

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

In Italy, the representativeness of hospital workers depends on professional levels. Medics have a different trade union from the other employees in the sector.

Most hospitals are part of the National Health Service (Servizio Sanitario Nazionale – SSN), which is managed by the Regions.

In the sector, there are five national collective agreements which cover all medical and non-medical personnel in the public and private area.

Unions representativeness in the public sector is regulated by law. One consequence of this is that the organisations which do not reach the required quorum are excluded from the any form of bargaining.

1. Sectoral properties

The hospital sector in Italy is composed of public and private structures.

The public hospitals are part of the Servizio sanitario nazionale, SSN (National Health Service). The public system was set up according to law 833 of 1978, which united all the various private health assistance organisations in one unique service controlled by the state. The SSN guarantees medical assistance to all citizens regardless of sex, age, income, and work.

The service is financed through national taxation, with direct revenue from contributions which citizens must pay in order to obtain diagnostic services. It is managed by the Ministry of Health on a national level and by the Regions on a local level.

Some public hospitals are specialized in specific medical fields. There are also polyclinics linked to universities, where the medical specialists are also university lecturers.

In tandem with the numerous public hospitals, there are also many private hospitals (called “case di cura”, nursing homes), many of which are controlled by religious organizations. The majority of these are linked to the Catholic Church. A considerable number of these nursing homes have undersigned conventions with the SSN and make some beds and specialist services available for SSN.

Many of the public hospitals have an excellent reputation thanks to the quality of their specialist treatments.

The sector is characterized by a high feminine presence.

(NACE code 85.11)

	1991	2001
Number of employers	809	1,225
Aggregate employment	607,294	661,580
Male employment	236,678**	257,835
Female employment	370,616**	403,745

Aggregate employees	605,370	660,191
Male employees	235,631**	256,970
Female employees	369,739**	403,221
Aggregate sectoral employment as a % of total employment in the economy	2.6%	2.8%
Aggregate sectoral employees as a % of the total number of employees in the economy	3.6%	3.8%

** No data more recent than 2001 is available. The dates considered (1991 e 2001) refer to the most recent censuses conducted by the National Statistical Institute (ISTAT) in the industrial and service sectors.*

ISTAT, 8th Census of industry and services, 2001.

ISTAT, 7th Census of industry and services, 1991.

*** Approximate data.*

2. The sector's unions and employer associations

The trade union and employers' associations of the sector supplied their data regarding the entire Italian health sector which employs approximately 705 thousand people in the public structures and 110 thousand in the private structures. For the trade unions, in order to consider only the people working in the hospital division, it is impossible to divide this data. This part of the sector, however, contains most members.

The same difficulty exists for data regarding medics. In fact, the number considered by the trade union and employers' associations (approximately 110 thousand in the public structures and 30 thousand in the private structures) is higher than the number of medics working in hospitals.

2a Data on the unions

The representativeness of the workers in hospitals depends on the organisations which include only medics and others which include the other workers. The sectoral federations of Cgil and Uil have a department for the workers in the hospitals and one for medical staff. Cisl is the only trade union of the three large confederations to have a federation of medics which is completely autonomous and separate from the other hospital workers.

The trade union organisations in the sector are as follows:

[Funzione Pubblica Cgil, FP CGIL](#) (Public Function Cgil) for employees, medics and non-medical managers of hospitals

[Funzione Pubblica Cisl, FP CISL](#) (Public Function Cisl) for employees and non-medical managers of hospitals

[Federazione Cisl Medici](#) (Federation of Medics, Cisl Medici) for medics

[Uil Federazione Poteri Locali, UIL F.P.L.](#) (Federation of Local institutions, UIL FPL) for employees, medics and non-medical managers of hospitals.

