What about learning?

A study of temporary agency staffing and learning conditions in Swedish health care

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Abstract

Purpose – The purpose of this paper is to discuss conditions for workplace learning (WPL) in relation to temporary agency staffing (TAS), focusing on temporary and regular nurses' experiences of social relations.

Design/methodology/approach – Data were gathered using qualitative semi-structured interviews with five agency nurses and five regular nurses. Thematic analysis was used to analyse the data.

Findings – Similarities and differences regarding conditions for WPL among "temps" and "regulars" emerged, pointing towards both challenges and opportunities for WPL on various levels. Moreover, although challenges stood out, the context of professional work provides certain opportunities for WPL through, for example, knowledge sharing among nurses.

Research limitations/implications – Results are valid for the interviewees' experiences of WPL conditions. However, the findings may also have currency in other but similar workplaces and employment circumstances.

Practical implications – Client organisations and temporary work agencies could benefit from developing management and HR strategies aimed at strengthening the opportunities for WPL, related to professional work, to ensure that these opportunities are leveraged fully.

Originality/value – This study adopts a WPL perspective on TAS in the context of professional work, which is still rare.

Keywords Social relations, Workplace learning, Nurses, Organisation of work, Temporary agency staffing

Paper type Research paper

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Introduction

As the relevance of workplace learning (WPL) has been strengthened, "[...] understanding further the ongoing and everyday process of learning" (Billett, 2010, p. 12) has become essential. In this paper, we highlight conditions for WPL, i.e. adults' learning at, or related to, work and the workplace (Illeris, 2011), in relation to temporary agency staffing (TAS) within Swedish health care; more specifically, among nurses. TAS implies that temporary agency workers (TAWs) move between and perform work within different client organisations (COs). As temporary agency nurses (ANs) work side-by-side with regular nurses (RNs), TAS can be assumed to affect not only ANs but potentially also RNs, as well as the CO (Håkansson and Isidorsson, 2012; Viitala and Kantola, 2016). During 2018, the costs for hiring ANs increased by 35 per cent within Swedish hospital care (SKL, 2019), illustrating how today professional occupational groups that "[...] requires complex skills and retraining [...]" (Augustsson, 2016, p. 522) are part of the temporary workforce. Indeed, as within professional work, ongoing professional development and learning is essential (Billett *et al.*, 2014; Pool *et al.*, 2015), WPL becomes decisive.

However, our previous study indicated some potential challenges for WPL related to ANs not participating in development work nor describing colleagues as "really close" (Berg Jansson and Engström, 2017). Similarly, Augustsson (2016) discussed how highly skilled TAWs do not partake in decision-making, i.e. COs marginally use their capacity and thereby also "[...] exclude preconditions for taking over and absorbing knowledge from temporary workers" (p. 519). Because of different conditions for "temps" and "regulars" characterising this phenomenon, TAS is described as challenging collective and social aspects in work by, e.g. depleting social relations (Allvin *et al.*, 2006; Garsten, 2004; Viitala and Kantola, 2016). As social relations are emphasised as a prerequisite for important WPL conditions, such as feedback, TAS can therefore be assumed to challenge WPL on various levels. Indeed, previous research has shown how ANs risk being offered fewer formal learning activities, such as courses, and that feedback and ongoing structured professional development needs to be improved (Hass *et al.*, 2006; Manias *et al.*, 2003; Peerson *et al.*, 2002). At the same time, TAS can also provide ANs with opportunities to learn from different organisational contexts, and thereby RNs and COs to "absorb" knowledge developed elsewhere (Tempest and Starkey, 2004; Allvin *et al.*, 2006; Berg Jansson and Engström, 2017). However, whether this potential of more mobile work is captured or leveraged by organisations depends on the individual's will and opportunity to share knowledge while "passing through" (Tempest and Starkey, 2004).

