



Social dialogue in the hospital sector in Romania and Bulgaria

Marta Kahancová

Regional Workshop, 14 June 2019, Bucharest

**CENTRAL
EUROPEAN
LABOUR
STUDIES
INSTITUTE**

www.celsi.sk

Health care sector in Romania and Bulgaria

	ROMANIA	BULGARIA
Hospital employment (head count)	167 071	70 449
Nursing professionals and midwives (head count)	10 184	22 752
Medical doctors (head count)	27 981	16 732
Nursing professionals and midwives/100 000 inhabitants	51,69	319,20
Medical doctors/100 000 inhabitants	142,02	234,74
Health care expenditure (% of GDP)	5,01	8,23
Purchasing power standard (PPS) per inhabitant	895,99	1 284
Hospital beds/100 000 inhabitants	684,00	726,95

Source: Eurostat, 2016

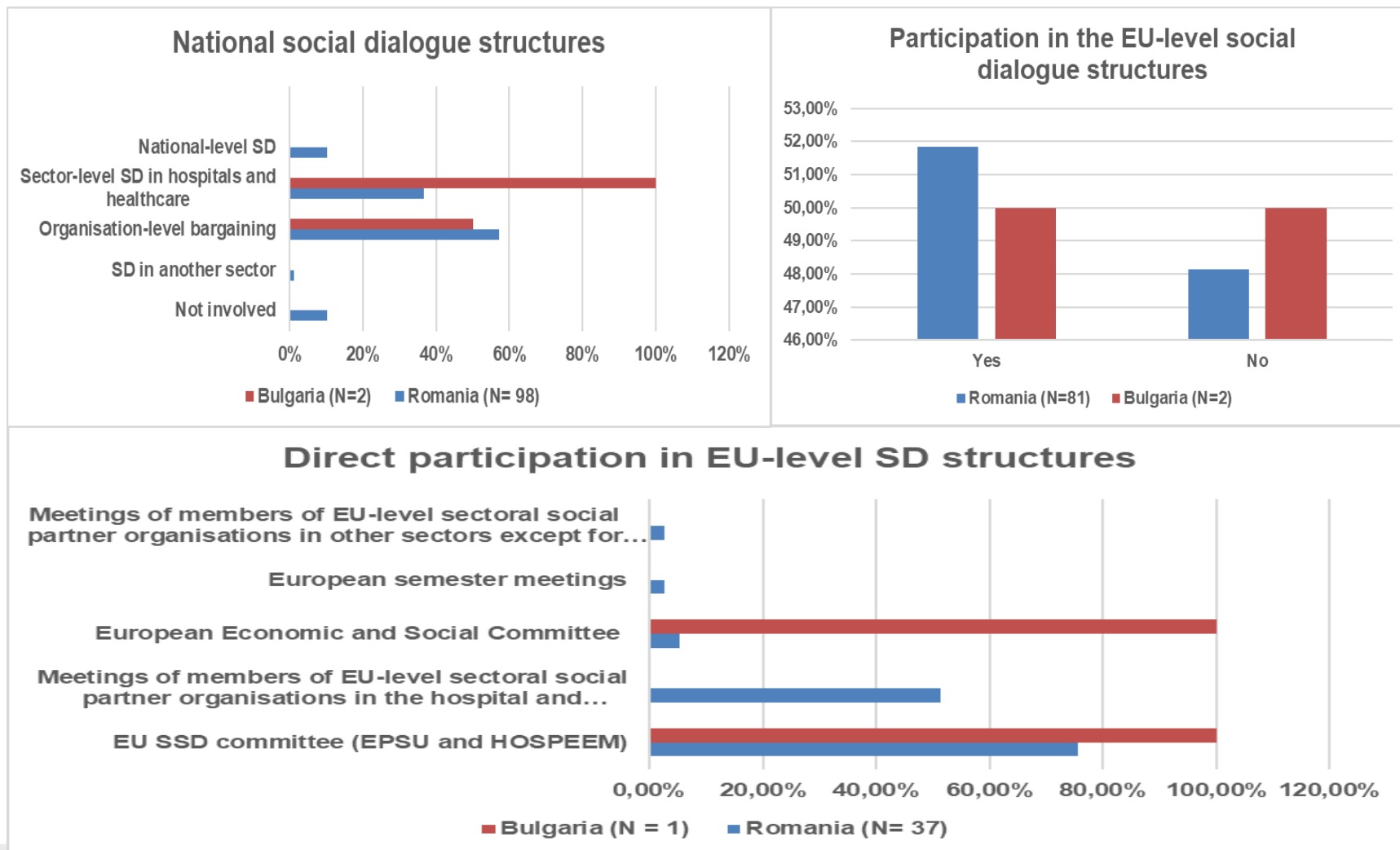
Sample

	ROMANIA	BULGARIA
Number of organisations invited to the survey	14	12
- Trade unions	4	5
- Employers' organisations and professional associations	10	7
Number of responses	99	2
- Trade unions	97	1
- Employers' organisations and professional associations	0	1
- others	2	0

