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BARGAINING AND SOCIAL DIALOGUE AT THE PUBLIC SECTOR (BARSOP) COUNTRY STUDY: SLOVAKIA

MARCH 2018

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1. Introduction

This report examines the evolution and role of industrial relations in the public sector in Slovakia since 2000. However, when relevant for the analysis, we refer to the earlier periods of evolution of the public sector too. The report studies three sub-sectors of the public sector: primary education, hospitals and local government. In local government, we focus on the provision of childcare facilities. Provision of childcare at the local level is a relevant issue related to the population growth and work-related migration within the country. 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 industrial relations to play an important role in shaping this subsector. The focus on childcare is further justified to enable a cross-country comparison with other countries researched within the BARSOP project.

In line with the aims and the work program of the BARSOP project, we aim to answer two main research questions:

1. ***How did industrial relations in the public sector evolve since the crisis?***
2. ***What is the role of industrial relations in shaping the public sector?***

The second research question is further divided into the three sub-questions:

2.1. What shape has public sector reform taken in the country in general and in the three sectors in particular?

2.2. To what extent and in what way have industrial relations actors (trade unions and employers and their organisations) influenced these reform processes, as well as their implementation, through collective bargaining, social dialogue, industrial action, lobbying, influencing public opinion, etc.?

2.3. What effect have reform policies had on the number and quality of jobs in the public sector?

We base our evidence on document and data analysis as well as on semi-structured interviews with policy makers at national level and social partners' representative at national, sector and local levels. Since the authors' earlier research extensively focused on industrial relations in public services, besides unique interviews conducted within the current project we also draw on the interview transcripts, analyses and findings of our earlier projects. For the list of interviews conducted within the current BARSOP project, see Annex I.

The report is structured as follows. In Section 1 we address the main developments, reforms and industrial relations in Slovakia's public sector. Sections 2 to 4 focus in greater detail on three sub-sectors. In particular, we present and analyse the main developments in industrial relations 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 summarizes the main findings, answers the research questions placed in the introduction and offers a general discussion on public sector industrial relations and the role of the state in public sector.

1.1. Public sector in Slovakia and its main reforms

The development of public sector in Slovakia started hand in hand with the economic and political transition after the Velvet Revolution in 1989. The following years of redefining and reforming the public sector are divided in the literature into four main periods (c.f. Kahancová and Martišková 2016). The first, democratisation and decentralization period (1990-1998) defined the new foundations of public sector. The second phase (1998-2002), a pre-accession period, was influenced by the adjustments driven by the need to comply with the EU regulations, mostly in terms of decentralisation and further modernisation of the sector by NPM principles. The third phase (2004-2009) started a period of intensive reforms, mostly in healthcare (corporatization) and education (self-government principles). The fourth, post-crisis phase (2009 onwards) introduced principles of efficiency in the sector. Reforms in central and local government started in early 1990s as a part of transition to democracy, however, in healthcare and education they were delayed to early 2000s and post-crisis years (Kahancová and Martišková 2016). The following table briefly summarized the developments and the main principles in the sector (see Table 1).

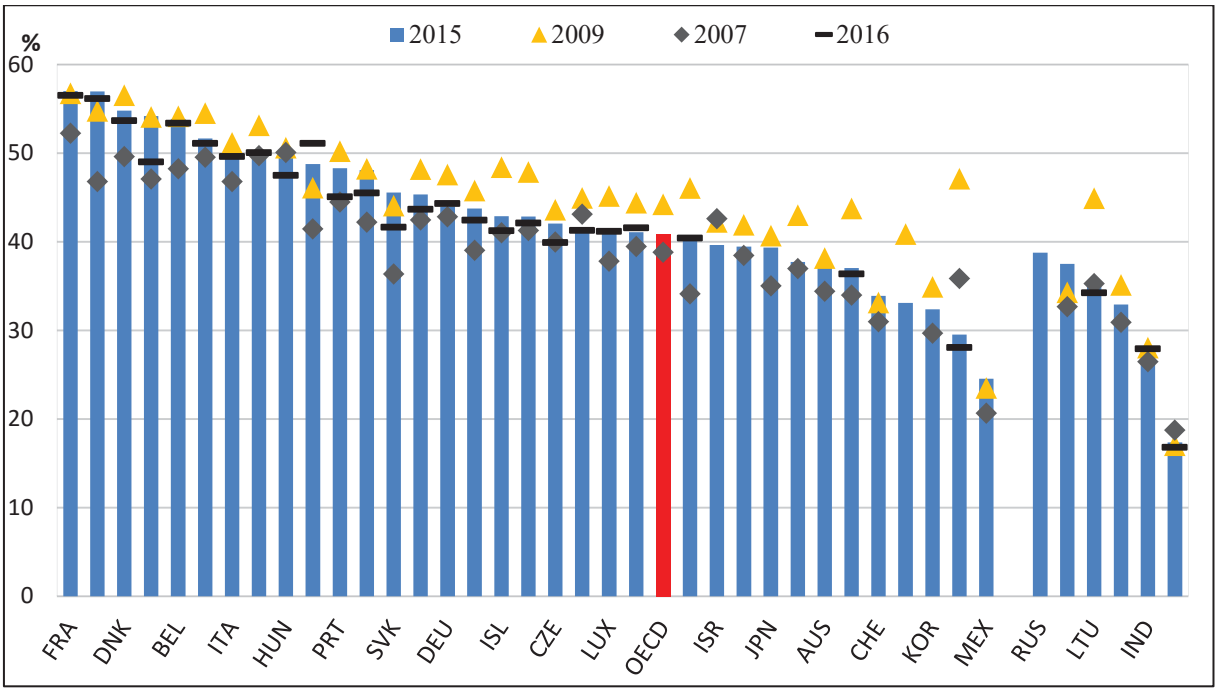
Table 1. Summary of key public sector reforms in Slovakia (1990-2017)

1990-1998	Decentralisation and depoliticization of central and local government (newly established self-governing municipalities; 79 new districts and 8 regions) in 1996, development of legislative structures, Decentralisation in education; Lack of financial resources and expert knowledge
1998-2002	Depoliticization and modernisation; further decentralisation (newly created 8 high territorial units in local government in 2002); dual system of public administration implemented but with some overlap in financing and management; Aim to increase transparency and effectiveness, professionalization of civil service;
2004-2009	Post-accession crisis and slowing down of reform process, limited return to politicization; Healthcare reforms based on corporatization, management decentralisation; Self-government strengthened in education (introduction of student councils in 2003);
Since 2009	Post-crisis period; efficiency principles as a result of public budget cuts;

Source: Kahancová and Martišková (2016); Jacko and Malíková (2013);

Government expenditures (as a percentage of GDP) in Slovakia remain fairly stable since 2009 and is above the OECD average. In 2016, general government expenditures decreased from 45.6 in 2015 to 41.6 per cent of GDP (see Figure 1 and Table 2). The general expenditure on health and education increased since year 2000 and in last five years remains stable, oscillating between 6.8 -7.2% of GDP spent on healthcare and 4.0 - 4.2% of GDP devoted to education (see Table 2).

Figure 1. General government expenditures as a percentage of GDP, 2007, 2009, 2015 and 2016



Source: OECD Government at a Glance 2017; OECD National Accounts Statistics (database).
Notes: Data for the other major economies of India and Indonesia are from the IMF Economic Outlook (April 2017). Data for Chile not available. Data for Turkey and are not included in the OECD average because of missing time series. Data for Costa Rica and Russia are for 2014 instead of 2015.
Information on data for Israel: http://dx.doi.org/10.1787/888932315602.

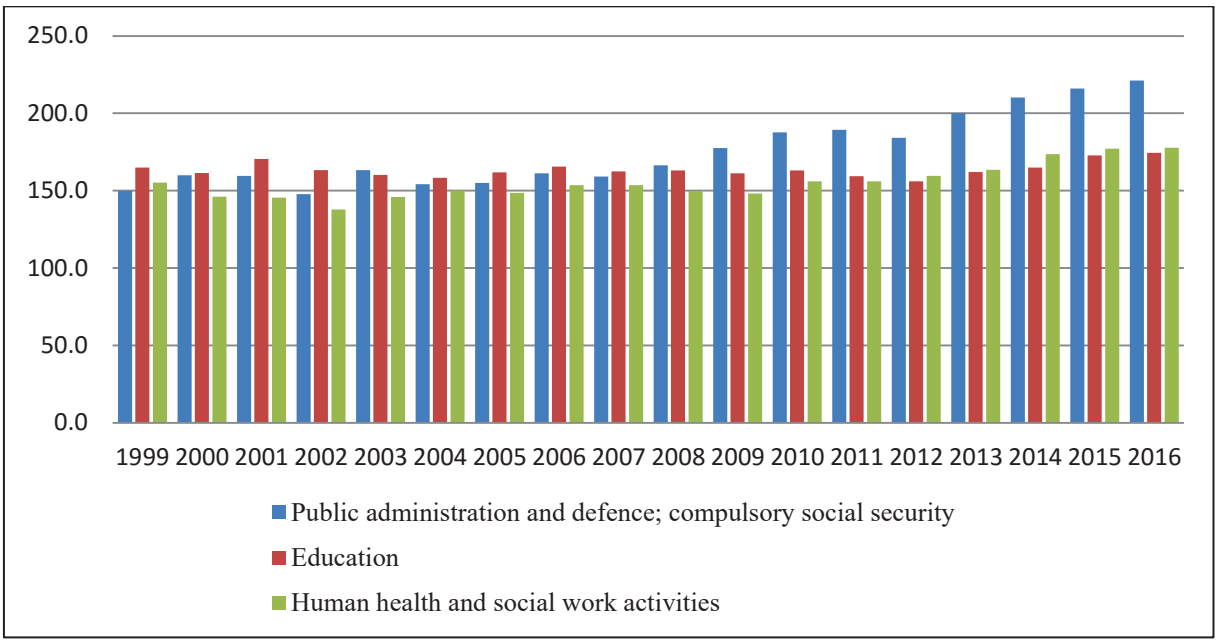
Table 2. General government expenditure by function (COFOG) in Slovakia, 2000-2015

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total % of GDP	52.0	44.4	45.1	39.9	37.8	39.8	38.8	36.3	36.9	44.1	42.1	40.8	40.6	41.4	42.0	45.6
General public services	11.2	7.6	7.8	6.0	5.4	5.2	5.2	4.5	4.4	5.9	4.9	4.9	4.9	5.4	5.5	6.5
Defence	1.3	1.3	1.3	0.9	0.8	0.8	0.9	0.8	0.8	0.9	0.9	0.9	0.9	0.9	0.9	1.1
Public order and safety	3.2	3.1	3.1	2.2	2.0	1.9	2.1	1.9	1.9	2.2	2.2	2.2	2.1	2.2	2.2	2.4
Economic affairs	9.9	6.8	6.7	5.0	4.7	4.8	4.9	4.3	4.8	5.7	4.9	4.7	4.6	4.7	4.9	6.3
Environ. protection	1.4	0.9	1.0	0.9	0.8	0.8	0.8	0.7	0.8	1.0	0.9	0.8	0.8	0.8	0.8	1.0
Housing and community amenities	1.1	0.6	0.8	0.7	0.6	0.8	0.7	0.7	0.7	0.9	0.9	0.8	0.7	0.6	0.6	0.8
Health	5.3	5.6	5.7	5.4	4.9	6.2	6.5	6.1	6.7	7.2	7.2	6.8	6.8	6.8	7.0	7.2
Recrea-tion, culture and religion	1.0	0.9	1.0	1.0	0.9	0.9	0.9	0.8	0.9	1.0	1.0	1.0	0.9	0.9	0.9	1.0
Education	3.5	3.4	3.3	4.2	3.6	3.8	3.9	3.5	3.5	4.2	4.2	4.1	4.1	4.0	4.1	4.2
Social protection	14.1	14.2	14.5	13.7	13.9	14.5	12.9	13.1	12.5	15.0	15.2	14.6	14.9	15.2	15.0	15.0

Source: Eurostat COFOG [gov_10a_exp], percentage of gross domestic product (GDP), latest update 24.04.2017

The total size of public sector employment in Slovakia remained stable in the studied time period and fluctuated around 21-22 per cent of the total employment in the economy. After 2012, however, employment started to increase slowly. In 2016, around 573,000 people worked in the public sector, which is the highest number of workers in the last 15 years and amounts to a share of 23.2 per cent of the whole workforce. The biggest share of workers in the public sector was reported in 2015 (23.53 per cent) and on the opposite spectrum is, understandably, the crisis year 2008 with 19.78 per cent of public sector employees. The gradual increase of employees in public sector after 2012 is caused by the increase of all three groups of workers (public administration, healthcare, education), however, the number of public administration employees where central and local government belongs, was exposed to highest growth (see Figure 2 and Table 3).

Figure 2. Development of public sector employment 1999-2016, in thousands



Source: LSF Eurostat, number of employed persons aged 15-64 in thousands
Note: NACE codes O, P, and Q. Updated July 2017.

Table 3. Development of public sector employment 1999-2016

	Public administration and defence; compulsory social security	Education	Human health and social work activities	Total	Total employment	Share in %
1999	149,8	165	155,2	470	2121,2	22.16
2000	159,9	161,4	146,2	467,5	2078,3	22.49
2001	159,5	170,5	145,6	475,6	2110,1	22.54
2002	147,9	163,4	137,9	449,2	2105,9	21.33
2003	163,4	160,3	145,9	469,6	2159,9	21.74
2004	154,2	158,4	150,1	462,7	2141,4	21.61
2005	155	161,9	148,7	465,6	2207,1	21.10
2006	161,2	165,6	153,6	480,4	2295,2	20.93
2007	159,1	162,5	153,6	475,2	2350,5	20.22
2008	166,4	163	149,9	479,3	2423,4	19.78
2009	177,6	161,2	148,2	487	2356,6	20.67
2010	187,7	163,1	156	506,8	2307,2	21.97
2011	189,3	159,3	156,1	504,7	2303,2	21.91
2012	184,1	156	159,6	499,7	2317,2	21.56
2013	200,1	162,1	163,5	525,7	2317,7	22.68
2014	210,2	164,9	173,7	548,8	2349,2	23.36
2015	216,1	172,9	177,2	566,2	2405,1	23.54
2016	221,2	174,5	177,8	573,5	2471,7	23.20

Source: LFS Eurostat and own calculation.
Note: Number of employed persons aged 15-64 in thousands, NACE Codes O, P, and Q. Updated July 2017.

1.2. Industrial relations in the public sector

The current structure of public sector industrial relations in Slovakia was gradually formed over the 1990s and 2000s in the new democratic and capitalist society. The most important developments that shaped public sector industrial relations include:

- distinct employment regulation for public service and for civil service introduced in 2002,
- loss of the status of public servants for the majority of healthcare/hospital employees upon healthcare reforms (2002 – 2004), applicable also to employees in state/public hospitals.

After the separation of regulations for public and civil service, the 2000s showed a remarkable stability in public sector industrial relations. Regular social dialogue rounds produced annually renegotiated collective agreements separately for civil service and for public service (Barošová 2008). These collective agreements were and still are negotiated in the national tripartite forum with seven representatives of trade unions, employers and the relevant ministries (see Table 4 below). In healthcare, corporatization 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.

The landscape of social partners in the public sector has been stable until 2010, when particular occupational groups of public sector workers started to increasingly show their dissatisfaction with the post-crisis austerity measures and wage moderation. Indirectly this meant critique of the established interest representation organizations that failed to negotiate higher wage increases in the initial post-crisis years (Kahancová and Martišková 2016). This trend became obvious especially in healthcare and education and led to the emergence of new actors, both in form of trade unions and professional organizations that partly replaced the role of trade unions. Although these new actors are not necessarily part of established bargaining channels, they play an important role in influencing the established actors' structures and bargaining procedures at the micro level. See more details on the new actors in particular subsectors in Sections 2, 3 and 4. The current characteristics of industrial relations in the public sector are summarized in Table 4.

Table 4 documents that specific subsectors of the public sector have their own specific representatives of workers' interests. Legislative resources, namely distinct legal regulation for state service and for public service, remained to be a key element in the operation sustainability of these interest representing organizations since the 2000s. The Slovak Trade Union Association of Public Administration and Culture (*Slovenský odborový zväz verejnej správy a kultúry, SLOVES*) is the most encompassing trade union in the public sector. Through its internal sub-departments, SLOVES represents employees in central public administration bodies (central government), local government bodies and organisations established by local bodies, municipalities and cities, and in organisations active in culture. SLOVES concludes multi-employer collective agreements for civil servants as well as public servants each year (Eurofound 2014).

In its Resolution, adopted in 2013, SLOVES maintains that employees should have a say in a "continuous reform of the public sector" and in changes regarding transfer of competences from central government to local government. Although Kahancová and Martišková (2016) argued that the crisis did not yield major employment cuts or any major negative impact on public sector employment and collective bargaining, SLOVES in its resolution criticizes employment reduction due to consolidation of public finances. It calls for a united act regulating public services and higher wages in the public sector. SLOVES values cooperation the Association of Towns and Municipalities (*Združenie miest a obcí Slovenska, ZMOS*) especially in legislative proposals in the local government subsector (SLOVES 2013). At the same time, in the post-crisis years SLOVES pointed at a discrepancy between the statutory minimum wage and public sector tariffs, where some tariff categories did not meet the level of the minimum wage for the particular skill group (ibid.). At the same time, SLOVES accepted wage moderation to avoid an excessive burden on the state budget after the crisis.