In light of all this, and by understanding WPL as a "social and participatory practice", we argue for the importance of a deeper understanding of conditions for WPL in relation to TAS in this specific context. Hence, the aim of this paper is to analyse and discuss conditions for WPL in relation to TAS, focusing on ANs' and RNs' experiences of social relations. What differences and similarities between ANs and RNs can be identified? What opportunities and challenges for WPL, on different levels, can be discussed in relation to these differences and similarities? Indeed, TAWs' conditions for WPL have been relatively unexplored (Augustsson, 2014), with Forde and Slater (2006) arguing for more research on how TAS conflicts with broader HRM goals within organisations, such as learning. Finally, few studies of TAWs have focused on specific occupational groups (Håkansson *et al.*, 2013), and a need for qualitative approaches when studying the impacts of TAS, and that such studies also including regular staff, has been highlighted (Garsten, 2008; Toms and Biggs, 2014).

This paper is structured as follows. First, we provide a short background to TAS in Sweden. Second, we present a theoretical framework focusing on WPL. Third, we describe

the method deployed in the study along with the results. Fourth, we offer a discussion and conclusions, including suggestions for future research.

Temporary agency staffing – the Swedish context

In Sweden, private hiring of personnel for profit has been permitted since 1993, and the staffing industry relies on interaction between three actors: TAWs are employed by temporary work agencies (TWAs) but perform work at a CO, which buys labour from the TWA for a fixed time period. Håkansson and Isidorsson (2016) describe how this creates a dual relationship for the TAW, i.e. an employment relationship with the TWA regarding employment conditions, and a management relationship with the CO regarding job characteristics in daily work influencing "[. . .] how to perform work tasks and learn new things [. . .]" (p. 341). As the Employment Protection Act[1] also applies to employees in the staffing industry, TAWs in Sweden, unlike in most other countries, may hold permanent positions (Håkansson and Isidorsson, 2016). Furthermore, according to the Work Environment Act (Swedish Code of Statues, 1977), the employer is responsible for the work environment, and employees should be given an opportunity to participate in developments affecting their own work; it should also be ensured that working conditions will provide opportunities for personal and professional development as well as for autonomy and professional responsibility. However, according to Swedish regulation, both the employer (the TWA) and the CO bear responsibility for the working conditions and occupational health and safety of TAWs[2]. Yet, this joint responsibility has proven to be problematic, as it is obvious that joint work environment management could result in no one taking full responsibility (Håkansson and Isidorsson, 2016).

Theoretical framework

WPL theory focuses on the organisation of work in relation to learning, and the process of learning is indeed emphasised as situated. In this paper, the description of WPL as a social and participatory practice, as both formal and informal and on various levels is of specific relevance.

Workplace learning as both formal and informal

WPL contains both formal and informal aspects, and how these are weighted depends on both the individual's position in the workplace and other contextual factors. However, learning at work is discussed as mostly informal in nature (Marsick and Watkins, 1990; Tynjäla, 2008). Research focusing on the learning of professionals (including nurses) has shown that most learning within the workplace is informal (Eraut, 2007) i.e. occurring parallel with performing daily work, thereby often in more unstructured and unplanned way, through for example variation. However, it can also take place through more structured and planned activities such as workplace meetings/dialogues (Ellström, 1996). At the same time, informal learning through for example job rotation, alone is not enough. Informal learning mainly yields tacit knowledge and may also result in undesirable outcomes, such as bad habits and dysfunctional practices. In addition, because new knowledge is produced at such a rapid pace in today's working life, it is impossible to rely only on informal learning to secure the requisite knowledge and skills (Slotte *et al.*, 2004, p. 485). Furthermore, participation in formal learning activities (i.e. planned and organised learning, such as courses) affects the ability to use informal learning in a positive way (Ellström, 2004). In sum, both informal learning, occurring as part of daily work and producing mainly implicit or tacit knowledge, and formal learning, occurring through

organised learning activities and generating explicit and formal knowledge, are equally important elements of learning at work (Slotte *et al.*, 2004).

