

# Poland: Nurses in their fight for a pay increase

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Initial health sector reforms (1991 and 2001) – decentralisation, developing private medical practice, upgrading infrastructure of public providers (Eurofound 2011); public sector seen as a burden, significant lay-offs of nurses

Key challenges (2005 – 2010) - low wages, the migration of doctors and nurses; increased workload in hospitals and residential care centres

## **Austerity measures during the economic crises 2008 onwards:**

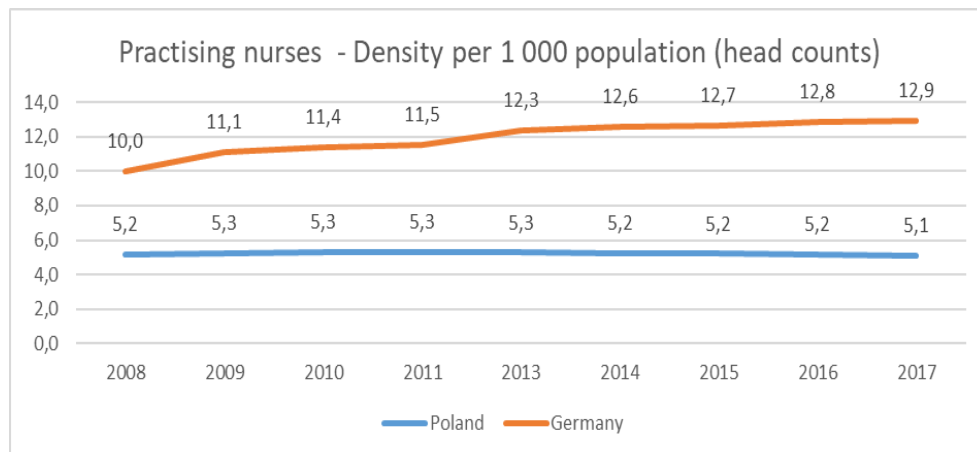
- Pay freeze, cancelled seniority and bonuses from 2013 onwards (Vaughan-Whitehead, 2015) – duration longer than needed
- Tripartite framework agreement on wages and development of working life for the years 2011—2013 mitigated the adverse effects.
- The relevant instruments were often implemented after discussion with social partners. The gender aspects have not been considered at all (Bettio et al., 2012).
- Collective bargaining has weakened; lowered influence of the trade unions cause of criteria on union representation and new administrative procedures for registering new union; terminated collective negotiations and agreements (Pillinger, 2014).
- Healthcare public investments cuts - translated into a reduction in the number of medical staff or not employing new nursing staff) - worsens the existing working conditions in medical facilities
- Introduction of the flexibilisation of the work:
  - Eight-hour working day was abolished = one month working less and be paid less; next month working more and paid more, but it is up to the employer. The employer can decide, what working time you will have this month, because the calculation period was prolonged.
  - Solution to the employers during the crisis to adjust work for workers.

## Nursing sector

- women-oriented sector from the beginning; the largest occupational group in the health sector
- In the past - nurses had extra jobs as cleaners because of the low wages
- 277,334 women and 5188 men certified to work as nurses (National Chamber of Nurses and Midwives, 2015)

### Current situation:

- Public/private healthcare competition, hospital policies by constant change;
- Percentage of women employed in the public health and social work activities – 83% (Eurostat, 2017);
- Number of nurses has declined - they have full-time job in one hospital and then some extra hours in other private or public hospital;
- Often self-employed in hospitals (subcontractors); can work 300 hours per month; working time not regulated
- Large shortages of nurses and midwives + the average age of 52 years; no problem with their employment.
- In large urban agglomerations - phenomenon of nurses and midwives poaching offering better wage or accommodation.
- Opening new nursing faculties – 107; people with the right to practice a nurse/midwife profession do not go abroad but stay in Poland.



## Nursing - deeply **gendered profession**

The underlying concept based on values connected to caring femininity, such as compassion, devotion, discipline and selflessness, which recall personal, intimate relations.

