

Chapter 1

Czech public sector industrial relations in the aftermath of the crisis: keeping the status quo as a successful strategy to protect working conditions

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1. Introduction

The Czech public sector underwent a major transformation in the 1990s and at the beginning of the 2000s as a part of the reform processes related to building democratic institutions and depoliticisation. Therefore, the major reforms related to decentralisation and privatisation were introduced as part of the consolidation processes associated with the economic transformation from socialism to capitalism long before the 2008 economic crisis.

The Czech economy was not stricken by the economic crisis as deeply as many other EU member states, despite the fact that its economy is open and export-oriented. As a consequence, the public sector remained relatively sheltered from austerity measures and only mild budget cuts, wage freezes and very limited changes in employment levels were introduced. The post-crisis development in the Czech public sector thus represents a case study which is quite different from many other EU member states because of the absence of international constraints on public sector consolidation; however, internal pressures regarding public sector restructuring arose.

Industrial relations in the Czech public sector are marked by fragmentation and the absence of collective bargaining across the majority of the public sector and thus wage setting mechanisms and working conditions are often subject to unilateral decisions of the government. Social dialogue thus possesses only a consultative and informative role, which might suggest that social partners are almost completely marginalized in public sector employment relations - but the opposite is true. Social partners still influence working conditions and employment levels in the majority of the public sector domains through tripartite consultations and employees' mobilisation strategies.

In this chapter, we investigate the impact of industrial relations and social dialogue on working conditions and the quality of employment, and subsequently, on the quality of services provided in the public sector in Czechia. The chapter focuses on the three subsectors of the public sector, namely healthcare, with a focus on hospitals, education, with a focus on primary schools, and municipalities, with a focus on pre-primary school education. We have devoted special attention to the crisis measures which, despite having a limited impact on employment, have contributed to social partners' mobilisation. Czechia, similarly to Slovakia, has avoided deep reform in the public sector in the aftermath of the economic crisis, and many of the reforms impacting on the quality and quantity of employment had been introduced earlier in the transformation and pre-accession periods. This chapter thus also considers the

pre-crisis reforms and analyses social partners' impact on the working conditions and on the quality of services provided over this longer time-span.

The selection of the three subsectors enables us to see greater variation in the social partners' influence on the reforms and austerity measures introduced since 2000. While in healthcare and education social partners are vocal in protecting workers' conditions, the pre-primary education sector presents a different picture. Despite being part of the public education system, operating under the same regulations as primary education, the working conditions of kindergarten teachers are far less discussed among social partners. Our motive for studying this subsector is to understand why social partners devote much less attention to it despite the sector being exposed to the same regulations and similar problems as the primary education sector.

In our analysis, a multidisciplinary and multi-level governance perspective is applied using the available data, documents and semi-structured interviews to support the evidence. For this project, 6 unique interviews within the BARSOP project were conducted. Since the authors' earlier research extensively focused on industrial relations in public services, we also draw on the analysis and findings of our earlier projects. For the list of interviews, see part 4: list of conducted interviews.

In the following section we introduce public sector employment relations, the main reforms and system of industrial relations in the public sector. Then the reforms, their impacts and social partners' responses in the primary education, pre-primary education and hospital subsectors are presented in the three subsequent sections. The final sections offer comparisons and conclusions from the three sectors studied.

2. The public sector – an overview

The public sector in Czechia has been undergoing continuous changes for the last 25 years, since the fall of socialism in 1989. The first reforms, during the 1990s, were aimed mostly at democratising the public sector and adapting state institutions to democratic and market economy principles (Staroňová and Láštic 2011). In this period, a major part of the decentralisation processes was also introduced, which meant a massive transfer of responsibilities and financial resources to 6 244 municipalities and 14 newly-created regional self-governed units (*samosprávní kraje*). The responsibilities of the newly created administrative units were transferred gradually throughout the 1990s and the 2000s. The process of transferring responsibilities has not completed yet and regions and municipalities both perform tasks under their sovereign responsibility as well as tasks chosen and financed by the central government. The complexity of these responsibilities has an impact on management and financial flows as well as on working conditions. It also hinders modernisation of the public sector in the regions (MVCR 2011). Despite these drawbacks, no complex public sector reform has been proposed yet.

Reforms in the public sector introduced in the 1990s and 2000s are not perceived as radical, but rather as gradual and unfinished (especially in education and healthcare

which we refer to later in this chapter). In 2004 Czechia joined the European Union under the conditions of adopting several measures and reforms to increase the transparency and effectiveness of public sector governance. After the accession in 2004, the reform effort slowed down and the post-accession crisis occurred, characterised by a return to politicisation of the public sector (Nemec 2010). One example is the professionalisation of the civil service in the public sector which was supposed to introduce special status for central government employees through the Act on Service of Public Servants (in Administrative Authorities) which had been approved in 2002 but never came into force. Only in 2014 was a new Civil Service Act (no. 234/2017 Coll.) approved and implemented, after pressure from the European Union. The act defines who at the ministries is a political nominee and which workplaces are sheltered from politically motivated changes. The act also permits collective bargaining for central government employees, which is the first and only sectoral collective agreement concluded in the public sector in Czechia.

Despite territorial reforms and the transfer of responsibilities to the regions and municipalities and deconstructing state offices in the territory, changes in line with New Public Management (NPM) principles have been implemented only partially, such as in education through per capita financing or through the corporatisation of hospitals in healthcare (Kahancová and Martišková 2016).

During the crisis and post-crisis period instead of experiencing an economic downturn, Czechia was struggling with economic stagnation (Myant 2013) which was later succeeded by an economic boom in recent years. Overall, the Czech economy was not hit deeply by the crisis and therefore the public sector remained largely sheltered from the reforms, and only ad hoc austerity measures were introduced. The centre-right government of Mr. Petr Nečas introduced budget cuts in 2010 as a response to decreasing state revenues. The government suggested wage cuts of 10% for public sector employees. However, this proposal to cut the already low wages of public sector employees raised sparked a wave of resistance from various stakeholders especially in healthcare and education, which contributed to moderating the impact of austerity measures in the public sector. We discuss the impact of stakeholder action in greater detail in the relevant sections below. In the following table we summarise the crisis measures and their consequences for areas of the public sector (table 1).

Table 1 Crisis measures and their consequences

	Measures	Consequences
Central government	2010 – 2013: Direct wage cuts for selected occupational groups in civil and public service, gradual compensation through wage growth since 2014	Nominal wage cuts for selected occupational groups of 10%, (2010), adjusted fixed wages for others; public sector real wages decreased by 7% (2008-2013), compared to a 2% average decrease in GDP; wage growth resumed after 2014
	2010-2012: Internal restructuring across state institutions to cut public spending	A decrease in employment by 22 500 (2010-2012), (around 7% of central gov. workforce)
Local government	2010 – 2013: Direct wage cuts for selected occupational groups in civil and public service, gradual compensation through wage growth since 2014	Nominal wage cuts of 10% for selected occupations (2010) and adjusted fixed wages for others
	2013: Reform of financing rules for municipalities	A decrease in employment, concentrated among larger municipalities Smaller municipalities improved their budgets, employees sheltered from direct wage cuts
Healthcare	2010 – 2013: Direct wage cuts for selected occupational groups (including healthcare), gradual compensation through wage growth since 2014	Wage cuts and wage freezes; wage growth resumed as part of public sector wage growth after 2014
	2014: Reform to stabilise hospital finance, direct state transfers to hospitals to compensate for income decline after recall of patients' administrative fees; discussions around increased stakeholder participation in healthcare financing (including the state)	Recall of administrative fees affected hospital income, effects on employment conditions to be evaluated
Education	2010: Teachers excluded from adjustments in fixed wages	Teachers' wages mostly unaffected by broader public sector austerity measures
	2013 – 2015: Restored wage growth; reformed financial rules of regional education (preschool, primary and secondary schools)	Expected increase in quality of public service; effects on employment to be evaluated later
	2016: inclusion reform	Increased financial resources from inclusion reform, but not in teachers' wages, increased workload

Source: Adapted from Kahancová, Martišková (2016).

2.1 Employment in the public sector

The public sector in Czechia constitutes almost 20% of overall employment. In order to outline the scope of the public sector in terms of expenditures and employment statistics, we used data from Eurostat, and compared it with the statistics produced by the Czech Statistical Office (CSO). Regarding the sectors covered in this study, we focused on education, hospitals and pre-primary education. The last 15 years have been remarkably stable in terms of employment in the Czech public sector. Employment in the public sector did not surpass 20% of the total employment in the country, and according to the Eurostat database, the largest number of 347 600 employees work in the healthcare and social work sector, followed by education with 326 300 employees, and public administration with 324 200 (see table 2).

Table 2 Public sector employment

	Employment in Czechia (in thousands)						
	Public administration and defence; compulsory social security	Education	Health and social work	Total public Eurostat (OPQ)	Total public CSO	Employment total	Share of total employment (in %)
2000	304.8	289.4	280.9	875.1		4 617.3	19.0
2001	306.0	296.5	291.1	893.6		4 626.0	19.3
2002	295.2	304.4	287.5	887.1		4 677.3	19.0
2003	304.7	283.5	290.8	879.0		4 649.3	18.9
2004	304.6	273.7	308.3	886.6	911.1	4 629.4	19.2
2005	329.7	289.6	323.3	942.6	943.6	4 710.0	20.0
2006	321.8	279.0	323.7	924.5	928.9	4 769.4	19.4
2007	322.9	282.7	330.7	936.3	940.6	4 855.9	19.3
2008	312.3	276.0	315.7	904.0	922.1	4 933.5	18.3
2009	316.7	286.3	320.8	923.8	943.2	4 857.2	19.0
2010	325.3	287.1	333.5	945.9	964.8	4 809.6	19.7
2011	311.5	288.7	317.3	917.5	935.1	4 796.4	19.1
2012	302.8	310.2	326.2	939.2	957.8	4 810.3	19.5
2013	311.7	314.1	329.6	955.4	977.8	4 845.9	19.7
2014	314.3	315.4	344.4	974.1	999.1	4 883.5	19.9
2015	311.1	311.4	341.5	964.0	990.6	4 934.3	19.5
2016	324.2	326.3	347.6	998.1		5 015.9	19.9

Source: Eurostat, Czech Statistical Office (CSO), in thousands of employees, age range 15-64.

