



Country Report Germany

Gender Pay Gap in Germany

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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COUNTRY REPORT

PART 0: Methodology and Brief Data Overview

Methodology

This country report has been prepared between January and May 2015, editorial deadline for the first draft was the 19th May 2015, and final deadline was July 15th 2015.

The information and analyses presented in this report have been collected through review of literature and of publicly available data, mainly of the German Federal Statistical Office (Statistisches Bundesamt) and the Federal Labour Office (Bundesagentur für Arbeit).

In addition to that, a large part of the information was collected in interviews with experts for gender and pay issues of the Institute of Economic and Social Research of the Hans Böckler Foundation, the Confederation of German Trade Unions, the United Services Union and the Association of Medical Professions. Between the 13th February and the 12th May, 12 interviews had been conducted, 7 of them personally (one of them additionally written), 3 by telephone and 2 by written answers. We were very thankful for the time and effort of our interview partners, the information and the deeper and interesting insights with which they provided us. Without them, this report could not have been produced in the way it was. Personally, we would like to thank

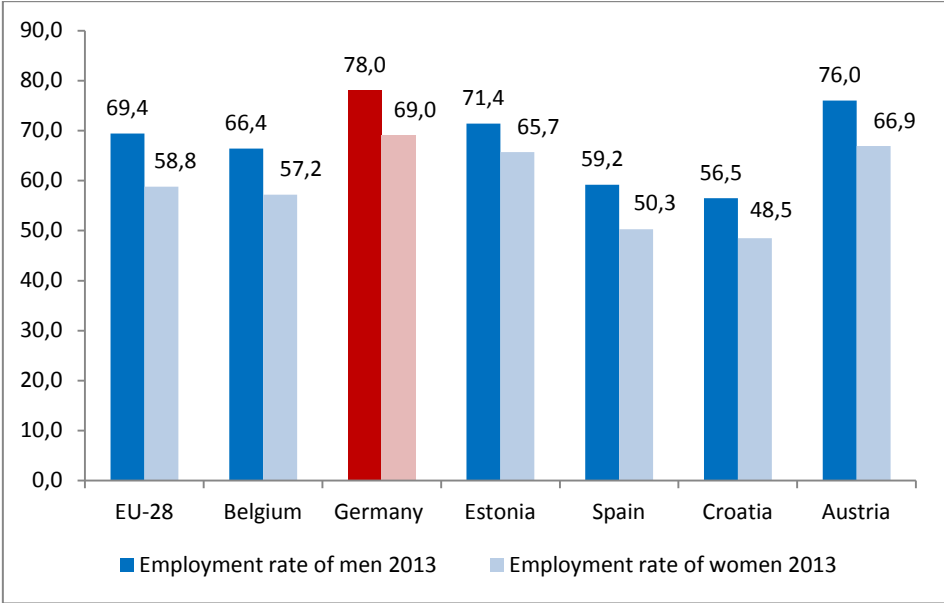
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- Carmen Gandila, Association of Medical Professions
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Brief Data Overview

In 2013, the employment rate for women (aged 15-64) in Germany was comparatively high (69%) but still below men's employment rate (78%). Women's labour market participation in Germany in this age group is above the EU-28 average (see figure 0.1). However, the share

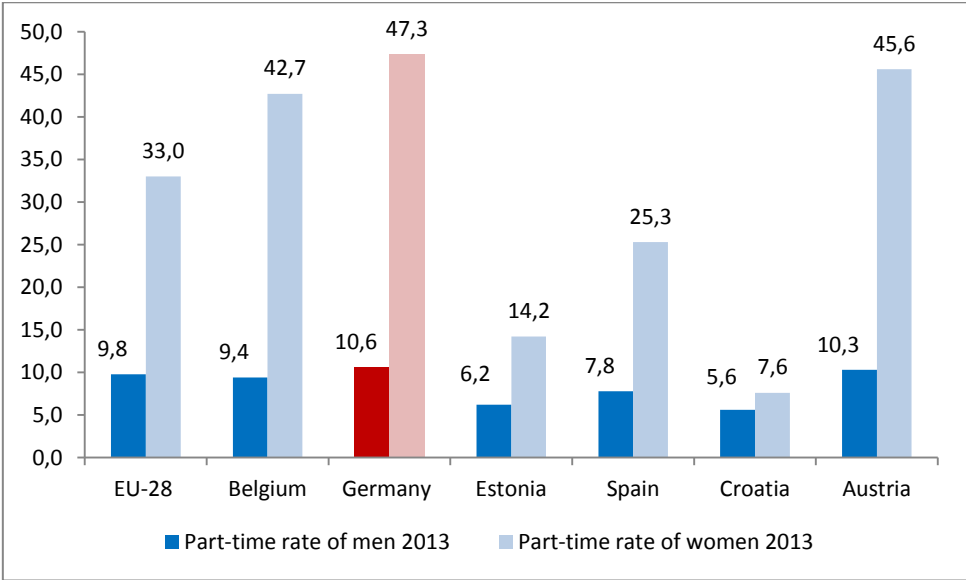
of female part-time workers is very high and Germany ranked 2nd within the EU-28 regarding female part-timers. Women work part time much more often than men (47.3% compared to 10.6% among men in 2013) (see figure 0.2).

Figure 0.1: Women’s and men’s employment rate 2013



Source: Eurostat, LFS (online data code: lfsi_emp_a)

Figure 0.2: Women’s and men’s part-time rate 2013

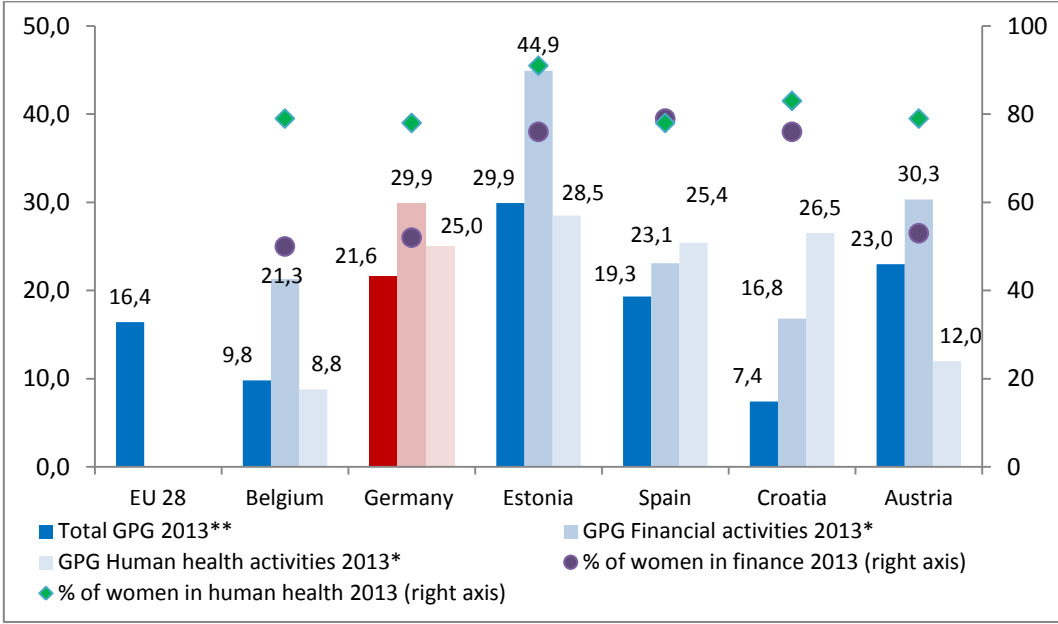


Source: Eurostat, LFS (online data code: lfsi_emp_a)

At 21.6%, the unadjusted gender pay gap in Germany was above the EU-28 average of 16.4% in 2013. Germany had the fourth highest GPG within the EU-28. In the two sectors which have been analyzed in-depth for this study – the financial services sector and health care sector – the gender pay gap is even above the average: It was at 29.9% in the financial sector and 25% in the health sector according to the Eurostat data (see figure 0.3).

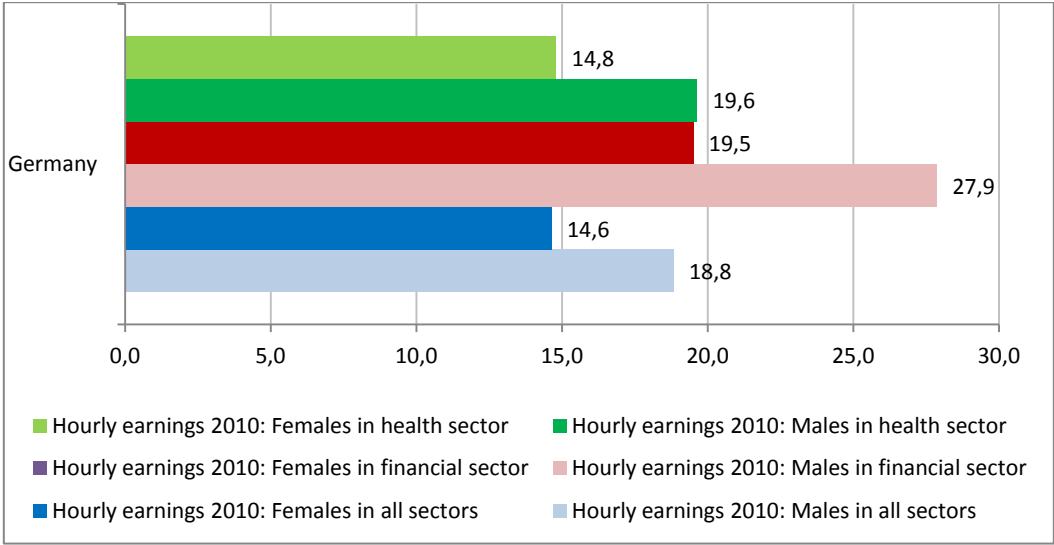
Regarding the share of women in both sectors, the health care sector is predominantly female: 78% of all employees are women. The share of female employees in the financial sector is not as high as in the health sector, but with 52% still slightly above the share of male employees (see figure 0.3). The income level in the financial services sector in Germany is above the average (for both women and men) and at average in the health services sector (see figure 0.4).

Figure 0.3: Total GPG, the GPG in the financial and health sectors and women’s share in these sectors 2013**



Source: Eurostat, LFS (online data code: earn_gr_gpgr2 and lfsa_egan2); ** total GPG except public administration, defence, compulsory social security; NACE Rev. 2 (structure of earnings survey methodology); 2015; * latest year available for Austria: 2010

Figure 0.4: Mean hourly earnings by sex in Germany 2010 in Euro



Source: Eurostat, LFS, Structure of earnings survey (online data code: earn_ses10_13), hourly earnings include industry, construction and services (except public administration, defence, compulsory social security)

1 General overview (cross-sector)

1.1 The wage-setting system in Germany

In Germany, wage-setting comprises of several mechanisms:

1. For large parts of employees and employers wages are set by **sectoral collective agreements**. Some of these sectoral agreements are furthermore divided into separate **regional agreements**, e.g. collective wage agreements for the metal and electrical industry in Baden-Württemberg, North Rhine-Westphalia (Nordrhein-Westfalen), “Coast” and so on. Other agreements are **federal agreements** being in force for all employers and employees in one sector throughout Germany. This is the case, for example, for the Chemical Industry and the Public Services (One agreement for local and federal authorities, one for employees of the 16 German Federal States (“Bundesländer”).

Stakeholders in this bargaining process are unions and sectoral employer’s associations. As for unions, by far the most important role is taken by the eight unions which are united under the umbrella of the Confederation of German Trade Unions (Deutscher Gewerkschaftsbund, DGB)¹:

- United Services Union (Vereinigte Dienstleistungsgewerkschaft, ver.di),
- Industrial Metal Union (Industriegewerkschaft Metall, IG Metall),
- Industrial Mining, Chemical and Energy Union (Industriegewerkschaft Bergbau, Chemie, Energie, IG BCE)
- Industrial Construction, Agriculture and Environment Union, (Industriegewerkschaft Bauen, Agrar, Umwelt, IG BAU)
- Food, Beverages and Catering Industry Trade Union (Nahrung, Genuss, Gaststätten, NGG)
- Education and Science Union (Gewerkschaft Erziehung und Wissenschaft, GEW)
- Police Union (Gewerkschaft der Polizei, GdP)
- Railway and Transport Union (Eisenbahn- und Verkehrsgewerkschaft, EVG)

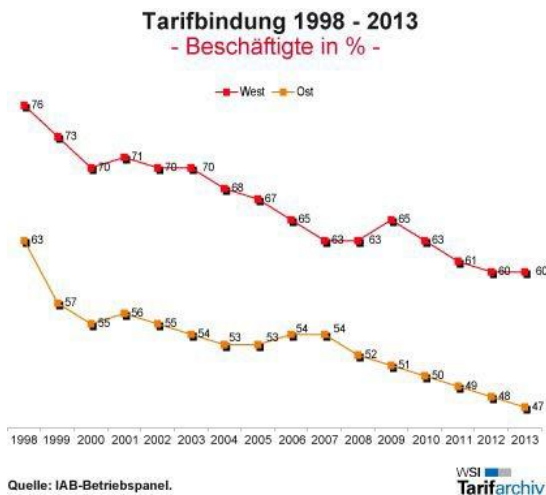
Other unions outside the DGB, for example the Association of Medical Professions (Verband medizinischer Fachberufe, vmf) mostly are not of comparable quantitative importance. But as they organize certain occupations, their bargaining power is sometimes quite high and leads to spectacular strikes, e.g. physicians in hospitals, who are organized in the “Marburger Bund” or engine drivers, who are organized in the GDL, “Gewerkschaft Deutscher Lokomotivführer”. Since this is quite a challenge for the sector (or branch) unions united in the DGB, there is a recent public discussion and a political debate whether the legislative body should introduce a new law which regulates the collective bargaining rights of different unions at company level. According to the draft bill (Gesetzentwurf der Bundesregierung 2015) it is planned to prescribe that in one company there should be only one union – the party with the largest number of members – and one collective agreement (“Tarifeinheitgesetz”).

¹ for more information see <http://de.worker-participation.eu/Nationale-Arbeitsbeziehungen/Laender/Deutschland/Gewerkschaften>, last download 27-4-2015

Some figures may illustrate the role of DGB-unions and collective agreements. According to the latest collective bargaining report of the Institute of Economic and Social Research of the Hans Böckler Foundation (Wirtschafts- und Sozialwissenschaftliches Institut der Hans-Böckler-Stiftung, WSI) member-unions of the DGB in 2014 bargained collective agreements for 7.6 million employees, for further 11.5 million employees wage rises of former agreements came into force in 2014 and for 1 million employees agreements ended in 2014, but could not yet be replaced by new ones. In total, DGB unions in 2014 were bargaining partner for agreements covering 20 million employees, which is nearly half of the total labour force of about 42 million employees in Germany (Bispinck 2015, p. 126).

