Wojewódzki Szpital Zdrowia Psychicznego
im. dr. Józefa Bednarza w Świeciu

GENDER EQUALITY PLAN

(Gender Equality Plan - GEP)

Provincial Mental Health Hospital named after Dr. Józef Bednarz in Świecie

FOR 2026-2030

Statement by the Director

Since 1855, the Dr Józef Bednarz Regional Mental Health Hospital in Świecie has provided psychiatric care to residents of the Kuyavian-Pomeranian Voivodeship. The Hospital's work is guided by the words of its patron: 'The measure of our humanity is our attitude towards people with mental illness.' This principle applies not only to our relationships with patients, but also to the way in which the Hospital treats its own staff.

As the Director of the Hospital, I declare the Hospital management's full support for the objectives and actions set out in this Gender Equality Plan. I undertake to ensure that the resources required for its implementation are available throughout the period in which it remains in force, to review progress annually, and to publish reports on the implementation of the Plan.

I declare that the Hospital applies a zero-tolerance policy towards discrimination, workplace bullying, harassment and sexual harassment, regardless of whether the conduct originates from a line manager, colleague, patient or accompanying person. Every member of Hospital staff has the right to a safe working environment and to equal opportunities in employment, professional development and remuneration.

Implementation of the Plan is the responsibility of the entire organisation: management, clinical staff, administrative staff and support staff.

Dyrektor
Wojewódzkiego Szpitala Zdrowia Psychicznego
im. dr. Józefa Bednarza
Dariusz Rutkowski

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Director
Provincial Mental Health Hospital named after
Dr. Józef Bednarz in Świecie

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I. Introduction

Since 1855, the Dr Józef Bednarz Regional Mental Health Hospital in Świecie has provided psychiatric care to residents of the Kuyavian-Pomeranian Voivodeship. It combines inpatient and outpatient treatment for adults, children and adolescents with a community-based mental healthcare delivered, among other services, through the Mental Health Centre. As the oldest psychiatric hospital still operating in Poland, the institution brings together a long tradition and extensive experience with continuous development and a modern approach to treatment, the organisation of care and the creation of a welcoming therapeutic environment for patients. The Hospital has always been guided by the words of its patron, Dr Józef Bednarz: 'The measure of our humanity is our attitude towards people with mental illness.' This principle applies not only to relationships with patients, but also to the way in which the Hospital treats its own staff.

Gender equality is a natural extension of this mission. Ensuring that women and men have equal opportunities in employment, career progression and remuneration, as well as equal opportunities to balance work and family responsibilities, directly supports the quality of patient care and the working environment across the Hospital.

This Gender Equality Plan (hereinafter referred to as the 'GEP' or the 'Plan') is a strategic document that assesses the current state of gender equality at the Hospital and sets out actions and mechanisms for advancing gender equality.

The adoption of this Plan demonstrates the Hospital's commitment to European values and national equality standards, in accordance with applicable legislation, European Commission recommendations and good practice in the research and healthcare sectors. The document provides a framework for monitoring progress and evaluating the measures implemented, and supports the continuous development of an organisational culture based on respect and partnership.

The Plan was prepared by the Human Resources and Payroll Department in cooperation with the Hospital's management and the Quality Team.

The Plan builds directly upon and supplements documents already in force at the Hospital: the Staff Code of Ethics and the Anti-Bullying and Anti-Discrimination Procedure. The latter provides the operational framework for applying the principles adopted in this Plan and includes, among other matters, channels for reporting breaches, the investigation procedure and monitoring indicators.

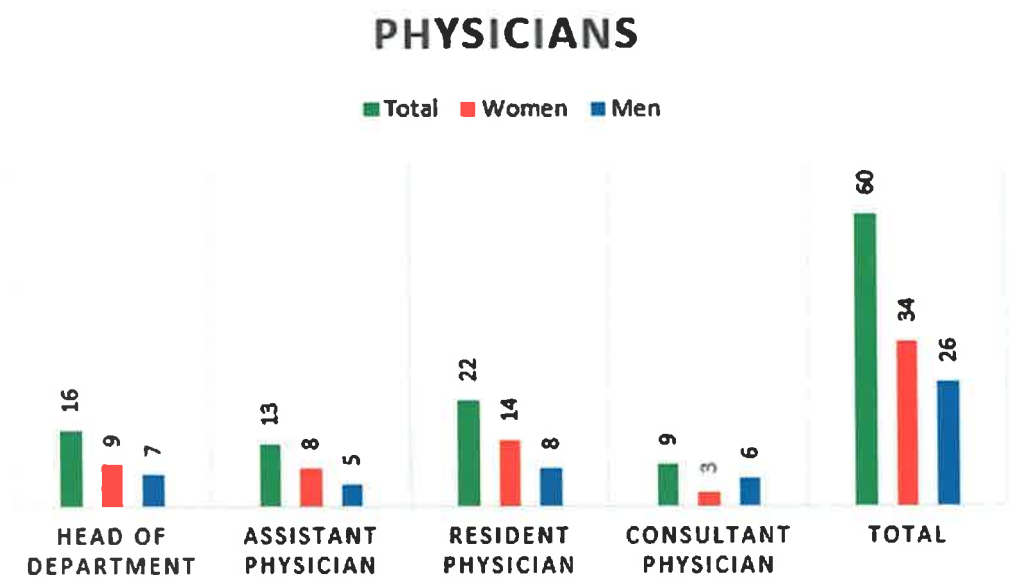
II. Analysis of the Current Situation at the Hospital

