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→ Representativeness of the European social partner organisations: Hospitals – Netherlands

The aim of this representativeness study is to identify the respective national and supranational actors (i.e. trade unions and employer organisations) in the field of industrial relations in the hospital sector in the Netherlands. In order to determine their relative importance in the sector's industrial relations, this study will, in particular, focus on their representational quality as well as on their role in collective bargaining.

1. Sectoral properties

Table 1: Profile of hospital sector

	1994	2005**
Number of employers	114	243
Aggregate employment*	n.a.	n.a.
Male employment*	n.a.	n.a.
Female employment*	n.a.	n.a.
Aggregate employees	228,800	324,200
Male employees	64,600	164,200
Female employees	78,800	247,400
Aggregate sectoral employment as % of total employment in economy	n.a.	n.a.
Aggregate sectoral employees as % of total number of employees in economy	4%	4.3%

Notes: * Employees plus self-employed persons and temporary agency workers. ** Or most recent data. n.a. = not available.

Source: Central Bureau of Statistics ([Centraal Bureau voor de Statistiek, CBS](#))

2. The sector's unions and employer associations

This section includes the following trade unions and employer organisations:

- trade unions which are party to sector-related collective bargaining;
- trade unions which are a member of the sector-related European federation, the [European Federation of Public Service Unions \(EPSU\)](#);
- employer organisations which are party to sector-related collective bargaining;
- employer organisations which are a member of the sector-related European employer federation, the [Hospital and Healthcare European Employers' Association \(HOSPEEM\)](#).

2a Data on the unions

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

Voluntary.

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

There are formal demarcations between general hospitals and academic hospitals; trade union organisation follows these demarcations. Furthermore, medical specialists who work on an employment contract are separately organised in the National Association of Physicians ([Landelijke Vereniging van Artsen in Dienstverband, LAD](#)).

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Sector: Health and Social Work

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

AbvaKabo FNV had a total membership of 352,000 persons in 2007.

The total membership of the public sector union [CNV Publieke Zaak](#) is 78,761 workers.

The Federation of Middle-Ranking and Senior Officials in the Public Sector ([Centrale voor middelbare en hogere functionarissen](#), CMHF) had a total membership of 61,000 persons in 2007. CMHF is affiliated to the Federation of Managerial and Professional Staff Unions ([Vakcentrale Voor Middengroepen en Hoger Personeel](#), MHP), which has a membership of 160,000 workers.

2a.4 Number of union members in the sector

General hospitals in 2006:

AbvaKabo FNV 20,000 members; CNV Publieke Zaak 5,000; Federation of Professional Care Organisations ([Federatie van Beroepsorganisaties in de Zorg](#), FBZ) 7,000; New Union '91 ([Nieuwe Unie '91](#), NU'91) 9,400; [Unie Zorg en Welzijn](#) 10,000.

University hospitals in 2006:

AbvaKabo FNV 6,000 members; CNV Publieke Zaak 1,000; FBZ 3,200; NU'91 2,700; Unie Zorg en Welzijn 2,200.

NU'91 and Unie Zorg en Welzijn cooperate in CMHF. Abvakabo and CNV Publieke Zaak represent at the collective bargaining table the trade unions operating in the university hospitals. More specifically, Abvakabo represents [ACOP](#), a cooperation with the General Teachers' Union ([Algemene Onderwijsbond](#), AOOb), while CNV Publieke Zaak represents the Christian Federation of Government and Education Staff ([Christelijke Centrale van Overheids- en Onderwijspersoneel](#), CCOOP). Employees in the university hospitals have the status of civil servants.

Mental health hospitals in 2006:

AbvaKabo FNV 11,500 members; CNV Publieke Zaak 1,200; FBZ 4,000; NU'91 2,800.

Source: *Jarboek werknemers in de zorg 2006*, Abvakabo FNV

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

Abvakabo female membership in the general hospitals is 13,882 women; in the university hospitals, it is 3,890 women, and in the mental health hospitals, it is 7,255 women. Thus, between 55% and 70% of the membership is female.

