

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.

STRENGTHENING SOCIAL DIALOGUE IN THE HOSPITAL AND HEALTHCARE SECTOR

Hospital Policies Constantly Changing

Health personnel employed in hospitals	
Hospital employment (headcount)	N/A
Medical doctors (headcount)	41 935
Nursing professionals and midwives (headcount)	134 480
Hospital beds/100 000 inhabitants	664
Medical doctors/100 000 inhabitants	110
Nursing professionals and midwives/100 000 inhabitants	354

Source: Eurostat, 2016



Social partners: Situation fragmented on both sides

Trade unions

- NSZZ Solidarność
- National Trade Union of Nurses and Midwives in Poland
- Federation of Trade Unions of the Health Care and Social Assistance Employees



Employers' organisations

- Employers of Poland
- Polish Confederation of Private Employers "Lewiatan"
- Business Centre Club
- Nationwide Union of Private Healthcare Employers
- Polish Hospital Federation (PFS)

Most social partners are members of the national Council of Social Dialogue. The Tripartite Healthcare Team affiliated to the Ministry of Health is the platform of national social dialogue.

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

Federation of Trade Unions of Health Care and Social Assistant Employees

- EU level sectoral social dialogue committee for the Hospital and Healthcare Sector through EPSU



Employers of Poland

- Member of European Centre of Employers and Enterprises providing Public Services and Services of general interest (CEEP);
- European and Economic and Social Committee (EESC).

Reasons for non-participation: language and finances

European Semester: Mixed involvement across Poland



- Some trade unions are **occasionally informed**;
- **Others are not involved at all and not interested to be involved** in reforms proposed within the European Semester procedure.
- No information received from employers' organisations.

Priorities for the EU level: Support on working conditions to ensure patient safety

Priorities of the trade unions in the healthcare sector

1. Increasing the staff of nurses in hospitals to ensure patient safety;
2. Financial demands regarding wage increase, in particular for nurses;
3. Increase in healthcare investment;
4. Act on effective qualification demands of healthcare professionals of non-business providers;
5. Staff retention in the context of ongoing changes in the organisation of the hospital sector.

EXPECTATIONS: Support in collective bargaining

no information received from employers' organisations.

Further information

The fact sheet is the result of a survey dedicated to social dialogue 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 Poland 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.



STRENGTHENING SOCIAL DIALOGUE IN THE HOSPITAL AND HEALTHCARE SECTOR



Health personnel employed in hospitals

Hospital employment (headcount)	70 449
Medical doctors (headcount)	16 732
Nursing professionals and midwives (headcount)	22 752
Hospital beds/100 000 inhabitants	727
Medical doctors/100 000 inhabitants	235
Nursing professionals and midwives/100 000 inhabitants	319

Source: Eurostat, 2016



Social partners are represented on both sides; Trade unions cover mainly public sector

Trade unions

- Federation of Trade Unions - Healthcare Services (CITUB)
- Medical Federation Podkrepa



Employers' organisations

- National Association of Healthcare Employers (NUPH)
- National Union of Private Hospitals
- Bulgarian Association of Employers in Healthcare

Public Health Council: An informal body, jointly created by Trade unions and employers' organisations

European Social Dialogue: Active trade unions

Trade unions

- Involvement in the EU level social dialogue through EPSU;
- Participating at meetings of the European and Economic and Social Committee (EESC).



Employers' organisations

Not participating in any EU level social dialogue structures.

Reasons for non-participation: lack of financial resources

European Semester: Social partners are informed, but their involvement is limited on sectoral level

- **NUPH:** Occasionally informed about reform procedures;
- **CITUB:** Regularly informed about changes proposed within the European Semester.

EU SEMESTER: How can we increase involvement?

None of the listed organisations participated directly in the European Semester meetings in the past three years.



Priorities for the EU level: Working conditions, migration of workforce and access to services

Trade unions



Employers' organisations

- Cross-border access to healthcare services;
- More opportunities to be involved in EU level.

Further information

The fact sheet is the result of a survey dedicated to social dialogue with responses from CITUB, Podkrepa, NUPH and Bulgarian Association of Employers in Healthcare as well as 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 Bulgaria 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.

