



European Social Fund

The StAZ acts as an applicant of ESF subsidies. The European Social Fund (ESF) is one of the structural funds of the European Union. The ESF is a major means of funding for creating new and better jobs and for developing the skills of the working population. Hospitals can submit applications to the ESF, for example, for schooling and professionalizing staff or for initiatives to reduce absenteeism.

Care4Age

Age-awareness and lifecycle policy are important topics in hospitals that often remains undiscussed. Not only do hospitals have to attract new staff, they must also retain their current staff by anticipating different life stages. StAZ has therefore developed 'Care4Age', a management game that increases awareness and encourages discussion in the area of lifecycle policy.

Virage

Offering sufficient career prospects to employees can be a major challenge in the healthcare sector. With the 'Virage' project, StAZ aims to stimulate career development both from an organisational and a personal viewpoint. By utilising career tracks, Virage is designed to prevent staff from dropping out because of inability to work. In collaboration with a career-track consultant, staff receive coaching to

prepare them for different kinds of jobs (internally or externally).

Safe Care (Veiligezorg®)

A hospital should offer everyone a safe environment. In practice, unfortunately, this is not always the case. A vast majority of doctors and nurses in Dutch hospitals have occasionally had to face verbal aggression, physical violence or serious threats. Hospitals, municipalities, the police and the courts work together in the Safe Care project to counter this type of aggression. This is done by drawing up clear codes of conduct, taking concrete measures and making explicit agreements between all parties. All incidents of aggression in a hospital are recorded in the Hospital Incident Registration System (HIR). The HIR is designed to provide insight into the types of incidents and their consequences.

European Social Dialogue

In the European Social Dialogue project, the social partners in the Dutch hospital sector recognise that the labour market does not stop at Dutch national borders. They attach considerable importance to cooperation in the European sector, with a central role reserved for the European Social Dialogue. This dialogue is a discussion between European social partners, which is intended to have a direct influence on European Union

policy. The social partners also want to encourage hospitals to make maximum use of the many opportunities offered in Europe in the areas of subsidies, contacts and expertise.

SOURCES

- Safe Care project: www.veiligezorg.nl
- The Organisation for Social Partners in Hospitals in the Netherlands (StAZ): www.staz.nl
- NVZ Dutch hospital Association (NVZ): www.nvz.nl
- Work in Care and Welfare 2006, Prismant
- Regiomarge 2006, Prismant
- Capacity Plan 2005, Capacity Body
- CLA Hospitals 2006-2008, ABVAKABO FNV: www.abvakabofnv.nl
- Labour Market Developments in the Dutch Hospital Sector, Sector Funds, Care and Welfare, 2004
- CBS, Vernet en LKG

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StAZ
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European Social Dialogue

The Labour Market in the Hospital Sector

Smart measures enhance the image of the sector

Good healthcare starts with good, flexible human resources policy that anticipates the various needs of staff and gives them ample leeway to develop their talents. The composition of the labour market is increasingly more diverse. The population of the Netherlands is ageing rapidly. At the same time, the number of people entering the labour market is declining. As a result, the labour market in the healthcare sector will become tighter in the coming years. To counter the ageing and decline of the workforce, the hospital sector also needs to take smart measures. The sector must enhance its appeal, both to older employees and to young people entering the profession. The Dutch social partners have joined forces with the Dutch hospitals to improve the quality of labour and create an attractive place to work for employees. With projects in the areas of lifecycle policy, mobility and safety, they aim to ensure that hospitals continue to provide good, highly motivated working environments.

Healthcare: supply and demand

The demand for healthcare will increase in the coming years. Based on demographic changes alone, average growth will be 1 percent per year. Increased demand because of technological advances and income growth are additional factors.

Employment in the Netherlands is growing, with a corresponding decline in unemployment. In 2010, it is expected that there will be a shortage of higher educated personnel and a surplus of lower qualified job seekers. These general developments also affect the labour market in the hospital sector. The number of people over the age of 50 working in the healthcare sector, which equalled 15.7 percent in 2000, had grown to 22.6 percent by 2005. In the coming years, this ageing of the workforce will continue.

