

<Lithuania>: 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 sector is quite soundly represented in Lithuanian on the part of trade unions – there are even four large and active sectoral trade unions in addition to a number of small ones in this sector. However, there is no well-defined institution in this sector to assume the employer's functions. In 2005 there was an agreement signed in this sector concerning wage increase until the year 2008.

[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:

	2000	2006
Number of employers (Number of hospitals) (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	187	174
Aggregate employment*	96,500	105,700
Male employment*	13,600	16,600

Female employment*	82,900	89,100
Aggregate employees* **	96,353	82,787
Male employees* **	n.a.	13,263
Female employees* **	n.a.	69,523
Aggregate sectoral employment as a % of total employment in the economy*	6.9	7.1
Aggregate sectoral employees as a % of the total number of employees in the economy* **	9.5	7.4

* *Health and social work economic activity*

** *Average number of employees converted into full-time units*

2. The sector's unions and employer associations

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

Lithuanian Trade Union of Health Care Employees (Lietuvos sveikatos apsaugos darbuotojų profesinė sąjunga, [LSADPS](#))

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

Membership in the LSADPS is voluntary.

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

The trade union joins employees working in (poly)clinics, hospitals, emergency medical service, pharmacy industry.

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

The LSADPS unites 3,642 members (A).

2a.4 Number of union members in the sector

The LSADPS unites 2185 members (E), working in the NACE 85.11 sector.

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

Females account for ~ 86% (3132) of LSADPS members (A).

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

LSADPS density with regard to the union domain is about 20% (E).

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

The LSADPS joins about 11% (E) of employees working in the hospital (NACE 85.11) sector.

2a.8 Does the union conclude collective agreements?

There is no sectoral collective agreement concluded in the sector. But there are 30 company level collective agreements which are concluded by LSADPS's members.

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

The LSADPS is a sectoral organisation of the Lithuanian Trade Union Confederation ([Lietuvos profesinių sąjungų konfederacija, LPSK](#)). The LSADPS is also a member of European organisation – EPSU, global organisation – PSI.

Union of Lithuanian Doctors ([Lietuvos gydytojų sąjunga, LGS](#))

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

Membership in the LGS is voluntary.

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

The trade union joins licensed physicians. Members of the LGS include employees working in hospitals, (poly)clinics and/or other healthcare establishments.

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

The LGS unites about 7,000 members (A).

2a.4 Number of union members in the sector

The LGS unites about 5,600 members (E), working in the NACE 85.11 sector.

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

Organisation does not have any data about members' distribution by sex.

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

LGS unites ~80 % (A) of Lithuanian doctors.

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

LGS unites ~40% (E) of doctors, working in the NACE 85.11 sector.

2a.8 Does the union conclude collective agreements?

The LGS is organised by territorial principle, however there is any territorial (or sectoral) collective agreement concluded in the sector. However LGS participates in the process of enterprise level collective bargaining (and signing of collective agreements).

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

The LGS is a member of the CPME (Standing Committee of European Doctors). Membership in the UEMS (European Union of Medical Specialists) was discussed in a recent conference held with Lithuanian unions of specialists.

Organisation of Lithuanian Nursing Specialists ([Lietuvos slaugos specialistų organizacija](#), [LSSO](#))

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

Membership in the LSSO is voluntary.

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

The LSSO joins employees engaged nursing practice (nurses) and nursing science (lecturers).

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

The LSSO unites ~9,200 members (A).

2a.4 Number of union members in the sector

The LSSO unites about 4,600 members (E), working in the NACE 85.11 sector.

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

LSSO has 99.99% (A) of women members and only 1 man.

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

The LSSO unites ~50% of all nurses in Lithuania, working both in hospitals and primary healthcare establishments.

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

LSSO joins about 50% (E) of nurses working in the hospital (NACE 85.11) sector.

2a.8 Does the union conclude collective agreements?

There is no collective agreement concluded in the sector. LSSO's source groups share in signing of collective agreements in hospitals.

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

LSSO is a sectoral organisation of the Lithuanian Trade Union Confederation ([Lietuvos profesinių sąjungų konfederacija, LPSK](#)). The LSSO is also a member of the International Council of Nurses (since 1994), European Federation of Nurses Associations (since 1996), European Forum of National Nursing and Midwifery Associations at the World Health Organisation (since 1997).

