

Questionnaire for Eiro sectoral representativeness study on the hospital sector

[Correspondent:] Please change the title to: '<Country>: The representativeness of trade unions and employer associations in the hospital sector'.

[Correspondent:] Length and format

The responses of the national centres should be no longer than 2,500 words.

Important: Please use this EIRO template questionnaire to respond, filling in the answer to each question underneath that question. Please also be reminded to fill in the metadata.

Please retain all headings in the document. Do not change the text of the headings. You may add sub-headings if necessary. Please retain any text appearing in blue, which uses the 'Comment Text' paragraph style, as this will be automatically removed prior to publication. All other text (not in headings or in comments) will be retained and published online, so please ensure that it is suitable for publication.

If you have any queries on administrative issues (deadlines, submission etc), please contact Alexandra Gryparis in the first instance. If you have any queries on the content of the information requested, please contact Franz Traxler (franz.traxler@univie.ac.at) and Georg Adam (georg.adam@univie.ac.at) who are coordinating the study.

[Correspondent:] Timing

The deadline for the submission of responses by national centres is **4 December 2007**.

In order to fill in this questionnaire it is absolutely necessary to carefully read the accompanying guidelines (i.e. briefing note).

Abstract – Required

[Correspondent:] In the abstract, summarise the quantitative relevance of the hospital sector in your country's economy and the sector's characteristics with respect to collective bargaining and the national actors' representativeness. The length should be no more than **100 words**.

In Germany, hospitals are one of the few sectors providing for job growth. However, increase of employment figures rest on a growth of marginal part-time work. Somewhat more than 50% of employees working in public sector hospitals are covered by multi-employer agreements, yet coverage rate in private hospitals is below 10% and due to single-employer-agreements only. There is no representativity problem in this sector, but the situation is affected by privatisation.

1. Sectoral properties

Please provide the following data:

	1999	2006*
Number of employers* (Note: if the number of employers is not available, please indicate the form of the unit (e.g. companies, establishments, etc.) the number refers to)	n.a.	3.895 (2004)
Aggregate employment*	n.a.	n.a.

Male employment*	n.a.	n.a.
Female employment*	n.a.	n.a.
Aggregate employees*	1,229,422 liable to social security contribution: plus 30,177 marginal part-time workers not liable to social security contribution:	1,252,910 liable to social security contribution: plus 53,471 marginal part-time workers either not liable to social security contribution or liable to social security contribution in another job:
Male employees**	283,364	300,772
Female employees**	943,581	952,138
Aggregate sectoral employment as a % of total employment in the economy	n.a.	n.a.
Aggregate sectoral employees as a % of the total number of employees in the economy***	4.5%	4.6%

* Federal Statistical Office, Company Register (Unternehmensregister). Data refer to 2004yemployees plus self-employed persons and agency workers

** Federal Employment Agency, Figures include employees liable to social security contribution as well as part-time workers not liable to social security contribution

***Employees liable to social security contribution only

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

Vereinte Dienstleistungsgewerkschaft (Ver.di), United Services Union, www.verdi.de

Deutscher Beamtenbund (DBB), German Civil Service Association, www.dbb.de

Marburger Bund; www.marburger-bund.de

Gewerkschaft Öffentlicher Dienst und Dienstleistungen (GOED) (Christian Public Service workers’ Union); www.goed.de

Gewerkschaft für Beschäftigte im Gesundheitswesen (GIB):(No formal English translation: Health sector employees union); www.gewerkschaft-big.de

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

voluntary

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

Demarcation lines are self-defined.

Ver.di organises all workers in the sector including medical doctors

DBB organises public servants as well as all other employees working in public services

Marburger Bund only organises medical doctors (employees and civil servants)

BiG was established to represent the nursing staff in the public sector, but decided in 2000 to broaden its organising domain to all employees working in the health sector. GOED organises all hospital workers; the union is affiliated to the Christian Trade Union Federation.

