

2018

Sweden: Elderly Care System

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Sweden

ABOUT THE NATION

Sweden is a country in Northern Europe. Sweden borders Norway to the west, and Finland to the northeast. To the south is the Baltic Sea and to the east is the Gulf of Bothnia. There are 9.8 million people populating Sweden.

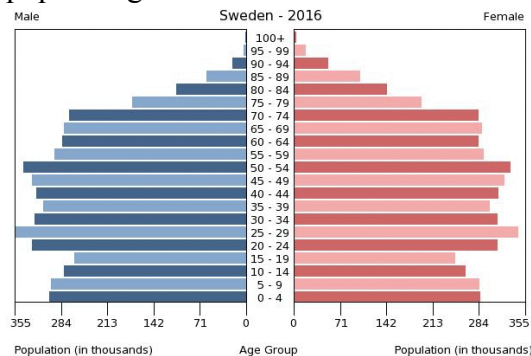


Figure 1 describes the distribution of males (blue) and females (red) in Sweden as of 2016. (IndexMundi)

The Church of Sweden is Evangelical Lutheran, but due to its growing diverse population there are many more religions. The indigenous population includes Swedes with Finnish and Sami minorities. Foreign-born or first-generation immigrants include Finns, Yugoslavs, Danes, Norwegians, Greeks, and Turks.

Sweden has a parliamentary democracy. They are also a monarchy. This means that they have a king or queen that is the head of state but does not hold any political power. All public power is voted on by those eligible to vote. In order to be eligible to vote one must be a Swedish citizen who has reached the age of 18 by Election Day and who are, or have been registered as a resident in Sweden. Thus, the democratically elected politicians are the ones who run the country. Everyone has the same rights. General elections are held every four years.

MAJOR ISSUES

There is a lack of quality elderly care in Sweden. This is a major issue because as seen in Figure 1, Sweden is preparing for a future with a major population of people over the age of 65.

Another major issue is the political tension there is with the amount of refugees coming into Sweden. The government has made it harder for people to immigrate into Sweden due to an immigration peak in 2015. There was an implementation for tighter border controls temporarily enforced on the country. This made it harder to travel into Sweden without a valid passport or other identification document.

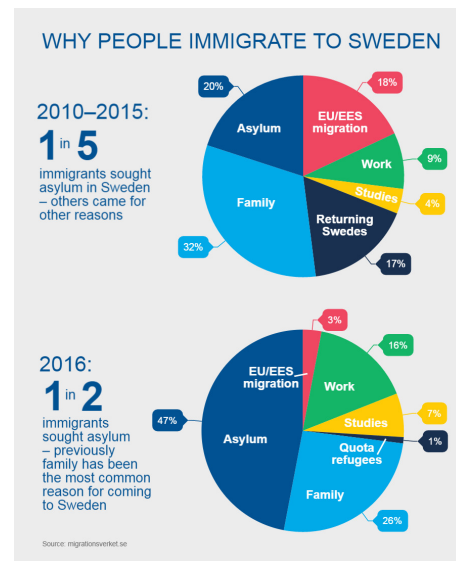


Figure 2 shows and compares the different concentrations of people and their reasons to immigrate to Sweden. (Sweden.se)

ABOUT THE PUBLIC HEALTH ISSUE

The public health issue Sweden is facing is the lack of quality elderly care with its growing elderly population. Chronic conditions in this population have been increasing and are requiring more complex health services.

The affected group is the elderly community. About 2 million of the 9 million citizens in Sweden are over the age of 65. There are several challenges faced in order to improve the quality of elderly care.

One is the debate between privatization versus keeping it controlled by the state. Evidence has shown that “privatization and the associated increase in competition significantly improved non-contractible quality as measured by mortality rates,”(Bergman et al., 2016). With better quality in privatized facilities the elderly lived longer.

However the argument for keeping the elderly care system federally controlled is that “the issue of need is addressed through a care system that is guaranteed by public financing (taxation) and decentralized management (local authorities in charge of social care). In this context, the money pressure on the user is greatly reduced.”(Bihan & Martin, 2006) There seems to be a problem with prioritizing the quality of the care versus the price tag on the care. Another challenge seems to be the lack of education elderly care providers are required to have. Research shows that “elderly Swedish people from ethnic minorities do not receive care with equal conditions compared with elderly people from the majority group. This is due to the low level of awareness concerning the culturally based needs of patients in health care.”(Heikkilä & Ekman, 2003).

In another research it was found that in Sweden a significance difference between hospital care and elderly care is staff’s skills mix, that is, there is a greater proportion of staff, which lacks university education. (Boström et al., 2007)

The problem is that there hasn’t been any law to change or enforce education

or privatization. A better organization and greater possibilities for registered nurses competence development is needed in Sweden. The employers need to make a greater contribution financially for the continuation in education for registered nurses. It is essential to provide registered nurses with supervision. (Josefsson)

SUGGESTION FOR INTERVENTION

Their needs to be a focus on the elderly care system. A reform needs to be established by the government to require higher education for staff and nurses working in any elderly care facility. This education should be a college degree or a certification. The lack of required education expected correlates with the lack of quality care the elderly are receiving. Correlation does not always suggest causation but having a more educated background will help with the more complex issues that arise from this population. Education also increases awareness of different health issues that come from minority groups. This is important because of the increase in immigration Sweden has been facing and the increase of the minority groups.

REFERNCES

- Bergman, M. A., Johansson, P., Lundberg, S., & Spagnolo, G. (2016). Privatization and quality: Evidence from elderly care in Sweden. *Journal Of Health Economics*, 49109-119.
- Bihan, B. L., & Martin, C. (2006). A Comparative Case Study of Care Systems for Frail Elderly People: Germany, Spain, France, Italy, United Kingdom and Sweden. *Social Policy & Administration*, 40(1), 26-46.
- Boström, A., Wallin, L., & Nordström, G. (2007). Evidence-based practice and determinants of research use in elderly care in Sweden. *Journal Of Evaluation In Clinical Practice*, 13(4), 665-673.
- Heikkilä, K., & Ekman, S. (2003). Elderly Care for Ethnic Minorities- Wishes and Expectations among Elderly Finns in Sweden. *Ethnicity & Health*, 8(2), 135.
- Josefsson, K., Sonde, L., & Robins Wahlin, T. (2008). Competence development of registered nurses in municipal elderly care in Sweden: A questionnaire survey. *International Journal Of Nursing Studies*, 45(3), 428-441.