EPSU Conference on
Collective Bargaining and Social Dialogue
10 & 11 January 2017

# Session "Workloads, Work Organisation and Staffing Levels"

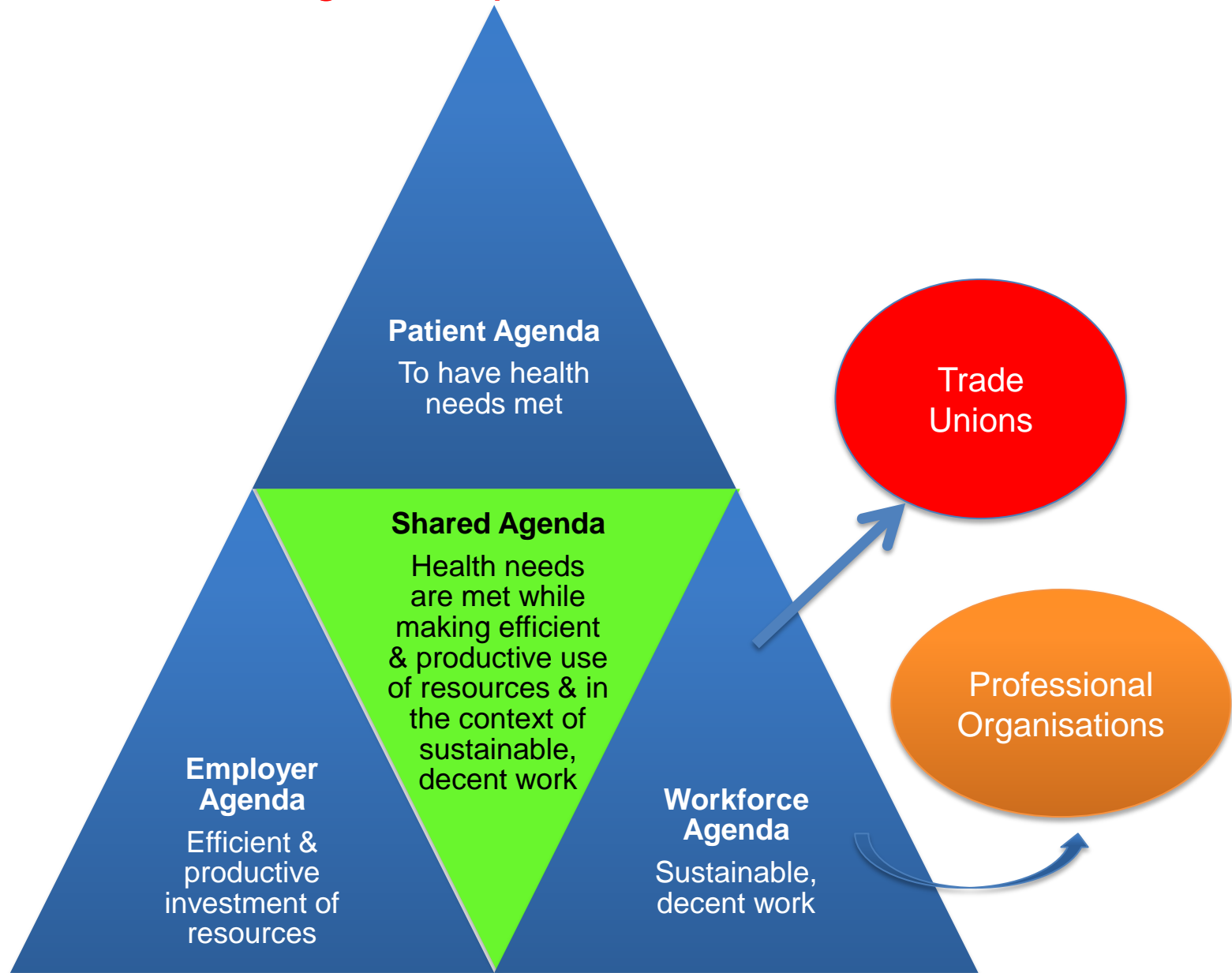# Summary Info: EPSU's Ongoing Work on Safe and Effective Staffing Levels

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# Safe and effective health worker staffing levels: What are we talking about exactly?

