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Trade union strategies in the age of austerity: evidence from the Romanian public sector.

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Abstract

This article examines the impact of the economic crisis and its aftermath on collective bargaining by comparing reactions to austerity policies of trade unions in healthcare and education sectors in Romania. It develops an encompassing theoretical framework that links strategies used by trade unions with power resources, costs, and union democracy. We argue that trade unions in the healthcare sector have successfully deployed their resources to advance their interests and obtain significant wage increases and better working conditions. We show that in a context of a tight labour market, generated by the massive emigration of doctors, trade union confederations in the healthcare sector have been increasingly successful in negotiating better pay. We also show that in the aftermath of the crisis healthcare trade unions have redefined their strategies and adopted a more militant stance based on a combination of local strikes, strike threats, and forging temporary alliances with various stakeholders. By comparison, we find that trade unions in the education sector have adopted less effective strategies built around negotiations with governments combined with national level militancy.

Introduction

East European (EE) systems of industrial relations have undergone numerous structural changes both before and after accession to the European Union (EU). These changes contributed to the weakening of the relative position of organised labour, and as some of the

literature suggests, transformed it into a 'strange case of non-death' of a still existent but largely irrelevant collective actor (Crowley 2004; Ost 2000; Meardi 2011). Still, mounting empirical evidence on trade union revitalisation strategies shows that labour organisations in the region are not uniformly weak. Rather, EE trade unions have used the opportunities provided by institutional and economic changes to regroup and rebuild organisational resources, devise new strategies, develop their power resources, and defend the interests of their constituents (Kaminska and Kahancová 2011; Bernaciak and Kahancová 2017).

This paper seeks to contribute to the developing literature on trade union strategies by exploring the factors that have contributed to the strategic successes and failures of the trade unions in the Romanian public sectors. Using a power resource theoretical framework, we analyse the repertoire of strategies employed by trade union federations in two sectors, healthcare and education, between 2008 and 2018. We show that although structurally trade union federations in both sectors have faced similar pressures, healthcare trade unions such as Sanitas have been more successful in delivering benefits to their members. We argue that the success of Sanitas can be explained both by its diversified strategy that makes use of targeted strikes and protests creating a sense of constant militancy, and by its use of emigration and labour shortages in the healthcare sector as an additional source of pressure for pushing for pay increases.

In comparison, we show that union federations in the education sector such as the Federation of Free Trade Unions in the Education (FSLI) have relied primarily on direct negotiations with government representatives as their main strategy. In the context of an increasingly volatile political competition that generated numerous changes in government[1], this strategy has been less effective in promoting better wages and working conditions. Furthermore, the strategy has failed to frame the interests of workers in the education sector as a broader societal issue and contributed their side-lining in. To support our argument, we collected original empirical data from ten in-depth interviews with trade unionists. In addition, we use secondary data such as collective bargaining agreements, official statistical data, newspaper articles, and legal texts.

In broader terms, the paper shows that trade unions can be successful even in contexts in which governments openly promote anti-union legislation. However, success remains

[1] Sixteen cabinets have been in place between January 2007 and April 2018, sometimes reaching four cabinet reshuffles under the same prime minister.

localised and the building of cross-sectoral coalitions is hampered by the framing of public sector reforms in terms of a zero-sum game. Even more, as the empirical section of the article will show, a key problem for public sector trade unions remains the articulation of common interests and the building of within-sector solidarities in the context of increasing pay inequalities.

The paper is organised as follows. The next section will make a case for taking into account union agency in order to explain variation in collective bargaining outcomes. It will argue that the analysis of trade union power should be contextualised by paying attention to how unions use resources, devise strategies and how these are impacted by economic, institutional, and ideological factors. A close scrutiny of the relative position of the unions within the public sector reveals a heterogeneous picture both in terms of what unions do and in what they succeed to achieve. The following section will describe the situation in healthcare and education sectors in Romania and the reforms that have been passed in the two sectors since the onset of the economic crisis. The next two sections will discuss the strategies adopted by healthcare and education unions during the economic crisis and in its aftermath. We will put particular emphasis on the gains in terms of pay and working conditions that trade unions in each of the sectors obtained. The last section concludes with a summary of our argument.

Power Resources and Trade Union Strategies

The power of trade unions is mediated by institutional and economic contexts and is derived from various resources that unions can deploy to advance their interests (Gumbrell-McCormick and Hyman 2013). The literature distinguishes between several broad sources of trade union power: associational, organisational, collaborative, structural, discursive and logistical (Offe and Wiesenthal 1980; Heller 1999; Ganz 2000; Levesque and Murray 2003; Silver 2003; Frege and Kelly 2004; Jarley 2005; Gumbrell-McCormick and Hyman 2013).

Associational power stems from the organisation of workers as a collective. It refers to the resources and capabilities developed by trade unions in order to recruit and represent workers and serves as a signalling mechanism that can increase the credibility of strike threats (see Table 1 below). Since membership alone does not necessarily mean active engagement by union members, associational power can be low even when trade unions boost large membership bases. On the other hand, in the case of union federations, associational power is

linked with the level engagement that local unions have, and is low when local unions feel that the national leadership does not defend their interests. The use of associational power resources has low costs for trade unions since it is usually mobilised in order to indicate the existence of a conflict through strike threats.

Structural power refers to the power which results from workers' position in the economic system. Silver (2003) further distinguishes two subtypes of structural power that are marketplace bargaining power and workplace bargaining power. The first refers to the power that results 'directly from tight labour markets' (Silver 2003, 13). The second refers to how workers are integrated into the production process. Workers whose location is vital for production will be more likely to obtain concessions from employers because disruptions such as protests or work stoppages will negatively impact large segments of the economy. High levels of structural power can be used to extract rapid concessions from employers and therefore involve average costs for trade unions.

In contrast, organisational power refers to the capacity of trade unions to cultivate their social capital and create a sense of unity among the rank and file (Gumbrell-McCormick and Hyman 2013). The use of organisational power involves high costs for trade unions both because it requires the coordination and mobilisation of membership as well as because it can backfire in cases when mobilisation fails to bring the desired outcome. However, it can also enhance union solidarity while also possibly generating confrontational behaviours from other actors or interest groups. This power resource is fundamental for union deployment of adversarial strategies such as strikes and ultimately for the success of strike actions.

Union power can also be augmented by cultivating relationships with other actors through formal coalitions or through creating similar agendas. This type of power relies extensively on the union leadership's capacity to identify trustworthy partners and maintain coalitions once these are established. Collaborative power is also costly for the trade unions because it involves investment of time, resources and social capital in building coalitions. It also usually requires trade unions to moderate their policy position, a strategy that can be costly in the long run by decreasing the internal legitimacy of the leadership. Looking at the intra-sectoral capacity of unions to create coalitions, Table 2 shows that healthcare trade unions are more likely to generate coalitions because fragmentation levels in the sector are lower.

Relative to these dimensions, trade unions in the Romanian educational and healthcare sectors possess different levels of associational and structural power. As Table 2 shows, in both

sectors, the largest union confederations organise around 40 percent of the labour force, with the unions in education claiming a density rate of 74 percent. Structural power also varies between the two sectors. As Silver (2003, 114–18) notes, teachers have low levels of workplace bargaining power mainly due to their spatial distribution which makes striking difficult. However, teachers usually have high levels of marketplace bargaining power due to their location in the social division of labour.

