

Presentation of survey findings for Czechia and Slovakia

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Strengthening social dialogue in the hospital sector in the East, South and Central Europe (2019-2021),
Regional online workshop: Central Europe, 20 April 2021

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Greater investments, better performance: a comparison of the hospital situation in Czechia and Slovakia



	CZ	SK
Hospital beds/100 000 inhabitants	662	570
Medical doctors/100 000 inhabitants	249	171
Nursing professionals and midwives/100 000 inhabitants	535	392
Healthcare expenditure (% GDP)	7,7	6,7

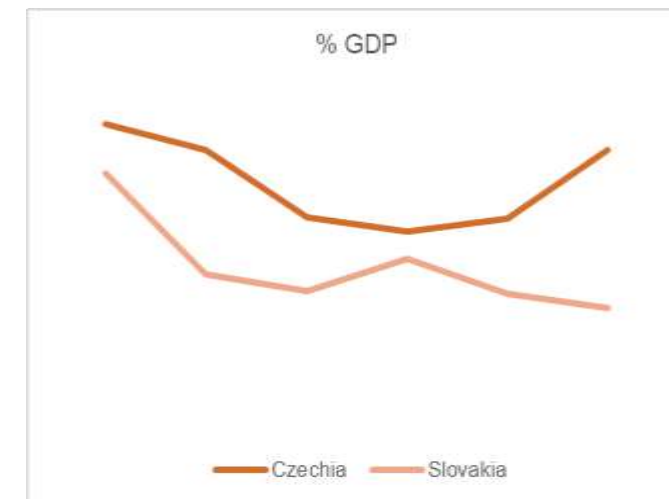
Source: Eurostat 2018; Note: Slovakia – FTE data

Czech Republic

- The number of health professionals is on a par with EU averages, but disparities persist across regions
- At national level, trade unions active in regional and employers' organisation in sectoral healthcare social dialogue

Slovakia

- Decrease in healthcare expenditures in recent years together with low effectiveness do not indicate any improvement
- 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



Involvement in EU social dialogue



Czechia

Trade unions

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

Employers' organisations

- Involved in EU sectoral social dialogue but not in the healthcare sector

Key barriers for limited involvement

- Low importance of EU-level social dialogue to the activities of our organisation (TU)
- Lack of financial resources (high travel costs, high membership fees) (EM)

Slovakia

Trade unions

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

Employers' organisations

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

Key barrier for limited involvement

- Lack of personal capacities, lack of time to participate in meetings
- Lack of financial resources (high travel costs, high membership fees)
- Barriers of entry for other stakeholders, e.g. chambers - not meeting representativeness criteria

Interest to be more involved in the EU Semester by all actors

Czechia

- Organisations not involved at all but is trying to be part of the European Semester procedure (EMP)
- Organisations regularly involved in the implementation of changes in result of the European Semester procedure + occasionally informed (TU)
- Missed opportunities for greater and more intensive involvement

Slovakia

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

Multiple priorities ranked high: evidence the urgency to be communicated to the EU level

Czechia	Weighted Average
Recruitment and retention policies for all health workers	5
Safety and health at work	4,67
Working conditions	4,67
Ageing workforce	4,33
Attractiveness of the sector for young workers	4
Vocational education and training	4
Reconciliation of work and family	4
Recognition of skills at the national level	3,67
Continuing Professional Development and Life-long learning	3,67
Mobility of health professionals in the EU	3,67
Digitalisation of workplace / digital skills	3,67
Cross-border recognition of professional qualifications	3,33

Slovakia	Weighted Average
Working conditions	5
Reconciliation of work and family	5
Continuing Professional Development and Life-long learning	4,67
Recruitment and retention policies for all health workers	4,5
Safety and health at work	4,33
Attractiveness of the sector for young workers	4,33
Recognition of skills at the national level	4,33
Ageing workforce	4,17
Vocational education and training	4,17
Digitalisation of workplace / digital skills	4,17
Mobility of health professionals in the EU	3,67
Cross-border recognition of professional qualifications	3,67

Czech stakeholders moderately satisfied with the opportunities to communicate priorities to the EU level social dialogue, Slovak stakeholders perceive a completely lacking opportunity for communication.

Priorities to be communicated to the EU level



Czechia

Trade unions

- Remuneration of employees in health and social services
- Safety and health protection at work
- Staff protection and security
- Social dialogue with employers and the creation of agreements and guidelines
- **Recruitment and retention policies for all health workers**
- Working conditions

Employers' organisations

- Directive on Working Conditions
- European minimum wage
- **Recruitment and retention policies for all health workers**
- The attractiveness of the sector for young workers

Slovakia

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
- Value of nurses' work

Employers' organisations (based on desk research)

- Information on the distribution of EU structural funds and **working conditions** (ANS)
- Increase in payments for state insured persons (ASL SR)

Diverse expectations from EU-level social dialogue – towards capacity building

	CZ	SK
Support for us in domestic collective bargaining (e.g. wage-related bargaining)	33%	50%
Greater acknowledgement of our organisation's interests and incorporation into the EU-level agenda of social dialogue	100%	33%
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		67%
To provide space for networking and exchange of experiences	67%	50%
Capacity building – providing specific guidance on how to strengthen social dialogue and collective bargaining in our country's hospitals and healthcare	100%	100%

Summary of findings

Despite being one state for several decades, **divergence between Czechia and Slovakia** in healthcare/hospital investments and outcomes

Trade unions from both countries more involved/represented in sectoral EU level social dialogue than employers – **unbalanced representation**

Involvement in the EU Semesters currently limited, **strong interest to have voice**

Multiple priorities ranked high indicate the **urgency** to be communicated to the EU level

Priorities to be addressed: **recruitment and retention policies** for all health workers in Czechia; **working conditions** in Slovakia

Stakeholders **expect capacity building initiatives from EU-level social dialogue** in order to strengthen social dialogue from the EU level social dialogue

Discussion



The findings presented here refer to the situation at the beginning of the pandemic:

- Did the priorities change or become even more urgent?
- How would you rank your priorities today?

The involvement of social partners in both countries in EU Semester procedures and reforms implementation is limited:

- What are the reasons for the low involvement?
- How would you like to be more heard in the EU Semester?

Most social partners that are involved in the EU-level social dialogue are **moderately satisfied or perceive lack the opportunities to address their priorities** at the EU level:

- What are your specific expectations concerning the social dialogue at EU level?
- In what way would you like your expectations (better) addressed?
- Is the diversity of priorities an obstacle for deeper involvement in EU level social dialogue?



**THANK YOU FOR YOUR
ATTENTION!**

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