2. Large companies often have their own **company level agreements**, for example the Telekom, Germany's formerly public telephone, communication and mail enterprise. Here, unions and employer representatives bargain directly. The works councils (at company level) do not have the right to bargain on wages, that's why they are not involved in this bargaining process officially, but sometimes members of works councils are union agents as well and as such they take part in the bargaining process.
3. The wages of **public servants** ("Beamte und Beamtinnen") are set by laws and governmental wage regulations ("Besoldungsordnungen"). In June 2013 these regulations were in force for 1.9 million public servants, 44.8% of them were women. Public servants made up approximately 40% of all employees of the public sector (Statistisches Bundesamt 2014a, p. 29).
4. For **churches and religious charity organizations** as employers the legal basis for wage setting is different from the private and public sector. Working and wage conditions are not bargained between employers and unions according to the Collective Bargaining Act ("Tarifvertragsgesetz"), but between employers and associations of employee representatives ("Mitarbeitervertretungen"). Employee representatives have far less bargaining power, because they do not have the right to strike and they do not fall under the provisions of the German Works Constitution Act ("Betriebsverfassungsgesetz"). Churches and religious charity organizations form a considerable part of employers in the health sector.
5. For another large portion of the workforce in Germany, wages are set "**freely**" by the employer **without any collective bargaining background**. This is the case especially for small and medium size businesses and certain sectors, for example personal services, food services and retail. "Free" wage setting is increasing, in other words: The proportion of employees covered by collective wage agreements ("Tarifbindung") is declining. The coverage of collective agreements was 76% in West Germany and 63% in East Germany in 1998. It has declined to 60% in West and 47% in East Germany in 2013. (see fig. 1)

Fig. 1: Share of workers covered by collective agreements, 1998 – 2013, in %



Source: WSI Tarifarchiv, Download unter http://www.boeckler.de/pdf/ta_tarifbindung_beschaefigte_1998_2013.pdf, last download 06-03-2015

The effect of this development on the gender pay gap is crucial. Very recent calculations by the WSI found out, that the coverage of a collective agreement does not only mean higher wages for employees in general, but is particularly of advantage for women: For those women covered by collective wage agreements, the wage is 9.2% higher than without, while the wage for male employees is only 6.6% higher for those who are covered by collective wage agreements. (see fig. 2)

Fig. 2: Collective is lucrative ... - Coverage of a Collective Bargaining Agreement raises Gross Hourly Wages by ...



Quelle: Böckler Impuls Ausgabe 04/2015, Download unter http://www.boeckler.de/hbs_showpicture.htm?id=53240&chunk=1 last download 06-03-2015

The coverage by a collective agreement is different between the two sectors looked at in this analysis. In the finance and insurance sector it was 86.3%, but only 37.0% in the health and social services sector, according to calculations of Amlinger (2014, p. 22).² When comparing these figures it should be taken into consideration that there is a wide variance within the

² Basis: Data of the Structure of Earnings Survey, SES, 2010

health sector. Boockmann et al. (2011) calculated a collective bargaining coverage of 82% for public health companies, of 80% for independent (non-governmental) charitable organizations and of only 16% for private health organizations.

1.2 Minimum Wages in Germany

Wages of collective agreements in Germany had always been minimum wages in the sense that employers were not allowed to pay less than the agreed wage, but could always pay more, which was the case for example in prospering companies and industries or for jobs respectively employees that the employer wanted to pay more on grounds of motivation, shortages for specific qualifications on the labour market or bargaining results on company level, the so-called wage-drift (“Lohndrift”).

Minimum wages in the sense of a basic wage that should be paid at least for each kind of work exist in Germany at a national level since 1st January 2015 only. At this date the law on minimum wages came into force and determined a statutory hourly minimum wage of 8.50 Euros. The introduction of a statutory minimum wage is expected to have a positive impact on the wages of women and the tackling of the gender wage gap because women account for a large proportion of marginal employment (“Mini-Jobs”), low-paying jobs resp. the low-wage-sector. According to estimations of the DGB, every 4th woman will receive a wage increase on behalf of the minimum wage law (DGB 2015). As the law is in force only since four months, effects cannot yet be measured. First calculations of the Institute for Employment Research (IAB) cannot be expected before 2016. According to our expert Reinhard Bispinck, first hints can be observed that the number of marginally employed declines slightly. But it is not yet sure, whether this is because the jobs are transformed into jobs subject to social insurance or because the jobs are just cancelled. If Mini-Jobs became less attractive both for employers and for women, this would be positive for women and thus for gender and equality politics.

Before 2015, there had been already minimum wages at sectoral level. That means, that for some sectors, minimum wages had been regulated on the basis of one of three laws: a law concerning the posting of employees (“Arbeitnehmerentsendegesetz”), a law on temporary work (“Arbeitnehmerüberlassungsgesetz”) and by declaring collective agreements generally binding (“Allgemeinverbindlicherklärung”) according to the Collective Bargaining Act (“Tarifvertragsgesetz”). Before the general statutory minimum wage came into force there were 18 sectors for which minimum wages existed on one of these legal provisions. When the law came into force in January 2015, in six of these sectors the minimum wage was at a lower level than 8.50 Euros: meat industry; hairdressing; agriculture/forestry and horticulture; temporary employment; textile and clothing industry; laundry business. The wages in these industries will be adapted in the near future.

The sectoral minimum wages vary between sectors and collective bargaining areas, but female-dominated industries tend to have lower minimum wages than male-dominated sectors. Table 1 gives an overview over the minimum wage for the sectors by the 1st of January 2015. They are contrasted with the proportion of female employees in the dominating occupation of the sector. This should be seen as approximate values for the

female participation rate of the sector, because the female share of all employees cannot be identified for all sectors.

Table 1: Minimum Wages in Germany in January 2015 and percentage of women in dominating occupations of the sector

Sector	Minimum wage in 01/2015 in Euros	Percentage of female employees, name and classification number of the dominating occupation*
Waste management	8.86	3.2%, supplier and waste disposer (Ver- und Entsorger), 935
Main construction trade	10.75 to 14.20	3.2%, Occupational field of construction (Berufsfeld Bau-, Bauneben- und Holzberufe)
Special mining industry	11.92 to 13.24	1.0%, miners, 07
Vocational education and training	12.50 to 13.35	57.2%, vocational school and craft teachers (Fachschul-, Berufsschul-, Werklehrer/innen), 874
Roofing trade	11.85	0.5%, roofers (Dachdecker), 452
Electrical trade	9.35 to 10.10	2.7%, electricians (Elektroinstallateure/innen, -monteur/innen), 311
Meat industry	8.60 (in 10/2015)	10.1%, butchers (Fleischer/innen), 401
Hairdressing	8.50 (in 8/2015)	93.0%, hairdressers (Friseure/innen), 901
Building cleaning	Inside: 8.50 to 9.55 Glass, facades: 10.63 to 12.65	87.2% housekeepers (Raum-, Hausratreiniger/innen), 933 51.0% glass and facade cleaners (Glas-, Gebäudereiniger/innen), 934
Scaffolding trade	10.50 (in 5/2015)	0.5%, scaffolders (Gerüstbauer/innen), 453
Agriculture/forestry and horticulture	7.20 to 7.40	22.6%, occupational field agriculture, livestock sector, forestry and horticulture (Berufsfeld Land-, Tier-, Forstwirtschaft, Gartenbau)
Temporary employment	8.20 to 8.80 (in 4/2015)	Not identifiable
Painting and varnishing trade	10.00 to 12.80 (in 5/2015)	3.9%, painters and varnishers (Maler/innen und Lackierer/innen), 511
Caring	8.65 to 9.40	88.1%, other health care occupations (übrige Gesundheitsberufe), 85
Chimney sweeping trade	12,78	5.9%, chimney sweepers (Schornsteinfeger/innen), 804
Stonemasonry trade	10.66 to 11.25	13.9%, stoneworkers (Steinbearbeiter/innen), 101
Textile and clothing industry	7.50 to 8.50	86.7%, textile processors (Textilverarbeiter/innen), 35
Laundry business	8,00 to 8,50	82.2%, washer and ironer (Wäscher/innen und Plätter/innen), 931

* The figures at the end indicate either the two- or three-digit classification code of occupations from the Institute for Employment Research (IAB) or the occupational field (without a code)

Source: WSI-Tarifarchiv, last download 07-03-2015

and Berufe im Spiegel der Statistik, <http://bisds.infosys.iab.de>, last download 22-04-2015, own presentation

1.3 General Initiatives to Tackle the Gender Pay Gap

In 2008 the German section of the women's interest group Business and Professional Women, bpw, initiated the first Equal Pay Day in Germany. Since then it took place every year with growing attention in the public and in the media. Also, there has been a steady rise in the number of activities in many cities, organized by the local bpw-team and other partners, such as unions, local equal opportunities officers or other women's organizations (e.g. the Catholic women's organization, "Katholische Frauengemeinschaft Deutschlands" kfd). Since 2011 there exists a Federal Office ("Geschäftsstelle Forum Equal Pay Day"), which is financed by the Ministry for Family Affairs, Seniors, Women and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend, BMFSFJ) in order to support the work of the Equal Pay Day activities and to organize accompanying events to prepare the Equal Pay Day and disseminate the discussion. Since September 2014 it is accompanied by an advisory board, consisting of representatives of unions, interest groups of women and men (the German Women's Council, the "Sozialverband Deutschland", the "Bundesarbeitsgemeinschaft kommunaler Frauenbüros", the "Bundesforum Männer") and experts from different research institutions, such as the WSI and the Institute for Work and Qualification (Institut Arbeit und Qualifikation, IAQ).

In 2013, the DGB initiated the first day of Equal Pay in Companies ("Tag der betrieblichen Entgeltgleichheit"). It points out the date after which women should stop working as it corresponds to their part of the average annual earnings of men. The first Equal Pay Day in Companies was on the 11th October 2013. The aim of this day is to motivate for activities on a company level which could be more direct and action-oriented.

In 2009 the BMFSFJ launched the tool "Logib-D" (Lohnungleichheit im Betrieb - Deutschland), a free internet tool which enables companies to analyze their earnings structure with regard to gender on a voluntary basis.³ Logib-D calculates which part of the gender pay gap in the company is due to

- years of vocational training,
- years of work life,
- hierarchical position,
- part time,
- size of team and (last but not least)
- gender.

The benefit for the companies that apply Logib-D is, according to the brochure of the BMFSFJ (2014b):

- to raise motivation in the company
- to use pay equity as a recruiting factor
- to improve controlling of wages
- support in equal opportunities questions
- identify female potentials and gain competitive advantages

From 2010 to 2013 the BMFSFJ supported the application of Logib-D in 200 companies by financing consultants to accompany the process and awarding a certificate. Their

³ www.logib-d.de, latest download 16-3-2015

experiences show (BMFSFJ 2014b, p. 8ff), that Logib-D is a useful tool for modern, gender and diversity oriented human resource management policies.⁴ It motivates the companies to look at career possibilities for women, at (part)-time working models and a variety of initiatives to reconcile family and professional life. With these measures gender equality in working life should be improved. They will influence the gender wage gap indirectly, but will not tackle it directly, e.g. by looking for wage discrimination potentials and eliminating them.

In 2010, another tool was launched, that aimed at analyzing the wage structure by gender on the basis of the legal equal pay principles "equal pay for equal work and for work of equal value": eg-check.de.⁵ This tool was developed by two researchers – Karin Tondorf and Andrea Jochmann-Döll – with financial support of the union-related Hans Böckler foundation (Hans Böckler Stiftung) and in strict accordance to the German and European statutory provisions and case law. With this tool, employers, employee representatives, collective bargaining parties and – as far as data is provided – employees themselves can check pay regulations and pay practices in order to identify possible direct and indirect pay discrimination. The following pay components can be examined:

- basic pay (factor-based)
- pay levels (experience-based)
- performance pay
- overtime pay
- hardship allowances.

For each of these pay components eg-check.de provides a statistical scheme that shows which data should be collected in which way in order to identify potential discrimination. In addition, for each pay component there is a regulation-check ("Regelungs-Check") with which discriminatory regulations in collective agreements (either at company level or at branch level) can be found. A third set of instruments is called pair comparisons ("Paarvergleiche"). With these, one woman respectively a female-dominated job and one man respectively a male-dominated job can be compared in particular at individual level. One of the pair comparisons turned out to be of specific importance: the pair comparison for determining the value of jobs. In principle, this is a discrimination-free job evaluation scheme comprising of 19 factors in 4 areas (knowledge, psycho-social demands, responsibilities and physical demands), that enable to determine the value of a job free of discrimination. The factors and areas are presented in figure 3.

⁴ That is the subtitle for the tool that the BMFSFJ itself gave it in BMFSFJ 2014.

⁵ see www.eg-check.de and the explanatory paper that can be downloaded there. An earlier version has been published as Jochmann-Döll & Tondorf (2010).

Fig. 3: Factors used by the pair comparison for determining the value of jobs of eg-check.de

1. Knowledge	3. Responsibilities
1.1 Specialized knowledge and skills 1.2 Specialized additional qualifications 1.3 multidisciplinary knowledge and skills 1.4 Required practical specialized experience 1.5 Planning and organizing 1.6 Management of work interruptions 1.7 Continuous attention and concentration	3.1 Responsibility for money and goods 3.2 Responsibility for the physical and psychological health and data security 3.3 Responsibility for the work of others and leadership 3.4 Responsibility for the environment
2. Psycho-social demands	4. Physical demands
2.1 Communicative skills 2.2 Cooperative skills 2.3 Empathy and power of persuasion 2.4 Loading psycho-social conditions	4.1 Physical strength 4.2 Demands on body posture, body movements and sensory organs 4.3 Loading working-time conditions 4.4 Loading working conditions

The pair comparison for determining the value of jobs of eg-check.de is based on other schemes like:

- the Swiss Abakaba (**A**lytische **B**ewertung von **A**rbeitstätigkeiten nach **K**atz und **B**aitsch). This job evaluation scheme was one of the first to be developed for the German speaking region. It has been applied in several equal pay projects in Switzerland, Austria and Germany. It uses four areas: intellectual area, psycho-social area, physical area and responsibility. Each area comprises of four demand factors, e.g. specialized knowledge, communicative skills, precision of movements, responsibility for human life (Katz & Baitsch 1996).
- the Swedish System by Anita Harriman and Carin Holm (Harriman & Holm 2000). These two researchers developed a simple and quick method for determining the demands and the value of a job. In Sweden, all enterprises with more than 25 employees have to report on gender pay equality and their method of wage determination every three years. This method seems to be quite practical especially for small companies in order to prove pay equality. This method differentiates between three sectors (knowledge and skills, responsibility, working conditions) and eight factors.
- the British NJC-Schemes (**N**ational **J**oint **C**ommission). These two different but very similar job evaluation schemes have been developed in the United Kingdom in the late 1990ies by joint commissions of union and employers' representatives in order to re-evaluate the jobs in the local governments and the British Health Service. These schemes include three areas (knowledge and skills, responsibilities, effort and environment) and 13 resp. 16 factors (Hastings 2002).
- the recommendations of the International Labour Office (ILO). The ILO has published a practical and comprehensive guidebook for gender-neutral job evaluation. It covers the

whole range from establishing a pay equity committee over job evaluation methods to estimating wage gaps and making pay adjustments and is illustrated with examples and checklists (Chicha 2008).

Since 2010 eg-check.de has been applied by a number of companies, unions in equal pay projects, research projects, workshops and in training events. The Federal Anti-Discrimination Agency ("Antidiskriminierungsstelle des Bundes") supports the application of eg-check.de by financing a limited number of company projects each year and by awarding a certificate. Up to 2014 eight institutions have been awarded a certificate.⁶ With eg-check.de several discriminatory regulations of collective agreements and pay practices could be identified. The direct impact on the gender pay gap of these findings is nevertheless quite small (even at company level). Since there exists no Equal Pay Enforcement Law in Germany a direct reaction to the retrieved discriminating factors can hardly be enforced. Up to now, the larger benefit of eg-check.de lies in the increasing awareness of the legal principle of equal pay for equal work and for work of equal value, the potential of indirect discrimination by collective agreements and the disclosure of ways to stop the undervaluation of female-dominated jobs through job evaluation schemes which have no gender bias.

Another tool for more wage transparency is the wage calculator – "WageMirror", LohnSpiegel – which has been initiated by the Institute for Social and Economic Research (WSI) in 2004. It provides data on wages and income which have been collected through online evaluation. (www.lohnspiegel.de)

On behalf of the BMFSFJ the WSI – namely Christina Klenner and Sarah Lillemeier – developed another instrument to evaluate the discriminatory potential of job evaluation schemes in collective agreements (BMFSFJ 2014a). It is called "EVA-Liste" and based mainly on the regulation-check for basic pay of eg-check.de. There is no information on the dissemination and application of this tool yet.

