



This project is funded by the European Union

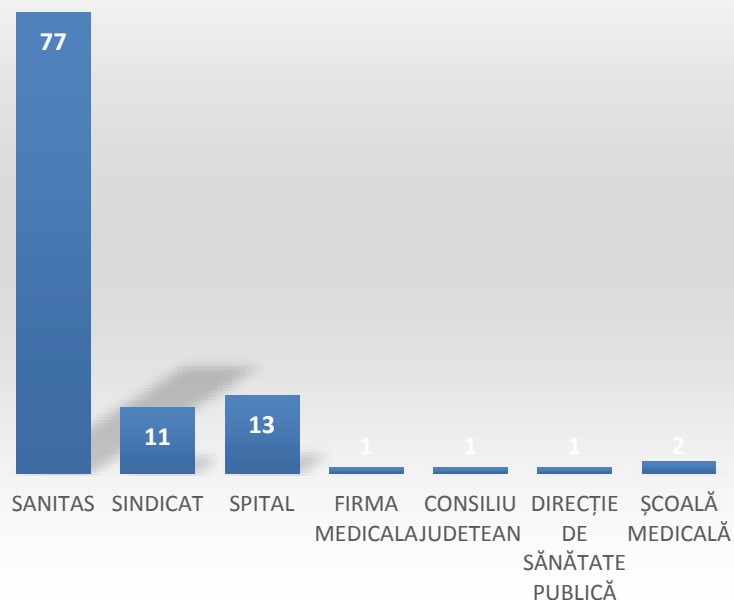
## The workforce crisis in healthcare.