Table 4. Main industrial relations actors and bargaining structures in the public sector

Subsector	Trade unions	Employers	Collective bargaining
Central government	For civil service: Slovak Trade Union of Public Administration and Culture (SLOVES) and other unions through membership in the Confederation of Trade Unions (KOZ SR)	For civil service: Representatives of the government including:	Regularly established sectoral and establishment-level bargaining since 2003 (since regulations on civil service and public service in force);
	Independent Christian Trade Unions (NKO)	Ministry of Labour, Social Affairs and Family	Annually bargained agreements separate for civil service and for public service
	General Free Trade Union Federation (VSOZ)	Ministry of Finance	
Local government	For public service: Nine trade unions in public sector through their membership in Confederation of Trade Unions (KOZ SR), including the trade union in public service (SLOVES);	For public service: Representatives of the government including: Five ministries (Ministry of Finance, Ministry of Internal Affairs, Ministry of Health, Ministry of Education, Ministry of Labour, Social Affairs and Family)	Regularly established and functioning since 2003 (since regulations on civil service and public service in force)
	Independent Christian Trade Unions (NKO)	Representatives of the Association of Towns and (ZMOS)	Annually bargained collective agreements separate for civil service and for public service
	General Free Trade Union Federation (VSOZ)	Representatives of higher territorial units (VUC)	Establishment-level bargaining also exists
Healthcare[1)]	Slovak Trade Union Federation of Healthcare and Social Services (SOZZaSS)	Ministry of Healthcare	Multi-employer bargaining, sectoral bipartism and tripartism; estimated bargaining coverage 95%[2)]
	Doctors' Trade Union Federation (LOZ)	Association of State Hospitals (AŠN SR)	Separate multi-employer bargaining and collective agreements for state and for regional hospitals
	Trade Union Federation of Nurses and Midwives (OZSAPA)	Association of Hospitals of Slovakia (ANS)	Establishment-level bargaining also exists
Education	Union of Workers in Education and Science of Slovakia (OZPŠaV)	For public service: Representatives of the government including: Five ministries (Ministry of Finance, Ministry of Internal Affairs, Ministry of Health, Ministry of Education, Ministry of Labour, Social Affairs and Family)	Bargaining coverage via encompassing collective agreement for public service, with distinct pay scales for education
	Association of Employees in Education and Science (ZPŠaV) - part of Independent Christian Trade Unions of Slovakia (NKOS)	Representatives of the federation of municipalities (ZMOS)	Establishment-level bargaining also exists
	New Education Trade Union (NŠO)	Representatives of higher territorial units (VUC)	

1) Hospital subsector only

2) Estimate of healthcare employees covered by collective agreements (Veverková 2011, Czíria 2009)

Source: authors' compilation based on earlier research, interviews with social partners and Kahancová and Martišková (2016)

Besides SLOVES, there are several vocal interest representation organizations especially in healthcare and education. In these subsectors of public sector the past two decades brought trade union fragmentation – especially after the crisis through emergence of new actors; and tosome extent also fragmentation on the side of employers' associations in healthcare/hospitals after reforms. Nevertheless, 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 issue related to public sector collective bargaining concerns pay regulations. There are two sources of remuneration in the public sector:

- **Legal regulation** - 9 legal acts regulating remuneration of different occupational groups. The most important is the Act 553/2003 Coll.[1] on remuneration of some employees upon executing work in the public interest. This concerns central and local government and also workers in education. The minority of healthcare workers, e.g. those working in Regional Healthcare Authorities (thus not hospitals), are still subject to pay regulations according to Act No. 553/2003 Coll. Next, the most important legal acts concerning public sector remuneration include Act No. 62/2012 Coll. about pay of nurses and midwives and Act No. 512/2011 Coll. about pay rights of doctors and dentists. The latter Act is an amendment to Act. No. 578/2004 Coll. about healthcare providers, healthcare workers, interest representation organizations in healthcare and about changes and amendments to some other legal documents. Another amendment to Act. No. 578/2004 Coll., implemented from January 2016, stipulates equal remuneration rules for all healthcare workers regardless of the hospital ownership form (state/public, corporatized or private). This act legally stipulates 80% of the wage share, leaving space for collective bargaining for the remaining 20% of the wage share (Pravda 2015).
- **Collective bargaining** – relevant as an addition to the legal regulation for public servants that are subject to regulation according to Act No. 553/2003 Coll. Between 2005 and 2012, collective bargaining was the exclusive source of pay regulation in healthcare after the loss of public servant status of the majority of healthcare/ hospital workers. Since 2012, actors' pressures for legal regulation crowd out the role of collective wage bargaining also in healthcare.

The dual structure of pay regulations has been subject to heated debates and caused tensions between trade unions, employers and the government in the past decade. First, since healthcare workers lost the status of public servants, healthcare unions, most importantly the largest union SOZZaSS, have been fighting for regaining this status. At least informally, pay developments in public service served as a benchmark for collective bargaining in healthcare. Second, after the medical doctors' union LOZ reached a separate legal regulation of doctors' wages, nurses' and midwives' union OZSaPA followed the same goal. In turn, fragmentation in actors has also caused a fragmentation in wage regulations. Third, as social partners increasingly focused on legal regulation of remuneration instead of regulation via collective

[1] All legal acts mentioned in this report are accessible and retrieved from https://www.slov-lex.sk/, in Slovak.

bargaining, we argue that legal regulation has been crowding out the role of collective wage bargaining in the public sector. Fourth, in the world of fragmented legal regulation for various occupational groups in public services, trade unions now support a unification of pay regulations in the public sector. In healthcare, new legal regulation has been introduced from 2016 which attempts to address remuneration of all healthcare personnel. In education, the tensions have not yet been solved and have penetrated also collective bargaining. The largest trade union in education – OZPŠaV criticizes the most recent 2017 draft of the collective agreement for the education subsector, which proposes wage increases only for non-pedagogical staff (SME 2017d).

2. Industrial relations and their role in shaping the public sector: primary education

2.1. Overview of the sector

Primary education in Slovakia has been categorized in 1997 according to ISCED 1 and 2 categories. It consists of nine grades divided into two stages: 1-4 (ISCED 1) and 5-9 (ISCED 2). Public primary schools are part of the regional education structure [2] and are established by local governments, namely, by municipalities (towns). In addition, they may also be established by churches, natural persons, or legal entities if they comply with conditions set by the Ministry of Education.

The school management system in regional education consists of three levels. At the national/state level, the Ministry of Education is responsible for the state administration in the regional education and develops a conceptual and legal framework as well as state educational programs. At the mid-level, education departments at the district offices in the regions, municipalities, and Higher Territorial Units (VUC) perform managerial functions. At the lowest, establishment level, managerial functions are performed by the school headmaster/director, supported by the system of school self-governance introduced in 2003, which is the only institutionalized user involvement in education sector (Kahancová and Sedláková 2015). The system of school self-governance consists of the School Council, which associates the representatives of teachers, non-pedagogical employees, parents, students and representatives of self-governing regions/higher territorial units, and is the highest control organ within the school. In addition, Parents Council and Student Council can be also voluntarily established (c.f. Kahancová and Sedláková 2015).

Financial resources for securing the performance of schools and school facilities are distributed according to two kinds of competences: transferred competences and original competences. Transferred competencies refer to the implementation of state administration in education, governed by the Ministry of Education, by municipalities and self-governing regions (Higher Territorial Units). Original competences refer to performance of self - government functions by municipalities and self-governing regions. While transferred competencies are financed directly by the state from state budget (from the Ministry of Education or from the Ministry of Internal Affairs[3]), original competences are in hands of municipalities, financed by their own budget and income from taxes (income tax).

[2] The system of regional education consists of pre-school childcare facilities (kindergartens), primary schools and secondary schools.

[3] Schools financed from the Ministry of Education's budget are those in competencies of higher territorial unit, while those in competences of municipalities (pre-schools, primary schools, etc.) are financed from the budget of the Ministry of Interior. Source: https://www.minedu.sk/normativne-financovanie/ (in Slovak).

Original competences of municipalities in education include financing of basic schools of art, kindergartens, school clubs, leisure and hobby centres, school catering facilities for pupils of primary schools and children in kindergartens (school canteens), as well as language schools. At the same time, within the transferred competences the state budget allocates finances to founders of schools. These allocations are based on normatively designed contributions per calendar year, in line with the number of students. According to the law, founders shall allocate financial resources to individual schools at the level of 90% of fixed amount for wages (wage norm) and 80% of fixed amount for operational costs (operational norm)[4]. The difference between the compulsory minimum and the fixed amount can then be freely allocated to different schools of the same founder. Thus, although the central government provides around 70% of funding, schools enjoy financial autonomy and their budget is managed by school directors (OECD 2015).

Compared to other countries, the level of government expenditures on education in Slovakia is relatively low. In 2015, government spent 4.2% of GDP on all levels of education (see Table 2), which was both below the OECD and the EU average. Slovakia also underperforms in education spending as a percentage of total public expenditures (OECD 2015). OECD noted that in 2013, government investment in primary education was below 1% of GDP in Slovakia (together with other Central European countries[5]), which also correlates with lower birth rates in those countries (OECD 2016).

2.2. Wages and employment structure

Overall employment in the education sector has been stable since 1999, with a steady increase after 2013 (see Table 3). During the crisis, employment decreased in 2009 but in the following austerity year increased back to numbers from 2008. In 2011 and 2012, negative changes in employment can be ascribed to so-called ESO public reforms introduced in 2012, calling for effective, reliable and open public services rather than to the effects of the economic crisis (Kahancová and Martišková 2016).

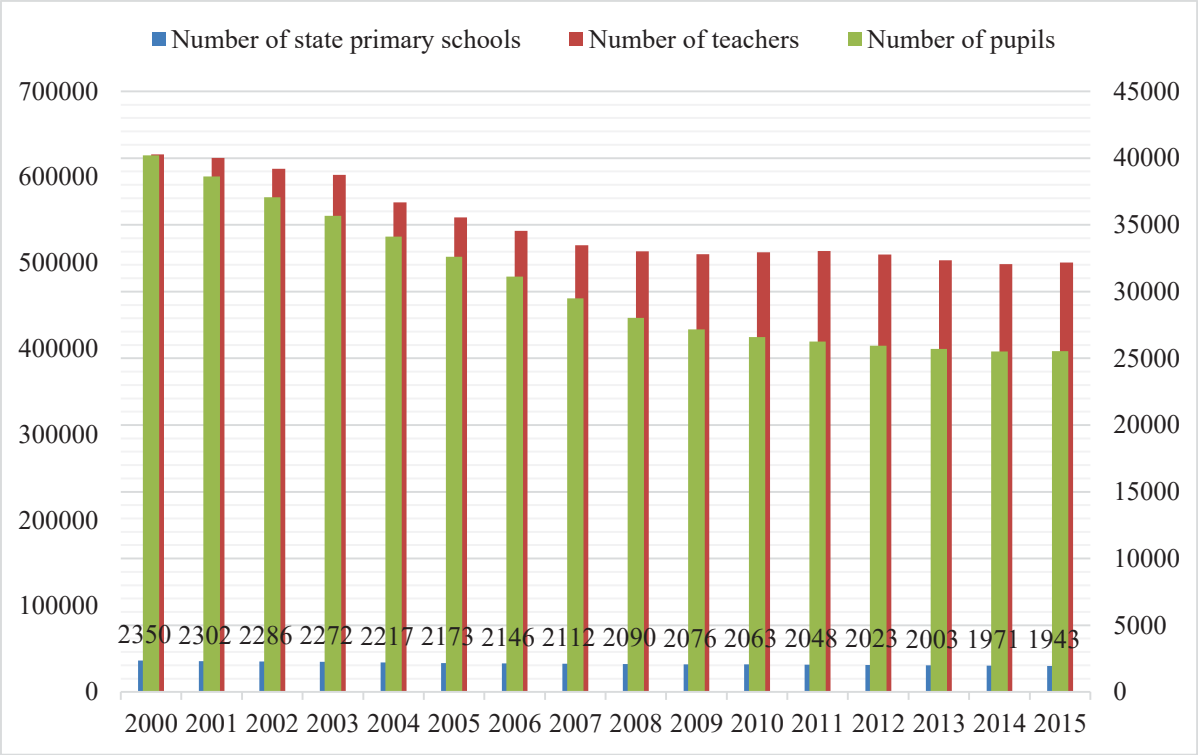
Looking closely at the development in primary education, the number of teachers in state primary schools, although decreasing in the period between 2000 and 2009, has been stable in last five years with around 32,500 pedagogical employees. However, the picture is different for the number of schools and pupils in state primary schools. The decrease in number of state primary schools from 2,350 in 2000 to 1,943 in 2015 corresponds to a dramatic decrease in number of pupils attending state schools (and also in overall number of pupils in primary education). In the last 15 years, this number dropped from 625, 625 pupils in year 2000 to

[4] Wage norm includes financial resources for wages and salaries, insurance and employers' contribution. Operational norm covers annually prescribed operational costs for teaching process, calculated per student. (Source: The Institute of Information and Prognosis of Education (IIPE) (2005) Educational System in Slovak Republic).

[5] Austria, Czech Republic, Germany, Hungary, Lithuania and the Slovak Republic (OECD 2016).

397,369 pupils in 2015 (see Figure 3). At the same time, although still marginal, the number of private and church primary schools is increasing since 2000 alongside the number of students attending those schools (see the number of state, private and church primary schools in Annex II).

Figure 3. Trends in the number of state primary schools, their pupils and pedagogical employees



Note: The left Y axis refers to the number of pupils. The right Y axis refers to the number of state primary schools and the number of teachers.
Source: CVTI (http://www.cvtisr.sk/).

The majority of teachers in primary education are women. The 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). For the detailed development in last 15 years, see again Annex II. At the same time, majority of teachers in primary education are employed on the basis of standard, open-ended employment contract (CVTI 2014).

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 earnings of other tertiary educated workers (OECD 2015; OECD 2016). Regulated by the Act No. 553/2003 Coll., salaries are set by the government and regularly subject to a heated discussion among social partners within the national tripartite council. Separate wage tariffs regulate salaries of non-pedagogical employees, pedagogical and professional employees and pedagogical employees in higher, university education. Wage tariffs account for the level of education, workload and difficulty of the job, and years of experience with a maximum of 32 years. Teachers are motivated to increase their wage by

class supervision, extra-curricular activities, field trips and additional professional training (earning credits for attestation). Table 5 shows the development of average wages for pedagogical employees in primary education.

Table 5. Development of average wages of pedagogical employees in primary education (2000-2016), in EUR

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008
Avg. wage	353.38	375.92	437.19	463.22	507.83	579.23	629.95	678.94	730.07
Year	2009	2010	2011	2012	2013	2014	2015	2016	
Avg. wage	780.33	797.84	801.7	850.53	916.24	984.05	1 031.13	1 086.12	

Source: CVTI, own calculations
Note: Average wages before 2008 are calculated with exchange rate 1 EUR= 30.126 SKK

2.3. Reforms in primary education

Previously part of the Czechoslovak system of education, an independent Slovak education system has been continuously transformed and reformed after the 1989, with changes implemented step by step (IIPE 2005). However, experts, professionals and even teachers often argue that education lacks systemic changes and reforms often provide only few "cosmetic changes" (EDU 1).

The first more visible effort to reform the education was conceptualized in 1999 within a program "Millennium – the National Programme of Education and Training for the Next 15-20 Years", which should have served as an ideological and objective background for the draft of a new act on education (the School Act). The draft from 2002 was expected to be adopted already in 2004 (IIPE 2005), but did not enjoy political support and was followed by the personnel changes of ministers. Slovak accession efforts to join the EU only increased pressures and calls for major education reform, especially after the results of the first PISA examination in 2003, which showed average mathematical skills of the Slovak students.

The education system was also largely influenced by the reforms of public administration in Slovakia. The 2001 reform of public administration in Slovakia established higher territorial units (*vyššie územné celky*, *VÚC*, see Table 1). This reform strengthened the local self-governance and had a large impact on the governance of education. While the new regional units gained the management and governance of upper-secondary schools, municipalities became responsible for management of pre-primary and primary education (OECD 2015).

In line with the decentralisation efforts, in 2003**, the Act No. 596/2003 Coll. on state administration in education and school self-government** defined roles and responsibilities of the state and local government in education, but also introduced several important changes. First, the system of school self-governance and user involvement was strengthened by the introduction of student councils, which contrary to the school councils, are voluntary

organisations. Nonetheless, the most important change introduced by the act is a system of normative funding to schools which ties their budget to the number of students at the school. Next, in 2005, the government adopted a Slovakia's Competitiveness Strategy for 2010 - National Lisbon Strategy which again highlighted a need for a modern education policy (MFSR 2006). Following years, several new strategies for reforms in education were presented, but marginally touched the primary education, until May 22, when the new law on education was adopted in **Act No. 245/2008 Coll. on upbringing and education** (so-called "**School Act**").

The new School Act, valid since September 1, 2008, replaced the old School Act from 1984 and started a reform in primary and secondary education. The reform, also referred to as "Mikolaj's reform" after the Minister of Education Jan Mikolaj, introduced a unified National Education Program, which is mandatory for all schools and stipulates the exclusive use of textbooks approved by the Ministry of Education. Most importantly, it provided teachers with greater freedom in curriculum development at the school level, limiting the involvement of the state in the School Education Programme to one third. The Act also established a compulsory foreign language from the first grade of primary school with additional second language in a six grade, and reduced the maximum number of pupils in classes[6] (Act No. 245/2008 Coll.; OECD 2015).

Following years after the introduction of the new School Act, Slovakia introduced standardized national assessments, aiming at improving the quality of education with measurable and comparable outcomes of students. Building on the 2002/2003 MONITOR 9, which first monitored skills and knowledge in maths and language of instruction, in 2009 the program formalized itself to "*Testovanie 9*" (Examination 9, referring to ninth grade in which it is executed), and became a full cohort national assessment of all ninth graders in primary schools in mathematical and reading literacy[7]. Similarly, in 2016, "*Testovanie 5*" examined skills of pupils in fifth grade of primary education (first grade of stage 2, ISCED 2).

The Act no. 317/2009 on Pedagogical Employees and Specialist Employees introduced another important change, a career system for teachers. In addition to salary system which is now tied to level of qualification, the system of accredited continuous education requires teachers to continuously update their education by earning "credits", which in return increases their wage.

Between years 2010 and 2016, reforms in primary education were only minor. For instance, in 2011 a project called Planet of Knowledge aimed at improving digital curriculum and workspace for natural sciences in schools. The reforms in education focused on changes in

[6] A maximum of 22 pupils in the first year, 25 in the second to fourth year, 28 in the fifth to the ninth year of the primary education.

