

Chapter 7

Erosion of bargaining in the world of vital actors: industrial relations in the aftermath of public sector reforms in Slovakia

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1. Introduction

The development of a public sector in the independent Slovak Republic went hand in hand with the economic and political transition in Czechoslovakia after the 1989 Velvet Revolution and the separation of Czechia and Slovakia in 1993. Reforms in central and local government during the 1990s were an integral part of the transition to democracy, while in healthcare and education reforms were delayed to the early 2000s and the post-crisis years (Kahancová and Martišková 2016). These periods also significantly influenced the formation of industrial relations (IR) in the public sector over the 1990s and 2000s. The most important influence on IR first came through the introduction of distinct employment regulation for public service and for the civil service in 2002; and second, through the loss of the status of public servants for the majority of healthcare/hospital employees with the healthcare reforms (2002 – 2004).

The most important reforms regarding the education system concerned the introduction of school self-governance and recent initiatives of reorganising particular responsibilities and school financing between the local government and central government. In local government, the 2012 ESO reform brought organisational restructuring with possible consequences of changed working conditions due to changes in bargaining coverage and organisational hierarchy. Since our case study of pre-primary education as a service provided by local government was not explicitly affected by this reform, it remains beyond the scope of this chapter to discuss this particular reform effort. Finally, in healthcare, hospital corporatisation was the most important reform effort over the course of the 2000s. Corporatisation excluded hospital workers from public servant status and from 2006 onwards shifted hospital management competences for smaller regional hospitals from central government to local governments. Although through corporatisation hospitals remained in public ownership, in later years local governments in many cases engaged in long-term renting out of hospitals to private entities. This way, despite remaining in public ownership, many hospitals operate under private service providers and face management prerogatives and reorganisations to improve performance like in the private sector. Furthermore, a very important part of hospital development was the fact that as a result of pressure from doctors, corporatisation stopped after 2011, and that the wages of healthcare personnel are now regulated via legislation instead of collective bargaining at hospital and sectoral levels.

The aim of this chapter is to examine the evolution and role of public sector IR in Slovakia in shaping the above reforms, working conditions and the provision of public services. Rather than analysing overall trends, we focus on IR in the post-crisis period

(since 2009) in three subsectors of the public sector: primary education, hospitals and local government. Within local government, we focus on the role of IR in the provision of preschool childcare facilities. The policy of preschool childcare facilities is closely related to overall education policy in Slovakia, but at the same time, it is part of the local government subsector and not the education subsector. This leaves the provision of preschool facilities somewhat distinct from other subsectors of local government in terms of wage policies, working conditions and financing, despite its importance as a public service related to many pressing issues, i.e., population growth and work-related migration within the country.

Our analysis is informed by an actor-oriented perspective where we not only describe the interaction between IR and post-crisis public sector reforms, but we also aim to understand the role of involved actors, most notably employers, trade unions and the state, in shaping similarities and differences in IR outcomes across the three subsectors. This chapter centres on the following research questions. First, we aim to analyse the main trends that characterised public sector reforms in the post-crisis period. Second, we focus on what role IR played in shaping these trends. In other words, we study how IR actors (trade unions and employers' organisations) have influenced reform processes and their implementation through collective bargaining, social dialogue, industrial action, lobbying, influencing public opinion, and other forms of action. Third, we examine what impact the changes facilitated by IR actors and processes had on the quality of work in the public sector and on the quality of public services in general.

The chapter is structured as follows. In section 1 we outline the main public sector developments and introduce the key characteristics of public sector IR. Sections 2 to 4 focus on the three subsectors. We present and analyse the main developments in IR and their role in primary education, pre-primary education as a public service provided within local government and in healthcare with focus on hospitals. In section 5 we compare the findings across the three examined sectors. The concluding section 6 summarises the main findings and answers our research questions.

We base our evidence on documentary and data analysis as well as on semi-structured interviews (see appendix) with policy-makers at the national level and social partners' representatives at national, sectoral and local levels. The table in the appendix lists the original interviews conducted in the education and local government sector. In addition, our evidence draws on research we previously conducted on IR in public services, interviewing more than 60 stakeholders in education, healthcare/hospitals and local government in Slovakia.

We develop an argument that while the public sector underwent important reforms in the 1990s and 2000s, IR played a vital role in shaping post-reform sector-specific developments. The role of particular IR actors is especially relevant for understanding sector-specific similarities and differences. The 2008 crisis facilitated the fragmentation of IR actors and a shift away from bargaining to influence through legislation, public action and memoranda of co-operation. Established bargaining structures are currently challenged by the fact that legislative solutions undermine the importance of bargaining in determining public sector working conditions.

2. The public sector – an overview

The literature distinguishes four periods that helped redefine and reform the public sector (Kahancová and Martišková 2016). First, the democratisation and decentralisation period (1990-1998) defined the new foundations of the public sector. The second phase (1998-2002) resembled the pre-accession period and was influenced by adjustments to public sector operation driven by the need to comply with EU regulations. This refers mostly to decentralisation of public service provision and further modernisation of the sector following the principles of New Public Management. The third phase (2004-2009) was marked by intensive reforms, mostly in healthcare (corporatisation) and education (self-government principles). The fourth, post-crisis phase (2009 onwards) introduced principles of efficiency into the sector.

Despite reforms and austerity measures, public sector employment in Slovakia remained relatively stable. In the crisis year 2008, public sector employment stood at 20% of total employment, before reaching the historically highest share of 24% in 2015 (Eurostat¹).

The most important developments that shaped public sector IR during the above reform periods include:

1. distinct employment regulation for public service and civil service (2002);
2. loss of ‘public servant’ status for the majority of healthcare employees including those in public hospitals (2002 – 2004).

After the separation of regulations for the public and civil service, the 2000s showed a remarkable stability in public sector IR. Regular social dialogue rounds produced annually renegotiated collective agreements separately for the civil service and for public service (Barošová 2008). These collective agreements were and still are negotiated in the national tripartite forum with seven representatives from trade unions, employers and the relevant ministries. In healthcare, corporatisation reforms and the loss of public servant status enabled the rise of a distinct multi-employer bargaining system in the hospital subsector, where collective agreements are negotiated separately for large state hospitals and for smaller regional public hospitals.

Along with the most encompassing public sector trade union SLOVES, there are several active representation organisations in healthcare and education. The stable landscape of public sector social partners broke down after 2010 when particular occupational groups increasingly showed their dissatisfaction with the established actors and systems that had failed to introduce wage increases after the crisis (Kahancová and Martišková 2016). This trend led to the emergence of new actors, both trade unions and professional organisations, that partly replaced the role of trade unions in healthcare and education. Although these new actors are not necessarily part of the established bargaining channels, they play an important role in influencing the established actors’

1. Source: LFS Eurostat: <http://ec.europa.eu/eurostat/ramon/statmanuals/files/KS-RA-07-005-EN.pdf>, accessed: 1 July 2017.

structures and bargaining procedures at the micro level. Fragmentation to some extent also affected the employers' associations in healthcare/hospitals after the mid-2000s corporatisation reforms.

Despite these fragmentations, collective bargaining is well established and reaches a high coverage rate. Multi-employer and single-employer collective agreements are signed across the whole public sector. One of the most important and debated issues related to public sector collective bargaining concerns pay regulations. The dual structure of public sector pay regulations (including legally based remuneration of employees in central and local government and in education, and collective bargaining as a relevant addition to the legally established pay system) has been subject to heated debates and tensions between trade unions, employers and the government. Between 2005 and 2012, collective bargaining was the exclusive source of pay regulation in healthcare after the majority of healthcare/hospital workers lost public servant status. Since 2012, actors' pressure for legal regulation has crowded out the role of collective wage bargaining in healthcare as well. In the fragmented system of legal regulation of pay for various occupational groups in public services, trade unions now support a unification of public sector pay regulations. In healthcare, new legal regulation has been introduced from 2016 which attempts to address the remuneration of all healthcare personnel. In education, the tensions have not yet been resolved and have also pervaded the existing collective bargaining system.

3. Primary education

The Slovak education system has been facing a gradual implementation of reforms since 1989 (IIPE 2005). However, experts, professionals and even teachers often argue that the education system lacks systemic changes and reforms often provide only 'cosmetic changes'. Slovakia's efforts to join the EU increased pressures and calls for a major education reform after 2003.

The education system was largely influenced by reforms in public administration: the 2001 reform established higher territorial units (VÚC), which strengthened local self-governance and influenced the governance of education. While the new regional units gained management and governance of upper-secondary schools, municipalities became responsible for pre-primary and primary education (OECD 2015). In line with decentralisation efforts, the system of school self-governance and user involvement was strengthened by the introduction of voluntary student councils in 2003.

New governance structures influenced the flow of finances, which are distributed according to: first, original, and second, transferred competences. Original competences refer to the performance of self-government functions by municipalities and self-governing regions. Transferred competences refer to the implementation of state administration in education, governed by the Ministry of Education, municipalities and self-governing regions. While transferred competences are financed directly from the state budget (Ministry of Education and Ministry of Internal Affairs), original competences are funded by municipality budgets (municipal income tax). Original

competences of the municipalities include financing of basic art schools, kindergartens, school clubs, leisure and hobby centres, language schools and school canteens for kindergartens and primary schools. Within the transferred competences, the state budget allocates finances to school founding bodies (municipalities, churches, etc.) according to a per capita funding rule. According to the law, the founding bodies allocate financial resources to individual schools at the level of 90% of the fixed amount for wages (wage norm) and 80% of the fixed amount for operational costs (operational norm). The difference between the compulsory minimum and the fixed amount can then be freely allocated to different schools under the same founding body. Thus, although the central government provides around 70% of funding, schools enjoy financial autonomy and their budget is managed by school principals (OECD 2015).