Social dialogue in Romania is more centralised than in Bulgaria

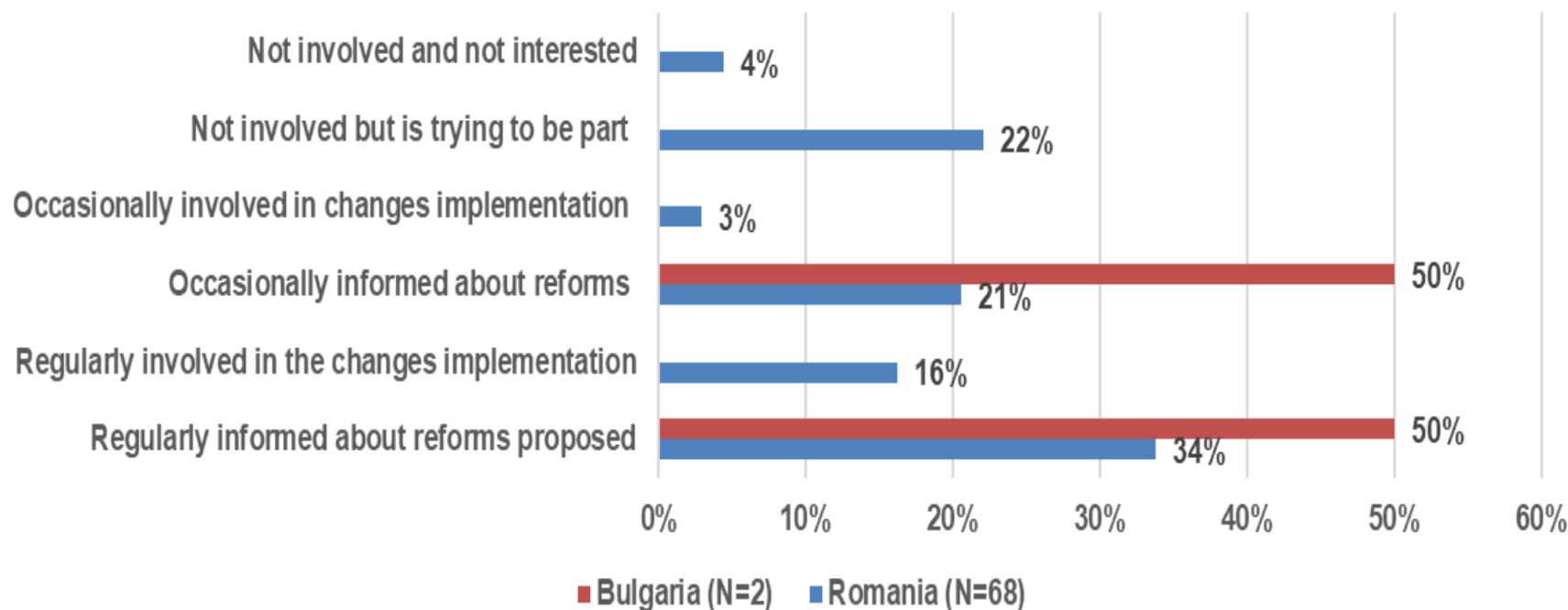
	ROMANIA	BULGARIA
Trade unions	<ul style="list-style-type: none"> • Romanian Trade Union Federation SANITAS • HIPOCRAT • Health Solidarity Trade Union 	<ul style="list-style-type: none"> • Federation of Trade Unions - Healthcare Services (CITUB) • Medical Federation Podkrepa
Employers	<ul style="list-style-type: none"> • Ministry of Health - 86% of the employment in the health sector • Collective bargaining for the entire health sector 	<ul style="list-style-type: none"> • National Association of Healthcare Employers • National Union of Private Hospitals • Bulgarian Association of Employers in Healthcare

Nearly all organisations involved in national-level SD structures, only half of them in EU-level SD structures

