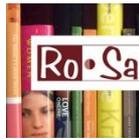




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Country Report Estonia

Gender Pay Gap in Estonia

Background Information to Develop New Solutions for an Old Problem

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Country Report prepared for the project:

“Gender Pay Gap: New Solutions for an Old Problem. Developing Transnational Strategies Together with Trade Unions and Gender Equality Units to Tackle the Gender Pay Gap“

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Gender Country Report

Methodology

This report has been prepared between January and June 2015, the final deadline was July 15th 2015. The information and analyses presented in this report have been collected through review of available studies and other publicly available data (statistics databases etc). In addition to that, main and most essential part of the information was collected via interviews with different experts. During the study interviews were conducted with gender issues expert from the Ministry of Social Affairs as well as trade union and employer association representatives from national confederations and respective sectors.

We would like to thank all experts contacted during this study for their cooperation and information.

1. General Overview (Cross-sector)

1.1. The wage setting system in Estonia

In Estonia, most of employees' working conditions, particularly pay is fixed in bipartite negotiations between the employer and the individual employer (Osila et al 2014). Employment Contracts Act stipulates only the minimum conditions the contract has to meet including the agreed remuneration payable for the work, the procedure for payment and the time of falling due of wages (pay day), also taxes and payments payable and withheld by the employer. Overall, legislation has a minor role in the wage formation by prescribing that the contract has to respond to the principle of equal treatment and stipulates the right to wages and remuneration in special conditions (i.e. overtime, etc.) (Employment Contracts Act). Otherwise, the pay is negotiated between the parties. The Employment Contracts Act also stipulates the terms for employers to unilaterally decrease pay due to unforeseen economic circumstances that are beyond employers control whereas employee has the right to refuse to perform work in proportion to reduction of the wages. According to Employment Contracts Act survey (Masso et al 2013), for 57%-63%¹ of employees the employer unilaterally determines all terms of employment and working conditions upon entry into an employment contract whereas employee does not have the option to negotiate. Additionally, the study showed that 25%–31% of employers have developed standard terms and conditions for employment contracts, taking into account their needs and expecting the employees' to agree with those terms (Ibid.). Interestingly, the study found that 43%-49% of employees are totally satisfied with their working conditions, 48%-54% are quite satisfied and only 2%-3% of employees found that their working conditions are totally or somewhat unsatisfactory (Ibid.). In general, the study showed that employees' freedom and bargaining power over their working conditions is often limited in Estonia, but that most workers are discontent with such arrangements (Ibid.).

Although the Employment Contracts Act stipulates that employment relationships have to follow the principles of equal treatment and promote equality in the in accordance with the Equal Treatment Act and Gender Equality Act that in turn declares that employer is not allowed to pay different remuneration for same work or work of equal value based on sex. However, in practice, there is no surveillance (no institution is responsible for detecting gender pay gaps) over whether employers actually comply with these stipulations.

There is no wage indexation mechanism in practice in Estonia.

¹ Confidence interval

Collective bargaining is not very common in Estonia. According to different studies (Du Caju et al 2013, Masso et al 2013, Work Life Survey (WLS) 2009) from all enterprises only around 4%-9% of enterprises are covered by a collective agreement. According to WLS 2009, collective agreement coverage in terms of employees is much higher, at 32.7%, compared to the percentage of companies covered by such agreements. Collective agreements are more common in larger companies and in public sector (WLS 2009; Põldis, Proos 2013; Kallaste 2011). By gender, there is practically no difference between the collective agreement coverage of men (33.6%) and women (31.9%) according to WLS 2009 data. There are several social and organisation level factors that explain the low level of collective bargaining in Estonia. Kallaste et al (2011) has brought out that Estonian historic-cultural background, mainly its Soviet Union heritage, has not allowed to build and develop trade union movement in Estonia on the same ideological basis as in has in other countries and that the individualistic nature of Estonian people does not favour belonging to trade unions. Also, Kallaste et al (2011) study found that states lack of appreciation and low support to social dialogue and collective labour relations also affect general opinion towards collective labour relations. At organisation level, low awareness among both employers and employees of the benefits of collective agreements and social dialogue seems to be one of the main factors of low level of collective bargaining in Estonia (Kallaste et al 2011).

Collective bargaining in Estonia has been and continues to be decentralized —the dominant level of collective bargaining is enterprise level as almost all collective agreements are concluded at company level (Kallaste et al 2011; Põldis, Proos 2013). Sectoral level collective agreements are rare and their number has not changed in recent years. Currently there are only two sectoral level collective agreements — in transport and healthcare sector (Põldis, Proos 2013). According to analysis of concluded collective agreements in Estonia (Põldis, Proos 2013), most collective agreements are concluded in educational sector (15.2%) and less than 1% of all collective agreements are concluded in finance and insurance (0.3%), mining and quarrying (0.3%) and accommodation and food service (0.6%) sectors. Pärnits (2012) analysing collective agreements in Estonia, has stated that although the Collective Agreements Act allows to regulate all and any working conditions by collective agreement that the partners find necessary, however the fact is that, the sample list of working conditions that the collective agreement could regulate contained in the Act (e.g. wage, working and rest time etc) are also the main conditions negotiated and agreed on in collective agreements in Estonia. This has also found confirmation in the collective agreements analysis (Põldis, Proos 2013) that showed that collective agreements in Estonia are mostly used to determine wage conditions (93%), working and rest time (92%) and holiday time (89%). These working conditions are followed by terms regulating training (73%) and terms regulating cancellation of employment contract (66%) (Ibid). From all analysed collective agreements, only 4% included agreements regarding employees equal treatment (avoidance of discrimination, following the principle of equal treatment and promote equality) (Ibid). However, it is not possible to determine, to what extent and what kind of measures are implemented to ensure employees equal treatment.

In the civil service, the system of wage formation is different and has gone through quite significant changes in recent years as after more than a decade of discussions, the new Civil Service Act was implemented in 2013 (Osila, Kõöp 2013). According to new Civil Service Act, civil servants salary comprises of the basic fixed pay that is based on the job description, official functions and knowledge, skills, and experience (Ministry of Justice 2013). The variable component of civil servant's salary that is limited up to 20% of the civil servant's annual base salary, is an irregular part of the remuneration of an official which may be paid only as a performance payment or as an additional payment for the performance of additional duties or as a bonus for exceptional service-related achievements (Ibid). Thus, compared to previous legislation that allowed extra payments for seniority, for academic degree, for foreign language skills and bonuses for birthday etc, new legislation abolished all such additional remuneration opportunities and allows only bonuses for performance and additional duties (Osila, Kõöp 2013). New system was implemented due to extensive use of variable pay components that lead to non-transparent payment policy and decentralised remuneration system (Ministry of Justice

2013). The new system demands that every organization as an employer has to develop a salary guide that determines basic salary rates or salary ranges and coordinates the guide with the Ministry of Finance who is responsible for the the general development of public administration including remuneration policy (Ibid). The new Civil Service Act § 65 stipulates that salary guides and the salaries of civil servants and public employees are made public (Ministry of Justice 2013). This enables to ensure greater transparency of the payment policy and equal treatment of servants that do comparable work in different sectors (e.g. wages in the field of education, culture, and social affairs are significantly lower than in in field of finance and economy), and allows adequate comparison of wages between public and private sector to increase competitiveness of civil servants salary (Ibid). As education, culture and social affairs are all women-dominated sectors, it could be assumed that such change would also contribute in decreasing gender pay gap in public sector.

