



Together

Building the future of worker participation
in health service sector

**NEW MODEL OF PARTICIPATION
OF EMPLOYEES**

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INTRODUCTION

Workers in the health sector face new challenges caused by the implementation of new technologies and new forms of work organisation and those resulting from the effects of the COVID-19 pandemic. These changes are having a multitude of effects on their working conditions; fundamentally because it is a professional sector that is very sensitive to these new situations and whose professionals are required to be more qualified and make a greater effort, without increasing the number of staff providing services in the health services and increasing their workloads, indirect care for patients and users of the health services. Moreover, on occasions, their physical integrity is put at risk as they have not always been provided with the corresponding personal protective equipment against COVID-19.

In the face of these challenges, workers' participation in social dialogue and information and consultation with their employers is more **important than ever, as any of these changes impact the working conditions of health professionals**. However, people working in health services are not always adequately prepared to take on these new challenges; moreover, in many cases, their professional activity does not allow them to dedicate time or interest to participate in the decision-making processes of their institutions or workplaces. In many cases, **they become mere passive observers of these decision-making processes, limiting themselves to taking on board the decisions adopted** by others.

Moreover, in the current social situation, professionals in the health sector are tired and particularly demotivated. Several scientific studies show that **people involved in the co-management of their Workplace are more satisfied** with their work. At the same time, non-participation in these management processes has negative consequences for the quality of their work and their level of commitment and professional self-esteem.

During the eighteen months between April 2020, at the height of the first wave of the pandemic, and October 2021, we have developed the Project, ***Together, Building the Future of Worker Involvement in the Health Services Sector***, funded by the European Union and with the participation of trade union and employer organisations in the health sector from five different countries: Latvia (Rīgas uzņēmēju biedrība); Italy (Confederazione dei Sindacati Autonomi dei Lavoratori); Macedonia (Confederation of free trade unions of Macedonia); Serbia (Sindikats zaposlenih u zdravstvu i socijalnoj zaštiti Srbije) and Spain (Coalición de Sindicatos independientes de trabajadores de Madrid, CSIT UNIÓN PROFESIONAL).

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A project whose fundamental objective is to increase the participation of health service employees in their workplaces by providing the knowledge of the instruments of such participation and equipping their representatives and trade unions with skills and tools to enable them to participate in decision-making in their workplaces better and more actively.

In addition, based on the analysis of the current participation of workers in decision-making in the Health Services Sector and their degree of satisfaction and motivation in the performance of this participation and their professional activity, we have defined other specific objectives that will allow us to provide information and training to these workers, among them:

- to learn about mechanisms such as information, consultation and collective bargaining to increase employee participation and influence in the decisions taken within the company, based on European Union regulations;
- encourage such participation to advance better working conditions for health service professionals;
- promote awareness-raising, primarily among non-unionised workers, by developing participatory procedures that mean greater influence in company decision-making processes;
- to identify and promote good practices of participation from the perspective and transnational cooperation of the Project partners.

The configuration of participating organisations and countries has provided us with a transnational dimension that has allowed us to analyse and disseminate strategies and data, share experiences and learn from what has already been done in some countries, and disseminate good practices to benefit from.

Actions carried out during the implementation of the project.

To achieve these objectives, the following actions have been carried out, all of them online due to the mobility restrictions caused by the COVID-19 pandemic:

- **Kick-off meeting** [8 September 2020]: The project partners and project objectives were introduced, organisational issues, division of tasks, and events were discussed.

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This first meeting included presenting the research phase, which had already begun in May, and an introduction to European legislation on employee participation in the Workplace.

- **Working meeting expert I** [16 December 2020].
- **Working meeting expert II** [11 February 2021].

Both expert workshops aimed to analyse the national surveys and reports that shaped the research phase of the project and to discuss a model of participation tailored to the specific challenges and conditions of the health sector, the translation of which is the focus of this Guide.

- **International Training** [15-16 June 2021]: Where the training materials prepared will be presented and evaluated, through specific modules aimed at workers, workers' representatives, trade unions and company managers themselves; and where the focus has been on how to encourage workers to become more active in the managerial life of their institutions with concrete tools and methods.

The project will end with a **final International Conference** and an **Evaluation Meeting of the project partners** (scheduled to occur in October 2021). The final outcome of the Research Project will be presented. Its conclusions will be discussed, establishing the necessary recommendations and good practices on the involvement of workers' representatives while promoting a network for future cooperation between the partner organisations of this project.