The assessment is based on Hospital employment data for the whole of 2025 and on the results of staff surveys conducted in 2025. Where the available data permit analysis disaggregated by sex, this is presented below; where they do not, this is stated expressly.

Overview of the workforce structure:

Profession / position held

Figure 1

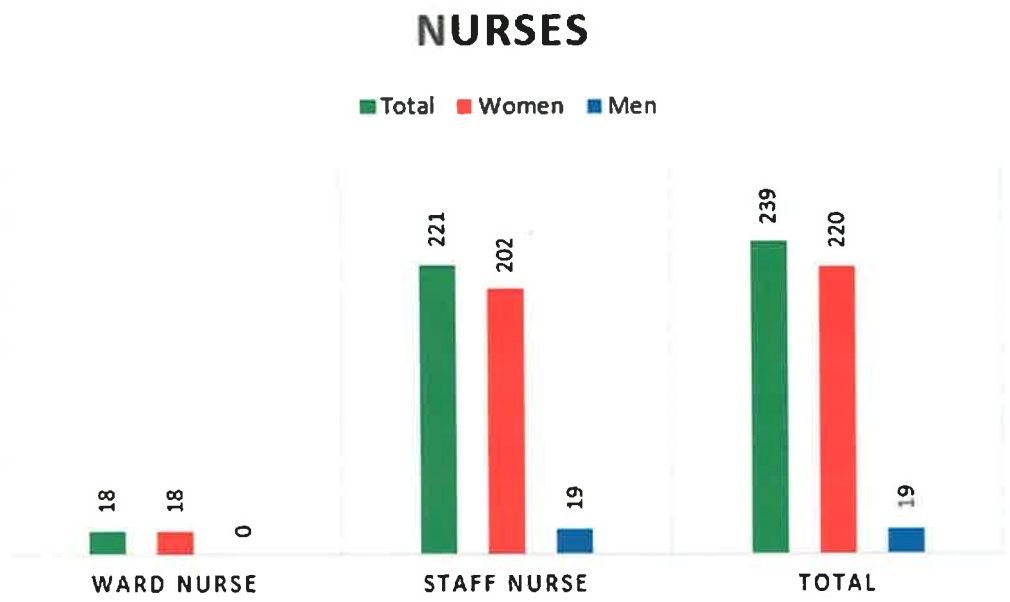


The data above show a relatively balanced distribution of women and men in medical posts, with a difference of 14 percentage points in favour of women. The largest disparity occurs among resident doctors, where women outnumber men by 28 percentage points. Consultant posts are the exception, with men outnumbering women by 34 percentage points.

Figure 2

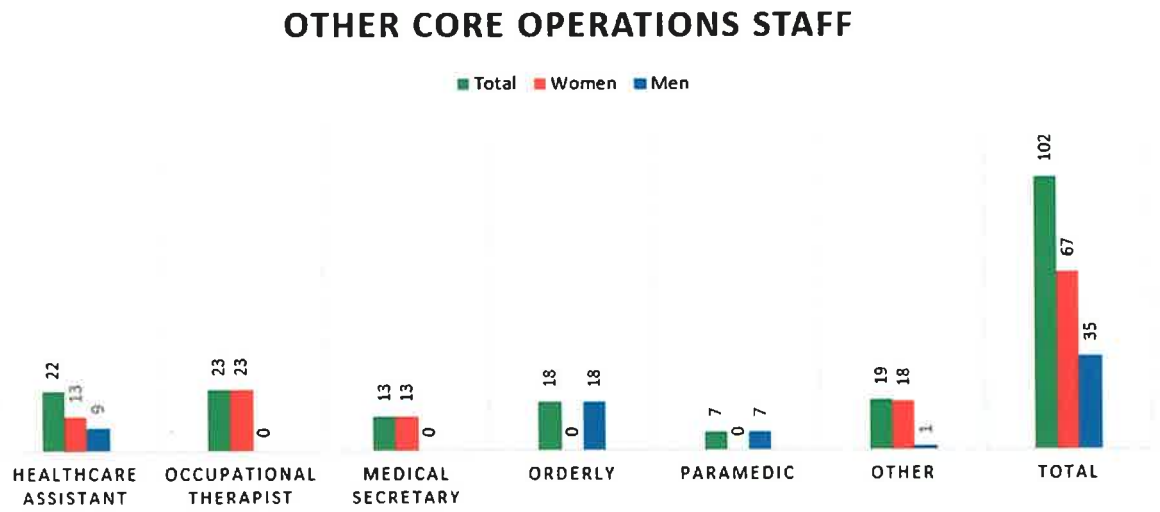
Among other professional staff, including psychologists, psychotherapists and pharmacists, women are clearly predominant, accounting for 93% of all employees in these roles. Men account for only 7%.