Compared to other countries, the level of government expenditure on education in Slovakia is relatively low. In 2015, the government spent 4.2% of GDP on education, which is below OECD and EU averages. Slovakia also underperforms in education spending as a percentage of total public expenditures (OECD 2015). The OECD noted that in 2013 government investment in primary education remained below 1% of GDP, similar to Austria, Czechia, Germany, Hungary and Lithuania. This figure correlates with lower birth rates in these countries (OECD 2016).

An important milestone was the implementation of a new School Act in 2008, replacing the 1984 regulations. The Act, also referred to as ‘Mikolaj’s reform’ after the Minister of Education Jan Mikolaj, introduced a unified National Education Programme in primary and secondary education. The programme is mandatory for all schools and stipulates the exclusive use of Ministry-approved textbooks. In addition, it provides schools with greater freedom to develop their curricula, limiting state involvement in the School Education Programme to one-third of the curriculum. The Act also set the maximum number of pupils per class and established a compulsory foreign language from the first grade of primary school and a second foreign language in the sixth grade (Act No. 245/2008 Coll.; OECD 2015).

In the following years, Slovakia introduced standardised national assessments, aiming at improving the quality of education with measurable and comparable student outcomes. Building on the 2002/2003 “MONITOR 9” which monitored skills and knowledge in maths and the language of instruction, in 2009 ‘*Testovanie 9*’ (Examination 9) became a full cohort national assessment of all ninth graders in primary schools, testing their mathematical and reading literacy. Similarly, in 2016, ‘*Testovanie 5*’ tested students’ skills in the fifth grade of primary education (NUCEM 2017a; 2017b).

The latest efforts to reform education started in March 2017 after the Ministry of Education introduced a new reform plan ‘*Učiace sa Slovensko*’ (Learning Slovakia). However, the new Minister of Education in office since September 2017 declared this reform strategy unfeasible due to the lack of a timetable, financial strategy, action plans and prioritisation (SME 2017d).

3.1 Wages and employment

Overall employment in the education subsector has been stable since 1999, with a steady increase after 2013. During the crisis, employment decreased in 2009 but in the following austerity year increased back to 2008 levels. These trends coincided with the implementation of the ESO (Effective, Reliable and Open Public Service) reform package in 2012, calling for effective, reliable and open public services (Kahancová and Martišková 2016).

The number of teachers in state primary schools, although decreasing in the period between 2000 and 2009, has been stable for the last five years with around 32 500 pedagogical employees. However, the picture is different in state primary schools. The decrease in the number of state primary schools from 2 350 in 2000 to 1 914 in 2017 corresponds to a dramatic decrease in the number of students attending state schools (also the overall number of students in primary education). Over the last 15 years this number plummeted, from 625 625 students in 2000 to 397 369 students in 2015. However, during the last two years, this number has rebounded to 406 790). At the same time, although still marginal, the number of private and church-run primary schools has been increasing since 2000 along with the number of students attending those schools (CVTI 2017a).

The majority of teachers in primary education are employed on the basis of standard, open-ended employment contracts (CVTI 2014). Feminisation of the sector, although less pronounced than in pre-primary education where it is 100%, is above the OECD average. In 2014, 90% of teachers in primary schools were women, compared to the OECD average of 82% (OECD 2016).

The education sector is one of the most equal in terms of remuneration of its employees (Kahancová *et al.* 2016). However, wages are among the lowest in the OECD when compared to other tertiary educated workers (OECD 2015; OECD 2016). In 2017, teachers in primary education earned on average €1 160 which was slightly above the national average of €954 in 2017 (CVTI 2017a). Salaries are set by the government and are regularly subject to heated discussion among social partners within the national tripartite council. Separate wage tariffs (standardised wage rates) regulate the salaries of non-pedagogical employees, pedagogical and professional employees and pedagogical employees in higher, university education. Wage tariffs take into account the level of education, workload and difficulty of the job, and years of experience with a maximum of 32 years. Due to the large number of workers with more than 32 years of experience and the increasing effective age of retirement, this is planned to be extended to 40 years of experience in 2019 (SME 2018). Teachers are further motivated to increase their wages by taking on class supervision, extra-curricular activities, field trips and additional professional training (earning credits for gaining expertise).

3.2 Industrial relations in education

IR in the education sector are well established in terms of its actors and rules. Nevertheless, new actors without official bargaining status have emerged in recent years as a result of continuous struggles for higher wages and the need for reforms in education. The largest sector level union with around 48 000 members is the Union of Workers in Education and Science of Slovakia (OZPŠaV). About 1 000 teachers are affiliated to the Association of Employees in Education and Science (ZPŠaV), which is part of the Independent Christian Trade Unions of Slovakia confederation (NKOS). In addition, after a series of teachers' strikes in 2012-2013, a new trade union emerged – the New Education Trade Union (NŠO). Another vocal actor in education, although not a trade union, is the Initiative of Slovak Teachers (ISU). In 2016, its sub-section, the Initiative of Bratislava Teachers caught public attention after it organised a series of strikes calling for higher wages in education. Both actors, NŠO and ISU, are not official partners for negotiation with employers, and their membership base is unknown.

There is no exclusive sector-specific collective agreement for the education sector, but social partners participate in general public sector social dialogue and collective bargaining. Of the three above-mentioned unions, only OZPŠaV as a member of the Confederation of Trade Unions of the Slovak Republic (KOZ SR) takes part in collective bargaining in the public sector and signs a higher-level collective agreement valid for public services. The public sector multi-employer collective agreement is signed between the employers represented by the Association of Towns and Municipalities (ZMOS) and all presidents from higher territorial units, KOZ SR, NKOS and General Free Trade Unions (VSOZ). For the government, the ministers of the interior, finance, labour, social affairs and family, education and healthcare sign the agreement. Sectoral bargaining coverage is estimated to be 100% (Eurofound 2011b).

Representation on the side of employees has been increasingly more conflictive in recent years, reflecting frustration over low wages in the sector and the lack of political will to reform education. From the beginning of their functioning, the new trade union NŠO collaborated with the teachers' initiative ISU, partly because some members are active in both bodies. However, official collaboration with the main trade union OZPŠaV is non-existent. One of the reasons for this is that ISU is very critical of OZPŠaV's activities in education, calling them political puppets of a ruling coalition government led by the social-democratic party SMER-SD. In fact, KOZ SR, of which OZPŠaV is a member, signed a memorandum of co-operation with SMER-SD in 2010, valid for an infinite period. Furthermore, in December 2016 another memorandum over wage increases valid for central administration and non-pedagogical employees in the public sector was signed between the government and social partners, and another memorandum valid for teachers was negotiated at the end of August 2018. ISU also pointed out that some OZPŠaV members stood in a regional election for SMER-SD, which in their view explains their loyalty to one political party (ISU 2017). However, OZPŠaV rejects any claims about political links and argues that everyone has the same political right to stand in elections (SME 2017a). On the other hand, two unions, OZPŠaV and ZPŠaV NKOS co-exist in a non-conflictive environment, both members of the national confederation

KOZ. OZPŠaV lists several other co-operation agreements on its webpage, for instance with professional associations, employers or unions in Czechia.

ISU made a statement in June 2017 claiming that low trade union density among teachers is one of the reasons why the status of teachers and their wages are stagnating in Slovakia, and encourages all teachers to join existing unions, or establish new ones. They also call for a common platform of trade union organisations that would act in a united way around basic questions of the status of teachers in society: ‘Such a strong platform could eliminate the current monopoly of representation of teachers through OZPŠaV’ (ISU 2017).

On the side of users, parent and student organisations have played a more important role in school governance for the last 15 years. At the same time, their involvement in issues and processes relevant for social dialogue actors in education remains limited (Kahancová and Sedláková 2015). While individually students and parents tend to express support for trade unions, e.g. via expressing solidarity with teachers’ protests, parent and student organisations as collective actors have stayed out of trade union organised initiatives.

3.3 Role of industrial relations in shaping the sector

Social partners focus their attention on shaping two strategic areas. The first is connected to education funding, including the system of finance and its management, the amount of money in the sector and most importantly, wages, wage tariffs and wage increases for employees in education. The second area concerns the quality of education. This includes debates on teachers’ working conditions, which influences in turn the quality of education as a public service. This section describes the social partners’ role and position in the above-mentioned two key areas: financing and wages in education, and working conditions and overall quality of education.

3.3.1 Financing in education

IR actors criticise the system of financing in regional education, which derived from the public administration reform in 2001 and from the introduction of per capita funding in 2003. The decentralisation which divided the competences in education into two types, original competences of municipalities and transferred competences of the state in education, resulted in confusion and disagreement among the social partners. While all three unions call for unified financing from the state, where wages and personnel costs are financed from the state budget as part of its transferred competences, employers grouped in the Association of Towns and Municipalities (ZMOS) generally agree with the distribution of competences between the state and municipalities, but call for an increase of funding for regional education. Trade unionists argue that the dual system of financing, where teachers in primary schools are financed by the transferred competences of the state and after-school teachers are subjected to the original competences of municipalities, creates chaos and confusion. In addition, it creates problems with the allocation of money, because there is no explicit regulation of the amount of money to be allocated.