In contrast to other care sectors, hospitals do not yet expect a shortage of personnel in the near future. In general, the supply of general nursing staff and medical specialists is sufficient to meet the increased demand. Some specialisms however, such as dermatology, ophthalmology and radiology, could experience shortages, based on current supply. The same holds true for specialist care in specific regions.



Sector Figures, Hospital Labour Market ¹

	2001	2002	2003	2004	2005 ³	Average growth per year 2001-2005
Number of persons employed ²	219,980	233,430	239,400	241,280	244,000	2,6%
Number of jobs ²	156,910	164,350	170,770	173,300	175,200	2,8%
Average length of working week	71.3%	70.4%	71.3%	71.8%	71.8%	
Average age (in years) ⁴	38.6	39.0	39.7	40.3	41.0	
Share, age 50 and above ⁴	16.7%	17.4%	19.0%	20.8%	22.6%	
Share, women ⁴	80.1%	81.1%	80.4%	81.0%	81.1%	
Length of employment (in years) ⁴	9.0	9.1	9.5	9.8	10.3	
Gross staff turnover ⁴	13.5%	12.0%	10.7%	9.4%	9.3%	
Net staff turnover ⁴	5.1%	4.2%	4.0%	3.8%	3.7%	
Absenteeism due to illness (excl. pregnancy) ⁴	6.3%	5.6%	5.1%	4.8%	4.7%	

1 Jobs in general, non-affiliated hospitals and rehabilitation centres

2 Jobs excludes staff not in paid employment, because the figures for all years are not known

3 Jobs in 2005 are estimated based on job growth of employees between 2004-2005 in the EWL (CBS)

4 Refers to general hospitals

Nursing and care staff

In 2005, the Dutch hospital sector employed 244,000 people, more than 80,000 of whom in nursing and care. They occupy more than 55,000 full-time positions. There is ample provision to meet the short-term demand for new nursing staff in hospitals. Supply is adequate because of the intake in relevant training that, until recently, has remained up to standard. From 2009, it is possible that supply will no longer satisfy demand. In such an event the hospitals would simultaneously face more competition from other sectors with personnel shortages.

Medical specialists

The supply of medical specialists is expected to be sufficient to meet demand in the coming years. Between 2000 and 2005, the number of specialists grew by 12 percent. The number of registered specialists in 2005 was 16,840, of which 14,300 were working in a medical profession. There has been substantial increase in the share of women in the professional group. In 2005, only 25 percent of medical specialists were women; in 2020, this

figure is expected to reach 47.3 percent. In 2005, 47% of medical specialists were 50 years or older. Many new specialists work part-time, a trend that is no longer limited to women specialists, but now includes their male colleagues. In recent years, supply and demand have converged. There are increasingly fewer vacancies. Waiting lists are shorter (in 2004, the average waiting time was less than five weeks).

Possible solutions

Wherever possible, a combination of working more efficiently and labour-saving technology should limit future shortages in the hospital sector. The sector is seeking additional solutions through measures such as controlling absenteeism, reducing staff turnover (especially young staff), increased training capacity and higher intake of ethnic minorities and first-time or returning women employees. Job differentiation and a reshuffling of tasks could also give the sector additional 'breathing space'. At the moment there is a debate going on among physicians about new tasks that could be given to nursing staff. The current

rearrangement of tasks in hospitals mainly consists of shifting medical tasks to staff qualified to perform medical treatment under supervision of a doctor (specialist nurses, optometrists, nurse practitioners and physician assistants).

Absenteeism and staff turnover

Control of absenteeism and staff turnover is often the first major step in solving capacity problems in a tight labour market. In recent years, in the Dutch hospital sector, there has been a substantial reduction in both absenteeism and turnover. In 2006, absenteeism averaged 4.4 percent in Dutch hospitals. These absenteeism figures were the lowest in the entire sector. Also, gross staff turnover in hospitals (the number of nursing and care staff that left a hospital) was the lowest in the sector. In 2006, gross staff turnover in general hospitals was 4.0 percent.

Terms of employment

In Dutch labour relations, consultations between employers and employees play a key role. In the Netherlands, terms of employment are often set

