

## The Need to Protect the Rights and Interests of Workers at Private Health Facilities in Vietnam Without Trade Union

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### Abstract

**Objectives:** To describe the satisfaction of policy policies and the need to participate in trade union organizations and to protect the legitimate rights and interests of workers in private health facilities that have not yet established a trade union organization. **Method:** Research describing crossings, collecting dosing information via self-filling questionnaires with 299 workers and discussing groups of workers in some health facilities in Hanoi, Ho Chi Minh City and Da Nang. **Result:** The average satisfaction with the implementation of policies at the unit is >7 points. The need to be represented to protect 15 rights and benefits of cooperation is 7.2-8.2 points. 3/4 workers wishing to join trade unions. **Conclusion:** In general, employees are quite satisfied with the implementation of some policies at the unit. The need to be represented to protect the legitimate rights and interests of workers in small and medium-sized private medical facilities (general/specialty clinics) as well as the need to join trade unions is common

**Keywords:** private medical facilities, clinics, trade unions in Vietnam, satisfaction level, needs, workers.

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### 1. Introduction

After more than 30 years of transitioning to a market economy, the private health system in Vietnam has rapidly developed, participated in providing health services, contributing to increasing the choice and meeting the health care needs of the people. Up to now, the development of medical examination and treatment establishments is the medical field that attracts the most private investment. By the end of 2018, Vietnam had more than 240 hospitals, 3,500 private general clinics. There are no accurate statistics on the number of workers working in private health facilities, but the force is growing rapidly, being an important medical human resource of Viet Nam. However, due to the fact that the majority of private medical facilities providing medical examination and treatment services (KCB) and pharmacy in Vietnam are small and micro, the majority of these facilities have not yet established a trade union organization

at the facility. Therefore, there is no mechanism to capture information about the current situation of ensuring the legitimate rights and interests of workers in this field.

According to the Vietnam Labor Code 2019, from January 1, 2021, employees are entitled to establish, join and participate in the activities of organizations representing employees independent of the system of trade unions at the higher level of the Vietnam General Confederation of Labor. In the coming time, in order to continue attracting and gathering workers in the private health sector to join The Viet Nam trade union organization, it is essential to grasp the desires and needs of protecting the legitimate rights and interests of workers in industrial relations in this region.

In this context, the Vietnam Health Sector Trade Union has proposed and been assigned to preside over the implementation of the Research on Innovation of methods of gathering workers to participate in *trade* union organizations in the period of implementation of new generation trade agreements CPTPP, EVFTA. To the extent of this article, we describe how satisfied policies and needs are to protect the legitimate rights and interests of workers in private health facilities that have not yet established a trade union organization, using part of the data from the above-mentioned study.

## **2. Literature Review**

Labor relations in the private health sector, especially in the field of prevention and treatment are also dominated by very specific characteristics of OSH in our country, namely: (1) The awareness of the subject of OSH is still at a different level, especially the perception of employees, representative organizations of employees and their roles and responsibilities in the market mechanism are still lackluster, The ability to implement the right to self-negotiate, agreement in employment, workplace and issues related to workers' interests is limited. (N. T. M. Thoa et al. 2013; N. T. B. Thuan et al. 2008; A. Ngo, research, and 2011 n.d.) (2) The Labor Relations (LR) in Viet Nam was established and implemented in an imbalance between labor supply and demand, the state of the Labour Party depends heavily on the correlation of supply and demand in the labor market. In the current period, the labor supply for some positions is accounting for a significant proportion of medical human resources (such as intermediate nurses, colleges...) always more than the labor demand will have a significant impact on the labor force. (M. Nguyen, and, and 2017 n.d.; N. Thuan, ..., and 2008 n.d.; Tat, medicine, and 2006 n.d.; N. Thoa, ..., and 2013 n.d.) A large proportion of medical workers are in a weaker position than employers in negotiations and agreements on issues related to OSH (Trần et al. n.d.; A. D. Ngo and Hill 2011; Phuong and Wilson 2017) and (3) the majority of private health

facilities are small and micro, competitiveness is low, there is no industry link to form the osh labor force of the industry. (Chaudhuri and Roy 1992; Do 2009)

