

## Women's actions through the FPAR

Through the labour FPAR, the NUOT research team worked with nurses and nurse aides in public hospitals in Thailand to: 1) document working conditions of nurses; and 2) advocate for the improvement of nurses' working conditions and labour protection.

Through the FPAR journey, nurses along with FPAR researchers initiated advocacy and campaign work to demand nurses' benefits being covered under the Compensation Fund Act, regardless of the types of their employment.

Not only working to protect workers' human rights, NUOT also continues their advocacy for the formal registration of public workers' unions under the Ministry of Labour. NUOT will continue their struggles until nurses can exercise their collective bargaining power and unionised actions.

## Recommendations

### To the government of Thailand

- Ensure that public hospitals abide by national labour laws, particularly the Labour Protection Act, as well as international labour standards and recommendations as set by the International Labour Organisation (ILO).
- Ratify ILO Convention No. 87 on Freedom of Association and Protection of the Right to Organise; Convention No. 98 on Right to Organise and Collective Bargaining; Convention No. 151 concerning Protection of the Right to Organise and Procedures for Determining Conditions of Employment in the Public Service to respect and protect nurses' Freedom of Association (FOA) and Collective Bargaining (CB) in Thai public hospitals; and Convention No. 190 on The Elimination of Violence and Harassment in the World of Work.
- Amend the Compensation Fund Act and the Social Security Act to include the coverage for all nurses regardless of their employment types.

### To Thai public hospitals

- Comply with the Labour Protection Act, Social Security Act and Occupational Safety, Health and Environmental Act.
- Guarantee nurses, regardless of their employment types, the right to decent work including health and safety, living wages, permanent employment, rights to join union and to collectively bargain.

### About Nurses Union of Thailand (NUOT)

The Nurse Union of Thailand was established in 2008 to advance the welfare of nurses in public hospitals in Thailand who are currently facing low remuneration and insufficient social protection.



### Asia Pacific Forum on Women, Law and Development

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APWLD, a regional feminist and women's rights organisation with 252 members in 27 countries in Asia and the Pacific. This FPAR is part of APWLD's Labour Programme. APWLD worked with and supported 11 partner organisations from nine countries to conduct FPAR on women's labour rights in Asia and the Pacific between 2017 and 2019.

## Women Nurses Demand Decent Work in Public Hospitals Nurses Union of Thailand (NUOT) Thailand



### The situation of women nurses in Thailand

Gender norms are an enforced social expectation on how women and men should behave, and profoundly shape the world of work leading to the systematic subordination of women in healthcare work. In Thailand, most nurses are women, and the profession continues to be undervalued with the lack of access to decent work.

In 2017, many nurses in Thai public hospitals<sup>1</sup> were employed under a short-term employment contract, low wages, and insufficient benefits. The temporary contractual arrangement is claimed to aid training nurses who do not have sufficient work experience before they are hired as civil servants. However, the fact is, many of the temporary nurses in Thailand have been working more than three years without adequate labour protection. Contractualisation is a systematic form of exploitation to gain cheap labour, to avoid accountability as the employers lay off and retrench workers, and to deny the right of workers to unionise. Temporary nurses struggle with longer working hours without any additional pay and other labour protections. Many of them face a wide wage disparity, have night shifts but not entitled to shift differential pay, and subject to gender-based violence including sexual harassment and assault in the workplace often without due access to remedies/justice.

Thai Labour Law discourages the rights to organise and collective bargaining for workers in public sectors; while different forms of labour rights violation without due access to justice demotivates women nurses to sustain their job.

### Feminist Participatory Action Research (FPAR) by Nurses Union of Thailand (NUOT)

Nurses Union of Thailand (NUOT) led a Feminist Participatory Action Research (FPAR) to investigate the working conditions and understand specific labour issues that women nurses face in Thai public hospitals. The data were gathered through individual interviews, informal group discussions, focus group discussions, observations, workshops, and media analysis. The labour FPAR was conducted from December 2017 to March 2019 in the following public hospitals in Bangkok, Thailand: Thepparat Nakhonratchasima, Maharat Nakhonratchasima, and Debaratana Nakhonratsima.