# Testing challenges and solutions for Romania and at the European level

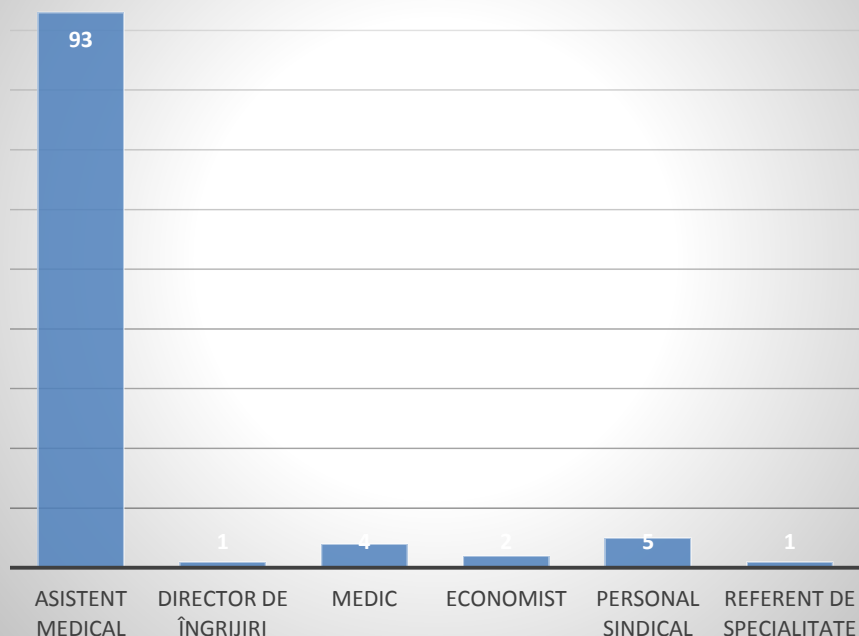
*6 October 2015, BUCHAREST*

# CPSS – SANITAS Study (May-June 2015)

## Respondents- organisations

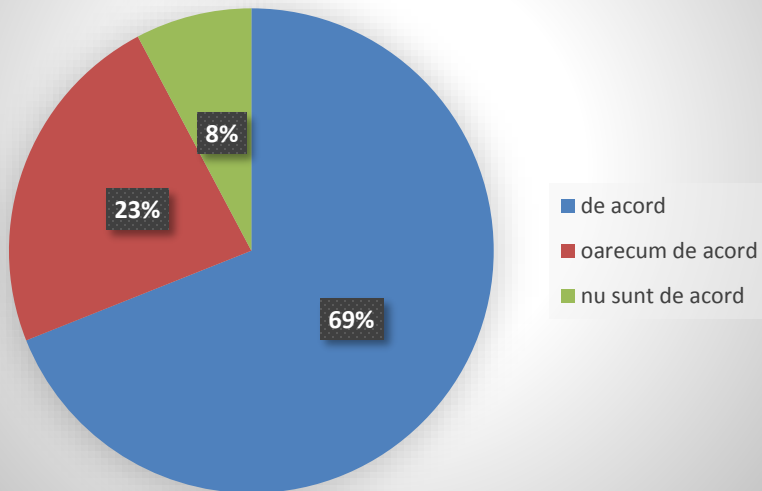


## Respondents- positions

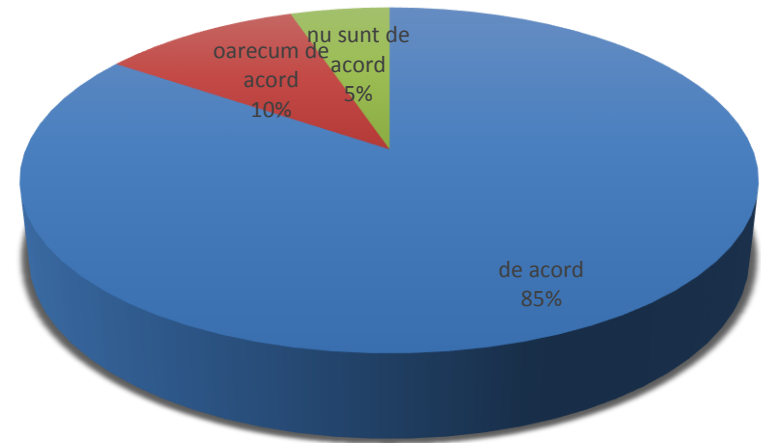


# Europe and the economic crisis – responsible for the workforce crisis in healthcare

Q1. The issue of intra-European healthcare staff migration creates inequities that the EU has to acknowledge and to the solving of which it must contribute.



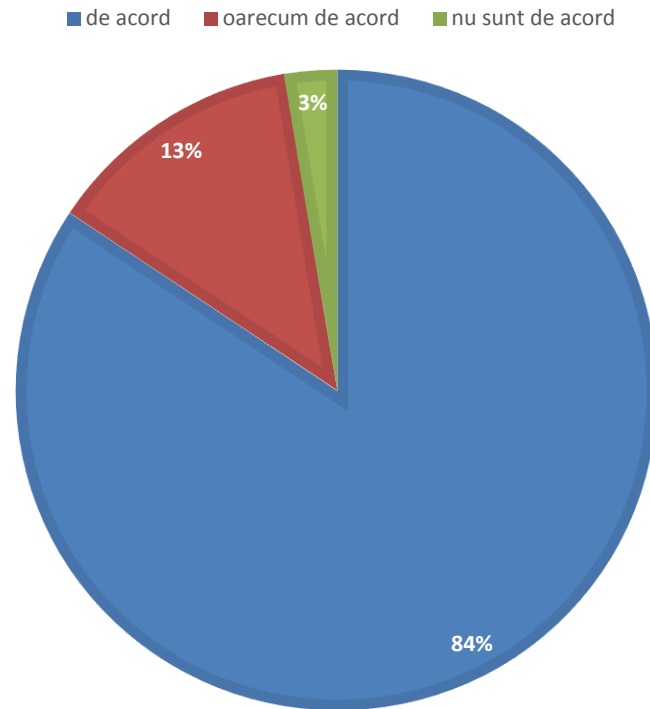
Q2. The crisis will increase inequities, interregional disparities and inequalities of opportunity in accessing healthcare services for patients from poorer countries.