Figure 3



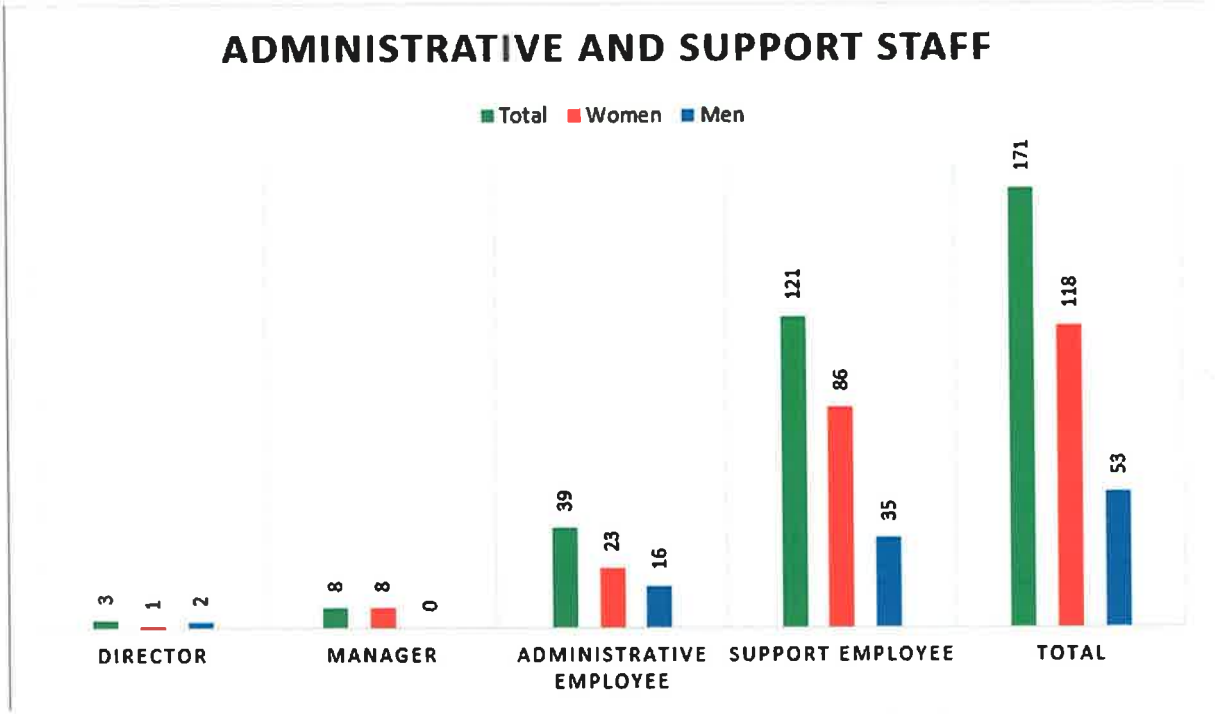
A nearly identical pattern is found among nurses, where women account for 92% of all employees. All ward nurse manager posts are held by women.

Figure 4



A somewhat different picture emerges from the analysis of other core-service staff. Women remain predominant overall, accounting for 66% compared with 34% for men. However, only men are employed as paramedics and hospital orderlies, while occupational therapists and medical secretaries/receptionists are roles typically held by women.

Figure 5



A similar pattern is evident among administrative and support staff, where women account for 69% and men for 31%. Director-level posts are the only category in which women are not in the majority: two men and one woman hold such posts. By contrast, all department manager posts are held by women.

