

## **New forms of employment**

### **Casual work, Slovakia**

#### **Case study 40: Hospital Piešťany**

*At Hospital Piešťany, some employees have signed 'agreement' contracts enabling them to work extra hours alongside their standard employment contract, either at the same hospital or at another hospital. This provides employees with greater flexibility, opportunities for career advancement and extra income.*

### **Introduction**

Agreements on work performed outside an employment relationship (hereafter 'agreement contracts') are specific forms of flexible employment in Slovakia that allow employees to have a job limited in its scope and nature, on top of standard employment contracts. The legal basis for this form of work dates back to the pre-1989 era (Barancová, 2010). Today, agreement contracts are regulated by the Slovak Labour Code (Sections 223–228a). Often, employees sign agreement contracts in addition to their regular full-time standard employment contracts – an approach that is unique to the Slovak and Czech labour markets. The Labour Code differentiates between three types of agreement contracts: work performance agreements; agreements on work activities; and agreements on temporary work for students.

A work performance agreement, as defined in Section 226 of the Labour Code, is designed for work limited in its results and may be used if the amount of work does not exceed 350 hours per calendar year. The tasks must be fulfilled within the agreed period of time and the employee should receive remuneration only after completion of the agreed tasks.

In contrast, an agreement on work activity is limited not in its results, but by the type of work. It is designed for work or occasional activities (Labour Code, Section 223(1)) and can be applied for activities performed up to 10 hours a week for either a definite or indefinite period (Labour Code, Section 228a), not limited by the type of sector.

Similarly, agreements on temporary work for students may be concluded with secondary school students and full-time university students up to 26 years of age for work that does not exceed half the average weekly working time, which is 20 hours a week (Labour Code, Section 227). The duration of an agreement with students can be either for a fixed-term period or open-ended as far as the conditions allow for concluding this type of contract (Eurofound, 2013).

Agreements on work performed outside an employment relationship were, until January 2013, exempt from social security and health insurance deductions. This was the main difference between agreement contracts and standard employment contracts. Employers were obliged to pay only 0.8% of the wage for insurance (in case of employees' injury) and 0.25% for guarantee insurance (to guarantee the payment of salary). Employees with agreement contracts were not entitled to the same social rights as employees with a regular employment contract. As a result, they were not eligible for sickness leave, pension contributions, unemployment benefits, paid leave and other benefits from the employer (Kahancová and Martišková, 2011; Kostolná, 2011). However, as of January 2013, income from agreement contracts is also subject to mandatory social and health insurance contributions following Act No. 252/2012 Coll.

From this date, social contributions for agreement contracts with regular income are the same as those for standard full-time contracts (35.2%). Moreover, all agreement contracts are subject to parts of the Labour Code regulating working time, the minimum wage and labour protection (Mihál, 2012).

As at March 2014, 416,046 agreement contracts were signed in Slovakia, with agreements on work activity being the most popular type (177,699 contracts) (Slovak Social Insurance Agency, 2014). Agreement contracts are used both in the public and the private sectors; however, due to their specific characteristics, employers in some sectors are more likely to hire on the basis of agreement contracts. This report presents a case study from the public healthcare sector, whose sector-specific characteristics are conducive to the use of agreement contracts.

In the last 10 to 15 years, mainly after Slovakia's accession to the EU, there has been a long-term lack of qualified workers in the public healthcare sector as a result of labour migration (Kahancová and Kaminska, 2011). Labour migration has been motivated by greater availability of work and expected higher wages and better working conditions elsewhere (Bonin, 2011). Particularly in public healthcare provider organisations, this has triggered labour shortages, since the inflow of professionals from third countries has remained limited (Kahancová and Kaminska, 2011). Given the lack of available full-time workers in the market, healthcare providers are being forced to offer employment options other than full-time contracts to their employees to maintain proper functioning of healthcare provision. Agreements on work performed outside an employment relationship, which can be signed in addition to standard full-time contracts, offer such a possibility and are therefore widely used in healthcare.