Trade Union of Lithuanian Medical Employees ([Lietuvos medicinos darbuotojų profesinė sąjunga, LMDPS](#))

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

Membership in the LMDPS is voluntary.

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

The LMDPS joins employees of various professions, including healthcare workers.

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

The LMDPS unites more than 8,000 members (A).

2a.4 Number of union members in the sector

According to the LMDPS, there are ~ 20% (or ~1,600) of union members employed in the hospital sector. (E)

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

LMDPS has ~70% (A) of women members.

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

The LMDPS does not provide with a clear definition of trade unions it covers. According to the statutes of the trade union, all and any Lithuanian employees may be members of the aforementioned trade union.

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

The LMDPS joins only about 5-7% (E) of employees working in the hospital (NACE 85.11) sector.

2a.8 Does the union conclude collective agreements?

There is no collective agreement signed in the sector. The LMDPS shares in signing of collective agreements on enterprise level.

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

The LMDPS is not affiliated to any other Lithuanian or international organisations.

[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

Employer associations are not analysed in this representativity study, as in the Lithuanian hospital sector there is no employer association that would meet its definition in the Labour Code.

To this respect we can mention the Association of Lithuanian Hospitals ([Lietuvos ligoninių asociacija, LLA](#)), which formally bears the characteristics of employer association, but it neither assumes the functions thereof nor deals with social problems. This association is interested in hospital representation in the processes of restructuring, dealing with hospital management problems and medical issues. Therefore, this association is excluded from more detail analysis within the framework of this study.

The Union of Lithuanian Doctors Managers ([Lietuvos gydytojų vadovų sąjunga, LGVS](#)) is another organisation that could serve as an employer association if it assumes such a function. The LGVS joins managing officers in healthcare establishments. It holds various events, participates in the development and implementation of various programmes, put forward proposals to the Government, ministries, municipalities and other authorities and organisations on health policy matters. In addition, the LGVS represents the interests of the true members of the association in various institutions and organisations. The LGVS was admitted to the European Association of Hospital Managers (EAHM) in 1996.

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

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

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

2b.4 Number of member companies in the sector

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

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

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

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

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

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

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

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

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.

LSADPS, LGS, LSSO, LMDPS.

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?

According to representatives of trade unions, there is no competition among the unions; on the contrary, trade unions take efforts to act with one accord, because they pursue the same objectives, i.e., to represent employees' rights and obligations in accordance with the competence.

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

3.4. Same question for employer associations as 3.1.

3.5. Same question for employer associations as 3.2.

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).

There are no accurate estimations of the sector's rate of collective bargaining coverage in Lithuania. Representatives of trade unions express different opinion about coverage. According to some of them, collective bargaining coverage is as few as 15% (E) of hospital sector workers; others are more optimistic and indicate this collective bargaining coverage to be ~ 30-40% (E) of hospital workers. Therefore, we cannot come with unambiguous figures. All we can do is to draw an average which tells that collective bargaining coverage is ~ 20-25 % (E) of hospital workers.

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

In the hospital sector, enterprise level collective agreements are playing a particularly important role in the regulation of working conditions of employees as there are no multi-employer collective agreements made in the sector.

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

The Labour Code of the Republic of Lithuania provides for the possibility to widen the sphere of the application of sectoral collective agreement. Usually, a sectoral collective agreement is

applicable only for those employers (companies), which are the members of the employers' associations, which had signed the agreement, or had joined the association after the signature of such agreement. However, if the provisions of a sectoral collective agreement are of importance for the respective sector, the profession, the Minister of Social Security and Labour may expand the application of a sectoral collective agreement or its specific provisions for the whole sector, profession or particular services, if such a request had been submitted by one or several workers' or employers' organisations, participating in the sectoral collective agreement. However, such provision of the Labour Code was never put into practice; therefore there had been no expansion of the application of a sectoral collective agreement in Lithuania.