<table>
<tr><td colspan="2" rowspan="2"></td><td colspan="3">Cost for trade unions</td><td colspan="2" rowspan="2"></td></tr>
<tr><td>Low</td><td>Average</td><td>High</td></tr>
<tr><td rowspan="5">Strategy</td><td>Cooperative</td><td>Media campaign, Communicating with the rank and file and a wider audience</td><td>Direct negotiations

Collective bargaining</td><td>Alliance with other interest groups</td><td>Union leaders</td><td rowspan="5">Key agent</td></tr>
<tr><td rowspan="3"></td><td>Logistical

Discursive</td><td>Institutional</td><td>Collaborative</td><td rowspan="3"></td></tr>
<tr><td colspan="3">Power type</td></tr>
<tr><td>Associational</td><td>Structural</td><td>Organisational</td></tr>
<tr><td>Adversarial</td><td>Strike threats</td><td>Pickets, Warning strikes, Work to rule, Go-slow, Overtime bans</td><td>General strike, Warning strike, Political strikes, Workshop strike, Wildcat strike</td><td>Union Members</td></tr>
<tr><td colspan="2" rowspan="2"></td><td>Low</td><td>Average</td><td>High</td><td colspan="2" rowspan="2"></td></tr>
<tr><td colspan="3">Cost for trade unions</td></tr>
</table>

Table 1. The relationship between power resources and bargaining strategies of trade unions.

By comparison, healthcare workers have high levels of workplace bargaining power. Disruption in the operations of a single hospital has immediate effects on patient care. Doctors' protests are visible events that put under a bad light the government. Consequently, in EE doctors have high levels of marketplace bargaining power because of mass emigration

(Szabo 2013). Emigration can impact union power directly by impacting membership and density rates or indirectly by reducing unemployment and generating labour shortages. This enhances the position of unions in collective bargaining (Kaminska and Kahancová 2011). Furthermore, healthcare workers have a high level of marketplace bargaining power due to the availability of jobs in the private sector. As the next section will show, the country has witnessed a growing internal migration from the public to the private healthcare sector which has impacted heavily on the quality of care that the Romanian public hospitals currently provide.

Sector	Trade Union	Year established	Membership		Collective bargaining level/ last year of certification in court	National Confederation	Ideology	Fragmentation index*	Fragmentation index**	Sectoral union concentration index***
			Total	From sector						
Healthcare	*Sanitas*	1994	91766	40%	Sectoral level (2016)	CNSLR-Frăția	Social-democratic			
Healthcare	*Solidaritatea Sanitară*	2002	16791	7%	Sectoral level (2016)	Cartel Alfa	Christian-democratic			
Healthcare	*Hipocrat*	1990	3835	2%	Group of units (2013)	Cartel Alfa	Christian-democratic	1.5	Medium (0.3)	Extreme (0.66)
Healthcare	*CFSMR (Confederation of Doctors' Trade Unions*	1990	2200	1%	NO representativeness	Cartel Alfa	Christian-democratic			
Education	*FSLI*	1990	162697	56%	Sectoral level (2017)	CSDR	Christian-democratic			
Education	*FSE-Spiru Haret*	1995	75683	22%	Sectoral level (2018)	CNSLR-Frăția	Social-democratic	2.1	High (0.5)	High (0.48)
Education	*Alma Mater*	1990	20632	6%	Group of units (2017)	Cartel Alfa	Christian-democratic			

Table 2. Trade union fragmentation / concentration in the healthcare and education sectors.

Notes: Collective bargaining in groups of units allows for the signing of collective bargaining agreements in various units within the same sector. The legal representativeness certified by court is valid for a four-year period.
* Based on Laakso-Taagepera(1979) index of effective number of parties.
** Based on Rae-Taylor (1971, 55–56) index of effective number of parties.
*** Based on Herfindahl-Hirschman index of concentration (Hirschman 1945, 160–62) computed on the total number of union members.
Source of data: Ministry of Work, court decisions, authors' compilation

Logistical and discursive power describe the capacity of unions to make use of their resources efficiently and the ability to voice their positions in a convincing manner by articulating a coherent vision of societal change. The use of these resources involves low costs for the unions but can have important consequences for the success of union actions.

Institutional power captures the capacity of trade unions to use statutory rights, legislative supports or membership in public bodies to advance their interests. It is path-dependent in that is 'derived from former struggles or conceded by the state' (Schmidt et al. 2018). In the aftermath of the crisis the institutional power of Romanian trade unions has been practically eliminated through the passing of a new social dialogue law which removed the possibility of signing a national level collective bargaining agreement which was a crucial mechanism for setting minimum wages (Muntean 2011, 36–37; Adăscăliței and Guga 2016). To be recognised as legitimate partners in social dialogue, trade unions had to re-apply for gaining representativeness - a requirement that has increased the costs of using institutional power resources. At the same time, the costs associated with using institutional channels are relatively large because they require a good knowledge of the rules of the game.

To summarise, given the similar institutional and logistic power resources but different levels of associational, structural, discursive and logistic power, we expect unions in the healthcare sector to fare better in defending the rights of the workers they represent. We argue that the structural power advantages that the national union confederations in the healthcare sector poses were used in order to devise strategies of disruption that minimised costs for the trade unions while maximising the political consequences for the government. This optimization strategy was especially visible in the aftermath of the crisis when healthcare professionals shifted their protest behaviour from nation-wide calls for general strikes to maintaining strikes in key hospitals around the country for longer periods. Ironically, while in the short term the pay cuts passed in response to the crisis did hurt healthcare workers, in the medium term they provided the basis for increased mobilisation.

Public Sector in the Aftermath of the Crisis

In Romania, public sector reform has been a constant on the agenda of successive governments (Vasile 2013). Both healthcare and education sectors have undergone numerous and often contradictory reforms that ultimately led to frustration amongst workers in the two

sectors and created an unpredictable institutional environment. However, one constant remained: both systems continued to be heavily underfunded with the healthcare sector being somehow better-off in terms of budgetary allocations. As Figure 1 shows, on average, between 2009 and 2017 healthcare spending has been around 4.1 percent of GDP while education spending amounted to around 3.3 percent. These levels situate Romania amongst the lowest welfare spenders within the EU, together with Bulgaria and the Baltic States. More so, the Figure suggests that the crisis has been a turning point for the budgets allocated to the two sectors. Whereas before the crisis the budgetary allocations to education clearly surpassed those for healthcare, after 2008, the trend was reversed, with the gap between healthcare and education expenditures widening after especially after 2013.

