

## Statements of labour market organizations

### *The Confederation of Finnish Industries (EK)*

**Q. 11** The remuneration scheme under the collective agreement of the health service sector governing the private sector is based on assessing of the complexity of work. The assessment of the complexity of work includes evaluating the employee's competence and consideration required by work (e.g. the required vocational qualification), the effects of work and responsibilities as well as interaction at work. The employee's work is placed in the complexity category that best corresponds to the competence required by a work task and other aspects of complexity. In addition, the employee may be paid task-specific extra remuneration if his or her work involves an element increasing the normal complexity of work (such as necessary language skills, special education, partial management responsibility). Furthermore, a personal salary component may be paid on the basis of good performance at work, for example. Calculated according to the number of service years, the employee's personal salary component must be at least 6% of the task-specific salary at the end of four years of service and at least 11% of the task-specific salary at the end of seven years of service. Service for the current employer and other service at similar work are counted as years of service/experience

In other words, the employee's qualification and experience are considered in remuneration. The remuneration scheme is based on assessing the complexity of a work task and is thus gender-neutral.

**Q 13.** According to the collective agreement for the health service sector:

#### **Working time**

The employee's regular daily working time is at most 9 hours and the weekly working time at most 38 hours and 45 minutes.

Regular weekly working time can be arranged in adjustment periods so that it on average corresponds to the above-mentioned working time. The regular working time may not exceed 48 hours during any week of the adjustment period, and the working time should be adjusted on average to the above-mentioned number of hours during a maximum period of 12 weeks. It is possible to locally agree on an adjustment period of up to one year.

The employee's regular working time in period-based work is at most 116 hours and 15 minutes during a three-week period. The maximum length of a shift is 10 hours and that of a night shift 12 hours unless a local agreement is made on a maximum shift of 15 hours. Period-based working time may be arranged in adjustment periods such that it is adjusted to the above-mentioned number of hours during a maximum of two three-week periods. In this case, the regular working time may not exceed 126 hours during a three-week period. It is possible to agree locally on an adjustment period of up to one year.

The maximum regular working time under the collective agreement, i.e. 38 hours 45 minutes per week, is less than the maximum regular weekly working time under the Working Time Act.

A work schedule shall be drafted in advance for a period of at least three weeks and the employees shall be informed of it well in advance and no less than one week prior to the start of each period.

Changes in shifts are agreed on with the employees. If the working time adjustment period exceeds three weeks, it is recommended that a work schedule should be drafted for six weeks.

The collective agreement restricts the use of a shift exceeding 10 or 12 hours such that the use of longer shifts must always be agreed on locally. In addition, the collective bargaining parties in the health service sector have together drafted instructions to provide information on ergonomic work-scheduling in the health care sector.

### **Rest periods**

An employee must be given a weekly rest period required in the Working Time Act.

In addition to the weekly rest period under the Working Time Act, the employee must be given one day of rest in a week. The day of rest shall be at least 24 hours and placed, where possible, next to the statutory weekly rest period, and is mainly Saturday.

The day of rest must be given during the same week, period or adjustment period. The day of rest may be postponed at most by 3 calendar weeks, unless the employer and the employee agree on postponing the day of rest by at most 12 calendar weeks. A postponed day of rest must be given in connection with another day of rest.

If the consecutive daily working time is at least 5 hours, the employee shall be given a meal break with a duration of half an hour to one hour which is not included in working time and during which the employee is free to leave the workplace. If the consecutive daily working time is 5 to 6 hours, the employer and the employee may agree that no meal break will be given. The employer and the employee may also agree on the opportunity to have a meal during working time, in which case the meal break is at least 20 minutes. It shall be agreed on in the employment contract which of the above alternatives will be used.

An employee shall be given one 10-minute refreshment break during working time at a time determined by the supervisor when the break does not interfere with the employee's work.

### **Pay for sick leave**

If an employee whose employment relationship has lasted for 90 calendar days is unable to work due to an illness or accident and he or she has not caused his or her illness or the accident intentionally or through gross negligence, he or she shall be entitled to receive his or her pay from his or her employer in each incident of absence as follows, provided that his or her employment relationship continues:

- for 28 calendar days if the continuous employment relationship has lasted less than 3 years,
- for 35 calendar days if the continuous employment relationship has lasted over 3 years but less than 5 years,
- for 42 calendar days if the continuous employment relationship has lasted over 5 years but less than 10 years,
- for 56 calendar days if the continuous employment relationship has last over 10 years.

### **Overtime**

An employee may be required to work overtime with his or her consent within the limits allowed by law.