<sup>1</sup> "Thailand Nursing and Midwifery Council", 2017 as cited in <https://www.nationthailand.com/politics/30315425>





## FPAR FINDINGS:

### The Working Conditions of Nurses in Thai Public Hospitals

#### Precarious Work and the Absence of the Right to Unionise

Despite the high demand to improve health care service, nurses in Thai public hospitals are employed under precarious working conditions. They are hired on different contractual arrangements, such as “Employees of Public Health Ministry”, some as “Temporary Workers”, and some as “Daily Workers”. The FPAR finds that the quality of jobs has a strong connection with job sustainability/security. For instance, meanwhile the actual work could be similar, temporary and daily nurses work with poor pay, insufficient employee benefits and experience more extension of short-term contracts than what is legally allowed<sup>1</sup> without clarity as to when they would be converted into civil servants.

At the same time, the permanent jobs in state agencies, including public hospitals, were substantially cut down due to the government policies that aimed at increasing public spending cuts<sup>2</sup>. Consequently, there are far less opportunities for nurses to seek secure employment. This circular precarity was designed by the government to shift risks onto “dispensable” nurses and to circumvent their legal obligation on protecting full workers’ rights. Not only do women nurses experience job precarity, but other policies also promote discriminatory practices toward nurses. As nurses classified as knowledge workers, according to Thai Civil Servants Act 2008<sup>3</sup>, they are not allowed to move up to administrative and managerial positions. The law not only prevents civil servant nurses but also temporary workers, blocking them from career advancement in the hospital. This dead-end job leads to women nurse’s high turnover rate. Data confirms that 23.7-58.3 per cent<sup>4</sup> of temporary women nurses chose to quit their jobs<sup>5</sup>. It exacerbates the existing nurses’ shortages, which adversely affects the overall quality of public health care services in the country.<sup>6</sup>

It is a particular concern that the government of Thailand has not ratified key ILO conventions, such as ILO Convention No. 87 on Freedom of Association and Protection of the Right to Organise, Convention No.98 on Right to Organise and Collective Bargaining, and Convention No. 151 on Labour Relations (Public Service) Convention. Consequently, Thai labour law does not guarantee the public sector workers’ rights to organise and collective bargaining. As a result, nurses, regardless of their contract status, are prohibited from forming or joining the union. The government continuously disapproves of state employees’ union registrations, resulting in further weakening of the collective bargaining power of nurses.

Furthermore, legal complaint actions or collective bargaining to improve working conditions have never taken a concrete form due to the fear of reprisal by the employers if workers took collective union activities. There were several documented cases of harassment from the management if nurses and nurse aides raised voices in the union.

<sup>1</sup> According to The Labour Protection Act B.E. 2541 (Section 118) with reference to the Supreme Court Judgment Nos. 5180/2542, 6767-6769/2542 and 10432/2546, the period of short term contract shall not be exceeding two years. The FPAR finding demonstrates that many nurses have worked more than 3 years.

<sup>2</sup> See detailed (in Thai) point 8 on Guidelines for the replacement of the vacancy rate from government officials’ retirement results with other forms of employment, retrieved from: [http://www.idd.go.th/Web\\_Cabinet/PDF/2560/Oct/03102017.pdf](http://www.idd.go.th/Web_Cabinet/PDF/2560/Oct/03102017.pdf)

<sup>3</sup> Civil Servant Act 2008 retrieved from [https://www.ocsc.go.th/sites/default/files/attachment/law/act\\_law2551cn.pdf](https://www.ocsc.go.th/sites/default/files/attachment/law/act_law2551cn.pdf)

<sup>4</sup> Homsuwan (et al. 2017) discovered that the rates of intention to leave varied from 23.7%-58.3% by a cross-sectional study in Rajavithi Hospital, one of largest public hospitals in Thailand.

<sup>5</sup> It refers to Nantsupawat’s finding (et al. 2016) that the turn over rates of nurses is 5-10%,

<sup>6</sup> Nantsupawat, A, et al (2017) “Effects of nurse work environment on job dissatisfaction, burnout, intention to leave”. International Nursing Review 64, 91– 98 and Pooncharat Sirisub, et al (2019) “Intention to Extend Working Life among Thai Registered Nurses in the Ministry of Public Health: A National Survey”, Nursing Research and Practice, vol. 2019. <https://doi.org/10.1155/2019/7919404>.

