Estonia: The representativeness of trade unions and employer associations in 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).

The hospital activities sector is not large in Estonia with its 54 hospitals and 13,561 employees which made up about 2.3% of the total number of employees in 2005. The collective bargaining coverage in the sector is high mainly due to the multi-employer sectoral agreement. Still, there are many problems in terms of social partnership and representativeness due to the conflicts and competition between the social partners.

[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.**

1. Sectoral properties

Please provide the following data:

	1994	2005**
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	107	54
Aggregate employment*	-	-
Male employment*	-	-

Female employment*	-	-
Aggregate employees	-	13,561***
Male employees	-	1,312
Female employees	-	12,249
Aggregate sectoral employment as a % of total employment in the economy	-	-
Aggregate sectoral employees as a % of the total number of employees in the economy	-	2.4%

** employees plus self-employed persons and agency workers*

*** or most recent data*

**** The data reflects the number of health care personnel in hospitals; it is possible that some of the employees are working part-time in several hospitals.*

There is no statistics on employees and employment in the hospital sector collected (based on the Labour Force Survey, it is not possible to distinguish the number of employees in NACE 85.11 sector). The data presented is based on the wage survey of hospitals carried out by the Ministry of Social Affairs. It includes all 49 hospitals active in 2005.

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

Estonian Medical Association (Eesti Arstide Liit, EAL)

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.

Sectional overlap: all persons holding a profession of a doctor. In addition, NGOs whose aims are compatible with the aims of the union can become members.

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

There are 2,790 (A) members (including 2,483 employees, 77 medical students and 230 retirees)

2a.4 Number of union members in the sector

1,659 (A) members are employed in hospitals.

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

Female union membership is about 80% (A).

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

According to Statistics Estonia (Statiskaamet), there were 4,294 (S) doctors in Estonia in 2005. 2,483 members of EAL are employed as doctors (excluding medical students and retirees).

2,483*100/4,294 = 58%

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

Density of EAL with regard to the sector is 12.2%.

1,659*100/13,561=12.2%

2a.8 Does the union conclude collective agreements?

Yes, the regional trade unions of EAL have concluded enterprise level collective agreements. However EAL in general does not have any valid collective agreements at present (see explanations under question 3.3 and 4.1).

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

- The World Medical Association, WMA
- Standing Committee of European Doctors (Comité Permanent des Médecins Européens, CPME)
- European Union Of Medical Specialists (Union Européenne des Médecins Spécialistes, UEMS)

Trade Union Association of Health Officers of Estonia (Eesti Keskastme Tervishoiutöötajate Kutseliit, EKTK)

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.)

Sectional overlap: all natural persons with medical education or who are acquiring medical education; other health and social services providers.

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

EKTK has 4,085 (A) members.

2a.4 Number of union members in the sector

According to a representative of EKTK, 3,600 (A) members are employed in hospitals.

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

It is estimated that about 99% (E) are female.

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

According to the data from the Ministry of Social Affairs, there were 17,360 health care employees in the health and social care sector in 2005.

4,085 (A) *100/17,360 (S) =23.5%

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

The density of EKTK with regard to sector is 26.5%.

3,600*100/13,561= 26.5%

2a.8 Does the union conclude collective agreements?

Yes, the union concludes collective agreements.

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

- Confederation of Estonian Trade Unions (Eesti Ametiühingute Keskliit, EAKL)

Estonian Nurses Union (Eesti Õdede Liit)

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.)

All natural and juridical persons active in nursing (i.e. nurses, midwives and medical technical personnel) (sectional overlap- includes nurses from other sectors as well).

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

According to estimates there are about 4,000 (E) members in the union.

2a.4 Number of union members in the sector

About 3,200 (E) members are employed in hospitals.

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

It is estimated that the female union membership reaches to 99% (E).

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

According to Statistics Estonia there were 18,951 (S) persons working as nurses, midwives and medical assistants in 2005.

4,000*100/18,951= 21%

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

The density of the Nurses Union with regard to sector is 23.6%.

3,200*100/13,561= 23.6%

2a.8 Does the union conclude collective agreements?

Yes, the union concludes collective agreements.

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

- Confederation of Estonian Trade Unions (Eesti Ametiühingute Keskliit, EAKL);
- International Council of Nurses, ICN;
- European Forum of National Nursing and Midwifery Associations;
- European Federation of Nurses Association, EFN;
- Workgroup of European Nurse Researchers, WENR.

The Federation of Estonian Healthcare Professionals Union (Eesti Tervishoiutöötajate Ametiühingute Liit, ETTAL)

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.)

