



# Representativeness of the European social partner organisations: Hospitals

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*This report examines the role of social partner associations and collective bargaining in the economic subsector of hospital activities. The study first outlines the economic background of the sector. It then describes the relevant social partner associations in all EU Member States, focusing in particular on membership levels, their role in collective bargaining and public policy, and their national and European affiliations. The final section analyses the relevant European associations, in terms of membership composition and capacity to negotiate. The aim of the EIRO representativeness studies is to identify the relevant national and supranational social partner organisations in the field of industrial relations in selected sectors. The impetus of these studies arises from the European Commission objective to recognise the representative social partner associations to be consulted under the EC Treaty provisions. Hence, this study is designed to provide the basic information required to establish sectoral social dialogue.*

## **Objectives of study**

The goal of this **representativeness** study is to identify the relevant national and supranational associations – that is, the **trade union** and **employer organisations** – in the field of industrial relations in the economic subsector of hospital activities, and to show how these actors relate to the sector’s European interest associations of labour and business. The impetus for this study, and for similar studies in other sectors, arises from the aim of the **European Commission** to identify the representative social partner associations to be consulted under the provisions of the **EC Treaty**. Hence, this study seeks to provide the basic information needed to set up sectoral social dialogue. The effectiveness of **European social dialogue** depends on whether its participants are sufficiently representative in terms of the sector’s relevant national industrial relations actors across the Member States of the European Union. Therefore, only European associations that meet this precondition will be allowed to join the European social dialogue.

Against this background, this study addresses two main tasks. The first is to identify the relevant national and European associations on both sides of industry – in other words, the social partner associations. Secondly, the structure of the sector’s relevant European associations, in particular their composition of membership, will be analysed. This involves clarifying the unit of analysis at both the national and European level of interest representation. The study includes only associations whose membership domain is ‘sector-related’ (see below). At both national and European level, a multiplicity of associations exist that are not social partner organisations in the sense that they essentially deal with industrial relations. Thus, the need arises for clear-cut criteria which will enable analysis to differentiate the social partner organisations from other associations.

As regards the national level, classification as a sector-related social partner organisation implies fulfilling one of two criteria. The organisations must be either a party to sector-related **collective bargaining** or a member of a sector-related European association of business or labour that is on the European Commission’s list of European social partner organisations consulted under Article 138 of the EC Treaty, and/or that participates in the sector-related European social dialogue. Taking affiliation to a European social partner organisation as a sufficient criterion for determining a national association as a social partner implies that such an association may not be involved at all in industrial relations in its own country. Hence, this selection criterion may seem odd at first glance. However, if a national association is a member of a European social partner organisation, it becomes involved in industrial relations matters through its membership in the European organisation. Furthermore, it is important to assess whether the national affiliates to the European social partner organisations are engaged in industrial relations in their respective country. Affiliation to a European social partner organisation and/or involvement in national

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collective bargaining are of utmost importance to the European social dialogue, since they are the two constituent mechanisms that can systematically connect the national and European levels.

In terms of the selection criteria for the European organisations, this report includes the European social partner organisations, as defined above, as well as any other sector-related European association which has under its umbrella sector-related national social partner organisations – also defined above. Therefore, the study design to identify the sector-related national and European social partner organisations is both ‘top-down’ and ‘bottom-up’.

For a comparative analysis of the hospital sector, the reference to collective bargaining raises a conceptual problem which generally applies to the public sector or certain parts of it in several countries where collective bargaining in the genuine sense is not established. Collective bargaining in the genuine sense implies joint regulation of the employment terms, resulting from negotiations between parties with equal bargaining rights. This does not hold true for the public sector if the statutory power to regulate the employment terms unilaterally remains with the state bodies. In these circumstances, the trade unions can enter only a process of consultation or *de facto* negotiations with the authorities. Borderline cases also arise in that unilateral regulation is given in formal terms, whereas the outcome of *de facto* negotiations or consultation is generally regarded as binding in practice. This conceptual problem is central to the present study since involvement in collective bargaining is a definitional property of a social partner organisation, as outlined above. Applying the concept of bargaining in the genuine sense to the hospital sector, which usually covers a large public sector segment, would thus exclude this segment and its numerous associations in a sizeable number of countries. Instead, the analysis adopts a less strict concept that refers to whether trade unions of the public sector can exert a significant influence on the regulation of the employment terms through collective bargaining in the genuine sense or a recurrent practice of either *de facto* negotiations or consultation. Associations that meet this condition are registered as relevant. For each of these associations, this study documents whether this relevance is based on collective bargaining, or *de facto* negotiations and consultation.

## Definitions

For the purpose of this study, the sector is defined in terms of the classification of economic activities in the European Community (*Nomenclature générale des activités économiques dans les Communautés européennes*, NACE). This is to demarcate an ‘interest space’ which is common to all EU Member States, so that cross-national comparability of the research findings is assured. More specifically, the hospital sector is defined as embracing NACE 85.11, that is, hospital activities. The domains of the trade unions and employer associations, and similarly the scope of relevant **collective agreements**, are likely to vary from this precise NACE demarcation. Therefore, this study includes all trade unions, employer associations and multi-employer collective agreements that are sector-related in terms of any of the following four patterns:

- congruence – the domain of the organisation or scope of the collective agreement must be identical with the NACE demarcation, as specified above;
- sectionalism – the domain or scope covers only a certain part of the sector, as defined by the above NACE demarcation, while no group outside the sector is covered;
- overlap – the domain or scope covers the entire sector along with parts of one or more other sectors. However, it is important to note that the study does not include general associations which do not deal with sector-specific matters;
- sectional overlap – the domain or scope covers part of the sector as well as parts of one or more other sectors.

At European level, the European Commission has established a European Social Dialogue Committee for the hospital sector. The [European Federation of Public Service Unions \(EPSU\)](#) participates in the sector's European social dialogue on behalf of workers, while the [European Hospital and Healthcare Employers' Association \(HOSPEEM\)](#) represents employers. Hence, they are the reference associations with regard to analysing the European level and, for the purposes of this study, affiliation to one of these European organisations is thus one sufficient criterion for classifying a national association as a social partner organisation. However, it should be noted that the constituent criterion is sector-related membership. This is important in the case of EPSU and HOSPEEM due to their multi-sectoral domain. This study will include only those affiliates to HOSPEEM and EPSU whose domain relates to the hospital sector.

## Collection of data

The collection of quantitative data, such as those on membership, is essential when it comes to investigating the representativeness of the social partner organisations. Unless cited otherwise, this study draws from the country studies provided by the [EIRO national centres](#). It is often difficult to find precise quantitative data. In such cases, rough estimates are offered rather than leaving a question blank, given the practical and political relevance of this study. However, if the reliability of an estimate is doubtful, this will be noted.

In principle, quantitative data may stem from three sources:

- official statistics and representative survey studies;
- administrative data, such as membership figures provided by the respective organisation, which are then used to calculate the density or coverage rate on the basis of available statistical figures on the potential membership of the association;
- personal estimates made by representatives of the respective associations.

While the data sources of the economic figures cited in this report are generally statistics, the figures relating to the associations are either administrative data or estimates.

## Report structure

The study consists of three main parts, beginning with a brief summary of the economic background of the sector. The report then analyses the relevant social partner organisations in all 27 EU Member States. The third part considers their counterparts at European level. Each section will contain a brief introduction explaining the concept of representativeness in greater detail, followed by the study findings. As representativeness is a complex issue, it requires separate consideration of the national and European levels for two reasons. Firstly, account has to be taken of how national regulations and practices capture representativeness. Secondly, the national and European organisations differ in their tasks and scope of activities. The concept of representativeness must adapt to this difference.

Finally, it is worth highlighting the difference between the academic and political aspects of this study. While the report provides data on the representativeness of the organisations under consideration, it does not reach any definite conclusion on whether the representativeness of the European interest organisations and their national affiliates is sufficient for admission to the European social dialogue. The reason for this is that defining criteria for sufficient representativeness is a matter for political decision rather than an issue for research analysis.

## Economic background

Tables 1 and 2 give an overview of the socioeconomic development of the hospital sector from the early 1990s to the early 2000s, presenting a few indicators which are important to industrial relations and the social dialogue. It is important to note that the meaning of what is listed here as companies widely differs across countries. In most cases, this meaning refers to the hospitals themselves as employers. In some countries, however, the notion of companies also stands for higher-order holdings which operate as employers. A case in point is the [Health Service Executive \(HSE\)](#) which is responsible for operating the Irish public hospital system. For this reason, the figures on companies are not strictly comparable across countries. Nevertheless, they allow for a longitudinal perspective. For those countries recording related data, it appears that the number of cases registering an increase in the number of companies is almost equal to the number of countries where the number of companies declined. This observation contrasts with the development of employment. In nine of the 12 countries for which data are available, total employment expanded. Likewise, the number of employees increased in 11 countries, whereas a decline was observed in four cases. In most countries, the number of employees comes close to the number of total employment. Female employment clearly prevails in the sector in all countries recording statistics according to gender.

**Table 1: Total employment in hospital sector, 1994 and 2005**

	No. of companies		Total employment*		Male employment		Female employment	
	1994	2005	1994	2005	1994	2005	1994	2005
AT	n.a.	266 <sup>a</sup>	107,348 <sup>b</sup>	134,870 <sup>c</sup>	n.a.	37,783 <sup>f</sup>	n.a.	97,087 <sup>c</sup>
BE	284	215	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
BG	284	317 <sup>f</sup>	n.a.	68,800 <sup>c</sup>	n.a.	13,800 <sup>f</sup>	n.a.	55,000 <sup>f</sup>
CY	144 <sup>a,g</sup>	94	5,331 <sup>g</sup>	6,285	1,631 <sup>g</sup>	1,895	3,700 <sup>g</sup>	4,390
CZ	225	391	134,950	145,827	28,554	27,659	106,396	118,170
DE	n.a.	3,895 <sup>e</sup>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
DK	2	1	103,416	105,764	20,024	18,837	83,392	86,927
EE	107	54	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
EL	n.a.	~ 190	n.a.	191,886	n.a.	71,687	n.a.	120,199
ES	788 <sup>d</sup>	750 <sup>e</sup>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
FI	70	26	70,249	91,513	10,800	13,695	59,449	77,818
FR	3,284	2,856	1,088,999	1,126,533	268,872	290,276	820,127	836,257
HU	n.a.	163	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
IE	n.a.	11	n.a.	~130,000	n.a.	n.a.	n.a.	n.a.
IT	809 <sup>b</sup>	1,225 <sup>c</sup>	607,294 <sup>b</sup>	661,580 <sup>c</sup>	236,678 <sup>b</sup>	257,835 <sup>c</sup>	370,616 <sup>b</sup>	403,745 <sup>c</sup>
LT	n.a.	174 <sup>i</sup>	n.a.	105,700 <sup>i</sup>	n.a.	16,600 <sup>i</sup>	n.a.	89,100 <sup>i</sup>
LU	n.a.	13 <sup>j</sup>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
LV	n.a.	109 <sup>i</sup>	n.a.	29,810 <sup>i</sup>	n.a.	5,574 <sup>i</sup>	n.a.	24,236 <sup>i</sup>

	No. of companies		Total employment*		Male employment		Female employment	
	1994	2005	1994	2005	1994	2005	1994	2005
MT	n.a.	39	n.a.	11,573	n.a.	5,113	n.a.	6,460
NL	114	243	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
PL	701	781	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
PT	1 <sup>g</sup>	51	74,745 <sup>g</sup>	96,691	22,420 <sup>g</sup>	23,400	52,344 <sup>g</sup>	66,791
RO	415	433	237,431	230,042	n.a.	34,997	n.a.	195,045
SE	976	573 <sup>i</sup>	271,589	205,128	44,497	36,908	227,092	168,220
SI	24	29	16,757	21,208	n.a.	n.a.	n.a.	n.a.
SK	103	115 <sup>i</sup>	60,143	49,483 <sup>i</sup>	11,695	10,109 <sup>i</sup>	48,448	39,374 <sup>i</sup>
UK	n.a.	230 <sup>i</sup>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

Notes: See Annex for list of country codes. \* Total employment includes employees and other workers. n.a. = not available. <sup>a</sup> = establishments, <sup>b</sup> = 1991, <sup>c</sup> = 2001, <sup>d</sup> = 1997, <sup>e</sup> = 2004, <sup>f</sup> = 2006, <sup>g</sup> = 1995, <sup>i</sup> = 2006, <sup>j</sup> = 2007.

Source: EIRO national centres, 2006

**Table 2: Total employees in hospital sector, 1994 and 2005**

	Total employees (excluding other workers)		Male employees		Female employees		Aggregate sectoral employment as a percentage of total employment in the economy,		Aggregate sectoral employees as a percentage of the total number of employees in the economy	
	1994	2005	1994	2005	1994	2005	1994	2005	1994	2005
AT	n.a.	134,842 <sup>c</sup>	n.a.	37,761 <sup>c</sup>	n.a.	97,081 <sup>c</sup>	c.3% <sup>b</sup>	c.3.7% <sup>c</sup>	c.3.4% <sup>b</sup>	c.4.2% <sup>c</sup>
BE	145,732 <sup>d</sup>	165,437 <sup>e</sup>	30,752 <sup>d</sup>	32,742 <sup>e</sup>	114,954 <sup>d</sup>	132,646 <sup>e</sup>	n.a.	n.a.	3.5%	3.8%
BG	n.a.	66,796 <sup>f</sup>	n.a.	12,658 <sup>f</sup>	n.a.	54,138 <sup>f</sup>	n.a.	2.05% <sup>f</sup>	n.a.	3.03% <sup>f</sup>
CY	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	2%	n.a.	n.a.
CZ	133,158	143,309	27,576	26,662	105,582	116,647	2.74%	3.02%	3.11%	3.55%
DE	1,229,422 <sup>l</sup>	1,252,910 <sup>i</sup>	283,364 <sup>l</sup>	300,772 <sup>i</sup>	943,581 <sup>l</sup>	952,138 <sup>i</sup>	n.a.	n.a.	4.5%	4.6%
DK	103,414	105,762	20,023	18,835	83,392	86,927	3.87%	3.84%	3.87%	3.84%
EE	n.a.	13,561	n.a.	1312	n.a.	12,249	n.a.	n.a.	n.a.	2.4%
EL	n.a.	159,867	n.a.	53,880	n.a.	105,707	n.a.	4.3%	n.a.	5.6%
ES	370,264	437,764	126,121	129,450	244,143	308,314	n.a.	n.a.	3.6%	2.9%
FI	70,221	91,511	10,794	13,694	59,427	77,817	3.7%	4%	4.3%	4.5%
FR	1,025,755	1,064,274	243,029	247,913	782,726	816,361	4.7%	4.5%	5.2%	4.7%

	Total employees (excluding other workers)		Male employees		Female employees		Aggregate sectoral employment as a percentage of total employment in the economy,		Aggregate sectoral employees as a percentage of the total number of employees in the economy	
	1994	2005	1994	2005	1994	2005	1994	2005	1994	2005
<b>HU</b>	n.a.	91,259 <sup>h</sup>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	3.3%
<b>IE</b>	n.a.	~130,000	n.a.	n.a.	n.a.	n.a.	n.a.	6.2%	n.a.	7.5%
<b>IT</b>	605,370 <sup>b</sup>	660,191 <sup>c</sup>	235,631 <sup>b</sup>	256,970 <sup>c</sup>	369,739 <sup>b</sup>	403,221 <sup>c</sup>	2.6% <sup>b</sup>	2.8% <sup>c</sup>	3.6% <sup>b</sup>	3.8% <sup>c</sup>
<b>LT</b>	n.a.	82,787 <sup>i</sup>	n.a.	13,263 <sup>i</sup>	n.a.	69,523 <sup>i</sup>	n.a.	7.1% <sup>i</sup>	n.a.	7.4% <sup>i</sup>
<b>LU</b>	n.a.	7,308 <sup>j</sup>	n.a.	1,675 <sup>j</sup>	n.a.	5,633 <sup>j</sup>	n.a.	n.a.	n.a.	2.44% <sup>j</sup>
<b>LV</b>	n.a.	29,602 <sup>i</sup>	n.a.	5,536 <sup>i</sup>	n.a.	24,066 <sup>i</sup>	n.a.	3.08% <sup>i</sup>	n.a.	3.12% <sup>i</sup>
<b>MT</b>	n.a.	11,217	n.a.	4,849	n.a.	6,368	n.a.	7.6%	n.a.	8.6%
<b>NL</b>	228,800	324,200	64,600	164,200	78,800	247,400	n.a.	n.a.	4%	4.3%
<b>PL</b>	320,576	287,549	n.a.	36,669	n.a.	250,880	n.a.	n.a.	n.a.	n.a.
<b>PT</b>	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	1.8% <sup>g</sup>	1.9%	2.4% <sup>g</sup>	2.4%
<b>RO</b>	237,431	230,042	n.a.	34,997	n.a.	195,045	2.4%	2.8%	3.7%	5%
<b>SE</b>	284,456	209,141 <sup>i</sup>	n.a.	n.a.	n.a.	n.a.	7.1%	5.4%	8.2%	6%
<b>SI</b>	16,757	21,208	n.a.	n.a.	n.a.	n.a.	2.6%	2.6%	2.6%	2.6%
<b>SK</b>	60,143	49,482 <sup>i</sup>	11,695	10,109 <sup>i</sup>	48,448	39,373 <sup>i</sup>	2.85%	2.23% <sup>i</sup>	3.04%	2.38% <sup>i</sup>
<b>UK</b>	911,390 <sup>k</sup>	1,233,363 <sup>i</sup>	n.a.	370,000 <sup>i</sup>	n.a.	863,363 <sup>i</sup>	n.a.	n.a.	3.8% <sup>k</sup>	4.5% <sup>i</sup>

Notes: n.a. = not available. <sup>b</sup> = 1991, <sup>c</sup> = 2001, <sup>d</sup> = 1997, <sup>e</sup> = 2004, <sup>f</sup> = 2006, <sup>g</sup> = 1995, <sup>h</sup> = working in companies with more than four employees, <sup>i</sup> = 2006, <sup>j</sup> = 2007, <sup>k</sup> = 1996, <sup>l</sup> = 1999.