#### Disparity at Remuneration

While most nurses have multiple workloads with long working hours, there is a significant pay disparity between nurses, doctors and managerial staff. This pay disparity is primarily due to the contractual/temporary employment most nurses are on, which deprives them of employment benefits. FPAR findings show that Thai nurses in public hospitals earn 14,070 Thai baht/month (Equivalent to USD 472) while Thai public hospital doctors’ basis salaries start at 20,000 Thai baht/month (equivalent to USD 656.38). While their basic salaries gap is not largely wide, with access to full benefits, allowances and compensations given most doctors are on permanent employment contracts, a doctor may earn five times the wage of a nurse. This pay disparity and employment status consequently weaken nurses’ bargaining power, which makes them own less control over their working conditions. Many nurses choose to stay and expect to get the possibility of contract-to-civil-servants conversion. Even so, the process to convert the status takes more than two years and requires them to take a civil service entrance examination.<sup>7</sup>

The cases of nurses at Debaratana Nakhonratsima Hospital demonstrate that nurses highly rely on their self-motivation and commitments, given there are no incentives and rewards for them as organisational support. The labour flexibility, in turn, situates women nurses quitting the job to avoid burnout, which exacerbates the existing scarcity of nurses with a ratio of a nurse to population 1:400<sup>8</sup>. Their new remuneration does not consider periods they worked on a temporary basis when they get turned to a permanent employment contract.

<sup>7</sup> Panya, Sriplienchun (2019) Investigating Thailand’s Public Nursing Workforce Age Structure Dynamics: A System Dynamics Approach. Retrieved from: <http://bora.uib.no/bitstream/handle/1956/20649/Thesis--Sriplienchun-P----21-06-2019.pdf?sequence=2&isAllowed=y>

<sup>8</sup> Pooncharat Sirisub, et al (2019) “Intention to Extend Working Life among Thai Registered Nurses in the Ministry of Public Health: A National Survey”, Nursing Research and Practice, vol. 2019. <https://doi.org/10.1155/2019/7919404>.

#### Violence and Sexual Harassment at the Workplace

As providing regular nursing service contains a high level of compassion, carer is prevalently perceived as “docile and submissive”. Many studies show that gender-and-power dynamics determines the relationship between nurses and doctors, between nurses and patients, or amongst nurses. The FPAR finding reports abusive power relations and verbal harassment nurses experience on a daily basis from doctors, patients, patients’ relatives or families, and even colleagues in their workplace.

Being psychologically abused when administering treatment to the patients who are suffering from illness and pain is a shared fear among nurses; yet it is a taboo to discuss it openly. They are subject to sexual harassment and physical abuse. There are cases of rape, which are usually unreported, even when there is robust evidence to report to the police, the hospital management would ask them to stop proceeding with the case and withdraw instead. FPAR finding also reports that an increase in the number of work-related violence not being adequately addressed demoralises nurses, which will in turn affect the quality of health service delivery. Concerted efforts and concrete measures to secure nurses’ right to decent work, dignity and wellbeing are in urgent need.

#### Poor Occupational Safety and Health (OSH) Practices

Decent work is safe work. Although the labour code protects nurses’ rights to health and safety at work, and the government has promoted OSH guidelines in hospitals, the structural barriers remain for nurses to fully enjoy their fundamental labour rights. A nurse is a person who meets with the patients before the doctor and takes care of them 24/7. Paradoxically, providing health care involves demanding and fatiguing working conditions. Under these circumstances, nurses and nurse aides are working under stressful environments, excessive working hours, and heavy workloads. Some reported that they must provide nursing care to around 60 patients per day to respond to their needs. FPAR finding shows that nurses are forced to work excessively and in rotating-shifts, which leads them to be sleep-deprived<sup>9</sup>. Given that sleep disorders may increase the occupational risk of poor mental health, not surprisingly, some suffer from stress, burnout, anxiety, and depression.

Furthermore, inadequate Personal Protective Equipment exposes nurses to work-related risks, including infection from patients (via the respiratory system, blood, and body) and other work-related injuries. Many nurses have had accidents during work that are not covered by the hospital nor government, due to the fact that they are temporary contractual workers, which consequently preventing them from the Compensation Fund Act.

Although most Thai public hospitals have set off Occupational Safety, Health, and Environment Committee, the committee seldom fulfils its mandate. Additionally, most hospitals do not have safety officers who are ruled by the Occupational Safety, Health and Environmental Act BE 2554 (2011). Given the absence or lack of a mechanism for nurses to address the non-compliance of OSH standards, nurses continuously experience a range of health issues at work, which frequently go unattended.

<sup>9</sup> Most of Thai nurses sleep less than the minimum recommended 7 hours due to their work schedules, Thai nurses also experience low sleep quality (Chaiard et al, 2018).

