Health worker mobility and employment relations responses in Romania

Dr Steve Shelley
Global Economy and Business Research Unit
University of Hertfordshire, UK
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My study of Romania

- Part of EPSU Europe-wide project
- Documentary and literature search December 2011 – March 2012
- Study visit to Romania January 2012
- EPSU host: Federatia Sanitas
- 17 meetings
- 24 respondents
  (government officials, TU officers, hospital managers, working doctors and nurses)
- Three cities
Outcomes

- EPSU Europe-wide report

- My ‘working paper’
  ‘Health worker mobility and employment relations responses in Romania’. University of Hertfordshire Business School Working Paper, 2012. ([http://uhra.herts.ac.uk/dspace/handle.net/2299/8809](http://uhra.herts.ac.uk/dspace/handle.net/2299/8809))

- Further research?
- Practical solutions?
Starting questions

- Romania - a ‘sender’ country?
  - Influenced by inter-country income differentials (Galan et al, 2011)
  - Selectively more a problem for some EU NMS than others and ‘could’ become a problem for Romania (Eurofound, 2007; Morley, 2007)

- Impact of EU accession and economic crisis?
  - 2.5-2.7m Romanian citizens in other EU member states
  - UK restrictions on non-EU immigration – Eastern European recruitment for UK health system (Bach, 2010)

- Poor employment relations systems and solutions?
  - Morley (2007) low TU membership, limited collective bargaining only at company rather than sector level, absence of European Works Councils, weak social partner organisations – in EU A8 NMS

- Solutions?
  - Trade unions, employers, social dialogue, negotiated solutions?
Context of the study
BBC 2012a, BBC 2012b, CMAJ, 2010; Eurostat, 2012; Gallagher, 2006; Pidd, 2012

• Politics and economy
  • EU accession 2007
  • Austerity measures from 2008
    • (pay cut, recruitment freeze, staff budget cap)
  • Unrest and protest

• Health care system
  • High mortality
  • Under-funding
  • Increasing demand
  • High inpatient rate
  • Ageing population
Increasing mortality rate
- av. life expectancy 6 years shorter than EU average; one of the highest infant and maternal mortality rates

Low density of health care professionals

High inpatient rate – little developed care system outside of hospitals

Biggest increase in health care spend in EU 2003-2007
- 171% 2003-2007/08 (pre economic crisis)

Low government spend
- 2nd lowest health expenditure per capita (pre economic crisis)

Increasing demand

Ageing population

Population decline of 5% 1992-2006

Out-migration of 18-50 year olds
Romania’s health sector - structure


- Move from **centralised** system to a **MIXED** system
  - Centralised **AND** decentralised
- 58 major clinical hospitals are under direct Ministry of Health control
- Other hospitals run by county and town councils
- Can raise finance from other sources (local government and/or private fees)
- Privatisation
- Centralised (austerity) controls remain
  - Mandatory insurance-based system
Migration and other mobility

- Migration numbers and destinations
- Specialist occupations and skills
- Age and gender
- Regional variations
- Circulatory and return migration
- Inward migration
- Movement to private sector
Migration numbers and destinations

- Estimate: 3% of doctors, 5-10% of nurses leave per year
- But
  - 20-40% express desire to leave
  - Official data limited (pre-arranged EURES work contracts, recruitment agency contracts, requests for qualification verification certificates (although don’t mean the worker leaves), two-years unpaid leave of absence
- Traditionally to ‘romance’ countries Italy, France, Spain
- Increasingly to UK and Scandinavia
  - (now reduced demand in Italy and Spain)
- Prior to 2007 – work permits and bilateral agreements
Causes of migration

- Pay and income
- The recruitment freeze and work over-load
- Lack of autonomy and respect for nurses
- Nurse training and qualification experience
- Over-supply and lack of workforce planning
- The right to two years’ absence
- To gain further education and experience
- Opportunity to use new equipment and procedures
- Traditional regional and cultural links
- Recruitment agencies
- Negative media stories of informal payments
Exceptions to a universal migration problem – stories from two hospitals (1)

- Small municipal hospital
- General hospital
- Wealthy region
- Locally funded
- High union density (98%)
- New dynamic hospital Director
- Political links
- Outsourcing and sub-contracting
- Investment
- Narrowing range of services
Exceptions to a universal migration problem – stories from two hospitals (2)

- Medium-sized specialist hospital
- Creative hospital Director
- No local funding
- Income-generation
- Privatisation
- Private-sector competition
- Encouragement of two-year leave of absence
- Outsourcing and subcontracting
- Additional responsibility allowances
Implications of migration

- Staff shortages and under-staffing
- Stories of poor care
- Specialist wards, night cover and surgical theatres
- The rich and famous buy their health care from outside Romania

- Returners and skill acquisition?
Unions and social dialogue

- Four health unions?
  - Little evidence of them working together?
- Union density (50% average? 98% in one hospital?)
- Limited national bargaining
  - Only Ministry of Health hospitals
  - Centralised and unitary pay scales, terms and conditions
  - Government controls (cuts)
- Social dialogue at national level has broken down
  - Deregulation and privatisation agenda
    - (called for by all parties)
    - A ‘hands-off’ approach by government
- Tainted reputation of political system
- A feeling of a lack of hope?
- Acceptance of consequence of EU free market/mobility
- Decentralised bargaining with public and private
  - (limited)
  - Local level dialogue constructive (in some places)
Conclusion

Return to starting questions

- A ‘sender’ country?
- Impact of EU accession and economic crisis?
- Poor employment relations systems and solutions?
- Solutions? Locally? Nationally?
Solutions?

- Prioritise

- Joint trade union approaches
- Union-employer partnerships?
- European level agreements
- HOSPEEM ethical code for recruitment

- Working conditions
- Training, experience, skill acquisition
- Career routes