

Local trade union responses in the context of public healthcare service
privatisation

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DECLARATION

I certify that the work contained in this thesis, or any part of it, has not been accepted in substance for any previous degree awarded to me, and is not concurrently being submitted for any degree other than that of Doctor of Philosophy being studied at the University of Greenwich. I also declare that this work is the result of my own investigations, except where otherwise identified by references and that the contents are not the outcome of any form of research misconduct.

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ABSTRACT

Both in France and in England, 'New Public Management' (NPM) mechanisms such as privatisation, marketisation and decentralisation have been an integral part of healthcare reforms, aiming to improve efficiency and cut costs (Bach and Bordogna, 2011). In response, some trade unions have looked to influence the implementation of these reforms by politicising healthcare service delivery in an attempt to stop privatisation (Krachler and Greer 2015). Yet, comparative research focused on NPM reforms has tended to either ignore or underplay the role of organised labour in shaping policy implementation.

To address this gap, this thesis explores the ways which NPM inspired healthcare reforms are implemented in different national contexts and the factors that shape local trade union responses to this. Drawing on Kelly's (1998) mobilisation theory, it proposes a framework which links two typologies of collective identity (Hyman 2001a; Kelly 1996) to trade union strategic choice via two core framing processes: diagnostic framing and prognostic framing (Snow and Benford 2000), allowing for a more in depth look at the mechanisms which shape trade union responses to privatisation.

This research adopts a cross-national comparative case study design to explore national and local dynamics. A total of six cases are compared, with three located in England and three located in France. A multi-method approach is used, combining 31 semi-structured interviews with key informants and documentation as evidence. A majority of cases were found to have resulted in private sector involvement being abandoned; in England, all three cases services remained within the NHS while only one of the French cases resulted in private sector involvement being stopped. Where unions adopted a 'strategic mobilisation' rather than a 'co-determination' approach, privatisation was more likely to be abated.

The findings of this research suggest that trade union identity and core framing tasks are especially important in guiding strategic choice. These variables help to explain why, irrespective of the national and local context, case study unions responded differently to healthcare privatisation. Although national institutional frameworks and decision-maker strategies can limit trade union participation in decision-making, this research demonstrates

that structural factors can constrain but do not determine trade union strategic choice as strategy implementation is found to be dependent on access to internal and external resource. Ultimately, with strong resources, trade unions can overcome the obstacles in their environment and shape case outcomes.

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LIST OF ABBREVIATIONS

AP-HM	L'Assistance publique - Hôpitaux de Marseille (Social security - Marseille Hospital Group)
ARH	Agences régionales d'hospitalisation
ARS	Agence régionale de santé (Regional health agency)
ATTAC	The Association pour la Taxation des Transactions financières et pour l'Action Citoyenne (international organization involved in the alter-globalization movement)
AWP	Avon and Wiltshire Partnership Trust
CCG	Clinical Commissioning Group
CFTC	Confédération française démocratique du travail (French Democratic Confederation of Labour)
CGT	Confédération Générale du Travail (General Confederation of Labour)
CHU	Centre Hospitalier Universitaire (teaching hospital)
CPOM	Contrats pluriannuels d'objectifs et de moyens (multi-year contract)
CREF	Contrat de retour à l'équilibre financier (financial restabilisation contract)
DRG	Diagnosis Related Group
FLNC	National Liberation Front of Corsica
FO	Force Ouvrière (Workers' Force)
GCS	Groupeement de coopération sanitaire
GEH	George Eliot Hospital
GHT	Groupements Hospitalier de Territoire
GMB	General, Municipal, Boilermakers and Allied Trade Union (GMB is now the certified name)
HPST	Hôpital, patients, santé et territoire
HR	Human Resources
HRM	Human Resources Management
HSCA	Health and Social Care Act
HSJ	Health Service Journal
IMF	International Monetary Fund
IT	Information Technology
LME	Liberal Market Economy
NHS	National Health Service
NPM	New Public Management
NUPE	National Union of Public Employees
OECD	Organisation for Economic Co-operation and Development
PACA	Provence Alpes Côte d'Azur
PFI	Private finance initiative
PPP	Public–private partnership
RCM	Royal college of Midwives
RCN	Royal college of Nursing
SHI	Statutory health insurance
STC	Syndicat des travailleurs corses (Cosican workers' union)
T2A	Tarifcation à l'activité (diagnosis based payment system)
TDA	Trust Development Authority

TUC	Trade Union Congress
TUPE	Transfer of Undertakings (Protection of Employment)
UHB	University Hospitals Birmingham NHS Foundation Trust
UK	United Kingdom
UMP	Union pour un Mouvement Populaire (Union for a Popular Movement)
US	United States of America
USA	United States of America
VoC	Varieties of Capitalism
WGH	Weston General Hospital

CHAPTER 1 – INTRODUCTION

This thesis explores the ways which New Public Management (NPM) inspired healthcare reforms are implemented in different national contexts and local trade union responses to this. The empirical focus is six case studies situated in France and England where local healthcare services were planned for privatisation. In particular, the research aims to explain the variation in outcomes of the six campaigns against privatisation with reference to trade union strategy.

The role that local trade unions play in the dynamics of NPM, particularly from a national comparative perspective, remains under researched. Hebdon and Jalette (2012) have found that union responses to privatisation were more strategic and substantive than a simple ‘tooth and nail’ opposition. They also observed that unions frequently employ creative responses to negotiate and mitigate the adverse effects of marketisation. To explain variations in responses, research has identified a number of key factors. For example, Frege and Kelly (2003:12), drawing on Hyman’s (2001a) work, note the importance of trade union identity in shaping union strategy, arguing that ‘identities may be viewed as inherited traditions which shape current choices, which in normal circumstances in turn reinforce and confirm identities’. Frege and Kelly (2003) also note that framing processes may influence strategic choice. Levesque and Murray (2005) also stress the importance of trade union internal and external resources in shaping union responses and local dynamics. From a cross-national comparative perspective, structural factors such as the national institutional frameworks and the local context are also said to play an important part in shaping trade union responses (Hall and Soskice 2001; Greer et al 2013). Yet, few studies have demonstrated empirically the way which these factors interact and influence strategic choice. Moreover, research has rarely attempted to operationalise concepts such as trade union identity and framing, remaining at the theoretical level or resorting to the use of historical examples (Hyman 2001b).

The case studies identify a range of factors that influence the implementation of NPM in the healthcare sector, but focus upon the role of local trade unions. Given that the role of organised labour in NPM is under theorised, this research fleshes out concepts integral to trade union strategic choice, such as collective identity, framing and power resources, and

provides a detailed analysis of their inter-relation. To do so, the thesis develops an analytical framework, outlined in Chapter 3, which provides key concepts in order to guide the research process and analyse findings. In particular, trade union identity is operationalised by combining two typologies: Hyman's (2001a) 'eternal triangle' and the 'militant-moderate' dichotomy (Frost 2001; Kelly 1996). These typologies are then linked to core two framing processes: diagnosis framing and prognosis framing (Snow and Benford 2000). By combining these typologies and their interaction with framing processes, this research offers a more detailed analysis of trade union strategic choice.

This introductory chapter sets out the context to the research, outlining aims of the thesis and key research questions. It briefly discusses the research process in terms of methodology, before proposing the contribution to knowledge. The chapter then ends with an outline the thesis.

1.1 Context

Faced with budget constraints, governments in different countries have introduced various market-oriented reforms to public service provision with the aim of reducing costs while improving quality and efficiency. The umbrella term 'New Public Management' (NPM) has most often been used to describe this global shift in public sector administration, defined by the used of mechanisms such as privatisation, marketisation, decentralisation and managerialisation (Larbi, 1999; Bach and Bordogna, 2011). The public healthcare sector has been particularly affected by this trend. In England, the National Health Service (NHS) since the 1980s has been reorganised every two years, and successive governments have introduced market-orientated reforms to encourage competition in the delivery of public health services. In 2012, the Coalition Government continued this tradition with the Health and Social Care Act (HSCA) which opened the door to more private sector involvement in service delivery. This shift has also been observed in France where successive reforms have been introduced since the mid-1990s aimed at increasing private sector involvement in public healthcare delivery (Galetto et al., 2014, Kirkpatrick et al., 2013).

A number of factors have motivated the proliferation of NPM in public service delivery, including economic and budgetary pressures, the political process, global accountancy firms and information technology (Bel and Fageda, 2007). While the origins of the approach are neo-liberal and anglo-saxon, NPM has also been adopted in 'coordinated market economies' such as Germany and Scandinavia. In line with the traditional convergence thesis, a number of authors have argued that these neo-liberal practices are being uniformly adopted across developed and emerging economies (Kettl, 2000). Yet, studies have also highlighted the importance of national institutions whereby country-specific frameworks may result in institutionally embedded reform trajectories (Hall and Soskice, 2001; Bach and Bordogna 2011). More recently, scholars have nuanced the convergence/divergence debate by either focusing on factors linked to subnational variation (Murray et al, 2010) or by looking at how institutional functioning may be shifting in a common direction as a result of global economic pressures (Baccaro and Howell, 2011; Doellgast et al 2018). As such, national and local factors may influence policy implementation resulting in cross-national and sub-national variations (Krachler and Greer 2015; Hood 1995; Hansen and Lauridsen 2004; Bach and Bordogna 2011; Dahl and Hansen 2006; Rhodes, 1998). The links between globalisation, national institutional diversity and local specificity are far from straight forward.

1.2 Aim of the thesis and research questions

The objective of this research is to study trade union responses to privatisation in healthcare across two different national contexts. As noted above, few studies have been dedicated to explaining national and local variations in union responses to privatisation, especially within the healthcare sector. To address this problematic, a first research question was formulated:

In the context of different national settings, how do local trade unions respond to the threat of healthcare service privatisation?

Frost (2001) argues that the process by which unions engage with management over restructuring is critical. Moreover, there exists a variety of trade union responses to changes in management practices and the delivery of services, characterised as either opposition, defensive and quiescence. Hence, looking at 'what unions do' is the first aspect which this

research investigates in order to avoid downplaying the fact that trade unions and their members are social actors that are making choices in pursuit of certain courses of action during their engagement with management. Considering this, this research looks to determine the different responses used by local trade unions in response to privatisation, evidencing union strategies.

The first research question identifies how responses vary according to the national setting. Industrial relations research has often turned to international comparison as it allows for the effects of the national context to be fully appreciated (Bamber et al. 2004), while also presenting new avenues for understanding union decline and revitalisation (Frege and Kelly 2003). Few empirical studies have shown clear national divergences and, as a result, popular models such as Varieties of Capitalism have often been contested (Crouch, 2005; Blyth, 2003; Kang, 2006; Baccaro and Howell, 2011). The divergence approach also struggles to explain why similarities that exist in countries are categorised as different types of institutional models. This research seeks to challenge both the convergence and divergence theses by looking to determine if variations in union responses can be found within the same national setting.

What internal and external factors or processes influence trade union responses?

This second research question looks to identify the different factors, beyond the national framework, that influence union responses. By identifying the key variables which shape strategic choice within each case, this thesis aims to offer a more robust explanation of union efficacy. This allows for a better understanding of the relational processes which connect union agency to environmental processes. Although some authors have privileged either structural or agency related factors in explaining union responses to workplace, this research posits that the interaction of both types of variables are likely to influence union action. Therefore, the working hypothesis of this research is that both internal and external variables explain local dynamics of trade union participation in campaigns against privatisation and its implications in healthcare. Although structural factors are expected to shape strategic choice, this research anticipates a heterogeneity of union responses to healthcare privatisation both in France and England, in line with research by Levesque and Murray (2005) and Frost (2001).

Can differences in collective identity explain local and national variations in union responses to privatisation?

The final research question of this thesis provides articulation between the role of collective identity in shaping trade union strategic choice and varying outcomes of the case studies. For Frege and Kelly (2003), Hyman (2001a), and Murray et al (2010) collective identity is the starting point from where vision, interests and strategy flow. Moreover, strategic action is considered an expression of union identity in social movement theory (Polletta and Jasper 2001), and a close relationship between collective identity and strategy is expected. Yet, few studies in industrial relations have investigated how trade union identity can explain variations in strategic choice, particularly within the same local context. This research therefore aims to test whether or not differences in collective identity can explain local and national variations in union responses to privatisation.

1.3 The research process

This research consists of a qualitative cross-national comparison of six case studies of local healthcare privatisation. Few studies are dedicated to explaining national and local variations in union responses to privatisation, especially within the healthcare sector. There are notable exceptions however, including Greer et al (2013), Jalette (2005), and Foster and Scott (1997), which all provide useful examination of local trade union responses to privatisation. Nonetheless, research has rarely captured the interrelation of local and national variables. Comparative studies have generally offered country-level comparisons that ignore within-country variation (eg. Hyman 2001; Frege and Kelly 2004) while those focused on local variation most often concern only one national context. A key contribution of this thesis is therefore linked to its methodology which aims to simultaneously investigate cross-country and intra-country variation.

It compares case studies in England and France, two countries traditionally presented as having widely different institutional frameworks, industrial relations frameworks and healthcare systems (Coutrot, 1998; Darlington and Connolly 2012; Böhm et al. 2013; Wendt

et al 2009). These two countries have been selected for comparison as they represent variation within the total population of national models. For local and national factors to be unpicked in each case, this research adopts Locke and Thelen's (1995) contextualised comparison approach. With the proliferation of neoliberal policies across the European Union and beyond, this research investigates in detail the influence that context has on local union strategy. This method therefore allows for key factors within local dynamics to be identified.

Cases in England are located in Nuneaton, Bristol and Weston-super-Mare; those in France are in Nice, Marseille and Ajaccio. The services involved range from specific functions, such as mental health or paediatric care, to the outsourcing or private takeover of an entire hospital. While different types of healthcare services are at stake, private sector interest is explicit in each case as all cases had a dedicated project involving a number of stakeholders. In addition, more than one union was present at each site, allowing for an intra-case comparison of union responses.

A total of 31 qualitative semi-structured interviews were conducted, each lasting between 45 minutes to two hours. These were held with 38 key informants at both local and national levels, including trade union officials, local activists, managers and academics in order to triangulate findings. Interviews were supplemented with documentary evidence, local news articles, trade union pamphlets, minutes of local meetings and government official reports and publications. Trade union websites and social media (Facebook and Twitter) were also reviewed. Combining these two types of data allows for effective triangulation of findings.

1.4 Contribution to knowledge

Few studies have demonstrated empirically the way which internal and external factors interact and influence strategic choice. Moreover, research has rarely attempted to operationalise trade union collective identity and framing, remaining at the theoretical level or resorting to the use of historical examples (Hyman 2001b). This thesis makes a contribution to knowledge by developing conceptual frameworks for researching trade union strategic choice. In particular, trade union identity is operationalised in a novel way by combining Hyman's (2001a) dimensions of union identity (market, class and society) and the militant-

moderate dichotomy (Kelly 1996). These typologies are then linked to core two framing processes: diagnostic framing and prognostic framing (Snow and Benford 2000). Combined, these dimensions are used to identify variations in union perceptions and responses to privatisation.

In addition, findings provide theoretical and empirical support for Kelly's (1998) mobilisation theory. Kelly theorises that, for mobilisation to occur, 1) workers must have experienced or be faced with an injustice that can be attributed to a specific dominant group, and 2) have a sense of their union's efficacy. Employer counter-mobilisation may also constrain collective organisation or activity. This research presents a more nuanced characterisation of Kelly's (1998) preconditions for mobilisation by detailing the different mechanisms at play at each stage of the process and linking them to Snow and Benford's (2000) three core framing processes. In using this analytical framework, this thesis offers a detailed explanation of the sub-national variations in trade union responses to privatisation within the healthcare sector.

More generally, this thesis contributes to the agency-structure debate on trade union mobilisation and renewal. Specifically, it notes that both internal and external factors are responsible for shaping local dynamics. On the one hand, the findings show that structural factors can influence trade union responses and case outcomes. On the other hand, case analysis finds that unions can overcome the constraints posed by their local environment by mobilising internal and external resources to influence privatisation outcomes. As such, this research shows that the introduction and implementation of NPM reforms is ultimately relational. Thus, by presenting in depth analysis of local case study dynamics, this thesis challenges the more 'structural' and deterministic approaches to trade unionism (Daniels and McIlroy 2009), shifting the focus away from institutions and towards the social processes of industrial relations. This research also provides support for the renewal approach posited by Murray et al (2010) by showing that resources are crucial in the effective implementation of union strategies.

Overall, this research demonstrates that national and local factors may constrain trade unions but do not determine strategic choice. In comparing union responses in two countries usually characterised as reflecting different national models, it challenges institutional theories such

as Varieties of Capitalism (Hall and Soskice, 2001) along with studies proposing national models of trade unionism (Hyman 2001a; Frege and Kelly 2003) as these are unable to explain why unions within the same national setting may choose to adopt different strategies. Rather, this thesis supports the position of Levesque and Murray (2005) and Frost (2001) who assume that a variety of union responses can exist within the same national setting. This thesis concludes that, even when national and local contexts are found to be similar, agency matters and can ultimately shape local power relations and outcomes.

1.5 Outline of the thesis

The next two chapters of this thesis provide a review of the literature, firstly related to government policies on the delivery of public services and secondly on trade union strategic choice. To develop and explain the context in which union responses to privatisation occur, **Chapter 2** presents the literature on *New Public Management* (NPM). This chapter first highlights the different drivers which have pushed national governments towards NPM, such as the rise of Neoliberalism, budgetary pressures, the political context and party politics, developments in information technology and the role of international management consultants (Hood, 1995; Larbi, 1999). The obstacles to the implementation of NPM are then discussed, explaining variations in terms of application (Hood, 1995, Rhodes, 1998, Hansen and Lauridsen, 2004, Bach and Bordogna, 2011). The different processes and mechanisms specific to healthcare used to implement market making reforms are then presented, classified under three different dimensions: financing, provision and regulation (Böhm et al. 2013, Wendt et al 2009, Krachler, 2015). Several obstacles to the introduction of NPM are identified, including public opinion and resistance amongst trade unions and healthcare activists (Segall, 2000; Ackroyd et al., 2007; Krachler and Greer 2015). This chapter advances that NPM is a global phenomenon which continues to influence policy making across different economies. However, it also concludes that there is a lack of comparative research on NPM that takes the role of trade unions in shaping policy implementation into account.

Following on from these conclusions, **Chapter 3** focuses on how trade union responses to privatisation and marketisation have been conceptualised. Different forms of responses are identified, including opposition, negotiation, and non-involvement/quiescence (Jalette, 2005;

Greer et al. 2013, Foster and Scott, 1997; Tapia and Turner 2013). However, this chapter highlights that little research has been specifically dedicated to explaining national and local variations in union responses to privatisation, particularly within the healthcare sector. Attention is then given to the different internal and external factors which shape trade union strategic choice. Several external factors are identified as influential in shaping trade union strategies such as the national context, local political and economic factors, and employer attitudes and power (Hall and Soskice, 2001; Greer et al 2013; Tapia and Turner 2013; Hansen and Lauridsen 2004). Internal factors are then discussed, including collective identity, framing, and resource access (Kelly 1998; Frege and Kelly 2003; Hyman 2001a; Murray et al 2010; Hodder and Edwards 2015). As internal and external factors on their own fail to explain union strategic choices, this chapter suggests using an approach which takes into account the relational processes that connect union agency to environmental structures. Given the disparate and under theorised nature of the literature on trade union responses to privatisation, this chapter ends with an outline of the analytical framework developed in this thesis. This framework, which bases itself on Kelly's (1998) mobilisation theory and the work of Frege and Kelly (2003), Tapia and Turner (2013) and Murray et al (2010), proposes links between collective identity, framing processes and strategic choice.

In light of the literature review, **Chapter 4** presents the methodology of the thesis. This chapter sets out the 'contextualised' methodology of this cross-national comparative research. In taking this approach, the research uses theory to orient the study towards possible explanations, but also focuses on the context in order to better understand and explain research findings (Locke and Thelen 1995; Hantrais 1999). To address the three research questions, the case study design is identified as the most appropriate. Discussion of the case study approach emphasises the importance of not only the qualitative interviews with participants but also the insights gained from documentary evidence. The chapter ends by detailing the multi method approach to data collection and subsequent analytical process, where an iterative 'hybrid' thematic approach is adopted, allowing for synthesis between guiding concepts in the literature and emergent themes.

The following two chapters present the research findings. First, **Chapter 5** discusses the context of local healthcare marketisation in order to understand the constraints and

opportunities which unions faced in each case. Case analysis identifies considerable differences between the healthcare systems in France and England, particularly in terms of the provider landscape which is found to be far more diverse in France than in England. Important similarities are also identified, particularly in terms of the role of the national and local context and the introduction of NPM style reforms since the 1990s. Governments in both countries, irrespective of the party in power, are found to have implemented NPM style reforms, looking to increase private sector participation. In addition, government intervention to encourage the adoption of market solutions locally occurred in all cases. This intervention appears to have shaped local decision-maker behaviours in a similar way, creating a somewhat hostile environment for unions. To some extent, these results support claims by Baccaro and Howell (2011), where a convergence of neoliberal practices is expected. Nonetheless, a majority of cases (four out of six) resulted in private sector involvement being abandoned; this is despite the introduction of reforms designed to explicitly encourage competition. Outcomes are also found to differ nationally: in England, all cases resulted in services remaining within the public sector while in France, changes were implemented in two cases, but were not in the third case.