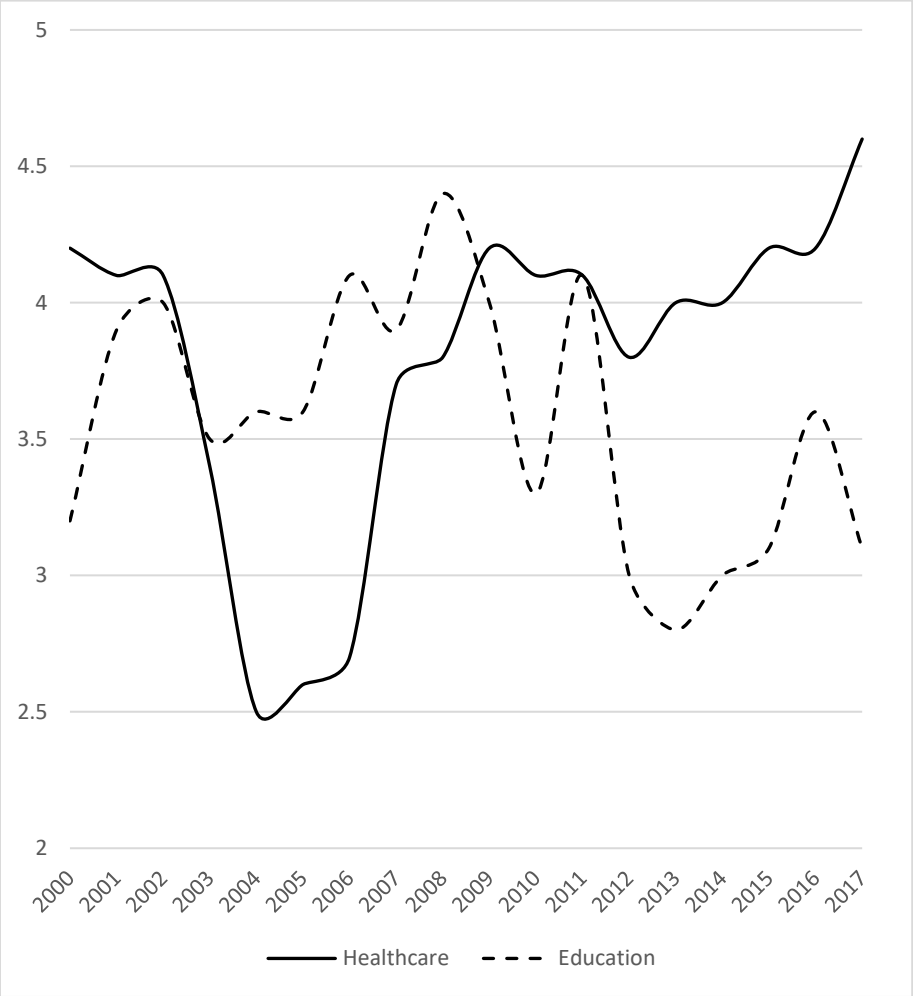

Figure 1. Healthcare and Education Expenditure as a share of GDP in Romania: 2000 - 2017.

Source: World Bank, Eurostat, Romanian Ministry of Finance.

The underfunding of the two sectors has translated into low average wages especially before the onset of the economic crisis. Although before the crisis both sectors have secured annual wage increases (see Figure 2) these did not fully compensate for the growing living costs (Stan 2012, 68). Furthermore, the problem of low wages has been compounded by large inequalities in pay levels between various groups of workers leading to the puzzling situation in which wage inequality in Romania is larger in the public sector than in the private sector (Vasile 2013). The most recent available data, show that the earnings of majority of workers in both sectors are above the minimum wage but below the average wage (see *Figure 5* and Figure 6 in the Appendix).[2]

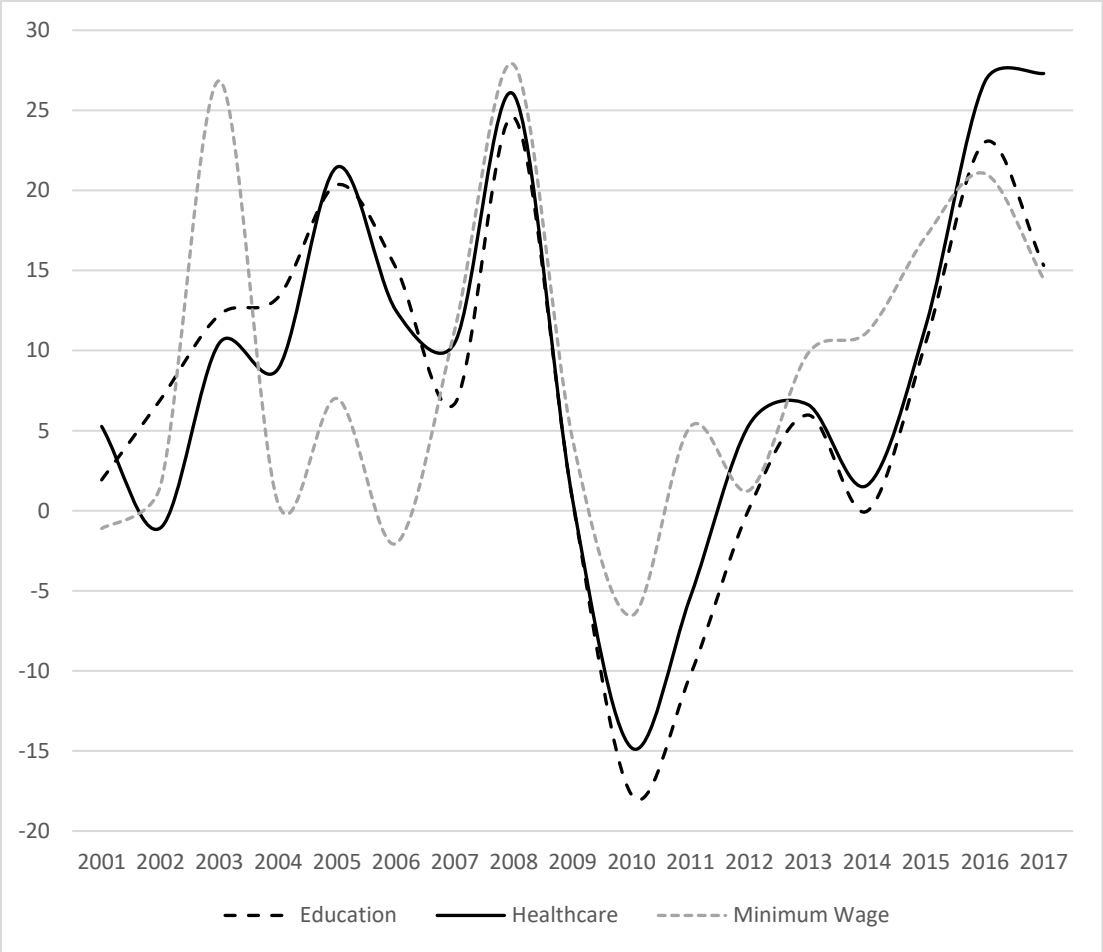

Figure 2. Year on year increases in net real wages (adjusted for CPI) in education and healthcare sectors compared with minimum wages for the entire economy: 2000 -2017.

Source: Own calculations based on data from the National Institute of Statistics.

[2] In December 2015, the average gross wage in Romania was 2930 RON (Romanian Lei) or 653 EUR.

However, for many workers in healthcare, wages are supplemented by informal payments as well as by a relatively generous system of bonuses. Reports on the practice of informal payments in the Romanian healthcare system claim that an average of 41 percent of out-of-pocket health expenditure exists in the system (Moldovan and Van de Walle 2013). Although the persistence of informal payments was used by governments as an argument for promoting the privatisation of the healthcare sector (Stan 2012), they continued to be a mechanism for socialising wage payments for healthcare workers. Proposals to devise a code of practice for informal payments put forward by the government in 2015 were met with resistance from both the trade unions and individual workers (Ziare.com 2015).