STRENGTHENING SOCIAL DIALOGUE IN THE HOSPITAL AND HEALTHCARE SECTOR

Health personnel employed in hospitals

Hospital employment (headcount)	104 188
Medical doctors (headcount)	19 496
Nursing professionals and midwives (headcount)	28 367
Hospital beds/100 000 inhabitants	700
Medical doctors/100 000 inhabitants	199
Nursing professionals and midwives/100 000 inhabitants	289

Source: Eurostat, 2016



Social partners: Fragmented on both sides and lacking employers' structures

Trade unions

- Independent Healthcare Trade Union;
- Semmelweis Alliance
- Forum for the Co-operation of Trade Unions



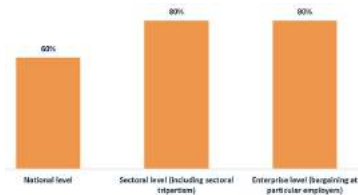
Professional associations

- Chamber of Hungarian Health Care Professionals
- Hungarian Medical Chamber
- Hungarian Association of Economic Managers in Healthcare

Chambers playing a crucial role

European Social Dialogue: no involvement in the last years

Diverse activity on national level - **no activity on EU level**



Reasons for non-participation at the EU level social dialogue

- Low importance of EU social dialogue to the activities of national organisations;
- Not meeting criteria of representativeness;
- Represented by other organisations at EU level;
 - Standing Committee of European Doctors (CPME)
 - European Association of Hospital Managers (EAHM)

European Semester: No involvement and not effective for social partners

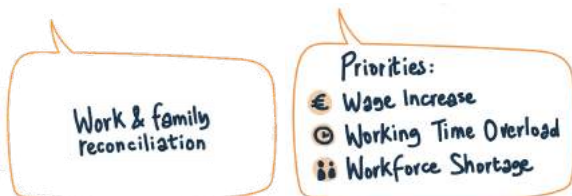
None of the mentioned organisations participated directly in the European Semester meetings in the past three years.

All trade unions participating in the project survey are not involved in the European Semester but are trying to be part of it.



Some professional associations are regularly informed about reforms proposed within the European Semester, whereas others are not involved and not interested in being involved.

Priorities for the EU level: Health workforce issues and working conditions



Social partners unsatisfied with opportunities to address priorities

Why?

1. Different priorities;
2. Language barrier;
3. No interaction with the EU level social dialogue;
4. Lack of personnel and financial resources.

Further information

The fact sheet is the result of a survey dedicated to social dialogue with responses from Semmelweis Alliance and Chamber of Hungarian Health Care Professionals as well as 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 Hungary 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.

STRENGTHENING SOCIAL DIALOGUE IN THE HOSPITAL AND HEALTHCARE SECTOR

Health personnel employed in hospitals

Hospital employment (headcount)	N/A
Medical doctors (headcount)	842
Nursing professional and midwives (headcount)	4 217
Hospital beds/100 000 inhabitants	330.09
Medical doctors/100 000 inhabitants	96.8
Nursing professional and midwives/ 100 000 inhabitants	484.7
Healthcare expenditure (% GDP)	6.68

Source: Eurostat, 2018 - physicians employed in hospitals only cover the hospital manpower in the public sector only; data refers to total number of beds of the public and private sector

Shortage of nursing professionals due to cross-border mobility and low level of union density in the private sector.

Social partners: Organised in public and private healthcare sector

Trade unions

- Pancyprrian Public Servants Trade Union (PASYDY)
- Pancyprrian Union of Government Nurses (PASYNO)
- Pancyprrian Union of Government Doctors (PASIKI)
- Federation of Private Employees affiliated to the Cyprus Workers' Confederation (OIYK/SEK)

Employers' organisations

- Cyprus Employers & Industrialists Federation (OEB): Private sector (cross-sectoral)
- Ministry of Health: Main employer for public sector
- State health services organisation: Public sector

Separate unions for public and private sector and occupations.

European Social Dialogue: Limited involvement on European level

Trade unions

- Limited involvement in the EU level social dialogue (only PASYDY affiliated to EPSU);
- Participation in the Economic and Social Committee (EESC).

