

STAFFING RATIOS IN FINNISH RESIDENTIAL CARE: IMPLICATIONS FOR SAFE AND HEALTHY WORK

Introduction

In 2020, Finland introduced a statutory employee-to-client¹ ratio at round-the-clock residential care units for the elderly (RCUs)². The introduction was initiated through a change in the Act on Elderly Care 980/2012 (author's translation), according to which an initial ratio of 0.5 employees per 10 patients was set to gradually increase to 0.7 by 2023. However, another change to the Act in 2024 instead decreased the ratio to a minimum of 0.6. This change came into force on 1 January 2025, before which the ratio had been 0.65 for a period, as per the initial requirements in the Act.

Legislation that regulates employee ratios in RCUs is unique and, besides Finland, only exists in a limited form in a few other European countries (UNI Global Union, n.d.). The main purpose of the employee ratio in Finland was to ensure quality care for the elderly and to increase the attractiveness of the care sector to employees. This case study examines how the implementation of the statutory employee ratio in Finland's RCUs has affected employees and employers. The focus is specifically on the consequences for occupational safety and health (OSH) and the organisation of work.

This case study is part of a broader research project intended to provide an overview of research on OSH in residential care work.³ This case study was developed using desk research (see relevant references in the text) and interviews with representatives of a trade union and a public-sector employer.

Description of the case

What was done?

In addition to introducing a ratio, the initial changes to the legislation introduced a separation of work tasks for employees of RCUs. This was due to the ratio only applying to certain care workers. 'Direct client work', which includes tasks related to care, support, and the functional capacity and rehabilitation of the client, was distinguished from 'indirect client work', which includes supportive tasks such as cooking, cleaning and laundry. The staffing requirement thus only applies to professions performing direct client work⁴, as the Act states: '[a]ctual staffing levels refer to the workload of employees (...) who are present at the operational unit and engaged in direct client work, relative to the number of clients at

¹ The term 'client' is an official term used for the elderly receiving care at the RCUs.

² For the sake of simplicity and understandability, 'round-the-clock residential care units for the elderly' will be referred to as RCUs throughout the case study.

³ The full report — *Residential care workers: a comprehensive overview of occupational safety and health* — is available at <https://osha.europa.eu/en/publications/residential-care-workers-comprehensive-overview-occupational-safety-and-health>

⁴ The professions listed in the Act are:

- 1) registered nurses and public health nurses
- 2) licensed practical nurses and certified nursing assistants
- 3) gerontologists
- 4) home health aides
- 5) social workers and educators
- 6) holders of a Bachelor of Social Services degree
- 7) holders of a relevant vocational or specialised vocational qualification
- 8) holders of a relevant college-level qualification
- 9) physical and occupational therapists
- 10) rehabilitation instructors
- 11) care assistants
- 12) recreational activity instructors and other similar staff involved in maintaining the client's social functioning
- 13) unit managers and persons in charge.

the operational unit during a three-week monitoring period. Indirect work is not taken into account in the staffing level.' (Finlex, 2012). However, staffing levels still need to take into account the service needs of the clients and the need to ensure high-quality services. This means that the ratio might need to be higher than 0.6 in some cases.

By 2012, the then-Minister of Health and Social Services had already suggested introducing a ratio in the newly formed Act on Elderly Care. The Minister did so even though the working group preparing the Act had not suggested a statutory ratio in the legislation (Yle, 2012a; 2012b). Discussions at the time did not result in a statutory ratio. The legislation introducing it in 2020 was initiated by the right-centre government of Juha Sipilä (2015-2019) and finalised by the left-wing government of Antti Rinne and Sanna Marin (2019-2023). It was a response to a large-scale national crisis in the care sector at the beginning of 2019 when several private care homes, run by large corporations, were closed down by authorities because of numerous shortcomings and deaths of elderly clients. Other private assisted care units were also under media scrutiny, and the Finnish Supervisory Agency Valvira received a vastly increased number of complaints about the quality of care, mainly in elderly care, during the crisis. A large share of the complaints and much of the public discussion concerned understaffing at these care units and care homes. This eventually resulted in a vote of confidence in the parliament towards the government, which passed the vote. Within a short time, all parties but one in the parliament were in favour of a legislation setting a ratio-level requirement at these care units, and the professions that would be included in such an Act.