Additionally, the state allocates money for the performance of transferred competences to the founding bodies of primary schools (municipalities) and not directly to the schools. The founding bodies can keep part of the budget and allocate it freely to any school established by them, which is perceived as unfair by many employees (EDU1; EDU2). Trade unions would rather the finances went directly to schools, while employers are strongly opposed to it (EDU1). All trade unions also call for an increase in public finances allocated to education, to the level of at least 6% of GDP which would be comparable to other OECD countries.

3.3.2 Wages and wage regulations

Calls for increased public funding for education are usually accompanied by demands to increase wages. Trade unions have been very vocal in addressing the remuneration of their employees and mechanisms of wage rises, either within the collective bargaining rounds for the public sector, or by organising protest actions, strikes, and demonstrations. The first significant teachers' strike was organised by OZPŠaV in 2003 as a response to changes in the system of financing, and resulted in a 7% increase of wages in the public sector. Following the successful campaign by medical doctors in 2012, teachers embarked on one of the biggest strikes which resulted in a 5% wage increase. Similarly, in January 2016 ISU, with the support of the Slovak Chamber of Teachers, organised one of the largest teachers' strikes, which enjoyed broad public support. The strike not only called for higher wages, but aimed at opening up a broader debate about the quality of education in Slovakia. The 2016 strike was not supported by OZPŠaV whose representatives collectively agreed on a wage increase with social partners at the end of 2015 and thus felt that taking strike action in early 2016 would undermine the established institution of collective bargaining.

An interesting development was observed in 2017, when the government offered wage increases upon the condition that the trade unions committed to avoiding strike action. This deal was anchored in a memorandum, which had been signed at the end of 2016 between the public sector social partners. It affected employees in state service (central government) and selected types of employees performing work in the public interest (public services, e.g. education and parts of local government). In the memorandum, social partners agreed not to 'engage in activities aiming at additional wage increases in 2018' in exchange for a 2% wage increase (in the form of a bonus payment) in the period between September 1 – December 31 2017 and another 2% increase in the period September 1– December 31 2018, plus an additional increase in wage tariffs of 4% on January 1 2018. Only non-pedagogical employees are affected by this memorandum (Memorandum 2016).

Pedagogical employees should have had their 6% wage increase starting September 2017 too. However, Prime Minister Robert Fico bound it to another memorandum, in which social partners again would have to agree not to strike until 2020 in exchange for a wage increase. He stated that if social partners do not agree to the memorandum, wages would be increased according to the initial plan, with no wage increase at all for 2017. A representative of the OZPŠaV union argued that such actions could be seen as a form of pressure by the government. Hence OZPŠaV did not sign the memorandum,

stating that trade unionists planned to continue with collective bargaining in 2017-2020 (TV Noviny 2017).

We argue that this new strategy in which the government pushes for memoranda, endangers collective bargaining across the whole public sector. Specifically, it diminishes the power of trade unions to organise strikes and accurately reflect on any positive economic development in Slovakia, which allows for timely increase of wages in the education sector and is not constrained by pre-set time frames specified in these memoranda.

In addition to wage increases, social partners also call for changes in the system of wage tariffs, which is also set by the government. Overall low wages in education are even more pronounced for the non-pedagogical category of workers in education, whose wage tariffs start below the minimum wage level in Slovakia (Kahancová *et al.* 2016). Employers particularly stress this issue when negotiating the national minimum wage, pointing out that the state ‘forces’ other employers to increase wages without any predictable mechanism, while at the same time fails to increase wage tariffs for its own employees at least to the level of the minimum wage. Similarly, the low wages of young, less experienced teachers do not motivate fresh graduates to stay in the sector (*ibid.*; OECD 2016). At the end of 2018, social partners and the government reached an agreement and in 2019, wage tariffs for public sector employees will begin above the statutory minimum wage (SME 2018).

3.3.3 Working conditions

The second strategic area that social partners focus on concerns issues related to teachers’ working conditions, which in return influence the quality of education. Neither reforms in primary education nor the financial crisis influenced the number of jobs in the sector and employment remains stable. Nonetheless, IR actors believe that a lack of systemic reforms and the stagnation of the whole education system negatively influences not only working conditions but also the quality of services in the sector.

Even though teachers’ working conditions are frequently discussed among actors, evidence of an increased workload or work intensity in education is scarce. The ETUC’s survey on the impact of the crisis on teachers in Europe, based on a survey among its members (OZPŠaV), reports neither increased teaching hours for teachers in Slovakia nor increased working hours overall. Nevertheless, OZPŠaV reported an increase in the number of dismissals of teachers and closures of schools (ETUCE 2013).

Trade unions fight for the improvement of working conditions mainly through positive wage development and continuous wage increases. Nevertheless, their programmes include several proposals for improvement in the areas of job security, pensions, and health and safety. Trade unionists for instance call for increased protection of union representatives in the workplace, but also teachers in general. Specifically, OZPŠaV calls for legislation reinforcing the protection of pedagogical staff in relation to increased aggressiveness from pupils and parents, and legal regulation of mobbing (group bullying) in the workplace. Teachers’ personal development should also be strengthened

via better support and use of new forms of continuous education, including teacher mobility and life-long learning.

3.3.4 IR actors on quality of education

Two important issues related to the quality of education identified by social partners stand out: changes to school self-governance and changes in the content of primary education. First, the system of school self-government involves students, parents and teachers in the management of schools. While the daily functioning of schools is managed by a school principal who is also responsible for the school's budget, the highest controlling body in the school is a school council which elects and dismisses the school principal. Even though the composition of school councils secures equal representation of students, parents, teachers and employers, the founders (i.e. municipalities) can dismiss candidates nominated by the school council twice, which strengthens their role to the detriment of other actors. Teacher and trade union representatives have criticised this step, claiming that it leads to politicisation of schools, lowering the quality of education (principals should be experts with professional credentials) and weakening the democratic principles of self-governance (EDU3+LOG1).

In turn, both politicisation and management problems can influence the quality of services provided by schools, as well as the daily life of teachers under increased work-related stress. Secondly, frequent reforms to educational programmes (both national and school educational programmes) and the content of education influences teachers' daily life and the quality of educational process in schools. According to social partners, reforms are often prepared at the last minute during the summer, and are expected to be implemented without any proper training in September, with problems exacerbated by a lack of materials and low quality of books (EDU1; EDU2; EDU3).

Trade unions and employers try to influence changes related to the quality of education via legislation. The main trade union is often invited to discuss legislative proposals with the Ministry of Education. Social partners also meet during other unofficial meetings, such as round tables and public debates. The 2016 introduction of the document Learning Slovakia (Učiace sa Slovensko) was exceptional in this regard, with an unprecedented amount of amendments submitted to the Ministry of Education within the public consultation period. To illustrate, out of more than 3 900 comments submitted, the main trade union in education OZPŠaV submitted 145 comments and ZMOS 29 comments.²

3.4 Impact of reforms on the quality of primary education

Primary education in Slovakia also lacks a unified system of quality evaluation beyond a few reports published by the Ministry of Education (OECD 2015) that systematically evaluate primary education and measure the performance of schools and teachers. Employers (ZMOS) in particular call for these qualitative indicators. The State School

2. See the comments at <http://uciacesaslovensko.minedu.sk/>, in Slovak.

Inspection (Štátna školská Inšpekcia, SSI) publishes only limited findings with regard to quality assessment. In its annual report on conditions in all levels of educational institutions, only 6.8% of primary schools were examined and the assessments mostly focussed on the learning process including compliance with legislation rather than the quality of education (SSI 2016). As a result, evaluation of the quality of primary education remains a part of NGO activities. The Institute for Economic and Social Research INEKO, a non-governmental research institute, regularly publishes a ranking of primary schools largely based on students' results. While this ranking is influential and often referred to in policy debates and the media, the most important criticism is that it does not take into consideration factors other than the skills and knowledge a school provides through the learning process. Hence, it sparks debates, especially from the employers' side, who argue that the rankings are unfair (The Slovak Spectator 2015). While INEKO's initiative focuses on the quality of education from the students' perspective, Slovakia lacks scientific evidence on the quality of teachers, even though the public considers this to be a more salient issue than their wages (TREND 2016).

The scientific community often argues that low wages have an impact on the quality of education. The OECD shows that a 15% pay raise for teachers increases students' performance by about 6 to 8% (OECD 2015). Although there is no research testing this hypothesis in Slovakia, the results of the international PISA examination as well as standardised national assessment *Testovanie 9* show the opposite trend for Slovakia. Even though teachers' wages have increased, the performance of students in PISA testing has declined. The results of OECD PISA 2015 show that student outcomes are below the OECD average in all three tested categories including science, mathematics and reading.³ Furthermore, low wages negatively impact the quality of newly hired teachers, and also perpetuate the high feminisation of the sector, which influences the overall quality of education (OECD 2015).

