



RESEARCH PHASE OF THE PROJECT

ANALYSIS AND CONCLUSIONS



ANALYSIS OF PARTICIPATORY SYSTEMS IN THE HEALTH SECTOR IN THE PROJECT PARTNER COUNTRIES

The research phase of the project has been carried out taking into consideration two aspects:

- **The collection of 660 surveys**, on a questionnaire consisting of 10 questions, with closed answers, collected using an online format and during the months of April to June 2020, during the pandemic, for which some answers may be influenced by this situation, and of which it is necessary to point out that:
 - almost **50% of the surveys collected correspond to Italy**, so it will have a great impact on the comparative analysis that will be necessary to qualify;
 - **Spain, Serbia and Macedonia** account for percentages of around **15%**.

- And, **Macedonia** has collected its data outside of the survey prepared for the project. This situation **does not allow us to contrast the questions raised with theirs**, despite the fact that they have prepared their report on the subject.
- **The elaboration of five National Reports**, based on a template that was intended to complement the data obtained from the survey carried out by the professionals of the health sector, with the perspective provided by the experts designated by each country for the elaboration of this national report.



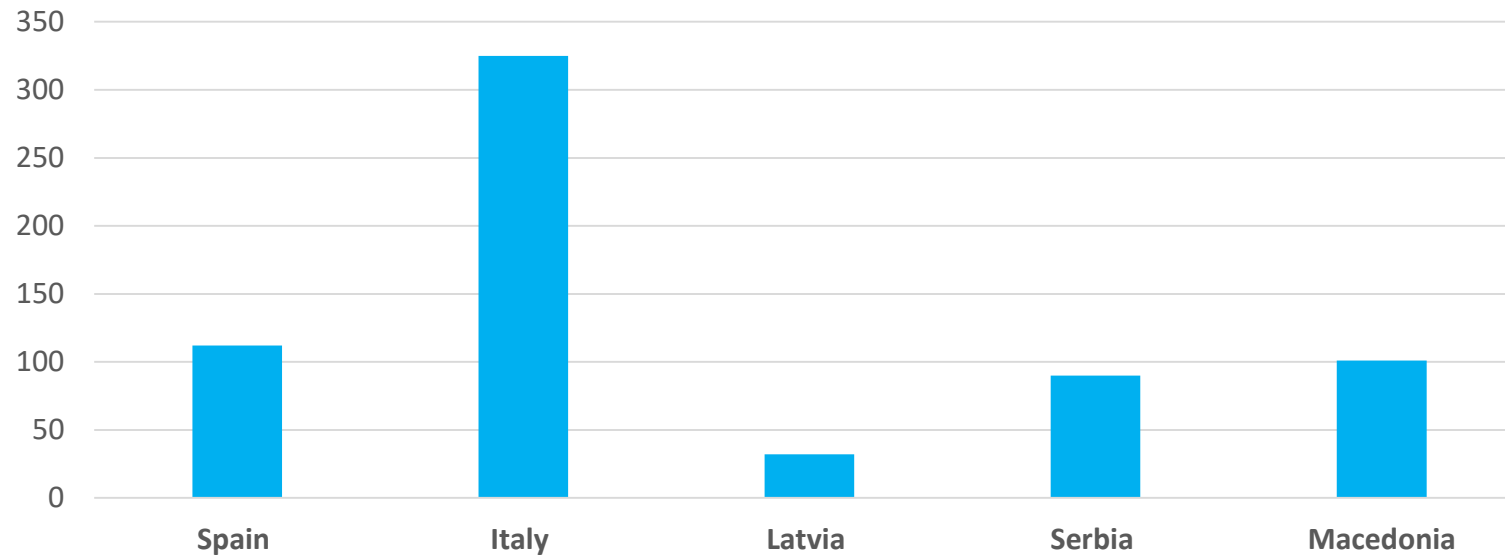
Together

Building the future of worker participation
in health service sector



WITH SUPPORT FROM THE EUROPEAN UNION

660 surveys were collected



	Spain	Italy	Latvia	Serbia	Macedonia*
Surveys	112	325	32	90	101
% over total	17%	49%	5%	14%	15%

Project Research: analysis of the survey and national reports

- Knowledge and implementation of the European Directives on workers' participation.
- Assessment of the role of employee representatives in participation procedures.
- Assessment of participation, as a professional in the health sector, in *training and health and safety* at the workplace.
- Level of worker satisfaction in the workplace: participation in decision-making and professional recognition and motivation.



Knowledge and application of European regulations on *workers' participation* and national regulations on *workers' participation* in the health service sector

STRUCTURE OF THE HEALTH SECTOR

The health service sector is composed of both public health and private health.

- **Spain:** both sectors, public and private, coexist, but with a difference of consideration in terms of the groups that comprise them (statutory civil servants and workers subject to labour legislation). Although it maintains a basic state regulation, it is developed at regional level (Autonomous Regions).
- **Italy:** both public and private sectors coexist, with state and regional competences.
- **Latvia** has a fundamentally public health sector, but with annexed industries in the private sector.

- **Serbia** starts with a state-run health sector, but privatisation is increasingly appearing in the health sector.
- **Macedonia** has both public and private health care.

Knowledge of European regulations

There is widespread ignorance (62%) of the existence of European Directives on workers' participation rights.

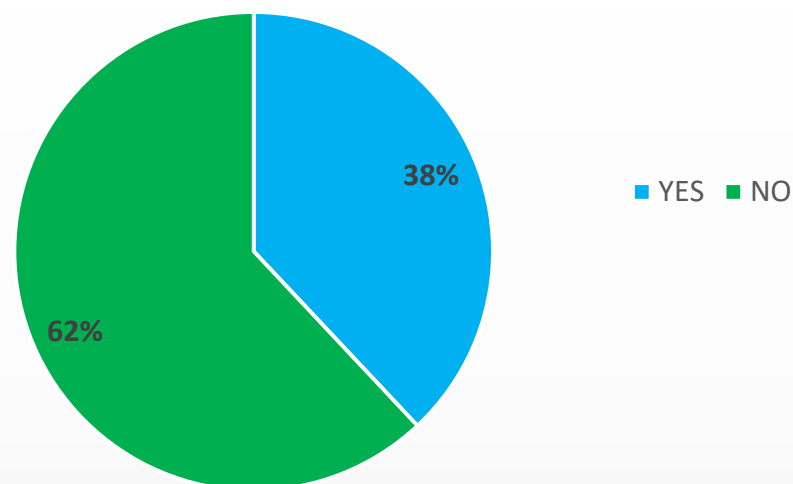
- **Italy** is the least aware of them, 70%.
- **Serbia** is the most aware (57%), although it is still a candidate country and does not yet apply these regulations.

Italy's reasons are that European legislation is ***underestimated*** and national legislation is more important and is applied.

In **Spain**, the reasons are the existence of well-established national legislation that is more complete and protective than European legislation.

In **Serbia**, the reason for its knowledge is the interest in advancing its own legislation with a view to its future integration into the EU.

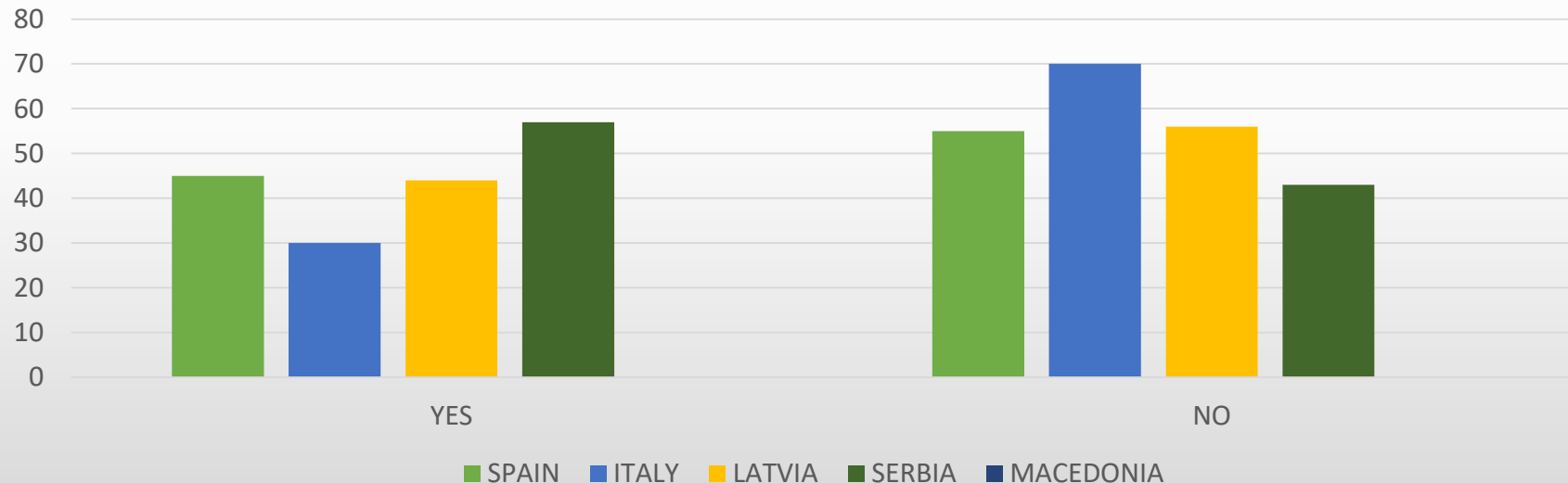
Knowledge of the European regulations



	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	45%	30%	44%	57%		38%
NO	55%	70%	56%	43%		62%

Knowledge of the European regulations

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
KNOWN	45%	30%	44%	57%		38%
NOT KNOWN	55%	70%	56%	43%		62%



The Directives ensure that there is participation

There is a balance between those workers who think that European legislation is sufficient to guarantee employee participation in their companies, 48%, and those who think that it is not, 52%.

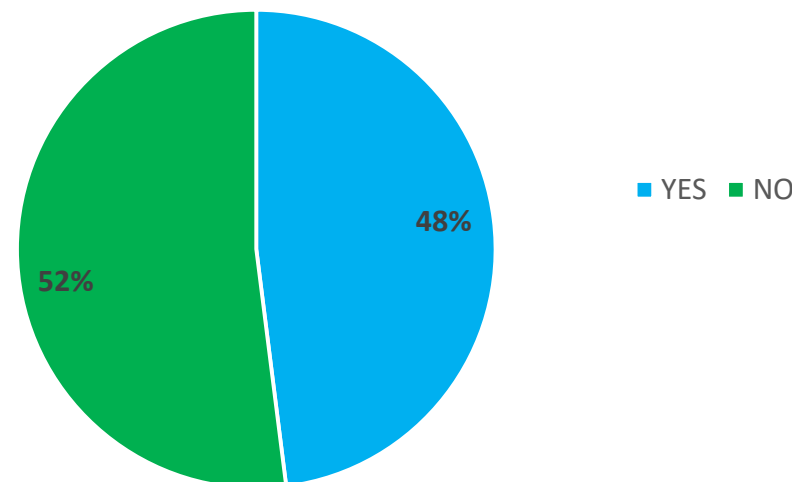
- **Latvia** is the country with the highest level of support for the existence of such a guarantee.
- **Spain** and Serbia are the countries that least believe that European legislation is a guarantee of worker participation.

It is worth highlighting the case of Serbia, which is the most aware of the existence of the European Directives, but is the least likely to believe that they are effective in guaranteeing worker participation.

Italy, despite its lack of knowledge of these Directives, shows a balance in terms of their effectiveness.

