

DEVCOBA

Developing **C**ollective **B**argaining in the Care Sector

WP4 National Report THE NETHERLANDS

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1. Introduction

WP4 of the project DEVCOBA aims to carry out an in-depth examination of caregivers' individual positions and perceptions with regard to job quality, working conditions and collective representation within the ECEC and LTC sector in six European countries. This report on the Netherlands is the input for the provision of a comparative overview of caregivers' positions and perceptions in the care sector across different countries in the DEVCOBA project.

This report is the result of field research in the Netherlands. The analysis was conducted through semi-structured interviews with 11 caregivers: 6 in ECEC and 5 in LTC. The interviewees were mostly female workers from different age groups (younger than 35 years – 35-50 years – 50 years and older), with different professional profiles, including care-assistants, nurses and team-coordinators in LTC, as well as pedagogical workers in ECEC. All interviews were structured by a questionnaire template that was used in all countries in the DEVCOBA project, dealing with:

- i) Educational and professional background and motivation of care givers (section 2);
- ii) Identification of critical issues experienced in their job (section 3);
- iii) Possible solutions for problems identified by the caregivers, and experiences with the topics of the Dutch case studies investigated in WP3 (section 4);
- iv) Workers' voice at workplace level and workers' representation (section 5).

Transcriptions were made from each interview and citations are used in this report for the better illustration of perceptions, experiences and opinions (see Table 1 for the references to the respondents related to the citation used in the text).

Table 1. Overview of respondents in the interviews for WP4

Code	Age	Sector
R1	< 35	LTC Homecare
R2	>50	LTC Nursing homes
R3	< 35	LTC Nursing homes
R4	< 35	LTC Nursing homes
R5	< 35	ECEC
R6	35-50	ECEC
R7	>50	ECEC
R8	35-50	ECEC
R9	>50	ECEC
R10	>50	ECEC

R11	>50	LTC Nursing homes
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2. Backgrounds and Motivation of Care Professionals

In this section, I will introduce the respondents by their backgrounds and their main motivations for working as professionals in ECEC or LTC.

2.1 ECEC

In ECEC, six female workers were interviewed individually. The lack of men in the sample represents the population in the sector, because more than 90% of workers in ECEC are female; the 10% men are mostly in non-care professions, working in an office and not with children. All respondents were certified pedagogical employees.

The youngest respondent was still a student in pedagogical studies. She could work in the sector because of having completed 3 years of her study at Higher Professional Education level (HBO) and having undergone training in working with babies. She saw her job in ECEC as a job on the side, alongside her study: *'in the hospitality industry, you earn less....and it's quite normal to gain some experience with childcare if you want to become a pedagogue'* (R5). She thinks that she will not continue working in the sector: most childcare professionals have a lower level of education than HBO and she finds working in ECEC quite intensive and stressful.

All other respondents in ECEC were middle-aged or older. One of them was from a migrant background from Morocco (*'not born here, but raised in the Netherlands'*) and entered the sector at a later age. She decided to start a new education for pedagogical work in childcare when she gave birth to her fourth child. She was already volunteering as *'an assistant mother in my children's school'* and *'because I wanted to give a good example to my daughters in obtaining a diploma and because it is good to be independent from a man, in general'* (R7). Further, *'it is very important for young children with language deficits to learn the language and to develop other skills that they do not learn in their own families'* (R7). She was now working with children from 2 to 4 years in her home town, Amsterdam. Another respondent, in the Eastern part of the country, also entered a job in ECEC at a later stage. She was born in Bolivia, where she already worked with children. After marrying a Dutch husband, she migrated to the Netherlands, where she gave lessons in drama and music to ECEC providers, and was asked to become a full pedagogical employee at a Montessori childcare provider after having fulfilled all the necessary qualifications. She also had a deep intrinsic and social motivation to do the job: *'ECEC investments are so important in raising up children in a good way... you see so many children with deviant behaviour nowadays.. there are more and more children who are not actually raised properly in a family.. yes, I do this job with a lot of passion... and it is so sad that that it is not that well paid'* (R10).

Three other respondents had had longer careers in ECEC. One started her career in homecare and in a nursing home, but after some years she got a job in ECEC through a specific labour market program provided by the municipality for single parents. Her motivation for ECEC was more than working in LTC: *'my heart is with children from about one to around four or five years old... I just think it is a wonderful age'*. Another respondent who had already been working for a long time in ECEC had the same kind of motivation: *'I like to contribute to the development of children in the early years after birth'*.