This report presents the case of Alexander Winter's Hospital in Piešťany (hereafter Hospital Piešťany), which hires healthcare workers both through regular employment contracts and agreement contracts. The hospital was chosen as a representative of the average sized public healthcare provider in the Trnava region of western Slovakia. The analysis is primarily based on the following interviews:

- an interview with a representative of the hospital's human resources (HR) department;
- interviews with two employees with agreement contracts: one full-time employee of Hospital Piešťany who has an additional agreement contract with another healthcare provider; and one full-time employee of another hospital who has an agreement contract at Hospital Piešťany;
- an interview with a hospital-level trade union representative;
- an interview with a policy expert and former member of the management board of Hospital Piešťany and a former representative of the Slovak Healthcare Surveillance Authority.

## **General characteristics of Hospital Piešťany and agreement contracts**

Hospital Piešťany is a non-profit, district-based general hospital established through transformation of a state-owned hospital on 1 January 2003 under Act No. 13/2002 Coll. and Act No. 213/97 Coll. The hospital was founded by the Slovak Republic, the Ministry of Health and the state-subsidised organisation Hospital and Health Centre in Piešťany (Hospital Piešťany, 2012). The hospital's origins date back to its establishment in 1934 (then known as Doctor Jozef Brežný's Hospital); however, its modern history begins with its 2003 transformation into a non-profit public organisation.

Nowadays (April 2014), the hospital provides both inpatient and outpatient care for more than 80,000 inhabitants living in the area. The hospital operates over 30 clinics, 10 departments and several specialised laboratories. It has contracts for reimbursement of medical and healthcare services with all three health insurance companies operating in Slovakia, one public (*Všeobecná zdravotná poisťovňa*) and two private (*Union, Dôvera*). The hospital is represented by three bodies: the management board, which manages the hospital; the supervisory board, which supervises the hospital; and the director, who is the hospital's legal representative (Hospital Piešťany, 2012). In addition, there is one active trade union in the hospital with approximately 30 to 33 members and composed mostly of lower and middle level medical staff (nurses, midwives and so on). Members meet to discuss needs as they arise rather than regularly. Interestingly, doctors are not represented in the union.

The hospital's general HR policy was not directly addressed during the interview; however, the HR representative stated that the general preference is to employ medical staff for full-time work. The hospital employs 461 people, mostly women (365), of whom 18 were on maternity leave at the time of data collection. The basic categories of employees are medical staff (doctors, pharmacists, nurses, midwives, lab technicians, assistants and other medical staff) and non-medical staff (such as drivers, workers and support staff). The majority of the hospital's employees have a standard full-time employment contract. However, as at April 2014, 40 people were employed on the basis of agreements on work performed outside an employment relationship (see table below). Agreement contracts are used both for employees providing healthcare services (doctors, nurses) and for other employees (medical and non-medical staff), with no exact data on which specific type of profession uses agreement contracts the most. Due to the repetitive nature of tasks that doctors and nurses perform, we hypothesise that the most common type of agreement contracts used by the hospital is the agreement on work activity (open-ended agreements, limited by the number of weekly working hours rather than by a specific task delivered). However, although the two employees interviewed for the case study work on the basis of this type of agreement contract, there is not enough statistical evidence to support the hypothesis.

The introduction of mandatory social contributions from January 2013 has resulted in a significant drop in agreement contracts in Slovakia. This corresponds to the trend visible at Hospital Piešťany, where the number of agreement contracts dropped from 78 in 2011 and 82 in 2012, to only 40 in April 2014. However, the current number of agreement contracts (as at April 2014) is similar to that in 2010 (54 contracts). It will probably be a few more years before the real effect of the legislative change on the number of agreement contracts at Hospital Piešťany can be accurately evaluated.