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

Ver.di: 2,274,731 (2006) (information by trade union)

Marburger Bund: 108,000 (2007) (information by trade union)

DBB: 1,250,000 (2006)

BiG: 1,600 (2007) (figure according to [Deutsche Bundestag, Registrierte Verbände](#))

2a.4 Number of union members in the sector

Ver.di: no data on hospital sector available. In the overall health sector, there are about 348,500 members (Dec. 2006)

DBB. No information

Marburger Bund: 81,000

BiG: no data on hospital sector available

GOED: no information

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

Verdi: 49,8%

DBB: 32%

Marburger Bund: 46%

BiG: no information

GOED: no information

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

Ver.di: no information available

DBB: no data

Marburger Bund: 46%

BiG: no information

GOED: no information

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

Ver.di: no information available

DBB: no data

Marburger Bund: 77%

BiG: No information available

GOED: No information available

2a.8 Does the union conclude collective agreements?

The following trade unions conclude collective agreements:

Ver.di and DBB form a bargaining alliance when bargaining with TdL and VKA

Marburger Bund: Yes

GOED: Yes

BiG has concluded one single-employer collective agreement

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

Vereinte Dienstleistungsgewerkschaft, Ver.di (United Services Union): [Deutscher Gewerkschaftsbund](#) (Confederation of German Trade Unions, DGB); [European Public Services Union](#) (EPSU)

DBB: [European Confederation of Independent Trade Unions](#)

Marburger Bund: [European Public Services Union](#) (EPSU)

Gewerkschaft für Beschäftigte im Gesundheitssektor (BiG): no data available - :

Gewerkschaft Öffentlicher Dienst und Dienstleistungen (GÖD): [Christian Federation of German Trade Unions](#)

[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

Verband der kommunalen Arbeitgeberverbände ([VKA](#)), Confederation of Municipal Employers' Associations

Tarifgemeinschaft deutscher Länder (TdL), Employers' Association of the Länder

Bundesverband Deutscher Privatkliniken e.V. ([BDPK](#)), Federal Association of German Private Hospitals.

In the following section the charity organisations of the Catholic Church named [CARITAS](#), as well as the charity organisation of the Protestant church named [Diakonie](#) are not listed. CARITAS and Diakonie operate hospitals. However, these organisations are regulated by church law. Therefore, they are not part of collective bargaining.

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

voluntary

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

VKA comprises hospital of all sizes and all medical areas.

TdL represents all Federal States apart of Berlin and Hestia. Tdl thus comprises hospitals of all sizes and all medical areas apart of those in Berlin and Hestia.

BDPK comprises hospitals of all sizes and all medical areas

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

VKA comprises 16 members, i.e. regional associations.

TdL: no data

BDPK comprises about 460 member companies.

2b.4 Number of member companies in the sector

VKA comprises 16 members who operate around 650 hospitals at the local level.

TdL: no data

BDPK comprises about 460 member companies who operate approximately 1,000 hospitals.

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

VKA members employ a total of approximately 2 million employees across all sectors.

TdL: no data.

BDPK member companies employ approximately 248,000 employees

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

VKA members employ approximately 450,000 employees in their hospitals.

TdL: no data

BDPK member companies employ approximately 248,000 employees.

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

VKA: not available.

TdL: not available

BDPK indicates a density of 79%. BDPK indicated that the statistical dataset of the German Hospital Federation ([Deutsche Krankenhausgesellschaft, DKG](#)) identifies 3,628 hospitals as well as rehabilitation centres in Germany. Out of these, 1,270 hospitals would be privately operated. 1,000 hospitals are organised by BDPK. Please note that BDPK defines its domain as “private hospitals” only.

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

VKA: not available.

TdL: not available

BDPK: approximately 28% (as defined by BDPK).

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

VKA: not available.

TdL: not available

BDPK: 83%. BDPK indicated that 1.1 million employees work in hospitals (NACE 85.11) in Germany. Out of these, approximately 300,000 employees work in private hospitals. BDPK members employ 248,000 employees in private hospitals.

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

VKA: not available.

TdL: not available

BDPK: not available.

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

VKA concludes collective agreements for its members. However, members (regional associations) have the possibility to conclude complementary regulations.

TdL concludes collective agreements..