For employees in hospitals, there are also the following trade union organisations:

[Federazione Italiana Autonomia Lavoratori Sanità, FIALS](#) (The Italian Autonomous Federation Health Workers, FIALS)

[Federazione Sindacati Indipendenti Sanità, FSI Sanità](#) (Independent Trade Union Health Federation, FSI Sanità)

[Unione Generale del Lavoro Sanità, UGL Sanità](#) (the General Union of Work – Health Sector, UGL Sanità)

Apart from Cgil, Cisl and Uil, for the medical managers in public hospitals, there are also the following organisations:

[Confederazione Italiana Veterinari e Medici della Prevenzione, CIVEMP](#) (Italian Confederation of Veterinary Surgeons and Preventative Medics, CIVEMP)

[Federazione sindacale medici dirigenti, FESMED](#) (Trade Union Federation of Medical Managers, FESMED)

[Unione medici specialisti dirigenti, UMSPED](#) (Union of Medical Specialist Managers, UMSPED)

[Coordinamento Italiano dei Medici Ospedalieri – Associazione Sindacale dei Medici Dirigenti, CIMO-ASMD](#) (Italian Coordination of Hospital Medics-Trade Union Association of Medical Managers, CIMO-ASMD)

[Associazione medici Dirigenti, ANAAO ASSOMED](#) (Association of Medical Managers, ANAAO ASSOMED)

[Associazione Nazionale Primari Ospedalieri, ANPO](#) (The National Association of Head Physicians of Hospitals, ANPO)

For the non-medical managers in the public hospital structures, the trade union organisations are:

[Sindacato Italiano Dirigenti Servizio Sanitario, SIDir.S.S.](#), (Italian Trade Union of Health Service Managers, SIDir.S:S).

[Associazione Unitaria Psicologi Italiani, AUPI](#), (United Association of Italian Psychologists, AUPI).

[Sindacato Nazionale Farmacisti Dirigenti del SSN, Si.Na.F.O.](#), (National Trade Union of Chemist Managers of the SSN, SI.Na.F.O).

[Sindacato Nazionale Dirigenti Sanitari del Servizio Sanitario Nazionale \(SSN\) e delle Agenzie Regionali per la Prevenzione Ambientale \(ARPA\), SDS SNABI](#) (National Trade Union of Health Managers of the National Health Service – SSN - and the Regional Agencies for Environmental Prevention - ARPA, SDS SNABI).

[Confederazione dei sindacati dei funzionari direttivi, dirigenti e delle elevate professionalità della funzione pubblica - Sanità, CONFEDIR SANITA'](#) (Confederation of the Trade Unions of Directive Officials, Managers and High Professionality in the Public Function – Health, CONFEDIR SANITA').

The medical managers in private hospitals are represented by:

[Confederazione Italiana Medici Ospedalità Privata, CIMOP](#) (Italian Confederation Private Hospital Medics, CIMOP)

The FP Cgil represents workers in public and private structures in the following divisions:

State (Ministries);

State controlled bodies (INPS, INAIL, ACI, CRI, etc.);

public and private health;

Local Bodies;

Public Companies;

Private Social, health and educative assistance;

Public and Private health and safety;

Firemen

The FP Cgil, on a national level, is part of the [Confederazione Generale Italiana del Lavoro, CGIL](#) (General Italian Confederation of Workers, CGIL).

On a European level, FP Cgil is affiliated with [Fédération Syndicale Européenne des Services Publics, F.S.E.S.P.](#) (European Federation of Public Service Unions).

On an international level, the FP Cgil is part of [Public Services International, PSI](#).

The FPCGIL Medici represents hospital medics and non-hospital medics of the National Health Service, General Practitioners, first aid medics, service medics, out-patient specialists, Medical employees of the private health sector.

The FPS Cisl represents the workers in the public and private structures and members of cooperatives in the following divisions:

- Government
- Fiscal Agencies
- Ministries
- Non-economic Public Bodies
- Regional and autonomous bodies
- Health
- Private Social, health and educative assistance;

On a national level, the FPS Cisl is part of the [Confederazione Italiana Sindacati Lavoratori, CISL](#) (Federation of Italian Trade Unions, CISL).

On a European level, the FPS Cisl is affiliated with the FSESP.

The Federazione Cisl Medici represents the medical and veterinary managers of the National Health Service and private structures, Medical employees of public hospitals and the territory, Medics of general medicine and out-patient specialists.

On a national level, the Cisl Medici is part of Cisl.

On a European level, the Cisl Medici, through the Cisl, is affiliated with the [European Trade Union Confederation, ETUC](#).