#### Number of employees with agreement contracts at Hospital Piešťany, 2010–2014

	2010	2011	2012	April 2014
<b>Agreement contracts</b>	54	78	82	40
providing healthcare services	27	51	53	26
providing other activities	27	27	29	14

*Source: Hospital Piešťany annual reports 2010–2012; interview 2014*

It is possible to differentiate between several types of employees with agreement contracts:

- employees with an agreement contract at Hospital Piešťany who most likely (but not necessarily) have a full-time position at another institution (26 agreement contracts);
- full-time employees at Hospital Piešťany who have an additional agreement contract for another type of activity at the same hospital (14 agreement contracts). The HR representative interviewed gave the example of a nurse who, in addition to her standard full-time employment contract, has an additional agreement contract for cleaning;
- full-time employees at Hospital Piešťany who have additional agreement contracts at other healthcare providers or other non-healthcare employers. Although these employees need an official agreement letter from their primary (full-time) employer to work at the other institution, the number of such agreement contracts is formally not monitored at Hospital Piešťany. Therefore, it is not possible to estimate the exact numbers of these employees.

The interviewed employees conceded that the use of agreement contracts in the healthcare sector is more the rule rather than the exception (at least in relation to medical doctors). In the majority of cases, employees are hired for the same positions through a regular employment contract and the agreement contract. For example, a medical specialist may work full time at one healthcare provider through a

standard employment relationship and may be employed for the same position with additional hours at a different healthcare provider through an agreement contract.

By coincidence, the trade union representative interviewed also turned out to be an example of the third category – a full-time employee with a standard employment contract who also has an additional agreement contract at another institution, in this case a private healthcare provider. This may also be indicative of how widespread agreement contracts are, not only at Hospital Piešťany but also in the public healthcare sector in general. The workers approached for the study were a female nurse (over 30 years of age) and a male doctor (over 55 years of age). One was an employee of Hospital Piešťany with an additional agreement contract at another institution; the other was a full-time employee of another hospital in the region with an agreement contract at Hospital Piešťany.

## **Design and implementation process**

We do not have information on the exact year when agreement contracts started to appear at Hospital Piešťany. However, given the long history of the hospital and the fact that agreement contracts date back to the pre-1989 era, it is possible that such contracts have been used since its establishment. When addressing how agreement contracts became part of everyday life at the hospital, it is important to note that in Slovakia, agreement contracts have been widespread for a long time in almost every sector. Therefore, it is understandable that employers have long known about the possibility of this type of employment form.

The need for agreements on work performed outside an employment relationship emerged from and continues to be relevant because of the character of the hospital's services and the character of hospital care in general. The HR representative gives the following example from the hospital's experience to illustrate this point: after the departure of a certain medical specialist who was a full-time employee, the hospital needed another certified professional to do the work of the previous specialist. The only solution was to hire a doctor from another hospital; however, this doctor had a standard full-time employment contract with the hospital that was his primary employer. Therefore, Hospital Piešťany offered an agreement contract as a supplement to the doctor's standard employment contract. We do not have information on how exactly the doctor was approached – most probably through professional networks. The hospital was thus able to ensure continuous operation and replace a full-time doctor with a 'second best available option' – a doctor on an agreement contract.

This case can be generalised to highlight the standard design and implementation process of agreement contracts at Hospital Piešťany. The hospital has several agreement contracts that were signed due to the lack of qualified professionals, such as agreement contracts with a urologist and a pathologist. The hospital uses agreement contracts for its employees not only to cope with the demand for specialists and competitiveness in the labour market, but, most importantly, to ensure the proper functioning of the hospital to address patients' needs and to meet the requirements of health insurance companies.

Agreement contracts offer flexibility for both the employee and the employer. Instead of subsidising one full-time position, the employer pays only for the work that is needed and done. Although cost-saving can be an additional benefit of agreement contracts, it was not specifically mentioned as a reason for establishing such contracts by the interviewees. Generally, hospitals and healthcare providers prefer to employ full-time workers with standard employment contracts; nevertheless, in certain cases when hiring a full-time employee is not feasible for financial reasons or because of the lack of such specialists in the labour market, agreement contracts are the next best option. Having a certain number of full-time positions and a certain number of medical specialists employed at the hospital (through an employment contract or an agreement contract) is a precondition for funding and contracts with healthcare insurance companies.