The Directives guarantee that participation exists

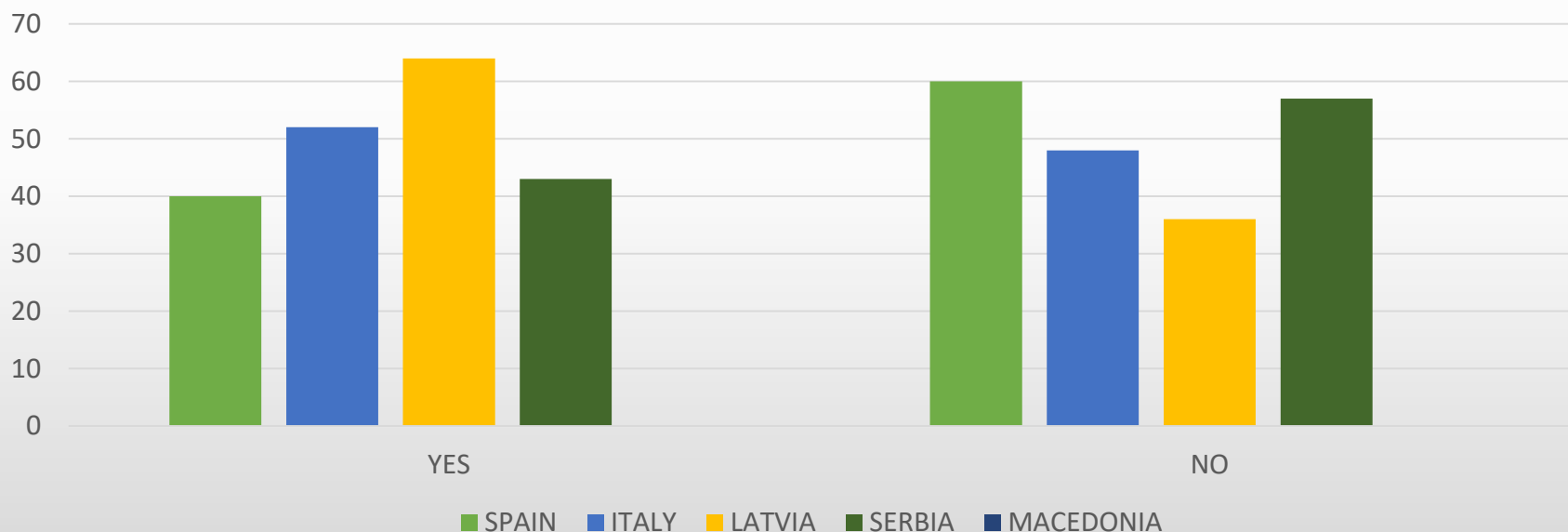
The results are from the 212 respondents, 38% of the total, who answered "YES" to the above question.



	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	40%	52%	64%	43%		48%
NO	60%	48%	36%	57%		52%

The Directives guarantee that participation exists

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	40%	52%	64%	43%		48%
NO	60%	48%	36%	57%		52%



Implementation of Directives in the health sector

Almost half (49%) state that the participation systems are applied in the health sector, although 35% of workers are not aware of it.

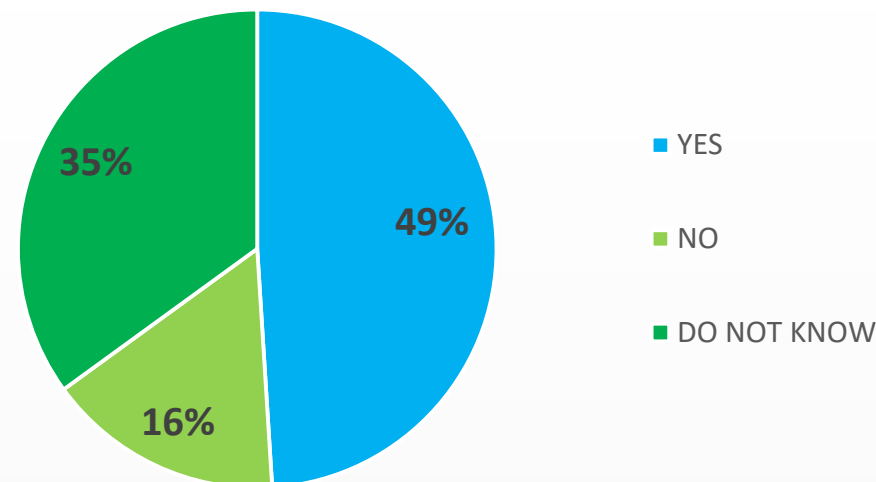
- **Spain**, with 100%, recognises this implementation because it has very advanced legislation on worker participation and has transposed Directive 2002/14.
- **Latvia** is the most unaware of this situation.
- **Serbia and Macedonia** do not apply EU legislation as they are not members of the European Union; however, both countries are incorporating European regulations into their national legislation.

- **Italy** maintains a balance between the three options, with the option of ignorance winning out, although it transposed Directive 2002/14 in 2007.

Italy's reasons for this lack of implementation are that although the Constitution of the Republic recognises the right of workers to ***collaborate***, in reality there is limited participation and there is not enough concrete legislation on these systems that would allow for greater worker participation.

Implementation of the Directives in the health service sector

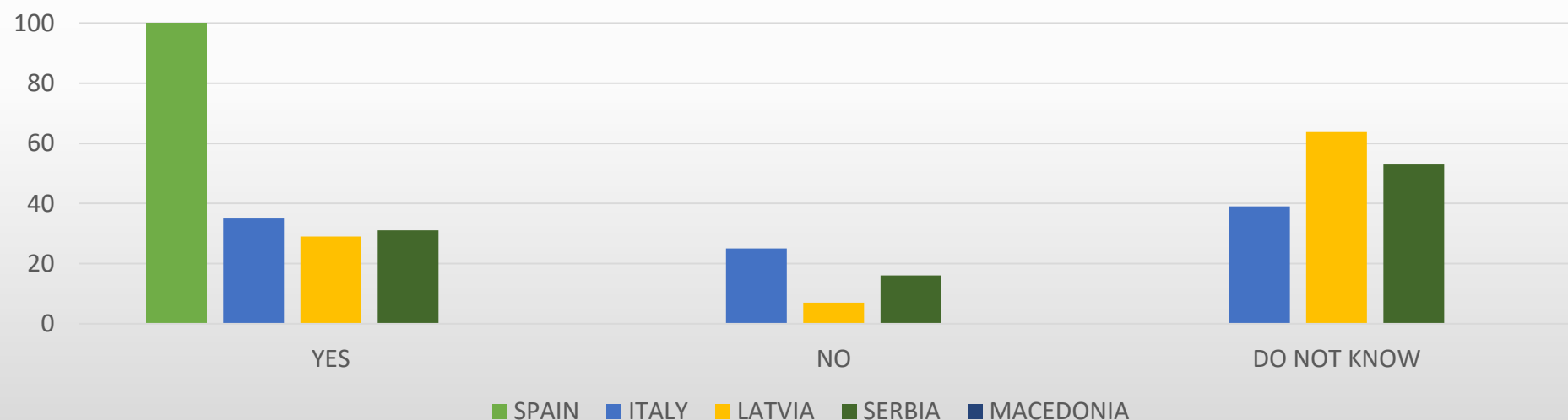
The results are from the 212 respondents, 38% of the total, who answered "YES" to the above question.



	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	100%	35%	29%	31%		49%
NO		26%	7%	16%		16%
NOT KNOWN		39%	64%	53%		35%

Implementation of the Directives in the health service sector

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	100%	35%	29%	31%		49%
NO		26%	7%	16%		16%
NOT KNOWN		39%	64%	53%		35%



Participation regulations exist in the health sector

Although 40% are aware of the existence of their own regulations on employee participation in the health sector, 36% are unaware of their existence and 24% say that they do not.

- In **Spain**, **73%** are aware of their own sectoral regulation. In addition to national legislation, public sector health workers have a specific law: the ***Framework Statute***, with professional and labour regulations; and they have a ***Collective Agreement*** in both public and private health care.
- **Serbia** also recognises (47%) the existence of these specific regulations established by **Law** and ***Collective Agreement***, although there is also a high percentage of ignorance (37%).

- **Italy**, with 50%, and **Latvia**, with 64%, are the countries that are most unaware of the existence of a specific regulation in their professional sector in their country.

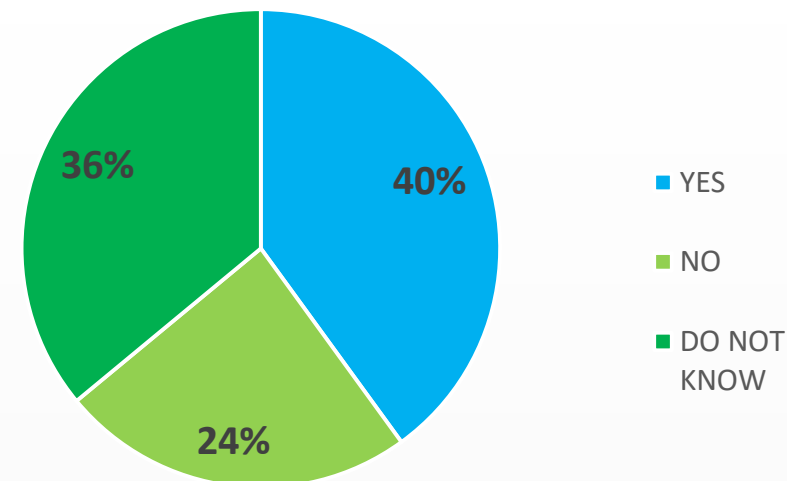
This percentage is surprising in the case of **Italy**, as they have, in addition to national legislation, a ***National Collective Labour Agreement for the Health Sector***, which includes systems for participation in Information, Consultation and Social Dialogue/Collective Bargaining.

In the case of **Latvia**, only 27% of the workers are covered by a ***Collective Agreement***, although 61% are in the health and care services.

- **Macedonia**, on the other hand, has a ***Collective Agreement*** for the Health Sector which would apply to 65% of workers.

Health sector participation regulations

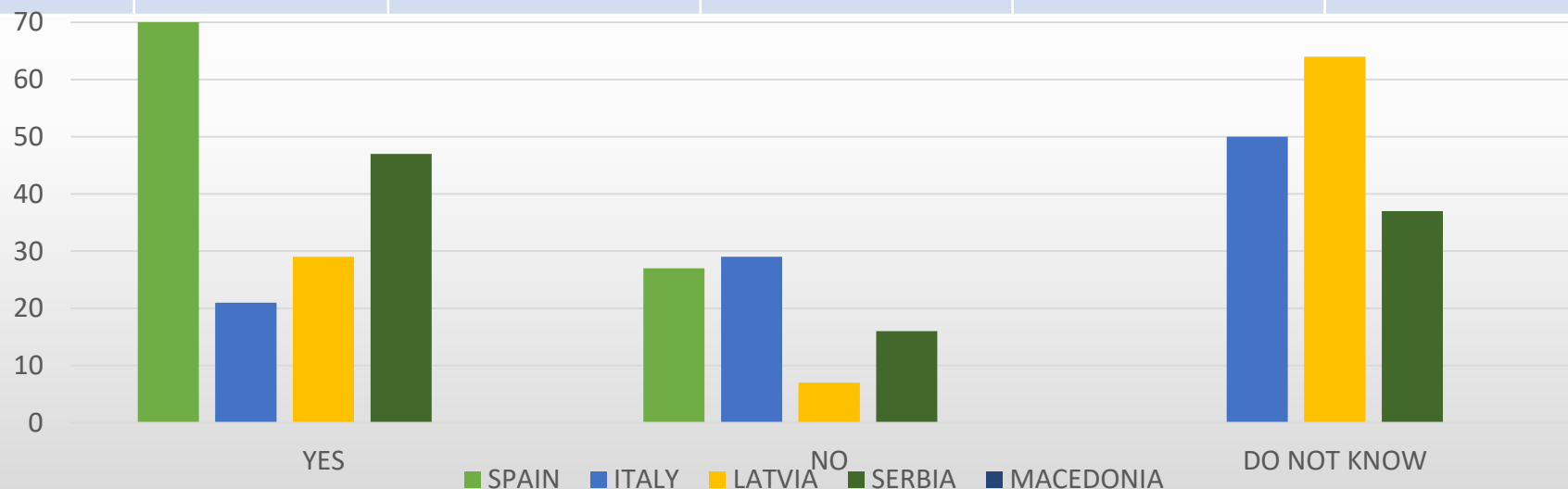
The results are from the 212 respondents, 38% of the total, who answered "YES" to the above question.



	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	73%	21%	29%	47%		40%
NO	27%	29%	7%	16%		24%
NOT KNOWN		50%	64%	37%		36%

Health sector participation regulations

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	73%	21%	29%	47%		40%
NO	27%	29%	7%	16%		24%
NOT KNOWN		50%	64%	37%		36%



Assessment of the role of workers representatives and trade unions in the *participation procedures*

The Participation procedures analysed are information and consultation,
with the following aspects:

- **Spain:** the existing regulation in both cases is at State level and is much more extensive than the European regulations, especially in the matters subject to information and consultation, which extend to aspects such as: productivity, absenteeism, equality, organisation, etc.
- **Italy:** its regulation is at State level and is the result of the transposition of Directive 2002/14, and is applied in workplaces with 50 or more workers and in the matters regulated by the Directive and the *National Collective Agreement for Workers in the Health Sector*.

The consultation phase takes place because it is required by law in situations of crisis in the company and with little possibility of modifying situations.

- **Macedonia** has a system for informing workers representatives, but it is very deficient.

- **Serbia** regulates by law the right of trade unions to be informed by the employer and participation in decision-making is through the management and supervisory boards, where workers participate.