Unions have also promoted some equal pay initiatives: In 2014, the Industrial Metal Union (IG Metall) launched the campaign "Come on - Fair pay for women" ("Auf geht's - Faires Entgelt für Frauen"). Workers' councils are invited to analyze the pay structure in their companies. They should ask how many women and men work in which departments and on which hierarchical level. How many women and men are in which pay grade? Are they upgraded in similar rhythms? Do women and men receive the same allowances and bonuses? Who is going to be promoted after how many years of experience? (IG Metall 2014)

The Food, Beverages and Catering Industry Trade Union (NGG) plans to check all collective agreements for provisions with hidden discriminatory effects for women and part time workers. They want to raise awareness for these mechanisms among members of bargaining commissions. A working group has just started its work (Rosenberger 2015).

For the United Services Union (ver.di) the struggle against pay discrimination and undervaluation of women's work has already a long tradition. In 2000 ver.di (and her predecessor "ÖTV", Union for Public Services, Transport and Traffic) financed a project in the city of Hannover, where 4 female-dominated and 4 male-dominated jobs were evaluated

⁶ www.antidiskriminierungsstelle.de

with the already mentioned job evaluation scheme Abakaba. It could be shown that three of the female-dominated jobs (geriatric nurse, librarian, kitchen assistant) were of higher value but of lower wage than the jobs of their male counterparts (technical clerk, engineer, and street sweeper/channel digger) (Krell et al. 2001).

In 2014, ver.di has launched a campaign to upgrade social and teaching occupations.⁷ They claim a 10%-increase of their wages and a higher valuation of the work that is done. Another project is called "Pflege 3000" (Care 3000) and aims at wages not under 3000 Euros for a qualified full-time worker in the nursing care sector (ver.di 2014). Furthermore ver.di took part in a funding programme financed by the EU and the Federal government, called "Gleichstellen" (Treat Equally). The project aimed at improving working conditions for women and men through branch oriented equality policies. The branches in which the project has been applied to were retail, finance and supply and waste disposal.⁸ More information on the campaign and the project will be given in Part II of this paper.

Since December 2013 Germany is governed by a grand coalition between the CDU (Christian Democratic Union) and the SPD (Social Democratic Party). Their coalition agreement ("Koalitionsvertrag") for the legislative period until 2017 includes political measures to realize pay equity.⁹ The government parties want to upgrade nursing and care work and early education. The equal pay principles shall be highlighted by a law that obliges all companies with more than 500 employees to take position upon equal pay and promotion of women in their report according to the Code of Commercial Law (Handelsgesetzbuch, HGB). Furthermore, each employee will be entitled to receive information concerning equal pay. A draft of this law is to be expected in 2015.

⁷ see homepage www.soziale-berufe-aufwerten.de

⁸ see homepage <http://bundesinitiative-gleichstellen.verdi.de/>

⁹ The respective paragraph says: "Together with the social partners, we want to bring forward the determination of the value of job areas, job evaluation schemes and the valuation of skills, competencies and experiences. It must be an aim to upgrade further, among others, nursing and care work, and early education. In order to highlight the principle of equal pay for equal work or of equal value, we want to achieve better transparency, among others through an obligation for all companies with more than 500 employees"

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

2 Sector-specific Analysis: Financial Service and Insurance

2.1 Background Information about the Financial Service and Insurance Sector in Germany

In June 2014, the financial service and insurance sector employed nearly one million men and women (996,498) in jobs subject to social insurance. Among these jobs, employment in the financial sector is quite gender-balanced with a slight tendency to be female-dominated: The overall participation rate of women was 56.1%. According to sectors and subsectors, the participation rate of women in employment subject to social insurance varies between 49.6% in NACE sector 65 and 60.7% in its subsector insurances (651) and 66.2% in the subsector Activities auxiliary to insurance and pension funding (662).

Another 75,671 persons (additional 7.6%) were marginally employed (not more than 2 months or 50 days of work per year or less than 450 Euros of wage). Here, the participation rate of women is 72.5% on average, varying between 62.9% in sector 65 (insurance, reinsurance and pension funding, except compulsory social security) and 75.1% in subsector 662 (Activities auxiliary to insurance and pension funding). This shows that also in the financial sector mainly women are concerned by marginal employment with its precarious working and wage conditions. The highest number and share of marginally employed women can be found in NACE sector 66 (Activities auxiliary to financial services and insurance activities).

The following table 2 shows the numbers and participation rates for all three sectors and the respective figures for their largest subsectors.

Table 2: Employees and women's participation rate in the financial services and insurance sector

Sector/subsector	all	men	women	Women's participation rate in %
Employees subject to social insurance (Sozialversicherungspflichtig Beschäftigte)				
Financial and insurance activities	996,498	372,318	559,400	56.1
64 Financial service activities, except insurance and pension funding	653,573	281,035	372,538	57.0
Incl.: 641 Monetary intermediation	601,264	254,356	346,908	57.7
65 Insurance, reinsurance and pension funding, except compulsory social security	166,824	84,092	82,732	49.6
Incl.: 651 Insurance	158,141	79,778	78,363	49.6
66 Activities auxiliary to financial services and insurance activities	176,101	71,971	104,130	59.1
Incl.: 662 Activities auxiliary to insurance and pension funding	126,689	49,840	76,849	60.7
Marginally Employed (Geringfügig Beschäftigte)				
Financial and insurance activities	75,671	20,785	54,886	72.5
64 Financial service activities, except insurance and pension funding	20,934	6,270	14,664	70.0
Incl.: 641 Monetary intermediation	16,226	4,264	11,962	73.7
65 Insurance, reinsurance and pension funding, except compulsory social security	2,384	885	1,499	62.9
Incl.: 651 Insurance	2,134	756	1,378	64.6
66 Activities auxiliary to financial services and insurance activities	52,353	13,630	38,723	74.0
Incl.: 662 Activities auxiliary to insurance and pension funding	41,147	10,226	30,921	75.1

Source: Bundesagentur für Arbeit (2015b): Sozialversicherungspflichtig und geringfügig Beschäftigte nach Wirtschaftszweigen der WZ 2008 und ausgewählten Merkmalen, Stichtag 30.Juni 2014, Arbeitsmarkt in Zahlen - Beschäftigungsstatistik, Nürnberg, own calculations

Of all occupations in class 72 of the German classification of occupations 2010 (insurance & financial services, accounting and tax consultancy), insurance and financial service occupations account for the largest part. By June 2014, 781,640 men and women worked in these occupations in jobs liable to social security, 56.1% of these were women. At the same time, 15,870 employees were marginally employed (additional 2%). The participation rate of women among this group was higher, i.e. 62.5%. (see table 3)

Table 3: Women's participation rate in the most important occupations in the financial services and insurance sector

Occupation, according to Classification of Occupations 2010 (KldB 2010)	All	Men	women	Women's participation rate in %
Employees subject to social insurance (Sozialversicherungspflichtig Beschäftigte)				
72 Occupations in financial services (Finanzdienstleistungen), accountancy (Rechnungswesen), tax consultancy (Steuerberatung)	1,381,323	529,850	851,473	61.6
721 Occupations in insurance and financial services (Versicherungs- und Finanzdienstleistungen)	781,640	343,459	438,181	56.1
722 Occupations in accountancy, controlling and revision (Rechnungswesen, Controlling und Revision)	431,506	146,938	284,568	65.9
723 Tax consultancy (Steuerberatung)	168.177	39,453	128,724	76.5
Marginally Employed (Geringfügig Beschäftigte)				
72 Occupations in financial Services (Finanzdienstleistungen), accountancy (Rechnungswesen),, Steuerberatung	91,387	22,563	68,824	75.3
721 Occupations in insurance and financial services (Versicherungs- und Finanzdienstleistungen)	15,870	5,948	9,922	62.5
722 Occupations in accountancy, controlling and revision (Rechnungswesen, Controlling und Revision)	54,956	12,477	42,479	77.3
723 Tax consultancy (Steuerberatung)	20,561	4,138	16,423	79.9

Source: Bundesagentur für Arbeit (2015a): Sozialversicherungspflichtig und geringfügig Beschäftigte nach der ausgeübten Tätigkeit der KldB 2010, Stichtag 30.Juni 2014, Arbeitsmarkt in Zahlen - Beschäftigungsstatistik, Nürnberg, own calculations

There is no gender-specific data available for full-time and part-time employment by sector. The overall part-time rate of women in Germany has been 47% in 2014 (47% of the female employees worked part-time.) (APF team & Sozialministerium 2015). Of all the part-time employees in 2014, women had a share of 81%, men of only 19% respectively (Statistisches Bundesamt 2015). Looking at sectors, the following table 4 shows that part-time employment is most prevalent especially in subsector 662 "Activities auxiliary to insurance and pension funding" with a part-time rate of 30.8%. In this subsector women's participation rate was the highest of all (sub)sectors (75.1%). The lowest part-time rate (19.7%) can be found in subsector 651 "insurance" with the lowest participation rate of women (49.6%). This could

lead to the assumption that a higher proportion of the part-time work is done by women than by men. In comparison to the over-all part-time rate for all sectors the financial services and insurance sector is exactly on average, both being 25.6%. There is a considerable range within the sector between 19.7% in the insurance subsector and 30.8% in the subsector "Activities auxiliary to insurance and pension funding". For private banks, their employers' association (AGVBanken) publishes a part-time rate of 22.7% in 2013, which has grown from only 11.3% in 1991, the rate was 33% for those employees who are paid according to the collective agreement ("Tarifangestellte") and 12% for those employees whose wages are above the level of collective agreement (Außertarifliche Angestellte, "AT-Angestellte") (AGVBanken 2015a).

Table 4: Full-time and Part-time employment in the financial services and insurance sector

Sector/subsector	All	Full-time*	Part-time*	Part-time rate in %
Employees subject to social insurance (Sozialversicherungspflichtig Beschäftigte)				
Financial and insurance activities	996,498	741,784	254,700	25.6
64 Financial service activities, except insurance and pension funding	653,573	484,542	169,024	25.9
Incl.: 641 Monetary intermediation	601,264	441,121	160,137	26.6
65 Insurance, reinsurance and pension funding, except compulsory social security	166,824	133,825	32,997	19.8
Incl.: 651 Insurance	158,141	127,006	31,133	19.7
66 Activities auxiliary to financial services and insurance activities	176,101	123,417	52,679	29.9
Incl.: 662 Activities auxiliary to insurance and pension funding	126,689	87,716	38,969	30.8
All sectors	30,174,505	22,090,825	7,739,729	25.6

*Figures do not add to the total of all employees in the original source.

Source: Bundesagentur für Arbeit (2015b): Sozialversicherungspflichtig und geringfügig Beschäftigte nach Wirtschaftszweigen der WZ 2008 und ausgewählten Merkmalen, Stichtag 30.Juni 2014, Arbeitsmarkt in Zahlen - Beschäftigungsstatistik, Nürnberg, own calculations

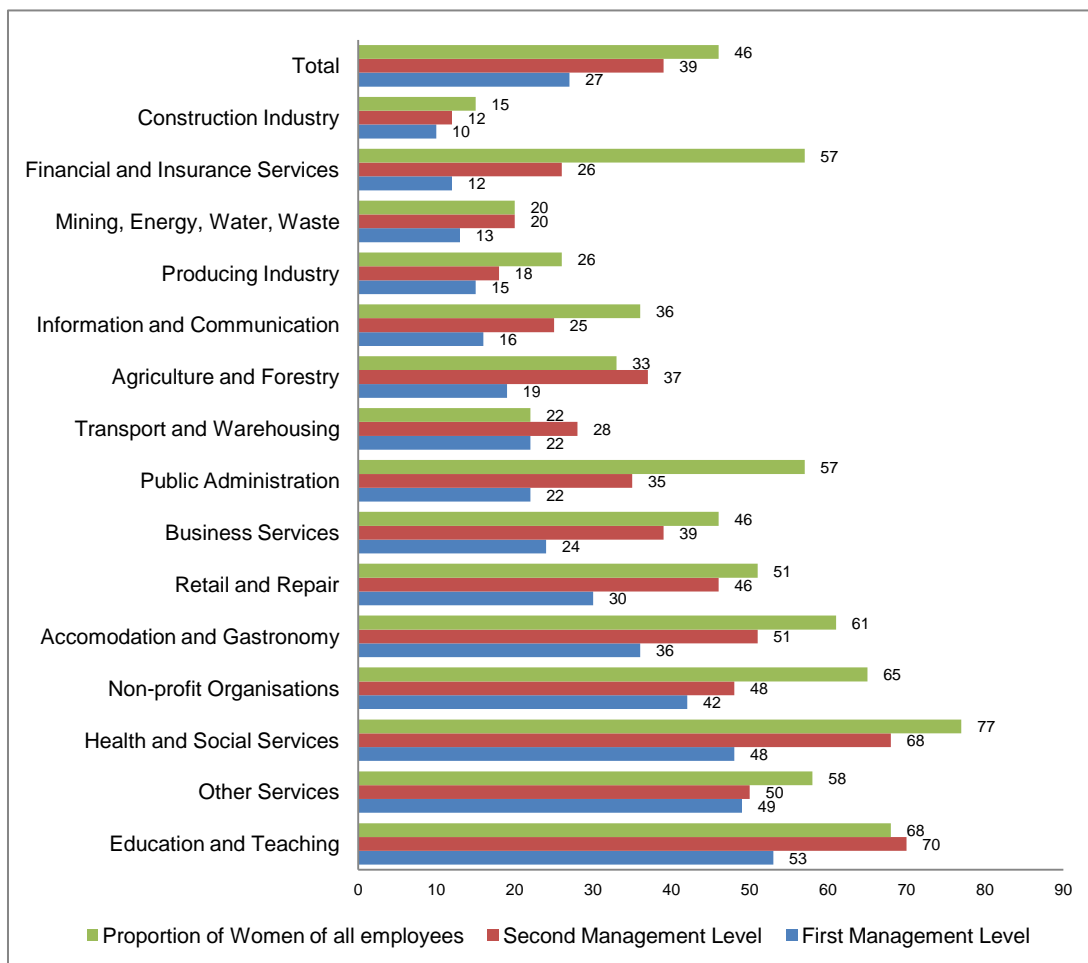
An important issue in the finance sector has been stress due to work overload after the crisis and health measures against it. In 2012 the United Services Union (ver.di) and the employers' associations of the banking sector issued a common declaration on health protection and limitation of performance pressure. In some companies corresponding agreements were established (Roach 2012).

The finance sector is characterized by a high percentage of employees, who are paid above the wage level of the collective agreement ("AT-Angestellte"). In 2009, their share was 33.98% of all employees, 24.53% were men and 9.45% were women (AGVBanken 2015b). In 2013 the percentage of female "AT-Angestellte" reached 30.7%, according to the figures of the Employers' Association of Private Banks (AGVBanken). The figures are headlined "Leadership positions in private banks: Women catch up" (AGVBanken 2015c, own translation). But not all of the "AT-Angestellte" are in a leadership or management position. If only management positions are taken into account, the share of women is distinctly lower.

Data collected by the IAB (Institute for Occupational Research) for the year 2012 show that the share of women in management positions in the finance and insurance sector is one of

the lowest of all sectors (Bechmann et al. 2013, see figure 4). The percentage of women on the first management level in the finance and insurance sector was 12%, on the second management level it grew up to 26%. In comparison to the overall participation rate of women in the sector of 57% it can be ascertained that women's share of managerial positions is far away from being equal to their share of employees. Only the construction and the mining/energy/water/waste-industry have lower percentages of female managers. But here the participation rate of women is much lower. The public administration sector has an equal percentage of female employees, but 22% female managers on the first and 35% female managers on the second level.