To investigate these differences, **Chapter 6** assesses the role of trade union identity, resources, and responses to private sector involvement in healthcare delivery. In line with past research (Frege and Kelly 2003; Hodder and Edwards 2015; Hyman 2001; Murray et al 2010), case study data shows that identity and framing processes play an important role in influencing union strategic choice. First, the chapter finds that the location of a union's identity within Hyman's (2001) typology (market, class and society) influences union diagnosis framing of private sector involvement in public healthcare service delivery. Second, union 'militant' or 'moderate' identities are linked to strategic choice via prognosis framing, irrespective of the local and national context. In general, a close relationship between identity and strategy emerged, in line with research by Poletta and Jasper (2001) and Frege and Kelly (2004). Framing processes are also found as key in linking union identity to their environment, bridging identity and strategic choice (Snow and Benford 2001; Gahan and Pekarek 2013). By combining two typologies, Hyman's (2001) 'eternal triangle' and the militant-moderate dichotomy, this chapter presents a detailed comparison of union identity in each case study. Overall, findings support the framework proposed in Chapter 3 which links collective identity

to union action via diagnosis and prognosis framing. Third, cases show that both decision-maker behaviours and resource access shaped the implementation of each union's preferred strategy. While decision-maker behaviours can constrain union action, strong resources empower unions to publically challenge such counter-mobilisation, thus shaping the implementation of union strategy. More generally, while counter-mobilisation can impede agency, strong resources allow trade unions to overcome structural constraints and shape outcomes.

Chapter 7 concludes the thesis by discussing privatisation outcomes in relation to existing theoretical approaches. Attention is therefore brought back to the findings of Chapters 5 and 6 in order to identify the key factors which determined local dynamics. As a first step, this chapter identifies a number of national and local factors which contribute to local dynamics and case outcomes, helping to explain why English unions appeared to be more successful in stopping privatisation than their French counterparts. Public opinion, healthcare systems and procurement specificities, market ideology and union divisions are all noted as having influenced the decision-making process, with unions in England benefiting from more favourable conditions than those in France. Yet, this chapter finds that even in unpropitious circumstances unions can use their power resources to influence decision-making; when unions are willing to build external coalitions, a shift in the power balance, from decision-makers to unions, can occur. In line with Murray et al (2010), Hyman (2007) and Hodder and Edwards (2015), this chapter notes that, in order to overcome path dependencies, union leaders would benefit from critically thinking about their behaviours and broadening their networks in order to encourage organisational learning and achieve revitalisation. Ultimately, case analysis shows that outcomes are the dialectic product of both external and internal factors, reflecting research by Connolly and Darlington (2012). This chapter concludes by drawing attention to the structure-agency debate, arguing that neither agency nor structure can ultimately explain local outcomes but instead it is the interplay between actors which matters.

CHAPTER 2 – LITERATURE REVIEW: Public sector reforms and the rise of ‘New Public Management’

Since the 1980s, the public sector in industrialised countries has been through continual change; structural, organisational and managerial. In both France and the UK, service delivery underpinned by hierarchical and bureaucratic principals has been replaced by systems increasingly based on ‘accountisation’ alongside the privatisation and marketisation of service delivery (Hood 1995; Larbi 1999). ‘New Public Management’ (NPM) came to be the term most often used to describe this shift towards market inspired reforms in public sector administration in both the developed and the developing world.

The links between privatisation, marketisation and NPM are critical and require unpacking before trade union responses can be looked at in more detail. The aim of this first chapter is therefore to present the literature on NPM in order to then develop and explain the context unions have had to contend with, along with the factors which may influence local and national responses. This chapter will first define NPM. The different drivers of NPM will then be discussed, before reviewing the factors which can lead to variations in implementation. The chapter will then focus on NPM within healthcare along with the specificities of the sector, the different mechanisms involved and the obstacles to the implementation of market making reforms. The chapter ends with a discussion of the literature on NPM and the role of organised labour in shaping the implementation of reforms in healthcare.

2.1 Defining ‘New Public Management’

The umbrella term ‘New Public Management’ was created to describe and analyse a general shift in public administration towards private sector style management. These new public management techniques and practices became a global phenomenon (Larbi, 1999; Bach and Bordogna, 2011) and have been initially used to label and explain various national reform projects in the 1980s such as the UK’s “Next steps”, France’s “Projet de Service” and Canada’s “Public Services 2000” (Hood, 1995). The aim of NPM was to blur or remove the boundaries between the public and private sector and shift the emphasis from process to results in terms of accountability (Hood 1995; Saint Martin, 1998; Pollitt et al., 2007). While various other

labels have been used to describe substantial public sector reforms, such as 'New Managerialism' and 'Entrepreneurial-Managerial Public Administration' (Saint-Martin, 1998), the term 'New Public Management' is most commonly linked to this group of private sector inspired management practices. This is partly due to the success of the book *Reinventing Government* by Osborne and Gaebler (1992) whose approach was championed by both President Clinton and Vice President Al Gore during their time in office (Ates, 1999). Their definition of NPM based itself on ten principles:

- 1- Catalyzing public, private and voluntary sectors
- 2- Competition between service providers
- 3- Empowering citizens
- 4- Decentralizing authority
- 5- Driving by goals not by rules and regulations
- 6- Earning money, not just spending it
- 7- Focusing not on inputs but outcomes
- 8- Market mechanisms rather than bureaucratic mechanisms
- 9- Prevention of problems rather than treatment
- 10- Redefining clients as customers

Overall, Osborne and Gaebler (1992) advocated for a third way in new public administration. This third way was neither public administration nor business administration but what they called the 'public sector management approach'. As the authors note: "[...] our fundamental problem today is not too much government or too little government. Our fundamental problem is that we have the wrong kind of government. We do not need more government or less government, we need better government." (Osborne and Gaebler, 1992:23-24)

Despite the popular use of the term NPM, definitions tend to vary while remaining vague or abstract. Many authors and organisations have built their own specific models of NPM (Dunleavy and Hood 1994; Holmes and Shand, 1995; Lynn 1998; Gruening 2001; Eliassen and Sitter 2008). However, there is a general overlap in these definitions (Pollitt 1990; Hood, 1995; Larbi, 1999; Rhodes, 1998; Bach and Bordogna, 2011). Hood (1995) notes that the common aspects in defining NPM usually involve five different types of shifts: 1) from policy making to

management skills, 2) from process to output, 3) from hierarchies to competition, 4) from fixed pay to variable pay, and 5) from uniform to variable public services with an emphasis put on contract provision (Hood, 1995). Other authors note that NPM generally include the decentralisation of management within public services (the introduction of autonomous agencies and devolution of budgets and financial control), the increased use of markets and competition in the delivery of public services (contracting out and other market mechanisms) and an increased emphasis on performance, outputs and customer orientations (Larbi, 1999). Overall, six dimensions summarise public sector reforms since the beginning of the 1980s: privatisation, marketisation, corporate management, decentralisation, regulation and political control.

2.1.1 Privatisation

Privatisation in its narrowest sense is defined as the sale of public assets to the private sector (Rhodes, 1998). More broadly, it is a term that has been associated with the transfer of assets from the public sector to the private sector (Bach, 2000; Hebdon and Jalette, 2012). This includes the transfer of the management, ownership, finance or control of these assets and practices such as internal market arrangements, user fees, private-public partnerships and liberalisation facilitating private sector involvement in public sector service provision. In North America and in many European countries, the debate on privatisation has gone beyond that of the sale of assets in order to take into account other forms of private sector involvement such as contracting out and public-private partnerships (Fernandez and Smith, 2006; Grimshaw et al., 2002).

While privatisation took place in most western countries in the 1980s, the way in which it was implemented varied (Hood, 1995; Rhodes, 1998; Bach, 2000; Bach and Bordogna, 2011). In France, a number of state-owned assets were privatised, including the sale of state-owned banks, along with France Telecom and Air France. This was additional to a long tradition of contracting out in the public sector such as hospital auxiliary services and in the water industry (Bach, 2000; Bartle, 2002). In the UK, there was an almost complete privatisation of state enterprises and utilities. From the 1980s onward, the British government chose to reduce its ownership of state owned assets by two-thirds (Rhodes, 1998; Bach 2000; Bartle, 2002).

However, privatisation slowed from the late 1990s onward as most public assets had already been sold off. Nonetheless, most political parties have remained open to the eventual selling off of assets which remain in public hands. In addition to the selling of public assets, there has been extensive contracting out in cleaning, catering and refuse collection across the public sector in order to comply with reforms on service delivery (Bach, 2000; Foster and Scott, 1997; Danford et al., 2005).

2.1.2 Marketisation

Marketisation in the public sector can be defined as the use of market criteria for allocating public resources and measuring the efficiency of public service providers (Peters and Savoie, 1995). The aim of marketisation is to create an environment for public sector services that resembles that of the private sector, putting the emphasis on competition. Often linked to privatisation, it creates quasi-markets by way of the purchaser-provider split, the use of contracting out and the introduction of vouchers schemes, redeemable from a variety of public and private providers (Rhodes, 1998).

Marketisation is central to the NPM doctrine. According to Moore et al. (1994:13): “The central feature of NPM is the attempt to introduce or simulate, within those sections of the public service that are not privatized, the performance incentives and the disciplines that exist in a market environment.” The main assumption is that there are efficiencies to be gained from using markets in public sector service delivery and, while there are obvious differences between the two sectors, governments should be learning from the private sector (Larbi, 1999).

One of the main applications of marketisation in public sector service delivery is direct public-private competition model (Stewart et Walsh, 1992; Rhodes, 1998). Martin (1999:59) defines this as the “[...] procurement and quasi-procurement type of situations in which public employees compete against private sector firms and organization to provide government services”. The government literally enters into the market system as a participant and competes with other private providers for public services. The process is similar to that of

contracting out, but gives the opportunity for public organisations to compete in order to keep services in-house (Cyr-Racine, 2005).

The implementation of marketisation has been strongly encouraged in various countries but again, varies in the degree of its application (Martin, 1999). The UK has been a particularly keen to reform its public sector by using marketisation, with policies such as compulsory competitive tendering and Best Value (Foster and Scott, 1997; Danford et al., 2002; Danford et al., 2005).

2.1.3 Corporate management

Corporate management, or (new) managerialism, refers to the introduction of private sector management techniques to the public sector (Rhodes, 1998; Saint-Martin, 1998; Bach and Rocca, 2000). This involves the strengthening of professional managerial roles and the use of corporate management techniques in order to improve efficiency and effectiveness. Rhodes (1998) notes that the key objectives of this type of management are hands on professional management, explicit standards and measures of performance, managing by result, value for money, and closeness to the consumer. At the centre of this are the “three Es” model: economy, effectiveness and efficiency, achieved through mechanisms such as “the People’s charter”, benchmarking and human resources “investor in People” (Rhodes, 1998). The model can also include changes to employment practices such as tighter control of staff through specific performance targets and appraisal, which can be linked to performance related pay and the tackling of issues such as absenteeism (Bach and Rocca, 2000).

2.1.4 Decentralisation

Decentralisation is generally understood as a shift in power from central government to sub-national organisations. It can take a number of different forms. For Rhodes (1998), decentralisation includes two parts: deconcentration and devolution. Deconcentration is defined as the redistribution of the administrative responsibilities of central government. As for devolution, it refers to the exercise of political authority by lay, elected, institutions within areas defined by community characteristics (Rhodes, 1998). Bach (2000) provides an

overlapping definition by detailing the different shapes which decentralisation can take. A first is political decentralisation, which involves the decentralisation of political power towards the sub-national. This type of decentralisation can include devolution, as per Rhodes's definition, which is defined as the full transfer of responsibility, decision-making, resources and revenue generation to a local level of public authority that is autonomous and fully independent from the devolving authority (Bach, 2000). These organisations, such as local government, are usually viewed as legally independent and composed of elected officials who are accountable to its citizens.

As for administrative decentralisation, its aim is to transfer decision-making, resources and responsibilities from the central government to sub-national levels of government or other agencies (Bach, 2000). Different types of administrative decentralisation exist and vary according to the level of accountability involved. Deconcentration, as noted by Rhodes (1998) in his definition, involves the transfer down of authority and responsibility while maintaining the same hierarchical chain of accountability. This can be seen as a first step towards what Bach (2000) calls delegation, which goes further in decentralising administration and involves the redistribution of authority and responsibility towards units of government or agencies that are not necessarily branches or local offices of central government. Despite a shift in power, the bulk of administrative authority in this form of decentralisation remains vertical and hierarchal. Overall, the difference between political and administrative decentralisation is that political decentralisation aims to delegate authority to lower levels of government, such as local municipalities, while administrative decentralisation transfers greater managerial authority to managers.

There is also a distinction to be made between internal and external decentralisation. While internal decentralisation refers to the delegation of authority to existing tiers in the hierarchy, external decentralisation is when this authority is transferred to new units that may have a separate legal status (Bach 2000). External decentralisation is potentially more radical and difficult to reverse. Decentralisation can also happen by shifting the line of accountability from functional specialists to managers. For example, professionals, such as nurses and teachers, take on managerial responsibilities and line managers deal with the work traditionally done by HR professionals.

There is a very close relation between the privatisation and decentralisation of public services; the latter is often viewed as a precondition for the former. Just as with privatisation and marketisation, the implementation of decentralisation varies considerably between countries and regions. While some European countries have implemented political decentralisation such as Belgium, Spain and Italy (Jeffery, 2008), public sector reforms in the UK have put an emphasis on administrative decentralisation (Rhodes, 1998; Bach, 2000). This has resulted in the fragmentation of the public sector into “business units” and the creation of a hierarchy of accountability similar to that of a multi-divisional company. In this model, strategic decision-making and performance monitoring is the responsibility of the centre or “head office” while senior managers of the business units are responsible for delivering efficiency. In this type of decentralisation, most of the strategic powers remain within central government, restricting local managers’ ability to develop their own policies. Similar observations have been made regarding devolution in France; while some authors have noted that regions have gained more autonomy since reforms were introduced in the 1980s, others have argued that central government remains heavily involved in local matters (Rogers 1998).

2.1.5 Regulation and Political control

Following on from decentralisation, some governments chose to substitute their control over regulation with a shift towards ‘ownership’ (Rhodes, 1998). To do so, they created watchdog organisations to take charge of the auditing of the new privatised providers. Particularly in the UK, this has led to a shift of power towards the Treasury with the aim of strengthening its control over spending while pushing for financial delegation. However, many have seen this delegation as hollow considering that the main objective for the government has been primarily to cut spending. Indeed, Rhodes (1998) considers that “financial regulation lies at the core of the UK reform package” and that “the Treasury is a powerful and ubiquitous force” (Theakston, 1998, in Rhodes, 1998)

Overall, these dimensions of NPM embrace the public sector reforms in most industrialised democracies since the 1980s. Hansen and Lauridsen (2004) note however that Rhode’s (1998) definition and dimensions may be too technical as they lack the ideological core that is

inherent to NPM. They argue that research into NPM should not only take into account the organisational behaviours of privatisation and marketisation but also the ideology that sustains such behaviours. As a result, the way NPM can be interpreted and applied can vary. The next section reviews the drivers behind NPM and variations in its application.

2.2 Drivers in implementation

The claim of universality and general applicability is a distinctive feature of the NPM programme. Reforms have been implemented in government all over the world, beyond those countries that were early adoptees of these types of reforms such as the UK, USA, Australia and New Zealand (Hood 1995: 100). Authors such as Osborne and Gaebler (1992) have claimed that there has been an inevitable movement toward NPM, as this new pragmatic way of managing services would 'cure' all governments of their bureaucratic inefficiencies and illnesses (Larbi, 1999).

A number of authors have looked into the drivers that have pushed government to opt for NPM reforms (Hood, 1995, Rhodes, 1998, Larbi, 1999, Hansen and Lauridsen 2004, Bach and Bordogna, 2011). Overall, research has noted that these factors are varied and can be economic, social, political and technological.

2.2.1 The rise of Neoliberalism

NPM is closely related to changes in economic theories since the 1980s (de Vries, 2010). From the late 1970s, the 'New Right', a political strand of conservatism which first emerged in the US and the UK, became increasingly popular in their contestation of Fordism (Leitner et al. 2007). They particularly criticised the size, the cost and the role of the state as doubts were cast on the ability of governments to rectify the economy, with most countries facing stagnating productivity gains and falling profit rates. (Hood, 1995, Larbi 1999). The economic doctrines of Keynes also struggled to explain the advent of stagflation, a combination of inflation and long-term unemployment, and was attacked by three alternative ideas: monetarism, supply-side economics and public choice theories that coalesced to form neo-liberalism (de Vries, 2010).

According to the neoliberal view, the only way to achieve efficient public service provision is by introducing market competition and apparently offering the public free market choice. Many authors agree (for example Flynn, 2001; Ferlie et al., 1996; Walsh, 1995; Pollitt, 1993) that criticism by the 'New Right' towards the welfare state was heavily influenced by economic liberals such as Hayek (1973), and by public choice theorists such as Niskanen (1971) and Buchanan (1975). Aucoin (1990) identified two sets of ideas which have influenced the shape of the wave of reforms since 1980s: 'Public Choice', which focuses on the need to re-establish the primacy of representative government over bureaucracy, and the managerial school which focuses on the need to re-establish the primacy of managerial principles over bureaucracy. Together, these theories constitute the foundation of NPM and were used by the 'New Right' to promote reforms to the public sector.

Public Choice's main criticism of the 'old' public management was towards its reward system and the fact that politicians and bureaucrats had no real incentive to control costs (Hood, 1995; Behn, 1998; Bach and Rocca, 2000). According to 'Public Choice' theorists, market forces are necessary to discipline the public sector; without such mechanisms, there would be no limits to the state's tendency to maximise budgets, leading to an oversupply of collective goods. They argued that, as top-down control diminishes, bureaucratic functions become so large that they are impossible to control or coordinate, ultimately leading to bureaucratic failure and the stifling of innovation. Consequently, the 'New Right' ideological distrust of 'big government' and their determination to redraw the boundaries of the state meant that NPM style reforms were seen as the solution to bureaucratic failure (Rhodes, 1998). Public Choice theorists found an audience with various governments looking for ways to resolve the welfare state crisis and to curb state intervention.

Managerialism is also identified as an antecedent of administrative reform (Hood 1991). Aucoin (1990) notes that the appeal of managerialism for governments is both a critique of bureaucracy as a mode of management, and a replacement of 'administration' with the private sector term of 'management'. However, Aucoin's (1990) focus on managerialism and public choice as explanatory factors for the advent of NPM is somewhat limited. Indeed, Ates (1999) argues that several tools and features of public sector reform go beyond these two

theories and have their root in other approaches to public sector administration. Although commonalities exist, these remain confused with paradoxical concepts and principles.

2.2.2 Budgetary pressures

NPM is also often seen as a solution to public sector fiscal pressures (Larbi, 1999). Over much of the 20th century, governments used tax increases to compensate for public expenditure. As public discontent grew in the 1970s towards increasing tax rates, fiscal constraints were introduced to contain public spending (Bel and Fageda, 2007). NPM was therefore seen as an economic tool to ensure the balance of payments, reduce the size of public expenditure and limit the cost of public service provision (Larbi 1999). In order to reform and modernise public sector administration, efficiency and effectiveness became a priority of the political agenda from the 1980s.

Consequently, NPM would be expected to appear in countries where there has been high government spending and employment, or a history of relatively low macroeconomic performance (Hood, 1995). As NPM has often been billed as a way to slim down big government, the “fattest” governments would be expected to make the biggest strides towards NPM in order to be more competitive. However, this has not always been the case and, while budgetary pressures may have led governments to look for solutions, they do not appear to automatically determine the implementation of the NPM model. Hood (1995) notes that macroeconomic performance alone struggles to explain the rise in NPM and concludes that other factors come into play.

2.2.3 Political context and party politics

Also important in driving some governments towards NPM reforms are the changes to the political context. As above, this has often been attributed to the rise of the ‘New Right’ and neoliberalism ideology in the 1980s, and more particularly the influence of Ronald Reagan in the US and Margaret Thatcher in the UK in their aim to roll back big government and remould what remained of the public sector to the image of the private sector (Hood, 1995).

Consequently, NPM style reforms are expected to be prevalent in countries governed by right wing parties during the 1980s.