Government-owned health care and the legally owned health system under the Law on Medical Examination and Treatment are equal before the law. (Ng et al., n.d.) Private health is also involved in epidemic prevention and has a role in social security and performing the political duties of the health sector when mobilized. The trend of public health workers shifting jobs to private health services is increasing. (Tuan et al. n.d.; Giang and Allebeck 2003)

Modern labor law has recognized that: 1) between the employee and the employer there is an unfairness in determining wages and working conditions; (T. A. Nguyen et al., 2017) 2) workers have the right to organize or join the organization for collective negotiation with employer equally, (Ikumi et al., n.d.) and 3) organizations representing workers/trade unions should be protected against interference or discrimination by employers. (Thuy Nguyen, Nguyen, and Dang 2020). However, the awareness of private health workers about trade union organizations and representative organizations is not high, so the percentage of private health workers participating in trade union organizations is low.

Viet Nam is a member of the International Labour Organization (ILO) along with participation in next-generation trade agreements - the Trans-Pacific Partnership (CPTPP) and the Viet Nam and EU Free Trade Agreement (EVFTA) (Duc Huu, 2020) Viet Nam reaffirms its commitment to effectively respect, promote and enforce fundamental rights principles at work including Freedom of Association/Association and Real Recognition of the Right to Collective Negotiation (ILO 2020), in particular Convention 87 on Freedom of Association and Convention 98 on the Right to Collective Negotiation (ILO 2020), in particular Convention 87 on Freedom of Association and Convention 98 on the Right to Collective Negotiations (ILO 2020). , 2019)

Vietnam has been implementing these commitments. The 2019 Labor Code provides for the right to establish, join and participate in the activities of the organization representing employees at the establishment, under which the employee is established "representative organization of the employee" without prior authorization from any organization or individual. (Tran, Bair, and Werner 2017). This organization may choose to register with the Vietnam General Confederation of Labor (VGCL) or register with a statutory competent State agency. Participation in the VN system is no longer an obligation of organizations representing workers/trade unions at the same time. (Cong & Bao, 2016). *The legal corridor that undersulates the right of independent trade unions in Vietnam has been fully facilitated.* The Government's

Decision No. 121/QĐ-TTg of January 24, 2019 on the implementation plan of ctppt agreement has committed to strengthening the effective management of the birth and operation of workers' organizations at enterprises in order to protect the legitimate rights and interests of employees; create conditions for this organization to operate smoothly and healthily in accordance with the provisions of Vietnamese law, in accordance with the principles of the International Labor Organization. (Relationships & 2018, n.d.) Organizations representing workers operating for *non-political purposes*, have the autonomy to manage internal jobs, not be subject to administrative interference, within the principles prescribed by national laws and in accordance with international labor standards. (Buckley 2020)

From January 1, 2021, it is prescribed that employees are entitled to participate in an organization representing employees independent of the Vietnamese Trade Union system officially takes effect (Trong TRAN et al. 2021) As can be seen, the challenge of competing in attracting, gathering and developing trade union members, establishing new trade union organizations, maintaining the number of trade union members of existing private health facilities is set for the entire system of trade union cadres, trade unions at the top level, provincial-level Confederation of Labor, Central Sector Trade Unions and equivalents under the Vietnam General Confederation of Labor, including Vietnam Health Union. (Minh, Sustainability, and 2020 n.d.)