4. Pre-primary education

Public pre-primary education, or childcare (ISCED 0) is provided and financed by local government (municipalities) as part of their original competences. Kindergartens provide education for children aged two to six years, while nursery schools accept even younger children. It is free of charge for children one year before compulsory school attendance, and in all other cases except for children with special needs tuition fees without an upper limit can be charged. Since pre-primary education belongs to regional education along with primary education, the majority of the acts and policies described in the previous section also cover and are applicable to childcare.

Contrary to the development in public primary schools, the number of children in public kindergartens has been increasing since 2009, but when looking at a longer period of 15 years this number is fairly stable. Nevertheless, enrolment in pre-primary education of four and five-year olds was below the OECD average in 2012, and at the level of 88% in 2015 remains below the 95% desired threshold (MŠSR 2017a). In addition, the average

3. Source: OECD PISA Testing, available at <http://www.oecd.org/pisa/data/>, accessed November 1, 2018.

participation rate in pre-primary education of children between the age of four and attending compulsory education has stagnated in Slovakia, while in the EU it has been rising (Šiškovič and Toman 2015).

According to the prognosis of the ministry, the number of newborn babies in Slovakia is expected to decrease in coming years from approximately 59 000 in 2015 to only 46 000 in 2030. Similarly, the number of children aged 3-5 is expected to decrease by approximately 30 000 in 2030. However, the current capacities of public kindergartens are not sufficient, and the number of unsuccessful applications has increased from 1 679 in 2004 to 12 486 in 2016. More than 37.5% of unsuccessful applicants are in the Bratislava region, with the worst situation in the municipal districts of Bratislava V, Bratislava II, and Senec (MŠSR 2017a). The state does not guarantee capacity for children, even though education is mandatory upon reaching six years old in Slovakia.

The content of pre-primary education was specified in the state educational program, approved in June 2008, which defined the curriculum and requirements for all children attending kindergartens, including the basic minimum required competencies that children must achieve. In July 2016, the Ministry approved a new educational program for pre-school education (No. 2016-17780/27322:1-10Ao), valid for all kindergartens since September 1, 2016 (Štátny pedagogický ústav 2016). Along with a detailed description of the curriculum, the state guarantees the quality of all pre-primary institutions which are part of the school network (schools formally accredited by the Ministry of Education, Science, Research and Sport to provide education and care in the country) (OECD 2015).

In 2013, Prime Minister Fico introduced a pilot programme to increase the capacity of kindergartens and school canteens with the aim of increasing overall enrolment of children to 95%, with a budget of €5 million. A similar program was introduced in 2015, with a budget of €14.5 million. According to the Ministry of Education, of 687 applications, 185 were successful and 227 new classes were opened for approximately 5 000 children with 460 newly created jobs for teachers (MŠSR 2017b). According to critics, it had several problems with a long procurement process (including fake companies applying for the grant), administration and outcomes that were undetectable (LOGG2). The lack of capacity in kindergartens has led to a new proposal on nursery schools, the 'Nursery Act' (*jasličkový zákon*) within the amendment to Act No. 448/2008 on social services, which governs the facilities for young children aged 0-3 years. Public nursery schools are virtually non-existent (approximately 20 state nursery schools in the whole country) and day care activities are offered by private providers. Since kindergartens offer services for children starting from two years old, there is a one year overlap between the two facilities and parents can thus choose between them. This, nevertheless, does lead to a disadvantage for children in nursery schools, since the new proposal does not establish any mandatory educational programme in nursery schools for children aged 2-3 years, while one does exist in kindergartens.

The lack of regulation for nursery schools in Slovakia meant that without a legal definition, anyone could open a nursery school. The Nursery Act changes this situation. The Slovak MP Simona Petrik who led the petition against the Act in its initial form

in 2016, argues that the current draft is still too strict and may even destroy existing nursery schools as a consequence of its overly stringent requirements. After the proposal went to a constitutional court, unemployed parents also have the right to apply for space in a nursery school; nevertheless, children of employed parents and student parents are given priority. The amendment later went through several rounds of further modifications when the Act entered into force in November 2018.

In early November 2017, a representative of the government for Roma communities initiated a proposal to increase the period of compulsory pre-primary education in Slovakia, which according to the first news reports could be supported by the Ministry of Education (SME 2017c). This is in line with a proposal in the reform document 'Learning Slovakia' (Burjan *et al.* 2017), which also includes a chapter on pre-primary education.

4.1 Wages and employment

Employment in public kindergartens increased from 13 784 in 2012 to 14 975 teachers in 2017. In 2012, feminisation in the sector reached 100%: no male teachers were employed in pre-primary education (OECD 2015). This trend continued after 2016 (CVTI 2017b). One factor contributing to feminisation of the sector is teachers' low wages. In 2017, the average wage of a teacher in kindergarten was below the national average by more than a hundred euros (€878 vs. €954). The situation is even worse for teachers in richer regions such as the capital city Bratislava, where the average wage was approximately €1 300 in 2017. Similarly, in primary education wages are set by the government that specifies wage tariffs for the public sector.

4.2 Industrial relations in pre-primary education

At a higher level, pre-primary education falls under the IR structures of the whole education sector. However, not all three trade unions have members from pre-school establishments, but the exact information is scarce. The organisational structure of OZPŠaV has three sub-sections (trade union bodies), an association of primary schools, association of secondary schools, and an association of tertiary level schools. Nevertheless, the issues of pre-primary education fall into the category of primary schools, and the association of primary schools has a separate sub-section representing pedagogical employees in pre-primary education. At the establishment level, collective bargaining takes place between the representatives of trade unions in education and the employer, in this case, kindergarten directors.

4.3 Role of industrial relations in shaping the sector

Increased demand for childcare facilities on the one hand, coupled with post-crisis austerity measures in local government on the other hand, increased pressures for changes in childcare provision and working conditions therein. Since workers in pre-

primary childcare are reasonably unionised, we expect IR to play an important role in shaping this subsector.

The most salient issue in pre-primary education is the system's financing structure and generally low wages. The second challenge relates to insufficient capacities for child placement and no guarantee of places for children. Third, transparency of the pre-primary education system is contested especially when related to the selection procedures of accepted children. The financial crisis did not significantly reverse these challenges in the sector; instead, the challenges became more visible due to the growing demand for childcare facilities and therefore the growing discrepancy between demand and childcare placements available.

Funding of public pre-primary education is the responsibility of municipalities who are their founders. Only schools and facilities that are part of the official network of schools can receive public funding. Although all state kindergartens are automatically in the system, private and church-operated kindergartens can ask to be part of the school network. In turn, non-state childcare facilities are entitled to receive a state contribution covering 88% of the costs per child, whereas the costs of publicly owned facilities are fully covered. But even when they pass the obligations necessary to be part of the network, the municipality needs to approve it. Thus, the role of municipalities is central in shaping market competition in preschool facilities. The Alliance of Private Kindergartens (Aliancia súkromných škôlok) criticises the high degree of discretion the municipalities have over private service providers and claim that the increase in capacity for children in kindergartens directly depends on the personal interest of a mayor. The Alliance further argues that municipalities, which are also founders of public kindergartens, may be afraid of increased competition or an additional financing burden. Anecdotal evidence shows instances of private kindergartens that asked to join the state network but were refused by municipal representatives (LOCG2).

Low wages, similarly to the situation in primary education, do not motivate new teachers to join the sector and perpetuate the preponderance of female employees. A representative of the Alliance of Private Kindergartens claims that employee qualification requirements in pre-primary education is also questionable: 'In Slovakia, we do not have a special subject that is taught at a secondary school or at university, which determines who is qualified to care for children up to three years' (Učiteľské noviny 2017: 3).

The second issue relating to funding is the issue of insufficient capacities for children. Some Slovak MPs propose a placement guarantee for children from 3 years of age and an obligation to establish and finance new facilities. Similarly, NŠO calls for a legal stipulation of the minimum age for the child to be admitted to nursery school (3 years old).

Social partners do not engage in the above-mentioned discussions equally. Trade unions mostly address issues of low wages for pedagogical employees in kindergartens, however, based on nationwide public discussions and media coverage, pre-primary education and wage rises applicable for this category of workers are not their priority.

The proposed memorandum on wage increases in education rejected by OZPŠaV representatives included the 6% wage increase for pedagogical employees in pre-primary education too. Nevertheless, wage increases in pre-primary education are often dependent on the outcomes of bilateral meetings between the Ministry of Education and the municipalities grouped together in ZMOS.

Municipalities as employers in pre-primary education play a crucial role in shaping the sector, since they are directly responsible for the funding. ZMOS claims that allocation of finances for any wage increase agreed in the middle of the year is very problematic (SME 2017b). As a result, ZMOS has negotiated a transfer of several facilities in pre-primary education back under state funding with the Ministry (transferred competences of the state). Although active around questions of funding, ZMOS do not specifically address other issues in pre-primary education. To illustrate this, in the document from 2013 that summarised the conclusions and outcomes of the ZMOS programme conference on education, no reference to pre-primary education is found.

Lastly, pre-primary education suffers from lower transparency in the child acceptance decision-making process, which is even more salient in recent years as the number of unsuccessful applications has risen. Kindergarten directors have the right to accept children without any justification besides the basic requirements stipulating what children need to know before enrolment, since there are no criteria defined (LOCG 3).