The above factors contributed to making Romania one of the most important exporting country of healthcare professionals. Although there are insufficient data on the actual number of doctors that left the country since 2007, rough estimates describe a higher than the EE average number of Romanian doctors intending to leave or who left the country (Dragomiristeanu, Farcasanu, and Galan 2013). For example, Galan et al. (2011) report that around 3 percent of the medical doctors left the country in 2007 and around 9 percent applied for a diploma verification, which would allow them to practice medicine in other EU member states. Media reports also point towards a massive emigration of doctors with around 5000 (over 10 percent of the total labour force) leaving the country between 2005 and 2010 Realitatea.net 2010), and around 17.000 doctors (48 percent of the total number of doctors) applying for the recognition of their certificates of practice abroad between 2010 and 2017. These numbers are corroborated by the official statistics on the evolution of the total number of doctors and healthcare professionals in the country. Even after accounting for the new entrants in the system, between 2007 and 2016 the country lost around 14.5 percent of its doctors and around 23.5 percent of its medical assistants (see Figure 3). By comparison, between 2008 and 2016, the education sector lost 10.5 percent of its employees, although this did not impact the job vacancy rate in the sector (see Figure 7 in the Appendix).

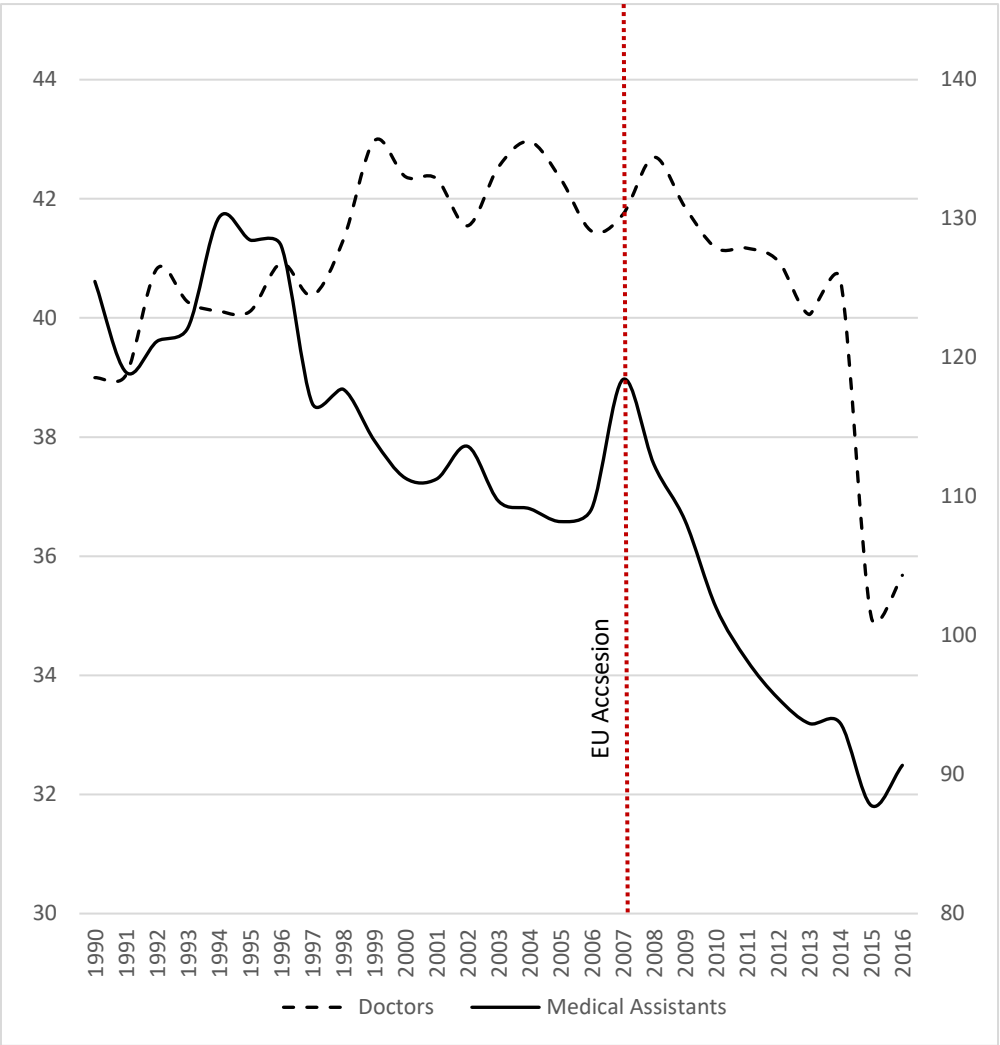

Figure 3. Number of Doctors (left axis) and Medical Assistants (right axis) in Romania ('000s): 1990 – 2016.

Source: Romanian National Statistical Institute.

Austerity measures have further contributed to emigration and to the worsening of pay and working conditions for those who remained in the public system. The crisis response package passed by the Boc government in 2010 was amongst the harshest in Europe, having as a main target the public sector. Amidst protests from the trade unions both in education and healthcare, the government introduced a 25 percent wage cut that slashed the already low wages (see Figure 2). At the same time, a hiring freeze that affected all public sector institutions was implemented in order to further curtail public expenditures and keep the wage bill under control. Promoted as a temporary measure (for up to one year), it took more than two years and three governments to pass policies that would gradually unfreeze the public sector jobs market. Besides, the government planned to introduce numerous public sector

retrenchment reforms through privatisation and the decentralisation of services. Proposed reforms in the healthcare system envisioned the closing of many hospital units as well as the privatization of services, including the emergency ones. In 2011, 67 hospitals were shut down and a draft bill that proposed the full privatisation of healthcare was put up for public debate (Stoiciu 2012). However, the government backed down on the privatisation plans as both trade unions and the civil society actors protested the reform.

These changes took place against the backdrop of a radical labour market reform that cancelled the institutional power of trade union confederations by eliminating national level collective bargaining agreements while raising the threshold of representativeness, making striking more difficult, and asking trade unions to re-register in order to be recognised as social partners (Guga 2015). Union attempts to fight the overhaul of collective bargaining did little to prevent the reform from being adopted. The reform received praise from international institutions which applauded it as a necessary step for eliminating labour market 'rigidities' and bringing the public sector expenditures under control by removing inflationary pressures generated through centralised collective bargaining (Adăscăliței and Guga 2018). As Figure 4 shows, in the aftermath of the reform, labour conflicts in both sectors have almost disappeared.