Health worker staffing is considered safe and effective when it results in the **recruitment, assignment and retention** of a health workforce of **sufficient quantity and quality to create positive impacts** for patients and the organisation's effectiveness, delivered **within a context of decent work.**

(Lawless and Lowe, 2015)

# Common and distinct agendas/priorities on SESL & Role of TU



**Patient Agenda**
To have health needs met

**Shared Agenda**
Health needs are met while making efficient & productive use of resources & in the context of sustainable, decent work

**Employer Agenda**
Efficient & productive investment of resources

**Workforce Agenda**
Sustainable, decent work

Trade Unions

Professional Organisations

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# Objectives of EPSU's work on safe and effective staffing levels

- Policy objectives and priorities (WP SC HSS 2015-2016)
  - **Promote the definition and application of staff-patient-ratios and mechanisms** for the forecasting and calculation of needs for certain categories of staff
  - Cooperate with PSI and its affiliates
- What can/should EPSU do?
  - **Collecting information** on methods for the calculation and definition of adequate and safe staffing levels in order to ensure the proper functioning of health and social care institutions/services and specific departments
  - **Elaborating a report** with the aim to facilitate the exchange on experiences, good practice and trade union actions/strategies
  - **Input of national experiences and recommendations of EPSU in EU-level debates** (e.g. on workforce planning or skills mix/task shifts or in the context of the SSDC HS)

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# Nurse-staff ratios / Patients to total staff ratios in EU and USA

| Country | Nurse staffing ratio | | No of hospitals |
| --- | --- | --- | --- |
| | Patients to professional registered nurses | Patients to total staff* | |
| Belgium | 10.7 (2.2) | 7.9 (1.7) | 67 |
| England | 8.6 (1.5) | 4.8 (0.6) | 46 |
| Finland | 8.3 (2.2) | 5.3 (0.8) | 32 |
| Germany | 13.0 (2.3) | 10.5 (1.6) | 49 |
| Greece | 10.2 (2.8) | 6.2 (2.1) | 24 |
| Ireland | 6.9 (1.0) | 5.0 (0.8) | 30 |
| Netherlands | 7.0 (0.8) | 5.0 (0.7) | 28 |
| Norway | 5.4 (1.0) | 3.3 (0.5) | 35 |
| Poland | 10.5 (1.9) | 7.1 (1.4) | 30 |
| Spain | 12.6 (1.9) | 6.8 (1.0) | 33 |
| Sweden | 7.7 (1.1) | 4.2 (0.6) | 79 |
| Switzerland | 7.9 (1.5) | 5.0 (1.0) | 35 |
| US | 5.3 (1.4) | 3.6 (2.0) | 617 |

*Total staff include professional registered nurses plus lesser trained care personnel.

Source: RN4CAST Study

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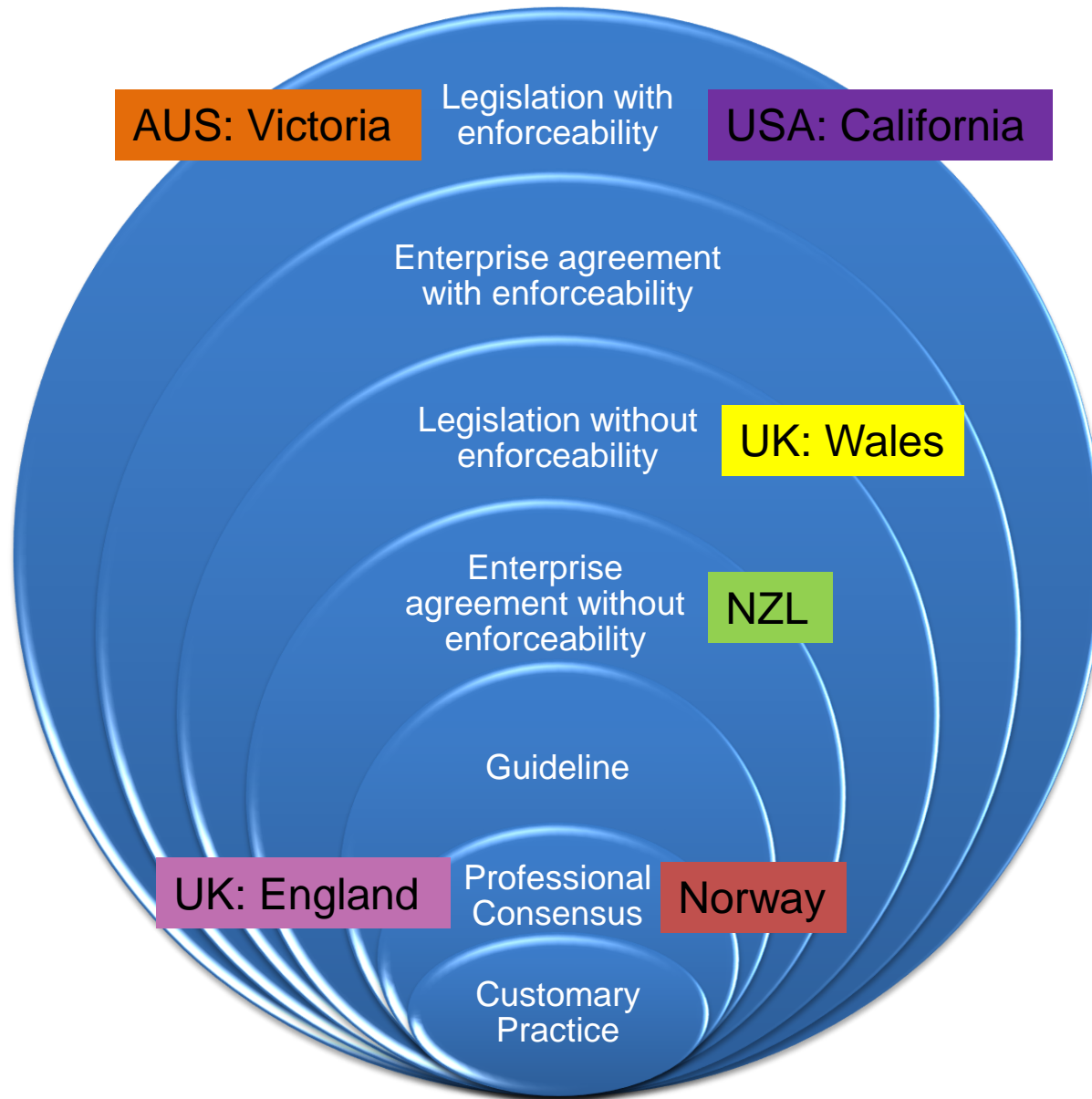Percent Nurses Reporting Too Few Staff to Provide Quality Care