The overview of employees' motivations and reasons for engaging in agreement contracts presented below is based only on the opinions of the two employees interviewed, the HR expert and the policy expert. It cannot necessarily be generalised. When accepting an additional job, both of the interviewed

employees said that they were approached by the hospital and were not actively searching for this kind of employment. However, both employees knew that agreement contracts were a possibility and common practice in the healthcare sector.

From the employees' point of view, the decision to participate in and work under the conditions applicable to agreement contracts was mainly influenced by their willingness to help the hospital address the lack of healthcare professionals in certain fields. Financial motivations were perceived to be an additional, positive bonus, but not the primary motivation for accepting the agreement contract.

Another reason motivating employees to accept agreement contracts relates to their professional growth and experience, since agreement contracts are usually signed with doctors who work in outpatient care. Having the opportunity to work at a hospital through an agreement contract for a few hours a week gives the medical specialist the opportunity to broaden their experience with patients who are typically hospital service users rather than the users of outpatient care services. Moreover, through agreement contracts, the medical specialists have the opportunity to work with equipment that is not available at other hospitals or when only working in outpatient care, which further extends the qualifications of specialists.

## **Working method, processes and procedures**

When accepting an agreement contract as an additional contract at another institution, an employee is obliged to have their primary employer's permission. In general, employers give permission almost all the time, although they do have a right to refuse it. However, the negotiation power is in the hands of the healthcare workers, who, if not given their employer's agreement, may leave and easily find employment elsewhere. As already mentioned, the lack of qualified professionals in the healthcare sector allows employees to be selective and to 'pick and choose' the most suitable employment option for them.

At Hospital Piešťany, most agreement contracts are signed for one year and are renewed at the end of the year. Some agreement contracts are signed for an indefinite period, but this is rarely the case. Although it is possible to sign all three types of agreement contracts at Hospital Piešťany, it is important to stress that the law limits the use of work performance agreements to a maximum of 350 hours a year. Thus, for the repetitive nature of work and tasks delivered, it is obvious that most of the contracts are agreements on work activity (*Dohoda o pracovnej činnosti*).

Agreement contracts are by definition limited in their scope and nature (duration and maximum hours), but the type of tasks that workers can do is not limited. The same is true for employees of Hospital Piešťany. Nevertheless, certain limitations still exist given the specific nature of the healthcare sector. According to the hospital's HR representative, agreement contracts are signed with doctors and medical staff working at ambulatory services but not with those working at the inpatient care departments, which require non-stop care and the continuous presence of specialists. To illustrate, it is possible to have an agreement contract with a urologist, a pathologist or a doctor who has a certificate to operate ultrasound equipment because there is not a continuous need for these kinds of occupational categories. However, it is necessary to have full-time employees with regular employment contracts in other occupational categories, notably nurses, surgeons, midwives or other similar medical positions. Agreement contracts are also used for external consultations, short-term visits of specialists from other hospitals and similar situations.

Working time is not specifically defined in the contracts signed at Hospital Piešťany. Legally, the Labour Code specifies that agreements on work activities may be concluded for up to 10 hours a week (Labour Code, Section 228a). The interviewed doctor called his agreement contract a '0.2 contract', which means that he works one day a week for about six to eight hours. Hospital employees have to fill in and sign a presence sheet with their wage claims (*výkaz mzdových nárokov*), and this then has to be signed by their supervisor (chief physician) at the end of each month. According to the interviewed doctor, the allocation of an employee's tasks is at the full discretion of the employee, and the employer has virtually no control over it. In addition, there is no negotiation process between allocation of the tasks and the hospital, as represented by the HR department and hospital management. The allocation of tasks is fully based on the

employee's agreement with a specific department and their own availability and time. The employee agrees with their supervisor on their working time, usually one or two weeks in advance. Due to the specific nature of the healthcare sector, this is often subject to change and depends on the actual needs of the hospital. However, in professions that are less interactive with patients, such as that of pathologists, the distribution of tasks and working time is more stable (for example, weekly shifts every Monday for six hours). In general, employees with an agreement contract at Hospital Piešťany can manage their working time and tasks alone, since they remain full-time employees with a regular employment contract with their primary employer (or are self-employed), which has automatic priority.

