Cyprus: The representativeness of trade unions and employer associations in the hospital sector

1. Sectoral properties

The available statistical data are derived from the Census of Establishments and Enterprises Survey carried out by the Statistical Service of the Republic of Cyprus covering the census for the years 1995 and 2005. It should be noted that this survey, which is carried out every five years, involves a full record of all units of work except those in the agricultural sector. As regards the sector of economic activity under examination (Hospital Activities 85.11) although the Statistical Service of the Republic of Cyprus includes the Cyprus Institute of Neurology and Genetics under NACE classification 85.11, we decided to be excluded, because to our opinion does not correspond to the characteristics of the sector per se. In this context the data provided refer to: hospitals, including mental hospital and private clinics. In terms of the employment figures, it should be mentioned that they do not include atypical workers such as self-employed persons and agency workers.

Please provide the following data:

<table>
<thead>
<tr>
<th></th>
<th>1994</th>
<th>2005**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of employers</td>
<td>144 establishments</td>
<td>94 establishments</td>
</tr>
<tr>
<td></td>
<td>Reference year 1995</td>
<td>17 hospitals and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>mental hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td>77 private clinics</td>
</tr>
<tr>
<td>Aggregate employment*</td>
<td>5.331 employees</td>
<td>6.285 employees</td>
</tr>
<tr>
<td></td>
<td>Reference year 1995</td>
<td>4.782 in hospitals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and mental hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and 1.503 in private</td>
</tr>
<tr>
<td></td>
<td></td>
<td>clinics</td>
</tr>
<tr>
<td>Male employment*</td>
<td>1.631 employees</td>
<td>1.895 employees</td>
</tr>
<tr>
<td></td>
<td>Reference year 1995</td>
<td>1.625 in hospitals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and mental hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and 270 in private</td>
</tr>
<tr>
<td>Female employment*</td>
<td>3.700 employees</td>
<td>4.390 employees</td>
</tr>
<tr>
<td></td>
<td>Reference year 1995</td>
<td>3.157 in hospitals</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and mental hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td>and 1.233 in private</td>
</tr>
<tr>
<td>Aggregate employees</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Male employees</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>----------------</td>
<td>----</td>
<td>----</td>
</tr>
<tr>
<td>Female employees</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>Aggregate sectoral employment as a % of total employment in the economy</td>
<td>NA</td>
<td>Approximately 2%</td>
</tr>
<tr>
<td>Aggregate sectoral employees as a % of the total number of employees in the economy</td>
<td>NA</td>
<td>NA</td>
</tr>
</tbody>
</table>

* employees plus self-employed persons and agency workers
** or most recent data

2. The sector’s unions and employer associations

This section includes the following unions and employer associations:

1. unions which are party to sector-related collective bargaining (In line with the conceptual remarks outlined in the accompanying briefing note, we understand sector-related collective bargaining as any kind of collective bargaining within the sector, i.e. single-employer bargaining as well as multi-employer bargaining. For the definition of single- and multi-employer bargaining, see 4.2)

2. unions which are a member of the sector-related European Union Federation (i.e. EPSU – European Federation of Public Service Unions)

3. employer associations which are a party to sector-related collective bargaining

4. employer associations which are a member of the sector-related European Employer Federation (i.e. HOSPEEM – Hospital and Healthcare European Employers’ Association)

For the notion of ‘sector-related’, see the conceptual remarks in the accompanying background briefing note. Please be reminded that trade unions and employer associations should be excluded where their domain covers, for instance, only medical practice activities according to NACE 85.12, but not any part of hospital activities according to NACE 85.11!

2a Data on the unions

The seven trade unions that are active in the sector of hospital activities are:

1. the Pancyprian Public Employees Trade Union, PASYDY (Παγκύπρια Συντεχνία Δημοσίων Υπαλλήλων ΠΑΣΥΔΥ).

2. the Pancyprian Union of Government Doctors, PASYKI (Παγκύπρια Συντεχνία Κυβερνητικών Ιατρών ΠΑΣΥΚΙ).

3. the Pancyprian Union of Government Nurses, PASYNO (Παγκύπρια Συντεχνία Νοσηλευτών ΠΑΣΥΝΟ).

4. the Federation of Private Sector Workers a member of the Cyprus Workers’ Confederation, SEK (Συνομοσπονδία Εργαζομένων Κύπρου ΣΕΚ).