Deeply rooted in familial relations - represents an obstacle to the nurses' bargaining position.

Not easy to frame the caring relationship in terms of paid employment.



**The norm of selflessness**, confer satisfaction  
– does not need to be highly rewarded in a material sense.

This logic is **institutionalized in the contracts** between the National Health Fund and hospitals, which do not stipulate a minimum ratio of nurses or their wages, thus allowing hospital managers to keep their numbers as low as they wish.

Feeling of powerlessness and marginalisation.

Nurses have been organising trade unions since the beginning of the 1990s

Fragmented:

- All-Poland Trade Union of Nurses and Midwives (OZZPiP) - representative at the national level
- National Chamber of Nurses and Midwives
- Also minor organisations active at regional and hospital level

Created outside the trade unions' mainstream - **separatist women unionism** as a pragmatic strategy (Briskin 1993); separated from confederation – better protection of interests, develop own agenda and leadership

**Militant profile** = relying on the mobilisation of all members and the transformational nature of the agenda, focus on quality of care; protest without harming patients and capturing public attention; regarded by them as sad necessity

Tight collaboration of trade unions and chamber

## 20 years of organizing protests

- WHITE MARCHES
- Blockades of streets, roundabouts, pedestrian areas and border crossings
- Camp villages
- Strikes in hospitals
- Hunger strikes



In 2007 - occupations of public buildings – the Ministry of Labour, the Ministry of Health, the Chancellery of the Prime Minister and the visitors' gallery in Parliament – unusual for trade unions in Poland.

They are recognised for organising the so-called White City protest, a campsite in front of the Chancellery of the Prime Minister, which was formed when their leaders were occupying the public administration building

A **pattern of protest femininity** created



# Nurses' actions 2015 - 2016



people on the 'threat' of imposing selfishness on nurses.

2015 - they **managed to coordinate** and threatened with a general strike in a healthcare (the decentrealised model of healthcare hindered collective protests)

The trade union leaders managed to convince shopfloor leaders to coordinate their activities in order **to enter into collective disputes with the hospitals all at the same time.**

**Election pressure** - nobody wants hospitals on strike during the elections.

Meanwhile the leader of the trade union, in collaboration with the leaders of the National Chamber of Nurses and Midwives, continued talks with the Ministry of Health, **negotiating for a stabile mechanism of wage increases to be built into the financing system and independent of the individual decisions of hospital managers.**

Massive demonstrations in Warsaw and threatened a general strike. After intense negotiations, the **Ministry signed an agreement.**



Agreement called **"4 x 400"** = guaranteed nurses wage increases in four parts over four years.

- Each year wages increase by 400 PLN gross (approx. 100 euros with tax) per month from a special fund created by the Ministry to be transferred to National Health Fund.
- The wage increase after tax is 230 PLN (approx. 50 euros) monthly.
- Eligible for nurses working on fulltime employment and other forms of contracts.

## Limits

- Agreement limits nurses' protest activities – they are prohibited from organising similar coordinated protests at the national level
- Understaffing of nurses that causes work-related stress and pressure and endangers patients not addressed.
- Large shortages of nurses and midwives and the average age of 52 years - no problem with their employment.
- In some large urban agglomerations - a phenomenon of nurses and midwives poaching offering better wage or accommodation.

In recent years, new nursing faculties opened in Poland and there are now 107 of them.

People who obtain right to practice a nurse/midwife profession do not go abroad but stay in Poland (Lodzinska, NIPiP).

**Decentralisation of the healthcare hindered the trade unions' action efficiency**

**Persisting problems and poor protection by mainstream trade unions lead to separatist women's unionism**

**Long-term experience of organising protests – pattern of protest femininity**

**Managed to coordinate and agreed on united actions despite fragmentation**

**Stable mechanisms of pay increase anchored in centralised financing system**

**Pay increase for all contracts**

**The understaffing not addressed**

**Lack of nurses - potential of further pay increase**

**THANK YOU FOR YOUR  
ATTENTION!**

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