Both information and consultation is carried out through:

- **Spain and Italy:** workers' representative bodies and trade unions, indistinctly.
- **Latvia:** professional associations and trade unions.
- **Serbia and Macedonia:** trade unions

Participation in occupational health and safety issues is carried out with specific legislation and representatives in charge of occupational risk prevention in Spain, Italy and Serbia.

In addition to information and consultation, **there are other systems of participation:**

- **Spain:** collective bargaining and social dialogue; strike; mediation and arbitration systems and institutional participation.
- **Italy:** collective bargaining and social dialogue; strike; mediation and arbitration systems; boards of directors and participation in the company's shareholding structure and profits.
- **Latvia:** tripartite collective bargaining.
- **Serbia:** collective bargaining and social dialogue; strike action; and mediation and arbitration systems.
- **Macedonia:** collective bargaining.

Assessment of the **INFORMATION** System

In general, the Information provided by the employer procedure is well considered: 59% compared to 32% (9% are not aware of it).

- **It is useful for 27%**, with **Italy's 54%** being the highest.
- **Adequate for 32%**, with a higher average in Spain, 41%.
- **Not suitable for 32%**, with a higher average in Macedonia, with 67%.
- **And it is an unknown element for only 9%**, although in this option the high percentage of **Latvia, 22%**, should be considered.

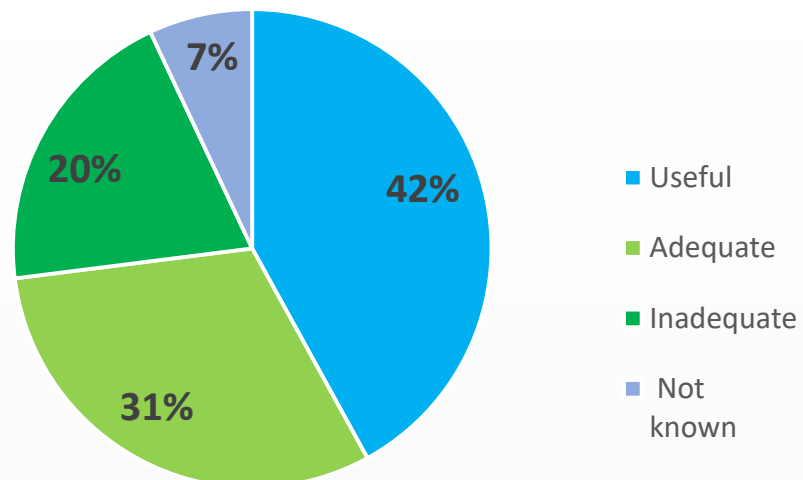
If we jointly evaluate the options in favour of the information system (useful and adequate), as opposed to the unfavourable option (not adequate), we can see that:

59% of respondents think favourably about the Information system (73% without the negative data from Macedonia), compared to 32% who would do so unfavourably.

By country:

- **Italy: 83, favourable**, compared to 15 unfavourable.
- **Serbia: 63, favourable**, compared to 21 unfavourable
- **Spain: 56 favourable, compared to 33 unfavourable**; and
- **Latvia: 53 favourable**, compared to 25 unfavourable, but with 22% unfamiliarity with the system.
- **Macedonia: 33% favourable**, compared to **67% unfavourable**.

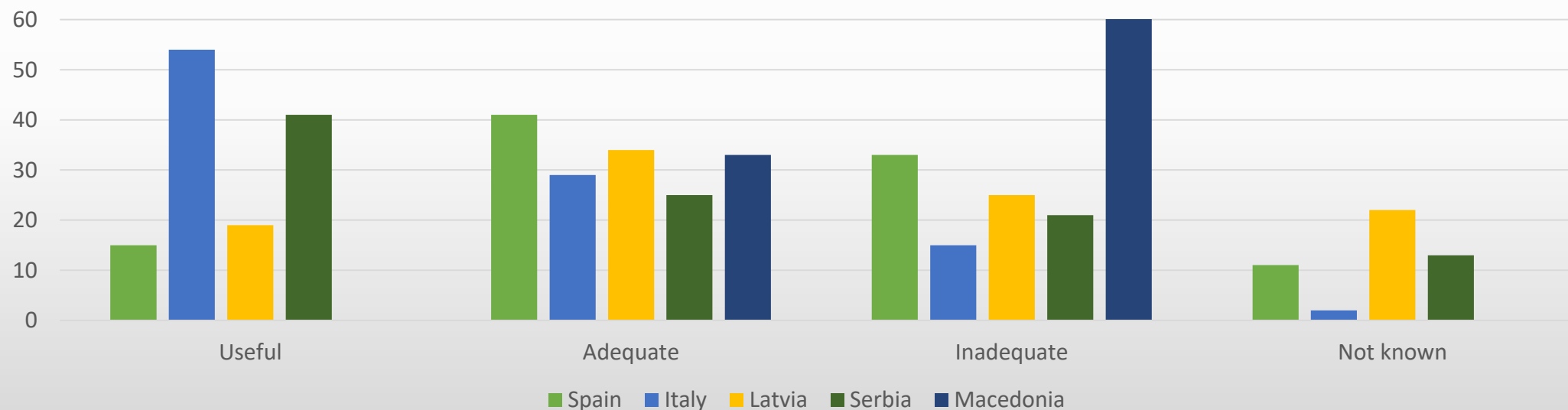
Assessment of the INFORMATION System



	Spain	Italy	Latvia	Serbia	Macedonia	% of total
Useful	15%	54%	19%	41%		42%
Adequate	41%	29%	34%	25%		31%
Inadequate	33%	15%	25%	21%		20%
Not known	11%	2%	22%	13%		7%

Assessment of the INFORMATION System

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
Useful	15%	54%	19%	41%		42%
Adequate	41%	29%	34%	25%	33%	31%
Inadequate	33%	15%	25%	21%	67%	20%
Not known	11%	2%	22%	13%		7%



Assessment of the **CONSULTATION** System

The consultation procedure with the employer is less well regarded than the information procedure (without Macedonia, which does not provide data on this procedure):

- **It is useful for 31%** (compared to 42% for Information); with **Italy's** 43% standing out as the highest figure.
- **Adequate for 30%** (like Information), with a higher average in Spain, 38%.
- **Not adequate for 30%** (similar to Information), higher in Spain and Serbia, at around 50%.
- **And it is an unknown factor for only 9%**, although, again, with a very high percentage in **Latvia, 44%** (twice as high as in the Information system).

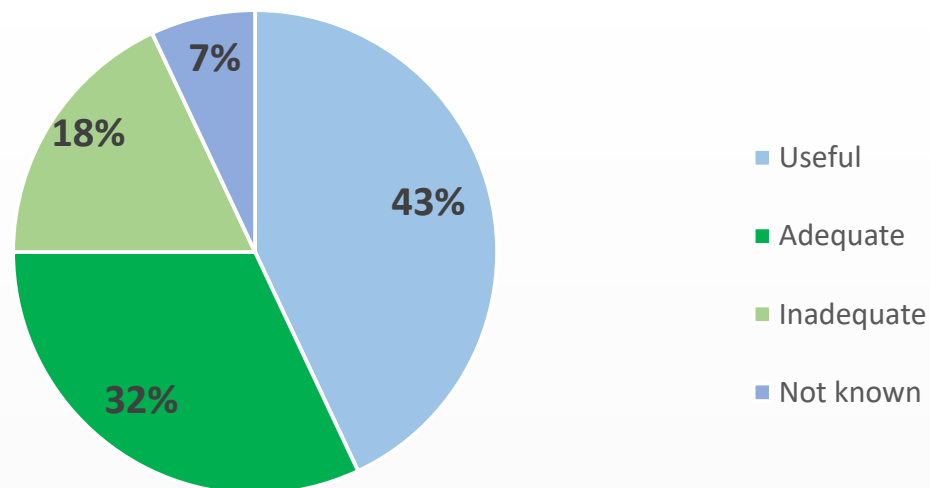
If we jointly evaluate the options in favour of the consultation system (useful and adequate), as opposed to the unfavourable option (not adequate), we can see that:

61% take a favourable view of the consultation system, compared to 30% who would take an unfavourable view. [Similar numbers to those collected for information.]

By country:

- **Italy: 75, favourable**, compared to 18 unfavourable.
- **Serbia: 49, favourable, compared to 46 unfavourable**
- **Spain: 38 favourable, compared to 51 unfavourable; and**
- **Latvia: 35 favourable**, compared to 22 unfavourable, but with a **44% lack of knowledge about this system.**

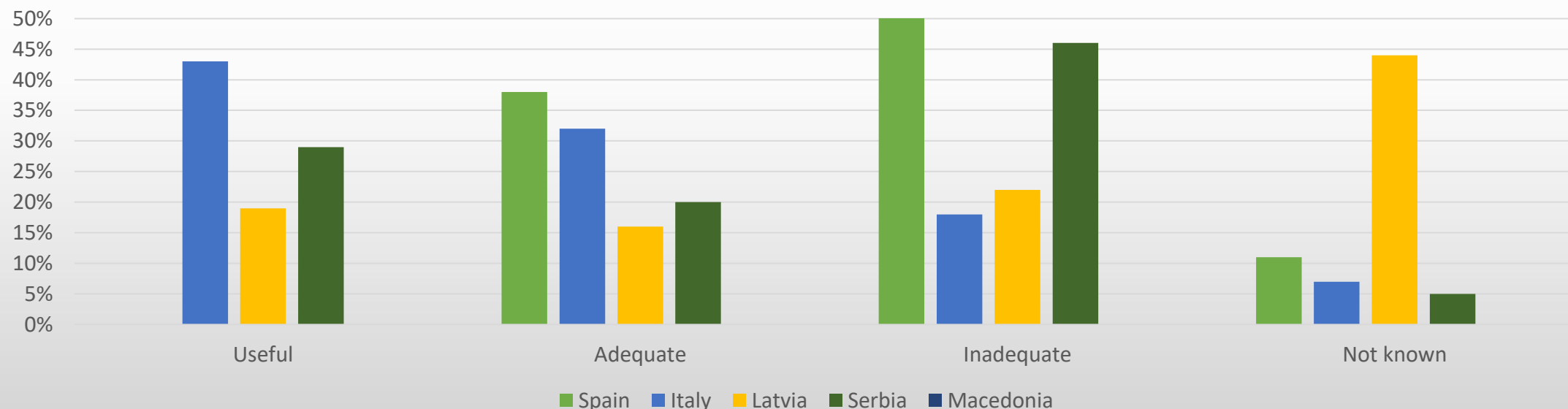
Assessment of the CONSULTATION System



	Spain	Italy	Latvia	Serbia	Macedonia	% of total
Useful	0%	43%	19%	29%		31%
Adequate	38%	32%	16%	20%		30%
Inadequate	51%	18%	22%	46%		30%
Not known	11%	7%	44%	5%		9%

Assessment of the CONSULTATION System

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
Useful	0%	43%	19%	29%		31%
Adequate	38%	32%	16%	20%		30%
Inadequate	51%	18%	22%	46%		30%
Not known	11%	7%	44%	5%		9%



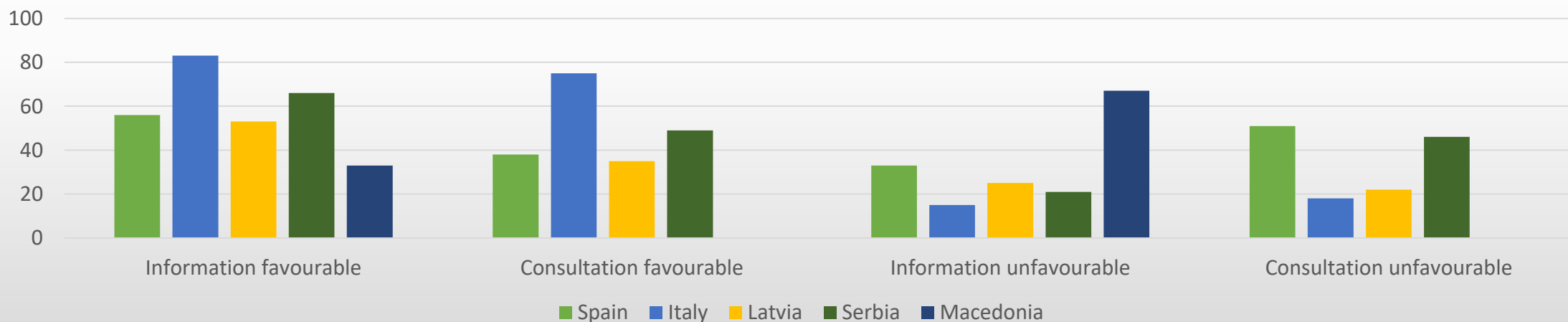
Comparative assessment Information/Consultations

If we compare both procedures, we see that **the consultation system is 2% better rated than the information system** [due to the impact of the poor rating of the information procedure in Macedonia (-67%), which does not provide data on consultation].