2.2 LTC

In LTC, I interviewed 5 workers, 4 female and 1 male: two were caregivers, one was a higher educated nurse and two were nurses with coordination jobs. Remarkably, several respondents talked about their family context at the time when they opted for an education in care: they followed the example of an older sister, a mother or a grandmother who worked in the care sector. The motivation of all respondents was related to a personal, intrinsic drive to care for elderly people who are in so much need of being looked after. A young nurse with a coordination job said: *'after having been an executive secretary in another sector, I actually find it much more fun to work with people; it really makes a difference for others'* (R4). A 60 year-old worker in a nursing home said: *'I have never regretted the choice to work in elderly care... for me, it has been the best choice I could have made'* (R2). A caregiver with more than 35 years of experience in elderly care said that she tried at 41 years of age to work in another sector as a pharmacy assistant, but she missed working with the elderly and even missed the irregular working hours: *'a lot of people think something like, 'oh, working in healthcare means irregular hours.'... well, I love it!'* (R11). She always liked to work in different and varied working environments: she started as a flexible worker posted from a 'care agency' and now she is a staff member of a 'flexible pool' where she works in several locations in a large LTC provider where she is employed: *'I have a lot of difficulty with people who are stuck in their job and no longer open to new things, while healthcare is constantly evolving' ... 'my brain enjoys staying alert and not operating on autopilot when dealing with different colleagues, different clients and so on... and besides, this also gives me a lot of control over my own work schedule'* (R11).

One of the interviewees worked in homecare. Having worked in several other health and care sectors, she had found her place: *'I liked community nursing the most because you have a lot of freedom, you can build a longer bond with people and you have to look at the whole picture, including informal caregivers, the family and the living conditions'* (R1). During her early career, she took extra education that gave her a more coordinating role with more regular working hours: *'I found it really annoying that all my friends went out to do fun things on the weekend and then I had to work'* (R1),

One of the young (male) respondents in LTC, still training as a nurse, was thinking about leaving the nursing home, perhaps to a hospital, because he enjoyed activities in curing or rehabilitation care, and not only in caring for the elderly: *'I find it very rewarding to do, and I love seeing a smile on those faces, but I prefer to do more complicated nursing procedures'* (R3). His decision to continue working in LTC or to leave the sector, also depended on the career-opportunities that the LTC sector could give him.

Remarkably, and more than in ECEC, most of the respondents in LTC had pursued extra education during their careers, from lower to middle education levels or from middle to higher levels.

3. Working Conditions and Job Quality

3.1 ECEC

Most respondents in both ECEC and LTC gave the answer of ‘both’ in response to the question whether they currently felt that their profession was a source of satisfaction or a source of stress.

ECEC employees derived satisfaction from the children, sometimes even ‘despite’ the organisation where they worked: *‘because you can see how happy they are with the attention you give. I see the appreciation from the children, but not from the employer’* (R7). But after talking about the appreciation or social value of caring for children, their answers quickly turned to the work-related stress. A clear illustration was when the youngest worker told about the intensity of the daily tasks she had to do as a ‘substitute worker’ for an ECEC provider in a large provincial city: *‘first learning all the names in the first 10 minutes, then you have to remember the specific conditions or needs of the baby/child, then you have to be very attentive to everyone so that nobody gets hurt... you need to record all the activities you do with each baby/child on the iPod, including making photos to be sent to the parents... well, then all those parents come at 5 o'clock and they also want a daily evaluation about their child, when you are completely exhausted... so you end up totally overwhelmed—I, at least, did—because I found it quite intense’* (R5). The problem of high work intensity was also experienced by senior employees: *‘you always have ‘to be switched on’, that’s mentally exhausting’* (R6). A related problem was the low staffing levels, which mainly led to replacement problems during sick leave. As an exception, one interviewee said that she didn’t actually have that much stress herself, *‘but I do see a lot around me: younger colleagues who work in preschool education where many children come in with social-emotional problems... and then 16 children to 2 professionals is quite a lot’* (R9).

All respondents in ECEC felt that the daily working hours were (too) long. It is normal to have working shifts of 9 or 10 hours a day. One said that *‘it is irresponsible for the safety of children that we are working long days from 7 in the morning to 6 in the evening.... it is also not safe that I have to work the first and the last hours of my shift alone without any other professional in the building’* (R10). Another pedagogue considered that *‘our work should be also recognised as a ‘heavy profession’ and ‘hard work’.. a construction worker can sometimes quickly light a cigarette or something, or take a break, but we have to keep going straight from early until late’* (R6). Most of the respondents worked part-time in the range of 23-28 hours and were not considering working more hours, partly because they really need to rest from the long working days. For one of the ECEC employees in the interviews, working 3 days of 9 hours, the intense long working days were also the reason not to extend her contractual working hours: *‘working days are so busy and overwhelming that you’re happy when you make it through the next day, and then another day, and then finally reach your weekend again’* (R8).

