well-developed countries. This study builds on the outcomes of a study published in the OECD Health Papers, which compared the responses of different countries to the problem of the growing demand for care and stated that "*changes in the content of work can contribute to improved morale, with positive impact on retention"* (Fujisawa & Colombo, 2009). The same study found that reorganizing job tasks and expanding care-provision roles", which was also suggested in this study to provide for larger contracts, also reduced the need for care workers in general. Other results from this qualitative study about Dutch elderly care could provide a framework for testing and developing of theory on contract extension and the conditions under which this is possible.

Flexibilization of contracts and the labour market have been topics of plenty of debates in the Netherlands for the past few years. Perhaps in European countries similar to the Netherlands in that regards (e.g. Germany), different solutions and outcomes are proposed to this problem. An international perspective on this ever-growing problem could provide useful insights that could be implemented on national and/or organisational level.

5.2 Practical implications

The conducted research conveyed several practical implications:

1) The current course of action is not sustainable for the future elderly care sector. Most interviewees acknowledged here is a pressing need for change. Initial successful experiments have been conducted in the elderly care sector and the general trend is in favour of change.
2) Although larger contracts could contribute to that, it might come at a significant trade-off as well. If care workers are to be scheduled at multiple locations, the elderly that live in those locations will see more different faces on a daily and/or weekly basis, rather than less. Contrary to what was intended, this means that they will have less change to build up personal relationships with the care worker, rather than more. Instead of dealing with 5 different people, an elderly person might suddenly have to deal with 10. If a person has to be showered and dressed, that would mean he/she would have to share privacy with more different people.
3) On paper more attractive jobs could be created with larger labour contracts and more high-quality care can be provided as a result of that. However, if organisations force the adoption of extended contracts too much at the expense of a pleasant working culture where the client still has some say in how (s)he is treated, the human touch component of elderly care could be put in jeopardy.

5.3 Limitations & recommendations

Due to the nature of the topic under research and the research design and method, the results of the research have certain limitations. For example, it cannot be guaranteed that the participants in this study would have given the exact same answer to another interviewer. To overcome both this and possible researcher bias, results could be validated by sharing the conclusions of this research including the quotes extracted from the interviews that these conclusions are based on, with the interviewees for commenting and correcting. Because the quotes presented here are translated from Dutch, some precision in phrasing could have been lost in translation. To check for possible imprecisions, I recommend this paper to be peer-reviewed.

The legal framework in which this research question was asked, was complex, which was mentioned by some interviewees as well. As this became clear during the interviews, in the interview questions, a clearer distinction could have been made to clarify the relations between different laws and types of care they cover and between these laws and the care organizations.

Besides clarifying which laws affect contract size and how they affect that, it is recommended that more research is done on the following two topics:

1) The fact that the majority of the current employees is satisfied with his/her contract is good news for them, but it remains a significant obstacle in meeting the increasing demand for care, as all employees should work a bit more to solve this growing problem. A possible research question could be: *"how to create willingness among elderly care employees in the Netherlands to work more hours per week?"*
2) This is a qualitative case study. A quantitative study could follow up on the results of this study by quantifying to which extent larger labour contracts are possible. A possible research question could be: "*what is the largest share of large contracts that a contract mix could practically contain in Dutch elderly care organisations?*" In this case it should be quantified what a 'large' contract is. and which professions and functions are included. The interviewees in this study

were asked a similar question but did not quantify their answers.

On top of a theoretical comparison, a practical comparison to other well-developed countries with similar demographic challenges could be made. Possibly best practices can be shared among different countries on how to offer larger contracts, make working in the elderly care sector more attractive and how to face this growing demand for elderly care in general.

6. CONCLUSIONS

Managers, planners and care workers of two elderly care organisations have been interviewed on the question how to extend part-time labour contracts in this sector. The main results are that the following things should happen in order to offer larger contracts: 1) create acceptance for different working hours, on different tasks and on multiple locations, 2) reduce demand for care in peak hours by changing the mindset and expectations of both care workers and clients and 3) change the criteria by which care organisations are assessed and financially compensated. Multiple problems limit the extent to which larger contracts can be offered to workers and planned for by employers.

