

# Representativeness in the hospital sector: The case of Greece.

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*The hospital sector in Greece displays three basic features. The first is that social dialogue in the form of collective agreements is absent from the public sector, whereas in the private sector the agreements that are achieved often ultimately lead to arbitration, following relevant complaints by workers. The second is that the sector's workers are organised in trade unions that are divided into public-sector and private-sector unions with only formal relationships between them, as well as into unions based on occupation. The third feature is that the employers' associations are divided according to the type of hospital care provided by their members (e.g. clinics providing general hospital services, or clinics for psychiatric patients, etc.).*

## 1. Sectoral properties\*

Table 1

	1994**	2006
Number of employers***		*** ~190
Aggregate employment		191,886
Male employment		71,687
Female employment		120,199
Aggregate employees		159,867
Male employees		53,880
Female employees		105,707
Aggregate sectoral employment as a % of total employment in the economy		4.3
Aggregate sectoral employees as a % of the total number of employees in the economy		5.6

Source: [National Statistical Service \(ESYE\)](#), Labour Force Survey (2006)

*\*: One thing should be noted with regard to the statistical representation of the sector. The above data do not refer to codification based on NACE 85.11, but to a three-digit codification based on code 851. There is as yet no four-digit codification in Greece. This means that the above-mentioned statistical representation is not confined exclusively to the subject of the research, but extends to other sectors relating to human health (e.g. dental practice activities, paramedical activities, etc.).*

*\*\*: For the years prior to 2006, there is no three-digit codification that would make it possible to estimate the development of the sector over time. Records for previous years were made using two-digit codification (85). This means that to estimate the development of the sector, research should be based on assessments by representatives of the sector.*

*\*\*\*: There are no available data on the number of enterprises in the sector, since the representatives of the employers' side refused to take part in the survey. The data collected on the number of enterprises are taken from studies by consulting firms published in relevant surveys on the sector. The figure given for the number of companies in the sector is the product of research by a private consulting firm and refers exclusively to the issue under consideration. In other words, whereas the private consulting firm has four-digit codification (85.11) in the results of its studies, the National Statistical Service has not yet adopted four-digit codification in the Labour Force Survey.*

## **2. The sector's unions and employers associations.**

In the sector under consideration the workers' trade union organisations are divided into public- and private sector unions. The biggest labour union in the sector as a whole is [the Pan Hellenic Federation of Public Hospital Workers \(POEDIN\)](#), a second-level union. POEDIN is a member of [the European Public Services Union \(EPSU\)](#).

The representative organization of workers in the private sector is [the Federation of Greek Healthcare Institution Unions \(OSNIE\)](#), a second-level union.

In addition there is [the Federation of Hellenic Hospital Physicians' Unions \(OENGE\)](#), a second-level union for doctors working in public hospitals.

Furthermore, the country's biggest insurer, [the Social Insurance Foundation \(IKA\)](#), has hospital units/clinics available to its insured. Active in IKA are [the IKA Employees' Federation \(POSE-IKA\)](#), a second-level organisation of administrative staff, [the Panhellenic Federation of IKA Healthcare Employees \(POYGY-IKA\)](#), a second-level organisation of healthcare employees, and [the Panhellenic Federation of Health Scientists of the Social Insurance Foundation \(POSEYP-IKA\)](#).

As regards employers' associations, the employer in the public sector is the Greek state, and obviously there is no question of representation of the state itself.

In the private sector, there is a range of employers' associations, which are divided both on the basis of type of services provided (e.g. clinics providing hospital care, clinics for psychiatric patients, etc.), and also on the basis of their geographical location in the country. No data are available regarding the employers' enterprises in the sector, on whether there is, for example, a distinction between strong and weak enterprises. Furthermore, there does not appear to be a national representative in HOSPEEM, the European employers' association in this sector.

As an introduction and to provide more information about the sector, we should have a statistical depiction of employees in the public and private sectors. Noting, however, that such an analysis

refers to all employees under codification 851, therefore in the area under consideration the numbers of employees are smaller than the numbers given. That it why when measuring union density research should be based on the unions' estimates.

**Table 2.**

**Employees in the public and private sectors**

	Public service or enterprise	Private enterprise	Total
Total	126.573	65.313	191.886
Percentage (%)	66	34	100

*Source: National Statistical Service, Labour Force Survey (2006)*

POEDIN is the biggest organisation in the sector and its members are the primary labour unions in the country's public hospitals. Occupations represented by the primary unions/members of POEDIN are administrative staff, technical staff, nursing staff and paramedical staff. According to representatives of POEDIN, employees who are registered members of its members/primary unions number nearly 85,000. According to representatives of POEDIN, union density is in the order of 85-90%. In addition, it is estimated that the total number of employees increased over the last ten years (since 1994), along with the total number of employees in the sector, through the creation of new structures and healthcare services. As a result the number of registered natural persons and member primary unions of POEDIN also increased. With regard to the presence of women, their behaviour cannot be said to be different from that of their male colleagues as regards union membership (consequently their union density is equally around 85-90%); however, women are not as involved in union activity (in the form e.g. of participation and election to positions of responsibility). POEDIN is a member of Greece's supreme organisation of public servants, the Confederation of Public Servants (ADEDY). POEDIN is also a member of EPSU. Membership in POEDIN unions is voluntary.