Similarly to Employment Contracts Act § 37 and compared to previous legislation, new Civil Service Act implemented in 2013 also stipulated the terms for employers to unilaterally decrease pay due to unforeseen economic circumstances that are beyond employers control (Civil Service Act § 61). It can be assumed that this change was made due the global financial crisis, to give employers more flexibility adjusting their activities in case of further criseses and preserve employment. During the crisis, the number of concluded collective agreements also decreased sharply from 97 in 2007 to 54 in 2011 mainly due to two reasons — social partners understood how difficult the economic circumstances were and decided to focus on preservation of existing jobs and due to employers' resistance to start negotiations due to difficult financial situation (Espenberg, Vahaste 2012). During the crisis, many companies cut wages, used unpaid leave and shortened working hours to survive the crisis (Masso, Krillo 2011). Viilmann (2010) has brought out that in international comparison, performance based pay in Estonia is used more extensively and during the crisis, companies used the opportunity to decrease additional pay among other measures to cope with the deteriorated economic circumstances. Public sector suffered as well as due to the crisis, the government had to make budget cutbacks which was also expressed in public sector personnel costs, which were cut by 8% in 2009 and 9% in 2010 (Osila, 2014). Mainly it meant that performance based pay, bonuses and other premiums were cut as the share on performance based pay in civil servants salary fund decreased from 10% in 2007 to 1% in 2011 (Ibid). In 2011, personnel costs in public sector were maintained at the same level meaning that salaries could only be increased by optimising internal activities and increasing efficiency (Ibid).

1.2 The minimum wages in Estonia

As of 1992, the national minimum wage was first agreed in a tripartite agreement between national level social partners —Estonian Employers Confederation (ETTK), Estonian Trade Union Confederation (EAKL) and the government representatives (Osila, Kadarik, 2014a). Since 2002, minimum wages have been set in annual bipartite agreements between EAKL and ETTK and brought into effect by a government decree (Ibid.). The national monthly minimum wage and hourly minimum wage is valid for all full-time workers (government decree RT I, 03.12.2013, 4.). There is no differentiation for other groups of workers (except for additional minimum wage agreements in some sectors and occupations e.g. health care, doctors, nurses, care givers) (Ibid).

During high economic growth years from 2005-2008, national minimum wage increased rapidly by 61% from €170 to €278 (Karu, Nurmela 2008). Minimum wage was not increased during 2009-2011 despite EAKLs demands (Osila, Nurmela 2011). Employers finally agreed to increase the minimum wage as of 2012 when the minimum wage was increased by a slight 4.2% from €278 to €290 (Osila, 2012a). In 2012 it was agreed that the minimum wage would increase by around 10% up to €320 as of 2013 (Osila, Kadarik, 2014a). In September 2013, social partners announced in a joint statement that they have concluded a two-year national minimum wage agreement for the years 2014-2015 increasing the national minimum wage up to €355 a month and €2.13 an hour as of 2014 and €390 a month and €2.34 an hour as of 2015 (Osila, Kadarik, 2014a). Overall, minimum wage is quite low as in 2013 it reached 33.7% of national average wage. Based on Structure of Earnings Survey data (2010) it can be assessed that around 10% of employees earnings are around national minimum wage while

the median monthly earnings in 2010 among men was 799€ and among women 544€. During the recent parliamentary elections campaign (elections were held on 1 March 2014), the promise to increase the national minimum wage was among several parties election programmes leading to wider debate about the national minimum wage and its amount. The debate over national minimum wage was actually triggered already in June 2014 when one of the opinion leaders, Mr Indrek Neivelt, proposed to increase the national minimum wage up to €1000 by the year 2018 to boost economy (Koovit, 2.06.14). This idea and debate was welcomed by trade unions, who still remained reserved and proposed that minimum wage increases should be gradual, carefully analysed with employers and economists and would require also employees' skill development (EAKL webpage 11.06.14). During the election campaign, Estonian Socialdemocrat Party came public with their promise to increase the national minimum wage gradually up to €800 by 2019 (Saarmann 24.09.14), while Estonian Centre Party proposed to increase the national minimum wage up to €1000 immediately (Ojakivi 9.02.15). Employers called the idea populist and stated that such increase is not realistic (Krjukov 29.09.2014). In coalition agreement concluded by the new government in April 2014, it was revealed that the government remained quite modest in its plan to increase the national minimum wage as the coalition agreement stated that the new government aims to conclude agreement with social partners to increase national minimum wage up to 45% of national average wage by 2019 (Coalition agreement 2015).

In addition to these two sectoral level collective agreements, there is national minimum wage set for teachers. Until 2013, there were four different minimum wage levels depending on the teachers experience (junior teachers monthly minimum wage was €608.18, for regular teachers €644.04, for senior teachers, €736.07, and for teacher-methodologists €888.88) (Osila, 2012b). As of 1 January 2013, the government stipulated the national minimum wage increase for junior and regular teachers up to €715, while the national minimum wage for senior teachers and teacher-methodologists did not change (government decree RT I,04.01.2013,38). As of 1 January 2015, the minimum monthly wage for all teachers is €900 (government decree RT I, 23.12.2014, 12).

And, there is also minimum wage set for cultural professionals. As of 2015 the minimum monthly gross wages of a full-time cultural worker, is at least 731 euros per month. The minimum wage applies to all full-time cultural employees with a degree, who are working in public authorities, state-owned private foundations and public law agencies in a position that requires academic degree (Ministry of Culture 9.12.2014).

In addition, there are two sectoral level collective agreements — stipulating additional minimum wage rates in transport and in health care sector (Põldis, Proos 2013). In transport sector, Estonian Transport and Road Workers' Trade Union (ETTA) and the Union of Estonian Automobile Enterprises (AL) have concluded sectoral collective agreements for over twenty years (Osila, 2012c). In March 2015, the parties announced that they have renewed their collective agreements regulating passenger transport and as of 1 April 2015, the minimum wage for bus drivers is €3.20 an hour and monthly wage together with additional bonuses cannot be under €800, which is 51% higher than national minimum wage (ETTA webpage 6 March 2015). Health care is the second sector in Estonia which is covered by sectoral collective agreement, but compared to transport sector, collective bargaining negotiations have never run as smoothly in this sector. Last collective agreement in the sector was signed after months long negotiations on 19 December 2014 by Estonian Medical Association, Union of Estonian Healthcare Professionals (ETK), Estonian Nurses Union, Union of Estonian Emergency Medical Services, Estonian Hospitals Association (Health care sector collective agreement). The agreement stipulates that as of 1 January 2015, minimum wage for doctors is €9 an hour (almost three times higher than the national minimum hourly wage); for nurses €5 an hour (more than half of national minimum hourly wage), for ambulance medical service technicians €4.25, for emergency medical service technician €4.5 per hour, 3€ per hour for caregivers. As of 1 January 2016, minimum wage for doctors is €10 an hour; for nurses €5.5 an hour, for ambulance medical service technicians €4.7 per hour, for emergency medical service technician €4.9 per hour and €3,3 per hour for caregivers.(Ibid).

In addition to these two sectoral level collective agreements, there is national minimum wage set for

Overall, it is also important to note that gender pay gap and the potential different affect of minimum wage increase on the situation of men and women is not discussed in national level social dialogue and during sector level collective agreement negotiations.

1.3. General initiatives to Tackle Gender pay gap

Gender pay gap is a gender equality indicator, which in Estonia first got public attention around 10 years ago. The issue has been broadly discussed in regards of Eurostat's gender pay gap statistics, where Estonia comes forward with the widest gender pay gap since the year 2002 (Eurostat, Gender pay gap in unadjusted form).

Trade unions and employer association have not launched any initiatives to tackle gender pay gap on their own, but have been somewhat involved in some of the initiatives launched by the state. In some cases they were consulted during the project. There have been several reasons for this. One of the reasons is low awareness of the issue, but also because this issue has not been raised by their members. Also, since both national level social partners are quite small organisations, they do not have the capacity to deal with all issues and have to prioritize. Since the awareness of the gender wage gap, its reasons and consequences are still not high, the issue has not been a priority.

The first initiatives aiming to reduce gender inequality and indirectly also gender pay gap, was carried out in 2007. "Equality between Men and Women - Principle and Goal for Effective and Sustainable Enterprises" was an Estonian-French Twinning project, which was co-financed by the European Union Transition Facility 2006 programme. The project aimed to raise awareness of gender equality related legal provisions, measures, policies, and good practices in private companies. The project activities included (Ministry of Social Affairs 2015):

1. Preparation of guidelines for employers to encourage companies to take into account gender equality principles in recruitment processes, training and career, pay and work-life balance; during the process, the ideas were also consulted with social partners.
2. Arrangement of seminars for representatives of large companies, SME-s and employees to improve the awareness and skills of promoting gender equality in an organisation.
3. Preparation of systematic compilation of the European good practices to implement the principle of equal treatment of men and women and to promote gender equality in the private sector

Since 2008 most of the gender equality initiatives, were planned and funded from the EU structural funds. The European Social Fund included programmes "**Promotion of Gender Equality in 2008 – 2010**" and "**Promotion of Gender Equality in 2011 – 2013**". The goal was promotion of gender equality and reducing gender discrimination. The more detailed aims were (Espenberg *et al.* 2013):

1. to guarantee the implementation of gender equality provision of law
2. to improve employers' and employees' awareness about gender equality, and the rights and the responsibilities;
3. to implement gender equality strategy in the labour market and education;
4. reduce gender stereotypes.