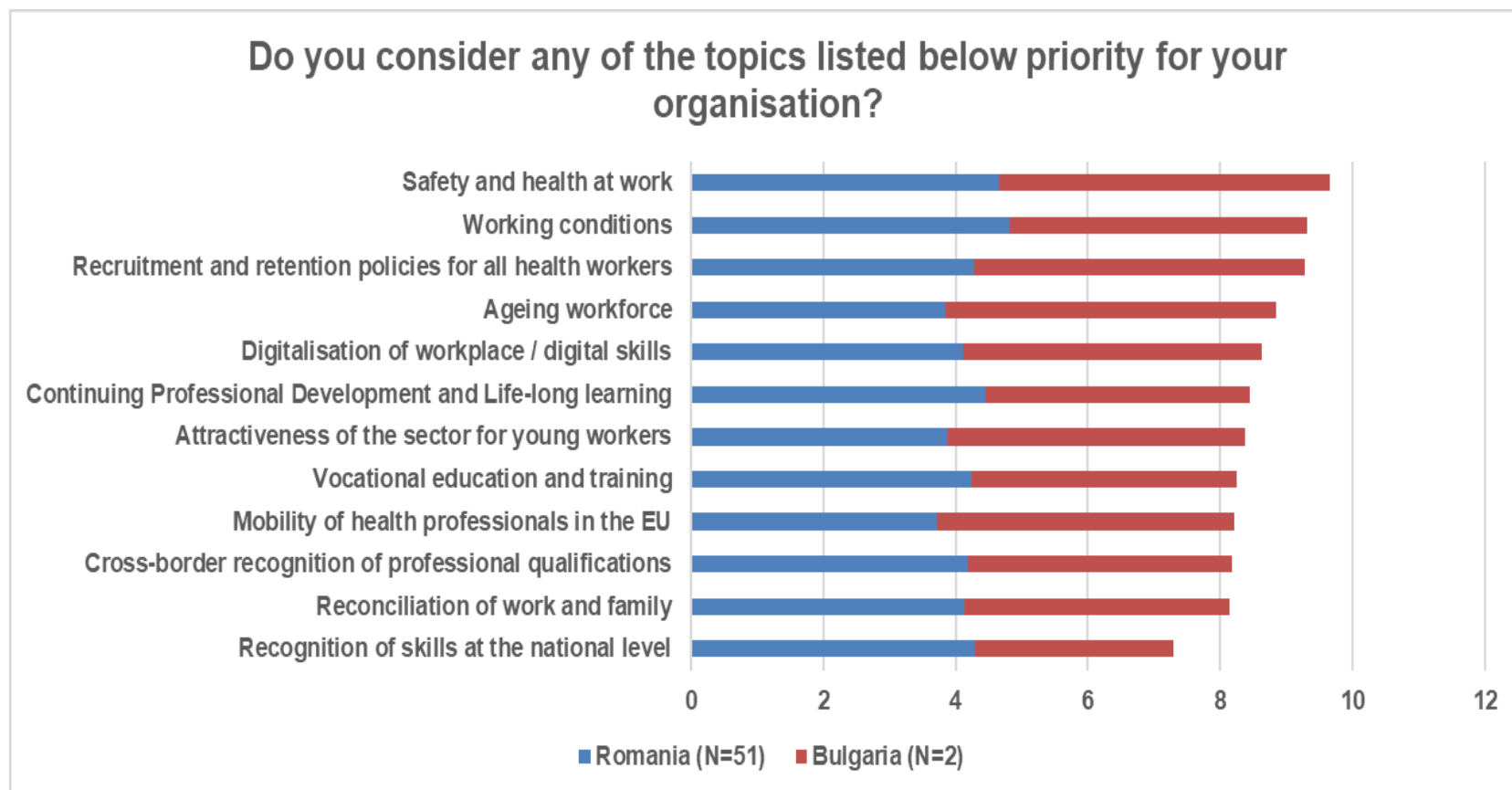


Most respondent organizations are occasionally or regularly informed about the European Semester, 1/5 of Romanian organisations take effort to be involved

How is your organisation involved in the European Semester procedure in your country?



The highest rated priorities for Romania and Bulgaria are safety and health at work, working conditions and recruitment and retention policies



Note: Sum of weighted averages based on the rating at scale from 1 (lowest) to 5 (highest)

Topics related to working conditions prioritized for articulation to EU-level SD



ROMANIA

1. Working conditions - wages and bonuses regulations, working time, staffing norms
2. Unification of medical staff training
3. Improvement of the social partners' representativeness and collective agreements

BULGARIA

Employers: cross-border access to healthcare services

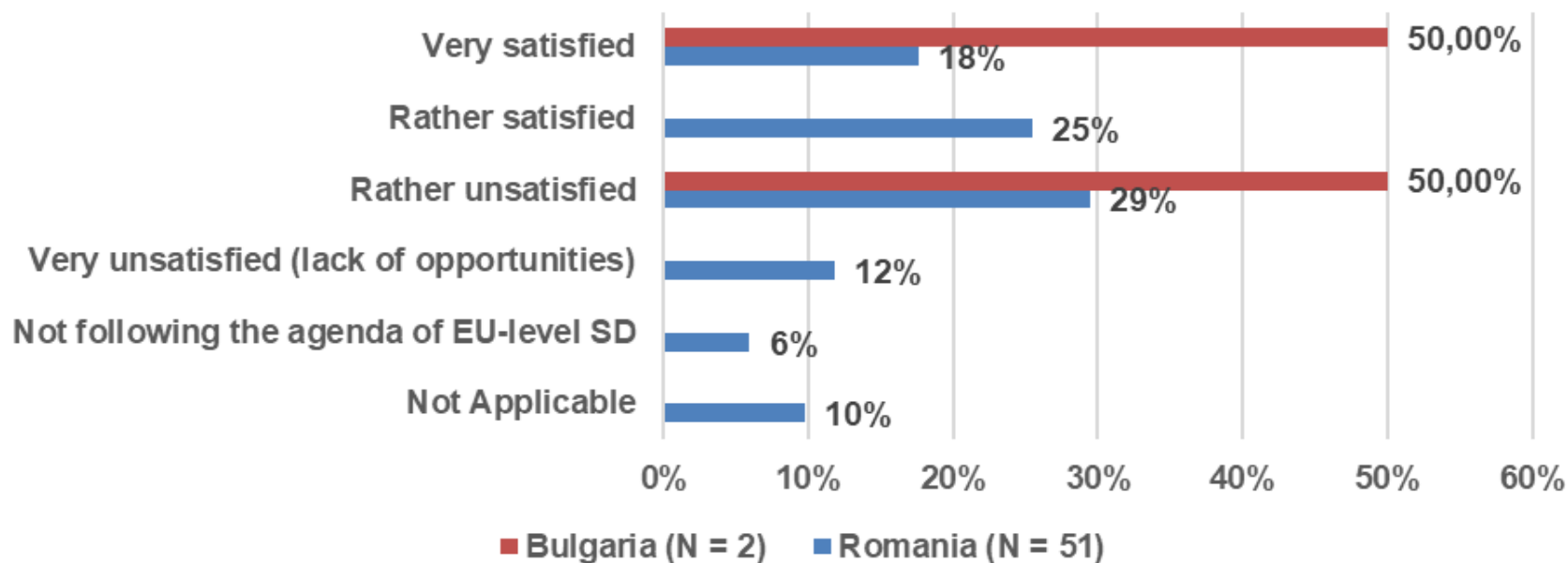
Trade unions:

1. Wages of the medical specialists; support of the single minimum wage in the EU
2. Problems of health and safety at the workplace (third-party violence and psychosocial risks)

Why dissatisfied with opportunities to address organizational priorities at the EU level?