However, in the sectors, health officials have specifics related to the social security of more than 97 million people, indirectly will affect the economy and politics of the country. As analyzed above, private health workers account for about a quarter of the country's health workers. If private health workers do not participate in The Vietnam Trade Union organization but are established by the new labor organization as prescribed from January 1, 2021, the issue of social security for health workers will become an economic, political and social issue. (T Nguyen et al. n.d.) Especially through the last period of fighting COVID-19 can affirm, the health and safety, especially occupational safety and hygiene of the health force is the national resource. If this resource is resourced, 200, both public and non-public health are not directed to operate unifiedly that will affect the social security and political economy of the country.

The report's figures show that the private health sector is forecast to be increasingly attractive by the rapidly growing demand for high-end health services, while the state plans to divest from many pharmaceutical companies that are strong brands in the market. In many provinces and big cities, there are currently advocates to promote socialization and cooperation to attract investment capital for

modern medical examination and treatment infrastructure, technology transfer, medical training to meet the needs of medical examination and treatment for people. Meanwhile, in many localities, the situation of doctors moving from public hospitals to private hospitals and clinics is a major challenge for regulators. In trade union activities, the movement of labor also makes trade unions lose trade union members, significantly affecting the implementation of representatives to protect legitimate rights and interests of employees.

### 3. Method and Data

#### 1) Subjects and places of study

The researchers are workers working at general/specialized clinics and private pharmaceutical enterprises in 3 localities in the group of provinces / cities with a large private health development rate of the country, representatives of 3 North, Central and South, including Ho Chi Minh City. Hanoi, Da Nang city and Ho Chi Minh City Ho Chi Minh City.

#### 2) Sample size and template selection method

The sample size of the worker to be surveyed (n) is calculated according to the formula for calculating the sample size at a rate of

$$n = Z_{(1-\alpha/2)}^2 \cdot \frac{p(1-p)}{d^2}$$

Where: z: Trust system; with a reliability of 95%, the value of  $z = 1.96$ ; p: the percentage of workers wishing to join trade unions/organizations representing workers. Since there has been no research on the need to join trade unions of workers in private health facilities, it is assumed that the rate is greater than 10%, and at 50% ( $p=0.5$ ) for the largest sample size;  $q = 1 - p = 0.5$ ; d: acceptable error = 0.07. With DE = 1.5 and an estimated 7% rejection/non-completion rate, applying the above formula, the number of workers to be surveyed is 315, equivalent to 105 people in each province/ city. 30 private clinics and 1 enterprise that has not yet established a trade union with a relatively large scale of workers were selected to participate in this survey. At each facility, depending on the size of the worker, 5-15 people were randomly selected to participate in the study.

#### 3) Methods of collecting information:

For dosing questionnaires, workers read and fill out their own ballots. The group of 299 workers completed the survey.

Each team of 2-3 researchers conducted 5 group discussions with workers at 5 clinics. The discussion content is recorded/ typed in full.

4) *How to measure satisfaction and needs and situations to ensure the legitimate rights and interests of workers*

The employee scores his/her own satisfaction on the implementation of 14 contents related to the policy for employees of the working establishment and evaluates the need for 15 contents related to their rights and interests on a scale of 1-10 in which 10 is equivalent to very satisfied or very high demand, and 1 corresponds to very dissatisfied or uns needed. In addition, the questionnaire includes a number of questions about the situation of ensuring legitimate rights and interests and the need to establish an organization representing workers designed as a question with a "yes/no" answer.

5) *Methods of processing information*

Dosing surveys are cleaned, entered, and analyzed using SPSS software. Satisfaction and demand levels are reported with an average score on a 10-point scale. The implementation situation and the need to establish an organization representing workers are reported as a percentage of workers who answer yes to each question. Group discussions are analyzed by topic group.

