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Flexicurity model as an opportunity for the health care sector

Model flexicurity szansą dla sektora zdrowia

Streszczenie

Trendy demograficzne determinują konieczność zmian w najbliższych latach na rynku pracy w sektorze zdrowia. Zmian pozwalających na osiągnięcie odpowiedniego poziomu zatrudnienia, przy jednoczesnym pełnym wykorzystaniu potencjału ludzkiego przedstawicieli zawodów medycznych. Odpowiedzią na te wyzwania może okazać się idea *flexicurity*. Autorka analizując sektor publicznej opieki zdrowotnej w Polsce w kontekście idei *flexicurity* zauważyła, iż realizacja tego modelu już na poziomie jedynie podstawowych jego założeń, pozwala na stosunkowo szybkie uzyskanie zadawalającego efektu, to znaczy odpowiedniego poziomu zatrudnienia w sektorze, stwarzającego poczucie bezpieczeństwa zdrowotnego ludności.

Słowa kluczowe: *elastyczne formy pracy, bezpieczeństwo zatrudnienia, ustawiczne kształcenie, zabezpieczenie społeczne, aktywna polityka rynku pracy*

Abstract

Demographic trends determine the need for changes in the coming years in the labor market in the health sector which would allow the achievement of an adequate level of employment, while fully utilizing the potential of human health professionals. The answer to these challenges may be the idea of flexicurity. The author analyzed the public health care sector in Poland in the context of the concept of flexicurity, and had noticed that the implementation of this model only at the level of its basic assumptions, allows to relatively quickly obtain a satisfactory result, that is an appropriate level of employment in the sector, offering a sense of health security of the population.

Keywords: *flexible work, job security, lifelong learning, social protection, active labor market policies*

1. Introduction

Medical staff deficit recorded in recent years in many countries is a fact, which many countries have to face, not only in Europe but in the world. Shortage of nursing staff may prove to be especially heavy for the health care sector of most countries in the coming years. This deficit can not be eliminated in a short time, even due to relatively long time of training, and limited opportunities of educational entities. However the increasing scale of a shortage of medical staff will be determined primarily by the growing need for such services as a result of demographic trends - an aging population of the European Union countries and in the world. Shortage of medical staff can cause a serious crisis in the health care sector of many countries, both in public and private sector, regardless of the kind of financing for the sector in a given country. As a result, shortages of staff will always result in a reduction of quality in health services, or even loss of a sense of health security of the country's population.

2. Flexicurity concept and the needs of the medical services market

The answer to the challenges faced by the health care sector, resulting from an increase in demand for medical services, including nursing may be the idea of flexicurity. The concept of "flexicurity" is defined by a description of each of its components – flexibility and social security, which shapes reflect the functioning of labor market policy [1, 2]. The first is associated with flexibility of labor market, the second with the social security of workers. Both components of flexicurity are widely perceived as conflicting. Labor market flexibility is associated primarily with the interests of employers, because it helps reduce costs and facilitate business activities, while social security is primarily the needs of workers in the field of security conditions, its stability and uncertainty, as well as solutions for social security supporting professional activity [3] Flexicurity is a strategy of simultaneously increasing the flexibility of the organization and labor relations, thereby increasing the ability to find employment, while providing social security to all participants in the labor market [4]. In definitional terms flexicurity is a policy that provides:

1. The level of occupational safety, employment, income and the ability to reconcile professional activity and family life, which facilitates a career in the labor market and gaining work experience for employees who are disadvantaged, and provides access to high quality jobs and social inclusion.

2. The level of numerical flexibility (external and internal), functional and payment related, which allows labor markets and individual companies to quickly and adequately adapt to changing environmental conditions, in order to maintain and strengthen its competitiveness and productivity [4, 5].