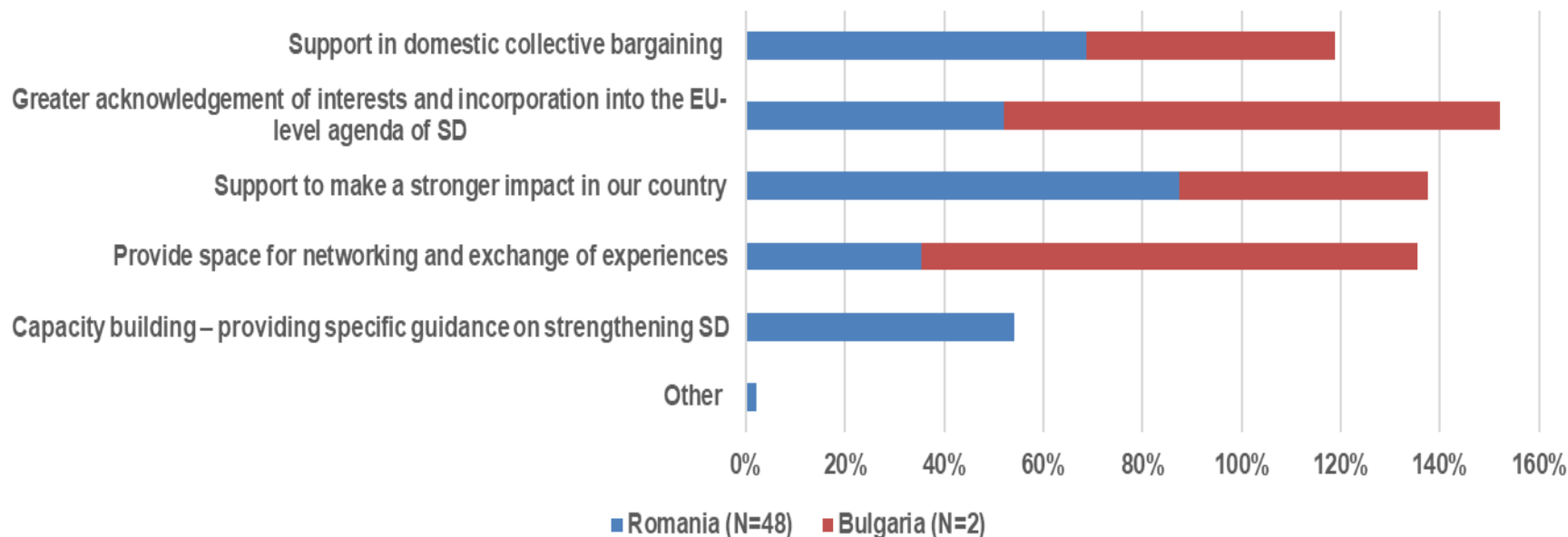
Lack of resources and lack of interaction with the EU-level organisations

How are you satisfied with the opportunities to address the priorities in EU-level SSD?



Social partners expect greater acknowledgement of their interest and support to make greater impact at the national level

What are your expectations from the EU-level social dialogue structures?



Note: Other = Organisation of European working groups dedicated to specific issues / common to country typologies (Nordic countries, Balkan countries, etc.)

Social dialogue in Romania – summary

- Bipartite social dialogue with active trade unions (SANITAS, HIPOCRAT, Health Solidarity TU) and Ministry of Health and Ministry of Labour and Social Justice;
- 52% respondents (N=81) from the unions participate in EU-level social dialogue structures (the rest is represented by a higher-level organization, e.g. a confederation), mostly directly via membership in EPSU and participation at the meetings of the European Sectoral Social Dialogue Committee of the Hospitals and Healthcare
- employers' participation in EU-level social dialogue structures limited (Q: why?)
- half of the respondents (N=68) informed about the European Semester, 18% involved, 22% not involved but taking effort at greater involvement (Q: how?)
- most common topics to be communicated to the EU-level are: working conditions (wages, bonuses regulations, working time and staffing norms); unification of training; improvement of collective agreement contents and representativeness); the highest rated priorities are safety and health at work and working conditions;
- 43% of respondents satisfied with the opportunities to address the priorities at EU level; 43% not satisfied due to lack of resources (Q: what resources exactly?)

Social dialogue in Bulgaria – summary

- Developed national tripartite dialogue and bipartite social dialogue at regional and company levels
- Based on the survey, only trade unions are active in the EU-level SSD, employer involvement is limited due to lack of financial resources (Q: HOSPEEM to represent potential members with lack of resources?)
- Social partners are informed about European Semester recommendations, trade unions regularly and employers' organisation occasionally. None of the organisations participated directly at European Semester meetings in the past three years.
- Topics to be articulated to the EU-level differ: The National Union of Private Hospitals wishes to address the problem of cross-border access to services. Trade unions prioritize wages of medical specialists and support the single minimum wage in the EU. Both social partners wish to address the problem of health and safety at workplace.
- Trade unions are satisfied with the opportunities to communicate the priorities at the EU-level, whereas the employers' representative (NUPH) is unsatisfied with the opportunities because of lack of financial resources to facilitate involvement.