5. the Federation of Government, Military and Civil Services Workers a member of the Cyprus Workers’ Confederation, SEK (Συνομοσπονδία Εργαζομένων Κύπρου ΣΕΚ).

6. the Cyprus Industrial, Commercial, Press-Printing and General Services Workers’ Trade Union SEVETTYK (Συντεχνία Εργατοϋπαλλήλων Βιομηχανίας, Εμπορίου, Τύπου-
7. the Pancyprian Government and Military Workers Trade Union PASYEK (Παγκύπρια Συντεχνία Κυβερνητικών και Στρατιωτικών Εργατοϋπαλλήλων ΠΑΣΥΕΚ) a member of the Pancyprian Federation of Labour, PEO (Παγκύπρια Εργατική Ομοσπονδία ΠΕΟ).

2a.1 Type of membership (voluntary vs. compulsory)

In the case of all the seven unions in the sector, PASYDY, PASYKI, PASYNO, Federation of Private Sector Workers-SEK, Federation of Government, Military and Civil Services Workers-SEK, SEVETTYK-PEO and PASYEK-PEO workers voluntarily opt for union membership.

2a.2 Formal demarcation of membership domain (e.g. blue-collar workers, private-sector workers, service sector employees, etc.)

PASYDY represents only the employees who are employed in public hospitals as public servants, irrespective however of their class of occupation (the vast majority of government doctors are organised in PASYKI).

PASYKI represents only government doctors.

PASYNO represents only government nurses (the vast majority of government nurses are organised in PASYDY).

The Federation of Private Sector Workers-SEK and SEVETTYK-PEO, represent private-sector workers, mainly nurses and blue-collar workers, but not doctors.

The Federation of Government, Military and Civil Services Workers-SEK and PASYEK-PEO represent blue-collar workers (while hourly-paid staff) in public hospitals.

2a.3 Number of union members (i.e. the total number of members of the union as a whole)

In 2006, the total number of members of PASYDY was 13,778 members from around 90 occupational sectors.

For both PASYKI and PASYNO the specific figures are not available, due to lack of premises and organisational structure. However, according to estimate by PASYDY, the total number of members for PASYKI is between 400 and 450 members, while the total number of members for PASYNO is about 150 to 200 members. In the case that we will have more data by the end of 2007, we will revise accordingly.

The respective figures for the Federation of Private Sector Workers and the Federation of Government, Military and Civil Services Workers, both members of SEK will be available by the end of 2007.

As for March 2007, the total number of members of SEVETTYK-PEO was 5,044 members.

In October 2007 the total number of PASYEK-PEO was 4,749 members.

2a.4 Number of union members in the sector

Specifically regarding the sector of hospital activities, as for December 2006, the total number of members of PASYDY was 2,659 members, 1,876 women and 783 men.

For both PASYKI and PASYNO the respective figures are not available (see above 2a.3).
The respective figures for the Federation of Private Sector Workers and the Federation of Government, Military and Civil Services Workers, both members of SEK will be available by the end of 2007.

In March 2006, the total number of members of SEVETTYK-PEO in the sector of hospital activities was 240 members, 231 women and 9 men.

As for October 2007, the total number of members of PASYEK-PEO in the sector of hospital activities was 330 members.

2a.5 Female union members as a percentage of total union membership

In 2006, according to data provided by PASYDY, out of a total of 13,778 members of PASYDY, 8,209 were women.

For both PASYKI and PASYNO the respective figures are not available (see above 2a.3).

The respective figures for the Federation of Private Sector Workers and the Federation of Government, Military and Civil Services Workers, both members of SEK will be available by the end of 2007.

As for March 2007, out of a total of 5,044 members of SEVETTYK-PEO, 2,304 were women (around 46%).

As for October 2007, out of a total of 4,749 members of PASYEK-PEO, 1,782 were women (37.5%).

2a.6 Density with regard to the union domain (see 2a.2)

Not applicable for Cyprus.

2a.7 Density of the union with regard to the sector

As far as the public hospitals are concerned, according to PASYDY union density is over 95%.

As far as the private sector is concerned, both union organisations in the sector, the Federation of Private Sector Workers-SEK and SEVETTYK-PEO, though they estimate union density at rather low levels, they state that they are not in a position to give an exact figure.

2a.8 Does the union conclude collective agreements?