Working conditions in the public sector are regulated by the Labour Code and by additional acts that regulate the working conditions of civil service and public service employees. In the case of state employees and the employees of municipalities and regions, supplementary acts regulate their employment conditions. The Act on Civil Servants of Self-Governing Local Authorities (No. 312/2002 Coll.) stipulates the recruitment procedure, the employees' duties, and their life-long learning principles. The Civil Service Act no. 234/2014 Coll. assigns the status of civil servant to the employees of state administration, defines their duties and responsibilities, and is supposed to guarantee their job stability irrespective of the ruling government.

Working conditions in the public sector are not greatly affected by flexibilisation; however, the number of temporary jobs is increasing. Part of this number might be attributed to the replacement of workers on parental leave, which can last until the child is up to three years old, or to workplaces created through projects funded by European structural funds which are of a definite duration (LOC2 2015).

The system of remuneration for public sector employees is governed mostly by the governmental decree no. 564/2006 Coll. which regulates wages for all levels based on qualifications and seniority of the employees of state organisations, municipalities and regions, social services, workers in education and medical staff in state hospitals. Wages increases are a matter of debate between social partners and the government

through tripartite consultations. As Myant (2010) points out, not all public sector workers enjoy wage increases each year, and in most cases, increases are a response to the pressure of some groups of public employees. This is mostly common for teachers and healthcare workers, but also for police or firefighters. Wages defined in the government decree are fixed wages and serve as a minimum wage for the given position, education level and years of experience. Actual wages in the public sector are higher than fixed wages which is explained by labour market competition forcing the public sector to meet the wage levels of the private sector (Bouchal and Janský 2014; Glassner 2010).

2.2 Industrial relations in the public sector

To understand industrial relations in the public sector we use the social dialogue intensity classification from Ishikawa (2003) who identifies ‘information exchange’ as the lowest intensity of social partners’ interaction, ‘consultations’ as the middle one and ‘negotiations’ as the most intensive level of social partners’ participation. While information exchange and consultations result in non-binding or no outcomes, negotiations are supposed to result in binding agreements. Thus, we need to pinpoint the level at which the interaction among social partners takes place because at different levels we find different intensities of social partner involvement and outcome strengths. At the establishment level, negotiations (in the form of collective bargaining) take place between trade unions and employers, i.e. at the establishment level it is the trade union organisation and a representative of the establishment (in the case of a primary school it is a school principal, in the case of hospitals it would be a hospital director) who may sign a collective agreement. This collective agreement would typically not regulate wage levels as those are set centrally by governmental decree. The sectoral level in the public subsector domain is not recognised as a level where bargaining occurs, in contrast with Slovakia’s well-established collective bargaining in the public sector domain. At the national level, social dialogue takes the form of information and consultations only through the national tripartite body and results only in non-binding agreements with the government that, however, would typically regulate wages and working conditions eventually decided unilaterally by the government or approved as legal acts in parliament. In brief, despite the fact that collective agreement at the establishment level is binding, it possesses less importance for setting working conditions than the tripartite consultations at the national level, while sector level bargaining is omitted. The reason is that the national level consultations allow the discussion of legislation and budget setting for wages, while negotiations at the establishment level have a lower impact on employees’ remuneration and working conditions.

Sector level interaction thus exists only in the form of information exchange and consultations with ministry representatives, but collective bargaining at the sector level is non-existent because of the poor representation of employers in any of the public sector domains. The only exception is the central government subsector where the first collective agreement was signed in 2016 based on the Civil Service

Act no. 234/2014 Coll. which explicitly defined who a state civil servant¹ is, and who represents the state on the employers' side. The only sector level collective agreement covers only employees of the central government institutions (ministries and related) who are in state civil service and does not stipulate their wages which are still subject to the unilateral decision-making of the government.

Trade unions in the public sector are organised according to the subsectors they represent. Detailed information on trade unions membership rates and their affiliation with a trade union confederation is shown in the table below (table 3). Trade unions in the public sector, as well as in the private sector, struggle with declining membership rates. Reorganisation and privatisation throughout the public sector, and the generally decreasing role and importance of collective bargaining and social dialogue has reduced trade union membership significantly. The current level of 12.7% trade union density is the result of constantly falling numbers from 64% at the beginning of the 1990s (ICTWSS 2016).

Table 3 Trade unions in the public sector

Sector	Name of the TU sector organisation	Number of members	Affiliation with TU confederation
Education	Czech Moravian Trade Union of Employees in Education (Českomoravský odborový svaz pracovníků školství – ČMOS PŠ)	23 500**	ČMKOS
Healthcare	Trade Union of Health and Social Services (Odborový svaz zdravotnictví a sociální péče – OS ZSP)	35 000*	ČMKOS
	Trade Union Doctors' Club (Lékařský odborový klub – Svaz českých lékařů – LOK-SČL)	5 000	ASO
Public administration	Trade Union of State Bodies and Organisations (Odborový svaz státních orgánů a organizací – OS S00)	26 000*	ČMKOS
Interior	Trade Union of Firefighters (Odborový svaz hasičů – OSH)	N/A	None
	Independent Trade Union of Police of the Czech Republic (Nezávislý odborový svaz Policie České republiky – NOS PČR)	N/A	None
Research	Trade Union of University Education (Vysokoškolský odborový svaz – VOS)	5 900*	ČMKOS
	Trade Union of Workers in R&D (Odborový svaz pracovníků vědy a výzkumu – OS PVV)	1 700*	ČMKOS

Source: Author's compilation based on * Myant (2010), data from 2009 and ** ČMOS PŠ (2015).

1. State civil servants are employees of state administration bodies who have passed an examination and have been accepted for their positions. Their duties and rights are regulated by the Civil Service Act. The act aims to prevent politicisation in state administration bodies through defining political and apolitical positions.

Despite the low trade union membership in the public sector, trade unions in the last 15 years have embarked on mobilising employees through a number of demonstrations, strikes and campaign activities, attempting to mitigate the proposed crisis austerity measures announced by the government in 2010 (Eurofound 2011; Kahancová and Martišková 2016). In 2011, trade unions managed to gather 100 000 people to a demonstration under the slogan ‘Democracy looks different’ aimed against austerity measures in the public sector. Another example of unrest in the public sector occurred in healthcare in 2010 and 2011, when medical doctors launched a mass resignation campaign that demanded higher wages and better working conditions (Sedláková and Martišková 2017). In 2016, trade unions in education launched the campaign ‘The end of cheap teachers’. The campaign sought wage increases for teachers, but also overall improvements in their working conditions and the creation of a system of qualification recognition. In the following sections, we analyse social partners’ activities in healthcare, primary education and in local government subsectors in greater detail.

3. Primary education

The primary education sector includes primary schools that educate students from 6 to 15 years of age; it has 9 grades that are divided into two stages. The first stage is comprised of 5 grades (from 6- to 11-year-old children) and the second stage is comprised of 4 grades (from 11 to 15 years old). Both stages are institutionally covered by primary school, only the educational mode and related qualification requirements for teachers differ.² When talking about employees in primary education we distinguish between pedagogical and non-pedagogical positions. Non-pedagogical refers to service-related tasks such as administration, cooking or cleaning that in the majority of primary schools are still internalised and not outsourced.

In the following section, we investigate how social partners have influenced reforms and policy changes, what impact changes have had on employment in the primary education sector and how reforms have influenced educational outcomes, what role the social partners played, and what the role of other actors in the sector was.

3.1 Wages and employment structure

The biggest reorganisation in primary education was experienced during the 1990s when schools obtained a large degree of autonomy in contrast to the largely centralised organisation under the previous regime. The extent of the autonomy attained in the 1990s was characterised by Grygar (2000) as ‘unusually wide’. Moreover, in the second phase of the transformation, in 2001, responsibilities in kindergarten management, primary and secondary schools were transferred to municipalities and regions by the Act no. 132/2000 Coll. on Public Administration. In 2001, municipalities and

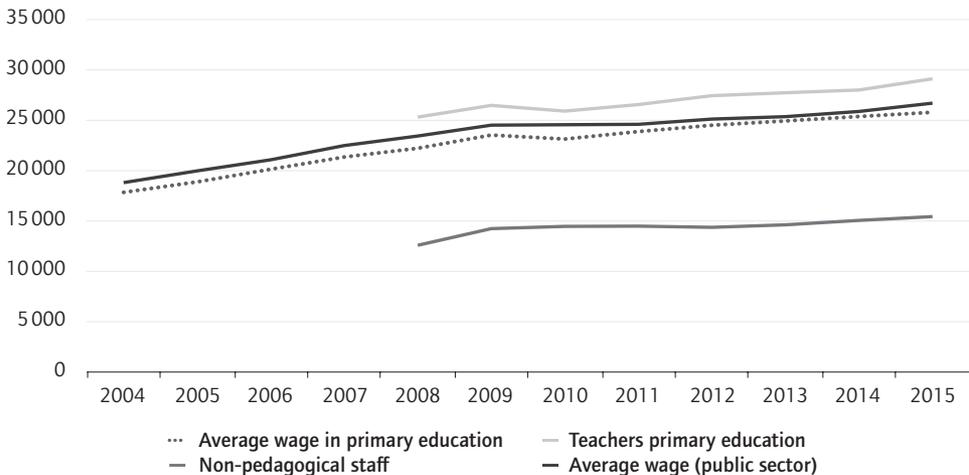
2. While at the first stage the majority of subjects are taught by one teacher, at the second stage teachers specialise in one or two subjects and teach them to various grades.

regions obtained tasks previously controlled by the state regional school offices. Consequently, the Czech education system has become one of the most decentralised in Europe (McKensy 2010). During the transformation period, teachers' wages stagnated compared to the growth experienced in the private sector and as a result of this combined with decentralisation, teachers were given less incentives to strive towards high quality work which contributed to the deterioration of their educational performance.

The low wages thus decreased the attractiveness of the teaching profession and up to the present many young people do not consider teaching as a prospective career. The education sector suffers from an aging teacher workforce. More than 19.5% of teachers in primary education were older than 56 in 2016 compared to 2012 when their share was 13.9%. In the sector almost 86% of teachers are women. Despite the share of men being only 14.1%, in school management their share is much higher, at 34% in 2016 (MŠMT 2016a).

In 2016, 73 405 teachers worked in primary schools and their average wage was slightly above the average wage for the whole economy in both private and public sectors (see figure 1). However, this is below the average wage of employees with a university degree, which is why all actors consider the wage level insufficient and call for wage increases of up to 130% of the national average wage. Non-pedagogical workers earn the lowest wages in the sector.