#### 4. Result

The study was conducted in a cross-sectional method with statistical forms according to (table 1)

##### 1. *General information about responder*

| <b>Characteristics of the answer</b> | <b>(%)<br/>N=299</b> |
|--------------------------------------|----------------------|
| <b>Gender</b>                        |                      |
| female                               | 69,2                 |
| south                                | 30,8                 |
| <b>CSYT Type</b>                     |                      |
| Clinics                              | 91,0                 |
| Pharmaceutical Enterprises           | 9,0                  |
| <b>Current working position</b>      |                      |
| administrative                       | 29,1                 |
| professional knowledge               | 64,2                 |
| administer                           | 3,3                  |
| <b>profession</b>                    |                      |
| Doctor                               | 9,7                  |
| Nursing                              | 25,8                 |
| Technician                           | 22,1                 |
| Pharmacist                           | 16,7                 |
| Nun                                  | 1,7                  |

|                                      |      |
|--------------------------------------|------|
| Administrative staff                 | 18,7 |
| different                            | 5,4  |
| <b>Form of labor*</b>                |      |
| Full-time                            | 90,3 |
| Part-time                            | 6,5  |
| According to the incident            | 3,2  |
| <b>Seniority of work at the unit</b> |      |
| < 1 year                             | 13,4 |
| 1 - <3 years                         | 26,4 |
| 3 - <5 years                         | 22,7 |
| >= 5 years                           | 37,5 |
| <b>Labor size</b>                    |      |
| >=25 people                          | 22,7 |
| <25 people                           | 77,3 |
| <b>compass</b>                       |      |
| Hanoi                                | 33,8 |
| Danang                               | 33,4 |
| Ho Chi Minh City                     | 32,8 |

\*N=278

**2. Employee satisfaction with policies and working conditions for employees**

The overall average score for employee satisfaction on *policies* for workers in private health facilities surveyed was 7.27. In 14 contents, the 4 most unhappy contents are the policy of emulation and commendation, information and feedback with employers organizing entertainment activities to entertain employees and current salary (< 7 points). Wage policy, shift meal quality and welfare benefits belong to the content group with the second lowest satisfaction score (7-7.05 points). The most satisfied employees (8.07 points) due to their participation in the activities of the unit, followed by the unit with the mechanism to encourage participation in improvement, and the policy of training development, promotion and promotion (7.8 points) (Table 1)

**Table 2: Average score of satisfaction on policies of workers at private health facilities without the establishment of a trade union organization\***

| Tt | Criteria   | Average Satisfaction Score* |
|----|--|-----------------------------|
| 1  | Organize entertainment activities on the occasion of an anniversary or unit holidays | 6.78                        |
| 2  | Commendation emulation policy  | 6.75                        |