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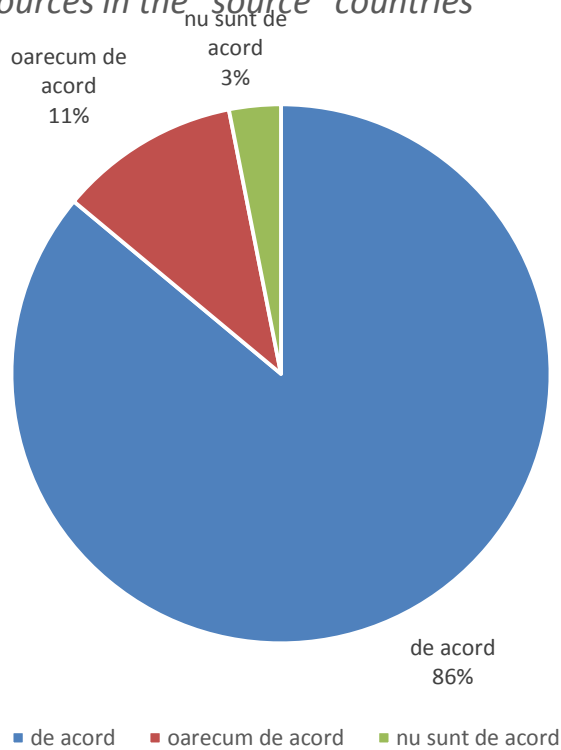
# Solutions

*Q3. THE FIRST SOLUTION TO THE-ABOVE MENTIONED PROBLEMS (Q1 AND Q2) COULD BE A TASKFORCE OF COUNTRIES FACED WITH HEALTHCARE STAFF EMIGRATION (“SOURCE” COUNTRIES) THAT COULD PROMOTE DISCUSSING THE ISSUE IN THE EUROPEAN PARLIAMENT AND ACTUAL MEASURES*



## Are EU Funds a solution?

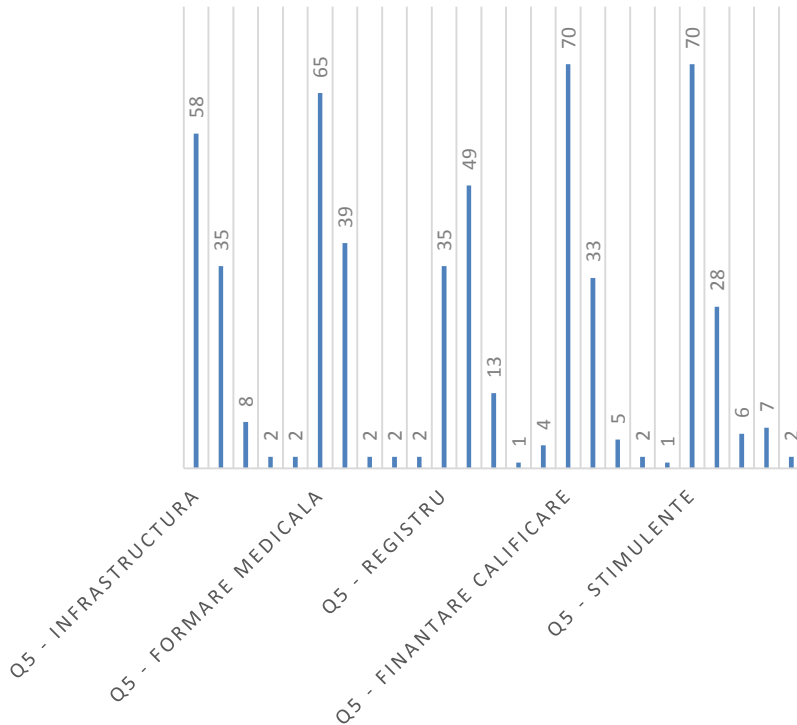
Q4. The second solution to the above mentioned problems (Q1 and Q2) could be EU Funds dedicated to supporting human resources in the “source” countries



- Harmonising wages with EU criteria (they could perhaps be co-financed by the EU)
- A greater concern shown by the “source” country both for healthcare staff and patients
- Closing down under-performing hospitals and adapting payment to the level of training and performance
- These solutions are not relevant to the problems in the Romanian healthcare system- Romania should just allocate larger amounts of money for the healthcare system

