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## **New actors and new strategies after NPM reforms: coping with a trust crisis in collective bargaining across nine EU member states**

Benjamin Hopkins, Marta Kahancová, Mikkel Mailand and Sabina Stiller

New public management (NPM) reforms have accompanied developments in European public sectors since the 1980s. Processes of privatization, commercialization and marketization of public services, coupled with austerity policies induced by the post-2008 crisis, have fuelled changes in working conditions and responses of trade unions and employers thereto. Social partners increasingly address issues like wage restraint, wage gaps across various types of providers, and intensification of work. Against this background we ask how trade unions and employers have fared relative to each other, and, consequently, how have they responded to pressures fuelled by post-crisis changes in working conditions?

This paper addresses the above question by studying changes (from 2000 onwards) to the structure of industrial relations actors, their strategies, and the effects of their actions on established bargaining institutions in the hospital sector across 9 EU member states. To embrace the European diversity in industrial relations, our sample includes countries with diverse industrial relations backgrounds: Nordic organized corporatism (Denmark), Western liberal pluralism (the UK), Southern statism (France, Italy and Spain), Central-west social partnership (Germany and the Netherlands) and East-European embedded neoliberalism (Czechia and Slovakia).

Despite the diversity of mechanisms that industrial relations actors have at their disposal across various industrial relations systems, we identify several important points of convergence in their strategies. In particular, we argue that there is a trust-crisis between social partners in hospital collective bargaining across all 9 countries. The effect of this trust-crisis is that social partners increasingly seek to influence austerity-induced challenges outside of their established structures and domains of action.

With the exception of the Netherlands, there is a shift in the actors' structure. While in some countries the increasing role of new actors in post-crisis industrial relations has a potential to strengthen the role of bargaining (e.g., a shift to more 'pure' social partners' organizations in the case of Danish employers' federation in the hospital sector), in other countries the involvement of new actors rather raises challenges for the established bargaining processes (e.g., the role of a professional chamber partly taking over the role of trade unions in Slovakia) or opens up the bargaining domain to new non-state actors through coalition-building with established unions and employers' organizations (e.g., in Spain).

In terms of actors' strategies, we argue that an increasing re-politicisation of pay setting processes and an increase in industrial action in the post-crisis period represents a real disruption to a steady state of collective bargaining in the hospital sector. In five out of the 9 studied countries, mobilization and strikes as a mechanism for defending working conditions have gained prominence over negotiated change through collective bargaining.