Source: EIRO national centres, 2006

Table 2 also reveals that the hospital sector represents a notable share of overall employment. In particular, this applies to the number of employees in the sector as a proportion of the total number of employees in the economy, with a percentage ranging from 2.4% in Portugal to 7.4% in Lithuania and 8.6% in Malta. Over the time period under consideration (1994–2005), this proportion increased in nine countries, while it declined in five countries. It remained stable in Portugal and Slovenia.

Finally, it is worth emphasising two properties of the sector which are particularly important to how its system of industrial relations is structured. Firstly, the sector is usually differentiated into a larger public segment and a smaller private one. Secondly, the sector – like other parts of the broader health and social work sector – is characterised by a high degree of professional education of the labour force. This high professional level is often based on formal licensing, including such occupations as doctors, nurses and physiotherapists. As a rule, the sector's professional profile is found in parallel with strict job demarcations. A clear, formally established division of labour exists among the professions in terms of tasks and responsibilities.

## National level of interest representation

In many of the EU Member States, statutory regulations explicitly refer to the concept of representativeness when assigning certain rights of interest representation and public governance to trade unions and/or employer associations. The most important rights addressed by such regulations include: formal recognition as a party to collective bargaining; extension of the scope of a multi-employer collective agreement to employers not affiliated to the signatory employer associations; and participation in public policy and tripartite bodies of social dialogue. Under these circumstances, representativeness is normally measured by the membership strength of the organisations. For instance, statutory extension provisions usually allow for extending a collective agreement to unaffiliated employers only when the signatory trade union and employer association represent 50% or more of the employees within the agreement's domain (see [Institut des Sciences du Travail \(IST\)](#), *Collective agreement extension mechanisms in EU member countries*, Catholic University of Louvain, Typescript, 2001).

As outlined above, the representativeness of the national social partner organisations is of interest to this study in connection with the capacity of their European umbrella organisations for participation in the European social dialogue. Hence, the role of the national actors in collective bargaining and public policymaking constitutes another important component of representativeness. The effectiveness of the European social dialogue tends to increase with the growing ability of the national affiliates of the European associations to regulate the employment terms and to influence national public policies affecting the sector. As cross-nationally comparative analysis shows, a generally positive correlation emerges between the bargaining role of the social partners and their involvement in public policy (see Traxler, F., 'The metamorphoses of corporatism', *European Journal of Political Research*, Vol. 43, No. 4, 2004, pp. 571–598). Social partner organisations that are engaged in multi-employer bargaining play a significantly stronger role in state policies than their counterparts in countries where multi-employer bargaining is lacking. The explanation for this finding is that only multi-employer agreements matter in macroeconomic terms, setting an incentive for governments to persistently seek the cooperation of the social partner organisations. If single-employer bargaining prevails in a country, none of the collective agreements will have a noticeable effect on the economy due to their limited scope. As a result, the basis for generalised tripartite policy concertation will be absent.

In summary, representativeness is a multi-dimensional concept that embraces three basic elements: 1) the membership domain and membership strength of the social partner organisations; 2) their role in collective bargaining; and 3) their role in public policymaking.

### Membership domain and strength

The membership domain of an association, as formally established by its constitution, demarcates its potential members from other groups which the association does not claim to represent. As explained above, this study considers only associations whose domain relates to the hospital sector. For reasons of space, it is impossible to outline in detail the domain demarcations of all of the associations. Instead, the report notes how they relate to the sector by classifying them according to the four patterns of 'sector-relatedness', as specified earlier. Regarding membership strength, a differentiation should be made between strength in terms of the absolute number of members and strength in relative terms. Research on this subject usually refers to relative membership strength as 'density' – that is, the ratio of actual to potential members.

Furthermore, a difference also arises between trade unions and employer associations when measuring membership strength. Trade union membership simply means the number of unionised persons. In addition to taking the total membership of a trade union as an indicator of its strength,



it is also reasonable to break down this membership total according to the sex of the members. However, the situation regarding employer associations is more complex since they organise collective entities, in other words, companies that employ workers. Hence, in this instance, two possible measures of membership strength may be used, one referring to the companies themselves, and the other to the employees working in the member companies of an employer association.

For a sectoral study such as this, measures of membership strength of both the trade unions and employer associations also have to take into account how the membership domains relate to the sector. If a domain is not congruent with the sector demarcation, the associations total density – that is, density referring to its domain – may differ from sector-specific density – in other words, density referring to the particular sector. This report will first present the data on the domains and membership strength of the trade unions, followed by the corresponding data for the employer associations.

### *Trade unions*

Table A1 (in Annex 1) outlines the trade union data on both the domains and membership strength; the table lists all trade unions meeting the two criteria for classification as a sector-related social partner organisation, as outlined earlier. The domain of the majority of the trade unions (about 69%) sectionally overlaps with the demarcation of the hospital sector. The corresponding figure for domain overlaps is 25%, whereas sectionalism and congruence are exceptional cases, at about 5% and 1%, respectively. This underscores the fact that statistical definitions of business activities differ somewhat from the lines along which employees identify common interests and gather together in trade unions. The high incidence of sectional domain overlaps emanates from the dual segmentation of the sector: a large number of trade unions have specialised in either (certain groups of) public sector employees or specific professions. The fact that these groups usually also work in areas other than the hospital sector, and represent only a subgroup of the sector at the same time results in sectional overlaps of the domains of these trade unions with the hospital sector. Overall, pronounced pluralism characterises the trade union system. A multi-union situation emerges in all countries except Slovakia. In the remaining countries, only Bulgaria, Latvia and Luxembourg have fewer than three trade unions in the sector. This pluralism is most accentuated in Italy and Denmark, which count 19 and 18 trade unions respectively. As the domains of the trade unions often overlap with the demarcation of the sector, so do their domains with one another. Consequently, competitive inter-union relationships are reported for a large number of countries: Austria, the Czech Republic, Denmark, Estonia, Finland, France, Germany, Hungary, Ireland, Italy, Latvia, Malta, Portugal, Slovakia, Slovenia and Spain.

Turning to the membership data of the trade unions, it appears that female employees numerically prevail in almost two thirds of the trade unions for which figures are given. In a notable number of cases, the proportion of female trade union members is 80% or even higher. This remarkable degree of trade union feminisation corresponds with the strong presence of women in the sector's employment and related professions.

The absolute numbers of the trade unions' members differ markedly. Their records range from several hundred thousands of members to fewer than 1,000 members. This considerable variation reflects differences in the size of the economy and the comprehensiveness of the membership domain rather than the ability to attract members. Compared with total membership, the sector-specific membership is fairly small in several trade unions, with fewer than 100 members. In almost all trade unions with overlapping or sectionally overlapping domains, total membership is clearly higher than membership within the sector.

Since density corrects for differences in country size, this measure of membership strength is more appropriate to a comparative analysis. Based on voluntary membership, domain density is higher than 50% in the case of half of the trade unions which document figures on density. About 43% of all of the trade unions represent 70% or more of the employees covered by their domain. Only 19% of the unions for which data are available organise fewer than 15% of the employees within their domain. Sectoral density of about 37% of the voluntary trade unions is lower than 15%. Around 34% of the unions record a sectoral density of more than 50% of their potential members, and 31% report a sectoral density of 70% or higher. Compared with domain density, these figures suggest a lower degree of unionisation in the sector. A direct comparison of domain density and sectoral density in the case of those voluntary trade unions for which figures on both measures are recorded reveals smaller differences. In about 37% of these cases sectoral density is equal to domain density, whereas the former is lower than the latter in approximately 33% of instances. The reverse relationship applies to the remaining 30%. Overall, these figures correspond with the absolute numbers of membership: the sector is usually not the stronghold of those trade unions whose domain embraces other sectors as well. Compared with many other service industries, however, density of the sector seems to be rather high, a feature which may be attributed to its public segment.

### *Employer organisations*

Tables A2 and A3 (in Annex 1) present the membership data on employer associations. Overall, 21 of the 27 EU Member States register employer organisations. In the other six countries, no association meets the definition of a social partner organisation as previously outlined. This does not mean that employers have remained unorganised. Generally, business interest organisations may also deal with interests other than those related to industrial relations. Organisations which specialise in matters other than industrial relations are commonly designated as trade associations (see [TN0311101S](#)). Sector-level trade associations usually outnumber sector-level employer associations (see Traxler, F., 'Business associations and labour unions in comparison', *British Journal of Sociology*, Vol. 44, No. 4, 1993, pp. 673–691). Several of the EIRO national centres' studies of the hospital sector – for instance, for Hungary, Lithuania and Romania – provide examples of business associations that operate as trade associations rather than employer organisations according to the standards of this comparative analysis.

Some 65% of the 49 employer organisations listed in Table A2 have demarcated their domain in a way that sectionally overlaps with the hospital sector. The predominance of sectional overlaps mainly emanates from the fact that the employer organisations usually cover areas of health and social work which are broader than the hospital sector, while they specify their domain in terms of ownership at the same time. In the majority of cases, this demarcation by ownership follows the divide between the public and private sectors. In a few cases, this demarcation is more specific. The Austrian Association of Interest Representation of Catholic Hospitals and Old People's and Nursing Homes ([Verein Interessenvertretung von Ordensspitälern und von konfessionellen Alten- und Pflegeheimen Österreichs](#), VIO) and the Italian Association of Religious Sociomedical Institutions ([Associazione Religiosa Istituti Socio-Sanitari](#), ARIS), for example, represent the socio-medical institutions owned by the church. Sectional domains are confined to certain categories of hospitals, such as university hospitals in the case of the Dutch Federation of University Medical Centres ([Nederlandse Federatie van Universitair Medische Centra](#), NFU). The employer organisations have managed to arrive at complementary domain demarcations in countries where more than one of them operates. Inter-associational competition and rivalry are thus largely absent. The only exception is Austria, where competition over bargaining rights is reported to involve the Association of Private Hospitals and Sanatoria ([Fachverband der privaten Krankenanstalten und der Kurbetriebe](#), FVPKK) and the Association of Private Hospitals in Austria ([Verband der Privatkrankenanstalten Österreichs](#), VPÖ).

As regards the figures on membership in Table A2 (in Annex 1), it should be noted that the unit of membership is not necessarily the hospital as a company because other institutions, such as holdings of hospitals or state bodies or regions, operate as employers in several countries. Hence, these figures are not strictly comparable across associations and countries – as is also the case of the data on companies in Tables 1 and 2, as already mentioned above. Regardless of this, the data on membership show that density is rather high. Approximately one third of the voluntary employer organisations for which data are documented report a density level within their domain which is equal or close to 100% in terms of both members and employees. Fewer cases of such high density emerge with regard to the sector, a situation which results from domain demarcations which do not entirely cover the sector. An important reason for the high levels of density is public ownership, which facilitates the process of association, in particular when the hospitals are under the umbrella of more encompassing employers, such as holdings or state bodies.

### **Collective bargaining and its actors**

Table 3 gives an overview of the system of sector-related collective bargaining in the 27 EU Member States. The standard measure of the importance of collective bargaining as a means of employment regulation calculates the total number of employees covered by collective bargaining as a proportion of the total number of employees within a certain segment of the economy (see Traxler, F., Blaschke, S. and Kittel, B., *National labour relations in internationalized markets*, Oxford University Press, 2001). Accordingly, the sector's rate of collective bargaining coverage is defined as the ratio of the number of employees covered by any kind of collective agreement to the total number of employees in the sector.

To delineate the bargaining system, two further indicators are used. The first indicator refers to the relevance of multi-employer bargaining, compared with single-employer bargaining. 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, the company or its subunit(s) is the party to the agreement. This includes cases where two or more companies jointly negotiate an agreement. The relative importance of multi-employer bargaining, measured as a proportion of the total number of employees covered by a collective agreement, therefore indicates the impact of the employer associations on the overall collective bargaining process.

The second indicator considers whether statutory extension schemes are applied to the sector. Table 3 reveals whether this is indeed the case. For reasons of brevity, this analysis is confined to extension schemes designed to extend the scope of a collective agreement to employers not affiliated to the signatory employer associations; extension regulations targeting employees are thus not included in the research. The latter are not relevant to this analysis for two reasons. On the one hand, extending a collective agreement to the employees who are not unionised in the company covered by the particular agreement is a standard of the [International Labour Organization \(ILO\)](#), aside from any national legislation. On the other hand, there is good reason for employers to extend a collective agreement concluded by them, even when they are formally not obliged to do so; otherwise, they would set an incentive for their workforce to unionise.

In comparison with employee-related extension procedures, schemes that target the employers are thus far more important to the strength of collective bargaining in general and multi-employer bargaining in particular. This is because the employers are capable of refraining from both joining an employer association and entering single-employer bargaining in the context of a purely voluntaristic system. Therefore, employer-related extension practices increase the coverage of multi-employer bargaining. Moreover, when pervasive, such practices encourage employers to join their employer association, since membership enables them to participate in the bargaining process and to benefit from the association's related services in a situation where the respective

collective agreement will bind them in any case (*ibid*). It should be noted that the category of extension practices also covers functional equivalents to these practices. There are two types of such equivalents. One type of equivalent is obligatory membership which is legally established in public-law interest associations such as the Austrian Chamber of Doctors ([Österreichische Ärztekammer, ÖÄK](#)) and FVPKK in Austria's hospital sector. The other functional equivalent to statutory extension schemes can be found in Italy. According to that country's constitution, minimum conditions of employment must apply to all employees. Labour court rulings relate this principle to the multi-employer agreements, such that they are seen as generally binding (see IST, 2001).

As noted above, collective bargaining in the genuine sense is not established in the public part of the hospital sector of several countries. In Austria and Belgium, for instance, *de facto* negotiations regularly take place. In France, trade union involvement rather takes the form of consultation. In the United Kingdom (UK), special Pay Review Bodies exist for each of the distinct medical professions within the scope of the [National Health Service \(NHS\)](#). NHS employers and trade unions submit evidence to these bodies, which then issue recommendations for pay awards to the government, which makes the final decisions. Insofar as data are available, Table 3 documents two coverage rates in these cases. The unadjusted coverage rate indicates the proportion of employees under a collective agreement in the genuine sense in relation to the total number of employees in the sector. The adjusted coverage rate refers to the share of employees covered by a genuine collective agreement in relation to the total number of employees equipped with genuine bargaining rights, in other words, in the private part of the sector.