Questions for discussion

- Do the presented results **correctly reflect social dialogue** in the healthcare/hospital sector in your country? What would you complement?
- The survey shows **fragmentation** of trade unions in Romania; and fragmentation of employers' associations in Bulgaria. What is the relation between social partners in your country? Are there any **tensions between various unions and employers' associations**? If yes, does this have any impact on the quality of social dialogue at home and on the willingness to be part of EU-level SD structures?
- How relevant is the **type of leadership in unions/employers' associations** for setting priorities and supporting closer involvement in EU level social dialogue?
- How do unions/employers in your country internally **take decisions** on their priorities? Equal vote for each member or more power to larger member organizations??
- Did trade unions take any initiatives to support the formation of employers' associations in Romania (and other countries with the **lack of employers' associations**)? How does the non-existence of employers' associations influence the priorities of unions and their interest in EU-level SD?



**THANK YOU FOR YOUR
ATTENTION!**

marta.kahancova@celsi.sk

CELSI

www.celsi.sk

**CENTRAL
EUROPEAN
LABOUR
STUDIES
INSTITUTE**



WELCOME BACK!

www.celsi.sk

**CENTRAL
EUROPEAN
LABOUR
STUDIES
INSTITUTE**

CELSI



Social dialogue in the hospital sector in Poland and Hungaria

Barbora Holubová

Regional Workshop, 14 June 2019, Bucharest

**CENTRAL
EUROPEAN
LABOUR
STUDIES
INSTITUTE**

www.celsi.sk

Health care sector in Hungary and Poland

	HUNGARY	POLAND
Hospital employment (head count)	104 188	N/A
Nursing professionals and midwives (head count)	28 367,00	134 480,00
Medical doctors (head count)	19 496,00	41 935,00
Nursing professionals and midwives/100 000 inhabitants	289,05	354,17
Medical doctors/100 000 inhabitants	198,65	110,44
Health care expenditure (% of GDP)	7,36	6,52
Purchasing power standard (PPS) per inhabitant	1 538,63	1 440,24
Hospital beds/100 000 inhabitants	700,15	664,04

Source: Eurostat, 2016

Sample

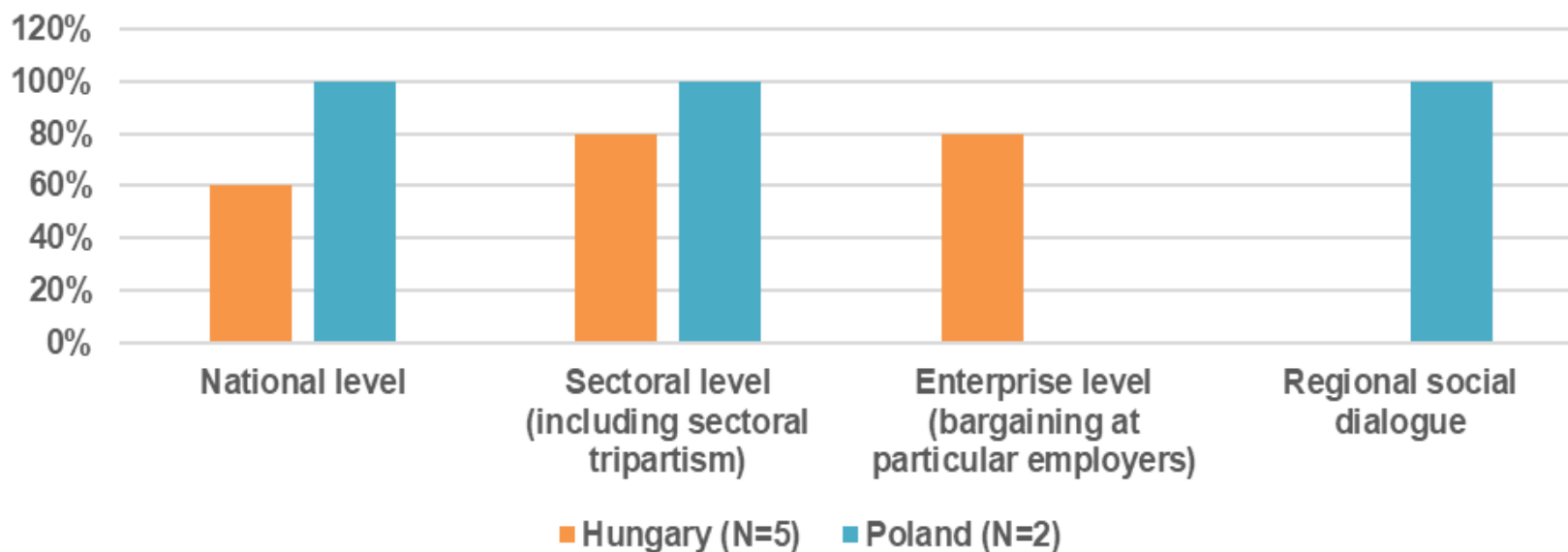
	HUNGARY	POLAND
Number of organisations invited to the survey	13	10
- Trade unions	3	4
- Employers'/profes. organisations	7/3	6
Number of responses	5	2
- Trade unions	2	2
- Employers' organisations	0	0
- others	3	0

The trade unions in Hungary are dynamically evolving; in Poland, the trade unions represent mostly public sector

	Hungary	Poland
Trade unions	<ul style="list-style-type: none"> • The Healthcare Trade Union in Hungary; • Semmelweis Alliance; • Forum for the Cooperation of Trade Unions 	<ul style="list-style-type: none"> • Federation of Trade Unions of the Health Care and Social Assistance Employees; • National Trade Union of Nurses and Midwives in Poland; • Health Protection Secretariat of NSZZ Solidarnosc
Employers	<ul style="list-style-type: none"> • Chamber of Hungarian Health Care Professionals; • Hungarian Medical Chamber; • Hungarian Association of Economic Managers in Healthcare. 	<ul style="list-style-type: none"> • Employers of Poland • Business Centre Club • Polish Confederation of Private Employers 'Lewiatan'; • Nationwide Union of Private Healthcare Employers.