Employers' organisations

Directly involved in the European Economic and Social Committee (ECOSOC, EESC) and Business Europe.

European Semester: Employers more involved compared to the trade unions

Trade unions

- Occasionally involved or not involved but trying to be more involved;
- If involved, then also direct participation in the European Semester meetings.

Employers' organisations

Regularly involved in the implementation of the processed changes that have resulted from the European Semester procedure.

EU SEMESTER: How can we increase involvement?

Priorities for the EU level: Generally satisfied with the opportunities to address priorities

Trade unions

- Lack of nursing staff and resources (especially in private hospitals);
- Health sector reform (health system & greater autonomy of public hospitals);
- The reduced state budget for health compared to EU28;
- Professional Development and Life-long learning.

Employers' organisations

- Lack of nursing staff
- Sustainability of the national health system;
- Functional and financial autonomy of public hospitals;
- Implementation of a common legal and regulatory framework for the public and private health sector.



Expectations for the EU level social dialogue: Support in capacity building.

Further information

The fact sheet is the result of a survey dedicated to social dialogue with responses from OEB and PASYDY as well as desk research conducted in June – November 2019 and information provided at the Regional Workshop in Rome on 15 November 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 Cyprus are available in the Regional Workshop report: Southern Europe and the comprehensive comparative report of the targeted countries available online on HOSPEEM and EPSU websites.

STRENGTHENING SOCIAL DIALOGUE IN THE HOSPITAL AND HEALTHCARE SECTOR

Health personnel employed in hospitals

Hospital employment (headcount)	98 342
Medical doctors (headcount)	23 555
Nursing professional and midwives (headcount)	23 480
Hospital beds/100 000 inhabitants	421
Medical doctors/100 000 inhabitants	219
Nursing professional and midwives/ 100 000 inhabitants	218
Healthcare expenditure (% GDP)	8.04

Source: Eurostat, 2017



Social partners: Fragmented along healthcare professions

Trade unions

- Pan-Hellenic Federation of Public Hospital Workers (POEDIN)
- Confederation of Civil Servants (ADEDY)
- Federation of Unions of Hospital Institutions of Greece (OSNIE)

Employers' organisations

- Ministry of Health: Public sector
- Panhellenic Union of Private Hospitals (PEIK)

European Social Dialogue: Limited involvement on European level

Trade unions

- Limited involvement in the EU level social dialogue;
- Membership in the Economic and Social Committee (EESC);
- Non-participation due to the barriers of entry, not-understanding of the role, lack of financial resources.

Employers' organisations

At the national level involved both in cross-sectoral and sectoral social dialogue.



European Semester: Low interest in the European Semester

Trade unions

- Regularly informed or occasionally involved in reforms proposed within the European Semester procedure;
- Some are not involved at all and not interested in being involved.

Employers' organisations

Not involved but trying to be part of the European Semester procedure.

EU SEMESTER: How can we increase involvement?



Priorities for the EU level: Working conditions and recognition of skills

Trade unions

- Lack of staff and labour issues;
- Interference of primary structures with appropriate equipment;
- Specialist doctors for the central structure-medical technological equipment;
- Interconnection with similar structures abroad;
- Recognition of skills at the national level.



Employers' organisations

- Increasing the financing of the health system from 5% to 8% of GDP;
- Equal treatment from the state of the private sector with the public;
- Minimizing bureaucracy.
- Costing method (DRG'S, ICD 10), financing of investment in existing private hospitals;
- Minimum operating standards for providing safe health services;

Expectations for the EU level social dialogue: Support in collective bargaining and making stronger impact on national level.

Further information

The fact sheet is the result of a survey dedicated to social dialogue with responses from ADEDY and PEIK as well as desk research conducted in June – November 2019 and information provided at the Regional Workshop in Rome on 15 November 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 Greece are available in the Regional Workshop report: Southern Europe and the comprehensive comparative report of the targeted countries available online on HOSPEEM and EPSU websites.