These figures are not available for the other trade unions.

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

Not available.

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

General hospitals: the total employees amounted to 187,300 persons in 2005 and the total union membership is 51,400 workers. That represents a density of 27.5%.

University hospitals: the total employees were about 60,000 persons in 2005 and the total union membership is 15,100 workers – amounting to a density of 22%.

Mental health hospitals: the total employees were 68,932 persons in 2005 and the total union membership is 19,400 workers – making a density of 28%.

The above self-reported figures by employers on the total number of employees are lower than the figures of CBS, probably due to differences in definition.

2a.8 Does the union conclude collective agreements?

The trade unions mentioned above conclude collective agreements.

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

AbvaKabo is affiliated at national level to the Federation of Dutch Trade Unions ([Federatie Nederlandse Vakbeweging](#), FNV) and at European level to EPSU.

CNV Publieke Zaak is affiliated at national level to the Christian National Trade Union Federation ([Christelijk Nationaal Vakverbond](#), CNV). At European level, CNV Publieke Zaak is a member of the

[European Federation of Public Service Employees](#) (Eurofedop) and EPSU.

At national level, NU'91 and Unie Zorg en Welzijn are affiliated to CMHF, which is affiliated to MHP. NU'91 is a member of EPSU.

2b Data on the employer associations

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

Voluntary.

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

No formal demarcation exists, except within the sector. General hospitals, university hospitals and mental health hospitals are distinguished.

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

The Dutch Hospitals Association ([Nederlandse Vereniging van Ziekenhuizen](#), NVZ) has 170 member companies. The Dutch Federation of University Medical Centres ([Nederlandse Federatie van Universitaire Medische Centra](#), NFU) has eight members and the Dutch Association for mental health and addiction care ([Geestelijke Gezondheidszorg Nederland](#), GGZ Nederland) has 110 member organisations.

2b.4 Number of member companies in the sector

All companies in the sector are members – that is, a total of 288 companies.

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

The total number of employees working in member companies in 2005 is 120,219 employees in the general hospitals (or 120,241 in 2006), 68,932 employees in the mental health hospitals and about 60,000 personnel in the university hospitals.

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

The same number of employees are working in the member companies in the sector, making an employer density of 100%.

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

Not available.

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

The density in terms of companies in the sector is 100%.

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

Not available.

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

This density is also 100%.

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

Yes, NVZ, NFU and GGZ Nederland conclude agreements.

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

NVZ, NFU and GGZ Nederland are members of the Confederation of Netherlands Industry and Employers ([Vereniging van Nederlandse Ondernemingen-Nederlands Christelijk Werkgeversverbond](#), VNO-NCW).

At European level, NVZ is a member of HOSPEEM; NFU and GGZ Nederland are not affiliated to a European organisation.

3. Inter-associational relationships

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

Not applicable.

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

At present and in principle, there are no rivalries and competition among the trade unions concerning the right to conclude collective agreements and to be consulted in public policy formulation and implementation. The employers – be it the authorities at the academic hospitals or the board of the general hospitals – decide on this matter. Trade unions that disagree can go to court. In the past, there has been a case concerning FBZ, which was initially excluded from these rights by the court. In general, in the sector, tensions arise between professional associations that end up being a union.

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

At present, no trade unions are excluded from these rights.

3.4. Same question for employer associations as 3.1.

No overlap exists between NVZ, NFU and GGZ Nederland.

3.5. Same question for employer associations as 3.2.

The organisations represent their members in the different contexts of the general hospitals, the university hospitals and the mental health hospitals. Since there is a clear distinction in the sphere of action of the organisations, no competition arises between them.

3.6. Same question for employer associations as 3.3.

Not applicable.

4. The system of collective bargaining

Collective agreements are defined in line with national labour law regardless of whether they are negotiated under a peace obligation.

4.1. Sector's rate of collective bargaining coverage

100%.

4.2. Relative importance of multi-employer agreements and of single-employer agreements as a percentage of the total number of employees covered

In the sector, multi-employer agreements account for 100% of employees covered.