The conclusion of these initiatives and activities, developed during the project, is the achievement of this Guide in which we have tried to establish the **frameworks for a new model of participation of workers in the health sector**, based on the analyses carried out and their conclusions, and considering the current social and professional situation of this group and the most immediate challenges they are facing, among them, those derived from the current situation of the health pandemic.

I. CONCLUSIONS OF THE RESEARCH PHASE OF THE PROJECT

The **research phase of the** project consisted of four complementary actions:

- conducting an **online survey** to monitor the needs of workers in the health sector in terms of their involvement in decision-making in their workplaces. To this end, we have analysed the following aspects:
 - the degree of knowledge about information and consultation and its application in the health sector;
 - the assessment and degree of satisfaction with these participation systems in their Workplace. Involvement in specific aspects such as Training and Health and Safety in the Workplace;
 - the degree of motivation and professional recognition of the worker o And the health worker's way of solving his or her work and professional problems;
- preparation, by the expert appointed by each country, of a **National Report, in which the** national participation systems and their impact on the health sector were analysed, highlighting the specific problems in their application;
- elaboration, by the expert coordinator of the project, of a **report and comparative analysis** of the two previous actions to discuss and establish conclusions;
- holding of 2 **Working meeting experts**, with the aforementioned objective of discussing a model of participation adjusted to the challenges and the current and specific conditions of the health sector.

Conclusions of the research phase

We set out the conclusions drawn from the analysis of the surveys, the national reports submitted and the discussions at the expert conferences in two distinct blocks. Firstly, we address the knowledge of the European Directives on worker participation and their application in each country; as well as the assessment of the role of workers' representatives in the participation procedures and the assessment of worker participation as a professional in the health sector, in aspects as important as *training and professional qualification*; and *health and safety* in the workplace, obtaining the following conclusions:

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- 1. There is a high level of ignorance 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 legislation on workers' participation rights is unknown to 62%, and 35% do not know whether it applies in the health sector (49% recognise its application compared to 16% who say it does not apply);
 - 36% are not aware of their sector-specific regulations on worker participation in the health sector.
- 2. The Participation, information and consultation systems are negatively valued by 30% of the workers; therefore, they can be improved.**
 - Almost half of the workers (52%) believe that European legislation does not guarantee workers' participation in their companies.
 - However, 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 what they have discussed with the employer.
 - And up to 40% do not channel the solution of their problems through trade unions (although 60% do, rising to 72% if we add trade unions and workers' representatives together), with up to 22% of workers using direct talks with the employer.
- 4. A high percentage of workers (41%) are not satisfied with their training and occupational risk prevention participation.**
 - 42% do NOT receive health and safety training or take part in preventive activities. This figure improves when we refer to health surveillance,

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which is provided for 65% of the workers, with 35% not having these periodic medical check-ups.

- 40% do NOT receive vocational training. Of those who do, 35% rate it as inadequate, considering both the frequency of its provision and its quality in terms of the worker's professional profile.

Secondly, we addressed the degree of worker satisfaction in their Workplace, in terms of their participation from two perspectives: understood in a general way, in decision-making in their work centres and participation in professional training and health and safety matters. Finally, we analysed the motivation and satisfaction with the professional recognition received by health and care workers in their work performance. The conclusions obtained in this second section are as follows:

5. 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 health and safety matters, except in preventive actions, where 58% are satisfied with their participation;
- satisfaction with the receipt of training to adapt competencies and skills is high; 60% receive this training; however, 35% are not satisfied with the adequacy of the training to their professional profile, nor with the frequency of the training.

6. A high percentage of workers (31%) are never or hardly ever motivated in their Workplace, compared to 19% who say they are motivated very often, and 47% who say they are motivated only "sometimes".

- Macedonian workers appear to be the least motivated, with 51% saying they are never or hardly ever motivated (although the remaining 49% say they are often or sometimes motivated), followed by Spain and Italy, with more than 30% lacking motivation.
- In contrast, Latvian workers would be the most motivated with 59% responding "sometimes" and 31% "very often" (an overall 90%: no one in Latvia admits to never or hardly ever being motivated); while

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those in Serbia admit to being motivated most often, 37% (and 46% would be motivated sometimes).

7. A series of aspects are established which, according to the respondents, should be improved to increase the motivation of the workers:

- better pay (unanimous choice in all countries);
- greater participation in decision-making on professional issues (majority option in Spain and Italy);
- more and better Health and Safety in the Workplace (key choice for Serbia);
- increased professional recognition for the work performed most prominent option in Latvia, which, interestingly, already shows a high degree of satisfaction and motivation);
- more training in professional skills and competencies (the most important option for Macedonia).