The membership domain is defined as health care and social workers' trade unions (overlap).

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

There are 2,095 (A) members in ETTAL.

2a.4 Number of union members in the sector

Most of the members (2,080) are employed in hospitals.

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

About 90% of the members are female.

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

According to Statistics Estonia, there were 37,500 persons employed in the health and social care sector in 2006.

2,095*100/37,500= 6%

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

The density of ETTAL with regard to sector is 15.3%.

2,080*100/13,561= 15.3%

2a.8 Does the union conclude collective agreements?

Yes, the union concludes collective agreements.

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

- Confederation of Estonian Trade Unions (Eesti Ametiühingute Keskliit, EAKL);
- Public Services International, PSI
- European Federation of Public Service Unions, 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

Estonian Hospitals Association (Eesti Haiglate Liit)

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.)

The domain is Estonian hospitals (congruence with the NACE classification).

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

As at November 2007, there were 22 (A) members.

2b.4 Number of member companies in the sector

All members (22) are active in the sector.

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

The representative of the Estonian Hospitals Association has estimated the number of employees in member companies to 15,000 (E).

According to the survey data from the Ministry of Social Affairs, there are 13,561 jobs in the hospital sector. Although, the survey data is presented as in 2005, the presented number of employees working in 22 member companies of the Hospitals Association (out of all 54 hospitals in the sector) is most probably strongly overestimated.

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

All 15,000 (E) employees are employed in the sector.

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

As defined by Statistics Estonia, there were 54 hospitals in the sector in 2005.

22*100/54 = 41%

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

Density of the association with regard to the sector is congruent with the estimation of density with regard to domain: 41%.

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

It is not possible to give any estimation on the density, as the data given by the Hospitals Association and survey data by the Ministry of Social Affairs are not compatible.

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

It is not possible to give any estimation on the density, as the data given by the Hospitals Association and survey data by the Ministry of Social Affairs are not compatible.

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

Yes, the Estonian Hospitals Association has concluded collective agreements.

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

- Estonian Employers' Confederation (Eesti Tööandjate Keskliit, ETTK)
- International Hospital Federation, IHF
- European Health Management Association
- European Hospital and Healthcare Federation, HOPE

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.

Both ETTAL and EKTK have widely defined domains overlapping with all other trade unions. The other two trade unions, EAL and Estonian Nurses Union, are focused on a more specific part of the sector (doctors and employees active in nursing respectively).

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?

There is competition between the EKTK and the Estonian Nurses Union which emerged after the latter was organisationally turned from a professional association to a trade union with both of them mainly representing the same profession.

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

As all of the trade unions have valid collective agreements, none of them are completely excluded form the right to conclude collective agreements. However, when considering sectoral level collective bargaining, EAL and EKTK are excluded from the collective bargaining. Namely a sectoral minimum wage agreement is concluded only between the government and Estonian Hospitals Association as employers and Estonian Nurses Union and ETTAL as employee representatives. EKTK and EAL did not sign the agreement as they were not satisfied with the minimum wage level proposed by the employers and the fact that some categories of workers were not covered by the agreement.

The representative of EAL has also estimated that the Ministry of Social Affairs does not favour discussions on health policies with the trade unions. The Estonian Nurses Union has confirmed that occasionally some parties are excluded from the discussions on public policy formulation and implementation in the sector, but they are usually included later in the process.

3.4. Same question for employer associations as 3.1.

There is only one employer association in the sector.

3.5. Same question for employer associations as 3.2.

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3.6. Same question for employer associations as 3.3.

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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).

The collective bargaining coverage is mostly affected by the minimum wage agreement covering 12,000 employees in the sector. However, the agreement does not cover the whole sector as EAL and EKTK did not sign the agreement.

In addition, there are several enterprise level collective agreements. However, not all the information on the coverage of enterprise level agreements is available (there is no information for the members of Estonian Hospitals Association, EAL and ETTAL). EKTK has enterprise level agreements covering about 5,000 employees active in nursing. Estonian Nurses Union has concluded seven enterprise level collective agreements which cover a total of 3,884 employees. However, some of these agreements are overlapping with the agreements concluded by other trade unions (i.e. four of the collective agreements are concluded together with EKTK and one with a regional union of EAL).

All in all, it is difficult to assess the collective agreement coverage of the whole sector. The sectoral level minimum wage agreement covers 88% of the sector. However, this estimation of collective agreement coverage may not be accurate as those not covered by the sectoral level agreement (mostly doctors) may be covered by enterprise level collective agreements.