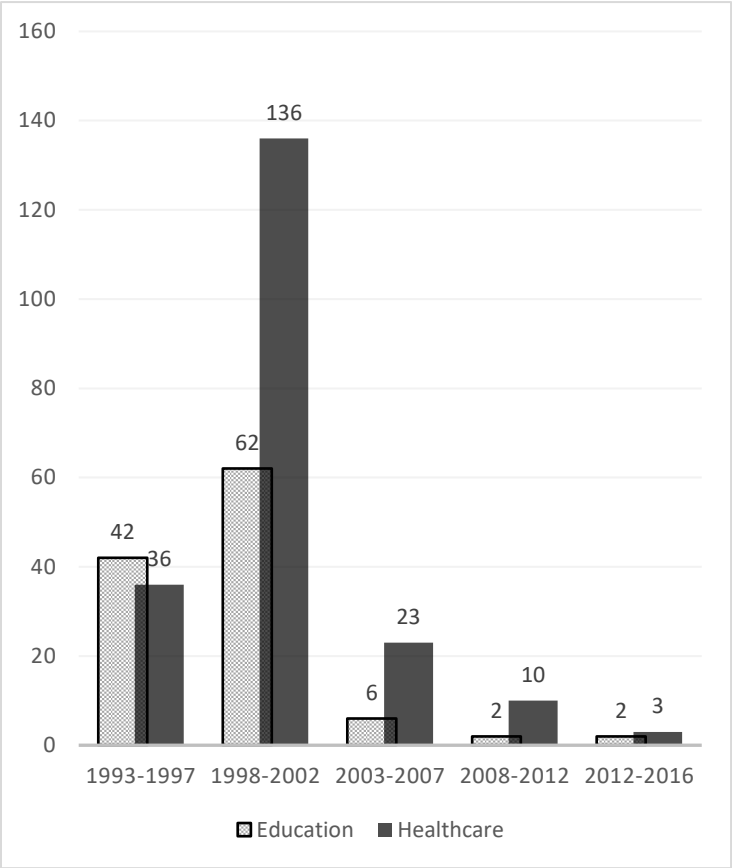

Figure 4. Labour conflicts in the healthcare and education sectors: 1993 – 2016.

Source: Romanian National Statistical Institute.

However, as we will discuss in the following sections, this does not mean that industrial conflict has completely disappeared. On the contrary, austerity measures and the changing labour market conditions in the public sector have forced trade unions to rethink their strategies and devise alternative means to exert pressure on governments.

Trade union strategies in the healthcare sector

There are three representative union federations in the Romanian healthcare sector, with Sanitas being by far the largest one with 92 thousand members (see Table 2)[3]. Besides

[3] It is worth noting that Sanitas uses elements from the servicing model of trade unionism with an organising approach. For example, the union provides a range of services to its members including training, holiday tickets at preferential prices, and financial help in case of unexpected life events.

differences in association power resources, healthcare unions have also followed different discursive strategies towards austerity and healthcare reforms. Importantly, whereas in the aftermath of the economic crisis Sanitas has consistently argued for a fairer distribution of wages across the healthcare sector and advocated for wage increases for low-paid workers, Solidaritatea Sanitara has followed a more individualistic agenda, which emphasised performance-based-pay and reflected the narrow interests of its constituency which was primarily made of doctors (Stan and Erne 2016). Still, by 2018, this cleavage in the sector seems to be less evident as Solidaritatea Sanitara has gradually shifted its position closer to that of Sanitas especially on the contentious issue of capping bonus levels.

In the context of a radical alteration in collective bargaining legislation that slashed collective rights, trade unions had to re-establish themselves as legitimate actors and rebuild their institutional resources by rekindling social dialogue in the sector and signing collective bargaining agreements. The task proved to be a daunting one since both the new institutional arrangements as well as the austerity measures implemented in response to the crisis made sectoral and national collective bargaining almost impossible to sustain. As a result, in 2011 and 2012 Sanitas signed two collective bargaining agreements, covering only the group of units under the administration of the Ministry of Health, thus leaving the private sector outside the scope of the agreements. Both documents reflected the narrow scope of the new collective bargaining rules and did not include provisions on pay, overtime, or annual leave (Ciutacu 2012; Stan and Erne 2016).

A year later, in 2013, Sanitas joined other actors in the healthcare sector including the College of Physicians[4] and the newly established Trade Union of Physicians in the Coalition of Healthcare Professionals (CHP) in a bid to frame the existing problems in the sector in terms of a systemic crisis. The CHP's agenda reflected the various interests of its constituents and included both very broad and very specific demands including the allocation of 6 percent of GDP to healthcare, a wage law unique to the healthcare sector, the defence of the dignity of healthcare professionals and better conditions for patients in public hospitals. This broad agenda was accompanied by specific demands of its members, amongst which Sanitas required higher wages for all personnel in the healthcare sector as well as the signing of a sectoral collective bargaining agreement for the sector.

[4] The college is the state accredited non-governmental institution with decision-making power on issues such as controlling and surveillance of physicians' practice and malpractice litigation. The College is the unique registrar of the physicians and the only agency granting the right to practice medicine in Romania.

To push for the signing of a sectoral collective bargaining agreement Sanitas used its associational and organisational resources to threat with organising a national level strike that could contribute to the blocking of the entire healthcare system while also inflicting substantial political damage to the government. In preparation for the strike, the CHP and especially Sanitas engaged in gathering signatures in support of industrial action while also mobilising members for a warning strike that took place in November 2013 and mobilised 100.000 employees (Mediafax.ro 2013). While the warning strike served as a credible threat for further industrial action and sought to force the government to enter negotiations, it also brought into the public agenda the impact of austerity on the healthcare sector, giving it a political dimension ahead of upcoming elections in 2014. Furthermore, government threats with suing the union were also diffused by calling members to take holidays *en masse* in case hospitals applied wage penalties for the strike days (Gandul 2013).

While the general strike was cancelled because the government accepted to negotiate with the CHP, the industrial action had several outcomes. First, it succeeded in pushing for the signing of the first sectoral level collective bargaining agreement after the crisis, which restored some of the rights lost by workers as a result of austerity policies. Unlike the agreements signed for the groups of hospitals, the sectoral agreement included provisions on pay, bonuses, shift work, holidays, and working conditions. It also secured a series of short-term concessions, including the reopening of 1000 jobs in public hospitals, an agreement to increase the budget allocated for healthcare in 2014 and the doubling of pay for doctors during official holidays (Mediafax.ro 2013). However, it also revealed the weakness of maintaining coalitions between trade unions and non-union actors even in the context of a common interest. The coalition collapsed immediately in the aftermath of signing the sectoral collective bargaining agreement, although many of its demands were not met.

Yet, for Sanitas, the 2013 victory allowed it to re-establish itself as the most important confederation in the healthcare sector and regain the legitimacy it lost in the aftermath of the crisis.[5] In consequence, Sanitas gradually became the most vocal opponent of the privatisation of healthcare and an advocate of better wages and working conditions. Using a combination of strikes and strike threats targeted across key hospitals around the country as well as pickets of public institutions, the union succeeded in fighting plans for further privatisation of

[5] One reason for which Sanitas lost legitimacy was the arrest of its leader, Marius Petcu, on anti-corruption charges. For a broader discussion on attempts to discredit and weaken trade unions in Romania see Varga and Freyberg-Inan (2015).

hospitals in 2013 and 2014, while also negotiating substantial wage increases in 2014 – 2016 (see Figure 1).

The issue of pay levels in the healthcare sector re-emerged in 2016, when, against the background of negotiations for a new law on unitary payment, the union organised a general strike to push for higher wages but also for the reduction of wage inequalities in the sector. The use of wage inequality and fair pay as a central framing mechanism for demanding better wages allowed Sanitas to gather support for industrial action both amongst skilled and unskilled workers. Preceded by a warning-strike and a series of pickets and work-to-rule actions organised between September and November 2016, the strike succeeded in pushing for another round of wage increases even though the government was strongly opposed to the measure.