Low wages were not the first issue that the interviewees in ECEC (nor in LTC) spontaneously mentioned as the main problem. Nevertheless, asking specifically about their satisfaction regarding salary, all the respondents were to some degree dissatisfied. To give some quotes:

'absolutely not satisfied with the salary' (R7) / 'far too little' (R6) / 'on a zero-hour contract, I am paid gross €17.30 an hour, that is not a goldmine' / 'in general I am quite satisfied, but this year, we didn't even get normal indexation' (R8) / 'We are underpaid as if we are just 'performers', but we are also 'developers' in making (educational) plans etcetera... it is strange that a senior has almost the same salary as a young beginner.... there should be more differentiation in tasks where an experienced worker can do more complex tasks and be paid better' (R10).

The worker that was employed by a commercial ECEC organisation addressed feelings of injustice at not even being compensated for the inflation of recent years: *'my employer makes a very good profit, but we don't see it as good for our wallets' (R7).*

Many pedagogical workers in ECEC experience work-related sicknesses. Every worker experienced, at least at the start of their careers, being sick from all kinds of viruses: *'children are walking viruses' (R5)*. Also, back problems are quite common in the sector: *'sometimes I think to myself, how am I going to keep this up if I have to work until I'm 68 in childcare, when my body starts getting a bit creaky and I have more and more back problems... I wonder if it's realistic to continuing working till my pension' (R9)*. Burn-out is another widespread condition among ECEC workers. As a preventive measure, one the respondents bought herself a second telephone, not to be disturbed during her leisure time (or, more accurately, her necessary recover time) by messages from colleagues about changing shifts or about opportunities to cover shifts in the work schedule. The respondent from Amsterdam spoke about the disturbed relationship with her manager which made her sick: *'I suffered a burnout during the period when my location manager was never available, even when I had to arrange a replacement for a sick colleague. When I went to her manager to discuss this, she got angry and had me come in for a meeting... she called me also in a threatening way 2 times a day in the period when I was on sickness leave because of too much mental exhaustion' (R7)*. The second time of a burn-out in her career was at a time when a mother of one of the children in her group was stalking and threatening her. She recovered more quickly from her second burn-out because of the recognition by the employer that there was a serious problem and because of help from a therapist. Another ECEC worker also spoke in the interview about her burn-out: *'it all just became too much for me' (R6)*. She re-integrated at work, but was still not happy with her job and found it difficult to recover the enjoyment in her profession.

ECEC workers experienced some job autonomy, but at the same time they were aware of the highly structured tasks during the day that they had to do and the many regulations and administrations: *'there's room to do things your own way, but you also have quite a few obligations... when you come in in the morning, you have to do a good morning circle, there's fruit to eat, there's diaper changes, there's play outside, there's bread to eat, and you also have to teach the children something in 4.5 hours, so that's quite a task' (R9)*. Another pedagogical worker was critical: *'if you're talking about self-managing teams like my employer is talking about, then you need to stop imposing all kinds of rules and you need to give people the opportunity to manage independently' (R6)*.

Career opportunities in ECEC are very limited. One older respondent just gained a promotion to being a 'team manager' with some more managerial tasks and also more working hours, which gave her €800 a month more (R9). But mostly, managerial roles in ECEC providers were often not done by pedagogues, so these jobs were not included in career paths in the sector. A respondent from

¹ The Statutory Minimum hourly wage in 2025 is €14.40, so the respondent was earning 20% more than the Minimum wage.

Amsterdam with a Moroccan background, although living for a long time in the Netherlands, foresaw discrimination that would hinder her career chances in her organisation: *‘as a foreigner I can't get in, all the managers are white’* (R7). Several ECEC employees said that education and training had to be done in their free time, which could be a barrier to investing in their own careers.