II. PARTICIPATION GUIDE: Frameworks for a new model of worker participation in the health sector

II. A. The participation rights of workers in the health sector through European regulations

In the training material that has been prepared within the framework of the project, we have already referred to the right of workers to participate in decision-making in their companies, established in the European regulations, and we are not going to reproduce it in this Guide...; but we do want to highlight some aspects of these rights established by the Parliament and the Council of the European Union through various Directives and Resolutions in which the States are asked to guarantee workers their right to participate in decision-making in companies and workplaces, mainly through the instruments of information, consultation and collective bargaining (or social dialogue).

Consequently, we are going to recall the existence of three directives, referring to information and consultation at the national level, which establishes the right

of workers to be informed and consulted by their employer on a series of issues related to the economic performance and future development plans of companies that may affect, fundamentally, employment, among other matters.

- Council **Directive 98/59/EC** of 20 July 1998 on collective redundancies (amending and repealing Council Directives 92/56/EC and 75/129/EC), according to which, in the event of mass redundancies, the employer must enter into negotiations with the workers to determine how and by what means redundancies can be avoided, or the number of workers affected reduced.

The Directive establishes the concept of collective redundancies according to the number of redundancies that occur; however, its definition is left to the discretion of each Member State and regulates the obligations of the employer (and, in return, the rights of the worker, through their representatives) before proceeding to carry out these redundancies. **The employer's obligations** and the employee's rights are as follows:

- the employer shall provide, in writing, to the workers' representatives, all the necessary information on the redundancy plan: reasons for the redundancies; categories affected and workers who would be made redundant; criteria for choosing candidates and calculations of compensation. It shall also communicate this information to the competent public authority;
 - the employer must consult the workers' representatives to reach an agreement to avoid or reduce redundancies or mitigate their consequences by implementing social measures for the retraining or redeployment of the redundant workers.
- Council **Directive 2001/23/EC** of 12 March 2001 on duty to inform employees in the event of transfers of undertakings and on the safeguarding of rights in the event of transfers of undertakings.
 - And **Directive 2002/14/EC** of the European Parliament and of the Council of 11 March 2002 **establishing a general framework for informing and consulting employees in the European Community** and laying down minimum procedural standards for the protection of these rights, to which we will refer specifically below.

These three directives were assessed by the 2013 *Fitness Check*, which found them to be: "*relevant, effective, coherent and mutually reinforcing*"; although several shortcomings are recognised, both in their areas of application and their implementation by the different states; and in particular, two aspects are highlighted:

- lack of application to public administrations (public sector), SMEs and crews of seagoing vessels;
- and, the need to promote a culture of information and consultation in States with less developed traditions to enhance the effectiveness of these directives, assessing factors such as the country and its industrial relations system; the size of the Workplace; the culture of social dialogue; and the attitude of the social partners or the support of workers and the sector of action.

In this regard, we believe that it is necessary to remember that, despite this initial lack of application to the Public Sector, where a high percentage of it is the health sector, as we have been able to learn during the research phase, we have the existence of the **European Pillar of Social Rights**, made up of 20 principles of a "binding" nature for the whole of the union, and whose objective is to serve as a guide to achieving efficient social and employment results, as well as to guarantee better regulation and application of social rights. This *Pillar* establishes, on workers' participation, in its Principle 8:

the right of all workers in any sector to be informed or consulted on matters of concern to them, particularly on the transfer, restructuring and merger of undertakings and collective redundancies, to improve the protection of workers in such situations.

This *Pillar* goes beyond the existing Union *acquis*, as it is applicable regardless of the number of workers concerned, and provides for the right of workers not only to receive information but also to be consulted on such business operations.

The implementation of the participation, information and consultation systems, through Directive 2002/14

Directive 2002/14/EC, the obligatory reference in terms of worker participation in decision-making, incorporates the information and consultation systems as elements of this participation, in the following terms:

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- **information** is defined as the *transmission by the employer to the employees' representatives of data in order to enable them to acquaint themselves with the subject matter and to examine it*, on personnel policies; pay and employment developments; developments in the company's economic sector, etc.;
- **consultation** established as the *exchange of views and establishment of dialogue between the employees' representatives and the employer*, in matters concerning the organisation of the work and professional activity of the workers: restructuring of the workforce, reductions in working hours, total or partial transfers, merger processes, takeovers, vocational training plans, etc.

