STATUS OF OCCUPATIONAL HEALTH AND SAFETY IN SERBIAN HEALTHCARE

An analysis of the survey conducted in healthcare institutions in Serbia

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Youth Section – Trade Union of Health and Social Care Workers “Nezavisnost” Serbia

Introduction

The analysis of the occupational safety and health status in healthcare institutions in Serbia is the result of the project "You have the rights"[1] conducted during August and September 2006, by Youth Section –Trade Union of Health and Social Care Workers "Nezavisnost" Serbia with support of Public Services International[2] and FOA - Fag og Arbejde, Denmark[3.] We conducted a survey during the project, which included questions concerning the status of occupational health and safety, and 543 employees from several healthcare institutions in Serbia replied. The survey included young workers (up to 35 years of age).

The conclusions presented in the analysis were the result of the statistics of responses given to questions from the survey.

If you whish to read more about the project itself, please contact us or visit us at the address - www.gszsz-nezavisnost.org

[1] More informations: www.gszsz-nezavisnost.org
[2] More informations: www.world-psi.org
[3] More informations: www.foa.dk

How was occupational safety implemented up to now?

Although both in extant regulations of healthcare institutions and in recently adopted Law on Occupational Safety, there were provisions stipulating education of new employees and periodical testing of their knowledge concerning occupational safety and health (according to old regulations- Occupational safety), the majority of healthcare institutions have not actually been implementing those legal provisions in their daily practice, or they have been implementing them partially, on a case by case basis.

From our interviews with employees, we learned that during their initiation of employment they were presented with a document testing their knowledge on occupational safety and health (several general questions), which they signed without filling in the answers (they signed blank paper), with accompanying statement that they had been duly informed of the hazards of their job and conditions needed for fulfilment of occupational safety and health norms. Employees accepted to sign the aforementioned document, since they were only starting on their new job and were fearful that not signing the document would delay their employment.

In this way, health institutions fulfilled, on paper only, their legal obligation to inform new employees of occupational safety and health procedure, thus fulfilling the legal requirements (although it could be said that employees signed this document under indirect duress). It is very important to understand that this procedure is not applied in order to improve the level of occupational health and safety of the institution itself, but rather in order to minimize the legal expenses of healthcare institutions that faced legal charges from employees who had been injured on their place of work. This means that on one hand, health institutions were protected from litigations caused by inadequate occupational safety and health measures, because employees willingly confirmed that they had been acquainted with their obligations and responsibilities, while on the other hand, employees performed their task virtually unaware of all the dangers waiting for them on their new positions in healthcare institutions.

As a result, the official statistics concerning work-related injuries in Serbian healthcare (if existent at all) couldn't be viewed to reflect the real state of affairs, since a great number of healthcare employees in Serbia did not report every work-related injury, mostly because they did not know what and when could be reported and what would have been the consequences of their actions. This led to the condition where only the most flagrant cases were reported, the ones so obvious that they could not be contained within the organization (serious work-related injuries).

One could not claim that the authorities were not aware of such drastic violations of legal requirements, since, most probably, this kind of behaviour had been reported by responsible persons in healthcare institutions. As this condition has not been remedied, we can only conclude that the authorities accepted this practice, the healthcare institutions being one of the pillars of social welfare and public peace, especially during the nineties when Serbia was in a dire economic crisis. Had these legal requirement been followed to the letter in those times, only a few healthcare institutions would have continued with their operations while all others would have been closed until conditions for safe conducting of activities would have been met - an inconceivably difficult task at the time.

After the changes in 2000 and the introduction of democratic government in Serbia, the situation did not drastically change since occupational health and safety was not one of the priorities of the new government. In the period 2000 – 2003, all strikes in healthcare had as one of their demands the improvement of work conditions in health. Nevertheless, this demand had often been rejected on completion of the negotiations. At that time, the priority had been the increase of healthcare wages (which was the first and fundamental demand of the members of trade unions). In this manner, employees, trade unions and the government as well as authorized public services, always delayed the solution of occupational health and

safety issues for some other time, forgetting that the safety at the place of work is the basis of the productivity and the activity of trade unions themselves.