Figure 1 Wages in primary education (in CZK)



Source: Data on teachers' and non-teachers' wages -Ministry of Education. Data on average wages in the public and private sector - ISPV.

Wages in the education sector are regulated through the governmental decree which defined fixed wages based on education attained and years of seniority. Regulated wages are not necessarily updated each year, however the budget increases annually (except for budget cuts between 2007 and 2010). The fixed wage part constitutes 86%

of teachers' wages, while the remainder are flexible components dependent on the decision of the employer (school principal). The factor that most differentiates wages in education is seniority (CZSO 2006), while teachers' participation in life-long learning might not be reflected in their remuneration at all.

3.2 Reforms and working conditions

Since the fall of socialism, the primary education sector has undergone several reforms but most of them lacked a conceptual plan and long-term vision (Gregar 2011). In the first years of transformation, attention was focused on depoliticisation and decentralisation, while reforms in later periods aimed at changes in financial flows, the curriculum, and educational outcomes. In many cases, the reforms led to a decrease in the quality of employment through reduced financial resources and/or through increased workload. Below we describe how reforms have affected wages, workload, social dialogue and educational standards.

The transfer of responsibilities from central to local government was not reflected in its financing system. The central government allocates financial resources for teachers' wages based on the one defining criteria – the number of students enrolled in the school, so-called per capita financing. This system was implemented in 1992 and was supposed to enhance competition among schools in line with NPM principles. This measure was expected to provide incentives for schools to maintain standards and to include parents and other stakeholders in influencing the quality of education. Despite the intention, the system provided mostly negative incentives because the only way a school could obtain higher resources for employees' wages was through increasing the number of pupils, which in many cases decreased the quality of education.

With per capita financing, the new curriculum reform was approved and applied to pre-schools, primary and secondary schools. This change was supposed to complement per capita financing by allowing schools to compete with their educational curricula. In effect, the new curriculum consists of two programs: the Framework Curriculum Programme, defined by the state, that specifies the main subjects schools are supposed to teach, and the School Curriculum Programme created by the school itself, that includes the educational priorities of the particular school. Schools can therefore specialise in natural sciences, foreign languages, or physical activities by introducing special subjects that enhance the competences of pupils in the given area.

This change further enhanced the autonomy of primary schools in their curricular programmes and was supposed to encourage competition among schools in line with the NPM based on the quality of education and specialisation. However, the first prerogative for such a change, teachers' qualifications and ability to propose and implement their own educational programme, has not been reflected in the preparation or implementation phase. School managements and teachers faced the highly demanding task of changing school education programmes with very little supporting documentation or training provided by the ministry (EDU2 2017). According to Straková's survey (2007), teachers were not prepared for such a significant curriculum

overhaul and undertook it grudgingly. Moreover, the preparation phase increased teachers' workload which was in many cases not even compensated as overtime. As mentioned by one of our respondents, the problem with teachers' overtime work is that it is often invisible since teachers 'take the work home' and therefore this work becomes unpaid (EDU1 2016), which is different from the healthcare sector, where employees' overtime mostly takes place in the workplace.

As a reaction to criticism of the per capita financing system, the Ministry of Education developed the reform on financing of pre-schools, primary and secondary schools in 2016, which should be implemented in 2019. According to this proposal, per capita financing should be replaced by financing based on the maximum defined hours taught for the given programme, partially by the number of pupils in each class and the number of pupils with special needs. This reform should ensure better remuneration for teachers based on their teaching standards, and would allow smaller classes in order to enhance their quality. The reform is not primarily aimed at increasing teachers' wages but is aimed at a better distribution of resources and creating incentives that would lead to a higher quality of education (MSMT 2016b).

In 2016, inclusion reform was introduced. It was aimed at students with special needs, such as students with physical or mental disabilities. These students are entitled to an assistant or other special compensation to enable them to complete a regular education process in primary schools. Even before the implementation of this reform, three-quarters of primary schools were providing inclusion for disadvantaged students, but on a voluntary basis only and with limited financial resources. With the reform, financial resources for students with special needs are now available to schools but this does not transfer to teachers' wages. As suggested by the TU representative the measures have increased teachers' workloads in a significant way and this is also the reason why teachers are demanding a revision of the inclusion reform (EDU 1 2016).

3.3 The quality of service in the primary education sector

Reforms were reflected in the quality of service, however not as dramatically as it would be expected. Surprisingly, parents are satisfied with the educational outcomes at primary schools which further discourages schools from introducing changes to educational programmes (Greger 2012). 81% of the parents and 71% of teachers consider education outcomes to be satisfactory in Czechia (SCIO 2010) which is further supported by the ranking of Czech students in PISA testing, in which Czechia ranks around the average of OECD countries despite much lower expenditures on education.

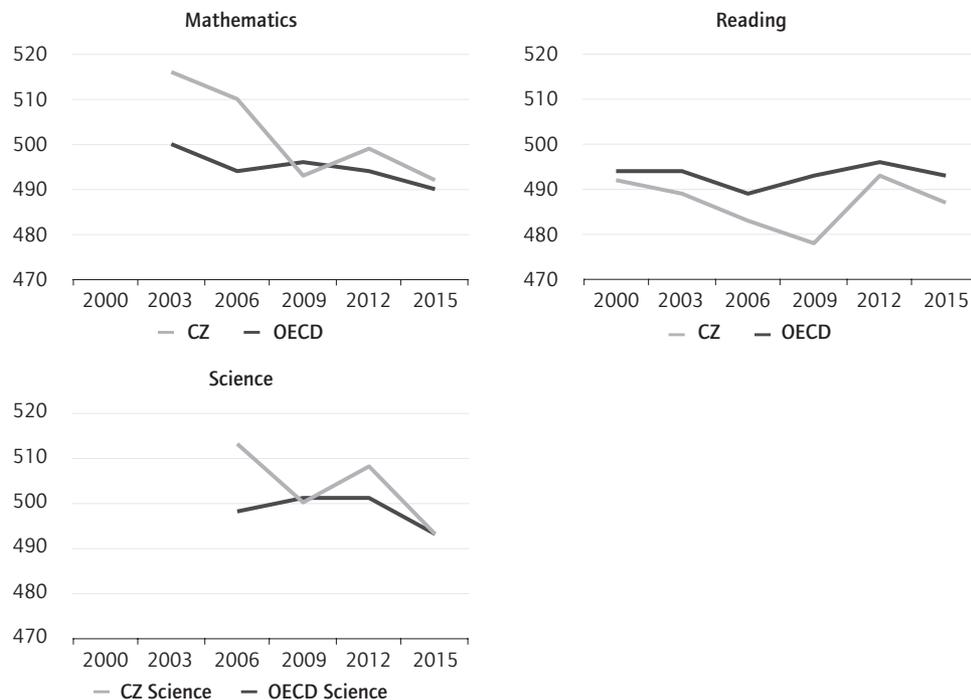
As pointed out by a newspaper article summarising the PISA results from 2015, Czech students had such a satisfactory outcome in the latest measurement that the result must be attributed to Czech teachers who remain enthusiastic about their jobs despite their low wages and lack of institutional support (Novinky.cz 2017a). Nevertheless, an OECD survey regarding teacher satisfaction with their profession reveals that only 30% of teachers are happy doing their job, which is the lowest among the surveyed OECD countries (TIMSS 2015). Czechia spends around 4% of GDP on education, while

countries performing similarly in the PISA measurement invest significantly higher amounts. In the graphs below, we can see that in all three monitored areas of PISA measurement, Czech education performs around the OECD average; although its performance has decreased remarkably since 2000 (see figure 2).

The impact of the recent inclusion reform is not reflected in these statistics and as actors warn, it may have a negative impact on educational outcomes in the near future. The inclusion reform has generated an increased workload for teachers who need to work with students with both mental and physical disabilities and co-operate with pedagogical assistants on top of their usual duties. Since neither class sizes nor their structure has changed, it would seem to be a difficult task for the teachers to provide high quality teaching to their heterogeneous groups of students.

What Gregar (2011) considers symptomatic is the fact that international surveys such as PISA by the OECD or TIMSS by the IEA association are the only sources of quality comparison in Czechia. The Ministry of Education recognised this problem and in 2016 introduced a common examination scheme for students in their last year of primary education which must be considered in secondary schools' acceptance schemes for a 4-year programme. It is also a reaction to heterogeneous educational outcomes among primary schools and an effort to synchronise their performance given their autonomy in educational content and in staff management (MŠMT 2015).

Figure 2 PISA results development in Czechia and OECD average



Source: OECD PISA results <http://www.oecd.org/pisa/data>

Despite statistically acceptable results in educational outcomes, there are other aspects of evaluating performance. For instance, 40% of students at the age of 11 are not happy in school, which is the highest proportion among OECD countries (TIMSS 2015).

3.4 Industrial relations in the primary education sector

To understand the social dialogue and actors in primary education, we should firstly briefly outline the system of employment relations. These are characterised by decentralisation and even atomisation in the organisation of primary education. Each school principal formally makes decisions about their staff policy, recruitment and management of their teachers. The principal of each school acts as an employer and therefore a collective agreement can only be signed at the school level.

Financial resources are allocated at the national level, so even though the principal is appointed by the municipality, financial resources and wages are decided centrally. Only part of a principal's wage, in the form of a bonus, is dependent on the municipality representatives' decisions. Nevertheless, the municipalities' role in influencing educational outcomes is negligible since the maximum class sizes and teachers' wages, as well as most of the curriculum, are decided by the central government.

This situation has consequences for the strategies of social partners and other actors in the sector. Social dialogue in the form of collective bargaining is formally held only at the school level, if the trade union organisation is present and active. Collective bargaining at the sector level is not possible to establish as there is no employers' organisation large enough that would be entitled to collective bargaining, nor does the Ministry of Education act as an employer. Municipalities and regions that are responsible for providing education in their area do not act as a social partner. At the national level, social dialogue is held through the tripartite consultations, although this level is approached by various organisations representing different occupations and actors who are involved in providing primary education in Czechia or have an interest in influencing its functioning. We will now explore in greater detail the organisations that have the strongest impact on working conditions in the sector, namely trade unions, employers' organisations, local public authorities and the Ministry of Education.