BDPK concludes collective agreements. However, BDPK also indicated that several regional member associations still conclude their own collective agreements, such as the regional association of Baden-Wurttemberg, Bavaria, Hesse, Rhineland-Palatinate, North Rhine-Westphalia.

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

VKA is a member of [Beschäftigtenverband öffentlicher Dienst \(BVöD\)](#). BVöD is a member of European Centre of Enterprises with Public Participation and of Enterprises of General Economic Interest ([Europäischer Zentralverband der öffentlichen Wirtschaft, CEEP](#)).

BDPK is a member of the European Union of Private Hospitals ([Union Européene de l'Hospitalisation Privée, UEHP](#)).

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.

Organising domains of all unions overlap.

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?

Rivalries exist, but do not relate to the formal right to conclude collective agreements.

3.3. If yes, are certain unions excluded from these rights?

No.

3.4. Same question for employer associations as 3.1.

Domains of VKA and BDPK do not overlap

3.5. Same question for employer associations as 3.2.

No.

3.6. Same question for employer associations as 3.3.

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).

According to trade union estimation only about one third of all west German hospital sector employees and approximately one fourth of all east German hospital workers are covered by collective agreements. The estimation is based on the fact that about one third of all hospitals are run by charity-organisations and about one third are private companies which have not concluded a collective agreement..

A survey by the [Deutsche Krankenhaus Institut](#) (German Hospital Institute) also shows that there is a severe discrepancy between the coverage rate of employees working in public and private hospitals. The results are published in the '[Krankenhaus-Barometer 2007](#)'. No overall figures are given.

Coverage rate of white and blue collar hospital workers (excluding medical doctors)

Working in west German public hospitals: 51.8%

Working in east German public hospitals: 46.1%

Working in private hospitals: West: 3%; East: 7.2%

In west Germany about 55.6% and in east Germany about 59.1% of all medical doctors working in public hospitals are covered, whereas in private hospitals collective agreements only cover 5.3% (west) and 15.5% (east) of the medical doctors.

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.)

As all hospitals workers (including medical doctors) working in public hospitals are covered by multi-employer agreements, please see above.

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

There is no such formal practice.

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

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

* 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
Ver.di DBB Vereinigung der kommunalen Arbeitgeberverbände (Municipal Employers' Association)	Public sector, including hospitals owned by municipalities	All blue and white collar employees of hospitals	Germany
Ver.di DBB Tarifgemeinschaft der Länder Employers' Association of German Länder)	Public sector, including hospitals and university hospitals owned by the Laender	All blue and white collar employees of hospitals	Germany
Marburger Bund Vereinigung der kommunalen Arbeitgeberverbände (Municipal Employers' Association)	Hospitals	Medical doctors including dentists Excluding chief physicians	Germany

Marburger Bund Tarifgemeinschaft der Länder (Employers' Association of German Länder) Addit. information	University-hospitals	Medical doctors including dentists	Germany
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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?

Ver.di is typically consulted by the Health Commission of the Bundestag (German Parliament)

DBB: no information

Marburger Bund: No.

BiG did not provide resp. information

GOED: no information:

Employers' associations:

With regard to public health policies or legislation, BDPK is usually consulted by the German Parliament (Deutscher Bundestag).

VKA is also consulted by public authorities.

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.

Sector-specific public policies*

Name of the body and scope of activity	Bipartite/tripartite	Origin: agreement/statutory	Unions having representatives (reps)	Employer associations having reps.

** 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.

7. Commentary

The hospital sector is strongly affected by privatisation, which leads to a steady decline in the coverage rate by collective agreements. The employers' association of private hospitals BDPK cancelled the multi-employer collective agreement in 1993; a new one has not been concluded. Company agreements covering all hospitals owned by a private company are exceptional. Single-employer agreements typically only cover a minority of the hospitals at stake.

A considerable number of hospitals are church-owned or do belong to non-profit organisations. By law, they are thus not covered by collective bargaining. According to trade union information, these organisations give up to adjust their multi-employer wage contracts to the standards set by collective agreements.

Overall, there is no representativity problem in the sector.

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.

Franz Traxler and Georg Adam, Institute of Industrial Sociology, University of Vienna