

SYSTEMATIC REVIEW OPEN ACCESS

Decent and Precarious Work Among Nursing and Care Workers: A Mixed-Method Systematic Review

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Received: 17 July 2024 | **Revised:** 4 October 2024 | **Accepted:** 8 October 2024

Funding: This work was supported by the Finnish Work Environment Fund, (230355).

Keywords: care work | decent work | employment quality | nursing | precarious work | systematic review

ABSTRACT

Aim: To identify and describe evidence from original studies on the contextual factors, dimensions, and outcomes of decent and precarious work among nursing and care workers.

Design: This is a mixed-methods systematic review.

Data Sources: The Scopus, Web of Science, PubMed, CINAHL, PsycINFO and SocINDEX databases were searched on January 11, 2024.

Methods: Two reviewers independently applied eligibility criteria, selected studies, and conducted quality appraisals. We employed data-based convergent synthesis as the data synthesis method. The dimensions of decent and precarious work were analysed deductively using the Employment Quality Framework.

Results: Five studies on decent work and 13 studies on precarious work were included. Five contextual factors were common, though opposite, in both decent and precarious work studies: employment contract, position, financial situation, age, and work experience. Three outcomes were also common. Decent work increased, and precarious work decreased, physical and mental health and empowerment, whereas turnover was decreased by decent work and increased by precarious work.

Conclusions: Challenges can be converted into positive outcomes for the future, moving towards meaningful work, fair jobs, sustainable employment policies, and attractive career prospects. To achieve this, more knowledge is needed about employment quality in nursing and care work.

Implications for the Profession: Young nurses and care workers should be provided opportunities to fully engage in their work and organisations. Training is also crucial for managers, as it decreases authoritarian and controlling management practices.

Impact: This review is the first to synthesise research evidence on decent and precarious work in nursing and care work, confirming that they are opposite concepts of employment quality. The results benefit nurses and care workers, organisations, and decision-makers.

Reporting Method: The study was reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) checklist.

Patient or Public Contribution: No Patient or Public Contribution.

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Summary

- What does this paper contribute to the wider global clinical community?
 - Organisations and policymakers need to thoroughly discuss the value societies place on care work which cannot be replaced by technology.
 - Aging societies increasingly need workers who are ready for hard and 'dirty' work that is, at its best, deeply human, and meaningful. Care work can no longer be based on 'calling' and exploitation; it deserves decent pay, fair working conditions, and sustainable employment policies.

1 | Introduction

The employment quality is a complex issue; it can range from individual's working conditions to labour market systems. The question of employment quality has become more important as 'good jobs are going bad' (Adamson and Roper 2019). According to several researchers (e.g., Seubert, Hopfgartner, and Glaser 2021), 'good' and 'bad' jobs, that is, decent, and precarious work, are the opposite ends in the continuum of employment quality. Attention to employment quality has risen as a result of globalisation, liberalisation, and a consequent demand of flexibilization of the workforce by the employers (Burchell et al. 2014). In the care sector, the privatisation and commercialization of older people and long-term care, for example, have turned sector towards precarious. There is an urgent need to produce knowledge about employment quality in nursing and care sector to help organisations' and nations' decision-makers to find solutions for a looming crisis (World Economic Forum 2024).

In 1999, the International Labour Organisation (ILO) introduced the concept of decent work, which combines four strategic pillars: full and productive employment, rights at work, social protection, and the promotion of social dialogue (ILO 1999). The underpinning values are freedom, equity, security, and dignity. The Decent Work Agenda focuses on safeguarding labour rights and fostering safe working conditions, with particular attention to women, migrants, and those in precarious employment. In addition to the macro-level framework of decent work, a person-centered psychological perspective has emerged, highlighting the importance of meaningfulness, and lived experiences at work (Blustein et al. 2016). This perspective is rooted in the Psychology of Working Theory by Duffy et al. (2016), which examines how economic constraints and marginalisation affect individuals' access to decent employment. According to the theory, economic resources enhance opportunities for education, career advancement, and social capital, while marginalisation hinders access to stable and decent work, particularly for vulnerable populations.

Precarious employment is defined as non-standard work which contrasts the typical permanent, full-time, standard employment prevalent in industrialised countries (Kalleberg 2009). This type of employment is marked by job insecurity, lower wages, and limited access to social benefits and legal protections (Kreshpaj et al. 2020) and it refers to situations where adverse employment conditions are cumulated. Workers in

precarious jobs often lack labour law protections, face reduced access to union representation, and encounter weaker enforcement of labour standards (Standing 2011). These jobs generally do not provide benefits such as health insurance, paid leave, pensions, or unemployment insurance. Additionally, precarious employment frequently involves hazardous working conditions, long hours, and inadequate safety measures, which heighten the risk of occupational injuries and stress (Kreshpaj et al. 2020).

Recently, the concept of decent work has been specifically highlighted for care work (ILO 2018), as care workers increasingly face indecent and precarious working conditions and are specifically exposed to rising psychosocial risks, and, for example, burnout, at work (Palvimo, Vauhkonen, and Hult 2023) due to high quantitative, qualitative, and emotional demands (Kuhlmann et al. 2023). Proposals aimed at mitigating shortages and addressing nurses' and care workers' work-related stressors have primarily focused on the individual level (Majeed and Jamshed 2021). As part of an institutionalised industry, the nursing profession has primarily been analysed in the organisational context of practice and the operating environment (Haapakorpi 2023). However, limited attention has been devoted to contextual and structural factors, evolving employment dynamics, and the capacity of existing systems to provide nurses and care workers with secure, predictable, and ethically sustainable decent working conditions (Blustein et al. 2022). In improving employment quality and decent work much hope is put to the collective action and the role of trade unions in defending workers' rights. Traditionally, the levels of care workers' organisation have been high in Europe, however, the power of care workers' unions is undersized (van der Cingel and Brouwer 2021).

Earlier systematic reviews have been conducted on decent work (e.g., Nourafkan and Tanova 2023; Su and Chan 2023). However, these reviews did not include studies conducted among nurses or care workers. Only one review about the impact of COVID-19 on the perception of decent work included some studies involving nurses (Anholon et al. 2022). On the other hand, an umbrella review of precarious work in the context of COVID-19 did not encompass healthcare workers (McNamara, McKee, and Stuckler 2021). Additionally, several other reviews focusing on precarious work have been conducted (e.g., Rönblad et al. 2019; Valero et al. 2021). Valero et al. (2021) highlighted in their review that only a few studies have applied a gender-sensitive perspective, despite precarious work affects women more frequently than men (Fujishiro, Ahonen, and Winkler 2021). However, there is no previously synthesised evidence specifically targeting employment quality conceptualised as decent or precarious work studies in nursing and care work. It is not known if and how decent and precarious work dimensions are intertwined, what are the contextual factors contributing the employment quality, and what are their outcomes in nursing and care work.