As an implication of this conceptualisation, the unadjusted coverage rate is not very high in countries where genuine bargaining is absent in the public part of the sector and where this part is rather large. However, looking at the adjusted coverage in these cases, it appears that the coverage level is generally high. Of the 25 EU Member States for which data are available, 18 countries register a coverage level of more than 70%. In almost all of these cases, multi-employer bargaining prevails, which boosts coverage either through high density of the bargaining parties or through extension practices. Overall, multi-employer bargaining prevails in 18 of the 25 countries for which data are available. Notable exceptions to the positive association between multi-employer bargaining and high coverage levels are the Czech Republic and Malta, where multi-employer agreements do not exist, while coverage is nevertheless reported to be higher than 70%. Macro-level comparative analysis shows that, under the predominance of single-employer bargaining, the coverage rate almost always increases with trade union density (see Traxler *et al*, 2001). This explanation presumably holds for Malta, where aggregate union density is high, whereas union density in the Czech Republic does not match the registered coverage level. Since information on coverage is a rough estimate made by one single Czech trade union, it may be somewhat inflated. However, the possibility cannot be ruled out that the sector's employers, especially the public ones, subscribe to single-employer bargaining even when they face a weak trade union presence. At any rate, such propensity is not generally given, as the very low coverage rate of less than 10% in some countries demonstrates.

**Table 3: System of sectoral collective bargaining, 2005–2006**

Country	Collective bargaining coverage (CBC) (%)	Proportion of multi-employer bargaining (MEB) in total CBC (%)	Extension practices
AT	14%–15% <sup>a</sup> (90%–100%) <sup>b</sup>	Single-employer bargaining (SEB) prevailing	None
BE	58% <sup>a</sup> (100%) <sup>b</sup>	MEB prevailing	Pervasive
BG	100%	100%	Pervasive
CY	30%	SEB prevailing	Limited
CZ	74%	0%	None
DE	> 52% <sup>c</sup> / <sup>&gt;</sup> 46% <sup>d</sup>	MEB prevailing	None
DK	100%	100%	None
EE	≥ 88%	88%	None
EL <sup>e</sup>	~ 34% <sup>a</sup> (100%) <sup>b</sup>	100%	Pervasive
ES	n.a.	MEB prevailing	Pervasive
FI	92%	100%	Pervasive
FR <sup>f</sup>	(100%) <sup>b</sup> (private sector only)	100%	Pervasive
HU	7.5%	0%	None
IE	~ 80%	MEB prevailing	Limited
IT	100%	100%	Pervasive
LT	20%–25%	0%	None
LU	~ 100%	100%	None
LV	100%	MEB prevailing	Pervasive
MT	95%	0%	None
NL	100%	100%	None
PL	n.a.	0%	None
PT <sup>g</sup>	3.2%	n.a.	n.a.
RO	100%	100%	Pervasive
SE	80%–90% <sup>h</sup> /100% <sup>i</sup>	~ 100%	None
SI	100%	100% <sup>i</sup>	None
SK	95%	MEB prevailing	Limited
UK	n.a.	n.a.	None

*Notes: Collective bargaining coverage (CBC) means employees covered as a percentage of the total number of employees in the sector. Multi-employer bargaining (MEB) is noted relative to single-employer bargaining (SEB). Extension practices include functional equivalents to extension provisions, that is, obligatory membership and labour court rulings. n.a. = not available. <sup>a</sup> = unadjusted for employees excluded from collective bargaining, <sup>b</sup> adjusted for employees excluded from collective bargaining, <sup>c</sup> = west Germany, <sup>d</sup> = east Germany, <sup>e</sup> = public sector: no practice of collective bargaining although right to bargain is established, <sup>f</sup> = public sector: only consultation by the Ministry of Health, <sup>g</sup> = public sector: no practice of collective bargaining, <sup>h</sup> = private sector, <sup>i</sup> = public sector, <sup>j</sup> = sector-wide agreements.*

*Source: EIRO national centres, 2007*

## **Participation in public policymaking**

Interest associations may partake in public policy in two basic ways: they may be consulted by the authorities in matters affecting their members; or they may be represented on ‘corporatist’ – that is, tripartite – committees and boards of policy concertation. This study only considers cases of consultation and corporatist participation which are suited to sector-specific matters.

Consultation processes are not necessarily institutionalised, meaning that the organisations consulted by the authorities may vary according to the issues being addressed and over time, depending on changes in government. Moreover, the authorities may initiate a consultation process on an occasional rather than on a regular basis. Given this volatility, Tables A1, A2 and A3 (in Annex 1) designate only those sector-related trade unions and employer associations that are usually consulted. Depending on country-specific regulations and practices, the sector-specific associations may directly or indirectly participate in public policy. Indirect participation takes place through their affiliation to a top-level association which has participatory rights.

In relation to the trade unions, they are usually consulted in the majority of countries. Since a multi-union system is established in almost all countries, it is possible that the authorities may favour certain trade unions or that the unions may compete for participation rights. However, in most countries where a noticeable practice of consultation is observed, any of the existing trade unions can take part in the consultation processes. Spain provides an example of selective consultation: since rights of consultation are formally tied to criteria of representativeness, only the most representative trade union organisations are admitted to the consultation process.

As is the case for the trade unions, employer associations, where existing, are consulted by the authorities in the majority of countries. Likewise, this consultation process usually involves each of the existing employer associations. Furthermore, if employer associations exist, their opportunity to participate in consultation processes does not differ from that of the trade unions. Generally, the two sides of industry are both consulted or not consulted at all. As noted above, employer associations in the sense of the earlier definition of a social partner organisation are not established in all of the 27 EU Member States. This does not mean that business is excluded from consultation procedures in these countries. Under such circumstances, trade associations are likely to be consulted. In addition to these business associations, large employers themselves may be involved directly in consultation procedures, particularly when policymaking follows the pattern of a ‘company state’ rather than that of an ‘associative state’ (see Grant, W., *Business and politics in Britain*, London, Macmillan, 1993).

Turning from consultation to tripartite participation, the research reveals that sector-specific tripartite bodies are established in only a minority of countries: Bulgaria, Estonia, Finland, France, Ireland, Latvia, Romania and Slovakia. Table 4 summarises the main properties of these bodies. A few business associations which are represented in these tripartite bodies are not listed in Tables A2 and A3, since they do not meet the criteria of a social partner organisation. In some

of the tripartite bodies, the sector-related organisations themselves are not represented but rather their national-level associations.

**Table 4: Tripartite sector-specific boards of public policy, 2005–2006**

Country	Name of body and scope of activity	Origin	Participants	
			Trade unions	Business associations
<b>BG</b>	SCTCH: Industrial relations, social policy	Statutory	FTUH, MF Podkrepa	NAHE
<b>EE</b>	Supervisory Board of Estonian Health Insurance Fund	Statutory	EAKL, TALO	EHL, ETTK
<b>FI</b>	Innovative working hours of the caring professions	Agreement	SuPer, Tehy, JHL	KT
	The availability of labour	Agreement	SuPer, Tehy, ERTO, Jyty	TLR
<b>FR</b>	CSFPH	Statutory	CFDT, CFTC, CFE-CGC, FO, CGT, SUD, UNSA, SNCH	FHF
	CNOSS	Statutory	All trade unions of the sector	All employer associations of the sector
	CNAMTS	Statutory	CFDT, CFTC, CFE-CGC, CGT, FO	MEDEF, CGPME, UPA
<b>IE</b>	Health Service National Partnership Forum: Developing social partnership	Agreement	IMPACT, SIPTU, INO, IMO, IHCA, UNITE, TEEU	HSEEA, IBEC
	Health Service National Joint Council: Consultation on matters of health service	Agreement	IMPACT, SIPTU, INO, IMO	HSEEA
	Health Service Forum on work practices	Agreement	IMPACT, SIPTU, INO, IMO, IHCA, UNITE	HSEEA
<b>LV</b>	Healthcare subcommission of the National Tripartite Cooperation Council	Statutory	LBAS	LDDK
<b>RO</b>	Commission for social dialogue at Ministry of Public Health	Statutory	All national trade union confederations	All employer organisations representative at national level
	Board of Administration of National Health Insurance House	Statutory	All national trade union confederations	All employer organisations representative at national level

Country	Name of body and scope of activity	Origin	Participants	
			Trade unions	Business associations
				level
SK	HSR: Legislation, minimum wage, sector-related state budget	Statutory	KOZ SR	AZZZ SR
	HSR MZSR: Sector-related legislation, remuneration, reforms	Statutory	SOZZaSS, LOZ	ANS, AFN SR, other associations of sector-related interest groups

*Note: See Annex for list of abbreviations and full names of organisations.*

*Source: EIRO national centres, 2007*

## European level of interest representation

At European level, eligibility for consultation and participation in the social dialogue is linked to three criteria, as defined by the European Commission. Accordingly, a social partner organisation must have the following attributes:

- be cross-industry, or relate to specific sectors or categories and be organised at European level;
- consist of organisations which are an integral and recognised part of Member States' social partner structures, which have a capacity to negotiate agreements and which are representative of all Member States, as far as possible;
- have adequate structures to ensure effective participation in the consultation process.

In terms of social dialogue, the constituent property of these structures is the ability of an organisation to negotiate on behalf of its members and to conclude binding agreements. Accordingly, this section on the European organisations of the hospital sector will analyse their membership domain, the composition of their membership and their capacity to negotiate.

As will be outlined in greater detail below, two European associations – representing both sides of industry – are of utmost importance to the sector: EPSU as the representative of labour, and HOSPEEM for business. The following analysis will concentrate on these two organisations, while providing supplementary information on others to which the sector's national industrial relations actors have an affiliation.

### Membership domain

In terms of membership domain, EPSU – which in turn is linked to the [European Trade Union Confederation \(ETUC\)](#) – organises public services. This domain embraces the public segment of the hospital sector. EPSU's domain thus relates to the sector as a whole in the form of sectional overlap. The membership domain of HOSPEEM, which is a member of the [European Centre of Enterprises with Public Participation and of Enterprises of General Economic Interest \(CEEP\)](#), comprises the hospital and wider healthcare sector. In relation to the hospital sector, this pattern is a case of overlap.



## Membership composition

Regarding the composition of membership, it should be noted that in the case of both EPSU and HOSPEEM the countries covered extend beyond the EU Member States. However, only the latter countries will be considered here. Furthermore, this report will examine only those affiliates which have members in the hospital sector, as demarcated above. Following these specifications, Table 5 documents the list of EPSU members; the organisation covers all of the 27 EU Member States. Insofar as available data on membership of the national trade unions provide sufficient information on their relative strength (see Table A1), it may be concluded that EPSU generally organises the largest national trade unions of the sector, and usually represents the majority of the sector's unionised employees. The trade union members under the umbrella of EPSU constitute a minority of total union membership only in Estonia, Lithuania and Portugal. All national affiliates to EPSU are involved in bargaining or 'quasi-bargaining', that is, *de facto* negotiations or consultation, depending on country properties. Overall, the strong presence of EPSU in the sector also underlines the fact that a large majority of the sector's employees work in public hospitals.

**Table 5: Members of EPSU, 2007<sup>+</sup>**

Country	Members
AT	GdG*, GÖD**, GPA-DJP*
BE	CNE-GNC*, ACOD/CGSP**, LBC-NVK*, BBTk-SETCA*, VSOA-LRB/SLFP-ALR**, ACV-Public Services**
BG	CITUB (FTUH)*, MF Podkrepa*
CY	PASYDY*
CZ	OSZSP ČR*
DE	ver.di*, Marburger Bund*
DK	3F*, TL*, DJØF*, DBIO*, FAS*, HK Kommunal*, DSR*, SL*, FOA*, Dansk Metal*
EE	ETTAL*
EL	ADEDY (POEDIN, POSE-IKA, POYGY-IKA, POSEYP-IKA)
ES	FSP-UGT*, FSSS-CC.OO*, FEP-USO*, ELA-STV*
FI	Tehy*, SuPer*, JHL*, KTN (BOTBS)*, AEK (SL*), Jyty <sup>a</sup> *
FR	FSAS-CGT*, FO-p-s*, FSS-CFDT*
HU	EDDSZ*
IE	SIPTU*, IMPACT*
IT	FPS-CISL*, FP-CGIL*
LT	LSA DPS*
LU	LCGB*, OGB-L*
LV	LVSADA*
MT	GWU*
NL	FNV Abvakabo*, CNV Publieke Zaak*, NU91 (CMHF)*

Country	Members
PL	SOZ*
PT	SINTAP*
RO	Federația Sanitas*
SE	SKTF*, ASSR*, SK*, Vårdförbundet*
SI	SZSVS*
SK	SOZZaSS*
UK	GMB**, Unite**, RCM**, RCN**, UNISON**, FDA**

Notes: + Membership list confined to sector-related trade union organisations of the countries under consideration. See Annex for list of abbreviations and full names of organisations. \* Involved in collective bargaining, \*\* involved in *de facto* negotiations or consultation. Organisations in parentheses are sector-related trade unions listed in Table A1 which are indirectly affiliated through national higher-level associations or lower-level affiliates.<sup>a</sup> Formerly KTN.

Source: EIRO national centres, 2007

Table 6 lists the members of HOSPEEM. A total of 12 EU Member States are under its umbrella. In six of the 15 Member States which are not covered, no employer association according to the definition of this study exists (see Tables A2 and A3). In the remaining nine uncovered Member States, employer associations do exist but none of them is a member of HOSPEEM. With regard to the 12 countries with an affiliation to HOSPEEM, the affiliates representing Austria, the Czech Republic and Poland are engaged neither in genuine collective bargaining nor in *de facto* negotiations or consultation. Conversely, in the other nine countries – equating to one third of the 27 EU Member States – affiliates to HOSPEEM do have a role in collective bargaining, *de facto* negotiations or consultation.

**Table 6: Members of HOSPEEM, 2007<sup>+</sup>**

Country	Members
AT	VÖWG
BE	—
BG	—
CY	—
CZ	AČMN
DE	VKA*
DK	DR*
EE	—
EL	—
ES	—
FI	—

Country	Members
FR	FHF**
HU	—
IE	HSEEA*
IT	ARAN*
LT	—
LU	—
LV	LSB*
MT	—
NL	NVZ*
PL	Polish Health Confederation
PT	—
RO	—
SE	SALAR (SKL)*
SI	—
SK	—
UK	NHS Employers**

*Notes: + Membership list confined to sector-related employer organisations and companies of the countries under consideration. See Annex for list of abbreviations and full names of organisations. \* Involved in collective bargaining, \*\* involved in de facto negotiations or consultation. Organisations in parentheses are sector-related employer organisations listed in Tables A2 and A3 which are indirectly affiliated through national higher-level associations.*

*Source: EIRO national centres, 2007*

## Capacity to negotiate

The third criterion of representativeness at European level refers to the capacity of an organisation to negotiate on behalf of its own members. EPSU has a mandate to negotiate on matters of the European social dialogue, in accordance with its constitution. HOSPEEM also has a mandate to negotiate on behalf of its members in matters of the European social dialogue.

As a proof of the weight of EPSU and HOSPEEM, it is worthwhile making a comparison with other European associations that may be important representatives of the sector. This can be done by reviewing the European associations to which the sector-related trade unions and employer organisations are affiliated.

Regarding the trade unions, these affiliations are listed in Table A1. Numerous affiliations to European organisations other than EPSU feature. However, these memberships are so widely dispersed across the trade unions as well as across countries that few clusters of affiliations emerge. For brevity, this section will consider only those European organisations which cover at least three countries. This involves the:

- [European Federation of Public Service Employees \(Eurofedop\)](#), which covers seven trade unions in six countries;
- [European Federation of Salaried Doctors \(Fédération Européenne des Médecins Salariés, FEMS\)](#), with seven affiliations in five countries;
- [European Union of Medical Specialists \(Union Européenne des Médecins Spécialistes, UEMS\)](#), with five affiliations in five countries;
- [Standing Committee of European Doctors \(Comité Permanent des Médecins Européens, CPME\)](#), with five affiliations in five countries;
- [European Midwives Association \(EMA\)](#), with three affiliations in three countries;
- [European Forum of National Nursing and Midwifery Associations \(EFNNMA\)](#), with three affiliations in three countries;
- [European Union of General Practitioners \(Union Européenne des Médecins Omnipraticiens, UEMO\)](#), with three affiliations in three countries.

Even though the list of affiliations in Table A1 may be incomplete, this review confirms the principal status of EPSU as the labour representative of the hospital sector at European level.