Fig. 4: Proportions of women of all employees and of first and second management level by sectors, 2012, in %



Source: Bechmann, S. et al. (2013). Beschäftigungsmuster von Frauen und Männern. Auswertungen des IAB-Betriebspanels 2012. IAB-Forschungsbericht 14/2013, Nürnberg, p. 27, own presentation

According to the "Female Managers Barometer" (Managerinnen-Barometer) 2014 of the German Institute for Economic Research (DIW Berlin, Deutsches Institut für Wirtschaftsforschung e.V.) the proportion of women in executive boards of major financial institutions remains low, although a slow progress can be observed (Holst & Kirsch 2014). The share of women in the executive Boards of the 100 largest German banks and savings banks was 6.3% at the end of 2013, an increase of 2 p.p. compared to the previous year. The share of women in the supervisory boards of these banks even decreased to 17.2% at the end of 2013, compared to nearly 18% at the end of 2012. In the private and cooperative

banks the development was slightly better, but could not compensate for the decline of women's share in public sector banks. The proportion of women among the top-managers of the 60 largest insurances had been higher than in the banks. Women accounted for 8.6% of the executive boards at the end of 2013 – an increase of nearly 3 p.p. compared to the previous year. In supervisory boards of insurances the share of women is a little lower than in banks: only 16.3%, with an increase of 1 p.p.. Holst and Kirsch (2014, p. 41) summarize: "Due to the low initial values, the overwhelming dominance of men on the corporate boards of companies in the financial sector could not be overturned – despite more than half of employees being women. Considerable efforts and structural changes are needed if even remotely egalitarian structures on corporate boards are to be achieved in the foreseeable future." (own translation, original in German)

The "Female Managers Barometer" for the year 2015 records that there has been only a very small change in 2014 (Holst & Kirsch 2015). Regarding the proportion of women in the executive boards of the 100 largest banks and savings banks the share was 6.7% - an increase of only 0.4 p.p.. The proportion of women in supervisory boards increased similarly slow by 0.8 p.p. up to 18.0%. The situation within the 60 largest insurances was not better: The share of women on executive boards declined by 0.1 p.p. down to 8.5%, and on supervisory boards it increased by 0.9 p.p. up to 17.2%. The following table 5 summarizes these figures. For the coming years, an increase is to be expected as a law came into force in Germany in 2015 that obliges stock-listed codetermined companies to fill their supervisory boards with (at least) 30% female members from 2016 on. This will be applicable for some of the large banks and insurances. Further 3,500 large companies are requested to find their own quota for executive boards and management positions ("Quotengesetz", Gesetz für die gleichberechtigte Teilhabe von Frauen und Männern an Führungspositionen in der Privatwirtschaft und im öffentlichen Dienst).

Table 5: Share of women on executive and supervisory boards in banks and insurances, in %

By the end of	Banks and savings banks		Insurances	
	Executive boards	Supervisory boards	Executive boards	Supervisory boards
2013	6.3	17.2	8.6	16.3
2014	6.7	18.0	8.5	17.2

Source: Holst, E. & Kirsch, A. (2015). Finanzsektor: Frauenanteile in Spitzengremien bleiben gering, in: DIW-Wochenbericht Nr. 4/2015, p. 64, own presentation

In their case study of the LandesBank Berlin Nickel et al. (2015) analyse the process of restructuring the bank during the years of the crisis from 2001 to 2013 under a gender perspective. The LandesBank Berlin is a large public bank with 4,500 employees in 2012, 60% of them female on average. The proportion of women in different areas of the bank varies substantially: the share of women is only 30% in the capital market and real estate sectors of the bank, but 70% in the departments for private customers. There was no woman in the supervisory board, and women held 9% of 2nd level leadership positions in 2012 (Nickel, p. 50ff.). They show that and how the crisis provided opportunities to change and improve the situation of women in the company, but none of these opportunities had been used. Instead they conclude that "the restructuring was at the expense of (the career

development of) women" (Nickel et al., p. 219, own translation). A change may have started with a new supervisory board that started its work in 2009. Since then Nickel et al. observed a change towards a leadership culture that takes equal opportunities seriously. But this change is not yet comprehensive but still fragile so that it is not sure if the change is sustainable (Nickel et al., p. 10).

2.2 Income Situation and Gender Pay Gap in the Financial Service and Insurance Sector

In general, wages in the financial and insurance activities sector are at a comparably high level. Average monthly earnings are the highest of all service industries and even higher than the average earnings in the producing industry. Only the wages in the information and communication sector are comparable high to those in the finance sector. And among the producing industry it is only in the energy supply sector that has higher average wages than the finance sector. Table 6 gives an overview.

Table 6: Earnings in selected industries and sectors

Industry/sector	Average gross monthly earnings, in Euro, men and women
Producing and services industry	2,890
Producing industry	3,504
Energy supply	4,533
Services industry	2,647
Information and communication	4,166
Financial and insurance activities	4,250
Health and social work activities	2,440

Source: Statistisches Bundesamt (2014b). Verdienste und Arbeitskosten. Arbeitnehmerverdienste 3. Vierteljahr 2014, Fachserie 16 Reihe 2.1, p. 4, own presentation

The overall gender pay gap in the finance and insurance sector is 30 % (Bergmann & Sorger 2015). Specific gender wage gaps for sectors (Wirtschaftszweige) can be calculated on the basis of the "Quarterly Earnings Survey" (Statistisches Bundesamt 2014b). Table 7 below shows the specific gender pay gaps for full-time employees in the sectors 64 to 66. The gender pay gap in the insurance sector (65) is considerably lower than in the other sectors and subsectors, but still around 21%.

Table 7: Earnings and gender wage gaps for the finance and insurance sector, full-time employees

Sector/Sub-sector	Gross monthly earnings (incl. bonuses) in €		Gender Pay Gap in %
	men	women	
Financial and insurance activities	5,705	4,010	29.7
64 Financial service activities, except insurance and pension funding	5,733	3,997	30.3
Incl.: 641 Monetary intermediation	5,636	3,944	30.0
65 Insurance, reinsurance and pension funding, except compulsory social security	5,160	4,050	21.5
Incl.: 651 Insurance	5,106	4,025	21.2
66 Activities auxiliary to financial services and insurance activities*	5,515	3,852	30.2

* without bonuses

Source: Statistisches Bundesamt (2014b). Verdienste und Arbeitskosten. Arbeitnehmergeverdienste 3. Vierteljahr 2014, Fachserie 16 Reihe 2.1, p. 119f, own calculations

With regard to hierarchical levels the statistics differentiate between five "Performance groups" (Leistungsgruppen), where "performance group" 1 stands for employees in leading positions and "performance group" 5 for employees with easy tasks that do not require any vocational training. The following table 8 shows that in all sectors the gender pay gap is highest in "performance group" 1, i.e. within the hierarchically higher positions. The gender pay gap declines with lower qualification requirements and hierarchical levels.

Table 8: Earnings and gender wage gaps in the finance and insurance sector by "performance groups", full-time employees

Sector		Gross monthly earnings (incl. bonuses) in €				
		PG 1	PG 2	PG 3	PG 4	PG 5
Financial and insurance activities	Men	9,444	5,436	(3,918)	2,788	2,643
	Women	6,977	4,632	3,291	2,788	2,473
	Gender pay gap, in %	26.1	14.8	(16.0)	0	6.4
64 Financial service activities, except insurance and pension funding	Men	9,372	5,395	3,481	2,699	(2,723)
	Women	6,967	4,580	3,180	2,736	2,540
	Gender pay gap, in %	25.7	15.1	8.6	-1.3	(6.7)
65 Insurance, reinsurance and pension funding, except compulsory social security	Men	8,783	5,437	3,702	2,986	2,520
	Women	6,969	4,767	3,530	(3,099)	2,337
	Gender pay gap, in %	20.7	12.3	4.6	(-3.6)	7.3
66 Activities auxiliary to financial services and insurance activities*	Men	9,815	5,471	3,693	(2,703)	(2,376)
	Women	6,616	4,560	3,200	2,435	/
	Gender pay gap, in %	32.6	16.7	13.3	(9.9)	/

PG = performance group, "Leistungsgruppe"

* without bonuses

/ = no specification, because figures are not certain enough

() = restricted evidence, because figures are statistically quite uncertain

Source: Statistisches Bundesamt (2014b). Verdienste und Arbeitskosten. Arbeitnehmerverdienste 3. Vierteljahr 2014, Fachserie 16 Reihe 2.1, p. 119f, own calculations

When looking at different working-time arrangements it becomes visible, that the gender pay gap in the financial and insurance activities sector is lower between part-time working men and women, i.e. only 18.7% in contrast to 29.4% between full-time working male and female employees. It may be also interesting to look at the reduction in earnings that employees have to face when working part-time. The "time pay gap" is calculated as the difference between full-time and part-time hourly earnings, expressed as percentage of the higher (full-time) earnings. The figures in table 9 highlight the fact that the decline of wages for part-time working men is higher than for women: Their time pay gap is 5.7%, whereas men lose 18.1%, when working part-time in the finance sector. When interpreting these data it should be kept in mind that women's full-time earnings are at a distinctly lower level.

Table 9: Earnings and gender wage gaps in the finance and insurance sector by working time arrangements

		Gross hourly earnings (incl. bonuses) in €			"Time pay gap" in %
		Full-time and part-time	Full-time	Part-time	
Financial and insurance activities	Men	33.80	33.96	27.81	18.1
	Women	23.53	23.97	22.61	5.7
	Gender pay gap, in %	30.4	29.4	18.7	

Source: Statistisches Bundesamt (2014b). Verdienste und Arbeitskosten. Arbeitnehmerverdienste 3. Vierteljahr 2014, Fachserie 16 Reihe 2.1, p. 6ff, own calculations

Important occupations for the finance and insurance sector are qualified bankers (Bankkaufleute) and insurance agents (Versicherungskaufleute). According to calculations of the Wageindicator of the Institute of Economic and Social research (WSI Lohnspiegel) the gender pay gap between female and male bankers is 19%, with male bankers earning 4,055 Euro and female bankers 3,290. With 28%, the gender pay gap is even higher for insurance agents. On average male insurance agents earn 4,160 Euro while women in the same occupation receive only 3,012 Euro (Gender Pay Gap 2015). Previous calculations of the wage indicator detected a gender pay gap of 19% for bankers (Öz et al. 2009, p. 12) and of 24% for insurance agents (Bispinck et al. 2011, p. 9). Whereas the gender pay gap in banks remained the same, it increased for employees of insurance companies.

2.3 The Wage-setting Process in the Financial Service and Insurance Sector

The defining framework for wage-setting in the finance and insurance sector are collective agreements at sector level and collective agreements at company level for large banks or insurances. Major stakeholders are the financial services department of the United Services Union (ver.di) on one side and large companies or several employers' associations on the other side of the bargaining table. Representatives for the latter are e.g. the Employers' Association of Private Banks (AGVBanken), the Federal Association of Public Banks (VÖB), the Employers Association of German Volksbanken and Raiffeisenbanken (AVR) or the Employers Association of Insurance Companies (AGV).

There are three major collective agreements: one for private banks, one for (public) savings banks and one for insurances. A fourth agreement covers Volksbanken and Raiffeisenbanken and is not bargained by the United Services Union, but by the German Bank Employees Association (Deutscher Bankangestellten-Verband, DBV).

The bargaining agreements of the finance sector are characterized by large scopes for company level or individual bargaining. For example, regulations on performance related pay in collective agreements are quite abstract and leave a wide range of configuration options on the company level. This may lead to arbitrary wage-setting decisions and it can be assumed that women's chances for getting high earnings are lower than men's because of gender stereotypes and biases and their assumed and often analysed minor negotiating

power.¹⁰ Unions accept these scopes in order to maintain the collective agreement on sector level, but have to face the risk of higher discrimination potentials in the companies' agreements.

Another example for potentially discriminatory aspects of collective agreements are old job descriptions in the collective agreements which serve as guidelines or binding examples for the grading of jobs, e.g. stenotypist. As these examples are old, the described jobs do not exist any longer in large parts, but new jobs have not yet been incorporated in the grading list. This may lead to subjective grading decisions with a gender bias against women or women's jobs.

A characteristic feature for many finance companies are salary bands, i.e. a wage group is not related to a fixed sum of money but to a salary band that indicates the lowest possible and the highest possible salary in the respective wage group. The rules for determining which sum of money is going to be paid are often very subjective and vague, so that gender biases are not prohibited and quite likely to occur.

Another problematic characteristic feature for earnings systems in the finance and insurance sector is the importance of performance pay. Here again, the rules for identifying performance and calculating the performance pay are subjective, unclear and incomprehensible. Gender biases of performance appraisal systems are widely known in the scientific community and for equality and union activists. Nevertheless they are widespread in the finance and insurance sector.¹¹

There are wide pay gaps within companies of the finance sector, for example between the male-dominated sales-, marketing and investment banking units on the one hand and the female-dominated private customer advice or service units on the other hand. The female-dominated units are less valued and paid, whereas the units with better earnings prospects are usually male-dominated. As some of our experts pointed out, important characteristics of female-dominated jobs, for example in call-centers, like communicative skills and psychosocial efforts, are not taken into consideration by the common job evaluation systems of the finance and insurance sector.

The trade union coverage of employees in the finance and insurance sector is comparably low. Employees widely seem not to be marked with a traditional "worker's awareness" and to be aware of their role as workers. But, according to our experts, in the last years this awareness started to grow, possibly as a consequence of the financial crisis and the threatening personnel reductions and dismissals.

2.4 Initiatives for Wage Equality in the Financial Service and Insurance Sector

All of our experts for the financial service and insurance sector observe awareness for gender issues "in parts of the sector". But they report that the focus of gender discussions, activities and measures lies upon the reconciliation of family and working life and on

¹⁰ An analysis of the negotiating power of women and advice for successful negotiations can be found in Färber & Riedler by the example of professors.

¹¹ see for example: Krell (2011). Tondorf & Jochmann-Döll (2005). Bevan & Thompson (1992).

increasing the share of women on leadership positions. Martina Grundler, one of our experts, assumes that a lot of the stakeholders in the sector would even deny that there is any problem concerning wages. In contrast to her assumption the sector report for the financial service and insurance sector cites another expert who says about the gender pay gap: "Everyone knows that it is true, but nobody talks about this discriminating result of the sector." (Ver.di 2012, p. 71, own translation) But nevertheless, the result is the same: The gender pay gap is not discussed in the sector.

One reason for these findings are the comparatively high wages in this sector in relation to other female dominated sectors. Wages on average provide for a good existence and the proportion of precarious employment is quite low. This makes the problem less obvious and less urgent. Another aspect Grundler points at is the high coverage with wages subject to a collective agreement. Often, this makes people believe a priori that everything should be ok with working conditions and wages and that discrimination does not exist. As a consequence discriminating effects of collective bargaining agreements and their wage setting regulations could be overlooked. Women have the impression that they are paid well and the differences to the wages of men cannot be detected easily – especially in the higher wage ranges, where German employees traditionally do not talk about their earnings. Furthermore the sector has always been characterized by rather traditional values, which include a traditional view on gender questions. This might probably be the reason for that the glass ceiling in the financial services and insurance sector seems to be especially thick and strong.¹² But facing the fact that the gender pay gap widens with the hierarchical level, why should women struggle for promotions and career advancements? (ver.di 2012, p. 71f & 87)

As far as union or company level employee representatives are concerned, they have to cope with a difficult situation as a consequence of the deep changes of the sector. Grundler states: "Industrialisation and digitalisation change working processes dramatically, continuous restructurings and personnel reduction programmes keep employees' representatives working up to their limits. Legal demands for regulation and the continuing phase of low interests have a massive impact on the business fields of the sector. Securing jobs and keeping the collective agreement binding are in the centre of actions." (own translation) In view of these issues pay equality between women and men does not gain a prominent place on the priority list of employee representatives. The fact that ver.di has a quota for an equal membership of women and men in bargaining commission does not change this situation. It becomes clear that an equal share of women and men in union and bargaining commissions is no guarantee for a strong and effective representation of the equal pay issue in negotiations (ver.di 2012, p. 71 & 87).