The pay for overtime may be converted into an additional leave during regular working time if the employer and the employee agree to this effect.

**Overtime in connection with regular working time**

Overtime is defined as work which, in connection with regular working time, is performed in addition to daily, weekly and average daily and weekly regular working time. Pay plus 50% for the first 2 hours worked and pay plus 100% for each subsequent hour shall be payable for daily overtime. Pay plus 50% for the first 5 hours worked and pay plus 100% for each subsequent hour shall be payable for weekly overtime.

**Overtime in connection with period-based work**

In connection with period-based work, overtime is defined as work that is performed in addition to the above-described regular working time. Pay plus 50% for the first 15 hours worked and pay plus 100% for each subsequent hour shall be payable for hours exceeding the regular working time. If overtime is performed during a three-week period included in an adjustment period exceeding three weeks such that the working time during the period exceeds 131 hours 15 minutes, a pay increased by 100% shall be paid for the working hours exceeding the above-mentioned working time during the three-week period. The 50-% overtime threshold for a longer adjustment period is calculated by multiplying the three-week working time (116 hours 15 minutes) by the number of three-week periods included in the period. The number of hours of public holidays and suspension days under this agreement will be deducted from the number of hours thus obtained in accordance with the principle laid down in section 6, paragraph 8. A three-week table may also be used in the calculation. The 100-% overtime threshold is calculated by multiplying the number of three-week periods included in the period by 131 hours 15 minutes. The hours of public holidays and suspension days in accordance with the above-mentioned planning instructions are deducted from the number of hours thus obtained.

**On-call workers and inconvenient work**

An employee working under a varying working time contract (including on-call workers) will receive a pay for sick leave according to a confirmed work schedule pursuant to the provision on sick leave pay included in the collective agreement. For the period following the work schedule, the pay is paid according to the employee's actual average working time. The provisions of the collective agreement apply to on-call workers in the health service sector and they are not discriminated against. The workers receive an increased remuneration for working on Sundays and public holidays as well as in the evenings and nights (evening from 18 to 22 hours and night from 22 to 07 hours). In addition, the workers receive an increased remuneration for working on Saturdays and on the eves of certain public holidays (Christmas Eve and Midsummer Eve as well as Easter Saturday).

**Q. 14.** The maximum regular working time under the collective agreement in the health service sector, i.e. 38 hours 45 minutes per week, is less than the maximum weekly regular working time under the Working Time Act. According to the collective agreement in the health service sector, a work schedule must be drafted for at least three weeks at a time and the employees must be informed of it at least one week before the start of a three-week period.

After this, the work schedule may be modified only in agreement with the employee. The collective bargaining parties recommend that if an adjustment period is longer than three weeks, the work schedule should be drafted for at least six weeks at a time.

The collective agreement restricts the use of shifts exceeding 10 or 12 hours such that the use of longer shifts must always be agreed on locally. In addition, the collective bargaining parties in the health service sector have together drafted instructions to provide information on ergonomic work-scheduling in the health care sector.

**Q.21.** The Finnish Association of Private Care Providers negotiates a collective agreement for the health service sector which is generally applicable in the private health service sector. The collective agreement applies to health spas, rehabilitation centres, hospitals and medical and occupational health clinics and their laboratory, x-ray and other medical examination facilities as well as to physical treatment facilities. At the end of 2018, the Association's members included 161 employers governed by the collective agreement of the health service sector and they employed 21 262 employees in the sector governed by the collective agreement concerned. The board for establishing the general applicability of collective agreements has estimated that in 2017 the collective agreement for the private health service sector covered a total of 37 185 employees. The collective agreement for the health service sector does not, however, cover the whole private health service sector due to restrictions to its application. For example, it does not cover dental clinics or rehabilitation enterprises whose principal field of business is physiotherapy/other therapy (while rehabilitation institutes, i.e. more institutional rehabilitation, fall within the scope of application). Any disputes arising from the collective agreement are resolved by the standard procedure under the Collective Agreements Act and the collective agreement (local negotiation -> union level -> labour court).

### ***The Federation of Finnish Enterprises***

**Q11.** Finland has no legislation on remuneration, meaning that the remuneration of nursing personnel is solely determined in accordance with the provisions of collective agreements. If the work of nursing personnel exceptionally falls outside the scope of application of collective agreements, the employer and the employee shall agree on remuneration. The level of remuneration is defined in negotiations between the collective bargaining parties. This negotiation process seeks to ensure that the level of remuneration corresponds to the employee's education and experience.