4.4 Impact on the quality of services and working conditions

Pre-primary education lacks any quality measurement. Currently parents choose facilities for their children based on their proximity to school (location) or by word of mouth recommendations. As a first step, some politicians want to oblige kindergartens to publish their educational programmes on their webpages and thus increase available information for parents (LOCG2).

In 2012, the Ministry of Education published the OECD report ‘Quality Matters in Early Childhood Education and Care: SLOVAK REPUBLIC 2012’ which should serve as a ‘quick guideline’ for the quality of pre-school education and specifies five policy tools to support quality education. According to the report, children with good foundations for learning gained in early childhood have better results in their later lives (OECD 2012).

The reform document ‘Learning Slovakia’ highlights the workforce as an important variable contributing to the high quality of pre-primary education in Slovakia: ‘In general, we can say that thanks to the energy and personal engagement of workers and nursery staff, despite the significant system imperfections, the quality of many of them are high.’ (Burjan *et al.* 2017).

Nevertheless, pre-primary education in 2017 lacks comparable outcomes or rankings like those published for primary education in Slovakia.

5. Hospitals

This section evaluates the role of IR actors in shaping the key reforms and the quality of public services in the hospital sector. Because our research over the past decade has focused extensively on Slovak healthcare reforms and IR, this section draws widely on data collected and interviews conducted for earlier projects and analysed within our earlier publications (e.g., Kaminska and Kahancová 2017 and 2011; Kahancová and Martišková 2016; Kahancová and Szabó 2015; Kahancová and Sedláková 2015; Kahancová 2013; Eurofound 2011a).

The hospital sector has received extensive attention for the past 15 years in Slovak policy and media coverage due to high hospital debts and attempts to reform the system of hospital care and its financing. The majority of inpatient care is publicly provided. While private providers play an increasingly important role, a wide-scale material privatisation of hospital ownership did not occur in Slovakia. The most important reform shaping hospital developments has been the formal privatisation, or corporatisation, of 59 small and medium-sized hospitals in 2003. Corporatisation means that the ownership of these hospitals was transferred from central to local governments, while large university/faculty hospitals and specialised medical institutes remained under direct state control (Kahancová and Szabó 2015). In turn, corporatised hospitals were expected to behave like market actors and compete for patients, while state-operated hospitals enjoyed privileged access to public funding. This dualisation of the hospital system led to growing discrepancies in budgetary constraints, wages and concessions in working conditions between corporatised and state-run hospitals and a huge accumulation of debt in state-run hospitals (*ibid.*). Further corporatisation efforts were suspended before the 2006 elections, but were again introduced after the 2010 change of government, aiming at an effective hospital management under conditions that would apply to all shareholder companies in the whole economy. This time IR played a major role, when militant action by the medical doctors' trade union brought corporatisation to a halt in late 2011.

The impact of the dualised hospital structure on working conditions and IR became obvious through the processes discussed below (Kahancová 2011). First, the discrepancy of health service wages and working conditions deepened between large public hospitals operated by the state on the one hand, and smaller corporatised hospitals operated by local governments and private investors on the other hand. Second, differences in the scope of wage bargaining between the two types of establishments deepened, especially after reforms excluded hospital workers from public sector pay scales. Third, smaller corporatised hospitals faced a shortage of workers due to their migration to better paying employers (large state hospitals) and abroad. Finally, smaller corporatised hospitals experienced labour shortages because of their larger budgetary constraints compared to large state-run hospitals. In 2016 legislative attempts to introduce a unitary wage regulation for healthcare workers regardless of the hospital type partially helped to even out the discrepancies in wages and working conditions in the dualised hospital structure, but failed to fully eliminate discrimination and the embedded separate bargaining system for state hospitals and corporatised hospitals.

5.1 Wages and employment in hospitals

Despite the above reforms, the crisis did not have a significant effect on hospital employment. This is because austerity measures included wage freezes and employment growth instead of employment cuts (Kahancová and Martišková 2016: 279).

Since 1991, three important trends in wage developments can be observed. First, the majority of employees lost their public servant status and wage-setting policies were no longer connected to the wage tariffs for public service negotiated at the national tripartite council. The second relevant development shows that average wage levels in hospitals were increasing. Finally, the third trend is that the average wage in hospitals was increasing faster than the average wage in the Slovak economy in general (ibid.). Hospital wage increases were often accelerated by the action of employees and trade unions over their dissatisfaction with existing wage levels. For example, the trade union federation of medical doctors (LOZ)'s 2011 campaign yielded gradual but significant wage increases for hospital doctors regardless of hospital ownership. In 2012, a new legislative wage regulation for nurses was introduced, and although it was reversed in the same year, our informants maintained that most hospitals did not take away the wage increases already granted to nurses in the first half of 2012. This again translated into an increased average wage.

Wage increases affected each occupational group and each type of hospital in the dual structure differently. The largest group is nurses (15 900 nurses working in hospitals in the first quarter of 2017), followed by medical doctors (7 064 doctors) and the medical orderly group (3 303 workers). Large state-run hospitals enjoyed easier access to public finances and state bailouts in case of debt. In contrast, smaller, so-called 'regional' hospitals had to behave like market actors and avoid accumulating debt. This duality also translated into wage setting. Wages in state-run hospitals were and continue to be higher than in regional hospitals; however, over the past five years wages in regional hospitals in some cases are catching up with wages in state-run hospitals. This derives from the shortage of healthcare professionals and the market-oriented behaviour of the new private hospital operators.

The distinction of occupational groups and the dualised hospital structure also predetermines the hospital sector's IR and the existing wage-setting mechanisms. Currently, some employees' wages are subject to collective bargaining based on the Labour Code, the wages of some occupational groups (i.e. medical doctors) are legislatively guaranteed, and the wages of other occupational groups (i.e. technical and other non-medical hospital staff) are subsumed under wage regulations in public services. The structure of IR actors has played an important role in shaping these mechanisms.

5.2 Industrial relations in hospitals

Social dialogue at sectoral and national levels addresses the systemic and strategic challenges facing the healthcare sector, as well as the social consequences of legislative

developments for healthcare employees. Collective bargaining has been firmly established at both single and multi-employer (sectoral) levels. Issues of pay, working conditions, career development, gender equality, and health and safety at the workplace are exclusively addressed in single-employer and multi-employer collective bargaining but not in tripartite social dialogue at the sectoral and national levels.

The healthcare sector and the hospital subsector are well organised on the side of both employers and employees, although fragmentation has occurred among both employers' organisations and trade unions. After stabilising the structure of employers' associations separately for state-run and regional hospitals, ruptures started to emerge on the employees' side. The reasons behind these ruptures resulted from dissatisfaction of particular occupational groups with the work of existing trade unions. SOZZaSS is the largest trade union and claims to represent all occupational groups. Medical doctors established their own trade union LOZ in 1996 (SME 1996). Although there is little co-operation between SOZZaSS and LOZ in some bargaining rounds, they became firmly established and important players in representing health workers in Slovakia. In 2012, a third trade union emerged – OZSaPA – organising nurses and midwives who felt misrepresented by SOZZaSS (TASR 2012). Since its emergence, OZSaPA's relationship to SOZZaSS is openly antagonistic but co-operative with LOZ and vice versa. LOZ often expresses support for the activities of OZSaPA and vice versa, but the campaigns and actions of these unions remain separate.⁴ OZSaPA presents itself as a 'modern' trade union and in October 2018 joined a newly established trade union confederation, Spoločné odbory Slovenska (SOS).⁵

While SOZZaSS, LOZ and OZSaPA in principle agree to focus their efforts on harmonising working conditions and equal pay for equal work along with addressing staff shortages and high levels of overtime, their strategies to reach these goals differ considerably. SOZZaSS traditionally acts through established bargaining channels and national tripartism, while the other two unions engage in more militant action including public protests, resignation campaigns, political lobbying and direct negotiations with the government and parliamentary fractions.

5.3 Role of social partners in shaping the healthcare sector

The most important challenges which social partners attempt to tackle include, first, the changes to the dualised hospital structure; and second, wages and wage regulations. Apart from tripartite social dialogue, multi-employer and single-employer bargaining, the trade unions also increasingly attempt to address the above issues via action in the public space including campaigns, protests, and media debates.

Each union developed distinct forms of influence, with SOZZaSS preferring to stay committed to established bargaining channels and seeking political support, while LOZ

4. Source: websites of LOZ (<http://www.loz.sk/>) and OZSaPA (<http://www.ozsapa.sk/>).

5. Source: Pravda (2018): <https://spravy.pravda.sk/ekonomika/clanok/489153-vznika-nova-odborova-centrala-zdruzi-sestry-ucitelov-policiajov-i-volkswagen/> [accessed October 28, 2018].

has been more militant, organising public protests, openly criticising the healthcare system and corruption therein. LOZ's action peaked in 2011 when it organised a doctors' resignation campaign. This campaign put the provision of healthcare services (predominantly in hospitals) in danger and forced the government of Iveta Radičová to accept doctors' demands for wage increases via legal regulation instead of collective agreements, and to comply with LOZ's condition of not implementing the second wave of hospital corporatisation (c.f. Kahancová and Szabó 2015).