The initiatives aiming to reduce gender pay gap from the programme "**Promotion of Gender Equality in 2008 – 2010**" were the following (Espenberg *et al.* 2013):

- 1) Gender Equality Act explanatory publication, which was targeted for legal professionals. Also a summarized and introductory brochure of the Gender Equality Act was published for the general public;

- 2) An extensive study about gender pay gap, which consisted of four different reports: theoretical background and literature review, empirical analysis, company case studies and policy recommendations. The study was conducted by PRAXIS Centre of Policy Studies and the Estonian Centre for Applied Research Centar
- 3) a conference “Caring Fatherhood” and the “Father’s calendar”, which aimed to promote active fatherhood that contributes to more equal sharing of family responsibilities among men and women
- 4) Four gender equality consultants for organizations were trained. Also gender equality seminars for employers were organized in order to improve awareness about how to promote gender equality in an organisation;
- 5) Media campaign, which aimed to reduce gender stereotypes and attitudes deriving from such stereotypes in the labour market and encouraged the public to make career choices by disregarding gender stereotypes. The campaign was targeted to high school graduates and people considering changing their career paths.

The initiatives and activities aiming to reduce gender pay gap from the ESF programme “**Promotion of Gender Equality in 2011 – 2013**” are the following (Espenberg *et al.* 2013):

- 1) In May 2011 conference “Let’s Talk about the Pay Gap” was organized. The aim was to discuss the findings of the study on “Gender pay gap in Estonia” (conducted under the ESF programme “Promotion of Gender Equality in 2008 – 2010”). In 2012 additional four gender pay gap seminars in various parts of Estonia were held.
- 2) In 2012 trainings on the implementation of the Gender Equality Act were held. The trainings targeted legal authorities and members of labour dispute committees
- 3) In 2013 media campaign drawing attention to the gender stereotypes and the negative impact of them in labour market was carried out. The campaign consisted of 7 satirical video clips², which got wide attention and discussions from the public; career days for boys and girls and several PR-initiatives;
- 4) Trainings and thematic seminars were organised for employers, employees and the representatives of employers to promote and reckon with gender equality principle at the workplace.
- 5) Equal Pay Day in 2014 and 2015 in order to raise awareness and promote public discussions regarding gender pay gap were organised in all Estonian counties.

The Centre for Applied Social Sciences (CASS) in the University of Tartu carried out an interim evaluation of the ESF programmes “Promoting gender equality 2008-2010” and “Promoting gender equality 2011-2013”. The evaluation covered the activities completed in the period from 1 January 2008 to 31 December 2012. The overall assessment of the effectiveness of the measure ‘Promoting gender equality’ was positive. It was inferred that the program was efficient as well as reasonably effective and had sustainable outcomes. However, some critics regarding the measure was that despite the fact that the public discussion and debates about gender equality have increased, the situation regarding gender inequality in labour market has not improved significantly during or after the implementation period. CASS found that the most successful activities under the measure were the extensive study about Gender Pay Gap and the gender equality monitoring, which provided evidence-based approach to gender equality issues in society and in addition to more active public discussions, also influenced political instances to take steps to promote gender equality. As described previously, the gender pay gap study triggered numerous seminars in all over Estonia, an international conference, discussions and debates in the media as well as the development of action plan of the reduction of gender pay gap, which was approved by the Estonian government in 5th July 2012 (Espenberg *et al.* 2013).

² The video clips are also available with English translation at: <http://www.stereotyyp.ee/en/>. The campaign page and video clips were also made available in Russian.

Although various activities for promoting gender equality as well as reducing gender pay gap were implemented through EU structural funds programme and resources, it could be concluded, that in political level the measures and initiatives tackling directly gender pay gap have been practiced since year 2012, when the action plan for the reduction of gender pay gap was approved. The main streams of actions planned in the action plan for reducing the gender pay gap were (Memorandum, 2012):

- 1) Improving the implementation of the existing gender equality act (*Soolise võrdõiguslikkuse seadus*). This includes: improvement of the collection of statistics, awareness rising to show negative impact of stereotypes on career choices, providing training of gender equality act to lawyers and employers and public sector workers, etc.
- 2) Improving the policies for family, work and private life reconciliation, which includes work with employers; carrying out studies and developing the new set of measures in enhance reconciliation.
- 3) Gender mainstreaming, especially in the fields of education and employment, including developing and testing gender equality as a topic to the curricula of teachers; developing gender equality module for universities
- 4) Reducing the gender segregation in the labour market and education by developing a mentoring programme for females to increase the share of women among managers
- 5) Analysing the organisational practices and pay systems, which includes developing job evaluation system for public service jobs; carrying out an analysis of the pay system in the public sector.

The gender pay gap action plan faced various critics from Social Democratic Party, being one of the opposition parties at the time. The main critics of the action plan were that mostly soft measures (awareness raising, analysis etc) are used and no gender quotas or other coercive measures are planned (Mikko, 2014).

The main indicator for evaluating the success of the Action Plan for reduction of gender pay gap is the indicator itself. However the Action Plan could be criticized for not having proposed indicators to measure the impact and also for no monitoring or evaluation arrangements in order to measure the achievements of the Action Plan. In addition, there is no surveillance system in place for detecting gender pay gap in companies. Although Labour Inspectorate exercises supervision over working conditions in companies, it is not Labour Inspectorates assignment to detect and identify gender pay gaps in companies.

The economic crises had a negative impact on men's employment as the unemployment rate of men was at its peak in 2010 (Statistics Estonia, 2015). In Estonia one of the reasons for the wide differences in women's and men's pay, is due to the gender segregation in the Estonian labour market (Anspal et al 2010). Thus according to Eurostat Estonian statistics, the gender pay gap was the lowest in 2009 with its 26.6%, whereas before the recession, in 2007 it was 30.9%. As the economy started to recover from the recession in 2010, the rate of gender pay gap has again increased over the last years (Eurostat, Gender pay gap in unadjusted form).

On 1 March 2015, Estonians elected the new 13th Riigikogu and at the beginning of April, the new government was nominated. The new government has promised to take measures for reducing the gender pay gap. For example the Ministry of Social Affairs compiled a draft regulation, which states the obligation of the entrepreneurs to collect gender based data regarding working conditions (such as

salary, vacation, trainings). The aim of the regulation is to observe and assess if organizations comply with the equal treatment principal in their work relations. According to the Ministry, such regulation would have important social impact by influencing the employment relations and work culture. The goal is to establish the regulation on 1st of January, 2016. Also the new government promises in their Action plan following activities, which should directly or indirectly help reducing the gender pay gap (Republic of Estonia Government, 2015):

- To reduce the pay gap, the efficiency of Labour Inspectorate control over collective agreements will be increased. Also an example for equal pay for men and women in the public sector will be set.
- A programme to eliminate the shortage of kindergarten places during the current European Union budgetary period will be started and local governments will be provided with grant aid to expand childcare possibilities
- To analyse the possibilities to make the Parental Benefit system more flexible
- For work- and family life reconciliation, the possibilities for parents to take paid vacation simultaneously.
- Increasing the role of women in Estonian politics will be encouraged and the goal of moving towards gender equality in the management of community life (Riigikogu, government, local government, etc.) will be set.

In an interview with the representative of the Ministry of Social Affairs it was stated that to tackle gender wage gap, joint efforts have to be made by the state, employers and trade unions and other relevant stakeholders. Also, as the problem is structural, current project based approach to tackle the problem, is not sufficient. Therefore, a more systematic approach should be implemented involving all different areas of life and all relevant stakeholders in order to decrease the gap and tackle the roots of the gender wage gap.