Analysis by profession and position shows that women clearly predominate among Hospital employees. This undoubtedly reflects the high proportion of women in certain occupations in Poland, particularly nursing, medical secretarial and reception work, occupational therapy and psychology, as well as administrative work, catering and cleaning. Men predominate almost exclusively among paramedics, hospital orderlies and technical support roles involving heavier physical work. The greatest gender balance is found among doctors, where the proportion of women is only moderately higher.

These patterns are considered to reflect occupational structures; they do not in themselves indicate discrimination and do not require corrective intervention.

Sickness absence and family-related leave

Table 1

Employees' own sickness absence:

Sex	Number of person-days of absence in the year	Total number of person-days in the year	Percentage of days	Number of employees taking absence in the year	Total number of employees in the year	Percentage of employees
Women	7007	157315	4.45%	214	431	49.65%
Men	1919	39420	4.87%	54	108	50.00%

The data in the table above show that the proportion of total working time lost through employees' own certified sickness absence, and the proportion of employees taking such absence within the total workforce, are broadly comparable for women and men.

Table 2
Absence to care for a family member:

Sex	Number of person-days of absence in the year	Total number of person-days in the year	Percentage of days	Number of employees taking absence in the year	Total number of employees in the year	Percentage of employees
Women	387	157315	0.25%	42	431	9.74%
Men	52	39420	0.13%	8	108	7.41%

For absence taken to care for a family member, the data analysed show that women make greater use of this entitlement. This type of absence accounts for twice as much of women's total working time as it does of men's, and the proportion of employees taking such leave is also markedly higher among women.

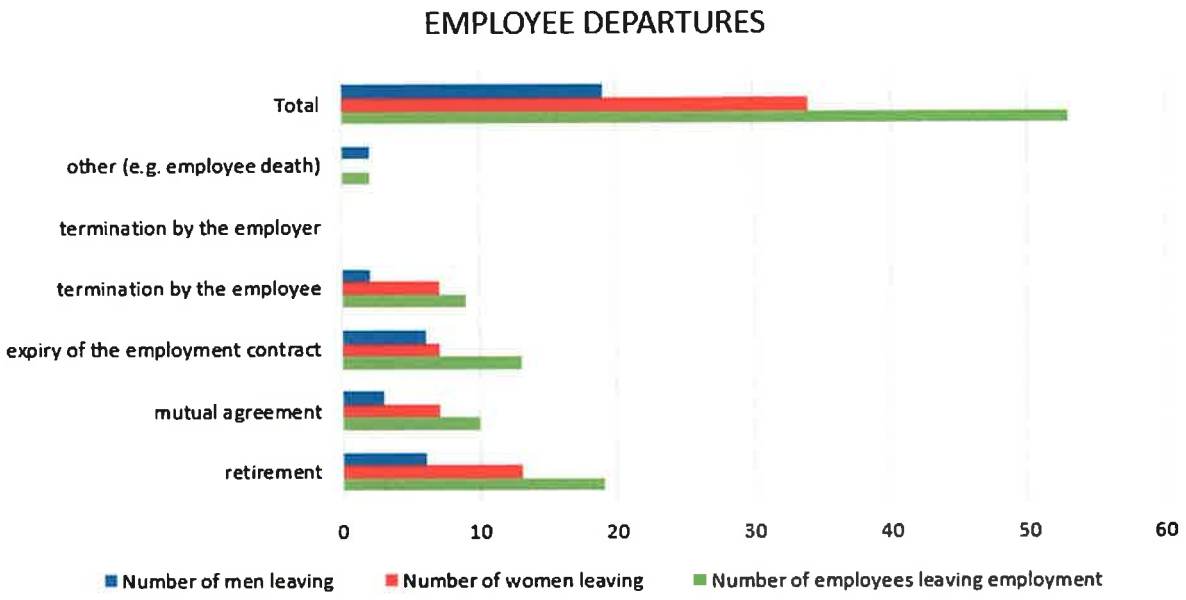
Table 3
Family-related leave (maternity, paternity, parental and childcare leave)

Sex	Number of person-days of leave in the year	Total number of person-days in the year	Percentage of days	Number of employees taking leave in the year	Total number of employees in the year	Percentage of employees
Women	1300	157315	0.83%	7	431	1.62%
Men	56	39420	0.14%	3	108	2.78%

The data on absence due to family-related leave show that this type of absence accounts for more than five times as much of women's total working time as it does of men's. Although the proportion of men taking such leave within the male workforce is higher, men take only short two-week periods of paternity leave, whereas women take longer periods of maternity, parental and childcare leave.
The analysis of sickness absence and family-related leave indicates that, while sex does not affect absence due to incapacity for work caused by illness, women clearly account for the majority of family-related leave.
Women's greater use of such leave is most likely attributable to a combination of economic, social and cultural factors. Men have traditionally been more likely to be regarded as the main household earners, which can make longer periods away from work more difficult. Polish society also continues to reflect the belief that caring for a young child is primarily a woman's role and that the father has a supporting role. Adult couples often reproduce this division of responsibilities learned in their families of origin. A further relevant factor may be that maternity leave is available only to the mother, meaning that she spends the first, crucial period after the child's birth at home and develops a stronger day-to-day caregiving routine.