STRENGTHENING SOCIAL DIALOGUE IN THE HOSPITAL AND HEALTHCARE SECTOR

Health personnel employed in hospitals

Hospital employment (headcount)	625 107
Medical doctors (headcount)	130 179
Nursing professional and midwives (headcount)	261 530
Hospital beds/100 000 inhabitants	318
Medical doctors/100 000 inhabitants	215
Nursing professional and midwives/ 100 000 inhabitants	432
Healthcare expenditure (% GDP)	8.84

Source: Eurostat, 2017



Everyone has the right to ACCESS to HEALTH CARE

Public debt causing cost-containment of universal and quality healthcare services.

Social partners: Several trade unions and two core employers' organisations

Trade unions

- Public Service Union (FP-CGIL)
- Local Authorities Federation (FPL UIL)
- Federation of Public Workers and Services (FPS-CISL)
- Federation of Autonomous Health Workers (FIALS)
- Federation of Independent Unions - Health Care (FSI)

Employers' organisations

- Agency for the contractual Representation of the Public Administration (ARAN)
- Italian Federation of Hospitals and Health Agencies (FIASO)

Employers perspective need to be taken into account

European Social Dialogue: involvement strongly influenced by the structure of social partners

Trade unions

Limited involvement in the EU level social dialogue.

Employers' organisations

Strong involvement in the EU level social dialogue through HOSPEEM by both organisations.

European Semester: Activities are difficult to coordinate

Trade unions

- Regularly informed about reforms proposed within the European Semester procedure;
- Participating in the European Semester meetings.

Employers' organisations

ARAN and FIASO are occasionally involved in the implementation of the processed changes that have resulted from the European Semester procedure.

Priorities for the EU level: Common solutions are needed

Trade unions

- Collective bargaining;
- Employment in the healthcare sector;
- Dialogue with sectoral trade unions;
- Working condition;
- Safety and health at work;
- Reconciliation of work and family;
- Recruitment and retention policies for all health workers.



Employers' organisations

- Life-long learning and Continuing Professional Development;
- Work organisation;
- Digitalisation of workplace / digital skills;
- Vocational education and training;
- Recruitment and retention policies for all health workers;
- Attractiveness of the sector for young workers.



WE NEED Common solutions

Expectations for the EU level social dialogue: To provide space for networking and exchange of experiences.

Further information

The fact sheet is the result of a survey dedicated to social dialogue with responses from FP-CGIL, FPL UIL, ARAN and FIASO as well as desk research conducted in June - November 2019 and information provided at the Regional Workshop in Rome on 15 November 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 Italy are available in the Regional Workshop report: Southern Europe and the comprehensive comparative report of the targeted countries available online on HOSPEEM and EPSU websites.

STRENGTHENING SOCIAL DIALOGUE IN THE HOSPITAL AND HEALTHCARE SECTOR

Health personnel employed in hospitals

Hospital employment (headcount)	10 059
Medical doctors (headcount)	1 218
Nursing professional and midwives (headcount)	3 116
Hospital beds/100 000 inhabitants	449
Medical doctors/100 000 inhabitants	260
Nursing professional and midwives/ 100 000 inhabitants	666
Healthcare expenditure (% GDP)	N/A

Source: Eurostat, 2018

Social partners and government committed to addressing the increasing demand for the services and lack of staff by social dialogue and collective bargaining.



Social partners: Several trade unions and one cross-sectoral employers' organisation

Trade unions

- Union of United Workers (UHM)
- General Workers Union (GWU)
- Malta Union for Midwives and Nurses (MUMN)
- General Workers Union - Government and Public Entities Section

Employers' organisation

Malta Employers' Association (MEA)

MEA is a cross-sectoral organisation, counting four members in the healthcare sector, amongst them the largest private hospital.

European Social Dialogue: Involvement of social partners differ on European level

Trade unions

- Meetings with other members of EU level sectoral social partner organisations in the hospital and healthcare sector;
- Membership in the European Economic and Social Committee (EESC).

Employers' organisation

Direct participation in the meetings of members of EU level social partner organisations.

European Semester: Social partners informed but not involved

Trade unions

- Regularly informed about reforms proposed within the European Semester procedure;
- Some are not involved at all and not interested in being involved.

Employers' organisation

Occasionally informed about reforms proposed within the European Semester procedure.

