

# STRENGTHENING SOCIAL DIALOGUE IN THE HOSPITAL AND HEALTHCARE SECTOR

## Health personnel employed in hospitals

Hospital employment (headcount)	104 188
Medical doctors (headcount)	19 496
Nursing professionals and midwives (headcount)	28 367
Hospital beds/100 000 inhabitants	700
Medical doctors/100 000 inhabitants	199
Nursing professionals and midwives/100 000 inhabitants	289

Source: Eurostat, 2016



## Social partners: Fragmented on both sides and lacking employers' structures

### Trade unions

- Independent Healthcare Trade Union;
- Semmelweis Alliance
- Forum for the Co-operation of Trade Unions

fragmented Social Partners

Low members in trade unions



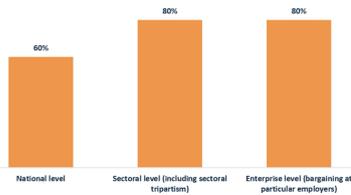
### Professional associations

- Chamber of Hungarian Health Care Professionals
- Hungarian Medical Chamber
- Hungarian Association of Economic Managers in Healthcare

Chambers playing a crucial role

## European Social Dialogue: no involvement in the last years

Diverse activity on national level - no activity on EU level



Reasons for non-participation at the EU level social dialogue

- Low importance of EU social dialogue to the activities of national organisations;
- Not meeting criteria of representativeness;
- Represented by other organisations at EU level;
  - Standing Committee of European Doctors (CPME)
  - European Association of Hospital Managers (EAHM)

## European Semester: No involvement and not effective for social partners

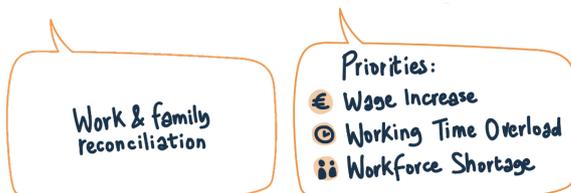
None of the mentioned organisations participated directly in the European Semester meetings in the past three years.

All trade unions participating in the project survey are not involved in the European Semester but are trying to be part of it.



Some professional associations are regularly informed about reforms proposed within the European Semester, whereas others are not involved and not interested in being involved.

## Priorities for the EU level: Health workforce issues and working conditions



Social partners unsatisfied with opportunities to address priorities

Why?

1. Different priorities;
2. Language barrier;
3. No interaction with the EU level social dialogue;
4. Lack of personnel and financial resources.

## Further information

The fact sheet is the result of a survey dedicated to social dialogue with responses from Semmelweis Alliance and Chamber of Hungarian Health Care Professionals as well as desk research conducted in April – June 2019 and information provided at the Regional Workshop in Bucharest on 14 June 2019 within the joint project of HOSPEEM and EPSU. The answers of the survey are generalised, therefore, information might not apply to all organisations listed above. More detailed results on Hungary are available in the Regional Workshop report: Eastern Europe and the comprehensive comparative report of the targeted countries available online on HOSPEEM and EPSU websites.