1.1 | Aim

To identify and describe evidence from original studies on the contextual factors, dimensions, and outcomes of decent and precarious work among nursing and care workers.

2 | Methods

2.1 | Design

We utilised a mixed-methods systematic review design in this review (Pluye and Hong 2014). The study was reported following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) 2020 checklist (Page et al. 2021). The protocol was registered in PROSPERO (#CRD42024502039).

2.2 | Eligibility Criteria

We included peer-reviewed empirical studies with any study design that report qualitative or quantitative outcomes describing the contextual factors, dimensions, and outcomes of decent or precarious work in nursing and care work. We exclusively included peer-reviewed studies published in English, without any time limits (Data S2). We excluded studies focusing on domestic and informal care work, as well as studies involving professional groups other than nurses or care workers.

2.3 | Information Sources

We conducted a search for relevant original studies in the Scopus, Web of Science, PubMed, CINAHL, PsycINFO and SocINDEX databases on January 11, 2024 (Data S2). Subsequently, we reviewed the reference lists of all initially retrieved studies to identify other potentially relevant publications.

2.4 | Search Strategy

The search strategy was developed through a literature search aimed at identifying relevant terms. However, we chose not to include synonyms for 'decent' and 'precarious' work, as our objective was to identify studies where authors explicitly defined and used these concepts. The final searches were based on the string ((nurs* OR "care work*") AND (decent* OR precari*)), formulated collaboratively with an information specialist.

2.5 | Selection Process

Two researchers independently applied eligibility criteria and conducted initial screening based on titles and abstracts. Subsequently, two researchers independently assessed the full texts of selected references. Any discrepancies were resolved through group discussion. Screening of records was performed using Covidence software.

2.6 | Quality Appraisal

We employed the Mixed Methods Appraisal Tool (MMAT) checklist for assessing the quality of all included studies (Hong et al. 2018). Two researchers independently evaluated the quality of the studies, with any discrepancies resolved with a third

reviewer. We synthesised the quality appraisal findings in the text and presented the scores in a table. Importantly, no studies were excluded based on the quality appraisal.

2.7 | Data Synthesis

Data extraction from the studies was conducted using a pre-defined data extraction sheet, and we began by presenting the characteristics of both quantitative and qualitative studies. We employed data-based convergent synthesis by analysing all the included studies with the same methods (Noyes et al. 2019) and transformed quantitative results into qualitative ones (Pluye and Hong 2014). First, contextual factors were analysed inductively. In order to trace and report changing employment conditions to policymakers, the United Nations Economic Commission for Europe (UNECE) developed a comprehensive and neutral framework for assessing the employment quality (UNECE 2015). The Employment Quality Framework assesses employment quality with seven dimensions: safety and ethics of employment, income and benefits from employment, working time and work-life balance, security of employment and social protection, social dialogue, skills development and training, and employment-related relationships and work motivation. We apply this framework as an analytical tool to deductively draw the dimensions of decent and precarious work. Finally, inductive thematic analysis was applied to synthesise the original studies' findings on outcomes of decent and precarious work.

The term 'employment' refers to people's employment conditions and the contractual relationship between the employee and employer, while 'work' is generally more concrete, encompassing the tasks that workers perform (Peckham et al. 2019). However, in this study results, we use the term 'work' to encompass all aspects of decent and precarious work and employment.

3 | Results

3.1 | Characteristics of the Studies

The database searches initially retrieved a total of 6272 publications. After removing duplicates ($n = 2952$), the titles and abstracts of the remaining publications ($n = 3320$) were screened (see Figure 1). As a result, 92 articles were selected for full-text analysis, of which 74 were subsequently excluded for reasons presented in Figure 1. Of the 18 included studies, four were conducted in China, two each in Finland, the Netherlands, and Turkey, and one each in Australia, Canada, Norway, Poland, Portugal, South Africa, Spain, and Sweden between 2013 and 2024 (Table 1). Eight studies were published in nursing science journals, seven in sociological journals, and three in occupational health journals. Five studies targeted decent work and 13 targeted precarious work. Ten studies were quantitative, including one longitudinal and nine cross-sectional studies, and eight were qualitative, including three ethnographic studies and one participatory design study. Five studies were conducted in hospitals and five in nursing homes. In total, the studies included