EU SEMESTER: How can we increase involvement?

Priorities for the EU level: Nursing profession needs improvement

Trade unions

- Collective bargaining;
- Private partnership;
- Employee rights in a healthcare setting;
- Burnout at work;
- Reconciliation of work and family.



The most appropriate institution for addressing the priorities is the establishment-level collective bargaining with individual employers.

Employers' organisation

- Posting of workers;
- Attractiveness of the sector for young workers



Rather **satisfied** with the opportunities to address the priorities to the EU level, but **many expectations** to the EU level partners:

- Support in domestic collective bargaining and make a stronger impact;
- Guide how to strengthen social dialogue

Further information

The fact sheet is the result of a survey dedicated to social dialogue with responses from GWU and MEA as well as desk research conducted in June – November 2019 and information provided at the Regional Workshop in Rome on 15 November 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 Malta are available in the Regional Workshop report: Southern Europe and the comprehensive comparative report of the targeted countries available online on HOSPEEM and EPSU websites.

STRENGTHENING SOCIAL DIALOGUE IN THE HOSPITAL AND HEALTHCARE SECTOR

Health personnel employed in hospitals

Hospital employment (headcount)	130 539
Medical doctors (headcount)	25 130
Nursing professional and midwives (headcount)	41 107
Hospital beds/100 000 inhabitants	339
Medical doctors/100 000 inhabitants	244
Nursing professional and midwives/ 100 000 inhabitants	399
Healthcare expenditure (% GDP)	8.97

Source: Eurostat, 2017



Significant policy shift towards community care, liberalisation and privatisation of care services as well as measures taken to address the impact of demographic change.

Social partners: Trade unions well organised but fragmented - employers' strong in private sector

Trade unions

- Union of Portuguese Nurses (SEP)
- Union of Nurses of Madeira (SERAM)
- Union of nurses (SE)
- Independent Union of Professionals in Nursery (SIPE)
- Independent Union of Doctors (SIM)

Employers' organisations

- Portuguese Association of Private Hospitals (APHP)
- Portuguese Commerce and Services Confederation (CCP)
- National Confederation of Institutions of Solidarity (CNIS)

European Social Dialogue: Limited participation on sectoral level

Trade unions

No involvement in the EU level (sectoral) social dialogue due to the lack of financial resource or national scope of operation.

Employers' organisations

CCP participates directly in European Economic and Social Committee (EESC) and meetings of EU level cross-sectoral social dialogue through SMEunited.

European Semester: Stronger involvement of employers' compared to trade unions

Trade unions

Occasionally informed about reforms proposed within the European Semester procedure or not involved at all and not interested in being involved.



Employers' organisations

Portuguese Commerce and Services Confederation is regularly involved in the processed changes implementation that has resulted from the European Semester procedure and participates in the meetings of the European Semester.

Priorities for the EU level: Greatly differ between employers' and trade union

Trade unions

- Collective bargaining;
 - Enhancement of nurses' skills;
 - Career progression;
 - Cross-border recognition of professional qualifications.
- Low satisfaction with the opportunities to address priorities at EU level due to lack of financial resources.



EXPECTATIONS:
Support in
Collective
bargaining

Employers' organisations

- EU Convergence;
- Safety and health at work;
- Working conditions;
- Ageing workforce;
- Vocational education and training;
- Recognition of skills at the national level;
- Continuing Professional Development and Life-Long learning.



Expectations for the EU level social dialogue

- Support in domestic collective bargaining;
- Making stronger impact;
- Acknowledgment of their interests.



Trade unions unsatisfied and employers' satisfied with the opportunities to address priorities at the EU level.

Further information

The fact sheet is the result of a survey dedicated to social dialogue with replies from SE and CCP as well as desk research conducted in June – November 2019 and information provided at the Regional Workshop in Rome on 15 November 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 Portugal are available in the Regional Workshop report: Southern Europe and the comprehensive comparative report of the targeted countries available online on HOSPEEM and EPSU websites.

