



HesaMag+

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Covid-19 has put a strain on Finland's already under-resourced health service, even though the country has coped with the pandemic better than many others. The fear and uncertainty of spring 2020 has given way to a climate of constant stress and frequent overtime for healthcare professionals, and more and more are considering a career change. For a true improvement in working conditions, some changes need to be made, starting with higher pay, an end to overtime, and mental health support.

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Journalist

Looking beyond Finland's pandemic success story

"Of course, it scared everyone," says nurse Kati Pajari, remembering the start of the Covid-19 pandemic 18 months ago. "At home, I have a seven-year-old boy with asthma. I didn't want to bring it [Covid-19] home with me."

Pajari works in the accident and emergency (A&E) department of a medium-sized hospital in the Hospital District of Helsinki and Uusimaa (HUS). In the spring of 2020, an isolation area was allocated within the A&E department to which Covid-19 patients and suspected coronavirus cases were transferred. Within a few days, the ambulance hall was converted into a drive-in testing point. Pajari praises HUS's readiness and says that the hospital district's pandemic team held regular meetings with her superiors. Although the guidelines were constantly changing, they were clearly communicated. Elsewhere in Finland, or in the health and social care units maintained by the city, action was sometimes taken more slowly: Pajari also passed on the latest instructions to colleagues who worked for other employers.

At no point did the protective equipment run out at Pajari's workplace, but it was sometimes in short supply. When the disposable aprons used to protect work clothes ran out, washable ones were brought in from the operating wards. There were also problems with the delivery of masks. "All kinds of masks ended up being used. They caused allergic reactions in some people, but miraculously a suitable mask was found for every user."

When equipment ran out, the A&E department was ordered to start saving FFP2 and FFP3 masks that staff had initially used when dealing with Covid-19 patients. "We were suddenly informed that they had practically run out, and what was left had to be saved for procedures that release a lot of aerosols into the air, such as intubations and mucus suctioning. We were given surgical masks and told to use them when treating coronavirus-positive patients as well. We would have felt safer if we could have worn masks that offer better protection," says Pajari.

Uncertainty about at-risk groups

Pajari is not alone in her experiences. According to Kaija Ojanperä, a work environment specialist at Tehy, the Union of Health and Social Care and Early Childhood Education and Care Professionals in Finland, there were huge deficiencies in protective equipment at the beginning of the pandemic. Moreover, official instructions were often too limited or inconsistent, causing confusion about what was safe and what was not.

Ojanperä also highlights the experience of at-risk groups working in the social care sector: "There were a lot of shortcomings where the employer failed to do a risk assessment for them, and the occupational health service likewise failed to do a health assessment that ought to have been done. In other words, an occupational health physician

would assess the risk to a person of working in a place where there are confirmed or suspected Covid-19 patients." She believes that the reasons for these shortcomings are not only a lack of resources in occupational health care, but also a poor understanding of the significance of employees' health assessments. She explains that, in some instances, people at risk have been forced to take time off work at their own expense.

At Pajari's workplace, supervisors had the opportunity to plan shifts in such a way that older and pregnant employees conducted symptom assessments over the phone, although they were not officially transferred to other duties. Pregnancy was originally on the list of risk factors maintained by the Finnish Institute for Health and Welfare (THL). It was later removed from the list when it became clear that pregnant women were at no greater risk of contracting Covid-19 than other healthy adults. THL's list subsequently consisted mainly of serious illnesses.

Staff were also transferred to other posts after only the briefest of induction periods. Ojanperä herself has decades of working in intensive care under her belt. "If I think about my own induction to the job, it seemed like it was months before I was even allowed near a patient surrounded by all that high-tech medical equipment. During the Covid-19 crisis, [ICU nurses] were given only a few days' training before having to step up to the plate."

Covid-19 as an occupational disease

Health and social care professionals also became infected by Covid-19 themselves. Marianna Korolkoff, a nurse working at a care home for the elderly in East Helsinki, fell ill at Easter 2020 during the first wave of the pandemic, shortly after a resident at the care home was diagnosed with the disease.

Korolkoff praises the City of Helsinki's Epidemiological Department for keeping in regular contact with her over the phone. A nurse friend also frequently enquired about her wellbeing and provided her with instructions for breathing exercises. Her grown-up children who live nearby as well as a large number of her friends came and left food parcels outside her door.

However, Korolkoff would have expected more follow-up from her employer. She says that, in the summer of 2020, she was gasping for air after even the smallest amount of effort, and still today her lungs don't appear to have recovered fully. "The occupational health services have washed their hands of me completely, even though this is work-related. There have been no follow-up checks or contact of any kind. I would have liked some form of further investigation."