According to some of our experts (Stockfisch, Weusthoff, Ganser), there have been some initiatives in the past which focused on gender pay equality, but they were not successful and ended without any effect. They reported for example, that there had been discussions about the grading of male and female clerks. In the 1980s, a new grading structure had been in preparation which could have led to a new valuation of female and male dominated jobs. But it was never put in practice.

In 2007 the collective agreement for private and public banks, building societies and the savings bank Saar has been analysed by Kocher (o.J.) with respect to the German Equal Treatment Law (Allgemeines Gleichbehandlungsgesetz, AGG). Regarding wage-setting she found discrimination potential in the job evaluation method of this agreement. Especially, the exclusion of demands that can often be found on female-dominated jobs, like communicative skills, social competencies or psycho-social strains, may have led to an undervaluation of women's jobs in banks. Moreover, she criticised that responsibility was only considered for jobs with high qualification demands, so that the responsibilities on jobs with less

¹² for an extensive analysis see Nickel et al. (2015)

qualification demands were not valued and not paid for. In addition, responsibility had not been defined properly so that it could have been interpreted as responsibility for money and material goods only. There were regulations for hardship allowances. But hardship was only defined as hardship related to special machines. (Kocher, p. 10f) With a view to these findings, demands for a change of collective agreement structures and regulations had been deduced but not brought onto the bargaining table, because the negotiations had another focus. By today, the wage regulations of this collective agreement have been not changed substantially.

Grundler remembered an initiative to use eg-check.de (see chapter 1) as a means to bring the issue into union commissions and works councils in the companies. But it does not seem as if this initiative had been of any effect.

There is one company level agreement in the insurance company Debeka (formerly the insurance company for public servants) which is quoted as a positive example in the sector report of ver.di (2012, p. 71). In this agreement professional activities are combined with wage groups and there is a rule for occupational advancement as a consequence of good performance appraisals. However, one expert of the sector report was cited with a restrictive observation: "But pitifully, our data also show that women do not take the higher positions or they are not offered to them. The rules are in force for the whole Debeka, but where works councils are weak they are not put into practice." (ver.di 2012, p. 71, own translation)

2.5 Future Plans and Possibilities to Tackle the Gender Pay Gap in the Financial Service and Insurance Sector

According to our expert Martina Grundler, the United Services Union (ver.di) will intensively cope with existing collective agreements for the finance sector and develop new and innovative instruments to influence collective bargaining policy and politics. In her opinion this is a chance to put the issue of pay equality on the agenda. In the insurance sector, there is a common declaration of ver.di and the employers' association (AGV) about the demographic development. Equal pay is not mentioned here explicitly, but the declaration may be a gate-opener for the issue. The declaration suggests regular consultation of the social partners and debates about important topics. The gender pay gap in the insurance sector could be one of them.

The sector report about the situation of female employees in the financial services sector (ver.di 2012) which has been prepared in the federal initiative for women in the economy "Gleichstellen"¹³ may be a further basis for discussing the issue on company level and in union commissions. Because this is the first step according to all of our experts: To make pay inequality an issue in the financial services sector.

¹³ Financed by the Federal Minister for employment and Social Affairs (Bundesministerium für Arbeit und Soziales, BMAS) and the European Social Fund (ESF), see <http://bundesinitiative-gleichstellen.verdi.de/>

3 Sector-specific Analysis: Human Health Activities

3.1 Background Information about the Human Health Activities Sector in Germany

In total, the human health activities sector employs nearly 2.7 million persons, most of them working in hospitals (appr. 1.4 million employees). Another 900,000 employees work in medical and dental practices. The sector is clearly female-dominated. 81% of all employees subject to social security and 79% of all marginally employed are women. Their participation rate is even higher in the subsector 862 "Medical and dental practice activities" (95% female employees liable to social security and 83.2% marginally employed women). It is remarkable that in the health sector and all its subsectors the participation rate of women is slightly lower among marginal employees than among employees under social security obligations, since generally the share of women among marginal employees is higher. The following table 10 shows absolute figures and women's participation rate for the sector and its subsectors.

Table 10: Employees and women's participation rate in the human health activities sector

Sector	All	men	women	Women's participation rate in %
Employees subject to social insurance (Sozialversicherungspflichtig Beschäftigte)				
86 Human health activities	2,257,044	428,879	1,828,165	81.0
861 Hospital activities	1,338,680	319,357	1,019,323	76.1
862 Medical and dental practice activities	629,889	31,833	598,056	95.0
869 Other human health activities	288,475	77,689	210,786	73.1
Marginally Employed (Geringfügig Beschäftigte)				
86 Human health activities	438,551	92,324	346,227	79.0
861 Hospital activities	60,992	17,625	43,367	71.1
862 Medical and dental practice activities	245,746	41,232	204,514	83.2
869 Other human health activities	131,813	33,467	98,346	74.6

Source: Bundesagentur für Arbeit (2015b): Sozialversicherungspflichtig und geringfügig Beschäftigte nach Wirtschaftszweigen der WZ 2008 und ausgewählten Merkmalen, Stichtag 30.Juni 2014, Arbeitsmarkt in Zahlen - Beschäftigungsstatistik, Nürnberg

The quantitatively most important occupations in the human health sector are medical health occupations like nurses, rescue workers and obstetricians/midwives (984,014) and medical and dental assistants (doctor's receptionists, 590,963). Among non-medical occupations

geriatric nurses form the largest part (489,532).¹⁴ All of these occupations are female-dominated: The participation rates for women vary between 98.5% among the employment group of medical and dental assistants and 81.3% among nurses, rescue workers and obstetricians/midwives. The relatively low participation rate of women in the latter category may be due to the inclusion of rescue workers, who are rather male-dominated. (see table 11)

Table 11: Women's participation rate in the most important occupations in the sector

Occupation, according to Classification of Occupations 2010 (KldB 2010)	all	men	women	Women's participation rate in %
Employees subject to social insurance (Sozialversicherungspflichtig Beschäftigte)				
81 Medical health occupations (Medizinische Gesundheitsberufe)	2,292,102	386,855	1,905,247	83.1
811 Medical and dental assistants (Arzt- und Praxishilfe)	590,963	8,815	582,148	98.5
813 Nurses, rescue workers and obstetricians/midwives (Gesundh., Krankenpfl., Rettungsd., Geburtsh.)	984,014	184,053	799,961	81.3
82 Non-medical health, personal hygiene, medical technicians (Nichtmedizinische Gesundheit, Körperpflege, Medizintechnik)	803,218	144,868	658,350	82.0
821 Geriatric nurses (Altenpflege)	489,532	72,965	416,567	85.1
823 Personal Hygiene (Körperpflege)	171,852	13,064	158,788	92.4
Marginally employed (Geringfügig Beschäftigte)				
81 Medical health occupations (Medizinische Gesundheitsberufe)	282,978	44,105	238,873	84.4
811 Medical and dental assistants (Arzt- und Praxishilfe)	107,459	5,325	102,134	95.0
813 Nurses, rescue workers and obstetricians/midwives (Gesundh., Krankenpfl., Rettungsd., Geburtsh.)	95,773	22,599	73,174	76.4
82 Non-medical health, personal hygiene, medical technicians (Nichtmedizinische Gesundheit, Körperpflege, Medizintechnik)	146,571	29,382	117,189	80.0
821 Geriatric nurses (Altenpflege)	59,504	9,486	50,018	84.1
823 Personal Hygiene (Körperpflege)	58,216	3,918	54,298	93.3

Source: Bundesagentur für Arbeit (2015a): Sozialversicherungspflichtig und geringfügig Beschäftigte nach der ausgeübten Tätigkeit der KldB 2010, Stichtag 30. Juni 2014, Arbeitsmarkt in Zahlen - Beschäftigungsstatistik, Nürnberg

There is no gender-specific data available for full-time and part-time employment by sector. The overall part-time rate of women in Germany has been 47% in 2014 (47% of the female employees worked part-time.) (APF team & Sozialministerium 2015). Of all the part-time employees in 2014, women had a share of 81%, men of only 19% respectively (Statistisches Bundesamt 2015). Looking at the predominantly female human health activities sector and

¹⁴ note: Geriatric nursing homes are not included in the human health activities sector (Q86), but belong to sector Q87 "Residential care activities".

the fact that the part-time rate of women is generally higher than the part-time rate of men, it can be assumed that most of the part-timers in the health sector are women. The figures in table 12 show that the part-time rate in the health sector is far above the average of all sectors. While in all sectors the part-time rate is 25.6%, it is 39.3% in the health sector, with a peak of 43.8% in the subsector "other human health activities".

Table 12: Full-time and part-time employment in the human health sector

Sector	all	Full-time*	Part-time*	Part-time rate in %
Employees subject to social insurance (Sozialversicherungspflichtig Beschäftigte)				
86 Human health activities	2,257,044	1,370,581	886,330	39.3
861 Hospital activities	1,338,680	821,710	516,951	38.6
862 Medical and dental practice activities	629,889	386,827	243,051	38.6
869 Other human health activities	288,475	162,044	126,328	43.8
All sectors	30,174,505	22,090,825	7,739.729	25.6

* Figures do not add to the total of all employees in the original source.

Source: Bundesagentur für Arbeit (2015b): Sozialversicherungspflichtig und geringfügig Beschäftigte nach Wirtschaftszweigen der WZ 2008 und ausgewählten Merkmalen, Stichtag 30.Juni 2014, Arbeitsmarkt in Zahlen - Beschäftigungsstatistik, Nürnberg

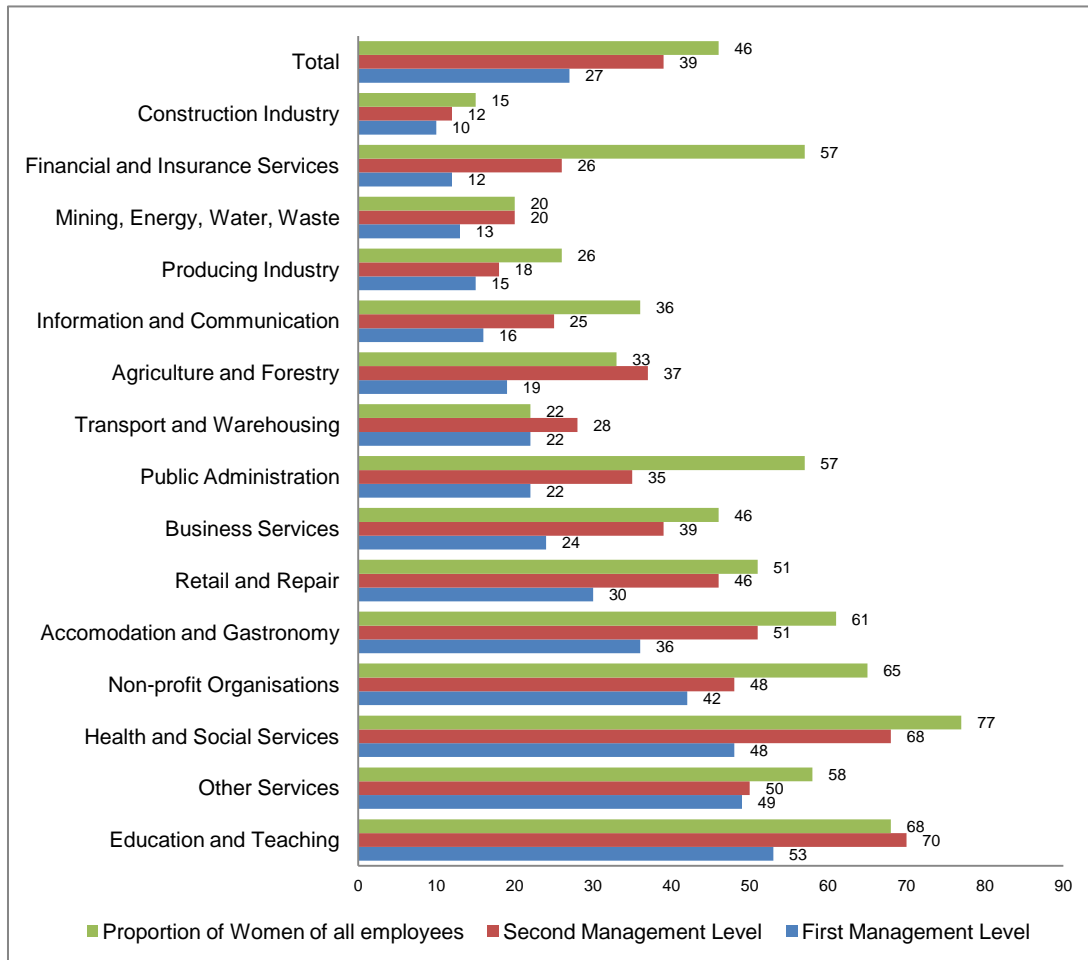
According to one of our experts, Reinhard Bispinck, working time issues are actually not on the collective bargaining agenda for the health services sector. An important issue is the intensification of work due to staff shortage. The staff ratio, as it is prescribed by the social security system, is seen as too small. This has a direct effect on the working time of the employees, because they are asked to work more in order to compensate for the lack of personnel. The United Services Union started a campaign for better working conditions and more staff in hospitals. It is called "Der Druck muss raus!" (The pressure has to be taken off!). Ver.di calculated that there is a lack of 162.000 employees in German hospitals. On the 24 June 2015 there will be a campaign day to raise public awareness and political pressure. The demand is a law for determining the personnel ration in hospitals and other care facilities.¹⁵ As pioneers the employees of a large clinic in Berlin, the Charité, went on strike for a better personnel ratio on 27-4-2015 (ver.di 2015a). Our expert von Gradolewski-Ballin reports another activity aiming at improving the personnel ratio in hospitals. They conducted a "night shift-check": For one night in March 2015, union representatives went in 225 hospitals, visited the night nurses and counted the staff. They found out that in more than half of all hospital wards visited were understaffed (ver.di 2015c).

The share of women in leading positions in the health and social sector is larger than in other sectors. This is shown by data collected by the IAB (Institute for Occupational Research) in the year 2012. The percentage of women on the first management level in the health and social sector was 48%, on the second management level it increases to 68%. In comparison to the participation rate of women it can be ascertained that women's share of managerial positions is higher, compared to other sectors, but not yet equal to their share of employees. (see figure 5)

¹⁵ <http://www.der-druck-muss-raus.de/>

A detailed analysis of structural changes and women's work in the health economy on regional level (Ruhr Area, "Ruhrgebiet") give Becka & Evans (2014). They mention wage setting processes and the low wages in the sector as one of the characteristics for increasing precarious work, but do not emphasise wage inequalities or the undervaluation of health work.

Fig. 5: Proportions of women of all employees and of first and second management level by sectors, 2012, in %



Source: Bechmann, S. & al. (2013). Beschäftigungsmuster von Frauen und Männern. Auswertungen des IAB-Betriebspanels 2012. IAB-Forschungsbericht 14/2013, Nürnberg, p. 27, own presentation

3.2 Income Situation and Gender Pay Gap in the Human Health Activities Sector

Wages in the health and social sector belong to the lowest of all industries. They are lower than the average of all service industries, with the exception of gastronomy being at the end of the scale. No sector of the producing industry pays lower average wages, even in the construction industry – the sector with the lowest wages in the producing industry – wages are higher. Table 13 gives an overview over selected sectors and industries.