PART II: Sector-specific Analysis: Financial Service, Insurance and Auxiliary Activities and Human Health Activities

PART II.A

2. Sector-specific Analysis: Financial Service and Insurance

(NACE-sector K64-66: financial service activities, insurance and auxiliary activities)

2.1. Background information about the Financial Service and Insurance sector in Estonia

Financial service and insurance sector is very small in Estonia, making only 1.6% of total employment rate with 9,600 employees in 2013 (Labour Force Survey data, LFS). The employment level and the number of employees has decreased steadily around 15% since 2009 to 2013, although there was a small increase in the number of employees from 9,400 in 2010 to 10,300 in 2012 as the economy started to rise again (Statistics Estonia, LFS data). Since 2012, the number of employees started to decline again from 10,300 to 9,600 in 2013 and 7,900 in 2014 (Statistics Estonia, LFS data). From total employment among people aged 15-64 in financial service and insurance sector, men formed 23% and women 77% in 2013 (Statistics Estonia, LFS data). While looking at the gender division between different occupations, it shows that vertical segregation exists in the sector. From all employed women aged 15-64 in the sector, only 6% work as managers and 33% as professionals while among men the same indicators are 27% and 55% (Statistics Estonia, LFS data). In comparison, only 7% and 12% of all men in the sector work as technicians and associate professionals and clerical support workers compared to 30% and 31% among women in these occupations (Statistics Estonia, LFS data). From all managers men form 58% and women 42%, from all professionals men form 33% and women 67% , from technicians and associate professionals men form 6% and women 94% and from clerks working in the sector men form 11% while women 89% (Statistics Estonia, LFS data).

All together there were 1,705 companies active in the sector in 2013 (Statistics Estonia). Compared to 2008, the number of companies has increased by around 16% from 1,427 to 1,705 in 2013³. Practically all (99.8%) of the companies in the sector are private companies (Statistics Estonia). Most of the companies in the sector are micro-enterprises with less than 10 employees (95%) and 3.5% are companies with 10-49 employees (Statistics Estonia). Although most of the companies in the sector are micro enterprises, there are 7 large companies with more than 250 employees (0.5% of all companies in the sector) and 18 companies with 50-249 employees (1% of all companies) that employ more than a half of the employees in the sector⁴(Statistics Estonia).

From all men and women working in the sector, 93% worked full-time and 7% part-time in 2013(Statistics Estonia, LFS data). In comparison, the division between full-time and part-time work among total employment among people aged 15-64 in 2013 was 91.1% and 8.9% accordingly (Statistics Estonia, LFS data). Remarkably, part-time work was more frequent among men (12%) compared to only 6% women in the financial service and insurance sector, while full-time work was more frequent among women (94%) compared to 88% among men (Statistics Estonia, LFS data). In

³ Since January 1st, 2010 all sole proprietors are also included in the total number of enterprises.

⁴ Authors estimate based on the annual reports and information published on the official web-pages of different big banks and insurance companies (Swedbank AS, SEB Bank AS, Nordea Bank AS, Big Bank AS, Ergo Kindlustus; IF Kindlustus, LHV Bank AS together employ roughly around 5,000 employees).

contrast, looking at the total employment among men and women aged 15-64, part-time work is more commonly used by women (12.4%) compared to men (5.5%) in 2013 (Statistics Estonia, LFS data).

According to 2013 labour force data, most (98%) of the people in the financial service and insurance sector aged 15-64 have written employment contracts with unspecified duration. There are no significant difference among men and women. The use of fixed term contracts is nearly non-existent as they comprise only 2% from all contracts (0% among men and 2% among women), the same with civil service contracts that comprise only 3% of all contracts (0% among women and 3% among men) (Statistics Estonia, LFS data).

There is only one sectoral level trade union in the sector. The Union of Estonian Financial Sector Employees (Eesti Finantssektori Töötajate Liit, EFL) was created on 11 September 2013. The foundation of a new trade union, especially in such field as financial services and insurance sector was surprising as overall the trade union membership is declining in Estonia and is one of the lowest in Europe (Osila, Kadarik 2014b). EFL has members from 5 different banks (including one affiliate trade union) and smaller financial service and insurance institutions (EFL webpage). As the Estonian financial sector is strongly intertwined with the Scandinavian banks that expanded to Estonia in the 1990s, unsuccessful attempts were made to form trade unions for workers in the sector (Osila, Kadarik 2014b). Employers now say that Estonia's working culture more closely resembles to the Scandinavian model where trade unions form an important part of the sector, and this is believed to be one of the reasons why a new trade union was finally formed in 2013 (Ibid). Employers have also said that the creation of a trade union can be seen as a characteristic of an advanced society which could help to improve the quality of services in the sector (Gabral, 2013). During the foundation of EFL, the founders contacted two Swedish trade unions, the Financial Sector Union of Sweden (Finansförbundet) and the Academic Association (Akademikerförbundet SSR) and also cooperated with the Estonian Trade Union Confederation (EAKL), all of them supported the new trade union and shared necessary information (EAKL newsletter October 2013). The foundation of the trade union was driven by some questionable cases of termination of employment and not by uneven wage distribution in the sector that was speculated in the media (ibid). EFL representative stated that they handle and engage in problems that their members have raised and that currently salary has not been an issue their members have brought up. The leaders of the union have stated that the main focus of the Union will be on employment legislation and raising employees' awareness of employment legislation (Lepik, Gabral 2013). The union aims to develop a constructive dialogue between employees and employers. Likewise, employers' general reaction to the foundation of the trade union has been positive, they have expressed their hope that the union will be a constructive partner and have called for cooperation (Osila, Kadarik 2014b).

2.2. Income and gender pay gap in the Financial Service and Insurance sector

According to Eurostat data, the unadjusted gender pay gap in the financial service and insurance sector in Estonia is the highest in Europe reaching up to 44.9% in 2013. According to Statistics Estonia Labour Force Survey data, the gender pay gap in the financial service and insurance sector was 41.8%⁵ in 2013 which is still the highest in comparison with other sectors. According to Eurostat data, in the financial service and insurance sector the gender pay gap increased from 40.7% to 43.9% from the years 2008 to 2010, decreased up to 41.1% in 2011 and then started to increase again up to 44.9% in 2012 where it also remained in 2013. Overall, Estonia has the highest gender pay gap in Europe, reaching up to 29.9% in 2013 according to Eurostat data, while according to Statistics Estonia, the gender pay gap in Estonia was 24.8% in 2013⁶. Unfortunately, there is information on only a few

^{5 6} The difference is likely caused by different data (Estonian Enterprise Register data) and by the fact that Statistics Estonia includes small enterprises (below 10 people) and all fields of activities into the calculations that Eurostat excludes (i.e. public administration, agriculture, forestry and fishing).

occupations in the sector. According to structure of Earnings Survey data (2010) while comparing the average gross hourly earnings it showed that the gender wage gap among men and women among financial and insurance services branch managers was 28%, among financial and investment advisers 25% among accountants 15%, and among financial analysts 5%.

Overall, the wage level in the financial service and insurance sector has been and continues to be one of the highest in Estonia as in the rest of the Europe. According to Statistics Estonia, the average gross salary in the sector in 2013 was 1,552€ which was 39% more than the average gross salary across all economy (949€). However, the average salary in the sector decreased by around 15% from 1520€ to 1,319€ from 2008-2010 and managed to reach the 2008 wage level only in 2013. During this time, salaries in the information and communication sector have continued to rise and as of 2011, the average salary in the sector exceeded the average salary in the financial sector. According to Kantšukov et al (2015), the average gross monthly salary among men in financial sector was 2,043€ compared to 1,148€ among women in 2010. Comparing men and women with same educational attainment, Kantšukov et al (2015) found that men earned more than women in all educational attainment levels in financial service and insurance sector (e.g. average gross salary among men was 2,043€ compared to 1,148€ among women) in 2010. Statistics Estonia, Structure of Earnings Survey data showed similar gap between men and women earnings as the average gross monthly earnings in financial service and insurance sector in 2010 among men was 1,913€ and among women 1,135€.