On an international level, the Cisl Medici, through the Cisl, is affiliated with the [International Confederation of Free Trade Unions, ICTFU](#).

The Uil Fpl represents workers in public and private structures in the following divisions:

- Local Bodies

- Public and Private Health
- Private Social, health and educative assistance;

On a national level, the Uil Fpl is part of the [Unione Italiana del Lavoro, UIL](#).

The Uil-Fpl Medici represents medical and veterinary surgeons of the National Health Service and private structures, free lance professionals, atypical workers.

The Fials represents workers of health structures which include medical managers, administrative management and services (Cleaning, laundry, kitchens, etc.).

On a national level, the Fials is affiliated with the [Confederazione Generale Sindacati Autonomi Lavoratori, CONFSAL](#) (General Trade Union Confederation of Autonomous Workers, CONFSAL).

On a European level, the Fials, through the Confsal, is affiliated with the [Confédération Européenne des Syndicats Indépendants, CESI](#) (European Confederation of Independent Trade Unions, CESI)

The Fsi Sanità represents employees of the health sector.

On a national level, the Fsi Sanità is affiliated with the [Federazione Sindacati Indipendenti, FSI](#) (Federation of Independent Trade Unions, FSI).

On a European level, the Fsi Sanità, through the Fsi, is affiliated with the [Unione Sindacati Autonomi Europei, USAE](#) (Union of Autonomous European Trade Unions, USAE):

The Ugl Sanità represents employees of the health sector.

On a national level, the Ugl Sanità is part of the [Unione Generale del Lavoro, UGL](#) (General Union of Work, UGL).

On a European level, the Ugl Sanità is affiliated with the [European Federation of Public Service Employees, EUROFEDOP](#)

The CIVEMP is made up of trade union associations that represent surgical and veterinary managers of the National Health Service. There is no data available regarding this organisation because they categorically refused to provide any information.

The FESMED represents medical managers of the SSN.

The FESMED, on a national level, is affiliated with FSI.

The UMSPED is a coalition of three trade unions, the [Associazione Anestesiisti Rianimatori Ospedalieri Italiani, AAROI](#) (Italian Association of Hospital Anaesthetists and Intensive Care Operators), the [Associazione Italiana Patologi Clinici, AIPaC](#) (Italian Association of Clinical Pathologists, AIPaC) and the [Sindacato Nazionale Radiologi, SNR](#) (National Union of Radiologists, SNR). The Umsted undersigns the National Collective Agreements as a single association, which represents the medical managers of the health structures.

The CIMO-ASMD represents medical managers employed by the National Health Service.

On a national level, the Cimo-Asmd is affiliated with the [Confederazione dei sindacati dei funzionari direttivi, dirigenti e delle elevate professionalità della funzione pubblica, CONFEDIR](#) (Trade Union Confederation of Officials, Managers and the Highly Qualified in Public Function, CONFEDIR)

On a European level, the Cimo-Asmd is affiliated to the [Fédération Européenne des Médecins Salariés, FEMS](#) (European Federation of Salaried Doctors).

The ANAAO ASSOMED represents medical managers of the SSN.

On a national level, the Anaa Assomed is affiliated with the [Confederazione Medici Italiani, COSMED](#) (Confederation of Italian Medics, COSMED), while on a European level, in the near future, it will be affiliated with the FEMS

The ANPO represents head physicians of hospitals, today called directors.

On a European level, the Anpo is affiliated with the FEMS

the SIDir.S.S. represents administrative managers, non-medical health managers, technical and professional managers of the SSN.

On a national level, the Sidirss is affiliated with the [Confederazione Italiana dei dirigenti e delle alte professionalità, CIDA](#) (Italian Confederation of Managers and high professionalism).

L'AUPI represents psychologists.

On a national level, the Aupi is affiliated with Confedir.

The Si.Na.F.O. represents chemists which operate in hospitals and in local units of the SSN.

On a national level, the Sinafo is affiliated with Confedir.

The SDS Snabi represents biologists, chemists and physicists operating in the SSN.

The CONFEDIR SANITA' is the sector of the Confedir which represents non-medical managers in hospitals.