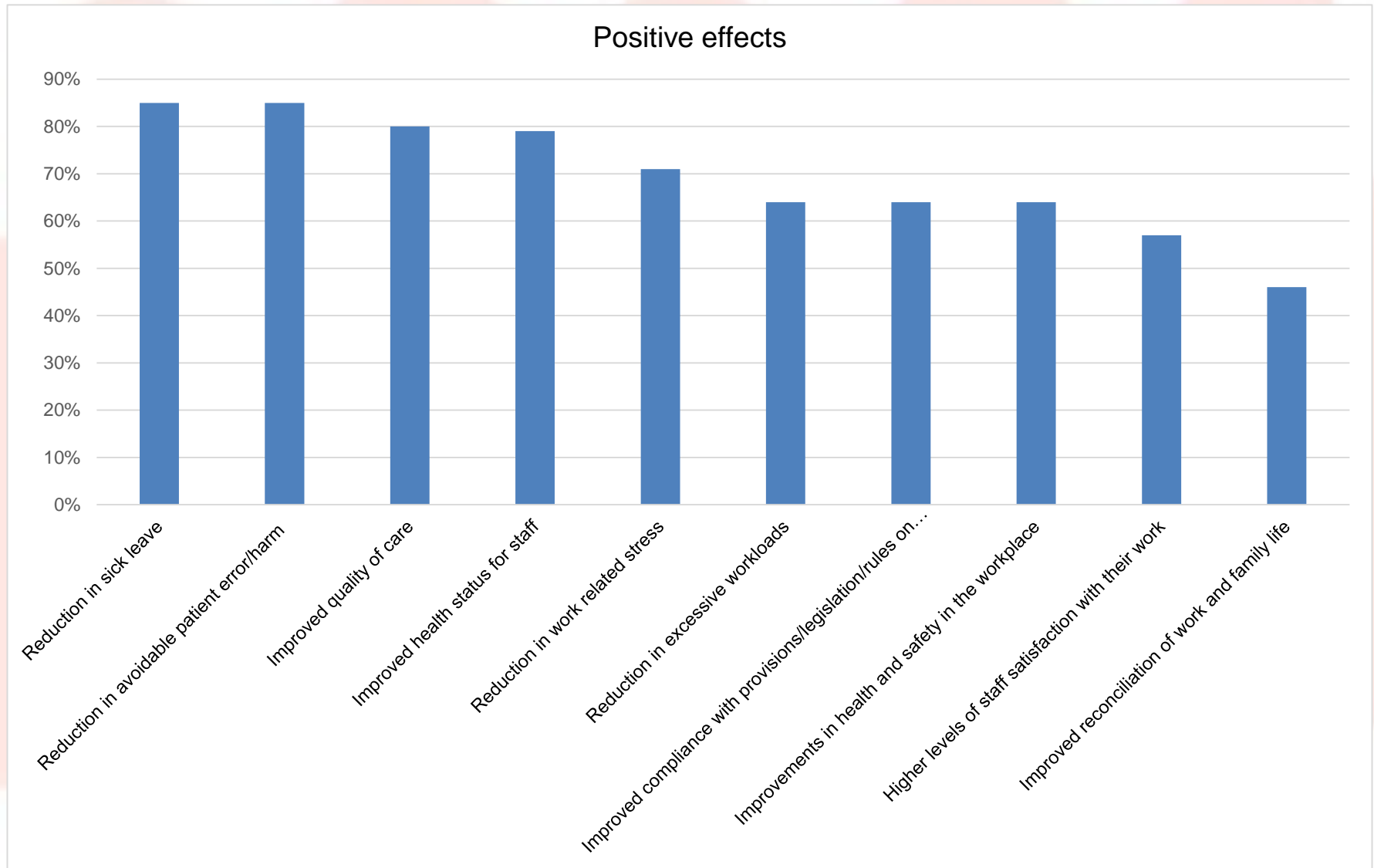Too few staff to get the work done
