

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

*[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**.

*The hospital sector is very important for the Spanish economy. Employes around 3% of the total employees and it is mainly conformed by female workers (87% of total employees). An important part of hospital activity is public, so one of the main actors of industrial relations is the public administration. At national level the most representative unions are CC.OO and UGT, as well as two corporatives organisations which represent doctors (CESM) and nurses interests (SATSE). From the employer side, there is not any national organization. Collective bargaining is mainly territorial and its rate of coverture is high.*

## 1. Sectoral properties

Please provide the following data:

	1997	2004
Number of employers. The number refers to hospitals <i>(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</i>	788	750
Aggregate employment*	Not available	Not available
Male employment*	Not available	Not available
Female employment*	Not available	Not available
Aggregate employees	370,264	437,764
Male employees	126,121	129,450
Female employees	244,143	308,314
Aggregate sectoral employment as a % of total employment in the economy	Not available	Not available
Aggregate sectoral employees as a % of the total number of employees in the economy	3,6%	2,9%

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

Source: Estadística de Establecimientos con régimen de internado. Instituto de Información Sanitaria. MSC.

## 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

**Health Federation of CC.OO** ([Federación de Sanidad y Sectores Sociosanitarios de Comisiones Obreras](#))

#### 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.)

Workforce of the hospital sector in general

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

Not available

#### 2a.4 Number of union members in the sector

Not available

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

78%

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

Not available

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

Not available

*2a.8 Does the union conclude collective agreements?*

Yes

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

The Health Federation of CC.OO is affiliated to the following European and international interest associations:

EPSU – European Federation of Public Service Unions

PSI- Public Services International

***Public Services Federation of the General Workers' Confederation***  
**[\(Federación de Servicios Públicos de la Unión General de Trabajadores\)](#)**

*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.)*

Workforce of the hospital sector in general

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

Not available

*2a.4 Number of union members in the sector*

32.000 aproximatelly mainly in the public sector.

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

48% aproximatelly.

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

Not available

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

0,07 (members/agregate employees)

*2a.8 Does the union conclude collective agreements?*

Yes

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

The Public Services Federation of UGT is affiliated to the following European and international interest associations:

EPSU – European Federation of Public Service Unions

PSI- Public Services International

## **CESMSATSE**

This organization is formed by two union confederations: National Confederation of Doctors Trade Unions ([CESM Confederación Estatal de Sindicatos Médicos](#)) and Nurse Trade Union ([SATSE Sindicato de Enfermería](#)) which have traditionally represented jointly doctors and nurses. However, since few years ago these two unions have decided to participate in unions election separately in some regions.

Data will be provided by each union separately:

- **Natioanl Confederation of Doctors Trade Unions** ([CESM Confederación Estatal de Sindicatos Médicos](#))

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

The Confederation is composed by the regional doctors trade unions organisations. Membership to such organisations is voluntary.

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

Doctors

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

≅ 30.000 (aproximatelly the sum of members of the doctors trade unions organizations which compose the Confederation)

*2a.4 Number of union members in the sector*

≅ 30.000

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

Unknown

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

0,45 (total members/total doctors in the sector)

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

0,07 (total members/agregate employees in the sector)

*2a.8 Does the union conclude collective agreements?*

The Confederation does not conclude collective agreements. The doctor trade union organization which composed the Confederation do conclude collective agreements at regional level.

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

None.

• **Nurse Trade Union ([SATSE Sindicato de Enfermería](#))**

*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.)*

Nurses.

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

Unknown

*2a.4 Number of union members in the sector*

Unknown

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

Unknown

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

Unknown

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

Unknown

*2a.8 Does the union conclude collective agreements?*

Unknown

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

None.

**Independent Trade Union Confederation (Confederación Sindical Independiente-CSI) Independent Trade Union Confederation Of Public Servants (Confederación Sindical Independiente de Funcionarios-CSIF)([CSI-CSIF](#))**

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.)

Civil servants.