[7] The information taken from NUCEM – The National Institute for Certified Educational Measurements, which conducts Testovanie 9 and Testovanie 5, http://www.nucem.sk/sk/testovanie_9#4/testovanie-9-vcera-a-dnes and http://www.nucem.sk/sk/testovanie_5

vocational education (introduction of dual-system in 2015) which put primary education reforms on hold.

In March 2017, the group of several authors around Minister of Education Peter Plavčan introduced a new draft document for public discussion, aiming to be a basis for a broad "substantial reform" of all levels of education. The document called **Learning Slovakia** (**"Učiace sa Slovensko"**[8]) stresses individualism and special attitude towards students and their needs, however, was largely criticized for its failure to address the financial aspects of proposed reforms. Similarly, the reform caught the attention of public and experts with several controversial proposals, including one on unified style of handwriting in primary schools (continuous scripted writing), which has been withdrawn after the petition of teachers and parents called for freedom in writing. The document underwent several rounds of public discussions and amendments, however, after Minister Plavčan's removal from the office in August 2018 following corruption allegations about the way his Ministry distributed EU funds for research and development, the new Minister of Education stated that any reform based on this document is not feasible. Specifically, it lacks time plan, finacial strategy, action plans and prioritization (SME 2017e).

2.4. Industrial relations in education

Industrial relations in the education sector, including primary education, are well established, nevertheless, new actors without an official bargaining status have emerged in recent years as a result of continuous struggles for higher wages and need for reforms in education. The largest and the oldest sector level union in education with around 48,000 members[9] is the Union of Workers in Education and Science of Slovakia (*Odborový zväz pracovníkov školstva a vedy na Slovensku*, *OZPŠaV*). About 1,000 Christian teachers are associated in The Association of Employees in Education and Science (*Zväz pracovníkov školstva a vedy, ZPŠaV)*, which is part of the Independent Christian Trade Unions of Slovakia *(Nezávislé kresťanské odbory Slovenska*, *NKOS*). In addition, after the series of teachers' strikes in 2012-2013, a new trade union has emerged – the New Education Trade Union (*Nové školské odbory*, *NŠO*). Another vocal actor in education, although not a trade union, is the Initiative of Slovak Teachers (*Iniciatíva Slovenských učiteľov*, *ISU*). In 2016, its sub-section, "Initiative of Bratislava teachers" caught public attention after it organized a series of teachers' 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 (see Table 6).

There is no exclusive sector-specific collective agreement for the education sector, because social partners from education participate in the general public sector social dialogue and collective bargaining. Of the three above-mentioned trade unions, only OZPŠaV as a member of the Confederation of Trade Unions of the Slovak Republic (*Konfederácia odborových*

[8] See Burjan et al. (2017)
[9] Source: OZPŠaV's website (https://www.ozpsav.sk/sk/). In 2008, 58,067 members reported, estimated density about 37% (Eurofound 2011b).

zväzov Slovenskej Republiky, *KOZ SR*) takes part in collective bargaining in the public sector and signs the higher-level collective agreement valid for public services (*kolektívna zmluva vyššieho stupňa pre verejnú službu*). The public sector multi-employer collective agreement is signed between the employers represented by the Association of Towns and Municipalities (*Združenie miest a obcí Slovenska*, *ZMOS*) and all presidents from higher territorial units, KOZ SR, NKOS and VSOZ (General Free Trade Unions, *Všeobecný slobodný odborový zväz*). For the government, the ministers of the interior, finance, labour, social affairs and family, education and healthcare sign the agreement.

Table 6. Industrial relations in primary education

Trade unions	Trade Union of Workers in Education and Science of Slovakia (*Odborový zväz pracovníkov školstva a vedy na Slovensku*, OZPŠaV) Association of Employees in Education and Science, The Independent Christian Trade Unions of Slovakia (*Zväz pracovníkov školstva a vedy, Nezávislé kresťanské odbory Slovenska*, ZPŠaV NKOS) New Education Trade Union (*Nové školské odbory*, NŠO)
Trade union density with regard to the sector	OZPŠaV: around 53,000 members, estimated density: about 37% (Czíria 2011) ZPŠaV NKOS: 976 members (2008), estimated density: N/A NŠO: membership and estimated density N/A
Employers' associations	Representatives of government, higher territorial units, and towns and municipalities Association of Self-governing Schools of Slovakia (*Združenie samosprávnych škôl Slovenska*, ZSŠS) Association of Private Schools and School Facilities of Slovak Republic (*Asociácia súkromných škôl a školských zariadení Slovenska*, ASŠŠZS) Association of Towns and Municipalities (*Združenie miest a obcí Slovenska*, ZMOS) – density about 90-95% (2011)
Professional associations	The Slovak Chamber of Teachers (*Slovenská komora učiteľov*)
Dominant bargaining level for collective agreements	Covered in public sector bargaining (collective agreement for the public services) Individual collective agreements at multi-employer level Sectoral fourpartism with the Ministry of Education – without collective agreements
Sectoral bargaining coverage	100% (estimate of Czíria 2011)

Source: Authors, Eurofound (2011), Kahancová and Sedlaková (2015)

OZPŠaV is the only trade union in education that is also part of a sectoral platform, a school fourpartite body created in 2012, which unites employer representatives of regional self-government and the Ministry of Education. Nevertheless, this body is not active since 2013. That is not to say that social partner do not meet regularly, but they prefer one to one meeting, round table discussion or meetings within the collective bargaining for the whole public sector.

Relations on the side of employees in education are increasingly more conflictive in recent years, reflecting frustration from low wages in the sector and 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, the official collaboration with the main trade union OZPŠaV is non-existing. One of the reasons 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 in 2010 a memorandum of cooperation with political party SMER-SD, valid for an infinite period[10]. Moreover, in December 2016 another memorandum about wage increases valid for central administration and some employees in public sector (non-pedagogical) has been signed between the government and social partners, and another memorandum valid for teachers was negotiated at the end of August 2018 (see the following sub-chapter). ISU also pointed out that some members of OZPŠaV competed in regional election for SMER-SD, which in their view explains their loyalty to one political party (ISU 2017). On the contrary, OZPŠaV disapproved any claims about political links and argues that everyone has the same political rights to compete in elections and be elected to the office (SME 2017).

ISU in its statement from June 2017 claims that the low trade union participation of teachers is one of the reasons why the status of teachers and their wage is stagnating in Slovakia, and encourages all teachers to join existing trade unions, or establish new. They also call for a common platform of trade union organizations in education that would act united on the basic questions of the status of teachers in the society: "*Such a strong platform could eliminate the current monopoly representation of teachers through OZPŠaV*" (ISU 2017).

On the other hand, two main trade unions, OZPŠaV and ZPŠaV NKOS co-exist in a non-conflictive environment, both members of the national confederation KOZ. In addition, OZPŠaV lists several cooperation agreements on its webpage: a) with the Slovak Chamber of Teachers b) with the Association of Self-governing Schools of Slovakia c) with the Czech trade union ČMKOS and d) with the Slovak National Centre for Human Rights. However, recent disagreement and conflicts with ISU led to a retraction of the cooperation agreement with a professional association the Slovak Chamber of Teachers, whose lead members are also members of ISU.

2.5. Role of industrial relations in shaping the sector

Social partners in education attempt to shape the following two areas, which are considered strategically important for them:

1. Financing of education, including the system of finance and its management, amount of money in the sector and most importantly, wages, wage tariffs and wage increases for employees in education.
2. Quality of education as a whole. This includes debates on working conditions of teachers, which influences in return the quality of education as public service.

[10] Available in Slovak here: http://kozsr.sk/page_sk/archiv/a_dohoda_smer.pdf

In addition to these most important roles, social partners closely follow developments in education and relevant reform policies, mostly through engaging in a public debate on proposed legislation, or in public commenting period of proposed reforms. This section first describes the social partners' role and position in the above mentioned two key areas, financing and wages in education and quality of education. Second, it analyses the outcomes of reforms in primary education from the perspective of social partners, as well as the effects of reforms on working conditions and quality of services in education. Two tables summarize the most important outcomes: Table 7 presents the main goals of three trade unions in education and Table 8 summarizes the most important reforms in primary education, social partners' views and their effects on the quality of education.

2.5.1. Social partners on financing and wages in education

First, social partners criticize the system of financing in regional education, which was derived from the public administration reform in 2001 and introduction of per student funding in 2003. The decentralisation that resulted in two types of competencies, original competences of municipalities and transferred competencies of state in education, brought confusion and disagreement between social partners. While all three trade unions call for unified financing from the state where wages and personal cost will be financed from the state budget as part of its transferred competences (hence not from the original competences of municipalities), employers unified in the Association of Towns and Municipalities ZMOS generally agree with distribution of competences between state and municipalities, but call for increase of finances in regional education. The representatives of employees argue that dual system of financing, where teachers in primary schools are financed from the transferred competences of state and its budget, while after-school teachers are subjected to the original competences of municipalities and their budget creates chaos and confusion. In addition, different financing creates problem with allocation of the money, since municipalities do not have explicitly regulated the amount of money they need to allocate to regional education, and are opposing to have it regulated in the future (ZMOS 2013).

Another problem is that state allocates money for the execution of transferred competencies to the founders of primary schools (municipalities) and not directly to the schools. Founders can keep part of the budget and allocate it freely to any school that was established by the same founder, which is seen as unfair by many employees (EDU2; EDU3+LOCG1). Trade unions would welcome if the finances went directly to schools, while employers are strongly opposed to it (EDU2). All trade unions also call for increase in public finances allocated to education, to the level of at least 6% of GDP which would be comparable to other OECD countries (see Table 8).

The calls for increase in public finances for education are usually accompanies by demands to increase wages. In fact, trade unions have been very vocal in addressing remuneration of their employees and mechanisms of wage increase, either within the collective bargaining rounds

for public sector, or by organising protest actions, strikes, and demonstrations. The first significant strike of teachers was organized by OZPŠaV in 2003 as a response to changes in the system of financing, and resulted in 7% increase of wages in the public sector. Following the successful campaign by medical doctors (see Section 3 below), in 2012 teachers entered into one of the biggest strikes that gained considerable public support and resulted in a 5 % wage increase. Similarly, in January 2016 ISU with the support of the Slovak Chamber of Teachers organized one of the largest waves of strikes in education, which enjoyed broad public support. The strike not only called for higher wages in education, but aimed at opening a broader debate about quality of education in Slovakia and reforms. Contrary to other strikes organized by the main trade union OZPŠaV, the 2016 strikes was not supported by OZPŠaV whose representatives collectively agreed on wage increase with social partners at the end of 2015 and thus felt that entering into strike in early 2016 would undermine the established institution of collective bargaining. Table 7 summarizes the main developments in wage increases in education in the period 2002-2017.

An interesting development has been observed in 2017, when the government conditioned wage increases by trade unions' promise to avoid strikes. This deal is anchored in a so-called Memorandum on adjustment mechanisms of remuneration of employees in state service and selected employees in public service (*Memorandum o úprave platových pomerov zamestnancov v štátnej službe a niektorých zamestnancov pri výkone práce vo verejnom záujme*). The Memorandum has been signed at the end of year 2016 between the social partners that usually enter collective negotiations in the public sector. It affects employees in state service (in central government) and selected types of employees executing work in the public interest (in 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 increase in 2018" as an exchange for 2% wage increase (in form of bonus payment) in the period between September 1, 2017 - December 31, 2017 and another 2% increase in September 1, 2018 - December 31, 2018, plus additional increase in wage tariffs by 4% on 1.1.2018. Only non-pedagogical employees in education have been affected by this memorandum (Memorandum 2016).

Pedagogical employees should have had their 6% wage increase starting September 2017 too, however, Prime Minister Robert Fico conditioned it to another memorandum, in which social partner again would have to agree not to strike until year 2020 as an exchange for wage increase. This condition reflects the views of employers united in ZMOS who argued that if wages shall be increased in September 2017, this mechanism of wage increase in September should be kept for the years 2018 and 2019 too.[11] Prime Minister Fico claimed that if social partners do not agree with the memorandum, the wages will be increased according to the initial plan, which means no wage increase for year 2017. A representative of the OZPŠaV trade union argued that such actions can be seen as form of pressure by the government, but also noted that if the agreement would be a result of all parties involved, a compromise was possible. Nevertheless, OZPŠaV did not sign the memorandum at the end of August 2017,

[11] In 2020, the government, in accordance with its program, plans to increase wages starting January. Source: RTVS, news from July 24, 2017 (https://www.facebook.com/spravy.rtvs/posts/1858186747775472:0)

claiming that trade unionists plan to continue in collective bargaining in the near future, including years 2017-2020 (TVNoviny 2017).

Table 7. Overview of wage increases in education, 2002-2017

Period	Government – Prime Minister	Wage increase in %
2002-2005	Mikuláš Dzurinda	April 1, 2002: new act on public service
		August 1, 2003: • 8 % for non-pedagogical employees • 5% for pedagogical and professional employees in regional education
		August 1, 2004: • 7% for all employees
		July 1, 2005: • 5% for all employees
2006-2009	Róbert Fico	July 1, 2006 • 6% for all employees
		July 1, 2007: • 7% for non-pedagogical employees • 5% for pedagogical and professional employees in regional education
		January 1, 2008 • 4% for all employees
		January 1, 2009 • 7% for pedagogical and basic table • 5% for tertiary education
2010-2012	Iveta Radičová	January 1, 2010 • 1% for all employees
		January 1, 2011: 0%
		January 1, 2011: • Changes in pedagogical table in grade 10, 11, 12
2012-2016	Róbert Fico	2012: 0%
		January 1, 2013: • 5% for pedagogical and professional employees in regional education into wage tarrifs, except tertiary education teachers • Non-pedagogical in forms of personal bonuses
		January 1, 2014: • 5% for pedagogical and professional employees in regional education into wage tarrifs, except tertiary education teachers • 16 EUR for non-pedagogical employees and pedagogical employees in tertiary education into wage tarrifs • 3% pedagogical employees in tertiary education into wage tarrifs
		January 1, 2015: • 5% for pedagogical and professional employees in regional education into wage tariffs • 1.5% non-pedagogical employees and pedagogical employees in tertiary education July 1, 2015: • non-pedagogical employees and pedagogical employees in tertiary education
2016 -	Róbert Fico	September 1, 2016: • 6% for pedagogical and professional employees in regional education and tertiary education teachers into wage tariffs
		September 1, 2017 • Memorandum: 2% wage increase (in form of bonus payment) in September 1, 2017- December 31, 2017 and another 2% increase in September 1, 2018- December 31, 2018 and increase in wage tariffs by 4% on 1.1.2018 for non-pedagogical employees

Source: OZPŠaV

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

In addition to wage increases in education, 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 non-pedagogical category of workers in education, whose wage tariffs starts below the level of minimum wage in Slovakia (c.f Kahancová et. al. 2016). Employers especially stress this issue when negotiating 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 minimum wage[12]. Similarly, low wages of young, less experienced teachers do not motivate fresh graduates to stay in the sector (ibid.; OECD 2016).

The issue of public employees' remuneration gained prominence within the national Confederation of Trade Unions KOZ SR too. In early November 2017, KOZ SR organized one of the first meetings of public employees in Slovakia, in which they sent a note to the government called "Responsibility for the Future", demanding that the remuneration of public employees should be government priority. Particularly, trade unionists call for adjustments of wage tariffs in a way that it would reflect the minimum wage increase in Slovakia. In other words, wage tariffs should start at least at the level of statutory minimum wage and not below it. Meetings of public employees are planned in an upcoming period around the whole Slovakia (KOZ SR 2017).

To summarize, in the last 15 years, three substantial protests of teachers in education were organized (2003, 2012, 2016); all of which resulted in wage increase for different categories of workers in education. In addition, sectoral social dialogue, and especially collective bargaining for public services, resulted in agreements between the government and trade union representatives, which also included a wage increase for the whole sector. As shown in Table 7 social partners have been able to gain wage increases in form of bonus payments, but they were also able to increase base wage tariffs valid in the sector. Therefore, since the remuneration system of education employees depends on wage tariffs set by the government, the activities of the social partners focused on influencing this part of the legislation. The outstanding challenge of trade unions and unsatisfied employers from other sectors is to enforce an adjustment of wage tariffs to the level of minimum wage in Slovakia.

[12] See for example a Facebook post of The National Union of Employers (NUE), an umbrella association of employers in Slovakia, from October 17, 2017. Available at: https://www.facebook.com/ruzsr/

2.5.2. Social partners on working conditions and the quality of primary education

The second area covers different issues related to the quality of education in Slovakia, including working conditions of teachers, which in return influence quality of education. Two important topics related to the quality of education identified by social partners stand out: changes to school self-governance and changes in content of education in primary schools. 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 school director, who is also responsible for school's budget, the highest control organ in the school is a School Council, which among other important functions, elects and dismisses school director. Even though the composition of school councils secures equal representation of students, parents, teachers and employers, founders (municipalities) can dismiss candidates nominated by school council twice, which strengthens their role at the expense of teachers, parents and students. Teacher and trade union representatives criticized this step, claiming that it leads to politicization of schools, lowering the quality of education (directors should be experts with professional credit) and weakling of democratic principles of self-governance (EDU3+LOCG1). In return, both politicization and problems with the management can influence quality of services at schools, as well as daily life of teachers under increased work-related stress. Second, frequent reform changes to educational programmes (both national educational program and school educational program) and content of education influences daily life of teachers and quality of educational process in schools. Reforms are according to social partners often prepared last-minute during the summer, and expected to be implemented without any proper training in September, and in addition, accompanied by the lack of materials and low quality of books (EDU1, EDU2, EDU3).

Working conditions of teachers are another major issue in education, although the evidence of increased workload or work intensity in education is scarce. The ETUC's survey on impact of the crisis on teachers in Europe, based on a survey among its members (OZPŠaV), reports neither increased teaching lessons for teachers in Slovakia nor increased working hours. Nevertheless, OZPŠaV reported an increase in number of dismissals of teachers and closures of schools (ETUCE 2013).

Both trade unions and employers try to influence changes related to 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 latter becoming more popular as the public also calls for substantial reforms in education sector, highlighted by several political scandals. The 2016 introduction of the document Learning Slovakia (*Učiace sa Slovensko*) was exceptional in this regard, with unprecedented amount of proposal and amendments submitted to the Ministry of Education within the public comment 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[13].