Staff turnover - employees leaving the Hospital

Figure 6



The data above show that 53 employees left the Hospital during the period analysed: 34 women and 19 men. This represents 7.89% of all women employed and 17.59% of all men employed.

Retirement was the principal reason for leaving among both women and men, accounting for 19 employees in total: 13 women and six men. Retirement therefore accounted for more than one third of all departures.

The second most common reason was the expiry of a fixed-term contract, which accounted for 13 employees: seven women and six men.

Termination by mutual agreement accounted for a further ten employees: seven women and three men.

Nine employees left by giving notice: seven women and two men. This is relevant because it may indicate voluntary decisions to change employer or career circumstances.

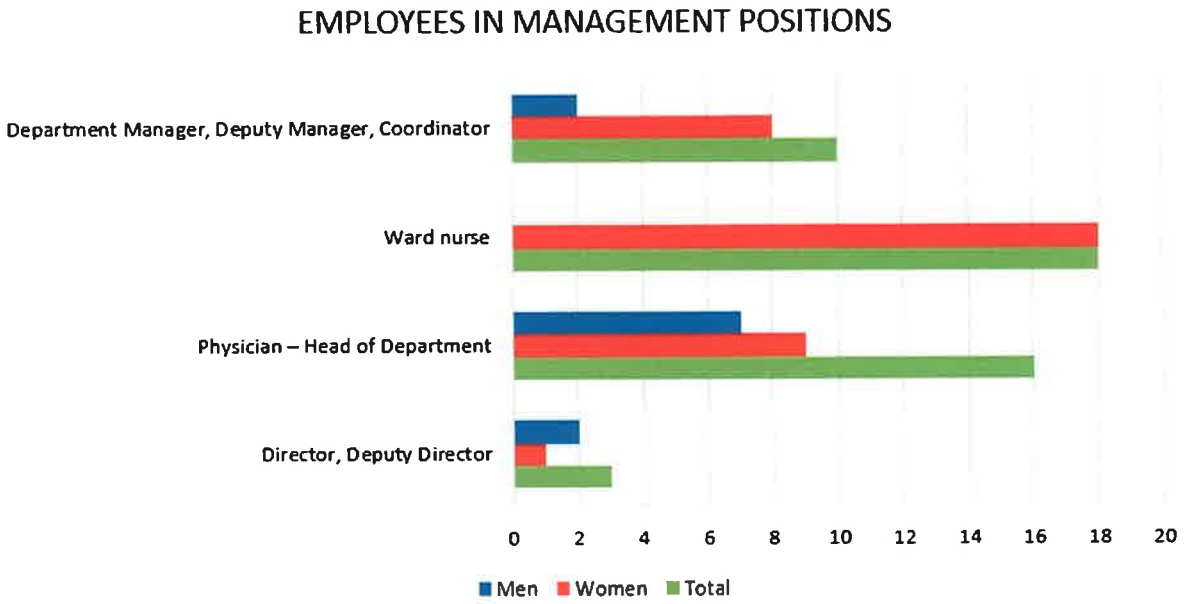
Other reasons, such as the death of an employee, were least common and accounted for two people. No departures resulting from dismissal by the employer were recorded.

Although women formed the majority of employees leaving in absolute terms, men represented a higher proportion of their respective workforce in every category of departure. One possible explanation is that men may be more likely to change jobs where pay is higher in the private sector and alternative, better-paid employment is more readily available in commercial organisations.

The pattern of departures primarily reflects natural causes associated with the end of employment, rather than dismissals initiated by the employer. Overall, staff turnover at the Hospital was driven chiefly by retirement and the expiry of contracts. At the same time, the relatively high number of voluntary departures - notices given by employees and terminations by mutual agreement, 19 people in total - warrants more detailed analysis of the reasons why employees leave.

Management structure

Figure 7



The data above show that 47 people hold management posts at the Hospital: 11 men and 36 women. Women therefore account for more than 76% of management staff, while men account for just over 23%. This indicates a clear predominance of women in the Hospital's management structure.

Ward nurse managers form the largest group, comprising 18 people. All of these posts are held by women, reflecting the gender profile of the nursing profession.

