

<Poland>: The representativeness of trade unions associations in the hospital sector’.

In many ways, the condition of the hospital sector amounts to a litmus test of the overall shape of health care in Poland. The activities of the social partners in the health care sector are also regarded from the perspective of the situation in Polish hospitals. Their representativeness should be considered on two levels – in purely mathematic terms, and from the perspective of the sector’s employees. In the former case, the question of representativeness appears problematic, if for no other reason than the lack of reliable data. In the latter case, meanwhile, the representativeness criterion seems to have been met, to witness the mobilisation level and solidarity of the health care community and the support commanded by representative organisations in difficult moments such as the wave of strikes sweeping through Polish hospitals in 2007.

1. Sectoral properties

Please provide the following data:

	1994	2005**
Number of employers (Note: if the number of employers is not available, please indicate the form of the unit (e.g. companies, establishments, etc.) the number refers to)	701 (number of hospitals)	781 (number of public and non public hospitals)
Aggregate employment*		
Male employment*		
Female employment*		
Aggregate employees	320.576 (doctors, nurses, midwives)	287.549 (as in 1994)
Male employees		36.669
Female employees		250.880
Aggregate sectoral employment as a % of total employment in the economy		
Aggregate sectoral employees as a % of the total number of employees in the economy		

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

*** or most recent data*

2. The sector's unions and employer associations

2a Data on the unions

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

Under the legislative Act regarding trade unions from 1991, union membership is voluntary.

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

Even in the mid-1990s, the sector's employees were assembled in union federations in accordance to ideological criteria. The mid-1990s then brought a sudden reconfiguration, with unions springing up in accordance with professional divisions. At present, the landscape is one of many union organisations representing the various professional specialisations; that said, most of them are grouped within the 'health care' structures present in all three of the large, nationally representative union organisations.

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

Polish union organisations are under no obligation to publish the number of their constituent entities; all information in this respect is gleaned from estimates based on replies to questionnaires. And thus, responses to the 'Working Poles in 2005' study indicate that union membership stood at some 12.4% of all employed Poles, translating into just over 1.5 million persons. Of this number, approximately 700,000 belonged to the Independent and Self-governing Trade Union 'Solidarność' ([Niezależny Samorządny Związek Zawodowy Solidarność, NSZZ 'Solidarność'](#)), 460,000 – to the All-Poland Alliance of Trade Unions ([Ogólnopolskie Porozumienie Związków Zawodowych, OPZZ](#)), and approximately 220,000 – to the Forum of Trade Unions ([Forum Związków Zawodowych, FZZ](#)).

2a.4 Number of union members in the sector

Also in this respect must we fall back on estimates. The difficulties are compounded by another factor – such information as there is refers to the health care sector as a whole, with no distinction of the hospital sector. Even the union activists interviewed by me could not (or would not) specify the number of unions in the sector. To go by the study mentioned above, in 2005 union membership within the health care sector stood at approximately 150,000.

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

No hard-and-fast information is available on this subject. Speaking in reliance on their intuition, my interlocutors seemed to believe that union membership is characterised by a predominance of women over men; this may be a consequence of the fact that the sector is rather a feminised one to begin with.

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

The study cited above indicates that, in 2005, almost 46% of unionised employees belonged to NSZZ ‘Solidarność’, 31% to OPZZ, and 15% to FZZ.

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

For the health care sector as a whole, the most representative union organisation is FZZ, accounting for more than 33% of unionised employees. Forum’s health care unit assembles organisations such as the Nationwide Union of Nurses and Midwives ([Ogólnopolski Związek Zawodowy Pielęgniarek i Położnych, OZZPiP](#)), the Nationwide Union of Administrative and Service Health Care Employees ([Ogólnopolski Związek Zawodowy Pracowników Administracji i Obsługi Służby Zdrowia](#)), the Nationwide Union of Operating Bloc, Anaesthesiology, and Intensive Therapy Workers ([Ogólnopolski Związek Zawodowy Pracowników Bloku Operacyjnego Anestezjologii i Intensywnej Terapii](#)), and the Nationwide Union of Medical Diagnostics and Physiotherapy Employees ([Ogólnopolski Związek Zawodowy Pracowników Diagnostyki Medycznej i Fizjoterapii](#)).