An analogous review of the memberships of the employer associations can be derived from Table A3. Most of the European associations have no more than one single employer organisation, as listed in Table A3, under their umbrella. Three European associations cover three countries or more: the [European Hospital and Healthcare Federation \(HOPE\)](#), with 10 affiliations from six countries; and CEEP and the [European Union of Private Hospitals \(Union Européenne de l'Hospitalisation Privée, UEHP\)](#), each with five affiliates in five countries. Any of these European associations covers fewer affiliates and fewer countries than HOSPEEM. Although the latter counts only two members more than HOPE, HOSPEEM covers far more countries than any of the other European associations, including HOPE. HOSPEEM is thus the most important voice of business in the hospital sector.

## Commentary

Compared with other sectors, the representational system of the hospital sector shows four main properties. At national level, pronounced pluralism characterises the associational system of both business and labour. Particularly in the latter case, the analysis finds a proliferation of trade unions, resulting in accentuated multi-union systems in almost all countries. Fewer employer organisations are found, as is the case in most other sectors. Nevertheless, the hospital sector has a relatively large number of countries which have more than one employer organisation. These highly pluralist structures can be attributed to the sector's marked differentiation in two respects: elaborate segmentation by professions and the divide between private and public ownership.

A second property of the sector is its comparatively high degree of organisation at national level. In comparison to many other services sectors, trade union density is usually high. The same holds true for employer density. There is good reason to believe that the twofold differentiation of the sector also accounts for this characteristic. Public ownership buttresses the organisation of both sides of industry. Likewise, the segmentation by highly qualified, often state-licensed professions creates a 'small-size effect' that helps to overcome free-riding tendencies (see Olson, M., *The logic of collective action*, Harvard University Press, 1965).

These generally high levels of organisation translate into high collective bargaining coverage. A comparison may be made with recent figures on cross-sectoral collective bargaining coverage in the 25 EU Member States before Bulgaria and Romania joined the EU in 2007 (see Marginson, P. and Traxler, F., 'After Enlargement', *Transfer*, Vol. 11, 2005). Such an exercise indicates that the hospital sector's bargaining coverage is higher than the national average in 10 of the 17 countries for which comparable data are available, whereas sectoral coverage is lower than the national average only in four cases. This pattern applies particularly to the new Member States (NMS) from central and eastern Europe. Looking at seven comparable cases from the NMS – the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Slovakia and Slovenia – the study finds that sectoral coverage is higher than the national average in five countries, and lower only in Hungary.

The fourth property of the sector is that the high degree of organisation at national level has fed through to the European level in an asymmetrical way. Unlike the employer side, trade union representation is highly organised at European level, as is manifested by the encompassing coverage of EPSU.

## Annex 1: social partner organisations and collective bargaining

Table A1: Data on the trade unions, 2005–2006

Country and trade union name	Type of membership	Domain coverage	Membership			Density (%)		Collective bargaining	Consultation	National and European affiliations**
			Members	Sectoral members	Female membership (%)	Domain	Sector			
<b>AT</b>										
GPA-DJP	Vol.	SO	251,000 <sup>a</sup>	1,500 <sup>a</sup>	42%	22%	95% <sup>a</sup>	Yes	Yes	ÖGB, UNI Europa, EFFAT
GöD	Vol.	SO	230,000 <sup>a</sup>	31,600 <sup>a</sup>	50.6%	63%	43% <sup>a</sup>	(Yes) <sup>b</sup>	Yes	ÖGB, EPSU Eurofedop
Vida	Vol.	SO	166,000	12,000 <sup>a</sup>	29%	n.a.	n.a.	Yes	Yes	ÖGB, ETF, EFFAT, UNI Europa
GdG	Vol.	SO	155,000 <sup>a</sup>	35,000 <sup>a</sup>	49%	80% <sup>a</sup>	75% <sup>a</sup>	Yes	Yes	ÖGB, EPSU, ETF, Eurofedop
ÖÄK	Compulsory	SO	40,000	19,500	n.a.	100%	100%	Yes	Yes	AEMH, AESGP, CEOM, CPME, EANA, EFMA/WHO, FEMS, UEMO, UEMS
<b>BE</b>										
ACV-Public Services	Vol.	SO	148,908	n.a.	46%	n.a.	30%	(Yes) <sup>b</sup>	Yes	ACV/CSC, EPSU, Eurofedop
ACOD/CGSP	Vol.	SO	284,576	11,423	n.a.	n.a.	25%	(Yes) <sup>b</sup>	Yes	ABVV/FGTB, EPSU, PSI
VSOA-LRB/SLFP-ALR	Vol.	SO	n.a.	n.a.	n.a.	n.a.	n.a.	(Yes) <sup>b</sup>	Yes	ACLVB, EPSU
LBC-NVK	Vol.	SO	297,449	n.a.	59%	n.a.	n.a.	Yes	Yes	ACV, EPSU
CNE-GNC	Vol.	SO	145,415	n.a.	64%	n.a.	n.a.	Yes	Yes	CSC, EPSU
BBTK-SETCA	Vol.	SO	356,912	10,000	n.a.	n.a.	10%	Yes	Yes	ABVV, EPSU
AC-CG	Vol.	SO	350,764	n.a.	n.a.	n.a.	n.a.	Yes	Yes	ABVV
ACLVB-CGLB	Vol.	SO	220,000	2,089	n.a.	n.a.	2%–3%	Yes	Yes	—
<b>BG</b>										
FTUH	Vol.	O	9,300	4,538	78%	n.a.	n.a.	Yes	Yes	CITUB, EPSU <sup>d</sup> , PSI

Country and trade union name	Type of membership	Domain coverage	Membership			Density (%)		Collective bargaining	Consultation	National and European affiliations**
			Members	Sectoral members	Female membership (%)	Domain	Sector			
MF Podkrepa	Vol.	O	4,000	1,360	75%	n.a.	n.a.	Yes	Yes	<i>CL Podkrepa, EPSU, PCI</i>
<b>CY</b>										
PASYDY	Vol.	SO	13,778	2,659	59.6%	n.a.	95%	Yes	No	EPSU
PASYKI	Vol.	SO	530 <sup>h</sup>	n.a.	n.a.	n.a.	n.a.	Yes	No	—
PASYNO	Vol.	SO	~ 220 <sup>h</sup>	n.a.	n.a.	n.a.	n.a.	Yes	No	—
FPSW	Vol.	SO	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	No	<i>SEK</i>
FGMCSW	Vol.	SO	3,200 <sup>h</sup>	580 <sup>h</sup>	n.a.	n.a.	n.a.	Yes	No	<i>SEK</i>
SEVETTYK	Vol.	SO	5,044	240	45.7%	n.a.	n.a.	Yes	No	<i>PEO</i>
PASYEK	Vol.	SO	4,794	330	37.5%	n.a.	n.a.	Yes	No	<i>PEO</i>
<b>CZ</b>										
OSZSPČR	Vol.	O	42,236	32,062	64.9%	n.a.	22.37%	Yes	No	<i>ČMKOS, EPSU</i>
LOK-SČL	Vol.	SO	5,150	n.a.	n.a.	n.a.	3.6%	Yes	No	<i>ASO, FEMS</i>
POUZPČMS	Vol.	O	12,600	n.a.	n.a.	n.a.	n.a.	Yes	No	—
<b>DE</b>										
Ver.di	Vol.	O	2,274,731	348,500	49.8%	n.a.	n.a.	Yes	Yes	<i>DGB, EPSU</i>
DBB	Vol.	SO	1,250,000	n.a.	32%	n.a.	n.a.	Yes	No	—
Marburger Bund	Vol.	SO	108,000 <sup>a</sup>	81,000	46%	46%	77%	Yes	No	EPSU
GOED	Vol.	SO	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	No	<i>CGB</i>
BiG	Vol.	O	1,600 <sup>a</sup>	n.a.	n.a.	n.a.	n.a.	Yes	No	—
<b>DK</b>										
YL	Vol.	S	9,665	7,967	59%	100%	100%	Yes	Yes	<i>KTO, AC, EPSU</i>
FAS	Vol.	SO	8,512	4,892	28%	100%	100%	Yes	Yes	<i>KTO, AC, EPSU</i>
DJØF	Vol.	SO	50,877	467	47%	100%	100%	Yes	Yes	<i>KTO, AC, EPSU</i>
IDA	Vol.	SO	46,650	n.a.	17%	n.a.	n.a.	Yes	Yes	<i>KTO, AC, FEANI</i>
HK-Kommunal	Vol.	SO	68,949	n.a.	81%	45%	n.a.	Yes	Yes	<i>KTO, EPSU</i>
SL	Vol.	SO	34,216	572	75%	86.8%	n.a.	Yes	Yes	<i>KTO, LO, EPSU</i>
FOA	Vol.	O	200,644	16,000	88%	90%	90%	Yes	Yes	<i>KTO, LO, EPSU</i>
DSR	Vol.	SO	55,174	34,193	96.5%	90%	100%	Yes	Yes	<i>SK, FTF, EPSU</i>
DBIO	Vol.	SO	6,258	5,058	94%	91%	91%	Yes	Yes	<i>SK, FTF, EPSU</i>
DF	Vol.	SO	5,705	2,163	86%	95%	95%	Yes	Yes	<i>SK, FTF, WCPT/Europe</i>

Country and trade union name	Type of membership	Domain coverage	Membership			Density (%)		Collective bargaining	Consultation	National and European affiliations**
			Members	Sectoral members	Female membership (%)	Domain	Sector			
3F	Vol.	SO	352,451	1,600	34%	70%	80%	Yes	Yes	<i>KTO, LO, EPSU</i>
Farma	Vol.	SO	4,448	620	99%	100%	100%	Yes	Yes	<i>SK, FTF, CEPT</i>
Ergo	Vol.	SO	5,722	1,023	95%	95%	95%	Yes	Yes	<i>SK, FTF, COTEC, ENOTHE</i>
Jordemoder	Vol.	S	1,433	1,425	99.7%	100%	100%	Yes	Yes	EMA
TL	Vol.	SO	28,894	100	43%	n.a.	85%	Yes	Yes	<i>KTO, LO, EPSU</i>
K&E	Vol.	SO	7,700	1,161	98%	n.a.	n.a.	Yes	Yes	<i>SK, FTF, EFAD</i>
Dansk Metal	Vol.	SO	135,088	613	5%	80%	n.a.	Yes	Yes	<i>KTO, LO, EPSU</i>
MMF	Vol.	SO	n.a.	6,837	0.6%	100%	100%	Yes	Yes	—
<b>EE</b>										
EAL	Vol.	SO	2,790	1,659	80%	58%	12.2%	Yes <sup>c</sup>	No	CPME, UEMS
EKTK	Vol.	SO	4,085	3,600	99%	23.5%	26.5%	Yes	No	<i>EAKL</i>
EOL	Vol.	SO	4,000	3,200	99%	21%	23.6%	Yes	Yes	<i>EAKL, EFNNMA</i>
ETTAL	Vol.	O	2,095	2,080	90%	6%	15.3%	Yes	Yes	<i>EAKL, EPSU</i>
<b>EL</b>										
POEDIN	Vol.	S	85,000	85,000	50%	85%–90%	57.8%	No	No	<i>ADEDY, EPSU<sup>d</sup></i>
OSNIE	Vol.	SO	4,500	n.a.	15%–20%	30%	n.a.	Yes	No	<i>GSEE</i>
POSE-IKA	Vol.	SO			50%			No	No	<i>ADEDY, EPSU<sup>d</sup></i>
POYGY-IKA	Vol.	SO			50%			No	No	<i>ADEDY, EPSU<sup>d</sup></i>
POSEYP-IKA	Vol.	SO			50%			No	No	<i>ADEDY, EPSU<sup>d</sup></i>
<b>ES</b>										
FSSS-CC.OO	Vol.	C	n.a.	n.a.	78%	n.a.	n.a.	Yes	Yes	<i>CC.OO, EPSU</i>
FSP-UGT	Vol.	C	n.a.	32,000	48%	n.a.	0.1%	Yes	Yes	<i>UGT, EPSU</i>
CESM	Vol.	SO	~30,000	~30,000	n.a.	0.5%	0.1%	Yes <sup>c</sup>	Yes	—
FEP-USO	Vol.	SO	110,000	n.a.	n.a.	n.a.	n.a.	Yes	No	<i>USO, EPSU</i>
ELA-STV-Gizalan	Vol.	O	106,000	n.a.	n.a.	n.a.	n.a.	Yes	No	<i>ELA-STV, EPSU</i>
<b>FI</b>										
Tehy	Vol.	SO	124,000	40,100	92%	90%	90%	Yes	Yes	EPSU
KTN	Vol.	SO	~ 15,000	n.a.	n.a.	n.a.	n.a.	Yes	Yes	EPSU



Country and trade union name	Type of membership	Domain coverage	Membership			Density (%)		Collective bargaining	Consultation	National and European affiliations**
			Members	Sectoral members	Female membership (%)	Domain	Sector			
SuPer	Vol.	SO	69,000	7,000	97%	70%	70%	Yes	Yes	EPN, EPSU
SL	Vol.	SO	21,418	7,514	51%	95%	95%	Yes	Yes	CPME, UEMS, UEMO
ERTO	Vol.	SO	28,000	700	70%	60%	65%	Yes	Yes	<i>STTK</i>
Jyty	Vol.	O	68,000	4,000	85%	50%	10%	Yes	Yes	EPSU
JHL	Vol.	SO	230,000	20,000	71%	27%	15%	Yes	Yes	<i>SAK</i> , EPSU
<b>FR</b>										
FSS-CFDT	Vol.	O	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	<i>CFDT</i> , EPSU
FSAS-CGT	Vol.	O	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	<i>CGT</i> , EPSU
FO-p-s	Vol.	O	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	<i>FO</i> , EPSU
CFTC SS	Vol.	O	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	<i>CFTC</i>
CFE-CGC-SMAS	Vol.	SO	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	<i>CFE-CGC</i>
SUD SS	Vol.	O	n.a.	n.a.	n.a.	n.a.	n.a.	(Yes <sup>e</sup> )	Yes	<i>SUD</i>
UNSA	Vol.	O	n.a.	n.a.	n.a.	n.a.	n.a.	(Yes <sup>e</sup> )	Yes	<i>UNSA</i>
SNCH Ss	Vol.	S	n.a.	n.a.	n.a.	n.a.	n.a.	(Yes <sup>e</sup> )	Yes	—
<b>HU</b>										
EDDSZ	Vol.	O	30,723	15,000	n.a.	16%	16%	Yes	Yes	<i>SZEF</i> , EPSU
LIGA ES	Vol.	SO	1,500–2,000	1,200–1,500	n.a.	1%	1%	Yes	Yes	<i>LIGA</i>
MOSZ	Vol.	SO	12,000	8,000	n.a.	40%	13%	Yes	Yes	<i>LIGA</i>
HODOSZ	Vol.	SO	2,500–3,000	300	n.a.	12%	0.3%	Yes	Yes	<i>MSZOSZ</i>
VSZ	Vol.	SO	10,000	240	n.a.	20%	0.3%	Yes	Yes	<i>MSZOSZ</i>
OSS	Vol.	SO	n.a.	125	n.a.	n.a.	0.1%	Yes	Yes	—
<b>IE</b>										
SIPTU	Vol.	O	225,000	38,000	n.a.	n.a.	29.2%	Yes	Yes	<i>ICTU</i> , EPSU
IMPACT	Vol.	SO	55,000	26,000	66%	n.a.	20%	Yes	Yes	<i>ICTU</i> , EPSU
INO	Vol.	SO	33,000	33,000	n.a.	n.a.	25%	Yes	Yes	<i>ICTU</i>
PNA	Vol.	SO	5,000	5,000	n.a.	n.a.	3.8%	Yes	Yes	—
IMO	Vol.	SO	5,800	5,800	n.a.	n.a.	4.5%	Yes	Yes	<i>ICTU</i>
IHCA	Vol.	S	1,800	1,800	n.a.	80%	1.4%	Yes	Yes	—
UNITE	Vol.	SO	50,000	2,000	n.a.	n.a.	1.5%	Yes	Yes	<i>ICTU</i>
TEEU	Vol.	SO	40,000	200	n.a.	n.a.	0.15%	Yes	Yes	<i>ICTU</i>
<b>IT</b>										