3.4.1 Trade unions

There is only one trade union organisation in the education sector, the Czech Moravian Trade Union of Employees in Education (Českomoravský odborový svaz pracovníků školství - ČMOS PŠ) that represents employees at all stages of education, from pre-primary to university level. In 2013, ČMOS PŠ merged with the University Trade Union (Vysokoškolský odborový svaz – VOŠ) and the Association of Trade Unions in the Education Sector (Odborová asociace školství). In 2014, ČMOS PŠ had more than 23 000 members. Basic trade union organisations are rather small, having only 14 members on average (table 4), which further eliminates social dialogue efforts at the establishment level and directs trade unions' attention to the central government and

tripartite consultations. An approximate union density in primary education might be 10% or lower, since not all basic trade union organisations sign collective agreements.

Table 4 Trade unions in education – membership levels

	Trade union members	Number of establishment level organisations	Average size of basic organisation (number of members)
2001	78 388*	n.a.	n.a.
2007	43 785	2 502	18
2009	37 481*	n.a.	n.a.
2010	33 656	2 165	16
2011	31 897	2 153	15
2012	27 756	1 878	15
2013	25 418	1 813	14
2014	23 491	1 729	14

Source: Author's own compilation based on reports of trade union activities in the education sector. * Myant (2010).

3.4.2 Employers

On the side of the employers' organisation in the education sector, we find several associations, all of them affiliated to the CZESHA union. Member organisations are associations of different types of educational institutions in Czechia, including the Association of Primary School Principals (Asociace Ředitelů Základních Škol - AŘZŠ). AŘZŠ was established in 1999 as an interest organisation of primary school principals to deal with the issue of management professionalisation in primary schools. Although this organisation is not entitled to collective bargaining at the sector level, it is involved in discussion and consultations at the national level. AŘZŠ has around 160 members among primary schools (out of 4 140), which means they represent only 3% of primary school principals (EDU2 2017).

Municipalities are represented by the Union of Town and Municipalities of the Czech Republic (Svaz měst a obcí ČR – SMO ČR) which encompasses around 2 500 municipalities representing 70% of the population. The municipalities themselves have a very limited impact on the quality of schools and working conditions. In this situation, working conditions are regulated by the central government and SMO ČR is part of the tripartite consultations, similar to the trade union. To some extent, they act as employers' representatives but also lobby for wage increases in the primary education sector.

Regions are also important actors when it comes to the distribution of finances, because they have the responsibility to establish the formula according to which financial transfers to the schools are provided. This system creates some unevenness in wages among regions, despite centrally defined wages. At the regional level, trade unions and other associations participate in discussions around school financing, but this does not take the form of social dialogue negotiations.

Finally, an important actor in the sector is the state, represented by the Ministry of Education, Youth and Sports (Ministerstvo školství, mládeže a tělovýchovy – MŠMT) which is responsible for financial transfers of wages in the education sector. Therefore, a lot of actors' efforts in education is concentrated on bargaining over the wage levels of teachers and non-pedagogical staff with the Ministry of Education. Fixed wages are set by governmental decree.

Besides allocating funding for wages, the Ministry of Education has only limited powers to influence working conditions and the quality of educational outcomes. To overcome this drawback, it tries to initiate common standards in educational outcomes through common testing of students graduating from primary education. In practice this means that schools have the freedom to decide what is taught and how, but students need to be prepared for common testing set at the central level. As Gregar and Walterová (2007: 20) point out, 'the key role of the centre is now to co-ordinate, regulate and distribute financial resources within its position as the possessor of overall budgetary control.' The authority that controls the quality of education, as well as the quality of working conditions is the National School Inspectorate through selective controls in schools.

3.4.3 Social partners addressing financing and wages

The role of industrial relations in shaping the sector might be characterised as a constant battle for higher wages, since all social partners have articulated the need for wage increases for several decades. Other issues, i.e., the working conditions of different occupations – from principals to non-pedagogical workers – are also prominent in their claims. Next we discuss actors' responses to education reforms that affected working conditions, wages and quality of education.

Social partners agree that low wages are the most striking problem in education. They consider both teachers' and non-teachers' wages to be inadequate. However, while all partners, including municipalities and regions, agree that the budget is insufficient to adequately remunerate employees in the primary education sector, their opinions diverge over how to improve the situation. While trade union efforts are directed towards establishing wage increases through the fixed component, the principals' association wants budget increases through the flexible wage component, leaving principals at the school level to decide which teachers should receive a higher wage. Principals claim to have very limited means with which to reward good and active teachers and therefore the margin of the flexible wage should be increased. Trade unions on the other hand are campaigning for fixed wage increases to avoid unjustified wage differentiation in the workplace.

In the case of non-pedagogical workers and for employees with few years of experience, the lowest fixed wages set by governmental decree do not even reach the minimum wage level. In practice, these workers receive a minimum wage through extra payments supplementing the fixed wage; however, trade unions do not consider this solution satisfactory and aim to increase fixed wages so that they would be in line with the statutory minimum wage level.

Social partners further criticise the system of per capita financing that is going to change in 2019. Although it is not primarily intended to increase wages, this change was supported by all social partners as it diverges from the NPM financing principle that proved to be inefficient and provided negative incentives for the actors, such as complicated managerial decisions about the salary of individual teachers based on the number of students, that was variable throughout the year (EDU2 2017). Trade unions welcome the change but expect some implementation problems (EDU1 2016), yet municipalities, in some cases, have not yet studied the change and are waiting on the actual implementation to see how it works (MUN1 2017).

3.4.4 Social partners' impact on post-crisis measures

Unlike other public sector domains, primary education was not exposed to severe austerity measures, despite the government originally proposing a 10% wage decrease in the sector. Social partners including municipality representatives rejected the proposed austerity measures in the sector because of already low wages that were deliberately decreased in 2007 by the centre-right government that aimed to rationalise and provide some flexibility in the remuneration system. As a result, in the post-crisis period wages decreased by only 2% in their flexible component and investment expenditures were ceased for 2 years. Despite the limited impact, the austerity measures intensified the problem of difficult working conditions in the sector as wages had been frozen since 2007 and schools also had to save on training of pedagogical staff and on investments (Aktualne.cz 2010).

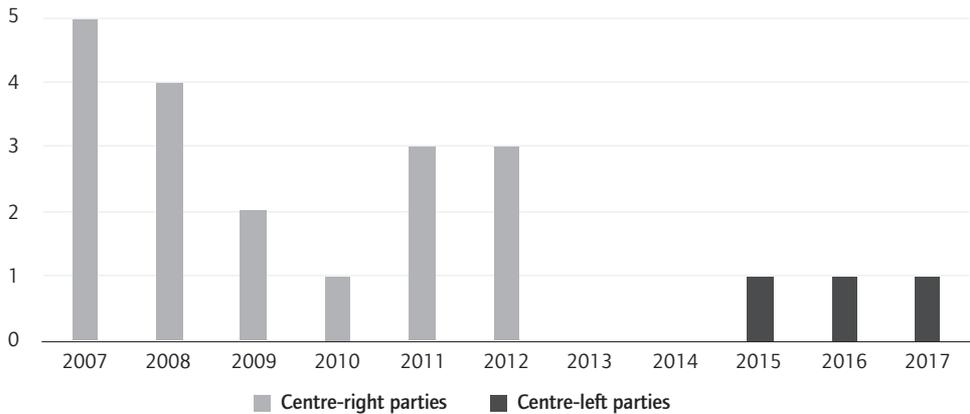
Table 5 Expenditures on primary education as a share of the whole education budget (in %)

2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
34.38	34.27	36.87	36.47	33.74	33.71	31.29	32.81	33.00	32.12	31.40	30.92	31.57	32.56	33.28

Source: MŠMT (2016a).

Given the non-existence of sectoral social dialogue, the outcomes of social dialogue at the tripartite level are highly dependent on political representatives and their willingness to participate in the tripartite social dialogue. The unilateral decision of the centre-right government to decrease wages in 2007 temporarily eroded social dialogue and trade unions embarked on mobilising members through demonstrations and strikes. We have compared TU protest activities based on their report of activities between 2007 and 2017 (see figure 3). In general, the number of protest activities was higher between 2007 and 2013 when the centre-right wing parties formed the government than in recent years, when economic recovery and the presence of the social-democrats in government allowed for wage increases of almost 20% since 2015 (see table 6).

Figure 3 Number of mobilisation activities of the trade unions according to government



Source: Author's own compilation based on reports of trade union activities in the education sector.

Table 6 Trade union (ČMOS PŠ) demands and actual results in the last 3 years

2015	Wage increases of at least 3% from November 2015	Teachers' wages increased by 3.3% in fixed part and for non-teachers by 3%
	Adding a wage level in the fixed wage system for teachers with 32 or more years of experience	Added 6th level for workers with 32 or more years of experience
	Increasing employers' contributions to fund for social and cultural activities from 1.5% of wages to 2%	Approved from 2016
2016	Abolish practice of 10-month contracts for teachers, leaving them 2 months in the summer without a job	Act on Pedagogical Workers changed such that minimum length of contract for teachers is 12 months.
	Introduction of campaign #endofcheapeachers (#KonecLevnýchUcitelů) demanding at least 10% increase in 2016	Increase in fixed wages for teachers of 6% on average and 4% for non-teachers in 2016
		Wage increases of 8% and 6% for teachers and non-teachers respectively from September 2016. Discussion of 9.4% wage increase for non-teachers in 2017.
2017	Demands on non-teaching staff Upgrade cooks to higher class and work class specification for nursemaids	Ministry of Labour discussed the proposal
	Campaign #endofcheapeachers (#KonecLevnýchUcitelů) demanding at least 15% increase in 2018	After strike alert in September 2017 wages increased by 15% from November 2017

Source: ČMOS PŠ, 2016 and 2017 <http://skolskeodbory.cz/soubory/aktivita-cmos-ps-2016-2017>.

In summary, industrial relations in the education sector are marked by the absence of negotiations that would result in collective agreements which means that social partners concentrate more on consultations through the tripartite body and lobbying at the ministry level or on protest activities and mobilisation. All interviewed representatives considered dialogue with the Ministry of Education and with the government the most important channel for influencing working conditions in the sector. In addition, protest activities appeared to be another way in which social partners, especially trade unions, raise their demands. Over the last 15 years protest activities were of a mostly symbolic character including strike alerts, campaigns, or petitions which demonstrated the trade unions' organisational power; nevertheless, their membership base has been continuously decreasing. Social partners' success thus often depends on the allied parties that form the government as we have shown in the previous section regarding the correlation between the frequency of protest activities and the political orientation of the government.