A general framework with the following procedural rules is established for both participation systems:

- both information and consultation are carried out on aspects such as the company's economic situation, the structure and probable evolution of employment, and decisions that may lead to substantial changes in work organisation or contractual relations;
- the timing of the information and consultation should be appropriate to allow for a discussion on the subject between the employer and workers' representatives;
- the information provided by the employer should enable the workers' representatives to know the real situation at hand and allow them to elaborate a response (consultation phase) on the issue raised;
- information and consultation are carried out through workers' representatives (works councils or bodies representing civil servants) or directly through the trade unions;
- the consultation aims to reach an agreement on decisions that could lead to substantial changes in the way work is organised or in contractual relations.

In addition, the Directive aims to ensure the confidentiality of information provided by the employer to trade unions by introducing the Duty of Secrecy, whereby workers' representatives and their advisors must not make public any information they have received, in confidence, from the company; and Confidential Information, whereby

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employers may restrict the right to inform or consult with workers' representatives where this would seriously harm the operation of the company.

Workers' participation in workplace health and safety

At the present time in the health sector, attending to citizens in health centres and users in care centres, affected by COVID-19 (in many cases without having sufficient and effective basic safety measures and protection of their health, as health professionals), we believe that it is more necessary than ever to pay special attention to this participation of workers in the health sector in defending their Safety and Health, carrying out good detection of occupational risks. We believe that it is more necessary than ever to pay special attention to the participation of workers in the health sector in the defence of their health and safety, by detecting occupational hazards and establishing the necessary preventive measures to combat them by means of Personal Protective Equipment (PPE); establishing the necessary training and information to avoid or combat these risks; and designing integrated prevention policies that must be agreed with the workers' representatives in the different work centres.

For this reason, together with the aforementioned normative regulation on the participation of workers in decision-making in their workplaces, we would also like to mention in this *Guide* another series of provisions that regulate these procedures for worker participation, specifically in the area of occupational health and safety.

The peculiarity of these Directives, which we review below, **is that, together with the workers' participation rights, they establish specific obligations that the employer must comply with in order to guarantee adequate health and safety conditions for workers** and that we must be aware of to demand their implementation and compliance.

- The ***EU Framework Directive 89/391/EEC on the introduction of measures to encourage improvements in the safety and health of workers at work***, which includes:
 - information to workers (art. 10), following the provisions of national laws, customs and practices, on the existence of risks, their assessment and protective and/or preventive measures and actions;
 - consultation of workers or their representatives (Art. 11);

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- balanced participation under national laws (art. 11);
- and the provision of adequate and sufficient training for workers in health and safety matters, particularly through information and instructions for action (Art. 12).

This Framework Directive defines the concept of workers' representatives for workers' safety and health as follows:

"Any person elected, appointed or designated, following national laws and/or practices, as a workers' delegate for the protection of the safety and health of workers at work".

And it grants them the status of **interlocutors in the consultation phase in matters of labour protection**, establishing guarantees (sufficient time off work, without loss of salary, and all the necessary means to carry out their functions) to exercise these functions and recognising their right to request the employer to take the appropriate measures to mitigate risks for workers and to appeal to the competent authority if they consider that the employer is not taking the necessary measures.

In addition, this Framework Directive **obliges the employer to ensure the safety and health of workers in all aspects related to work**, establishing the following principles of prevention:

- *assess avoidable risks, and avoid them;*
- *combat risks at source and provides workers with the necessary Personal Protective Equipment (PPE);*
- *adapt the workplace; the choice of PPE and working methods to the worker; reduce monotonous and repetitive work and reduce the effects on health;*
- *planning prevention by integrating technology, work organisation, working conditions, social relations and environmental factors;*
- *providing appropriate instructions, information and training to workers;*
- *establish protective measures for first aid, fire-fighting and evacuation*

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of workers;

- *and carry out regular, voluntary health surveillance of their workers.*

- **The EU Strategic Framework on Health and Safety at Work 2017-2021**, approved on June 28, 2021; referred to safety and health at work in a world of work in constant transformation, and defining its priorities through a tripartite approach (Workers -Social Interlocutors-, employers and governments) with three transversal objectives:

- Anticipate and manage change in the context of ecological, digital and demographic transitions
- Improve the prevention of occupational accidents and diseases, seeking a "zero vision" approach regarding work-related deaths
- Increase preparedness to respond to current and future health crises.