OENGE is the second-level organisation of hospital doctors in Greece's public hospitals. OENGE is a member of ADEDY. Union density is over 90% of a total population of around 19,000 doctors working in the country's public hospitals. There are no data on whether women doctors show different union behaviour from that of their male colleagues. Membership in OENGE is voluntary. The number of doctors employed in the public hospitals has been on the rise over the last ten years, according to estimates by OENGE representatives, with a single-digit rate of increase (of around 8%), whereas union density remains steadily high. OENGE is not a member of EPSU.

The healthcare units of the country's biggest social insurance organisation, IKA, employ 12,000 people, 8,000 of whom are doctors, 3,500 nurses and 500 administrative staff. All IKA employees in the healthcare units are organised in the IKA's union federations, which are members of ADEDY. Women's membership in the unions no different from that of men, although only 15-20% of female employees take an active part in union affairs.

OSNIE is the second-level organisation for private-sector employees. OSNIE is a member of the Greek General Confederation of Labour (GSEE), and OSNIE's members as natural persons of the federation number 4,500. The number of employees in private enterprises in the sector is estimated at 15,000 (it should be borne in mind that Table 2 includes additional activities in the healthcare sector, which usually involve provision of services by the private sector (e.g. private doctors' surgeries). Therefore, based on the points noted above, union density is close to 30%, similar to what is encountered in the private sector in Greece and in other business sectors. There are no data on the number of employees or union density during the last ten years. As far as the

presence of women in the private-sector union is concerned, it is noted that they are under-represented, since only 15-20% are organised in unions. Membership in OSNIE member unions is voluntary.

No data are available on the representation of employers. However, membership in employer organisations is voluntary. Also, according to studies by consulting firms, the sector has shown dynamics, especially in recent years, whose main features are, first, geographical growth in Greek territory, either through acquisitions or through creation of new units. Second, through entry into specialised sectors, such as stem cell banks, in vitro fertilization, etc. Third, through expanding to foreign markets, mainly in countries of the Balkans. According to the relevant analyses on the sector, there are nearly 190 private enterprises in the healthcare service provision sector. In 2006, 8 out of 10 private enterprises in the sector improved their turnover compared to 2005, whereas in the same period 9 out of 10 private enterprises increased their operating profits in relation to 2005.

### **3. Inter- associational relationships**

As already stated, one of the main features of the sector is division of the workers' unions (and the employers' associations) on the basis of their members' occupations.

The administrative staff's unions are separate from those of doctors or medical staff. In addition, in the sectoral agreement for the private part of the sector under consideration (since in the public part collective bargaining does not lead to agreements) the employers' associations appear to be divided according to the type of hospital service they provide (e.g. associations for providers of general hospital services, associations of psychiatric clinics, diagnostic centres, etc.), and according to the geographical location of the unit providing the service (e.g. associations of private clinics in Piraeus and Northern Greece).

The above criteria for dividing employer associations as well as labour unions prevent the associations in the sector from competing with each other, since their limits are specified, not by any legislation but by better serving the interests of the members they address. What is more, no collective agreements are signed in the public part of the sector, although there has been a regulation to this effect since 1999 (Law 2738/1999), which affords the opportunity for collective bargaining and agreements between the government and workers. The workers blame the government for the non-existence of collective agreements in the public sector.

No tendencies towards exclusion from the right to take part in and sign collective agreements can be seen in the private sector, since OSNIE is the representative organisation on the workers' side, and on the employers' side, as mentioned, there is a division based on location and type of services provided.

### **4. The system of collective bargaining**

As already mentioned, the practice of collective bargaining and agreement is not seen in the public sector.

The sector's economic issues are the product of the will of the government and form part of its broader economic policy for public servants. Other issues, such as health and safety conditions, are determined by relevant legislation, stemming from initiatives by successive governments, without the institutionalised participation of the workers.

In the private sector the two sides are OSNIE and the relevant employer associations. The collective agreements are usually signed for a term of one year and cover all workers in the sector (members and non-members of OSNIE). At any rate, the collective agreements concluded

through action brought by the parties involved often wind up in arbitration. The most recent collective agreement for workers in the private part of the sector was signed on 14 May 2007; it provided for wage increases of around 3% beginning on 1.2.2007 and 3.1% beginning on 1.9.2007. The collective agreements that are concluded cover all private enterprises in the healthcare sector.

## **5. Formulation and implementation of sector specific public policies**

Workers in the public and private parts of the sector have stated that successive governments have failed to establish channels for social dialogue with the social partners, on a series of issues relating to labour relations in the sector. For that reason there are no bipartite or tripartite social dialogue bodies.

## **6. Statutory regulations of representative ness**

There are no special criteria that a union must fulfil before it is entitled to take part in social dialogue.

What is more, the second-level unions in the sector usually enjoy this right. There are no representative bodies (e.g. works councils) that would allow us to talk about elections. The same is true of the employer associations.

## **7. Commentary**

The analysis above makes it clear that to a large extent the hospital sector reflects the picture encountered in other business sectors that include a public and a private part. That is, from the aspect of union density, very strong labour unions in the public sector and weaker labour unions in the private sector. Collective bargaining is not a practice that is implemented in the public sector. In the private sector collective agreements often end up in arbitration.

It should also be noted that the hospital sector is one where the phenomenon of total separation and fragmentation of the unions can be seen. To some extent this can be said to be due to the existence of many occupations and an attempt to meet the specific needs of their members.

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