

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

Employees as well as employers are organised in two trade unions and two employers organisations. The density of the trade unions regarding the sector is about 50%. The density of the employers is even higher, in term of number of companies about 63% and in term of number of employees about 80%. Collective bargaining is well developed. The major trade union SOZZaSS concludes sectoral collective agreements with two employers organisations. Trade union LOZ does not participate in sectoral collective bargaining. Representatives of social partners are involved also in sectoral tripartite concertation.

1. Sectoral properties

	1996**	2006
Number of employers in terms of establishments	103	115
Aggregate employment*	60,143	49,483
Male employment*	11,695	10,109
Female employment*	48,448	39,374
Aggregate employees	60,143	49,482
Male employees	11,695	10,109
Female employees	48,448	39,373
Aggregate sectoral employment as a % of total employment in the economy	2.85	2.23
Aggregate sectoral employees as a % of the total number of employees in the economy	3.04	2.38

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

*** gender segregated employment data are available only from 1996*

2. The sector's unions and employer associations

2a Data on the unions

Slovak Trade Union of Health and Social Services (Slovenský odborový zväz zdravotníctva a sociálnych služieb, SOZZaSS)

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

The membership in SOZZaSS is voluntary.

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

SOZZaSS members are employees in state owned hospitals, including hospitals with polyclinic, private medical services, regional state health authorities, spas and springs, organisations providing social services and medical secondary schools. The domain of SOZZaSS overlaps the NACE classification of the sector.

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

Total number of SOZZaSS members was 30,394 in 2006. (A)

2a.4 Number of union members in the sector

It was 23,000 employees in the sector in 2006. (A)

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

It was 80% share in 2006. (A)

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

It was 37-39% with regard to the union domain. (E)

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

It was 46.5% with regard to the sector. (A)

2a.8 Does the union conclude collective agreements?

Yes, it does. It concludes three sectoral collective agreements - two with hospital employers organisations and one with organisation of private physicians.

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

SOZZaSS is member of national Trade Union Confederation ([Konfederácia odborových zväzov Slovenskej republiky](#), KOZ SR) and member of European Federation of Public Service Unions and of global union federation PSI.

The Labour Union of Physicians ([Lekárske odborové združenie, LOZ](#))

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

Membership in LOZ is voluntary.

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

LOZ members are only physicians in state owned hospitals, including hospitals with polyclinic. The domain of the LOZ is considered as sectionalism with regard to the NACE classification of the sector.

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

Total number of LOZ members was 2,100 in 2006. (A)

2a.4 Number of union members in the sector

It was 2,100 employees in the sector in 2006. (A)

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

It was about 30-40% in LOZ in 2006. (A)

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

The LOZ density with regard to its domain was about 30%. (E)

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

LOZ density with regard to the sector was 4.2%. (A)

2a.8 Does the union conclude collective agreements?

No, it does not. Though LOZ is entitled to conclude collective agreements it did not conclude them yet.

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

LOZ is not member of national trade union confederation KOZ SR. However, it is a member of European Federation of Salaried Doctors - FEMS.

2b Data on the employer associations

Association of Slovak Hospitals (*Asociácia nemocníc Slovenska*, ANS)

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

The membership in ANS is voluntary.

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

Members of ANS are hospitals and hospitals with polyclinic established by government body, regional self-government and municipalities as well as private organisations providing hospital services. The domain of the ANS is congruent with regard to the NACE classification of the sector.

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

Total number of member organisations was 57 in 2006. (A)

2b.4 Number of member companies in the sector

Total number of ANS member organisations was 57 in 2006. (A)

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

In total 20,000 employees worked there in 2006. (A)

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

In total 20,000 employees worked there in 2006.

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

The density of ANS in terms of companies was about 50%. (A)

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

The density of ANS in terms of companies with regard to the sector was 50%. (A)

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

The density of ANS in terms of employees with regard to its domain was 40% (A)

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

The density of ANS in terms of employees with regard to the sector was 40% (A)

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

Yes, it does. It concludes sectoral collective agreements with SOZZaSS, usually annually.

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

ANS is member of national Federation of Employers Association ([Asociácia zamestnávateľských zväzov a združení slovenskej republiky](#), AZZZ SR). It is member of European Association of Hospital Managers - EAHM and European Hospital and Healthcare Federation - HOPE.

Association of University Hospitals ([Asociácia fakultných nemocníc Slovenskej republiky](#), AFN SR)

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

Membership in AFN SR is voluntary.

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

Members of AFN SR are state owned university hospitals, one hospital with polyclinic, one private hospital and Institute of nuclear medicine. The domain of the AFN SR is considered as sectionalism with regard to the NACE classification of the sector.

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

Total number of member organisations was 15 in 2006. (A)

2b.4 Number of member companies in the sector

Total number of member organisations was 15 in 2006. (A)

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

Total number of employees working in member companies was 19,843 in 2006.

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

Total number of employees working in member companies in the sector was 19,843 in 2006.

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

The density in terms of companies with regard to its domain was 94%. (A)

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

The density in terms of companies with regard to the sector was 13%. (A)

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

The density in terms of employees with regard to its domain was about 95%. (E)

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

The density in terms of employees with regard to the sector was about 40%. (A)

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

Yes, it does. It concludes sectoral collective agreements with SOZZaSS, usually annually.

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

AFN is not member of any national employers organisation in Slovakia. It is not affiliated to any EU level employers organisation in the sector as well.