However, as noted by a number of authors (Hood, 1995; Larbi, 1999; Rhodes, 1998; Hansen and Lauridsen, 2004; Bach and Bordogna, 2011) this link is not so obvious. While it is true that the New Right found an audience with the conservative party in the UK, and the Republicans in the US, along with the same in Australia, it was the Labour party in New Zealand, which introduced NPM reforms. A number of 'left' countries such as Sweden have embraced NPM while some 'right' countries such as Japan and Turkey had less enthusiasm in implementing such initiatives (Hood, 1995).

Party competition has lead both left-wing and right-wing parties attempting to appeal to middle-class voters and, as a result, 'left' parties may have had to work harder to establish credibility with those voters who feel disenchanted with government performance: "government does too much and whatever it does it doesn't work" (Rhodes, 1998). With international interdependence, including Europeanisation, the general process of policy diffusion appears to have been especially influential, more so than the party in office (Rhodes, 1998, Hood, 1995). As elaborated in the next section, external influences, including accounting firms, financial intermediaries, management consultants and business schools are also considered responsible for this shift towards NPM (Hood, 1995, Larbi, 1999).

2.2.4 Information technology developments and international management consultants

Information technology became a necessary tool for NPM reforms, particularly with respect to service decentralisation as it assured accountability through the accurate reporting of performance information (Rhodes 1998). As such, the new model of public administration was built around electronic data handling and networking (Hood, 1995). International management consultants, accountancy firms and international financial institutions also contributed to the globalisation of NPM (Rhodes 1998). In particular, accounting changes were instrumental to the diffusion of new management techniques from the private sector to the public sector (Hood, 1995). Governments wanting to reform the public sector often sought advice from consultants to determine the different possible solutions and for

recommendations on the best course of action. Dunleavy et al (2006) argue that policy trends develop through a coalition of professional and corporate interests and that the demise of the 'old' public administration system has been steered by a NPM coalition of accounting firms, financial intermediaries, management consultants and business schools. As such, NPM reforms were repeatedly packaged, sold and implemented around the world by the same organisations (Greer 1994).

Budgetary pressures, neo-liberal ideas, political context, innovation in IT and international management consultants all appear to have played a role in governmental NPM style reform projects. However, interaction with local contexts and institutional setting, can lead to different outcomes. The next section discusses variations in the implementation of NPM.

2.3 Variations around implementations

While authors such as Aucoin (1990) and Osborne and Gaebler (1992) have argued that global change is occurring and that traditional public administration has collapsed, most of the literature on NPM recognises large variations in terms of application (Hood, 1995, Rhodes, 1998, Hansen and Lauridsen, 2004, Bach and Bordogna, 2011). The pre-eminence of NPM is somewhat paradoxical. On the one hand, market models have acquired an almost hegemonic status among the ruling elite, seen as one of the few universal solutions to problems associated to public sector governance. On the other hand, there are substantial national and local variations in the adoption of these ideas and practices. This is true both between and within countries; global models are confronted with the complexity of local settings and significant variations in outcomes have been observed. This argument is based on both global institutionalised models and local path dependency (Hansen and Lauridsen, 2004).

While some have put variations down to NPM leaders and laggards (Hood, 1995), others reject the idea that national governments are converging towards the same reforms and outcome (Bach and Bordogna, 2011). Research to date has struggled to prove that this "one size fits all" approach really does live up to these claims (Larbi, 1999). What can explain variations in implementations? The literature suggests five moderators that can help explain these

differences: initial endowment, diffusion of reforms, local context and interest groups, manager perceptions, and the inherent contradiction of the NPM paradigm.

2.3.1 Initial endowment and national context

As noted above, Osborne and Gaebler (1992) have argued that NPM was a new global paradigm, and that transition to this paradigm was inevitable. However, the reality is that not all OECD countries have moved to adopt NPM principles to the same extent (Hood, 1995). While performance-based pay to workers became popular in countries such as Sweden, Denmark, New Zealand and the UK, there was no equivalent in Germany because this conflicted with pay equality across particular grades. Other differences have been observed between France, where there has been a tendency towards decentralisation and the UK, where there have been mixed efforts towards centralisation (Hood, 1995).

Authors such as Pollitt (1993) have argued that NPM was mainly an Anglo-American phenomenon of the Reagan and Thatcher years. While this fits with the international convergence argument whereby English-speaking countries, with similar legal traditions, would potentially make it easier for NPM practices to be spread, these conclusions have generally been considered too simplistic. Even within similar country groups, such as the English speaking Westminster model countries, there are marked differences in the content and the implementation of these types of public sector reforms. Some countries, such as Japan, looked to reform the public sector, but the accent has been more on privatisation, deregulation and tax reform than on NPM (Hood, 1995). Other countries, such as Sweden and to a lesser extent, Denmark, Netherlands and France, score particularly high on NPM application. As Hood (1995) notes, NPM appears to be more than just an “English disease” (p.100).

Hood (1995) explains such variations by considering the initial endowment from which different administrative systems start. He explains that, for those in power to consider shifting public administration system towards NPM a particular administrative system must be set up in a way that combines both motive and opportunity. In terms of motive, this is the promise or hope of savings from the implementation of NPM reforms. Therefore, adoption of NPM

practices would be higher where government is considered to be too large and where there is acute fiscal pressure associated with poor macroeconomic performance. On the other hand, the opportunity dimension depends on a hypothetical vantage point from which politicians can influence public sector reforms. What is most important here is whether or not public services are controllable from a single point, without significant juridical barriers, therefore allowing market forces to intervene.

Hansen and Lauridsen (2004) in their comparative research found little correlation between national characteristics and the implementation of NPM reforms. They hypothesised that if a country had a similar culture to the world culture, then market model adoption should be more prevalent. They also proposed that those in power would be more open to using market models if the state was perceived as a bloated and corrupt bureaucracy which lacked support from the population. However, the authors on both counts found these to have only a weak relation to NPM adoption. This was also true in terms of the size and function of the public sector, where the authors found that this varied greatly between countries but had little or no effect on the adoption of market models. Hood (1995) notes that, while a combination of factors can have an effect, there appears to be no specific link between macroeconomic performance and the degree of emphasis put on NPM, nor that of the party in power.

Why different responses despite common pressures? Why are some responses the same despite the varying contexts? According to Scott (1995), a nation-state tends to develop a meaningful structure that is unique to them; when a particular national context is confronted with globally recognised models, such as NPM, they translate and reinterpret their meanings by way of unique cognitive and normative structures that have evolved in their own countries. National government traditions, which are a set of understandings about institutions (rules and procedures) and culture (beliefs and history), come head to head with global factors. As Bach and Bordogna (2011) suggest, this results in different reform trajectories with a variety of partially country-specific and institutionally embedded patterns of administrative reform. They propose a starting point similar to Thelen's (2004) notion of 'layering' and 'conversion', which puts emphasis on how existing institutions and associated interests make any radical change difficult. As such, any new element is grafted onto the existing institutions, which eventually modifies the purpose and operations within public services. As time passes, this

layering of reform builds up, combining NPM reforms with other features of the 'old' public administration (Hood 1995; Pollitt and van Thiel, 2007) as well as other measures (Pollitt and Bouckaert 2004). More recent trajectories of reforms struggle to fit within Hood's (1995) NPM 'leaders and laggards' model, and rather have been considered to be particular patterns of reforms, which include possible sub-categories, termed by Pollitt and Bouckaert (2004) and Pollitt (2007) as "neo-Weberian". Rhodes (1998) considers that the traditional public sector will persist and that the aims and outcomes are bound to differ.

Looking beyond national characteristics and institutional form, some authors have turned to the role of the state to explain national responses to global pressures. Different general state theories exist, ranging from more pluralistic approaches which consider the state a 'neutral broker' between institutions and representative groups, to New Right and Elitist theories which broadly argue for a diminished role of the state to allow for a more democratic process driven by either markets or specific interest groups (Bean 1994; Taylor-Gooby 1981; Clark 2000). Marxian theories also discuss the role of the state, by either focusing on class struggle or taking a functionalist stance in how the state looks to maintain order within civil society (Clark 2000; Catchpole et al 2004). While such general theories provide insights as to how the state generates an ideology of shared values that prevent the questioning of capitalist social order, Clark (2000) argues that these ignore historically embedded material structures specific to nation states and therefore require a more particularised look at national form of institutional arrangements. The mainstream comparative political economy field has generally adopted this position, with authors such as Crouch (1993) and the 'Varieties of Capitalism' literature (Hall and Soskice 2001) arguing that enduring national traditions lead to the state taking different roles, thus explaining national distinctiveness and variations in policies and outcomes across different contexts.

This position has since been contested or nuanced in order to account for growing similarities in national trajectories towards liberalisation and the increasingly interventionist role of the state in shaping such institutional change (Howell 2016; Baccaro and Howell 2011; Streeck 2009; Vidal 2013). Howell (2016), taking a Regulationist approach while also drawing from Karl Polanyi's insight of states as market-making institutions, argues that all states have tended to become more involved in the regulation of class relations in order to facilitate liberalisation,

ultimately finding themselves tasked with the reconstructing institutions to stabilise capitalist growth. Notably, the author steers away from taking a functionalist stance, arguing that states can respond in ways which exacerbates crises while also taking different paths to stabilise such growth. Howell (2016) also claims that institutional change is most often complex and political, with non-state actors, such as business, turning to the state to act on its behalf. Despite such shifts in thinking within the mainstream field of comparative political economy, doubts remain as to convergence, with Meardi (2018) recently providing evidence of international pressures leading to different configurations of associational and political forms of labour market governance.

Overall, global pressures must be analysed together with national specificity in order to best understand government policies and outcomes, while further translations can occur to NPM principles when put into practice.

2.3.2 Diffusion of standards

The ways in which NPM standards are diffused can also explain variation both across and within countries (Hansen and Lauridsen 2004; Dahl and Hansen 2006). As already mentioned above, NPM reforms within a national context will most often call for the decentralisation of managerial and/or political powers. Therefore, marketisation and NPM style management techniques need to be communicated by central government to units both within and outside the governmental hierarchy. Diffusion theory can help explain adoption of NPM within a particular national setting.

Latour (1986) explains that the communication of standards can occur via two different models: the diffusion model and the translation model. The diffusion model has three characteristics. First, a standard has a starting point. This source is the only supplier of energy for the dispersion of the standard; the prevalence of the standard is a function of the power of the initial force. Second, a standard loses the ability to disperse the further it gets away from its source. Third, a standard can be dispersed as long as strong actors, trade unions for example, do not stop it. Therefore, diffusion is partly determined by the strength of the original source, and partly by the resistance of strong actors.

As for the translation model, Latour (1986) remarks that the energy for dispersion does not only come from one source. Rather, it is the hand of the 'people' and each of these may act in many different ways: "letting the token drop, or modifying it, or deflecting it, or betraying it, or adding to it, or appropriate it" (Latour 1986:267). New energy is given to a standard when a new actor adopts it. Actors are not passive, but active in their adoption of reforms. The survival of a standard depends on all actors in the chain, transforming it according to their own plan. Therefore, the power of the initial source is not necessarily crucial and that the power of subsequent links in the chain is as important. In terms of NPM, Dahl and Hansen (2006) have concluded that diffusion appears to be more dependent on the initial source (the standardiser) than that of subsequent links in the chain. Some cases may fit best with the diffusion model while others (Powell et al, 2005) might show that the translation model applies.

Relational and cultural models of diffusion also exist (Strang and Meyer 1993). Relational diffusion depends on the level of interaction between prior and potential adopters. Organisations will have a tendency to imitate other organisations with which they interact. This would mean that organisations would imitate other organisations that are in the same region. The reasoning to this is that certain units will look towards others in deciding whether or not to implement a change. The cultural model of diffusion is based on organisations being imbedded in a homogenous institutional environment (Strang and Meyer, 1993). These organisations, to secure legitimacy, conform to the rules and norms of this environment. Therefore, physical interaction is not necessary for imitation to happen. The main argument in this theory is that organisations are more likely to imitate those they view as being similar and as pioneers. The elites and successful organisations are often at the start of the origin of the imitation process. However, Dahl and Hansen (2006) note that cultural diffusion is sometimes not as important as relational diffusion. Yet, proximity cannot be the only factor of diffusion and other factors come into play (Dahl and Hansen, 2006).

As previously noted, one important actor in the diffusion process is the standardiser (Dahl and Hansen, 2006). In their attempt to persuade people to adopt their standards, standardisers try to convince potential adopters that they share a common problem and that their standard

is the solution. Looking at the different global drivers of NPM, standardisers could be international accounting firms, or international institutions such as the IMF, OECD, European Commission, and World Bank (Larbi, 1999; Sahlin-Andersson, 2000). Within a decentralised national context, this could also be central governments pushing for certain practices to be adopted at the local level. Encouragement plays a greater role in the case of adopters as it changes perceptions of a standard from a 'choice' to a 'need'.

Changes in IT systems can also cause organisations to adopt new standards (Dahl and Hansen 2006). IT systems as a variable could also come via a different path. For example, an organisation decides to adopt a certain standard. In order to implement this change, this organisation needs certain IT resources and therefore seeks support from standardiser. This then leads to stronger encouragement from the standardiser and reinforces the changes being implemented. It may be that inexperienced organisations may be more easily influenced in seeking support from the standardiser or other model organisations.

Putting aside the way certain standards are communicated, what can explain a discrepancy between adopters and non-adopters? Research on diffusion models does not entirely explain how standards such as NPM are adopted. Also, adopters and non-adopters can perceive encouragement by the standardiser differently. The next section looks at organisational factors that influence adoption of NPM reforms.

2.3.3 Local context

Various factors can play locally and influence how NPM reforms are implemented. At the organisational level, the diffusion process of NPM may be influenced by variables such as size, financial situation, identity and timing (Hansen and Lauridsen 2004; Dahl and Hansen 2006). In terms of size, larger organisations may be more prone to adopt change early. This is because larger organisations have more resources, are more differentiated and more professionalised. This would mean that they are more sensitive to environmental change. Smaller organisations have few resources and therefore more inclined to imitate other organisations as a decision shortcut. Also, there is more risk for a small organisation in opting for less common alternatives.

Adopting standards requires financial capacity and rejecting a current standard involves learning as a cost which cannot be recovered (Dahl and Hansen 2006). An organisation's financial situation can influence the decisions made around marketisation and NPM management techniques. Timing is also a factor: new reforms need time to be implemented and therefore there is a reform-cycle, whereby an organisation needs be at the end of a previous cycle before being able to undertake further changes.

Local identity can also influence standard adoption as standards can be seen as 'marks of identity' (Dahl and Hansen, 2006). This would mean that organisations, which feel that their identity is under threat, would seek to adopt new standards which reflect their self-understanding. Some organisations may see themselves as 'modern' and would therefore be open to implementing what appears to be fashionable or 'trendy'. Looking at what other reforms an organisation had taken on in the past may help in terms of determining their identity and their likelihood in adopting a new standard/reform. Decentralisation can also be viewed differently by central and local actors; central government may feel that decision-making has indeed shifted from the centre to the local while local units consider that their everyday life involves the constant interference of the parent department, the treasury and the cabinet office (Rhodes, 1998).

Local politics can also play an important part in the implementation of NPM style reforms (Coderre-LaPalme, 2014; Greer, 2013; Cyr-Racine, 2005). As explained by Hefetz and Warner (2004, p. 174):

"Political climate also may affect managers' decisions (Savas 2001). Politics is part of public management, and good managers do not just make technical decisions. They interact in the political process (Nalbandian 1999) and facilitate public engagement (Feldman and Khademian 2001; Svava 1998)."

Decisions on NPM can also be influenced by the interests of different groups (Bel et Fageda, 2007; Fernandez et al., 2008). Trade unions and campaigners can frustrate the

implementation process of these types of reforms (Hansen and Lauridsen, 2004, Krachler and Greer, 2015). However, few studies have specifically focused on these dynamics.

2.3.4 Local manager perception

Considering the fundamental differences between the public and the private sectors, public services cannot simply be managed in the same way as corporate businesses (Traxler, 1999; Fernandez et al., 2008). In this respect, Hefetz and Warner (2004:174) notes that:

“Governments are more than a business; they reflect collective identity, respond to diversity, and promote social equity (Box, 1999). Increasing attention is being given to the intrinsic value of interaction between citizens and government in the public service delivery process to promote democracy, community building, and a more socially equitable system of urban service provision.”

As such, decisions on NPM reforms will go beyond budgetary concerns as those in charge will seek to legitimise their position: “[...] managers are pragmatic professionals who balance monitoring and citizen concerns, principal agent problems, and market structure in determining how to provide public services” (Warner and Hebdon, 2001; p. 186). This pragmatic approach by public sector managers will lead to different solutions depending on the circumstances (Alford and Hughes, 2008).

As already discussed, NPM reforms are generally seen as a solution to the current problems of public management, finding its justification in neoclassical microeconomic theory. For Hansen and Lauridsen (2004), these perceptions tend to anchor themselves on two public sector myths:

- 1) Public sector growth: the common view is that public sector had grown over those decades and was therefore seen as the root of the fiscal crisis by the international and national elites. Market models were seen as a partial solution to shaking up the public sector or at least to the growth problem.

2) R Rigidity: organisations in western countries seen as large inflexible, both public and private. This social structure quashes on individual initiatives. Market models are seen as a way to encourage competition and entrepreneurship, therefore a solution to rigid social structures.

As such, market ideology is the perception that the public sector is inefficient and that marketisation is the solution. For Hansen and Lauridsen (2004), there are two dimension to market ideology. The first is the perception of the state of affairs in the public and the private sector: do local managers perceive the public sector to be less efficient than the private sector? They refer to this as the diagnosis or problem dimension. The second is the perception of the utility of an increased use of market models: do local managers believe that there are benefits from contracting out services? This is the remedy or solution dimension. Based on these two dimensions, the authors proposed four types of perceptions towards NPM:

- 1) Market adopting managers – adopt market ideology on both dimensions.
- 2) Problem adopting managers – view the public sector as inefficient but see little gains in using markets within the public sector.
- 3) Solution adopting managers – don't view the public sector as inefficient but expect substantial gains from using marketisation.
- 4) Opposing managers. Reject both dimensions.

A particularly important factor that influences managerial perceptions is previous experiences of marketisation. Hansen and Lauridsen (2004) found that managers with moderate previous experience in privatisation and contracting out tended to oppose market ideology. One explanation for this is that market solutions are sometimes implemented symbolically, or as a minor part of an overall strategy, and only on the periphery of the services. In this context, managers do not need to be wholeheartedly involved in the process, and can afford to be sceptical about it. Also, attempting to implement market models in a hostile environment can prove to be difficult. Therefore, managers opt for incremental implementation, which tends to produce negative or negligible results. In this type of context, managers tend to see market models negatively. Another explanation may be that managers are adopting market mechanism only symbolically or half-heartedly. Managers may find themselves in a position

where they find it difficult to argue against market principles in the current world culture. In order not to be stigmatised as old fashioned, they would feel somewhat obliged to adopt a symbolical or marginal implementation of market models. As such, managers preserve their scepticism toward marketisation at the ideological level.

Managerial networks can also influence these perceptions. As previously discussed, adoption is derived from a process model of communication and diffusion. While an organisation could be structurally disposed to market models, it still needs to have contact with carriers of the ideology. Certain networks tend to promote it, others impair it. Public organisations that use consultants and rely on private sector relations would therefore tend to adopt a more market orientated ideology. Managers that rely on trade union relationships may have the opposite approach. Hansen and Lauridsen's (2004) results show that the more managers have relations with consultants, the more they adopt both dimensions of market ideology. Strong relations with trade unions had a negative impact on the solution dimension of market ideology. Finally, socialisation and organisational affiliation can also affect local manager perceptions, including age and education.

2.3.5 The NPM paradox

A final factor which can influence implementation relates to the contradictions that are inherent to NPM. Despite the various factors that can encourage or frustrate implementation, NPM can also be the root cause of its own problems. As a result, central governments often find themselves torn between the ideology of NPM and the realities of implementation.

One example of this relates decentralisation. As discussed previously, there are different levels or ways of decentralising services (Bach, 2000). Once services are decentralised, central government is forced to give up some or all of its control over the running of these services. Although central government may be able to steer some changes through treasury funding, it remains the case that true decentralisation means less hierarchical control. Some central governments have struggled with the idea of giving up powers, especially in the UK where the Westminster government, and particularly the treasury, has sought to retain as much control over the public sector as possible, despite different attempts to decentralise decision-making

(Hood, 1995). Diffusing national NPM reforms such as marketisation remains difficult in a decentralised context. As Clark (2000) notes:

“Ironically, the central new right aims of rolling back the state, non-intervention, decentralization and deregulation required significant central legislative intervention in the political process. Presenting the erosion of social democracy as greater – market – democracy creates an increasingly centralized state, hence the term ‘authoritarian populism’.”

As such, implementing NPM policies is paradoxically easier for central governments when decision-making is hierarchal and centralised.