These problems are: 1) employees' preferences - the wish for larger contracts among current employees is low. 2) Organizations have difficulties planning larger contracts due to peak demands for care in the morning and evenings only, thus making it hard to plan 8-hour shifts. 3) Habits and customs make workers and clients reluctant to change.

However, among new labour market entrants the need for larger labour contracts is high, i.e. for financial reasons, and due to the current tightness of this market, applicants can successfully negotiate larger contacts. For this reason and the fact that demand for elderly care is rapidly increasing, the extent to which larger labour contracts will be offered to care workers in the future is expected to increase. The first experiments with large contracts have already been conducted with positive results. The results of this explorative research are partly in line, partly contracting the outcomes of the 'research contract extension' (*Onderzoek contractuitbreiding*) of last year (ICSB, 2018), which summarizes the same difficulties and opportunities as this study, however lacks the financing-system perspective.

Moreover, this study adds on the idea that the "*part-time factor has to increase a lot. This can provide lots of extra capacity*" as was stated in report of the Ministry of Health, Welfare and Sport (*Actieprogramma "Werken in de Zorg,"* 2018) with specific suggestions on how to achieve that.

This study provides ground for further investigation on those topics and the ones suggested in section 5.3.

ACKNOWLEDGEMENTS

Hereby I sincerely thank Dr. Ir. J. de Leede for his supervising and advising role, guiding me throughout the research process, from beginning till the end. Furthermore, I thank Drs. M. Braakman for his suggestions, ideas and assistance, based on decades of specialized hands-on experience in the health care sector and MSc. R. Van den Bergh for his overall help and ideas and knowledge about academic standards in specific.

REFERENCES

Actieprogramma "Werken in de Zorg." (2018). Retrieved from https://www.rijksoverheid.nl/documenten/jaarplannen/2018/03/14/actieprogramma-werken-in-de-zorg

ActiZ-voorman Kamp: investeer meer in veilige ouderenhuisvestin. (2018). Retrieved July 11, 2019, from https://www.skipr.nl/actueel/id36910-actiz-voorman-kamp-investeer-meer-in-veilige-ouderenhuisvesting.html

ActiZ. (2018a). CAO VVT 2018-2019. Retrieved July 11, 2019, from https://www.caoinfo.nl/cao

ActiZ. (2018b). Infographic Feiten en cijfers arbeidsmarkt. Retrieved March 5, 2019, from https://www.actiz.nl/feiten-en-cijfers-overzicht

Baker, K. R. (2006). Workforce Allocation in Cyclical Scheduling Problems: A Survey. *Operational Research Quarterly (1970-1977)*. https://doi.org/10.2307/3009134

CBS. (2016). Gezondheid, leefstijl, zorggebruik en -aanbod, doodsoorzaken; vanaf 1900. Retrieved February 22, 2019, from http://statline.cbs.nl/StatWeb/publication/?VW=T&DM=SLNL&PA=37852&D1=a&D2=0,10,20,30,40,50,60,70,80,90,100,%28l-1%29,l&HD=110413-1532&HDR=G1&STB=T

CBS. (2019a). Krapte arbeidsmarkt neemt verder toe. Retrieved July 11, 2019, from https://www.cbs.nl/nl-nl/nieuws/2019/20/krapte-arbeidsmarkt-neemt-verder-toe

CBS. (2019b). Minder deeltijders die meer uren zouden willen werken. Retrieved August 11, 2019, from https://www.cbs.nl/nl-nl/nieuws/2019/16/minder-deeltijders-die-meer-uren-zouden-willen-werken

CBS. (2019c). Werkgelegenheid; geslacht, dienstverband, kenmerken baan, SBI2008. Retrieved July 16, 2019, from https://opendata.cbs.nl/statline/#/CBS/nl/dataset/81433NED/table?dl=12C3E