**Q.13 and 14.** The nursing personnel's working time and rest periods and notification thereof are largely based on the provisions of collective agreements. The Working Time Act (872/2019) also applies to the nursing personnel, although collective agreements may have derogated from the provisions of the Working Time Act, also to the employees' disadvantage. The minimum requirements of the Working Time Act concerning working time and rest periods constitute a basis but sector-specific collective agreements may lay down differing or more specific provisions on matters related to working time.

**Q.21.** Due to the structure of the Finnish labour market system, the terms of employment of the nursing personnel are largely determined by collective agreements. Workers' organizations negotiate on collective agreements with employers' organizations in the public and private sector. Collective agreements may be declared as generally applicable if they are nationwide and considered to be representative in the sector. Generally applicable collective agreements covering the nursing personnel include at least the collective agreement of the health service sector, the collective agreement of the private social service sector, the collective agreement concerning social sector organizations and the collective agreement of the emergency medical service sector. General applicability means that a collective agreement shall be applied in respect of its terms and conditions of employment also in companies that are not members of the employers' union that concluded the collective agreement. Terms concerning remuneration and working time are essential terms of collective agreements that are generally applicable.

**Q.25.** Domestic workers are equally covered by the freedom of association guaranteed by the Constitution of Finland.

**Q.41** Labour legislation applies equally to domestic workers and other categories of workers. The same obligations under the Employment Contracts Act and other labour legislation apply to the payment of remuneration and to domestic workers' employers as to other categories of workers.

### ***Local Government Employers***

#### ***Q11.***

##### *Remuneration of nursing personnel*

The remuneration scheme under the municipal general collective agreement is based on a task-specific salary, personal salary component and work experience component. Tasks are placed in appropriate remuneration categories in the remuneration scheme under the collective agreement. Basic salary means the minimum task-specific salary in a remuneration category.

The task-specific salary is primarily determined according to the complexity of the employee's tasks. The assessment of the complexity of tasks is based on task descriptions and a local assessment system. In the complexity assessment, attention is paid to the competence required by the task (knowledge, skills, consideration), the effects of work and responsibility (extent, permanence, management and influence on operating conditions) as well as to the cooperation skills required by the task (interaction, human relations skills) and working conditions.

The work experience component is paid according to the duration of service calculated on the basis of the current employment relationship and previous work experience. The work experience component is 3% of the task-specific salary after five years of service and 8% after 10 years of service. The grounds for the payment of personal salary component include better-than-ordinary professional competence and work performance and locally defined grounds, such as productivity, cooperation skills and responsibility.

#### ***Q.13 and 14.***

##### *Pay for sick leave*

When the employment relationship has lasted at least 60 days, the employee is entitled to a full pay during sick leave for 60 calendar days and thereafter to two thirds of his or her actual pay for 120 calendar days. If the employment relationship has not lasted at least 60 calendar days before the sick leave, the employee is entitled to receive a full pay for 14 calendar days during the same calendar year on the basis of the same employment relationship. Pay will not be paid for sick leave after sick leave has been granted consecutively in one or two periods for over 12 months.

##### *Working time*

In the nursing sector the most common working time format is period-based working time, followed by general working time. Period-based working time is used in tasks which necessitate night work or shifts exceeding 9 hours. The regular full working time in connection with period-based working time is at most 77 hours 30 minutes during a two-week period, 116 hours 15 minutes during a three-week period and 155 hours during a four-week period. The daily or weekly working time has not been defined, and it is not possible to separate daily and weekly overtime. In the case of period-based work,

the maximum length of a shift is 10 hours; however, the night shift may be 11 hours at psychiatric hospitals and institutes for persons with developmental disabilities. The maximum number of consecutive shifts in a work schedule is seven.

When general working time is applied, the regular working time is at most 9 hours per day and 38 hours 45 minutes per week or on average 38 hours 45 minutes during a period of up to 6 weeks. The work schedule must generally be drafted for the whole adjustment period, during which the daily and weekly limits for additional work and overtime shall also be observed.

#### *Daily rest periods*

If the employee's daily working time exceeds six hours, the employee must be given a lunch break of at least half an hour which is not included in the working time and during which the employee may leave the workplace. The rest period may not be placed at the start or end of the workday. When the daily working time exceeds 10 hours, after eight hours of work, the employee shall have the right to take a half-an-hour break. An employee engaged in period-based work shall be given a meal break or an opportunity to have a meal during a maximum of 15-to-20-minute break during working time at the workplace or at its canteen according to his or her choice at hospitals, healthcare centres and care and service institutions and in home nursing. In addition, one 10-minute break (coffee break) shall be daily arranged for every employee which is included in the working time and during which the employee may not leave the workplace.