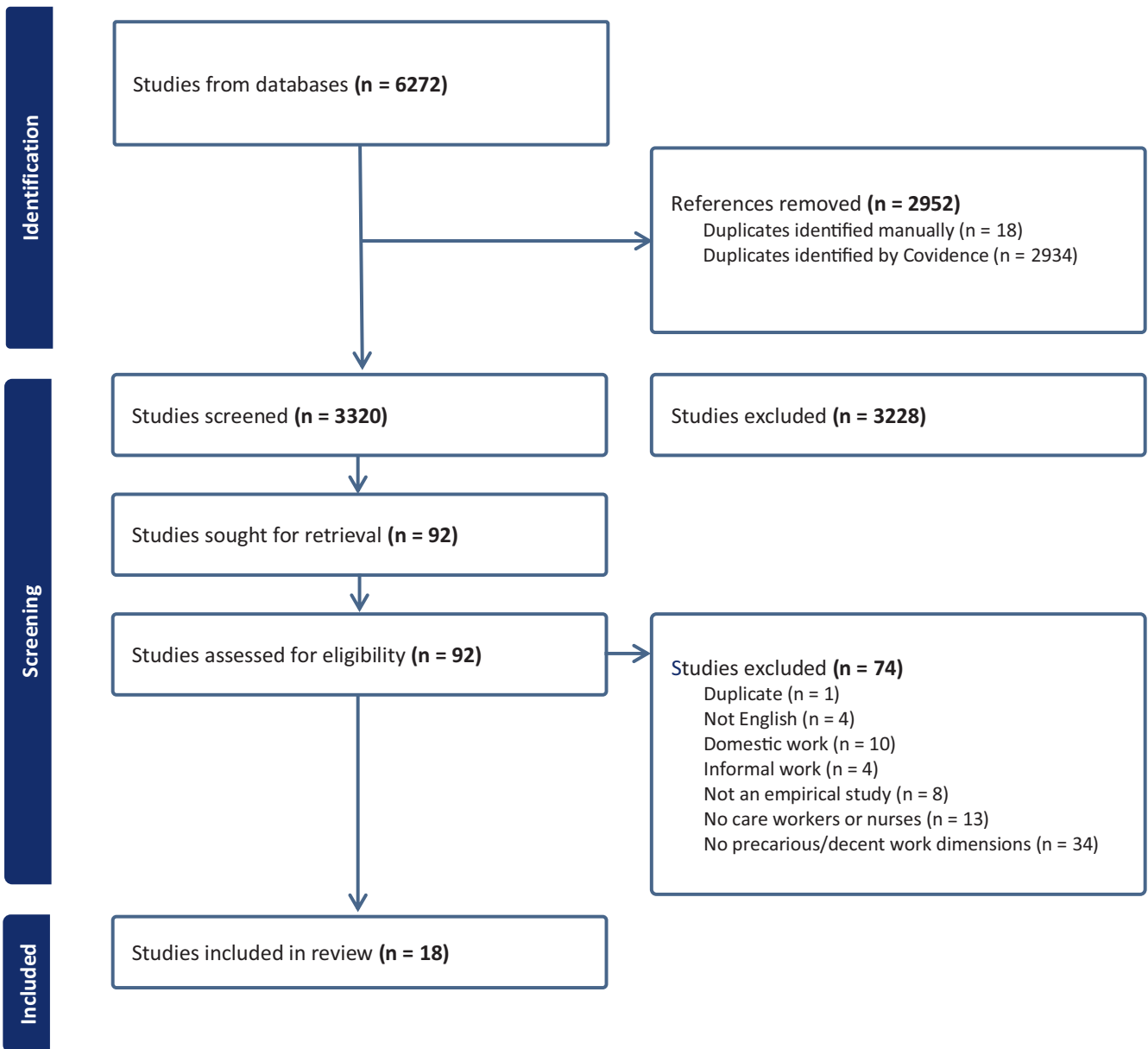


FIGURE 1 | PRISMA flow chart for study selection.

8805 nurses and care workers. Duijs et al. (2021, 2023) and Xue et al. (2024; Xue et al. (2024) included the same participants, and participants in Hult et al. (2023) were included in the Hult et al. (2022) study.

Four of the studies on decent work (Ma, You, and Tang 2019; Sönmez et al. 2023; Xue et al. 2024) relied on the Psychology of Working Theory (Duffy et al. 2016), and one study on precarious work (Barnard et al. 2023) referred to the Theory of Sustainable Employability, while another (Saritaş 2019) referenced the Feminist Precariousness Debate. Decent work was assessed using the Decent Work Scale (DWS) in two studies (Ma, You, and Tang 2019; Sönmez et al. 2023) and the Decent Work Perceptions Scale (DWPS) in three studies (Xue et al. 2024; Yu et al. 2023). One study (Barnard et al. 2023) measured precarious work with the Precarity

Position Profile (PPP), and three studies (Fité-Serra et al. 2019; Hult et al. 2022, 2023) used the Employment Precariousness Scale (EPRES).

3.2 | Quality Appraisal

Six of the qualitative studies met all the quality appraisal criteria (Duijs et al. 2021, 2023; Gil 2022; Orupabo 2021; Wall 2015), while in two studies (Goździak and Main 2022; Saritaş 2019), it was not clear how the findings were derived from the data, and the coherence between qualitative data sources, collection, analysis, and interpretation was not evident (Data S3). Five of the quantitative studies met all the quality criteria (Fité-Serra et al. 2019; Hult et al. 2022, 2023; Strandell and Stranz 2022; Xue et al. 2024). However, the risk of nonresponse bias was unclear

TABLE 1 | Characteristics of included studies.

| No | Author(s), year, country | Journal | Study design | Setting, participants | Data collection, (instrument), data analysis method | Employment quality |
|----|------------------------------------|---|---|---|--|--------------------|
| 1 | Barnard et al. 2023, South Africa | Journal of Nursing Management | Cross-sectional quantitative | Emergency departments (<i>n</i> = 14 hospitals), nurses (<i>n</i> = 204) | Online and paper-and-pen questionnaires, (Precarity Position Profile PPP), structural equation modelling (SEM) | Precarious work |
| 2 | Boese et al. 2013, Australia | The Economic and Labour Relations Review | Cross-sectional qualitative | Temporary migrant registered nurses from 12 countries (<i>n</i> = 26) | In-depth interviews, <i>data analysis method not specified</i> | Precarious work |
| 3 | Duijs et al. 2021, the Netherlands | Feminist Economics | Cross-sectional qualitative | Nursing homes and home care, freelance nurses, and nursing aides (<i>n</i> = 23) | Semi-structured interviews, thematic analysis | Precarious work |
| 4 | Duijs et al. 2023, the Netherlands | Journal of Advanced Nursing | Participatory qualitative | Long-term care, nurses and nursing aides (<i>n</i> = 23) | Semi-structured interviews, intersectional analysis | Precarious work |
| 5 | Fité-Serra et al. 2019, Spain | International Journal of Environmental Research and Public Health | Cross-sectional quantitative | Nursing homes (<i>n</i> = 19), nurses and nursing assistants (<i>n</i> = 239) | Paper-and-pen questionnaires, (Employment Precariousness Scale EPRES), descriptive analysis | Precarious work |
| 6 | Gil 2022, Portugal | Aging & Society | Cross-sectional qualitative | Care homes (<i>n</i> = 16), care workers (<i>n</i> = 40) | Semi-structured interviews, thematic content analysis | Precarious work |
| 7 | Goździak and Main 2022, Poland | International Migration | Ethnographic study | Polish nurses (<i>n</i> = 35) working in Norway | Interviews, narrative analysis | Precarious work |
| 8 | Hult et al. 2022, Finland | Nordic Journal of Nursing Research | Cross-sectional quantitative | Unionised practical nurses and registered nurses (<i>n</i> = 5817) | Online questionnaire, (Employment Precariousness Scale EPRES), linear regression analysis | Precarious work |
| 9 | Hult et al. 2023, Finland | International Archives of Occupational and Environmental Health | Longitudinal quantitative (T1 = 2020, T2 = 2022, T3 = 2023) | Unionised care workers (<i>n</i> = 1502) | Online questionnaire, (Employment Precariousness Scale EPRES), linear mixed effects models | Precarious work |
| 10 | Ma, You, and Tang 2019, China | International Journal of Environmental Research and Public Health | Cross-sectional quantitative | Vocational health care students (<i>n</i> = 854) | Online questionnaire, (Decent Work Scale DWS), SEM | Decent work |

