Latvia: 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).

In 2006, 29.8 thousand people (2.8% of employed) worked in the hospital sector. The sector, comprising 81 hospitals, forms major part of the health and social work sector, which contributes to the gross value added by 2.8%. Public expenditure on the health care matches 4% of GDP. Health care sector is active field of industrial actions. Low wages, low social guaranties of workers and high undeclared income are permanent concerns of social partners. Three sector level trade unions represent the health care workers. None of professional or other public organisations is true employers’ organisation, yet one of them represents employers.

[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:

<table>
<thead>
<tr>
<th></th>
<th>1997</th>
<th>2006**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of employer (at the end of the year, Central Statistical Bureau data)</td>
<td>156</td>
<td>109</td>
</tr>
<tr>
<td>(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)</td>
<td>2007 (after reforms)</td>
<td>81 (administrative data from the...</td>
</tr>
</tbody>
</table>
Latvian Hospital Association)

<table>
<thead>
<tr>
<th></th>
<th>Aggregate employment*</th>
<th>Male employment*</th>
<th>Female employment*</th>
<th>Aggregate employees</th>
<th>Male employees</th>
<th>Female employees</th>
<th>Aggregate sectoral employment as a % of total employment in the economy</th>
<th>Aggregate sectoral employees as a % of the total number of employees in the economy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>32756</td>
<td>5274</td>
<td>27482</td>
<td>32756</td>
<td>5274</td>
<td>27482</td>
<td>4.44</td>
<td>4.44</td>
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<tr>
<td></td>
<td>29810</td>
<td>5574</td>
<td>24236</td>
<td>29602</td>
<td>5536</td>
<td>24066</td>
<td>3.08</td>
<td>3.12</td>
</tr>
</tbody>
</table>

* employees plus self-employed persons and agency workers

** or most recent data

The data for 1994 is not available.

Data source: Quarterly survey of Enterprises and Institutions.

Further in the questionnaire the data source are relevant trade unions, or Latvian Hospitals Association, or Latvian legislation, therefore all data must be regarded as “administrative data”.

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 and Social Care Workers Trade Union of Latvia (Latvijas Veselības un sociālās aprūpes darbinieku arodbiedrība, LVSADA)
Established on 12 May 1990 as Health Care Workers Trade Union of Latvia, current name is since 1 December 2000. It includes 138 trade union organisations. Members are health and social workers, pharmacists, students and lecturers, pensioners.

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.)
Activities are structured into four groups, which are distinguished by special focus of activities:

- **Youth** – the Centre of Young People (15-35 years old individuals), information service for young people regarding studies, work in Latvia and abroad etc.;
- **Women** – focuses on protection of females rights at work;
- **Emergency crew** - focuses on protection of social rights of emergency service workers. The Trade Union has prepared draft of the law on social guaranties of emergency medical service workers;
- **Social care** - focuses on improving of social workers working conditions. The trade union has concluded open-end agreement with Riga City Council (Rīgas Dome, RD) on cooperation in the field of social care. It has established Co-operation Council of Social Workers (on 17 October 2006).

2a.3 Number of union members (i.e. the total number of members of the union as a whole)
The LVSADA is second largest trade union among members of the Free Trade Union Confederation of Latvia (Latvijas Brīvo Arodbiedrību savienība, LBAS).

In 1 January 2006 – 17049 members (declining), of which 17008 members are working (declining), 12 members - students, 22 members - non-working pensioners and 7 members are unemployed (A).

In 2007 – 17200 members, of which 2484 are doctors, 162 - nurses with higher education, 6841 - health care workers with 1-level higher education (bachelors), 91 - pharmacists, 285 - social workers, 322 - lecturers, 2469 - assistants of nurses, 4587 – other professions (A).

