

Recruitment and Retention

A Framework of Actions

1. PREAMBLE

- 1.1 Access to health care services for all is a fundamental human right. This right forms an essential part of the European Social model. All relevant actors must be committed to the effective functioning of health care services. This implies a multifaceted approach that has to take into account the various challenges different countries are experiencing in terms of health care shortages. These challenges are multiple and complex covering:
- 1.2 The ageing population which increases the demand for healthcare services and social services coupled with an ageing workforce and difficulties in recruiting and retaining health care workers.
- 1.3 Given the demanding nature of the work ensuring an optimal working environment is particularly important in the health sector to enable patients to receive high quality care.
- 1.4 The financial and economic crisis affects the Health Care sectors in different ways in different countries. As applied in some member states, cuts in health care resources are short-sighted measures with detrimental consequences for public health, the availability of health care staff and infrastructures. To maintain and further improve the services, Member States should maintain their autonomy and capacity to plan services and organise resources at local, regional and national level, with a view to securing and building the overall sustainability of healthcare systems.

2. GENERAL CONSIDERATIONS

- 2.1 Member States are responsible for the organisation and delivery of healthcare systems and, as part of this, play a crucial role in the organisation and provision of professional training for healthcare workers in consultation with social partners and other stakeholders where appropriate. Member States also play a role in setting terms and conditions for healthcare workers through legislation on health and safety, working time, equal treatment and other measures. Social partners should work with national, regional and local authorities when developing policies relating to the healthcare workforce,¹ for example, to support lifelong learning training, internal job mobility, and provision of management and organisation skills.
- 2.2 The social partners are committed to effective workforce planning through the EPSU-HOSPEEM “Code of Conduct and Follow-up on Ethical Cross-border Recruitment and Retention, which states:” Effective planning and human resources development strategies at local, regional and national level are necessary to ensure a balance

¹ To take due account of the “Report on the open consultation on the Green Paper on the European Workforce for Health” http://ec.europa.eu/health/ph_systems/docs/workforce_report.pdf and the Green paper on the European Workforce for Health (COM (2008) 725 Final)

between supply and demand of health care personnel while offering long-term prospects for employment to healthcare workers”.

- 2.3 EPSU and HOSPEEM believe that necessary measures should be taken to enhance the attractiveness of the health care sector as a place to work. The key to maintaining a sufficient workforce in the face of the impending retirement of the “baby boom”/post-war generation is, to educate, recruit and retain young practitioners while reinvesting in the mature workforce.
- 2.4 EPSU and HOSPEEM want to encourage and contribute fully to the development and implementation of policies at local, regional, national and European levels with the purpose of enhancing work force recruitment and retention, and promoting accessible and high-quality health care, in full respect of Member States responsibilities for the organization and delivery of healthcare of their citizens.
- 2.5 All employees have a right to be treated fairly and equitably and work in an environment free from all forms of discrimination.
- 2.6 We recognize the benefit of work / life balance, among others to meet the needs of certain groups of staff.

3. PURPOSE

3.1. Support the recruitment and retention of workers in the hospital sector

EPSU and HOSPEEM recognize the need to meet existing and future staff needs. To deliver the highest level of care to the patients and society, healthcare services need to be well-equipped, in particular in terms of a well-trained and motivated workforce. Investments in training and working conditions are therefore a necessity. This means that health care staff needs to be valued and receive recognition in their terms and conditions of work to be competitive with other sectors. Social partners in cooperation with the relevant member states’ authorities will take action to promote the health care sector and attract young people into employment in health services. Valuing and retaining the skills and experiences of older workers is equally crucial in transferring experience and the retention of knowledge. Social partners at all levels, in cooperation with member states’ authorities, should develop supporting infrastructures to facilitate work in a 24/7 service delivery context.

3.2. Improve work organization

Hospital organizations have to respond to the requirements of a 24 / 7 service delivery. This will always remain a feature in the hospital sector and has to be based on a workforce that is able to render the necessary range of services in a variety of shifts. Work organization needs to take account of workers’ and employers’ needs and preferences. Workers and their representatives should have the opportunity to be involved in determining work organization, aiming at achieving a balance in accordance with employers’ and workers’ interests. Better work-life balance will lead to improved quality of work and job motivation. HOSPEEM and EPSU acknowledge the benefits²³ that can be gained from staff having planned and agreed hours of work and rest periods. Social partners will cooperate to promote the best way of delivering efficient health care, which will safeguard staff and patient health and safety.