3.1.1 ECEC developments

Developments in the ECEC provision in the Netherlands have moved rapidly in recent decades: *‘When I started with childcare, it wasn't much more than just looking after children; you mainly played with them... now you have to do so many registrations and write an action plan for every child who is at risk of failing... and nowadays you have to start a conversation with the parents and think along with them.. every six months we have to register the development progress of each child and discuss this with the parents’* (R9). Most respondents in ECEC with longer working careers talked about deterioration of job quality. One of the interviewees, from the city of Groningen, said: *‘in the last 10 to 15 years, my job satisfaction has really declined... last year I ended up in a kind of burnout of 6 months in which I thought, yeah, the enjoyment at work, I do not longer have it’*. She experienced that the work had become much harder, also because of the higher numbers of children with deficits in concentration (such as ADHD), more children from migrant backgrounds with language deficits, and more parents that were struggling with work-life balance and with their own jobs: *‘sometimes it feels as if children are being dumped here’* (R6). Her colleague in the city of Amsterdam felt the same: *‘sometimes the parents are far too late in picking-up their child and say without apology that they had forgotten the time’* (R7). Several pedagogical workers spoke about the increased pressure from parents in several aspects: *‘some parents have too high expectations of us... I would prefer to give my time to the children instead of managing the pictures for parents every day’* (R9). The regular requests from parents to talk about their children when they picked up their children at the end of the day can be also seen as a sign of too little awareness or too little respect for the intense, long days that the pedagogues have had. Some childcare workers complained about the lack of sufficient breaks, which were better arranged in the past.

Developments in recent decades were not all negative. Of course, the sector's ambition to improve the quality of ECEC services and to enhance professionalism in ECEC staff to support the development of young kids is seen as a fundamentally positive development. Nevertheless, this development can lead to ‘side effects’ of an excessive work intensity and high administrative burdens on the pedagogues, and might also require adaptations in organising ECEC provisions and better training and education facilities. The new deployment of ‘group-assistants’ in ECEC providers, who do all kinds of supporting tasks for the pedagogues (already begun before the introduction of the ongoing subsidy program), is seen as a good development in the sector.

3.2 LTC

In LTC as well, workers experienced both satisfaction and stress. On the positive side: *‘I'm especially driven to further my own development. There are plenty of incentives for me to keep developing and take certain training courses. So, that gives me a lot of satisfaction’* (R4) The same younger worker was also content with her further career opportunities to become a team-manager, with herself and her colleagues having a certain autonomy in regulating working hours to arrange a good work-life balance. Another younger worker was positive about the number and quality of the

experiences he could learn from in the LTC organisation. He also experienced ‘much gratitude and appreciation from the residents’ in the nursing home where he worked(R3). On the negative side, all LTC workers talked about staffing problems and work schedules that could not be filled, especially in case of sickness or holiday absence of colleagues. For some it created a lot of stress but for others not. ‘I see sick colleagues around me because they cannot handle the work-related stress anymore, but I don't have that much trouble with it myself’ (R3).

LTC workers replied differently on the question of salary. Most positive was a full-time, young, higher educated worker in homecare: ‘I hear that a lot that people in healthcare are not satisfied with their salary, but I am personally happy with mine’ (R1). Most were a bit less enthusiastic: ‘I cannot really complain, although it could always be more, of course’ (R2+R11). They all seemed to accept the ‘care penalty’: ‘when I compare my salary with that of my friends, I actually find it a bit shocking... but if I were to do my friends’ jobs, I would be really unhappy’ (R4). It has to be said that allowances for irregular working hours are important for the income of (part-time) workers.

Older caregivers and nurses talked about physical problems related to their work, especially back problems, but at the same time they seemed to have accepted this as something normal (R2+R11). One worker said that because of these physical problems, she had been relocated to the office to do administrative tasks, ‘but that's just not for me, sitting quietly at the desk in the office three days a week’ (R11).

Respondents in LTC experienced high levels of workload as a consequence of understaffing: ‘it's nowhere near as much fun as it was 10-15 years ago... it's incredibly busy’ (R2). Another LTC worker said that patients nowadays also had more serious problems: ‘I have noticed in the past 10 years that demands for care services have become a lot more difficult.... the residents no longer enter with their walkers, but in a wheelchair’ (R4). Another LTC worker viewed it differently: ‘I don't personally experience work pressure because I have known times when it was just much heavier and busier’ (R11). ‘The labour shortages in LTC are really huge, but because of my long experience, I don't worry about it so much anymore’ (R11). Nevertheless, a young district nurse said: ‘you never have any peace, you cannot close your laptop and it is over... if a colleague reports sick, yes, then you just have an extra problem’ (R1). She is also the one who said she was not so happy after so many discussions about the future problems in LTC (increasing numbers of clients, decreasing number of workers and lower financial budgets); she understood the urgency but saw the difficulty in solving it in practice. Apart from all that: ‘there is also a lot of misunderstanding from the families; they don't have time to take care of their mother or father... that is difficult’ (R1).

Regarding working hours and work-life balance, a young worker said: ‘working time schedules need to be available six weeks in advance, which I sometimes find a bit short-sighted... especially in December, for example, when you're trying to plan everything for Christmas or New Year's Eve’ (R3). Others were more positive about their control over flexible workers hours, so that they could fit the working hours into their personal situation, such as aligning this with the working hours of a partner (R11) or taking care of their own children in the afternoon after working in the mornings when the toddler playgroup was open.