Based on previous paragraphs, it can be concluded that there are indications of both, horizontal as well as vertical segregation, that somewhat explains the gender wage gap in the sector. However, as the gender pay gap in the sector is very big and taking into account other factors discussed earlier, then it's difficult to imagine that segregation is able to explain the whole gender pay gap in the sector.

During the crisis (Viilmann 2010) Estonian companies tried to use different measures to avoid or postpone the decreasing of basic salaries of employees. Companies preferred to decrease the share of performance based payments and bonuses and preferred to cut other benefits (gas and phone bill compensations; freeze training expenses, cutting business trips and teambuilding events) before decreasing employees' basic salary (Ibid). According to Estonian Business Association, decreasing performance based pay was one of the main measures used in addition to reduction of basic pay (Viilmann 2010). In some companies such as in one of the biggest companies in Estonia — Swedbank the performance based pay formed around 20% of employees' total salary (Viilmann 2010). This is also confirmed by analysis of Kantšukov et al (2015) that found that since 2009, the volatility in gross wages in the financial sector diminished significantly mainly because due to the crisis, performance pay and bonuses were decreased or abolished. As a result, employment in the sector decreased together with pay level, while different reforms such as stricter surveillance requirements and measures to guarantee the stability of financial institutions were introduced during the crisis (Osila, Kadarik 2014b). Such conditions set high demands for remained employees who have to constantly upgrade their skills and knowledge and have little time to adjust in the changed system (Kantšukov et al 2015). While the information on overtime work is not available, employee representatives expressed that due to the restructuring and reforms in the sector, the workload of remained employees has increased and since the sector still suffers due to the crisis (e.g. companies continue their internal restructuring by closing down their offices etc), the previous bonus systems have not been restored, causes distress among employees.

2.3. Wage-setting process in the Financial Service and Insurance sector

Working conditions, including salary in financial service and insurance sector are determined via individual negotiations between the employer and employee. According to collective agreement

register under the Ministry of Social Affairs, there is currently only one active collective agreement in financial service and insurance sector⁷. There is no minimum wage set in the sector.

Still, many larger companies in the sector have elaborated quite comprehensive personnel management systems including salary systems that one the hand may limit the freedom of determining the working conditions in individual negotiations as to a certain extent the conditions have been predetermined and the negotiations are held within this frame. But, on the other hand pre-set framework for negotiations also ensure that the conditions for doing similar work cannot vary significantly and only depend on persons' negotiation skills. Thus, it may help to equalise the salaries within positions.

Although the crisis affected the sector significantly forcing companies to decrease their personnel and cut down salaries, it has not introduced any significant changes in wage-setting process in the sector. Still, in the beginning of March 2015, EFLs affiliate trade union in Nordea Bank Estonia announced that they aim to conclude a collective agreement by the end of 2015 (Kuul 2015). According to the representative of the trade union, the main aim is to agree on pay rise, but in addition the trade union want to address issues like possible office closures and redundancies, employment termination practices, working environment issues and gender wage gap. While the idea and understanding of a trade union and collective agreement in the sector is still quite new in Estonia, the representative of Nordea Bank trade union expressed that employees have welcomed the idea. It can be concluded that the formulation of trade unions in the sector shows that employees across the sector sense the need for collective action to stand for their rights due to the deterioration of working conditions during the crisis. However, it is difficult to predict whether trade unions succeed in concluding collective agreements and thereby change the wage-setting mechanisms in the sector.

2.4. Initiatives to tackle gender pay gap in the Financial Service and Insurance sector

Although according to Eurostat data the gender pay gap (unadjusted) is the biggest in the financial services and insurance sector (44.9% in 2013), no specific measures and initiatives to tackle gender pay gap have been launched so far in the financial services and insurance sector. In their study, Kantšukov et al (2015) mapped the characteristics of current specialists working in the financial sector and studied what are the trends and needs the financial sector employees need to comply in the future. In their analysis Kantšukov et al (2015) mention that the share of women in the sector has continually increased and is much higher compared to EU average and that gender wage gap in the sector is significant, however while studying trends regarding the availability, recruitment and development of necessary labour force in the sector and determining potential problems the sector might thereby face in the future, the issue of gender wage gap was not mentioned by specialists (personnel managers/specialists). Interestingly, Kantšukov et al (2015) also found that in the financial sector, foreign companies involvement in their local affiliates personnel management is minimal. This finding is interesting as it has been argued that the closeness of Scandinavian countries, whose affiliates most of the banks in Estonia are and the gender equality practices implemented in these Scandinavian financial institutions also affect personnel practices in Estonia. While this finding does not prove that it is not so, its affect might be overestimated. Insufficient knowledge and low level of awareness on the issue of gender equality and gender wage gap in society and in the sector was also brought out by different experts in the sector interviewed for this study. It was also expressed by both employers associations and the trade union representatives that salaries in the sector and the issue of gender wage gap has not been brought up by their members. Also, for some of the representatives, it came as a surprise that the gender wage gap in the sector is the highest in financial service and insurance sector compared to other sectors. Such opinions are expected as the average wage in the sector is way above the national average wage and as financial service and insurance sector is considered to be one of the sectors with the best working conditions. This is also confirmed by different surveys/studies, where for years, different banks have been in the top of the most desired employers or regarded as the most prestigious employers (Delfi webpage 21.01.2015). In addition, trade union representatives brought out that since salary is determined between individual negotiations between employer and employee

⁷ Enterprise level collective agreement between insurance company If P&C Insurance AS and its workers, covering 338 employees. <http://klak.sm.ee/leping/1054>

and as salaries are not public information, it is not possible to determine whether gender pay gap exists and whether it can be justified. Therefore, the reason for no initiatives in the sector was also explained by the lack of sufficient information on salaries and possibilities to determine how much of the average gender wage gap in the sector could be explained by objective characteristics and how much of the gap is caused by employers' discrimination. Also, as salary is a taboo topic in Estonia and usually not discussed with others, people may not know if their colleague is getting paid more for the same work. Therefore, it was concluded by the trade union representatives that the problem might exist, but in reality it is not possible to determine or prove it without the data. Also, that to date, the issue of uneven salaries and gender pay gap has not been raised by their members. Employers' representatives also mentioned that they would expect the state to take more action to tackle gender wage gap and help employers to tackle the gender wage gap if the state finds that this is a priority issue and it is important to address this problem.

At the same time, only sectoral level trade union EFL has brought out that their main focus is on problematic and questionable termination of employment contracts, redundancies and other labour law violations that have happened in the sector and that also concern parents returning to work from parental leave. As at September 2014, Gender Equality and Equal Treatment Commissioner stated that most of the complaints the Commissioner has received during 2014 are made by parents with small children, parents returning to work from parental leave and pregnant women (Velsker 2014). In May 2015, it was published in media that the court had ruled one bank had unlawfully terminated employees' employment contract who had just returned to work from parental leave. EFL made a statement saying that they have repeatedly turned employers' attention to the unlawful and unethical termination of employment contracts with parents returning to work after parental leave in financial sector and urged financial services and insurance sector employers to stop such practices (EFL homepage).

All in all, while there are no comprehensive measures to specifically tackle gender wage gap in financial services and insurance sector, there are a few examples of practices that may be considered as measures that also contribute in tackling gender pay gap:

- 1) The only collective agreement in the sector covering 338 employees, between insurance company If P&C Insurance AS and its workers. Among other issues, the parties have agreed that the company provides training to employees who return to work after being on parental leave to ensure and support their quick return to work (Collective agreement between If P&C Insurance AS and its workers).
- 2) SEB Bank Estonia has been brought out by Labour Inspectorate as one good work environment practice examples. As of summer 2012, the bank opened nursery/childrens' playroom for employees' children. The room is open on workdays and is meant for children in all ages. The aim is to ensure that employees' children have a safe and suitable environment where they can spend time while their parents work (Labour Inspectorate enterprise level good practices).