Unfortunately, there is not enough information to estimate the coverage of all the enterprise level agreements.

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.)

Unfortunately, there is not enough information on enterprise level agreements to estimate its relative importance compared to single-employer agreements. However, it can be said that the multi-employer agreement has most probably a wider coverage range than enterprise level collective agreements.

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

In 2007, only employers affiliated to the signatory parties are covered by the multi-employer agreement.

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
• The Government of the Republic of Estonia (Eesti Vabariigi Valitsus) • Estonian Hospitals Association (Eesti Haiglate Liit)	Covers employers affiliated to the signatory parties.	Nurses and midwives; specialists providing healthcare services (i.e. bioanalysts, physiotherapists, occupational therapists, radiology technologists);	The agreement is not focused regionally.

• Estonian Nurses Union (Eesti Õdede Liit) • The Federation of Estonian Healthcare Professionals Union (Eesti Tervishoiutöötajate Ametiühingute Liit, ETTAL)		caregivers	

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?

The Estonian Hospitals Association, has declared that they are consulted in all the relevant questions regarding health sector policies. Also, the Estonian Nurses Union has been actively participating in consultations regarding nursing and health care services with the Ministry of Social Affairs, the Estonian Hospitals Association and the Estonian Health Insurance Fund (Haigekassa).

ETTAL has mostly participated in consultations with the Social Affairs Committee of Riigikogu (the Estonian parliament). Also, their interests are represented in the supervisory board of the Estonian Health Insurance Fund through membership in EAKL.

Both EAL and EKTK stated that they are not usually consulted without initiative. These two unions have cooperated and provided their shared positions on different issues (e.g. financing and organization of hospital services, prices of health services, wages and workload of doctors). However, according to EKTK there is no initiative form the 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:

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.
Supervisory Board of Estonian Health Insurance Fund (Haigekassa) The activities of the supervisory board are defined	tripartite	statutory	Estonian Employees' Unions' Confederation (Teenistujate Ametiliitude Keskorganisatsioo	Estonian Hospitals Association (Eesti Haiglate Liit) Estonian Employers' Confederation (Eesti Tööandjate Keskliit)

in Estonian Health Insurance Fund Act (in English) § 12: budget and development plan of Insurance Fund, length of waiting lists; list of medical services devices etc Also consults the wages of health sector employees.			n) Confederation of Estonian Trade Unions (Eesti Ametiühingute Keskliit)	Estonian Association of Construction Entrepreneurs (Eesti Ehitusettevõtjate Liit, EEEL)

** 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.

Neither Collective Agreements Act nor Trade Unions Act impose any restrictions on concluding collective agreements in terms of representativeness of the unions. Provided that the trade union is legally formed and registered, it may represent the employees and conclude collective agreements. A trade union may be founded by at least five employees and a federation of trade unions may be founded by at least five trade unions.

Collective agreements in enterprises, agencies and other organisations are concluded by trade unions. If employees are not represented by a trade union in an enterprise, an employee representative elected in the employees' general meeting may conclude the collective agreement.

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.

There are no statutory regulations concerning directly consultation in matters of public policy.

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.

There is no similar body as works council, according to Estonian legislation (except for European Works Councils).

6.4. Same question for employer associations as 6.1.

No, there are no criteria in terms of representativeness in order to conclude collective agreements.

6.5. Same question for employer associations as 6.2.

There are no criteria in terms of representativeness in order to be consulted in matters of public policy.

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, there are no elections for a representational body established.

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.

The main problem brought out by most of the organisations was lack of social dialogue and collective bargaining between the parties. As a result of the differing opinions of trade unions, the multi-employer agreement was concluded for only part of the sector as they could not find a compromise to represent a common goal.

In addition, many trade unions have referred to the problem of the lack of cooperation by the Ministry of Social Affairs and Estonian Hospitals Association. It is referred by EAL that the ministry has tried to avoid negotiating with the social partners on the policy issues of the sector. Also, the lack of cooperation is clearly revealed in the sectoral level minimum wage agreements which has often ended with a labour dispute and conciliation procedure (**EE0307101N**, **EE0410102N**, **EE0409102F**, **EE0509102F**, **EE0608019I**, **EE0602101N**, **EE0702059I**). In addition, currently the issues of minimum wages remain largely unresolved as there is still no wage agreement for a large part of the employees in the health care sector. In addition, there is no obligation to retain from striking as there is no minimum wage agreement for EAL and EKTK.

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