- **Italy** rates Information more positively, 8%: from 83% to 75%.
- **Serbia, Spain and Latvia** rank consultation 18% lower than Information in terms of their rating.
- Almost half of workers in **Spain** (51%) and **Serbia** (46%) rate Consultation unfavourably.
- 44% of **Latvian** respondents do not know what the consultation system is like in their country and 22% do not know what the information system is like in their country.

Comparative assessment Information/Consultations

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
Information +	56	83	53	66	33	59
Consultation +	38	75	35	49		61
Information -	33	15	25	21	67	32
Consultation -	51	18	22	46		30



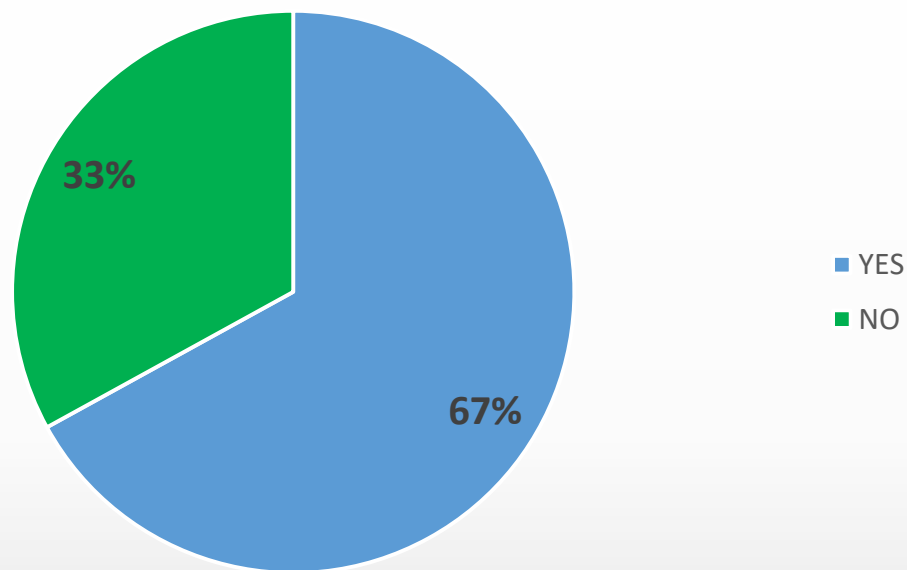
Assessment of the information provided to workers

67% of workers consider that they are correctly informed by their union or representatives about the information and consultation systems with the employer.

- Above this percentage is **Italy**, which is above the average of countries such as Spain and Latvia (45%),
- **Spain, Latvia and Macedonia** are the countries that inform workers the least.

The case of **Spain** is striking, where workers have representatives in all workplaces and where this representative tradition exists.

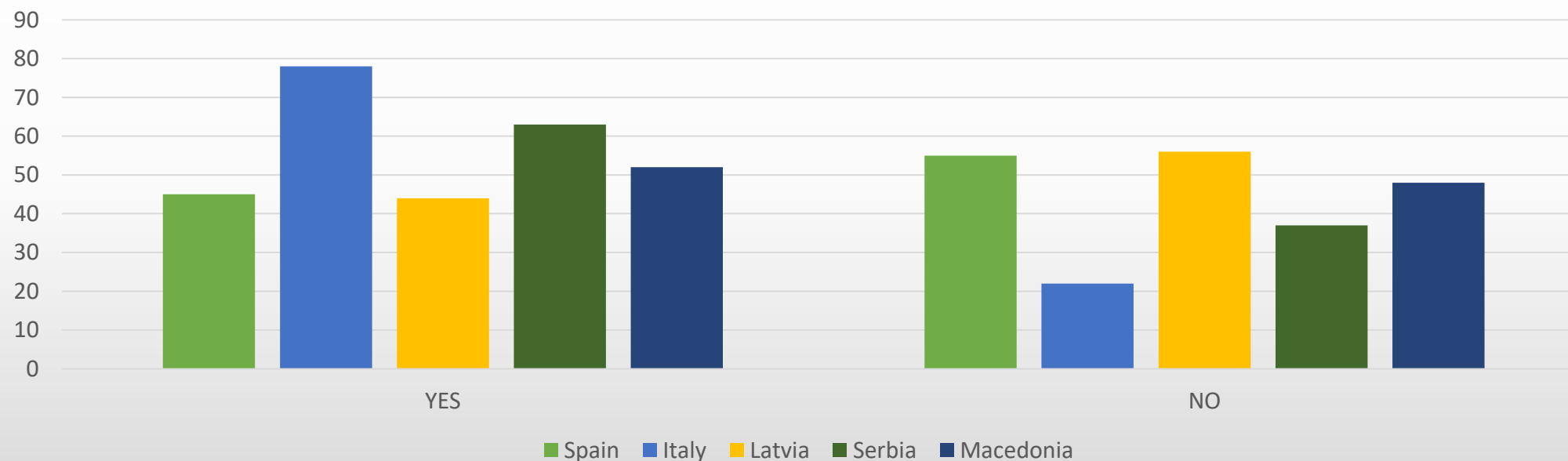
Assessment of the information provided to workers



	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	45%	78%	44%	63%	52%	67%
NO	55%	22%	56%	37%	48%	33%

Assessment of the information provided to workers

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	45%	78%	44%	63%	52%	67%
NO	55%	22%	56%	37%	48%	33%



Problem solving by the worker

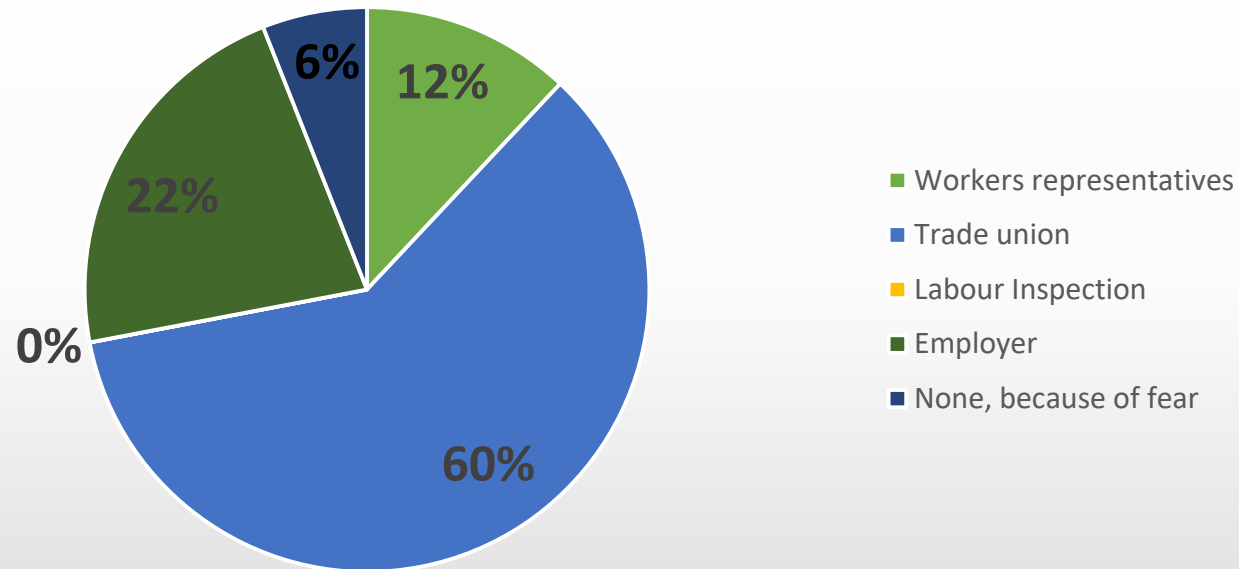
The worker tries to solve his/her problems through:

- **Trade unions, 60%:** with the percentages in Italy and Serbia (65%) standing out = trust in the trade union.
- **Directly with the employer, 22%,** up to 75% in the case of Latvia.
- And 12% through workers' representative bodies (in Spain, 23%).

It seems significant to us to highlight:

- The lack of incidence of the Labour Inspectorate,
- and the almost non-existent "fear of reprisals", which only occurs in Italy and Serbia, in percentages of 7%.

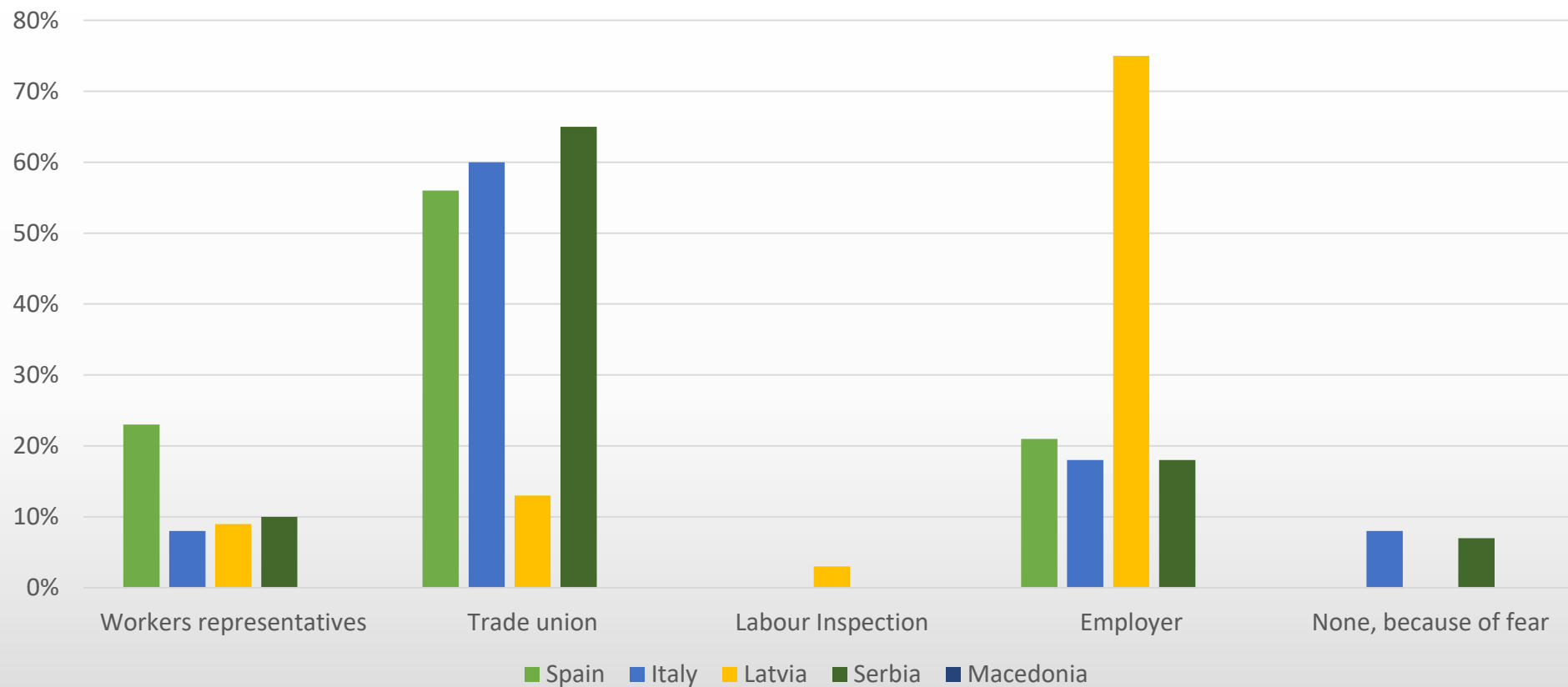
Through which organisation does the worker solve his or her problems?



Problem solving by the worker

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
Workers representatives	23%	8%	9%	10%		12%
Trade union	56%	60%	13%	65%		60%
Labour Inspection	0%	0%	3%	0%		0%
Employer	21%	18%	75%	18%		22%
None, because of fear	0%	8%	0%	7%		6%

Problem solving by the worker



Direct participation of the workers in decision making related to professional and/or work-related issues.

