Introduction
This report analyses the role of social dialogue and collective bargaining in addressing the challenges created or exacerbated by the COVID-19 pandemic in the hospital sector. It also explores whether existing social dialogue and collective bargaining practices and processes in the sector were adapted or changed to address these challenges.

The research comprises two parts. First, a literature review characterises and contextualises the structural features of the hospital sector at the time when the pandemic struck. This is followed by a qualitative analysis of information collected through the Network of Eurofound Correspondents.

Policy context
The health sector, and hospitals in particular, were severely strained by the COVID-19 pandemic while playing a key role in its containment. Most countries had to rapidly increase the surge capacity of their health systems. This was particularly challenging for countries already trying to cope with staff shortages or reduced hospital capacity. The pandemic response also required additional efforts from a healthcare workforce that had, to some extent, already experienced a deterioration in working conditions.

The health sector in the EU has undergone major restructuring over the last few decades, especially with the implementation of austerity policies in the aftermath of the 2007–2008 financial crisis. These policies have widened the gaps in employment prospects and opportunities between countries and have incentivised the international mobility of health workers. Healthcare reforms changed the sector’s landscape, with the expansion of private healthcare provision and increased fragmentation of working conditions and interest representation in the sector. However, the EU strategic framework on health and safety at work 2021–2027 recognises the need for strong health and hospital sectors to ensure Member States’ preparedness for future health crises.

Key findings
All EU Member States and Norway had to scale up their hospital capacity to some extent to meet the growing demand for healthcare services at short notice during the pandemic. Most adopted similar strategies to achieve this, including changing working time patterns, transferring staff between health facilities, mobilising private sector resources and recruiting foreign workers.

The implementation of these measures often required the adoption of emergency legislation, but the scale and scope of the social partners’ involvement in drafting this legislation varied across Europe. Social dialogue and collective bargaining played a prominent role in addressing these challenges in countries with well-established social dialogue institutions and a long-standing tradition of cooperation between the social partners: Austria, Belgium, Denmark, Finland, Germany, Luxembourg, the Netherlands, Norway and Sweden. In countries where collective bargaining is comparatively less established, including Bulgaria, Cyprus, Czechia, Estonia and Malta, efforts to contain the pandemic also led to closer social partner collaboration.

In other countries, the social partners played a limited role in managing the pandemic response. This was the case in the countries most affected by the implementation of austerity measures in the health sector in the aftermath of the 2007–2008 financial crisis – namely Greece, Portugal and Spain. Their healthcare systems had not fully recovered from the staff cuts and pay freezes of that period. The governments of these countries enacted legislation without seeking the involvement of the social partners. Furthermore, in Hungary, government policies restricted the role of social dialogue and collective bargaining in the sector by redefining public doctors’ contractual status, while in Lithuania, the government attempted to restrict unions’ influence and the scope of collective bargaining.
Although no substantial changes were identified regarding social dialogue institutions and processes, the breadth of issues expanded beyond traditional employment and working conditions. The involvement of the social partners continued to be more significant in relation to issues that are traditionally within the remit of collective bargaining and social dialogue, such as wages and bonus payments. Nevertheless, there is evidence of their involvement in broader issues such as the adaptation of work organisation to secure greater capacity, the reallocation of staff and the protection of staff’s health and safety. Although their involvement was generally limited to information and consultation procedures, implementing these measures required the cooperation of the social partners, resulting in increased interactions at national, regional and local levels.

Finally, the pandemic highlighted or exacerbated some problems to which the social partners could not find joint solutions or that they only partially addressed. These include wage disparities between occupations and groups of workers, for example, which may have been aggravated by the uneven distribution of COVID-19-related bonuses or the inability to meet demands for wage increases in recognition of workers’ efforts. The pandemic also exacerbated existing staff shortages and problems with staff retention, which are related to growing evidence of burnout associated with high stress levels and heavy workloads.

**Policy pointers**

- The pandemic demonstrated that countries with well-established social dialogue systems were better and more quickly able to develop responses. Beyond issues traditionally addressed through collective bargaining and social dialogue, the continued involvement of trade unions and employer organisations would be beneficial in addressing issues such as staff shortages and investment priorities that the pandemic brought into even sharper focus.
- Wage disparities have long existed in the health sector, but the pandemic exacerbated them. In many cases, the distribution of one-off COVID-19-related bonuses excluded non-medical staff and private sector workers, reinforcing existing wage inequalities in the sector. This generated tensions and conflicts that may jeopardise the sector’s capacity to respond to future health crises. Social dialogue and collective bargaining could be more oriented towards addressing wage inequalities.
- Social dialogue and collective bargaining should also prioritise occupational safety and health issues. In an effort to ensure higher levels of staff retention, particular attention must be paid to the high prevalence of psychosocial risks and the risk of burnout.
- Measures to address the medium- to longer-term challenges facing the sector regarding recruitment, retention and crisis readiness must be developed within a broader context of adequate financial investment in the health sector. The social partners could contribute to finding balanced solutions to these problems, but their responses will be contingent on the fiscal policies adopted after the pandemic, which should avoid deepening existing problems in the sector.

**Further information**

The report *Social dialogue and collective bargaining in the hospital sector during the COVID-19 pandemic* is available at [https://eurofound.link/ef21030](https://eurofound.link/ef21030)

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