(Continues)

TABLE 1 | (Continued)

| No | Author(s), year, country | Journal | Study design | Setting, participants | Data collection, (instrument), data analysis method | Employment quality |
|----|-----------------------------------|--|------------------------------|--|--|--------------------|
| 11 | Orupabo 2021, Norway | The Sociological Review | Ethnographic study | Privately managed nursing homes ($n = 2$), auxiliary nurses ($n = 30-50$) | Field notes while working in the nursing homes, thematic analysis | Precarious work |
| 12 | Saritaş 2019, Turkey | The Economic and Labour Relations Review | Cross-sectional qualitative | Family health centres ($n = 3$) and hospitals ($n = 3$), nurses ($n = 50$) | In-depth semi-structured interviews, descriptive content analysis | Precarious work |
| 13 | Strandell and Stranz 2022, Sweden | International Journal of Care and Caring | Cross-sectional quantitative | Unionised care workers ($n = 226$) | Postal survey, logistic regression analysis | Precarious work |
| 14 | Sönmez et al. 2023, Turkey | International Nursing Review | Cross-sectional quantitative | Hospitals ($n = 2$), nurses ($n = 311$) | Online questionnaire, (Decent Work Scale DWS), SEM | Decent work |
| 15 | Wall 2015, Canada | Gender, Work and Organisation | Focused ethnography | Self-employed nurses ($n = 20$) | Interviews and field observations, thematic analysis | Precarious work |
| 16 | Xue et al. 2024, China | BMC Nursing | Cross-sectional quantitative | Hospitals ($n = 3$), nurses ($n = 476$) | Paper-and-pen questionnaires, (Decent Work Perceptions Scale DWPS), regression analysis | Decent work |
| 17 | Xue et al. 2024, China | International Nursing Review | Cross-sectional quantitative | Hospitals ($n = 3$), nurses ($n = 460$) | Paper-and-pen questionnaires, (Decent Work Perception Scale DWPS), mediation analysis with PROCESS | Decent work |
| 18 | Yu et al. 2023, China | International Nursing Review | Cross-sectional quantitative | Multicentre, nurses ($n = 425$) | Online and paper-and-pen questionnaires, (Decent Work Perception Scale DWPS), SEM | Decent work |

in four studies (Barnard et al. 2023; Ma, You, and Tang 2019; Sönmez et al. 2023; Xue et al. 2024), the sampling strategy was unclear in Ma, You, and Tang (2019), and in Yu et al. (2023), the sample was not representative of the target population.

Two personal and three work-related factors were common, yet opposite, for decent and precarious work (Table 2).

3.3 | Contextual Factors Contributing the Decent and Precarious Work

Contextual factors contributing the decent and precarious work were classified into personal, work-related, and societal factors.

3.3.1 | Personal Factors

Older age was associated with perceived decent work (Xue et al. 2024), whereas younger age increased the likelihood of precarious work (Fité-Serra et al. 2019). Another common predictor was income; economic difficulties hindered the prospects of obtaining decent work (Ma, You, and Tang 2019), while being

TABLE 2 | Theories and contextual factors contributing to decent and precarious work.

| Studies | Decent work | Theory | Precarious work | Studies |
|----------------------|------------------------------|--|--------------------------------|-----------------------|
| 10, 14, 16, 17 | Psychology of working theory | | Sustainable employability | 1 |
| | | | Feminist precariousness debate | 12 |
| Contextual factors | | | | |
| Personal factors | | | | |
| 16 | Older (+) | Age | Younger (+) | 5 |
| 10 | Economic difficulties (-) | Income | Being a breadwinner (+) | 4 |
| | | Intersection of race/ethnicity, gender, class, age, disability/ability | + | 3, 4 |
| | | Migrant status | + | 2, 7, 11 |
| Work-related factors | | | | |
| 16 | Longer (+) | Work experience | Shorter (+) | 5 |
| 16 | Permanent (+) | Employment contract | Temporary (+) | 7, 8 |
| 16 | Leadership (+) | Position | Nurse assistant vs. nurse (+) | 5 |
| 10 | + | Work volition | | |
| 10 | + | Career adaptability | | |
| 14 | + | Nursing work environment ^a | | |
| 16 | + | < 5 monthly night shifts | | |
| 16 | + | > 2 training sessions per year | | |
| | | Long-term care, aged people care (nursing homes), homecare | + | 2, 3, 5, 6, 7, 11, 13 |
| Societal factors | | | | |
| | | Commodification, privatisation, flexibilization, rationalisation and devaluation of care | + | 3, 5, 11 |
| | | Cost-cutting pressure and standardisation in New Public Management (NPM), neoliberal restructuring | + | 11, 12, 13 |
| | | COVID-19 | + | 3 |

^aIncludes nurse participation in hospital affairs; nurse manager ability, leadership, and support of nurse; staffing and resource adequacy; nurse-physician relations; nursing foundations for quality of care.

the sole breadwinner in a family increased precarious work (Duijs et al. 2023). Additionally, the intersection of race or ethnicity, gender, class, age, and disability (Duijs et al. 2021, 2023) and migrant status (Boese et al. 2013; Goździak and Main 2022; Orupabo 2021) were identified as personal factors contributing to precarious work.

3.3.2 | Work-Related Factors

Longer work experience was associated with decent work (Xue et al. 2024), whereas shorter work experience increased the precarious work (Fité-Serra et al. 2019). Also, permanent employment contracts predicted decent work (Xue et al. 2024), whereas temporary contracts predicted precarious work (Goździak and Main 2022; Hult et al. 2022). Moreover, higher positions, such as leadership roles, increased the perception of decent work (Xue et al. 2024), whereas holding lower positions, like nurse assistants compared to nurses, increased precarious work (Fité-Serra et al. 2019).