# What financing needs could EU Funds contribute to solving?

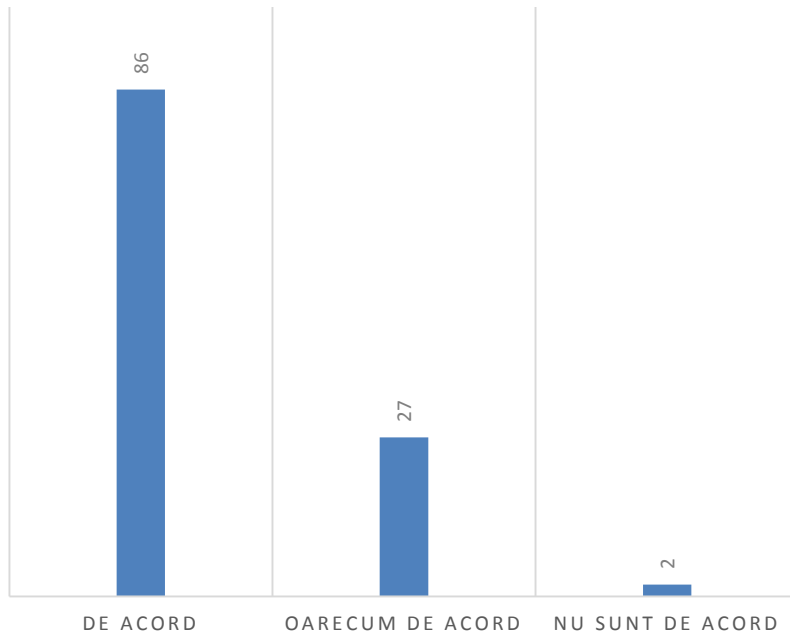
Q5. EU FUNDS DEDICATED TO "SOURCE" COUNTRIES COULD BE USED FOR:



- Better infrastructure and solving the problem of lacking consumables in healthcare facilities
- Funding hospitals
- Paying wages according to performance
- There are differences according to specialties
- Introducing competencies for complex specialties: ICU, Oncology, Hematology

## The data issue...a (mis)understood issue

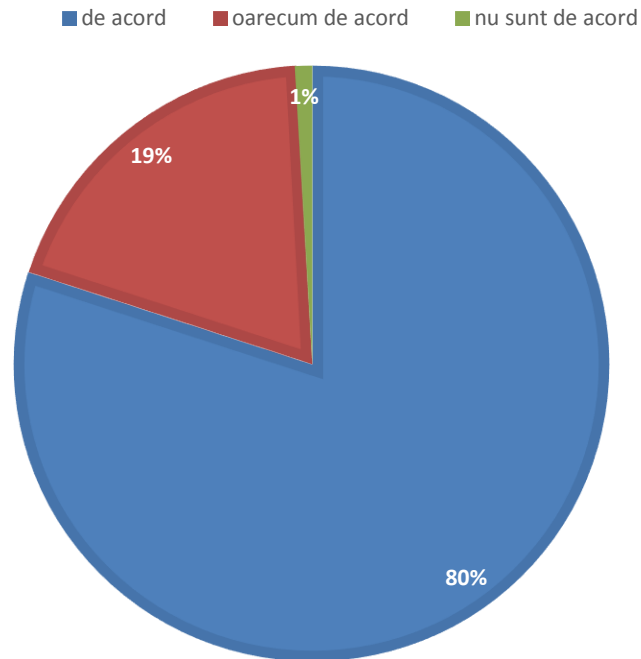
*DATA EXIST IN DIFFERENT INSTITUTIONS/ ORGANISATIONS, BUT THEY ARE NOT INTERCONNECTED, (THEY ARE ALSO OFTEN INCOMPLETE, REFERRING ONLY TO THE PRODUCTION OF HEALTHCARE STAFF OR TO THE "INTENTION" TO LEAVE, NOT TO THE ACTUAL ACTION), IT DOESN'T GIVE SUFFICI*