Situation today

With the introduction of the new law on occupational safety and health this issue receives a new boost. Although, publicly, the priority is still given to the industrial branches, the issues of occupational safety and health in healthcare institutions are daily broached by employees, and the situation is slowly but steadily improving. The dialog between the Republic of Serbia and EU institutions is one of the motors of the change, and creation of the special Direction for occupational health and safety affiliated with Ministry of Labour, Employment and Social policy, will hasten the integration of EU regulations into our own legislations.

As for people employed in healthcare, they still do not perceive the possibility for positive changes. Over **60% of interviewed people (331 employees)** stated that occupational safety and health services at their place of work were poorly organized, **33.33% (181 employees)** stated that this service functions tolerably, **3.87% (21 employees)** that it functions well, and only **1.84 (10 employees)** that it functions excellently. These responses confirm the claims that occupational health and safety services in healthcare institutions in Serbia exist only in order to fulfil legal requirements on paper, but that they do not consistently implement the norms in their jurisdiction[4].

The detailed analysis of the answers to the following questions sheds some light to the reasons for their convictions.

The claims concerning the procedure breaches during the process of hiring new employees were confirmed by the results of the survey we conducted. Out of 543 interviewees, **63.98% (342 interviewees)** confirmed that, during the process of initiation of employment, they weren't informed on possible occupational hazards and safety measures concerning the use of equipment. If we review the old law (Article 38), where the company was obliged »to ensure that each employee is enabled to safely perform his work tasks« and the new Law on Occupational Health and Safety where this obligation of the employer is given in Article 27, stating that the employer is "obliged to train the employee for safe and healthy work at the initiation of employment…" we can conclude that the majority of healthcare institutions directly violated the regulations, and actually is still doing so, regardless of possible fines in amount of 800,000-1,000,000 dinars for each individual case.

The fact that more than a half of the interviewees at this moment perform high-risk tasks in Serbian healthcare, without professional education on what could happen to them and the patients in case of an inadequate use of equipment, is sobering and warns us of potential dangers not only for employees but for patients as well, since most of the tasks are performed with help of hazardous, machines, devices and equipment.

Although 38% interviewees stated that they received information about workplace hazards and the proper use of equipment, at the time they started their jobs, only **11.05% (60 employees)** stated that they talked with a person from occupational safety and health service. This means that the majority of employees did not receive instructions from authorized personnel but most probably from administration personnel in healthcare institutions (most likely legal department). This information was presented in such a form that does not fulfil the most basic requirements of education, placing serious doubt on the adequacy of such training.

[4] These services, according to the reports we received, focus their activities on control of machines and equipment that can cause, due to malfunction, injuries to patients and consequently cause serious problems for healthcare institutions' general managers due to public pressure. The primary task of those services seems to be the preservation of the reputation of their healthcare institutions and creation of the illusion of quality services being provided, all this in cooperation with other services. Control of occupational health and safety of employees was of secondary importance for these services.

This problem can be resolved by establishing a uniform procedure of conveying information, meaning, the education of new employees guided by a special regulation that will define training program for each individual position (each position has its own individual hazards). This procedure must be determined by the institution itself, with observance of legal regulations and introduction of an independent system of control, possibly undertaken by trade unions, thus guaranteeing impartiality and objectivity.

The results of the survey concerning work-related injuries are shocking. Even **37.38%** of interviewees **(203 interviewees)** stated that they have personally experienced wok-related injuries, and over **79%** of interviewees **(430 interviewees)** that they know of co-worker who had work-related injury[5] In spite of that, when we asked for, during our survey, an official information from the authorities, concerning this subject, we received an answer that the number of work-related injuries in healthcare of Serbia is "negligibly small" and below EU countries average. It is obvious that the claims of the authorities contradict the claims of the employees. The information that almost a third of employees had some kind of work-related injury requires prompt reactions from the authorities and trade unions.