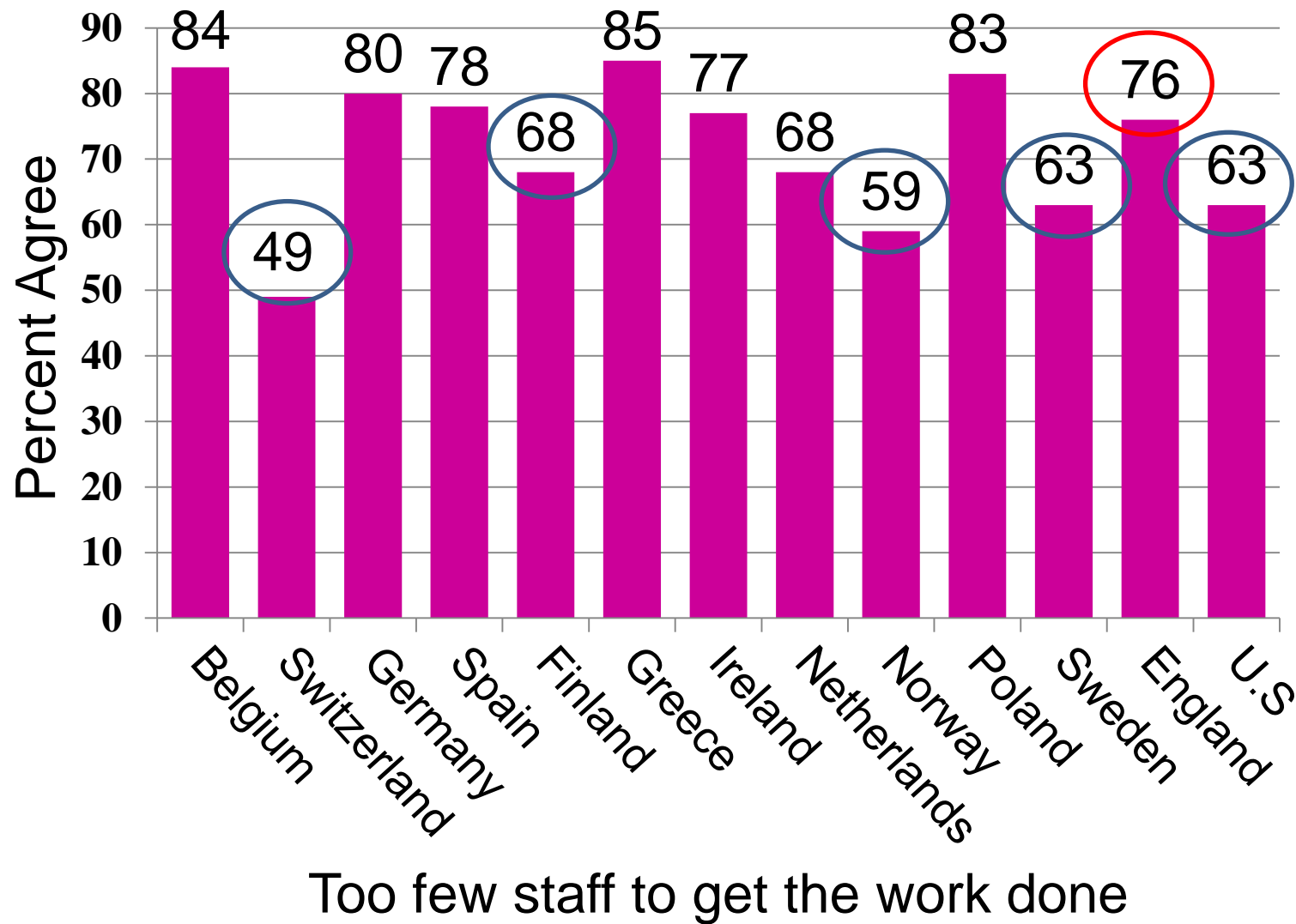
Source: RN4CAST Study