The national social dialogue is established in both countries, the organisations are active at several levels

At which level of social dialogue and collective bargaining is your organisation most active in your country?



Poland's social partners involved in the EU-level social dialogue structures; Hungary engaged more in international and professional organisations

	Trade unions	Employers'/professional associations
Hungary	<p>Engaged in international cooperation but not in EU-level SD</p> <p>Why not:</p> <ul style="list-style-type: none"> - Not meeting the criteria of representativeness - Represented by other organisation - Lack of financial resources - Low importance for their activities 	<p>Involved in EU-level professional associations</p> <p>(e.g.) Standing Committee of European Doctors and the European Association of Hospital Managers</p>
Poland	<p>Federation of Trade Unions of the Health Care and Social Assistance Employees:</p> <ul style="list-style-type: none"> - direct participation in the European Sectoral Social Dialogue Committee of the Hospitals and Healthcare Sector 	<p>Employers of Poland</p> <ul style="list-style-type: none"> - Involved in the European Centre of Employers and Enterprises providing Public Services and Services of General Interest (CEEP) - in meetings of the European Economic and Social Committee (EESC).

Both countries informed but not involved in the European Semester. Hungarian trade unions more interested to be involved than those in Poland.



Relevant topics to be communicated to the EU level

Hungary

- Wages, especially minimum wage at the European level;
- Working time legislation in connection to work overload;
- Labour migration and associated workforce shortage.

Poland (assumed)

- Increasing the staff of nurses in hospitals with regard to guarantee the safety of the patients;
- Financial demands regarding wage increase, especially for nurses;
- Mitigating disparities in growth of the wages between doctors and nurses.

Priorities of (some) social partners in Hungary and Poland identified but more information is needed.

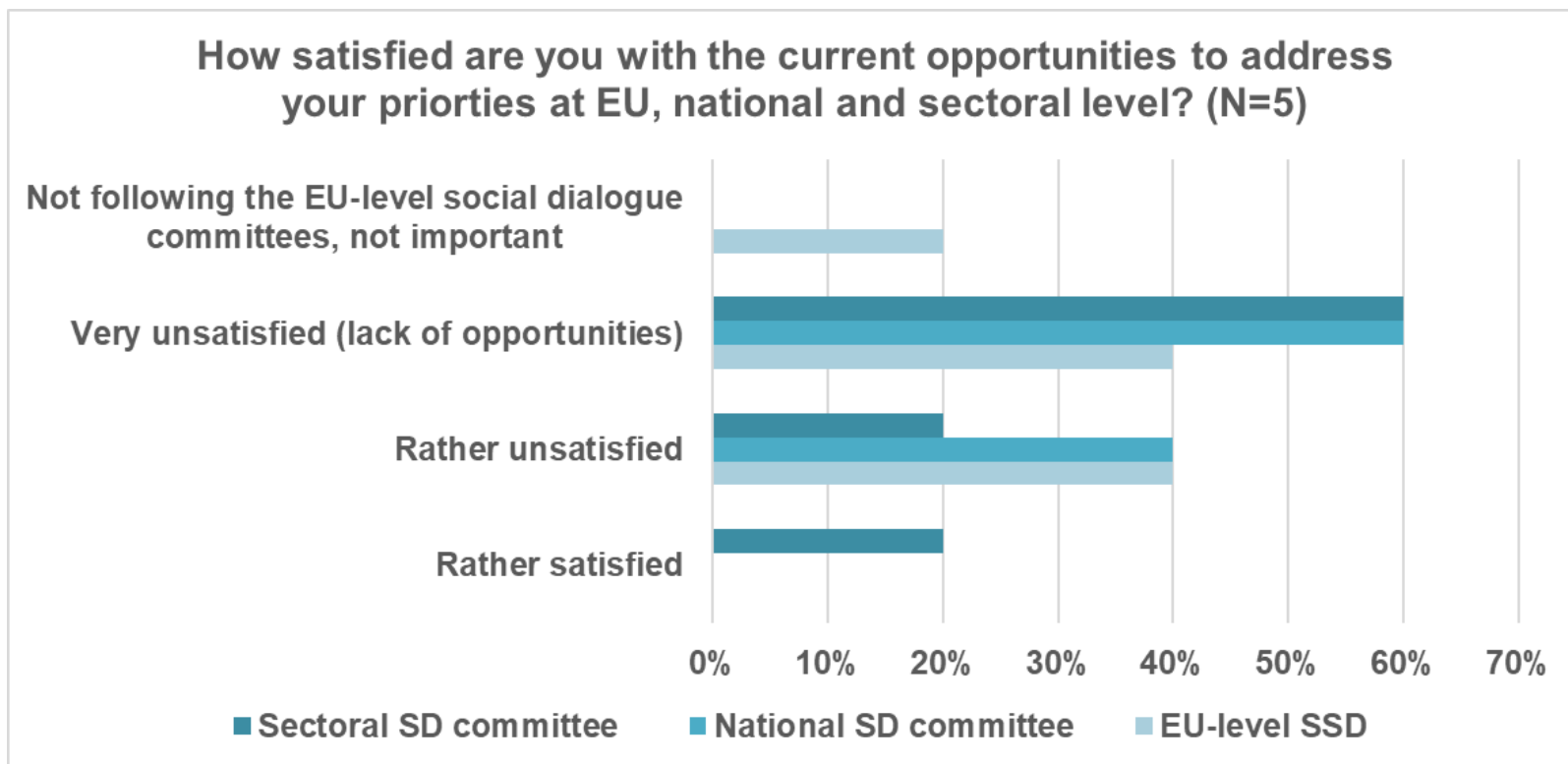
The top three highest rated priorities for Hungary:

- Health and safety at work;
- Recruitment and retention policies for all healthcare workers;
- The work and family reconciliation.