The second most numerous union organisation is the Federation of Health Care and Social Aid Employee Unions ([Federacja Związków Zawodowych Pracowników Ochrony Zdrowia i Pomocy Społecznej, FZZPOiPS](#)), a member organisation of OPZZ, accounting for 14.3% of all unionised health care employees in 2005. The FZZPOiPS assembles single-entity, multi-entity, and regional union organisations of health care employees; it is the legal successor of the Union of Health Care Employees ([Związek Zawodowy Pracowników Służby Zdrowia](#)).

The Health Care Secretariat (Sekretariat Ochrony Zdrowia) of NSZZ ‘Solidarność’, finally, accounted for some 8% of unionised health care employees in 2005. The Secretariat is subdivided into five sections. The two sections of relevance to the hospital sector, namely the Nationwide Ambulance Service Section (Sekcja Krajowa Pogotowia Ratunkowego) of NSZZ ‘Solidarność’ and the Nationwide Health Care Section (Sekcja Krajowa Służby Zdrowia) of NSZZ, are umbrella organisations for what are known as the regional sections. This organisation groups employees representing various specialisations within the category of ‘health care’.

An important union organisation in the hospital sector not affiliated with any of the above is comprised in the Doctors’ Trade Union of Poland ([Ogólnopolski Związek Zawodowy Lekarzy, OZZL](#)), which assembles physicians and dentists retained on the basis of employment contracts. The basic units of this union are established on a grassroots basis - at the initiative of the physicians themselves, who set up union organisations covering a single hospital/clinic or a number of such entities. According to figures provided by the union itself, its membership presently stands at approximately 22,000.

2a.8 Does the union conclude collective agreements?

All the union organisations specified above are legally capable of joining collective agreements.

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

2b Data on the employer associations

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

As with trade unions, membership in employer organisations is voluntary.

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

The situation on the employer organisation scene is largely influenced by the legislative Act regarding health care entities, which divides hospitals into 'public' and 'non-public'. This division also extends to employer organisations which, per analogam, assemble either "public" or 'non-public' health care providers. The general consensus is that the representation of employers in the sector is highly fragmented, to the point where nobody is in a position to say exactly how many such organisations exist.

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

No data available.

2b.4 Number of member companies in the sector

Probably the largest employer organisation in the sector is the Health Corporation (Korporacja Zdrowia), an affiliate of the Confederation of Polish Employers ([Konfederacja Pracodawców Polskich, KPP](#)). This is a relatively new organisation, established in 2006 through the merger of three hereto independent organisations – the Nationwide Union of Private Health Care Employers ([Ogólnopolski Związek Pracodawców Prywatnej Służby Zdrowia, OZZPPSZ](#)), the Nationwide Association of Non-Public Hospitals ([Ogólnopolskie Stowarzyszenie Szpitali Niepublicznych, OSSN](#)), and the Nationwide Association of Non-Public Local Self Government Hospitals ([Ogólnopolskie Stowarzyszenie Niepublicznych Szpitali Samorządowych, OSNSS](#)). The Health Corporation assembles a total of 170 hospitals; its establishment was motivated by a desire to somehow consolidate employers in the sector.

No analogous organisations operate in the public hospitals; this state of affairs follows from the legal characteristics of public hospitals. As a result, the directors of such entities are partners vis a vis the trade unions on the one hand but form associations falling short of the status of organisations operating pursuant to the 1991 legislative Act regarding employer organisations on the other. The Polish Association of Hospital Directors ([Polskie Stowarzyszenie Dyrektorów Szpitali, PSDS](#)), for instance, pursues its activities on the basis of the legislative Act regarding associations, and its principal objectives lie in the exchange of information and experiences with a view to ensuring modern, effective operation and management of independent health care entities in Poland, with due heed for European Union standards.

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

No data available.

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

Information obtained from representatives of the Health Corporation indicates that their organisation assembles the vast majority of non-public hospitals in Poland and, thus, the vast majority of their aggregate workforce.

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

No data available.

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

No data available.

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

No data available.

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

No data available.

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

According to statute, the Health Corporation is legally capable of joining collective agreements. The hospital directors' association mentioned above is not, although individual directors may – in accordance with the charter of the given hospital – be entitled to negotiate collective agreements.