The change in 2024 was part of a government proposal deriving from the national service reform in social welfare and healthcare, in accordance with the new government's programme in 2023.

Monitoring and measuring effects

The Finnish Institute for Health and Welfare (THL) has the task of monitoring staffing levels at the care units concerned and does so twice a year in April and October. THL publishes an annual list of the units that do not reach the required ratio. According to THL, the number of these units was higher in 2025 than in 2022, when the ratio was also 0.6. Simultaneously, there were fewer units with a higher ratio than 0.65 or 0.7 in 2025 than in 2022 (THL, 2025a). It is important to note that the numbers reported and registered by THL are not corrected if a mistake is noticed so there could be some irregularities in the reported staff levels.

THL also reports that the change has resulted in a decrease in the number of personnel in the majority of these specific types of RCUs. According to THL's latest report, 'the proportion of units with a minimum staffing level of 0.65 fell by 57 percentage points in 2025 compared to 2024 (2024: 94 % vs. 2025: 37 %). The most common staffing level in April 2025 was 0.60–0.64. As a result of the decrease in staffing levels, the number of employees has fallen by approximately 3,500 professionals (9 %), even though there has been no change in the number of customers.' (Ibid.).

Trade unions and employers both perform systematic and unsystematic monitoring of the implementation of the ratio. According to a survey of its members by the trade union for practical nurses SuPer⁵ (see box 1 below) at the beginning of 2024, employees in elderly care had experienced improvements in both the number of employees in elderly care and in their well-being at work compared to 2020. According to SuPer, this positive development has most likely been affected by the introduction of a ratio (SuPer, 2024). The trade union also states that a ratio ensures better OSH for employees, but more indirectly.

⁵ More information is available at: <https://www.superliitto.fi/en/>

Box 1: Main findings survey carried out by SuPER

Selection of the main findings from the survey by SuPer (2024), with a focus on OSH:

- The perception of the physical demands of work had decreased significantly, although more than half still found their work physically demanding or very physically demanding.
- 42 % of respondents working in elderly care felt that there was an adequate number of staff in their work unit, which is 23 % more than four years earlier. The survey does not specify if the units are only RCUs where the ratio applies, or if they include other types of units. 65 % of respondents working in home care felt that there were too few staff members.
- About half of the respondents felt that their physical workload had increased. Three out of four respondents felt that their mental workload had increased. However, the figures are lower than four years earlier.
- Respondents were most often pushed to their limits every day in home care and elderly care.
- Concerns about the quality of care or work had decreased compared to previous surveys. More than a quarter of respondents still expressed ongoing concerns about the quality of care or work.
- The ability to take into account the individual needs of clients or patients had improved. However, more than half of the respondents still felt that they were able to take into account the individual needs of clients or patients too infrequently.
- More respondents than before felt that they had enough time each day for their clients, patients, and work. Nevertheless, nearly one-fifth still felt that they never had enough time.

The survey was conducted at the beginning of 2024 and received 8,896 replies. The respondents are members of SuPer and work in social and healthcare and education, in both the public and private sectors. The survey thus includes responses from workers across all of the sectors, although the largest group of workers (36 %) is in elderly care.

What was achieved?

Trade unions in the sector have been strong supporters of the ratio from the start, while employers have largely remained critical of it. The initiative to reduce the ratio from 0.65 to 0.6 in 2024 was mainly criticised by trade unions in the sector. The representative of a public employer, interviewed for this study, instead emphasises that the Act lacks an evidence-based foundation and describes it as the result of a politicised process rather than research-driven quality development work. In practice, the ratio has had a significant effect on staff by doubling it since its implementation. The interviewee states that this also implies that clients meet twice as many different care workers. She adds that the drastic increase in staff, together with a future lack of assistant nurses, means that the required ratio will not be sufficiently met in the future. Meeting the required ratio is already problematic, according to the employer representative.