#### *Work schedule*

An employer shall draft a work schedule for work governed by the Working Time Act, indicating the start and end time of the employees' regular working time and daily rest periods. The work schedule shall be drafted for the same period as the working time adjustment scheme. Employees shall be informed in writing of the work schedule well in advance and no less than one week prior to the start of the period covered by the work schedule. Thereafter the work schedule may only be changed with the employee's consent or for a compelling reason relating to the organization of the work.

#### ***Joint statement of Central Worker Organizations SAK, STTK and Akava***

### **Recommendation No 157 Concerning Employment and Conditions of Work and Life of Nursing Personnel**

#### *Working conditions of nursing personnel*

According to the recommendation, all appropriate measures should be taken to ensure that nursing personnel are not exposed to special risks. Where exposure to special risks is unavoidable, measures should be taken to minimise it.

The central organizations of wage earners note that physical violence, its threat and mental violence are alarmingly common in the social welfare and health care sector. Nursing personnel experience mental and physical violence and its threat at work nearly on a daily basis. Violence manifests itself, for example, in yelling or name-calling, threatening with physical violence or acts of violence, withholding information and dissemination of false information and belittling competence.

According to the survey on wellbeing in the public sector (2016), 71% of the respondents in the health sector perceived their work as mentally burdensome. According to the same survey, 51% of the employees regarded their work as physically burdensome. In the health care sector, the threat of violence and violence have become a part of every-day work. The threat is particularly high at centralised emergency clinics where patients and clients under the influence of alcohol and other substances threaten the personnel's health and safety. According to the survey, 49% of the employees had experienced violence or its threat during the past year. The corresponding figure in social welfare was 29%.

Regardless of repeated requests of the central organizations of wage earners and several negotiations, the Government of Finland has not wanted to promote more specific legislation to protect employees from the above-mentioned risks to life and health. The central organizations of wage earners consider it important to bring the new Convention on Violence and Harassment in the World of Work into force in Finland as soon as possible.

Work in three shifts, including night work, is very common in social welfare and health care. According to the most recent medical studies, night work has harmful effects on the employees' health and wellbeing at work. Medical research has shown a connection between night work and cardiovascular diseases and possibly between an increased risk of breast cancer. Even though studies have shown that the harmful effects of shift work can be reduced through shift arrangements, these opportunities have not been used extensively in social welfare and health care. For example, the impact of night work on the recurrence risk of breast cancer is not taken sufficiently into account in respect of persons who have had breast cancer.

The burden of work and shortage of personnel also influence the working conditions of nursing personnel. Employers must ensure the nursing personnel's wellbeing and occupational health and safety as well as provide an adequate and functioning deputy system to cover absences from work. The number of nursing personnel must remain on an agreed and acceptable level also during temporary absences. The central organizations of wage earners pay attention to the ethical load on employees due to shortage of personnel as they do not have enough time to perform their work according to professional and ethical codes and with sufficient quality. The ethical load of work is also a significant reason for nursing personnel to leave the field.

There has also been a lot of discussion on the poor indoor air quality at hospitals and other facilities, for which reason the Kätilöopisto Maternity Hospital had to be closed down in Helsinki. Many employees working at hospitals and other social welfare and health care facilities have been exposed to poor indoor air and microbes from moisture damage. Interpretations about causal relations between the damages in the premises and the observed symptoms vary and have resulted in criticism about the applicability of social benefits legislation, for example.

### *Remuneration*

The recommendation requires that levels of remuneration in the nursing sector should bear comparison with those of other professions requiring similar or equivalent qualifications and carrying similar or equivalent responsibilities. The central organizations of wage earners note that the assessment of the complexity of work is currently not realised in Finland as required by the provision.

### *Working hours*

According to the recommendation, nursing personnel assigned to shift work should have a period of continuous rest of at least 12 hours between shifts and the weekly rest of nursing personnel should in no case be less than 36 uninterrupted hours. The social welfare and health care sector has already for years suffered from insufficient personnel resources, which has resulted in a situation where nursing personnel regularly needs to work double or extra shifts. This has naturally resulted in a situation where daily and weekly rest periods do not always follow the regulations. Poor work-scheduling also causes working time burden in too many workplaces. Statutory obligations to plan working time on a healthy basis (known as ergonomic work-scheduling) would also contribute to a better realisation of rest periods.