2.5 Future plans and possibilities to tackle gender pay gap in the Financial Service and Insurance sector

Currently, there are no existing strategies or initiatives in the sector in which gender pay gap aspects could be better included. In fact, no strategies or initiatives to tackle gender pay gap have been launched in any of specific sectors. Trade union representatives found that in order to tackle gender pay gap in the sector, it is essential to involve employers in initiatives or campaigns to tackle gender pay gap as they have the best opportunities and access to personnel data and statistics and resources to analyze the situation in their organizations and based on gathered information make necessary changes if they wanted to. Trade unions and employer associations also expressed willingness to cooperation with the state or other stakeholders in order to tackle the gender pay gap in the sector if their members point out that this is an issue for them. None of the organizations shared resentment towards the issue

or argued that gender pay gap is not a problem, but compared to other issues the issue of gender pay gap has not been raised by their members as a priority subject that the organisation should deal with. One of the arguments mentioned by both employer associations and trade unions was also that since their organisations are quite small, they do have the capacity to engage with the same depth in all issues meaning that as a result, they have to prioritize the issues and their activities and since the issue of gender pay gap has not been raised by their members, they have not elaborated any specific initiatives to tackle the problem. Overall, it can be assumed that despite the large gender pay gap in the sector, the awareness of the problem of gender pay gap is low and knowledge on how to detect or prevent becoming the victim of discrimination still needs to be raised.

Raising awareness of the complexity and of the consequences of gender wage gap was named as the main measures to support stakeholders in the sector to tackle the gender wage gap by trade unions. And that is equally important to raise the awareness of gender pay gap and increase the knowledge of how to recognize different reasons causing gender pay gap among people working in trade union and employers' organisations.

Additionally, trade union representatives found that making salary information public would help to tackle the problem of gender wage gap as in addition to employers, employees then would know where their wage stands in comparison with others in similar positions within same organisations and in comparison with similar positions in other organisations in the sector. In addition, it could also provide employees with solid arguments to demand higher wage and push employers to make their salary systems more transparent.

Also, both trade unions and employer associations' representatives found that it is important to encourage women to apply and strive for higher positions.

Employers representatives also expressed that the issue of gender pay gap is not only employer's problem, but that its roots are in the society and the problem should be managed at societal level by raising the awareness of the issue on societal level. One employer representative also expressed that the state should implement stricter rules and obligations to employers if the state finds that it is essential that employers would comply with the rules and ensure that they would take up measures to tackle this issue. As currently, the supervision over the compliance of Gender Equality Act, Equal Treatment Act and Employment Contracts Act is not very systematic, it is easy for employers to not collect or analyse their personnel data from gender perspective and detect whether they discriminate based on gender.

Currently, Equal Pay Day does not have any specific relevance for the financial services and insurance sector. However, both employers and trade unions agreed that Equal Pay Day offers a good platform to turn attention to the issue of gender pay gap and raise awareness of the issue in society and in the sector.

PART II.B

3. Sector-specific Analysis: Human Health Activities

(NACE-sector Q86: human health activities)

3.1. Background information about the Human Health Activities sector in Estonia

Health care sector (specifically human health activities) is quite a small sector in Estonia making 4.8% of total employment rate with 27,300 employees in 2013 (Statistics Estonia, Labour Force Survey data, LFS). The employment level and the number of employees have steadily increased by 18% from 22,500 in 2008 to 27,300 in 2013 (LFS data). Still, the employment level and the number of employees declined in from 2010-2012 due to the cutbacks made during the crisis (LFS data). Since 2012, the number of employees started to rise again from 25,500 to 27,300 in 2013 (Statistics Estonia, LFS data). From total employment among people aged 15-64 in human health and social work activities⁸ men formed 9% and women 91% in 2013 (Statistics Estonia, LFS data) making this sector the most female dominated sector compared to other sectors. While looking at the gender division between different occupations, it shows signs of vertical segregation in the sector. From all employed women aged 15-64 in the sector only 4% work as managers compared to 23% of men (in total, 6% of total workforce in the sector are working at managerial positions) (Statistics Estonia, LFS data). From all professionals men formed 24% and women 25% and from technicians and associate professionals men formed 25% and women 35%. Among plant and machine operators men formed 15% compared to 1% among women, while women labour has concentrated in service and elementary positions (Statistics Estonia, LFS data). From all occupations, women formed a larger part except among plant and machine operators where men formed 68% and women 32% off all positions (Statistics Estonia, LFS data). According to National Institute for Health Development (TAI) statistics, from all doctors, men formed 24.7% and women 75.3% and from all nurses, men form 1.7% and women 98.3% in 2013. When looking at distribution of doctors by gender is showed that men have concentrated on some specific occupations: all thorax surgeons are exclusively men and the share of male doctors among urologists, cardiovascular surgeons, neurological surgeons, general surgeons and orthopaedists is higher than 60% of all doctors in these occupations (TAI 2014).

All together there were 2, 043 companies active in the sector in 2013 (Statistics Estonia). Compared to 2008, the number of companies has increased by around 42% from 1,197 to 2,043 in 2013⁹. Majority of companies (around 98%) in the sector are private companies (Statistics Estonia). Most of the companies in the sector are micro-enterprises with less than 10 employees (90%), around 8% are companies with 10-49 employees and around 2% are companies with 50 to more than 250 employees.

From all men and women working in the sector, 87% worked full-time and 13% part-time in 2013 (Statistics Estonia, LFS data). In comparison, the division between full-time and part-time work among total employment among people aged 15-64 in 2013 was 91.1% and 8.9% accordingly (Statistics Estonia, LFS data). Part-time work was more frequent among women (13%) compared to 10% among men in the human health and social work activities sector, while full-time work was more frequent among men (90%) compared to 87% among women (Statistics Estonia, LFS data). Overall, it is in line with the trends in total employment among men and women aged 15-64, although the share of part-time work among men working in health care sector is much higher compared to the share of part time work among men overall (5.5%) in 2013(Statistics Estonia, LFS data). It can be assumed that this phenomenon can be explained by the specific work nature in the health care sector.

⁸ Here and now on, statistics differentiated by gender is only available for the whole NACE Q sector (human health and social work activities and not on Q86 human health separately) if not stated otherwise.

⁹ Since January 1st, 2010 all sole proprietors are also included in the total number of enterprises (family physicians are mostly sole proprietors).

There are different opinions on the prevalence of overtime work in the sector. According to statistics of National Institute for Health Development (TAI), the average number of overtime work among doctors in 2013 was 4.1 hours and among nurses 5.5 hours (TAI 2014). Paediatric surgeons, anaesthesiologists and general surgeons were the ones performing the largest amount of overtime (14.1, 11.3 and 11.5 accordingly) among doctors (TAI 2014). Among nurses, the prevalence of overtime was higher among emergency medicine and anaesthesia-intensive care unit nurses (average overtime working hours were 14.4 and 8.1 accordingly (TAI 2014). Overall, according to TAI data, doctors were working in an average 147 hours and nurses 150.4 hours during the study in November 2013 which was respectively 21 and 17.6 hours less than the standard hours¹⁰. According to TAI statistics, 22% of doctors and 10.8% of nurses were working for more than one employer. In 2014, Estonian Medical Association (EAL) also carried out a study on doctors' workload¹¹.

According to their study, 72% of doctors' workload is higher than full-time workload 1.0 and 50% of all respondents worked for more than 1 employer (EAL 2014). Also, EAL found that on average, doctors work 202 hours a month, while the median workload was 192 hours a month (EAL 2014). According to EAL, doctors-residents workload was the highest (on average 212 hours a month). When asked about what has been the maximum number of hours the person has worked without resting periods, 39% answered that they have had work days that last over 24 hours and 8% had worked more than 36 hours without the resting time officially set in the legislation. Also, their study revealed that the work intensity is very high for most of the doctors, however that there are no compensation for high work intensity work (EAL 2014). Overall, the study also brought out problems in compensating the overtime work (e.g. 33% of respondents stated that overtime work is not compensated at all and in some cases it is compensated, but not in accordance with the legislation). Although EAL's study did not include nurses, trade union representatives agreed that nurses workload and work intensity are an issue and also mentioned problems regarding compensation of overtime work.