Priorities based on the most recent debate in Poland:

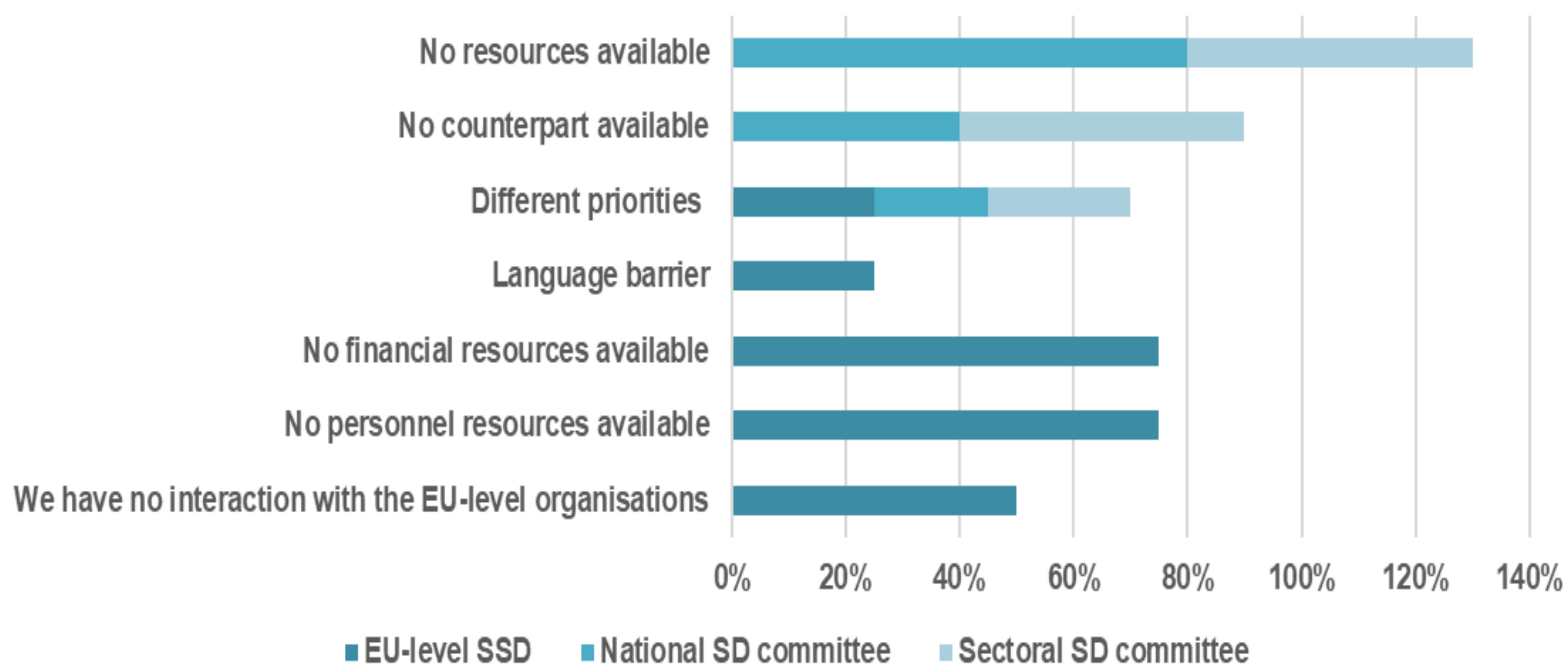
- Act on the qualification demands of healthcare professionals in non-business providers;
- The current and future health care policies, reforms and service planning;
- The inadequate healthcare expenditure;
- Staff retention and ongoing changes in the organisation of the hospital sector.

Dissatisfaction with the opportunities to address priorities is high at all levels in Hungary; no information for Poland.