Its objective is to adapt workplaces to new work situations such as digitization, greening, stress and psychosocial risks, COVID-19 or the prevention of risks to work accidents and occupational diseases, and protect 170 million people. workers in the EU; promoting actions such as: An effective application at the EU, national, sectoral and business level, through social dialogue; financing, through European funds, especially the Recovery and Resilience Mechanism, MRR; or raising awareness about the risks related to work accidents, injuries and occupational diseases.

Regarding worker participation, a series of considerations are established, highlighting:

- The importance of the full involvement, participation and representation of workers in companies and the commitment of management for the success of risk prevention in the workplace.
- The need to strengthen the competencies of representatives and leaders in the field of health and safety, in accordance with national laws and practices

- In this regard, Member States are requested to support the active participation of workers in the application of preventive measures in the field of health and safety at work and to guarantee that the competent representatives in the field of health and safety can receive training that don't limit yourself to base modules.
- That the modifications of the legislation must be made in a transparent and democratic way, involving the social partners and not giving rise, under any circumstances, to a reduction in the levels of health and safety at work; stressing that changes in the workplace as a result of technological progress must be taken into account.
- And highlights that the participation of workers and social partners at all levels, in accordance with national legislation and practice, is a necessary requirement for the successful implementation of legislation on health and safety at work.

Finally, we have to refer to three specific Directives for workers in the health sector, which include the regulation on the right of participation in decision-making by workers and various obligations to be assumed by the employer when dealing with professional aspects of workers in the health sector:

- **Directive 2010/32/EU** of 10 May 2010 on the prevention of acute injuries in the hospital and healthcare sector, which implements the Framework Agreement on prevention of acute injuries in the hospital and healthcare sector concluded by HOSPEEM (European Hospital and Healthcare Employers' Association) and EPSU (European Federation of Public Services Unions.); and which "applies to all workers in the hospital and healthcare sector, and all those under the direction and supervision of employers"; providing:
 - principles of workers' participation (clause 4), which seeks collaboration between employers and workers' representatives to protect workers' health, prevent risks or choose personal protective equipment, to name but a few;
 - and elements of Information and Training for workers (clauses 7 and 8), whereby **the employer must provide workers with information and instructions on the use of sharps instruments in terms of risks, legislation on them, or good preventive practices.**

- **Directive 200/54** of 18 September on the protection of workers from risks related to exposure to biological agents at work, which applies to activities where workers are or may be, exposed to biological agents due to the nature of their work, including both healthcare workers and work in clinical, veterinary or diagnostic laboratories, and which refers to Directive 89/391 as regards *consultation and negotiation* instruments.

In the area of *Information and Training* of workers (art. 9), it is established that **the employer shall take appropriate measures to ensure that workers and/or their representatives in the company or Workplace receive sufficient and appropriate training, based on all available data, on potential health risks, precautions, use of PPE, good hygiene practices, etc.**

- And **Directive 90/269** of 29 May on the minimum health and safety requirements for the manual handling of loads involving risks to workers, particularly back and neck injuries, which establishes what is meant by the manual handling of loads, including the handling of persons or animals.

This Directive **requires the employer to take appropriate organisational measures, use appropriate means, in particular mechanical equipment, avoid the need for manual handling of loads by workers, assess working conditions, and endeavour to avoid or reduce risks, in particular back and lumbar risks.**

Regarding both consultation and participation of workers and information and training of workers, reference is made to the provisions of Directive 89/391/EEC, already mentioned.

Social dialogue and collective bargaining

Both, established according to the existing development in each country for the implementation of one, the other, or both systems, constitute the third instrument for guaranteeing the right of workers to participate in their workplaces. We have already mentioned that, on occasions, *social dialogue or collective bargaining* may be the result of a consultation period since bargaining is carried out freely by the parties entitled to do so and following the degree of legal regulation existing in each country.

Collective bargaining is a basic tenet of the *International Labour Organisation*, ILO, which is established along with freedom of association; it was defined in 1919,

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reaffirmed in 1944 and developed in its Conventions 151 and 154; and it is presented as a procedure for settling labour disputes.

According to Article 2 of Convention 154:

"Negotiations take place on determining working conditions and terms of employment; regulating relations between employers and workers; and regulating relations between employers or their organisations and a workers' organisation or workers' organisations.