The second largest group consists of 16 doctors serving as heads of wards: seven men and nine women. This group has the most balanced representation of women and men among the posts analysed, although women remain in a slight majority.

Ten people hold posts as department manager, deputy manager or coordinator: two men and eight women. Women therefore also form a clear majority in this group.

Directors and deputy directors form the smallest group, comprising three people: two men and one woman. In contrast to the other management posts analysed, men are therefore in the majority at the highest management level. It should, however, be noted that this group is very small. A difference of one person produces a substantial percentage change, so the figures do not provide a sufficient basis for far-reaching conclusions about equality of opportunity or promotion policy.

The management structure shows that women are strongly represented in the management of the Hospital. Women are in the majority both overall and across most of the posts analysed.

Shift work and overtime

Shift work and overtime at the Hospital are intended to optimise working-time arrangements, ensure continuity in the provision of healthcare services and distribute duties evenly among employees. Because the Hospital must provide round-the-clock patient care, shift work and occasional overtime are inherent elements of work organisation, arising primarily from the need to maintain continuity across individual wards and organisational units.

When working time is scheduled, the primary considerations are **the type of work performed, professional qualifications, staffing of individual posts, the Hospital's organisational needs and the need to ensure adequate staffing on each shift.** An employee's gender is not a criterion for assigning

shift work or overtime. Working time is therefore organised on the basis of objective, work-related considerations, in accordance with the principle of equal treatment irrespective of gender. Shift work is organised in accordance with the Hospital's **Work Regulations,** which define the applicable working-time system and schedules, as well as the rules governing the organisation of working time. Any differences between women and men in the number of shifts or overtime hours worked may result, among other factors, from workforce structure, the type of position held, contracted working hours, qualifications, working patterns and the number of employees providing particular types of services.

Remuneration

Analysis of remuneration by grade shows that, for healthcare professionals and other employees engaged in core activities, pay levels depend on classification within the occupational groups defined by the qualifications required for the post under the Act of 8 June 2017 on the Method for Determining the Minimum Basic Salary of Certain Employees of Healthcare Entities (Journal of Laws of 2017, item 1473). Classification is based solely on the post held and the qualifications required for it, irrespective of the employee's gender.
The remuneration of other employees who are not engaged in core activities is determined in particular by reference to the type of work performed and the qualifications required, taking account of the quantity and quality of the work delivered, irrespective of the employee's gender.
Additional components of remuneration, such as length-of-service allowances and long-service awards, are paid in accordance with the applicable Remuneration Regulations once the relevant conditions have been met, without regard to the employee's gender.

Outstanding annual leave

Table 4

Outstanding annual leave by sex:

Sex	Average outstanding leave	Maximum outstanding leave
Women	6.50	35
Men	6.15	24

Analysis of annual leave outstanding at the end of the calendar year shows a similar pattern in the number of days carried forward by women and men. The amount of outstanding annual leave is therefore not dependent on sex.
There is, however, a clear difference in the maximum amount of outstanding leave: 35 days for women, which is 11 days more than the maximum for men. This is attributable to longer maternity-related absences among women, which prevent annual leave from being taken during the relevant period.

Length of service

Table 5

Average length of service by sex

Sex	Average length of service (years)	Longest period of service (years)
Women	14.0	45
Men	12.3	44

Table 6
Length of service by range:

Sex	Up to 2 years	2 to 10 years	10 to 20 years	20 to 30 years	30 to 40 years	More than 40 years	Total
Women (n)	89	142	77	39	70	14	431
Women (%)	21%	33%	18%	9%	16%	3%	100%
Men (n)	27	38	17	8	16	2	108
Men (%)	25%	35%	16%	7%	15%	2%	100%

The overall employment pattern measured by length of service shows that the largest group consists of employees with between two and ten years' service. This group represents approximately one third of both women and men employed: 33% of women and 35% of men. Another sizeable group comprises employees with up to two years' service, accounting for 21% of women and 25% of men.
The data also indicate that women account for a greater proportion of employees in the longer-service groups. Among men, 60% have up to ten years' service, compared with 54% of women. In the groups with more than ten years' service, the corresponding figures are 40% of men and 46% of women.
This pattern is also reflected in average length of service, which is higher for women: 14 years, compared with 12.3 years for men.