Korolkoff doesn't even know if her Covid-19 illness has been reported as an occupational disease. An occupational disease is a condition that probably results mainly from exposure to harmful factors in the workplace. It must therefore be possible to show that the infection came specifically from the workplace and not elsewhere.

The investigation of a suspected occupational disease is the responsibility of the occupational health services. The employer issues a notification to the insurance company, which then deals with the matter upon receipt of both the notification and a medical report on the illness. It seeks the

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opinion of the Occupational Accidents Compensation Board (TAKO), which operates under the Workers' Compensation Center (TVK). TAKO then issues a statement confirming whether the employee is suffering from an occupational disease. The final decision is made by the insurance company, usually upon TAKO's recommendation.

In the event of an occupational disease, the insurance company pays the employee compensation under the Accident and Occupational Diseases Act, such as a daily allowance and reimbursement of medical expenses. The wellbeing of occupational disease patients and their ability to cope at work should be monitored and their health checked regularly.¹

According to TVK, by the end of May 2021 insurance institutions had processed 1 050 reports according to which an illness caused by Covid-19 was suspected to be an occupational disease. In 697 of these cases, the illness was confirmed to be an occupational disease. Approximately 90% of the cases involve healthcare workers.²

Korolkoff wishes that she had an occupational disease diagnosis, in the event that health problems emerge later; after all, very little is known about long Covid.

Finland fares well in international comparison

In an international comparison, Finland has survived the coronavirus pandemic well. At the beginning of September, a total of 1 031 people had died of Covid-19 in Finland, which has a population of 5.5 million. Neighbouring Sweden, with a population almost double that of Finland, had recorded 14 692 deaths. Swedish employees in the health and social care sector have also had it hard. In October 2020, a total of 6 663 cases of Covid-19 were reported as an occupational disease, most of them involving care professionals. The number of cases involving nurses numbered 1 800 alone.³

The World Health Organization (WHO) estimates that at least 115 000 healthcare workers have died from Covid-19 worldwide.⁴ Kati Pajari has previously worked in London and keeps in touch with colleagues

around the world. She says she understands that things are better in Finland than in many other places. "But nowhere should anyone have died because they chose to work in the health and social care sector."

When I ask what are the reasons behind Finland's relative success at managing the pandemic, all the interviewees highlight one aspect: the high level of education of the medical staff. Nurses have at least a three-and-a-half-year university degree, and community nurses have a three-year vocational degree. No untrained staff are employed, even in auxiliary roles.

"We have extremely skilled, well-trained and dedicated staff. In addition, our staffing structure is different [from Sweden's]. Community nurses also have expertise in pharmacotherapy. Healthcare assistants have a year of training, but community nurses undergo a longer period of training, which is why they have a better understanding of and know how to respond to the changed circumstances brought about by Covid-19," explains Korolkoff.

Covid-19 is also taking a toll on mental health

The WHO and the UN have called for special attention to be paid to the mental health of healthcare professionals both during and after the Covid-19 crisis.

Docent of Nursing Science Lauri Kuosmanen from the University of Eastern Finland states that the full impacts of Covid-19 will take time to emerge, so it is still difficult to assess them accurately. "But yes, this has been a heavy burden," he says. "Covid-19 has posed a risk to the mental health of all of us, but one particular group affected by Covid-19 are the healthcare workers. Their workload has increased significantly, and Covid-19 has also made people uncertain about their own safety and the safety of their loved ones."

In addition to uncertainty, the increased workload poses a danger to employees' mental wellbeing, Kuosmanen says. There is a risk of burnout, which commonly leads to other serious mental health problems such as depression, anxiety, sleep disorders and substance abuse problems. Mental

1. <https://www.tehylehti.fi/tyoelama/nain-koronatodetaan-ammattitaidiksi>

2. <https://www.tvk.fi/uutiset-ja-blogit/uutiset/2021/koronatartunta-ammattitautina--toukokuu-2021-tilanne>

3. <https://www.vardfokus.se/yrkesroller/sjukskoterska/allt-fler-anmaler-covid-som-arbetskada>

4. <https://www.who.int/director-general/speeches/detail/director-general-s-opening-remarks-at-the-world-health-assembly---24-may-2021>

health problems are already the biggest cause of disability in Finland and the reason why one in three people retire on a disability pension.⁵

Kuosmanen calls for accessible support for healthcare professionals, such as consultations with mental health professionals: “They need to be supported so that problems such as insomnia, sleep disorders, anxiety or low mood can be identified, and then they need to be provided with timely psychological support.”