As for being informed on the rights of employees at their place of work, out of 543 interviewees, an astounding **405 employees (74.59%)** answered that they do not know what their rights were, in case of a work-related injury, and **424 interviewees (78.08%)** stated that they didn't know what was the procedure for establishing a work-related injury[6] and claiming an indemnity. These answers were expected in view of the fact that **483 (88.95%) of interviewees** stated that up to the day of survey they have never been contacted by anyone from occupational safety and health service of that institution so they couldn't have obtained the information concerning their workplace rights.

These results indicate that it is necessary to plan continuing educated of employees in order to improve the general level of knowledge. Planned education in such a form was non-existent up to now. The process of education must be conducted through accredited institutions under the supervision of occupational health and safety personnel of the institution. The process of education can be conducted by trade unions, which are, in this case, strategic partners of institutions' management. They also have access to contemporary methods of education, realized through cooperation with international trade union organizations and partner trade unions from EU countries.[7]

The question concerning the number of indemnities received for work-related injuries revealed that employees' lack of knowledge was not confined to healthcare institutions alone- **70.35% of interviewees (382 employees)** stated that they do not know which insurance company handles their insurance. This is an indication of a lack of interest of employees themselves, but also of a failure of insurance companies to inform their clients about the mechanisms and conditions of indemnity claims. We may question the motives of this behaviour- whether insurance companies do not want to inform their clients of their rights in order to reduce the numbers of claims (which makes sense from a financial perspective although it is completely improper) or whether they expect healthcare institutions themselves

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[5] It is very important to mention that certain work-related injuries happened on several occasion to the same employee- such as needle pricks (an injury that is almost never reported but which is potentially very dangerous). This was not defined in the survey so we may assume that the actual number of injuries is much larger.

[6] Very often, due to untimely reporting a work-related injury, employee was denied the claim for indemnity and the recognition of work-related injury, which is a direct violation of employees rights.

[7] Youth Section of TUHSCW "Nezavisnost" Serbia, within the project "You have rights" had two education seminars in August 2006, for young member of trade unions with subject of occupational safety and health in healthcare of Serbia. You can read the reports from the seminars a the following web address: www.gszsz-nezavisnost.org

[8] Currently there is a system of "recreational vacations" where the insurance company returns a part of the insurance payments through paying weekly vacations for people employed at high-risk jobs. Around 1000 healthcare employees in Serbia per year use this opportunity. Nevertheless, there are no proofs that his way of prevention is effective, although it requires substantial funds (18,000,000 dinars in 2005). The redirection of these funds for education on occupational health and safety and prevention of occupational diseases would probably produce better results.

to inform their own employees (which proves that there is no clear communication and division of tasks between insurance companies and healthcare institutions management). Whichever is the case- we can say that somebody failed to fulfil his obligations but did not suffer any adverse consequences because of it.

The level of information concerning indemnity claims can be improved by insurance companies themselves by means of distribution of information material to healthcare employees. Taking into account the fact that the profits of insurance companies, which now insure more than 100, 000 employees, are really substantial (especially considering small number of indemnity payments), the pressure on insurance companies can come from the Ministry of Health, which is the signatory of the contract with the insurance company. This pressure can also be achieved by representative trade unions in healthcare, since they are also involved with the signing of the contract. It is also a good idea, that during the negotiation for the conditions for signing the next contract for healthcare employees insurance, a provision requiring the return of a part of paid insurance funds should be added to contract in order to provide means for the education of employees.[8] In this way, the number of claims can be reduced (better education will lead to fewer work-related injuries). Fewer indemnity payments will increase the profit of insurance company, hereby justifying the requirement that insurance company should financially aid the process of education of employees in order to reduce the number of work-related injuries and occupational diseases.

Even if the aforementioned conclusions are implemented in practice, the level of occupational safety and health is not entirely dependent on the levels of information and education, although it is a prerequisite for further improvements, but it also depends on work conditions and provisions of means for personal protection.

To the question concerning the availability of means for personal protection, **73.85% interviewees (401 employees)** answered that they do not have means of protection in sufficient quantities. The lack of sufficient quantities of protection agents, as well as violation of employees' legal rights, can lead to the refusal of employees to perform certain task, due to their concern for their own health (since the work in healthcare institutions caries a substantial risk of contracting infectious diseases endangering health and life of employees). The refusal to work would lead to a collapse of healthcare system and would have a great impact on patients. Nevertheless, appeals to humanity and saving lives of patients cannot be a shield for the authorities to keep failing to provide adequate means of personal protection in sufficient quantities. It would be hypocritical to appeal to humanity for patients while not offering the same to employees.

