

**AbiK - preliminary project results and recommendations for the
development of social dialogue in the area of work in hospitals suitable
for older workers**

Within the framework of the European project (Ageing hospital employees - a European exchange of experiences and best practices with strategies and models of resolving the demographic challenges at the company and the regional levels - AbiK) - the participating organisations of social partner organisations from the health sector of the Netherlands, Great Britain, Hungary and Serbia developed and discussed actions/initiatives for different key issues which can have a positive impact on the consequences of the demographic changes for employees through trust-based cooperation between employers and employees/trade unions. The key issues are working in hospitals suitable for the working conditions of older workers (age management), the Work-Life-Learning Balance and health-supporting management.

The demographic changes and the increased life expectancy among the population bring societal changes and have consequences on health and social services.

The increase in the number of elderly patients with complex health needs leads to increased requirements for the services needed. This is especially true for social care and care for the elderly. It also concerns all employers in the health sector.

The idea for the project was born after the adoption of the relevant HOSPEEM-EPSU guidelines (<http://www.epsu.org/a/10056>) in December 2013 after almost two years' preparation, exchange and negotiations. The main goal of the project is to contribute to the sustainable management of demographic change in the hospital sector. With this initiative the participating organisations wanted to facilitate the discussion and the implementation of the HOSPEEM-EPSU guidelines in the different countries on the one hand, and to give new impulses to deepening and bringing the discussions at European level forward.

Note: The project was financed by the European Commission within in the framework of social dialogue VS2015/0025. The European Commission was not involved in its preparation and is, in no case, responsible for or bound by the information or opinions expressed in the context of this project. In accordance with applicable law, the authors, editors and publishers are solely responsible. The European Commission can also not be held liable for direct or indirect damage that may result from the implementation of the project. This product reflects only the author's view and the Commission is not responsible for any use that may be made of the information it contains.



Employer and employee organisations participated throughout the whole project cycle. Depending on the position of the participants their interest may differ. However, there are so many common positions that many issues can be discussed by consensus and agreed in negotiations. This can lead to a balance of interests. This paves the way for changes in the world of labour for employees in health, which is also a benefit for the "companies", i.e. the hospitals. The issues on which everyone can agree have served as the basis for the project recommendations.

During the project it has become clear that work organisation in hospitals suitable for older workers (age management) should not be limited to interventions for workers aged 50+ but instead mean working conditions and work organisation adapted to the different life and career phases. Working conditions leading to diseases need to be excluded in all stages of life, risks to occupational safety and health have to be reduced and their causes prevented within the frame of institutionalised cooperation between representatives of employers and employees/trade unions; this is the only guarantee for workers to remain active and healthy up to the age of retirement.

1. The participants of AbiK agree that the dialogue among the representatives of employers and employees/trade unions is a precondition for achieving improvements for employees' health status and the quality of the health care service. This needs to be promoted at all levels as only in consideration of the different approaches and competencies can solutions be developed and implemented. The participants agree within this framework that the social partners on each level should have joint responsibility for progress.
2. The participants of AbiK agree that learning from each other increases the possibility to develop age-appropriate work place strategies which satisfy the needs of employees and employers. Therefore the AbiK project identified some initiatives at the local and sectoral level, which could be adopted in other contexts and countries.
 - a. Social partners 'strategies for creating a balance between work, family/free time and life-long learning for the whole working life in order to keep employees healthy:
 - i. In the Netherlands there is a Collective agreement which follows the assumption that labour market developments require institutions to provide sustainable and strategic training and resources as well as targeted policies and to invest in a targeted manner and systematically into continuous professional training and lifelong learning and development of all employees; permanent and temporary workers, but



also young and old and working in all functions and positions within the institution. Therefore, Section 3.2.19 of the collective agreement 2014-2016 between Nederlands Vereniging van Ziekenhuizen (NVZ) and FNV Zorg en Welzijn, CNV Zorg en Welzijn, NU '91, FBZXX (agreed in March 2015) stipulates that - in line with the specific situation of the institution - the employer shall annually make 3% of the annual wage bill available to pay for training activities. In the annual evaluation interview with the worker, explicit attention has to be paid to his/her training needs. The employee and the employer shall jointly ensure that every employee draws up a multi-year personal training plan which includes his or her future training needs. This can be both job-related training and training focusing on improving employability. By drawing up the plan, every employee bears co-responsibility for his/her own development. The employer is expected to accept and agree with the implementation of the training plan unless there are justifiable arguments why the training requested cannot be offered. Under Article 3.2.3 of the agreement, the employee may challenge any rejection at the Employee Complaints Committee. Medical specialists (not employed) are not covered by this regulation. For them, the reimbursement of training costs is subject to a different funding scheme outside the collective agreement. At the ZGT hospital with sites in Almelo and Hengelo the employer and the works council agreed before that human resource policies aim to achieve sustainable employment by sustainable management and continuous professional qualification. The interest of employees to stay healthy and the employers' constant/activating interest in a healthy workforce is the basis of ZGT's approach. In a participative process the hospital developed a number of toolboxes and instruments to implement the coherent human resources policy. This should guarantee:

- Competent and sufficient staffing 24/7, year in year out
- Strategic staff planning
- Solution of future staff shortage works already in ZGT
- Leadership programme and talent management
- Flexible and employable staff
- Sustainable employability of our employees
- Healthy working conditions

The participants of AbiK recommend the ZGT-hospital example as a best practice example for guaranteeing healthy ageing at the workplace.

- ii. In the UK there is a Mid Life Career review framework which could be seen as best practice example for other countries. This framework helps nurses to plan and to have an overview on various career paths available and help to map out career and development opportunities. These reviews are offered in a variety of ways; workshops, face to face interviews, by telephone or electronically. They are designed to provide support to staff about the following:
- Return to work after unemployment;
 - Better understand their opportunities to change job, move to self-employment, or negotiate more appropriate working conditions;
 - Find appropriate training courses/opportunities to improve their employability;
 - Make realistic decisions about extending their working life;
 - Improve their health and well-being

The participants of AbIK recommend the Mid Life Career review framework from the UK example as best practice for guaranteeing healthy career planning at work places, which also ensures age-appropriate working

b. Collectively agreed age-appropriate and health-supporting initiatives:

- i. In Germany a collective agreement for the employees in the university hospitals in the state of Baden-Württemberg was agreed in 2013 between ver.di and the University hospitals Freiburg, Heidelberg, Tübingen, Ulm to ensure flexible arrangements for employees' long-term disposal on working time, smooth transition into retirement and professional qualifications ("Tarifvertrag Langzeitkonten und Demografie für die ArbeitnehmerInnen der Universitätsklinika, Baden-Württemberg" valid from 1. January 2014). Employees receive the possibility to save parts of their wages (e.g. max 25% of the annual average regular wage, anniversary bonus money, special incentives and to some extent additional working time - including the related employer's contribution.) This money will be stored in an Insurance fund with a long-term guarantee that its value will be preserved. The employees receive an annual review of the fund's development. Before signing a savings agreement the employee has the right to consult with an independent institution and is mentored by the works councils' representative. The money –and working time - can be used for
- (Part time) child care and care for relatives (min. 1 month)



- (Part time) qualification and education
- Sabbatical (3 – 6 month, employer must agree)
- (Partly) leave of absence before retirement

The individual agreement on leave shall be signed by both parties 6 months prior to using the savings. Reasons for refusing their approval must be seriously justified by the employer. During the period of leave the employee receives her/his regular average monthly wage (min. 70%, max 130%, but no bonus)

- ii. In the UK the NHS Agenda for Change suggested flexible working arrangements (Section 34) and arrangements for better balancing work and personal life (Section 35). It is agreed that flexible working should be part of an integrated approach to the organisation of work and the healthy work/life balance of staff. They should be available to all employees. All jobs should be considered for flexible working; if this is not possible the employer must provide written, objectively justifiable reasons for this and give a clear, demonstrable operational reason why this is not practicable. NHS employers should provide employees with access to leave arrangements which support them in balancing their work responsibilities with their personal commitments. This form of leave should cover a wide range of needs including, but not limited to, parental responsibilities, genuine domestic emergencies and bereavement, and should take into account all religion or belief obligations and associated activities. All forms of leave should have regard to legal requirements and the need to ensure equity of access across all equality strands.

The participants of AbiK recommend both collective agreements – despite all differences that might exist between them – to be considered as best practices for sectoral agreements, which ensure flexible work according to individual needs and career planning.

3. The participants of AbiK agree that due to the complexity of the issue, different problems require different solutions. Therefore they developed a template which serves as the basis for discussion as seen below. The project participants suggest that this discussion basis provides an input into the European social dialogue in the hospital sector, hoping that it can contribute to generate new impulses and to contribute to a better age management in European health.



