Project results and recommendations for the advancement of the social dialogue on Social partnership solutions and good practice models to reduce psychosocial risks and burdens in health care”

As part of the European PSR BiG project, social partner organisations from Bulgaria, Germany, France, Romania, Serbia and Hungary have worked together with the aim of establishing the conditions for health-preserving work in service facilities in the health sector (especially in hospitals). The project contributes to promoting, deepening and advancing the subject matter addressed in the work programme 2014-2016 of the European sectoral social dialogue in the hospital and health sector (ESSDKuG). The project is primarily aimed at transferring experience from Western Europe to the countries in South-East Europe (SEE), and adapting it to the local conditions. After a comprehensive stocktaking, root cause analysis and comparison, examples of best practices were used to identify recommended activities for social partners at the national and the European level that also reflect the specific situation in South-East Europe.

Central subject areas of the PSR BiG project:

- Psychosocial stress at work. working time and work organisation as stress-inducing factors

Psychosocial stress and risks of social work environment as stress-including factors

- Social partnership initiatives to handle psychosocial stress/ risks in health care system as examples of good practice
- Information about the results of the European Dialogue in the hospital and health sector

The conditions documented in the country reports (which were also translated into all project languages) exposed shocking facts. Here are some selected examples:

- Scarce human resources in German hospitals led to 35.7 million uncompensated overtime hours in 2016, corresponding to 17,800 full-time positions.
- 57 % of French health workers claim to have stress related problems.
- In the Hungarian health sector, this is 60 % and in Bulgaria is even higher: 65.8 %
Ultimately, all project countries seem to be in a more or less dramatic vicious circle. This applies particularly to the publicly financed health sector with poor working conditions - in the form of high workload of a physical and psychological nature, also a result of intensified work, with overtime, missing or shortened breaks and atypical working hours (night work and weekend work), as well as increased risks in health and safety. These lead to staff shortages, staff shortages further weaken working conditions, which in turn lead to even greater staff shortages...

While in Germany and France social partner organisations have made clear proposals for measures that improve the situation (although this in itself does not yet reflect the degree of implementation), there is a growing fear in the countries of South-East Europe for a possible implosion of the public health system.

In the 1990s, there was still hope in these countries for improvement of the situation. This hope is largely lost by now.

Solemnly proclaimed social principles cannot raise new hopes. The EU has adopted 20 social standard principles. Their implementation and safeguarding through "social dialogue" must now be a priority.

Therefore, the following specific proposals were developed within the framework of the project:¹

- Analysis and identification of stress and psychosocial stress through interviews, physiological measurements and/or stress reports. The identified main stress factors form the basis of a detailed analysis and the ideas for subsequent activities and measures.

In order to be able to develop ideas for these activities, risk analyses in the health sector must be made mandatory. Such risk analyses should include physical risks like risks and hazards related to bio-materials, carcinogens and mutagens, electromagnetic radiation and the technical aspects of work organisation. They should also and increasingly address psychological factors that may cause overload, stress or burnout – e.g. harassment and violence at work, as highlighted in the project – and facilitate a comprehensive preventive approach. The employees and their representatives in the works councils/staff committees and occupational health and safety committees should be fully involved in the implementation of the risk analyses. And the information and consultation rights of the representative bodies of employees should be fully respected. The results of the risk analyses should be evaluated and implemented in the same manner, as there are often shortcomings also and in this specific area.

¹ The final report provides examples of good practices for all measures proposed below
Development of activities for the prevention of stress and psychosocial stress (stress management) in the respective local facilities. The parties at the company level consider and jointly decide on suitable instruments and activities. Accordingly, occupational health management shall encompass the health-promoting arrangement and organisation of work and the health-promoting behaviour at the workplace. The so-called 360° approach includes: the improvement of management culture, conflict resolution, reconciliation of work and private life and age-related work planning.

Good management is the basis for good human resource development. Managerial staff is often under particular stress (supervisory bodies of the institutions, cost pressure, staff shortages ...) Suggestions for committed, proactive leadership must be developed. Employees should be informed, involved and included.

Other important instruments to improve the situation are: work agreements tailored specifically for the conditions/situations with the aim of reducing stress and workload through better time planning and improved work organisation. Work-life-learning-balance means that consideration is given to the life stages of the employees and their particular challenges from initial training to retirement. Training and continuing education for employees of all age groups is an important element in maintaining the ability to work embedded in this concept.

The basis of all proposals is an orderly, proportionate personnel ratio, which must be available or at least aspired to be introduced in the foreseeable future and implemented through social dialogue.

European standards to reduce stress should be envisaged and introduced in all EU countries.

Burnout should be officially recognised in the EU as occupational disease.

The advancement of a social Europe with equal opportunities and equal living conditions has long been supported by various European funding programmes. Health care and health services for all EU citizens should be promoted through a specific programme, as well. This should above all ensure sustainable development, like:

- The promotion of advanced organisational structures
- The promotion of advanced human resources development concepts and
- The promotion of advanced education and training concepts
Finally, we draw attention to the opportunities of a direct exchange of experience between regional health institutions at the European level through the Erasmus+ programme. In the area of vocational training in particular, mention should be made of the exchange of teachers and trainers and of the development of strategic partnerships.

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