Country and trade union name	Type of membership	Domain coverage	Membership			Density (%)		Collective bargaining	Consultation	National and European affiliations**
			Members	Sectoral members	Female membership (%)	Domain	Sector			
FP-CGIL	Vol.	O	397,468	104,535	n.a.	17.8%	12.4%	Yes	Yes	CGIL, EPSU
FPS-CISL	Vol.	O	350,000	140,000	n.a.	12.5%	16.6%	Yes	Yes	CISL, EPSU
CISL Medici	Vol.	SO	7,800	n.a.	20%	7%	n.a.	Yes	Yes	CISL
UIL FPL	Vol.	O	196,231	89,115	61.8%	9.7%	10.6%	Yes	Yes	UIL
FIALS	Vol.	SO	60,000	40,000	60%	n.a.	4.8%	Yes	Yes	CONFESAL
FSI Sanità	Vol.	O	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	FSI
UGL Sanità	Vol.	O	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	UGL, Eurofedop
CIVEMP	Vol.	SO	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	—
FESMED	Vol.	SO	7,000	n.a.	n.a.	6.4%	n.a.	Yes	Yes	FSI
UMSPED	Vol.	SO	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	—
CIMO-ASMD	Vol.	SO	13,500	n.a.	20%	12.3%	n.a.	Yes	Yes	CONFEDIR, FEMS
ANAAO ASSOMED	Vol.	SO	18,000	n.a.	15%	16.4%	n.a.	Yes	Yes	COSMED, FEMS
ANPO	Vol.	S	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	FEMS
S.I.Dir.S.S	Vol.	SO	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	CIDA
AUPI	Vol.	SO	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	CONFEDIR
SiNaFO	Vol.	SO	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	CONFEDIR
ARPA, SDS-SNABI	Vol.	SO	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	—
CONFEDIR SANITÀ	Vol.	S	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	CONFEDIR
CIMOP	Vol.	S	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	—
<b>LT</b>										
LSADPS	Vol.	O	3,642	2,185	~ 86%	20%	11%	Yes <sup>c</sup>	No	LPSK, EPSU
LGS	Vol.	SO	7,000	5,000	n.a.	80%	40%	Yes	No	CPME
LSSO	Vol.	SO	~ 9,200	~ 4,600	99.9%	~ 50%	~ 50%	Yes	No	LPSK
LMDPS	Vol.	SO	~ 8,000	~ 1,600	~ 70%	n.a.	5%–7%	Yes	No	—
<b>LU</b>										
OGB-L	Vol.	O	59,300	3,152	33%	n.a.	5.32%	Yes	Yes	EPSU
LCGB	Vol.	O	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	n.a.	EPSU
<b>LV</b>										
LVSADA	Vol.	O	17,049	n.a.	87%	n.a.	57.2%	Yes	Yes	LBAS, EPSU
LĀADA	Vol.	O	1,427	1,100	97%	n.a.	4.8%	Yes	Yes	LBAS
<b>MT</b>										

Country and trade union name	Type of membership	Domain coverage	Membership			Density (%)		Collective bargaining	Consultation	National and European affiliations**
			Members	Sectoral members	Female membership (%)	Domain	Sector			
GWU	Vol.	O	46,156	n.a.	18%	30%	n.a.	Yes	Yes	EPSU, UNI Europa, EUROWEA, FERPA, ETF, EFFAT, EMF
UHM	Vol.	O	26,129	5,000	31%	17%	45%	Yes	Yes	CMTU, Eurofedop, FERPA
MAM	Vol.	SO	680	n.a.	30%	52%	6%	Yes	Yes	CMTU, EFMA, PWG, UEMS, CPME
MUMN	Vol.	SO	2,466	2,466	71%	40%	22%	Yes	Yes	EFNMA, EMA
<b>NL</b>										
FNV Abvakabo	Vol.	O	352,000	37,500	n.a.	n.a.	n.a.	Yes	Yes	FNV, EPSU
CNV Publicke Zaak	Vol.	SO	78,761	7,200	n.a.	n.a.	n.a.	Yes	Yes	CNV, EPSU, Eurofedop
CMHF	Vol.	SO	61,000	27,100	n.a.	n.a.	n.a.	Yes	Yes	MHP, EPSU <sup>c</sup>
<b>PL</b>										
OZZPiP	Vol.	O	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	FZZ
FZZPOiPS	Vol.	O	n.a.	n.a.	n.a.	n.a.	~ 14%	Yes	Yes	OPZZ
SOZ	Vol.	O	n.a.	n.a.	n.a.	n.a.	~ 8%	Yes	Yes	NSZZ Solidarity, EPSU
OZZL	Vol.	SO	~ 22,000	n.a.	n.a.	n.a.	n.a.	Yes	Yes	FEMS
<b>PT</b>										
SCTS	Vol.	SO	5,600	4,800	65%	77%	5.3%	Yes	Yes	EAPB
SEP	Vol.	SO	18,000	14,205	84%	39.2%	47.9%	Yes	Yes	CGTP
SIFAP	Vol.	SO	3,000	30	40%		0%	Yes	Yes	
SINTAP	Vol.	SO	n.a.	3,500	58%	n.a.	3.8%	Yes	Yes	UGT, EPSU
UHWSP	Vol.	SO	13,000	n.a.	n.a.	n.a.	n.a.	Yes	Yes	CGTP, FESAHT
UHWNP	Vol.	SO	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	CGTP, FESAHT
UHWCP	Vol.	SO	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	CGTP, FESAHT
UHWA	Vol.	SO	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	CGTP, FESAHT
UHWARM	Vol.	SO	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	CGTP, FESAHT
UWTTS	Vol.	SO	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	CGTP, FESAHT
FETESE	Vol.	SO	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	UGT
<b>RO</b>										

Country and trade union name	Type of membership	Domain coverage	Membership			Density (%)		Collective bargaining	Consultation	National and European affiliations**
			Members	Sectoral members	Female membership (%)	Domain	Sector			
Federația Sanitas	Vol.	SO	120,000	109,000	65%	65%	75%	Yes	Yes	<i>CNSLR Frăția, EPSU</i>
FSS	Vol.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	No	<i>Cartel Alfa, Eurofedop</i>
Federația Hipocrat	Vol.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	<i>CSDR</i>
TESA din USB	Vol.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	Yes	Yes	<i>Cartel Alfa</i>
<b>SE</b>										
SK	Vol.	SO	560,000	61,000	81%	~ 75%	~ 75%	Yes	No	<i>LO, EPSU</i>
Vårdförbundet	Vol.	O	111,009	n.a.	92%	85%	n.a.	Yes	No	<i>TCO, EPSU, EPN, EPBS, EMA, EHMA, EFNMA</i>
SKTF	Vol.	SO	169,278	1,000–2,000	73%	75%–80%	~ 10%	Yes	No	<i>TCO, EPSU</i>
SL	Vol.	SO	39,144	n.a.	43%	~ 90%	n.a.	Yes	No	<i>SACO, CPME, UEMO, UEMS, AEMH, AMEE</i>
SP	Vol.	SO	8,651	~ 1,000	71%	n.a.	n.a.	Yes	No	<i>SACO, EFPA, EAWOP</i>
FSA	Vol.	SO	9,464	950–1,900	96%	~ 94%	~ 94%	Yes	No	<i>SACO, COTEC</i>
LSR	Vol.	SO	11,792	7,500	82%	~ 80%	~ 80%	Yes	No	<i>SACO</i>
SF	Vol.	SO	7,601	~ 200	87%	~70%–75%	~70%–75%	Yes	No	<i>SACO</i>
ASSR	Vol.	SO	52,746	~ 3,000	80%	n.a.	n.a.	Yes	No	<i>SACO, EPSU</i>
Ledarna	Vol.	SO	~ 70,000	n.a.	n.a.	n.a.	n.a.	Yes	No	<i>CEC</i>
<b>SI</b>										
SZSVS	Vol.	O	20,000	6,000	85%	40.2%	28.3%	Yes	Yes	<i>KSJS, EPSU</i>
SDZNS	Vol.	SO	8,500	5,000	90%	17.1%	23.6%	Yes	Yes	<i>KSJS</i>
SZS-Pergam	Vol.	O	7,000	4,500	80%	9%	18.9%	Yes	Yes	—
FIDES	Vol.	SO	2,000	1,600	50%	25%	7.5%	Yes	Yes	<i>FEMS</i>
SZSSS	Vol.	O	4,000	3,000	80%	8%	14%	Yes	Yes	<i>ZSSS</i>
<b>SK</b>										
SOZZaSS	Vol.	O	30,394	23,000	80%	37%–39%	46.5%	Yes	Yes	<i>KOZ SR, EPSU</i>
<b>UK</b>										
BDA	Vol.	SO	5,768	n.a.	97%	n.a.	n.a.	(Yes) <sup>f</sup>	Yes	<i>TUC</i>

Country and trade union name	Type of membership	Domain coverage	Membership			Density (%)		Collective bargaining	Consultation	National and European affiliations**
			Members	Sectoral members	Female membership (%)	Domain	Sector			
BOS	Vol.	SO	1,043	n.a.	96%	n.a.	n.a.	(Yes) <sup>f</sup>	Yes	<i>TUC</i>
CSP	Vol.	SO	35,050	n.a.	86%	n.a.	n.a.	(Yes) <sup>f</sup>	Yes	<i>TUC</i>
MiP	Vol.	SO	5,000	n.a.	n.a.	n.a.	n.a.	(Yes) <sup>f</sup>	Yes	<i>TUC</i> <sup>e</sup>
FDA <sup>g</sup>	Vol.	SO	16,000	n.a.	n.a.	n.a.	n.a.	(Yes) <sup>f</sup>	Yes	EPSU
GMB	Vol.	O	575,892	n.a.	43%	n.a.	n.a.	(Yes) <sup>f</sup>	Yes	<i>TUC, EFFAT, FERPA, EPSU, EMCEF, UNI Europa, EFBWW, ETUF-TCL, EMF</i>
HCSA	Vol.	S	3,088	n.a.	15%	< 10%	< 10%	(Yes) <sup>f</sup>	Yes	<i>TUC</i>
UNISON <sup>g</sup>	Vol.	O	1,343,000	n.a.	70%	n.a.	n.a.	(Yes) <sup>f</sup>	Yes	<i>TUC, EMCEF, EPSU, UNI Europa, EFFAT, EMF, EFBWW</i>
Unite	Vol.	O	1,941,610	n.a.	22%	n.a.	n.a.	(Yes) <sup>f</sup>	Yes	<i>TUC, EMCEF, ETF, EFFAT, EPSU, EMF, EFBWW, UNI Europa</i>
RCN	Vol.	SO	380,000	n.a.	~ 90%	n.a.	n.a.	(Yes) <sup>f</sup>	Yes	EPSU
RCM	Vol.	SO	23,000	n.a.	> 90%	n.a.	n.a.	(Yes) <sup>f</sup>	Yes	EPSU
SOR	Vol.	SO	16,838	n.a.	85%	90%	90%	(Yes) <sup>f</sup>	Yes	<i>TUC</i>

Notes: See Annex for list of abbreviations and full names of organisations. \* As a percentage of total union membership. \*\* National affiliations are in italics; for the national level, only cross-sectoral – that is, national-level – organisations are listed; for the European level, only sector-related organisations are listed. Vol. = voluntary membership. C = congruence, O = overlap, S = sectionalism, SO = sectional overlap. n.a. = not available. <sup>a</sup> = 2007, <sup>b</sup> = informal negotiations, <sup>c</sup> = through lower-level affiliates, <sup>d</sup> = indirect affiliation through confederation, <sup>e</sup> = only consultation in the public sector, <sup>f</sup> = Pay Review Bodies, <sup>g</sup> = involved in sectoral matters through their joint organisation Managers in Partnership (MiP), <sup>h</sup> = 2007.

Source: EIRO national centres, 2007

**Table A2: Domain coverage, membership and density of employer organisations, 2005–2006**

Country and organisation name	Domain coverage	Membership					Density (%)			
		Type	Companies/members	Companies in sector	Employees	Employees in sector	Companies		Employees	
							Domain	Sector	Domain	Sector
<b>AT</b>										
VÖWG	SO	Vol.	100–110	n.a.	n.a.	55,000	n.a.	n.a.	n.a.	50%
FVPKK	SO	Obl.	940	45	20,000	n.a.	100%	100%	100%	100%
VPÖ	SO	Vol.	130	25	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
VIO	SO	Vol.	18	18	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
<b>BE</b>										
VVI	SO	Vol.	566	82	80,000	n.a.	38%	38%	22%	n.a.
VOV-AEPS	SO	Vol.	48	n.a.	50,000	n.a.	100%	25%	100%	30%
BECOP RIVE- COBEP RIVE	SO	Vol.	900	20	140,000	n.a.	100%	10%	100%	n.a.
NVMSV-FNAMS	SO	Vol.	n.a.	20	n.a.	n.a.	100%	10%	100%	n.a.
BVZ/ ABH	C	Vol.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
FIH-W	SO	Vol.	145	31	n.a.	n.a.	100%	14%	100%	45%
AFIS	SO	Vol.	67	20	n.a.	n.a.	100%	10%	100%	n.a.
CBI	SO	Vol.	31	8	n.a.	n.a.	100%	4%	100%	n.a.
SOVER VLAG	SO	Vol.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
<b>BG</b>										
NAHE	O	Vol.	24	17	13,867	12,307	7%	5.4%	18.4%	17.9%
<b>CY</b>										
OEB	SO	Vol.	5,000	52	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
<b>CZ</b>										
AČMN	C	Vol.	147	147	n.a.	n.a.	37.6%	37.6%	n.a.	n.a.
<b>DE</b>										

Country and organisation name	Domain coverage	Membership					Density (%)			
		Type	Companies/members	Companies in sector	Employees	Employees in sector	Companies		Employees	
							Domain	Sector	Domain	Sector
VKA	SO	Vol.	n.a.	650	2,000,000	450,000	n.a.	n.a.	n.a.	n.a.
TdL	SO	Vol.	n.a.	~ 40	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
BDPK	S	Vol.	460	460	248,000	248,000	79%	28%	83%	n.a.
<b>DK</b>										
DR	SO	Vol.	—	—	n.a.	105,762	100%	100%	100%	100%
<b>EE</b>										
EHL	C	Vol.	22	22	15,000	15,000	41%	41%	n.a.	n.a.
<b>EL</b>										
ASMC	S	Vol.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
ANPC	S	Vol.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
PHAEHU	SO	Vol.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
ACR	S	Vol.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
<b>ES</b>										
—	—	—	—	—	—	—	—	—	—	—
<b>FI</b>										
TLR	SO	Vol.	210	25	17,000	3,000	2%	100%	86%	100%
KT	SO	Obl.	616	n.a.	428,000	75,500	100%	99%	100%	100%
PTY	SO	?	364	7	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
<b>FR</b>										
FHF	SO	Vol.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
FEHAP	SO	Vol.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
FHP	SO	Vol.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
<b>HU</b>										
—	—	—	—	—	—	—	—	—	—	—
<b>IE</b>										
HSEEA	SO	Obl.	n.a.	n.a.	100,000	n.a.	n.a.	n.a.	76.9%	n.a.
IBEC	O	Vol.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
<b>IT</b>										

Country and organisation name	Domain coverage	Membership					Density (%)			
		Type	Companies/members	Companies in sector	Employees	Employees in sector	Companies		Employees	
							Domain	Sector	Domain	Sector
ARAN	SO	Obl.	9,792	n.a.	2,589,944	n.a.	100%	100%	100%	100%
AIOP	SO	Vol.	542	n.a.	65,704	n.a.	86.6%	n.a.	n.a.	n.a.
ARIS	SO	Vol.	264	n.a.	54,131	n.a.	n.a.	n.a.	n.a.	n.a.
FDCG	SO	Vol.	28	n.a.	3,800	n.a.	100%	n.a.	n.a.	n.a.
<b>LT</b>										
—	—	—	—	—	—	—	—	—	—	—
<b>LU</b>										
EHL	O	Vol.	24	13	8,477	7,308	≤100%	≤100%	≤100%	≤100%
<b>LV</b>										
LSB	C	Vol.	52	52	n.a.	n.a.	64%	64%	70%	70%
<b>MT</b>										
—	—	—	—	—	—	—	—	—	—	—
<b>NL</b>										
NVZ	S	Vol.	170	170	120,219	120,219	100%	59%	100%	48%
NFU	S	Vol.	8	8	60,000	60,000	100%	3%	100%	24%
GGZ	S	Vol.	110	110	68,932	68,932	100%	38%	100%	28%
<b>PL</b>										
Polish Health Corporation	SO	Vol.	n.a.	170	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
<b>PT</b>										
APHP	S	Vol.	42	42	6,500	6,500	n.a.	n.a.	n.a.	n.a.
<b>RO</b>										
—	—	—	—	—	—	—	—	—	—	—
<b>SE</b>										
SKL	SO	Vol.	311	n.a.	n.a.	n.a.	100%	~ 95%	100%	n.a.
V	SO	Vol.	~ 1,800	~ 100	44,000	n.a.	n.a.	n.a.	n.a.	n.a.
<b>SI</b>										