Table 1: Earnings in selected industries and sectors

Industry/sector	Average gross monthly earnings, in Euro, men and women
Producing and services industry	2,890
Producing industry	3,504
Construction industry	2,766
Services industry	2,647
Gastronomy	1,227
Financial and insurance activities	4,250
Health and social work activities	2,440

Source: Statistisches Bundesamt (2014b). Verdienste und Arbeitskosten. Arbeitnehmergehälter 3. Vierteljahr 2014, Fachserie 16 Reihe 2.1, p. 4, own presentation

One reason for the low earnings in the health sector might be the low level of union membership (union density). Employees in this sector are hard to recruit as union members, because of the high percentage of part-time employees and marginally employed and because of the fact that full-time employees suffer from physical strains and psychological stress, so that they have not enough energy for union engagement. Our expert Heike von Gradolewski-Ballin additionally points to a specific situation for those working in helping or care professions: "Day for day, they are faced with people that are worse off. And so they think to themselves: Why should I complain? I'm so much better off! And that's another reason why so many employees in helping professions bear their bad working conditions." Ver.di aims at changing this attitude and showing nurses and other care workers that they have a right for good working conditions and that they make them even stronger for their work.

According to Carmen Gandila, one of our experts of the Association of Medical Professions (vmf), another reason for the low wages in the health sector in general and especially in the subsector medical and dental practice (862) is the undervaluation of female-dominated tasks. They describe the work done by the assistants in medical and dental practices as emotional and interactive work, which puts psychological and social demands of a high degree, for instance active listening, empathy, communication skills. These demands are ignored in the common collective wage setting regulations and job evaluation methods. To their opinion, it appears very difficult to integrate these demands in collective structures as they are regarded at by many as "given by god" to women and not as professional qualifications or skills that have to be paid for.

In addition to that, this subsector is characterised by small and micro enterprises to a large extent. In these small and smallest enterprises there is no employee representative to support the women in standing up for their interests. There is no legal dismissal protection and the collective agreement is valid only for a small part of these medical and dental practices (see next chapter). As members of the vmf, the medical and dental assistants receive support through information, legal advice and representation and moral backing. But in their (small and smallest) practices they remain mostly alone when they want to push through their demands, e.g. for higher wages.

The gender pay gap in the human health and social work activities sector is 25% (Bergmann & Sorger 2015). Specific gender wage gaps for the human health sector and its sub-sectors (Wirtschaftszweige) can be calculated from the "Quarterly Earnings Survey" (Statistisches Bundesamt 2014b). The following table 14 shows that the gender pay gap is higher, i.e. 35.1%, when only the human health sector is looked at. The range within this sector is 51.0%

among medical and dental practice activities and 16.4% among other human health activities.

Table 14: Gender wage gaps for sub-sectors of the human health activities sector

Sector and sub-sectors	Gross monthly earnings (incl. bonuses) in €		Gender Pay Gap in %
	men	women	
86 Human health activities	5,087	3,299	35.1
861 Hospital activities	5,444	3,515	35.4
862 Medical and dental practice activities	5,056	2,476	51.0
869 Other human health activities	3,221	2,694	16.4

Source: Statistisches Bundesamt (2014b). Verdienste und Arbeitskosten. Arbeitnehmerverdienste 3. Vierteljahr 2014, Fachserie 16 Reihe 2.1, p. 124

According to our expert von Gradolewski-Ballin one major influence on the gender pay gap is the vertical segregation in the health sector: Women are underrepresented on higher hierarchical levels. This may be due to discriminative patterns of staffing procedures and career possibilities, but also due the higher interest of a lot of women in care professions to keep working with patients and not to aim at advancements that would widen the distance to the patients and the "real work". Statistics are likely to confirm the influence of hierarchies for the gender pay gap. With regard to hierarchical levels the statistics differentiate between five "Performance groups" (Leistungsgruppen), where "performance group" 1 stands for employees in leading positions and "performance group" 5 for employees with easy tasks that do not require vocational training. Table 15 shows that in the human health sector as well as in the three sub-sectors the gender wage gap is highest in "performance group" 1, i.e. within the hierarchically higher positions. The lower in the hierarchy or the lower the qualification requirements, the lower the gender pay gap.

Table 15: Earnings and gender wage gaps in the human health sector by "performance groups", full-time employees

Sector		Gross monthly earnings (incl. bonuses) in €				
		PG 1	PG 2	PG 3	PG 4	PG 5
86 Human health activities	Men	8,874	4,215	3,060	2,523	2,051
	Women	6,372	3,617	2,782	2,393	2,117
	Gender pay gap, in %	28.2	14.2	9.1	5.2	-3.1
861 Hospital activities	Men	8,999	4,261	3,170	2,575	2,114
	Women	6,431	3,709	2,977	2,476	2,138
	Gender pay gap, in %	28.5	13.0	6.1	3.8	-1.1
862 Medical and dental practice activities	Men	8,505	(4,493)	2,877	(2,115)	/
	Women	(6,161)	3,309	2,165	2,012	1,718
	Gender pay gap, in %	(27.6)	(26.4)	24.7	4.9	/
869 Other human health activities	Men	6,957	3,570	2,754	2,451	1,886
	Women	(5,576)	3,054	2,407	2,192	(2,109)
	Gender pay gap, in %	(19.9)	14.5	12.6	10.6	(-10.6)

PG = performance group, "Leistungsgruppe"

* without bonuses

/ = no specification, because figures are not certain enough

() = restricted evidence, because figures are statistically quite uncertain

Source: Statistisches Bundesamt (2014b). Verdienste und Arbeitskosten. Arbeitnehmerverdienste 3. Vierteljahr 2014, Fachserie 16 Reihe 2.1, p. 124, own calculations

When looking at different working time arrangements it can be seen that the gender pay gap in the human health and social sector is lower between part-time working men and women, i.e. only 11.8% in contrast to 27.6% between full-time working male and female employees. It may be also interesting to look at the reduction in earnings that employees have to face when working part-time. As mentioned above, the "time pay gap" is calculated as the difference between full-time and part-time hourly earnings, expressed as percentage of the higher (full-time) earnings. The figures in table 16 highlight the fact that the decline of wages for part-time working men is higher than for women: Their time pay gap is 8.7%, whereas men lose 25.1%, when working part-time in the human health and social sector. When interpreting these data it should be kept in mind that women's full-time earnings are at a distinctly lower level and that full-time working women on average earn less per hour than men in part-time.

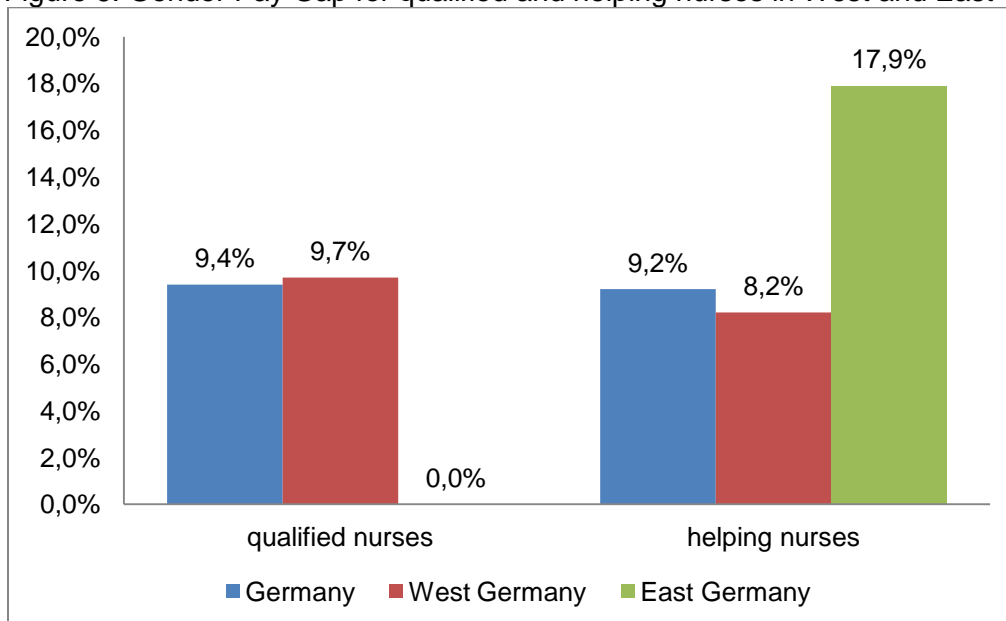
Table 16: Earnings and gender wage gaps in the human health and social sector by working time arrangements

		Gross hourly earnings (incl. bonuses) in €			"Time pay gap", in %
		Full-time and part-time	Full-time	Part-time	
Human health and social activities	Men	24.14	25.22	18,89	25.1
	Women	17.49	18.26	16,67	8.7
	Gender pay gap, in %	27.5	27.6	11,8	

Source: Statistisches Bundesamt (2014b). Verdienste und Arbeitskosten. Arbeitnehmerverdienste 3. Vierteljahr 2014, Fachserie 16 Reihe 2.1, p. 6ff, own calculations

A gender pay gap can also be observed among occupations. According to the calculations of the Wageindicator of the Institute of Economic and Social Research (WSI Lohnspiegel) the gender pay gap between female and male nurses is 7%, with male nurses earning 2,613 Euro and female nurses 2,426 (Gender Pay Gap 2015). Bogai & al. (2015, p. 19) calculated that female nurses earn 9.4% less than male nurses on the level of qualified workers. As helpers, the gender pay gap is 9.2%. It is remarkable, that the gender pay gap is different between West and East Germany: The gender pay gap in the eastern parts of Germany is 0% for qualified workers compared to 9.7% in the western parts. Among helpers the gender pay gap is larger in East Germany (17.9%) than in West Germany (8.2%). The following figure 6 summarizes the figures.

Figure 6: Gender Pay Gap for qualified and helping nurses in West and East Germany, 2013



Source: Bogai, D. & al. (2015). Viel Varianz. Was man in den Pflegeberufen in Deutschland verdient. ed. by Institute for occupational research and the Federal Commissioner for issues of patients and representative for care, Nürnberg/Berlin, p. 19f

As a reason for the gender pay gap among nurses the authors quote a study by Bellmann et al. (2012). They assume that the major part of the gender pay gap in the health sector is caused by differences in the hierarchical status of women and men. For the occupational groups of qualified and helping nurses this explanation does not convince. Here, other factors, mentioned by Bellmann et al. (2012, p. 21ff), could play a major role, like shorter professional experience of women due to career interruptions for family duties and the

concentration of women in smaller companies and in companies without collective agreements. But the authors themselves conclude that their data cannot prove without doubt, which factors are responsible for the pay gap, and suggest further analyses.

According to our expert Alexa Wolfstädter, there are three effects that lead to the comparatively high gender wage gap in the health sector:

1. "Cost-Effect" and vertical segregation: Nursing establishments have to work under hard cost pressure because of changes in the social security system of the last decades. In the private sector there are a lot of establishments without collective agreements. Both facts lead to low wages in the sector which women are expected to accept – and which they accept. The higher paid jobs in establishments are often done by the few men who work there, either because they didn't accept the low wages and applied for a career or because they were more promoted than women as the presumed male breadwinner.
2. "Nightingale-Effect": Women working in the health activities sector are expected to do this on a moral basis and with an inner motivation to care for people and to help them. Therefore their remuneration is "God's reward" and/or the personal well-being and gratefulness of their patients, especially in nursing establishments in the ownership of religious institutions.
3. "Priority-Effect" and bargaining strength: Women in the health sector are very often driven by high moral values and standards and by the content of their activities, not by material or career aims. When it comes to push through their material interests, women feel a conflict between these and their responsibility for human beings and their health and well-being. This is why they tend to set their first priority on their patients and only the second on an increase of their earnings. Maybe this is one reason for the fact that the wage level and the gender pay gap in the health sector and especially for nurses are not on the first priority of the union's bargaining issues (see next chapter).

3.3 The Wage-setting Process in the Human Health Activities Sector

3.3.1 Hospital activities, subsector 861

Major stakeholders for the wage-setting processes in the hospital activities sector are the United Services Union (ver.di) for the employees and on the other side of the table there is large variety of public, independent charitable and private employers and employers' associations. For the public health companies there are the Federation of Local Employers' Associations (Vereinigung kommunaler Arbeitgeberverbände, VKA) and the Collective Bargaining Association of the German Federal States (Tarifgemeinschaft deutscher Länder, TdL). Independent charitable health organizations are mainly undertaken by the churches or the Workers' Welfare Association (Arbeiterwohlfahrt, AWO). Large private hospital groups are for example Helios, Rhön, Sana, Paracelsus or Asklepios.

The guiding collective agreements for the sector are the agreements for the local and the federal states' health companies (Tarifvertrag für den öffentlichen Dienst, TVöD and Tarifvertrag für die Länder, TV-L) and their predecessor, the Federal Public Employees'

Agreement (Bundesangestelltentarifvertrag, BAT). The other agreements follow them in large parts. In recent years, the variety of collective agreements has risen distinctly due to privatisation and outsourcing of certain service functions, so that our experts describe the structure of agreements as fragmented. For private and charitable health organisations, collective agreements may differ by region, sometimes even by establishment.¹⁶ For a lot of private health providers no collective agreements exist¹⁷ and it can be assumed that wages here are comparably low because of the cost pressure in the health sector. Charitable health organisations also try to deviate from the public agreements and to sign agreements under their level because of the cost situation. The Agent of the Federal Government for Care (Bevollmächtigter der Bundesregierung für Pflege) has therefore called for nationwide collective agreements for the health sector. He said: "We finally need fair wages everywhere that are negotiated by employers and unions in collective agreements. It is a mismatch, when we complain the shortage of skilled employees on one side and do not even have collective agreements everywhere." (Die Pflege ... 2014, own translation)

Our expert Heike von Gradolewski-Ballin, emphasises that the human health sector is not only called but has in fact developed to health **business**. Maximisation of profit and dividends for shareholders become more and more important and seem to determine the working conditions in the health sector.

The reason for this development is massive changes in the German health insurance system since 2003, especially for hospitals. In 2003, the system of fixed reimbursements for inpatient and day patient services was introduced step-by-step, except for psychiatric clinics. Patients were classified in diagnosis-related groups (DRG-System) and for each case a lump sum was fixed that the hospital could claim as remuneration ("Fallpauschalen"). Ten years later, our expert von Gradolewski-Ballin describes the effect of these changes as disenchanting: not transparent, expensive, reducing quality and causing bad working conditions. The new remuneration system put high cost pressure on public hospitals, so that as a consequence local authorities tended to sell their hospitals to private institutions. They very soon sold the hospitals again because the lump sums ("Fallpauschalen") were sufficient only for highly efficient and productive hospitals that joined together in large clinic groups. Since 2003 there is a process of concentration in large private concerns in the human health sector. The number of private hospitals increased by 134, while hospitals in general decreased by 133 since introduction of "Fallpauschalen". The share of private hospitals was roughly one third in 2010.¹⁸

These clinic groups do not focus on sufficient medical supply for the region or good working conditions. They have to care for the return of investment of their owners – and apparently they did this successfully: Between 2002 and 2006 the EBIT (earnings before interest and tax) of private hospitals was around 5.46% on average. Public hospitals were in the red with -0.75% EBIT. At least partially, the higher earnings of private hospitals result from lower wages for the employees: On average a nurse in a private hospital cost 4,749 € less than in a public hospital, a physician cost 3,863 € less (Herr 2012, p. 181).

¹⁶ For an overview of the large variety of collective agreements and wage levels in the health sector see Röthig (2015).