Workplace learning as a social and participatory practice
In theorising WPL, social relations are emphasised as a kind of pre-requisite. Indeed, Billett (2001, 2004) discussed WPL as a participatory practice comprising interactions between workplace affordances and the individuals' engagement. Furthermore, Tynjälä (2008) highlighted WPL as a highly social activity requiring planning, reflection and challenges. Accordingly, Eraut (2004, 2007) highlighted how informal learning at the workplace involves a mix of learning from others and from one's own personal experience, and it is triggered by consultation and collaboration. Indeed, the main sources of learning are influenced by support systems, the structure of work, and professional relations and management (ibid.). Participation in group processes and working alongside others (enabling observing and listening) are work processes that result in learning, and their success depends on both their prevalence and the quality of relationships in the workplace (Eraut, 2007). Being supervised and visiting other sites, for example, are learning processes with learning as the principal object but reflecting, giving/receiving feedback and getting information are also learning activities located within work or learning processes. Feedback is highlighted as vital, as learners need both short-term and task-specific feedback, as well as long-term strategic feedback that focus on general progress (ibid.). Indeed, feedback is described as important for job-specific and generic informal learning among nurses (Kyndt *et al.*, 2016). Similarly, Ellström emphasised the importance of feedback, reflection and cooperation, and characterised a good learning environment as consisting of variation, autonomy/discretion, support from co-workers/management and different kinds of resources allocated for learning, such as time (2010). As management makes decisions about how work is organised and are responsible for giving feedback, they play an important role in the learning process (Ellström, 1996, 2004; Ellström *et al.*, 2008; Havnes and Smeby, 2014).

Social relations are also emphasised in Erauts' (2004, 2007) discussion of learning factors influencing learning within a specific context: feedback and support, confidence and commitment, and value and challenge of the work. Confidence is crucial for the employee to proactively look for, and make use of, possibilities for learning. If the employee can handle challenges in the job, then confidence increases. At the same time, the employee needs feedback and support to handle job-related challenges, as shown in our previous studies focusing on nurses (Jansson and Parding, 2011). In addition, commitment (to clients and organisations) influences to what degree the employee is proactive and is generated "through social inclusion in teams" (Eraut, 2004, p. 270). These learning factors mirror broader contextual factors, of which the allocation and structuring of work are central, as they affect the challenge of the work, the degree of collaboration and whether one is given opportunities to work alongside others and establish relationships decisive for feedback and advice (Eraut, 2007, p. 270).

Workplace learning on various levels: individual, collective and organisational
WPL occurs on three different levels: individual, collective or group and organisational (Ellström, 1996; Tynjälä, 2008). Collective learning comprises a stable process in itself, assuming that "[. . .] individuals" experiences have been communicated and have been reflected on openly in the work group, and has resulted in common ideas and intentions for the collective' (Nilsson *et al.*, 2011, p. 62). Hence, collective learning are facilitated by trust, support and common goals (Nilsson *et al.*, 2011, p. 63).

According to Crossan *et al.* (1999) these levels of learning are linked to certain social (and psychological) processes. Namely, how the process of going from learning on an individual level (*intuition*) to a group level, through interpretation, demands that the individual share his/her interpretation with others in the work group. Furthermore, an interpretation on the group level, if it results in the collective development of a new and shared view leading to new patterns of action, enables integration (at the group and organisational level), which in turn generates new collective knowledge, as a basis for new routines. This process makes sharing with a wider "audience" in the organisation possible. Finally, if this new knowledge is formalised via policies and routines, institutionalisation i.e. learning on an organisational level occurs. This involves "[. . .] sustainable changes in the routines, strategies, policies and information systems [. . .]" (Nilsson *et al.*, 2011, p. 66) of an organization i.e. implies that individuals' and teams' learning (on different levels) has gained ground also at management level (ibid.). However, this last phase rarely occurs. As emphasised by Nilsson *et al.* (2011), to promote collective and organisational learning, communication and "supporting" informal processes on different levels through more formalised/structured activities, is absolutely key.

