

STRENGTHENING SOCIAL DIALOGUE IN THE HOSPITAL AND HEALTHCARE SECTOR

Health personnel employed in hospitals

Hospital employment (headcount)	167 071
Medical doctors (headcount)	27 981
Nursing professionals and midwives (headcount)	10 184*
Hospital beds/100 000 inhabitants	684
Medical doctors/100 000 inhabitants	142
Nursing professionals and midwives/100 000 inhabitants	52*

Source: Eurostat, 2016
*the number of nursing professional relates only to nurses with ISCED 5 graduation

Increased demand for services and lack of workforce



35K nurses left

ROMANIA:
2009-2017



15K doctors left

Social partners: Active trade unions - State as main employer

Trade unions



- Romanian Trade Union Federation SANITAS
 - HIPOCRAT
 - Health Solidarity Trade Union
- Similar aims but different strategies

Representatives of the employers in the healthcare sector

- Ministry of Labour and Social Justice
- Ministry of Health
 - Taking part in collective bargaining
 - Participating in signing the collective bargaining
- Patronage of Private Medical Service Providers (PALMED)

National social dialogue: centralised and consists of bipartite practice relations

European Social Dialogue: Social partners' limited involvement on sectoral level

52% of respondents from the TU are involved in EU level social dialogue structures. The remaining are represented by super-ordinate organisations.

Only half involved in social dialogue on EU Level

Direct participation in EU level social dialogue structures

1. EU Sectoral Social Dialogue Committee (HOSPEEM and EPSU);
2. Meetings of members of EU level sectoral social partner organisations;
3. European Economic and Social Committee (EESC);
4. European Semester meetings;
5. Meetings of EU level sectoral social partner organisations in other sectors

European Semester: Social partners are informed but the involvement is limited



How are you involved in the European Semester?



Priorities for the EU level: Support for a stronger impact on national level

- **Working conditions:** Wages and bonuses regulations, working time and staffing norms;
- Unification of medical staff training;
- Improvement of the social partners' representatives and collective agreements.



Expectations for the EU level social dialogue

1. Support to make a stronger impact in Romania;
2. Support domestic collective bargaining;
3. Capacity building in social dialogue;
4. Greater acknowledgement of national interests;
5. Provide space for networking and exchange.

Further information

The fact sheet is the result of a survey dedicated to social dialogue with responses from Sanitas and Hipocrat and desk research conducted in April – June 2019 and information provided at the Regional Workshop in Bucharest on 14 June 2019 within the joint project of HOSPEEM and EPSU. The answers of the survey are generalised, therefore, information might not apply to all organisations listed above. More detailed results on Romania are available in the Regional Workshop report: Eastern Europe and the comprehensive comparative report of the targeted countries available online on HOSPEEM and EPSU websites.