According to 2013 labour force data, most (95%) of the people in the financial service and insurance sector aged 15-64 have written employment contracts with unspecified duration. However, there is quite a significant difference among men and women as employment contracts with unspecified duration are more frequent among women (96%) compared to only 88% among men. At the same time although the use of fixed term contracts is very low (4%), such contracts are much more common among men compared to women (11% and 3% accordingly) (Statistics Estonia, LFS data). Interestingly, according to data LFS, 1% of men in the sector work is regulated via authorisation agreements. It cannot be excluded that there might be positions where there is a need and good explanation to use authorisation agreements in the sector in general. However, the use of such contracts among doctors was also mentioned by one trade union representative. Although the representative stated that it is not possible to determine how widely used practice concluding such agreements is, the representative expressed that such agreements cannot be applied for medical personnel working in hospitals as according to the regulation of authorisation agreements, the person does not have to obey to the management and control of the employer and the employer does not provide specific instructions concerning the manner or conditions of performance of the working assignment¹². Thus, arguing that the use of such contracts among doctors is illegal.

¹⁰ In Estonia, the Employment Contracts Act stipulates that the working week is 40 hours a week, 8 hours a day and norm hours are calculated based on that every month.

¹¹ Study made by TAI was based on data on working time officially calculated by an employer for the health care specialists and no health care personnel was questioned separately, in order to determine their vision of actual working time. EAL carried out their study among doctors to ask their real working time and workload.

¹² Law of Obligations Act § 619

There are strong trade unions in the sector: Estonian Medical Association (EAL) representing doctors (more than 2,700 members which is more than half of all doctors in Estonia), Union of Estonian Healthcare Professionals (ETK) representing nurses and caregivers (around 4,000 members) and Estonian Nurses Union (EÕL) representing nurses (more than 4,000 members)¹³. As the sector is female dominated, most of the members of unions are also female. The sector is covered by a sectoral collective agreement, which is one of two sectoral collective agreements concluded in Estonia. In addition to sectoral collective agreement, there are also some enterprise level collective agreements concluded in the sector.

3.2. Income and gender pay gap in the Human Health Activities sector

According to Eurostat data, the unadjusted gender pay gap in the human health and social work activities sector in Estonia was 28.5% in 2013 which is one of the highest in Europe. According to Statistics Estonia Labour Force Survey data, the gender pay gap in the human health and social work activities sector was 22%¹⁴ in 2013. According to Eurostat data, the gender pay gap increased from 31.3% to 34.8% from the years 2008 to 2010 and since then has decreased up to 28.5% in 2013. Overall, Estonia has the highest gender pay gap in Europe, reaching up to 29.9% in 2013 according to Eurostat data, while according to Statistics Estonia, the gender pay gap in Estonia was 24.8% in 2013.

According to wage statistics collected by National Institute for Health Development (TAI), the average gross basic hourly wage in the health care sector was 5.8€ (7.62€ among men and 5.62€ among women) and 9.88€ among doctors in 2013¹⁵. The average gross basic hourly wage among male doctors was slightly higher than that of women (10.55€ and 9.63€ respectively), while there were no significant differences among nurses (4.87€ for men and 4.84€ for women respectively). From 2011-2013, the gap between men and women average gross basic hourly wage has decreased a bit as in 2011, the gap among all health care workers was around 30% in 2012 around 28% and in 2013 around 27% in favour of men (TAI database). Among doctors, the gap in 2011 was 10% in favour of men, in 2012 around 8% and in 2013 around 9% in favour of men (TAI database). Among nurses, the gap was around 6% in 2011, around 5% in 2012 and around less than 1% in 2013. In some occupations, women average gross basic hourly wage is higher than that of men (e.g. dental care and radiology technicians) in 2013. Based on the data it can be concluded that during 2011-2013, the gap has slowly decreased, although it is not possible to make far-reaching conclusions.

Overall, the wage level in the sector human health and social work activities sector has been and continues to be on the same level as the average national wage. According to Statistics Estonia, the average gross salary in the sector in 2013 was 948€ while the average gross salary across all economy was 949€. Although the wage in the sector has stayed on a similar level of the average wage across economy, the average wage in the human health sector exceeded the national average wage from 2008-2012 by around 3-6% (Statistics Estonia data). In 2012, the average wage in the sector fell lower than the national average wage. Compared to national minimum hourly wage as of 2015 (2.34€ per hour), the minimum pay for doctors is more than three times higher (9€ per hour) for nurses more than two times higher (5€ per hour) and for caregivers a bit higher (3€ per hour) (Health care sector collective agreement).

Although it is not possible to determine the extent of cutbacks during the crisis, all trade union representatives stated that budgetary and personnel cutbacks were made in the sector and that the

¹³ According to TAI 2014 study, in November 2013, 4,395 doctors and 7,428 nurses worked in Estonia.

¹⁴ The difference is likely caused by different data (Estonian Enterprise Register data) and by the fact that Statistics Estonia includes small enterprises (below 10 people) and all fields of activities into the calculations that Eurostat excludes (i.e. public administration, agriculture, forestry and fishing).

¹⁵ Average gross basic hourly wage without any additional payments (i.e. compensation for overtime work, extra pay for night work etc).

working conditions of health care workers have deteriorated as in addition to increasing work load the work has intensified. Increased workload is caused due to the decline in the number of doctors and nurses since 2008 (Lai et al 2013). According to Lai et al (2013) decline is caused by migration of health care workers to neighbouring country Finland where the average salary is much higher, but more importantly due to the fact that in the 1990s, the government decided to decrease the number of medical students admitted to health care programmes in universities and medical schools. Therefore, in addition to lacking labour force, the sector is also facing increase in the share of older workers in the sector. According to TAI (2014) data, the average age among doctors was 51 and among nurses 45 in 2013. According to Lai et al (2013), in 2012, 15% of practicing doctors and 5% of nurses were older than 65 years. Aging workforce together with ageing population was also mentioned by trade unions and employers as one of the challenges the sector faces in the nearer future. Lai et al (2015) also state in their overview of changes in Estonian health care system that before the crisis from 2004-2008, the budget of health insurance fund doubled allowing to increase the salaries in the sector as well as make investments to buy equipment, but also renovate buildings. After 2008, investments to health care have not been increased, the organisation have cut back on investments to equipment to increase salary levels that fell during the crisis (Lai et al 2013).

3.3. Wage-setting process in the Human Health Activities sector

Minimum salaries in the human health sector are set by the sectoral collective agreement negotiated between trade unions (EAL, ETK and EÕL) and Estonian Hospital Association (EHL). Sometimes other associations or unions also participate in negotiations and sign the agreement (e.g. the last sectoral collective agreement was also signed by the Union of Estonian Emergency Medical Services, Eesti Kiirabi Liit). In addition, sometimes Estonian Health Insurance Fund (Haigekassa, EHIF) and the Ministry of Social Affairs also participate in the negotiations as the possibilities of raising the salaries of health care workers depend of the EHIF budget which is in turn intertwined with state budget.

Health care system in Estonia is publicly funded through social health insurance contributions and managed by the EHIF. EHIF elaborates the price list of all health care services (afterwards the service list is approved by governments decree) and concludes service contracts with hospitals and other service providers like family physicians setting the list and volume of services the EHIF will pay for the service provider (Lai et al 2013). The price list together with service volumes are negotiated annually. Therefore, health care workers salaries are greatly dependant of the EHIF budget and of the service prices. (Lai et al 2013). During the crisis in October 2009, the government was looking for options to cut health care spending in order to improve Estonias budgetary position so that it could adopt Euro as of 2011 and lowering health care service prices was one of the measures proposed by EHIF (Osila, Nurmela 2009). This meant that in order to provide cheaper services, hospitals would have to cut their own expenses, including salaries (Osila, Nurmela 2009).