Remarkably, LTC workers did not complain that much about their job autonomy although they were aware of the limits: ‘of course, you have to stick to your protocol in a lot of things and things like that, but that's logical. It's there for a reason’ (R3); ‘we can have quite a bit of influence over things, but in the end, it's ultimately decided from the top (R1). This seems a little contradictory to their demands for more voice and dialogue at the workforce (see section 5.1).

The interviews with the 5 LTC professionals made it quite clear that there were many opportunities to follow training and extra education during the career and that there were some options for salary and career growth. ‘When I worked as a caregiver, I started to view working in the LTC sector much more negatively, but that's also because I missed the challenge... when I started nursing school, I started to view it in a very positive light again’ (R3). Continuing education is not always without obligation: a caregiver of around 58 years old heard one afternoon that she could choose between applying for a simpler job or continuing her studies for a nursing program. She chooses the latter option because she did not want to lose the most interesting tasks of her job: ‘even though I was already older, I have no regrets, because it offers much more of a challenge’ (R2).

3.2.2 LTC developments

While most people in the care sectors talked about the negative developments in and around their work (as we also can conclude from the quotes earlier in this section), not everybody saw it that way. One of the older interviewees had a positive view about the changes: *‘the workload is lower than it used to be: when I started in 1987, we didn't have a hoist and there was no incontinence material... now those youngsters, in my eyes, complain like, ‘phen, it's so busy this and that...’ I mostly think it's peanuts. I think, you know, so much has been added to make our work easier and to help: when I started in 1987, there were departments with 30 residents, whereas now everything has shifted to a small-scale setup, so you now have homes with 6 to 8 residents’* (R11). *‘Further I didn't like seeing Alzheimer patients strapped up (which is no longer done), now I really enjoy working with this group of people with dementia’* (R11).

Changes have moved even faster in LTC over the past 3 years in particular. Homecare is more and more based on promoting and supporting ‘self-reliance’, *‘to allow people to do as much as possible on their own... this is totally different than the definition of the care profession in the past’* (R1). In nursing homes, partly in response to labour scarcity, new and lower-educated groups have entered LTC, such as ‘care assistants’ and ‘hostesses’: *‘the difference in level is really such that I sometimes think, ‘I'd rather do it alone’, so to speak’*.

4. Possible Solutions Identified by the Caregiver

4.1 ECEC

All respondents were asked if there was anything ‘most important or most urgent that should be changed’ in how the work is organised. The responses among the interviewed ECEC workers can be summarised in three issues: reduce the workload, diminish the regulations, and enhance enjoyment in work. *‘I really think it's awful that you have to monitor every child with the iPad, how many hours each baby sleeps, to take and upload photos of the babies or children, and to document so many other things, at some point, the inspection required you to insert a thermometer into the food for the babies to measure its exact temperature, which I think is a bit of nonsense’*. Another worker thought that the regulation of not being allowed to wear rings or have long nails (because of hygiene and safety) discouraged young workers from entering the sector. Some referred to Scandinavian countries, *‘where children are allowed to get dirty and to sleep outside and so on ... I think there is a little less fuss around it’ ... ‘In the Netherlands, childcare is too cautious and too protective towards children... afraid of bacteria and such, while it is actually good for them to be exposed to that... and afraid that young children get hurt, while that might be a good lesson to learn’* (R5). All these regulations and monitoring can lead to workers being afraid to make a mistake and feeling that they cannot be trusted. In that way, regulations with good intentions can undermine their intrinsic motivation: *‘I would like to do more of what I studied for, so spend more time with the children than with all the administrative hassle’* (R7).

On a more political level, some workers referred to the importance of developing better institutions for childcare in the Dutch society, where the educational function in early childhood and total spending is still underdeveloped. According to them, childcare provision should be more universal and be integrated with the education sector, and pedagogues should have higher education levels with better understanding of the children's brain functions. Further, they commented that pedagogical professionals should have more social appreciation and status, and there should not be profit-making multinationals in the sector (R8/R10). These respondents saw the Scandinavian countries as having the best system. Another respondent had another, or more nuanced, view for the short term: *‘I think it's a bad idea if childcare become almost free because there's already a staff shortage, and if you make it free to everyone, the parents who really need it will soon have no place left (because the organisations that currently exist are almost all full... and if we make it free for everyone, how professional do we still consider ourselves?’* (R9).

In WP3 of the DEVCOBA project, I analysed two policy cases in ECEC in the Netherlands: extending part-time contracts and career paths for new group assistants (Tros, 2025b: 6-13). In the interviews I asked about these issues as well.