All the seven unions in the sector, PASYDY, PASYKI, PASYNO, Federation of Private Sector Workers-SEK, Federation of Government, Military and Civil Services Workers-SEK, SEVETTYK-PEO and PASYEK-PEO have the right to conclude collective agreements.

2a.9 For each association, list their affiliation to higher-level national, European and international interest associations (including cross-sectoral associations)

At European level, PASYDY is affiliated to the European Public Servants Union (EPSU).

Please document these data union by union.

Union density is defined as the ratio of union members to potential union members, as demarcated by the union’s domain and by the sector.

If the domain of a union embraces only part of the sector, then the data on density should refer to this part.
2b Data on the employer associations

As far as the public sector is concerned (public hospitals), since the main employer is the state there is no employer organisation per se.

In the private sector, the employer organisation with some representation in the sector is the Employers and Industrialists Federation, OEB (Ομοσπονδία Εργοδοτών και Βιομηχάνων Κύπρου OEB).

2b.1 Type of membership (voluntary vs. compulsory)

In the case of OEB, enterprises choose to join the Federation on a voluntary basis.

2b.2 Formal demarcation of membership domain (e.g. SMEs, small-scale crafts/industry, health services, etc.)

The statutes of OEB make no provision for specific criteria or restrictions on membership.

2b.3 Number of member companies (i.e. the total number of members of the association as a whole)

The total number of registered members of OEB as for 2006 was 5.000 enterprises.

2b.4 Number of member companies in the sector

The total number of registered members of OEB in the sector of hospital activities as for 2006 was 52 enterprises.

2b.5 Number of employees working in member companies (i.e. the total number of the association as a whole)

2b.6 Number of employees working in member companies in the sector

2b.7 Density of the association in terms of companies with regard to their domain (see 2b.2)

2b.8 Density of the association in terms of companies with regard to the sector

2b.9 Density in terms of employees represented with regard to their domain (see 2b.2)

2b.10 Density in terms of employees represented with regard to the sector

In relation to questions from 2b.5 to 2b.10, given the lack of official data, OEB has stated that it cannot provide any estimates.

2b.11 Does the employer association conclude collective agreements?

Yes
2b.12 For each association, list their affiliation to higher-level national, European and international interest associations (including the cross-sectoral associations).

At European level, OEB is not affiliated to the Hospital and Healthcare European Employers’ Association.

Please document these data employer association by employer association.

Employer density in terms of companies is defined as the ratio of member companies to the potential member companies, as demarcated by the employer associations’ domain and by the sector.

Employer density in terms of employees is defined as the ratio of the number of employees working in the member companies to the number of employees working in the potential member companies, as demarcated by the employer associations’ domain and by the sector.

If the domain of an employer association embraces only part of the sector, then the data on density should refer to this part.

3. Inter-associational relationships

3.1. Please list all unions covered by this study whose domains overlap.

8. the Pancyprian Public Employees Trade Union, PASYDY (Παγκύπρια Συντεχνία Δημοσίων Υπαλλήλων ΠΑΣΥΔΥ).

9. the Pancyprian Union of Government Doctors, PASYKI (Παγκύπρια Συντεχνία Κυβερνητικών Ιατρών ΠΑΣΥΚΙ).

10. the Pancyprian Union of Government Nurses, PASYNO (Παγκύπρια Συντεχνία Νοσηλευτών ΠΑΣΥΝΟ).

11. the Federation of Private Sector Workers a member of the Cyprus Workers' Confederation, SEK (Συνομοσπονδία Εργαζομένων Κύπρου ΣΕΚ).

12. the Federation of Government, Military and Civil Services Workers a member of the Cyprus Workers' Confederation, SEK (Συνομοσπονδία Εργαζομένων Κύπρου ΣΕΚ).

13. the Cyprus Industrial, Commercial, Press-Printing and General Services Workers’ Trade Union SEVETTYK (Συντεχνία Εργατούπαλλήλων Βιομηχανίας, Εμπορίου, Τύπου-Τυπογραφείων και Γενικών Υπηρεσιών Κύπρου, ΣΕΒΕΤΤΥΚ) a member of the Pancyprian Federation of Labour, PEO (Παγκύπρια Εργατική Ομοσπονδία ΠΕΟ).