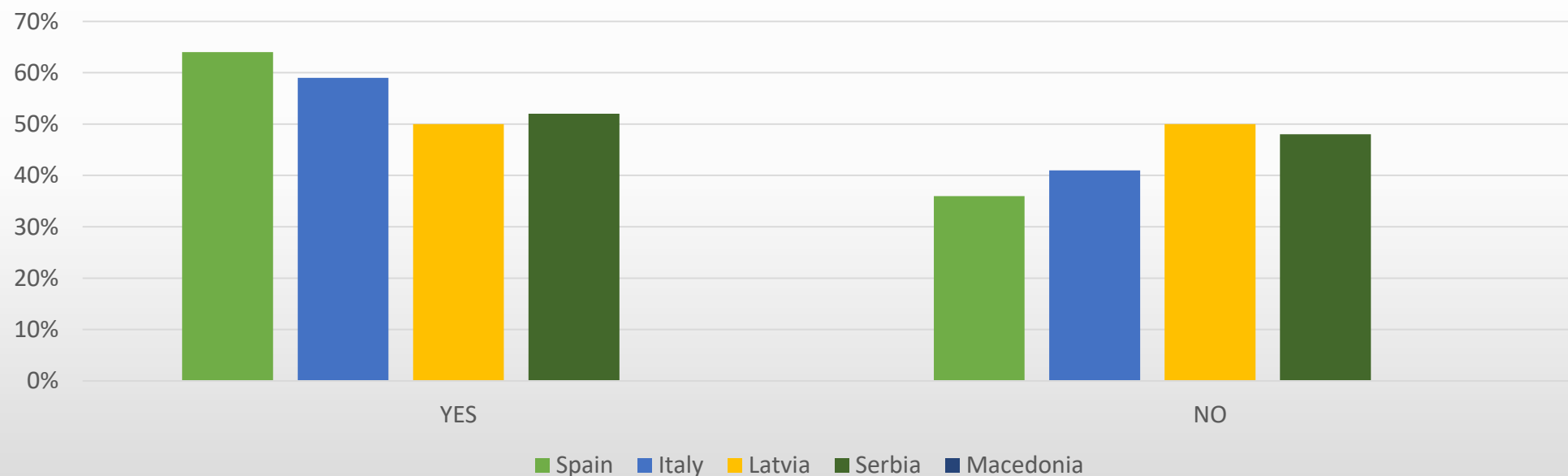
Problem solving by the worker

58% of workers participate in the company's preventive actions and receive training in this area; and 65% receive at least one annual medical check-up.

- Participation in preventive actions and training is highest in **Spain and Italy**.
- And health checks in **Spain** (100% because it is regulated by law as a worker's right) and in Latvia (84%).
- As for the frequency with which health and safety training courses are received, this **is adequate for 62%, with 94% in Latvia**, compared to 51% in **Spain**, which has the most negative data in this area.

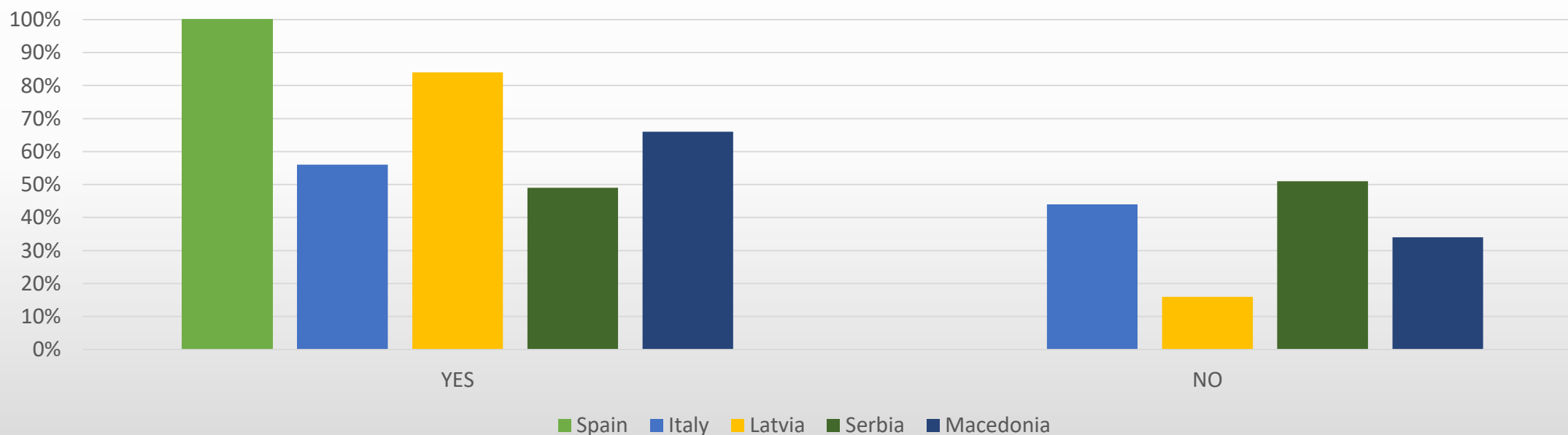
Health and safety preventive action

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	64%	59%	50%	52%		58%
NO	36%	41%	50%	48%		42%



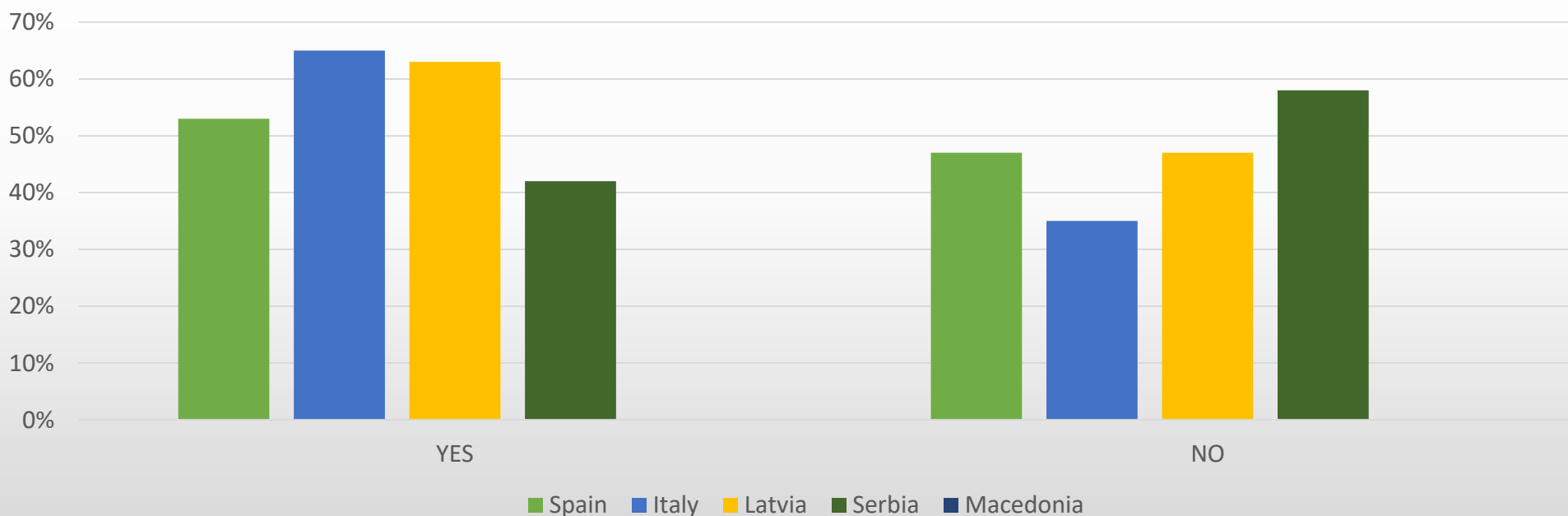
Health and safety monitoring

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	100%	56%	84%	49%	66%	65%
NO		44%	16%	51%	34%	35%

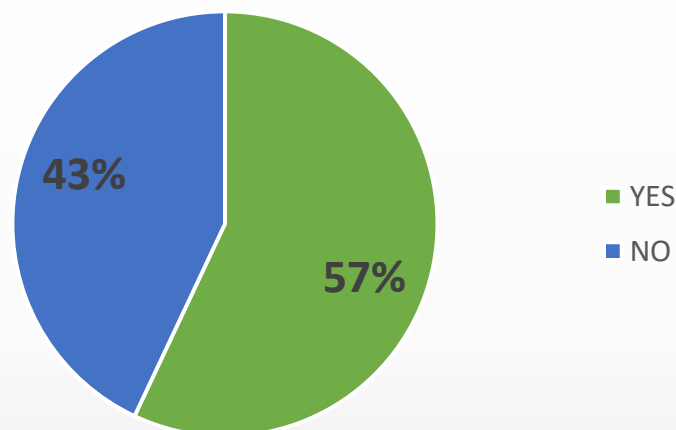


Health and safety training

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	53%	65%	63%	42%		58%
NO	47%	35%	47%	58%		42%



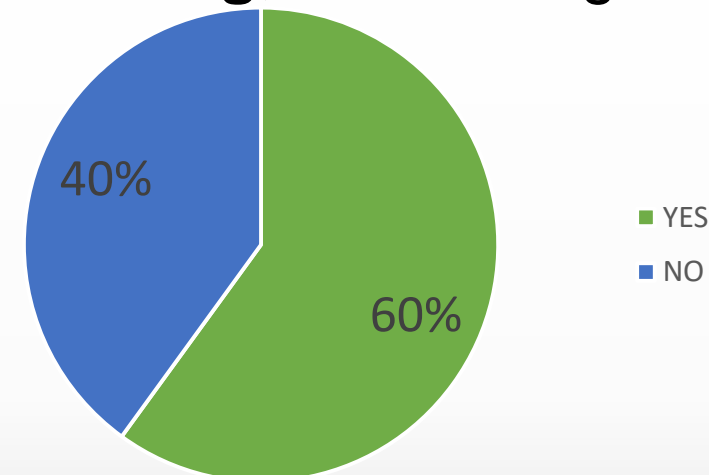
In general, all aspects of ***health and safety in the workplace*** are adequately addressed in all countries, although there is room for improvement in a number of areas.
57% believe that their workplace has **good health and safety conditions**.



	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	78%	47%	88%	54%		57%
NO	22%	53%	12%	46%		43%

Participation in vocational training: retraining and adaptation of competences or skills

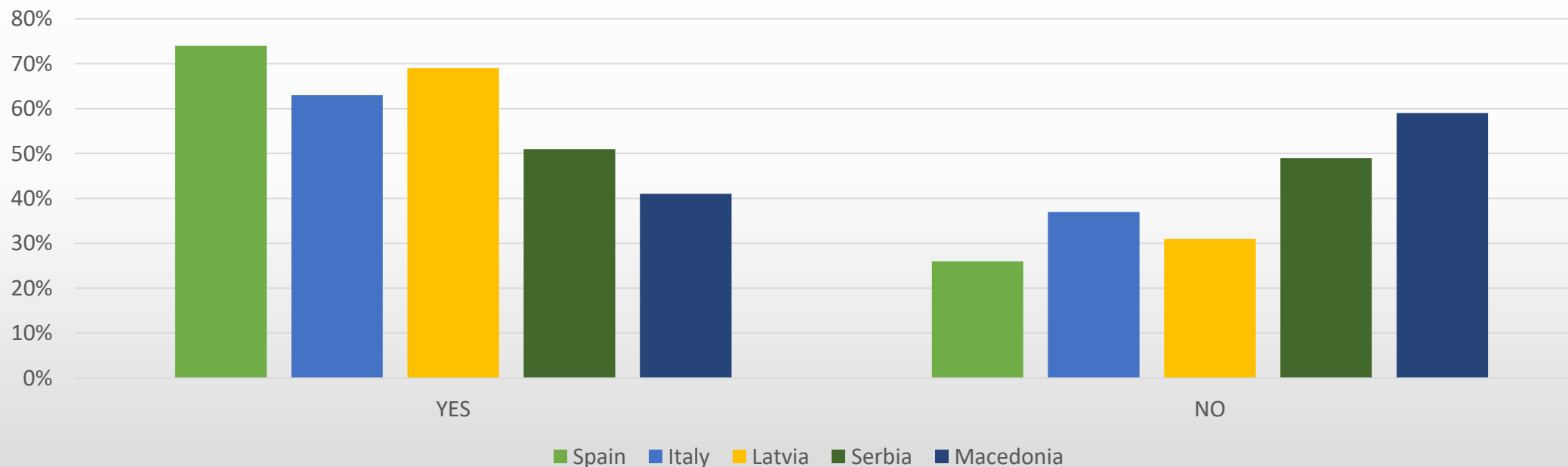
60% receive retraining and vocational adaptation training, with the highest percentages in Spain (74%), Latvia (69%) and Italy (63%); compared to the lowest percentage in Macedonia, 59% do not receive this training and the existence of a balance in the case of Serbia.