Several workers explained that the employers pushed for contracts around 24-28 hours: *‘we have many people who only work two days a week in a group.. and they are all obliged to work three days a week .. if they don't want to do that, they can go to a ‘substitute pool’* (R9). Contracts for more than three days often led to working in more than one location, which was not appreciated by workers, and *‘there are not many educational staff who want to work full-time’* (R9). The team manager that I spoke to said: *‘It would be best if everyone worked full time anyway, but women with children just don't do that.. anyone who wants more can get a large contract with us’* (R9). The extreme high proportion of female ECEC workforce is the main reason for

this persistent problem of part-time working patterns, and therefore several interviewees advocated for more men working in ECEC, which might break this pattern of mostly part-time contracts among the pedagogical professions (NB: there is also another reason for increasing the number of men: to give a more gender-balanced example to young children about people giving care).

Related to the second policy case, all respondents were positive about group assistants in their organisations. One of the interviewees said that working with a group assistant *'was really wonderful, really very chill.. when you're busy with the kids, they help by clearing the table, making sandwiches, doing the laundry, tying shoes, and so on'* (R5). In the same vein, another respondent experienced a lower workload when there was a group assistant employed, but in the beginning she missed clear instructions from the management about her role and what colleagues could expect from this function (R7). Another interviewee also confirmed the importance of a better organised deployment of these assistants: *'in the past you had very useful support staff who were structurally present at the locations, but now they work in a fragmented way across many locations'* (R6). One of the interviewees confirmed that she had seen group assistants who did indeed make the step to become pedagogical professionals (R10).

4.2 LTC

Remarkably, the LTC professionals spontaneously raised the issue of 'improving the employees' voices' after asking about what was most important or urgent that should change in the way the work was organised. A young worker spoke directly about the problem of a lack of employee involvement in managerial decisions: *'what very often happens, for example, is that a certain change or new idea is often decided by a management team that has never worked in a healthcare profession or has not done so for a long time ... I understand a manager has to think about the money, but I think it can be a real blow to the team sometimes.... and management doesn't always take on board the team's input or opinions from the work meeting'* (R3). This finding confirms the relevance of the case studies in LTC about promoting and supporting social dialogue at LTC workplaces (Tros, 2025b: 13-16). However, just one of the interviewees knew about the existence of the recent section in the Collective Agreement on this issue and only a few had heard about the theatre project *'Over Morgen'* in the sector. Although none of the interviewees participated themselves in the theatre program, some of them had heard about it in a positive way, from colleagues or a news page on the internet or intranet. One knew that some of her colleagues took part in the theatre program, but that this did not lead to a direct follow-up in the organisation (R4). Others said that their organisations did have similar initiatives about occupational health and safety, vitality at work, and discussing barriers to the sustainable employability of workers (R2, R11), or about the necessary transformations in homecare towards greater 'self-reliance' by patients (R1).

LTC-respondents also came up with other issues. From more staff and healthier work schedules to more family participation in caring for the elderly in nursing homes and technological innovation. On the last-mentioned issue: *'it would be nice to have more budget for innovation, especially deploying technical tools that make things work in the organisation easier'* (R4). One of the respondents mainly talked about the necessity of more support from the residents' own families: *'actually, it starts right from the admission stage, making it clear to the family that it would be nice if someone would neatly stock the cupboards, clean the refrigerator, take an afternoon walk with their family in the nursing home, and so on ... because a lot of people think, "Dad and*

Mom are in the nursing home and I'm coming to visit..." but of course, it doesn't work that way. You can also lend a helping hand' (R4). Another spontaneously volunteered that *'well, in terms of physical weight, it would be nice if you had more staff'* (R11). The coordinating nurse in homecare addressed the issue of improving the image of working in healthcare to attract more young people in education into care: *'many young people wrongly think of tedious jobs where you spend the whole day washing people's behinds'* (R1). The social picture of low salaries, high workloads and future problems in the care sector was also not appealing for new generations.

It has to be said that the issues that have been raised here are those that are difficult to solve because the trends are running in the opposite direction. As a senior care professional said: *'I wouldn't know how the care sector would be staffed in the future... students used to start with groups of 15, and eventually, 10 were left... now, three or four start, and then only one remains'* (R11). At the same time, several workers in LTC saw that the family or friends were helping less and less with the care.

5. Employees' Voice at the Workplace Level

In this section, I will distinguish two types of worker participation. Firstly, *direct* worker participation, including the voice of individual employees themselves at the workplace. Secondly, *indirect* participation, including the representatives of the workers in the context of works councils and trade unions.