The pandemic has exacerbated existing problems

When interviewing the nurses, it is obvious that they talk about their work with pride. Korolkoff speaks with warmth of the “team spirit” that prevailed among the staff as the epidemic raged through the care home where she works. When Covid-19 later struck a unit run by a private service provider, she set out to help – she already had expertise in managing the spread of the epidemic, as well as natural immunity, having already contracted the illness herself.

Despite succumbing to the disease, Korolkoff is satisfied with her employer’s actions during the epidemic: protective equipment and extra staff were provided. The epidemic was also controlled in such a way that not all residents and employees became ill. The care home where Korolkoff works is small and homely.

However, both Pajari and Korolkoff say they often have to work overtime. Pajari states that on a day off all she can bring herself to do is lie on the sofa watching TV – she even answers the phone interview call from the comfort of her sofa. She explains that the pandemic is currently causing general fatigue: “When you work for 13 hours straight at a fast pace and wear a mask all the time except when you’re eating, your head aches when you leave work. You also don’t tend to drink during the day because of wearing a mask.”

Pajari says that, until the end of last year, staff at her workplace managed to cope. However, staffing levels dropped drastically when, in addition to the existing staff shortage, nurses became ill and were required to quarantine after being exposed to Covid-19. “The A&E department operated largely on overtime,” she says and continues: “I have to be blunt and say that we are beginning to have a pretty tired workforce here. We’ve even lost a few highly qualified nurses. We’re expected to cope, but a person can only take so much.”

According to a survey conducted last autumn by Tehy, in which 2 750 employees took part, as many as 88% of nurses had considered leaving the industry, and almost half are actively planning to do so. Under the emergency law introduced in response to the pandemic, holidays were postponed, people were reassigned to other duties and notice periods were extended.⁶

“The reports about those leaving the industry are really scary from the point of view of a person who is still working. It can’t be done by just one or two people by themselves; it takes a whole team of professionals,” Pajari notes.

Higher pay would attract more employees

Under the Occupational Safety and Health Act, the employer has an obligation to monitor the workload, but employees also have an obligation to inform their employer if they are overworked. Upon receipt of such information, the employer must take action to reduce the burden on their workers’ health.

In an industry where everyone is overworked, it is hard to leave a colleague in the lurch when flexibility in shift work schedules is what is required. However, the trade union Tehy encourages employees to report to their supervisors if they feel overworked. “It’s no longer acceptable to say that this is simply the way it is in the health and social care sector,” Ojanperä says. She adds that superiors often know that there are not enough staff, while they themselves are also overworked. “If the decision-makers don’t provide us with more resources or allow us to take on more staff, then they’re going to have a tricky situation on their hands.”

Yes, employers do try to help employees cope with the demands of work in a number of different ways, she says. “But when a person works in a demanding role, then of course she feels that she should be remunerated appropriately. Our salaries are basically so poor that people need to work overtime to make ends meet. It’s really not conducive to coping at work.”

The average earnings of nurses in Finland (3 207 euros per month in 2020, if working for a municipal employer) are below the average wage (3 606 euros per month in 2020), although night, evening and weekend allowances push it above the monthly average for a task-based salary (2 546 euros).⁷ A nurse’s salary is the lowest in the Nordic countries.⁸

In Finland, the payment of Covid-19 bonuses has been left to employers’ discre-

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tion, and no funds have been allocated by the state. Some municipal employers and hospital districts have paid their employees extra wages, others have not. For example, at Christmas, HUS paid employees to cancel their holidays, but seeing as this has been done in previous years as well, employees have refused to see it as a Covid-19 bonus.

Pajari, who works for HUS, says that the pandemic made no difference to her pay: “We haven’t received a single euro more. I don’t know whether being given a Covid-19 bonus would have increased my ability to cope at work, but it certainly didn’t help to read in the papers that nurses were paid bonuses in other countries.”

Korolkoff says that she has received a Covid-19 bonus of 750 euros from the City of Helsinki and smaller bonuses from the existing reward system. However, she criticised the fact that the government maintained the emergency conditions and the emergency law even when the epidemic situation was less acute so that nursing staff could be made to work.

“Society considers us important enough for new laws to be drafted concerning us, but not so important that extra funds are earmarked for our pay,” she concludes. ●

5. <https://yle.fi/uutiset/3-11297402>

6. <https://www.tehy.fi/fi/mediatiedote/tehy-laaja-kysely-koronasta-ei-ole-korvattumitaan-alan-vaihtokiinnostaa-yha-enemman>

7. https://www.stat.fi/til/ati/2021/02/ati_2021_02_2021-08-27_tau_011_fi.html

8. <https://sairaanhoitajat.fi/wp-content/uploads/2020/01/pohjoismainen-vertailu.pdf>