Linked to decentralisation is the implementation of public sector marketisation. While there has been on the one hand an ideological push towards markets and competition, the reality is that there has been a tendency towards the creation of networks and a push towards cooperation (Rhodes, 1998). Rhodes (1998) defines networks as a set of interdependent organisations that have to exchange resources to achieve their respective goals. Initially, competing units depend on the government in terms of resources. However, as networks develop, government needs to shift from direct to indirect control. Although power relations between networks and government are asymmetrical (the latter can still set the parameters within policy and still funds services), government becomes dependent on these new networks that, in time, gain more and more autonomy. The delivery of public services becomes dependent on coordination, trust, shared values and reciprocity; the glue that holds together complex sets of relationships (Rhodes, 1998). This is at odds with marketisation where competition is based on low trust and where price is the main coordinating mechanism. With the spread of networks, there have been inevitable tensions between competition and cooperative networking behaviours. Marketisation itself undermines the effectiveness of the networks it proliferated. In promoting competition and contracting out, it creates an environment of mistrust, with corroded commitment. Contracts undermine trust, reciprocity, informality and cooperation. As Rhodes (1998:28) puts it: “Cooperation and competition mix like oil and water”. If competition risks destroying networks which are essential to delivering services, there may be reluctance in implementing marketisation in full.

These shortcomings have led some to claim that NPM is dead, with governments now shifting towards 'Post New Public Management' (Christensen and Lægrid 2001;2008). Generally, 'Post NPM' looks to address the weaknesses of NPM doctrine by reintroducing some aspects of 'old public administration' and strengthening coordination through a more centralised or collaborative approach (Lodge and Gill 2011). Terms such as 'whole of government', 'joined-up government' and 'digital era governance' have been used to describe the move towards post-NPM (Dunleavy et al 2005; Christensen and Lægreid 2007). However, such a shift has been difficult to evidence. Lodge and Gill (2011) found that, instead of a 'pendulum swing', there has been a process of reform 'layering', not solely driven by the disappointment of NPM reforms but rather a variety of different processes. The authors add that changes in management practices fall short of a true paradigm shift, noting that no one set of coherent and consistent administrative doctrines emerged throughout their analysis. Overall, while new reforms have attempted to counter some of the negative effects of NPM (such as fragmentation through new forms of 'joined-up government'), key elements of the NPM doctrine have nonetheless been institutionalised within public administration.

Overall, a cleavage exists between the rhetoric of NPM reforms and their application. Policies tend to be shaped and reshaped to best fit with the local reality and avoid potential negative outcomes. Sector differences can also lead to particular adapted forms of NPM reforms. The next section discusses NPM reforms within the health care sector.

2.4 NPM reforms in healthcare

While NPM principles may be championed by national governments, these need to be translated to the reality of public services. With respect to healthcare, NPM ideals have taken a number of forms in order to both adapt to the health sector environment and drive change. However, behaviours and outcomes are far from certain. Health sector specificities along with other factors put pressure on newly created marketplace and the outcomes are sometimes far from what politicians and policymakers may have expected. This section reviews the different ways in which NPM principles have been applied specifically to the healthcare sector along with the different constraints in play. The outcomes and consequences of NPM on the sector are then discussed.

Governments in various countries have attempted to reshape the healthcare sector to the image of the private sector by using NPM style reforms, primarily to make services more efficient but also to shift accountability towards the local level. The major components of healthcare reforms revolve around are decentralisation, marketisation and managerialisation. However, the processes and mechanisms introduced to national health systems can differ from other sectors because of the complexity and specific objectives of healthcare.

NPM processes and mechanisms can be classified under three different dimensions: financing, provision and regulation (Böhm et al. 2013, Wendt et al 2009, Krackler, 2015). These dimensions have been used in a number of typologies in order to model and compare the different national systems of healthcare that exist. Krackler (2015) uses these dimensions to classify the various mechanisms operating within a particular logic of NPM (Table 1).

Table 1: Healthcare market mechanisms

Health System dimension	Market Mechanism	Marketisation logic
<i>Financing</i>	<ul style="list-style-type: none"> • Cost-shifting (i.e. to patients) • Fixed-Price Reimbursement (DRGs) • Financialisation of Infrastructure Services • Centralised Purchasing • Informal Payments 	<p>Competition on the market is stimulated by virtue of a more transparent price mechanism and new non-state sources of funding through which profits can be realised as well as through emulating private-sector purchasing power.</p>
<i>Provision</i>	<ul style="list-style-type: none"> • Autonomisation of Hospitals • Internal Markets • Competitive Tendering • Failure Regime and Centralisation of Public Services 	<p>Hospital management is increasingly free to compete on the market, while more areas of provision are opened to alternative providers and public service provision is reduced and/or allowed to fail.</p>
<i>Regulation</i>	<ul style="list-style-type: none"> • Opening Up Provider Types (i.e. to for-profit firms) • Increased Decentralisation • Patient choice 	<p>Market openings to new providers created, and more responsibility shifted to decentralised administrative units to increase the autonomy of public.</p>

2.4.1 Financing

Finance related mechanisms include cost-shifting, fixed-price reimbursement, the financialisation of infrastructure, centralised purchasing and informal payment. Generally, marketisation tends to be more at home in an insurance-style funding healthcare system rather than within a 'national health service' system, where funding comes from general taxation. As insurance-style systems are financed by paid premiums, either from employee-employer contributions, or from 'out-of-pocket' spending (expenses for medical care which aren't reimbursed by insurance), this creates a market for health insurance providers (Kirkpatrick et al, 2013). Within an NHS style system, insurance providers struggle to compete with relatively low contributions from general taxation, and therefore can only really find profit within elective care and other specialist services (Greer and Krachler, 2015).

Cost shifting involves service users paying a flat fee, excess or a percentage of the bill for receiving care and generally acts as a disincentive to use services and increased competition for patients (Reibling, 2010; Le Grand et al, 2013; Tambor et al., 2011). This individualises the cost of delivering care, making provision dependent on individual financial capacity, similar to that of a consumer driven market where providers compete for customers.

Fixed reimbursement rates are also an important financial mechanism in marketising healthcare (Kirkpatrick et al, 2013; Greer, 2008; Modell, 2001; Brunn et al., 2015). These fixed reimbursed rates are set for individual treatments, regardless of the outcome. It provides a more transparent mechanism for pricing where the private and public sector can compete for patients. If hospitals are also allowed to have surpluses, this creates an incentive to reduce unit costs. As a result, despite prices being set by the State and not by market forces, this has a marketising effect.

The financialisation of infrastructure also introduces markets within healthcare system, often referred to as Private Finance Initiatives or PFI (Given and Bach, 2007; Lethbridge, 2014). This involves the building and maintenance of new facilities, and often also the provision of ancillary services, by private companies. These are then leased back to the state for the provision of public healthcare. The aim is to shift the risk of having to provide capital to the

private sector. It is argued that this not only creates an incentive for more efficient service provision, but also obscures public sector spending, as the private sector is fronting the costs of building facilities while the private sector pays back the costs over several decades.

The centralisation of technology and pharmaceuticals is also a financial mechanism that increases marketisation in the public sector (Reibling, 2010; Lindsay et al., 2014). Services are bundled across a number of organisations, public and/or private, rather than purchased individually. The purpose of this is to increase the buying power of the State by offering providers the potential of profit via lower margins in exchange for higher volume. This results in an increase in price competition between potential providers and raises the use of market logic such as competitive tendering or efficiency concerns within public organisations.

A final financial mechanism is the use of informal payments (Reibling 2010; Brunn et al., 2015). This type of cost shifting happens when patients pay healthcare professionals directly without these payments being officially declared, avoiding passing through a third party payer. This unofficial way of financing healthcare is prevalent in a number of countries in Eastern Europe and takes advantage of information asymmetries (Reibling 2010). Indeed, patients fear that they will not be treated as well without these unofficial payments or simply view this as part of the system.

2.4.2 Provision

Provision orientated mechanisms include the autonomisation of hospitals, the creation of internal markets, competitive tendering, failure regime and the centralisation of public services. Traditionally, state owned hospitals have to return any surplus generated in order to spread these across all services. However, autonomisation, a form of decentralisation, allows hospitals to generate revenue, set local employment terms and conditions to lower staffing costs and seek profit through providing care to specific groups of patients (Lapsley, 2010; Galetto et al. 2013; Lethbridge, 2014). This then leads to competition between hospitals.

Linked to autonomisation is the creation of internal markets (Bach, 2000; Dixon and Poteliakhoff, 2012). This involves creating a split between the organisations that commission

services and those who are prepared to deliver these services. Internal markets often come hand in hand with competitive tendering, opening the door to competition between public sector organisations and private entities. In the context of NPM reforms, Lapsley (2008:83) argues that the right structure is necessary for services to flourish and therefore structural change becomes the policy of first resort for governments: “Structural changes can be devised relatively rapidly. The announcement of such changes attracts headlines in the media – a signal to the electorate that something is happening”. For healthcare, part of this focus is on the creation of market-like structures but also on the downsizing and decentralisation of services.

The centralisation of public services and the establishment of market failure as a norm are the last mechanisms in terms of provision (Segall, 2000; Greener et al. 2011; Krachler, 2015). While competitive tendering opens the door to the private sector, and autonomisation tends to refer to public sector hospitals, centralisation of healthcare sets the rules under which both sectors must operate. This is under the premise that actors within the market can fail, either go bankrupt or close down, should they be inefficient or unable to compete with other organisations. Quantification is also at the heart of NPM (Lapsley, 2008; Newan and Lawler, 2009; Helderman et al, 2012). Moreover, the shift from bureaucratic process to a managerial emphasis, where results are most important, has encouraged the introduction of performance measuring in the health sector. An example of this is the rating and ranking of hospitals, based on performance targets set by government. Information is placed in the public domain, rewarding organisations that perform well while shaming those that do not. Along with good performance usually comes more autonomy while poor performing hospitals are threatened with closure. Targets can also be based on service delivery and the financial management of resources. Benchmarking uses these performance measurements to compare the different organisations, or different parts of an organisation, within the healthcare system.

Incentives and motivation play a key part in the introduction of such reforms (Lapsley, 2008). According to the ‘mistrust’ model, staff cannot be trusted to do their jobs properly and have to be provided with incentives that appeal to their self-interest, such as financial gain, promotion, demotion or job loss (Le Grand, 2010). Subtler incentives can be greater autonomy in the event of success and its withdrawal in the event of failure. Another incentive is ‘naming

and shaming' whereby the government publishes poor performance with the intention of humiliating the staff of that organisation and encouraging them, through their own self-interest, to do better in the future. The impact of result orientated management, performance measurement and benchmarking have clear implications for incentives and the motivation of staff (Galetto et al., 2014; Lindsay et al., 2014) Mechanisms such as 'payment by results' or 'performance-related pay' are seen as key in aligning managers' action with the wider interests of the state while also challenging existing collective bargaining structures (Marginson et al 2008).

2.4.3 Regulation

Regulation mechanisms include opening up provider types (such as for-profit firms), increased decentralisation, and patient choice. First, marketisation can be achieved by opening up the type of entities that can provide services (Helderman et al., 2012; Bohm et al., 2013). Traditionally, licensing laws introduced by the state meant reduced competition between practitioners. However, opening up the market to other entities to provide services increases competition. This can lead to frustrations by professionals, who see their power reduced as the marketplace opens up.

A second mechanism is the decentralisation of decision-making, therefore reducing the responsibility of the State in the delivery of healthcare services (Bordogna and Neri, 2011; Bach, 2000; Segall, 2000). As discussed, decentralisation is an important part of NPM, whereby the aim is to reduce state capacities by empowering local entities and convincing them to behave like private-sector organisations. With respect to decentralisation, shifting healthcare authority downwards has been seen in various countries in Europe (Bach, 2000; Galetto et al, 2013). Governments set budgets and standards while delivery becomes the responsibility of primary and secondary care providers. In this type of decentralised and fragmented healthcare environment, blame when outcomes are below the standards set does not fall on the government but on individual providers (Lapsley, 2010).

Other authors note that patient choice, based on the public choice approach, has also tended to form part of NPM inspired healthcare reform and rhetoric (Dixon and Poteliakhoff, 2012;

Reibling, 2010; Lapsley, 2008). This involves giving patients the freedom to access care that is not restricted geographically or by the need for referrals or limited by gate keeping (Reibling, 2010). For the latter, this can be not only for hospital services but also private specialist care. Reducing regulations regarding patient choice intensifies competition for patients within the healthcare market. This also increases healthcare consumerism and certain market segments can see growth if allowed by the State.

Beyond financing, provision and regulation mechanisms, other notable changes to the healthcare sector have encouraged NPM style governance, including the managerial process. Lapsley (2008) suggests that NPM puts a distinctive emphasis on the role of the general manager as a single authority figure. Again, this is anchored on the idea in NPM theory that the old bureaucratic style of public administration needs to be replaced by a private sector style approach to management. In healthcare, the introduction of general managers in hospitals can be seen as instrumental to the implementation of NPM inspired changes; it encourages a unitary approach to service delivery and pushes key actors to agree on the main objectives of the organisation, leaving little space for conflicts of interest (Hardy, 1991). It is also argued that the introduction of general managers helps to reduce complexities in the sector that is deemed essential for NPM and encourages the use resources in new ways to enhance effectiveness (Osborne and Gaebler, 1992). By using a more customer-driven and results-orientated approach, the role and autonomy of healthcare professionals may be constrained (Doolin 2002).

Overall, different reforms and market mechanisms in healthcare tend to tie in together. As such, decentralisation of decision-making is done alongside market driven initiatives. Changes to the management of employees tie in with the general performance of the institution within the market place created by the government. Each change is a piece within the puzzle of healthcare reform agenda. While each piece may come as a stand-alone reform, it is intended to fit within the general picture created by politicians and policy makers. The general logic of NPM style reform continues to shape and reshape the healthcare landscape and its different pieces need to be viewed as part of a full picture. Reality however shows that the pieces are often imperfect and will often not fit as well together as expected. Other factors also come to

moderate the implementation of reforms. The next section examines the factors that are specific to the healthcare sector.

2.5 Obstacles to NPM in healthcare

Despite the common pressures and overall trend in applying NPM principles to the healthcare sector, reforms have been implemented differently by national governments (Kirkpatrick et al. 2013; Galetto et al., 2013; Méhaut et al., 2010; Grimshaw et al. 2007). These have also often been met with reluctance and resistance within healthcare. As a result, outcomes will often not be those originally planned or expected. While a number of moderating factors have already been presented, some additional aspects of NPM implementation are specific to healthcare.

Firstly, healthcare in western countries tends to be distinct from other types of public services and is historically viewed as operationally different from other businesses (De Vries et al. 1999; Lega et al., 2013; Krachler, 2015). One reason for this is that funding for most healthcare systems comes from central government through general taxation, with the exception of the US where public funding constitutes half of the overall healthcare budget. Considering that the state provides most of the funding towards healthcare services, it has the power to set the conditions behind these budget transfers (Kirkpatrick et al. 2013). Any government looking to create a more market orientated healthcare system would provide funding subject to the implementation of such reforms. By setting the market rules, the state retains its control over budgets and spending (Greer et al, 2013; Krachler and Greer, 2015).

Healthcare is also primarily based on need (Krachler, 2015). This means that states are obliged to provide at the very least basic healthcare for its citizens (Allen, 2013). Faced with changes in demographics and technology along with budgetary pressures, central governments have been pushed to produce efficiency savings (Grimshaw et al., 2007). The need to spend public resources on healthcare comes into conflict with the neoliberal and NPM ideals of cutting down costs and restraining finances.

The health sector is particularly labour intensive, with most of hospital budget allocated towards staff costs. Almost all staff involved in healthcare service delivery have professional status (Galetto et al., 2013; Krachler and Greer, 2014). This has translated over the years into greater involvement and power from these groups of employees (such as nurses and doctors) in decisions revolving around the structure and delivery of services. They often dominate regulatory bodies and, as a result, their interests have often been taken into account within the health system. The objective of professionals and their organisation are also most often at odds with market model objectives (Segall, 2000; Ackroyd et al., 2007). Indeed, ethical codes and evidence based service provision come ahead of finance, with the public's interest and wellbeing often quoted as most important.

Professionals will favour the 'Trust' model for service delivery; the role of the government is limited to setting budgets for overall services while professionals decide how to best spend the resources available (Le Grand, 2010). The belief in the efficacy of the trust model in government is common throughout public service provision in continental Europe. It relies on professional autonomy, the ability to discuss any issues and collaborate on implementing solutions that are in the public's best interest. Doctors have often had the power to use information asymmetries to justify treatment in order to best fit financial objectives (Le Grand, 2003). However, the power of information asymmetry can also be used against the State and corporate bodies. Although the introduction of managerialisation has marginalised and constrained the influence of professionals on decision-making (Galetto et al 2014), professionals have often used this information asymmetry to effectively question or oppose changes that have threatened their interests (Krachler and Greer 2015).

A strictly contractual relationship between commissioners and providers can lead to negative effects, creating an oppositional environment and stimulating self-seeking behaviour by providers (Mackintosh, 1997). Contracts that involve financial targets for providers are likely to increase activities that are more lucrative. This can be at the expense of activities that are less lucrative in the short term but could generate better health outcomes. Also, contracts can monitor outputs as an indicator of performance. This can therefore be an incentive for providers to concentrate on maximising quantity, which can be at the expense of quality of care and health outcomes. Contracts lend themselves to the massaging of data by providers.

This includes double counting patients in different ways in order to meet contractual output obligations, for example, the revolving door syndrome, where patients are discharged from hospital too early only to be readmitted shortly after, counting as another output. Generally, transactional relationships rely on easily quantifiable targets in order to evaluate performance at the expense of what is less quantifiable such as responsiveness of care or quality. Market relations furnish healthcare providers with perverse incentives, such as passing on patients that seem too costly to other providers.

In addition, public opinion may also play a role in the way which NPM reforms to healthcare are introduced. Korpi and Palme (1998) have argued that the type of welfare strategy, universal or targeted, determines the size of beneficiary populations and ultimately shape political dynamics of the welfare state. Universal social services broaden the population of beneficiaries to include the middle classes, creating stronger social solidarity amongst classes. Rothstein (1998, 2002) also argues that universalism generates popular support through a moral logic of 'fairness' which goes beyond self-interest. As such, universal services can create broader cross-class constituencies which can be resistant to retrenchments, ultimately locking welfare states into place. Pressures from campaigners and trade unions can also shape public opinion and influence reforms and NPM workplace changes (Helderman et al., 2012; Given and Bach, 2007; Galetto et al., 2013; Greer et al., 2013; Krachler and Greer 2015; Williamson, 2008; Brown et al., 2004). This has made reforms more difficult to pass through government and then implemented. However, as previously noted, few studies have specifically looked at how these different groups have frustrated the implementation of NPM reforms within the public sector.

Overall, there has been a recurring disenchantment with market style reforms in the health sector (Segall, 2000). Segall (2000) notes a number of additional issues with the implementation of such reforms:

- 1) Concern that there was an excessive preoccupation with structural and process reforms designed to increase efficiency on the supply side of health system, to the detriment of attention to population health and its broader determinants;

- 2) Doubts about whether competition actually increased health service efficiency, which was sometimes already improving prior to the introduction of market style reforms;
- 3) Doubts about the extent to which competition was actually occurring or was likely to occur (because of insufficient providers to constitute a viable market for many services, at least outside large cities, or because of the loyalty of purchasing authorities to long standing providers in an area);
- 4) Concern that a concentration on service throughput was sometimes having perverse effects on the quality of care, especially as a result of shorter durations of hospital admission; measurable outputs were taking precedence over less easily measured health outcomes;
- 5) The high transaction costs involved in the negotiation, management and evaluation of contracts;
- 6) The loss of health service stability and capacity for long term planning as a result of the contracting process.

At the root of these concerns lies a conflict of cultures – that of public service ethics versus markets. As part of decentralisation, efficiency requirements were passed on from health authorities to managers, and then further on to individual professionals. The latter therefore find themselves in the difficult position between the requirements set by government and the quality of care that they wish to deliver. The need to cut corners goes against the ethics of professionals and has led to much anger (Segall 2000).

The importance of professional autonomy in healthcare can explain some of the difficulties in implementing NPM in healthcare. As seen earlier, the ‘trust model’, on which professionals rely in order to provide services, gives professionals the autonomy to provide services based on their knowledge of the service and the public’s best interest (Le Grand, 2010). At first sight, decentralisation could be expected to sit well with this particular ‘trust model’: the

government sets the budget while professionals have the autonomy to organise services. However, as already discussed in the previous section, decentralisation often comes into conflict with other NPM reforms. Moreover, collaborative working arrangements leave little room for competition or conflicts of interest between those working in public services.

Within the ‘trust model’, government involvement, marketisation and performance measurement are at odds and implementation can encounter resistance (Le Grand, 2010). Some changes may not fit well with the existing context and therefore issues during implementation or straightforward resistance may occur. Supporters of the ‘trust model’ tend to oppose measuring performance and target setting. For the same reasons, market mechanisms are also seen as unnecessary or could even lead to corruption. Generally, the model leaves no place for incentives, either positive or negative. As Le Grand (2010:58-59) notes:

“Pay or other rewards for good performance; so-called “league tables” whereby providers are rated and ranked, thereby encouraging them to compete with one another; other aspects of competition, such as patient choice of medical provider or parental choice of school; the impositions of sanctions or penalties on individuals and institutions that fail to deliver an appropriate service: none of these will succeed in ensuring high quality services.”