Regarding the rights of employees working under agreement contracts, they do not exercise the same rights as standard full-time employees. However, these differences are not specific to the healthcare sector or hospitals, but apply to all agreement contracts independently of the sector. Since January 2013, employers using these contracts are obliged to contribute to the social and healthcare security system. This means that employees with agreement contracts are now entitled to sickness leave, pension contributions, unemployment benefits and paid leave. However, they still lack eligibility for severance pay, are entitled to a shorter notice period of only 15 days (as opposed to at least one month for standard contracts) and are not entitled to meal vouchers.

## **External support**

Agreement contracts are not specifically supported by the government or other institutions. This is because agreement contracts are popular without any specific promotion and labour ministry representatives do not see the need to support this form of work at the expense of other employment forms. Nevertheless, until January 2013 agreement contracts were indirectly supported by the government, since employers and employees with an agreement contract were not obliged to contribute to the social security system.

## **Outcomes and effects**

From the macro perspective, agreement contracts used in healthcare help the sector to guarantee its quality, flexibility and day-to-day functioning. They also provide the opportunity for healthcare institutions to remain competitive in the labour market, in turn increasing the quality of healthcare services in general. Healthcare providers, employees and healthcare recipients see both positive outcomes of agreement contracts (listed below) and negative effects (presented in the next section).

### **Positive outcomes for employers**

- Access to skilled labour – the employer needs specialists but due to the lack of qualified professionals in the field, they cannot employ everyone on the basis of full-time regular employment contracts.
- Demonstration of competence – healthcare providers need to ensure high quality service provision for both patients and health insurance companies; for this, they need to employ healthcare professionals who are available and accessible.
- Flexibility and cost saving – for full-time standard employment contracts, an employer needs to pay the wage agreed in an employment contract and deliver all the associated benefits. However, flexible forms such as agreement contracts allow for payment of salaries on the basis of the work done. For example, the employer does not have to pay for a full-time pathologist if the amount of work required is less than a full-time workload. If an employee cannot come to work, the hospital is not obliged to pay for the days not worked.

### **Positive outcomes for employees**

- Financial motivation – although employees' primary motivation is a strong willingness to help the hospital, agreement contracts allow them to increase their income.

- Improvement of qualifications and career development – doctors, nurses, midwives and other medical workers can increase their qualification levels by working in different types of healthcare institutions (state-owned hospitals, smaller institutions, private healthcare providers, inpatient versus outpatient care and so on).
- Flexibility – agreement contracts allow employees to be flexible and to work according to their availability and wishes. Since employees with an additional contract manage their time themselves, they do not experience higher stress levels when working for multiple employers. If they do, it is by choice.

### **Positive outcomes for healthcare recipients**

- Availability and accessibility – patients have access to healthcare services in the region where they live.
- Quality of services – since healthcare workers who can increase their qualifications by working at different types of institutions, the quality of healthcare services improves and this benefits the healthcare recipients.

### **Strengths and weaknesses**

Employers and employees in the healthcare sector are familiar with the concept of agreement contracts and they perceive it as part of their profession.

Generally, HR representatives, employees and the trade union at Hospital Piešťany are satisfied with agreement contracts as possible form of legal employment at their institution. They do not see any problem in the day-to-day functioning of agreement contracts at the hospital. Generally employees work as one team, regardless of the type of contract they have. It can be assumed that workers employed on the basis of agreement contracts are treated like core staff at Hospital Piešťany. However, this can differ from institution to institution.

For employers, the positive effects of agreement contracts are summarised in the outcomes and effects section above. In terms of weaknesses, given the specific nature of the healthcare sector and the fact that employees working on agreement contracts manage their time on their own and work when available, the employer has little control (and power) over employees on these contracts (specific to the healthcare sector).

Employees at Hospital Piešťany do not see any negative effects of agreement contracts and their application at the hospital (see outcomes and effects section above). This may be explained by the fact that agreement contracts are not used as the only form of employment but are seen as an additional employment opportunity. Since the employees can choose whether to work in addition to their primary job, their decision to work on an agreement contract basis suggests that positive effects outweighed the negative ones.

However, several weaknesses still need to be addressed.