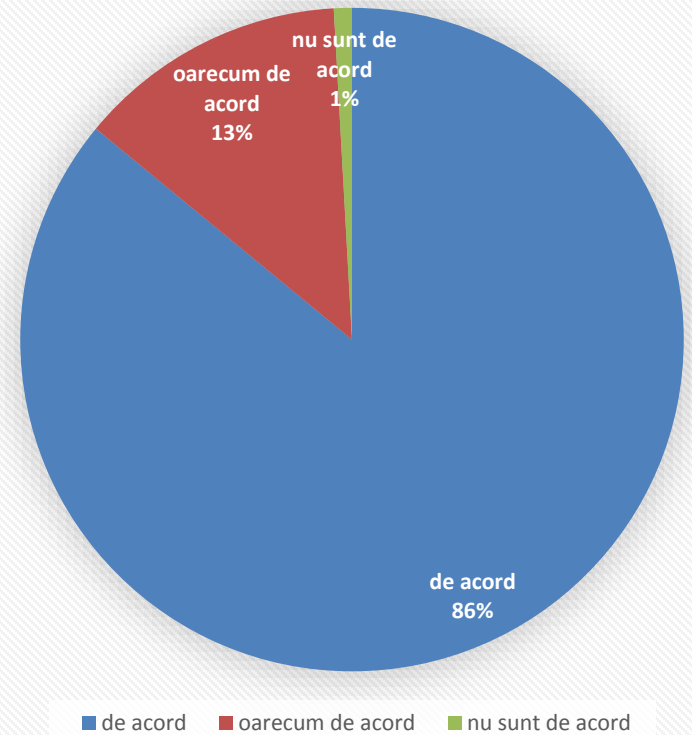
- Statistics doesn't concern us ("we are nurses, not statisticians")

# Motivation and social value

MIGRATION IS CAUSED BY LESS SATISFACTORY WORKING CONDITIONS, AS WELL AS THE LOWER SOCIAL VALUE ATTACHED TO HEALTHCARE STAFF IN POORER COUNTRIES. PHYSICIANS AND NURSES DO NOT LEAVE EXCLUSIVELY BECAUSE OF LOW PAY



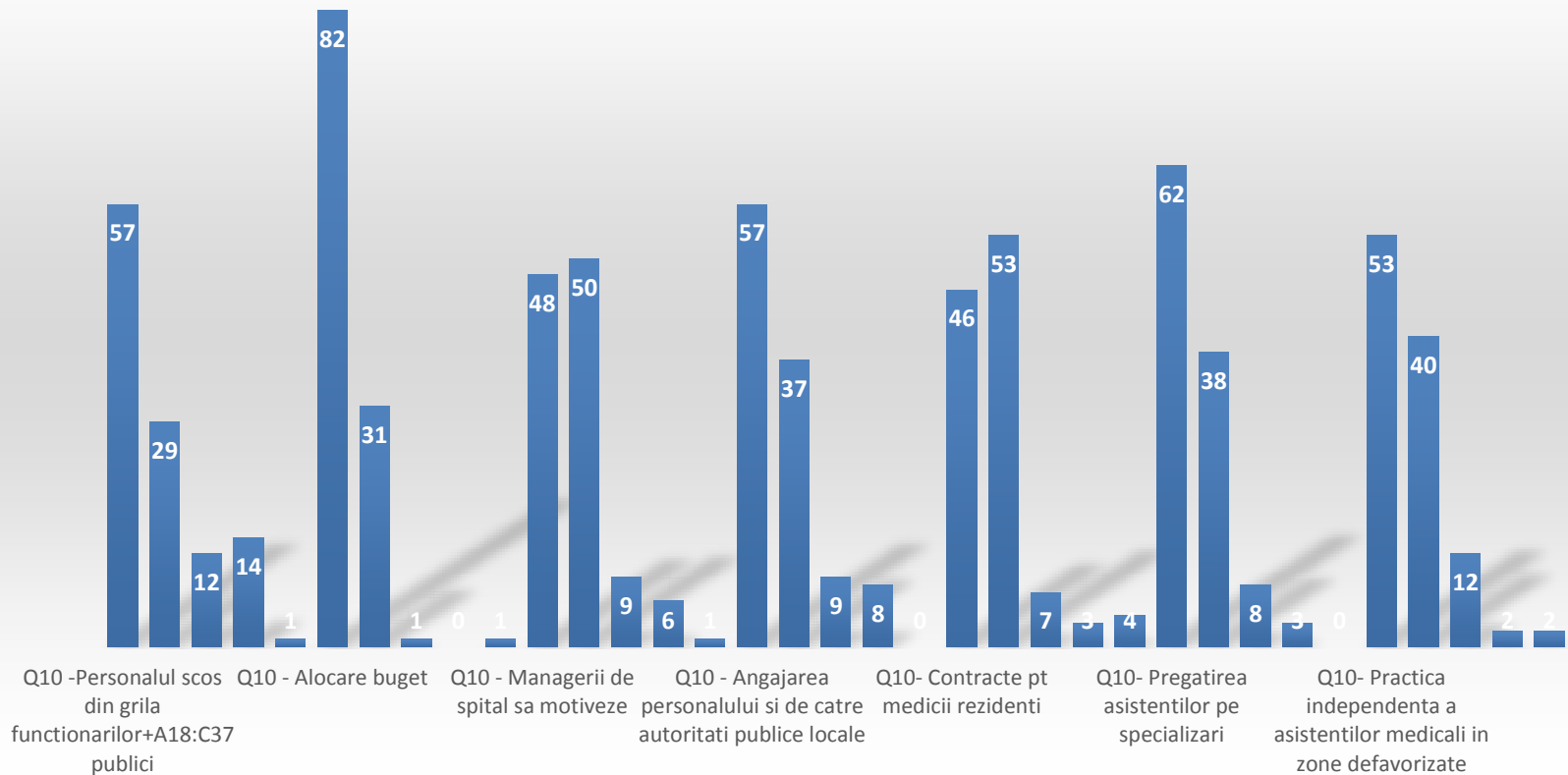
*A solution could be creating a Pact for Healthcare that would acknowledge that the lack of resources constitutes a critical and urgent issue for the health of Romanians and adopting a cross-party strategy*