Employee age

Table 7
Average employee age by sex:

Sex	Average age (years)	Highest age (years)
Women	46.7	69
Men	46.6	69

Table 8
Employee age by range:

Sex	Under 30	30 to 39	40 to 49	50 to 59	60 and over	Total
Women (n)	32	79	112	169	39	431

Women (%)	8.00%	18.00%	26.00%	39.00%	9.00%	100%
Men (n)	13	22	23	28	22	108
Men (%)	12.00%	21.00%	21.00%	26.00%	20.00%	100%

The data above show that the average age of women and men employed is almost identical, with women being marginally older. A more detailed assessment provides a clearer picture: male employees are distributed more evenly across age groups, whereas the 50-59 age group clearly predominates among women. The number of women who remain professionally active after reaching retirement age is also notable when compared with men who have reached that age: 22 women over the age of 61, compared with only two men over the age of 66. This may be attributable primarily to financial considerations, as women's pensions are statistically much lower than men's. A desire to remain active and maintain social contact may also be significant.

Organisational climate and staff satisfaction

A staff satisfaction survey was conducted in January 2025, producing 181 valid responses: 153 from clinical staff, 23 from administrative staff and five from facilities and technical staff. The survey was general in scope and did not disaggregate responses by sex; nevertheless, its results provide a valuable baseline for the implementation of the GEP:

- 89-100% of employees, depending on staff group, know where to report irregularities, workplace bullying and adverse events;
- perceived safety at work was rated highest by facilities and technical staff and administrative staff (4.60 and 4.73 respectively on a five-point scale), and lowest - although still positively - by clinical staff (3.96);
- in numerous open-ended responses, clinical staff identified the need for a faster response to aggressive patient behaviour, higher staffing levels on shifts and a review of the effectiveness of the alarm-button/wristband system as a matter specific to a psychiatric hospital.

This survey does not, however, replace a dedicated survey of staff perceptions of gender equality. The Hospital has not yet conducted such a survey. A recommendation to do so is included in the chapter 'Objectives and Measures'.

Staff Recruitment

The recruitment processes in place at the Hospital are entirely free from gender-related bias. The only criteria used in staff selection are qualifications, competencies and experience. We ensure equal access to medical, administrative, managerial and support positions for both women and men. Job advertisements are drafted using gender-neutral language or include

both feminine and masculine forms of job titles (e.g. "lekarz/lekarka" [physician], "pielęgniarz/pielęgniarka" [nurse]). Recruitment and competition committees are appointed with due care to ensure objectivity in the selection of candidates. During interviews, a uniform, standardised set of substantive questions is applied to all candidates. Throughout the recruitment process, questions concerning family plans, childcare arrangements or marital status are strictly prohibited. In the area of recruitment, the Hospital pursues a policy based on objectivity, transparency and equal opportunities.

III. Conclusions

The assessment supports the following conclusions:

1. The Hospital has a workforce in which women are strongly predominant, accounting for 78% of all employees. This is typical of the mental healthcare sector in Poland and reflects the high proportion of women in professions such as nursing, psychology and administrative work. This pattern does not in itself constitute discrimination.

2. Women are very well represented in middle management, holding 76.6% of all management posts, including 100% of ward nurse manager and department manager posts. The only area in which men are in the majority is senior management, where they hold two of the three director-level posts. Given the very small size of this group, this finding calls for continued monitoring rather than immediate corrective action.

3. The Hospital's remuneration system is based on legislation and internal regulations and operates independently of employee gender. At the same time, the January 2025 satisfaction survey indicates that some staff - particularly those in autonomous specialist posts - perceive their remuneration as inadequate. This should be monitored in future surveys, with results disaggregated by sex.

4. The clearest inequality concerns the use of family-related leave: measured in days, women take more than five times as much leave as men, while men who use these entitlements take almost exclusively the two-week period of paternity leave. This pattern is typical of the Polish labour market and reflects socio-cultural factors rather than Hospital policy. It is nevertheless an area in which the Hospital can encourage fathers to make fuller use of parental leave entitlements.

5. Sickness absence is distributed evenly irrespective of sex. Likewise, shift work and overtime are organised solely on the basis of operational requirements, in accordance with the Work Regulations.

6. The nature of a psychiatric hospital introduces an additional safety dimension not usually addressed in model equality plans: staff exposure to aggressive behaviour by patients. This issue appears both in the examples of indirect discrimination set out in the Anti-Bullying Procedure, such as assigning only less challenging patients to women without their consent, and in numerous comments made by staff in the 2025 satisfaction survey. It warrants dedicated measures under the GEP.

7. The Hospital has not yet conducted a survey specifically addressing perceptions of gender equality. The 2025 satisfaction survey was general in scope and did not disaggregate results by sex. Conducting a dedicated survey is the recommended next step in the assessment process.

8. At the current stage of GEP implementation, it has not been possible, for objective reasons, to analyse participation in training and professional development. To date, the HR systems have not recorded training participation data disaggregated by sex. In addition, individual Hospital units and departments have organised training independently, preventing the collection of aggregated data and the production of consistent Hospital-wide statistics. The introduction of a mechanism enabling such analysis is recommended as an essential step to be taken in the near future.