STRENGTHENING SOCIAL DIALOGUE IN THE HOSPITAL AND HEALTHCARE SECTOR

Health personnel employed in hospitals

Hospital employment (headcount)	563 835
Medical doctors (headcount)	107 782
Nursing professional and midwives (headcount)	159 117
Hospital beds/100 000 inhabitants	297
Medical doctors/100 000 inhabitants	231
Nursing professional and midwives/ 100 000 inhabitants	342
Healthcare expenditure (% GDP)	8.87

Source: Eurostat, 2017

The sector is characterised by a high level of temporary workers and turnover, low salaries and a proportion of female workers.

PRIVATISATION of health care has INCREASED

Social partners: : Fragmented trade unions and few independent employers

Trade unions

- Federation of Health Sectors and Socio-Sanitary Sectors of the Trade Union Confederation of Workers' Commissions (FSSS-COO)
- General Union of Workers (UGT)
- Federation of Public Services of the General Workers Union (FSP-UGT)

Employers' organisations

- Spanish Private Health Alliance (ASPE) – merged National Confederation of Private Clinics and Hospital (CNCHP) and Spanish Federation of Private Clinics (FNCP)
- Ministry of Health: Public sector

European Social Dialogue: Active participation of many trade unions

Trade unions

- Involvement in the EU level social dialogue through EPSU;
- Participation in the Economic and Social Committee (EESC).

Employers' organisations

ASPE has previously been a member of HOSPEEM.

main employer is the STATE

European Semester: Trade union would like to be more involved but only informed

Trade unions

Regularly informed or even occasionally involved in the European Semester, depending on the level of representativeness.

Employers' organisations

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EU SEMESTER: How can we increase involvement?



Priorities for the EU level: Improved working conditions

Trade unions

1. Working conditions (working time and salaries);
2. Health and safety at work regarding gender;
3. Staffing levels (nurse-to-patient and patient safety)
4. Digitisation;
5. Exposure to toxic and biological agents, risk prevention;
6. Professional development and retention of staff;
7. Validation of studies and professions;
8. Collective bargaining.

Employers' organisations

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★ Policy influences

★ Health & Safety

★ Exchange of Knowledge & experience

Further information

The fact sheet is the result of a survey dedicated to social dialogue with replies from FSSS-COO, UGT and FSP-UGT as well as desk research conducted in June – November 2019 and information provided at the Regional Workshop in Rome on 15 November 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 Spain are available in the Regional Workshop report: Southern Europe and the comprehensive comparative report of the targeted countries available online on HOSPEEM and EPSU websites.

STRENGTHENING SOCIAL DIALOGUE IN THE HOSPITAL AND HEALTHCARE SECTOR



Health personnel employed in hospitals

Hospital employment (headcount)	47 834
Medical doctors (headcount)	8 714
Nursing professionals and midwives (headcount)	5 368
Hospital beds/100 000 inhabitants	561
Medical doctors/100 000 inhabitants	213
Nursing professionals and midwives/100 000 inhabitants	131
Healthcare expenditure(% of GDP)	6,83

Source: Eurostat, 2018

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.

Source: EC (2019) State of Health in the EU, Country Health Profile

Social partners: Doctors without trade unions

Trade unions

- Croatian Trade Union of Nurses and Medical Technicians (HSSMS-MT)
- Trade Union of Health of Croatia (SZH)
- Autonomous Trade Union in Health Service and Social Protection Service (SSZSSH)
- Croatian Medical Union (HLS)

Employers' organisations

- Croatian Health Employers' Association (UPUZ-HR)
- Croatian Employers' Association- Branch Association of Polyclinics, Hospitals, Medical and Health Care Facilities (CEA)

European Social Dialogue: Trade unions represented at EU level

Trade unions

Active involvement in EU sectoral social dialogue, represented by EPSU.

Employers' organisations

Involved in EU sectoral social dialogue but not in the health sector.



European Semester: Trade unions informed and employers involved in implementation

Trade unions

Regularly informed about reforms proposed within the European Semester process.

Employers' organisations

Regularly involved in the reforms proposed and implemented within the European Semester process.

EU SEMESTER: How can we increase involvement?