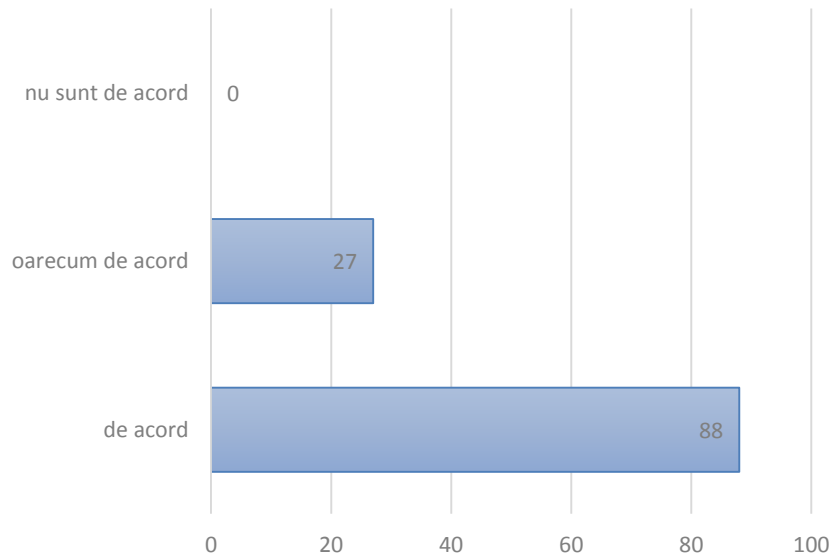
# Agreement for Healthcare

The necessary measures according to the Agreement for Healthcare are:



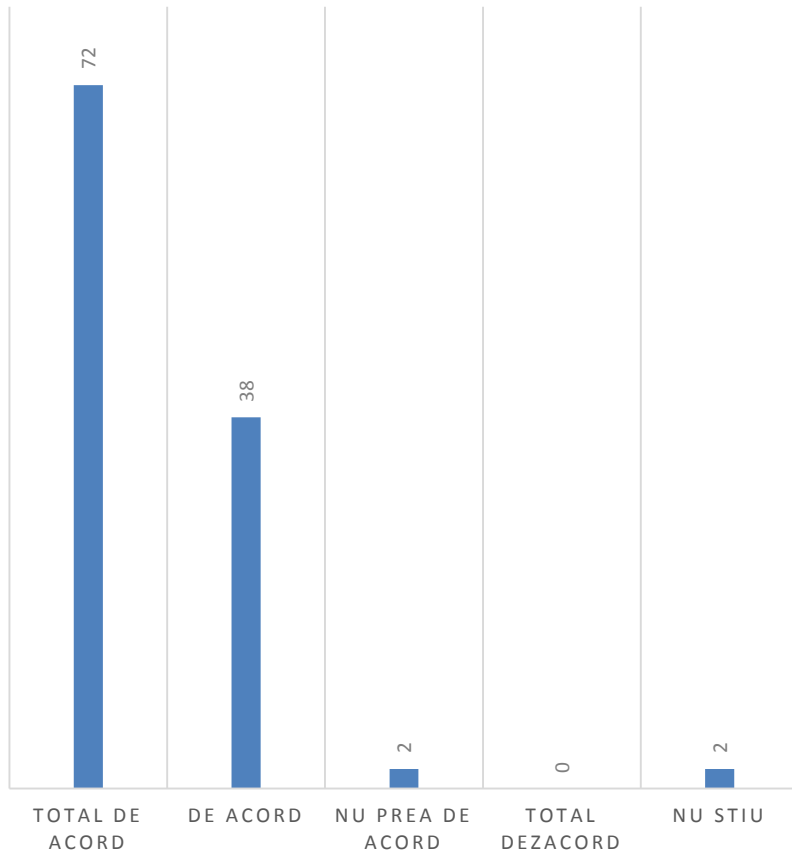
# Other measures – a campaign for re-establishing the credibility of healthcare staff

*Another solution could be a campaign to re-establish the credibility of healthcare staff*