Most of those who adhere to the ‘trust model’ see the introduction of incentives as damaging to ethics and professional motivation. Those who are motivated by their sense of professional duty and altruistic concern for the welfare of the public tend to be discouraged and demoralised by these types of NPM style incentives. However, some argue that professionals do not necessarily behave according to the ‘trust model’ and that incentives can ultimately erode ethics. Incentives are therefore justified through a similar logic as Public Choice theory: professionals are self-serving and will reject any change that does not fit their interests. Regardless, professional autonomy would appear to play an important role in resisting NPM style change. Hence there has been a shift back and forth in countries such as the UK, Sweden, France, New Zealand. While certain changes do remain in place (such as the purchaser-

provider split), the emphasis on competition can be pulled back, with more efforts pushed onto collaboration (Segal, 2000).

2.6 Conclusion

In summary, the term 'New Public Management' (NPM) refers to a general shift since the 1980s in public administration towards private sector style management. NPM-style policies, introduced by various national governments, have been generally defined according to six dimensions: privatisation, marketisation, corporate management, decentralisation, regulation and political control (Rhodes 1998). These mechanisms also feature in the implementation of healthcare reforms and relate to either the financing, provision or regulation of healthcare services (Böhm et al. 2013, Wendt et al 2009). However, research has found variations in the application and a number of explanations have been suggested to account for local and national differences, including the national context, diffusion theory, the local context, manager attitudes and ideology, and the inherent contradictions of the NPM paradigm (Hood 1995; Hansen and Lauridsen 2004; Bach and Bordogna 2011; Dahl and Hansen 2006; Rhodes, 1998). Nonetheless, NPM has generally been observed as a global phenomenon which continues to influence policy making across different economies.

With the introduction of decentralisation, responsibilities for the implementation of new NPM reforms have often shifted to the local level. Consequently, as argued by Latour (1986), the diffusion and adoption of standards such as NPM may not only depend on the strength of the original source (national governments in the case of healthcare reforms) but also on the resistance of other actors. Indeed, Krachler and Greer (2015) found that, since 2012, trade unions and campaign groups in England have generally been successful in their attempts to stop the privatisation of NHS services; this is despite the introduction of national reforms which have specifically looked to increase local private sector participation in public healthcare provision. Yet, comparative research focused on NPM reforms has tended to either ignore or underplay the role of labour or organised labour in shaping policy implementation. Although some studies have looked at trade union responses to public sector reforms (for example, Given and Bach, 2007) and the impact of local management-trade union relations on the adoption of market ideology (Hansen and Lauridsen 2004), few have explored in detail

the dynamics between trade unions and other local actors when services are at risk of being privatised.

The introduction and implementation of NPM reforms is ultimately relational. Stakeholders within healthcare provision (including decision-makers, trade unions, private providers and service users) will look to influence outcomes in favour of their interests and may bolster their position by working with those that have similar objectives; how power relations play out between these different actors will shape outcomes. In analysing these dynamics, scholars argue that environments generate both obstacles and opportunities (Frege and Kelly 2003; Tarrow 1998; Tilly 1978) that can be framed in different ways by trade unions (Frege and Kelly 2003; Benford and Snow 2000), even when their interests are similar. To explain differences in framing, several authors have argued that strategic choice can be traced back to collective identity (Frege and Kelly 2004; Hyman 2001a; Hodder and Edwards 2015; Polletta and Jasper 2001; Smithey 2009). In addition to strategic choice is the question of resource mobilisation (Murray et al 2010; McCarthy and Zald 2001). Having set out the wider contextual and structural issues presented by public sector marketisation, the next chapter will elaborate the literature on the internal and external factors that may shape trade union responses.

CHAPTER 3 – LITERATURE REVIEW: Trade union responses to privatisation

To explain variations in union responses to privatisation and workplace change, industrial relations research highlights a number of internal and external factors, reflecting ongoing debates in social science research around structure and agency (Connolly and Darlington 2013). A somewhat pessimistic view of trade union renewal argues that structural forces, currently defined by neoliberal government agendas, ultimately determine union action (Daniels and McIlroy 2009). This more ‘structural’ and deterministic approach focusses on the external factors which shape union opportunities and actions. In particular, those focused on the national context have generally argued that trade unions respond according to the model of capitalism in place, illustrating divergence of industrial relations by using various typologies (Hall and Soskice, 2001; Regini, 2003).

Other authors have taken a different approach, arguing that trade union responses are the dialectic product of internal and external factors (Frege and Kelly 2003; Connolly and Darlington 2012), although questions remain in terms of the dynamics at play. Such authors include Kelly (1998), Hyman (2001), and Murray et al (2010) who have each proposed frameworks based on internal factors, including union collective identity, leadership and resource access, to conceptualise union strategic choice. To explain national differences in trade union responses, Hyman (2001a) in *Understanding European trade unionism: between market, class and society* proposes the notion of the ‘geometry’ of unionism based on three distinctive types, market, class and society, and argues that different union movements in different institutional contexts will have a tendency to prioritise different combinations of identities. Levesque and Murray (2005) have also stressed the importance of resource access in local dynamics to explain sub-national variations in strategic choice. Finally, Kelly’s (1998) *Rethinking Industrial Relations* has been especially influential in shifting the focus away from institutions and towards collective identity and the social processes of industrial relations, re-invigorating the ‘radical wing of industrial relations scholarship’ (Heery 2005). In particular, it introduced key concepts from the field of social movement research to industrial relations research. Based on social movement theory, Kelly (1998) suggests two preconditions to mobilisation: 1) unions need to attribute a perceived injustice to an employer or government,

a process derived from the activation of social identity and social comparison, and 2) unions need a sense of efficacy where unions feel that, by acting collectively they can be able to make a difference. Social movement theory also considers that framing processes are linked to attribution and efficacy, shaping the way which unions perceive the threats and opportunities in their environment (Snow and Benford 2000). By linking Kelly's preconditions for mobilisation to collective identity and framing, this research looks at how activists develop a shared sense of meaning and belonging which shapes solidarity and drives responses (Polletta and Jasper 2001; Smithey 2009).

The aim of this chapter is therefore to review the literature on trade union identity and examine the internal and external factors which can shape strategic choice in the healthcare sector. First, this chapter will present the literature specific to public sector trade union responses to privatisation. Second, it will examine the different external factors which shape trade union responses, including the national context, employer behaviours and the local economic and political context. Third, it will discuss the different internal factors which can influence union responses, including collective identity, framing and resource access. This chapter concludes with a discussion of the literature on the interaction of structure and agency and presents the framework which this research uses to analyse the case studies in France and England.

3.1 Trade union responses

A number of studies have examined trade union responses to marketisation and reforms (Teicher et al., 2006; Jalette, 2005; Greer et al. 2013, Foster and Scott, 1997; Frost, 2001, Danford et al., 2002). However, as noted by Frost (2001), traditional conceptualisations of union responses have tended to rely on one dimensional dichotomies, often between 'militant' and 'moderate' positions. Consequently, these dichotomies can often mask important variations within each category. As such, Frost (2001) argues that richer conceptualisations may be needed in order to better explain the role played by unions both at national and local levels.

Looking beyond the militant-moderate dichotomy, Foster and Scott (1997) conducted a longitudinal study of UK union responses to the introduction of public sector competitive tendering. They argued that marketisation produced key policy dilemmas for local government unions during the four Conservative administrations, from 1979 to 1997. One of these dilemmas was between 'collective principle' and 'pragmatism'; this refers to trade union responses to competitive tendering. The authors found that trade unions took different approaches when faced with market driven measures, categorising these responses into four types: industrial action, non-involvement, negotiation and judicial challenge. Jalette and Hebdon (2012) adapted Foster and Scott's conceptualisation for their study of municipal service marketisation in Canada. They found that trade unions relied on four types of positions: opposition, defensive, non-involvement and proactive. The authors chose to use the term "position" rather than "responses" because trade unions may not only be reactive when dealing with marketisation, but can also be proactive. They also note that trade union positions can vary over time, depending on what is at stake, and are not mutually exclusive.

3.1.1 Opposition

The opposition position is often noted in literature on trade union responses both in France and England. Jalette (2005) defines this position as the use of pressure such as striking, picketing and group grievances and in the case of privatisation is mainly motivated by the anticipation of negative consequences for workers. Opposition also includes what some authors refer to as strategic mobilisation (Tapia and Turner 2013) which generally involves rank-and-file mobilisation, coalition building, media attention, social justice framing, pressure on decision-makers through strikes and demonstrations, and pressure on local and national governments. In general, this position involves little or no negotiation and the parties are brought to an impasse, with either management forced to retract its initial proposal or the union forced to strike (Frost, 2001). This response is motivated by the desire to preserve the benefits of its members such as wages, jobs or employment conditions (Kumar and Murray 2006). Unions can also use opposition as part of what renewal literature refers to as 'social movement unionism' as a way to engage in wider political struggles for social justice and democracy (Fairbrother 2008).

In England, Foster and Scott (1997) found that industrial action occurred mainly when competitive tendering was first introduced in local government and trade unions were often successful. However, this approach became less effective as time passed. Their fieldwork found that branch apathy acted as a significant break on industrial action. This was particularly true in areas where a higher proportion of contracts which were lost to the private sector. Disagreements between unions often undermined action and national union support was often lacking; one exception was NUPE in the south west who appeared to be the most militant. When tendering became a requirement, industrial action almost disappeared. In France, strike action and mobilisation has also been noted as a common response to policy changes within the public sector (Milner and Mathers 2013; Galetto et al 2014). For example, a nationwide strike was organised in 2000 by staff in public hospitals in order to demand improvement in working conditions, more jobs and increases in hospital budgets (Galetto et al 2014).

Another example of oppositional responses by unions, primarily observed in the UK, is collective submission of large numbers of individual grievances in order to put pressure on the employer (Jalette, 2005; Danford et al. 2002). Danford et al. (2002:11) noted that local government unions in England used this tactic to put pressure on public sector employers following cuts in a number of departments: “Accompanying job evaluation and regrading exercises had generated extensive job and pay cuts. [...] In both authorities the GMB'S strategy had been to attempt to service a mountain of individual grievances rather than mobilise a collective response”. However, this tactic was ineffective as a failure to resolve these grievances resulted in a number of member resignations.

Research has also notes unions using legal action to oppose privatisation (Foster and Scott, 1997; Coderre-LaPalme, 2015; Jalette and Hebdon, 2012). Foster and Scott (1997) found that judicial challenges became the only real method of opposing competitive tendering. The courts provided unions with significant successes against some of the inequitable consequences of privatisation. In France, Dupuis (2017a) notes that unions use various legal instruments in order to supplement their traditional repertoires of action. This includes the use of *comités d'entreprise*, access to an accountant at the company's expense and the negotiation of plans to protect jobs.

Overall, Foster and Scott (1997) argue that the militant approach, including opposition and legal action, characterised early opposition to competitive tendering but eventually became less popular. Jalette and Hebdon (2012) also found that, in the context of local government outsourcing in Canada, opposition responses were less common than responses which involved negotiation and suggesting alternatives.

3.1.2 Defensive

Defensive responses mainly aim to minimise the effects of privatisation and marketisation on the salaries and working conditions of employees (Jalette, 2005, Frost, 2001) and is one of the most common trade union responses (Wills, 2001; Galetto et al., 2013; Hyman, 2001a). This position will often involve negotiations with the employer, which will vary according to the context. The threat of privatisation can lead a public sector union into a defensive position which is explained by its wish to protect its own strength (Waghorne, 1999).

Foster and Scott (1997) found that negotiation became the most common approach after opposition responses to competitive tendering became less effective (Foster and Scott, 1997). The decentralisation of decision-making meant that, most bargaining efforts had to be done locally. Initially, the lack of negotiating experience at the local level made branches vulnerable. Also, questions were raised with respect to how effective local representation really was, especially when major concessions were being discussed. However, the willingness of unions to keep services in-house motivated them in engaging with management, despite the risks involved. Teicher et al. (2006) found a similar process used by unions in the Australian public sector to stop services being outsourced. Unions moved from a defiant approach to a more pragmatic one when faced with a hostile environment and dwindling member support. In the case of the electricity sector, this shift from defiance to compliance was associated to a weaker position in the industry. This weakness was in part due to historical rivalries between unions, resulting in a lack of concerted action against outsourcing. It was seen as an opportunity by management, who were able to coerce unions into taking a pragmatic approach relating to changes in service delivery whereby the latter were presented with an ultimatum of 'comply or become irrelevant'. In France, Pulignano and Stewart (2012), comparing union responses

to restructuring in the private sector, noted instances where unions focused especially on minimising the effects of plant closures by working cooperatively with management. This particular case involved negotiations with management from the outset (rather than opposing the changes as a first step) and the offer of early retirement for some staff and the relocation of other employees to other sites with pay remaining at a similar level, thus avoiding the majority of job losses originally planned.

Overall, there is often a strong incentive to remain on good terms with employers and government as unions will most often rely on them for recognition and resources in the context of the free-rider problems (Streeck, 2005). This perspective allows unions to adopt more conciliatory or even supportive attitudes to public reforms (Clegg and van Wijnbergen, 2011).

3.1.3 Non-involvement/Quiescence

Another position identified in the literature is that of non-involvement, whereby trade unions do not participate in any discussion on outsourcing. With the introduction of competitive tendering legislation in UK, non-involvement in the tendering process was sometimes used as an alternative to industrial action (Forster and Scott, 1998). The argument was that unions should not collude with management in a process which was likely to lead to a degradation of working conditions. However, as more and more services were lost to the private sector, refusing to negotiate became a high risk strategy and it is argued that unions missed out on the opportunity to influence contract specifications, which might have favoured in-house bids. Non-involvement was often used when the trade union had little practical experience of losing contracts through tendering. By 1994, most unions dropped their non-involvement policy as branches found themselves increasingly powerless in terms of stopping job losses (Foster and Scott, 1997).

Frost (2001), Greer et al (2013), Teicher et al. (2006) and Jalette (2005) also found a variant of this position which can be described as apathy, quiescence, indifference or the absence of vision or resources. Jalette (2005) argues that some trade unions let go of some services as a result of short termism or because of negligence. He explains that staff departures can often

be used as an excuse by employers to outsource services. However, convincing the employer to refill these posts is not easy as it is often difficult to mobilise members regarding this long term issue and the rarity of qualified staff. Other unions simply would not have the time nor the resources to respond to employer initiatives. This type of abstention can also take place when changes are to the advantage of the members. In some cases, employees do not want to keep certain services as these are “too hard, too dirty and/or too difficult” (Jalette and Hebdon, 2012,:15) In further research, Jalette (2005) found that outsourcing services during the annual stop in production allowed a greater number of employees to have holidays. It would therefore be difficult for trade unions to oppose the transfer of services if employees did not oppose them or if the consequences of this transfer was to their benefit.

3.1.4 Proactive

The last position is considered to be proactive as it involves trade unions proposing alternatives to the employer’s project (Helper, 1990). This position goes beyond the defensive approach as it uses mechanisms where the different parties can discuss the future of services. Depending on a number of local and/or national factors, this can evolve into a position of co-determination and social partnership (Greer et al. 2013; Tapia and Turner 2013). Martinez Lucio and Stuart (2005) define partnership as “a desire to move away from the perceived ‘adversarial’ industrial relations of the past, to a more enduring form of labour–management co-operation”. Partnership may offer some opportunities to unions as it allows them access to the workplace and decision-making which might otherwise not be tolerated. Partnership is also a mechanism for avoiding a return to ‘the bad old days’ of conflict and strikes (Stirling, 2005).

Jalette (2005), Levesque and Murray (2005) and Frost (2001) have noted that some trade unions have been particularly involved in the management of service delivery. In some cases, discussions have revolved around cost and flexibility, and trade unionists were invited to submit their own bid to keep services in-house. This involvement can ask trade unions to put together proposals and provide evidence of profitability. In the UK, following the election of Labour in 1997, the TUC encouraged its unions to adopt this proactive position with employers in order be able to participate in the management of public services (Danford et al 2002, Heery

2002, Danford et al 2005). For ideological and pragmatic reasons, local unions supported this strategy. On this, Danford et al. (2002:8-9) quote a GMB representative:

“Really it's about survival, isn't it? If we don't provide these services efficiently, then down the road, there will be someone else who is waiting in the wings to do that. In the old days, you worked for the Council and you had a job for life. But we've gone through so many changes, so many upheavals, that now most of us realise that is not the case...no-one has security in local authority work anymore. It's a general awareness that if we want to survive, we really have got to work together.”

The authors also found cases where local trade unions were sceptical of getting involved in the management of services:

“There's always a danger in not getting involved with negotiations at the early stage. On the other hand, there's a danger in flying with the management. Because you might end up agreeing to something but then you realise you made a booby and you'd get the blame. So the strategy at the moment is not to get involved with implementation but to be kept informed, to get the overall picture and the local picture which we will need when the negotiations eventually come.” (Danford et al. 2002:9)

These findings are similar to those of Frost (2000). North American employers, in their quest for flexibility and productivity, have often looked to collaborate with trade unions. Frost (2000:265) explains:

“By creating new, more cooperative relationships with labor, management has sought to generate worker and union commitment to its goals of lower cost, higher productivity, and higher quality. In exchange, workers and their unions have sought to gain greater employment security, greater worker autonomy on the job and more enjoyable work”.

The result appears to have led to a rise of partnerships between trade unions and management in North America (Frost, 2000; Eaton and Rubinstein, 2006). This trend was also

observed by Dupuis (2017b) in France, where unions responded to the threat of closure by proactively developing an alternative plan for the factory. Positive relations between the union and management were deemed key in achieving this negotiated outcome for workers. This particular case study showed that unions are not fully constrained by institutional constraints, but in some circumstances can surpass them through innovation.

The outcomes of partnerships are dependent on the union, the employer and the sector (Badigannavar and Kelly, 2004). The issue of union independence is problematic, along with union effectiveness (Martinez Lucio and Stuart, 2005; Danford et al. 2005; Levesque and Murray, 2005). Partnership can be useful in giving access to unions to workplaces and the decision-making process, but without internal solidarity, partnership is likely to be hollow and lead to micro-corporatism (Lapointe, 2001, Lucio Martinez and Stuart 2005). As discussed later, the successful implementation of this position is particularly linked to strong union power resources (Levesque and Murray 2005;2010).

Moreover, developing a true proactive position is particularly difficult to achieve for unions. The approach preferred by unions regarding their involvement in new management practices can vary and Lucio and Weston (1992) note three types of orientations. The first argues for a 'realistic' approach to relations with the employer and the creation of a progressive social partnership. The second puts emphasis on collective bargaining as, without a concerted trade union involvement, issues such as employee development and equal opportunities would be defined and dominated by management. The third is based on the idea that new management practices would most likely undermine the autonomy of trade unions within the workplace. This is because management would most likely favour direct communication with employees, therefore side-lining the traditional forms of communications and representation held by these unions. While the first two orientations would encourage the development of a proactive approach, the third would prevent participation with management. Nonetheless, the sustainability of the last position could sometimes become questionable as unions would eventually be forced to accommodate certain HRM practices on the understanding that the unions remained independent. Overall, pushing unions toward proactive responses and developing true strategic action remains a challenge. As Upchurch and Danford (2001:111) explain:

“In both sectors union responses to change remained reactive rather than proactive, and the problem is one of maintaining and improving union membership as a precursor and adjunct to challenging increased management prerogative and power. The degree of increased union participation and the capacity to mobilise membership are important factors predetermining union response.”

Overall, there exists a variety of trade union responses to changes in management practices and the delivery of services. These are characterised as opposition (strategic mobilisation and legal action), defensive (from negotiation to co-determination) and non-involvement/quiescence. However, the literature on union responses to privatisation is less informative in explaining why some unions can choose one position over another. The next sections examine the internal and external factors which influence union strategy and the tactical choices made by local and national trade unions.

3.2 Explaining trade union responses

Although there has been academic interest in trade union action within various settings, there has been little research which has attempted to explain the choice of responses made by unions. While most would agree that unions have some discretion and can choose different paths in responding to a particular issue, research often remains at the descriptive level (Hyman, 2001b). Why do trade unions choose certain strategies over others? And what drives trade union responses? This section will present the two different dimensions which can influence trade union responses: external factors (the national and local context), and internal factors (trade union identity and resources).

3.2.1 External factors

Chapter 2 suggested the important implications of NPM for industrial relations (Traxler 1999). Hyman (2001b:221) also notes the importance of local variations: “[...] unions today have to find new ways of articulating the perception and representation of distinctive interests in a heterogeneity of local and company-level milieux. The different responses to this challenge,

both within and between countries, are a vital theme for comparative research". At the same time, Daniels and McIlroy (2009) have argued that structural forces, which are currently defined by neoliberal government agendas, may stunt any attempt by unions to truly revitalise their resources. These factors include the national context, local political and economic factors, and employer attitudes and power.