The strike mobilised 80 thousand healthcare workers across the country with Sanitas emphasising the need to increase wages especially for the low paid workers, who were still amongst the lowest paid category workers in the public sector (Mediafax.ro 2016b). The migration argument, which in the aftermath of the crisis has gradually gained public and political attention (Stan and Erne 2016) was used intensively in framing the need for better wages. This came at a time when the public discussion over the impact of migration figured prominently on the public agenda, with the Ministry of Labour emphasising the need to address the labour deficit across a variety of economic sectors (Gândul.info 2016).

Amidst opposition from a technocratic government, the Parliament caved in to the demands put forward by Sanitas and approved increases in both the level of base pay and bonuses (Mediafax.ro 2016a). The strike also paved the way for further negotiations between the Sanitas leadership and the newly minted government led by the social democrats in 2017 and 2018. This embrace of direct negotiations with the government was possible because of the existing linkages between the Social Democratic Party (PSD) and the Sanitas leadership.[6] The negotiations continued to target the issue of wages in the sector – with the new government committing to double the level of wages in 2018 in order to address the issue of migration. The unprecedented hikes in the wage levels seemed to confirm that the strategy adopted by Sanitas which relied on high levels of mobilisation combined with high-level negotiations in a context of a tight labour market was successful.

[6] For example, Marius Sepi, the vice-president of Sanitas, is a former member of PSD and was offered a state secretary position in one of the PSD governments.

However, as of March 2018, the impact of the wage hikes adopted in the sector is mixed. On the one hand, the shift of all the social security contributions from employers to employees has inflated gross wages in Romania while having no impact on net incomes. On the other hand, the significant increases in the level of wages have been accompanied by a capping of the bonuses in the sector to 30 percent of wage levels. The measure led to the decrease in the net incomes especially for low paid workers and has triggered yet another wave of protests around the issues of fairness and wage inequalities. It remains to be seen to what extent this latter wave of protests will be successful in altering the effects of the recently adopted changes in pay legislation. As the government does not have the fiscal space to accommodate further hikes in expenditures, it is likely that conflicts Sanitas will continue to use its associational resources to mobilise its members.

Trade union strategies in the education sector

Attempts to introduce market mechanisms and managerialise administration have also impacted the education sector. However, unlike unions in healthcare, education unions have unequivocally backed these attempts. In October 2008, only months before the onset of the economic crisis in Romania, the unions supported a set of reforms that sought to decentralise decision making regarding curricula and school management, introduce performance criteria to differentiate schools, as well as a system of performance pay that would link teachers' wages to their "performance in class rather than to their seniority or certification level" (Presidential Committee 2008, 74). Sold as a reform that would legitimise a 50 percent wage increase promised ahead of elections by the PSD and which received broad Parliamentary support, it ultimately served as a mechanism to pacify trade unions while allowing political actors to capture the public discourse around the need for a better education system.

The feebleness of alliances with political actors became evident only a year later, when the optimism generated by planned wage increases was suddenly cut back by one of the harshest austerity packages in Europe (Ban 2016). In January 2010 the unions reacted with a threat with strikes although months earlier they expressed their resolve around the ineffectiveness of strikes as a mechanism for demanding wage increases in a context of austerity (HotNews.ro 2009). Joined by other public sector unions, they formed the Alliance of Public Sector Employees to coordinate their actions against the austerity reforms targeting the public sector.

In addition, the leaders of FSLI announced an internal consultation of members in order to decide whether to start a general strike in the public schools, while also calling for teachers to protest by not grading assignments. Both strategies failed: the general strike did not receive the majority support, while the teachers refused to join the protest by not grading assignments. Further calls to oppose austerity through a general strike in the public sector also failed, thus giving the government a green light to proceed with planned reforms. Less than 20 percent of teachers joined a boycott of the end of the year exams, signalling that in spite of substantial associational resources, trade unions in the education sector lacked organisational power to mobilise the rank and file.

Besides the 25 percent cut in wages, which affected all public sector workers (see Section 2), the education sector was further impacted by additional cuts including a hiring freeze, as well as the removal of 10.000 workers the majority of which worked on atypical contracts including untenured and substitute teaching positions, and support staff (Ziare.com 2010). The position of the trade unions regarding the cuts was ambivalent. On the one hand, they entered in negotiations with the Ministry of Education, opposing them but ultimately seeking to ensure that the impact on tenured jobs and wage levels will be minimal. On the other hand, they accepted the logic of "optimisation and efficiency in spending the public money" put forward by the Ministry (HotNews.ro 2010).

Several strikes and protests ensued in 2010 but these could not prevent the government to implement its programme. In October 2010 FSLI organised a protest in Bucharest which gathered only 5000 teachers, calling for a better budget for the sector. The message of the protest was a general one against austerity and underfinancing of the sector with trade unions failing to present a clear alternative to the position of the government.

Following the change in the labour regulation in 2011, the trade unions had to resubmit requests in courts to certify their representativeness. The new regulations stalled bipartite negotiations over the singing of a new sectoral bargaining agreement while also cancelling the national collective bargaining agreement. Still, in November 2012 the unions signed two new sectoral collective bargaining agreements covering workers in primary and higher education. Signed by all three representative federations in the sector, the agreement was presented as a major success for the unions. It set rules on pay and working conditions, added several days of annual holidays for workers while also introducing rules on solving labour conflicts (Apostolul 2012).

Yet the two sectoral collective bargaining agreements did not appease the conflict between the Ministry and the trade unions. In a direct attempt to reduce the resources mobilised the trade unions, the Ministry eliminated the possibility to automatically deduct union contributions from wages (Iamandei 2012). It would take a change in government and the coming to power of a Minister from the trade union ranks to restore the automatic deductions of contributions in June 2012 (DCNews.ro 2012).

The coming to power of the PSD was also reflected in the strategies adopted by trade unions, which began to rely even more on direct negotiations in order to push issues on the policy agenda. Beginning with 2012, trade union strategies used almost exclusively cooperation mechanisms which favoured negotiations, consultations and lobby for legislative change rather than adversarial stances based on seeking to mobilise the rank and file. As one of the interviewees noted:

> *Interviewee 4: Dialogue and negotiations are the tools of trade unions. The protests are only for show-off. […] We have good relations with the current government […] He [the current education minister] is really interested in having a social dialogue with us, unlike the previous education minister, Daniel Funeriu.*

The cooperative stance adopted by the unions was also institutionalised through an agreement signed between the Ministry of Education and all the representative union confederations in January 2013 (HotNews.ro 2013). The agreement secured the cooperation of trade unions in future changes of the education law. Cooperation was also the preferred strategy when dealing with the 2013 and 2014 budget negotiations. Even though negotiations depended on the political decisions and the "personal availability and options of ministers" (*Interviewee 8*) which made outcomes unpredictable, union leadership preferred to adopt adversarial strategies and mobilise the rank and file only as a measure of last resort.

Mobilisation was also hampered by the pork-barrel political pacts supported by all union federations in the sector. Ahead of the 2014 presidential elections, union federations signed an agreement with the PSD candidate which established a calendar of wage increases between 2015 and 2017 in the event that PSD would have gained the presidency (HotNews.ro 2014).

Furthermore, the outcomes of adopting a cooperative stance have been disastrous for the sector. Whereas before the crisis, expenditures allocated to education reached 4.4 percent of GDP, in 2013, they were merely 2.8 percent of GDP, the lowest level since 2000 (see Figure

1) and one of the lowest expenditure levels in the EU. At the same time, real wages in the sector dropped, even though the real national minimum wage increased in 2014 (see Figure 2).