Table 8. Comparison of main goals of three trade unions in education

Topic	OZPŠaV	ZPŠaV NKOS	NŠO
System of finance	• Change of financing: all personal costs transferred under the transferred performance of state administration (transferred competences of local self-government)	• Equal financing of state and church schools	• Transfer of all financial competences from local to state level • Cancelation of "original competences" – financing from "transferred competences"
Increase in public finances for education:	• to the level comparable with other EU states in accordance with the declaration of Government of the Slovak Republic	• increase to at least 6% of GDP as recommended by UNESCO	• 6 % of GDP
Wage increase	• Increase (not specified level; comparable to other sectors)	• be at least comparable to salaries paid in other occupations requiring similar or equivalent qualifications, as recommended by UNESCO	• increase to the level of 85% of an average wage of employees with tertiary education
Wage tariffs	• Increase • Equal treatment and importance for both categories of workers – pedagogical and non-pedagogical • Increased focus on young employees and involving them in TUs		• Increase of + 2% with each additional year worked • increase of maximum level of experience • workers with PhD. automatically ascribe to 12th tariff grade; workers with PaedDr., PhDr. to 11th tariff grade • wage tariffs of non-pedagogical workers should not start below the minimum wage
Working hours	• Increased protection of TU members and representatives: fixed-term contracts automatically changed to open-ended contracts up to 4 years after the termination of TU representation		• decrease by one hour after each year for workers with 30+ years of experience • for primary education: decrease of weekly working hours to 20; for pre-school workers to 23 hrs;
Working conditions	• Improvement of working conditions through wage development, living expenses, employment, social status, psycho-hygienic burden, etc.	• Protect and defend the legitimate interests of its members, particularly in the areas of labour relations, collective bargaining, working, wage and living conditions	
Bonuses	•	•	• 13th salary at the level of 100% of tariff salary Cancelation of food voucher; direct money contribution as part of the salary • Cancel food vouchers – employers should contribute in a monetary form

[13] See the comments at http://uciacesaslovensko.minedu.sk/, in Slovak.

Holiday allowance			• increase by one week
Personal development	• Support and use of new forms of continuing education, including mobility of teachers and life-long learning	• Inform and educate their members in the field of labour relations and social dialogue with employers	• Cancelation of validity duration of credit-system
Job security			• protection from dismissal 6 years prior to retirement age • protection of pedagogical members of School Council from dismissal
Pension scheme	• Changes in pension system for employees in education		• establish profession-specific pension for pedagogical employees
Health and safety	• Legislation reinforcing the protection of pedagogical stuff regarding an increased aggressiveness of pupils and parents • Legal regulation of mobbing at the workplace	• Ensure compliance the fields of health and safety at work, health care, and social and hygienic working conditions	• sick leave reimbursement: 50% for the first 3 days, 70% for another 7 days • legal regulation of mobbing and bossing at the workplace
Quality of education	• Promoting the quality and development of the education process • Coordination in the implementation of the adopted targets at national and international level		• School self-government and management: equal representation of employees, parents and students in school councils and their legal protection • Number of students: decrease maximum number of students; improve student-teacher ratio

Note: Objectives aiming at improvements in pre-primary, secondary and/or tertiary education were not included.
Source: OZPŠaV: Objectives and Program of the Trade Union of Education and Science Workers in Slovakia For 2016-2020 (Ciele a program Odborového zväzu pracovníkov školstva a vedy na Slovensku na roky 2016 – 2020), available at: https://www.ozpsav.sk/files/ciele_a_program_2016_2020.pdf; ZPŠaV NKOS: Main goals, available at: http://www.nkos.sk/news/hlavne-ciele-zpsav-nkos/; NŠO: Aims of the NSO, 23.10.2017, available at: http://www.nso.eu.sk/?page_id=8

2.6. Impact on the quality of services

Neither reforms in primary education nor financial crisis influenced the number of jobs in the sector and the employment remains stable. On the other hand, social partner believe that a lack of systemic reforms and stagnation of the whole education system negatively influences not only working conditions but also the quality of services in the sector. For the overview of main reforms in primary education, social partners' position therein and their impact on the quality of education, see Table 9 below.

Both employers and trade unions agree with numerous experts who call reform activities only cosmetic changes[14]. Those small but relatively frequent changes lack systemic approach and in teachers' view, put all burden of change on teachers (EDU2, EDU3). In addition, education remains a sector with a limited political interest but at the same time, is dependent on political will for changes. In 27 years of independent existence, Slovakia will have its 19 minister of education (August 2017) from 10 different political parties, out of which 10 ministers stayed in the office for less than a year.

[14] NGOs such as INEKO, MESA10, Nové školstvo, ISU, etc.

Table 9. Summary of the most important reforms in primary education, social partners' views and their effects on quality of education

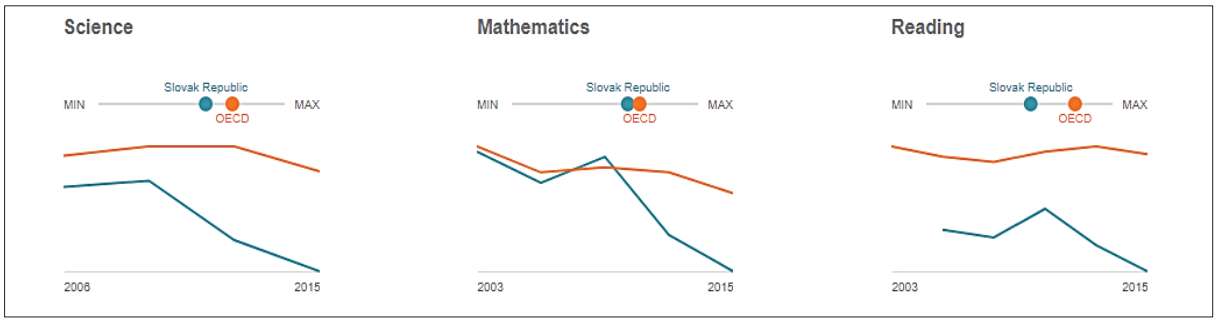
Reform	Legal act	Social partners position	Effect on quality of services
Public Administration reform	• Act No 302/2001 on self-government of higher territorial units (Act on self-government of regions - SGR) • 2001 the Act on Devolution (no. 416/2001 Coll.)	• Unclear competences, some workers financed by the state, some directly by the municipality	• Financial decentralisation • Positive impact of school self-governance • Concerns about increased politicization in election of school directors
Establishment of per-student funding	• the Act No. 596/2003 Coll. on state administration in education and school self-government	• Focus on quantity: more students equals more funding for schools	• Unclear improvement of quality. • Competition for students
School education programme	• School Act(Act No. 245/2008 Coll. on upbringing and education)	• Increased workload for teachers • Expectation that teachers will "execute reform"	• Unclear link but PISA 2015 (OECD) results worsened
Introduction of Standardised national assessment	• 2002/2003 MONITOR 9 • 2009 Testovanie 9 • 2016 Testovanie 5	• Social partners question whether results can be an indicator for quality of schools and teachers	• Standardized set of result to compare quality of schools
Creation of career system for teachers	- Act no. 317/2009 on Pedagogical Employees and Specialist Employees	• Credit system: collecting credits at the expense of quality of career development • Lack of quality education programs identifying new trends and innovations in education (employers)	• Continuous education has positive impact on quality of services
Learning Slovakia	- Document, 2017	• Several good ideas but unclear financial capacities to realize them	• Not yet implemented

Source: the authors.

Impact of low wages

OECD shows that 15% pay raise for teachers increases performance of students for about 6-8% (OECD 2015). Although there is no research testing this hypothesis in Slovakia, the results of the international PISA examination as well as standardised national assessments *Testovanie 9* show the opposite trend for Slovakia. Even though wages of teachers have increased, the performance of students in PISA testing declined. Figure 2 presents the results of PISA 2015 for Slovakia and shows that students outcomes are below the OECD average in all three tested categories, Science, Mathematics and Reading. Likewise, low wages of teachers negatively impact the quality of newly hired teachers, and also perpetuate high feminisation in the sector, which influences the overall quality of education (OECD 2015).

Figure 4. PISA 2015 results for Slovakia



Source: http://www.oecd.org/pisa/data/

Quality of primary education

The Slovak primary education also lacks a unified system of quality evaluation beyond a few reports published by the Ministry of Education (OECD 2015) that would systematically evaluate primary education as such and measure the performance of schools and teachers. Especially employers (ZMOS) call for these qualitative indicators. The State School Inspection (*Štátna Školská Inšpekcia*, *SSI*) which is an agency that supervises the quality of education in Slovakia publishes only limited findings with regard to the quality assessment of primary education. In its annual report on the situation and conditions in all level of educational institutions, only 6.8% of primary schools were examined and the examinations tackled mostly the process of education, including compliance with the legislation rather than the quality of education (SSI 2016). As a result, evaluation of quality of primary education remains as part of NGO activities. The Institute for Economic and Social Research INEKO, a non-governmental research institute in Slovakia, regularly publishes a ranking of primary schools in Slovakia, largely based on pupils' results. While this ranking is influential and often referred to in policy debates and media articles, the most important point of its criticism is that it does not take into consideration factors other than the learning process, or the skills and knowledge the school provided. Hence, it also sparkles lots of debates, especially from the employers' side who do not consider such rankings to be fair (The Slovak Spectator 2015). According to INEKO's latest ranking from 2016, the first two best primary schools are from eastern Slovakia (INEKO 2016).

While the above-mentioned initiative of INEKO focuses on the quality of education from the pupils' perspective, Slovakia lacks scientific evidence on the quality of teachers in primary education (but also education as whole), which is surprising given that according to the public opinion, quality of teachers in Slovakia is more salient issue than their wages (TREND 2016). The lack of transparent external and internal system of evaluation was also acknowledged in the most recent reform document Learning Slovakia.

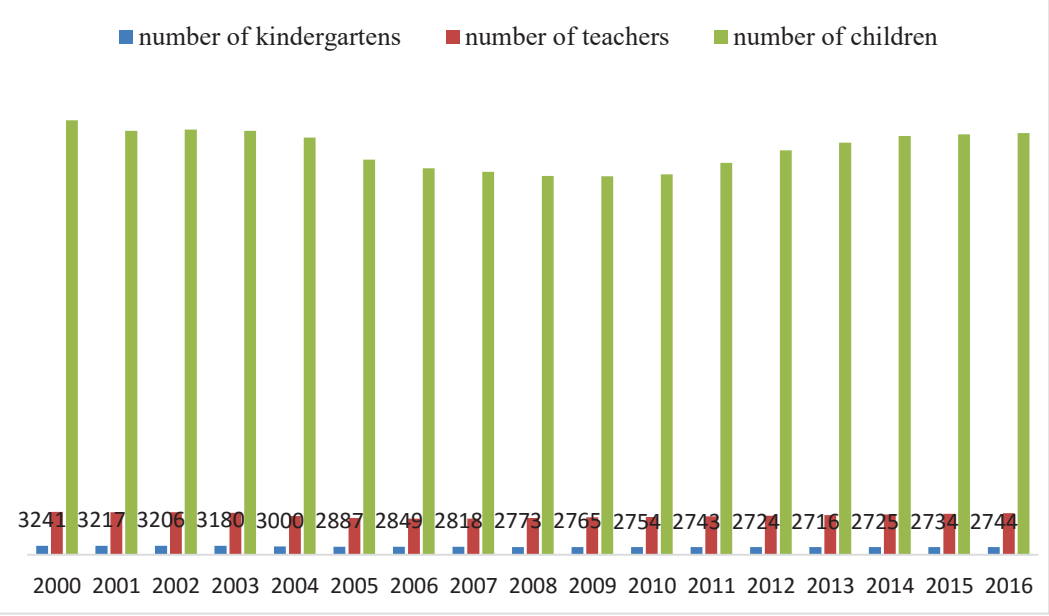
3. Industrial relations and their role in shaping the public sector: pre-primary education

3.1. Overview of the sector

Public pre-primary education, or childcare, (ISCED 0) in Slovakia is provided and financed by the municipalities (local government) as part of their original competences. Kindergartens provide education for children aged 2 to 6 years, while nursery schools accept even younger children. It is free of charge for children one year before compulsory school attendance, in all other cases except for children with special needs, tuition fees without upper limit can charged.

Contrary to the development in public primary education, the number of children in public kindergartens is increasing since 2009 but when looking at longer period of 15 years, this number is fairly stable (see Figure 5). Nevertheless, enrolment in pre-primary education of 4 and 5 year olds was below the OECD average in 2012 (73% and 81% compared to 74% and 85%) and remains below the 95% desired threshold at the level of 88% in 2015 (MŠSR 2017). In addition, the average participation rate in pre-primary education of children between the age of 4 and starting of the compulsory education stagnates in Slovakia, while in the EU it has been rising (Šiškovič and Toman 2015).

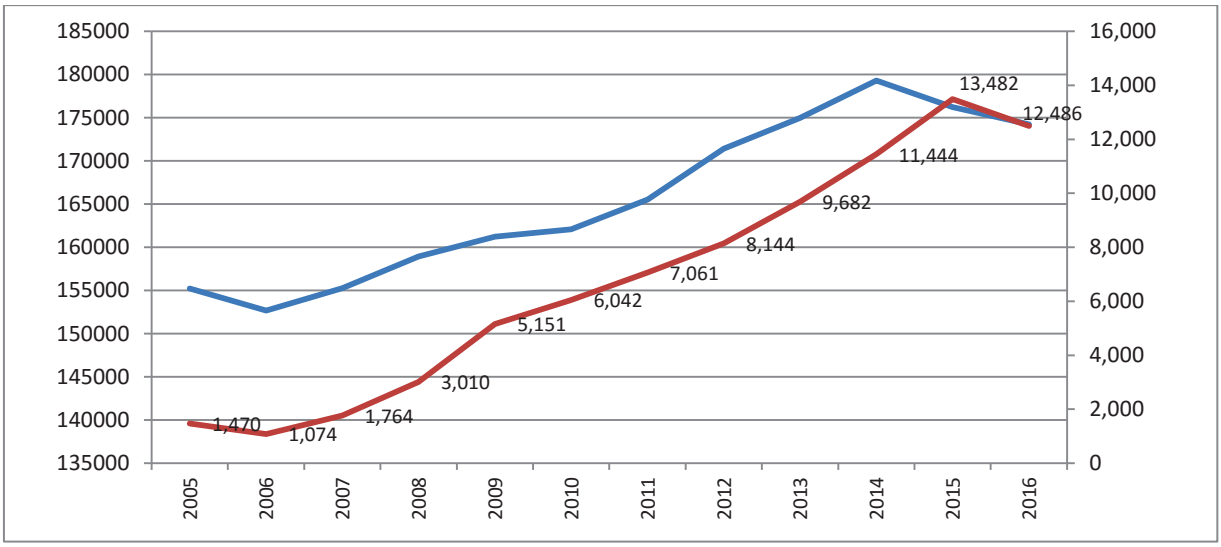
Figure 5. Development of number of state pre-primary schools (kindergartens), pupils and teachers



Source: CVTI (http://www.cvtisr.sk/).

According to the prognosis of the Ministry, the number of new-born babies in Slovakia is expected to decrease in coming years from approximately 59,000 in 2015 to 55,000 in 2020 and even lower in 2030 – only 46,000. Similarly, the number of children aged 3-5 is expected to decrease by approximately 30,000 in 2030. However, current capacities of public kindergartens are not sufficient, and the number of unsuccessful application has increased from 1,679 in 2004 to 12,486 in 2016 (see Figure 6). More than 37.5% of unsuccessful applicants are in the Bratislava region, with the worst situation in municipal districts of Bratislava V, Bratislava II, and Senec (MŠSR 2017). The state does not guarantee capacities for children, even though the education is mandatory upon reaching six years old in Slovakia.

Figure 6. The number of children aged 3-5 and the number of unsuccessful application for kindergarten, 2005 - 2016



Note: number of children in blue (left Y axis), number of applications in red (right Y axis).
Source: MŠSR 2017

Case study: Childcare facilities in municipality Bratislava II - Ružinov

The Bratislava II (Ružinov) district of a capital city has a municipality status and is hence responsible for pre-primary education in the district. It is also ranks second among municipalities with the highest number of unsuccessful kindergarten placement applications. In 2017, Bratislava II is a founder of 11 kindergartens and 11 allocated places. For the school year 2017/2018, kindergartens accepted 1,119 applications (the number without duplicities[15]), which was lower by approximately 130 applications compared to the year 2016. Out of all applications, 818 applications were made for children aged 3-6 years and 702 from Ružinov city district (own municipality). The final number of accepted children is 658, which leaves 160 children (out of which 44 are residents of the Ružinov municipality) without a kindergarten spot. Even though school directors, who make decisions about applications should not discriminate children based on the place of residence[16], statistics suggests that all

[15] Some parents apply for two to three kindergartens in Ružinov, knowing that the capacity is limited.

accepted children were residents of Ružinov. Because of the high amount of applications, the 2017 registration period was shortened, from one month to several days only (Ružinovské echo 2017).

3.2. Wages and employment structure

Employment in public kindergartens increased since 2012 to 14,777 teachers in 2017. In 2012, feminisation in the sector reached 100% which in other words means that zero male teachers were employed in pre-primary education (OECD 2015). This trend continues and 2016 statistics on employment in pre-primary education has only the category "female teachers including school directors"[17] (CVTI 2017).

Case study: Childcare facilities in municipality Bratislava II - Ružinov

In district Ružinov, 317 teachers and one assistant were employed in 2016 (as of September, CVTI 2017). According to the representatives of municipality, all teachers in kindergartens and nursery schools were woman, and they are not aware of any man working as teacher. Nevertheless, male workers are usually employed as non-pedagogical staff and on the basis of agreement contracts for work performed outside an employment relationship (LOCG2).

Contributing factor to the feminisation of the sector is low remuneration of teachers. In 2016, the average wage of teacher in kindergarten was below the national average by almost a 100 EUR (816 vs. 912 EUR, see table 10). The situation is even worse for teachers in richer regions such as capital city Bratislava, where the average wage reaches approximately 1,300 EUR in 2017. Similarly to primary education, wages are set by the government that specifies wage tariffs for public sector.