Such an approach to the concept of flexicurity, defines conditions for a balance between the desired level of flexibility and security, while also indicates the benefits of achieving it. By excluding component of the strategy, purposefulness and coordination from the definition, the definition greatly expands the spectrum by including labor market policies, shaped by the independent decisions of individual countries. Reference to both parts of flexicurity has been developed in the definition that treats this concept as an analytical tool that creates a framework for analysis of a combination of actions affecting the labor market flexibility and social security measures, creating an analytical matrix consisting of 16 theoretical combinations of flexicurity components, which may be discussed and implemented at national, local or company level. The main idea of this definition is to identify the multi-dimensionality of the two components. Allowing the perception of the concept of flexicurity as a kind of trade-offs between specific forms of flexibility and security. Such a multifaceted understanding of flexicurity implies an integrated approach, taking into account the different areas, but also recognizing the link between them. Thus it captures the specificity of individual solutions, and their use in different conditions, and a bit different, modified models adopted in different countries. Although the definition of the concept evolved, regardless of the definition, flexicurity means above all to seek the balance point between the elements of flexibility and employment security. The main determinant for the formulation of flexicurity has been the need for continuous adaptation to constantly change, not only technological, but organizational institutions of the modern world. It therefore perfectly fits in the current needs of the health care sector. Its European roots are dated at the beginning of the year 2000 when so called Lisbon Strategy [6] was signed, assuming that over the course of the next 10 years, the European economy become knowledge-based economy, producing new technologies and demonstrating the ability to adapt to new conditions. On the basis of numerous studies, research and experience of Member States in 2007, the European Commission clarified the basic concepts, components and principles of flexicurity [3], assuming that it is the best way to provide citizens with a high employment security in Europe, so that at every stage of life they would have both the opportunity to find a good job and hope for a positive career development in a rapidly changing economic environment. This is of particular importance when it affects strategic sector of the economy for each state - the health sector. This model provides a balance between rights and obligations of workers and enterprises and public bodies: each of this sides is required to work for the employment of the society and its sustainable growth.

The European Union recommends flexicurity, as a model of labor market policy, which aims to achieve the objectives of the Lisbon Strategy, whose implementation requires action in four areas, which are components of the idea of flexicurity. Those include:

- flexible and secure forms of employment;
- effective and secure forms of employment;
- comprehensive strategies for lifelong learning and
- modern social security systems [7].

Individual EU member states work out in different ways to achieve the optimum combination of flexibility and employment security. This is due to differences in their socio-economic situation. At the same time it was considered necessary to consolidate the canons, which are the basis for implementing national flexicurity models in the form of eight principles [8], adopted by the EU Council for Employment, Social Policy, Health and Consumer Affairs in 2007. So far, no EU country has conducted studies about possible implementation of flexicurity at the sector level, or the medical industry. As a result of numerous changes in the functioning of health care that have occurred in recent years and relatively difficult current situation in the public health service in Poland, among the challenges faced by managers, there is the need to develop a model allowing its smooth and effective functioning. Assumptions of flexicurity idea seen as 'process' to strike a balance between flexibility and security in the labor market, appear to be the optimal source of such a model, even because of the nature of the sector, but mainly due to its strategic importance to the national economy. Therefore, the author has attempted to analyze the public health care sector in the use of four basic components of this model [9, 10]. The results obtained suggest that the flexicurity model is a huge challenge for the coming years in the sector. Due to the fact that it gives the opportunity to actively enhance the competitiveness and productivity of the labor market, by fully exploiting the potential of knowledge of medical staff, accumulated in the process of lifelong learning, which is an obligation given by the legislation in Poland. But most important of them already proved to be an element of flexibility. The development of flexible forms of employment should be treated as an irreversible process, forming a widening of both today's and future's labor relations in the health care sector in Poland, even because of the fact that currently used flexible forms of employment and salary for workers in the health care sector are characterized by higher levels of employment and thus allow the alignment of medical staff shortages in the sector. It should not be forgotten, however, that increasing labor market flexibility can bring both benefits and risks of both parties (both employers and employees), so it should be used primarily with the principle of voluntary choice for both parties, and while respecting the fundamental principles of European social model [11]. Therefore it should be greatly stressed that while choosing the flexible forms of employment and working time, the most useful solutions are those that do not rely only on the