Furthermore, the nursing work environment, including nurse participation in hospital affairs, nurse manager ability, leadership, and support for nurses, staffing and resource adequacy, nurse-physician relations, and nursing foundations for quality of care, was identified as predicting a higher perception of decent work (Sönmez et al. 2023). Additionally, factors such as having less than five monthly night shifts and participating in more than two training sessions per year (Xue et al. 2024), as well as work volition and career adaptability (Ma, You, and Tang 2019), were associated with increased perceptions of decent work. In turn, long-term care, and care for the elderly in nursing homes or homecare settings were specifically identified as contexts where precarious work was prevalent in five studies (Boese et al. 2013; Duijs et al. 2021, 2023; Fité-Serra et al. 2019; Gil 2022; Goździak and Main 2022; Orupabo 2021; Strandell and Stranz 2022).

3.3.3 | Societal Factors

A wide range of societal factors and political developments contributing to the rise of precarious work were reported (Duijs et al. 2021; Fité-Serra et al. 2019; Orupabo 2021; Saritaş 2019; Strandell and Stranz 2022): commodification of care, privatisation, flexibilization, rationalisation and devaluation of care, neoliberal restructuring, cost-cutting pressures, and standardisation in the New Public Management (see Table 2). The COVID-19 pandemic was also cited as a contextual factor increasing precarious work (Duijs et al. 2021).

3.4 | Dimensions of Decent and Precarious Work

Dimensions of decent and precarious work were organised according to the Employment Quality Framework as safety and ethics of employment; income and benefits from employment; working time and work-life balance; security of employment and social protection; social dialogue; skills development and training; and employment-related relationships and work motivation (Table 3).

3.4.1 | Safety and Ethics of Employment

In decent work studies, safe working conditions (Ma, You, and Tang 2019; Sönmez et al. 2023) and work recognition (Xue et al. 2024; Yu et al. 2023) were brought out as a dimension of safety and ethics of employment. Conversely, precarious work studies highlighted understaffing, inadequate staff ratios, and absenteeism (Gil 2022; Saritaş 2019; Strandell and Stranz 2022), along with discrimination manifested as bullying, harassment, racism, institutional racism, and unfair treatment (Boese et al. 2013; Duijs et al. 2023; Goździak and Main 2022). Poor working conditions and excessive workloads were also commonly described (Gil 2022; Goździak and Main 2022), as well as inadequate equipment (Duijs et al. 2021; Goździak and Main 2022), minimal induction processes, and misinformation among nurses and care workers (Boese et al. 2013). Furthermore, precarious work studies reported experiences of devaluation of care work and lack of respect (Duijs et al. 2023; Goździak and Main 2022), and described systems as oppressive and patriarchal (Duijs et al. 2021).

3.4.2 | Income and Benefits From Employment

Sufficient compensation was reported in studies focusing on decent work (Ma, You, and Tang 2019; Sönmez et al. 2023; Xue et al. 2024; Yu et al. 2023). Conversely, precarious work studies (Barnard et al. 2023; Duijs et al. 2021, 2023; Fité-Serra et al. 2019; Goździak and Main 2022; Hult et al. 2022, 2023; Strandell and Stranz 2022) highlighted issues such as low pay and lack of benefits. Additionally, extra, or unforeseen tasks without compensation were reported in one precarious work study (Orupabo 2021).

3.4.3 | Working Hours and Work-Life Balance

Free time and opportunities for rest were emphasised in studies focusing on decent work (Ma, You, and Tang 2019; Sönmez et al. 2023). In turn, precarious work studies (Duijs et al. 2023; Gil 2022; Goździak and Main 2022; Saritaş 2019; Strandell and Stranz 2022) described working hours as unpredictable and irregular. Precarious employment was characterised by shift work, stand-by time, flexible work schedules, part-time jobs, unsocial hours, and split shifts, all contributing to poor work-life balance (Goździak and Main 2022; Saritaş 2019).

3.4.4 | Security of Employment and Social Protection

In studies focusing on decent work (Ma, You, and Tang 2019; Sönmez et al. 2023), security of employment and social protection were often characterised by access to healthcare benefits. Precarious work studies (Barnard et al. 2023; Boese et al. 2013; Fité-Serra et al. 2019; Goździak and Main 2022; Hult et al. 2022, 2023; Orupabo 2021; Strandell and Stranz 2022) highlighted insecurity in employment, characterised by job insecurity and temporariness. Precarious employment was also described in terms of freelance work, self-employment, multiple jobs, and transitions between unpaid and paid care work (Duijs et al. 2021, 2023; Wall 2015). Poor social protection included lack of access to social benefits, inadequate retirement pensions, lack of disability insurance, expensive private

TABLE 3 | Dimensions of decent and precarious work classified according to the Quality of Employment framework (UNECE 2015).

| Studies | Decent work | Quality of Employment | Precarious work | Studies |
|--------------------|-------------------------|--|---|--------------------------|
| 10, 14 | Safe working conditions | Safety and ethics of employment | Poor working conditions, excessive workload | 6, 7 |
| 16, 17, 18 | Work recognition | | Lack of appropriate equipment (also during COVID-19) | 3, 7 |
| | | | Understaffing, inadequate ratio, absenteeism | 6, 12, 13 |
| | | | Minimal induction, misinformation about employment | 2 |
| | | | Bullying, harassment, racism, institutional racism, unfair treatment, discrimination | 2, 4, 7 |
| | | | Devaluation, lack of respect | 4, 7 |
| | | | Systems of oppression and patriarchy | 3 |
| 10, 14, 16, 17, 18 | Sufficient compensation | Income and benefits from employment | Low pay | 1, 3, 4, 5, 7, 8, 9, 13 |
| | | | Extra or unforeseen tasks without compensation | 11 |
| | | | Lack of benefits | 15 |
| 10, 14 | Free time and rest | Working hours and work-life balance | Shift work, stand-by time, flexible work schedule, unpredictability of working times, part-time jobs, unsocial hours, irregular hours, split shifts | 4, 6, 7, 12, 13 |
| | | | Poor work-life balance | 7, 12 |
| 10, 14 | Access to healthcare | Security of employment and social protection | Job insecurity, temporariness | 1, 2, 5, 7, 8, 9, 11, 13 |
| | | | Freelance/self-employment | 3, 4, 15 |
| | | | Multiple jobs | 7, 11 |
| | | | Trajectories between unpaid and paid care work | 6 |
| | | | No access to social protection, poor retirement pension | 3, 12, 15 |
| | | | Lack of access of disability insurance | 4, 15 |
| | | | Expensive private health insurance | 2 |
| | | | Reproductive insecurity | 12 |
| 16, 17, 18 | Work position | Social dialogue | Disempowerment | 5, 8, 9, 12, 13 |
| 16, 17, 18 | Work development | Skills development and training | Poor professional development | 1, 12 |
| | | | Ageism (less access to career opportunities) | 4 |
| | | | Skill precariousness (poor advancement and training) | 13 |

(Continues)

TABLE 3 | (Continued)

| Studies | Decent work | Quality of Employment | Precarious work | Studies |
|------------|---|---|---|------------------------|
| 16, 17, 18 | Work atmosphere | Workplace relationships and work motivation | Vulnerability, control by management | 1, 5, 8, 9, 11, 13 |
| 10, 14 | Complementary values (values of organisation match with family and social values) | | Being at the bottom of occupational hierarchy No influence opportunities, powerlessness, no control over work, lack of autonomy Relational precariousness (not been able to meet the needs of patients) | 11 11, 12, 13 13 |

health insurance, and reproductive insecurity (Saritaş 2019) in precarious work settings.