Table 10. Development of average wages of pedagogical employees in pre-primary education (2000-2016), in EUR

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008
Avr. wage	287.92	310.76	370.47	403.70	406.22	467.63	514.14	548.29	589.69
Year	2009	2010	2011	2012	2013	2014	2015	2016	
Avr. wage	635.23	633.72	632.74	644.02	675.26	718.51	763.96	816.64	

Source: CVTI, own calculations
Note: Average wages before 2008 are calculated with exchange rate 1 EUR= 30.126 SKK

[17] In Slovak language, female nouns have different ending: učitel (male teacher), učitelka (female teacher).

3.3. Reforms in childcare

Since pre-primary education belongs to the regional education together with the primary education, majority of acts and policies described in chapter on primary education cover and are applicable for childcare too. Two main legal acts relevant for re-primary education are Act No. 245/2008 Coll. on upbringing and education (so-called "School Act") and Act no. 317/2009 on Pedagogical Employees and Specialist Employees.

The content of pre-primary education was specified in the state educational program, approved in June 2008, which defined curriculum and requirements for all children attending kindergartens, including the basic minimum required competencies that children have to handle. On July 6, 2016, the Ministry of Education approved a **new school educational program for pre-school education** (No. 2016-17780/27322:1-10A0**)**, valid for all kindergartens since September 1, 2016 (Štátny pedagogický ústav 2016). Next to a detailed description of curriculum, the state guarantees the quality of all pre-primary institution 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 **program to increase the capacity of kindergartens** and school canteens with the aim to increase overall enrolment of children to 95%, with the budget of 5 mil. EUR. Another, similar program was introduced in 2015, now with the budget of 14.5 mil. EUR. 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 2017). According to its critics, it had several problems with long procurement process (including fake companies applying for the grant), administration and outcomes that were not visible (LOCG2). The lack of capacities in kindergartens has led to a new proposal on nursery schools, so-called **"Nursery Act" (*jasličkový zákon*)** within the amendment to the 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 Slovakia) and day care activities are offered by private providers. Since kindergartens offer services for children starting the age two, there is a one-year overlap between the two facilities and parents can thus chose between them. This, nevertheless, does lead to a discrimination of children in nursery schools, since the new proposal does not establish mandatory educational program in nursery schools for children aged 2-3 years, while it exists in kindergartens.

Prior to the proposal, no regulation for nursery schools in Slovakia meant that without the definition in law, anyone could open the nursery school. The Nursery Act changes this situation. The Slovak MP Simona Petrík who led the petition against the Act in its initial form from 2016, argues that the current draft is still too strict and may even destroy existing nursery schools for its too detailed requirements on space, room size, etc. After the proposal went to a Constitutional Court, the unemployed parents have also right to apply for a nursery

school, nevertheless, children of employed parents and student parents have priority. The Act is expected to be valid from January 1, 2018.

In early November 2017, a representative of the government for the 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 in Slovakia (SME 2017c). This is in line with a proposal in the reform document "Learning Slovakia" (Burjan et al. 2017), which also includes chapter on pre-primary education (see again section 2.3)

In sum, similarly to the situation in primary education, pre-primary education lacks systemic approach and reforms usually tackle individual, salient issues. Moreover, in comparison to the primary education, childcare appears to be lower on the priority list of both the government but also social partners, as we will show in the following section.

3.4. Industrial relations in pre-primary education

At the higher level, pre-primary education falls into the industrial relations structures in the whole education sector (see Section 2.4 on industrial relations in primary education). However, not all three trade unions have members from pre-school establishments, but the exact information is scarce. The organisational structure of the biggest trade union in education OZPŠaV has three sub-sections (trade union's bodies), association of primary schools, association of secondary schools, and association of tertiary 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 (OZPŠaV 2017).

At the establishment level, collective bargaining takes place between the representatives of trade unions in education and the employer, in this case, the director of kindergarten.

Case study: Childcare facilities in municipality Bratislava II - Ružinov

According to the trade union representative from OZPŠaV, all kindergartens in Ružinov with an established trade union conclude an establishment-level collective agreement (EDU3). This was confirmed by representatives of the local government office, who stated that each of 11 kindergartens has a valid collective agreement (LOCG2).

3.5. Role of industrial relations in shaping the sector

Similarly to the situation in primary education, the most salient issue in pre-primary education is funding and low wages. Second, closely related to the funding, is a problem of insufficient capacity and no guarantee of place for children. Third, transparency of kindergarten is not

high, especially regarding the decisions on acceptance. Financial crisis did not influence the sector besides an indirect effect related to the increase of number of children and related insufficient capacities. Funding of pre-primary education is the responsibility of municipalities who are their founders. Only schools and facilities that are part of the school network can receive public funding. Although all state kindergartens are automatically in the system, private and church kindergartens can ask to be part of the school network too and subsequently, receive 88% of financing for a child (compared to public institutions). But even though they pass the obligations necessary to be part of the network, municipality needs to approve it. Thus, they play a crucial role in deciding who will enter the market. This is criticized by the Alliance of Private Kindergartens (*Aliancia súkromných škôlok*) which claims that if the town major does not want, he has no obligation to increase the capacity for children in kindergartens. It argues that municipalities, which are also founders of state kindergartens, may be afraid of increased competition or additional burden of financing. Anecdotal evidence shows instances of private kindergartens that asked to join the state network, however, were refused by the town representatives (LOCG2).

Low wages, similarly to the situation in primary education, do not attract new teachers and perpetuate domination of female employees. The representative of the Alliance of Private Kindergartens, Mrs. Gomez claims that qualification of employees 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 the university, which determines who is qualified staff to care for children up to three years*" (Učiteľské noviny 2017).

Second issue which relates to funding is the problem of insufficient capacities for children. To address it, some Slovak MPs propose a guarantee of place for children from 3 years of age (LOCG2) and an obligation to establish and finance new facilities. Similarly, the New Education Trade Union calls for legal stipulation of the minimum age for the child to be admitted to the nursery school (3 years old).

Social partners do not engage in above mentioned discussions equally. Trade unions mostly address the issues of low wages of pedagogical employees in kindergartens, however, based on nation-wide public discussions and media coverage, pre-primary education and wage increase applicable for this category of workers are not their priority. The proposed memorandum on wage increase in education that was dismissed by the representatives of OZPŠaV in August 2017 counted with the 6% wage increase for pedagogical employees in pre-primary education too. Nevertheless, wage increase in pre-primary education is often dependent on the outcomes of bilateral meetings between the Ministry of Education and municipalities united in ZMOS.

Municipalities as employers in pre-primary education play crucial role in shaping the sector, since they are directly responsible for the funding as part of their original competences. 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 negotiates with the Ministry a transfer of several facilities in pre-primary education under the state funding (transferred

competencies of state). Although active in questions of funding, ZMOS do not specifically address other issues in pre-primary education. For an illustration, in the document from 2013 that summarized conclusions and outcomes of ZMOS program conference on education, no reference to pre-primary education is found.

Last, pre-primary education suffers from lower transparency in decision making process on acceptance of children, which is even more salient in recent years when the number of unsuccessful application has risen. Directors of kindergartens have rights to accept children without any justification besides basic requirements on what children needs to know before enrolment to kindergarten, since there are no criteria defined (LOCG3).

Case study: Childcare facilities in municipality Bratislava II - Ružinov

The social partners in Ružinov identified several issues in their kindergartens. First, the district struggles with insufficient capacities for children. The representatives of local office claim that although they increase capacity every year, it is hard to foresee how many children will actually apply every year (moving, etc.). The municipality comments on new development projects in the district and with every new housing, it tries to secure sufficient capacities for the children. Second, the municipality struggles with attracting new workforce because of its low wages and 100% of female employees in the sector. Only one public nursery school in the municipality has currently 56 children in three departments with two teachers per class working on shifts. They also criticize a disproportional burden put on the directors of kindergartens after every new reform. In addition, they point out an increase amount of stress for teachers who often act as mediators between divorced parents and in some cases were even expected to testify in courts (LOCG3). Regarding their role in shaping the sector, municipalities regularly comment on legislative proposals, however, their demands are rarely accepted (LOCG3). Similarly, the most common strategy of trade unions is to comment on legislative proposals via their representatives at the higher, sector level (EDU3+LOCG1).

3.6. 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 spread of a good word. As a first step, some politicians want to oblige kindergartens to publish their educational programs on their webpages and thus increase available information for parents (LOCG2).

In 2012, the Ministry of Education published on their website a Slovak translation of the OECD report “Quality Matters in Early Childhood Education and Care: SLOVAK REPUBLIC 2012” which should serve as a “quick guideline” for support of the quality of pre-school education and specifies five policy tools to support quality education. According to the

report, evidence suggests that 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 high."* (Burjan et al. 2017).

Nevertheless, pre-primary education in 2017 lacks comparable outcomes, comparisons or rankings as published in case of primary education in Slovakia.

4. Industrial relations and their role in shaping the public sector: hospitals

4.1. Overview of the sector

The hospital sector is a relevant sector of the Slovak economy and has been subject to several key reforms and relevant developments from the industrial relations perspective since the early 2000s. This section provides an overview of most important trends; and evaluates the role of industrial relations actors in shaping the key reforms and the quality of public services in the hospital sector. Because the authors' research expertise in the past decade has focused extensively on Slovak healthcare reforms and industrial relations, this section draws widely on data collected and interviews concluded for earlier projects and analysed within the authors' 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 2011).

The majority of healthcare in Slovakia, including hospital inpatient care, is publicly provided. According to OECD Statistics, current expenditure on healthcare funded by the government and compulsory schemes stood at 89 per cent in 2000 and declined to 79 per cent in 2016.[18] The growing number of private providers specializes in selected health services, i.e., one-day surgery, medical services outside the hospital subsector, and care homes for elderly. In hospital services, private providers do play an increasingly important role, but so far wide scale material privatization of hospital ownership did not occur in Slovakia. Instead, smaller regional hospitals were formally privatized, or corporatized: their ownership remained in the hands of local governments but these decided to subcontract hospital operation to private providers on a long-term basis. The main features of hospital corporatization are presented in Section 4.3 and analyzed in greater detail in Kahancová and Szabó (2015).

Two most important challenges that the hospital sector has been facing include the following: First, there are constant pressures on the financing of hospital incomes. The majority of public funding is channelled through health insurance. The state pays insurance for selected individuals, i.e., children, retired, unemployed, public and state servants). Amounts channelled to health insurance companies from the state are fixed and underwent only minor adjustments despite political debates before each election and in each incumbent government. At the same time, employees of private firms contribute with a particular % of their salary, which causes a discrepancy in the amounts that health insurance companies receive from the state and from private sector employees. Nevertheless, the public medical service functions on the basis of solidarity and each patient receives the same kind of treatment regardless of his/her contributions. Social partners and professional associations pressure the government to

[18] Source: OECD Health Statistics, extracted on August 9, 2017.

increase contributions, which would channel more funds to healthcare and possibly help contributing to an improved healthcare service and more effective hospital management.

The second major problem, identified especially by trade unions, is the discrimination in working conditions because of a dualized hospital structure that emerged after reforms in the first half of 2000s. Reforms brought new roles for larger and better-equipped hospitals with a direct state ownership (providing also education for medical students, therefore faculty/university hospitals[19]); and for smaller public hospitals supervised by lower administrative units, i.e. regional governments. Large faculty/university hospitals have better access to finances in case of debt creation, while smaller hospitals and specialized public healthcare organizations underwent the process of corporatization in order to avoid their direct dependence on the state budget and debt accumulation. Such differentiation in access to public finances has the following consequences (Kahancová 2011):

- discrepancy in the scope of health services as well as wages and working conditions of healthcare personnel in university hospitals operated by central government and regional hospitals operated by local governments and private investors (see Section 4.2),
- differences in the scope of wage bargaining in the two types of establishments, especially since healthcare workers are after reforms no longer public servants subordinated to pay scales in the public sector according to the Act 553/2003
- migration of health professionals to better paying employers (larger hospitals) and abroad,
- shortages of healthcare personnel in regional hospitals because of their larger budgetary constraints compared to large state-run hospitals

4.2. Wages and employment structure

Employment in public services in Slovakia remained remarkably stable during the whole reform period since early 2000s (Kahancová and Martišková 2016: 277). In 1999, Eurostat reported 155,2 thousands of employees aged 15-64 working in health and social work. With minor turbulences, employment levels rose to 162.1 thousand in 2013 (Eurostat). The crisis did not have a significant effect on employment levels, because the Slovak government's response to the crisis included wage freezes and employment growth instead of employment cuts (Kahancová and Martišková 2016: 279). While overall employment in healthcare shows stability, reforms in healthcare and public sector in general increased the complexity of employment structures. There are several categories of employees (both medical and non-medical) in hospitals and their working conditions are subject to different regulation according to hospital ownership form (see Section 3.5 on hospital reforms below). Table 11 presents the reported figures on employment in each occupational group and hospital type. The largest group is nurses (15,900 nurses working in Slovak hospitals in the first quarter of 2017), followed by medical doctors (7,064 doctors in the first quarter of 2017) and the

[19] Prior to 2010, such hospitals were called Faculty hospitals because providing training as part of education to medical students. Since 2010, several large Faculty hospitals undergo transformation to University hospitals, which provide education both for doctors in training and students of other medical professions, i.e., nurses and care workers enrolled in university education.

medical orderly group (3,303 in the first quarter of 2017).

Table 11. Employment in Slovak hospitals

	Large state-run hospitals	Psychiatric hospitals and care homes	Public allowance organization	Not for profit organization	Shareholder company	Ltd company
Medical doctor	4287	108	675	800	714	39
Nurse	9173	470	1614	1943	1740	98
Midwife	494	0	153	123	47	10
Laboratory worker	611	4	194	207	86	11
Physiotherapeut	314	28	96	161	57	7
Medical rescue expert	63	0	28	41	12	0
Healhcare assistant	1038	85	216	263	216	10
Radiology expert	366	2	80	106	83	10
Medical orderly	1659	103	422	592	316	29
Laboratory diagnostics	135	0	18	25	12	0
Non-medical staff type 1	1102	81	161	298	288	8
Non-medical staff type 2	522	53	93	182	94	5
Blue-collar non-medical assistance	3330	373	857	1409	539	46
Employees in total	23094	1307	4607	6150	4204	273

Source: SOZZaSS Newsletter 6/2017 (wage and employment statistics), based on data from the National Centre of Healthcare Information (Narodne centrum zdravotnickych informacii, NCZI) (http://www.sozzass.sk/userfiles/04_bulletin/2017/25NO/2017-06_IB_no25_SOZZASS.pdf, accessed August 8, 2017).

The distinction of occupational groups and hospital types is relevant in the Slovak context in the light of the dualized hospital structure and recent fragmentation of interest representation of employees. While medical doctors act publicly as a unified group through the doctors' trade union LOZ, there are more cleavages between nurses (partly represented by the largest trade union SOZZaSS and partly by the youngest union OZSaPA) and other healthcare personnel. As wage increases were occupation-specific in the past five years, this increased cleavages also between doctors' and nurses' organizations and raised discontent among other healthcare workers' occupations who did not enjoy the same extent of wage increases as doctors and nurses. Cleavages are further pronounced because of differences in working conditions between large state-run hospitals and smaller regional hospitals (in various organizational forms).

The complexity of employment structures and related wage setting mechanisms has become more pronounced also in the light of the fact that corporatization of hospitals influenced employees' statuses: the majority of employees lost their status of public servants and their wage setting policies were no longer connected to wage tariffs for public service negotiated in

the national tripartite council. However, trade unions, especially SOZZaSS, still consider the public service tariffs as an important benchmark for wage bargaining in hospitals.

Currently wages of some employees are thus subject to collective bargaining based on the Labour Code, wages of some occupational groups are legislatively guaranteed (i.e., medical doctors), and wages of some occupational groups (i.e., technical and other non-medical hospital staff) are part of wage regulations in public services.

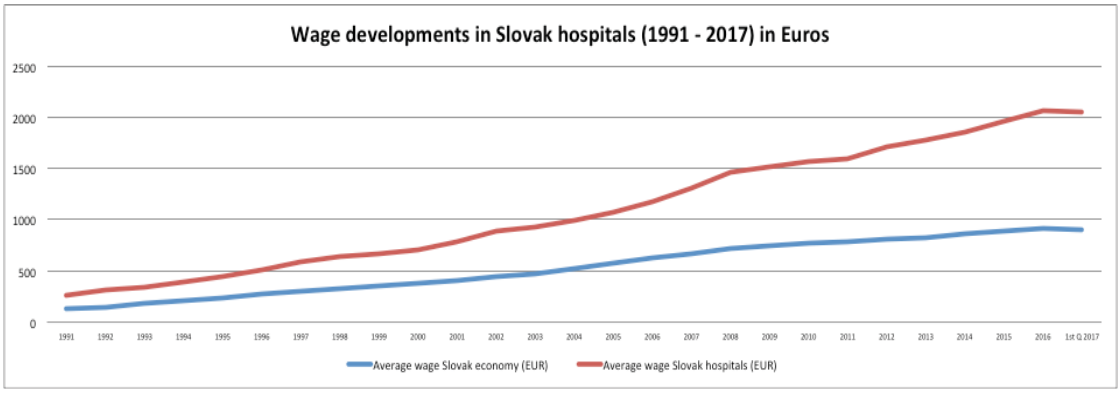
Although being crowded out to some extent by legislation, collective bargaining nevertheless still plays a key role in wage setting in hospitals. Since the first wave of key hospital reforms, hospitals developed their own independent bargaining system after 2006. Between 2006 and 2011, wages in hospitals were determined through single-employer and multi-employer bargaining separately for large state-operated hospitals and for smaller 'regional' hospitals in the hands of local governments 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 specialization, function and the hospital ownership type (see Section 4.3 on hospital reforms). Since 2011, wage setting for particular occupational groups was affected first by the 2011 medical doctors' campaign for legally guaranteed wage levels, yielding significant wage increases via legal regulation. In 2012, the nurses' organized action yielded legally stipulated wages for nurses, too, but this piece of legislation was later recalled. In the context of trade unions' strive to return to pre-2006 wage setting mechanisms for hospital workers, after 2012 trade unions engaged in more intensive action to push for a legal regulation of wages for all healthcare personnel. Such legislation was passed in 2015, but faced harsh critique by trade unions (especially the smaller and more militant occupation-specific unions LOZ and OZSaPA). Despite that the general trend towards supporting wage setting through legal regulation instead of collective bargaining persists.[20]

Since 1991, we notice two important trends in wage developments (see Figure 7). First, the average wage levels in hospitals were increasing. Second, the average wage in hospitals was increasing faster than the average wage in the Slovak economy in general. Hospital wage increases were often accelerated by the action of employees and trade unions upon 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. In 2012, a new legislative wage regulation for nurses was introduced, and although recalled in the same year, interview informants maintained that most hospitals did not take away the wage increases already granted to nurses based on this legislation in the first half of 2012. This again translated into the increasing average wage.