IV. Objectives and Measures

The strategic objective of the Plan is to consolidate and further strengthen gender equality at the Dr Józef Bednarz Regional Mental Health Hospital in Świecie, taking account of the specific nature of a psychiatric healthcare institution. This objective will be pursued through the following measures:

Measure	Responsible unit/person	Timescale	Indicator
1. Incorporate the content of the Gender Equality Plan into the Employee Induction Record for newly recruited employees.	Human Resources and Payroll Department	Ongoing	Number of confirmations that employees have read the GEP, recorded in Employee Induction Records
2. Implement pay-transparency principles in accordance with the EU directive strengthening the application of the principle of equal pay for women and men, and progressively standardise the terminology used for job titles in recruitment advertisements.	Human Resources and Payroll Department	Ongoing	Report every two years from adoption of the Plan
3. Promote the use of parental and paternity leave by men through information activities, consultations with the Human Resources Department and inclusion of the subject in induction training.	Human Resources and Payroll Department	Ongoing; annual review	Year-on-year number of men taking parental leave
4. Monitor gender balance in senior management and ensure transparent, consistent criteria for recruitment and promotion to these posts.	Hospital Director; Human Resources and Payroll Department	Every two years from adoption of the Plan	Report on the management structure by sex
5. Extend preventive measures to include support for staff following incidents of aggression by patients, including an incident register, access to psychological support and a review of the effectiveness of the alarm-button/wristband system. This measure is specific to a psychiatric hospital and supplements the Anti-Bullying Procedure.	Human Resources and Payroll Department; Occupational Health and Safety Specialist	Ongoing; monitored annually	Number of incidents recorded and corrective measures implemented
6. Conduct a dedicated staff gender-equality survey, supplementing the 2025 satisfaction survey with questions on equal treatment and safety in relation to the behaviour of patients and their families.	Human Resources and Payroll Department	First survey by the end of 2026; repeated annually thereafter	Survey report

Measure	Responsible unit/person	Timescale	Indicator
7. Introduce a mechanism for monitoring and collecting data on women's and men's participation in training.	Human Resources and Payroll Department	By the end of 2026	Report
8. Monitor and report on the implementation of the Gender Equality Plan.	Human Resources and Payroll Department	Annual internal monitoring; report published every two years	GEP implementation report published on the intranet and in the BIP
9. A programme of training on gender equality, the prevention of discrimination and harassment, and *unconscious bias*, delivered through two separate pathways: (a) for management staff, with particular emphasis on bias in recruitment, appraisal and promotion; and (b) for all staff, through e-learning and workshops.	Human Resources and Payroll Department	First cycle by the end of 2026, followed by annual cycles; induction training for newly recruited employees	Baseline: 0%. Target: at least 80% of management staff trained by the end of 2026 and at least 60% of all employees trained by the end of 2030.
10. Publish the Gender Equality Plan on the Hospital's website and disseminate content promoting gender equality on the intranet.	Quality Team	Ongoing; monitored by the Quality Team	Number of communications published: at least one per year
11. Review and monitor equal access, irrespective of gender, to decision-making processes relating to the Hospital's activities.	Quality Team	Report at the beginning of each calendar year	Report
12. Review and amend staff employment procedures to ensure compliance with gender-equality standards.	Quality Team	Report at the beginning of each calendar year	Report

V. Implementation

The Plan enters into force on the date of signing of Order No. 113/2025 of the Director of the Provincial Mental Health Hospital named after Dr. Józef Bednarz in Świecie, dated 31 December 2025.

Employees employed at the Hospital on the date of entry into force of the Plan will be familiarised with its content. The Plan will be published on the Hospital's website and intranet.

Content relating to gender equality will be incorporated into the onboarding materials for newly hired employees (Professional Adaptation Card). Reports on the implementation of the Plan will be published on the intranet and submitted to the Hospital Director. The Plan is subject to review and update no less frequently than once every two years, and also whenever there is a significant change in legislation or in the Hospital's organisational structure. The Hospital ensures the human, organisational and substantive resources necessary for the implementation of the Gender Equality Plan. Tasks related to the implementation, monitoring and evaluation of the Plan are carried out within the working time of the persons and organisational units designated in the Plan. The Hospital ensures that persons involved in the implementation of the GEP have access to knowledge, training and — where necessary — external expert knowledge in the field of gender equality. Coordination of the Plan's implementation is entrusted to the Human Resources and Payroll Department and the Quality Team.

Dyrektor
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