In addition, it establishes a series of measures to promote collective bargaining, among which we can highlight the following:

- *for all employers and all categories of workers;*
- *to be progressively extended to all areas of working conditions;*
- *dispute settlement procedures should contribute to the promotion of collective bargaining;*
- *that the negotiation takes place at all levels: company, regional and national; and*
- *that the parties to the negotiation have the information necessary to negotiate in an informed manner.*

If we focus on the European level, we observe that **collective bargaining is recognised as a right in Article 28 of the Charter of Fundamental Rights of the EU**; its procedure is regulated in Articles 152, 154 and 155 of the *Treaty on the Functioning of the European Union (TFEU)*.

This brief set of rules establishes a brief legal framework for collective bargaining, which, although minimal, is considered sufficient for current practice by the social partners. Specifically, Article 152 of the TFEU establishes respect for collective autonomy and trade union freedom and legitimises the social partners to regulate the labour relations in which they participate, turning collective bargaining into an alternative means of producing legal rules, and abandoning its initial role of being only a complementary means in this area.

For its part, Article 155 TFEU recognises, in paragraph 1, that:

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"The dialogue between management and labour at Union level may lead, if they so wish, to the establishment of contractual relations, including agreements.

Following these considerations, it is necessary to point out that we can distinguish two negotiation processes:

- we can call informal collective bargaining, which is governed by the rules drawn up by the negotiating parties themselves, regardless of any legal regulation that may exist, and which also establishes the scope of any agreements that may be reached;
- the other, which we call formalised collective bargaining, is carried out in a regulated manner, following general rules for all, in the corresponding sphere and whose effect is usually the collective agreement, which we recognise as having normative effectiveness and binding for all parties concerned.

II. B. Good practices to improve the model of participation of health sector workers in decision-making in their workplaces, given the current situation of the sector and the new professional challenges

In the analysis of our Research Phase, we have found that health care workers in the project partner countries maintain a significant lack of satisfaction that needs to be mitigated by improving their participation in decision-making in their workplaces. We can establish a significant scope for improving the participation of health care workers and the role of trade unions in this participation.

Furthermore, deficiencies are perceived in the application of the directives on health and safety at work both in national legislation and in their specific transfer to the health sector; deficiencies are detected in the application of the instruments for information, consultation, participation and training of workers and their representatives; and, finally, there are deficiencies in the individualised participation of workers themselves, in many cases due to a lack of knowledge of their rights in this area and of the effects that their participation would have both on their motivation and on the achievement of improvements in their working conditions.

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Thus, these improvement practices, which are outlined below, are intended to have an impact on the mitigation of these detected deficiencies and, to this end, we establish very specific actions that can be carried out both from the trade union initiative, as well as from the initiative of the workers themselves, or promoted directly by the employers. The improvements are established taking into account both the current regulations on the rights of workers to participate in decision-making in the Workplace and the conclusions of the research phase (mentioned in the previous point) and framed in three blocks of action:

- participation in general and professional aspects,
- health advocacy and participation in workplace health and safety,
- and the role of Trade Unions and/or workers' representatives in worker participation.

1) Improvement in Participation in general and professional aspects

To improve the participation of workers in their workplaces, and to consider this participation in terms of professional aspects, training and, of course, in the establishment of their working conditions, we believe it is necessary to address the following aspects in the specific areas of action and with the relevant actors in each case (governments, in some cases; company or public service managers, in others; or employers and managers of workplaces):

- promote a real and effective culture of participation and social dialogue between workers, trade unions and public managers, promoting awareness-raising actions to guide negotiation on any professional and employment-related aspect of health and care staff in the Workplace;
- extend the fundamental rights of information, consultation and participation set out in *Directive 2002/14/EC* and *Framework Directive 89/391 on Occupational Health* to workers in the public health sector, ensuring their implementation in all areas of Europe: both in the Member States and in the candidate countries;
- strengthen information and consultation procedures, reviewing existing shortcomings in their implementation in the different EU Member States;
- strengthen the role of workers' representatives and/or trade unions in the

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public health sector to enhance their participation in strategic decision-making processes in their workplaces;

- strengthen the capacity of trade unions and workers' representatives in participation systems by ensuring that they receive the necessary and complete information to enable them to reach agreements during the consultation procedure before any decision by employers is finalised;
- establish effective sanctions for employers in the health sector in cases of serious violations of the right to information and consultation of workers and their representatives.

Improved participation in professional aspects:

In the field of development of strictly professional activities of health workers, it is necessary:

- promote the institutionalisation of intersectoral forums for debate and consultation on the implementation of strategies and policies in the fight against the COVID-19 pandemic, within the framework of the health sector and with the participation of Trade Unions;
- promote the creation of regional dialogues in the health sector to identify and manage the impacts of health and care policies in each territory;
- extend the scope of collective bargaining to the company level and on employment, retraining, pay and the impact on the health and safety of workers in the health sector;
- evaluate and design new professional skills and abilities in the new jobs generated in the health sector, promoting lifelong professional learning for health and care professionals. In particular, in the case of workers with lower qualifications, with more precarious employment, or with higher-risk employment situations.