The CIMOP represents medics which operate in private structures.

Workers are free to choose whether or not to become members of the trade union organisations mentioned above.

Organisation*	Number	Female	Potential	Density	Members	Density
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	of members	union members as a % of total union membership	union membership	with regard to the union domain	in the sector	of the union with regard to the sector***
FP CGIL non-medical employees	397,468	n.a.	2.224.504	17.8%	104,535	12.4%
FP CGIL (medics)	397,468	n.a.	2.224.504	17.8%	7,000	6.4%
FPS CISL	350,000	n.a.	2,800,000	12.5%	140,000	16.6%
CISL MEDICI	7,800	20%	110,000	7,0%	7,800	7,0%
UIL FPL (non-medical employees)	196,231	61.8%	2,019,000	9.7%	89,115	10.6%
UIL FPL (medics)	196,231	61.8%	2,019,000	9.7%	12,000	10.9%
FIALS	60,000	60%	n.a.	n.a.	40,000	4.8%
FSI SANITA'	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
UGL SANITA'	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
CIVEMP**	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
FESMED	7,000	n.a.	110,000	6.4%	7,000	6.4%
UMSPED	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
CIMO-ASMD	13,500	20%	110,000	12.3%	13,500	12.3%
ANAAO ASSOMED	18,000	15%	110,000	16.4%	18,000	16.4%
ANPO**	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
SIDIRSS	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
AUPI	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
SINAFO	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
SDS SNABI	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
CONFEDIR SANITA'	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
CIMOP	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

* The data shown was supplied directly by the organisations. Representation percentages might be over-estimated.

** These organisations categorically refused to provide any of the data we requested. The others which did not provide any data did not openly refuse to do so, but simply never replied to our numerous requests.

***These percentages are based on the data below: for the trade union

organizations in the health sector (Fp Cgil, Fp Cisl, Uil Fpl, Fials, Fsi, Ugl Sanità) the following numbers are considered: 705,000 people in the public structures, 110,000 in the private structures and 25,000 non-medical managers (see point 2.) for a total of 840,000 workers. For the organizations of medics in the public structures (Fp Cgil Medici, Cisl Medici, Uil Fpl Medici, Civemp, Fesmed, Umsped, Cimo, Anaao, Anpo) a total of 110,000 workers should be considered. This figure is based on the average value of the data supplied by the representative organizations.

2b Data on the employer associations

The employer associations which represent the public service are distinctly different from both the associations in the private service and the associations of religious origin in the private sector.

As for the trade unions, these organisations do not divide their data and therefore do not distinguish between hospitals and other health structures. Therefore, the situation explained for the trade union organisations mentioned in point 2 also applies here.

The public structures are represented by:

[Agenzia per la rappresentanza negoziale delle pubbliche amministrazioni, ARAN](#) (State Bargaining Relations Agency, ARAN)

The private non-religious structures are represented by:

[Associazione Italiana Ospedalità Privata, AIOP](#) (Italian Association of Private Hospitalisation, AIOP)

The private religious structures are represented by:

[Associazione Religiosa istituti Sociosanitari, ARIS](#) (Association of Religious Sociomedical Institutions).

Furthermore, the [Fondazione Don Carlo Gnocchi](#), (Don Carlo Gnocchi Foundation) bargains directly without assistance from any employers' association.

Aran is the agency which represents the entire public sector in negotiations. In fact, Aran represents the Fiscal Agencies, the Autonomous Institutions, the non-economic Public Bodies, the Ministries, the Government, Research institutes, University Bodies, Regions and Local Institutions (Regions, Provinces, Local municipalities and Town Clerks), Bodies of the National Health Service, Scholastic institutions, Bodies mentioned in art. 70 of the law by decree 165/01 (Enac, Enea, Cnel, Unioncamere, Coni, Cassa Depositi e Prestiti, Ente Autonomo Esposizione Universale), Academies and institutes of High Training and Artistic Specialisation.

The Aran is part of the [European Hospital and Healthcare Employers Association, HOSPEEM](#) which is, in its turn, a sectoral association of the [European Centre of Enterprises with Public Participation and of Enterprises of General Economic Interest, CEEP](#).