Country and organisation name	Domain coverage	Membership					Density (%)			
		Type	Companies/members	Companies in sector	Employees	Employees in sector	Companies		Employees	
							Domain	Sector	Domain	Sector
—	—	—	—	—	—	—	—	—	—	—
<b>SK</b>										
ANS	C	Vol.	57	57	20,000	20,000	50%	50%	40%	40%
AFN SR	S	Vol.	15	15	19,843	19,843	94%	13%	95%	40%
<b>UK</b>										
NHS Employers	SO	Vol.	227	n.a.	n.a.	n.a.	100%	100%	100%	100%

*Notes: See Annex for list of abbreviations and full names of organisations. C = congruence, O = overlap, S = sectionalism, SO = sectional overlap. Vol. = voluntary membership, Obl. = obligatory membership. n.a. = not available.*

*Source: EIRO national centres, 2007*

**Table A3: Collective bargaining, consultation and affiliations of employer organisations, 2005–2006**

Country and organisation name	Collective bargaining	Consultation	<i>National</i> and European affiliations*
<b>AT</b>			
VÖWG	No	No	HOSPEEM, CEEP
FVPKK	Yes	Yes	—
VPÖ	Yes	Yes	UEHP
VIO	Yes	No	—
<b>BE</b>			
VVI	Yes	Yes	<i>CSPO, Verso, IHF</i>
VOV-AEPS	Yes	Yes	<i>CSPO, Verso, BCSP0/CBENM, UFENM, HOPE</i>
BECOPRIVE-COBEPRIE	Yes	Yes	UEHP
NVMSV-FNAMS	Yes	Yes	<i>CSPO, BCSP0/CBENM, UFENM</i>
BVZ/ABH	Yes	Yes	HOPE
FIH-W	Yes	Yes	<i>CSPO, UFENM, HOPE, IHF</i>
AFIS	Yes	Yes	<i>CSPO, UFENM, HOPE</i>
CBI	Yes	Yes	<i>CSPO, BCSP0/CBENM</i>
SOVERVLAG	Yes	Yes	—
<b>BG</b>			
NAHE	Yes	Yes	<i>BIA</i>
<b>CY</b>			
OEB	Yes	No	—
<b>CZ</b>			
AČMN	No	No	HOSPEEM
<b>DE</b>			
VKA	Yes	Yes	<i>BVöD, HOSPEEM, CEEP<sup>a</sup></i>
TdL	Yes	Yes	—
BDPK	Yes	Yes	UEHP
<b>DK</b>			
DR	Yes	Yes	HOSPEEM, CEEP

Country and organisation name	Collective bargaining	Consultation	National and European affiliations*
<b>EE</b>			
EHL	Yes	Yes	<i>ETTK, HOPE, EHMA</i>
<b>EL</b>			
ASMC	Yes	No	—
ANPC	Yes	No	—
PHAEHU	Yes	No	—
ACR	Yes	No	—
<b>ES</b>			
—	—	—	—
<b>FI</b>			
TLR	Yes	Yes	<i>EK</i>
KT	Yes	Yes	CEEP, CEMR
PTY	Yes	Yes	—
<b>FR</b>			
FHF	(Yes <sup>b</sup> )	Yes	HOPE, HOSPEEM
FEHAP	Yes	Yes	<i>UNIFED, HOPE</i>
FHP	Yes	Yes	<i>MEDEF, EBS</i>
<b>HU</b>			
—	—	—	—
<b>IE</b>			
HSEEA	Yes	Yes	HOSPEEM
IBEC	Yes	n.a.	—
<b>IT</b>			
ARAN	Yes	Yes	HOSPEEM
AIOP	Yes	Yes	<i>Confindustria, UEHP</i>
ARIS	Yes	Yes	—
FDCG	Yes	Yes	—
<b>LT</b>			
—	—	—	—
<b>LU</b>			
EHL	Yes	Yes	HOPE, EAHD, COPAS

Country and organisation name	Collective bargaining	Consultation	<i>National and European affiliations*</i>
<b>LV</b>			
LSB	Yes	Yes	<i>LDDK, HOSPEEM</i>
<b>MT</b>			
—	—	—	—
<b>NL</b>			
NVZ	Yes	Yes	<i>VNO-NCW, HOSPEEM</i>
NFU	Yes	Yes	<i>VNO-NCW</i>
GGZ	Yes	Yes	<i>VNO-NCW</i>
<b>PL</b>			
Polish Health Corporation	No	Yes	<i>KPP, HOSPEEM</i>
<b>PT</b>			
APHP	Yes	Yes	<i>UEHP</i>
<b>RO</b>			
—	—	—	—
<b>SE</b>			
SKL	Yes	No	<i>CEEP, HOSPEEM<sup>c</sup></i>
V	Yes	No	<i>SN, UF, SF</i>
<b>SI</b>			
—	—	—	—
<b>SK</b>			
ANS	Yes	Yes	<i>AZZZ SR, EAHM, HOPE</i>
AFN SR	Yes	Yes	—
<b>UK</b>			
NHS Employers	Yes <sup>d</sup>	Yes	<i>HOPE, HOSPEEM</i>

Notes: See Annex for list of abbreviations and full names of organisations. \* National affiliations are in italics; only affiliations to sectoral European associations are listed. n.a. = not available. <sup>a</sup> = indirect affiliation through higher level organisation, <sup>b</sup> = only consultation in the public sector, <sup>c</sup> = indirect affiliation through Swedish Association of Local Authorities and Regions (SKL), <sup>d</sup> = Pay Review Bodies.

Source: EIRO national centres, 2007

## Annex 2 : List of abbreviations

Country	Abbreviation	Full Name of organisation
Austria (AT)	FVPPK	Association of Private Hospitals and Sanatoria ( <a href="#">Fachverband der privaten Krankenanstalten und der Kurbetriebe</a> )
	GdG	Municipal Employees' Union ( <a href="#">Gewerkschaft der Gemeindebediensteten</a> )
	GÖD	Union of Public Employees ( <a href="#">Gewerkschaft Öffentlicher Dienst</a> )
	GPA-DJP	Union of Salaried Private Sector Employees – Union of Printers, Journalists and Paper Workers ( <a href="#">Gewerkschaft der Privatangestellten, Druck, Journalismus, Papier</a> )
	ÖÄK	Austrian Chamber of Doctors ( <a href="#">Österreichische Ärztekammer</a> )
	ÖGB	Austrian Federation of Trade Unions ( <a href="#">Österreichischer Gewerkschaftsbund</a> )
	Vida	Vida trade union
	VIO	Association of Interest Representation of Catholic Hospitals and Old People's and Nursing Homes ( <a href="#">Verein Interessenvertretung von Ordensspitalern und von konfessionellen Alten- und Pflegeheimen Österreichs</a> )
	VÖWG	Austrian Association of Public and Social Enterprises ( <a href="#">Verband der Öffentlichen Wirtschaft und Gemeinwirtschaft</a> )
	VPÖ	Association of Private Hospitals in Austria ( <a href="#">Verband der Privatkrankenanstalten Österreichs</a> )
Belgium (BE)	ABVV/FGTB	Belgian General Federation of Labour ( <a href="#">Algemeen Belgisch Vakverbond/Fédération générale du travail de Belgique</a> )
	AC-CG	General Federation ( <a href="#">Algemene Centrale/Centrale Générale</a> )
	ACLVB-CGSLB	Federation of Liberal Trade Unions of Belgium ( <a href="#">Algemene Centrale der Liberale Vakbonden van België/Centrale Générale des Syndicats Libéraux de Belgique</a> )
	ACOD/CGSP	General Federation of Public Services ( <a href="#">Algemene Centrale der Openbare Diensten/Centrale Générale des Services Publics</a> )
	ACV/CSC	Confederation of Christian Trade Unions ( <a href="#">Algemeen Christelijk Vakverbond/Confédération des Syndicats Chrétiens</a> )
	ACV-Public Services	<a href="#">ACV-Openbare diensten/CSC-Services Publics</a>
	AFIS	French-speaking Association of Healthcare Institutions
	BBTK-SETCa	Union of White-collar, Technical and Executive Employees ( <a href="#">Bond der Bedienden, Technici en Kaders/Syndicat des Employés, Techniciens et Cadres</a> )
	BCSPO/CBENM	Brussels Confederation of Social Profit Companies ( <a href="#">Brusselse Confederatie van Social Profit Ondernemingen/Confédération Bruxelloise des Entreprises Non-Marchandes</a> )

Country	Abbreviation	Full Name of organisation
	BECOPRIVE-COBEPRIE	Belgian Confederation of Private Healthcare Institutions
	BVZ/ABH	Belgian association of hospitals ( <a href="#">Belgische Vereniging van Ziekenhuizen/Association belge des hôpitaux</a> )
	CBI	Brussels' Confederation of Social and Healthcare Institutions
	CNE-GNC	National Employee Federation ( <a href="#">Centrale Nationale des Employés-Groupement National des Cadres</a> )
	CSPO	Confederation of Social Profit Companies ( <a href="#">Confederatie voor Social Profit Ondernemingen</a> )
	FIH-W	Federation of Hospital Institutions of Wallonia ( <a href="#">Fédération des Institutions Hospitalières – Wallonie</a> )
	LBC-NVK	National Employee Federation ( <a href="#">Landelijke Bediendecentrale/Nationaal Verbond voor Kaderpersoneel</a> )
	NVMSV-FNAMS	National Federation of Medicosocial associations ( <a href="#">Nationaal Verbond van de medisch-sociale verenigingen/Fédération nationale des associations médico-sociales</a> )
	SOVERVLAG	Socialist Federation of Flemish health services ( <a href="#">Socialistische Vereniging van Vlaamse Gezondheid</a> )
	UFENM	French-speaking federation of not-for-profit companies ( <a href="#">Union francophone des entreprises non-marchandes</a> )
	Verso	Flemish social profit companies
	VOV-AEPS	Federation of Public care institutions ( <a href="#">Vereniging van Openbare Verzorgingsinstellingen/Association des Établissements publics de Soins</a> )
	VSOA-LRB/SLFP-ALR	Free trade union of the Public Service – Local and regional authorities ( <a href="#">Vrij Syndicaat voor het Openbaar Ambt-Lokale en Regionale Besturen/Syndicat Libre de la Fonction Publique-Administrations Locales et Régionales</a> )
	VVI	Federation of Caring Institutions
<b>Bulgaria (BG)</b>	BIA	Bulgarian Industrial Association
	CITUB	Confederation of Independent Trade Unions in Bulgaria
	CL Podkrepa	Confederation of Labour Podkrepa
	FTUH	Federation of Trade Unions in Healthcare
	MF Podkrepa	Medical Federation Podkrepa
	NAHE	National Association of Healthcare Employers
	SCTCH	Sectoral Council for Tripartite Cooperation in Healthcare
<b>Cyprus (CY)</b>	FGMCSW	Federation of Government, Military and Civil Service Workers
	FPSW	Federation of Private Sector Workers

Country	Abbreviation	Full Name of organisation
	OEB	Employers and Industrialists Federation (Ομοσπονδία Εργοδοτών και Βιομηχάνων)
	PASYDY	Pancyprian Public Employees Trade Union (Παγκύπρια Συντεχνία Δημοσίων Υπαλλήλων)
	PASYEK	Pancyprian Government and Military Workers Trade Union (Παγκύπρια Συντεχνία Κυβερνητικών και Στρατιωτικών Εργατοϋπαλλήλων)
	PASYKI	Pancyprian Union of Government Doctors (Παγκύπρια Συντεχνία Κυβερνητικών Ιατρών)
	PASYNO	Pancyprian Union of Government Nurses (Παγκύπρια Συντεχνία Νοσηλευτών)
	PEO	Pancyprian Federation of Labour (Παγκύπρια Εργατική Ομοσπονδία)
	SEK	Cyprus Workers' Confederation (Συνομοσπονδία Εργαζομένων Κύπρου)
	SEVETTYK	Cyprus Industrial, Commercial, Press-Printing and General Services Workers' Trade Union (Συντεχνία Εργατοϋπαλλήλων Βιομηχανίας, Εμπορίου, Τύπου- Τυπογραφείων και Γενικών Υπηρεσιών Κύπρου)
<b>Czech Republic (CZ)</b>	AČMN	Association of Czech and Moravian Hospitals (Asociace českých a moravských nemocnic)
	ASO	Association of Independent Trade Unions (Asociace samostatných odborů)
	ČMKOS	Czech-Moravian Confederation of Trade Unions (Českomoravská konfederace odborových svazů)
	LOK-SČL	Trade Union of Doctors in the Czech Republic (Lékařský odborový klub-Svaz českých lékařů)
	OSZSP ČR	Trade Union of the Health Service and Social Care of the Czech Republic (Odborový svaz zdravotnictví a sociální péče ČR)
	POUZPČMS	Professional and Trade Union of Medical Workers of Bohemia, Moravia and Silesia (Profesní odborová unie zdravotnických pracovníků Čech, Moravy a Slezska)
<b>Germany (DE)</b>	BDPK	Federal Association of German Private Hospitals (Bundesverband Deutscher Privatkliniken)
	BiG	Health Sector Employees Union (Gewerkschaft für Beschäftigte im Gesundheitswesen)
	BVöD	Federation of Public Service Employees (Beschäftigtenverband öffentlicher Dienst)
	CGB	Christian Trade Union Federation (Christlicher Gewerkschaftsbund)
	DBB	German Civil Service Association (Deutscher Beamtenbund)

Country	Abbreviation	Full Name of organisation
	DGB	Confederation of German Trade Unions ( <a href="#">Deutscher Gewerkschaftsbund</a> )
	GOED	Christian Public Service Workers' Union ( <a href="#">Gewerkschaft Öffentlicher Dienst und Dienstleistungen</a> )
	TdL	Employers' Association of the <i>Länder</i> ( <a href="#">Tarifgemeinschaft deutscher Länder</a> )
	Ver.di	United Services Union ( <a href="#">Vereinte Dienstleistungsgewerkschaft</a> )
	VKA	Confederation of Municipal Employers' Associations ( <a href="#">Verband der kommunalen Arbeitgeberverbände</a> )
<b>Denmark (DK)</b>	3F	United Federation of Danish Workers ( <a href="#">Fagligt Fælles Forbund</a> )
	AC	Danish Confederation of Professional Associations ( <a href="#">Akademikernes Centralorganisation</a> )
	Dansk Metal	Danish Metalworkers' Union
	DBIO	Danish Bio Analysts ( <a href="#">Danske Bioanalytikere</a> )
	DF	Association of Danish Physiotherapists ( <a href="#">Danske Fysioterapeuter</a> )
	DJØF	Danish Association of Lawyers and Economists ( <a href="#">Danmarks Jurist- og Økonomforbund</a> )
	DR	Danish Regions ( <a href="#">Danske Regioner</a> )
	DSR	Danish Nurses' Organisation ( <a href="#">Dansk Sygeplejeråd</a> )
	Ergo	Danish Association of Occupational Therapists ( <a href="#">Ergoterapeutforeningen</a> )
	Farma	Danish Association of Pharmaconomists ( <a href="#">Farmakonomforeningen</a> )
	FAS	Danish Association of Medical Specialists ( <a href="#">Foreningen Af Speciallæger</a> )
	FOA	Trade and Labour ( <a href="#">Fag og Arbejde</a> )
	FTF	Confederation of Salaried Employees and Civil Servants ( <a href="#">Funktionærenes og Tjenestemændenes Fællesråd</a> )
	HK-Kommunal	Union of Commercial and Clerical Employees in Denmark ( <a href="#">Handels- og Kontorfunktionærenes Forbund-Kommunal</a> )
	IDA	Danish Society of Engineers ( <a href="#">Ingeniørforeningen i Danmark</a> )
	Jordemoder	Danish Association of Midwives ( <a href="#">Jordemoderforeningen</a> )
	K&E	Danish Diet and Nutrition Association ( <a href="#">Kost &amp; Ernæringsforbundet</a> )
	KTO	Association of Local Government Employees' Organisations ( <a href="#">Kommunale Tjenestemænd og Overenskomstansatte</a> )
	LO	Danish Confederation of Trade Unions ( <a href="#">Landsorganisationen i Danmark</a> )