2) Improvement of the defence of workers' health through their better participation in health and safety at work

We have already discussed how, in recent years, we have witnessed new challenges for employees in the health sector brought about by the implementation of

technological advances and new organisational forms, which are now accompanied by a greater challenge: the fight against the COVID-19 pandemic. All these changes impact the working conditions of health care workers who are required to be more qualified, but whose numbers are being reduced while their workloads are increasing.

These situations, directly related to the organisation of work, the content and performance of new tasks and the protection of health in the face of the pandemic, increase the emergence of new and greater psychosocial risks that can lead to situations of *work-related stress*, together with others of a psychosomatic nature.

We are, therefore, facing a scenario in which it is more necessary to develop work organisation systems that promote the motivation and well-being of workers, which makes it necessary to establish a higher level of employee involvement in decision-making. Reports such as “*Work organisation and employee involvement in Europe*” recognise that employee participation in decision-making in the Workplace is associated with productivity and their well-being, especially psychological well-being.

2a) To improve workers' health by advocating healthy working conditions

The defence of health in the Workplace is one of the fundamental rights of all workers and is protected by current legislation, both at the European and national level. Any company, public or private, must ensure that working conditions are healthy, with workers' participation in decision-making in these matters, as we have seen in the first part of this *Guide*.

At present, with a pandemic still unchecked in many countries, health sector professionals face, daily and under the professional work they carry out, situations of high psychosocial risk, including the functions and roles they perform, the absence of motivating elements, routine, excessive workloads, poor organisation of work or direct work with people that involves a double challenge of professional efficiency and personal commitment, living with the suffering of these people.

This recent experience of health professionals leads to the appearance of a series of psychosocial risks that make the health sector a group particularly affected by high levels of *work-related stress*¹.

1. It is worth remembering that the European Commission defines Work-related Stress as the set of emotional, cognitive, physiological and behavioural reactions to certain adverse or harmful aspects of the work content, organisation or environment. Thus, people experience work-related stress when they feel an imbalance between what is demanded of them and the resources they have to meet those demands, i.e. when the work environment demands exceed the worker's ability to cope with or control them

There are indeed no universal solutions to combat psychosocial risks and, consequently, work-related stress. Still, they must be sought for each Workplace and for each professional group, based on the diagnosis of the risk factors that must be carried out jointly by workers, trade unions and employers. In this way, the process of detecting these psychosocial risk factors, and not just the result, is an essential part of the effectiveness of the preventive solutions that we can adopt. We cannot forget that the prevention of occupational risks, the promotion of health and the protection of workers in their Workplace are fundamental to improving their working conditions.

Consequently, in this context in which workers in the health sector are exposed to significant psychosocial risks and suffer from work-related stress, we have developed a series of measures for improvement from an organisational point of view and an individualised perspective to combat these situations of work-related stress, based on healthier working conditions that promote the greater well-being of workers in the health sector.

Organisational measures: These involve the collective treatment of the causal factors of stress, reducing them as far as possible, and can be summarised as follows:

- increase workers' participation in the organisation of work to reduce workload and work pressures;
- establish systems of delegation of powers and self-management, allowing a certain degree of autonomy in the performance of functions;
- design job functions based on the experience, level of responsibility and psychophysical abilities of the worker;
- seek transparency and fairness in remuneration;
- to promote the training of workers with a view to professional adaptation to the implementation of new technologies or new working methods;
- promote a pleasant, comfortable and attractive working environment and create a good working atmosphere, encouraging personal recognition of the work performed;
- put in place conflict resolution procedures and establish professional and confidential counselling systems for workers;

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- promote informative talks on stress management, providing workers with sufficient skills to mitigate stress.

Individualised measures: These include aspects such as the identification of stress-causing agents according to the Workplace, the professional activity carried out, the worker's qualifications and the functions to be performed to facilitate the mitigation of these stressful situations:

- define working hours, making it easier to reconcile them with personal and family responsibilities;
- assess workloads and allow for physical and mental recovery after particularly demanding tasks;
- designing tasks, roles and responsibilities as a stimulus for the worker, giving meaning to what he/she does;
- facilitating social interaction in the Workplace, including helping or learning new methods;
- listen to and take into consideration complaints about the functioning of the organisation;
- encourage the development of a career path appropriate to each worker and guarantee a decent and sufficient salary to provide a public service, establishing reward systems based on performance;
- conduct regular health surveillance of workers through occupational health services;
- establish systems for worker recovery (tertiary prevention) after an employee has been off work due to work-related stress.