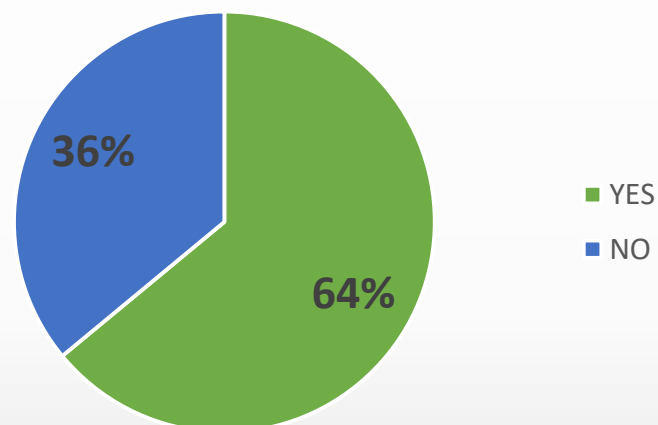
	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	74%	63%	69%	51%	41%	60%
NO	26%	37%	31%	49%	59%	40%

Vocational training: retraining and adaptation

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	74%	63%	69%	51%	41%	60%
NO	26%	37%	31%	49%	59%	40%

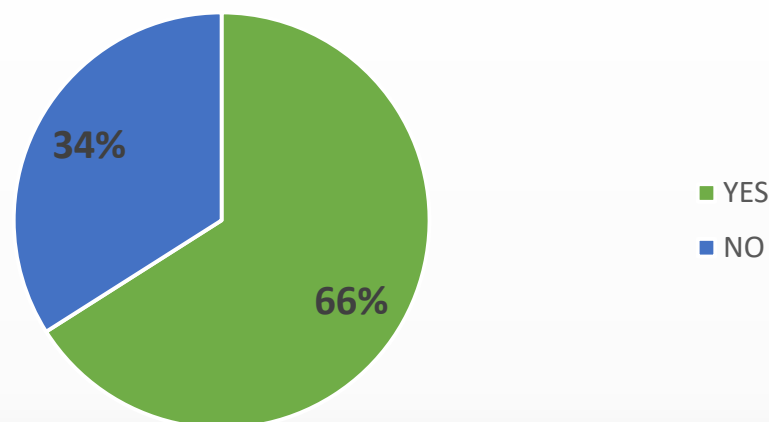


This training is **appropriate to their professional profile for 64%**. However, if we consider only the percentages for Italy, Latvia and Serbia, this percentage rises to 80%. The average is lower in **Spain**, where 70% of workers believe that it is not adequate.



	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	30%	73%	82%	78%		64%
NO	70%	27%	18%	22%		34%

As for the **frequency of delivery**, it is correct for **66%** (with higher percentages for Serbia, 72% and Latvia, 77%).



	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	65%	64%	77%	72%		66%
NO	35%	36%	23%	28%		34%

In the case of **Spain**, there seems to be an inconsistency in the data, since while 65% rate the frequency of vocational training as adequate, only 30% believe that the type of training is appropriate to the professional needs of the worker.

CONCLUSIONS

on

awareness and application of

the workers participation regulation

1) There is a high level of lack of knowledge about the worker's right to participate in decision-making in the workplace and about the systems of such participation at both European and national level:

- **European regulations** on workers' participation rights **are unknown to 62%** and 35%, do not know if they apply in the health sector (49% recognise their application compared to 16% who say they do not apply).
- **36% are unaware of their specific regulations** on employee involvement in the health sector.

2) The systems of participation, information and consultation are rated negatively by 30% of the workers; therefore, there is clearly room for improvement.

- **Almost half of the workers (52%) believe that European regulations do not guarantee the participation of workers in their companies.**
- **The information system is rated positively by 59%.**
- **And the consultation system by 61%.**

3) The role played by trade unions in terms of their relationship with workers can be improved: more than 30% of workers would question the communication and information systems of trade unions or their trust in them.

- **33% of workers do not consider themselves correctly informed by their union or representatives** about the information and consultation systems in place with the employer.
- **And up to 40% do not channel the solution of their problems through trade unions** (although 60% do, and 72% if we add trade unions and workers' representatives together), with up to 22% of workers using the conversation directly with the employer.

ANALYSIS OF THE LEVEL OF **SATISFACTION AND** **MOTIVATION OF HEALTH CARE** **WORKERS**

Level of personal satisfaction **on participation in decision-making** **at the workplace**

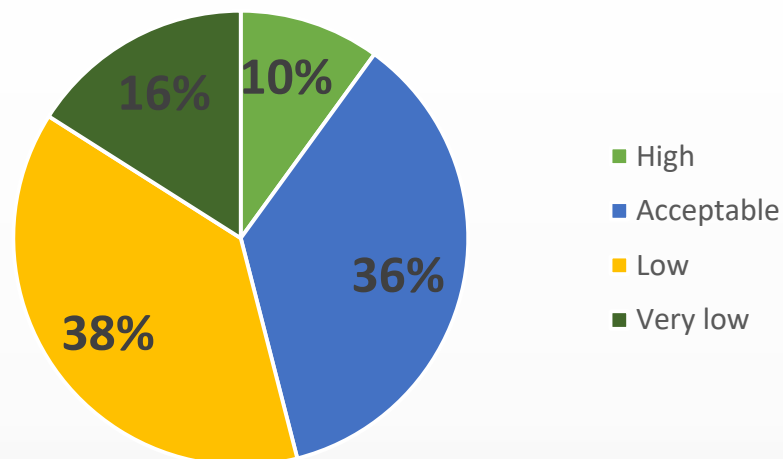
Satisfaction on overall participation

54% of employees rate their satisfaction with their participation in decision-making in their workplace negatively: low for 38% and very low for 16%.

For 36% this degree of satisfaction is acceptable and for only 10% the degree of satisfaction is high.

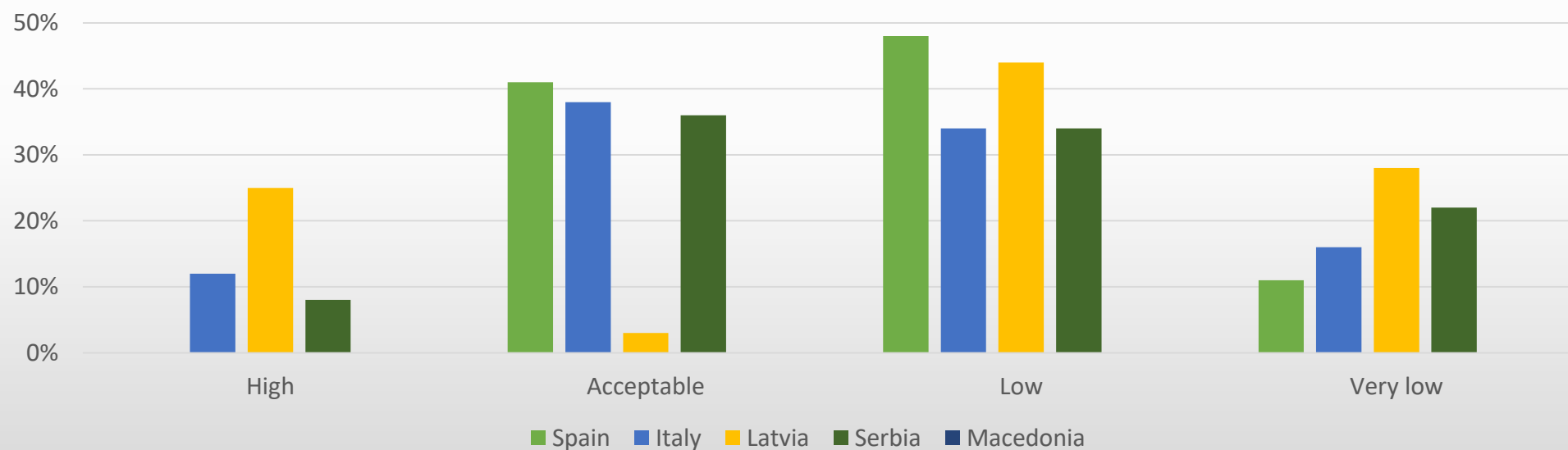
- The lowest percentages are in **Spain** (60%) and Latvia (72%).
- **Italy** shows a balance between positive (acceptable/high) and negative (low/very low) ratings.
- **Serbia** keeps the percentages of acceptable and low equal, but tilts towards the negative, with 22% of workers opting for the "very low" option, compared to 8% for the "high".

Level of personal satisfaction of participation in decision making in the company



	Spain	Italy	Latvia	Serbia	Macedonia	% of total
High	0%	12%	25%	8%		10%
Acceptable	41%	38%	3%	36%		36%
Low	48%	34%	44%	34%		38%
Very low	11%	16%	28%	22%		16%

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
High	0%	12%	25%	8%		10%
Acceptable	41%	38%	3%	36%		36%
Low	48%	34%	44%	34%		38%
Very low	11%	16%	28%	22%		16%



Satisfaction on participation in occupational health

53% believe that their participation in health and safety matters is NOT ADEQUATE, compared to 47% who think that it is (up to 63% in Spain).

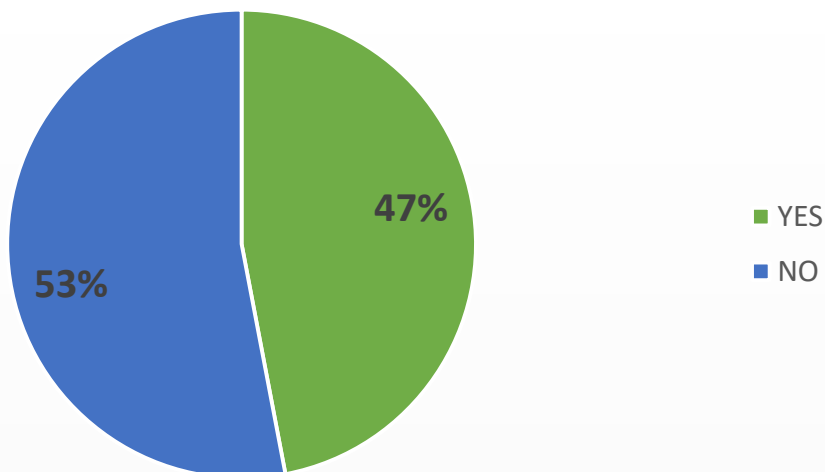
If we refer to

, these percentages are higher: 58% believe that their participation is adequate, 11% more than the general participation in health and safety.

11% more than for general participation in health and safety].

Serbia states in its report that the low participation data on health and safety could be due to the fact that they were collected during the most critical moment of the first wave of the pandemic, when there was no PPE and a lot of exposure to risks.

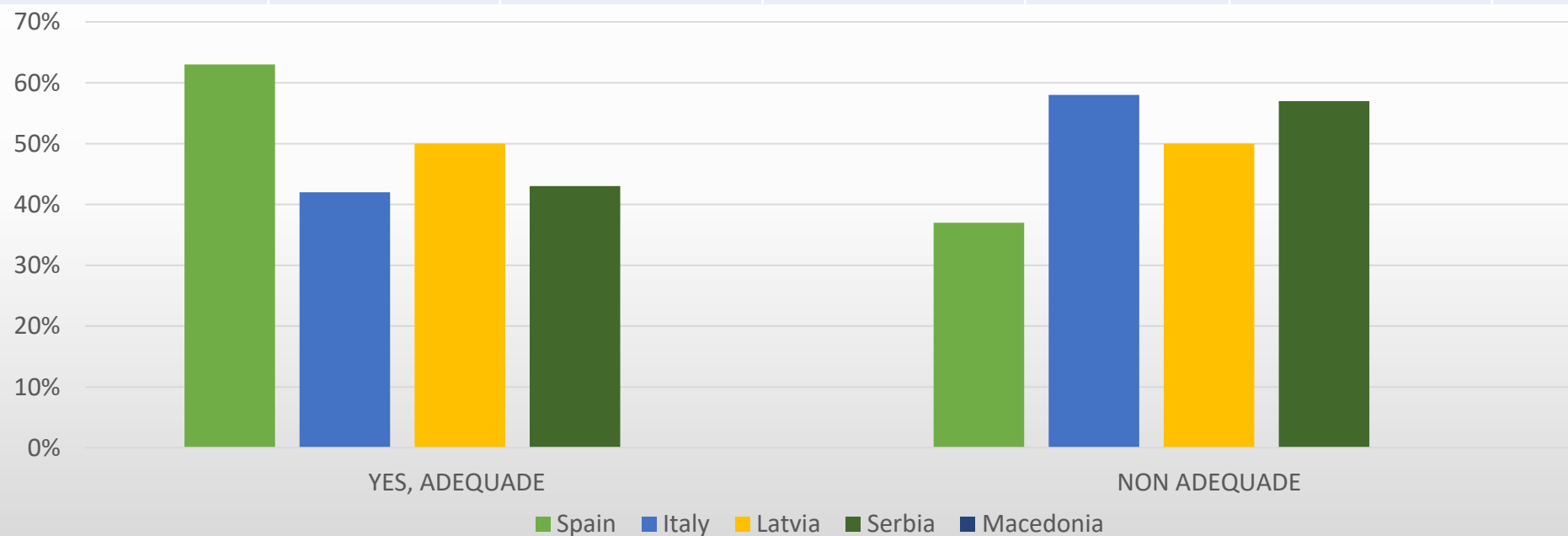
Satisfaction on participation in occupational health and safety