3.4.5 | Social Dialogue

In studies focusing on decent work (Xue et al. 2024; Yu et al. 2023), social dialogue was described positively, often associated with the ability to participate in workplace decisions and having a voice in organisational matters. Conversely, precarious work studies (Fité-Serra et al. 2019; Hult et al. 2022, 2023; Saritaş 2019; Strandell and Stranz 2022) highlighted disempowerment in social dialogue.

3.4.6 | Skills Development and Training

Opportunities for work development characterised decent work (Xue et al. 2024; Yu et al. 2023) and poor professional development opportunities precarious work (Barnard et al. 2023; Saritaş 2019). Ageism was also noted, with older workers experiencing barriers to career opportunities and skill development (Duijs et al. 2023). Additionally, skill precariousness was highlighted as a challenge, indicating unstable or unreliable access to skill-building opportunities and career advancement support (Strandell and Stranz 2022).

3.4.7 | Workplace Relationships and Work Motivation

Work atmosphere was most often described in studies on decent work (Xue et al. 2024; Yu et al. 2023). Complementary values, meaning organisational values that align with family and social values, were also highlighted as dimensions of decent work (Ma, You, and Tang 2019; Sönmez et al. 2023). In contrast, precarious work studies (Barnard et al. 2023; Fité-Serra et al. 2019; Hult et al. 2022, 2023; Orupabo 2021; Strandell and Stranz 2022) reported vulnerability and control by management as common themes. Moreover, precarious work studies noted poor influence opportunities, powerlessness, lack of autonomy (Orupabo 2021; Saritaş 2019; Strandell and Stranz 2022), and being at the bottom of the occupational hierarchy (Orupabo 2021). Relational precariousness was also mentioned, perceived as the inability to meet the needs of patients (Strandell and Stranz 2022).

3.5 | Outcomes for Decent and Precarious Work

Outcomes for decent and precarious work were classified into health and well-being, and work-related outcomes. Three health and well-being, and two work-related outcomes were common in both decent and precarious work studies (Table 4).

3.5.1 | Health and Well-Being Outcomes

Physical health was enhanced by decent work (Sönmez et al. 2023) and deteriorated by precarious work (Duijs et al. 2021; Gil 2022; Saritaş 2019; Strandell and Stranz 2022). Decent work improved mental health, whereas precarious work negatively

TABLE 4 | Outcomes for decent and precarious work.

| Studies | Decent work | Outcomes | Precarious work | Studies |
|--------------------------------|-------------|--|-----------------|---------------------|
| Health and well-being outcomes | | | | |
| 14 | + | Physical health | – | 3, 6, 12, 13 |
| 14 | + | Mental health | – | 1, 8, 9, 13 |
| 17 | – | Physical and emotional burnout, stress | + | 3, 4, 6, 11, 12, 15 |
| | | Precarious lives (poverty, unaffordable housing) | + | 4, 11 |
| | | Lack of control over future, uncertainty | + | 2, 11, 15 |
| | | Afraid to be sick, working while sick | + | 2, 4 |
| | | Negative affect, anxiety, frustration, anger | + | 1, 2, 3 |
| | | Early retirement | + | 6 |
| Work-related outcomes | | | | |
| 16, 17 | – | Turnover, intentions to leave | + | 6, 13 |
| 18 | + | Empowerment | – | 2 |
| 17 | + | Job satisfaction | | |
| 18 | + | Work immersion | | |
| 10 | + | Career exploration | | |
| | | Work well-being | – | 8, 9 |
| | | Work-life balance | – | 12, 13 |
| | | Moral dilemmas | + | 3 |
| | | Sense of alienation | + | 4 |
| | | Disengagement, efficient (depersonalised) work | + | 11 |
| | | Covert resistance, bending the rules | + | 11 |
| | | Quality of care | – | 6 |
| | | Work capabilities | – | 1 |
| | | Organisational conflicts | + | 6 |

impacted it (Barnard et al. 2023; Hult et al. 2022, 2023; Strandell and Stranz 2022). Decent work also reduced burnout (Xue et al. 2024), while precarious work increased physical and emotional burnout and stress in six studies (Duijs et al. 2021, 2023; Gil 2022; Orupabo 2021; Saritaş 2019; Wall 2015). Moreover, precarious work led to precarious living conditions and poverty (Duijs et al. 2023; Orupabo 2021), feelings of uncertainty and lack of control over the future (Boese et al. 2013; Orupabo 2021; Wall 2015), negative affect, anxiety, frustration, and anger (Barnard et al. 2023; Boese et al. 2013; Duijs et al. 2021), and early retirement (Gil 2022). Nurses and care workers under precarious work expressed fear of being sick and reported working while sick (Boese et al. 2013; Duijs et al. 2023).

3.5.2 | Work-Related Outcomes

Decent work decreased turnover and intentions to quit (Xue et al. 2024), while precarious work increased them (Gil 2022; Strandell and Stranz 2022). Empowerment was enhanced by

decent work (Yu et al. 2023) and diminished by precarious work (Boese et al. 2013). Additionally, decent work increased job satisfaction (Xue et al. 2024), work engagement (Yu et al. 2023), and career exploration behaviour (Ma, You, and Tang 2019). Precarious work, on the other hand, impaired work-life balance (Saritaş 2019; Strandell and Stranz 2022), work well-being (Hult et al. 2022, 2023), quality of care (Gil 2022), and work capabilities (Barnard et al. 2023). Moreover, precarious work was reported to increase moral dilemmas (Duijs et al. 2021), sense of alienation (Duijs et al. 2023), disengagement and depersonalised work, covert resistance, and bending the rules (Orupabo 2021), as well as organisational conflicts (Gil 2022).