Country	Abbreviation	Full Name of organisation
	MMF	Danish Engineers Association ( <a href="#">Maskinmestrenes Forening</a> )
	SK	Health Confederation ( <a href="#">Sundhedskartellet</a> )
	SL	National Federation of Social Educators in Denmark ( <a href="#">Socialpædagogernes Landsforbund</a> )
	TL	Danish Association of Professional Technicians ( <a href="#">Teknisk Landsforbund</a> )
	YL	Danish Association of Junior Hospital Doctors ( <a href="#">Yngre Læger</a> )
<b>Estonia (EE)</b>	EAKL	Confederation of Estonian Trade Unions ( <a href="#">Eesti Ametiühingute Keskliit</a> )
	EAL	Estonian Medical Association ( <a href="#">Eesti Arstide Liit</a> )
	EHL	Estonian Hospitals Association ( <a href="#">Eesti Haiglate Liit</a> )
	EKTK	Trade Union Association of Healthcare Officers of Estonia ( <a href="#">Eesti Keskastme Tervishoiutöötajate Kutseliit</a> )
	EOL	Estonian Nurses Union ( <a href="#">Eesti Õdedeliit</a> )
	ETTAL	Federation of Estonian Healthcare Professionals Unions ( <a href="#">Eesti Tervishoiutöötajate Ametiühingute Liit</a> )
	ETTK	Estonian Employers' Confederation ( <a href="#">Eesti Tööandjate Keskliit</a> )
	TALO	Estonian Employees' Unions' Confederation ( <a href="#">Teenistujate Ametiühingute Keskorganisatsioon</a> )
<b>Greece (EL)</b>	ACR	Association of Clinics of the Regions of Peloponnesos, Western Greece and Islands
	ADEDY	Confederation of Public Servants ( <a href="#">Ανώτατη Διοίκηση Ενώσεων Δημοσίων Υπαλλήλων</a> )
	ANPC	Association of Neuropsychiatric Clinics of Greece
	ASMC	Association of Modern Clinics of Greece
	GSEE	Greek General Confederation of Labour ( <a href="#">Γενική Συνομοσπονδία Εργατών Ελλάδας</a> )
	IKA	Social Insurance Foundation ( <a href="#">Ίδρυμα Κοινωνικών Ασφαλίσεων</a> )
	OSNIE	Federation of Greek Healthcare Institution Unions ( <a href="#">Ομοσπονδία Συλλόγων Νοσηλευτικών Ίδρυμάτων Ελλάδας</a> )
	PHAEHU	Panhellenic Association of Elders' Healthcare Units
	POEDIN	Panhellenic Federation of Public Hospital Workers ( <a href="#">Πανελλήνια Ομοσπονδία Εργαζομένων Δημόσιων Νοσοκομείων</a> )
	POSE-IKA	IKA Employees' Federation ( <a href="#">Πανελλήνια Ομοσπονδία Συλλόγου Εργαζομένων-IKA</a> )
	POSEYP-IKA	Panhellenic Federation of Health Scientists in IKA ( <a href="#">Πανελληνίας Ομοσπονδίας Συλλόγων Επιστημονικού Υγειονομικού Προσωπικού-IKA</a> )

Country	Abbreviation	Full Name of organisation
	POYGY-IKA	Panhellenic Federation of Healthcare Employees in IKA (Πανελλ Ομοσπ Υγειονομικων Υπαλλ-ΙΚΑ)
<b>Spain (ES)</b>	CC.OO	Trade Union Confederation of Workers' Commissions (Confederación Sindical de Comisiones Obreras)
	CESM	National Confederation of Doctors Trade Unions (Confederación Estatal de Sindicatos Médicos)
	ELA-STV	Basque Workers' Solidarity (Eusko Langileen Alkartasuna/Solidaridad de Trabajadores Vascos)
	ELA-STV-Gizalan	Basque Workers' Solidarity-Public Service Federation
	FEP-USO	Federation of Public Employees of USO (Federación de Empleados Públicos-USO)
	FSP-UGT	Public Services Federation of UGT (Federación de Servicios Públicos-UGT)
	FSSS-CC.OO	Health Federation of CC.OO
	UGT	General Workers' Confederation (Unión General de Trabajadores)
	USO	Workers' Trade Union Confederation (Union Sindical Obrera)
<b>Finland (FI)</b>	AEK	Central Union of Special Branches within AKAVA (Akavan Erityisalojen Keskusliitto)
	BOTBS	Bargaining Organisation for Technical and Basic Services (Tekniikan ja Peruspalvelujen Neuvottelujärjestö)
	ERTO	Federation of Special Service and Clerical Employees (Erityisalojen Toimihenkilöliitto)
	JHL	Trade Union for the Public and Welfare Sector (Julkisten ja hyvinvointialojen liitto)
	JUKO	Public Sector Negotiating Commission of AKAVA (Julkisalan koulutettujen neuvottelujärjestö)
	Jyty	Federation of Public and Private Sector Employees (Julkis- ja yksityisalojen toimihenkilöliitto)
	KT	Commission for Local Authority Employers (Kunnallinen työmarkkinalaitos)
	KTN	Confederation of Employees in Technical and Basic Service Professions (Tekniikan ja Peruspalvelujen Neuvottelujärjestö)
	PTY	Employers' Association for Service Enterprises (Palvelulaitosten työnantajajyhdistys)
	SAK	Central Organisation of Finnish Trade Unions (Suomen Ammattiliittojen Keskusjärjestö)
	SL	Finnish Medical Association (Suomen Lääkäriliitto)
	STTK	Finnish Confederation of Salaried Employees (Toimihenkilökeskusjärjestö)

Country	Abbreviation	Full Name of organisation
	SuPer	Finnish Union of Practical Nurses ( <a href="#">Suomen lähi- ja perushoitajaliitto</a> )
	Tehy	Union of Health and Social Care Professionals ( <a href="#">Terveyden- ja sosiaalihuoltoalan ammattijärjestö</a> )
	TLR	Private Health Service Association ( <a href="#">Terveyspalvelualan Liitto ry</a> )
	TNJ	Negotiating Organisation of Salaried Employees ( <a href="#">Toimihenkilöiden neuvottelujärjestö</a> )
<b>France (FR)</b>	CFDT	French Democratic Confederation of Labour ( <a href="#">Confédération française démocratique du travail</a> )
	CFE-CGC	French Confederation of Professional and Managerial Staff – General Confederation of Professional and Managerial Staff ( <a href="#">Confédération française de l’encadrement – Confédération générale des cadres</a> )
	CFE-CGC-SMAS	French Federation of Health, Medicine and Social Services ( <a href="#">CFE-CGC de la Santé, de la Médecine et de l’Action Sociale</a> )
	CFTC	French Christian Workers Confederation ( <a href="#">Confédération française des travailleurs chrétiens</a> )
	CFTC SS	Health and Social Services Workers’ Federation ( <a href="#">Fédération CFTC Santé et Sociaux</a> )
	CGPME	General Confederation of Small and Medium-sized Enterprises ( <a href="#">Confédération générale des petites et moyennes entreprises</a> )
	CGT	General Confederation of Labour ( <a href="#">Confédération générale du travail</a> )
	CNAMTS	National Salaried Employee Health Insurance Fund ( <a href="#">Caisse Nationale d’Assurance Maladie des Travailleurs Salariés</a> )
	CNOSS	National Committee on Health and Social Services Organisation ( <a href="#">Comité national de l’organisation sanitaire et sociale</a> )
	CSFPH	Hospital Civil Service Higher Council ( <a href="#">Conseil supérieur de la fonction publique hospitalière</a> )
	FEHAP	Federation of Private Hospital and Assistance Establishments ( <a href="#">Fédération des établissements hospitaliers et d’assistance privés</a> )
	FHF	Hospital Federation of France ( <a href="#">Fédération hospitalière de France</a> )
	FHP	Federation of Private Hospitalisation ( <a href="#">Fédération de l’hospitalisation privée</a> )
	FO	General Confederation of Labour – <i>Force ouvrière</i> ( <a href="#">Confédération générale du travail – Force ouvrière</a> )
	FO-PS	Public Services and Health Services Workers’ Federation of FO ( <a href="#">FO Publics Santé</a> )

Country	Abbreviation	Full Name of organisation
	FSAS-CGT	Health and Social Services Federation of CGT ( <a href="#">Fédération CGT de la Santé et de l'Action Sociale</a> )
	FSS-CFDT	Health and Social Workers Federation of CFDT ( <a href="#">Fédération Santé Sociaux CFDT</a> )
	MEDEF	Movement of French Enterprises ( <a href="#">Mouvement des entreprises de France</a> )
	SNCH	National Union of Hospital Managers ( <a href="#">Syndicat national des cadres hospitaliers</a> )
	SUD	Independent Union – Solidarity, Unity, Democracy ( <a href="#">Union syndicale – solidaires, unitaires, démocratiques</a> )
	SUD SS	National Health and Social Service Workers' Federation ( <a href="#">SUD Santé-Sociaux</a> )
	UNIFED	Union of Non-profitmaking Employer Federations and National Associations in the Health, Sociomedical and Social Services Sector ( <a href="#">Union des fédérations et syndicats nationaux d'employeurs sans but lucratif du secteur sanitaire, médico-social et social</a> )
	UNSA	National Federation of Independent Unions ( <a href="#">Union nationale des syndicats autonomes</a> )
	UPA	Craftwork Employers' Association ( <a href="#">Union professionnelle artisanale</a> )
<b>Hungary (HU)</b>	EDDSZ	Democratic Union of Healthcare Employees ( <a href="#">Egészségügyi és Szociális Ágazatban Dolgozók Demokratikus Szakszervezete</a> )
	HODOSZ	Trade Union of Defence Employees ( <a href="#">Honvédségi Dolgozók Szakszervezete</a> )
	LIGA	Democratic League of Independent Trade Unions ( <a href="#">Független Szakszervezetek Demokratikus Ligája</a> )
	LIGA ES	LIGA Health Federation ( <a href="#">LIGA Egészségügyi Szövetség</a> )
	MOSZ	Federation of Hungarian Physicians ( <a href="#">Magyar Orvosok Szövetsége</a> )
	MSZOSZ	National Association of Hungarian Trade Unions ( <a href="#">Magyar Szakszervezetek Országos Szövetsége</a> )
	OSS	Medical Universities' Trade Union Federation ( <a href="#">Orvosegyetemek Szakszervezeti Szövetsége</a> )
	SZEF	Trade Unions' Cooperation Forum ( <a href="#">Szakszervezetek Együttműködési Fóruma</a> )
	VSZ	Trade Union of Hungarian Railwaymen ( <a href="#">Vasutasok Szakszervezete</a> )
<b>Ireland (IE)</b>	HSEEA	Health Service Executive Employers Agency
	IBEC	Irish Business and Employers Confederation
	ICTU	Irish Congress of Trade Unions

Country	Abbreviation	Full Name of organisation
	IHCA	Irish Hospital Consultants Association
	IMO	Irish Medical Organisation
	IMPACT	Irish Municipal Public and Civil Trade Union
	INO	Irish Nurses Organisation
	PNA	Psychiatric Nurses Association
	SIPTU	Services, Industrial, Professional and Technical Union
	TEEU	Technical Engineering and Electrical Union
	UNITE	UNITE Trade Union
<b>Italy (IT)</b>	AIOP	Italian Association of Private Hospitalisation ( <a href="#">Associazione Italiana Ospedalità Privata</a> )
	ANAAO ASSOMED	Association of Medical Managers ( <a href="#">Associazione Medici Dirigenti</a> )
	ANPO	National Association of Head Physicians of Hospitals ( <a href="#">Associazione Nazionale Primari Ospedalieri</a> )
	ARAN	State Bargaining Relations Agency ( <a href="#">Agenzia per la rappresentanza negoziale delle pubbliche amministrazioni</a> )
	ARIS	Association of Religious Sociomedical Institutions ( <a href="#">Associazione Religiosa istituti Sociosanitari</a> )
	ARPA	Regional Agencies for Environmental Prevention ( <a href="#">Agenzie Regionali per la Prevenzione Ambientale</a> )
	AUPI	United Association of Italian Psychologists ( <a href="#">Associazione Unitaria Psicologi Italiani</a> )
	CGIL	General Confederation of Italian Workers ( <a href="#">Confederazione Generale Italiana del Lavoro</a> )
	CIDA	Italian Confederation of Managers and High Professionals ( <a href="#">Confederazione Italiana dei dirigenti e delle alte professionalità</a> )
	CIMO-ASMD	Italian Coordination of Hospital Medics-Trade Union Association of Medical Managers ( <a href="#">Coordinamento Italiano dei Medici Ospedalieri – Associazione Sindacale dei Medici Dirigenti</a> )
	CIMOP	Italian Confederation of Private Hospital Doctors ( <a href="#">Confederazione Italiana Medici Ospedalità Privata</a> )
	CISL	Italian Confederation of Workers' Trade Unions ( <a href="#">Confederazione Italiana Sindacati Lavoratori</a> )
	CISL Medici	Federation of Medics, affiliated to CISL
	CIVEMP	Italian Confederation of Veterinary Surgeons and Preventive Medics ( <a href="#">Confederazione Italiana Veterinari e Medici della Prevenzione</a> )

Country	Abbreviation	Full Name of organisation
	CONFEDIR	Confederation of Trade Unions of Directors, Managers and High Professionals in Public Service ( <a href="#">Confederazione dei sindacati dei funzionari direttivi, dirigenti e delle elevate professionalità della funzione pubblica</a> )
	CONFEDIR SANITÀ	CONFEDIR – Health
	Confindustria	General Confederation of Italian Industry ( <a href="#">Confederazione Generale dell'Industria Italiana</a> )
	CONFSAL	General Trade Union Confederation of Autonomous Workers ( <a href="#">Confederazione Generale Sindacati Autonomi Lavoratori</a> )
	COSMED	Confederation of Italian Doctors ( <a href="#">Confederazione Medici Italiani</a> )
	FDCG	Don Carlo Gnocchi Foundation ( <a href="#">Fondazione Don Carlo Gnocchi</a> )
	FESMED	Trade Union Federation of Medical Managers ( <a href="#">Federazione sindacale medici dirigenti</a> )
	FIALS	Italian Autonomous Federation of Health Workers ( <a href="#">Federazione Italiana Autonoma Lavoratori Sanità</a> )
	FPS-CISL	Federation of Public and Service Workers ( <a href="#">Federazione Lavoratori Pubblici e dei Servizi-CISL</a> )
	FSI	Federation of Independent Trade Unions ( <a href="#">Federazione Sindacati Indipendenti</a> )
	FSI Sanità	Independent Trade Union Health Federation
	FP-CGIL	Public Service Union of CGIL ( <a href="#">Funzione Pubblica CGIL</a> )
	SDS-SNABI	National Trade Union of Health Managers of SSN and ARPA- National Trade Union of Italian Biologists, Chemists and Physicists ( <a href="#">Sindacato Nazionale Dirigenti Sanitari SSN e ARPA-Sindacato Nazionale Biologi, Chimici e Fisici Italiani</a> )
	Si.Na.F.O	National Trade Union of Chemist Managers of SSN ( <a href="#">Sindacato Nazionale Farmacisti Dirigenti del SSN</a> )
	S.I.Dir.S.S	Italian Trade Union of Health Service Managers ( <a href="#">Sindacato Italiano Dirigenti Servizio Sanitario</a> )
	SSN	National Health Service ( <a href="#">Servizio Sanitario Nazionale</a> )
	UGL	General Union of Workers ( <a href="#">Unione Generale del Lavoro</a> )
	UGL Sanità	General Union of Workers – Health Sector
	UIL	Union of Italian Workers ( <a href="#">Unione Italiana del Lavoro</a> )
	UIL FPL	Federation of Local Institutions of UIL ( <a href="#">Federazione Poteri Locali-UIL</a> )
	UMSPED	Union of Medical Specialist Managers ( <a href="#">Unione medici specialisti dirigenti</a> )