Every public structure must be represented by Aran.

The Aiop represents the hospitals and Private Institutions of Hospitalisation and Scientific Care and the Nursing Homes which operate privately or for the SSN.

On a national level, the Aiop is affiliated with the [Confederazione Generale dell'Industria Italiana, CONFINDUSTRIA](#) (General Confederation of Italian Industry, CONFINDUSTRIA)

and at European level, it is affiliated with the [Union Européenne Hospitalisation Privée, UEHP](#) (European Union of Private Hospitals).

Affiliation to the Aiop is voluntary.

The Aris represents the catholic and non-profit scientific hospitals, nursing homes, rehabilitation centres, hospitals, socio-medical accommodation and the ex-psychiatric institutions.

To our knowledge, Aris has no affiliations at national or European level.

Affiliation to Aris is voluntary.

The Fondazione Don Carlo Gnocchi is a non-profit organisation and a private Institution of Hospitalisation and Scientific Care accredited through the National Health Service.

The Fondazione directly represents itself in collective bargaining and stipulates National Collective Agreements with FP Cgil, FPS Cisl, Uil FPL and the CIMOP.

The Fondazione is not affiliated with any national or international organizations.

It is not necessary to adhere to these structures because they are part of the same Foundation.

	Number of member companies	Number of employees working in member companies	Density of the association in terms of companies with regard to their domain	Density of the association in terms of companies with regard to the sector	Density in terms of employees represented with regard to their domain	Density in terms of Employees represented with regard to the sector
ARAN*	9,792	2,589,944**	100%	100%	100%	100%
AIOP*	542	65,704	86.6%	86.6%	n.a.	n.a.
ARIS*	264	54,131	n.a.	n.a.	n.a.	n.a.
FONDAZIONE DON CARLO GNOCCHI*	28	3,800	100%	100%	100%	100%

**The data was supplied directly by the organisations. The percentages could be overestimated.*

*** this number includes 2,416,879 workers on open-ended contracts and 173,065 atypical workers (fixed term, interim, social, training and telework). Data refers to 31.12.2005*

3. Inter-associational relationships

The employer associations of private hospitals further the interests of their enterprises and only lobby Regions and the Government.

Relations between the trade union organizations are not good. The Cgil, Cisl and Uil collaborate with each other, but there is no working relationship between them and the other organizations in the sector. Relations are negatively influenced by competition in the elections of the Unitary Workplace Union Structures, ([Rappresentanze Sindacali Unitarie RSU](#)), which take place

every three years (as opposed to four years in the private sector). The results of these elections are, in fact, fundamental for the trade unions in order to be able to take part in bargaining in the public sector (see paragraph 6).

4. The system of collective bargaining

The bargaining of the sector takes place on two levels – national and company (hospital) – together with a third level on a regional level bargained directly between the regional administration, which controls the SSN, and the trade union organizations which operate at regional level.

The hospital division is part of the bargaining system for public and private health. Five National Collective Agreements are applied in the hospital division:

National Collective Agreement	Bargaining Parties Unions	Bargaining Parties Employer associations	Employees*
Employees of the National Health Service	Aran	Fp Cgil, Fps Cisl, Fpl Uil, Fsi, Fials	570,000
Medical and veterinary managers of the National Health Service	Aran	Fp Cgil Medici, Cisl Medici, Fpl Uil Medici, Civemp, Fesmed, Umsted, Cimo Asmd, Anaao Assomed, Anpo	110,000
Non-medical managers	Aran	Fp Cgil, Fps Cisl, Fpl Uil, Sidirss, Sinafo, Aupi, Confedir Sanità, Snabi Sds	25,000
Medical employees of nursing homes, Private Institutions of Hospitalisation and Scientific Care and private Rehabilitation Centres and Nursing Homes	Aiop, Aris, Fondazione Don C. Gnocchi	Cimop	30,000
Employees of the health structures associated with the Aiop, Aris and Fondazione Don C. Gnocchi	Aiop, Aris, Fondazione Don C. Gnocchi	Fp Cgil, Fps Cisl, Fpl Uil	110,000

** These figures include workers of the hospital division together with the workers of other divisions*

In the hospital division, there are two areas of autonomous negotiations: one which concerns all employees and another for the medics.