In order to resolve the issue of the lack of the means for personal protection, it is necessary to determine the minimal level of means for personal protection that must be available in healthcare institutions (these levels exist even now in some form but obviously they are not being observed), estimate of the expenditure of the means for personal protection, both per employee and per intervention, and their adequate distribution. Further, a system of supervision and control must be introduced, independent of healthcare institutions management, which will be focused on the quality of the means for personal protection. [9]

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[9] During 2005, we received complaints from some trade union members that the quality of the means of protection provided for them was very poor, that it causes allergic reactions in employees (see http://www.icn.ch/matters_latex.htm) and similar problems.
The explanation of the management was that their funds were limited. Nevertheless, experience shows that the persons responsible for this are those who are involved with purchasing decisions as well as bad control system that may be able to meet some basic criteria but obviously is not suited for practical application of means of protection. The occurrence of allergic problems in healthcare personnel caused by use of gloves has not been researched in Serbia.

[10] After the approval of serving military service in civilian institutions due conscientious objection, a great number of recruits applied to serve their term in healthcare institutions. We receive complaints that those soldiers perform duties requiring specific training that they do not possess (medical waste disposal, security of buildings and personnel, administration duties) which leads to danger for other employees and patients.

OCCUPATIONAL HEALTH AND SAFETY AND TRADE UNIONS

In our survey, several questions were related to the relationship between trade unions and the process of improvement of occupational health and safety.

To the question "Do you think that trade union should start an initiative for improvement of occupational health and safety service in your institution and in healthcare in general?" **522 (96.13%) of interviewees** answered affirmatively - which is a good cause for further actions. In the context of analysis of previous answers we can conclude that employees expect greater help from someone else, although it would be logical that this desire would spawn a number of local initiative (since they are member of unions), it is not the case.

This state of affairs can be explained very simply - great number of young employees in healthcare perform their duties under great pressure from their elder colleagues and a good portion of them still does not have clear employment status (they are employed on a contract basis, subject to renewal every three months, temporary replacements…). From the aspect of application of EU countries experience, this can be defined as psychological torture of young healthcare employees (so called "mobbing" or "bullying") implemented both by their elder colleagues and the state that controls the public sector and employment process. Although mobbing as a phenomenon has yet not been defined in the regulations of the Republic of Serbia, this does not negate the fact that it exist. Therefore, it is necessary to start an initiative for its prevention and put forward the proposals for integrating this phenomenon in the extant laws dealing with workplace harassment.

Further, the Law on Labour gives employers the possibility to hire new employees for so called "probation", with the limited duration of Employment Contract and the option of termination of employment without explanation. The provisions of this law are drastically abused in the public sector, especially in healthcare institutions, because young employees work for several years with their status unresolved. Employers massively use the possibility of making time-limited contracts with the provision of "discontinuation of employment longer than 30 days", because any employment after a discontinuation longer than 30 days is considered "new employment" after which employers are not obliged to resolve the status of the employee. The abuse of these provisions leads to the emergence of illegal workers in healthcare institutions; an occurrence previously thought impossible; (in this case the state itself tolerates the use of illegal workers), because young employees stay at their positions even after the expiration of their contracts, hoping that their continued wok will lead to new contracts and finally towards the resolution of their status. On the other hand, these "fictitious workers" enable the state to statistically prove the reduction of the workforce in the public sector (through reports that the state sends to European institutions and donors), thereby justifying reforms of the public sector of Serbia although they don't exist in the practice. In our estimate, the percentage of "fictitious workers" is around 2.5% (we include there employees who continue to work after the expiration of their Employment Contract and the soldiers serving their term in civil service[10] who perform jobs at positions abolished by rationalization, but which are nevertheless still needed).