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

The Health Corporation is affiliated with the [European Hospital and Healthcare Employers Association, HOSPEEM](#), and the PSDS – with the [European Association of Hospital Managers, EAHM](#)).

3. Inter-associational relationships

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

There are no rigid divisions by profession; overlap of different trade unions within the same vocational categories is accepted as perfectly ordinary and, what's more, is a logical consequence of Poland's strong tradition of union pluralism. All three large union organisations maintain their own structures within the hospital sector – again, overlap within the same professional disciplines is quite normal.

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?

This, however, does not engender competition, at least not at the level of single health care entities.

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

See 3.1

3.4. Same question for employer associations as 3.1.

See 3.1

3.5. Same question for employer associations as 3.2.

In the case of the hospital sector, the Health Corporation of the KPP. Employers seems to dominate, with the remaining employer confederations maintaining what is at best a vestigial presence in the sector. Accordingly, it would be difficult to talk of any competition.

3.6. Same question for employer associations as 3.3.

See 3.1

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).

To date, no collective, multi-entity agreement has been executed in the Polish hospital sector. According to estimates by union representatives, in-house collective labour agreements (confined to a specific hospital, clinic, etc) have been drawn up at not more than 20% of all entities; as regards the number of employees covered by such agreements, nobody is in a position to venture as much as a rough estimate.

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.)

Again, no collective, multi-entity agreement has been executed in the Polish hospital sector, and single-employer collective labour agreements do not play a major role. The broadest scope is that of various remuneration rules which are agreed with in-house union organisations at entities which employ at least 20 employees who are not covered by any collective agreement. In some cases, the hospital director is empowered to introduce remuneration rules of her/his own accord.

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

The law provides for extending the scope of agreements.

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

To date, the extension clause has not been used. In the case of hospitals, this would be difficult insofar as the extension clause may be applied only to entities which pursue business activity; the question of to what extent a public hospital may be deemed to be a business entity, meanwhile, is very much an open one.

4.3. List all sector-related multi-employer wage agreements* valid in 2005 (or most recent data), including for each agreement information on the signatory parties and the purview of the agreement in terms of branches, types of employees and territory covered

* Only wage agreements which are (re)negotiated on a reiterated basis. For the notion of ‘sector-related’, see the conceptual remarks in the accompanying briefing note. Please be reminded that agreements should be excluded where their purview covers, for instance, only medical practice activities according to NACE 85.12, but not any part of hospital activities according to NACE 85.11. In case of regionally differentiated, parallel agreements, an aggregate answer explaining the pattern may be given.

Sector-related multi employer wage agreements

Bargaining parties	Purview of the sector-related multi-employer wage agreements		
	Sectoral	Type of employees	Territorial

5. Formulation and implementation of sector-specific public policies

5.1. Are the sector’s employer associations and unions usually consulted by the authorities in sector-specific matters? If yes, which associations?

The social partners have the right to actively participate in the work of the Health Committee of the Sejm (the lower chamber of Poland’s parliament) and to opine on its results. In 2006, the social partners took part in sessions dealing with pay raises in the health care sector, changes to the procedure for appointing the president of the National Health Fund ([Narodowy Fundusz Zdrowia, NFZ](#)) and to the Fund’s financial plan, the pharmaceutical law, and with the legislative Act regarding the national medical rescue service; they also submitted opinions on these issues.

Another body is presented in the Inter-Sectoral Team for Defining Employment and Remuneration Terms for Health Care. This is an auxiliary body affiliated with the office of Poland’s prime minister; it is charged with analysing the laws on employment and remunerations in the health care sector as presently in force and with drawing up proposals for legislative amendments in this area. The team is composed of representatives from nine ministries as well as of NSZZ ‘Solidarność’, OPZZ, FZZ, the Polish Confederation of Private Employers Lewiatan ([Polska Konfederacja Pracodawców Prywatnych Lewiatan, PKPP Lewiatan](#)), KPP, the Polish Crafts Union ([Związek Rzemiosła Polskiego, ZRP](#)), the [Business Centre Club, BCC](#) the Chief Council of Physicians (Naczelna Rada Lekarska), the Chief Council of Nurses and Midwives (Naczelna Rada Pielęgniarek i Położnych), and the OZZL.