Negotiations over wage increases ensued in 2015 and 2016, with trade unions relying almost exclusively on negotiations with the government. Arguing that wage levels fell too much behind doctors' wages, the unions sought to pressure the government to follow up with similar increases in the education sector. As Figure 2 shows, although the negotiations were relatively successful in bringing wage increases in the sector, these did not match the pace of increases in healthcare. For example, whereas healthcare workers obtained a 25 percent wage increase at the end of 2015, in education the increase was 10 percent lower.

Conclusions

This paper has argued that in the aftermath of the crisis, Romanian trade unions in the education and healthcare sectors have used different strategies to defend their interests, which has ultimately led to different outcomes for workers in the two sectors. It found that mobilisation and adversarial strategies remain the most effective means to defend workers' interests, especially in a context of a tight labour market. In contrast, cooperative strategies proved to be less effective and ultimately resulted in welfare losses for workers in the education sector.

Building on a power resource approach, the paper has also showed that unions have been successful only when they combined different types of resources to push for their agenda. In this sense, the paper showed that associational power is relevant only in as much as trade unions manage to mobilise it together with organisational and discursive resources. It also showed that austerity policies have generated the space to enhance the coalitional power of trade unions but that coalitions have ultimately proved to be either difficult to sustain in the long term or had a de-mobilising effect on trade unions. Indeed, we show that whereas in the healthcare sector the coalition between trade unions and doctors' associations has ultimately failed to sustain the test of time, in the education sector political pacts have de-mobilised trade unions and ultimately de-legitimised the union leadership. Political pacts have also proven to be unpredictable even in the short term and limited the options that trade unions had to push for their agenda.

These findings are relevant for the wider debate about public sector reforms in the aftermath of the crisis in EE. Romania provides a critical case in which the de-institutionalisation of industrial relations has forced trade unions to re-build their power resources. Ultimately, the paper shows that trade unions in the public sector have approached the task of rebuilding their resources in different ways by either opposing or accepting the dominant discourses about austerity and public sector reform and that the uncritical embrace of marketisation and individualisation has decreased their power resources.

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Appendix

List of in-depth interviews with trade unions leaders.

We carried out ten interviews with former officials and top-level union leaders from the healthcare sector, and four interviews with national-level union leaders from the education sector. The interviews I1 to I4 took place in June-July 2014 in Bucharest, while interviews I5 to I10 were taken in July-August 2016, in Bucharest.

I1 = interviewee no. 1 – Top-level union leader in the main healthcare trade union (national level federation) in Romania.

I2 = interviewee no. 2 – Former counsellor of the healthcare minister.

I3 = interviewee no. 3 – Top-level union leader in one of the education trade union (national level federation) in Romania.

I4 = interviewee no. 4 – Top-level union leader in one of the education trade union (national level federation) in Romania.

I5 = interviewee no. 5 – Top-level union leader in the main healthcare trade union (national level federation) in Romania.

I6 = interviewee no. 6 – Top-level union leader in one of the education trade union (national level federation) in Romania.

I7 = interviewee no. 7 – Top-level union leader in one of the healthcare trade union (national level federation) in Romania.

I8 = interviewee no. 8 – Top-level union leader in one of the education trade union (national level federation) in Romania

I9 = interviewee no. 9 – Top-level union leader in one of the healthcare trade union (national level federation) in Romania.

I10 = interviewee no. 10 – Top-level union leader in one of the healthcare trade union (national level federation) in Romania.

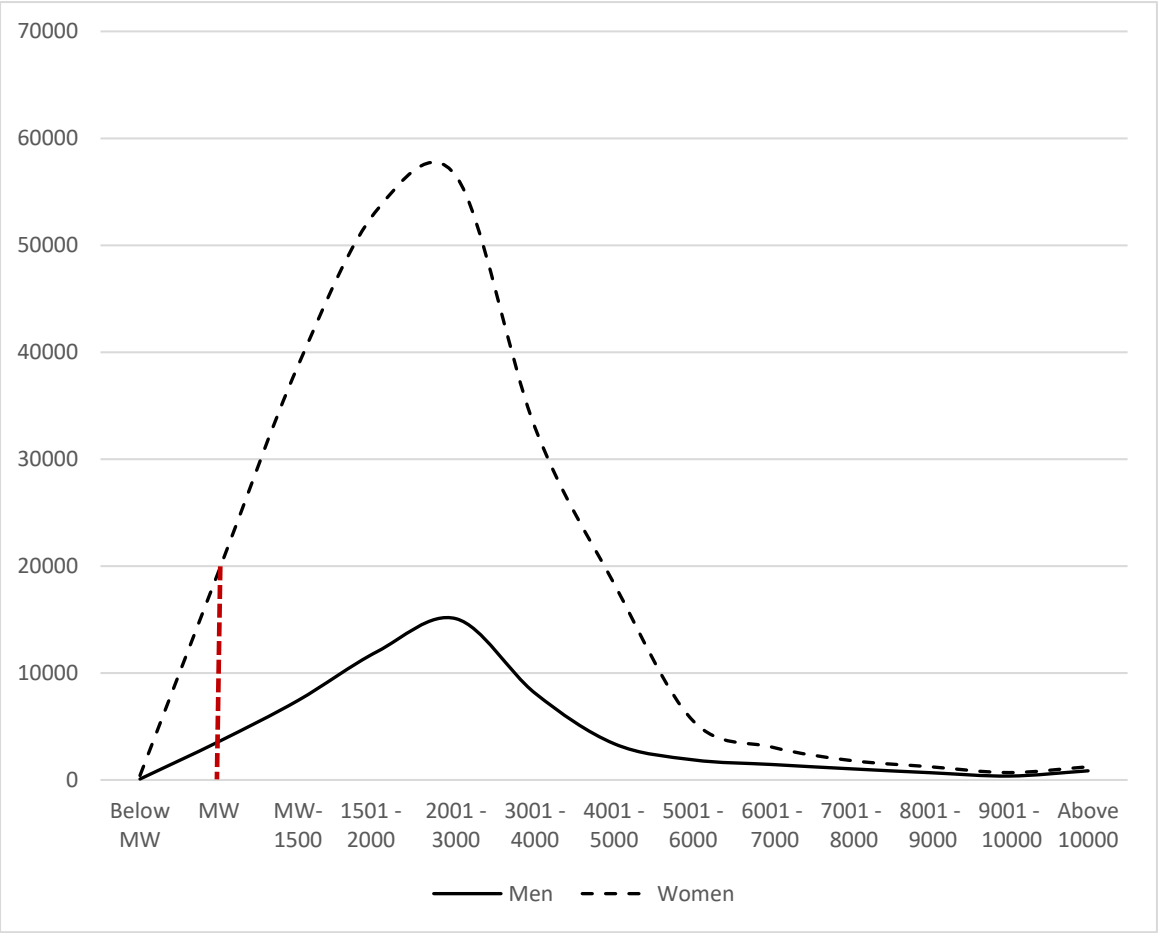

Figure 5. Wage distribution in the healthcare sector in Romania in October 2015.

Source: Romanian National Statistical Institute.