2a.4 Number of union members in the sector
All working members, excluding pharmacists, social workers, students and lecturers

2a.5 Female union members as a percentage of total union membership
87%

2a.6 Density with regard to the union domain (see 2a.2)
Density with regard to number of employed in undertakings with trade union organisations – 54.5%
2a.7 Density of the union with regard to the sector
57.2%

2a.8 Does the union conclude collective agreements?
Eligible for sector level agreements

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

National affiliation: member of the LBAS

International affiliation: member of the Public Services international (PSI), European Federation of Public Service Unions (EPSU), cooperate with the European Confederation of Independent Trade Unions (Confederation Europeene des Syndicats Independents, CESI).

- Nursing and Health Care Personnel Trade Union (Latvijas Ārstniecības un aprūpes darbinieku arodsavienība, LAADA)

LĀADA Established in March 1992. It includes 27 trade union organisations. Members are nurses, dressers (assistants of doctors), testers/technicians, maternity nurses, assistants of nurses (graduates of nurses’ school).

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.)

Does not exist

2a.3 Number of union members (i.e. the total number of members of the union as a whole)
In 1 January 2006 – 1427 members (almost stable), of which 1304 members are working (almost stable), 50 members are students, 70 members are non-working pensioners and 3 members are unemployed.

2a.4 Number of union members in the sector
1100 members

2a.5 Female union members as a percentage of total union membership
97%

2a.6 Density with regard to the union domain (see 2a.2)
Density with regard to number of employed in undertakings with trade union organisations – 40.8%

2a.7 Density of the union with regard to the sector
4.8%

2a.8 Does the union conclude collective agreements?
Eligible for sector level agreements

2a.9 For each association, list their affiliation to higher-level national, European and international interest associations (including cross-sectoral associations)
National affiliation: member of the LBAS
International affiliation: Since November 2002 – member of the CESI
  - Nurse Trade Union of Latvia (Latvijas Māsu arodbiedrība, LMA)
LMA was established on 13 June 2003. It unites specifically medical nurses.

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.)
Does not exist

2a.3 Number of union members (i.e. the total number of members of the union as a whole)
1400 members

2a.4 Number of union members in the sector
1400 members

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

2a.6 Density with regard to the union domain (see 2a.2)
Density with regard to number of middle-level medical workers (14500 workers) – 9.7%

2a.7 Density of the union with regard to the sector
4.7%

2a.8 Does the union conclude collective agreements?
Eligible for sector level agreements

2a.9 For each association, list their affiliation to higher-level national, European and international interest associations (including cross-sectoral associations)
Information is not available
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

In compliance with the law *On employers’ organisations and their associations*, only organisations, that are established specifically for purposes of employers’ representation in the social dialogue, or if obligation to do so is written in the statutes of the organisation, established for other purposes, are employers’ organisation. Health care sector is represented by large number of professional organisations or organisations that are established by employers, but neither of them are true employers’ organisation in meaning of the law. Two of them: the Latvian Hospital Association (*Latvijas Slimnīcu biedrība*, LSB) and the Health Care Employers’ Association (*Veselības aprūpes Darba devēju asociācija*, VADDA) are members of the national level employers’ organisation (Latvian Employers’ Confederation (*Latvijas Darba Devēju konfederācija*, LDDK)), and only one of them (the LSB) is recognised as employers organisation in social dialogue.

- Latvian Hospital Association (*Latvijas slimnīcu biedrība*, LSB)
  It unites part of hospitals. The organisation was established in 1997. It has identified itself as a public organisation of employers’ (not as an employers’ organisation), and the status of employers’ organisation is not fixed in its statutes. Incompatibility with the law creates legal difficulties in definition of the representativeness of the organisation. Despite this the LSB is the main sector level employers’ representative in the social dialogue

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.)*

Does not exist

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

52 hospitals

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

52 hospitals

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

Membership is not registered in terms of employees working in member companies. Estimated number is about 70% of all employed in hospital sector.
2b.6 Number of employees working in member companies in the sector
About 70% of all employed in hospital sector

2b.7 Density of the association in terms of companies with regard to their domain (see 2b.2)
64% of all hospitals

2b.8 Density of the association in terms of companies with regard to the sector
64% of all hospitals

2b.9 Density in terms of employees represented with regard to their domain (see 2b.2)
70% of all employed in the hospital sector

2b.10 Density in terms of employees represented with regard to the sector
70% of all employed in the hospital sector

2b.11 Does the employer association conclude collective agreements?
Eligibility to conclude sector level collective agreements is conditional

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

National: member of the LDDK.