3.2.1.1 The national context

In order to fully appreciate the effects of the national context, an international comparison is often called for. As Kochan (1998) argues, cited in Bamber et al. (2004:5):

"Each national system carries with it certain historical patterns of development and features that restrict the range of variation on critical variables such as culture, ideology, and institutional structures which affect how individual actors respond to similar changes in their external environments. Taking an international perspective broadens the range of comparisons available on these and other variables and increases the chances of discovering the systematic variations needed to produce new theoretical insights and explanations."

However, in the context of globalisation, to what extent can national institutions influence industrial relations? Some authors have attempted to show an inevitable convergence of management practices (Pollitt, 2002). In terms of public management, convergence has been illustrated by the spread of NPM (Pollitt, 2002; Kettl, 2000; Common, 1998; Bach and Bordogna 2011). More generally, Baccaro and Howell (2011) have argued that, while different institutional forms may endure, these remain malleable, resulting in the convergence of institutional functioning towards a common neoliberal direction. In parallel to NPM, a body of literature sometimes called 'New Industrial Relations' predicted a convergence of union practices. The concept refers to the variety of new practices in industrial relations and HRM since the 1980s in order to respond to environmental changes (Roche, 2000). What characterised this new environment is the introduction of more flexible work, the weakening of unions, the decentralising of collective bargaining and 'high performance' work organisation (Goddard 2004). In short, the introduction of reforms put into question

traditional systems of industrial relations (Bach and Della Rocca, 2000). Those adopting the 'New Industrial Relations' view saw cooperation with management as essential to adapting to this new environment, without necessarily opposing or questioning this change. The idea is that there is "one best way" that is universally applicable.

Convergence towards 'New Industrial Relations' and the partnership approach has often been contested (Crouch, 2005; Jalette, 2005; Hood, 1995; Hansen et Lauridsen, 2004) and most of the literature acknowledges that there exists a variety of national configurations and union responses (Bamber et al., 2004; Hall and Soskice, 2001; Hyman 2001a; Frege and Kelly 2003). Frege and Kelly (2003:14) argue that: "union leadership is differently organized in different countries and this will have an impact on how unions frame their opportunities and threats and their choice of action". Even when unions in different countries opt for partnership, relations between employers and unions can vary. Martinez Lucio and Stuart (2005) found that, because partnership involves both unions and employers sharing risk, they note that these types of partnerships can depend on national regulation. In cases where regulation is more neo-liberal, partnerships tend to be more transitional and coercive as the regulation of industrial relations are more often weak. In this type of context, unions must mobilise more of their power resources in order to be involved in decision making as their rights are not protected by national legislation. The authors therefore make an important link between national regulation and power resources: "The problem [...] emerges from the political and strategic weaknesses of labour and the way negotiations are constructed in a weak regulatory environment" (Martinez Lucio and Stuart, 2005:812).

France and England have often been contrasted in industrial relations literature (Coutrot 1998). This contrast is not only concerns status and structure, but also stems of the different historical roots and traditions of their respective labour movements. French unions are generally organised on an industry basis, with a number of unions looking to represent all workers within firms. They have typically been characterised by radicalisation and ideological fragmentation (Parsons 2013). Divisions first emerged between unions aligned with the workers' movement and those basing themselves on social Catholicism. Unions such as the CFTC were established in 1919 as a catholic alternative to the more Marxist inspired CGT. As a result, unions in France have usually been qualified as either 'radical' (CGT, FO and SUD),

opting for a more protest orientated approach, or as 'reformist' (CFTC, CFDT, CFE-CGC), preferring a social regulation approach. Such divisions have been ongoing, with unions looking to differentiate their ideology at different points along the 'radical-reformist' spectrum, or by representing particular professions (Connolly 2010). Such fragmentation has led to an especially weak labour movement, with the lowest union density (8%) in the industrialised world (ETUI 2015). While workplace election results may be a more accurate measure of union strength in France, a similar downward trend to member density has also been observed (Parsons 2013).

With inter-union competition making effective collective bargaining difficult, the state has traditionally played the role of mediator between labour and capital. As such, a high degree of regulation has been introduced as a substitute to weak organisation (Parsons 2103). Collective bargaining at the national, sectoral and company levels are therefore governed by detailed rules which specify which parties are entitled to negotiate and what conditions are to be met for an agreement to be valid (ETUI 2015).

In contrast, British unions have tended to organise either according to occupation although many members belong to general unions. While numerous unions can represent different groups within the same firm, inter-union competition has tended to be more muted than in France, appeased in some cases through the use of mergers (Hyman 2001). The British system has usually been described as voluntarist where employers are under no obligation to recognise unions in the workplace. Both employers and unions up until the 1960s were content to avoid a legally regulated system, preferring to resolve disputes through bargaining power. However, the state has played an important role since 1979 by introducing reforms constraining trade union power in favour of employer and individual employment rights. The impact of such changes to collective regulation has resulted in British trade unions losing approximately 40 percent of their members since 1979, bringing union density to below 25 percent (ETUI 2015).

Varieties of Capitalism (VoC) has frequently been used to explain such national difference (Hall and Soskice, 2001; Regini, 2003; Crouch, 2005)¹. The theory supposes that several dominant national models can exist during the same period, regardless of the pressures of globalisation, and trade unions will be involved differently according to the model of capitalism. Coutrot (1998) in his research comparing industrial relations in UK and France shows these institutional variations despite economic forces pushing towards convergence, including the influence of the EU. The author notes that, in France, the simple presence of a union in the workplace was enough to give greater capacity for negotiating, as the legal regulation of industrial relations are more favourable. This concurs with Frege and Kelly (2003:19): “US and UK union leaders have long regarded membership loss as an indicator of union weakness and decline. By contrast, union leaders in Germany have been less concerned with membership decline because of the institutional protections enjoyed by unions, which to some degree insulate union power from membership fluctuations.” The institutional context can therefore, in turn, influence the strategic choices made by national and local unions.

Nonetheless, the centrality of national framework and theories such as VoC have also been contested (Crouch, 2005; Blyth, 2003; Kang, 2006). While these approaches and typologies do allow some space for diversity, they struggle to explain national and local differences within different types of political-economies (Lévesque et Murray, 2005; Hansen et Lauridsen, 2004; Traxler, 1999). For example, the approach fails to explain why trade unionism within the healthcare sector in France and England appear particularly similar in terms of what Hyman and McCormick (2013) refer to as structural, organisational, institutional and discursive power. In terms of structural power, in both countries, global staff shortages and the localised nature of healthcare services have meant that workers have been subjected to limited market pressures. As for organisational power, relatively high member density is noted both within the French and British healthcare sector compared to national averages. In the NHS, density

¹ While Hall et Soskice (2001) is most often cited in the literature, other theoretical models of national institutional variation exist. With respect to the diversity of capitalist arrangements, this includes Regini (2003), Crouch (2005) Dore (1987), Soskice (1989), Albert (1991), Berger and Dore (1996), and Crouch and Streeck (1997). Other more general national typologies are those of Hollingsworth and Boyer (1997), Piore and Sabel (1984), Esping-Andersen (1990) Crouch (1993), Traxler, (1995), Bagnasco (1988), Crouch et al. (2001). Other authors have suggested models which included more than two ideal types such as Schmidt (2003), Amable et al. (2005), Whitley (1999) and Regini (2000).

is estimated at 43% (Grimshaw et al 2007, Galetto et al 2014) and around 12% in France (Sainsaulieu 2012). This is compared to the country averages of 26% and 8%, respectively (Fulton 2015). Institutional power is also important in both cases as collective bargaining coverage in healthcare is very high. Amongst public providers, this accounts for 100% of staff, both in France and in England (Weber and Nevala 2011). Despite reforms that have led to the decentralisation of healthcare delivery, negotiation on pay and working conditions for public hospital employees remain centralised. National social dialogue exists in both countries, although this is often disputed as the State will most often have the last word (Pernot 2017, Galetto et al., 2013). Lastly discursive power is also important in both countries. Despite trust in trade unions being around 40% (European Commission 2016), the large majority of the population in both countries support government provision of healthcare. In 2006, 92% of French respondents and 99% of English respondents to the International Social Survey Programme felt that government either definitely or probably should be responsible for providing health care for the sick. Baccaro and Howell (2011) also note that industrial relations in France and England have been liberalised over the years. In both countries, this has been achieved through institutional deregulation where old institutions have disappeared or have been weakened, and new decentralised and decollectivised institutions have been introduced. Overall, VoC theory has difficulty explaining these similarities found in two countries usually classed as different forms of capitalism.

In addition, Kang (2006:15) explains that, according to VoC, no radical changes are possible within political economy typologies:

“Whilst the concept and the VoC approach in general is good at explaining change in terms of continued diversity (or on-path change), it offers little in the sense of explaining – and acknowledging the possibility of – fundamental change (or off-path change). This is because there is an inherent bias against radical change embedded in the concept of complementarity. The common view institutional complementarity is that which is embedded in the concept of path dependency, i.e., a powerful mechanism of reproduction, which allows very little possibility for institutional change. It is, therefore, not very surprising that most of the VoC studies argue for continued divergence.”

This institutional determinism would leave almost no freedom for agency, particularly at the local level, for radical change. As such, using purely a national institutional approach would struggle to explain the variety of union responses to similar pressures. In addition, Couch (2005:446), referring to VoC, explains: “[...] the authors are not building their theory deductively but are reading back empirical detail from what they want to be their paradigm case of an LME – the US – into their formulation of the type”. The methodology used in showing divergence can therefore sometimes be questionable (Hyman, 2001b; Couch, 2005). These issues have led Hall and Thelen (2009) to recognise the limitations of their approach. Specific to trade unions, they have emphasised that VoC literature is primarily focused on employer coordination and interests. However, this has resulted in VoC portraying trade unions as passive actors, regardless of the continuing tensions between capital and labour.

Comparative political economy researchers have since retreated from claims of enduring institutional divergence in order to address such shortcomings. Scholars such Baccaro and Howell (2011) have argued that, as institutions are malleable, neoliberalism is in fact compatible with different institutional forms. This plasticity has led to shifts in institutional functioning across different economies, resulting in the deregulation of employment relations along with forms of institutional conversion, where the state can use its powers to produce outcomes that the market would not otherwise be able to produce. Other researchers such as Rueda (2014) and Palier and Thelen (2010) explain such shifts through the presence of dualism within labour markets, addressing both the resilience in CMEs and the increasing differentiation of rights, entitlements, and services between core market ‘insiders’ and ‘outsiders’. Overall, there has been a growing acceptance that liberalisation is a general phenomenon occurring across different economic models, although scholars continue to disagree on the specificities of such change including pace and drivers.

Lillie and Greer (2007:555) have argued that, for institutions to ‘matter’, they “must have independent effects beyond simply reflecting the immediate distribution of power between labour and capital”. To address these issues, their study of the construction sector used a multilevel, comparative, actor-centred research strategy in order to “challenge assumptions about union and employer behavior based on obsolete typologies”. Similarly, Levesque and

Murray (2005) chose to focus on the heterogeneity of union responses to work reorganisation. They consider that local actors can access significant zones of autonomy to influence workplace decisions, linking this in part to union power and other local factors. They found that trade union participation can vary irrespective of the national context. Levesque and Murray (2005:510) do not however exclude the influence of other factors such as the legal-institutional framework: “[...] this does not mean that particular resources will be equally salient for the construction of union power as that power is embedded in specific sets of relations and in particular contexts”. Overall it would be difficult to ignore the links which exist between local and national contexts. Nonetheless, research cannot only rely on the national context to explain the varieties of local responses and outcomes.

3.2.1.2 Local political and economic factors

Employers and unions also act within a specific political and economic context. Commons (1909) showed how changes in market structures impacted workers and spurred adaptive responses from labour unions. From this work, industrial relations academics have recognised how changes in the external environment impact employers and unions. As discussed in Chapter 2, local politics can play an important part in the implementation of NPM style reforms (Coderre-LaPalme, 2014; Greer et al 2013). This can, in turn, influence union responses.

Various local factors can facilitate or hinder union action. Local politics can be used by both employers and unions to bolster their position, particularly with public services whereby decision-makers need politicians’ approval. Connolly and Darlington (2012) note that privatisation within the railway sector has led to the politicisation of industrial relations, resulting in a sense of collective injustice from workers against detrimental changes to their terms and conditions. Greer et al (2013) found that local politics was particularly important in the case of German hospital privatisation; while some parties were historically more open to union influence, others were closed or adopted a more pragmatic approach. In the case where decision-makers restricted access, some unions chose to build alternative forms of action while others decided to simply retreat. Coderre-LaPalme (2014) also found that local politics plays an important role in shaping union responses to privatisation. Unions which had good

relations with particular parties within local government capitalised on gaining councillor votes support against changes to services. In other times, negative public opinion of those in power was used by unions and pushed them to wider campaigning in an attempt to gain the local population's support. Union responses were more limited where local government politicians benefited from high levels of public approval and where political opposition was weak or, as noted in one case, non-existent.

Local economy can also play a part. Unemployment rates matter for the mobilisation potential of employees (Greer et al, 2013). Greer et al (2013:233) found that:

“If workers are merely happy to have jobs, they are unlikely to mobilise against restructuring. However, if they have good chances of employment on the outside labour market, the level of fear should be lower, and mobilization should be easier.”

Public sector finances can also influence the arguments used for reforms in services. In the context of cuts to local council budgets and where local government were in deficit, employers would push for the most cost effective service delivery solutions, often being the outsourcing of services to private providers. This would limit unions in their responses and force them to support public sector bids in order to compete cost wise against the private sector.

The issues which come out of hostile economic and political environments can push unions towards strategic innovation, which can include coalition unionism (Hyman 2001a). Tattersall (2009) argues that the economic context, including employer power and location, can influence coalition practices. Threats such as contracting out, attacks on the public sector, privatisation, or plant closures have provoked coalitions because of the common opposition by workers and surrounding communities. In such circumstances, trade unions find themselves confronted with decision-makers; how the latter behaves can therefore constrain or facilitate the way which unions respond.

3.2.1.3 Employer attitudes and power

Union responses are not stand alone but part of a dynamic. Employers are the first obvious component part of this dynamic: changing company strategies can often have an important effect on the constraints and possibilities for action for unions (Holtgrewe and Doellgast, 2012). Although Levesque and Murray (2005;2010) primarily focused on trade union characteristics, they concede that the employer strategy is telling in terms of trade union involvement in workplace change. Thelen (2001) also explains that employers can determine how trade unions get involved in the decision making process. Indeed, employers can choose to favour collaboration, or not. Consequently, collaboration with unions at the local level can be seen by some employers as a precondition to adjust to changing markets and avoid industrial conflicts (Traxler, 1999; Thelen, 2001).

As discussed in Chapter 2, local manager perceptions of NPM can influence decision making, especially in the public sectors. Again, NPM reforms will go beyond budgetary concerns as those in charge will seek to legitimise their position. Just as with trade unions, there is a variety of employer responses. A pragmatic approach by public sector managers will lead to choosing different solutions depending on the circumstances (Alford and Hughes, 2008). To explain this variation, Hansen and Lauridsen (2004) found that the perceptions that managers have towards market ideology influenced how they implemented change. Managers who do not fully buy into both dimensions of market ideology might not attempt to force through marketisation initiatives. If they feel pressured to implement these changes, they might do so only symbolically, or incrementally. Consequently, the conviction of managers towards marketisation may be influential in how changes are implemented. As previously noted, Hansen and Lauridsen (2004) found that relations between management and trade unions could impact on the adoption of market ideology. Managers or decision-makers who truly believed in market ideology may give little room for compromise as letting unions take part in the decision process could prove risky. As such, the attitudes that managers have towards the trade union is particularly important in explaining union responses.

It may be that trade unions may never be able to fully perform their representative function if the State is able to determine the role that trade unions will play (Ewing 2005). Tapia and

Turner (2013), using Polanyi's framework, have argued that union action depends on the presence of channels of representation as unions will first look to engage with employers through these channels. However, should these channels be weak or absent, unions will adopt what they call 'strategic mobilisation' which includes rank-and-file mobilisation, coalition building, media attention, social justice framing, pressure on decision-makers through strikes and demonstrations, and pressure on local and national governments. Consequently, union action can depend on whether or not employers are willing to engage with unions as part of the decision-process. Indeed, Bacon and Blyton (2004) found that willingness of management to bargain in good faith was critical. They explain that, for many local unions, the choice is not between partnership or militant unionism but rather a 'forced compliance' whereby unions need to choose between partnership and 'de facto de-recognition'. They argue that, while strong participative unionism may be important to union renewal, it does not say much about the tactics unions need to use when faced with employer strategies and power.

Much of the industrial relations literature on employer behaviours towards unions has focused on union organising and recognition in the workplace (Heery and Simms 2010; Moore 2004). Although such research does not specifically investigate trade union and management responses to privatisation and marketisation, such findings are nonetheless helpful in understanding the effects of employer behaviours on union action. Moore (2004) showed that employer opposition to unionisation can develop into counter-mobilisation which can ultimately affect the outcome of statutory recognition ballots. Employers used a variety of tactics to stunt union organising, including threats to close or relocate production plants, the use of supervisors to place pressure on employees, direct meetings with employees and the victimisation of union representatives. Research by Heery and Simms (2010) looking into employer responses to union organising, including their characteristics and outcomes, also found that management used a variety of strategies. While some employers counter-mobilised against union campaigns, others attempted to circumvent union influence and involvement by addressing staff directly. Unionisation was seen favourably by some employers, while others were more pragmatic. However, there appears to be no dominant employer response, depending mostly on the circumstances of each case (Pendleton and Gospel, 2005). Heery and Simms (2010) found that the most important contingency factor was

path dependency: where there was a tradition of dealing with unions, organising tends to be supported.

Heery and Simms (2010) also looked at how employer behaviour affected union campaigns. They argued that the influence employers can have on campaigning can go two ways: either a hostile response can lead to an adversarial campaign from the union, or an 'incorporatist' response, where unions pay a cost for employer support, can result in a less effective organising campaign. They also found that employer policy can influence both the form and the outcomes of union organising. Results showed that, where the employer was hostile, campaigns were longer and the union had to commit greater resources. Moore et al. (2013) also found that union membership and support can be fragile when faced with employer counter-mobilisation. However, they also found employers using hostile tactics were not necessarily successful, shifting the focus back to union strategies and, in particular, the resilience of the activists. In cases where employers supported union campaigns, Heery and Simms (2010) found that institutional security helped unions become more ambitious in the scope of their activities. Overall, evidence indicates that employer responses help to determine the effects of campaigning, along with trade union action.

Specific to marketisation in local government, Coderre-LaPalme (2014) found that employers could decide when unions could be involved in decision making in terms of service delivery and outsourcing. In some cases, employers would seek to consult unions. This gave the opportunity to unions to attempt to sway decision-makers by raising concerns and presenting alternatives to outsourcing. However, the author found that consultations would often form part of a 'simple tick-box exercise' by which the employer could argue that they had been collaborative, having already decided on a course of action. In cases where collaboration was encouraged by the decision-makers, unions would feel forced to respond. Unions would see collaboration as the lesser of two evils; opting out of the decision making process would only lower the union's access and influence. Employers who were more open to trade union participation gave both weak and strong unions access to decision making. Employers were also more open to negotiate when it then came to the less strategic 'implementation' stage (such as the transfer of staff and working conditions). In other cases, employers chose to simply shut out unions to ensure services would be outsourced. Employers appeared able to

control the way unions participated in decision making, regardless of the union's power or actions.