The reason teachers' wages were sheltered from austerity measures during the crisis was two-fold. First, a wage decrease was politically unfeasible as wages had decreased in 2007, before the onset of the crisis, while the temporary reduction of investment and flexible wage components was an acceptable austerity measure for social partners and the government. Second, since the Czech economy recovered quickly after the crisis, additional measures and deeper reforms were not introduced. In the following period, reforms instead tackled changes in the financing system with the aim of providing incentives for better performance in primary education.

3.4.5 Social partners addressing the quality of services

In our interviews, social partners have not identified any reform that has improved the quality of working conditions or the quality of service provided in the last 15 years. The curriculum reform and the currently ongoing inclusion reform increased teachers' workload while the absence of any career code or life-long education schemes further undermined the performance of the education system. Unsurprisingly, a qualified and well-remunerated teacher is considered by all social partners to be essential for excellent educational outcomes but their power to influence the system is rather limited.

The issue of the quality of the service has been discussed only in recent years with rather limited results. One of the reasons for this is good performance in PISA testing, but also the general satisfaction of parents with the education system and educational outcomes. In recent years the Ministry of Education has introduced common standards testing schemes in primary schools in order to narrow the diverging performance of highly autonomous schools.

4. Municipality case – pre-primary education

In this section, we describe the case of local government impact on pre-primary education. The pre-primary education sector is analogous to primary education in terms of competences, actors and reforms; however, social partners pay much less

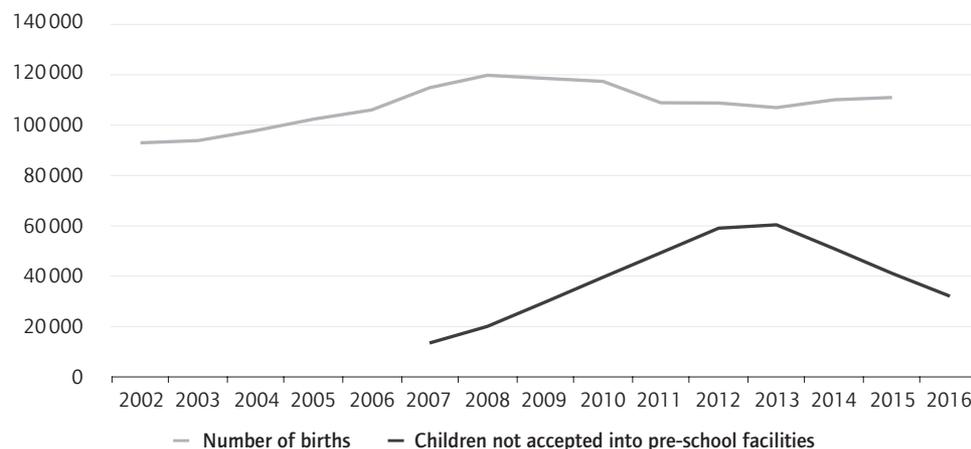
attention to this subsector and municipalities influence the working conditions more than in the primary education. Wages in this subsector are much lower than in the primary education sector despite both belonging to the education domain and having the same financing structures. Municipalities, in this case, affect working conditions and service accessibility to a greater extent than in primary education and for this reason we will study the role of municipalities in determining working conditions and the quality of services via the example of pre-primary education. We also consider the municipalities' management of kindergartens as a good example of the mismatch of responsibilities between the central and local level of a government that strongly affects teachers' working conditions, and also as an example of the sector in which social dialogue plays a negligible role in determining wages and working conditions.

Pre-primary education is one of the responsibilities that municipalities attained as a result of the Act on Education and Act on Municipalities in 2002. Pre-primary education has the same financing and organisational system as primary schools and, consequently, reforms to primary education often apply to the pre-primary stage as well. Despite similarities, pre-schools are more often the subject of interventions in terms of determining class capacities and number of classes and the intake of students. Therefore, workplaces, working conditions and the quality of services are influenced by municipalities to a greater extent.

Pre-primary education in Czechia is limited to education for 3- to 6-year-old children. Children under three years may be accepted for pre-primary education, but because of limited capacities only 10% of children under 3 participate in pre-primary education (Eurydice 2014). Nursery schools for children younger than 3 years are very rare in Czechia, which provides strong incentives for parents (in the majority of cases women) to exclusively raise children for up to three years at home. This decreases the participation of women younger than 35 years old in the labour market to one of the lowest rates in the EU. However, as in recent years more and more women have been shortening their stay-at-home childcare period and returning to the labour market earlier, some stronger institutional incentives are needed (Kalíšková 2012). In 2017, compulsory pre-school education for 5- and 6-year-old children was introduced which further creates pressures to expand capacity in kindergartens.

The lack of kindergarten capacity was caused by the radical decrease of the birth rate after 1990. As a result many pre-schools became redundant and the majority of municipalities decided to close these facilities without any preparation for the near-term increase in birth rates which occurred (Figure). This has led to an increased number of children not accepted into pre-school facilities because of/duo to insufficient capacity. To illustrate the consequences, while in the school year 2007/2008, kindergartens were not able to accept 13 thousand children, 6 years later, that figure had risen to 60 thousand unaccepted children (see figure 4).

Figure 4 The number of births and the number of children not accepted into pre-primary education



Source: Ministry of Education, Youth and Sports (Ministerstvo školství, mládeže a tělovýchovy -MSMT) on unaccepted children, Czech statistical office (CSO) on births.

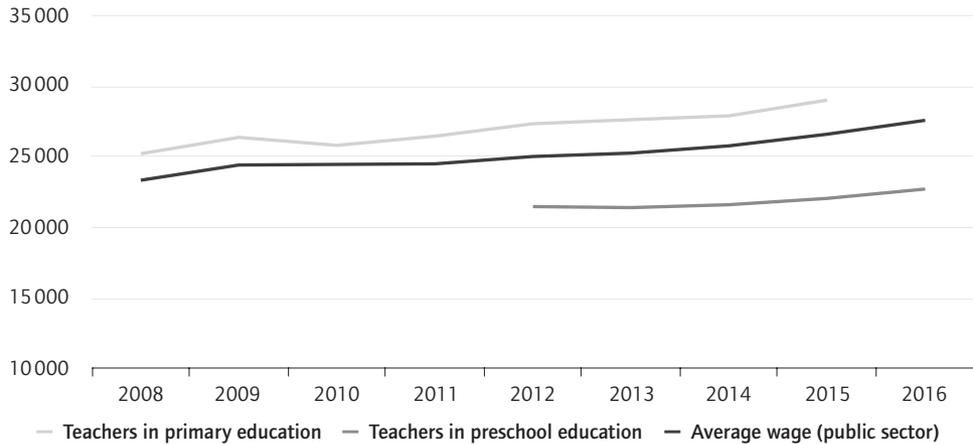
Moreover, the low capacity of pre-school facilities often meant women had to stay at home for the additional year instead of entering the labour market. Munich *et al.* (2016) argue that sufficient capacities in pre-school facilities would be profitable for public finances, while the lack of capacity means direct losses. The expected direct profit of one child placed into kindergarten is almost €400 per year, if both parents could work. Given the fact that more than 30 000 children are not accepted into pre-school education (data from 2017), an increase of capacity would have a significant positive impact on public finances. Demographers predict a further decrease³ in birth rates and thus childcare facilities will become more available. Nevertheless, this won't be the case for big cities such as Prague, Brno and Ostrava where local governments will continue to face an increasing demand for pre-primary education and where capacity is most lacking (Munich *et al.* 2016; Soukup 2016).

4.1 Wages and employment structure

Pre-primary education teachers have the lowest wages in the education sector, 30% lower than primary school teachers and even lower than the average in the public sector (see figure 5). Remuneration is not adequate given the workload and responsibility, but also the level of education attained. Even though the educational requirement is a secondary school qualification, many young teachers graduate with a university degree which makes the low paid jobs in kindergartens even less attractive. The small size of kindergarten establishments and associated low unionisation rates contributes to the reported figures as we show in section 4.3.

3. By 17 to 22% by 2030 (Eurydice 2014).

Figure 5 Average wage in pre-primary education (in CZK)



Source: MŠMT 2016a.

Pre-primary education is a heavily feminised sector, in which 99% of teachers are women (MŠMT 2016). Moreover, pre-primary teachers are ageing which is connected to the issue of low wages and low attractiveness of the job for a younger generation. Over the last 5 years, the share of teachers over 56 has increased rapidly and now constitutes more than 20% of the total workforce in the sector. In contrast, the number of young people up to 25 years has decreased and their presence in the sectoral workforce is below 10%.

4.2 Reforms in the pre-primary education sector

All the reforms mentioned in the section on primary education also affected pre-school facilities, including transferring competences to municipalities in 2002, curriculum reform in 2007 and the currently proposed changes to financing starting from 2019. As a TU representative claims, pressures arising from the high number of children per class should be mitigated by the new system of financing per class and hours taught.

Policy reforms tailored for pre-primary education have been introduced recently. In an effort to create more capacity, the Ministry of Education introduced several options to increase childcare availability. The new measure introduces the possibility of establishing a children's group or micro nursery group that allows municipalities, companies or NGOs to create spaces to deal with the shortfall in capacity for children younger than three years. However, this measure does not address the problem of working conditions and the quality of service provided. The reason is that the wages in these newly established facilities will not be regulated by the government, as it is in the case of kindergartens run by municipalities, and neither is the educational requirement for staff retained: instead it is reduced to a requalification course of 220 hours. Therefore, the creation of capacity will not necessarily lead to improving the quality of the public service provided, or working conditions either.

In 2017, pre-primary education became compulsory for 6-year old children to ensure a smoother transition to primary school education. To satisfy the demand for pre-school facilities, the Ministry of Education also decided that by 2022, there should be enough spaces for 2-year old children in kindergartens. This would again mean a higher workload for the teachers, as the childcare required for 2-year olds is significantly different from the care of 3-year old children (EDU3 2017).

4.3 The role of industrial relations in shaping the sector

When looking into the pre-primary education sector, similarly to primary education, the relevant social partners at the establishment level are the trade unions and the principal of the pre-school facility, while municipality representatives do not participate in the social dialogue. Therefore, the only collective bargaining possible is at the establishment level, which decreases the occurrence of social dialogue in this sector to a minimum. As a TU representative said, social dialogue at the establishment level is rather rare given the small size of the kindergartens which have on average 10-15 employees per establishment (EDU3 2017). Consequently, employee unionisation rates are low which further limits possibilities of improving working conditions and contributes to low wages in the sector.