5.3.1 Hospital structure

Inspired by the Czech union of medical doctors, LOZ organised a successful doctors' resignation campaign in late 2011 in which about 2 400 of the 6 000 hospital doctors committed themselves to resigning from their jobs if union demands were not met by the centre-right government (Aktuality 2014). Among the central demands were wage increases (to exceed the average wage in the economy by up to 2.3 times in the two-year period after 2012) and a halt to corporatisation of large state-operated university hospitals. Facing the threat of a collapsing hospital system with huge shortages of doctors, the government agreed to gradual wage increases and stopped the corporatisation process. Corporatisation efforts were not revived after this initiative, and the hospital structure still features duality. However, some convergence in working conditions has been observed, especially in wage regulation. Recently the government has been considering a bailout for the corporatised hospitals, which would represent a significant change to hospital management, with an impact on the scope and quality of service provided and working conditions in these hospitals.

5.3.2 Wages and wage regulations

Although being crowded out to some extent by legislation, collective bargaining still plays a key role for Slovak hospitals. Hospitals developed their own independent bargaining system after the 2006 reforms. Between 2006 and 2011, wages in hospitals were determined through single-employer and multi-employer bargaining, taking place separately for large state-operated hospitals and for smaller 'regional' hospitals in the hands of local government or private companies running selected regional hospitals.

The diversity in wage-setting mechanisms has motivated social partners to increasingly push for a unified wage regulation for all healthcare employees via legal regulation, regardless of medical specialisation, function, or hospital ownership type. Since 2011, wage setting for particular occupational groups has been affected, firstly by the 2011 medical doctors' campaign for legally guaranteed wage levels, yielding significant wage increases via legal regulation. In 2012, OZSaPA did succeed in introducing legal regulation of nurses' wages, but a Constitutional Court ruling repealed the Act on Nurses' Remuneration in the same year. Nurses fought for a revival of legislative stipulation of wages for all healthcare professions.

In the context of trade unions' efforts to return to pre-2006 wage-setting mechanisms for hospital workers, after 2012 trade unions engaged in more intensive action to push

for legal regulation of wages for all healthcare personnel. Legislation was passed in 2015, but faced strong criticism from trade unions (especially the smaller and more militant occupation-specific unions LOZ and OZSaPA). After the ministry's refusal to renegotiate the act, OZSaPA, with support of LOZ (but not SOZZaSS), launched its own resignation campaign. Initially over 1 000 nurses (2.3% of all nurses in Slovakia) participated, which caused shortages and reorganisations in some hospitals. In late January 2016, the Minister for Healthcare declared that over half of the nurses had rescinded their resignations (PRAVDA 2015). While OZSaPA and SKSaPA continued to demand legislative changes and kept motivating nurses to join the resignation campaign, the critical mass of resignations was not reached and the attempt to change the remuneration system through legislation failed (Kaminska and Kahancová 2017).

Despite that, the general trend towards supporting wage setting through legal regulation instead of collective bargaining persists. While the government initially wanted to apply the legal regulation on wages only in state-run hospitals, after harsh critique and pressure from social partners the regulation now applies to all hospitals.

Employers in principle agree on a single piece of legislation that would specify remuneration for particular occupational groups regardless of hospital ownership. However, ANS (Association of Hospitals of Slovakia, *Asociácia nemocníc Slovenska*) members call for equal access to financing in order to have an adequate budget at the hospitals' disposal for wage increases. Otherwise such hospitals face increased budget constraints, such as in the case of post-2011 legally guaranteed doctors' wage increases, which were not coupled to higher income for regional hospitals.

In sum, while social partners have been very active in pushing for higher wages, their mode of action demonstrates a significant turn away from collective bargaining towards legal solutions. Kahancová (2017) argues that this shift in strategy undermines the institution of collective bargaining, because the wages of the largest and most powerful occupational groups of hospital employees are no longer subject to collective bargaining. It remains to be seen what this change in strategy means for the future of bargaining and for working conditions in hospitals. In particular, it will be interesting to observe whether the decade of ruptures in the dualised hospital system, including wage discrepancies, staff shortages and migration, will come to an end thanks to the above-mentioned legislative solutions.

5.4 Quality of services and working conditions

The quality of working conditions and even more of service provision in healthcare remains an issue that has received attention from the media as well as policy-makers, trade unions, NGOs and activists striving for improvement of public services. These debates occurred while hospital reforms were implemented and growing labour shortages of hospital workers became more prominent. Shortages first concerned medical doctors, especially in the years immediately before and after Slovakia's entry into the EU, because of work-related migration to Western Europe (Kaminska and Kahancová 2011). In recent years, labour shortages have shifted towards other types of

healthcare professionals, most notably nurses and midwives. Many skilled healthcare professionals choose to work in domestic care services in neighbouring Austria and other Western countries instead of remaining in Slovakia.⁶

Although research establishing a direct relationship between the above trends and the quality of working conditions and the quality of healthcare services does not exist, it can be assumed that shortages of skilled medical staff are linked to mediocre working conditions and pay, derived on the one hand from the long-term state of Slovak hospitals and on the other hand from recent reforms and the austerity measures adopted in the post-crisis years. As a result, only 54% of citizens in Slovakia expressed confidence in/satisfaction with the healthcare system in 2016, compared to a 70% OECD average in the same year (OECD 2017).⁷

Earlier studies extensively evaluating the quality of working conditions in the hospital sector are not available; therefore, our evaluation is based on (a) hospital rankings regularly published by the NGO Institute for Economic and Social Reforms, INEKO (Inštitút pre ekonomické a sociálne reformy), (b) our earlier research on working conditions in Slovak hospitals and (c) the agenda of social partners, most notably trade unions, in the healthcare sector.

5.4.1 Impact of reforms on healthcare quality

An important element in assessing the quality of healthcare services in Slovak hospitals is the pressure from non-governmental organisations demanding quality improvements (see Kahancová and Sedláková 2015). The most visible endeavour is the annual hospital ranking by the Slovak NGO INEKO, motivated by the organisation's effort to increase societal pressure for better quality healthcare: 'Through providing objective evidence we aim to draw the attention of the public to the discussion about quality and effectiveness of healthcare provision. When individuals possess better evidence, they are able to make informed decisions and develop more effective pressure to improve the quality of public services.'⁸ (INEKO 2017a).

INEKO's comparative ranking is based on over 60 variables across 150 hospitals (INEKO 2014). Variables include patient satisfaction, statistics on treatment and mortality, and transparency in finances and fiscal discipline. One of the indicators is the number of fines imposed by the Healthcare Surveillance Authority for incorrect provision of healthcare services. This online tool enables the monitoring of improvements in particular hospitals over several years and across hospitals. Press releases based on the ranking highlight where improvements in particular hospitals have been achieved and for which indicators hospitals received a low score.

6. Source: several interviews with the President of the Trade Union of Nurses and Midwives (OZSaPA) within earlier projects BARSORIS, PRECARIR, New Challenges in Public Services.

7. Gallup World Poll in OECD Government at Glance 2017 Country factsheet Slovak Republic.

8. Authors' own translation.

Another indicator that can be used for the evaluation of the quality of services and improvements is the number of patient claims addressed to the Healthcare Surveillance Authority and the way the authority has solved these claims. Evidence shows that patients increasingly contacted the Healthcare Surveillance Authority with requests and complaints related to their particular hospital experience (Kahancová and Sedláková 2015). The number of claims related to the adequate/correct provision of healthcare services are also on the rise, as well as the number of cases that the Authority found to be justified. This governance tool has both a motivating and a punitive effect. While it serves as a motivating factor for hospitals to improve their services and satisfy their patients, at the same time the Authority has the right to fine a hospital for incorrect or inadequate service provision.

In sum, while causality between reforms and the quality of hospital services cannot be established, the above evidence shows that despite pressures to adopt austerity measures and improve the financial health and governance of hospitals, there is also increasing pressure to improve the quality of services provided. This occurs through several governance forms. While all actors (the government, patient organisations, NGOs, health insurance companies) involved in monitoring service provision express the same aim of better healthcare, few initiatives allow the monitoring of actual improvements. The most notable ones include INEKO's hospital ranking initiative and the overview of service provision in favour of the patient by the state-run Healthcare Surveillance Authority.

5.4.2 Impact of reforms on working conditions

As noted in earlier sections, the most important effect of hospital reforms was dualisation, with large state-run hospitals able to enjoy a state bailout while smaller regional hospitals lacked that option. This translated into differentiated bargaining capacities of the two types of hospitals, and into opportunities for trade unions to negotiate higher wages in the state-run hospitals. The outcome of this process is also notable in wage differentiation. While employees in corporatised hospitals had to accept wage moderation, non-corporatised hospitals were more open to bargaining concessions for the benefit of workers (c.f. Kahancová and Szabó 2015).

The same finding is valid for particular occupational groups: doctors, nurses and non-medical staff in non-corporatised hospitals enjoyed higher bargaining power and managed to negotiate higher wage increases than their colleagues in corporatised hospitals. Convergence between the two hospital types and between occupational groups is now slowly progressing only since 2016 when a new legal regulation harmonised remuneration across all types of hospitals.

6. Comparison

In this section we compare the trends in post-crisis IR in our selected subsectors of education (primary and secondary education), healthcare (hospitals) and local government (childcare facilities). What are the drivers of similarities and differences

between the three subsectors? We provide a comparison from the perspective of actors, or in other words, the perceptions and actions of social partners that facilitated or contributed to the studied trends. This comparison serves as the basis for formulating more overarching trends and our key findings in the concluding section of this chapter.