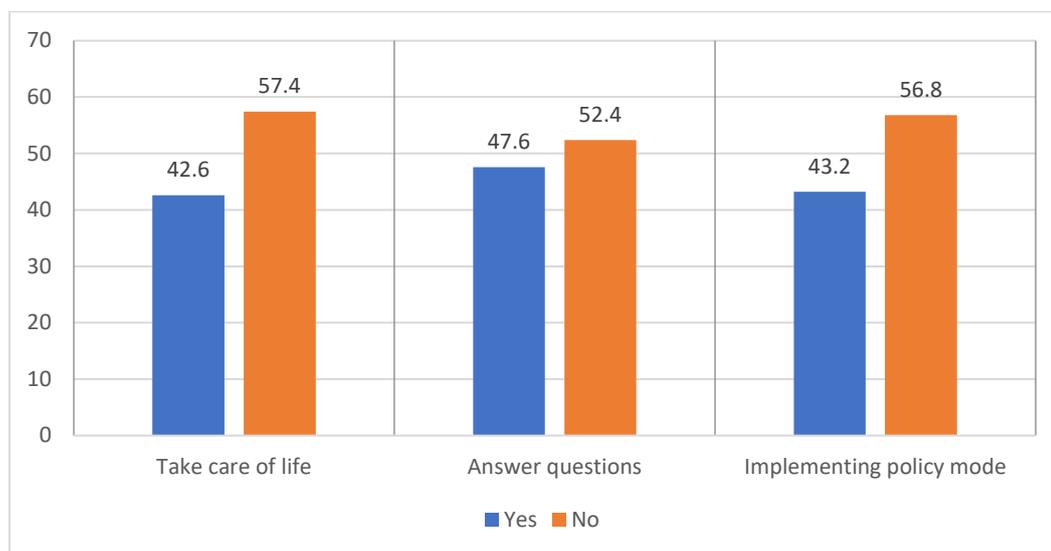
| <b>Tt</b>                   | <b>Criteria</b>  | <b>Average Satisfaction Score*</b> |
|-----------------------------|--|------------------------------------|
| 3                           | Provide information and feedback to employers;                                     | 6.79                               |
| 4                           | Regular medical check-up issues  | 7.34                               |
| 5                           | Job stability  | 7.31                               |
| 6                           | Working conditions (environment, working tools, ...)                               | 7.37                               |
| 7                           | Cevil welfare benefits provided by the unit;                                       | 7.05                               |
| 8                           | Payroll policy of the unit (salary increase, payroll calculation, ladder, payroll) | 7.00                               |
| 9                           | Salary being received  | 6.98                               |
| 10                          | Tossing shift meals  | 7.00                               |
| 11                          | Policy on training and development;  | 7.83                               |
| 12                          | Teager to participate in the activities of the facility                            | 8.07                               |
| 13                          | Encouraging workers to participate in the improvement process in the unit          | 7.80                               |
| 14                          | Policy on promotion and promotion of the unit;                                     | 7.79                               |
| <b><i>Average total</i></b> |  | <b><i>7.27</i></b>                 |

*\*The average score is calculated on the total number of people who have scored/answered. Percentage of content <10% of 299 replies*

The results of the group discussion showed that due to the lack of organizations representing employees, employees working in small-scale units must directly inform and respond to their opinions to employers. In larger units with functional departments, the human rights department will have the role of answering all questions related to the policy regime of employees.

*Regarding the care of material and spiritual life, answering questions and implementing the general policy regime for employees, the majority (more than 50%) workers argue that unit leaders are not interested in these issues.*

**Schedule 1: Take care of employees in units without real estate**



There are disagreements in the mind of health workers at these facilities about health care, prevention of disease exposure.

\* There is a paradox that while we go for a health check-up for the community, we ourselves are not protected through regular health check-up. The business believes that the unit has available resources so it can support medical staff at any time. This more or less causes us psychological insecurity because prevention through early detection is not of interest to businesses.

Female, 51 years old, Hanoi

\*\*We in the employment contract also said that we have a health check, but since I have worked here for more than 2 years, there have been no medical examinations for employees. Only those who are sick are entitled to the examination but the payment is not much cheaper than other patients

Female, 26 years old, HCMC

**3. The need for representation to protect the rights and interests of workers in private medical establishments without trade union organizations**

Employees have high demand for all 15 contents related to the protection of rights and interests, of which the highest demand is to be guided and consulted when entering into labor contracts and working contracts (8.22 points); the need to ensure the conditions of labor protection and occupational safety and hygiene (8.08 points). The next group of high-demand issues is to participate in the inspection, examination and supervision of the unit's activities on the implementation of collective labor agreements and wage issues, which are consulted legally (7.8points) (Table 3)