14. the Pancyprian Government and Military Workers Trade Union PASYEK (Παγκύπρια Συντεχνία Κυβερνητικών και Στρατιωτικών Εργατούπαλλήλων ΠΑΣΥΕΚ) a member of the Pancyprian Federation of Labour, PEO (Παγκύπρια Εργατική Ομοσπονδία ΠΕΟ).

3.2. Do rivalries and competition exist among the unions, concerning the right to conclude collective agreements and to be consulted in public policy formulation and implementation?

No.

It should be mentioned however, that both PASYKI and PASYNO left PASYDY in 1998, due to serious disputes over the manner of resolving the problems of members of these professions.
3.3. If yes, are certain unions excluded from these rights?

3.4. Same question for employer associations as 3.1.

Not applicable

3.5. Same question for employer associations as 3.2.

Not applicable

3.6. Same question for employer associations as 3.3.

Not applicable

4. The system of collective bargaining

Collective agreements are defined in line with national labour law regardless of whether they are negotiated under a peace obligation.

4.1. Estimate the sector’s rate of collective bargaining coverage (i.e. the ratio of the number of employees covered by any kind of collective agreement to the total number of employees in the sector).

Unlike the public hospitals where almost 100% of permanent employees are covered by collective agreements, according to social partners (PEO, SEK and OEB) a large majority of employees in the private sector are not covered by collective agreements. Although an exact figure is not available, according to their opinion bargaining coverage is estimated at around 30%. It should be mentioned that out of the 77 private clinics operating in the sector only three have negotiated a collective agreement.

4.2. Estimate the relative importance of multi-employer agreements and of single-employer agreements as a percentage of the total number of employees covered. (Multi-employer bargaining is defined as being conducted by an employer association on behalf of the employer side. In the case of single-employer bargaining, it is the company or its subunit(s) which is the party to the agreement. This includes the cases where two or more companies jointly negotiate an agreement.)

In the hospital sector there is no national sectoral collective agreement covering all employees. Collective bargaining is decentralised and all collective agreements, although very few in number, are concluded on the enterprise level.

As concerns the employees who are employed under the status of the public servant in the public hospitals, also including the public mental hospital, the system of collective bargaining is exactly the same as that applying to the whole public sector (CY0611029Q). In this context, very briefly, the terms and conditions of employment for the public servants in the hospital sector, is to a large extent determined via collective bargaining, through the Joint Staff Committee, as the official agent of collective bargaining. With regard to special matters not affecting general principles and not impacting other services, these may be discussed in the competent Departmental Joint Staff Committees, which have been established in all the Ministries, on condition that their findings will be submitted to the Joint Staff Committee so that a final decision may be taken, and after the
object of the discussion has been submitted to the Permanent Sub-committee which will decide on whether or not to refer the matter to the Departmental Joint Staff Committees.

Almost all government workers including those paid by the hour are represented by the trade union organisations PEO and SEK, which negotiate their basic terms and conditions of employment on the basis of the Industrial Relations Code.

4.2.1. Is there a practice of extending multi-employer agreements to employers who are not affiliated to the signatory employer associations?

Despite the fact, that in Cyprus there is no yet an institutionalised practice for extending collective agreements, according to SEVETTYK-PEO, the one agreement currently in place is applied by the majority of private clinics, covering all employees irrespective of whether or not are members of a union. This condition however refers solely to the Lefkosia district. This means that in the other districts, namely, Ammochostos, Larnaka, Lemesos and Pafos, the number of clinics that apply the collective agreement is limited to 8 out of a total of 58 clinics. Additionally, it is important to mention that all doctors in private clinics are self-employees, while many of them are also shareholders.

4.2.2. If there is a practice of extending collective agreements, is this practice pervasive or rather limited and exceptional?

It is rather exceptional, and it’s not a formal procedure.

4.3. List all sector-related multi-employer wage agreements* valid in 2005 (or most recent data), including for each agreement information on the signatory parties and the purview of the agreement in terms of branches, types of employees and territory covered

As far as private clinics are concerned, as already mentioned, there is only one collective agreement currently in place covering the employees of the Evangelistria private hospital, the Apollonion private hospital and the Ippokratio private hospital. Signatories to the agreement – apart from three representatives one by each private hospital, – were, on the employee side, the Federation of Private Sector Workers-SEK and SEVETTYK-PEO and on the employers’ side OEB. The most recent agreement, valid from 1 January 2007 until 31 December 2009, applies to all permanent employees, also including nurses who are on a trial basis irrespective of their class of occupation, excluding however doctors. As far as its content is concerned it covers the basic terms and conditions of employment such as pay increases, working hours, official holidays and rest days, leave and various benefits.