The bargaining of the division is a part of the general Health sector bargaining which also includes non-hospital structures (such as local out-patient's, surgeries of the SSN, etc.)

The national collective agreements are applied to all workers operating in structures belonging to the employers' association signed these agreements.

All bargaining within the sector takes place between the employer and trade union organisations, with the exception of the Fondazione Don Carlo Gnocchi, which bargains directly.

The public structures are obliged to apply the national collective agreements of their division, while the private structures apply the national collective agreements of the organisations of which they are part. When a structure is not affiliated to any representative organisation, it is, in any case, obliged to apply a national collective agreement of the sector.

5. Formulation and implementation of sector-specific public policies

All the trade union and employer associations are consulted by the public bodies and Government in matters regarding the hospital division.

Through the national collective agreement, it is possible for the actors to set up bi-partisan or tri-partisan Observatories, Committees and Commissions which, however, have yet to be activated.

There are frequent informative meetings and concertation between the medical organisations and the Ministry of Health, Parliamentary Commissions, the Ministry for the Civil Service, the Government, etc.

6. Statutory regulations of representativeness

The regulation of representativeness in the hospital sector differs according to whether the areas are private or public.

In the private sector, in Italy, there is no law which establishes the criteria to follow when determining trade union representativeness. The level of representativeness of each organisation depends on the results of the elections of the representatives of the **RSU** on the workplace. More general rights of representation are regulated through an inter-confederal agreement stipulated in 1992. The law 300/1970 (workers' statute of rights) establishes workers' trade union rights and the rights and duties for the trade union representatives. The law states there is one condition in order to allow the trade union organizations which sign the national collective agreement to nominate a representative on the workplace: a minimum of 15 employees for the industrial enterprises and 5 employees for the agricultural enterprises. Additional measures regarding individual and collective union rights are agreed upon and stipulated in the national collective agreements.

In the public sector representativeness is regulated by law. The employers are represented by Aran, which is an agency instituted by law. A trade union can participate in bargaining if it represents at least 5% of workers in the sector. The percentage must be an average between the number of members of the organisation and the percentage of representativeness in the **RSU** (elections take place every three years). Based on these criteria, every two years, Aran defines a list of trade union organisations which can take part in bargaining. Naturally, this situation creates tension in the trade unions which are excluded. Currently, the following organisations can bargain in the public hospital sector: for employees: Fp Cgil, Fps Cisl, Fpl Uil, Fsi, Fials; for non-medical managers: Fp Cgil, Fps Cisl, Fpl Uil, Sidirss, Sinafo, Aupi, Confedir Sanità, Snabi Sds; for medics: Fp Cgil medici, Cisl Medici, Fpl Uil medici, Civemp, Fesmed, Umsted, Cimo Asmd, Anaao Assomed, Anpo.

The last RSU elections took place in November 2007. The data regarding these elections is not yet available.

The following table contains the data regarding the previous elections of 2004.

The RSU elections of 2004 in the public health sector

Organizations	%
FP CGIL	30.70
FP CISL	27.31
UIL FPL	18.15
OTHERS	23.84

7. Commentary

The representativeness of workers in the hospital sector is particularly fragmented. Apart from the fundamental division between medical and non-medical staff, there are also other differences.

For non-medics, there is a considerable number of autonomous trade unions organised on a local or regional level.

For this reason, the representativeness of workers is weak. Furthermore, with the exception of organisations affiliated with Cgil, Cisl and Uil, this representativeness simply defends its own corporate interests. The same situation occurs for medics, where, with the exception of the federation affiliated with Cisl, the other organisations are structured on a professional basis and their actions also concentrate on their specific corporate interests.

This weakness in representativeness is evident in salaries and working conditions. In fact, in the hospital sector, salaries are among the lowest and working conditions are among the worst compared to the other employees in the public sector.

The situation is even worse in the private health service, where the majority of the nursing and auxiliary services are outsourced. The cooperatives that accept this work often pay very low salaries and much of the work is undeclared.

Vilma Rinolfi and Domenico Paparella, Cesos