¹⁷ The coverage of collective agreements in private health organisations is only 16% (Boockmann et al.. 2011, also see chapter 1)

¹⁸ data supplied by our expert von Gradolewski-Ballin

Since the economic crisis medical organisations experience a growing pressure and growing competition among single hospitals to be more efficient at the price of good working conditions. A lot of union power is needed to negotiate with the large number of single hospitals (and geriatric home companies). But ver.di developed the principle of "conditioned collective negotiations" (bedingungsgebundene Tarifarbeit). This means that ver.di only starts negotiations with an employer, when assertiveness is likely by enough union members among the staff and a clear negotiation order. Von Gradolewski-Ballin reports that the negotiation strategy of her union is two-fold: to struggle for better working conditions (especially personnel ratio) **and** for better wages. Here, the union tries to reach a higher valuation of jobs in the health sector and higher wages by comparisons with other sectors, e.g. the chemical industry. The United Services Union has bargained some "emergency agreements" ("Notlagentarifverträge"). Additionally, pay rate increases became lower but maturities longer in the last years since the crisis.

3.3.2 Medical and dental practice activities, subsector 862

The main stakeholders for this subsector are the Association of Medical Professions (vmf) as the union for medical and dental (and veterinary) assistants and on the employer's side three different working groups for the regulation of working conditions of medical assistants ("Arbeitsgemeinschaft zur Regelung der Arbeitsbedingungen der Arzthelferinnen/Medizinischen Fachangestellten", "... der Zahnmedizinischen Fachangestellten/Zahnarzthelferinnen", "Bundesverband Praktizierender Tierärzte"). Not all of the physicians and dentists (and veterinaries) are members of these working groups. Therefore a lot of them are not bound to the agreements with the vmf and may pay according to individual negotiations or follow the wage agreement only roughly. The collective agreement with the vmf has not yet been declared generally binding by legal action ("Allgemeinverbindlichkeitserklärung"), which would oblige all physicians and dentists to pay the agreed wages. The result is a very flexible and decentralised wage structure. According to our experts and logically, there is no gender-based pay gap among medical and dental assistants, as this profession is women clearly female dominated with 98,5% (see table 11). The gender pay gap in the subsector is mostly due to occupational segregation with mostly female assistants on one hand and male-dominated physicians and dentists on the other hand. Our experts also point to the fact that other medical professions have higher wages, e.g. nurses in hospitals. To their opinion, this inequality is overseen by many and does not play an appropriate role in public discussions about wages in the health sector and undervaluation of women's work.

In 2007 and in 2010, the vmf ordered scientific analyses of their collective agreements for wages and for other working conditions. These two expert reports pointed to several discriminatory elements in the agreements.¹⁹ In the following years, the vmf negotiated successfully for changes in the collective agreements. Earlier, there was a widespread differentiation between wage groups by seniority: For example, medical assistants reached the highest wage group after 30 years of employment within a practice. Since 2012 this was reduced to 17 years of employment. One year later, in 2013, the vmf reached another important agreement: The number of wage groups was extended to 6 instead of 4 groups. The highest wage group VI was now 150% of the lowest, before the highest wage group IV was only 120% of the lowest. Now, the definitions of the wage groups focus on demands and

¹⁹ The analyses have been produced by Dr. Andrea Jochmann-Döll, but are not published.

on qualifications, that are needed for the jobs and therefore emphasise the character of highly qualified work that has to be done by medical (and dental) assistants. Our expert Susanne Hunstock points to the phenomenon of increasing delegation of tasks from physicians to medical assistants. Their qualification and responsibility demands have risen enormously in the last years and she is very satisfied that this development could be partially mirrored in the collective agreement. The major breakthrough could be achieved with the argument of the impending skill and employee shortages for medical (and dental) practices.

3.4 Initiatives for Wage Equality in the Human Health Activities Sector

According to all of our experts, equal pay between women and men in the human health sector, has not yet been in the focus of collective bargainers and other stakeholders for the wage-setting process. Bispinck argued that the reason for this may be the high percentage of women in the sector. For that, the emphasis of discussions lies on the general wage level in health sector. Indirectly, this can also be seen as a gender-oriented question, because the low wage level in the health sector could be a result of the undervaluation of women's and of female dominated work.

Nevertheless, von Gradolewski-Ballin also states that there is hardly any awareness of gender issues and equal pay in the health sector. In the hospital organisations, the discussion is about the differentiation between occupational groups. Physicians have been in the focus of the recent wage conflicts. However, the wage differences between private and public hospitals seem to be accepted, not tackled. As an example for the lack of gender awareness and sensibility, she reports from one of the last collective bargaining discussions with a private clinic enterprise. The employer's representative was asked by union representatives, how and when the employer plans to pay the same average wage like in the chemical industry. (The gap between these sectors was 9.9%). His answer was that in the health sector the work is work with people. The conclusion to be drawn from this answer can only be that in the opinion of the employer work with and at machines is of higher value than work with and for people.

With the aim of a revaluation of health occupations the United Services Union (ver.di) started a campaign called "Pflege 3000" (Care 3000) (ver.di 2014). The name stands for the demand that every qualified care work should earn at least 3,000 € per month. The line of arguments of this campaign is that care occupations are demanding and responsible professional activities that become more and more important, especially in ageing societies like Germany. Therefore these occupations deserve a better reputation and valuation, which is directly linked to better working conditions and higher wages. The high demands of responsibility, specific knowledge and social competencies in these occupations have to be rewarded fairly. Additionally, physical and psychological strains, as well as the burdening working times have to be rewarded. There should be no difference in wages for nurses and geriatric nurses like today. Fair wages will contribute to make care occupations more attractive and help to find enough skilled employees.

These demands have been brought onto the bargaining table in May 2014, when the negotiations about new wage schedules for health occupations started. Employers did not

see a need for any reevaluation. As the grading structure of the collective agreement remained in force, the union had to maintain peace ("Friedenspflicht"), but negotiations continue. In the meantime ver.di started another campaign to revalue social and education occupations and strategically decided to promote this campaign at first.²⁰ As soon as this campaign comes to a result, the campaign "Pflege 3000" will continue with more public attention and power. Actually, the negotiations for a better grading of social and education occupations had been declared as failed by ver.di and more than 90% of all nursery school teachers voted for an unlimited strike, which began on 11-5-2015 (ver.di 2015b). Strategically, it is necessary to wait with further (strike) actions for another group of employees until union power has recovered and the public is ready to accept another campaign. For that, first actions of the "Pflege 3000" campaign are planned for the second half of 2015.

Public debates on working and wage conditions in comparison to other sectors, like automobile or chemical industry, could support the efforts of ver.di.

A large hospital concern with more than 20 hospitals and further health companies and nearly 14,000 employees, the Marienhaus Group, took part in the Logib-D programme of the German Ministry for Family Affairs, Seniors, Women and Youth (Bundesministerium für Familie, Senioren, Frauen und Jugend, BMFSFJ, see part I). The effects of this statistical analysis of the wage structure are not published. In a short summary of the experience of the company, the commercial director of one clinic stated that the analysis showed that "also in our collectively bound clinic there are differences in pay between man and woman. What are the reasons for this and what can we do – in answering these questions Logib-D has helped us a lot. That's why we now want to encourage our female employees to take leadership responsibility more often. And we want to help them to more easily reconcile work and family life." (BMFSFJ 2014b, p. 10, own translation). There is no information about discriminatory elements in the wage setting system and necessary changes – or about a discrimination-free wage-setting system as an example for other companies.²¹

For the medical and dental assistants, our experts from the vmf admitted that the new structure of the collective agreement was not advantageous for some of the older members with long years of seniority. But for the majority of their members the new collective agreement of 2013 (see chapter before) has led to wage increases. And even members in doctor's practices that do not pay according to it, use the structure of the collective agreement successfully in their individual wage negotiations. One expert said: "This shows: The knowledge about the collective wage system creates monetary advance."

Another focus of the vmf is lobbying work. Representatives of the vmf talk to responsible persons of the Ministry of Health and Social Affairs and of Health Insurances in order to establish equivalency of competencies and tasks in the health sector with those in other sectors. Here, they use the German Qualifications Framework (Deutscher Qualifikationsrahmen, DQR), for their arguments. This is the German equivalent of the EQF, the European Qualifications Framework.

In addition to the political discussions and collective negotiations, the vmf tries to empower its members and to increase their self-awareness and self-confidence.

²⁰ see www.soziale-berufe-aufwerten.de

²¹ also see Marienhaus (2011).

3.5 Future Plans and Possibilities to Tackle the Gender Pay Gap in the Human Health Activities Sector

In general, it could be helpful to collaborate with other campaigns. The DGB started a project "What earns a woman?" (Was verdient die Frau?), that combines several aspects of equal opportunities for women in working life; equal pay is one of them.²² The collaboration with the ver.di campaign for the social and education occupations is another opportunity.²³ Broad public attention and a public discussion about the necessary re-evaluation of health occupations, both in hospitals and practices, could form an important and strengthening background for union activists. The Equal Pay Day is no particularly important instrument for the union activists in the ver.di department for health services. They report that the participation of ver.di at the Equal Pay Day is planned and organised by the department for women and equality politics and that the health services department does not create own actions for that day.

With view to helpful activities and cooperations, our expert von Gradolewski-Ballin thinks that an exchange of experiences on international level could be of great benefit. She would appreciate the possibility of learning from others in other countries and of learning to know their different concepts and strategies. This should be done in a way of personal exchange or network meetings. Written reports or articles might be less attractive and useful because of the lack of time of union secretaries and officials.

Our expert Schäfer suggests the creation of an interface with those who deal with tackling precarious work (esp. temporary contracts and mini-jobs) because to her opinion both topics are strongly linked together - not only in the health sector.

Additionally, measures should be developed to raise self-awareness and self-esteem among the female-dominated occupations of the human health sector. Employees should value their jobs themselves and pose higher financial demands. This could be achieved through networking and the dissemination of knowledge, e.g. about the demands of care work.

For the vmf, our experts ask for evaluation systems for a fair evaluation of interactive and emotional work with patients and for informally acquired skills. They suggest using existing methods like Abakaba (or eg-check.de) and adapting them where necessary. Furthermore they suggest an exchange of experiences with the valuation of work with people resp. personal services. The vmf clearly demands a right of collective legal action for associations, organizations or other legal entities ("Verbandsklagerecht") and for a declaration of their collective agreements as generally binding for all medical and dental practices ("Allgemeinverbindlichkeitserklärung"). They pose these demands annually on the equal pay day.

²² <http://www.was-verdient-die-frau.de/>

²³ www.soziale-berufe-aufwerten.de

4 Summary and Conclusion

In Germany, employees are widely covered by sectoral, regional or company level collective agreements. This was true for 60% of all employees in West Germany and 47% in East Germany in 2013. Despite the fact that this has a positive influence on women's wages the GPG remains a stubborn problem for Gender Equality in Germany leaving Germany constantly on one of the bottom ranks of all EU-members. The effect of a statutory minimum wage which has been introduced in January 2015 cannot yet be measured.

There are several initiatives to tackle the GPG in Germany which have been started by different stakeholders:

- initiatives to raise public awareness of the GPG and the disadvantageous income situation for women:
 - Equal Pay Day (BPW and BMFSFJ)
 - Day of Equal Pay in Companies (Tag der betrieblichen Entgeltgleichheit) (DGB and member unions)
 - Campaigns to raise the wages in predominantly female jobs (social and teaching occupations, care occupations) (ver.di)
- initiatives aiming at increasing transparency of wage structures and development of instruments to achieve transparency:
 - Logib-D (BMFSFJ)
 - www.lohnspiegel.de (Institute for Social and Economic Research, WSI)
 - eg-check.de (Hans Böckler foundation and researchers)
 - EVA-Liste (BMFSFJ and WSI)
- initiatives to start practical projects in companies or sectors to provide transparency and unvail discriminatory mechanisms:
 - initiatives by several unions like the United Services Union (ver.di), the Industrial Metal Union (IG Metall) and the Food, Beverages and Catering Industry Union (NGG)
 - financial support for 200 companies that used Logib-D (BMFSFJ)
 - financial support for two to three companies annually that use eg-check.de (Antidiskriminierungsstelle des Bundes)
- introduction of an Equal Pay resp. Pay Transparency Law (Federal Government/BMFSFJ)

Financial and Insurance Sector

The German Financial and Insurance Sector employs nearly one million persons, 56% of them are women. The part-time rate in June 2014 was 25.6%, which was the average of all sectors in Germany. The lowest part-time rate was to be found in "insurances" (19.7%), the highest in "activities auxiliary to insurance and pension funding" (30.8%).

An important characteristic of the employment in this sector is the high percentage of employees being paid above the level of the collective agreement (AT-Angestellte). Women are underrepresented in this well paid group of employees, only 30% of them are women (compared to their share of 56% of all employees).

Top positions in the financial and insurance sector are still held mainly by men. Executive boards of banks are held by only 6.7% women, executive boards of insurances have 8.5% female members. The share of women in supervisory boards is slightly higher, being 18% for banks and 17.2% for insurances (all data from 2014). In 2012 the percentage of women of

women on the first management level was only 12%. The example of the LandesBank Berlin, one of the larger public banks, shows that and why restructurings on behalf of the crisis could not improve career possibilities for women.

The wage level in the sector is among the highest of all sectors, being 4,250€ per month.

The GPG is 29.7% and thus even higher than the German average. The highest GPG is measured in the subsector "Financial Service Activities" (30.3%). The GPG is comparatively low in low performance groups (6.4%) but widens in higher performance groups which stand for employees in leading positions (26.1% in the highest performance group). The GPG is smaller (18.7%) among part-time working men and women. There is a considerable "part-time gap" for men who earn 18.1% less on average when they work part-time.

Wage setting is dominated by three major collective agreements for large parts of the sector and by company level agreements for large banks and insurances. Some of these agreements may have discriminatory effects that contribute to the GPG:

- arbitrary wage setting decisions due to scopes for company level or individual bargaining,
- old job descriptions for female-dominated jobs that do not reflect recent demands which – in consequence – are not paid for,
- salary bands without systematic rules for determining an individual's position (i.e. wage) in the band,
- widely spread performance pay systems with vague regulations and therefore subjective and incomprehensible decisions,
- pay gaps between male-dominated and female-dominated jobs that might not reflect the value of these jobs and their demands properly and free of undervaluation of women's jobs

Union coverage among employees (union density) is low but growing in the finance and insurance sector and may be a symptom for growing role awareness among employees. Gender Equality is discussed "in parts of the sector" and there is a growing awareness of gender issues. Despite that, the GPG is not on the list of topics. This is partly due to the high wage level and the coverage of collective agreements which still makes lot of women believe that they are paid well and not discriminated against. From the union point of view securing jobs and keeping the collective agreements binding are more crucial in times of crisis and restructurings. But nevertheless, there are some activities to dismantle discriminative potentials in wage setting procedures and to improve women's wage opportunities that were reported.

In the future, pay inequalities between men and women and potential discriminations shall be made visible and put on the agenda. The development of new collective bargaining policies and politics and the discussion of a sector report on equal opportunities may offer occasions for this.

Human Health Activities Sector

The human health activities sector is clearly female-dominated: From the 2.7 million employees subject to social security 81% are women. Among the subsector "Medical and Dental Practice" women's share of employment is 95% yet. The rate of part-time employment is far above the German average being 39.3% for the sector in general and even 43.8% in the subsector "other human activities" with the highest part-time rate. Working time issues (e.g. regulation and standards of part-time work) are not on the collective bargaining agenda, but the intensification of work due to staff shortages.

The share of women in leading positions is higher than in all other sectors, but still does not equal the share of female employees. 48% employees on the first management level are women, 68% on the second management level.

The wage level in the health and social sector is one of the lowest of all sectors, only 2.440 € on average. The reasons for this may be the following:

- There is a low level of union membership among employees.
- Employees are constantly facing people which are even worse off and this makes them more easily satisfied with their own situation.
- The professional demands of the jobs are undervalued in the wage setting system.
- A large part of the sector comprises of mostly small and micro enterprises (especially medical and dental practices) without employee representatives and collective bargaining coverage.