² Danish Nurses Organization study 2010

³ UK Boorman report on health and well-being – 2010

Social partners should consider the implementation of innovative workplace designs, actively involving the health workforce and their representatives, such as self-rostering which could be supported by ICT-instruments.

3.3. Develop and implementing workforce planning mechanisms

Workforce planning mechanisms⁴ need to take account of present and future needs, to ensure that a sufficient number of staff with the requisite skills are available in the right place at the right time. Such measures need to adhere to ethical recruitment principles and respond to the changing demographic profile. Amongst other things, workforce planning may involve examining: the existing and future skill needs of the sector / organization, the availability of workers with regard to their competences / qualifications and the prospects to fill existing and potential skills gaps.

In the healthcare sector HOSPEEM and EPSU agree that full-time work is the general rule, without excluding the choice of working part time.

The social partners recognise the benefit that fixed-term and agency workers bring to the service and should map the potential to integrate them into the workforce.

3.4. Encourage diversity and gender equality in the health workforce

The healthcare workforce should reflect the diversity of the society it cares for.

In order to provide diversity and gender equality in the health care workforce, it is important that existing and future policies provide equal access to work/life balance, career and training facilities.

The majority of health care staff are women, a significant number of whom also currently have caring responsibilities. In order to facilitate the full participation of men and women in the healthcare labour market, health employers and social partners should take measures and develop policies which will improve the work-life balance of workers.

Action is necessary to gender balance the health care sector and to attract more men to take up employment in the health care sector. Social partners should, in addition, explore and promote policies and practices aimed at encouraging participation of under-represented groups in the healthcare workforce.

3.5. Initial training, life-long learning and continuous professional development

A well-trained and motivated workforce will produce better health outcomes and services. In order to facilitate a combination of work and learning, social partners have to take account of a range of options including secondments, on-the-job training, e-learning and other innovative career policies and training methods⁵.

Extending the available career opportunities for workers is critical in the retention of healthcare staff as it can help offer a long term career perspective.

EPSU and HOSPEEM will through their national member organizations promote and support initial training, life-long learning programmes and continuous professional development with a view of ensuring quality of training, up-to date knowledge and competences of staff. Open career paths are to facilitate entry routes for training and qualification of all categories of staff within and in between health care work places.

Social partners should support programmes that assist workers who have undergone training to find jobs corresponding to their newly acquired competences. Social partners should support the development of programmes and initiatives which could help workers to manage their professional lives and make informed decisions about their future career steps and training.

⁴ WHO International recruitment of Health Personnel: Global Code of Practice

⁵ European funding mechanisms may play a role in supporting training and development opportunities for healthcare workers through instruments such as provided by the European Social Fund (ESF), the European Regional Development Fund (ERDF) and the European Globalisation Adjustment Fund (EGF)

3.6. Achieve the safest possible working environment

A healthy and safe work environment will contribute to recruitment and retention. Workforce organization policies at all levels should, thus aim to diminish health and safety risks to enable healthcare workers to perform their jobs in the safest possible working environment.

Sharps Directive⁶

Member States have the legal responsibility to implement the directive. Social partners will play a full role to ensure the proper implementation of this Directive and review the effectiveness of policies introduced.

Multi Sector Guidelines to tackle third party violence and harassment related to work⁷

EPSU and HOSPEEM as social partners will commit to the efficient and full implementation of these guidelines in the health sector and work places.

The social partners in health recognize the negative impact that third-party violence and harassment can have on health workers. It undermines an individual's health, dignity and safety, but also has a very real economic impact in terms of absence from the work place, morale and staff turnover. Third- party violence can also create an environment which is unsafe and even frightening to the public, workers and service users and therefore has a wide negative social impact. It can also undermine the reputation of an organization both in terms of an employer and provider of services.

As a result, social partners agree to work in partnership throughout the implementation and to identify, develop and share models of best practice.

4. IMPLEMENTATION

EPSU and HOSPEEM commit to implement the framework of actions on recruitment and retention and will:

- Collate case studies and consider joint EPSU / HOSPEEM model initiatives in line with chapter 3
- Consider follow- up action on implementation of the code of conduct on ethical cross border recruitment and retention
- Monitor European legislation and other pertinent policies which may impact on recruitment and retention fully.

Signed in Brussels on 17 December 2010

For EPSU



For HOSPEEM



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⁶ Council Directive 2010/32/EU

⁷ European social Dialogue Multi-Sectoral Guidelines to tackle third-party violence and harassment related to work