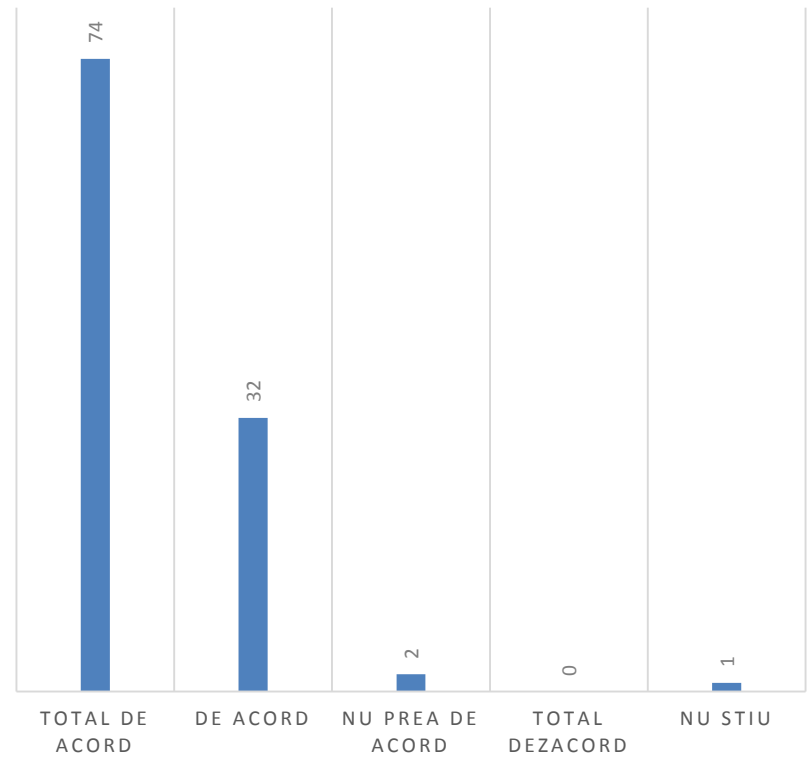


# How?

Q12- ADVOCACY CAMPAIGN



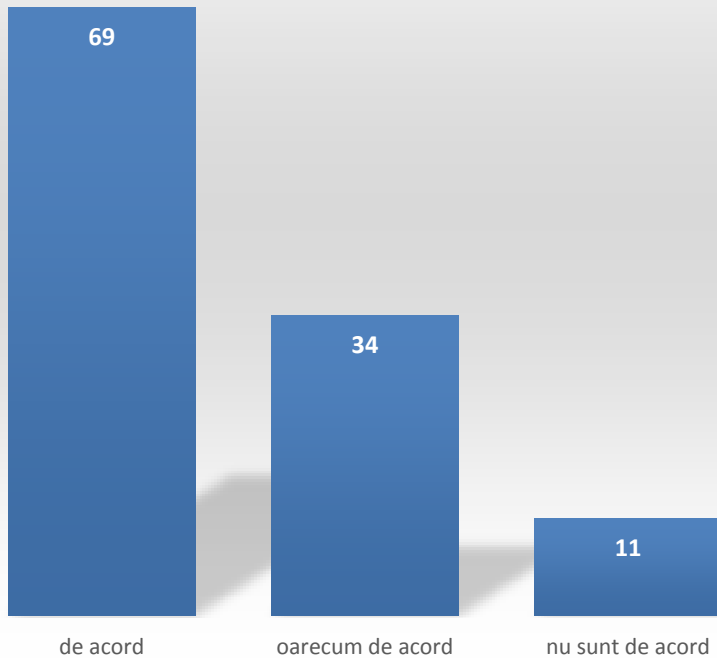
Q12- REGULATORY ACTIONS OF THE NATIONAL AUDIO-VISUAL COUNCIL THAT WOULD RECOMMEND COVERING POSITIVE CASES IN THE MEDIA



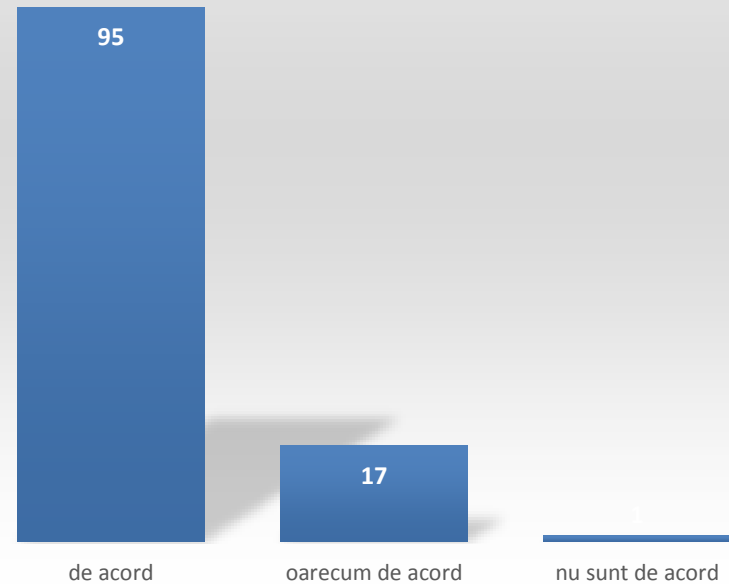
Other– analysis committees / general strike carried on indefinitely/ Sanctioning media that present untrue news

# Equal working conditions for migrant healthcare staff

In some cases, migrant healthcare staff do not benefit in destination countries from the same working conditions, including pay, as local healthcare staff. Do you agree with this statement, do you somewhat agree or do you disagree?



A solution could be a national and European legislation on the ethics of recruiting healthcare staff and equal working conditions to the ones enjoyed by local staff (particularly in the case of nurses) in the EU space



## Conclusions...

- *The European dimension of the crisis of human resources for health is clear to the respondents*
- *The need for a taskforce at the European level that should come up with common solutions is confirmed*
- *Community Funds are seen as a solution (only 3 % think that funding can be ensured only from the national budget)*
- *A greater value attached to healthcare (“Source” countries should show a greater concern both towards healthcare staff and towards patients)*
- *Harmonising wages with EU criteria (they could perhaps be co-financed by the EU)*
- *Closing down under-performing hospitals and payment adapted to the level of training and performance*
- **A campaign to re-establish the credibility of healthcare staff– a unanimously accepted measure/ need for recognition**

Thank you

**Centre for Healthcare  
policies and services  
Mirela Mustața**

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Răzvan Gae**