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:

The Tripartite Health Care Team

This body has been operating since February 2005 pursuant to its own body of rules, as drawn up after many discussions between the Ministry of Health ([Ministerstwo Zdrowia, MZ](#)) and the chairs of the Tripartite Commission for Social and Economic Affairs. It was decided that this body should be sectoral in character and that it should operate outside the Tripartite Commission as such – in affiliation with the MZ.

Composition

For the government, the Tripartite Health Care Team includes one representative each from the Ministries of Health, of the Economy, of Labour and Social Policy, of Finance, of the State Treasury, and of Education and Science.

Employees are represented by two delegates from each of the following: Forum, NSZZ ‘Solidarność’, and OPZZ.

Employers are represented by two delegates each from: KPP, PKPP Lewiatan, ZRP, BCC.

The parties may invite observers to the Tripartite Health Care Team from other unions and employer organisations active in the health care sector, from social organisations and professional bodies from the medical profession, and from local self government bodies.

Tasks

The Tripartite Health Care Team has the objective of formulating joint positions on issues of significance to the employees and the employers in the area of health care – for instance in the context of ongoing work on a social pact pursued under the rallying calls of ‘Economy – work – family – dialogue’.

Furthermore, many of the regional social dialogue bodies (the Voivodship Social Dialogue Commissions) have their own teams dedicated to health care issues. Yet their overall impact on industrial relations in the sector is negligible.

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.
Tripartite Health Care Team	Tripartite	Statutory	Yes	Yes
Tripartite Health Care Teams of the Voivodship Social Dialogue Commissions	Tripartite	Statutory	Yes	Yes

** 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.

The Polish Labour Code distinguishes between representativeness at the single-employer and multi-employer levels.

The preconditions for multi-employer representativeness are as follows:

- At least 500,000 employees; or
- At least 10% of all employees (and not less than 10,000) covered by the charter.

A representative in-house organisation, meanwhile, is one which:

- Is an organisational unit or a member of a multi-employer organisation;
- Acquires representative status by having the members of a union which is not representative at the single-employer level indicate another, less numerous union as their representative in negotiations of the in-house collective labour agreement.

6.2. In the case of the unions, do statutory regulations exist which establish criteria of representativeness which a union must meet, so as to be entitled to be consulted in matters of public policy and to participate in tripartite bodies? If yes, please briefly illustrate these rules and list the organisations which meet them.

Under the legislative Act regarding the Tripartite Commission, representative union organisations are ones which assemble at least 500,000 employees.

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.

6.4. Same question for employer associations as 6.1.

Under the legislative Act regarding employers, all registered employer organisations are legally capable of executing collective agreements, but only at the multi-employer level.

6.5. Same question for employer associations as 6.2.

To qualify as representative, an employer organisation must meet all of the following criteria: assemble employers with an aggregate workforce in excess of 300,000, have a nationwide range, and maintain a presence in at least half the sectors of the national economy. For purposes of assessing representativeness of a given organisation, not more than 100,000 employees of its member employers retained in a single section of the Polish classification of business activity (the PKD categories defined in the public statistics rules) were taken into account. Employees of

employers belonging to representative employer organisations represented on the Tripartite Commission (either at the moment of application or within a year before application) were not counted towards the representativeness minimum.

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

As mentioned at the outset, the question of representativeness of social partners in the hospital sector in Poland falls to be regarded on two levels.

In purely mathematical terms, the question of representativeness is certainly a tricky one, first and foremost due to the objective lack of precise quantitative data. Representatives of employees and employers alike seem to agree that the situation in the hospital sector is so fluid as to render any attempts at gathering statistics futile.

Another problem arose during discussions on the execution of a multi-employer collective labour agreement in the sector. Insofar as the matter was straightforward enough on the part of the unions, it was hard to decide what entity should sign such an agreement for the employers. As the experts point out, ownership fragmentation is considerable, and health services are paid for by the NFZ. After 2008, when state administration entities will no longer be able to be party to collective agreements, things will become even more difficult.

No doubt can arise, meanwhile, as to the representativeness of organisations representing hospital sector employees. The strikes at Polish hospitals in 2007 demonstrated very convincingly the solidarity and strong support which protesting unions can muster and the authority which they enjoy in the sector.

Rafał Towalski, Institute of Public Affairs