Proposal: possible inputs for further discussion on health care issues related to the level of intervention

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Level of intervention	Demands for legal and collective bargaining framework conditions	Healthy management and co-determination in health economics	Work-Life-Learning-Balance, an instrument to guarantee quality care
Societal solutions through the creation of national and European framework conditions	<ul style="list-style-type: none"> • Working time directive and regulation • Legal retirement age • Health and safety issues and legislation • Ageing workforce • Quality of care • Sources for education and training • Staffing levels/ratios 		<ul style="list-style-type: none"> • Staffing (only at national level, but recommendation for sufficient staffing possible at EU level)
Social partnership agreements at the sectoral level	<ul style="list-style-type: none"> • Holidays • Transitional arrangements for early retirement (framework agreements of social partners) • Wages • Professional training 	<ul style="list-style-type: none"> • Health support • Knowledge and information • Management competence (education) 	<ul style="list-style-type: none"> • WLLB agreements through sectoral social dialogue • Team development
Company agreements/local collective agreements	<ul style="list-style-type: none"> • Better co-determination in practice <ul style="list-style-type: none"> ○ Consultation in regular forums. ○ Implementation of bipartite working groups for relevant issues ○ Involvement of external expert trusted by works councils and employers • Regular information and consultation of works councils/workers representatives in general 	<ul style="list-style-type: none"> • Knowledge and information • Evaluation of manager – not only of personnel • Supervision • Work organisation • Team development 	<ul style="list-style-type: none"> • Staffing • Leadership training • Family-friendly working time • Team development • Assessing operational procedures • Enquire regarding individual needs

The participants of AbiK agree that co-determined health-supporting management in the health care sector makes age appropriate work possible.



The ABiK project therefore makes the following recommendations for the benefit of sustainable health care systems in Europe:

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1. To improve the knowledge base by:
 - a. drawing up a demographic profile of the company by identifying and assessing potential health and safety hazards
 - b. collecting data through individual (anonymous and company-based) health checks and external OSH organisations or scientific research while guaranteeing data protection
 - c. providing training sessions, including awareness-raising training sessions for managers employers and HR leaders
 - d. providing training sessions for employees in the health care sector
2. To develop dialogue
 - a. ask employees about their problems/concerns in connection with healthy management and Work-Life-Learning balance (according to job-clusters and age-groups)
 - b. consider individual needs in planning shifts
 - c. use the work experience of employees
 - d. information and consultation with the involvement of employers, workers and their representatives/trade unions at all stages
 - e. build communication and consultation structures or use them (when available)
 - f. make clear agreements (e.g. in the format of a collective agreement)
3. To change attitudes
 - a. see that employees are part of the solution and not of the problem
 - b. develop mutual obligations/commitments to implement improvements jointly
 - c. involve young workers from the beginning
4. To support employees by fair supervision
 - a. psycho-social consultation for employees
 - b. consultation for workers throughout life
5. To support employees health
 - a. better working conditions
 - b. models for flexible working hours
 - c. improve OHS at the workplace
6. To improve the organisation of work
 - a. changes/improvements in the shift plan
 - b. study possible limitations of (shift)work (especially night shift)
 - c. develop new shift models



- d. create shift models that consider the employability of the individual workers and keep them healthy in the long term
- e. canteen services matched to different eating in different parts of the day (at night the canteen should have a different offer than during the day)
- f. tutoring and training shift workers enable power napping and training for domestic sleep hygiene

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The participants of AbiK are assured that Work-Life-Learning-balance (WLLB) is an instrument of guaranteeing quality care. The AbiK project makes following recommendations to achieve this:

1. Employers and trade unions need to identify the relevant WLLB-needs through a dialogue.
2. WLLB requires employee-friendly working times and shift plans.
3. The employer should be involved in covering the costs for job/activity related training and further training and make paid leave possible. Learning for work is work itself.
4. Wage levels in all EU member states should enable free time/free funding for job/activity related training and further training
5. The joint responsibility for WLLB needs to be acknowledged by the social partners. This should include consensus on content and forms of WLLB.

The AbiK project makes the following suggestions for the European social dialogue in the hospital sector on the basis of the discussion of the participating partner organisations:

1. We suggest that the ongoing work on a joint declaration on continuous professional development for all health workers of EPSU and HOSPEEM appropriately considers the individual life stages and personal interest of employees. This requires an institutionalised dialogue at the company and at the sectoral level.
2. We suggest that the ongoing work of EPSU and HOSPEEM should consider that- irrespective of differing national assumptions – the workforce needs support at the local level in understanding the opportunities available to them to work differently in later life.
3. We recommend that EPSU-HOSPEEM and their national affiliates should exert their available leverage to the fullest extent in order to guarantee a sustainable financial base for all national health care systems in Europe.



4. We furthermore recommend safe and effective patient-staff ratios at the national level based on principles such as patient protection and health and safety measures.
5. Finally in the longer term we could imagine European level negotiations on guidelines on the development and the implementation of employee-friendly shift plans for the benefit of sustainable health of the employees, taking account also of individual life situations, age and health conditions.

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Berlin, Salzgitter, Hamburg, November 2015