[20] See Section 4.5.2 for more details on social partners' efforts related to changes in the remuneration system from bargaining to legislative solutions.

Figure 7. Wage developments in Slovak hospitals compared to the national economy



Source: Národné centrum zdravotníckych informácií (NCZI, National Centre of Healthcare Information), data published in SOZZaSS Newsletter June 2017.

Despite growing averages, wage increases affected each occupational group and each type of hospital differently. Discrepancies occurred due to the dual structure of the hospital system that emerged from the corporatization reforms launched in 2006 (see section 4.3). 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 act like market actors and avoid debt creation. This duality translated also into wage setting. Wages in state-run hospitals were and continue to remain higher than in smaller regional hospitals (see Table 11). Differences are further pronounced through the organizational form of regional hospitals and the owner/service provider (see Table 12). Recent years saw an increasing trend of formal and material privatization; and in some cases, wages in regional hospitals (especially in the form of shareholder companies) 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 hospitals operators.

Table 12. Average wages of hospital employees by hospitals' organizational formin EUR (Jan-March 2017)

	Large state-run hospitals	Psychiatric hospitals and care homes	Public allowance organization	Not for profit organization	Shareholder company	Ltd company
Medical doctor	4287	108	675	800	714	39
Nurse	9173	470	1614	1943	1740	98
Midwife	494	0	153	123	47	10
Laboratory worker	611	4	194	207	86	11
Physiotherapist	314	28	96	161	57	7
Medical rescue expert	63	0	28	41	12	0
Healthcare assistant	1038	85	216	263	216	10
Radiology expert	366	2	80	106	83	10
Medical orderly	1659	103	422	592	316	29
Laboratory diagnostics	135	0	18	25	12	0
Non-medical staff type 1	1102	81	161	298	288	8

Non-medical staff type 2	522	53	93	182	94	5
Blue-collar non-medical assistance	3330	373	857	1409	539	46
Sum total employees	23094	1307	4607	6150	4204	273

Source: Národné centrum zdravotníckych informácií (NCZI, National Centre of Healthcare Information), data published in SOZZaSS Newsletter June 2017.

4.3. Reforms and key trends in healthcare policy

Healthcare reforms that significantly influenced the hospital structure, health service provision and interest representation intensified between 1998-2006. Reforms introduced in this time period aimed at liberalisation, market competition, and a strengthened legal framework for private healthcare provision.

The current situation in the sector has been significantly affected by a major healthcare reform, starting with the Dzurinda government in 1998. Reforms aimed at introducing market principles into the healthcare sector. First, the government paid the debt of all public healthcare institutions – both large state-operated hospitals and smaller so-called regional hospitals – in order to give an equal starting point for each type of establishment on the reformed market. However, this healthcare reform failed to be fully accomplished due to a variety of political pressures and a 2006 government change from centre-right to social democratic. Major aspects of this reform, as analysed in Kahancová (2012), are summarized below.

First, from 2003 patient fees in cash were implemented.[21] For individuals who could not afford these fees, state contributions were introduced. This reform step has brought over 50 million EUR into the healthcare system. The number of visits at general practitioners decreased by 10%, at emergency hospital departments by 13%, at specialists by 2% (Kahancová 2012). The number of hospital visits decreased by 2% and expenditures on medications also declined. In a survey, 1.5% of respondents stated that they stopped going to the doctor, because of the fees (Pažitný 2013).

Second, the Ministry introduced a substantive change in its medication policy. From november 2003 fixed surcharges for medications requiring prescription were introduced. In terms of setting financial priorities on medications, the Ministry of Health preferred to cover costly oncological/cardiological medicines to e.g. common antibiotics. In consequence, patients had to start contributing higher surcharges for commonly used medications, which produced some decline in consumption of medications.

Third, the state has bought out the accumulated debts of public hospitals health care establishments through a shareholder company established for this purpose *"Veritel', a.s."*. This step resulted into a decrease in healthcare sector debt by 33 billion SKK.

[21] 20 SKK per medical visit and per pharmacy prescription; 50 SKK per person per one day of hospital stay; 2 SKK per kilometre for transportation with an ambulance; 20 SKK and later 60 SKK for medical emergency assistance and medical assistance at hospital emergency department.

Fourth, health insurance companies and hospitals were transformed from state-owned facilities to non-profit companies or shareholder companies. This ensured transparency, introduced tough fiscal criteria, allowed for profit creation. Following a market principle, health care companies were expected to compete for patients and profits. Private health insurance companies entered the market and the competition for patients has sharpened. Many patients switched from public health insurance companies to private ones.

Fifth, from 2003, 59 small and medium-sized hospitals were corporatized and their ownership was transferred from central to local government (i.e., cities or municipalities), while large university/faculty hospitals and specialized medical institutes remained under direct state control. Shortly before the 2006 elections, the reform government stopped the corporatization of hospitals. After the 2010 government change, corporatization of hospitals (transformation from state budgetary organizations onto shareholder companies) has been re-launched, aiming at an effective management under the same conditions that apply to other shareholder companies in the whole economy. This process has been stopped by significant militant action by the medical doctors' trade union targeting the government in late 2011 (see Section 4.7).

Finally, the Health Care Surveillance Authority, an independent body overlooking the activities of health insurance companies and healthcare providers, was established. This Authority plays a role in mediating the patients' and clients' influence on the rise of the quality of public services provided by hospitals (see Section 4.6.1 below).

After 2006 further reforms were introduced, some of which were counterproductive to the earlier reforms. Fees for medical visits were abolished and fees for a pharmacy recipe declined. Hospital corporatization did not continue. The government prohibited profit creation of private health insurance companies. The independence of the Health Care Surveillance Authority became limited as this institution became subject of control by the Ministry of Healthcare. The accumulated debt was again rising, especially in the large state-operated hospitals.

From 2008 there has been selective contracting between health insurance companies and healthcare providers. The government approved the network of 34 preferentially treated healthcare providers – all of them are subordinated to the Ministry of Healthcare. Since 2010, the preferential treatment of non-corporatized state-run hospitals became supported by the government, but the distinction between two types of hospitals due to earlier reforms persists (Kahancová 2012).

The most important consequence of the liberalisation reforms is the increased diversity in organizational forms of hospitals, their access to public finances, and the effect of these factors on employment conditions. Instead of material privatization, defined as a change from public to private ownership structure, Slovak reform makers opted for formal privatization or corporatization (Brandt and Schulten 2007: 1; Schulten and Boehlke 2009; Kahancová and Szabó 2015).

On the one hand, large state hospitals remained directly subordinated to the central government (Ministry of Healthcare) continue to enjoy better access to finances and were on several occasions subject to debt bailout by the state. The first bailout was introduced in the early 2000s hand in hand with launching the corporatization reforms. The second bailout occurred during the 2006-2010 rule of the social-democratic government of Robert Fico. The third bailout was approved by the right-wing government coalition led by Iveta Radičová in 2010-2012. Despite several bailouts, the debt created in hospitals is continuously on the rise. In 2016, the total debt in healthcare reached 647 240 000 EUR. State-run hospitals are responsible for the largest part of this debt, namely 547 160 000 EUR. The fourth bailout is subject to government negotiations in 2017 (Aktuality 2017).

On the other hand, smaller (regional) hospitals and specialized public healthcare organizations underwent corporatization, meaning that their ownership was transferred from central government to local government (municipalities, regional governance units and similar). These hospitals have to act as private market actors without the state bailout option. Due to higher budgetary constraints to operate these hospitals and the limited funds of local governments, local governments increasingly rented out these so-called regional hospitals to private investors. These operate the hospitals based on a contract for a time period of 20-30 years, but the recent years also brought material privatization when the largest private players acquired not only management rights but also shares in these hospitals.

The largest private investor in the Slovak hospital structure is Svet Zdravia, a.s., within the financial group Penta Investments. Currently Svet Zdravia operates 17 regional hospitals and aims at restoring these hospital's financial stability, introduce modernization, improvement of services and strengthening the network effects between these hospitals (cooperation across these hospitals in medical, diagnostic and laboratory services and in public procurement issues[22]). Besides Svet Zdravia, the Czech investment group Agel is an important player in operating regional hospitals in Slovakia. Between 2003 and 2015, Unipharma also operated several regional hospitals, but decided to withdraw from this activity and transferred its management rights onto a company closely related to Agel (Aktuality 2015).

Budgetary constraints of regional hospitals derive from health insurance companies' contractual limits concerning the number of treated patients/clients and charges per particular service/diagnosis. Corporatized providers bargain about their contractual terms individually with insurance companies.

4.4. Industrial relations in the hospital sector

The healthcare sector and in particular the hospital subsector is well organized both on the side of employers and employees, although fragmentation occurred both among employers' organizations and trade unions. Social dialogue at sectoral and national level addresses

[22] Source: website Svet Zdravia (https://www.svet-zdravia.sk/), accessed August 3 2017.

systemic and strategic challenges facing the healthcare sector, as well as social consequences of legislative developments for healthcare employees. Collective bargaining has been firmly established at both single and multi-employer (sector) levels. Issues of pay, working conditions, career development, gender equality, 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 sector and national levels.

Healthcare reforms, especially the first wave of corporatization before 2006, yielded two important consequences for industrial relations and wage setting mechanisms. First, hospital workers were excluded from wage setting in public services. Second, hospitals have been free to develop their own bargaining structures. In contrast to Czechia, multi-employer and sectoral bargaining in Slovakia survived the reforms because of two reasons. First, there was little initial fragmentation on the side of employers and trade unions. There was only a brief period in the immediate post-reform years when fragmentation occurred among employers' associations, resulting from the diverging interests of large state-owned hospitals (often privileged by governments through bailout packages and preferential policy measures), and of the corporatized regional hospitals facing hard budget constraints (Kaminska and Kahancová 2017). Second, both unions and employers remained committed to multi-employer bargaining in addition to single-employer bargaining, taking the wage levels set for public services as an informal benchmark for their own bargaining systems. Table 13 below summarizes the key features of industrial relations in Slovak hospitals.

Table 13. Industrial relations in Slovak hospitals

Trade unions	Slovak Trade Union Federation of Healthcare and Social Work (Slovenský odborový zväz zdravotníctva a sociálnych služieb, SOZZaSS) Medical Doctors' Trade Union Federation (Lekárske odborové združenie, LOZ) Trade Union Federation of Nurses and Midwives (Odborové združenie sestier a pôrodných asistentiek, OZSaPA)
Estimated trade union density in hospitals	51% in total (2006), including: SOZZaSS 46.5% (2006), LOZ 4.2% (2006)* OZSaPA around 2,000 members (2014), density n/a
Employers' associations	Association of State Hospitals of the Slovak Republic (Asociácia štátnych nemocníc Slovenskej republiky, AŠN SR), 25 members (2017) Association of Hospitals of Slovakia (Asociácia nemocníc Slovenska, ANS), 71 members (2017)
Dominant bargaining level for collective agreements	Sectoral/multi-employer level (separately for AŠN SR and ANS); Establishment level, Sectoral tripartism** (Sectoral Council for Economic and Social Accord - Rada hospodárskej a sociálnej dohody v rezorte zdravotníctva; Council for Economic and Social Partnership - Rada hospodárskeho a sociálneho partnerstva)
Sectoral bargaining coverage***	95% (2006)

Source: Eurofound (2009 and 2011), Kahancová and Martišková (2015), Pravda (2017), website of ANS, www.asociacianemocnic.sk

* Estimated density of particular unions within the healthcare sector, Eurofound (2009)

** Source: ANS website, www.asociacianemocnic.sk [accessed 2 August 2017].

*** Percentage of employees in the sector covered by a multi-employer collective agreement, Euforound (2009)

The structure of social partners in the hospital sector saw more important changes in the past five years. After stabilizing the structure of the employers' associations separately for state-

run and regional hospitals, cleavages started to emerge on the employees' side. Reasons behind such cleavages resulted from dissatisfaction of particular occupation groups with the way existing trade unions represented their interests. SOZZaSS is the largest trade union and claims to represent the interests of all occupational groups. Convinced of their specific needs, medical doctors established their own trade union LOZ already in 1996 and since then fought for better working conditions and remuneration for doctors (SME 1996). There is little cooperation between SOZZaSS and LOZ in some bargaining rounds, with collective agreements occasionally signed only by one of these unions if the other one did not agree. In general each union developed separate public types of influence, with SOZZaSS preferring to stay committed to established bargaining channels and seeking political support, while LOZ turned out to be more militant, organizing public protests, openly criticizing the healthcare system and corruption therein. The action of LOZ peaked in 2011 when LOZ organized a doctors' resignation campaign. This campaign put the provision of healthcare services (predominantly in hospitals) into danger and pushed the government of Iveta Radicova against the wall in accepting doctors' demands for wage increases via legal regulation instead of collective agreements, and meeting the condition of LOZ not to implement the second wave of hospital corporatization (c. f. Kahancová and Szabó 2015). SOZZaSS and LOZ thus became firmly established and important players in representing health workers' interests in Slovakia. In 2012, these unions saw the emergence of a third trade union – OZSaPA organizing nurses and midwives who felt misrepresented by SOZZaSS (TASR 2012). Since its emergence, OZSaPA's relationship to SOZZaSS is openly antagonistic but cooperative to LOZ and vice versa. LOZ often expresses support to the activities of OZSaPA and vice versa, but the campaigns and actions of these unions remain separated[23].

While all unions (SOZZaSS, LOZ and OZSaPA) in principle agree to focus their efforts on harmonizing working conditions and equal pay for equal work (regardless of hospitals' corporatization status), and addressing staff shortages and high overtime work, their strategies to reach these goals greatly differ. 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.

4.5. Role of social partners in shaping the healthcare sector

Despite reforms and wage increases, the Slovak healthcare sector's reputation in terms of wages and working conditions did not significantly improve. Social partners continue to address the main challenges in the hospital sector through tripartite social dialogue, multi-employer and single-employer bargaining but increasingly also action in the public space including campaigns, protests, and media debates.

The most important challenges to which social partners attempt to contribute include:

[23] Source: websites of LOZ (http://www.loz.sk/) and OZSaPA (http://www.ozsapa.sk/) .

- changes in the dualized hospital structure
- wages and wage regulations

Other challenges that social partners tried to address included medical staff shortages especially in smaller regional hospitals and the attempt of the youngest trade union OZSaPA to gain access to sectoral tripartism in healthcare and to collective bargaining in some hospitals where the SOZZaSS trade union dominates.

4.5.1. Social partners' efforts related to the hospital structure

Inspired by the Czech union of medical doctors, LOZ organized a successful resignation campaign of doctors in late 2011 when about 2,400 of the 6,000 hospital doctors committed themselves to resigning if union demands were not met by the centre-right government (Aktuality 2014). Among the LOZ's central demands were wage increases (to exceed the average wage in the economy up to 2.3 times in the period of two years since 2012) and a halt to corporatization of large state-operated university hospitals. Facing a collapse of the hospital system, the government agreed to gradual wage increases and stopped the corporatization process. Corporatization efforts were not revived after this initiative, and the hospital structure still shows duality. However, some convergence in working conditions has been observed due to other types of social partner actions and government policies, especially in wage regulation. Recently the government has been considering a bailout also for the corporatized hospitals, which would yield an important change to the hospital managements with impact on the scope and quality of service provided and working conditions in these hospitals.

4.5.2. Social partners on wages and wage regulations

In the past decade, collective agreements stipulated wage increases, contributions to lifelong learning, and addressed health risk factors. Discrepancies deriving from the dual hospital structure are also reflected in collective bargaining, because ASN SR has larger manoeuvring space to offer wage improvements due to lower budgetary constraints. In consequence, social partners were able to negotiate relatively high wage increases through multi-employer bargaining in state-run hospitals:

- 10% from May 2006
- 10% from December 2006
- 10% from June 2007
- 10% from February 2008

Because of crisis-induced austerity measures, social partners did not agree on wage increases after February 2008. A mediator's decision stipulated a wage increase of 2.5% from November 2009 and 2.5% from April 2010. These increases relate exclusively to multi-employer bargaining; and each hospital could negotiate further increases in single-employer bargaining.

The situation with wage increases differed in the corporatized hospitals. Unions signed the last pre-crisis collective agreement in 2006 and failed to conclude an agreement afterwards. In August 2009, a mediator's decision stipulated two waves of wage increases (3-4% from September 2009 and 3-4% from March 2010), financial compensation for uneven working hours in case of shift work, overtime and shift work premiums beyond the law. Since then, bargaining became increasingly difficult and most often ends without an agreement. Mediation has been gaining importance for the regulation of working conditions in hospitals.

To overcome discrepancies in wages and working conditions across different healthcare providers, social partners have been recently more active in legislative solutions. Following LOZ's action, OZSaPA and the Chamber of Nurses and Midwives (SKSaPA) have pushed for a legislative stipulation of nurses' wages since 2012. OZSaPA did succeed in introducing legal regulation on nurses' wages, in 2012, but the ruling of the 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. After three years of negotiations with the government, the Act was finally passed in late 2015 but faced harsh criticism from unions. OZSaPA argued that this piece of regulation could actually produce wage decline in some cases (e.g., in case of older nurses) and did not offer any motivation to remain in the profession of a nurse, especially in conditions of high staff shortages. 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) joined, which caused shortages and reorganizations in some hospitals. In late January 2016, the Minister of Healthcare declared that over half of the nurses had recalled their resignation (PRAVDA 2016). 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).