The trade union representative presents a different perspective. The law is the result of long-term advocacy rooted in members' experiences of heavy workloads, unsafe care situations and a lack of scope for action. The law is used as part of the trade union's system to support staff in raising concerns about understaffing and tries to enable a more systematic dialogue on quality and safety at work. At the same time, the trade union's analysis is not uncritical: it highlights that the law does not always capture the complexity of the care burden faced by clients.

Success factors and challenges

The material presented primarily focuses on challenges and constraints related to the implementation of the employee ratio. The interviews and available evidence point to a limited number of clearly identifiable success factors, while highlighting multiple organisational, administrative and OSH-related difficulties. This imbalance reflects the complexity of the measure and of the environment in which it is implemented.

Organisational challenges

Introducing the ratio, combined with the division of direct and indirect client work, as well as the shortage of care workers, has had severe organisational consequences from an employer's perspective. It has resulted in a competition for care workers, which has caused a financial burden on the well-being services in counties that are responsible for providing the care in question. Firstly, it increased the demand for temporary agency workers; secondly, it led to higher salaries; and thirdly, it increased the need to recruit foreign workers to the sector.

According to the employer representative, the legislation takes a static approach to an activity that is inherently dynamic. Clients' needs vary greatly, making a fixed ratio difficult to apply without significant organisational consequences. She points out that the law can 'force the organisation' to structure its operations around a number rather than professional judgements. This can lead to services having to redistribute tasks in a way that does not always benefit the organisation as a whole. When a unit is suffering from employee absences, it will need to borrow staff from other units or other services. A significant consequence mentioned by the employer has been the moving of care workers from home-based care to RCUs, in turn leading to employee shortages in home-based care. Additionally, she mentions that the previous increase in the ratio has led RCUs to reduce capacity or to close down, even though the demand for such care remains high and is growing. Employers voiced criticism in the consultation round of the legislative process, saying that the ratio needs to vary according to the specific needs of a unit. The interviewee adds that, according to their calculations, there will not be enough workforce in Finland in a few years to cover the needs caused by the statutory ratio. She voices strong criticism towards the previous legislators, saying that no such analysis was done beforehand.

In addition to the factors that have already been mentioned, the Act has led to extensive administrative requirements such as strict monitoring and reporting, and scheduling adjustments, which increases the pressure on managers and shifts time away from leadership and quality development towards control and documentation. Instead, the employer argues, existing and well-proven monitoring tools such as the obligatory functional capacity indicator (RAI) could be used. Among other things, the RAI is used to measure clients' care needs, which in turn could inform decisions on suitable ratios. There is currently no research evidence in Finland on the link between client satisfaction and the employee ratio. Such evidence could also be derived using RAI.

Although in favour of the ratio, the trade union representative raises similar concerns, emphasising that the ratio by itself does not guarantee quality care. A minimum ratio is useful, but when the ratio is set according to the clients' needs, it ensures the time for communication and interaction between employees, which in turn improves their working environment. If the needs of the clients have not been considered, the statutory ratio will not provide positive effects. Several times, the interviewee emphasises the need for other measures and preventive work in addition to the ratio, in order to improve and ensure good working conditions and work ability for care workers. She also admits that introducing the ratio has led to a decrease in work requiring two people, which has been to a greater extent performed by one person after the introduction of the ratio, since more resources now need to be redirected to night shifts.

Challenges related to OSH and the work environment

The two interviewees' views on the consequences for OSH and the working environment of residential care workers differ slightly but have several common features. First and foremost, there is not yet a large-scale study on the ratio's effects on OSH, but both organisations interviewed conduct internal monitoring or studies and base their expertise on their experiences. They also hear accounts from members or persons from the care-providing organisations. The employer emphasises that the recruitment difficulties and units relying on short-term temporary staff can increase the workload for permanent staff. The trade union, on the other hand, emphasises that meeting the ratio positively affects the work environment, and a low ratio increases work stress for care workers. When the ratio of employees is low, the workers are often left to deal with the consequences by having to decide what to leave out in their work. According to the interviewee, better risk assessment and joint agreements are necessary to help them to identify what to prioritise during times when the ratio is not met.