### **Quality of healthcare services**

In the healthcare sector, agreement contracts are used to offer the possibility of additional employment alongside standard full-time employment relationships. However, when hiring a professional through an agreement contract, an employer does not know how many hours are worked by the same employee for the other employer. The two employers do not coordinate their needs in terms of working time, and this may influence the quality of healthcare services if the medical professional goes from one shift to another without a rest period. To give an example, straight after an eight-hour nightshift, a doctor may begin an additional six to eight hours of work during the following day, if they so wish. With the introduction of mandatory social contributions, it is assumed that the Slovak Social Insurance Agency now has a tool to control how many hours employees work. However, the Social Insurance Agency does not monitor

whether the number of official working hours on paper corresponds to the actual amount of time worked by doctors and nurses at the hospital. Because it is impossible to monitor the physical and mental conditions of medical doctors for the abovementioned reason, employers welcome the legal regulation that introduced social security contributions for agreement contracts and thus produced a decline in the use of such contracts (according to the interviewed representative of the Association of State Hospitals).

## **Other issues**

- Work–life balance of the workers – holding several positions at different healthcare institutions may negatively influence the work–life balance of medical staff. A doctor who wants to help patients, for example, may feel pressure to work without rest periods.
- Patient satisfaction with services – the quality of healthcare services influences patient satisfaction. Patients have no control over (and no information about) how many hours their doctor/nurse actually works each day, perhaps as a result of multiple contracts with several healthcare providers. If they are dissatisfied with treatment, they cannot objectively judge whether it may be connected to the doctor's fatigue or other factors.
- Contracts with health insurance companies – health insurance companies sign contracts with hospitals taking into account several criteria, among them the number of employees and the type of employment contract they have. Thus, better and more transparent conditions, and possible regulation of how many contracts a healthcare worker can sign, would be welcomed in the future to ensure a high quality service.
- Control – there is a need for better control of agreement contracts in general (not only in the healthcare sector) to prevent their misuse and to increase transparency in the total number of working hours per employee.

## **Future plans**

Although not directly confirmed by the interviewees, from the practice and observation it can be assumed that Hospital Piešťany will continue to use agreement contracts in addition to the full-time standard contracts. Similarly, it can be assumed that employees will continue to work on the basis of agreement contracts given the advantages outlined here.

## **Commentary**

There are a number of points worth mentioning in relation to the Hospital Piešťany case. Firstly, the public healthcare sector in Slovakia underwent major reforms between 1998 and 2006, including deregulation and decentralisation of healthcare providers (Eurofound, 2011). Non-profit organisations (to which Hospital Piešťany belongs), unlike state-run hospitals, can raise funds through their own business activities, such as renting commercial premises, offering transport services, collecting extra payments or performing preventive examinations (Hospital Piešťany's webpage, 2014). Therefore, despite its public ownership, Hospital Piešťany (and other hospitals with the same ownership status) is forced to operate as a private healthcare provider. Unlike large state-run hospitals, there is no possibility of debt bailout by the state.

The tension between private and public healthcare providers raises another interesting issue not yet addressed: the possible conflict of interest. With medical staff employed by several institutions, workers can lure patients from one (for example, public) healthcare provider to another (for example, a private one). To give an example, a self-employed doctor could hypothetically offer better treatment at his or her outpatient facility than at a public hospital. At the same time, it is possible that a doctor operating such a service can benefit from the technical equipment in a public hospital to treat his or her patients. It is thus worth asking whether agreement contracts add to the potential conflict of interest in the healthcare sector.



Lastly, it is interesting that medical workers usually have one full-time standard employment contract, and that agreement contracts are only an additional source of income. Although agreement contracts by definition are supplementary contracts, there may be cases in other sectors of employees who have several agreement contracts and no full-time employment contract as their principal employment form (for example, several agreement contracts for cleaning services at different companies). However, due to the nature of tasks performed and the specificity of the healthcare sector, this probably does not apply to healthcare workers.

## Information sources

### Websites

Alexander Winter's Hospital in Piešťany: <http://www.nemocnicapiestany.sk/>

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