

# Presentation on survey findings for Croatia and Slovenia

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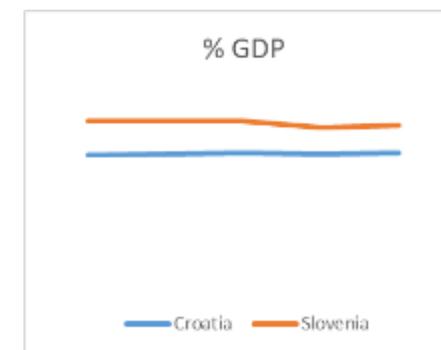
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## Fewer beds and personnel but higher expenditure in Slovenia vs more beds but lower expenditure in Croatia

	HR	SI
Hospital beds/100 000 inhabitants	561	443
Medical doctors/100 000 inhabitants	213	187
Nursing professionals and midwives/100 000 inhabitants	131	183
Healthcare expenditure (% GDP)	6,8	8,3



Source: Eurostat 2018

### Croatia

- Although the number of doctors and nurses has increased in recent years, they are unevenly distributed across the country, and many are either moving abroad or nearing retirement.

### Slovenia

- The shortage of doctors is a major health system challenge. In particular, the low numbers of general practitioners negatively influence waiting times.
- No independent employers' organisation, fragmented trade unions

# Involvement in EU social dialogue structures



## Croatia

- Active trade unions' involvement in EU sectoral social dialogue, represented by EPSU.
- Employers' organisations involved in EU sectoral social dialogue but **not in the health sector**.
- Social dialogue at national level – trade unions active on all levels, employers' organisation on enterprise/company level

## Slovenia

- Limited involvement in EU social dialogue structures or no information available
- Some trade unions **do not see added value and progress** in improving the social and economic status after long-term membership in one of the EU organisation

# Involvement in EU Semester



Croatian trade unions informed about and employers involved in implementation of the reforms proposed within the European Semester process

*EU Semesters country specific recommendations: Enhance the resilience of the health system. Promote balanced geographical distribution of health workers and facilities, closer cooperation between all levels of administration and investments in e-health*

Slovenian trade unions have limited involvement in EU Semester process, however, declared interest to be part of it; no information from employers side

*EU Semesters country specific recommendations for health care system: Ensure the health and long-term care system's resilience, including providing an adequate supply of critical medical products and addressing the shortage of health workers.*

## Raking priorities of social partners to be addressed at the EU-level sectoral social dialogue

High score for all items indicate high urgency for all topics

Croatia	Weighted Average
Recruitment and retention policies for all health workers	5
Safety and health at work	5
Working conditions	4,86
Attractiveness of the sector for young workers	4,86
Mobility of health professionals in the EU	4,71
Ageing workforce	4,57
Vocational education and training	4,57
Continuing Professional Development and Life-long learning	4,57
Cross-border recognition of professional qualifications	4,57
Digitalisation of workplace / digital skills	4,57
Reconciliation of work and family	4,43
Recognition of skills at the national level	4,29

Rather satisfied with the opportunities to address priorities at the EU level, some trade unions unsatisfied due to lack of opportunities

Priorities of Slovenian trade unions known only

Slovenia	Weighted Average
Recruitment and retention policies for all health workers	5
Safety and health at work	5
Working conditions	5
Attractiveness of the sector for young workers	5
Ageing workforce	4,5
Reconciliation of work and family	4,5
Vocational education and training	4
Recognition of skills at the national level	3,5
Continuing Professional Development and Life-long learning	3,5
Mobility of health professionals in the EU	3,5
Digitalisation of workplace / digital skills	3
Cross-border recognition of professional qualifications	2,5

Despite the shortage of doctors is a major health system challenge, the cross-border recognition of qualification not a priority

## Priorities to be communicated to the EU level sectoral social dialogue

### **Croatia**

#### Trade Unions

- Recruitment and retention policies,
- Safety and health at work
- Salaries in health care
- Continuing Professional Development
- Reconciliation of work and family time
- Collective agreements
- Health workforce shortages

#### Employers' organisations

- Synergy of private and public health care provision
- Safety and health at work

### **Slovenia**

#### Trade Unions

- Recruitment and retention policies
- Safety and health at work
- Working conditions
- Attractiveness of the sector
- Ensuring effective public health
- Care personnel norms in health care
- Remuneration system in health care
- Working time

No information from employers' organisations

## Both countries expect support of EU-level social partners to make stronger impact on policies in health care sector in their countries

	Croatia	Slovenia
Support for us in domestic collective bargaining (e.g. wage-related bargaining)	57%	100%
Greater acknowledgement of our organisation's interests and incorporation into the EU-level agenda of social dialogue	57%	50%
Support of EU-level social partners to our organisation in order to make a stronger impact on the policies in the health sector in our country	86%	100%
To provide space for networking and exchange of experiences	57%	50%
Capacity building – providing specific guidance on how to strengthen social dialogue and collective bargaining in our country's hospitals and healthcare	43%	0%

Additionally, Slovenian trade unions expect support in domestic collective bargaining and to make stronger impact are expected from EU level social dialogue

# Summary of findings



Both countries suffer of **lack of personnel**, Croatia in unevenly distribution across country and in Slovenia especially in general practitioners – influence on the quality of the health care provisions

Active **involvement in EU social dialogue structures** of Croatian social partners, trade unions represented by EPSU, employers by other EU organisation out of health care; Slovenia limited involvement or no information

Croatian trade unions informed about and employers involved in implementation of the **reforms proposed within the European Semester process**; Slovenian trade unions have limited involvement in EU Semester process, however, declared interest to be part of it; no information from employers side

**Recruitment and retention policies and safety and health at work highest ranked priorities** for both countries and expected to be communicated to the EU level sectoral social dialogue

**Support of EU-level social partners to make stronger impact on policies in health care sector** in both countries is expected most

# Discussion



Do the presented results **correctly reflect the situation in social dialogue** in the healthcare/hospital sector in your country? What would you complement?

The presented priorities to be communicated to the EU level sectoral social dialogue **refer to year 2020**. Did the priorities changed in the second pandemic years?

Both countries **expect support of EU-level social partners** to make stronger impact on policies in health care sector in their countries. How specifically could EU sectoral social partner fulfil this expectation?

How does the **non-existence of independent employers' associations** in Slovenia influence the priorities of unions and their interest in EU-level SD?



**THANK YOU FOR YOUR  
ATTENTION!**

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