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

Unknown

2a.4 Number of union members in the sector

Unknown

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

Unknown

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

Unknown

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

Unknown

2a.8 Does the union conclude collective agreements?

Unknown

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

Unknown.

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**

The sector is mainly public so the most representative employer association is the public administration through its regional branches (because competences were transferred from the central State to regions in 2002).

In the private sector, there is not any employer association which represent private hospital interests collectively.

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

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

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

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### *2b.4 Number of member companies in the sector*

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

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

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

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

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

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

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

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

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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.

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

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

CCOO, UGT, SATSE, CESM, CESMSATSE and CSI-CSIF.

#### **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?**

Yes.

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

According to legislation (see question 6.1) only unions with 10% of representatives in the sector are allowed to participate in collective bargaining. Such level of representativeness has traditionally been reached by CC.OO, UGT CESMSATSE and CSIF.

According to legislation (see question 6.2) Government consult most representative unions, which according to legislation, are those which have obtained 10% representation in union election at state level (15% at regional level). Such level of representativeness has traditionally been reached by CC.OO UGT, CESMSATSE, and CSIF.

Therefore, those unions under rate of representativeness established by law are excluded from the right to conclude collective agreements and to be consulted. Some of these unions are: Trade Union Organization of Nurses Assistants (Unión Sindical de Auxiliares de Enfermería-USAE) or the Workers' Trade Unionist Confederation (Unión Sindical Obrera -[USO](#))

### **3.4. Same question for employer associations as 3.1.**

Public Administration and private hospitals.

### **3.5. Same question for employer associations as 3.2.**

No

### **3.6. Same question for employer associations as 3.3.**

Those which do not reach the legal representative rate established (see question 6.4).

## **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 sector's rate of collective bargaining coverage is very high (E). Collective bargaining at regional level (provincial y autonómico) affects the whole region. At the same time, at national level and also at regional level there are framework agreements which establish basic working conditions to be integrated by the collective bargaining at lower level.

### **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.)**

Data not available

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

Yes

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

Pervasive

**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**

Most collective agreements are signed at regional level or company level. At national level, not valid collective bargaining exist but there exist a framework Statute which was agreed with social partners. Rest of data not available.

\* 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?**

Yes. As said aboved, main framework statutes of the sector, both at national and at regional level, were agreed between public administration abd the most representative organisations of the sector: CC.OO, UGT, CESM, SATSE, CSIF.

**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 tripartite bodies dealing with sector-specific issues exist.

**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.**

Yes

In the case of a single company agreement the regulations establish that unions with representatives in the inter-centre committees are the ones that have got the right to conclude collective agreements. In the case of a sectoral agreement the regulation establishes that unions with 10% of representatives in the sector are the ones to participate in collective bargaining.

**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.**

Yes. Government consult most representative unions, which according to legislation, are those which have obtained 10% representation in union election at state level (15% at regional level)

**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.**

Table 1. Trade unions elections. NACE 8511.

<i>Trade union</i>	<i>Representatives</i>
CCOO	717
UGT	599
SATSE	110
CEMSATSE	59
CSI-CSIF	Unkonwn

Source: MTAS. Until 31th october 2007

**6.4. Same question for employer associations as 6.1.**

The most representative employer associations are those that achieve a minimum of 10 per cent of employers having the same level of workers affected. At regional level it is necessary a representation of 15 per cent of employers and workers. (The rules are article 87.4 and sixth additional disposition of the Workers' Statutory -Estatuto de los Trabajadores-)

## **6.5. Same question for employer associations as 6.2.**

Idem.

## **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**

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 sector is mainly public and competences were transferred from the central administration to regions (Comunidades Autónomas) in 2002. This means that the industrial relations system of the sector is not uniform and exist differences among the 17 regions. In spite of this, the general characteristics of the industrial relations of the sectors are the following: there is a high union implication among workers and collective bargaining coverage is very high. However, there are important differences between the private side and the public side of the sector. Trade unions are stronger in the public sector and representation of workers is easier for them. In the private sector its rate of representativeness is lower and face the additional handicap of worse working conditions (instability, specially).

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