Country	Abbreviation	Full Name of organisation
<b>Lithuania (LT)</b>	LGS	Union of Lithuanian Doctors ( <a href="#">Lietuvos gydytojų sąjunga</a> )
	LMDPS	Trade Union of Lithuanian Medical Employees ( <a href="#">Lietuvos medicinos darbuotojų profesija</a> )
	LPSK	Lithuanian Trade Union Confederation ( <a href="#">Lietuvos profesinių sąjungų konfederacija</a> )
	LSADPS	Lithuanian Trade Union of Healthcare Workers ( <a href="#">Lietuvos Sveikatos apsaugos darbuotojų profesinė sąjunga</a> )
	LSSO	Organisation of Lithuanian Nursing Specialists ( <a href="#">Lietuvos slaugos specialistų organizacija</a> )
<b>Luxembourg (LU)</b>	EHL	Luxembourg Hospitals Alliance ( <a href="#">Entente des Hôpitaux Luxembourgeois</a> )
	LCGB	Luxembourg Christian Trade Union Confederation ( <a href="#">Lëtzebuurger Chrëschtliche Gewerkschafts-Bond</a> )
	OGB-L	Luxembourg Confederation of Independent Trade Unions ( <a href="#">Onofhängege Gewerkschaftsbond Lëtzebuerg</a> )
<b>Latvia (LV)</b>	LĀADA	Latvian Nursing and Healthcare Personnel Trade Union ( <a href="#">Latvijas Ārstniecības un aprūpes darbinieku arodsavienība</a> )
	LBAS	Free Trade Union Confederation of Latvia ( <a href="#">Latvijas Brīvo arodbiedrību savienība</a> )
	LDDK	Latvian Employers' Confederation ( <a href="#">Latvijas Darba devēju konfederācija</a> )
	LSB	Latvian Hospital Association ( <a href="#">Latvijas Slimnīcu biedrība</a> )
	LVSADA	Latvian Health and Social Care Workers Trade Union ( <a href="#">Latvijas Veselības un sociālās aprūpes darbinieku arodbiedrība</a> )
<b>Malta (MT)</b>	CMTU	Confederation of Malta Trade Unions
	GWU	General Workers Union
	MAM	Medical Association of Malta
	MUMN	Malta Union of Midwives and Nurses
	UHM	Union of United Workers ( <a href="#">Union Haddiema Maghqudin</a> )
<b>Netherlands (NL)</b>	CMHF	Union for Managerial and Professional Civil Servants ( <a href="#">Centrale van Middelbare en Hogere Functionarissen</a> )
	CNV	Christian Trade Union Federation ( <a href="#">Christelijk Nationaal Vakverbond</a> )
	CNV Publieke Zaak	Public Sector Union of CNV
	FNV	Federation of Dutch Trade Unions ( <a href="#">Federatie Nederlandse Vakbeweging</a> )
	FNV Abvakabo	Civil Servants Union of FNV
	FNV-BG	Allied Industry, Food, Services and Transport Union ( <a href="#">FNV Bondgenoten</a> )

Country	Abbreviation	Full Name of organisation
	GGZ	Mental Health Netherlands ( <a href="#">Geestelijke Gezondheidszorg Nederland</a> )
	MHP	Federation of Managerial and Professional Staff Unions ( <a href="#">Vakcentrale voor Middengroepen en Hoger Personeel</a> )
	NFU	Dutch Federation of University Medical Centres ( <a href="#">Nederlandse Federatie van Universitair Medische Centra</a> )
	NU91	Nurses Trade Union ( <a href="#">Nieuwe Unie '91</a> )
	NVZ	Association of Hospitals Netherlands ( <a href="#">Nederlandse Vereniging van Ziekenhuizen</a> )
	VNO-NCW	Confederation of Netherlands Industry and Employers ( <a href="#">Vereniging van Nederlandse Ondernemingen-Nederlands Christelijk Werkgeversverbond</a> )
<b>Poland (PL)</b>	FZZ	Forum of Trade Unions ( <a href="#">Forum Związków Zawodowych</a> )
	FZZPOiPS	Federation of Healthcare and Social Aid Employee Unions ( <a href="#">Federacja Związków Zawodowych Pracowników Ochrony Zdrowia i Pomocy Społecznej</a> )
	KPP	Confederation of Polish Employers ( <a href="#">Konfederacja Pracodawców Polskich</a> )
	NSZZ Solidarity	Independent and Self-governing Trade Union Solidarity ( <a href="#">Niezależny Samorządny Związek Zawodowy Solidarność</a> )
	OPZZ	All-Poland Alliance of Trade Unions ( <a href="#">Ogólnopolskie Porozumienie Związków Zawodowych</a> )
	OZZL	Doctors' Trade Union of Poland ( <a href="#">Ogólnopolski Związek Zawodowy Lekarzy</a> )
	OZZPiP	Union of Administrative Service Healthcare Employees in Poland ( <a href="#">Ogólnopolski Związek Zawodowy Pielęgniarek i Położnych</a> )
	SOZ	Health Care Secretariat ( <a href="#">Sekretariat Ochrony Zdrowia</a> )
<b>Portugal (PT)</b>	APHP	Portuguese Association of Private Hospitals ( <a href="#">Associação Portuguesa de Hospitais Privados</a> )
	CGTP	General Portuguese Workers' Confederation ( <a href="#">Confederação Geral dos Trabalhadores Portugueses</a> )
	FESAHT	Federation of Unions in Food, Beverages, Hotels and Tourism of Portugal ( <a href="#">Federação dos Sindicatos da Alimentação, Bebidas, Hotelaria e Turismo de Portugal</a> )
	FETESE	Federation of Unions of Workers and Technicians in Services ( <a href="#">Federação dos Sindicatos dos Trabalhadores de Escritório e Serviços</a> )
	SCTS	Union of Health Sciences and Technologies ( <a href="#">Sindicato das Ciências e Tecnologias da Saúde</a> )
	SEP	Union of Portuguese Nurses ( <a href="#">Sindicato dos Enfermeiros</a> )



Country	Abbreviation	Full Name of organisation
		Portugueses)
	SIFAP	National Union of Pharmaceutical and Paramedical Professionals ( <a href="#">Sindicato Nacional dos Profissionais de Farmácia e Paramédicos</a> )
	SINTAP	Union of Public Administration Workers ( <a href="#">Sindicato dos Trabalhadores da Administração Pública</a> )
	UGT	General Workers Union ( <a href="#">União Geral de Trabalhadores</a> )
	UHWA	Union of Hotel Workers of the Algarve
	UHWARM	Union of Hotel Workers of the Autonomous Region of Madeira
	UHWCP	Union of Hotel Workers in Central Portugal
	UHWNP	Union of Hotel Workers in Northern Portugal
	UHWSP	Union of Hotel Workers in Southern Portugal
	UWTTS	Union of Workers in Transport, Tourism and other Services
<b>Romania (RO)</b>	Cartel Alfa	National Trade Union Confederation ‘Cartel Alfa’ ( <a href="#">Confederația Națională Sindicală ‘Cartel Alfa’</a> )
	CNLSR Frăția	National Confederation of Free Trade Unions of Romania Brotherhood ( <a href="#">Confederația Națională a Sindicatelor Libere din România Frăția</a> )
	CSDR	Confederation of Democratic Trade Unions from Romania ( <a href="#">Confederația Sindicatelor Democratice din România</a> )
	Federația Hipocrat	Medical-Sanitary and Pharmaceutical Trade Union Federation Hipocrat ( <a href="#">Federația Sindicală Medico-Sanitară și Farmaceutică Hipocrat</a> )
	Federația Sanitas	Sanitas Federation of healthcare workers
	FSS	Healthcare Workers Solidarity Federation ( <a href="#">Federația Solidaritatea Sanitară</a> )
	TESA din USB	National Federation of Free Trade Unions of Technical, Economic and Administrative Workers from Healthcare Units and Health Clubs ( <a href="#">Federația Națională a Sindicatelor Libere Tehnic-Economic și Administrativ din Unitățile Sanitare și Balneare</a> )
<b>Sweden (SE)</b>	ASSR	Association of Graduates in Public Administration and Social Work ( <a href="#">Akademikerförbundet Sveriges Socionomers Riksförbund</a> )
	FSA	Swedish Association of Occupational Therapists ( <a href="#">Förbundet Sveriges Arbetsterapeuter</a> )
	FSF	Swedish Association of Occupational Health and Safety ( <a href="#">Föreningen Svensk Företagshälsövård</a> )
	Ledarna	Swedish Organisation for Managerial and Professional Staff
	LO	Swedish Confederation of Trade Unions ( <a href="#">Landsorganisationen</a> )

Country	Abbreviation	Full Name of organisation
	LSR	Swedish Association of Registered Physiotherapists ( <a href="#">Legitimerade Sjukgymnasters Rihsförbund</a> )
	SACO	Swedish Confederation of Professional Associations ( <a href="#">Sveriges Akademikers Centralorganisation</a> )
	SF	Swedish Pharmaceutical Associations ( <a href="#">Sveriges Farmaceutförbund</a> )
	SK	Swedish Municipal Workers' Union ( <a href="#">Svenska Kommunalarbetarförbundet</a> )
	SALAR (SKL)	Swedish Association of Local Authorities and Regions ( <a href="#">Sveriges Kommuner och Landsting</a> )
	SKTF	Swedish Union for Publicly and Privately Employed Salaried Employees ( <a href="#">Sveriges Kommunaltjänstemanna Förbund</a> )
	SL	Swedish Medical Association ( <a href="#">Sveriges Läkarförbund</a> )
	SN	Confederation of Swedish Enterprise ( <a href="#">Svenskt Näringsliv</a> )
	SP	Swedish Psychological Association ( <a href="#">Sveriges Psykologförbund</a> )
	TCO	Swedish Confederation for Professional Employees ( <a href="#">Tjänstemännens Centralorganisation</a> )
	UF	Young Enterprise ( <a href="#">Ung Företagsamhet</a> )
	V	Swedish Association of Health Professionals ( <a href="#">Vårdförbundet</a> )
<b>Slovenia (SI)</b>	FIDES	Trade Union of Doctors and Dentists of Slovenia ( <a href="#">Sindikat zdravnikov in zobozdravnikov Slovenije</a> )
	KSJS	Confederation of Public Sector Trade Unions ( <a href="#">Konfederacija sindikatov javnega sektorja</a> )
	SDZNS	Healthcare Trade Union ( <a href="#">Sindikat delavcev v zdravstveni negi Slovenije</a> )
	SZS-Pergam	Association of Trade Unions in Health – Confederation of Trade Unions of Slovenia Pergam ( <a href="#">Sindikati v zdravstvu Slovenije – Konfederacija sindikatov Slovenije Pergam</a> )
	SZSSS	Trade Union of Health and Social Welfare of Slovenia ( <a href="#">Sindikat zdravstva in socialnega skrbstva Slovenije</a> )
	SZSVS	Trade Union of Health and Social Security of Slovenia ( <a href="#">Sindikat Zdravstva in Socialnega Varstva Slovenije</a> )
	ZSSS	Union of Free Trade Unions of Slovenia ( <a href="#">Zveza svobodnih sindikatov Slovenije</a> )
<b>Slovakia (SK)</b>	AFN SR	Association of University Hospitals ( <a href="#">Asociácia fakultných nemocníc Slovenskej republiky</a> )
	ANS	Association of Slovakian Hospitals ( <a href="#">Asociácia nemocníc Slovenska</a> )
	AZZZ SR	Federation of Employers Associations ( <a href="#">Asociácia zamestnávateľských zväzov a združení Slovenskej republiky</a> )

Country	Abbreviation	Full Name of organisation
	HSR MZSR	Healthcare Sector Economic and Social Council ( <a href="#">Hospodárska a sociálna rada v rezorte zdravotníctva</a> )
	KOZ SR	Confederation of Trade Unions ( <a href="#">Konfederácia odborových zväzov Slovenskej republiky</a> )
	LOZ	Labour Union of Doctors ( <a href="#">Lekárske odborové združenie</a> )
	SOZZaSS	Slovakian Trade Union of Health and Social Services ( <a href="#">Slovenský odborový zväz zdravotníctva a sociálnych služieb</a> )
<b>United Kingdom (UK)</b>	BDA	British Dietetic Association
	BOS	British Orthoptic Society
	CSP	Chartered Society of Physiotherapy
	FDA	First Division Association
	GMB	Britain's General Trade Union
	HCSA	Hospital Consultants and Specialists Association
	MiP	Managers in Partnership
	NHS Employers	National Health Service Employers
	PROSPECT	Trade Union for Professionals
	RCM	Royal College of Midwives
	RCN	Royal College of Nursing
	SOR	Society of Radiographers
	TGWU	Transport and General Workers Union
	TUC	Trades Union Congress
	UNISON	Public Service Workers' Union
	Unite	Unite the Union

	Abbreviation	Full name of organisation
<b>Europe</b>	AEMH	European Association of Senior Hospital Physicians ( <a href="#">Association Européenne des Médecins des Hôpitaux</a> )
	AESGP	Association of the European Self-Medication Industry
	AMEE	Association for Medical Education in Europe
	CEC	European Confederation of Executives and Managerial Staff ( <a href="#">Confédération européenne des cadres</a> )
	CEEP	European Centre of Enterprises with Public Participation and of Enterprises of General Economic Interest ( <a href="#">Centre européen des entreprises à participation publique et des entreprises d'intérêt économique general</a> )

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CEPT	Committee of European Pharmacy Technicians
CEMR	Council of European Municipalities and Regions
CEOM	European Conference of Medical Orders ( <a href="#">Conférence Européenne des Ordres des Médecins</a> )
COPAS	Confederation of non-profitmaking aid and care organisations ( <a href="#">Confédération des Organismes Prestataires d'Aides et de Soins association sans but lucratif</a> )
COTEC	Council of Occupational Therapists of the European Countries
CPME	Standing Committee of European Doctors ( <a href="#">Comité Permanent des Médecins Européens</a> )
EAHD	European Association of Hospital Directors ( <a href="#">Association Européenne des Directeurs d'Hôpitaux</a> )
EAHM	European Association of Hospital Managers
EANA	European Working Group of Practitioners and Specialists in Free Practice ( <a href="#">Europäische Arbeitsgemeinschaft Der Niedergelassenen Ärzte</a> )
EAPB	European Association for Professions in Biomedical Science
EAWOP	European Association of Work and Organizational Psychology
EBS	European Business Summit
EFAD	European Federation of the Association of Dietitians
EFBWW	European Federation of Building and Wood Workers
EFFAT	European Federation of Trade Unions in Food, Agriculture and Tourism
EFMA/WHO	European Forum of Medical Associations and World Health Organization (WHO)
EFNNMA	European Forum of National Nursing and Midwifery Associations
EFPA	European Federation of Psychologists' Associations
EHMA	European Health Management Association
EMA	European Midwives Association
EMCEF	European Mine, Chemical and Energy Workers' Federation
EMF	European Metalworkers' Federation
ENOTHE	European Network of Occupational Therapy in Higher Education
EPBS	European Association for Professions in Biomedical Science
EPN	European Council of Practical Nurses
EPSU	European Federation of Public Service Unions
ETF	European Transport Workers' Federation
ETUF-TCL	European Trade Union Federation – Textiles, Clothing, Leather

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Eurofedop	European Federation of Public Service Employees
EURO-WEA	European Workers' Education Associations
FEANI	European Federation of National Engineering Associations ( <a href="#">Fédération Européenne d'Associations Nationales d'Ingénieurs</a> )
FEMS	European Federation of Salaried Doctors ( <a href="#">Fédération Européenne des Médecins Salariés</a> )
FERPA	Federation of Europe Retired Personnel Association
HOPE	European Hospital and Healthcare Federation
HOSPEEM	European Hospital and Healthcare Employers' Association
IHF	International Hospital Federation
PSI	Public Services International
PWG	Permanent Working Group of European Junior Doctors
UEHP	European Union of Private Hospitals ( <a href="#">Union Européenne de l'Hospitalisation Privée</a> )
UEMO	European Union of General Practitioners ( <a href="#">Union Européenne des Médecins Omnipraticiens</a> )
UEMS	European Union of Medical Specialists ( <a href="#">Union Européenne des Médecins Spécialistes</a> )
UNI Europa	Union Network International Europe
WCPT/Europe	World Confederation of Physical Therapy/European Region

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