4.3.1 Social partners addressing financing and wages

Bargaining over wages is conducted at the government level, similarly to the primary education domain. Trade unions thus aim for wage increases at the tripartite council or in dialogue with the Ministry of Education which was also the case for the 9.7% wage increase in 2017, achieved through the cancellation of the lowest fixed wage level and moving all employees up one salary rung. However, the wage increase was not steep enough to attract more employees to the sector and consequently the pre-primary facilities continue to struggle with a labour shortage.

A recent reform of per-class funding is due to be implemented from 2019 and is perceived as a possible relief from financial instability and also from overcrowded classes. However, the trade unions raised concerns about adequate financial resources for the prepared reform and expect only slight relief from the problems the pre-education sector is suffering.

Regarding the crisis measures in the pre-primary education sector, no specific measures, competency transfers or financial flow reforms were implemented in this period. Education, including the pre-school education subsector as described in the previous section, was sheltered from the austerity wage cuts.

4.3.2 Social partners addressing the quality of services

A municipality may decide on the maximum class size. According to the law, the maximum is 24 children per class; with an exception granted it can be extended to 28. At this level, a full class of children up to 6 years old is considered by trade union

representatives to be overcrowded and a lower number, around 20 children per class, is considered optimal (EDU3 2017). On the other hand, political representatives want to satisfy parents' demands for spaces, and opt for a higher number of children per class. Municipalities, especially in the big cities where the demand is high, are trying to offer as many spaces as possible, which might harm the quality of the service provided.

The role of the state, channelled through the Ministry of Education, is prominent in this context. It approves capacities, controls the financing system and transfers financial resources for wages to pre-primary education. Trade union representatives for pre-primary education perceive the Ministry as an important actor that regulates finances and the quality of employment. In contrast to the mobilisation of teachers in primary schools, protest action by trade unions in pre-primary education is rare (EDU3 2017). The reason for this might be the absence of independent pre-school teachers' organisations as now pre-school teachers are only an integrated part of the Czech Moravian Trade Union of Employees in Education (Českomoravský odborový svaz pracovníků školství - ČMOS PŠ) which might limit their ability to articulate problems in this subsector.

Parents have limited means with which to express dissatisfaction with the quality of education, in fact the only means of showing dissatisfaction is to opt for private schools which are still rare in the country (340 out of 4 820 schools in the whole of Czechia in 2017). This is mostly the case in bigger cities where the problem of inadequate capacity is much more acute, however, in such facilities payments are much higher than in the public sector, therefore many parents opt for kindergartens run by municipalities regardless of their overcrowding. The quality of education in kindergartens is not evaluated, except through the formal controls of the Czech School Inspection.

In summary, in the pre-primary education sector social dialogue plays a negligible role, while the sector suffers from low wages, an ageing workforce and increasing workloads. The trade union representing pre-school employees is an integral part of the trade union in the education sector (ČMOS PŠ). The union addresses its demands around working conditions and the quality of jobs in the sector to government at the central level, although it does not place emphasis on the specificities of working conditions in pre-primary education. No protest actions or campaigns related to pre-primary education and working conditions in the subsector have been launched so far. This might be related to the low organisational capacities of the trade unions in this subsector but may also be due to the lack of impact that austerity measures had on the sector. In terms of wage increases, those are addressed through the fixed wages set by the central government. Both municipalities and the trade union coincide in their requests to raise wages and better working conditions.

5. Hospitals

In this section we describe the impact of the crisis and social partners' responses in the healthcare sector. Similarly to the education sector, healthcare has been sheltered from austerity measures but it has experienced the largest doctors' mobilisation so far

with the aim of attaining better working conditions. The sector is marked by significant differences in working conditions between public and private (and corporatised) hospitals in favour of public ones even though all hospitals are part of the public insurance financing system on which all hospitals economically depend. To narrow these differences is the long-term aim of trade unions, which employers consistently oppose.

The healthcare sector in Czechia, similarly to education, is characterised by unfinished and non-conceptual reforms (Eurofound 2011). Depending on the source of financing, hospitals are either public or private. Public institutions are owned by the state which are mostly faculty-type hospitals, providing both treatment and education. Private hospitals are mainly hospitals in the municipalities and regions. Among private hospitals, we also include corporatised hospitals where public sector authorities are stakeholders along with private stakeholders. Financing of both public and private hospitals is based on the universal compulsory insurance system. Hospitals' income is 83% dependent on payments from the compulsory insurance system. In 2016, the total public expenditure on healthcare was €13.3 thousand million, approximately 7.8% of GDP (ÚZIS 2017).

There are 193 hospitals in Czechia of which 30% are state hospitals and the rest are private or corporatised entities, which means they are owned by regions or municipalities or by private companies, or a mixture of both. According to the Czech Health Statistics Yearbook 2017 which is published by the Institute of Health Information and Statistics of the Czech Republic (ÚZIS), almost 96% of all workers in the sector were employees on payroll which means they either have open-ended employee contracts or have a business agreement to provide services to the hospital. In 2017, 25% of employees were employed in state hospitals and 75% in private or corporatised hospitals (ÚZIS 2018). As we will show below, working conditions in the state and private and/or corporatised hospitals vary significantly.

The total number of workers in healthcare was 247 753 by the end of 2017 and this number has not substantially changed in recent years. Out of this number, 15% are medical doctors and 43% are nurses (ÚZIS 2018).

5.1 Wages and employment structure

Wages vary based on the status of the healthcare provider. In public institutions, employees receive the fixed wage regulated by the government. In private facilities and corporatised hospitals, employees receive wages that are not regulated by the government. Wages regulated by the government are considerably higher than non-regulated wages in the private sector.

The main difference is that the wages of employees in the public providers are paid according to the valid wage regulation set by the central government, while employees in private and corporatised hospitals fall under the standard Labour Code regulation. In 2016, 36.6% of workers were paid according to the wage regulation which means

that the majority of workers in healthcare do not have their income regulated by the state and their wage is regulated only by the minimum wage law, or if signed, by a collective agreement at the hospital level.

Most of the employees in healthcare have a standard open-ended contract, but they face increased overtime work and high workloads. Working conditions and wages may differ, however, based on the status of their employer (private versus public hospitals) and by the trade union presence at their workplace.

Overtime work has been identified as the main form of precariousness in the sector (Martišková, Sedláková 2016). Medical staff are often exposed to high workloads with a lot of overtime work that exceeds the limit of 150 hours per year permitted in the Labour Code. A common employers' practice for covering overtime work above the legal limit is to sign a second contract with the employee outside the standard employment relationship (the so-called 'agreements on work'), for a position of medical assistant that has lower qualification requirements than for nurses and implies a lower wage but practically this contract is used to cover nurses' overtime work. Nurses thus may end up working more overtime than the legal regulations permit and receiving a lower hourly rate for that work.

5.2 Reforms and working conditions

Czech hospitals underwent major reforms in the 1990s and 2000s. In healthcare, Czechia embarked on reforms in line with NPM that contained decentralisation, corporatisation and/or the privatisation of hospitals (Kahancová and Martišková 2016). In 2003, healthcare decentralisation reform was introduced. It aimed at transferring competences from the central government to local government. Municipalities and regions became regional healthcare providers which significantly extended their competences. Hospitals that did not undergo privatisation faced corporatisation, which meant transformation from state funded organisations into shareholder companies mostly owned by the municipalities. This transformation stimulated the private sector environment, despite their public ownership. Corporatised hospitals were in many cases privatised, since municipalities, especially in the small cities, were not able to run indebted hospitals.

This influenced the abovementioned working conditions and wage regimes and the disparities between public and private hospitals. In 2012, the government also introduced exceptions to regulated wage payments allowing the so-called 'contractual wage', which was designed to promote wider wage differences in public hospitals, i.e. employees could be remunerated beyond the scope of the fixed wage system. This measure was often misused when the contractual wage was agreed at a lower level than the fixed wage. It was repealed three years later by the centre-left government.

In 2008, regulatory fees for doctors' visits and medical prescriptions were introduced. This measure was supposed to reduce the number of patient visits to an optimal number and increase revenues across the sector. Despite a low contribution fee, low income

groups, especially seniors, faced barriers in their access to healthcare. For this reason, the measure became a matter of political contention. The central government led by centre-right political representatives insisted on the fee while regional governments led by the social democrats in all regions (except Prague) compensated patients and paid the fee from their regional budgets. The measure at the central level was repealed in 2013 when social democrats formed the central government.

Privatisation, but also technical developments and pressures towards rationalisation have been reflected in the reduced number of beds in Czech hospitals. While in 1994 there were 105 161 beds, in 2015 the number had dropped to only 77 937 beds. Interestingly, the number of doctors increased over the same period by 30%. The reason for this was the expansion of one-day surgery and a related lower number of hospitalisation days. The ratio of nurses per 30 beds improved as well, from 13.15 in 2005 to 14.57 in 2015. This is mostly attributed to the decrease in beds rather than to the increases in nursing staff.

As in the other public sector domains, the Czech healthcare sector remained sheltered from the crisis. Wage cuts announced for public sector employees initially also included healthcare but given the already underfunded staff and the doctors' and nurses' shortage, this plan was not feasible and all relevant institutions from trade unions to the doctors' association rejected this proposal. Nevertheless, because of increased unemployment, compulsory insurance payments decreased and hospital managements were forced to introduce some cost saving measures which resulted in worsened working conditions. Most hospitals embarked on outsourcing of mostly cleaning and related services with a questionable quality of service. Furthermore, overtime work increased and became the central issue for social partners, along with wage levels.

5.3 Industrial relations in the healthcare sector

Social dialogue in the sector has a merely consultative and informative nature and collective bargaining does not exist in healthcare, similarly to other public sector domains. Several organisations of trade unions and employers do exist, but these do not bargain collectively at the sector level. Their attention is more focused either on tripartite dialogue and lobbying for legal changes, or on protest activities. Collective agreements are concluded at the establishment level. Coverage by company level collective agreements in the sector reaches 74% of the sectoral workforce (Martišková and Sedláková 2016). Industrial action at individual hospitals is rare; collective actions mostly take place across the sector as a whole.