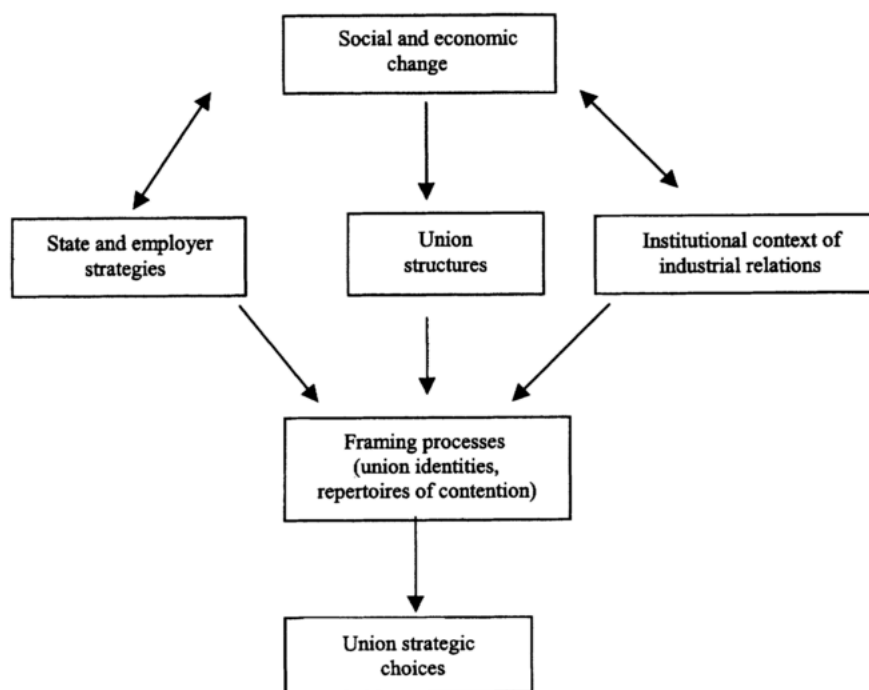
Overall, the literature suggests that employer ideology, power and attitudes towards trade unions can influence trade union responses. As Hickey et al (2009) notes, the methods used by unions will depend on the union, the employer and the workers involved. Depending on the union's philosophy and past practices, unions will adapt their strategies and methods to the particular circumstances in which they find themselves. As such, the same union in two contexts may use different strategies to achieve the same outcome. However, as noted by Meardi et al. (2009), various contextual factors can shape but will not necessarily determine trade union responses; while environmental factors may constrain union action, these 'opportunity structures' can also offer advantages which unions can exploit. As noted by Connolly and Darlington (2012), trade union strategy cannot be 'simply read off from any broad national context' and how such opportunities are exploited can vary, even within the same context. Research on internal factors such as identity and resource access can therefore help to explain how unions in similar contexts can opt for different strategies.

3.2.2 Internal factors

Kelly's (1998) *Rethinking Industrial Relations* has been influential in introducing to industrial relations key concepts from the field of social movement research such as collective identity, framing processes, and repertoires of action. Inspired by McAdam's (1988) model of collective action, Kelly theorises that, for mobilisation to occur, workers must consider having experienced an injustice. Then, workers need to attribute their grievance to a specific dominant group (an employer or government). Kelly considers that leaders play a crucial role in framing perceived injustices and evaluating the likely efficacy of any union action, taking into account power resources, opportunities for action, repertoires of action and the likelihood that dominant groups will counter-mobilise. Since the publication Kelly's monograph, several authors such as Frege and Kelly (1998), Hyman (2001a), Levesque and Murray (2010) and Hodder and Edwards (2015) have followed suit, integrating mobilisation theory and social movement concepts to assess union strategy and renewal.

In their comparative research on trade union revitalisation strategies, Frege and Kelly (2003) look to explain the variations of trade union action. Drawing on mobilisation theory, Kelly's (1998) *Rethinking Industrial Relations* and Hyman's (2001) *Understanding European trade unionism: between market, class and society* focus on trade union structure, identity and framing processes as determinants of trade union action. Frege and Kelly's (2003) model also includes external/structural variables – social and economic change, the institutional context and state and employer strategies – as key in shaping local contexts (Figure 1).

Figure 1: Frege and Kelly (2003) model of union strategic choice



First, Frege and Kelly (2003) explain that structures refer to the horizontal and hierarchical organisation of national unions (centralised or decentralised union organisation, unitary or multiple peak federations) as well as contact among unions and with other social movements. Structure also includes national leaderships, relations with other union officials and with rank and file members. The authors expect these factors to vary across countries; union leadership is organised differently across different countries and will therefore influence how trade unions frame opportunities and threats in the environment and their choice of action.

Second, union identity, noted as an element of union structure, is defined as “the shared definition amongst its members of what the organisation stands for” and “inherited traditions which shape current choices, which in normal circumstances in turn reinforces and confirm identities’ (Frege and Kelly 2003:12). Referring to Hyman (2001a), they consider that union identity can impact the way union see opportunities and threats in their environment. Indeed, Hyman (2001a) in *Understanding European trade unionism: between market, class and society* developed the notion of the ‘geometry’ of unionism based on three distinctive identities: market, class and society. Unions with a market identity are primarily seen as labour market institutions engaged in collective bargaining. Those with a class identity are quoted as ‘schools of class conflict’ in the struggle between capital and labour. Unions with an identity based on society focus on improving workers’ conditions and status in society more generally and advance social justice and equality. These three ‘ideal types’ form what Hyman calls an ‘eternal triangle’, with union identities located within the triangle and most often between two ideal types. Like Hyman (2001a), Frege and Kelly propose that unions in different countries will have different identities and that this will in turn shape their behaviours. This link can also be ‘disturbed’ by outside factors.

Linked to identity is what Frege and Kelly (2003) call union framing processes: the ways which unions will perceive and think about the opportunities and threats in their environment. They explain that framing processes often express some elements of a union’s identity and draw from union ‘repertoires of contention’, familiar ideas about union action. In response to new challenges, the authors argue that unions are likely to repeat actions which are familiar to them rather than risking new strategies. They consider that unions with a rigid organisational structure, weak leaders and outdated collective ideas may favour conservative strategies over more innovative responses. Frege and Kelly (2003:14-15) also argue that political action can be facilitated by “the presence of peak confederations that are encompassing (they represent a diverse membership) and centralised (with power to represent their affiliates and commit them to a course of action)”. The depth and the coverage of workplace organisation can also explain variety of responses.

To avoid having a deterministic interpretation of union action, Frege and Kelly (2003) argue that union leadership can still exercise choice; this is because issues can be framed in different

ways. Change in leadership can also shape union choices, especially in less institutionalised industrial relations systems and leaders can be influential through their assertion of a new union identity. Overall, both institutions and identity can influence how various issues are framed.

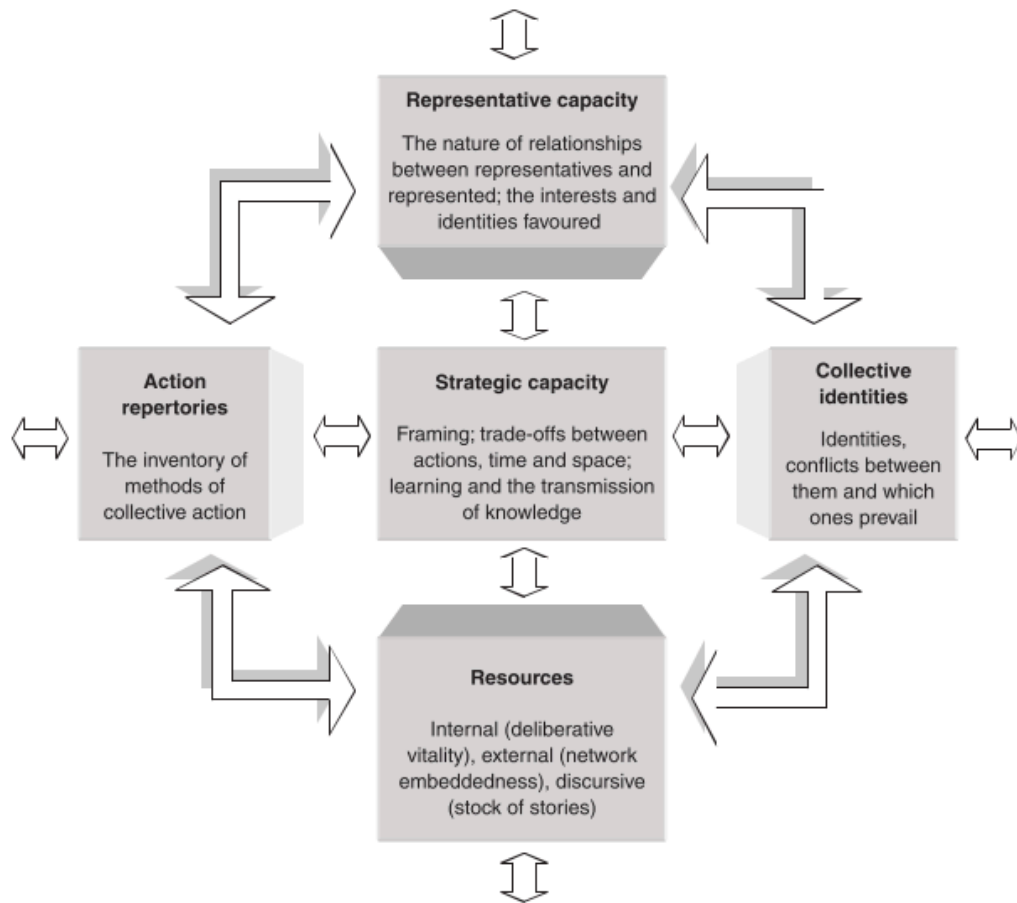
Notably, Frege and Kelly's (2003) framework integrates elements from both social mobilisation theory and the 'political opportunities' approach, looking to bridge factors linked to structure and agency. With respect to cross-national comparisons, their framework also allows for a better understanding of why unions in different countries approach similar issue with different forms of action. However, the authors focus mostly on national divergence in terms of union strategic choice leading to country specific path dependencies, ignoring the possibility of intra-country variation or the possibility of convergence in union action within different national contexts as noted by Connolly and Darlington (2012).

Also basing themselves on Hyman (2001a), Hodder and Edwards (2015) propose a model which looks at the 'essence' of trade unions in order to bridge literature on union identity and union strategy. Their framework demonstrates that identity, defined as what 'a union is' or 'its very nature', will influence union ideology and, in turn, the purpose of union action and the strategies used. Strategies are also influenced by internal democracy and employer/State agency, while society and class/market focus has a contextual effect. The framework echoes much of what other models propose but also acknowledges the importance of external actors on trade unions and how various issues can be framed. It also integrates outcomes as part of the framework, which is particularly key in understanding how unions build on successes, and adjust to failure.

Other authors have argued that union power resources are key in explaining strategic choice. One example is Murray et al (2010) who propose a framework of trade union power resources called 'referential unionism'. While Levesque and Murray's initial approach (2005) focused on the three dimensions of trade union power, the model of Murray et al (2010) further develops this approach and is comprised of five dimensions: collective identities, repertoires of action, power resources, representative capacity and the strategic capacity of union representatives

(Figure 2). The authors argue that these dimensions help to understand the changes occurring within local unions along with the choice of responses they make.

Figure 2: Murray et al (2010) model of referential unionism



The first dimension is *collective identity*. Murray et al (2010:314) refer to Dubar’s (1991) definition of identity which considers that it is “a continuous negotiation between subjective dimensions (identity for oneself) and objective dimensions (identity for the other).” They argue that that multiple identities exist in the workplace and that these evolve, becoming collectivised over time. While some identities are barely visible, others become dominant and play an integrating role. For Murray et al, identifying and understanding the collective identities in the workplace is important. These can be the occupation, job status, gender, age, ethnic or community origins, ideological beliefs, the type of workplace, or any combination of the above along with other sources of collective identities. The movement of these collective identities is also important as the dominant identity may not be representative of the shifts taking place in the workplace. Quoting Hyman (2001a), Murray et al (2010:215) consider that

these different collective identities are central to trade unionism and renewal as they are “the raw material of collective representation”. Consequently, the factors which make up these identities can open or close spaces for different trade union projects, and become the subject of representative capacity.

Second, *repertoires of action* are “the modes and levels of collective action pursued by a union” (Murray et al 2010:215). This can be done for example through negotiation, strikes, community solidarity, transnational action. Tilly (1984:307–308) has argued that these repertoires reflect a “specific constellation of power strategies which are “learned, understood, sometimes planned and rehearsed”. As such, their variety and originality would define the type of unionism present. For actors, repertoires of action have a practical impact (they know what to do), a normative impact (they think they are right) and an institutional impact (the actions are embedded in and flow from specific structures of resources). They are most likely more automatic than imaginative as they are rooted in the union’s heritage. They can also be limited or enhanced by the resources available or by the imagination of union leaders and members. The authors also note that repertoires can be an obstacle to the renewal of union action. The emergence of new repertoires of action appears to be a long process where defeat and victory, support and opposition, imagination and repression overlap.

Third, the *resources* which are available and mobilised can also have a strong influence on union action. The authors consider that three types of resources are key for understanding referential unionisms: internal, external and discursive. *Internal resources* refer to the mechanisms which ensure internal solidarity. Murray et al (2010) consider that union internal resources are composed of two dimensions: cohesive collective identities and deliberative vitality. Firstly, cohesive collective identity is when members have a perception of a shared status or relation within the union, either imagined or experienced directly. Secondly, deliberative vitality refers to the participation of members in the life of their union. This includes both the basic internal mechanics of union representation (the presence of representatives and means of communication) and the extent of member participation within deliberative structures. The authors argue that these two dimensions are interrelated but one may be stronger than the other. *External resources or network embeddedness* refer to the

integration of unions in external networks. These can be both horizontal and vertical such as affiliations with union structures, ties with other unions or community groups or political parties or educational institutions or government agencies. While some unions maintain good networks of external resources, others may find themselves in 'splendid isolation'. Finally, *discursive resources* are "stories and accounts of the past that are often mobilized to assess new situations" (Murray et al 2010:316). These stories can range from the authentic to the 'quasi-mythical', reflecting internalised collective values and past achievements. They can also help to bridge collective identities and repertoires of action.

The fourth dimension of referential unionism according to Murray et al (2010:216) is the *representative capacity* of a union and refers to "the links between the representatives and the represented". As noted by Dufour and Hege (2002), one of the fundamental problems faced by union representatives is that "they must constantly ensure the quality of the link with their base, a living link without which the acts of representation ... are meaningless" (2002:191). This implies that leaders, in choosing how to act, will favour some interests and collective identities to the detriment of others. This process is not simply top-down. Competing collective identities are structured and restructured through an interactive process between the representatives and the represented. Other workplace actors, such as managers, will also favour some sets of identities over others. As such, the demands of the represented may or may not be deemed to be legitimate.

Lastly, Murray et al (2010) suggest that *strategic capacity* gives a direction and an orientation to union action; it is the link between the different dimensions of referential unionism. The authors define it as "the capacity of union leaderships to interpret, express and act upon current situations". The authors, drawing from Ross and Martin (1999), argue that, without this strategic capacity, union leaders "remain path dependent (with regard to their repertoires, identities, etc.) and are likely to follow trajectories that do not challenge their projects, values and habits" (Murray et al 2010:216). Both Frege and Kelly (2003) and Hyman (2007) point out that unions tend to be 'path dependent', opting for strategies which do not threaten their shared ideas, values and habits. As Hyman (2007:198) argues, "trade unions rarely overturn all their past definitions of character and purpose; rather, they adapt selectively, and seek to persuade members and activists that any changes remain consistent

with the fundamental values and objectives of previous generations.” Nonetheless, as noted by Frege and Kelly (2003), unions can still exercise choices because issues and problems can be framed in different ways. They quote Hyman (1994:132):

“Yet in a period of crisis, trade unions ... may be driven to choices (redefinition of interests, new systems of internal relations, broadening or narrowing of agenda, altered power tactics) at least partly at odds with traditional identities...To the extent that old beliefs, slogans and commitments – the ideological support of union self-conceptions – are undermined, an explicit and plausible redefinition of trade union purpose is essential if ‘the capacity itself of labour movements to pursue the social and political construction of solidarity’”

Holtgrewe and Doellgast’s (2012) research on trade union responses in German call centres found that, despite a return to traditional action by trade unionists, this was not as a result of path dependency or a short term view by the union. Instead, innovations were, in the long term, not sustainable. Hence, the challenge is to understand why unions tend to adopt familiar patterns of action which are not adapted to new challenges.

In addition to Murray et al (2010), other authors have also argued that trade union power resources are important when discussing union action (Hyman and Gumbrell-McCormick, 2013; Silver 2003; Dufour and Hege, 2011). Gumbrell-McCormick and Hyman (2013) identified four widely recognised forms of trade union power: structural, associational, organisational and institutional. *Structural power* refers to the position workers have in the labour market and within the production process. Because employers depend on the skills of workers, the latter are able to exert power by leaving a company or by disrupting the production process. The structural power of a trade union would therefore depend on their members’ skills and positions in the production process. In terms of *associational power*, it relates to the presence of members in the union. Having members provides unions with resources, including financial resources. *Organisational power* goes beyond associational power in that it organises workers and creates a community which will support the purposes and goals of the union. It requires effective internal democracy processes which favour communication between the rank and file and union leaders. Lastly, *institutional power* refers to the rights established by legislation,

collective agreements and collectively agreed wages and working conditions. Institutionalised channels of worker representation such as works councils or similar committees of employees' consultation or co-determination, also form part of institutional power. While institutional power may have been gained through the past mobilisation of the previous three resources, it can then help bolster unions whose other power resources have since weakened. Gumbrell-McCormick and Hyman (2013) also add three complimentary power resources which have received less attention in the literature compared to the more traditional resources details above. The first is *discursive power* which involves the "conception of social and societal change and a vocabulary which makes this conception persuasive" (31). *Collaborative power* which involves the creation of cooperative relations with other groups, movements or organisations which have goals in common but differ in terms of structure or constituency. Last is *strategic power*, which involves the effective use of resources. The authors note that with strategic skills, threats may be turned into opportunities. This can explain why unions can at times succeed against the odds. While their description of power resources does help to look beyond traditional observations such as density and institutional arrangements, it does not fully elaborate how and why unions respond differently.

Union resources have tended to be associated with trade union renewal strategies. The organising approach to union renewal, defined as a process which organises workers so that they are empowered to define and pursue their own interests through collective organisation (Heery et al. 2000), can help to develop internal resources. For example, de Turbeville (2004) sees the organising model as useful in reminding workers of their shared material interests. However, the author argues that this model would struggle to be effective in different contexts where diverse identities exist. Consequently, some have argued that organising should not be a stand-alone strategy (Carter, 2000). Further union revitalisation would be possible if unions opened up to strategies which involve coalition building and network making with other social groups and within their communities (Wills and Julien, 2002). As Tattersall (2009) explains, coalition building within social unionism can provide support for union organising or even be the key to successful union renewal. Coalitions are most effective when they are 'deep': long term, reciprocal, and positive sum. This echoes Murray et al's (2010) requirement for external integration in terms of trade union power and efficiency. However, a number of studies have found that coalition building is far from straight forward (Fairbrother

2008; Foster and Scott, 1997; Greer, 2008; Tattersall, 2009; Stirling, 2005). There has also been criticism in terms of placing coalition building at the centre of union renewal and effective action. Frege et al (2004:141) argue that coalitions are: “[...] a secondary method of trade unions that is used to support the primary activities of organizing and servicing members, engaging with employers and participating in the political process”. Stirling (2005) notes that unions have continuously failed to genuinely engage with communities and their organisations in ways that support them, rather than simply support their own activities. Wills and Simms (2004:79) suggests that “it is likely that signs of reciprocal community unionism will keep emerging at ground level, but they will possibly remain small scale or short lived, and less effective than might otherwise be the case, unless they are part of a national strategy”. This view that widespread community unionism is unlikely to emerge diminishes coalition building to the tactical level. Nonetheless, this approach to trade union renewal does encourage unions to go beyond their usual vested interests and develop their power resources by associating with other groups.

Levesque and Murray (2005) have also found that power resources are closely linked to relations with management. Five forms of trade union involvement emerged from their comparison study of trade unions in Mexico and Canada in the automobile sector: *unilateralism* (all workplace changes were introduced by the employer, without any involvement by unions), *consultation* (unions are consulted in decision making), *joint regulation* (changes are introduced following the collaboration between the employer and unions), *contested unilateralism* (a variant of unilateralism where unions play an oppositional role to employer decisions) and *micro-corporatism* (a form of joint regulation where union interests are subsumed in those of the employer). They found that local unions that demonstrated a capacity to mobilise different power resources were more likely to be involved in decision-making. As such, unions which had weak power resources were often excluded from the decision making process. Unions which had stronger external and internal power resources, but lacked strategic capacity, tended to find themselves either in situations of consultation or contested unilateralism. Joint regulation occurred when all power resources were available and mobilised. They also found cases from both Canada and Mexico characterised by each type of involvement, meaning that this dynamic tended to apply irrespective of the country of origin or institutional setting.

Similarly, Lapointe (2001) found a link between power resources and union participation in management decisions. Internal solidarity and democracy were found to be important factors in determining the type of trade union involvement as instrumental participation in decision-making could lead to tensions within trade unions and generate dissatisfaction amongst workers. These tensions could take three routes: the rejection of participation, pseudo-participation and democratic participation. In the first case, participation is simply rejected because it causes too much opposition between members. With pseudo-participation, the local union gives more importance to participation than to member preoccupation. In the absence of internal democracy, a gap is built between members and union leaders who will find themselves without access to internal power resources. Consequently, pseudo-participation can lead to the weakening of union power over time. In terms of democratic participation, union leaders choose to take into account the concerns and criticisms of members. This type of participation is marked by the independence of the union towards management, its power based on internal solidarity instead. Overall, Lapointe (2001) suggests that power resources can influence the type of union participation, particularly internal solidarity. However, Coderre-LaPalme (2014) found that, although union power resources appeared to be particularly important in determining the tactics used and the type of involvement in decision making, even 'strong' unions can find themselves shut out of the decision making process. Considering this, access to strong resources may not be sufficient in assuring co-determination between unions and management.