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

On 3 May 2005, after a number of various protest actions in the healthcare sector, the concerned parties signed the agreement 'On the wage increase for medical professionals'. This agreement is valid for the whole public health care sector, *inter alia* – in the hospital sector. The agreement stipulates that 20% more will be assigned for wages of medical professionals annually from 2005 to 2008. This agreement was undersigned by the authorised representatives of the parties: Committee on Health Affairs of the Parliament of the Republic of Lithuania ([LR Seimo Sveikatos reikalų komitetas, SRK](#)), Ministry of Health ([LR Sveikatos apsaugos ministerija, SAM](#)), LGVS, National Association of Supervision of Health Care Institutions ([Nacionalinė sveikatos priežiūros įstaigų asociacija](#)), LLA, National Association of University Hospitals ([Nacionalinė universiteto ligoninių asociacija, NULA](#)), LGS and LSADPS.

As the aforementioned agreement does not provide for any extension thereof, no more information about it is presented below.

* 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?

Today trade unions in the healthcare system of Lithuania are going to sign a cooperation agreement with the Ministry of Health. This agreement has not been signed so far; all what is known is unsatisfactory wording of the current agreement for trade unions; the text of the agreement is still subject to further amendments.

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:

There are no bipartite or tripartite councils in the post sector that would deal with sector-specific issues. However, there is the Tripartite Council of the Republic of Lithuania ([Lietuvos Respublikos trišalė taryba, LRTT](#)), dealing with various labour-related issues. The LRTT is formed on tripartite principle with the representatives from the national trade unions' associations, national employers' associations and governmental institutions, ministries. The LRTT analyses the legislation dealing with the relationships of all national employees and employers, as well as the problems resulting from their enforcement. The institution also considers the problems relevant to the hospital sector. However, this is not a consultancy body of a specific sector.

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.

There are no regulations in the Republic of Lithuania defining the criteria of representativeness of trade union organisations. Representativeness in concluding collective agreements is defined by an organisation itself in its incorporation documents. In order to be entitled to sign a sectoral collective agreement, a trade union must specify in its statutes (incorporation documents) that it is a sectoral trade union. Where the trade union properly formulate their statutes, collective agreements signed are deemed duly concluded.

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 regulations in the Republic of Lithuania defining the criteria of representativeness which a trade union must meet so as to be entitled to be consulted.

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.

Elections for a certain representational body do not determine the representativeness of a trade union: representativeness is in all cases is defined in the incorporation documents of an organisation itself.

6.4. Same question for employer associations as 6.1.

There are no regulations in the Republic of Lithuania defining the criteria of representativeness of employer associations. Representativeness in concluding collective agreements is defined by an organisation itself in its incorporation documents. In order to be entitled to sign a sectoral collective agreement, an employer organisation must specify in its statutes (incorporation documents) that signing of collective agreements is one of its activity domains. Where the employer associations properly formulate their statutes, collective agreements signed by them are deemed duly concluded.

6.5. Same question for employer associations as 6.2.

There are no regulations in the Republic of Lithuania defining the criteria of representativeness which an employer associations must meet so as to be entitled to be consulted.

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.

Elections for a certain representational body do not determine the representativeness of employer association: representativeness is in all cases defined in the incorporation documents of an organisation itself.

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.

We can say that the hospital sector, as a component of the healthcare system, is represented quite soundly: there is a number of trade unions functioning in this sector, dialogues are maintained with the Ministry of Health and agreement is signed for wage increase. In Lithuania there is Medical Workers' Organizations Co-ordination Council which seven organisations representing various interests of medical workers: LGS, LSSO, LSADPS, LGVS, Trade Union of Lithuanian Doctors Administrators of Health Care ([Lietuvos gydytojų sveikatos apsaugos administratorių](#)

profesinė sąjunga, LGSAAPS), Trade Union of Lithuanian Medical Employees ([Lietuvos medicinos darbuotojų profsąjunga](#), LMDPS), Lietuvos gailestingųjų seserų sąjunga ([Lietuvos gailestingųjų seserų sąjunga](#), LGSS). However, not all of the above-mentioned organisations are analysed in the study, because some of them do not carry out functions of trade unions and/or employer associations (LGSAAPS, LGVS), or trade unions represent only one institution (LMDPS, LGSS).

As for the development of social dialogue in this sector, it's worth noting that any sectoral collective agreement in the hospital sector should be signed with the Government of the Republic of Lithuania ([Lietuvos Respublikos Vyriausybė](#), [LRV](#)). However, according to the valid Lithuanian legislation, the Government of the Republic of Lithuania is not equated to employer association. That's why it is complicated to negotiate on a sectoral collective agreement in the healthcare sector.

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