The trade union also mentions that a met ratio can sometimes include workers who lack the right competencies, putting extra strain on other staff. In addition, and similar to the employer's account, the sudden increase in foreign care workers has brought many employees to the sector who lack sufficient

language skills. This is considered both a risk factor for providing quality care to clients and a source of additional work for other care staff.

The managers' working environment is also significantly affected, not least by the increased administrative responsibilities arising from staffing monitoring and the legal requirements. Scheduling needs to be completed well in advance in order to meet the ratio requirements, but this does not allow for any flexibility in planning, the employer states. The trade union representative raises similar concerns and emphasises that managers do not have sufficient time for their employees. Due to their responsibility for exceptionally large numbers of employees, which is common for the care sector, managers do not have time to be present for practical work at the units. Managers also need to deal with stricter financial demands and the constant need to complete more work with less money. According to the trade union, preventative work that would aid staff well-being is thus left to suffer.

A particular consequence resulting from the combination of the ratio and the division of work roles is that nursing staff who work with more challenging clients no longer get a respite during their workday, as they did before the Act. The employer representative explains that some of the staff have found a moment of rest from direct client work by performing other duties, such as laundry. Following the Act, some employees who perform direct client work have found it somewhat arduous to interact with a client intensively for the entire workday. She adds that the division of work tasks and roles has brought about a large cultural shift in care work at the RCUs. Additionally, she has noted that not all units, including employees, have welcomed the statutory ratio in a positive way.

Both interviewees point out that introducing the Act has not shown any effects on the data for, for example, sickness absences or disability pensions. According to the employer, sickness absences have not decreased after the law came into force. This indicates that one of the effects sought by those in favour of the law has not occurred. The trade union representative mentions, instead, high levels of disability pensions and early retirements among nursing assistants. Some of these could have been avoided with better preventive work and by supporting their ability to work. These issues have not been solved by a statutory ratio, she states.

A review of existing statistics on sickness absences does not clearly confirm or deny the interviewees' statements. Some of the statistics available from the public-sector pension provider Keva and the Finnish Institute for Occupational Health show that nursing assistants had a steady increase in sickness absence days between 2018 (24.86 sickness days/full-year-equivalent) and 2022 (30.39 sickness days/full-year-equivalent) (Työterveyslaitos, 2025). Between 2023 (22.4 days) and 2024 (21.8 days), they slightly decreased (Keva, 2023; 2024). However, these are two different statistical sources, and it is also worth noting that the responsibility for healthcare, including nursing assistants, was transferred from the municipalities to county well-being services between these years. Therefore, the first source did not record the numbers for nursing assistants from 2023 onwards.

The trade union representative mentions that workplace accidents are more common in RCUs than in other forms of elderly care, and have been increasing steadily. The ratio's connection to client needs is thus crucial for preventing further accidents, but the ratio alone will not shift the trend. She adds that there is an increasing number of patients with more demanding needs than before. This is also confirmed by the employer, who adds that the number of clients will generally increase while the number of available and trained workers decreases.

Transferability

Opinions on the statutory employee ratio differ somewhat between the interviewed employee representative and the employer. They highlight both shared experiences and clear differences in views on the purpose of the law and its practical consequences. The interviews show that the law both enables and limits the development of a good working environment, employee well-being and quality care of the elderly at the RCUs in question. The employer primarily highlights administrative burdens, implementation difficulties, and risks of future staff shortages. The trade union highlights the Act's role as a safeguard for staff and clients but acknowledges that it does not resolve the prevailing structural challenges, such as a lack of resources, the intensity of care and a shortage of trained staff.

The introduction of a statutory ratio has brought about significant changes on organisational and professional levels. The consequences on the working environment and OSH of workers are yet to be studied. The arguments presented depict an initiative with low transferability to other countries.

Additionally, employee ratios alone are not sufficient to improve OSH and may, in the worst case, be counterproductive.

This case study has tried to shed light on different views and experiences of the statutory employee ratio in RCUs. Although interviewees have different opinions on its necessity, this study shows that the ratio alone does not ensure good OSH for care workers in these units. Taken together, these perspectives illustrate that the Act's effects depend to a large extent on how it is implemented, what organisational support structures are available and what other measures are in place to improve employee well-being and their quality of care.

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