interests of the company, seeing it through the current benefits, or only the interest of the employee, but those who link to the greatest extent interests of both parties and provide for qualitative development of them both. Determinant of the need for more flexible forms of work are the reasons for hiring and firing workers, so in the health care sector with significant shortage of personnel, is an element of particular concern in the concept of flexicurity. A good tool in the context of reconciling flexibility and security of employment may be promotion of good practices. It would be useful to encourage employers to examine (in an accessible form for them) the needs of different employee groups, both social - demographic, and professional and to work with teams of staff in the implementation of organizational changes [12]. In Poland, as in most countries, there are good legal solutions, posing a real opportunity to involve the social partners and other stakeholders to develop and implement the idea of flexicurity. It should be noted that the social partners are facing the need to address the two fundamental problems in the creation and implementation of flexicurity. The first problem is the need to move from reactive to proactive stance. So far, the social partners are involved in solving problems in the labor market, mainly through the opinions and reviewing government policy initiatives. Meanwhile, we might expand this area design and presentation of concrete solutions, taking into account the need to preserve the principles of flexicurity. No less important is the second problem, which is the need to develop a uniform position among the social partners. In general, the various organizations of workers, for example, trade unions, focus on the fight to preserve and/or extend of privileges in the area of security of employment, and employers - to increase flexibility in the application of employment in the labor market. Meanwhile, the flexicurity model requires understanding and consensus on a framework developed by both parties, which should benefit equally employers and workers [13]. Necessary in the context of reconciling flexibility and security seem to be also the permanent education of the medical community with the labor law and the principles of organization of work and time. However, bearing in mind primarily the possibility of increasing the level of employment offered by flexicurity model, it should be treated as an exemplary model, and should be placed primarily in sectors, that are particularly vulnerable to the shortage of human resources in the future, and therefore in the health care sector. Nevertheless, it should be carefully considered by all stakeholders and at all levels of decision-making in order to fully exploit its potential. For this purpose, it should also include: flexible and reliable contractual arrangements, active labor market policies, comprehensive strategies for lifelong learning and modern social protection systems providing adequate income support during periods of unemployment. For a model developed at the national level or sector level to achieve this goal it should be sought to meet the eight principles adopted by the EU Council for Employment, Social Policy, Health and Consumer Affairs, including following [14]:

1. Improving the implementation of the European Union's strategy for growth and employment and strengthening the European social model.
2. Balancing the rights and obligations of both workers and employers.
3. Adapting flexicurity to different circumstances, needs and challenges between Member States and sectors.
4. Reducing the gap between those without stable employment, working in sometimes unstable contracts, but employed on a permanent, full-time jobs.
5. The development of flexicurity, both internally (employees facilitate career development) and externally (to help changing jobs).
6. Promoting gender equality and promoting equal opportunities for all.
7. Creating a sustainable political solution in order to build a climate of trust between social partners, public authorities and other stakeholders.
8. Ensuring fair distribution of costs and benefits of flexicurity policies, and contribute to the financial sustainability of fiscal policy.

3. Conclusion

Implementing the flexicurity model in the health care sector of each country, not only in Europe but in the world is of particular importance in an era when medical personnel deficit has become or becomes a reality. Because it may mean that employees will operate on a single global market, being able to pursue their careers in different parts of the world, meaning that the health sector facilities of each country will have to adapt to the same or very similar requirements in the labor market. So it will equally affect the functioning of each other. Therefore, it becomes important movement in the institutional dimension of the labor market, as proposed by the policy based on international cooperation, for example, the European Union, and national policy, which is particularly important to the proper preparation of employers to the flexibility and security of employment. However, it should be noted that the basis of flexicurity is to create the right climate, being built by organizations representing both employers as well as personnel, or local unions so that guided by the principle of broad social dialogue could lead to the formulation of a fully effective and efficient concept of flexicurity, optimal for the health care sector.

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