International: member of European Hospital and Healthcare Federation (HOPE) and European Hospital and Healthcare Employers Association (HOSPEEM).

- Latvian Health Care Employers’ Association (Latvijas veselības aprūpes darba devēju asociācija, VADDA)

It unites outpatient care and commercial health care units and is not related to the hospital sector.

Other organisations in the health and social work sector are:

- Latvian Medical Association (Latvijas Ārstu biedrība, LĀB);
- Latvian Nurses Association (Latvijas Māsu asociācija, LMAs) (related to hospital sector);
- Union of Professional Organisations of Medical Practitioners of Latvia (Latvijas Ārstniecības personu profesionālo organizāciju savienība)
- Association of Latvia’s Social care institutions CEO’s (Latvijas Sociālās aprūpes iestāžu vadītāju asociācija);
- Health Care management specialists association (Veselības aprūpes vadības speciālistu asociācija) (not related to the hospital sector);

These organisations are not employers’ organisations. LĀB, LMAs and Union of Professional Organisations of Medical Practitioners of Latvia are authorised organisations for certification of health care specialists (doctors and nurses).
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.

Domains of all mentioned trade unions overlap

3.2. Do rivalries and competition exist among the unions, concerning the right to conclude collective agreements and to be consulted in public policy formulation and implementation?

Competition and rivalries exist among the unions

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

If several unions represent employees, then, in compliance with the Labour Law, all of them are equally eligible to conclusion of collective agreements at the sector level. Each trade union represents employees proportionally to its membership, and agreement must be based on the conciliated opinion. The process of the conciliation is not set forth in the law, and this creates practical difficulties in the health sector, when large trade union must negotiate with three small trade unions.

The Law on employers’ organisations and their associations stipulate that in case when several trade unions represent employees, employers’ organisation negotiates with larger of them. For this reason, the LVSADA has prior role in the social negotiations. The LĀADA collaborates with the LVSADA, while the LMA is neutral of stand in opposition to consolidated action.

The Ministry of Health Care co-operates with all social partners on equal grounds.

3.4. Same question for employer associations as 3.1.

Domains and functions of employer organisations are distinguished, none of organisations is true employers’ organisation, two of them are members of national level employers’ organisation LDDK and thus included in the social dialogue, but only one of them relates to the hospital sector (other relates to outpatient care).

3.5. Same question for employer associations as 3.2.

Competition and rivalries do not exist
3.6. Same question for employer associations as 3.3.
No

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
Taking into account sector level activities, the overall rate of collective bargaining is 100%.
At company level, the coverage is better in the state and local government institutions. In private institutions, trade unions are not established.
At sector level, the LVSADA has concluded 3 general agreements (with Ministry of Welfare, Riga City Council (local authority) and the LSB) and has established social guarantee fund. The LĀADA has also concluded 3 general agreements. Information about two other trade unions is not available.
The general sector agreement is not concluded. However, social partners have participated in the elaborating of the Regulations of the Cabinet of Ministers On minimum wages and extra payments for health care workers on the reiterated basis (currently valid Regulations Nr 980, new regulations will come into effect on 1 January 2008). Due to close cooperation in elaboration of Regulations, it is regarded as a kind of general (sector) agreement on wages. As a part of legislation, Regulations provide 100% coverage.

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.
Both kinds of agreements are equally important. Single employer agreements are important at a company level. Multi-employer agreements that are concluded at the sector level provide better coverage.

4.2.1. Is there a practice of extending multi-employer agreements to employers who are not affiliated to the signatory employer associations?
According with the Labour Law, Article 18 (4) – sector collective agreement (general agreement) is extended to all employees in the sector (branch) if it covers 50% of total number of employees in the sector (branch).