3.6 | Synthesis of the Common Contextual Factors, Dimensions, and Outcomes for Decent and Precarious Work

Decent and precarious work involve common, yet opposite, contextual factors, dimensions, and outcomes (Figure 2). Personal

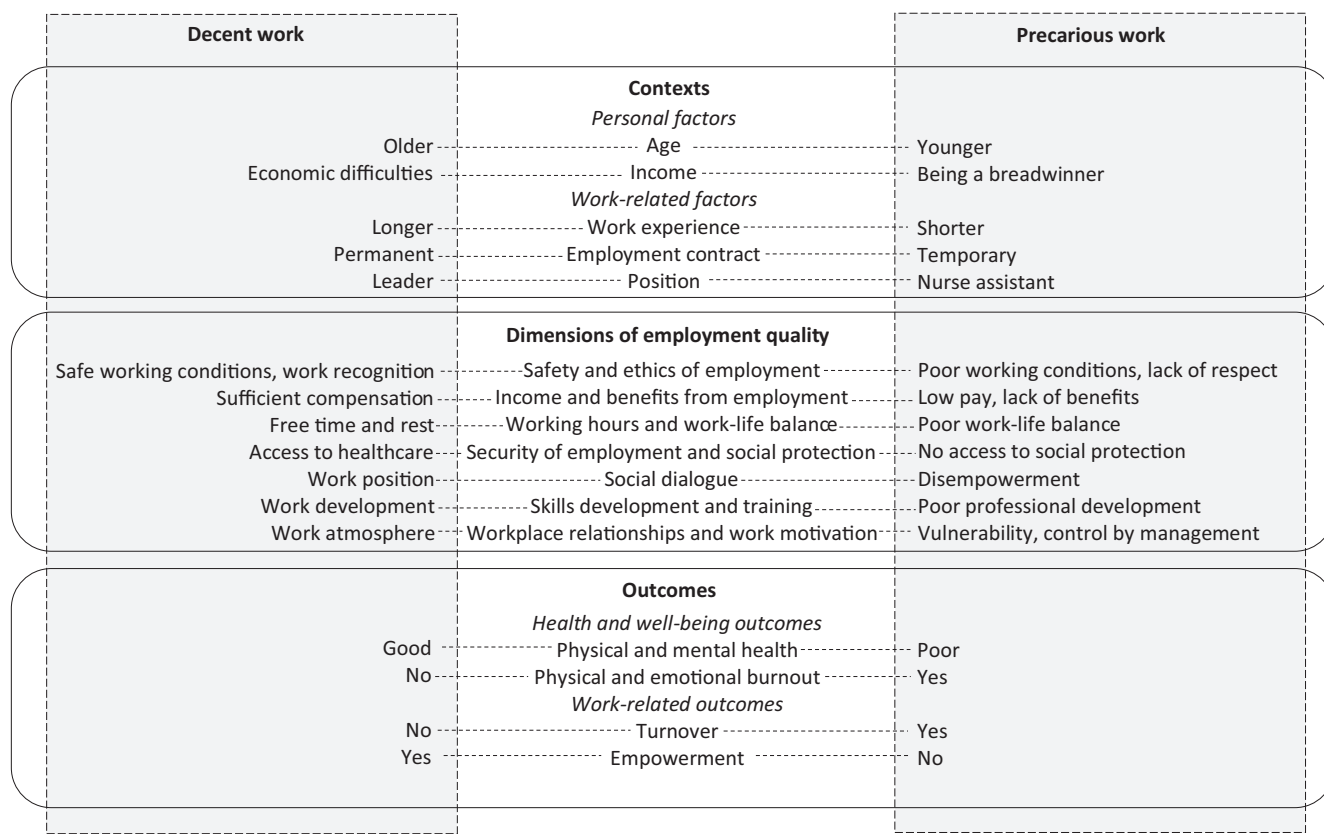


FIGURE 2 | Common, yet opposite, contextual factors, dimensions, and outcomes for decent and precarious work.

factors include age and income, while work-related contextual factors encompass work experience, employment contract, and position. Both decent and precarious work studies report conditions for all dimensions of employment quality (UNECE 2015). The opposite outcomes pertain to health, turnover, and empowerment.

4 | Discussion

This review synthesised research evidence on employment quality conceptualised as decent and precarious work in nursing and care work by examining contextual factors, dimensions, and outcomes. To the best of our knowledge, our study is the first systematic assessment of the literature on decent and precarious work on the continuum of employment quality in nursing and care work. We demonstrated that decent and precarious work share several common, albeit opposite, contexts and outcomes for nurses and care workers. Moreover, we found that the Quality of Employment Framework provides a reliable and comprehensive classification capable of capturing the positive and negative extremes of employment quality and working conditions of nurses and care workers. However, our review produced evidence that is not quite balanced between decent and precarious work. We identified only five decent work studies that met the inclusion criteria, all of which were quantitative, providing scarcer data compared to the precarious work studies, which offered in-depth experiential data and rich descriptions. The smaller number of decent work studies available is likely due to the relatively recent conceptualization of decent work. Decent

work studies emerged in recent years, whereas precarious work has been investigated over a longer period.

Individual health and well-being outcomes were thoroughly examined in both decent and precarious work studies included in our review. Our findings align with prior research: decent work is associated with improved health and well-being outcomes (Su and Chan 2023), whereas precarious work is linked to worsened physical and mental health and well-being (Rönblad et al. 2019). Proposed pathways from precarious work to poor health include factors such as material deprivation, stressors stemming from employment conditions, and occupational risks that undermine individuals' ability to attain and sustain good health (Julià et al. 2017).

4.1 | Precarious Migrant Care Workers

Almost all of the included decent work studies drew from the Psychology of Working Theory (Duffy et al. 2016). The primary goal of this theory is to describe work experiences, particularly focusing on people living near or in poverty, those encountering discrimination and marginalisation, and those undergoing challenging work-related transitions where external circumstances heavily influence their ability to secure decent employment. However, only one decent work study included economic difficulties as a contextual factor in their model, and none targeted migrant care workers, for example. In contrast, precarious work studies specifically included migrant care workers, while others examined the intersection of

gender, race or ethnicity, age, and class as significant factors leading to precarious employment situations. Western societies increasingly rely on migrant care workers to meet their growing workforce needs (Ågotnes and Storm 2022), a situation that raises critical questions regarding globally ethical and sustainable recruitment practices. The long-term care sector, in particular, increasingly employs migrant workers who frequently experience racism and discrimination, as noted in the reviewed studies. Additionally, care workers in general frequently face violence, often gender-based and sexual violence (Kuhlmann et al. 2023). Studies on precarious work also highlighted common issues such as bullying, unfair treatment, and lack of respect, particularly by controlling and authoritarian managers.