5.3.1 Social partners

The biggest trade union organisation is the Trade Union of the Health Service and Social Care of the Czech Republic (OSZSP) which represents the interests of nurses and social workers. The trade union that represents the interests of medical doctors is the Medical Doctors Trade Union Club – the Union of Czech Doctors (LOK-SCL).

On the employers' side, several associations operate in the sector, but in the position of employers' interest groups rather than social partners. For the list of employers' and trade union organisations see Table.

Table 7 Industrial relations in the healthcare sector

Trade union	The Trade Union of the Health Service and Social Care of the Czech Republic – OSZSP (Odborový svaz zdravotnictví a sociální péče ČR) Professional and Trade Union of Medical Workers of Bohemia, Moravia and Silesia (Profesní odborová unie zdravotnických pracovníků Čech, Moravy a Slezka, POUZPČMS) Medical Doctors Trade Union Club – Union of Czech Doctors – LOK-SCL (Lékařský odborový klub – Svaz českých lékařů)
Trade union density	22 % OSZSP* 3.6% LOK-SCL*
Employers' association	Association of Hospitals of the Czech Republic (Asociace nemocnic ČR) The Association of Czech and Moravian Hospitals – ACMN (Asociace českých a moravských nemocnic) Association of Regional Hospitals (Asociace krajských nemocnic) Union of Private Hospitals – SSN ČR (Sdružení soukromých nemocnic České republiky) Association of Social Service Providers of the Czech Republic (Asociace poskytovatelů sociálních služeb, APSSCR) Association of Mental Health Care Community Services (Asociace komunitních služeb v oblasti péče o duševní zdraví, AKS) Association of Hospice and Palliative Care Providers (Asociace poskytovatelů hospicové paliativní péče, APHPP)
Dominant bargaining level for collective agreements	Only establishment level, wage increases through governmental decree
Bargaining coverage in the sector	No sectoral CBAs (company-level CBAs: 74%)*

Source: Martišková, Sedláková (2016); * Eurofound (2009).

Labour shortages, overtime and low wages are the main issues in the sector according to social partners. In recent years, trade union organisations have employed mostly lobbying activities and protest actions to attract attention to the difficult situation in the healthcare sector, especially working conditions in hospitals. Occupations other than doctors suffer from very low wages, while among the doctors, younger doctors receive the lowest wages and very often migrate to the West, especially to Germany. This is, however, compensated by the migration of students and doctors from Slovakia or Ukraine, therefore only specific occupations have shortages, e.g. general practitioners or dentists (ÚZIS 2016), while the shortage of nurses because of low wages is a much more acute problem in hospital care. Next we further develop those two themes and look at social partners' responses to financing and wages, and the quality of service provided.

5.3.2 Social partners addressing financing and wages

Overtime work has been generally increasing in the post-crisis period. Overtime above the level permitted by the Labour Code regulation was legally conducted through work agreements in the form of flexible job contracts that allowed de facto legal increase of overtime hours. Both nurses and doctors in hospitals were exposed to employers' practices of signing a second contract in the form of a work agreement. The main driver of this pressure was the lack of available workforce as a result of low wages. As employers' representatives confirmed, not using work agreement contracts to cover overtime work would mean the reduction of their services, which could have consequences on patients' access to healthcare (HEALTH3 2015). These overtime hours were often paid less than under the normal contract. With an ever-growing labour shortage, the situation in some workplaces has become unbearable and a lack of nurses is the reason for the closure of some workplaces.⁴

The practice of signing a second contract was abolished in public hospitals in 2012 under pressure from trade union organisations, but social partners claim that in some hospitals it is still used. In 2015, the Medical Doctors Trade Union Club – Union of Czech Doctors (LOK-SCL), initiated a prohibition of the work agreements in healthcare institutions directly financed by the state. However, as trade unionists and employers jointly state, not every employer follows this regulation. As a result, LOK-SCL reports that doctors still sign second contracts in addition to their general contract as a way of dealing with overtime work and do not understand that paid overtime is financially more attractive than any additional contract (Martiskova and Sedlakova 2016).

The low wages and unsatisfactory working conditions of doctors in hospitals were emphasised by the biggest protest action for better working conditions and higher wages organised by the doctors' trade union organisation over the course of 2010 and 2011. The Medical Doctors Trade Union Club – Union of Czech Doctors (LOK-SCL) managed to organise 3 837 doctors who signed resignation letters. This affected 78 out of 200 hospitals in Czechia. The campaign ended in 2011 when LOK-SCL signed a memorandum about co-operation with the government. As a result, doctors managed to win wage increases, but only in the public hospitals. Even though this innovative protest action meant wage increases for the doctors, other occupational groups, especially nurses, were left behind (Martišková and Sedláková 2017).

The dual system of remuneration that contributes to the wage differences among the publicly owned and private/corporatised hospitals as described in section 5.2 is also the reason why trade unions in the sector are trying to change legislation so that all institutions operating within the public insurance financing scheme should comply with the wage regulation defined by the state (Koubková 2017). The main argument of the OSZSP is that the public health insurance scheme does not differentiate between

4. In 2017 a grassroots movement 'Nurses Initiative' emerged. This organisation encourages nurses to stick to Labour Code provisions and not to undertake overtime work if it is beyond the legal provisions. This causes serious running problems for some of the hospitals and creates pressures for wage increases. In the west region of Czechia, Karlovy Vary, nurses won significant wage increases through this approach (www.iniciativasester.cz, 2018).

payments for public and private hospitals; therefore, there is no reason to offer different wages in different types of institutions based on the ownership. Employers from the private sector argue that market forces should guide wage-setting in their case (HEALTH3 2015).

In recent years, the Trade Union of Health Service and Social Care (OSZSP) managed to increase the fixed wages of nurses and technical employees in healthcare by 34% between 2014 and 2018. Nevertheless, their long-term goal to equalise wages of employees in the public and private hospitals has not yet been achieved.

5.3.3 Social partners addressing the quality of services

Czechia has suffered from labour shortages in the healthcare sector for a long time. It was also the reason why no austerity measures, such as budget cuts, were introduced in the sector after the economic crisis, although initially they were proposed. Currently, because of the shortage of nurses, some hospitals have been forced to close whole departments. According to recent estimates, hospitals are facing shortages of around 3 000 nurses and 1 000 doctors. Around 10% of doctors and 8% of nurses are immigrants (Idnes 2015).

Social partners talk about the staffing crisis in the healthcare sector. The central government is trying to solve the situation by raising wages, although only employees in public hospitals receive the regulated wage increases. The rest of the workforce employed in privately owned hospitals must negotiate their wage increases with their employers through decentralised collective bargaining or individually.

To address the labour shortage, the government has recently reduced the qualification requirements for nurses. Until recently, a qualified nurse was required to possess a bachelor degree (a three-year university programme), which has been changed to a one-year university programme. Due to the systematic escalation of qualification requirements over the last 10 years and inadequate wage increases, young qualified nurses are avoiding work in the healthcare sector in general and in hospitals specifically.

In summary, in the hospitals sector, social dialogue plays an important role at the establishment level in privately owned hospitals, while for state hospitals, negotiations with the government have the strongest influence on determining working conditions. This, to large extent, fuels discussions around systemic changes in the healthcare sector in relation to employees' wages and workload regulations. In the sector, different occupations experience diverse working conditions. Doctors were able to attain wage increases through mobilisation and by capitalising on their bargaining power even in the aftermath of the economic crisis, while nurses are struggling to narrow the disparity of working conditions and significant wage gaps between public and private hospitals. Legal amendments and consultations over the budget are thus the main channels through which social partners influence working conditions, along with protest activities and established collective bargaining at the workplace level.

As in the other public sector domains in Czechia, the crisis played only a limited role in the hospitals subsector. After the onset of the crisis, and its impact on employment, the government suggested funding cuts to the public sector, including healthcare. Nevertheless, because of an already underpaid workforce, as well as already existing labour shortages, wages did not actually decrease and trade unions with their innovative industrial action contributed to this outcome.

6. Comparison

Studying the three subsectors in greater detail, we have explored what role social dialogue has played over the last 15 years and specifically in the aftermath of the crisis in the public sector, how social partners influenced employees' working conditions, and how changes to working conditions impacted the services provided by these employees. In this section, we will compare the three subsectors studied above and analyse the position of the social partners in influencing the working conditions in the public sector, including their impact on the post-crisis austerity measures.

6.1 Social partners' impact on working conditions

In all three studied subsectors, working conditions for most of the occupations are marked by low wages and an increasing workload (the exception would be doctors and their reasonably high wage levels), that is partially compensated by employment stability and minimal pressures for work flexibilisation. At the same time, all three subsectors suffer from an ageing workforce (most acute in pre-primary and primary education) and labour shortages (particularly significant in healthcare with nurses).

During the described period, social partners raised their demands to improve working conditions mostly through consultations with government representatives and through employees' mobilisation when social dialogue failed. The consultative and informative character of social dialogue at the national level and almost non-existent social dialogue at the sectoral and establishment levels leaves social partners in a reactive position similar to other interest groups. Low union density and poor bargaining coverage at the establishment level, especially in the education sector, are reasons why social partners use legislative changes as a primary strategy with which they influence working conditions.

The quality of working conditions therefore depends on the government's political orientation, as we demonstrated via the incidence of protest activities in the education sector dependent on the government's political tendency. Unsurprisingly, demands for wage rises resulted in success only recently with the social-democrats in government. In healthcare, fixed wages defined by governmental decree have risen by 34% since 2011, and in education by 30% including non-professionals in both sectors. In healthcare, the labour shortage appears to be the main driver of wage increases, especially for nurses.

As an alternative strategy to consultations and lobbying, trade unions use mobilisation tactics to achieve their goals. During the crisis, for instance, protests in education prevented budget cuts, and through their resignation campaign doctors managed to increase their wages in the period of wage freezes. Nevertheless, as we discuss below in the conclusion, the mobilisation potential was exhausted in the post-crisis period and trade unions have returned to a lobbying strategy.