Method

This paper builds on data collected for an explorative interview study conducted in 2015 that focused on nurses' experiences of daily work with or as TAS within Swedish health care. Five ANs[3] and five RNs[4] (i.e. ten nurses) were recruited using purposive sampling (Patton, 2015) via the following criteria: being a critical care nurse (CCN) for at least one year and having experience working in a specific intensive care unit (ICU). All interviewees thus had experience in one specific ICU[5]: an ICU with 12 beds for postoperative around-the-clock intensive care, where both short- and long-term hiring of ANs had occurred during the past ten years. Seven women and three men, aged 31-59 (mdn. = 47), were interviewed, of whom all but one had extensive experience in the profession (between 9 and 30 years).

In Sweden, a CCN must complete at least four years of university studies, with the last year devoted to specialist training in intensive care nursing. Work as a CCN is complex and characterised by high demands, nursing critically ill patients in a highly technological environment (Tunlind *et al.*, 2015). Hence, our choice to study CCNs was based on the assumption that they, being specialist-trained and accustomed to high work demands, were of particular interest in relation to WPL.

The interviews were guided by a semi-structured interview guide, including questions about the interviewees' background (education, work experience and choice of profession), employer (choice of and pros and cons), daily work (work tasks and colleagues), organisation (working conditions and management) and TAS within the ICU (pros and cons). The organisation theme included questions about knowledge and competence, as well as WPL conditions in general and in relation to TAS. The interviewees were encouraged to talk freely about their experiences, and we used follow-up questions to enhance data richness (Kvale and Brinkmann, 2014). The interviews lasted between 60 and 80 min, were digitally recorded and were transcribed *verbatim*.

As mentioned in the introduction section, the results of the first interview analysis (aiming to describe CCNs' experiences working with or as AN, and presented in Berg Jansson and Engström, 2017) indicated both potential opportunities and challenges for WPL. Therefore, after the initial analysis, the first author re-read and analysed the interviews with respect to the aim of this paper. The interviews were analysed manually and thematically following Patton (2015), i.e. reduction and sense making of the qualitative material was aimed at identifying core consistencies and meanings. The core meanings were called patterns, referring to descriptive findings or themes, referring to more categorical or

topical forms. The interviews were read several times to understand each interview as a whole and to grasp important passages or meanings. Thereafter, relevant excerpts were analysed more thoroughly then condensed and grouped into the three themes presented in the results. The analysis process was abductive (Alvesson and Sköldberg, 2008), i.e. was guided by the concept of social relations as crucial for WPL. However, concurrently, other empirical findings related to the issue of WPL conditions, such as the importance of confidence, emerged and were included in the analysis. Quotes are used throughout the text to illustrate how the results are grounded in the material to reach confirmability (Guba and Lincoln, 1989). The study was conducted according to ethical guidelines of information, consent, confidentiality and data usage.

Findings
As discussed previously (Berg Jansson and Engström, 2017), while RNs have a clear view of their colleagues, employer/management and the organisation to which they belong, the ANs' view is more unclear because of constant movement between different COs. In spite of neither RNs or ANs describing any direct issues in daily work – how patient-related work functions well – the ANs seemed to represent "visitors'" in the workplace. Indeed, the ANs described hardly ever partaking in processes on the collective and/or organisational level, such as issues or discussions related to scheduling and local practices. In contrast, the RNs described themselves as part of a specific workplace and stressed the possibility of developing stable relations with other nurses and partaking in long-term and overarching processes as positive aspects of being a regular.

Regarding WPL, all nurses stressed the importance of continuously learning and keeping up to date with new research and technology, both of which were seen as "something that comes with the profession". Both ANs and RNs wanted the conditions for learning to be improved. However, in addition to these similarities, some differences regarding conditions for WPL, as well as opportunities and challenges for WPL, emerged.