6.1 Social partners' attitudes towards reforms

Social partners in the public sector were engaged in tracking the long-term trajectory of reforms, and in some cases shaping them. Some of these reforms were induced by the crisis, while others were part of a longer strategic transformation of public service provision and were affected by post-crisis austerity. Unions and employers across all three studied subsectors voiced their criticisms of the reforms (see table 1). While in education and local government unions predominantly criticised the lack of transparency in financing and the lack of a systematic approach to improving the quality of education, in healthcare unions were concerned with hospital workers' loss of public servant status, which had direct consequences for their working conditions.

Table 1 Social partners' views on reforms

Education	Hospitals	Local government (pre-primary education)
Trade unions		
<p>Criticise reforms:</p> <p>Lack of transparency in financing, indicators of school quality, reforms' focus on quantity (higher no. of students) at the cost of quality</p> <p>Learning Slovakia: some good proposals but lack of funding and implementation methods</p>	<p>Criticise reforms:</p> <p>Loss of public servant status for healthcare employees</p> <p>New unions criticise lack of access to social dialogue and bargaining</p> <p>Union campaign helped to stop hospital corporatisation/privatisation (2011)</p> <p>Union fragmentation undermines bargaining, shift towards legal regulation (union-supported)</p>	<p>Criticise reforms:</p> <p>Lack of transparency in financing the public sector and powers of municipalities</p>
Employers		
<p>Strongly oppose direct financial autonomy of schools (shared aim with ZMOS in local government)</p> <p>Learning Slovakia: some good proposals but lack of funding and implementation methods</p>	<p>Corporatised hospitals criticise their restricted access to public finances</p> <p>General effect: better quality of specified healthcare services, motivation of hospitals to improve efficiency, focus only on selected services</p>	<p>Alliance of Private Kindergartens: criticises power asymmetry of municipalities regarding public funding</p> <p>MP initiatives to guarantee a spot for every child and publish educational programmes for more transparency</p> <p>Centralisation efforts: transfer of selected competences from local to central government</p>

Source: Authors' elaboration.

Furthermore, while education unions voiced their criticisms of new reform proposals in traditional ways via negotiation and social dialogue, and mobilised for strikes only in relation to wages, healthcare unions played a central role in stopping the second wave of hospital corporatisation in 2011.

On the side of employers, criticism targeted mainly the system for allocating public funds across all studied subsectors. While the reforms induced financial autonomy of schools, sparking employer criticism, hospitals that were exposed to the first wave of corporatisation in the 2000s fought for better access to centrally allocated public resources, which were preferentially distributed to large state-run hospitals.

The impact of these responses on the quality of services provided is difficult to evaluate. Based on presented evidence, we argue that in education the social partners' actions did not yield direct improvements in the quality of services. Education reforms are challenging to implement and their effects will become detectable only in the long run. Moreover, Slovakia has been facing frequent changes in the Ministry of Education itself, which slowed down the introduction of an overarching long-term reform strategy. The national reform strategy 'Učiace sa Slovensko' (Learning Slovakia) attempts to offer an all-encompassing strategic view. However, its effects, just like the expected effects of an alternative reform proposal 'To dá rozum' (Learning Makes Sense) elaborated by an NGO MESA10, will take years to evaluate.

In healthcare, improved quality of services cannot be directly ascribed to the actions of social partners. It was the corporatisation reform that aimed to push hospitals into greater efficiency and higher quality of services. At the same time, the debt of non-corporatised state hospitals continues to increase and a possible bailout is a political decision resulting from heated debates during each governmental term.

A particular field of interest for us is social partners' strategies and actions related to wage rises and wage regulations. The dual structure of pay setting regulations, including legal regulation and collective bargaining, but also the discrepancies between centralised and decentralised allocation of public funds to the school system and unequal access of state vs. regional hospitals to public funding, has been subject to heated debates and caused tensions between trade unions, employers and the government. Particularly on the side of trade unions, disagreements produced fragmentation in the public sector union structure with further consequences for IR procedures.

Social partners' attitudes related to wages are summarised in table 2. We can summarise the presented evidence thus: First, union fragmentation facilitated divergence in union strategies: after several years of wage moderation with meagre wage increases due to post-crisis austerity, 'new' unions were more prone to mobilisation and protest actions, organising strikes and demonstrations instead of the peaceful collective bargaining preferred by 'old' unions. Second, fragmentation in actors' structures facilitated fragmentation in wage regulations. For example, the 2017 collective agreement proposal in education stipulates wage rises only for non-pedagogical employees. Third, as social partners increasingly focused on legal regulation of remuneration instead of regulation via collective bargaining, legal regulation has been crowding out public sector wage bargaining. Fourth, since legislatively stipulated wage rises were also selective for particular occupational groups, trade unions have returned to their previous position of supporting a unification of public sector pay regulations. In healthcare, a unifying regulation was introduced in 2016, while in education tensions persist and have also permeated into collective bargaining. Finally, convergence of

employers' strategies is not as strong as on the side of the trade unions. In education and local government, employers opposed the financial autonomy of schools and prefer a centralisation of competences, with implications for the wage system. In contrast, in healthcare, large state hospitals benefit from a central allocation of resources (which translates for example into more bargaining concessions and higher wage rises) while smaller regional hospitals find a unified remuneration system challenging and difficult to comply with given their market-like functioning after corporatisation in the mid-2000s.

Table 2 Social partners' strategies related to wage regulation

Education	Hospitals	Local government (pre-primary education)
Trade unions		
Prefer more financial autonomy for schools Call for at least 6% of GDP allocated to education Very vocal in wage claims via bargaining, protests, strikes, demonstrations Result: over 10 waves of wage increases between 2003 – 2017	Early post-crisis years: prioritised bargaining and utilised higher bargaining power in non-corporatised hospitals to achieve wage increases Recent post-crisis years: prioritised legislative wage regulation through strikes, protests, campaigns	Share the goals of unions in the education sector Weak bargaining power, no separate institutions just sub-sections of education unions Only partly benefit from wage increases (not all wage increases covered pre-primary education)
Employers		
Strongly oppose direct financial autonomy of schools Memorandum on no striking in exchange for wage increase Support changes in the tariff financing (relevant especially for non-pedagogical employees)	Large non-corporatised hospitals: benefit from state bailout – more bargaining concessions, higher wages Smaller hospitals: legal unification of remuneration challenging; lobby for higher budget to cover wage increases	ZMOS: negotiates with the ministry a transfer of some competences from local to central government – possible impact on wage system but less on wage levels

Source: Authors' elaboration.

6.2 Crisis effects on public sector industrial relations

Social partners' responses to reform efforts also had implications for public sector IR in general. Indirectly we can thus summarise how the crisis affected three core elements in public sector IR: (a) collective bargaining and collective agreements, (b) IR actors, and (c) quality of public services.

6.2.1 Collective bargaining and collective agreements

While crisis-induced wage freezes did not undermine the continuity of sectoral bargaining for public service and for the civil service, the bulk of wage regulation is moving into the terrain of legislation. We have documented these efforts across education, healthcare and local government. They are initiated and supported equally by trade unions and employers in the aforementioned public sector domains. The preference of actors for legal solutions thus raises a question about the sustainability

and role of public sector collective bargaining. This trend raises concerns about competition between bargaining and legal regulation as a regulatory mechanism for determining working conditions. In other words, legal solutions are gradually crowding out the role of bargaining.

In addition, further procedural changes to bargaining practices apply. Collective agreements are no longer renegotiated annually. This is because the involved actors found it increasingly difficult to reach an agreement under austerity conditions. The validity of agreements is extended until a new agreement or an amendment to the last agreement is signed. Post-crisis austerity measures have also undermined trust between social partners and thereby contribute to a lack of shared interests, which materialises in longer and more arduous bargaining rounds. As social partners find it increasingly difficult to reach an agreement, it is often the case that collective agreements are concluded through a mediator, especially in healthcare (Kahancová and Martišková 2016: 287).

6.2.2 Industrial relations actors

The crisis accelerated the fragmentation of public sector actors. Two trends observed both across education and healthcare are noteworthy. First, wage freezes in the post-crisis years sparked dissatisfaction from some occupational groups with the bargaining strategies of the established trade unions. In turn, Slovakia witnessed the emergence of new trade unions in both education and healthcare (NŠO in education and OZSaPA in healthcare). Second, besides the new trade unions, we documented the emergence/involvement of non-union actors (ISU in education and SKSaPA in healthcare) in union activities, which had a direct impact on wage bargaining, working conditions in schools and hospitals and the legal regulation of wages. The strategy of these new actors differed from the established unions: so-called ‘new’ or ‘modern’ unions increasingly use the public space for voicing their demands instead of collective bargaining (Kahancová 2015).

6.2.3 Quality of services

As already mentioned, a direct impact of the crisis on the quality of public services is difficult to establish. While restructuring in healthcare aimed at a more efficient functioning of hospitals, it is unclear from current research whether this had positive consequences for the quality of services. Improvements in the quality of services that are channelled via higher wages and improved working conditions and thus a more dedicated staff providing public services can only be hypothesised. Existing measurements of the quality of services, including rankings of schools and hospitals regularly provided by the INEKO NGO do not establish a causal relationship between the crisis, changes/improvements in working conditions and changes/improvements in the quality of public services. Nevertheless, in education, INEKO points to a direct relationship between wage increases for teachers and the quality of education: ‘INEKO considers a major wage increase for teachers to be a necessary condition for increasing and maintaining the quality of our education. At the same time, it is necessary to maintain its effectiveness at the highest possible level and this is not possible without measuring output.’ (INEKO 2017b).