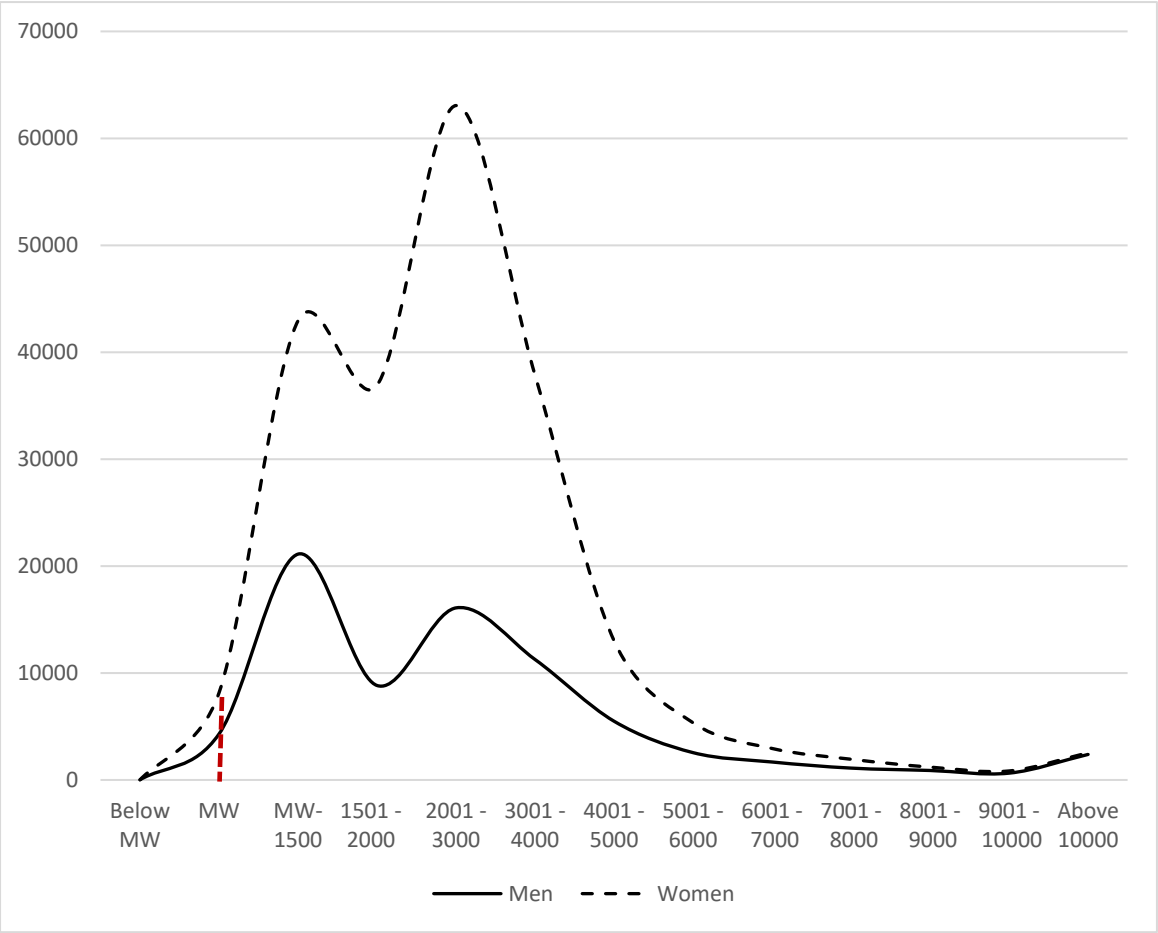

Figure 6. Wage distribution in the education sector in Romania in October 2015.

Source: Romanian National Statistical Institute.

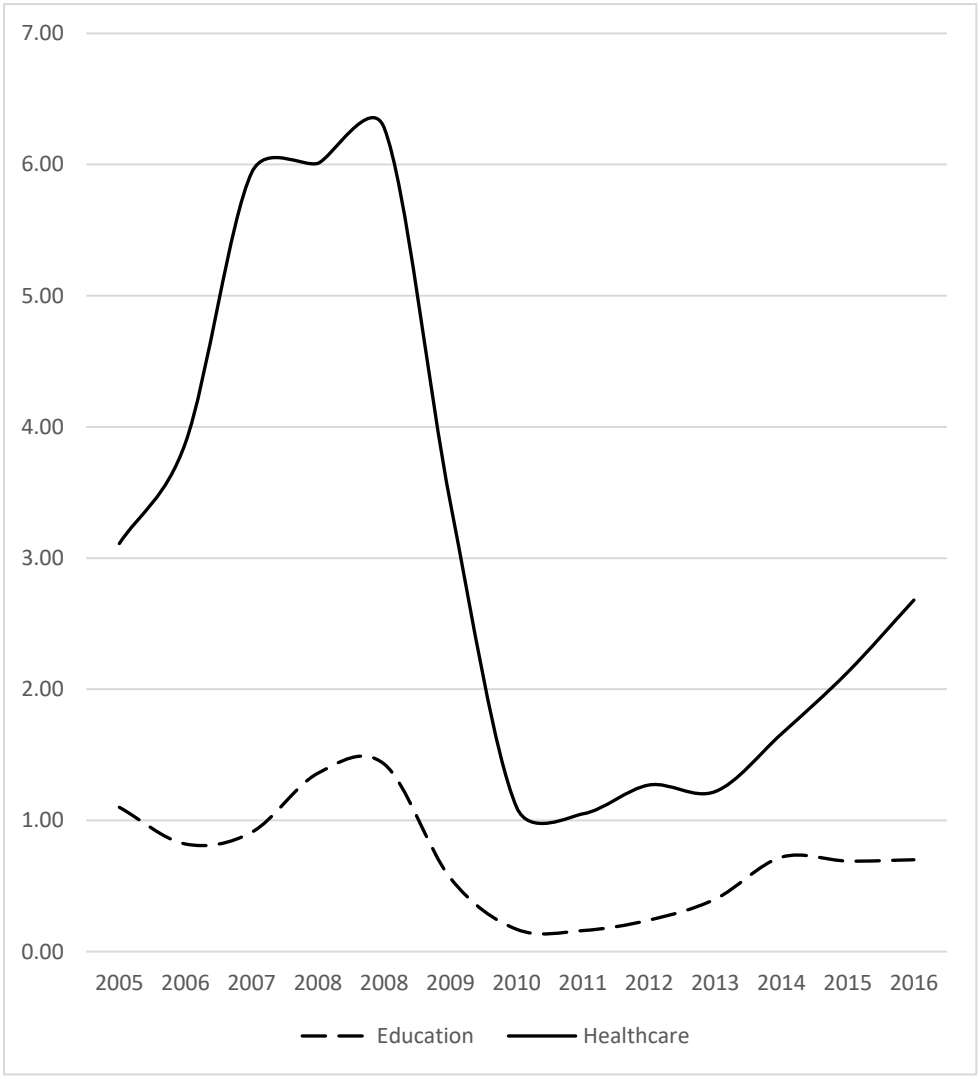

Figure 7. Job vacancy rate (%) in education and healthcare sectors: 2005 – 2016.

Source: Romanian National Statistical Institute.

Note: The large drop in the job vacancy rate in the healthcare sector between 2008 and 2010 is explained by the closure of hospitals and the freezing of hiring in response to the crisis.