Formal learning as "my own" or the employer's responsibility
RNs described how they, on a somewhat regular basis, were offered formal learning activities, although many wanted more, a wish apparent to their managers (employer). Although some of the ANs described how their employer (i.e. the TWA) provided them with some formal learning activities, such as basic courses in CPR and dialysis equipment, they nonetheless described fewer formal learning activities. One AN concluded:

> This thing with internal courses and such, one is often on side of that. The idea is that we are to read up ourselves, partake of literature and such, but often it stays as a thought, action does not come automatically (laughs), no [. . .] I have actually thought about that quite a bit. (AN, 3)

The ANs described how any courses offered by the TWA took place "separately" i.e. not organised as part of daily work, and were often offered in the town where the TWA was based, making it difficult for some ANs to participate. Furthermore, some ANs very clearly talked about learning as being their own responsibility; that, as a "temp", one must take responsibility for one's own learning because of exclusion from formal learning activities provided by the CO. This observation was repeated by many of the ANs: "We work all the time, we have no time for studying for instance" (AN, 1). For example, when the RNs participated in courses and/or development work, the ANs replaced them:

> As an AN one learns the hard way. One has to seek a lot of information oneself, one has to be alert and interested and curious, because you don't get anything for free or served in any way. When it comes to new findings, one has to start looking, reading or asking how it works. So one has to be

active oneself, but I believe that is how it is for all nurses, especially within ICU, as it happens so much there all the time. (AN, 1)

These findings indicate that RNs having a clearer picture of who offers and organises WPL, mirroring the more stable social relations characterising their work. ANs described fewer formal learning activities, and the quote above, except for highlighting how learning comprises a natural and necessary part of being a CCN, illustrates how such activities are organised differently for ANs; the interviewee emphasised how nothing is "served in any way". Interestingly, whilst some of the ANs regarded this as the responsibility of the CO (i.e. that they should be included in the CO's activities), experiencing it this way was somewhat challenging, as others approached the issue more actively (i.e. as something to be "solved" by themselves). That is, besides mirroring more unclear conditions for formal learning for ANs, this unveiled different strategies among TWAs as well as different views about responsibility for learning among ANs.

Feedback as work-related (direct) or "general" (indirect)

All nurses stressed the importance of giving and receiving feedback but they seemed to not receive much feedback on the whole. The RNs received feedback mostly from their patients and their relatives, and sometimes from their employer or colleagues. Interestingly, some of the ANs described a feeling of satisfaction when they entered a new ICU and managed the demands of the work; that is, being an AN involves a kind of built-in feedback – when they get new assignments, they conclude they must have done a good job. In general, the ANs described a good contact (communication) with 'their' TWA; how they felt respected and well treated. However, the conditions for more work-related feedback seemed more unclear for them because of their movement between COs:

> Something that I think about is that it can be a bit hard to follow up, if I for instance have had a patient that engaged me a lot at one place than the follow-up is [. . .]. It is more difficult to get it. I can get it the next time I am back, if I come back to the same place I can ask, but it is a bit more difficult when one goes to different places like this. (AN, 3)

Instead, contact with the employer (i.e. the TWA) mostly seemed to touch on when and where to work rather than on the work itself:

> By and large, the contact with the agency is good – some even open around the clock, so one can call at any time. The contact is mostly about the employment. I do not talk much about work-related things. [. . .] It is more about my employment. (AN, 1)

These quotations also illustrate that the ANs relied on their own trademark or reputation; if they were asked to come back, then they felt they had done a good job. However, as mentioned, this demonstrates an indirect and more general feedback type rather than direct and long-term feedback related to certain work tasks or career.

Informal learning (as) both boosted and "challenged"

The findings show how TAS is in some ways experienced as "boosting" informal learning. The ANs described how they learned a lot from working in different ICUs. They thought of themselves as experienced and competent, and stressed how one needs substantial experience before working as an AN. Furthermore, some described how they chose to work as a "temp" partly because they believed it gave them more opportunities to maintain and improve their competence. One AN mentioned how it provided him with variation and freedom to choose where (within which specialty) he wanted to work as one of the most important reasons for why he chose this. More precisely, he claimed that the strained

staffing situation during his time employed by the county council made it hard for him to maintain his competence within one of his two specialties, as he was forced to stay at one ward:

> One is very much tied to schedules as an employee at the county council. Of course, the salary is one part of it. Absolutely, but for me it is also the freedom. To be able to decide over my own time and to keep up competence and skills within certain areas. (AN, 2)