Priorities for the EU level: High urgency for every topic

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



Support of EU-level social partners to national social partners to make a stronger impact on the policies in the health sector

Further information

The fact sheet is the result of a survey dedicated to social dialogue with responses from HSSMS-MT and Croatian Employers' Association as well as desk research conducted in February – August 2020 and information provided at the Regional Webinar on 20 April 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 Croatia are available in the Regional Workshop report: Central Europe and the comprehensive comparative report of the targeted countries available online on HOSPEEM and EPSU websites

STRENGTHENING SOCIAL DIALOGUE IN THE HOSPITAL AND HEALTHCARE SECTOR



Health personnel employed in hospitals	
Hospital employment (headcount)	157 775
Medical doctors (headcount)	26 521
Nursing professionals and midwives (headcount)	56 914
Hospital beds/100 000 inhabitants	662
Medical doctors/100 000 inhabitants	249
Nursing professionals and midwives/100 000 inhabitants	535
Healthcare expenditure(% of GDP)	7,65

Source: Eurostat, 2018

The number of health professionals is on a par with EU averages, but disparities persist across regions.

Source: EC (2019) State of Health in the EU, Country Health Profile

Social partners: Balanced representation

Trade unions

- Trade Union of Health Service and Social Care in Czechia (OSZSP ČR)
- Czech Doctors' Trade Union (LOK-SČL)

Employers' organisations

- Association of Czech and Moravian Hospitals (ACMN)
- The Confederation of Industry Czech Republic (SP)

European Social Dialogue: Financial limitations as key barrier

Trade unions

Active involvement in EU sectoral social dialogue, represented by EPSU.

Employers' organisations

Involved in EU sectoral social dialogue but not in the health sector.

European Semester: Missed opportunities for trade unions

Trade unions

Limited access to information and opportunities for involvement

Employers' organisations

SP is not involved but trying to be part of the European Semester process.

EU SEMESTER: How can we increase involvement?



Priorities for the EU level: Strengthening recruitment practices by improving working conditions

Trade unions

- Safety and health at work
- Social protection
- Social dialogue with employers and the creation of agreements and guidelines
- Recruitment and retention policies
- Working conditions



Employers' organisations

- Strengthening the implementation of existing EU legislation to improve working conditions,
- Minimum wage
- Recruitment and retention policies;
- The attractiveness of the sector for young workers.



EU level not perceived as be the most appropriated to communicate the priorities

Further information

The fact sheet is the result of a survey dedicated to social dialogue with responses from OSZSP ČR and SP as well as desk research conducted in February – August 2020 and information provided at the Regional Webinar on 20 April 2021 within the joint project of HOSPEEM and EPSU. The answers to the survey are generalised, therefore, information might not apply to all organisations listed above. More detailed results on the Czech Republic are available in the Regional Workshop report: Central Europe and the comprehensive comparative report of the targeted countries available online on HOSPEEM and EPSU websites

STRENGTHENING SOCIAL DIALOGUE IN THE HOSPITAL AND HEALTHCARE SECTOR



Health personnel employed in hospitals

Hospital employment (headcount)	42 287
Medical doctors (headcount)	9 309
Nursing professionals and midwives (headcount)	21 352
Hospital beds/100 000 inhabitants	570
Medical doctors/100 000 inhabitants	171
Nursing professionals and midwives/100 000 inhabitants	392
Healthcare expenditure(% of GDP)	6,69

Source: Eurostat, 2018

Assuming no policy changes, Slovakia is projected to endure a shortfall of more than 3,000 doctors (20% of active doctors) and 9,900 nurses (33% of active nurses) by 2030.

Source: Ministry of Health Slovakia, 2018

Social partners: Nurses' trade unions fragmented in several organisations

Trade unions

- Slovak Trade Union of Health and Social Services (SOZZaSS)
- Labour Union of Physicians (LOZ)
- Trade Union of Nurses and Midwives (OZSaPA)
- Slovak Chamber of Nurses and Midwives (SKSaPA) - cooperating organisation with trade unions

Employers' organisations

- Association of Hospitals of Slovakia (ANS)
- Association of State Hospitals of Slovak Republic (AŠN SR)
- Association of Private Physicians of Slovak Republic (ASL SR)

European Social Dialogue: Trade unions represented at EU level

Trade unions

Involvement in EU sectoral social dialogue, represented by EPSU.