4.2 | Precariousness of Long-Term Care Sector

Another significant context highlighted in precarious work studies is how long-term care, including older people's care and nursing homes, has become a focal point for multidimensional precarious work. The transition to private ownership has resulted in cost-cutting measures and the rationalisation of nursing practices, which have increased the workload of care workers and led to missed nursing care (Hackman, Häggman-Laitila, and Hult 2024) and finally, a decline in the quality of care. The included studies documented how workers experienced moral dilemmas (also reported in Hackman, Häggman-Laitila, and Hult 2024), feelings of alienation, and disengagement from work and covert resistance as ways to cope with increased physical and mental stress and burden. Moreover, the global shortage of care workers has had a particularly severe impact on long-term care (Nguyen et al. 2023), as observed in the reviewed studies detailing extra tasks without compensation, unpredictable working hours, and poor work-life balance. Given that the sector is characterised by low skill levels and low wages (Müller 2019), care workers in the included studies often resorted to taking multiple jobs to escape poverty and precarious living conditions. Concurrently, social protections were inadequate, with studies reporting poor retirement pensions and a lack of disability pensions. Access to healthcare, coupled with measures to promote work ability and reduce disability by employers, would be crucial for nurses and care workers to sustain their work until retirement age in demanding environments (Nurmeksela et al. 2023).

4.3 | Conceptualization of Decent and Precarious Work

It is notable that some of the study findings could be classified as contextual factors, dimensions, or outcomes. For instance, financial constraints were identified as a contextual factor hindering access to decent work, while also serving as a significant dimension of decent work (adequate compensation) and precarious work (low income). Moreover, financial difficulties emerged as an outcome of precarious work, contributing to precarious living conditions and poverty. Additionally, the type of employment contract predicted both decent and precarious work outcomes. Workers in permanent positions were more likely to achieve decent work, whereas those in temporary contracts were associated with precarious work conditions. Job insecurity

related to temporary employment emerged as a critical dimension of employment security in precarious work studies. It is important to note that job insecurity alone might not signify precarious employment in nursing and care work (Hult et al. 2022). Given the current workforce shortages in the care sector, a care worker with a temporary contract is not necessarily threatened by unemployment, as new employment opportunities are readily available. Moreover, younger workers might voluntarily opt for temporary employment to better control their work and free time. However, young people find themselves in precarious employment more often than other employees (Hult et al. 2022, 2023), as shown by this review. Nevertheless, consecutive fixed-term employment relationships can cause uncertainty if life cannot be planned sufficiently in advance. The impossibility of planning life ahead is especially difficult for young employees trying to manage their lives.

Our study contributes to the discussion about the conceptualization of decent and precarious work as opposing concepts in the continuum of employment quality (Seubert, Hopfgartner, and Glaser 2021). Although descriptions of decent work dimensions were limited, they were precise and covered essential aspects. Importantly, our results demonstrate that decent working conditions are associated with nurses' and care workers' good physical and mental health, reduced burnout, and lower stress levels. Moreover, turnover and intentions to quit were lower in decent work compared to precarious work, which was seen as job satisfaction, work immersion, and empowerment among nurses and care workers under decent working conditions. Therefore, organisations in the care sector should carefully adhere to existing recommendations on promoting decent work (e.g., ILO 2018, 2019) for a better and sustainable future of care work.

4.4 | Limitations

Our mixed-methods systematic review followed a meticulously crafted plan, with two researchers actively participating in every phase. We collaborated with an information specialist to devise a search strategy. To obtain a comprehensive understanding of employment quality in nursing and care work, we did not exclude studies based on quality or publication date. However, we focused solely on English-language studies, which may have caused us to overlook relevant research in other languages. We only included studies where the authors explicitly stated that their research focused on decent or precarious work. This choice was made because many studies describe job insecurity, which is often used as a synonym for precarious work. However, we were not interested in studies describing only one aspect, such as job insecurity, but rather in those providing a multidimensional description of the phenomenon. Furthermore, the reviewed studies on dimensions of decent work applied two scales: the Decent Work Scale and the Decent Work Perception Scale, used in three Chinese studies. The Decent Work Scale has been shown to be reliable and valid, whereas the reliability of the Decent Work Perception Scale remains unclear, as no information about the referenced study was accessible from scientific databases or the Internet via a free-text search. The content of the instrument was not disclosed in the studies, leaving uncertainty about the dimensions it measures.

Moreover, we have some concerns regarding the strength of the evidence provided by the included studies due to the predominantly cross-sectional study designs; only one study had a longitudinal design. Overall, studies on precarious work exhibited greater diversity, employing both qualitative and quantitative methodologies, thereby offering deeper insights into the topic. Consequently, the study of decent work should lean more towards qualitative approaches to enhance understanding of nurses' and care workers' experiences. This is crucial for promoting decent work within the sector, particularly in long-term care and services for older people.

5 | Conclusions

Our study makes a significant contribution to research on working life, but more importantly, it contributes to the current discussion on developments in the care sector by assessing the employment quality defined as decent and precarious work. Moreover, it offers concrete implications for organisations and decision-makers. The ongoing and forthcoming challenges in care work present opportunities to create a positive future characterised by meaningful work, fair job conditions, sustainable employment policies, and attractive career prospects. To achieve this, it is essential to deepen the understanding of employment quality in nursing and care work. By addressing these challenges, the care sector can be transformed into one that not only supports the well-being of workers but also enhances the quality of care provided.

Author Contributions

All authors have agreed on the final version and meet at least one of the following criteria: (1) substantial contributions to conception and design, acquisition of data, or analysis and interpretation of data; (2) drafting the article or revising it critically for important intellectual content.

Conflicts of Interest

The authors declare no conflicts of interest.

Data Availability Statement

The data that support the findings of this study are openly available.

Peer Review

The peer review history for this article is available at <https://www.webofscience.com/api/gateway/wos/peer-review/10.1111/jan.16572>.

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Supporting Information

Additional supporting information can be found online in the Supporting Information section.