Another AN viewed "temping and travel" as a positive aspect in that she could plan her work to sustain a certain competence. In other words, she could actively plan how to make use of the available learning affordances given by different COs:

> I mix a bit, because one learns a lot from the difficult wards, and at the same time one does not want to lose what one has learned about neuro-patients, for instance. So, sometimes I choose easy wards [. . .] for my own sake. The pace is very different. (AN, 1)

The RNs also described some positive learning effects in relation to TAS. Namely, some RNs learned new ways to solve problems and handle tasks, e.g. how to develop routines, from ANs with experience in different ICUs:

> Yeah, you get some input here. That ANs have worked there where they do it like this, and you sort of learn other things too – that you can do it other ways' (RN, 7)

Furthermore, both RNs and ANs remarked that collaboration in daily work means sharing thoughts and reflecting together, which in turn signals learning opportunities on the individual and collective levels. At the same time, both ANs and RNs described how ANs seldom participate in unit meetings or development work, i.e. this source of informal learning does not seem to be offered to ANs nor "used" or "demanded" by the CO. This illustrates that the ANs are seldom invited to participate in (potential) learning processes beyond the individual level. Indeed, some RNs also noted that developmental work and processes were paused during periods of high numbers of ANs, as this resulted in a higher workload for them. In other words, as they are responsible "for all" (including overarching tasks, such as planning) (Berg Jansson and Engström, 2017), the RNs do not manage to also drive change and/or development work during such periods.

Discussion
The findings revealed similarities and differences regarding conditions for WPL, pointing to both opportunities and challenges for WPL on different levels.

First, the conditions for formal learning seemed more "unclear" for ANs (see also Augustsson, 2016); second, ANs' opportunities to receive work-related feedback appeared to be fewer than for RNs. Besides highlighting an uneven distribution of learning affordances (Billett, 2001), possible challenges for WPL for individual ANs were demonstrated. Furthermore, the fact that ANs to a larger extent talked about WPL as their own responsibility, rather than their employer's, illustrates the increasing complexity of responsibility for life-long learning in conjunction with an ever more flexible labour market (Gillberg, 2018). It may be that such learning now depends more on specific individuals, and the responsibility for learning has accordingly become individualised. Indeed, according to Koene et al. (2014) flexible forms of work call for a re-evaluation of the relationship between worker and organisation and the re-location of different kinds of responsibilities to individuals rather than organisations. Furthermore, this:

[. . .] asks for active consideration of the matter of maintaining and developing the quality of the labour force, which does not happen automatically anymore in the context of career development in traditional production organizations (Koene *et al.*, 2014, p. 7).

Third, ANs are taking part in fewer processes on the collective and organisational levels than RNs, and thereby RNs and ANs involved in few joint and overarching processes together. Hence, possible opportunities for knowledge sharing between RNs and ANs risks being missed. Although this can be regarded as a "logical" effect because of the more transactional relationship between TAWs and COs (Allvin *et al.*, 2006; Koene *et al.*, 2014), it is interesting from a WPL perspective. As WPL partly depend on the quality of relationships in the workplace (Eraut, 2007), this indicates challenges for WPL on both individual and collective level. Regarding ANs, this also signals that the requirement of access to information is not fulfilled: "The expectations of temporary workers' cognitive involvement in the organization are minimal, if not non-existent" (Augustsson, 2016, p. 532). In fact, lack of information about organisational processes have been discussed as learning obstacles and as being especially important in contexts in which work implies governing complex processes, such as in health care (Ellström, 1996). Furthermore, the findings indicate that RNs experience processes of WPL on collective and organisational levels as challenged during high levels of TAWs (Berg Jansson and Engström, 2017). Thus, increasing ANs' involvement in overall organisational matters, when possible, can be assumed to have potential advantages regarding WPL.