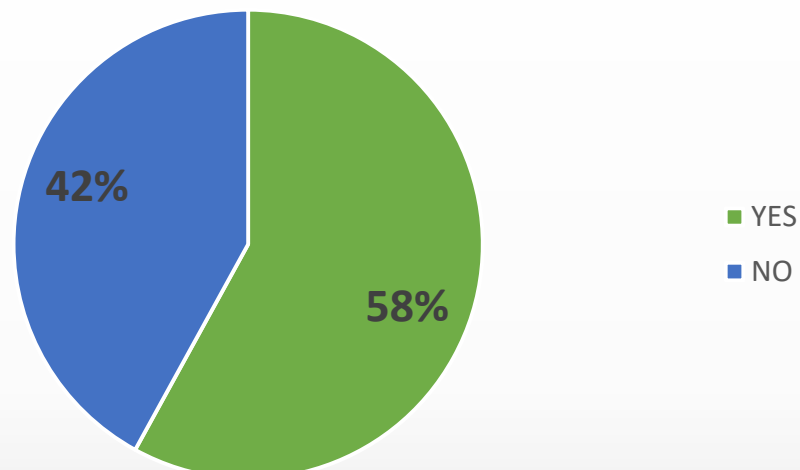
	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	63%	42%	50%	43%		47%
NO	37%	58%	50%	57%		53%

Satisfaction on participation in occupational health

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	63%	42%	50%	43%		47%
NO	37%	58%	50%	57%		53%



Satisfaction on participation in preventive or training activities on safety and health at the workplace



	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	64%	59%	50%	52%		58%
NO	36%	41%	50%	48%		42%

If we compare the data on **health workers' satisfaction** with their overall participation in health and safety, we see that the overall results are the same (46-47%, acceptable/high participation and 53%, low/very low participation), but not the results for each country:

- **Italy** would be **less satisfied** with its participation in Occupational Health: 58% versus 50% in its overall participation.
- **Latvia and Spain are more satisfied with their participation** in occupational health and safety issues: 50% vs. 28%, Latvia and 63% vs. 41%, Spain.
- **Serbia** maintains the same percentages in both cases.

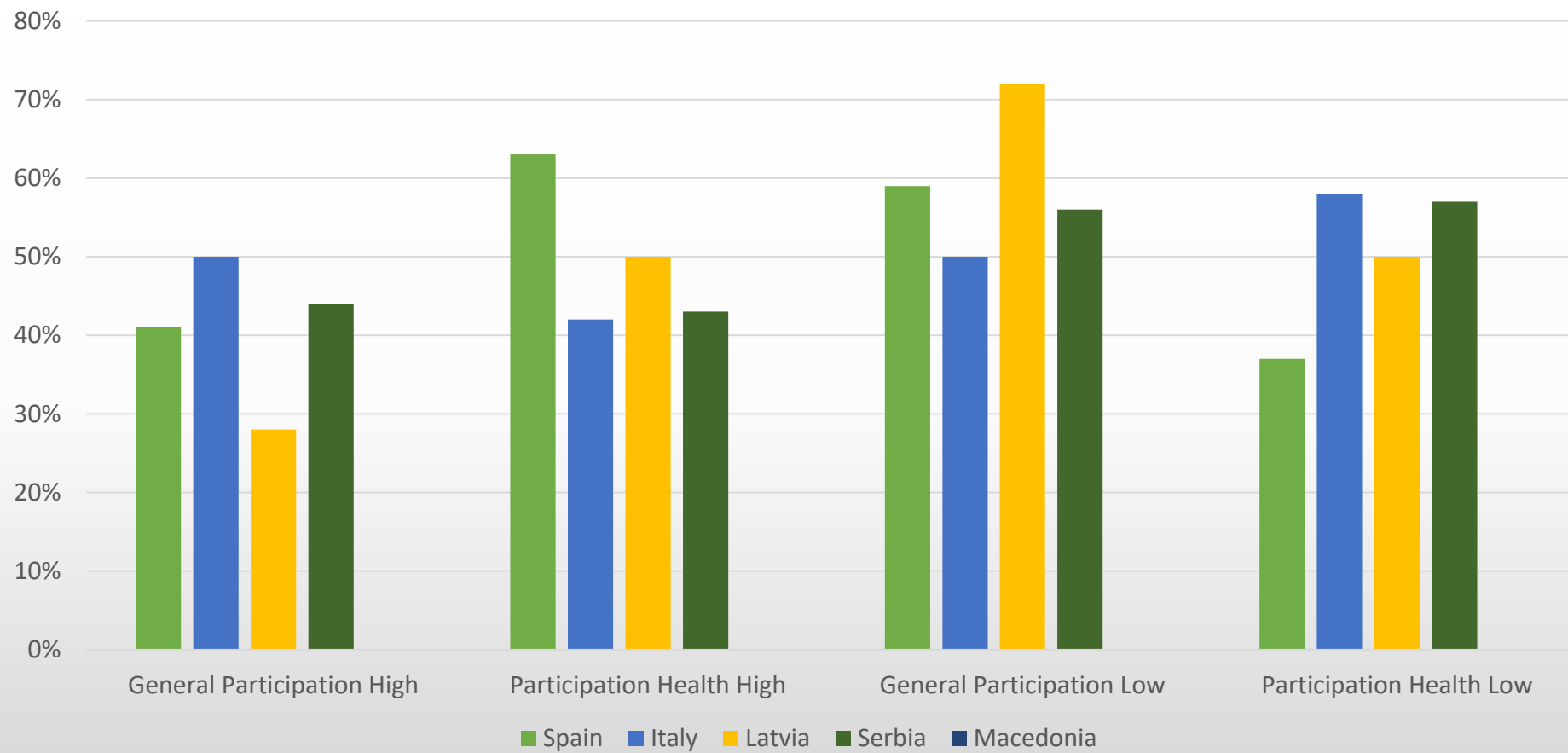
Satisfaction on participation in preventive or training activities on safety and health at the workplace

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
High/Acceptable	41%	50%	28%	44%		46%
Low/Very low						
High/Acceptable	59%	50%	72%	56%		54%
Low/Very low						

Satisfaction on participation in preventive or training activities on safety and health at the workplace

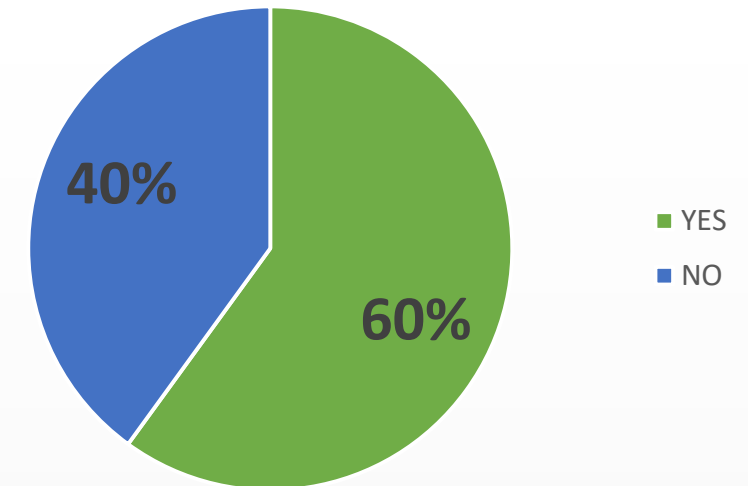
	Spain	Italy	Latvia	Serbia	Macedonia	% of total
Adequate	63%	42%	50%	43%		47%
Not adequate	37%	58%	50%	57%		53%

Comparison of general participation / health and safety



Satisfaction on participation in training: retraining and adaptation of competences or skills

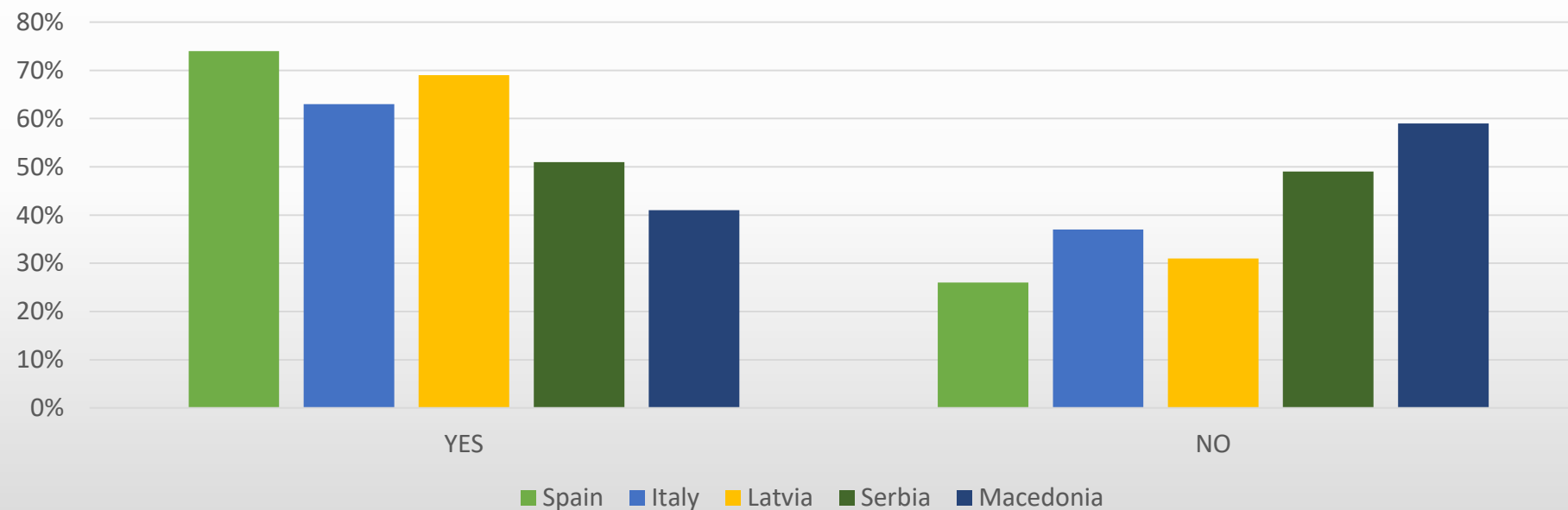
Although 60% receive adaptive skills training; with Spain (74%), Latvia (69%) and Italy (63%) standing out; compared to the lowest in Macedonia, 59% of respondents do not receive such training and the balance in the case of Serbia.



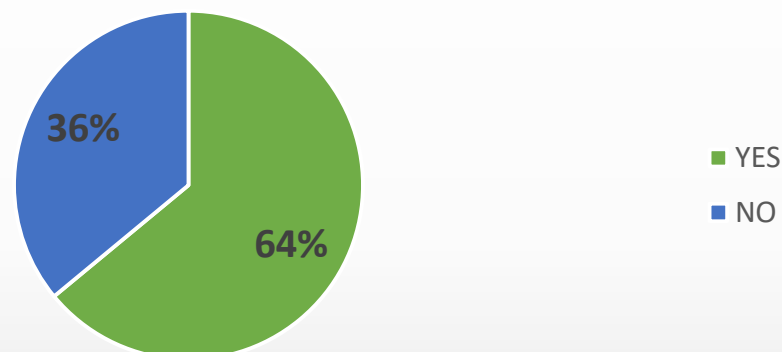
	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	74%	63%	69%	51%	41%	60%
NO	26%	37%	31%	49%	59%	40%

Vocational training: retraining and adaptation

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	74%	63%	69%	51%	41%	60%
NO	26%	37%	31%	49%	59%	40%

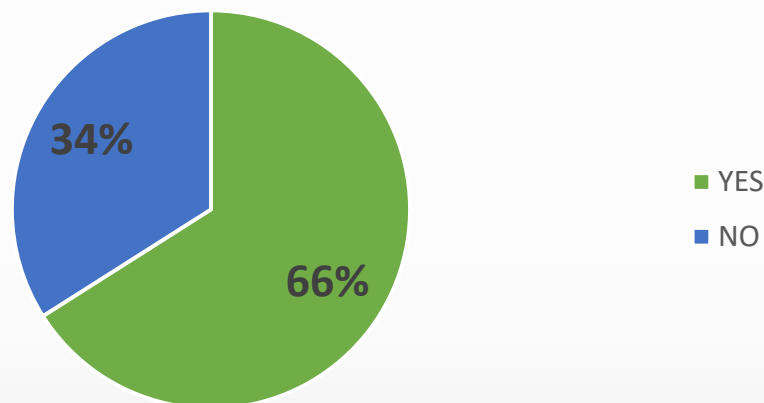


36% are dissatisfied with its suitability for their professional profile.
Spain stands out, where 70% of workers believe that it is not adequate.