4.2.2. If there is a practice of extending collective agreements, is this practice pervasive or rather limited and exceptional?
According with the Labour Law, Article 18 (4) – sector collective agreement (general agreement) is extended to all employees in the sector (branch) if it covers 50% of total number of employees in the sector (branch).

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**

<table>
<thead>
<tr>
<th>Bargaining parties</th>
<th>Purview of the sector-related multi-employer wage agreements</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sectoral</td>
</tr>
<tr>
<td>Regulations of the Cabinet of Ministers Nr 980</td>
<td></td>
</tr>
<tr>
<td>Trade unions, the LSB</td>
<td>Sectoral</td>
</tr>
</tbody>
</table>

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?*

Social partnership is strong in the sector. Consultation with social partners is a part of the legislation process, and trade unions and employers/professional associations use this practice. All sector employer associations and unions, as well as organisations which are not employers’ organisations by law (LĀB, LMAs, and Union of Professional Organisations of Medical Practitioners of Latvia) participate in mutual negotiations and in negotiations with the government. All institutions are involved in legislation process, consultations on the state budget and reforms of health care system.

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***

<table>
<thead>
<tr>
<th>Name of the body and scope of activity</th>
<th>Bipartite/tripartite</th>
<th>Origin: agreement/statutory</th>
<th>Unions having representatives (reps)</th>
<th>Employer associations having reps.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health care sub-commission of the National Tripartite Cooperation Council</td>
<td>Tripartite</td>
<td>Statutory</td>
<td>LBAS</td>
<td>LDDK (appointed representatives from the LSB and the VADDA)</td>
</tr>
</tbody>
</table>
6. Statutory regulations of representativeness

General rules (Law On employers’ organisations and their associations, Law On Trade Unions and Labour Law) are applied.

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?

No regulations at the company level – parties are employer, trade union or employees’ representatives if trade union is not established.

At the sector level both sides of the collective agreement must be mandated to conclude agreement or the right to conclude agreement must be written in statutes of organisation (Labour Law, Article 18).

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?

No

6.3. Are elections for a certain representational body (e.g. works councils) established as criteria for union representativeness? If yes, please report the most recent electoral outcome for the sector.

No. Representatives are nominated.

6.4. Same question for employer associations as 6.1.

Employer organisation must be established according with the law On employers’ organisations and their associations, or have indication in its statutes that the organisation has obligation to conclude collective agreement, or it has to be member of the national level employer organisation (LDDK).

6.5. Same question for employer associations as 6.2.

No
6.6. Are elections for a certain representational body established as criteria for the representativeness of employer associations? If yes, please report the most recent outcome for the sector.

No. Representatives are nominated.

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.

Four trade unions represent employees of the health sector, of which three represent also workers of the hospital sector. Domains of trade unions overlap, nevertheless, all representatives, singly or in partnership with others, are involved in collective bargaining and negotiations with other social partners.

On the employers’ part, the health care sector is richly represented by professional organisations (more than 20 associations of medical professions) and these are structured in the sector level professional and other organisations. None of these organisations is true employers’ organisation in the meaning of the law On employers’ organisations and their associations. Despite inadequacy to the law, two organisations are members of national level employers’ organisation (LDDK), and one organisation is accepted as a partner in the social level social dialogue.

Social dialogue, as well as industrial actions is related to the entire health care sector. There are no examples, when only workers of the hospital sector where the matter of concern. Representativeness of the hospital sector can not be strictly distinguished due to two reasons. First, health care workers use to be employed in several sectors - the same individuals (doctors or nurses) may work in the hospital sector, as general practitioners or social workers. Consequently, and this is second reason, domains of trade unions embrace the entire health and social care sector, including hospitals, general practices, pharmacy and education. Yet, hospital workers form the largest part of trade unions’ membership and hospitals are members of the sector level organisation, representing employers.

Raita Karnite, Institute of Economics, LAS