



English summary  
of Fafo-rapport 2023:07

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## New division of labour in the health and care sector

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### A survey of nursing associates, medical secretaries and hospital porters

This report was funded and commissioned by the trade union Delta. The report examines the division of labour within the occupation categories hospital porter, medical secretary and nursing associate. We have reviewed the literature and carried out three case studies. The following two research questions formed the basis of the work:

1. How can employees with different skills be put to better and more suitable use than today?
2. What hinders and promotes a good division of labour between the three selected occupation categories and other occupation categories with overlapping or tangential duties?

The review of literature and findings from three pilot studies in primary care services and hospital trusts shows that the push to improve the division of labour is becoming relatively widespread in the health and care sector, both in primary care and in hospitals. In particular, this applies to duties that are transferred from registered nurses and other occupation categories with a three-year university college education to occupation categories with a vocational education, but also to employees without formal medical qualifications. Much of this division of labour is a result of planned and managed work, while some of it seems to consist of emergency solutions.

#### **More advanced component of the education**

Changes in the division of labour in the health service are leading to employees with medical qualifications spending more time on tasks that require their level of competence. Correspondingly, they spend less time on tasks that do not require their competence. In the case studies, various statements emerged indicating that an occupation category, such as nursing associate or medical secretary, started carrying out duties that were part of their education but that have not previously tended to be performed by their occupation category at the hospital or primary care service in question. Consequently, this occupation category has also not received training in such duties, which is a more advanced component of their education. This relates to the fact that these tasks are usually performed by other occupation categories. There may be several reasons for this, but those reported tend to relate to tradition and to the fact that this is how it has always been done.

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## **Right competence for right task**

Having personnel with the right competence is crucial for providing a high professional standard of health care for service users. Several people therefore point to the challenges faced by services in many municipalities in relation to the high proportion of part-time workers and the difficulties with recruitment and filling vacancies. Several also have a relatively high proportion of staff without formal medical qualifications. The latter is not necessarily a problem in itself. Rather, the problem is that this occupation category has not specialised in tasks that do not require medical expertise. An example is given in the report that illustrates how the right division of labour can ensure that staff with no formal medical qualifications get a legitimate place in the staff group. This is done through a distribution of labour in which healthcare personnel do not use a lot of resources on tasks that colleagues with a lower level of education could have done.

## **Employee-driven innovation**

In the case review, we refer to the concept of employee-driven innovation. In the first pilot study on a new division of labour in Bodø municipality, the employees' participation has been clear. They have been actively involved and presented suggestions for change to the management, rather than the other way around. Previous research has shown that projects to develop a culture of full-time working in the health and care sector can be difficult to implement due to a lack of support from managers and other employees (Bråthen & Moland, 2022). However, in the Bodø example, it appears that the efforts to redistribute the division of labour have motivated employees to work actively with practical measures and closely examine tasks. In Bodø municipality's pilot project, the first phase that we have followed is a good example of employee-driven innovation. This type of development work has been shown to have a positive effect on solution proposals, support for these, and the new division of labour in the services.