Employers' organisations

No involvement in EU sectoral social dialogue, but represented in other EU level organisation

European Semester: Limited involvement but strong interest to take part

Trade unions

- Limited involvement in the European Semester
- Most of the organisation informed on the reforms but not in the implementation
- Those not involved are trying to become a part of the process

Employers' organisations

N/A



Priorities for the EU level: Guidance on strengthening social dialogue expected

Trade unions

- Working conditions;
- Reconciliation of work and family
- Continuing professional development and life-long learning;
- Recruitment and retention policies;
- Health workforce shortages and attractiveness of the sector

Employers' organisations

- Information on the distribution of EU structural funds (ASN)
- Working conditions (ASN)
- Increase in payments for state insured persons (ASL SR)



EU social dialogue considered as appropriated level to address priorities only partly. Low satisfaction with the possibilities to address priorities at the EU level.

Further information

The fact sheet is the result of a survey dedicated to social dialogue with responses from SOZZASS, OKSaPA and LOZ (Košice, Levoča) as well as desk research conducted in February – August 2020 and information provided at the Regional Webinar on 20 April 2021 within the joint project of HOSPEEM and EPSU. The answers to the survey are generalised. Therefore, information might not apply to all organisations listed above. More detailed results on Slovakia are available in the Regional Workshop report: Central Europe and the comprehensive comparative report of the targeted countries available online on HOSPEEM and EPSU websites

STRENGTHENING SOCIAL DIALOGUE IN THE HOSPITAL AND HEALTHCARE SECTOR



Health personnel employed in hospitals	
Hospital employment (headcount)	26 143
Medical doctors (headcount)	3 878
Nursing professionals and midwives (headcount)	3 798
Hospital beds/100 000 inhabitants	443
Medical doctors/100 000 inhabitants	187
Nursing professionals and midwives/100 000 inhabitants	183
Healthcare expenditure(% of GDP)	8,3

Source: Eurostat, 2018

The shortage of doctors is a major healthsystem challenge. In particular, the low numbers of general practitioners negatively influence waiting times.

Source: EC (2019) State of Health in the EU, Country Health Profile 2019

Social partners: Trade unions fragmented

Trade unions

- Trade Union of Doctors and Dentists (FIDES)
- Trade Union of Health and Social Services of Slovenia (SINDIKAT-ZSVS)
- Healthcare and Social Care Union of Slovenia (SZSSS)
- Union of Healthcare Workers of Slovenia (SDZNS)
- Confederation of Trade Unions in Health – PERGAM (SZS PERGAM)
- General Practitioners Trade Union (PRAKTIK.UM)

Employers' organisation

- No independent employers' organisation
- Medical Chamber of Slovenia (ZSS)
- Ministry of Health and Ministry of Labour, Family and Social Affairs
- Slovenian Association of Private Doctors and Dentists (ZZZZS)



European Social Dialogue: Limited involvement of social partners in general

Trade unions

- Limited involvement in the EU social dialogue
- Some organisations do not see added value and progress in improving the social and economic status after long-term membership in one of the EU organisation

Employers' organisation

N/A



European Semester: The potential for trade unions involvement not used

Trade unions

Limited involvement in the process, however, declared interest to be part of it.

Employers' organisation

N/A

EU SEMESTER: How can we increase involvement?



Priorities for the EU level: Strengthening recruitment practices by improving working conditions

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 healthcare
- Remuneration system in healthcare

Employers' organisation

N/A



Support in domestic collective bargaining and to make stronger impact are expected from EU level social dialogue

Further information

The fact sheet results from a survey dedicated to social dialogue with responses from SIDIKAT-ZSVS and FIDES, as well as desk research conducted in February – August 2020 and information provided at the Regional Webinar on 20 April 2021 within the joint project of HOSPEEM and EPSU. The answers to the survey are generalised. Therefore, information might not apply to all organisations listed above. More detailed Slovenia results are available in the Regional Workshop report: Central Europe and the comprehensive comparative report of the targeted countries available online on HOSPEEM and EPSU websites.