As a follow up on the nurses' action, trade unions pushed for unified legislation on remuneration of all healthcare personnel. Despite lack of systematic cooperation between the three trade unions, each union strives for equal base wages for equal work regardless of the organizational form of the employer. Such an act has been implemented since 2016 after long negotiations and harsh critique coming especially from the nurses' trade union OZSaPA. Nurses comprise the largest occupational group of hospital employees and at the same time they do not possess such a high bargaining power as medical doctors. Therefore, the government is more reluctant to increase their wage tariffs, because this would yield high increases to state expenditures.

While the government initially wanted to apply the legal regulation on wages only in the state-run hospitals, after harsh critique and pressures from social partners the regulation now applies to all hospitals.

Employers in principle agree on unified regulation on remuneration, but ANS members call for equal access to financing in order to have at disposal an adequate budget 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 however not coupled to higher incomes to 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 to legal solutions. Kahancová (2017) argues that this shift in strategy undermines the institution of collective bargaining, because wages of 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 cleavages in the dualized hospital system, including wage discrepancies, staff shortages and migration, will come to its end thanks to the above legislative solutions.

4.6. Impact on the quality of services and working conditions in the sector

The quality of working conditions and even more of service provision in healthcare remains an issue that has received attention by media as well as policy makers, trade unions, NGOs and activists striving for improvement of healthcare services. These debates occurred hand in hand with hospital reforms and the trend accompanying these reforms, namely, growing labour shortages of hospital workers. Shortages first concerned medical doctors, especially in the years before and after Slovakia's EU entry because of work-related migration to Western Europe (Kaminska and Kahancová 2011). In recent years, labour shortages shifted towards other types of healthcare professionals, most notably nurses and midwives, Instead, many skilled healthcare professionals work in domestic care services in neighbouring Austria and other Western countries.[24]

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 relate 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 austerity measures adopted in the post-crisis years. In 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).[25]

Earlier studies extensively evaluating the quality of working conditions in the hospital sector are not available; therefore, our summary evaluation is based on the following sources:

[24] 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.
[25] Gallup World Poll in OECD Government at Glance 2017 Country factsheet Slovak Republic.

- Hospital ranking regularly published by the NGO Institute for Economic and Social Reforms, INEKO (*Inštitút pre ekonomické a sociálne reformy*)
- Earlier research of the authors on working conditions in Slovak hospitals
- Agenda of social partners, most notably trade unions in the healthcare sector

4.6.1. Impact of reforms on the quality of healthcare services

An important element in assessing the quality of healthcare services in Slovak hospitals is the pressure on quality improvements through non-governmental organizations (see Kahancová and Sedláková 2015). The most visible endeavour is the annual hospital ranking by the Slovak NGO INEKO, motived by the organization's effort to increase societal pressure on healthcare quality:

"Through providing objective evidence we aim at drawing attention of the public to the discussion about quality and effectiveness of healthcare provision. When individuals possess better evidence, they are able to take informed decisions and develop more effective pressure on improving the quality of public services. We think that the project will help patients and their relatives, but also healthcare providers" (INEKO 2017).[26]

INEKO's comparative ranking is based on over 60 variables across 150 hospitals (INEKO 2014). Variables include patient satisfaction, statistics on treatments and mortality, and transparency in finances and fiscal discipline. One of the indicators is the number of fines received from the Healthcare Surveillance Authority for incorrect provision of healthcare services. This online tool enables to monitor improvements in particular hospitals across several years and across hospitals. Press releases based on the ranking highlight where improvements in particular hospitals have been achieved and in which indicators hospitals reached a low score. For example, the state-run hospital in Nitra ranked best in the overall ranking among non-corporatized hospitals in 2016. The Nitra hospital scored very high in overall finance indicators (low debt) and payments on time. At the same time, it ranked low on transparency and openness of hospital governance vis-à-vis the public, based on a transparency index elaborated by Transparency International Slovakia (INEKO 2016). The second ranked Hospital of F. D. Roosevelt in Banská Bystrica reached the best score in hospital transparency but scored low on fiscal discipline (late payments to suppliers). Among regional hospitals, the highest overall ranking belongs to the hospital in Stará Ľubovňa, followed by the hospital in Košice-Šaca, which ranked highest in patient satisfaction (ibid.).

Another indicator that can be used for the evaluation of the quality of services and improvements in time is the number of patient claims addressed to the Healthcare Surveillance Authority and the way the authority has solved these claims. Table 14 below provides an insight into statistics between 2005 and 2013.

[26] Authors' translation to English.

Table 14. Trends in patient complaints addressed by the Healthcare Surveillance Authority (2005 – 2013)

	2005	2006	2007	2008	2009	2010	2011	2012	2013	Trend
Total number of patient requests/complaints (including unsolved cases from previous year)	1632	1523	1402	1631	1846	1734	1651	1787	1936	Increase
Number of completed cases	1430	1168	990	1406	1581	1474	1427	1498	1651	Increase
Number of cases related to adequate provision of health care services	510	748	678	933	1049	1016	961	1005	1085	Increase
Justified cases from total	101	211	146	214	206	245	282	228	227	Increase
Share of justified cases in favour of the patient	6%	14%	10%	13%	11%	14%	17%	13%	12%	Stable but low

Source: Healthcare Surveillance Authority (*Úrad pre dohľad nad zdravotnou starostlivosťou, ÚDZS*), adaptation from Health Policy Institute, published in Kahancová and Sedláková (2015).

Evidence shows that patients increasingly contacted the Healthcare Surveillance Authority with requests and complaints related to their particular hospital experience. The number of claims related to the adequate/correct provision of healthcare service are also on the rise, as well as the number of cases that the Authority found justified. This governance tool has both a motivating and a punishing effect. On the one hand, it serves as a motivating factor for hospitals to improve their services and satisfy their patients. On the other hand, 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 an increasing pressure to improve the quality of provided services. This occurs through several governance forms. While all actors (the government, patient organizations, NGOs, health insurance companies) involved in monitoring the service provision follow the same aim of better healthcare, few initiatives allow to monitor actual improvements. The most notable ones include the initiative of hospital ranking by INEKO and the overview of service provision in favor of the patient by the state-run Healthcare Surveillance Authority.

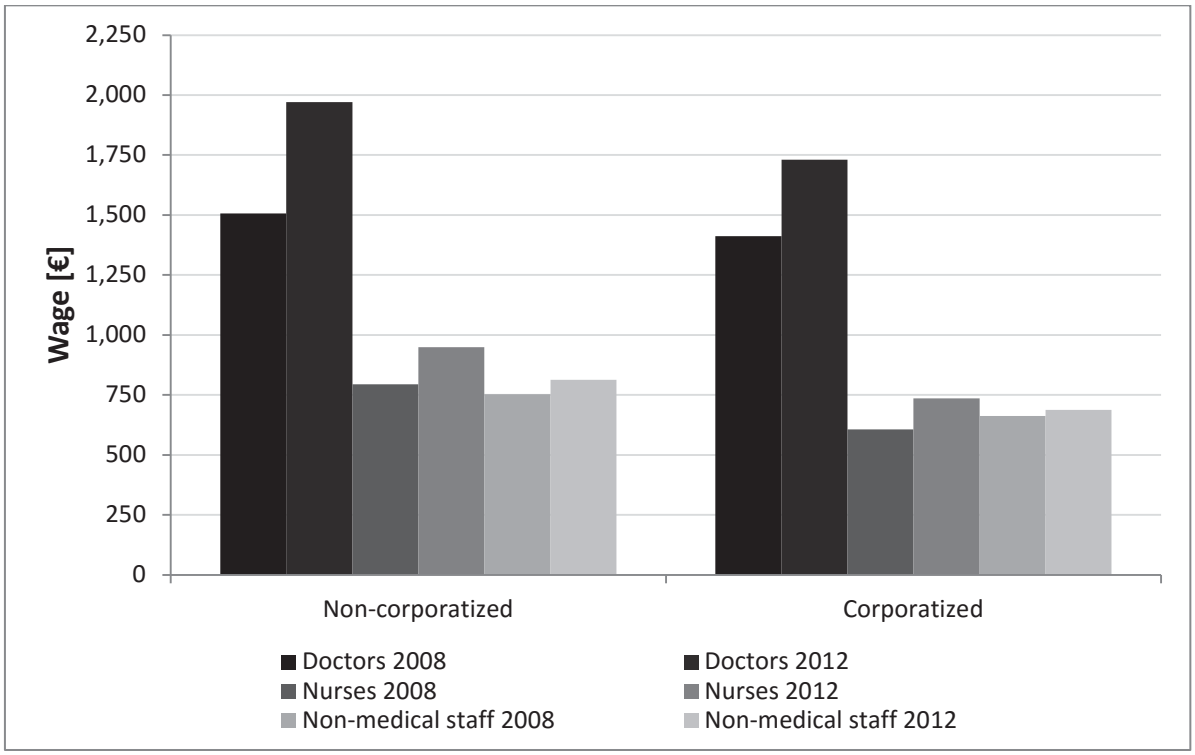
4.6.2. Impact of reforms on the quality of hospital working conditions

Changes to the quality of working conditions in hospitals, as perceived by hospital staff and trade unions, evolves mainly about trends in wages. Particular social partner initiatives related to wage increases were presented in Section 4.8.2. Here we present one indicator, which supports the above presented trend in dualization of hospitals and working conditions in them.

As noted in earlier sections, the most important effect of hospital reforms was the dualization,

with large state-run hospitals able to enjoy a state bailout on the one hand, and smaller regional hospitals without the bailout option on the other hand. 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 statistics. Figure 8 confirms that employees in corporatized hospitals had to accept wage moderation, while non-corporatized hospitals were more open to bargain concessions to 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-corporatized hospitals enjoyed higher bargaining power and managed to negotiate higher wage increases than their colleagues in corporatized hospitals. Convergence between the two hospital types and between occupational groups is slowly progressing only since 2016 when a new legal regulation, upon trade union initiatives, harmonized remuneration across all types of hospitals.

Figure 8. Average nominal wages in corporatized and non-corporatized hospitals, Slovakia, 2008 and 2012



* Arithmetic average for various types of corporatized hospitals. Averages in ech category separately show the same trends.
Source: Background calculations for Kahancova and Szabo (2015) using the data of NCZI.

5. Comparison

This section presents the most important findings from the three studied public-sector domains in a comparative perspective. We start with a comparative discussion of our findings from Sections 2, 3 and 4 regarding actors' views on reforms and post-crisis austerity as well as actions undertaken in response to such reforms in Section 5.1. Where evidence is available we also discuss the outcomes of such action and effect for the quality of public services and for sustainability of established industrial relations actors and structures. In Section 5.2, particular attention is given to social partners' responses to and impact on wage bargaining developments in the post-crisis period.

In response to the report's research questions highlighted in the introduction, Section 5.3 focuses on the direct and indirect impact of the crisis on the structure of industrial relations actors, on processes of social dialogue and collective bargaining, and on particular wage regulations. In addition, we

In this section we also evaluate how changes in industrial relations in a particular subsector resemble changes in other subsectors covered in this report. Are there similar trends in industrial relations after the crisis in education, healthcare and local government? What are the drivers of similarities and differences between the three subsectors? This comparison serves as the basis for formulating more encompassing trends and key findings in the concluding section 6.

5.1. Social partners' approaches and impact on the public sector after reforms

Social partners in the public sector were well aware of reforms. 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. In general, as Table 15 shows, unions and employers across all three studied subsectors voiced their criticism towards reforms. While in education and pre-primary education as part of local government unions criticized predominantly 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 the loss of public servant status of hospital workers, which had direct consequences on their working conditions.

Table 15: Social partners' views on reforms and impact on the sector after reforms

	Education	Hospitals	Local government (pre-primary education)
Unions	Criticize reforms: lack of transparency in financing, question the indicators of quality of schools, criticize the reforms' focus on quantity (higher no of students/pupils) at the cost of meagre quality (e.g. teacher motivation for lifelong learning via credits) Učiace sa Slovensko: some good proposals but lack of implementation means and funding	Criticize reforms: loss of public servant status of healthcare employees New unions criticize lack of access to social dialogue and CB Union campaign helped stopping hospital corporatization/privatization (2011) Union fragmentation undermines CB, shift towards legal regulation (union-supported)	Criticize reforms: lack of transparency in financing, large and non-transparent decision making powers of directors and municipalities
Employers	Strongly oppose direct financial autonomy of schools (shared aim with ZMOS in local government) Učiace sa Slovensko: some good proposals but lack of implementation means and funding	Corporatized hospitals criticize their discriminated access to public finances, however, this position motivated many hospitals to increased efficiency and restructuring (e.g. Svet zdravia hospitals), focus on selected services General effect: better quality of specified healthcare services	Alliance of Private Kindergartens: criticizes power asymmetry of municipalities regarding public funding MP initiatives to guarantee a spot for every child and publish educational programs for more transparency Centralization efforts: transfer of some competences from local to central government

Source: Summary of evidence presented in sections 2, 3 and 4 of this report.

Furthermore, while education unions voiced their criticisms towards new reform proposals (e.g., Učiace sa Slovensko) in conservative ways and mobilized for strikes only in relation to wages (see Section 5.2), healthcare unions played a central role in stopping the second wave of hospital corporatization in 2011.

On the side of employers, criticism targeted mainly the system of allocation of public funds across all studied subsectors. While reforms induced financial autonomy of schools, which faced employer criticism, hospitals that were exposed to the first wave of corporatization 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 social partners' responses to reforms on the sectors and the quality of services provided is difficult to evaluate. Based on evidence presented in Sections 2 and 4, we argue that in education social partners' actions did not yield direct improvements in the quality of services. Reforms in the system of education are challenging to implement and their effects will become visible only in the long run. The fact that Slovakia has been facing a frequent change in the Ministry of Education also yielded reforms in the post-crisis period only piecemeal and lacking an overarching long-term strategy. The National reform strategy *Učiace sa Slovensko* attempts to offer an encompassing strategic view. However, its effects, just like the expected effects of an alternative reform proposal *To dá rozum* currently undergoing by an NGO MESA10, will take years to evaluate.

In healthcare, improved quality of particular healthcare services by hospitals were achieved not as much because of social partners' actions, but, from the point of view of the state, because of the fact that the corporatization reform has been implemented and yielded a better efficiency in the hospital operation. However, at the same time, the debt of state hospitals continues to increase and a possible bailout is a political decision, which faces heated debates during each government term.

5.2. Social partners' actions and impact on wages and wage regulations

The dual structure of pay regulations, including on the one hand legal regulation vs. collective bargaining, on the other hand discrepancy between a centralized and decentralized 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 in the past decade. First, since healthcare workers lost the status of public servants, healthcare unions, most importantly the largest union SOZZaSS, have been fighting for regaining this status across all types of hospitals. At least informally, pay developments in public service served as a benchmark for collective bargaining in healthcare. There were also informal tensions between various public sector unions, especially in healthcare and education, which all fought for wage increases for their members, while the government was not ready to offer equal wage increases to the whole public sector due to post-crisis austerity (Kahancová and Martišková 2016: 291-292)[27].

Second, after the medical doctors' union LOZ reached a separate legal regulation of doctors' wages, nurses' and midwives' union OZSaPA followed the same goal. A similar trend occurred in education after 2013, where newly established actors engaged in different types of action to gain wage increases. In turn, fragmentation in actors has also caused a fragmentation in wage regulations. The most recent case of fragmentation occurred in late 2017 in the education subsector where the latest proposal for a new collective agreement incorporates wage rises only for non-pedagogical staff but not for pedagogical staff.

[27] Kahancová and Martišková (2016: 291-292) provide an overview of austerity measures and related (lack of) pay rises across various subsectors of the public sector.

Third, as social partners increasingly focused on legal regulation of remuneration instead of regulation via collective bargaining, we argue that legal regulation has been crowding out the role of collective wage bargaining in the public sector. This trend first became obvious in healthcare through mobilization and campaigning of the LOZ trade union in 2011, but a preference for legal wage regulation later enjoyed support also by other unions in healthcare.

Fourth, in the world of fragmented legal regulation for various occupational groups in public services, trade unions now support a unification of pay regulations in the public sector. In healthcare, new legal regulation has been introduced from 2016 which attempts to address remuneration of all healthcare personnel. In education, the tensions have not yet been solved and have penetrated also collective bargaining. As stated above, the education union OZPŠaV criticizes the most recent 2017 draft of the collective agreement for the education subsector, which proposes wage increases only for non-pedagogical staff (SME 2017d). SLOVES also supports a transparent and unified tariff wages in the public sector.

Further encompassing trends on social partners' actions related to wage regulation can be derived from evidence summarized in Table 16. On the side of trade unions, in all three subsectors we demonstrated more mobilization and the increased use of protest actions, strikes and demonstrations instead peaceful collective bargaining on wage claims. This resulted from the birth of new actors engaging in new strategies after several years of wage moderation with very little wage increases in the public sector in the post-crisis years.

Table 16: Social partners' actions related to wage regulation

	Education	**Hospitals**	**Local government (pre-primary education)**
Unions	Prefer more financial autonomy for schools; Call for more finances allocated to education (at least 6% of GDP) Very vocal in wage claims via CB and protest actions, strikes, demonstrations Result: over 10 waves of wage increases between 2003 – 2017	Early post-crisis years: prioritized bargaining and utilized higher bargaining power in non-corporatized hospitals and achieved higher wage increases Recent years: more strikes, protests, campaigns - strive for legally stipulated remuneration (equality in wages regardless of hospital type)	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 union achievements re wage increases (not all wage increases concerned pre-primary education)

Employers	Strongly oppose direct financial autonomy of schools Agreed to a memorandum on no-striking in exchange for wage increase Support changes in the tariff financing (relevant especially for non-pedagogical employees whose tariffs start below the minimum wage level)	Large non-corporatized hospitals: utilize their preferential treatment in lower budgetary constraints (state bailout) – more bargaining concessions, higher wages Smaller hospitals with constraints – unification of remuneration challenging; lobby for higher payments from the state 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: Summary of evidence presented in sections 2, 3 and 4 of this report.