	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	30%	73%	82%	78%		64%
NO	70%	27%	18%	22%		36%

34% would be dissatisfied with the frequency of delivery of such training: with the highest percentages for Serbia, 72%; and Latvia, 77%.



	Spain	Italy	Latvia	Serbia	Macedonia	% of total
YES	65%	64%	77%	72%		66%
NO	35%	36%	23%	28%		34%

Level of personal satisfaction *in the workplace:* *motivation and professional recognition*

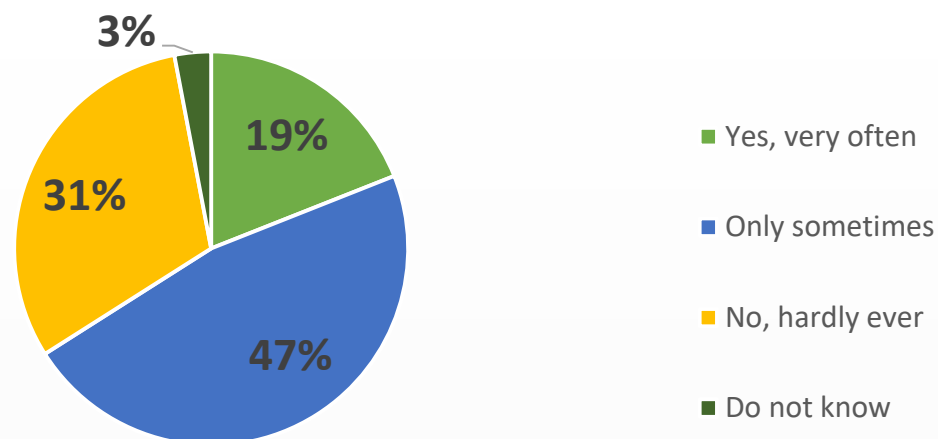
Assessment of motivation

31% say they are never or hardly ever motivated, compared to 47% who are "only sometimes" motivated and 19% who say they are very often motivated.

- **Macedonian** workers appear to be the least motivated: 51% say they are never or hardly ever motivated, followed by **Spain** and **Italy, with more than 30%**. [Although 49% of Macedonians say they are motivated often, 25% or sometimes, 24%].
- **Latvian** workers would be the most motivated with 59% "sometimes" and 31% "very often" (an overall 90%: no one in Latvia admits to never being motivated). Latvia admits to never or hardly ever being motivated).
- Workers in **Serbia** are the most often motivated, 37% (and 46% would sometimes be motivated).

- Workers in **Italy** also say they are motivated "sometimes" by 51% and 18% more say they are motivated "often".
- Workers in **Spain** are the least motivated; 56% are sometimes, but none often, compared to 33% who say they are "never or almost never".

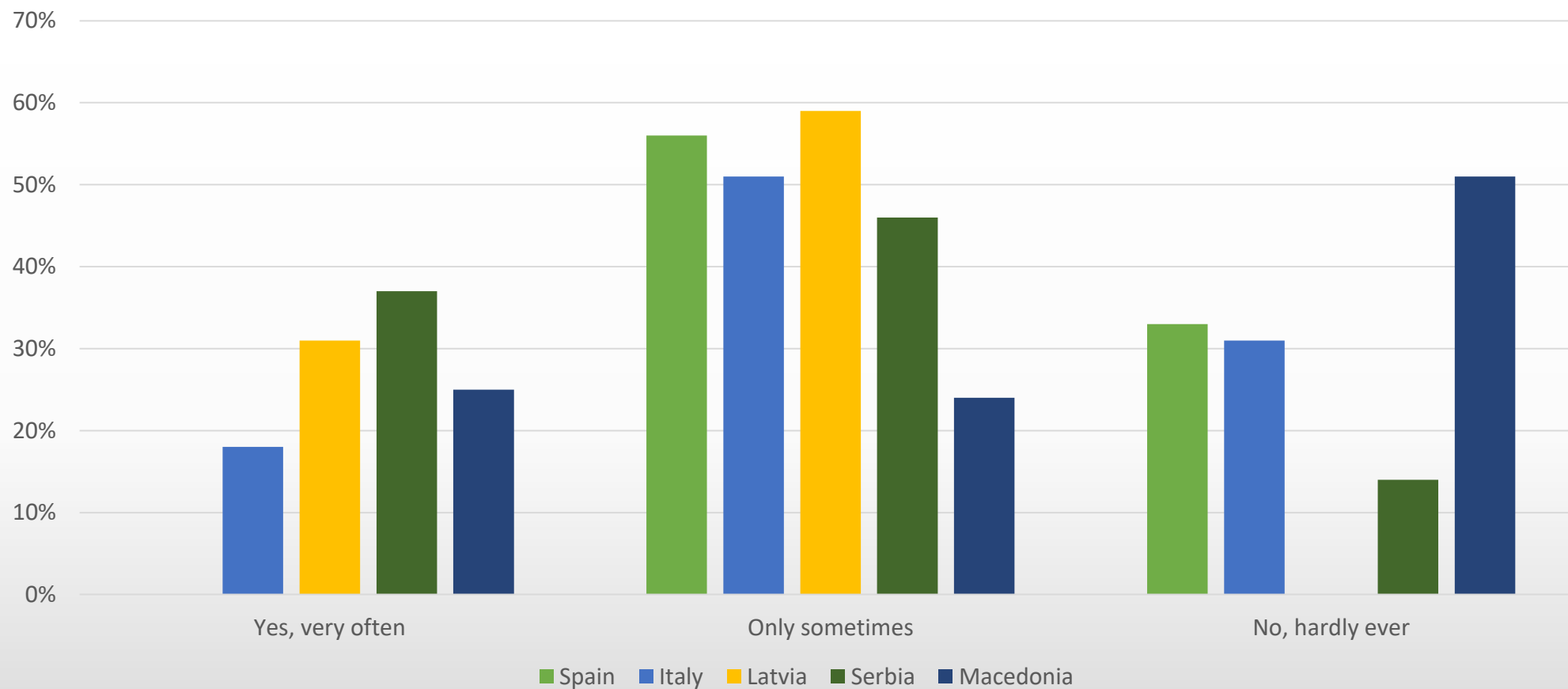
Motivation and professional recognition in the workplace



	Spain	Italy	Latvia	Serbia	Macedonia	% of total
Yes, very often	0%	18%	31%	37%	25%	19%
Only sometimes	56%	51%	59%	46%	24%	47%
No, hardly ever	33%	31%	0%	14%	51%	31%
Do not know	11%	0%	10%	3%		3%



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Improvement factors to increase motivation

	Spain	Italy	Latvia	Serbia	Macedonia	% of total
Remuneration	1	1	1	1	1	1
< Working hours	6	7	4	5		6
> Occupational health	5	4	6	2	2	3
Professional Consultations	2	3	3	3	5	2
>Recognition at work	3	2	7	6	3	4
> Vocational training	4	5	5	4	4	5
> Trade Union Services	7	6	2	7		6



Together

Building the future of worker participation
in health service sector



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Improvement factors to increase motivation

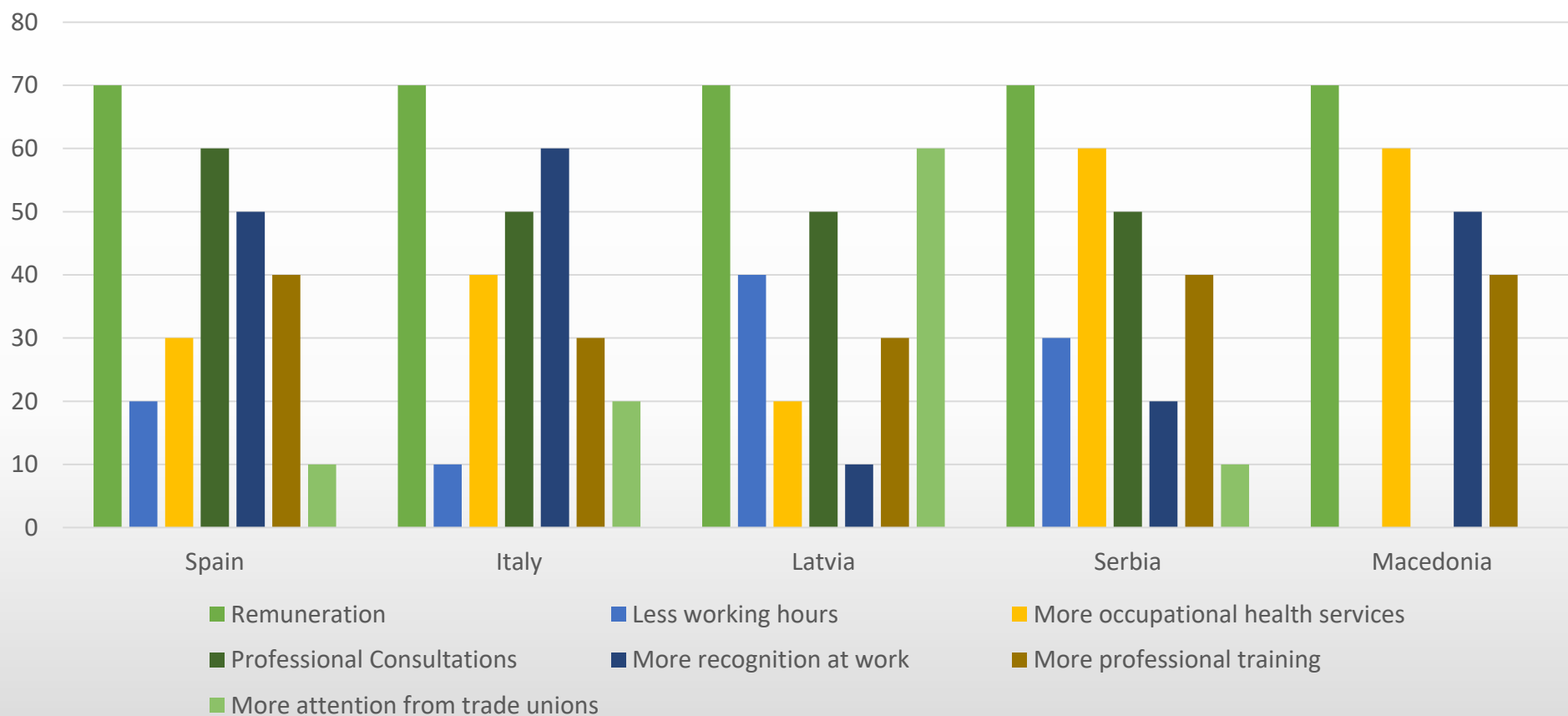
1	Remuneration
2	More professional consultations
3	More occupational health services
4	More recognition at work
5	More professional training
6	Less working hours
	More attention from trade unions

From these assessments we can highlight some country-specific incidences:

- In **Spain**, more importance is given to higher job evaluation and vocational training than to occupational health, perhaps because it is an issue that has been well resolved.
- In **Italy**, greater appreciation at work is also more important.
- **Latvia** puts more emphasis on greater attention to trade unions (second in its ranking of ratings), with both job evaluation and occupational health being less important, coming at the bottom of the ranking.

- **Serbia** also pays less attention to job evaluation, and chooses to emphasis more attention to occupational health issues (second place).
- Finally, **Macedonia** (which does not provide us with data on the factors of shorter working hours and trade union attention), devotes less attention to professional consultations (down to last place) and more to vocational training.

Improvement factors to increase motivation



CONCLUSIONS

on the level of satisfaction and motivation of workers in the health sector

1) There is a lack of worker satisfaction with their overall participation in decision-making in their workplace:

- **This satisfaction is low or very low for 54%.**
- **53% are not satisfied with their participation in safety and health; except in preventive actions where 58% are satisfied with their participation.**

2) There is a high percentage of workers (41%) who are not satisfied with their participation in training and occupational risk prevention aspects.

- 42% do not receive training in health and safety nor do they participate in preventive activities.**
- 40% do NOT receive vocational training, and of those who do, 35% rate it as inadequate, both in terms of the frequency of its delivery and the professional profile of the worker.**

3) There is a high percentage of workers (31%) who are not motivated, never or hardly ever in their workplace.

- **19% say they are motivated very often.**
- **And 47% say they are motivated only "sometimes".**

4) The aspects that need to be improved in order to increase employee motivation are, in this order:

- **Better remuneration.**
- **Greater participation in all decision-making on professional issues.**
- **More and better health and safety in the workplace.**
- **More professional recognition for the work performed.**
- **More training in professional skills and competences.**