At the same time, learning are discussed as decisive (comes with the profession), *and* "temping" as providing good conditions for certain aspects of informal learning for ANs (Allvin *et al.*, 2003). Indeed, variation can support informal learning and self-confidence at the individual level (Illeris, 2004; Skule, 2004). Additionally, working as an AN requires extensive experience and competence. Moreover, some ANs have chosen to work as a TAW and/or plan their work partly with a learning perspective which signals high levels of confidence and commitment pointing towards opportunities for informal learning in relation to TAW/TAS. Overall, the above suggests opportunities that can facilitate learning for individual ANs. In addition, job rotation among nurses entails possibilities for workplaces, as employees can share new ideas and suggestions for improvements based on these experiences (Järvi and Uusitalo, 2004) i.e. for learning beyond individual level. Interestingly, the findings also indicate a kind of spill-over effect on regular staff, i.e. ANs can boost informal learning for individual RNs (Berg Jansson and Engström, 2017; Allvin *et al.*, 2003).

Thus, management and HR at COs need to develop arenas and structures aimed at "strengthening" exchange of experiences between ANs and RNs so that such possible opportunities for "boosting" WPL on the individual and collective level, can be realised – for example, by demanding/allowing ANs to increase their "participation" and/or reflect upon routines, etc., if not in meetings, then maybe in writing. In fact, communication has been emphasised as the key for enabling the mediation of new insights/experiences within organisations (Nilsson *et al.*, 2011). Indeed, recent research has highlighted how COs can be more involved in the HRM of TAWs (Kirkpatrick *et al.*, 2018), and has also suggested that they should be, especially when TAWs fill core roles (Koene *et al.*, 2014), such as in nursing. Svensson *et al.* (2015) discuss how COs if using different leadership strategies towards different categories of workers risks "[. . .] cultivating a culture of mistrust, which does not provide a solid ground for organisational development" (p. 262). Despite certain challenges inherent in the phenomenon of TAS, the findings indicate good conditions for the integration of "temps" in this specific context; how patient-related work worked well and implied a certain amount of reflection and teamwork. We interpret this as mirroring the studied context, i.e. highly skilled and professional work, which, in itself,

is characterised by a high learning potential through discretion, variation and cooperation (Ellström, 2010). Moreover, shared professional identity, knowledge and ethics seem to promote the integration of ANs and thereby strengthen opportunities for ANs to share experiences, insights, etc., with RNs. Interestingly, while confirming how logics characterising the staffing industry implies that neither the TWA or the CO will provide formal training (i.e. formal learning activities) (Håkansson and Isidorsson, 2016), at the same time, the findings of this study points at some possible opportunities for informal learning in relation to TAS characterising the specific context of professional work. Indeed, illustrating possible important nuances and specific characteristics in different contexts of TAS. However, the responsibility for ensuring that potential WPL on individual level is brought "forward" to the collective, and possibly to organisational levels, lies with COs. Moreover, the majority of the nurses interviewed in this study had extensive experience, which could affect their opportunities to "catch" learning opportunities related to TAW. It is therefore important to deepen the knowledge about how more inexperienced ANs experience conditions for WPL, i.e. to recognise important differences between ANs, as well as to deepen knowledge about strategies applied by COs and TWAs.

In conclusion, the results illustrate the need of further studies focusing on WPL in relation to TAS. This requires more knowledge about how COs organise work for TAWs and about conditions/processes provided by TWAs. As work becomes more mobile and flexible, and as TAW is spreading to other professional contexts (teaching and social work), there is a greater need to better understand how these circumstances influence WPL, an understanding, which is also important for the profession (Augustsson, 2014). In addition, such knowledge is decisive for the organisation and society as a whole: "Organisations that develop their learning capability reportedly benefit from increased job performance, employee self-efficacy, customer satisfaction and profitability" (Lancaster and Di Milia, 2015, p. 442).

Notes

1. Stipulating that the normal type of employment position is a permanent (open-ended) employment contract.

2. For a more thorough explanation of the regulation of the Swedish staffing industry (regulation of working conditions and occupational health and safety) see Håkansson and Isidorsson, 2016.

3. Nurses employed by a TWA.

4. Nurses employed directly by the CO.

5. While the RNs were employed at this ICU, the ANs were employed by different TWAs. The latter had, apart from experience in this specific ICU/workplace, experience in other COs/ICUs.

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