Table 8 Social partners addressing working conditions

	Primary education	Hospitals	Local government (pre-primary education)
Trade unions			
Demands	Criticise low wages and high workload Call for a spending increase to 6% of GDP Wage increases: yes, through fixed wage increases	Dual remuneration schemes criticised, wages in the public hospitals higher Demand unified remuneration scheme for both public and private hospitals In recent years demand wage increases for occupations other than doctors	Criticise low wages and high workload Weak bargaining power, only subsection of the TU in education
Main strategy	Tripartite consultations Lobbying Campaigning (e.g. "End of cheap teachers" supported by the Minister for Education in 2016)	Collective bargaining: Dualisation strengthens CB at the hospitals level; wage increases in private hospitals possible mostly through CB	Avoiding confrontation (low union density) Participating at the sector level organisation, but not vocal enough
Outcome	Stopped wage cuts during the crisis and achieved wage increases in recent years.	Wage increases for nurses and technical workers in public hospitals of 34% between 2014 and 2018 but lower increases in private and corporatised hospitals	Results of social dialogue in primary education apply to pre-primary education as well (wage increases regulated centrally)
Employers			
Demands	Wage increases: yes, but not through fixed part increases Greater autonomy for school directors/principals/head teachers Changes in financing/funding system Support wage increases	Private owners of the hospitals avoid falling under the centralised regulation of wages, wage differences among private and public hospitals are acceptable.	Limited resources to increase wages beyond the wage regulations
Main strategy	Lobbying	Lobbying	Raising demands with municipalities
Outcome	Suggested financial reform approved, per capita financing abandoned	Status quo	Outcome depends on municipality leadership.

Source: Author's own compilation.

Public sector employers, similarly to trade unions, also have only limited means by which to influence working conditions, because of centralised wage-setting and the lack of sector-level collective bargaining. In education, employers, represented by the school principals' association, agree on wage increases but aim to increase the flexible wage margin and prevent fixed wage raises, while trade unions demand wage increases in the fixed part. In healthcare, employers in private hospitals reject the expansion of fixed wages to the whole sector as this would mean significant wage increases for private and corporatised hospitals and thus preserve the differential remuneration between private and public hospitals. For trade unions, this dualisation of wages is unjustified, arguing that all hospitals regardless of ownership are financed by public insurance schemes. We summarise social partners' demands, strategies and outcomes in their effort to improve working conditions in table 8.

In recent years, labour shortages in healthcare and the inclusion reform in education resulted in an increased incidence of overtime working and double contracts. These practices were mostly addressed in the healthcare sector, while in education, because of the character of the work, it is difficult to find ways of reducing teachers' workloads. In healthcare, most tasks must be performed at the workplace, while in education part of the work can be done elsewhere, which hinders paid overtime in the education sector to some extent. One of the solutions might be workers organising and the articulation of their working conditions. In healthcare, the 'nurses initiative', an independent grassroots movement, sprung up recently, urging nurses not to undertake overtime hours and to stick to the Labour Code provisions, which has had a significant impact in particular workplaces. In education, however, no such initiative has occurred.

6.2 The quality of service provided in the public sector

The limited impact of the economic crisis on Czechia's public sector prevented changes in the accessibility and quality of services provided. The main reason for this relates to the role of the state, which despite decentralisation efforts in education and healthcare has maintained its surveillance role through standards setting, financing and control. This also means that we find very little variation between private and public education and healthcare services as even private establishments fall under the regulatory control of the state institutions, in both healthcare and education.

The state determines working conditions and sets quality standards but does not evaluate the actual outcomes of the services provided in the public sector. In recent years, the education sector has made some effort to implement quality monitoring in the form of a unified examination of primary school graduates. In healthcare, there is an ongoing discussion about efficiency comparisons, with no clear outcome yet.

Interestingly, in international comparisons the quality of service seems satisfactory which has postponed the discussion about quality control and quality assessment in both Czech schools and Czech hospitals. Moreover, users are not vocal enough in expressing their attitudes about the quality of services provided in the public sector. For instance, in primary education parents do not address the worsening educational

outcomes in PISA testing, and in healthcare patients have only limited means to influence the quality of services provided. In the case of pre-primary education, the problem with the quality of service is almost completely neglected as the problem of insufficient capacity dominates the discussion.

All social partners agree that decently paid employees in the public sector would provide better services, but they do not sufficiently raise the direct link between working conditions and the quality of service as the main reason for demanding decent working conditions. This might be a useful argument especially in the case of underpaid and ageing pre-primary and primary teachers and overburdened nurses. The summary of social partners' views on the quality of the services is presented below in table 9.

Table 9 Social partners' view on quality of service

	Primary education	Hospitals	Local government (pre-primary education)
Unions	<p>For high quality of service qualified and well-paid workers are necessary</p> <p>No reform improved working conditions and thus did not improve quality of service</p> <p>Career code would motivate teachers for life-long learning (LLL), but after long discussion not approved</p> <p>Reject ranking of schools</p>	<p>For high quality of service qualified and well-paid workers are necessary</p> <p>Because of the labour shortage, especially the shortage of nurses, some hospitals are forced to close some of the departments</p>	<p>For high quality of service qualified and well-paid workers are necessary</p> <p>High maximum number of children (24+4) per class decreases quality</p> <p>No systemic control of quality</p>
Employers	<p>Local government primarily responsible for capacities, do not monitor quality of education</p> <p>Career code would motivate teachers for LLL, but after long discussion not approved</p> <p>Reject ranking of schools</p>	<p>There is space for efficiency improvement</p> <p>System of financing does not provide incentives for quality improvements</p> <p>In international comparison the quality of Czech healthcare system is better</p>	<p>Local governments responsible for capacities, do not monitor quality of education processes</p> <p>No systemic control of quality</p>
Service users	<p>Parents: In general, satisfied with educational outcomes</p>	<p>Patients: Limited means of showing dissatisfaction.</p>	<p>Parents: Demand more spaces, do not criticise the quality</p>

Source: Author's own compilation.

6.3 Industrial relations in the public sector and the crisis

The crisis and post-crisis development affirmed the social partners' position as being the main interest groups representing employees and employers in the public sector. The trade unions embarked on mobilisations in that period because social dialogue with government representatives collapsed, while employers' representatives did not oppose trade union arguments to protect wage levels and working conditions. As a result, mobilisations and protests in education prevented budget cuts, and doctors through their resignation campaign managed to increase their wages despite austerity measures. Nevertheless, their mobilising potential was exhausted right after these

achievements as since then no protests or mobilising campaigns have occurred. So, while in the crisis period it seemed that social partners 'left the table' as social dialogue with the government failed (Kahancová and Martišková 2016), in the post-crisis period more significant gains in terms of wage increases were back on the table. In the last government period of 2013 – 2017 we saw the re-establishment of social dialogue at the national level, along with the status quo in social partners' representation and level of involvement. This implies that no new actors emerged in the post-crisis period, nor has the consultative and informative role of social dialogue at the central level changed. The 'return to table' strategy is also attributed to recent economic growth and an associated labour shortage that has empowered trade unions to bargain for high wage increases through social dialogue with the government.

7. Conclusions

The impact of the crisis on public sector employment was limited. Relatively low government debt and the absence of substantial problems in the economy prevented the exposure of Czechia to the international pressures faced by other nations. The Czech government thus embarked on simple budget cuts that were finally implemented only at the central government level. We did not observe any reform efforts towards decentralisation or the transfer of responsibilities as those had already been implemented during the transformation period long before the onset of the economic crisis. In both sectors, already low wages and trade union mobilisation prevented the intended budget cuts or significant job reductions.

Therefore, the crisis temporarily strengthened the position of trade unions and exercised their mobilisation potential, but except for their success in preserving the wage level, no structural changes towards establishing collective bargaining at the sector level or any emergence of new stakeholders occurred. In the following years, low wages and labour shortages dominated the discussions of social partners and other stakeholders. Given the shrinking membership base of trade unions and the unwillingness of employers and the government to establish sector level collective bargaining, major improvements were to be attained mostly through political alliances and/or industrial action.

In this chapter we have also looked at other reforms that influenced working conditions in the sector. There is no clear driver of these measures. Partially, they are attributed to efforts to increase the quality of services (the financing reform in education or patients' fees in healthcare), partially they are driven by pressures to increase inclusiveness (in the education sector) and partially by pressures from users (parents in pre-primary education). For the majority of the changes that influenced working conditions, social partners were in a reactive position of combating the proposed reforms, which further highlights their limited capabilities in shaping working conditions, but at the same time demonstrates the important role social partners have in preventing the deterioration of the quality of working standards in the public sector.

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Legislation

- Act on Civil Servants of Self-Governing Local Authorities No. 312/2002 Coll.
Civil Service Act No. 234/2014 Coll.
Act on Competency for Public Sector No. 2/1969 Coll.
Act on Municipalities No. 128/2000 Coll.
Government's Decree on Employees' Remuneration No. 564/2006 Coll.

Appendix

List of conducted interviews

Interview code	Sector	Organization	Type	Respondent function
EDU1 (2016)	Education	Czech Moravian Trade Union of Employees in Education (Českomoravský odborový svaz pracovníků školství - ČMOS PŠ)	Trade union in education	Representative 1, Representative 2
EDU2 (2017)	Education	Association of Directors of Primary Schools (Asociace ředitelů základních škol - AŘZŠ)	Directors' association	President of the association
EDU3 (2017)	Education	Czech Moravian Trade Union of Employees in Education (Českomoravský odborový svaz pracovníků školství - ČMOS PŠ)	Trade union in education	Member of the Trade Union's Presidency on pre-schools
LOC1 (2017)	Municipalities	Municipality office of Prague 7 district	Local government	Director of the department of education in Prague 7 district
LOC2 (2015)*	Municipalities	Union of the towns and the cities (Svaz měst a obcí - SMO)	Umbrella organisation of towns and cities	President of the association
CENTRAL1 (2016)	Central government	Trade union of the state institutions and organizations (Odborový svaz státních orgánů a organizací - OS SOO)	Trade union in central government	Vice-president
HEALTH1 (2015)*	Healthcare	Trade Union of the Health Service and Social Care of the Czech Republic (Odborový svaz zdravotnictví a sociální péče ČR)	Trade union in healthcare	President
HEALTH2 (2015)*	Healthcare	Medical Doctors Trade Union Club – Union of Czech Doctors (Lékařský odborový klub – Svaz českých lékařů)	Trade union in healthcare	President
HEALTH3 (2015)*	Healthcare	The Association of Czech and Moravian Hospitals – ACMN (Asociace českých a moravských nemocnic)	Employers' association in healthcare	Vice-president
HEALTH4 (2017)	Healthcare	Hospital in the Moravian-Silesian region	Employer representative in the hospital	Hospital manager

Source: Author's own compilation, * CELSI archive.