Current sectoral collective agreement was concluded for 2 years on 19 December 2014 between Estonian Medical Association (EAL), Union of Estonian Healthcare Professionals (ETK), Estonian Nurses Union (EÕL), Union of Estonian Emergency Medical Services (Eesti Kiirabi Liit), Estonian Hospitals Association (Haiglate Liit) (Health care sector collective agreement). The agreement stipulates that as of 1 January 2015, minimum gross hourly wage for doctors (also residents) is €9 an hour (almost three times higher than the national minimum hourly wage); for nurses €5 an hour (more than half of national minimum hourly wage), for ambulance medical service technicians €4.25 per hour, for emergency medical service technician €4.5 per hour, for caregivers 3€ per hour. As of 1 January 2016, minimum wage for doctors is €10 an hour; for nurses €5,5 an hour, for ambulance medical service technicians €4,7 per hour, for emergency medical service technician €4.9 per hour and €3,3 per hour for caregivers.(Ibid). In addition to minimum wage rates, the collective agreement also establishes that the parties form workgroups whose aim is to devise/develop standards in special medical care that would enable to assess doctors, nurses and caregivers workload and thereby take necessary action. Although the aim has been to implement such standards as of 2015, so far, the workgroups have not managed to develop the standards. According to trade unions and employer association representatives, it is a very complex issue and therefore it takes more time. At the same

time, both parties agreed that such standards would be helpful for both employees and employers. Employers would have a tool to assess their personnel workload and take necessary action. For employees the standards can be accounted as protective measures that prevent them of doing overtime work and manage their work intensity.

In addition to sectoral collective agreement, there are also several organisational level collective agreements. According to the collective agreements register under the Ministry of Social Affairs, there were 73 active collective agreements in the human health and social work activities sector in 2013 (currently 76).

Also, interviews with trade union representatives led to believe that there are small differences in doctors and nurses wage-setting mechanisms. According to trade union representatives, it is more common (especially regarding top specialists) that doctors negotiate over their salary and other working conditions individually in addition to what has already established in the collective agreements. According to trade union representatives representing nurses and caregivers, such practice is not common among nurses and caregivers. Thus, in case of nurses and caregivers their salary comprises of the sectoral minimum wage and compensation for overtime work, which payment is regulated in the Employment Contracts Act. While in case of doctors, the role of individual negotiations plays bigger part in wage formulation. This indicates that doctors working conditions including wages vary more compared to that among nurses and caregivers and is more dependant of individual negotiations skills.

According to trade union representatives the crisis has influenced the negotiations in the sector as before the crisis, the salary in the sector increased quite rapidly (average wage in the sector increased by 17% from 2006-2007 and additional 17% from 2007-2008, Statistics Estonia data). Now, trade unions expressed that the negotiations have been much more difficult (last collective agreement was concluded after months of negotiations and involvement of National Conciliator) and trade unions expect that in the future, they have to make more efforts to accomplish the conditions they wish for. At the same time some trade union representatives expressed the opinion that trade unions opinion has been taken more into account and is taken more seriously after organising a month long strike in October 2012. Trade unions also expressed that right now, the collective agreement only regulates minimum hourly wages for different occupations, but that they would like it to also regulate other working conditions such as workload (implementation of standards), training, additional vacation days and overtime work compensation more specifically in the future. Trade unions proposed to agree on overtime work compensation and additional vacation in the current collective agreement, but it was rejected due to lack of financial resources. At the same time, trade union representatives expressed that overtime work compensation mechanisms and additional payments for additional duties are not transparent and are often times not paid by the regulation. Regarding overtime work, it was also raised by trade unions that due to the lack of personnel in the sector demanding the maintaining staff to make overtime work and oftentimes working long periods of time without resting is not only dangerous for the patients but also for the doctors and nurses themselves. Employers representative shared their concern. As the employee does not have to notify the employer of working for other employers as well, it is difficult if not impossible for employers to prevent such workers from working for longer periods of time without resting. In addition, trade union representatives stated that the work culture also supports the preservation of current system as doctors and nurses feel obligated to help their colleagues and work overtime even when they know that they do not get compensated for the working hours or the compensation is not in accordance with the regulation.

3.4. Initiatives to tackle gender pay gap in the Human Health Activities sector

The sector has several trade unions, professional associations and employer associations, however no specific measures and initiatives to tackle gender pay gap have been launched so far by any of them.

The absence for initiatives can be explained by different reasons. Firstly, women form the majority of the workforce in the sector – 75% of all doctors and 98% of all nurses are women (TAI data 2013) and therefore the issue of gender wage gap and but also gender segregation has not been raised by trade unions or employer associations or by their members. Secondly, since the sector is covered by sectoral collective agreement, there is a perception that the salary system in the sector is transparent and excludes the possibility for gender wage gap within occupations. Thirdly, the awareness of the concept, reasons and consequences of gender wage gap is low among trade union and employer association representatives and their members. Additionally, since the information on salaries is not public information, it is currently not possible to determine whether gender pay gap in specific organisation exists and whether it can be justified by objective characteristics. Therefore, the reason for no initiatives in the sector was also explained by the lack of sufficient information on salaries and possibilities to determine how much of the average gender wage gap in the sector could be explained by objective characteristics and how much of the gap is caused by employers' discrimination. Also, as salary is a taboo topic in Estonia and usually not discussed with others, people may not know if their colleague is getting paid more for the same work. As it was brought out that the compensation for overtime work and additional duties is not always transparent even to the worker, it is even more difficult to determine discrimination. Therefore, it was concluded by the trade union representatives that the problem might exist, but that in reality it is not possible to determine or prove it without detailed data. The crisis has also not initiated any reactions to gender wage gap in the sector. Rather, according to trade union representatives, employees were afraid of losing work during the crisis and reconciled with deteriorated working conditions. Since the sector is still battling with the lack of financial resources, employees' position has according to trade union representatives remained submissive, especially among caregivers and nurses.

2.6 Future plans and possibilities to tackle gender pay gap in the Human Health Activities sector

Currently, there are no existing strategies or initiatives in the sector in which gender pay gap aspects could be better included. In fact, no strategies or initiatives to tackle gender pay gap have been launched in any of specific sectors. Trade union representatives found that in order to tackle gender pay gap in the sector, it is essential to involve employers in initiatives or campaigns to tackle gender pay gap as they have the best opportunities and access to personnel data and statistics and resources to analyse the situation in their organisations and based on gathered information make necessary changes if they wanted to. Trade unions and employer associations also expressed willingness to cooperation with the state or other stakeholders in order to tackle the gender pay gap in the sector. None of the organisations shared resentment towards the issue or argued that gender pay gap is not a problem, but that compared to other issues the issue of gender pay gap has not been raised by their members as a priority subject that the organisation should deal with. Rather the focus has been and continues to be on increasing the overall wage level of doctors, nurses and caregivers and improving other working conditions so that they would be in accordance with the responsibilities and skills the work requires.

One of the arguments mentioned by both employer associations and trade unions was also that since their organisations are quite small, they do not have the capacity to engage in all issues meaning that as a result, they have to prioritize the issues and activities they engage in and since the issue of gender pay gap has not been raised by their members, they have not elaborated any specific initiatives to tackle the problem. Overall, it can be assumed that the awareness of the problem of gender pay gap is low and knowledge on how to detect or prevent of becoming the victim of discrimination still needs to be raised.

Raising awareness of employee rights and of the complexity and of the consequences of gender wage gap was named as the main measures to support stakeholders in the sector to tackle the gender wage gap by trade unions. And that is equally important to raise the awareness of gender pay gap and increase the knowledge of how to recognize different reasons causing gender pay gap among people working in trade union and employers' organisations.

Additionally, trade union representatives found that making salary information public would help to tackle the problem of gender wage gap as in addition to employers, employees then would know where their wage stands in comparison with others in similar positions within same organisations and in comparison with similar positions in other organisations in the sector. In addition, it could also provide employees with solid arguments to demand higher wage and push employers to make their salary systems more transparent.

Also, trade unions emphasized that it is important to change the work culture that supports the current system of non-transparent or unlawful work practices as doctors and nurses feel obligated to help their colleagues and work overtime even when they know that they do not get compensated for the working hours or the compensation is not in accordance with the regulation.

Also, trade union representatives representing nurses and caregivers expressed that it is important to tackle the stereotypes that being a nurse or caregiver is not demanding and requires specific skills and knowledge.

Employers representatives also expressed that the issue of gender pay gap is not only employers' problem, but that its roots are in the society and the problem should be managed at societal level by raising the awareness of the issue on societal level.

Currently, Equal Pay Day does not have any specific relevance for the human health sector. However, both employers and trade unions agreed that Equal Pay Day offers a good platform to turn attention to the issue of gender pay gap and raise awareness of the issue in society and in the sector.

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