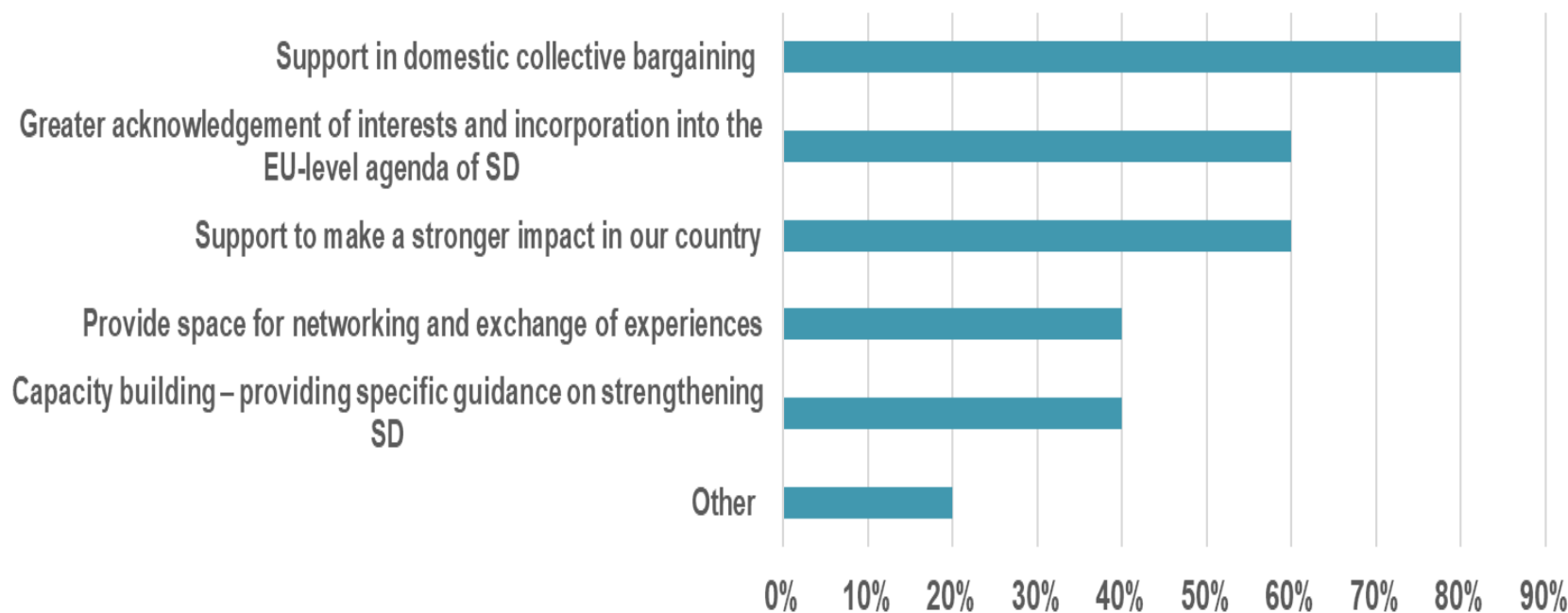
The reasons for the dissatisfaction relate to the lack of resources at every level and missing counterpart at national SD level in Hungary.

What are the reasons of your dissatisfaction? (N=5)



Support in domestic bargaining is the most prevalent expectation of Hungary from the EU-level SSD

What are your expectations from the EU-level social dialogue structures in hospitals and healthcare sector? (HU= 5)



Social dialogue in Hungary – summary

The social partners in the health sector are fragmented and the situation is not clear who represent who, particularly at the side of the employers. The main trade unions are The Healthcare Trade Union in Hungary; Semmelweis Alliance; Forum for the Cooperation of Trade Unions.

The trade unions are engaged in the international cooperation but not in any EU-level SD structures due to not meeting the criteria of representativeness and representation by other organisation at the EU-level. The lack of financial resources and the low importance of the EU social dialogue to the activities of the organisation are further reasons for non-participation at any EU-level social dialogue. The professional associations are involved in various EU-level professional organisations.

Some professional associations are regularly informed about reforms proposed within the European Semester procedure. Others are not involved at all and not interested in being involved. All the trade unions participating in the survey are not involved but are trying to be part of the European Semesters procedures.

The most often mentioned topics were wages, especially minimum wage at the European level; working time legislations in connection the work overload and labour migration and associated workforce shortage. The priorities of the organisations are the health and safety at work, recruitment and retention policies, work and family reconciliation. Organisations are not satisfied with the opportunities to communicate their priorities at the EU-level, similarly to national and sector level.

Social dialogue in Poland – summary

The trade unions represent mostly public sector, the employers' organisations are more diverse, but mostly non-public.

The Federation of Trade Unions of the Health Care and Social Assistance Employees is engaged in the EU-level SSD and participate directly in the European Sectoral Social Dialogue Committee of the Hospitals and Healthcare Sector. The reasons for non-participation are mostly the language barrier and the lack of financial resources. The Employers of Poland are involved in the European Centre of Employers and Enterprises providing Public Services and Services of General Interest (CEEP) and are participating in meetings of the European Economic and Social Committee (EESC).

There is limited information on the involvement of the social partners in the European Semester. Some of the trade unions indicated they are only occasionally informed about reforms and other are not involved at all and not interested in being involved.

The assumed current priorities of the trade unions are the increases the staff of nurses in hospitals, wage increase, especially for nurses, and mitigate the disparities in growth of the wages between doctors and nurses. The inadequate healthcare expenditure is related to the cuts of services. Staff retention and ongoing changes in the organisation of the hospital sector are the key topics related to the labour market. The latest committee session of the Tripartite Healthcare Team focused on an Act on the qualification demands of healthcare professionals in non-business providers.

Input questions for the discussion

*Do the results **depict the social dialogue correctly** in your country?
What would you complement?*

*What is the relation between social partners in your country? Are there any **tensions within the trade unions** operating the healthcare sector?*

*The dissatisfaction with the opportunities to address the priorities of trade unions relates to **non-existence of the counterpart**, employers' organisations. How does this influence the priorities of unions and their interest in EU-level SD?*

*The social partners in Hungary, especially the trade unions, would like **to be involved in the European Semester**. How would you like to be involved? What would be the ideal way?*

The background is a deep red color with faint, light-colored sketches of people's heads and shoulders. A large, dark red circular graphic, composed of several concentric, slightly offset lines, is centered on the slide.

**THANK YOU FOR YOUR
ATTENTION!**

barbora.holubova@celsi.sk

CELSI

www.celsi.sk

**CENTRAL
EUROPEAN
LABOUR
STUDIES
INSTITUTE**