3. Inter-associational relationships

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

There are two sectoral trade unions covered – SOZZaSS and LOZ. The domain of SOZZaSS overlaps the sector and the domain of LOZ is considered as sectionalism with regard to the NACE classification of the sector.

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?

Regarding the right to conclude collective agreements, no rivalries exist between SOZZaSS and LOZ – both are entitled to collective bargaining. Some competition in negotiations for concluding collective agreements does exist between them. However, LOZ did not conclude sectoral collective agreements yet.

Regarding the right to be consulted in public policy formulation and implementation, both trade unions are involved in sectoral tripartite social dialogue. However, at the national level only SOZZaSS is involved (through KOZ SR) in tripartite concertation.

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

LOZ is excluded from national level tripartite consultations because of insufficient representativeness. LOZ is not member of national trade union confederation KOZ SR and has relatively low membership, too.

3.4. Same question for employer associations as 3.1.

Two sectoral employers organisations are covered – ANS and AFN SR. The domain of ANS is congruent with regards to the sector, and the domain of AFN SR is considered as sectionalism with regard to the NACE classification of the sector.

3.5. Same question for employer associations as 3.2.

Regarding the right to conclude collective agreements, no rivalries exist between ANS and AFN SR. Both associations are entitled to collective bargaining. However, there is a competition in negotiations for concluding sectoral collective agreements. ANS and AFN SR conclude sectoral collective agreements with SOZZaSS individually.

Regarding the right to be consulted in public policy formulation and implementation, both employer organisations are involved in sectoral level tripartite social dialogue. However, at the national level only ANS (through AZZZ SR) is involved in tripartite consultations.

3.6. Same question for employer associations as 3.3.

AFN SR is excluded from national level tripartite social dialogue because of low representativeness. It is not member of any national level employers organisation, too.

4. The system of collective bargaining

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).

Sectoral and company-level collective agreements concluded cover about 95% employees working in the sector.

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.)

Sectoral multi-employer collective agreements play more important role because they do create the framework for working conditions and wages in the hospital sector, which can, however, be improved in individual local/enterprise-level collective agreements, especially regarding wage levels.

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

Yes, there is a practice of extending multi-employer agreements.

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

However, the practice of extending collective agreements takes place exceptionally.

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

Sector-related or regionally differentiated multi-employer wage agreements were not yet concluded in the sector. Wage and remuneration issues are negotiated together with working condition and social issues and agreed in enterprise-level collective agreements usually annually.

* Only wage agreements which are (re)negotiated on a reiterated basis.

5. Formulation and implementation of sector-specific public policies

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

Yes, they are. SOZZaSS and LOZ as well as ANS and AFN SR are involved in sectoral tripartite social dialogue in Health Care Sector Economic and Social Council ([Hospodárska a sociálna rada v rezorte zdravotníctva](#), HSR MZSR). However, only SOZZaSS and ANS are involved indirectly (through KOZ SR and AZZZ SR) in the national-level tripartism.

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*

Name of the body and scope of activity	Bipartite/tripartite	Origin: agreement/statutory	Unions having representatives (reps)	Employer associations having reps.
HSR; overall national legislation, minimum wage, sector-related state budget	National tripartism	Established upon the law	KOZ SR (SOZZaSS is its member)	AZZZ SR (ANS is its member)
HSR MZSR; sector-related legislation, remuneration and planned reforms	Sectoral tripartism	Established upon mutual agreement between Ministry of Health and social partners	SOZZaSS and LOZ	ANS, AFN SR, associations of private physicians, independent polyclinics and secondary medical schools.

* 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 principal statutory condition applicable for trade union organizations to be entitled to conclude collective agreements is to be registered at the Ministry of Interior ([Ministerstvo vnútra Slovenskej republiky](#), MV SR) as a social partner. No special regulation exists with regard to the criteria for representativeness of trade unions to bargain collectively in the sector.

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.

The statutory condition applicable for trade union organizations in hospital sector (as well as in any other sector) to be consulted in matters of public policy via sectoral tripartism is to be registered at the MV SR and to act as a social partner.

To be involved in the national level tripartism, the union should be a member of national trade union organisation (KOZ SR), which should meet the criteria to represent at least 100,000 employees in the country.

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 are not established as criteria for trade union representativeness in the sector. However, trade union members usually elect trade union chair and committees.

6.4. Same question for employer associations as 6.1.

The principal statutory condition applicable for employers organizations to be entitled to conclude collective agreements is to be registered at the Ministry of Interior ([Ministerstvo vnútra Slovenskej republiky](#), MV SR) as a social partner. No special regulation exists with regard to the criteria for representativeness of employer organisation to bargain collectively in the sector.

6.5. Same question for employer associations as 6.2.

The statutory condition applicable for employers organizations in hospital sector (as well as in any other sector) to be consulted in matters of public policy via sectoral tripartite social dialogue is to be registered at the MV SR and to act as a social partner.

To be involved in the national level tripartism, the employer organisation should be a member of a national employers organisation, which should meet the criteria to represent companies and establishments where at least 100,000 employees are working.

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 the representative body of employers are not established as criteria for employers' representativeness in the sector.

7. Commentary

Employees as well as employers in hospital sector are well organised. Membership rates of unions (about 50%) as well as of employers (about 80% in terms of number of employees covered) are over the national averages. Hospitals and organisations providing hospital services are still state owned. Collective bargaining is well developed, and the power of trade unions is rather high in the health care sector, including hospitals (health care workers organised a six-week strike in 2006). Relatively low wages persist in the health care sector. The trade unions have

been demanding wage increases. However, only SOZZaSS concluded sectoral collective agreements including also wage increases.

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