CBS. (2019d). Werkgelegenheid in de zorg en welzijn; baankenmerken, regio. Retrieved July 16, 2019, from https://azwstatline.cbs.nl/#/AZW/nl/dataset/24017NED/table?ts=1563280192738

CBS. (2019e). Werknemers met een baan in de zorg en welzijn; persoonskenmerken. Retrieved July 2, 2019, from https://azwstatline.cbs.nl/#/AZW/nl/dataset/24025NED/table?ts=1562044659338

CBS. (2019f). Werkzame beroepsbevolking; bedrijf. Retrieved August 11, 2019, from https://opendata.cbs.nl/statline/#/CBS/nl/dataset/82807NED/table?ts=1565535530834

CBS. (2019g). Werkzame beroepsbevolking; beroep. Retrieved March 18, 2019, from https://opendata.cbs.nl/statline/#/CBS/nl/dataset/82808NED/table?dl=1B497

Cohen, J. D. (2006). The Aging Nursing Workforce: How to Retain Experienced Nurses. *Journal of Healthcare Management*, *51*(4), 233–245. https://doi.org/10.1097/00115514-200607000-00006

De Causmaecker, P., Demeester, P., Berghe, V., & Verbeke, B. (2004). Analysis of real-world personnel scheduling problems. *Proceedings of the 5th International Conference on the Practice and Theory of Automated Timetabling (PATAT 2004)*.

FNV. CAO Verpleeg-, Verzorgingshuizen en Thuiszorg (2018). Retrieved from https://www.fnv.nl/getmedia/94c802ad-e1f0-4a2f-a026-1cab1527dd38/VVT-cao_.pdf?ext=.pdf

Fujisawa, R., & Colombo, F. (2009). The Long-TermCare Workforce: Overview and Strategies to Adapt Supplyto a Growing Demand. *OECD Health Working Papers*, (44). Retrieved from http://envejecimiento.csic.es/documentos/documentos/fujisawa-longterm-01.pdf

Heiligers, P. J. M., & Hingstman, L. (2000). Career preferences and the work-family balance in medicine: Gender differences among medical specialists. *Social Science and Medicine*. https://doi.org/10.1016/S0277-9536(99)00363-9

Hendrickx, F. (2017, September 18). Ongemerkt 2.1 miljard extra voor ouderenzorg: het perfecte politieke misdrijf. *Volkskrant*. Retrieved from https://www.volkskrant.nl/nieuws-achtergrond/ongemerkt-2-1-miljard-extra-voor-ouderenzorg-het-perfecte-politieke-misdrijf~b29e8a24/

ICSB. (2018). *Onderzoek Contractuitbreiding VVT*. Retrieved from https://zorgenwelzijn.cnvconnectief.nl/public/uploads/2018/05/Presentatie-Contractuitbreiding-VVT-ICSB-Marketing-en-Strategie_p1-p165.pdf

Jettinghoff, K., van Hassel, D., & Joldersma, C. (2017). *Werknemersenquête 2017*. Den Haag.

Judge, T. A., Bono, J. E., Thoresen, C. J., & Patton, G. K. (2001). The job satisfaction-job performance relationship: A qualitative and quantitative review. *Psychological Bulletin*. https://doi.org/10.1037//0033-2909.127.3.376

Klein Hesselink, D. J., & van Vuuren, T. (2002). Job Flexibility and Job Insecurity: The Dutch Case. *European Journal of Work and Organizational Psychology*. https://doi.org/10.1080/135943299398366

Langdurige zorg: vanuit de Wlz, Wmo of Zvw? (2018). Retrieved July 6, 2019, from https://www.informatielangdurigezorg.nl/volwassenen/wmo-zvw-wlz

Latijnhouwers, J., & Ten Napel, C. (2017). Ouderenzorg zucht onder nijpend personeelstekort. Netherlands: Hallo Nederland - Omroep MAX. Retrieved from https://www.maxvandaag.nl/sessies/themas/geld-werk-recht/ouderenzorg-zucht-onder-nijpend-personeelstekort/