On the side of employers, convergence in actions is not as strong as on the side of trade unions. In education and pre-primary education (local government), employers opposed financial autonomy of schools and prefer a centralization of competences, with implication on the wage system. In contrast, in healthcare, while large state hospitals benefit from a central allocation of resources (which translates e.g. into more bargaining concessions and higher wage rises), smaller regional hospitals find a unified remuneration system challenging and difficult to meet given their market-like functioning after the corporatization process in mid 2000s.

5.3. Crisis effects on public sector industrial relations

Crisis impact on collective agreements

While crisis-induced wage freezes did not undermine the continuity in sectoral collective bargaining for public service and for civil service, what did change is that collective agreements are not renegotiated annually. This is because the involved actors found it increasingly difficult to reach an agreement in conditions of austerity. In turn, the validity of agreements is extended until a new agreement or an amendment to the last agreement is signed. Related to this, the post-crisis austerity measures also undermined the trust between social partners and thereby contributed to lack of shared interests, which materialize in longer and 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 (Kahancová and Martišková 2016: 287).

Crisis impact on actors

The crisis also induced fragmentation in public sector actors. Two trends observed both across education and healthcare are noteworthy. First, wage freezes in the post-crisis years yielded some occupational groups dissatisfied with the bargaining strategies of established trade unions. In turn, Slovakia witnessed the rise of new trade unions in education and healthcare

(NŠO in education and OZSaPA in healthcare), as discussed in Sections 2 and 3. Second, besides the emergence of new trade unions, we documented the emergence/involvement of non-union actors (ISU in education and SKSaPA in healthcare) into union activities with direct impact on wage bargaining, working conditions in schools and hospitals and legal regulation of wages. The strategy of these new actors differed from the established unions because being more militant, mobilizing and using public space for voicing their claims instead of collective bargaining (Kahancová 2015).

Crisis impact on collective bargaining

Another noteworthy effect of crisis-induced changes in the structure of actors and arduous collective bargaining rounds is an increasing pressure to regulate wage claims and other working conditions through legal solutions instead of collective agreements. We documented these efforts across education, healthcare and local government. They are initiated and supported equally by trade unions and employers in the mentioned public-sector domains. The preference of actors for legal solutions thus raises a question about the sustainability and role of public sector collective bargaining. As documented in this report, bargaining is stable and vital, however, as the bulk of wage regulations is moving into legislation, there is an implication that legislative solutions are gradually crowding out the role of collective bargaining. More research is needed to investigate this trend in the long-term perspective and in greater depth.

Crisis impact on quality of services

As mentioned throughout this report, a direct impact of the crisis on the quality of public services is difficult to evaluate. 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 hypothesized. Existing measurements of the quality of services, including rankings of schools and hospitals regularly provided by the INEKO NGO as discussed in earlier sections of this report do not establish a 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 of 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 highest possible level and this is not possible without measuring output. We believe that publishing a user-friendly version of school performance evidence helps to shape the public discourse in the direction that our younger generations receive increasingly better education" (INEKO 2017b).

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

6. Conclusions

Public sector industrial relations are distinct because of the special role of the state as employer, because of extensive legal regulation of working conditions through public servant statuses and wage tariffs, and because of a high trade union membership and bargaining coverage. In addition to such general distinctiveness, public sector industrial relations in Slovakia were formed in the course of the country's post-1989 transition to democracy and market economy. In the anyway turbulent decades in the 1990s and 2000s when many public sector reforms were introduced and the foundations of public sector employment terms and industrial relations were formed, the economic crisis served as an additional external factor to which the government and other public sector stakeholders have responded. How did the crisis indeed affect public sector industrial relations in the post-2008 years? In in turn, how did public sector industrial relations structures, actors and established procedures continue to influence the sector, including its working conditions and the quality of public services provided?

Uncovering responses to these broad questions is the aim of this report. Through a more in-depth focus on three subsectors of public services – education, local government and healthcare – the report provides answer to several research questions defined in the Introduction. In this concluding section, we recall these questions and summarize our main findings in response to these questions.

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

Unlike in other countries, the crisis in Slovakia did not yield significant employment cuts, but austerity measures concentrated on wage freezes across various domains of the public sector (Kahancová and Martišková 2016: 293). Furthermore, the crisis did have an indirect effect on industrial relations and working conditions, because of restructuring in central and local government since 2012, and due to hospital restructuring after corporatization since 2006. While wage freezes served as a short-term measure that more or less ended in 2013, organizational changes, including changing managerial practices (e.g. after hospital corporatization), increased workload (e.g., for nurses after reorganization and for teachers after request to participate in lifelong learning activities) have a long-term effect on working conditions and indirectly also on the quality of public services and industrial relations (ibid.).

How did industrial relations in the public sector evolve in the aftermath of the crisis?

This report has presented several key findings on trends in public sector industrial relations in the post crisis years. First, the crisis escalated conflicts and stimulated **fragmentation in industrial relations actors**, especially on the side of trade unions. In contrast, the structure of employers' associations has 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 claims emerged and became

active in the domain of industrial relations. Second, due to their lacking access to established bargaining channels and their perception of bargaining to be ineffective, public sector witnessed heightened mobilization via these new actors (both union and non-union actors) via protests, petitions and demonstrations. In turn, we have argued that this means that the strategies of gaining 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 decentralized subsector, while healthcare and education enjoy also coordinated 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 decreasing in importance. Bargaining takes longer, actors find it more arduous and lack political will to conclude new stipulations, especially concerning wages in the post-crisis austerity period. External forces, such as mediation, are increasingly important to conclude bargaining rounds.

Fourth, we have documented a general trend to increasingly regulate working conditions via legislative solutions. Social partners have increasingly lobbied for wage regulations to be part of legal regulation and in fact have reached such regulation in the case of doctors and later all healthcare personnel, as well as pedagogical and non-pedagogical staff in education. We have 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 tool where the government pushes for memoranda endangers collective bargaining in the whole public sector. Specifically, it diminishes the power of trade unions to organize strikes and accurately reflect on positive economic developments in Slovakia, which allows for timely increase of wages in the public sector and is not constrained by pre-set time frames specified in these memoranda.

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

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

- *What shape has public sector reform taken in the country in general and in the three subsectors in particular?*

Public sector reforms in Slovakia occured continuously since 1990 and can be clustered in four time periods presented in the introduction. The most important reforms regarding the education system concerned the introduction of school self-governance and recent initiatives

of reorganizing particular responsibilities and school financing between the local government to central government. In local government, the 2012 ESO reform brought organizational restructuring with possible consequences of changed working conditions due to changes in bargaining coverage and the organizational hierarchy. Since our case study of pre-primary education as a service provided by local government was not explicitly concerned by this reform, it remains beyond the scope of this report to discuss this particular reform effort. Finally, in healthcare, hospital corporatization was the most important reform effort, which excluded hospital workers from a public servant status and shifted hospital management competencies from central government to local governments in smaller regional hospitals since 2006. Although through corporatization hospitals remained in public ownership, in later years local governments in many cases engaged in long-term hospital rentals to private entities. This way, despite remaining in public ownership, many hospitals operate under private service providers and face management prerogatives and reorganizations to improve performance like in the private sector. Furthermore, a very important part of hospital developments was the fact that upon doctors' pressures, corporatization stopped after 2011; and that wages of healthcare personnel are now regulated via legislation instead of collective bargaining at hospital and sector levels.

- *To what extent and in what way have industrial relations actors influenced these reform processes, as well as their implementation, through collective bargaining, social dialogue, industrial action, lobbying, influencing public opinion, etc.?*

Across all studied subsectors, social partners actively voiced their criticisms on reform proposals as well as proposed legislative changes, which in most cases concerned wage regulations. In the case of hospital corporatization, the doctors' trade union LOZ was the key actor that contributed to the halt of the entire reform through organizing a doctors' resignation campaign in 2011. Since 2012, industrial relations actors were fighting for unified legislative regulation on 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 criticize the government's proposal to include wage increases only for non-pedagogical employees in the higher level collective agreement. On the side of employers, we documented employers' efforts/support to reorganizing selected competences between central and local government; and to changes in financial autonomy of schools. These examples show the vitality of public sector industrial relations despite the challenges presented above and throughout the entire report.

- *What effect have reform policies had on the number and quality of jobs in the public sector?*

In Slovakia, employment generally grew under post-crisis austerity as documented in earlier sections of this report. The approach of the Slovak government was to face the challenges of the crisis via wage moderation and wage freezes instead of employment cuts. At the same time, we argue throughout this report that 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 the media regularly publish discussions about possible ways to improve the quality of healthcare and education. The public generally supports broader reforms, especially what concerns education. Low wages in education and an ineffective education system, failing to respond to current labour market needs are a central part 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 improvement in hospital care, because patients do have and actually use the chance to file claims if they feel a particular service was not properly provided.

Final reflections on public sector reforms and the role of the state in economy and society in the post-reform and post-crisis period

The overall reform trajectory in Slovakia's public sector derived more from the country's general democratization, marketization and decentralization to improve efficiency than directly from particular prerogatives of New Public Management (NPM). Despite that, some NPM elements are present and obvious in the Slovak case, especially in hospital corporatization with continued public ownership but facilitation of market behaviour and economic efficiency (c.f. Kahancová and Szabó 2015). The crisis and post-crisis austerity did not directly cause or influence the process of hospital corporatization; rather, this has been a long-term strategy launched already in early 2000s. However, the post-crisis austerity did play out on the strategies of industrial relations actors in healthcare and indireclty facilitated a shift from collective bargaining as a key mechanism for wage setting in healthcare to legal regulation.

How has the role of the state changed in the course of reforms and in particular after the implementation of post-crisis reform efforts? Since the Slovak political scene witnessed a very strong social-democratic party SMER, which has been in the government since 2006 (except a short break between 2010 – 2012), the state continues to play an important role in the economy and even more in the public sector. In turn, the state has not been shedding responsibilities for the provision of public services, but engaged in several attempts of making the provision of these services better organized, more efficient, and yielding higher satisfaction of service users are well as employees in public services. The hospital corporatization process and the school self-governance and autonomy in financing were introduced prior to SMER's seminal political victory. The social-democratic government did not attempt to introduce a major turn to these reform courses, but engaged in small-scale and gradual efforts to return more powers and overview over the public sector to the hands of the government. This concerns e.g., support for legal regulation of wages in healthcare (instead of decentralized wage setting and bargaining using the Labour Code as the key piece of legislation). The government recently also initiated and supported the signing of memoranda with social partners, which we have presented above. Such memoranda empower the government to take decisions over public sector regulations and effectively commit trade

unions to support these proposals because of less availability of other effective tools, such as bargaining and strikes. However, as SMER is gradually losing electoral support, it remains to be seen whether this trend, obvious since the past 11 years (with the exception of the period under the rule of a right-wing government coalition) will survive also after a future government change.

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Annex I

List of conducted interviews

Interview code	Organization	Type	Respondent function
EDU1	ISU	Professional association/initiative	Representative 1
EDU1	ISU	Professional association/initiative	Representative 2
EDU2	NSO	Trade union	Member of the Presidency
EDU3 + LOCG1	OZPSaV	Trade union	Member of the Trade union's Presidency on Primary Schools and Trade union representative for the city district Ruzinov
LOCG2	National Council of the Slovak Republic	National government	Assistant to the MP
LOCG3	Local office, City District Ruzinov	Local government	Representative 1
LOCG3	Local office, City District Ruzinov	Local government	Representative 2
LOCG3	Local office, City District Ruzinov	Local government	Representative 3

Source: own compilation

Note: In the analysis, the authors also incorporated over 60 interviews with stakeholders in education, healthcare/hospitals and local government in Slovakia, which were conducted within the following projects:

- Book project *Public Service Management and Employment Relations in Europe: Emerging from the crisis* (edited by Stephen Bach and Lorenzo Bordogna, Routledge 2016) – interviews with stakeholders in education, local government and healthcare.
- NEWIN (Negotiating Wage (In)equality, Project No. VS/2014/0538) – interviews with stakeholders in the education subsector
- PRECARIR (The Rise of the Dual Labour Market: Fighting Precarious Employment in the New Member States through Industrial Relations, Project No. VS/2014/0534) – interviews with stakeholders in healthcare
- BARSORIS (Bargaining for Social Rights at Sectoral Level, Project No. VS/2013/0403) – interviews with stakeholders in healthcare
- New Challenges for Public Services Social Dialogue: Integrating Service User and Worker Involvement to Support the Adaptation of Social Dialogue (Project No. VS/2013/0362) – interviews with stakeholders in education and healthcare

Annex II

Primary schools

Year		Number of schools	Number of teachers				Number of pupils			
			1. - 4. class		5. - 8. (9.) class		1. - 4. class		5. - 8. (9.) class	
			total	females	total	females	total	females	total	females
2000	**state**	2350	15206	13718	25076	19083	279205	136432	346060	168715
	private	3	13	11	22	18	109	46	71	33
	church	94	640	571	1217	947	11339	5614	14182	7099
	total	**2447**	**15859**	**14300**	**26315**	**20048**	**290653**	**142092**	**360313**	**175847**
2001	**state**	2302	14884	13424	25130	19135	263325	128761	337560	164586
	private	7	24	21	24	14	207	86	72	34
	church	97	643	562	1278	973	11152	5589	14329	7115
	total	**2406**	**15551**	**14007**	**26432**	**20122**	**274684**	**134436**	**351961**	**171735**
2002	**state**	2286	14533	13120	24655	18744	248771	121047	327734	159667
	private	10	47	44	31	27	300	121	85	44
	church	100	655	573	1292	1011	10951	5497	14519	7199
	total	**2396**	**15235**	**13737**	**25978**	**19782**	**260022**	**126665**	**342338**	**166910**
2003	**state**	2272	14318	12800	24419	18475	235640	114707	319346	155241
	private	11	54	48	22	21	425	195	78	37
	church	104	653	564	1281	988	10746	5354	14556	7202
	total	**2387**	**15025**	**13412**	**25722**	**19484**	**246811**	**120256**	**333980**	**162480**
2004	**state**	2217	13652	12113	23028	17443	222923	108603	307854	149865
	private	16	90	76	72	58	770	369	389	170
	church	109	669	581	1247	969	10828	5351	14564	7237
	total	**2342**	**14411**	**12770**	**24347**	**18470**	**234521**	**114323**	**322807**	**157272**
2005	**state**	2173	13384	11860	22182	16901	215125	104719	292153	142026
	private	18	101	89	89	72	1021	477	637	303
	church	113	674	580	1260	965	10818	5440	14393	7196
	total	**2304**	**14159**	**12529**	**23531**	**17938**	**226964**	**110636**	**307183**	**149525**
2006	**state**	2146	13229	11649	21313	16281	209871	102576	274082	132751
	private	26	159	133	150	110	1367	649	938	441
	church	111	659	578	1224	946	10603	5247	13649	6854
	total	**2283**	**14047**	**12360**	**22687**	**17337**	**221841**	**108472**	**288669**	**140046**
2007	**state**	2112	12933	11437	20532	15733	201801	98761	256969	124520
	private	30	154	137	152	116	1647	787	1144	551
	church	112	677	587	1185	906	10465	5224	12992	6508
	total	**2254**	**13764**	**12161**	**21869**	**16755**	**213913**	**104772**	**271105**	**131579**
2008	**state**	2090	13140	11631	19878	15253	194600	95245	241477	116990
	private	34	188	154	179	131	1899	899	1167	550
	church	113	687	599	1174	891	10283	5149	12289	6166
	total	**2237**	**14015**	**12384**	**21231**	**16275**	**206782**	**101293**	**254933**	**123706**
2009	**state**	2076	13174	11676	19617	15083	189943	92907	232504	112784

	private	36	227	200	257	184	2170	1021	1307	616
	church	112	711	621	1185	877	10088	5027	12359	6272
	total	**2224**	**14112**	**12497**	**21059**	**16144**	**202201**	**98955**	**246170**	**119672**
2010	**state**	2063	13239	11741	19698	15105	187045	91459	226673	110140
	private	39	229	197	298	196	2303	1081	1479	691
	church	114	736	648	1182	880	10115	5073	12060	6048
	total	**2216**	**14204**	**12586**	**21178**	**16181**	**199463**	**97613**	**240212**	**116879**
2011	**state**	2048	13428	11918	19606	15085	187420	91572	220868	107539
	private	39	242	210	343	253	2395	1110	1631	797
	church	115	748	663	1204	900	10304	5151	11859	5939
	total	**2202**	**14418**	**12791**	**21153**	**16238**	**200119**	**97833**	**234358**	**114275**
2012	**state**	2023	13361	11880	19424	14984	189109	92255	214331	104355
	private	41	269	235	375	271	2566	1201	1782	834
	church	113	759	666	1196	904	10620	5281	11731	5906
	total	**2177**	**14389**	**12781**	**20995**	**16159**	**202295**	**98737**	**227844**	**111095**
2013	**state**	2003	13314	11828	19030	14672	190627	93225	209133	101764
	private	42	294	247	366	266	2857	1326	2017	968
	church	114	746	663	1256	956	10947	5460	11796	5919
	total	**2159**	**14354**	**12738**	**20652**	**15894**	**204431**	**100011**	**222946**	**108651**
2014	**state**	1971	13372	11918	18684	14386	192289	94056	204572	99625
	private	47	329	280	392	283	3240	1531	2260	1066
	church	115	779	696	1255	957	11431	5731	11939	5950
	total	**2133**	**14480**	**12894**	**20331**	**15626**	**206960**	**101318**	**218771**	**106641**
2015	**state**	1943	13580	12140	18585	14314	195343	95542	202026	98168
	private	52	356	304	406	295	3582	1666	2470	1174
	church	118	818	724	1306	1001	11851	5930	12146	6089
	total	**2113**	**14754**	**13168**	**20297**	**15610**	**210776**	**103138**	**216642**	**105431**

Source: Slovak Centre Of Scientific And Technical Information (CVTI SR) 2016, http://www.cvtisr.sk/buxus/docs//JC/rady/radtab02.xls


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