5.1 ECEC

In contrast to LTC, direct worker participation seems to be a less urgent issue among ECEC workers. One of the respondents said: *'there are enough possibilities for raising your voice and participating in all kinds of project groups, but our problems is more the bad communication and implementation within the organisation about decisions that have been made'* (R9). Some of the respondents had been elected as workers' representatives on the works council. One said that issues like work-life balance and vitality were the main topics, although the works council recently also asked for an investigation of the high decibels that the kids produced (R2). The team manager said that her organisation had a tripartite council, together with parents' representatives. Till now, as one of the three workers' representatives, she had been very satisfied with the response of the board to the input of the workers' representatives and she never felt that the parents' representatives overruled the employees on the council. *'the interests of staff and parents may differ, but you can discuss them, and we'll usually find a solution together... and sometimes it actually clarifies for parents what the considerations are and why something happens this way'* (R9). The pedagogical professional from Amsterdam, not a council member herself, pointed to the problematic distance between the representatives and the employees at the workplace: *'the council approves decisions made by employer about which the works council has never informed us... and they all keep their seats, leaving me no room to run for office... most works councillors are people from the office who do not work at the actual workplaces'* (R7). Conversely, but confirming the distance, was the councillor's observation of a lack of interest among her colleagues to read or ask anything from the works council: *'works councils in ECEC are still in their infancy'* (R10).

Several interviewed ECEC workers were members of the union FNV. *'As a union consultant, I help people who have problems at work regarding the collective labour agreement. I can answer questions or refer them to the right person'* (R9). She was also a member of the FNV advisory council on ECEC: *'a few of us will be participating in collective bargaining negotiations as representatives, but we'll also be checking in with our union members to see what's on their minds... is it more about more money, or is it more about reducing workload?'* (R9). She was not sure about her opinion on the most recent collective bargaining round where her union FNV did not sign up: *'I don't know... I think I would have approved it, because you can always want more, but sometimes it's better to have a collective labour agreement with a little less... then you do have a collective labour agreement to fall back on... but the union members were allowed to vote and they voted against it, so.....'* (R9). Two other respondents were members of a 'sounding board' that met only 2 times a year. One was more activist in her own organisation: before the Covid-19 pandemic she was *'in a small union group with some tough ladies, which the employer did not appreciate at all'* (R7). She felt treated unfairly by her employer when she took part in a strike for a better Collective Agreement in the sector. *'My manager thought I was turning against the childcare organisation where I work, while I was only standing up for my rights and campaigning for a better collective agreement'*

in the sector' (R7). The members of this small local union group became works councillors, and as ECEC worker she was now in a (bottom-up) advisory board for FNV regarding the Collective Agreement in the sector. Asked about the opinions towards unions in the sector, she criticised the poor coordination between FNV and the small CNV that led to no votes for the much larger FNV. Also another FNV member saw opportunities for improvement in the role of the unions in collective bargaining: *'there are people at FNV who really know a lot and who are doing their best, but I understand that there are a lot of internal problems at the moment... the proposal of regulating for only a series of small wage increases was not good and was rightly rejected by the FNV members'* (R8). The union consultant sighed: *'I think FNV should first try to find some internal peace, as it's a mess... if FNV wants to grow, it also needs to project something: why would people join an organisation with a poor image?'* (R9).

5.2 LTC

The interviews in LTC addressed quite a lot of critical notes about the functioning of direct participation in the sector, although in most of the organisations developments were tending towards more practices in employee participation. It all begins with (a lack of) good communication: *'the stumbling block is that my manager is difficult to reach and doesn't respond to my emails... then you have to come by... but when will you be there?'* (R2). The same interviewee said *'I don't think I've had an annual review in 10 or 15 years'* (R2). One of the reasons for not having regular talks with managers was the high turnover of managers in the organisation. Another interviewee was more positive that her team manager's door was always open for dialogue. As a coaching nurse herself, she did not like a top-down approach in making management decisions: *'I really try to look at things from the employees' perspective: what do we need on the work floor that will make things easier for us?'* (R4). But on the other hand, she understood that not her all colleagues would take the initiative to talk about their work with their managers despite the organisational transformation to promote employee participation: *'certain colleagues are too modest or too shy'* (R4). Several LTC professionals saw limitations in the follow-up: *'if I have an idea or want to propose a change, I can, and I do feel that the team leader or manager is listening, but I've never felt like anything is actually being done about it because I've never received any feedback'* (R3). According to another respondent: *'I also think that they often want to give the impression that you can have a lot of input in decisions, but in the end, it is still determined from the top'* (R1). Several LTC professionals perceived it as a problem that many managers had never worked as a caregiver or nurse themselves. The respondent in homecare told that that she herself is doing coordinating work that was done by a manager in the past, a change that was perceived as a good thing (to give more responsibility and autonomy to care professionals), but which was also done because of the excessive workloads of managers. Further, her *'organization is now working on actually getting more nurses on to the board as well'* (R1).