Other sources measuring the quality of public services focus mostly on outputs, such as student placements and hospital patient satisfaction, but do not directly seek to understand the relationship between improvements in working conditions and improvements in the quality of services.

7. Conclusions

Public sector IR are distinct because of the special role of the state as employer, extensive legal regulation of working conditions through public servant statuses and wage tariffs, and a relatively high trade union membership and bargaining coverage. This distinctiveness is intensified by the fact that IR were formed in the course of Slovakia's post-1989 transition to democracy and market economy. In the already turbulent decades of the 1990s and 2000s when many public sector reforms were introduced and the foundations of employment terms and IR were formed, the economic crisis served as an additional external factor to which the government and other public sector stakeholders have responded.

Presenting the main trends of public sector reforms in the post-crisis period, we have asked what role IR played in shaping these post-2008 trajectories. Through a more in-depth focus on education, local government and healthcare we studied how IR actors (trade unions and employers' organisations) have influenced particular reform processes and their implementation through social dialogue and other forms of collective action. Finally, we examined what impact the changes – facilitated by IR actors and processes – had on the quality of work and public services in general. Below we present our main conclusions via direct responses to the research questions formulated in this chapter's introduction.

7.1 What is the effect of the crisis on the public sector?

The crisis in Slovakia did not yield significant employment cuts, but austerity measures concentrated on wage freezes across various public sector domains (Kahancová and Martišková 2016: 293). Furthermore, the crisis did have an indirect effect on IR and working conditions as a result of restructuring central and local government since 2012 and hospitals since 2006. While wage freezes served as a short-term measure, organisational changes, including changing managerial practices which increased workloads (e.g. for nurses after reorganisation and for teachers required to participate in lifelong learning activities) have had a long-term effect on working conditions and also indirectly on the quality of public services (*ibid.*).

7.2 How did industrial relations influence post-reform public sector trajectories?

First, the crisis escalated conflicts and stimulated a *fragmentation of IR actors*, especially on the trade union side. In contrast, the structure of employers' associations remained stable after the crisis. As post-crisis austerity measures yielded wage moderation and wage freezes, some occupational groups in education and healthcare were increasingly dissatisfied with the bargaining strategies of existing unions. In turn, new actors that engaged in new strategies to voice their demands emerged and became active in the domain of IR. Second, due to their lacking access to established bargaining channels and their perception of bargaining as ineffective, the public sector witnessed heightened mobilisation from these new actors (both union and non-union actors) via protests, petitions and demonstrations. In turn, we have argued that the involved actors' strategies aiming at more influence *shifted from established bargaining channels to the public space*.

Third, despite the emergence of new actors and their new strategies, *multi-employer and single-employer collective bargaining structures remained stable*. Local government, especially pre-primary education, turned out to be the most decentralised subsector, while healthcare and education enjoy co-ordinated bargaining at the sector level. However, our fourth finding shows that the role of bargaining, the content of collective agreements and the enforcement of such agreements is declining in importance. Bargaining takes longer, actors find it more arduous and lack the political will to conclude new stipulations, especially concerning wages in the post-crisis austerity period. External forces, such as mediation, are increasingly turned to in order to conclude bargaining rounds.

Fourth, we have documented a general trend towards regulating working conditions via legislative solutions. Social partners have increasingly lobbied for wage regulations to be part of legal regulations and in fact have achieved such regulation in the case of doctors and later all healthcare personnel, as well as pedagogical and non-pedagogical staff in education. We argued that such a *focus on legislative solutions undermines the role of collective bargaining*.

Fifth, additional challenges to collective bargaining were introduced through the *trend of signing 'memoranda' between the government and public sector unions*. We argue that this new strategy in which the government pushes for memoranda endangers collective bargaining across the whole public sector. Specifically, it diminishes the power of trade unions to organise strikes and accurately reflect on positive economic developments in Slovakia, which allows for timely wage increases in the public sector unconstrained by the pre-set time frames specified in these memoranda.

7.3 What is the role of industrial relations in shaping the public sector?

We have documented that (a) the public sector underwent several major reforms in the course of 1990s and 2000s; and that (b) IR played a vital role in shaping the course of reforms especially since the crisis in 2008-2009.

Regarding the shape of public sector reforms, Kahancová and Martišková (2016) highlighted the continuous process of public sector reforms since 1991. Regarding the role of IR actors in these reform processes, we conclude that across all studied subsectors social partners actively voiced their criticisms of reform proposals as well as proposed legislative changes, which in most cases concerned wage regulations. In the case of hospital corporatisation, the doctors' trade union LOZ was the key actor that contributed to halting the entire reform through organising a doctors' resignation campaign in 2011. Since 2012, IR actors have been fighting for unified legislative regulation of wage claims for public sector workers across various domains of public services (e.g. in local government and healthcare). In 2017, unions in education harshly criticised the government's proposal to include wage increases only for non-pedagogical employees in the higher-level collective agreement. On the employers' side, we documented employers' efforts/support for reorganising selected competences between central and local government, and changes in the financial autonomy of schools. These examples show the vitality of public sector IR despite the challenges presented above and throughout the entire chapter.

Finally, regarding the effect of reform policies on the number and quality of jobs, we found that employment generally grew under post-crisis austerity. The government preferred to face crisis-induced challenges via wage moderation and wage freezes instead of employment cuts. At the same time, a direct relationship between reform efforts and changes in the quality of provided public services is difficult to establish. There is a general trend to push for improvements in the quality of services, and media regularly publish discussions about possible ways to improve the quality of healthcare and education. The public generally supports broader reforms, especially in education. Low wages in education and an ineffective education system failing to respond to current labour market needs are central issues in these debates. In healthcare, comparisons of patient satisfaction with hospital services, coupled with some objective data on hospital performance (e.g. size of particular departments, number of beds, etc.) generally enjoy public support and are presented as an adequate indicator of the quality of service provided. Furthermore, the existence of the Healthcare Surveillance Authority has indirectly contributed to improvements in hospital care, because patients do have and actually use the chance to file claims if not satisfied with particular services.

7.4 Final reflections on the role of the state for public sector developments

The overall public sector reform trajectory derived more from Slovakia's general democratisation, marketisation and decentralisation intended to improve efficiency than from the particular prerogatives of New Public Management (NPM). Despite that, some NPM elements are present in the Slovak case, especially in hospital corporatisation

with continued public ownership but facilitation of market behaviour (c.f. Kahancová and Szabó 2015). The crisis and post-crisis austerity did not directly influence hospital corporatisation; rather, this had already been a long-term strategy launched in the early 2000s. However, post-crisis austerity did influence the strategies of IR actors in healthcare and indirectly facilitated a shift away from collective bargaining in healthcare to more legal regulation.

How has the role of the state changed in the course of these reforms and in particular after the implementation of post-crisis reform efforts? Since the Slovak political landscape has featured a very strong social-democratic party SMER in government since 2006 (except 2010 – 2012), the state continues to play an important role in the economy and the public sector. In turn, the state has not been shedding responsibilities for public services, but has engaged in several attempts to improve their provision. This included more efficient services yielding higher satisfaction of service users and employees. Hospital corporatisation and school self-governance were introduced prior to SMER's seminal political victory. The social-democratic government did not attempt to introduce a major change of course in relation to these reforms, but instead engaged in small-scale and gradual efforts to return more powers and oversight of the public sector to the hands of the government. This includes support for the legal regulation of wages in healthcare (instead of decentralised wage setting and bargaining using the Labour Code as the key piece of legislation). The government recently also signed memoranda with social partners, which empower the government to take decisions over public sector regulations and effectively commits trade unions to supporting these proposals. As SMER is gradually losing electoral support, it remains to be seen whether the trend of the last 12 years is sustainable after the next change of government.

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All links were checked on 12.12.2019.

Appendix

Interviews conducted in education and local government

Interview code	Organisation	Type	Respondent function
EDU1	Initiative of Slovak Teachers (Iniciatíva slovenských učiteľov, ISU)	Professional association/ initiative	Representative 1
EDU1	Initiative of Slovak Teachers (Iniciatíva slovenských učiteľov, ISU)	Professional association/ initiative	Representative 2
EDU2	New Education Trade Unions (Nové školské odbory, NŠO)	Trade union	Member of trade union presidency
EDU3+LOCG1	Trade Union Federation of Workers in Education and Science (Odborový zväz pracovníkov školstva a vedy, OZPŠaV)	Trade union	Member of trade union presidency, section Primary Schools and trade union representative for the city district Ružinov
LOCG2	National Council of the Slovak Republic (Národná rada SR)	National government	Assistant to the Member of Parliament
LOCG3	Bratislava City District Municipality, District Ružinov (Miestny úrad Ružinov)	Local government	Representative 1, responsible for preschool childcare facilities
LOCG3	Bratislava City District Municipality, District Ružinov (Miestny úrad Ružinov)	Local government	Representative 2, responsible for preschool childcare facilities
LOCG3	Bratislava City District Municipality, District Ružinov (Miestny úrad Ružinov)	Local government	Representative 3, responsible for preschool childcare facilities