Mallette, C. (2011). Nurses' work patterns: Perceived organizational support and psychological contracts. *Journal of Research in Nursing*. https://doi.org/10.1177/1744987111422421

McIntosh, B., McQuaid, R., Munro, A., & Dabir-Alai, P. (2012). Motherhood and its impact on career progression. *Gender in Management: An International Journal*, *27*(5), 346–364. https://doi.org/10.1108/17542411211252651

Meijman, B. (2015). Het roer moet om. Retrieved April 15, 2019, from https://www.hetroermoetom.nu/index.html#manifest

Ministerie van Sociale Zaken en Werkgelegenheid. (2010). *De Arbeidstijdenwet*. Retrieved from https://www.rijksoverheid.nl/onderwerpen/werktijden/documenten/brochures/2011/04/29/de-arbeidstijdenwet-nederlands

Niveaus. (n.d.). Retrieved July 7, 2019, from https://werkeninzorgenwelzijn.nl/nl/leren-zorg-en-welzijn-niveaus

Platis, C., Reklitis, P., & Zimeras, S. (2015). Relation between Job Satisfaction and Job Performance in Healthcare Services. *Procedia - Social and Behavioral Sciences*. https://doi.org/10.1016/j.sbspro.2015.01.1226

Programma Langer Thuis. (n.d.). Retrieved from https://www.rijksoverheid.nl/onderwerpen/zorg-en-ondersteuning-thuis/documenten/rapporten/2018/06/15/programma-langer-thuis

Proper, K. I., Deeg, D. J. H., & van der Beek, A. (2009). Challenges at work and financial rewards to stimulate longer workforce participation. *Human Resources for Health*. https://doi.org/10.1186/1478-4491-7-70

Regeersakkoord. (2017). *Vertrouwen in de toekomst*. Retrieved from https://www.tweedekamer.nl/sites/default/files/atoms/files/regeerakkoord20172021.pdf

UWV. (2018). *Moeilijk vervulbare vacatures*. Retrieved from https://www.uwv.nl/overuwv/Images/moeilijk-vervulbare-vacatures-oorzaken-en-gevolgen.pdf

Van Den Bergh, J., Beliën, J., De Bruecker, P., Demeulemeester, E., & De Boeck, L. (2013). Personnel scheduling: A literature review. *European Journal of Operational Research*. https://doi.org/10.1016/j.ejor.2012.11.029

Van der Klein, M., & Stavenuiter, M. (2016). *Zoeken naar zekerheid in vast en flexibel werk*. Retrieved from https://www.verwey-jonker.nl/doc/2016/315016_Zoeken_naar_zekerheid_Folder.pdf

Van Rijn, M. J. Regeling langdurige zorg (2018). Staatssecretaris van Volksgezondheid, Welzijn en Sport. Retrieved from https://wetten.overheid.nl/BWBR0036014/2018-01-01#BijlageA

Warren, T. (2004). Working part-time: Achieving a successful "work-life" balance? *British Journal of Sociology*. https://doi.org/10.1111/j.1468-4446.2004.00008.x

What is multi-skilling? (n.d.). Retrieved March 10, 2019, from http://www.businessdictionary.com/definition/multi-skilling.html

Wheatley, D. (2017). Employee satisfaction and use of flexible working arrangements. *Work, Employment and Society*. https://doi.org/10.1177/0950017016631447

Wilczyńska, A., Batorski, D., & Sellens, J. T. (2016). Employment Flexibility and Job Security as Determinants of Job Satisfaction: The Case of Polish Knowledge Workers. *Social Indicators Research*. https://doi.org/10.1007/s11205-015-0909-6

YoungCapital, & University of Utrecht. (2017). *Summary of International Study 2017*. Retrieved from https://www.youngcapital.nl/public_images/Image/pdf/PDF_Onderzoeksresultaten_YoungCapital_en_Uni_Utrecht_2016-2017_-_DEF.pdf

Zorg vanuit de Wet langdurige zorg (Wlz). (2019). Retrieved July 6, 2019, from https://www.informatielangdurigezorg.nl/volwassenen/wlz