**Table 3: Level of demand of employees on a number of contents related to rights and interests of employees**

| Tt | Contents  | Averagedemand score |
|----|---|---------------------|
| 1  | Need to guided and consulted when entering into, performing labor contracts, working contracts  | 8.22                |
| 2  | Need to isguaranteed the conditions of labor protection and occupational safety and hygiene   | 8.08                |
| 3  | Need to benegotiated, signed and supervised by representatives for the implementation of collective labor agreements  | 7.85                |
| 4  | Need to represented inthe elaboration and supervision of the implementation of salaryscales, payrolls, labor regulations, salary payment regulations, internal labor regulations          | 7.84                |
| 5  | Need to berepresented in dialogue with employers to resolve issues related to the rights and obligations of employees   | 7.81                |
| 6  | Need to Asking forlegal advice  | 7.75                |
| 7  | Need to represented to participatewith agencies, organizations and individuals competent to settle labor disputes   | 7.65                |
| 8  | Need to request representativesto propose to competent organizations and state agencies to consider and settle when the rights and interests of employees or employeesare infringed upon. | 7.67                |
| 9  | Need to representedto initiate lawsuits in court when rights and interestsare infringed upon  | 7.75                |
| 10 | Need to request representativesto participate in the proceedings of labor, administrative and bankruptcy cases to protect rights and interests  | 7.62                |
| 11 | Need to representedto participate with the unit in the development of programs, plans and policies related to employees   | 7.69                |
| 12 | Need to articipate ininspection, inspection and supervision of unit activities  | 7.60                |
| 13 | Need to be propag ated, mobilized, educated   | 7.76                |
| 14 | Need to be resolvedlabor dispute  | 7.68                |
| 15 | Need to participatein movement activities   | 7.78                |

*\*The average score is calculated on the total number of people who have scored/answered. Percentage of content <8% of 299 replies*

Although there is no representative organization on trade union activities at the unit, 87.2% responder has heard of trade unions; the majority of them are well aware of the role of tradeunion organizations: 71.5% agree the most important function of

the trade union organization is to protect the legitimate rights and interests of workers. However, only 53.9% knew under current regulations that employees are entitled to form a trade union organization.

## 5. Discussion

The study rounded up workers' opinions from 30 private health facilities, mostly general and specialized clinics in three cities with the growth of major private health facilities across the country. This is the first published study to provide evidence of the extent to which legitimate rights and interests are protected as well as the need to join trade unions of workers in health facilities that have not yet established a small-scale trade union organization which is the most common type of private KCB facility in our country.

The study found that health workers/workers were truly concerned and in high demand in all 15 contents related to rights and benefits that without an intermediary organization representing workers, the labor relations between workers and employers would be difficult to resolve. The highest demand of employees is to be guided and consulted when entering into labor contracts, working contracts, participating in inspection, inspection and supervision of the unit's activities on the implementation of collective labor agreements and wage issues and legal advice. These are suggestions for Vietnamese trade unions in communication, mobilizing for the establishment of trade unions in the private clinic system as well as improving the quality of key activities to meet the needs of private health sector workers in the coming period.

Medical staff current high demand for occupational protection and occupational safety and safety can be explained by the fact that the risk of exposure to health risks at work is increasing due to emerging epidemics such as Covid-19. The research results of the topic "Innovation of methods of gathering workers to participate in trade union organizations in the period of implementation of ctppt and EVFT trade agreements also show that compared to units that have not yet established trade unions, workers in private health facilities that have established trade unions are more satisfied with the conditions of labor protection and occupational safety and hygiene at the unit (Pham Thi Thanh Binh and associates 2021). It is possible that trade union organizations in the private sector have promoted their role in the care and protection of trade union members' health.

The fact that more than 3/4 of workers wish to participate in trade union organizations is in line with the level of need to protect legal rights and roofing at the very high level mentioned above of medical staff. This is a very encouraging signal but also a huge challenge for Vietnamese trade unions in attracting workers to join their organizations in the future. If current Vietnamese trade union organizations are not persuaded to demonstrate their superiority in protecting the rights and interests of

employees when joining Vietnamese trade unions, employees will look to other workers' representative organizations representing rights their benefits.

## **6. Conclusion**

The group of issues that employees and health workers in private health facilities are not completely satisfied with their units includes wage policies, welfare benefits, taking care of mental life and encouraging reward as well as information mechanisms, feedback with employers. The need to be represented to protect the legitimate rights and interests of workers in small and medium-sized private medical facilities is very high. The majority of workers need to join trade unions.

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