2b) Improving workers' participation in safety and health at the Workplace

In addition to shaping the measures we have just outlined to defend the health of workers in the Workplace, we must also make progress in improving the participation of these workers in decision-making. As we have already pointed out, this participation is essential to promote improvements in their employment conditions, making them healthier.

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Thus, we design, below, a series of good practices that allow us to influence these processes of participation of workers in the health sector, reinforcing social dialogue and collective bargaining to create favourable conditions in terms of occupational health. We believe that some of these improvements should be transferred to the European Union Institutions to achieve a greater degree of commitment to their achievement.

- Promote a greater culture of social partner participation in the health sector and, particularly, in the prevention of psychosocial risks, extending the fundamental rights of information, consultation and participation established in European regulations.
- Promote awareness-raising actions, aimed both at those responsible for the health sector and at workers' representatives, to guide negotiation on the prevention of psychosocial risks in the Workplace and thus improve the health conditions of health and care professionals.
- Assess the existence of new risks in the health sector caused by the implementation of new technologies, new work organisation and delivery systems, and by the COVID-19 health crisis and establish appropriate prevention measures; informing and training workers and extending their prevention through collective bargaining.
- Considering that women are under-represented in decision-making in health and safety matters, encourage the increased participation of women in decision-making processes concerning the development of best practices in the field of health in their workplaces, taking into account the gender equality dimension and special protection from specific risks, including sexual and occupational harassment in the Workplace.
- Establish transnational actions, developing a support programme for workers suffering from psychosocial risks (including stress, depression, burnout) with effective guidelines and recommendations to combat these risks.
- Propose to the European Commission to draft an EU Directive on health and safety concerning psychosocial risks in the health sector, especially caused by the effects of the COVID-19 pandemic; and extending the resulting legislation to the candidate countries to join the European Union and promoting the inclusion of EU legislation in their national laws.

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- To propose to the European Commission to include burnout as an occupational stress disease in the public health sector, including the corresponding psychosocial risks within occupational stress, as already defined by the World Health Organisation.
- Include explicit references in European and national regulations on the treatment of the effects of COVID-19 on health professionals, including recognition of the effects of the pandemic on the health professional as an occupational disease or as an accident at work.
- Strengthen the role of the Occupational Health and Safety Inspection Services to ensure that the health of health and care professionals is protected.

3) Enhancing the role of trade unions and representatives in workers' participation in the Workplace

Even though all actions on labour and professional management require the participation of workers, we have found that trade unions are not always "consulted" on issues of social or labour interest; that when they are consulted, their requests are rarely met; and that trade unions are not always aware of the importance of their involvement in those instruments that allow workers to participate in decision-making in their workplaces.

In this regard, the last aspect that we address in our improvement practices, we believe that just as it is necessary to raise awareness among governments, sectoral health managers and workplace employers, it is also necessary to prepare trade unions and workers' representatives so that their communication and functions are more effective. Thus, our good practices to improve these roles are as follows:

- raise awareness among trade union leaders on the importance of providing workers with complete and correct information on the employer's input in the information and consultation procedure;
- provide trade union leaders with sufficient training on those issues necessary to play an active role in the design and implementation of health sector development strategies;
- involve the union as a whole through debates, communications and proposals, which involve it to defend specific actions in the health sector;

- defend the quality of employment and working conditions of workers in the health sector, in the face of new health and psychosocial risks due to the effects, in particular, of the COVID-19 pandemic;
- to analyse workers' health and safety conditions in the health sector, establishing mechanisms that allow progress to be made in defence of new risk situations that may arise;
- to guarantee the adaptation of health professionals' qualifications to new organisational or technological systems, promoting training as an instrument of labour training in the face of the implementation of new technologies and new forms of employment;
- to develop greater affiliation among the different professionals in the health sector, seeking a greater trade union presence in the workplaces will allow for a better defence of these workers' working and professional conditions;
- promote the recognition of trade unions and workers' representatives as legitimate interlocutors with the employer, eliminating situations of depersonalisation in the decision-making process and preventing them from being considered subordinate to economic and social processes.

THE PARTNERSHIP





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