#### *Exemption from assigned work on grounds of belief*

According to the recommendation, nursing personnel should be able to claim exemption from performing specific duties, without being penalised. This should be possible where performance of a certain duty would conflict with the religious, moral or ethical convictions of a person belonging to the nursing personnel and where this person informs his or her supervisor in good time of his or her objection so as to allow the necessary alternative arrangements to be made to ensure that essential nursing care of patients is not affected. The central organizations of wage earners note that nursing personnel have no right to refuse from work tasks in situations referred to in the provision.

#### *Occupational health care*

Throughout their education and training, nursing students should have the same health protection as nursing personnel. Students are covered by student health care and working nursing personnel are covered by occupational health care. The extent and quality of preventive health care are not equal. In student health care, attention is not paid to load factors associated with internships in the same way as in occupational health care.

#### *Position of foreign labour*

Foreign nursing personnel satisfying the qualification requirements set on nursing personnel in Finland must have conditions of employment that are as favourable as those of national personnel with equivalent skills in posts involving the same duties and responsibilities. Finland has attracted nursing personnel from abroad, especially for the private sector. There have been shortcomings in the working conditions and terms of employment of these employees as compared to the Finnish nursing personnel with the same education. For example, these persons have been placed in various posts at a remuneration which has differed from what was suggested when an agreement on employment relationship was concluded.

### **Recommendation No 201 Concerning Decent Work for Domestic Workers**

Finland ratified the ILO Convention Concerning Decent Work for Domestic Workers in 2014 and the Act on Enforcement of the Provisions of a Legislative Nature Contained in the Convention (1001/2014) entered into force on 8 January 2016. Domestic workers were brought, as required by the Convention, under the coverage of the same labour law provisions and provided with equivalent protection by labour law as workers in general.

The central organizations of wage earners remind that when ratification was prepared, it was difficult to estimate the number of domestic workers in Finland. At that time, it was expected that



domestic work would also become more common in Finland. Increasing migration would also contribute to this development. At that time, the central organizations of wage earners emphasised that, considering the special nature of domestic work, special attention should be paid to the level of the workers' occupational safety and health and to its enforcement.

At the moment, there are many different professions in Finland where workers perform work in or for a household or households as referred to in Article 1 of the Convention. Workers engaged in work at the employer's household within an employment relationship include domestic helpers and childminders, which were the actual target group in the preparation of the Convention. The exact number of persons working as domestic helpers and childminders is not known. In Finland, there are also domestic helpers and childminders originating from third countries, and most of them live with the family whose household or children they are taking care of. Many of them have no knowledge of Finnish and their position may be very vulnerable since they are dependent on the family. Some of them have entered Finland through private employment agencies. These workers are vulnerable to discrimination and in general to violations of fundamental and human rights in working life.

There are also workers in Finland who work at other people's households. Domestic workers working at households may be in an employment relationship either with a private household or with a private or public service provider, such as municipalities or local government regional authorities. The tasks of these workers mainly involve care and nursing services in the social welfare and health care sector and other household, cleaning and domestic services. A separate group is constituted by tasks involving assistance and care of persons with disabilities. These may cover tasks ranging from assistance in daily functions to complex nursing tasks or closely related health care tasks.

Domestic work presents several shortcomings and load factors related to working conditions. Especially in the above-mentioned fields, persons working at somebody else's home typically work alone, which is known to increase the risk of harassment and violence. In some cases substance and drug abuse expose domestic workers to danger. Even though these load factors are recognised, working alone has not been replaced with working in pairs, for example, even if workers had requested this from their employer.

In addition, work performed at another person's home often involves problems related to the disparity between the amount of work and the time reserved for it as well as to time pressure and haste. Insufficient time reserved for work and haste also cause ethical load to workers because the time reserved for work is not adequate for performing the work according to the requirements set in the workers' ethical codes. Due to haste and lack of time workers cannot take statutory breaks and neither do they have social facilities for breaks. Furthermore, moving from one workplace to another and commuting may cause risks to safety.

In domestic work, inappropriate tools and instruments in work involving lifting, moving and cleaning as well as lack of protective gear and/or their inadequacy also increase work load. Poor ergonomics often causes productivity problems in care, nursing and cleaning work. Introduction to work is often inadequate or non-existent.

Identification of work-associated risks and evaluation of their significance to health, which are essential elements of occupational safety and health, are also inadequate in domestic work. The supervisory competence of the occupational safety and health authorities is limited in workplaces

covered by domiciliary peace as the occupational safety and health authority has no competence to monitor the working environment at private homes.

Personal assistants are in a particularly difficult position as they are often young and unexperienced and their employer may be a person with disabilities or other person incapable of taking care of his or her obligations as an employer. Their protection under collective agreements is quite inadequate.