The wage setting process in the subsector "hospital activities" is dominated by the guiding collective agreements for the public health sector on the one hand and the pressure on wages by private health companies and the cost reduction demands of the social security system. In contrast to that, in the subsector "medical and dental practice activities" the existing collective agreement is binding only for a small part of practices and employees. Wage setting can therefore be characterized by the minor role of generally binding collective agreements and the important role of individually set wages in practices.

The GPG in the health and social sector is higher than the German average but lower than in the finance and insurance sector: 25%. But when only the health sector is looked at, the GPG rises to 35.1%. Within the sector, the GPG varies between 51% in medical and dental practices and 16.4% in "other human health activities".

One major influence on the GPG in this sector may be the vertical segregation. A differentiation of the GPG by performance groups shows: The lower in the hierarchy or the lower the qualifications requirements, the lower the GPG, and vice versa.

Like in the finance and insurance sector, the GPG is lower among part-time working men and women. The "time pay gap" accounts for 25% for men and 8.7% for women.

A GPG can also be observed among occupations being 9.4% among qualified nurses and 9.2% among helping nurses in Germany. Looking at West and East Germany separately, shows that female helping nurses in East Germany earn 17.9% less than male, whereas in West Germany the GPG among helping nurses is 0%.

In addition to the previously mentioned reasons for the low wage level and high GPG in the health sector, three more effects should be taken into consideration:

- "Cost-effect" and vertical segregation: Wages are under high pressure because of the changes in the German social security system and the growing share of private companies without collective agreements. The higher paid jobs are done by men.
- "Nightingale-Effect": Women are supposed to health work for moral reasons and driven by inner motivation. This makes it especially difficult for them to stand for their financial interests.
- "Priority-Effect" and bargaining strength: Due to the high moral values and the high quality standards that go together with health work, employees tend to set their first priority on their patients and only the second on an increase of their earnings.

Probably as a consequence of the low wage level and the high percentage of women in the human health sector, the GPG has so far not been in the focus of collective bargaining strategies. Instead of this, the United Services Union (ver.di) aims at rising the wage level and re-evaluating the (female-dominated) jobs of health care workers with the campaign

"Pflege 3000" (Care 3000). They demand that no qualified care work should be paid less than 3,000 € per month.

The Association of Medical Professions (vmf) tries to reach the same with it's lobbying work, political discussions, collective negotiations and measures to increase knowledge and self-confidence among members.

As for the future, the exchange of experiences with other sectors (in Germany) and with other countries could be helpful. Health occupations should be evaluated higher in comparison to other (e.g. technical) occupations. Therefore discrimination-free job evaluation methods have to be developed or adapted.

References

- AGVBanken (2015a). Teilzeitarbeit im privaten Bankgewerbe.
http://www.agvbanken.de/AGVBanken/Statistik/_doc_Statistik/Statistik_Teilzeitarbeit.pdf
- AGVBanken (2015b). Beschäftigtenstruktur (I): Zusammensetzung der Beschäftigten im privaten Bankgewerbe 2009. http://www.agvbanken.de/AGVBanken/Statistik/_doc_Statistik/7-02-3-0-Beschäftigtenstruktur.pdf
- AGVBanken (2015c). Führungspositionen im privaten Bankgewerbe: Frauen holen auf.
http://www.agvbanken.de/AGVBanken/Statistik/_doc_Statistik/Infografik_Frauen_Fuehrungspositionen.pdf
- Amlinger, M. (2014). Lohnhöhe und Tarifbindung. Bestimmungsfaktoren der individuellen Verdiensthöhe. WSI Report 20, Dezember 2014, Düsseldorf
- APF team & Sozialministerium (2015). Teilzeitquote im EU-Vergleich.
http://www.dnet.at/elis/Tabellen/arbeitsmarkt/aminter_teilzinter.pdf
- Bechmann, S. et al. (2013). Beschäftigungsmuster von Frauen und Männern. Auswertungen des IAB-Betriebspanels 2012. IAB-Forschungsbericht 14/2013, Nürnberg
- Becka, D. & Evans, M. (2014). Strukturwandel der Erwerbsarbeit – Neue Perspektiven für weibliche Erwerbsarbeit?. Forschung aktuell 09/2014, Gelsenkirchen, Germany: Institut für Arbeit und Technik (IAT).
- Bellmann, L. et al. (2012). Struktur der Beschäftigung sowie Entgeltentwicklung in den Gesundheits- und Pflegeeinrichtungen – 2004 bis 2008, Düsseldorf, Germany: Hans Böckler Stiftung.
http://www.boeckler.de/pdf_fof/S-2011-447-3-1.pdf
- Bergmann, N. & Sorger, C. (2015). Comparative Figures and Tables (Eurostat), Paper produced for the project "Gender Pay Gap: New Solutions for an Old Problem, Vienna
- Bergmann, N. & Sorger, C. (2015). Comparative Figures and Tables (Eurostat), Paper produced for the project "Gender Pay Gap: New Solutions for an Old Problem, Vienna
- Bevan, S. & Thompson, M. (1992). Merit Pay, Performance Appraisal and Attitudes to Women's Work, Final Report of a Study by the Institute for Employment Studies for the Equal Opportunities Commission, Brighton
- Bispinck, R. & Dribbusch, H. & Öz, F. (2011). Was verdienen Versicherungskaufleute? Eine Analyse von Einkommensdaten auf Basis der WSI-Lohnspiegel-Datenbank. Arbeitspapier 10/2011
- Bispinck, R. (2015). Tarifpolitischer Jahresbericht 2014: zwischen Mindestlohn und Tarifeinheit. WSI-Mitteilungen, 68. Jg., Heft 2/2015 (pp. 125 – 132)
- Bogai, D. & al. (2015). Viel Varianz. Was man in den Pflegeberufen in Deutschland verdient. Nürnberg/Berlin, Germany: Institute for occupational research and the Federal Commissioner for issues of patients and representative for care,
- Boockmann, B. et al. (2011). Evaluation bestehender Mindestlohnregelungen – Branche: Pflege, Tübingen
- Bundesagentur für Arbeit (2015a): Sozialversicherungspflichtig und geringfügig Beschäftigte nach der ausgeübten Tätigkeit der KIdB 2010, Stichtag 30.Juni 2014, Arbeitsmarkt in Zahlen - Beschäftigungsstatistik, Nürnberg
- Bundesagentur für Arbeit (2015b): Sozialversicherungspflichtig und geringfügig Beschäftigte nach Wirtschaftszweigen der WZ 2008 und ausgewählten Merkmalen, Stichtag 30.Juni 2014, Arbeitsmarkt in Zahlen - Beschäftigungsstatistik, Nürnberg
- Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ, ed., 2014a). Der Entgeltgleichheit einen Schritt näher. Die EVA-Liste zur Evaluierung von Arbeitsbewertungsverfahren, Berlin
- Bundesministerium für Familie, Senioren, Frauen und Jugend (BMFSFJ, ed., 2014b). Logib-D. Lohngleichheit in der Praxis: Unternehmen berichten über ihre Erfahrungen mit Logib-D, Berlin, Deutschland

- Chicha, M.-T. (2008). Promoting equity: Gender-neutral job evaluation for equal pay: A step-by-step guide, Geneva, Switzerland: International Labour Office
- Deutscher Gewerkschaftsbund (DGB, ed.) (2015). Mindestlohn: Jede vierte Frau hat Anspruch auf mehr Geld, Pressemitteilung 020 vom 05.03.2015
- Die Pflege braucht endlich flächendeckend Tarifverträge, Pressemitteilung des Beauftragten der Bundesregierung für die Belange der Patientinnen und Patienten sowie Bevollmächtigter für Pflege vom 26.9.2014, www.patientenbeauftragter.de
- Färber, C. & Riedler, U. (2011). Black Box Berufung. Strategien auf dem Weg zur Professur. Frankfurt am Main: Campus
- Gender Pay Gap: Deutliche Unterschiede zwischen den Berufen, Download unter <http://www.lohnspiegel.de/main/lohnspiegel-spezial/frauenlohnspiegel/gender-pay-gap-deutliche-unterschiede-zwischen-berufen>
- Gender Pay Gap: Deutliche Unterschiede zwischen den Berufen. <http://www.lohnspiegel.de/main/lohnspiegel-spezial/frauenlohnspiegel/gender-pay-gap-deutliche-unterschiede-zwischen-berufen>
- Gesetzentwurf der Bundesregierung (2015). Entwurf eines Gesetzes zur Tarifeinheit. Bundestagsdrucksache 18/4062 vom 20.2.2015. <http://dip21.bundestag.de/dip21/btd/18/040/1804062.pdf>
- Harriman, A. & Holm, C. (2000). Lohn unter der Lupe. Einfache und schnelle Methode zur Bewertung von Arbeitsanforderungen. ed. by Ombudsman für Gleichstellung, Stockholm
- Hastings, S. (2002). Ways of moving towards equal pay for work of equal value in the public sector in the UK, in: Ranftl, E. et al. Gleicher Lohn für gleichwertige Arbeit. Praktische Beispiele diskriminierungsfreier analytischer Arbeitsbewertung, München/Mering, Germany (pp. 41 – 50)
- Herr, A. (2012). Effizienz und Trägerschaft deutscher Krankenhäuser: Analysen mit Daten der amtlichen Statistik, Statistisches Bundesamt (ed.). Wirtschaft und Statistik Februar 2012. Wiesbaden
- Holst, E. & Kirsch, A. (2014). Finanzsektor: Verbesserungen in Trippelschritten, in: DIW Wochenbericht Nr. 3/2014 (pp. 33 – 41). http://www.diw.de/de/diw_01.c.100404.de/publikationen_veranstaltungen/publikationen/wochenbericht/wochenbericht.html
- Holst, E. & Kirsch, A. (2015). Finanzsektor: Frauenanteile in Spitzengremien bleiben gering, in: DIW-Wochenbericht Nr. 4/2015 (pp. 62 – 71). http://www.diw.de/documents/publikationen/73/diw_01.c.495352.de/15-4.pdf
- IG Metall (ed., 2014). Entgeltgerechtigkeit für Frauen. Es geht um mehr als ein paar Euro. <http://www.igmetall.de/entgeltgerechtigkeit-fuer-frauen-11302.htm>
- Jochmann-Döll, A. & Tondorf, K. (2010). Entgeltgleichheit prüfen mit eg-check.de, Arbeitspapier 214 der Hans Böckler Stiftung, Düsseldorf
- Katz, C. & Baitsch, C. (1996). Lohngleichheit für die Praxis. Zwei Instrumente zur geschlechtsunabhängigen Arbeitsbewertung, Zürich, Switzerland: Eidg. Büro für die Gleichstellung von Frau und Mann
- Kocher, E. (o.J.). Tarifverträge Banken. Diskriminierungspotenziale in Hinblick auf das Allgemeine Gleichbehandlungsgesetz (AGG), unpublished expert report
- Krell, G. & Carl, A.-H. & Krehnke, A. (2001). Diskriminierungsfreie Bewertung von (Dienstleistungs-)Arbeit. Vergleichsprojekt zwischen frauen- und männerdominierten Tätigkeiten bei der Stadt Hannover, hrsg. vom ver.di Bundesvorstand, Stuttgart
- Krell, G. (2011). Diskriminierungs- und Gleichstellungspotenzial von Leistungsbeurteilungen. In Krell, G. et al.. Chancengleichheit durch Personalpolitik. Gleichstellung von Frauen und Männern in Unternehmen und Verwaltungen (pp. 261 – 274), 6. Aufl. Wiesbaden: Gabler
- Marienhaus Unternehmensgruppe (ed., 23.9.2011). Faire Bezahlung ist ein Wettbewerbsvorteil. Die Marienhaus GmbH wurde mit dem Label "Logib-D geprüft" ausgezeichnet,

http://www.marienhaus.de/aktuelles/einzelmeldung/?no_cache=1&tx_ttnews%5Btt_news%5D=1436&cHash=b4530410ec242f11f5e7b9a46ab040b7

- Nickel, H.M. et al. (2015). Geschlechterpolitik in Krisenzeiten. Eine Fallstudie im Bankensektor. Berlin: edition sigma
- Öz, F. & Bispinck, R. & Dribbusch, H. (2009). Was verdienen Bankkaufleute? Eine Analyse von Einkommensdaten auf Basis der WSI-Lohnspiegel-Datenbank. Arbeitspapier 01/2009
- Roach, M. (2012). Tarifliche Regelungen zum Gesundheitsschutz im Bankgewerbe. WSI Tarifpolitische Tagung 2012. http://www.boeckler.de/pdf/v_2012_09_27_roach.pdf
- Rosenberger, M. (2015). "Wir brauchen mehr Sensibilität". einblick, 5/2015. <http://einblick.dgb.de/++co++e9a22c88-c342-11e4-97b0-52540023ef1a>
- Röthig, I. (ed., 2015). So zahlt die Sozialwirtschaft. Wohlfahrt intern. Jahrbuch 2015. Berlin
- Statistisches Bundesamt (2014a). Finanzen und Steuern. Personal des öffentlichen Dienstes, Fachserie 14 Reihe 6, Wiesbaden
- Statistisches Bundesamt (2014b). Verdienste und Arbeitskosten. Arbeitnehmerverdienste 3. Vierteljahr 2014, Fachserie 16 Reihe 2.1, Wiesbaden
- Statistisches Bundesamt (2015). Beschäftigungsstatistik. Strukturdaten über sozialversicherungspflichtig Beschäftigte am Arbeitsort am 30. September 2014. <https://www.destatis.de/DE/ZahlenFakten/GesamtwirtschaftUmwelt/Arbeitsmarkt/Erwerbstaetigkeit/Tabellen/Beschaeftigungsstatistik/Strukturdaten.html>
- Tondorf, K. & Jochmann-Döll, A. (2005). (Geschlechter-)Gerechte Leistungsvergütung? Vom (Durch-) Bruch des Leistungsprinzips in der Entlohnung, Hamburg
- Vereinigte Dienstleistungsgewerkschaft (ver.di, ed. 2012). Branchenreport. – die Situation von weiblichen Beschäftigten in den Finanzdienstleistungen. Berlin. <http://gleichstellen.net/branchenreporte.html>
- Vereinigte Dienstleistungsgewerkschaft (ver.di, 2014). Gesundheitsberufe aufwerten – "Pflege 3000". <http://gesundheit-soziales.verdi.de/berufe/pflegeberufe/++co++509f910e-a634-11e4-8317-525400a933ef>
- Vereinigte Dienstleistungsgewerkschaft (ver.di, 2015a). Kampf um Personalstandards für Berliner Charité. <http://gesundheit-soziales.verdi.de/ueber-uns/nachrichten/++co++c09d65bc-ecd4-11e4-91a4-525400a933ef>
- Vereinigte Dienstleistungsgewerkschaft (ver.di, 2015b). Aufwerten jetzt! ver.di-Mitglieder im Sozial- und Erziehungsdienst stimmen mit 93,44 Prozent für Erzwingungsstreik, Newsletter 03, 6. Mai 2015
- Vereinigte Dienstleistungsgewerkschaft (ver.di, 2015c). Bundesweiter Nachtdienstcheck: Deutsche Krankenhäuser zum Teil gefährlich unterbesetzt. <https://www.verdi.de/themen/nachrichten/++co++4ee62322-c3e5-11e4-9073-5254008a33df>

Links

<http://bundesinitiative-gleichstellen.verdi.de/>

<http://de.worker-participation.eu/Nationale-Arbeitsbeziehungen/Laender/Deutschland/Gewerkschaften>, last download 27-4-2015

<http://www.der-druck-muss-raus.de/>

www.antidiskriminierungsstelle.de

www.eg-check.de

www.logib-d.de

www.soziale-berufe-aufwerten.de

<http://www.was-verdient-die-frau.de/>

<http://frauen.dgb.de/>