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

Not applicable.

4.3. Sector-related multi-employer wage agreements* valid in 2005 (or most recent data)

* Only wage agreements which are (re)negotiated on a reiterated basis. In case of regionally differentiated, parallel agreements, an aggregate answer explaining the pattern may be given.

Table 2: Sector-related multi-employer wage agreements

Bargaining parties	Purview of sector-related multi-employer wage agreements		
	Sectoral	Type of employees	Territorial
Mental health hospitals (GGZ Nederland) Unions: Abvakabo FNV, CNV Publieke Zaak, FBZ, NU'91 (1 September 2006 until 29 February 2008)	Yes	All	-
University hospitals (NFU) Unions: Abvakabo FNV (ACOP),			

CNV Publieke Zaak (CCOOP), CMHF (1 September 2006 until 29 February 2008)	Yes	All	-
General hospitals (NVZ) Unions: Abvakabo FNV, CNV Publieke Zaak, FBZ, NU'91, Unie Zorg en Welzijn Medical specialists on an employment contract have their own agreement within this collective agreement* (1 January 2006 until 1 February 2008)	Yes	All, except medical specialists on an employment contract	-

Note: * Medical specialists on an employment contract are organised in LAD. LAD is represented in FBZ, which is party to the bargaining negotiations.

5. Formulation and implementation of sector-specific public policies

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

The organisations are usually consulted by the authorities, but not on a regular basis. At present, it is more common in sector-specific matters that the government puts forward the framework and delegates the implementation to the social partners. Examples are health and safety issues, and work and training funds.

5.2. Do tripartite bodies dealing with sector-specific issues exist?

Not applicable.

6. Statutory regulations of representativeness

6.1. In the case of the unions, do statutory regulations exist which establish criteria of representativeness which a union must meet, so as to be entitled to conclude collective agreements?

There are no statutory regulations with regard to representativeness.

6.2. In the case of the unions, do statutory regulations exist which establish criteria of representativeness which a union must meet, so as to be entitled to be consulted in matters of public policy and to participate in tripartite bodies?

There are rules on representativeness with regard to participation in the tripartite Social and Economic Council ([Sociaal Economische Raad](#), SER) and in the bipartite Labour Foundation ([Stichting van de Arbeid](#), STAR). As a result, in these bodies three trade union federations are represented: FNV, CNV and MHP.

6.3. Are elections for a certain representational body (e.g. works councils) established as criteria for union representativeness?

No.

6.4. Same question for employer associations as 6.1.

No statutory regulations exist with regard to representativeness.

6.5. Same question for employer associations as 6.2.

There are rules on representativeness with regard to participation in SER and STAR. As a result, in these bodies three employer organisations are represented: VNO-NCW, the Dutch Federation of Small and Medium-Sized Enterprises ([Midden- en Kleinbedrijf Nederland](#), MKB-Nederland), and the Dutch Federation of Agriculture and Horticulture ([Land- en Tuinbouw Organisatie](#), LTO-Nederland).

6.6. Are elections for a certain representational body established as criteria for the representativeness of employer associations?

No.

7. Commentary

The hospital sector is highly organised and collective bargaining coverage is 100%. Three multi-employer collective agreements for the three areas of general hospitals, university hospitals and mental health hospitals cover the sector.

On the employer side, there are three employer organisations, which represent all employers in the specific subsector. In this regard, the density is complete.

The trade unions also have a relatively high coverage, representing more than 25% of employees, the national average. However, many employee organisations are responsible for this high representation. The fact that so many organisations are active in the sector reflects the diverging perspectives and interests of employees in hospitals. Despite the turbulent beginning of some trade unions – for example, NU'91 – all organisations are accepted parties in collective bargaining. There are no recognition problems or jurisdictional disputes in the sector.

The social partners are occasionally consulted by the authorities on specific issues. It would be reasonable to assume that collective bargaining is their core business. However, the continuing reorganisation of the hospital sector underpins the conclusion that the social partners in this sector have a much wider role.

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[^Back to top of page](#)