The question of civilian service soldiers in healthcare institutions of Serbia is a separate problem in the context of occupational health and safety. Although the law requires them to pass the training in occupational health and safety, we still do not have information that they receive such training. In the regulations concerning soldiers in civilian service there is a stipulation that "without soldier\s written consent he cannot be ordered to perform social service, longer than a full time working hours, night jobs, nor performance of duties with an increased risk". Of course, soldiers as a rule do not perform duties in healthcare that are considered "high-risk tasks" [11] (although, to the best of our knowledge, there are no norms

[11] We receive complaints that those soldiers perform duties requiring specific training that they do not possess (medical waste disposal, security of buildings and personnel, administration duties) which leads to danger for other employees and patients. We also receive reports that soldiers accompany patients

prescribing possible tasks for civilian service soldiers). Nevertheless, they are present daily in healthcare institutions; they are part of the work environment, so indirectly they can affect the level of occupational health and safety. This can be an interesting subject for the union and the planning of future activities for promotion of occupational health and safety measures, but also for the supervising inspection services.

To the question “What do you think about the idea that trade unions should assign a person to control the work of occupational health and safety service?” **412 interviewees (75.87%)** answered affirmatively, **111 interviewees (20.44%)** answered “maybe” and only **20 interviewees (3.68%)** answered that there is “no need” for that. In the context of “control by trade unions“ we didn’t mean “representative of employees” who is already defined in the new law on occupational health and safety, but rather a special board within the trade union of someone charged with control of occupational health and safety service. These boards currently do not exist in trade unions, but their existence would undoubtedly improve conditions in healthcare institutions.

The last question of the survey was concerned with the readiness of the interviewees to personally participate in trade union actions aiming at improvement of occupational health and safety levels in healthcare institutions of Serbia. Out of 543 interviewees, **272 (50.09%)** answered affirmatively-they would like to be personally involved in trade union actions concerning occupational health and safety, while **271 (49.91%)** stated that they would not like to be personally involved.

The equal number of opposite answers to this question indicates that a great number of employees do not see themselves as active participants in the process of occupational health and safety improvement. Nevertheless, the fact is that they are integral part of the whole process and that in a great degree it is up to them how fast we are going to improve occupational health and safety levels in healthcare of Serbia. This means that the state, healthcare institutions management and trade unions themselves must explain to employees that their role is very important and that they must be included in the process. This conclusion brings us back to the idea of education and promotion of occupational health and safety. On the other hand, employees see themselves more in the actions for occupational health and safety improvement than in the actions involving strikes (in Serbian Healthcare there were several strikes during past several years, which included negligibly small percentage of employees) The portion of 50% of employees ready to be actively included can be used to produce pressure on the state and the management , especially in order to form the Board of employees, which will be the motor of future changes in occupational health and safety area.

POSITIVE EXPERIENCES

Apart from the criticisms presented in the previous part of this text, we should also mention positive examples from the practice (proving that there are some positive changes and that there will be even more of them in the future). In Clinical centre Niš, (an institution employing more than 2900 people) we already adopted Regulations on Occupational Health and Safety based on the new Law on Occupational Health and Safety. The trade union was involved in making of this document through direct contacts with the proposal givers. The Regulations, apart from rights and obligations of the employer and employees, also anticipates the existence of Board of employees, as well as of a person responsible for occupational health and safety. In the following period, the trade union, in cooperation with the employer will define in more detail the obligations and responsibilities of occupational health and safety Board. Especially important is the provision that the employer is obliged to periodically produce the funds for improvement of occupational health and safety of the

without supervision of medical professionals, especially when moving from one clinic to another for tests, within the same institution-an unacceptable practice.

institution. The funds will be approved on the basis of plans of activity and education and implemented in cooperation with the trade union and authorized institutions.

CONCLUSION

As you can conclude from the previous text, the situation in healthcare of Serbia concerning occupational health and safety is very complex. The application of the new Labour Law has proven to be a task that healthcare institutions are unable to implement in practice. Young employees are under great pressure, fearing that they may lose their jobs; one of the imminent effects of the transition. Although the practice showed that investments in the prevention are viable, planned education of healthcare employees, especially young employees, concerning occupational health and safety will not be implemented yet. There is still not a single plan of education reported to the union that is being implemented in any of healthcare institutions. Although many healthcare institutions have mentorship system, where the older employees train the younger, this cannot be seen as occupational health and safety training since, often, the older employees are not in possession of true information.