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# Types of SESL systems (ordered by levels of enforceability)



AUS: Victoria

Legislation with enforceability

USA: California

Enterprise agreement with enforceability

Legislation without enforceability

UK: Wales

Enterprise agreement without enforceability

NZL

Guideline

UK: England

Professional Consensus

Norway

Customary Practice

# Expected positive impacts of safe and effective staffing provisions



Positive effects

Source: Survey EPSU Affiliates HSS (10-11/2016); n*max*=18

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# Different types of TU activities in relation to SESL & „Outcomes"

- Actively **working to build interest in the safe and effective staffing agenda** for trade unions and workers [$n_{max}$=18; TU active and … successful: 30%; mixed results: 60%; not successful: 10%]

- Doing **surveys with the own members or research** on issues relating to with staffing levels/needs [40%;50%;10%]

- Working on or being involved in **determining methods to calculate staffing levels or nurse-patient ratios for units, departments or services** [75%;25%;0%]

- Undertaking **activities to influence the conditions for successfully establishing staffing levels** (at enterprise or political level) [70%;10%;10%; not active: 10%]

- Making **efforts to secure staffing levels via mandated systems or provisions offering protections** (e.g. capacity to close beds/reduce services when understaffed) [15%;65%;20%]

- Including the safe and effective staffing **agenda as a core and ongoing work stream in our organisation** [60%;30%;10%]

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# SESL arrangements:
## TU as key actors and TU controlling the narrative (ex. AUS)

- **Staffing system needs to be simple to promote & understand**
- Playing the long game (but know where the end is)
- Create windows of opportunity & are ready to use them
- **Staffing is an integral, permanent union strategy**
- **Staffing used as an organising tool**
- **Staffing is uncoupled from other terms & conditions (especially wages)**
- Speak with one voice
- Refusal to compromise on the essentials
- Know when to defend & when to push change
- Hope & positivity
- **Use evidence & statistics to advantage**
- Influence the public and politicians
- **Establish a system difficult to attack**



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- The case studies demonstrated a **wide range of methodological approaches to staffing**. It was clear that the **most durable were based on mandated nurse-to-patient ratios**. Whereas there is no 'one-size fits all' methodology, **trade unions must be able to critique prospective or existing methodologies to establish that they are fit-for-purpose**.

- **Local differences in workforce models, care models and funding models mean that local staffing solutions are required**. Regardless of local variance, however, the **staffing methodology must perform its basic purpose which is to match the health worker resource provided to patient demand**.

- A **ratios-based approach is the best option**, recognizing that the **ratio must take account of numbers, skill mix and workforce distribution**, be developed to be as sensitive as possible in application, and vary to reflect local differences.

- **Whatever system is arrived at, it must be simple in application, mandated, and protected**. The impact of the system on patients, staff and productivity should be observable and observed. Accountability based on monitoring for enforcement is paramount.

# Links to other topics and risks for TU as to work on SESL agenda

- Links from the SESL agenda to other topics important for EPSU
  - Occupational safety and health/well-being at the workplace (e.g. linked to prevention and reduction of musculoskeletal disorders or to psycho-social risks and stress at the workplace)
  - Effective workforce recruitment and retention measures
  - Qualifications/skills/competences, skills mix, task shifts
  - Access to continuing professional development
  - Sustainable funding & mechanisms of financing in health care systems (e.g. DRG; not appropriately „covering" care work)
  - TU organising and recruitment and retention of members
- Risks for TU as to work on SESL agenda
  - Usefulness of SESL in the context of restructuration processes (e.g. when outsourcing non-medical services; "core team" = ?)
  - Impact of method applied to measure the care "needed"
  - Professions in focus vs. how to include all (care) workers?

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# Thank you for
# your interest and attention!

## Links for further information

EPSU

http://www.epsu.org/

Health and Social Services

http://www.epsu.org/sectors/health-and-social-services-0

Social Services

http://www.epsu.org/nl/search/sectors/health-and-social-services/policies/social-services

European Social Dialogue Hospital/Health Care Sector

http://www.epsu.org/nl/search/sectors/health-and-social-services/policies/social-dialogue

EPSU Newsletter

http://www.epsu.org/epsu/news-room/newsletter

Collective Bargaining Newsletter

http://www.epsu.org/search/type/epsucob_article

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