* Only wage agreements which are (re)negotiated on a reiterated basis. For the notion of ‘sector-related’, see the conceptual remarks in the accompanying briefing note. Please be reminded that agreements should be excluded where their purview covers, for instance, only medical practice activities according to NACE 85.12, but not any part of hospital activities according to NACE 85.11. In case of regionally differentiated, parallel agreements, an aggregate answer explaining the pattern may be given.

| Sector-related multi employer wage agreements |
|---|---|---|
| Bargaining parties | Purview of the sector-related multi-employer wage agreements |
| | Sectoral | Type of employees | Territorial |
5. Formulation and implementation of sector-specific public policies

5.1. Are the sector’s employer associations and unions usually consulted by the authorities in sector-specific matters? If yes, which associations?

No.

5.2. Do tripartite bodies dealing with sector-specific issues exist? If yes, please indicate their domain of activity (for instance, health and safety, equal opportunities, labour market, social security and pensions etc.), their origin (agreement/statutory) and the interest organisations having representatives in them:

No.

<table>
<thead>
<tr>
<th>Sector-specific public policies*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the body and scope of</td>
</tr>
<tr>
<td>Bipartite/tripartite</td>
</tr>
<tr>
<td>Origin: agreement/statutory</td>
</tr>
<tr>
<td>Unions having representatives</td>
</tr>
<tr>
<td>Employer associations having</td>
</tr>
<tr>
<td>activity</td>
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</tr>
</tbody>
</table>

* Sector-specific policies specifically target and affect the sector under consideration.

6. Statutory regulations of representativeness

6.1. In the case of the unions, do statutory regulations exist which establish criteria of representativeness which a union must meet, so as to be entitled to conclude collective agreements? If yes, please briefly illustrate these rules and list the organisations which meet them.

NO

6.2. In the case of the unions, do statutory regulations exist which establish criteria of representativeness which a union must meet, so as to be entitled to be consulted in matters of public policy and to participate in tripartite bodies? If yes, please briefly illustrate these rules and list the organisations which meet them.

NO
6.3. Are elections for a certain representational body (e.g. works councils) established as criteria for union representativeness? If yes, please report the most recent electoral outcome for the sector.

NO

6.4. Same question for employer associations as 6.1.

NO

6.5. Same question for employer associations as 6.2.

NO

6.6. Are elections for a certain representational body established as criteria for the representativeness of employer associations? If yes, please report the most recent outcome for the sector.

NO

With regard to questions 6.1, 6.2, 6.4 and 6.5, as a general comment it could be mentioned that both for the employer associations and for the trade unions in the hospital sector same as in all the other sectors of economic activity, the right to bargain collectively is an inalienable right of all workers, regardless of the way it is implemented or whether the workers are employed in the private or public sector. Likewise, as regards workers’ right of association, the hospital sector is not subject to any restrictions.

For setting up a union however, certain rules and regulations need to be adhered to, in accordance with the Trade Union Laws as amended from 1965 to 1996. In particular, a minimum number of 21 employees are required, with all provisions for setting up the union followed in accordance with the Law. Further to this, the trade union should be registered with the Trade Union Register.

In relation to tripartite participation, though social dialogue and tripartite cooperation in Cyprus are rather firmly established, law does not institutionalised bodies of social dialogue.

7. Commentary

Please give your views on the issue of representativeness in the sector, especially on jurisdictional disputes and recognition problems, and indicate any specificities or other problems which refer to representativeness in this sector in your country.

As in other sectors of the economy, in the hospital sector too, public sector is well represented, while the private sector is characterised by low union density and low coverage. Apart from representation problems the private sector is highly segregated dominated almost exclusively by female employment, while due to serious shortages of domestic labour, mainly among first level nurses; there is high cross-border mobility, mainly from Bulgaria and Greece. Given however that many workers are employed on the basis of individual contracts, they often work with minor terms and conditions of employment than their Cypriot colleagues. In the public sector, the issue of meeting fixed and permanent needs of the public sector for temporary staff has evolved into an issue of decisive importance. Despite however the problems mentioned above, industrial relations in the sector is not high on the public agenda, probably because the current debate focuses on the urgent need to reform the national health system.

(Eva Soumeli, INEK/PEO)