The starting point in this situation can be the creation of a task group for occupational health and safety at the Ministry of Health of Serbia, which will consist of ministry representatives, trade unions representatives, and occupational health and safety experts. This task group will have the duty to prepare and implement a joint strategy for occupational health and safety improvement, thereby preventing partial implementation of safety measures[12] in various healthcare institutions. This task group will be charged with three areas: preparation and implementation of activities concerning injury and occupational diseases risk assessment[13], a joint plan of education on occupational health and safety in healthcare institutions, supervision of safety measures implementation in healthcare institutions[14], cooperation with insurance companies (statistics, databases concerning work-related injuries in Serbian healthcare etc.)

As for trade unions, the proposal is similar: creation of Occupational Health and Safety Board within the union, in order to educate employees from the aspect of union activities concerning occupational health and safety improvement (experience of partner unions from EU countries can be very helpful), information and education of employees about their rights and cooperation with state institutions and authorized services at local level in order to consistently apply the law.

There is an interesting suggestion that is more and more present in the public: creation of separate Collective agreement for occupational health and safety in healthcare of Serbia. The union will most certainly advocate this idea in Ministry of Health, since this document would eliminate the problem of partial application of the regulations of the new law by means of internal regulations of healthcare institutions (this problem was very frequent-especially in the institutions with poor trade union position).

One step that the Republic of Serbia must take is the ratification and implementation of **Convention of the International Labour Organisation no. 149**[15] (1977) and **recommendation no. 157**[16] . Ratification and implementation of this convention and recommendation is very important for healthcare employees.[12]

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[12] The practice proved that large healthcare institutions react faster to regulation changes. Smaller healthcare institutions, especially those at primary and secondary level (outpatient clinics, emergency services, health centres) are slower to implement new regulations.

[13] The obligation introduced by the new law for all institutions: they must have injury and occupational diseases risk assessment for each position in the institution. There is real danger that, in the absence of coordination, the same positions in two different healthcare institutions can be assessed differently. This will lead to unequal treatment of the employees at the same positions, which is a violation of the requirements of the Law on Labour, in the part dealing with the same rights for the same position.

[14] This internal control can be implemented through cooperation with Occupational Health and Safety Boards which will be formed within each healthcare organization.

[15] See text of the convention at http://www.ilo.org/ilolex/cgi-lex/convde.pl?C149

[16] See text of the recommendation at: http://www.ilo.org/ilolex/cgi-lex/convde.pl?R157

Finally, we should mention the problem of application of regulations and the control of their implementation in privately owned healthcare institutions. Trade Union still does not have access to privately owned healthcare institutions, so the control of the law implementation can be done only by appropriate inspection services. We estimate that in the year 2005, there were 3,000 privately owned registered healthcare institutions, with around 6000 employed medical doctors and 9000 nurses/technicians (we estimate that around 12000 smaller practices in Serbia provides services without being registered; in 99% cases they employ the personnel from the public sector, illegally and out of the system of control). This is not a small number, especially in view of the fact that the whole system of public healthcare (which is dimmed by the officials as cumbersome) employees 30,000 medical doctors and 50,000 nurses/technicians. Employees in private practices are not members of trade unions, so there are no organised actions concerning working conditions and rights for these employees. We hope that in the near future, the union will be able to approach employees in private practices, in order to incorporate them into the occupational health and safety system.

USEFUL LINKS:

:: Public Services International - PSI
http://www.world-psi.org/health/

:: International Labour Organization - ILO
http://www.ilo.org/public/english/dialogue/sector/sectors/health.htm

:: International Council of Nurses
http://www.icn.ch/matters.htm

:: World Health Organization – WHO
http://www.who.int/violence_injury_prevention/injury/work9/en/

:: TUHSCW "Nezavisnost" Serbia
http://www.gszsz-nezavisnost.org

:: Ministry of Labour, employment and social policy of the Republic of Serbia
http://www.minrzs.sr.gov.yu

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