Two interviewees in LTC were works council members. Both councillors were positive about having a works council in the organisation and being part of it. But both also highlighted problems and barriers in to the satisfactory functioning of the works councils. One thought that the works council had good contact with the board, but that it could improve its contacts and communication with the workers at the workplace level. Her works council was now starting regular visits to the several locations and they worked with 'panel members', who were appointed workers from several

organisational units who inform the works councils about issues in these related units (R4). Another nurse, also a representative herself, pointed to the counterpart of the works councillors: she thought that the biggest barrier in her organisation was the highly fragmented corporate government structure and high turnover of the managers, *'which the Works Council cannot do much with ... the Board of Directors must first align itself in order to arrive at good key points'* (R2). Her experience in the works council so far was that *'we have no control over whether a change will continue or not'* (R2). Other respondents in LTC who had been never councillors themselves had different opinions. One said that the council in her organisation was very active and represent the care-workers' interests very well, but others said that they didn't know the workers representatives in their organisation or regarded the works councils as too narrow a platform: *'with major changes, management needs to reach many more people'* (R3). He had thought about being a works council member, *'but it is not for me because the processes are very long-winded'* (R3).

Just one interviewee in LTC was a member of a union: *'I am long-time a member of the FNV, but there are also many people who are not members of a trade union who do not see the need for this.... the union can provide me with broad support and guidance if I can no longer do my job or if I need support in completing tax forms'* (R2). Others said that they had hardly ever or never thought about becoming a union member: *'I think it's a great thing that there are unions, but I'm not considering joining because I have another private insurance in case of work related conflicts'* (R3). One said that she was only a member of a professional association of nurses (*V&VN*) and the contribution was paid by her employer (R1). Suggestions for improving the functioning of unions in LTC tended towards more visibility of what the unions do and what they communicate to the workers. Most interviewees however, did not have a clear opinion.

6. Conclusions

The findings of the 11 interviews with care professionals reflect the job quality problems and developments reported in the other DEVCOBA reports about the Netherlands (Tros, 2025a, Tros 2025b). However, the interviews do give a deeper and more detailed picture and point to extra issues and priorities that might be addressed by social partner organisations. The interviews show that care professionals are highly and intrinsically motivated to work in care, but they are faced with problems of mentally and physically demanding working conditions and increased work intensity. Therefore, psychosocial risk factors at workplaces in both ECEC and LTC require (continuing) attention and measures by the social partners and the state. Further, wage levels are maybe not number one among the perceived problems, but it is crucial for them to be at a certain level. Perceptions on wages are more differentiated among the respondents, while their perceptions on high workloads and increasing work-pressures are more unanimous. Their current jobs are both a source of satisfaction and a source of stress. Besides the high work intensity in general, specific challenges in ECEC relate to long working days with not enough breaks and limited career opportunities. At the same it has to be said that jobs in ECEC have been professionalised, with the effect of more quality in childcare provision, but also with more regulation, bureaucracy and standardisation surrounding the work that has to be done. In LTC, physically demanding jobs, structural understaffing and limited employees' (professional) voice are mentioned most frequently as job quality problems. The overall picture here is one of worsening working conditions in an uncertain context.

More common than expected are the needs expressed for greater say and employee involvement at the workplace level. The LTC professionals in particular see scope for improvements in their organisations. The great awareness among all the interviewees in LTC of the importance of direct forms of worker participation reflects the recent initiatives from the social partners in this field, i.e. the new regulations in the CA and projects financed by the sector fund (Tros, 2025b: 13-16). Asking about the topic of extending part-time contracts in ECEC, the respondents in ECEC see especially barriers on the workers' side. They have more positive views about the deployment of new group assistants that can lighten the workloads for pedagogical professionals, also investigated in WP3 of the DEVCOBA project.

The findings give some input for social partners to address other, more social, issues apart from terms and conditions of employment and labour market policies. In particular, the lack of social recognition of care professionals seems to be an underlying factor of developments that have led to a more demanding work environment. All pedagogical professionals in ECEC are seeing increased – sometime unrealistic or unreasonable – pressures from parents. Also the many detailed regulations around the organisation of ECEC provisions can be seen as being too restrictive on the autonomy of professions. Regarding LTC, this study confirms the developments of having patients who have more complex care demands, together with families that have less time to help, compared to the past. Together with the limited resources in finance and labour, social partners should be key stakeholders in discussing innovations for care of the elderly in society.

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