Overall, the different models which focus on union identity and resource access to explain trade union action tend to overlap and focus on similar aspects of union structure, identity, history and democracy. Frege and Kelly (2003), Hodder and Edwards (2015) and Hyman (2001a) all put emphasis on union identity. Frege and Kelly (2003) link identity to the framing process and repertoires of action, while Hodder and Edwards link it to union purpose and strategies. Murray et al (2010) also integrate trade union identity and ideology in their detailed model of referential unionism; the overlap with Frege and Kelly's (2003) framework is notable. For example, Frege and Kelly's "repertoires of contention" and "framing processes" reflect Murray et al's "repertoires of action" and "strategic capacity". In terms of structure, Murray et al (2010) look at vertical integration; again, this is somewhat similar to Frege and

Kelly's (2003) centralised or decentralised union organisation. However, Levesque and Murray (2005) and Murray et al (2010) consider that strong vertical integration is not simply top-down but also bottom up, whereby communication and coordination between local and national unions is two way and dynamic. They also introduce the idea of union democracy and external power resources, which are lacking in Frege and Kelly's (2003) model. There are also some obvious overlaps between the power resources described by Levesque and Murray (2005), Murray et al (2010) and Gumbrell-McCormick and Hyman (2013). Internal resources are similar to organisational power, collective power is part of external power, discursive power is present in both models, and strategic power is linked to strategic capacity.

Such overlaps appear to originate from these authors borrowing and adapting elements of social movement theory to the field of industrial relations. Gahan and Pekarek (2013) note that, despite such efforts, researchers in industrial relations have generally failed to systematically engaged with social movement theory, citing little beyond older seminal work from authors such as Charles Tilly and Sidney Tarrow, and Kelly's (1998) *Rethinking Industrial Relations*. Yet, the social movement field has since made significant developments regarding some of the key concepts adopted by industrial relations scholars. For example, authors such as Polletta and Jasper (2001:285) have focused much of their research on collective identity and offer a more detailed definition:

“We have defined collective identity as an individual’s cognitive, moral, and emotional connection with a broader community, category, practice, or institution. It is a perception of a shared status or relation, which may be imagined rather than experienced directly, and it is distinct from personal identities, although it may form part of a personal identity. A collective identity may have been first constructed by outsiders (for example, as in the case of “Hispanics” in this country), who may still enforce it, but it depends on some acceptance by those to whom it is applied. Collective identities are expressed in cultural materials—names, narratives, symbols, verbal styles, rituals, clothing, and so on—but not all cultural materials express collective identities. Collective identity does not imply the rational calculus for evaluating choices that “interest” does. And unlike ideology, collective identity carries with it positive feelings for other members of the group.”

The definition not only takes into account a sense of 'we-ness' among those within the group but also aligns collective identity with strategy: activists can deploy identities strategically and strategic actions can have meaning to the groups. Polletta and Jasper (2001) have argued that collective identities can provide criteria for choosing a strategy which compete with instrumental rational ones. Consequently, strategic choice is not neutral; it is an expression of identity. Groups can therefore develop a 'taste' for certain tactics, with some unions priding themselves in their moderate demands and tactics while others in their radical approach. Considering this, strategy and collective identities are expected to be closely related.

Also, 'framing', a key process noted by both Frege and Kelly (2003) and Murray et al (2010), also originates from social movement theory. Snow and Benford (2000) identify three interrelated core framing tasks: diagnostic, prognostic and motivational/action framing. First, diagnostic framing refers to the identification of a situation as unjust and critical and provides causal attribution for the problem. Second, prognostic framing refers to the identification of solutions to a problem and the strategies necessary to achieve them. Last, motivational framing' refers to socially constructed 'vocabularies of motive' used to provide a rationale for likely participants to engage in collective action. Through these three framing tasks, the authors argue that unions identify the 'injustices' which are representative of their collective values; those responsible for these 'injustices' are identified as targets and union prognoses are translated into strategy.

Empirical data on trade union responses has in some cases found it difficult to support models linking collective identity to union actions. For example, Frost's (2001) study of the North American steel industry focused on trade union action and its effects on workplace restructuring considers that militant-moderate dichotomies on trade union responses have tended to over simplify trade union action, ignoring important variations within each category. Consequently, the author chose to focus on 'what unions do' rather than the orientations that unions exhibit, such as identity. Her argument is that the process by which unions engage with management over restructuring is critical. Frost's results showed that local trade union responses can vary despite having the same identity. Moreover, unions with different identities can have similar responses. Consequently, the author's approach is a counterweight

to the focus on union identity. What unions actually do is clearly important and a tendency just to look at attitudes downplay consideration of both trade unions and their members as rational social actors making choices to pursue certain courses of action during negotiations with management.

Bacon and Blyton (2004), building on Frost's (2001) approach, also consider it important not to conflate union responses to either what unions do or union ideology. They propose a model which qualifies union responses, placing them on two dimensions: orientation and action. The first dimension, orientation, reflects the militancy of union responses, while the second, action, depends on whether or not the union will choose to oppose or cooperate with decision-makers. This creates four different types of perspectives which would influence trade union action: cooperative engagement, militant opposition, moderate opposition and militant engagement. The authors argue that while militant opposition and cooperative engagement may be possible where there are few tactical dilemmas, moderate opposition and militant engagement would involve tactical bargaining as these positions break with the ideological traditions of the trade union. While unions can change tactics, Bacon and Blyton (2004) interestingly point out that it may be difficult for unions to change from these types of perspectives. A union which has opted for a militant opposition approach in the past might struggle to convince an employer that they genuinely wish to engage and collaborate regarding a particular point. The ideology of branch members will also affect the strategies that managers adopt during bargaining. Consequently, it may be difficult to get militant union members on board without appearing like they are 'selling out' or giving in when changing to a cooperative approach. Overall, union positions on these dimensions, action and orientation, help to understand why unions choose certain responses.

Bacon and Blyton (2004) illustrate that trade union strategy is a combination of action in negotiations and ideological orientation. Unions are faced with dilemmas and may find it difficult to determine a rational course of action: "As [...] bargaining have different 'rational behaviours' it is not easy for negotiators to adopt a clear sequence of actions with predictable outcomes" (Bacon and Blyton 2004:753). Consequently, their model does help gain some insight as to why unions respond in certain ways. Their findings also show that focusing only on what unions do during bargaining (as with Frost, 2001) is likely to prove insufficient to

explain the outcomes. However, Bacon and Blyton (2004) do not explain how union positions can change over time or what other factors can influence union choices. More generally, research by both Frost (2001) and Bacon and Blyton (2004) does not attempt to go beyond the militant-moderate dichotomy when assessing union identity and other dimensions, such as those proposed by Hyman (2001a), may have been overlooked.

3.3 Conclusion

Authors have tended to privilege either internal or external factors to explain union responses to workplace change; yet neither can adequately explain union strategic choices. Although union identity and structural variables can offer important insights in relation to forms of action, as Frost (2001) notes, it is important to strike a balance between trade union identity and what unions actually do; too much emphasis on the internal workings and characteristics of a union may lead to overlook the real dynamics of union responses. Instead, as Connolly and Darlington (2012) argue, it would seem that a combination of both external and internal variables are likely to influence union action. Indeed, most models based on union agency include, or at the very least acknowledge, structural factors in order to illustrate the dynamics involved between unions and their environment (e.g. Frege and Kelly 2003). As noted by Kelly (1998), unions are not entirely free agents when it comes to goals, methods or resources as other parties can constrain particular demands and action. Similarly, authors opting for structural analyses or proposing national typologies have noted the limits of such an approach (Hall and Thelen 2009). To offer a more robust explanation of union responses, it appears that research not only requires that both internal and external variables be taken into account, but that the relational processes which connect union agency to environmental structures are identified.

While various internal and external elements linked to trade union strategic choice have been identified in the literature, collective identity has emerged as a key factor; the work of Frege and Kelly (2003), Hyman (2001a), Levesque and Murray (2005) and Murray et al (2010) all consider collective identity as a starting point from which vision, interests and strategy flow. As Jasper (1997) notes, strategic choice can be viewed an expression of identity: groups can develop a 'taste' for certain tactics, with collective identities developing around these tactical

tastes. Repertoires of action, the forms of action which union leaders consider legitimate and feasible, also form part of a union's legacy and may have a binding effect on group members, having both a practical impact and a normative impact (Ganz 2000; Frege and Kelly 2004). As collective identities tend to be stable over time, Frege and Kelly (2003) and Hyman (2007) point out that, as a result, unions tend to be 'path dependent', opting for strategies which do not threaten their shared ideas, values and habits. The concept of collective identity also helps to address the theoretical gaps found within resource mobilisation and political process models, binding activists through a shared sense of meaning and belonging rather than through interests alone (Polletta and Jasper 2001; Smithey 2009). Therefore, this research aims to test whether or not differences in collective identity can to explain variations in trade union responses towards privatisation in healthcare.

However, definitions of identity in industrial relations research have generally been vague and theory on union identity remains limited, primarily based on levels of militancy (Kelly 1996; Bacon 1996; Connolly and Darlington 2012). A notable exception is Hyman's (2001a) notion of the 'geometry' of unionism which looks to qualify union identity according to market, class and society. Consequently, this research will look to analyse trade union identity according to both Hyman's (2001a) dimensions of union identity (market, class and society) and the militant-moderate dichotomy (Kelly 1996), looking at how, combined, these two dimensions can help to explain variations in union perceptions and responses to privatisation.

The theoretical framework for this research bases itself on Kelly's (1998) mobilisation theory and the work of Frege and Kelly (2003), Tapia and Turner (2013), Levesque and Murray (2005) and Murray et al (2010). Firstly, this research argues that different 'framing' processes link union collective identity and strategic choice. Frege and Kelly (2003) note that 'framing' allows unions to interpret the world around them and provides processes through which problematic situations can be transformed from a 'misfortune' into a 'grievance' which can be acted upon. Hence, in line with mobilisation theory, this research considers that the perception of an injustice among people with a shared sense of identity will lead to collective action (Kelly 1998). Kelly (1998) suggests that, for mobilisation to occur, a union will first need to attribute the perceived injustice to an employer or government. Second, a union will need to have a sense of efficacy; that by acting collectively, they can be able to make a difference. This

research links Kelly's (1998) preconditions for mobilisation to three core framing tasks: diagnostic, prognostic and motivational/action framing (Snow and Benford 2000). Through diagnostic framing, unions will identify the 'injustices' which are representative of their collective values along with those responsible. Notably, if a union does not identify any threats (or opportunities) in a changing environment, this may result in inaction. Through prognostic framing, unions will select the strategies and tactics which they believe to be most appropriate according to the threats and opportunities identified. Notably, strategies may not only be directed towards the external context (for example, hospital management) but can also be applied internally in order to strengthen resources and legitimise action (Hodder and Edwards 2015). Therefore, unions may use motivational framing as part of their strategy in order to broaden their solidarity networks. Overall, this research supposes that these three framing processes are influenced by a union's collective identity and ultimately shape strategic choice. As such, unions with diverging identities may respond differently to the same environment.

Bearing in mind more structural orientated studies, this research also considers the influence of a number of other factors on union responses to privatisation, including the presence of channels of representation and the availability of power resources. In addition, the impact of employers counter-mobilisation is also considered. These three factors are expected to influence a union's sense of efficacy and shape strategic choice: while some types of strategies may be aligned with union identity, depending on the context, these may be too difficult to implement (Frege and Kelly 2003; Kelly 1998; Murray et al 2010; Tapia and Turner 2013). Hence, strong resources should allow unions to implement their strategy successfully and effectively influence outcomes.

From a comparative perspective, various authors have argued that the institutional framework can explain national divergences in terms of industrial relations (Bamber et al 2004; Hall et al 2001; Coutrot, 1998). However, few empirical studies have shown clear national divergences and, as a result, popular models such as VoC have often been contested (Crouch, 2005; Blyth, 2003; Kang, 2006). The divergence approach also struggles to explain why similarities exist in France and England in terms of healthcare reforms and union power resources, especially considering that these two countries are usually categorised as different types of institutional models. As such, this research has opted to take a similar position as

Levesque and Murray (2005), Murray et al (2010) and Frost (2001): that a variety of union responses can exist within the same national setting. Although structural factors are expected to shape strategic choice, this research anticipates a heterogeneity of union responses to healthcare privatisation both in France and England.

Overall, several studies have looked at trade union responses to privatisation and workplace change (Teicher et al., 2006; Jalette, 2005; Greer et al. 2013, Foster and Scott, 1997; Frost, 2001, Danford et al., 2002). However, little research has been specifically dedicated to explaining national and local variations in union responses to privatisation, particularly within the healthcare sector. Therefore, the aim of this research is not only to test the theoretical framework detailed above but also to address this empirical gap in the literature by offering a more detailed analysis of union strategic choice which takes into account the internal and external factors at play. The next chapter presents the methodology used to do so.

CHAPTER 4 – RESEARCH METHODOLOGY

The aim of this research is to study trade union responses to privatisation in healthcare, both in France and England. The literature reviewed in the previous two chapters found both theoretical and empirical gaps related to the implementation of NPM inspired reforms and trade union responses to privatisation. In particular, few studies were dedicated to explaining national and local variations in union responses to privatisation, especially within the healthcare sector. In addition, some concepts which have been integral to renewal models in industrial relations, such as collective identity and framing, and their inter-relation have seldom been explored in detail. From this review of the literature, three core research questions have emerged:

- In the context of different national settings, how do local trade unions respond to the threat of healthcare service privatisation?
- What internal and external factors or processes influence trade union responses?
- Can differences in collective identity explain local and national variations in union responses to privatisation?

The following chapter presents the methodology and research design employed to explore the dynamics between trade unions and other local actors when services are at risk of being privatised. First, cross-national case comparisons will be discussed from an epistemological and ontological perspective. Second, the chapter will present the research design and case selection methodology, before introducing the case studies upon which this research is based. Third, the chapter outlines the data collection method, which includes interviews and document analysis, and the process used for case analysis. Finally, the limitations of the research are highlighted.

4.1 Case comparisons: epistemology and ontology

Comparative and case study methods have been widely used in labour and industrial relations studies and both approaches have often been combined. Yin (2009:6) argues that, while the hierarchical perspective views case studies as a preliminary research method, case studies can also be explanatory in nature:

“A common misconception is that the various research methods should be arrayed hierarchically. Many social scientists still deeply believe that case studies are only appropriate for the exploratory phase of an investigation [However] case studies are far from being only and exploratory strategy. Some of the best and most famous case studies have been explanatory case studies”.

Similarly, Halperin and Heath (2012) suggest that the comparison method can be used to generate and test hypotheses about the factors that explain variations across contexts. They also note that the comparison method can be used to embrace different levels of analysis and link international, national and domestic factors in order to explain a particular phenomenon. As this research aims to look at trade union responses in different national contexts, a cross-national comparison of cases studies appears best suited as it allows for a more in depth understanding of national and local influences. By using this approach, the explanatory factors linked to union responses can be captured.

A number of competing methods for cross-national case study comparison exist, usually characterised by either a positivist or non-positivist perspectives. The positivist approach believes that “knowledge of the world is obtained through applying the scientific methods to experiences and to the empirical world” (Eriksson and Kovalainen 2015:18). Positivists claim that research produces facts that correspond to an independent reality and is value free. Non-positivist approaches, including interpretivism and constructionism, generally focus on how people, as individuals or as a group, interpret and understand social events and settings. Critical realism places itself between positivism and interpretivism; while it agrees with the positivist perspective that considers the existence of an observable world independent of

human consciousness, it also notes that knowledge about the world is socially constructed (Eriksson and Kovalainen 2015).

The conventional method for handling data from more than two countries, structured case comparisons, takes a more positivist stance. King et al (1994) in their popular book *Designing Social Inquiry* looked to codify qualitative research design so that it resembled as much as possible the scientific rigour of regression analysis. Qualitative research has been seen as lacking convincing justification, often simply using case studies as a way to present interesting results or applying specific concepts and models. King et al. sought to address these criticisms by improving qualitative research through a more positivist approach. They argued that qualitative research, just like quantitative research, can be systematic and scientific. This approach therefore rests on the existence of regularities in material or social settings, providing a basis for both explanation and prediction and allowing for causal statements to be made. As a result, the research design is codified every step of the way: from the formulation of research questions and hypotheses, to the specification of testable theories, the choice of observations, the testing of theories and the reporting of results. They also looked to address the issue of selection bias. Their view is that qualitative studies have tended to select cases based on the dependent variable and have therefore failed to study samples with the full range of variation on this variable. Overall, their book encouraged methodological self-consciousness in political science.

King et al's (1994) approach has however not been without its critics. Some have said that their advice may be too simplistic, misleading and inappropriate in terms of guiding social research design, and may even have hindered progress in social science (Mahoney, 2010). As a result, a number of volumes on case study research have offered alternative non-positivist methods. Offering a less narrow view of case study methodology, Gerring (2003: 342) defines the case study as "[...] an intensive study of a single unit for the purpose of understanding a larger class of (similar) units." He explains that a unit is considered to be a 'spatially bounded phenomenon' such as a nation-state, a revolution, a political party or even a person. These can be observed at either a specific point in time or over a delimited period of time. Rather than trying to 'fix' the weaknesses of case study research as did King et al (1994), Gerring (2003: 352) sees the approach as generally more useful when:

“inferences are descriptive rather than causal; when propositional depth is prized over breadth and boundedness; when internal case comparability is given precedence over external case representativeness; when insight into causal mechanisms is more important than insight into causal effects; when the causal proposition at issue is invariant rather than probabilistic; when the strategy of research is exploratory, rather than confirmatory, and; when useful variance is available for only a single unit or a small number of units.”

These seven premises help in determining whether or not case study research is best suited to the aims of particular research.

Gerring (2004) suggests that the advantage of case study research is its ability to build on the qualitative identification of a causal mechanisms. Case study will often opt for a more descriptive tone which can be used to determine and qualify causal mechanisms within certain situations (Gerring, 2004). Similar to Yin (2009), Flyvbjerg (2006) notes that it is misleading to consider that a case study cannot provide reliable information about a broader class of phenomena. Flyvbjerg (2006) also considers that case studies often include a substantial element of narrative, which may be difficult to summarise into neat general propositions and theories. While some critics of the case study may see this as a disadvantage, thick and hard to summarise narratives can be helpful in uncovering rich problematics. Moreover, when combined with the comparative method, the case study becomes an effective strategy for analysing similarities and advancing theory. For Ragin (1994:111), these features include “its use of flexible frames, its focus on the causes of diversity, and its emphasis on the systematic analysis of similarities and differences in the effort to specify how diversity is patterned”.

The critical realist approach is considered particularly well adapted to case study research (Easton, 2010) and resonates with the analytical goals of this research. Critical realist epistemology holds that, while a real material world exists, our knowledge of it is socially conditioned and subject to challenge and reinterpretation (Della Porta and Keating 2008). The assumption is that there is a reality, but that it is usually difficult to comprehend. Consequently, critical realism argues that there are real, if unobservable, forces with ‘causal

powers' and that it is the task of science to understand the relevant mechanisms. In applying critical realism to industrial relations research, Edwards (2005:268) explains:

“The social world is seen as being different from the natural because it requires human intervention, but it does not follow that society is wholly the product of human design or discourse: rules, norms and institutions develop with logics independent of the choices of individual actors. Critical realism stresses that causal powers are not necessarily activated and is thus very sensitive to the importance of institutional context. It aims to move beyond the discovery of empirical regularities to understand the mechanisms that not only produce these regularities but also determine when they will occur and when they do not.”

For critical realists, research is therefore about gaining knowledge of a reality that exists independently of our representation of it. In *A Realist Theory of Science* (1975), Bhaskar argues that epistemology (e.g. knowledge and theories) must be held separate from ontology (e.g. reality and objects of investigation). Consequently, critical realism makes the distinction between what is referred to as 'the transitive' (empirical knowledge) and 'the intransitive' (reality as it really exists). As the world is layered, analysis is therefore stratified into three different domains of reality: the empirical (experiences), the actual (events) and the 'deep' or 'real' where structures and causal mechanisms exist irrespective of whether they are observed (Fleetwood 2001). Consequently, by looking to uncover underlying causal mechanisms within open systems (where multiple structures and associated powers are arranged in spontaneous ways), the focus of critical realist research switches from a focus on consequences and outcomes (events and their patterns) to the conditions that make that action possible (Brown 2014).

This emphasis on the existence of underlying structures and causal mechanisms fits closely with the aims of this research in seeking to understand the influence of union identity on strategy and the interplay between structure and agency. Research on identity has generally been divided according to ontological assumptions on what identity actually is and how it can be studied (Olson 2007). Looking beyond constructivism and more positivist social identity theory, Marks and O'mahoney (2014) argue that critical realist ontology allows researchers to

conceptualise the different levels upon which identity construction depends, noting that identity is irreducible to these levels (e.g. memory), and that the levels on which identity depends are also irreducible to identity (e.g. culture). A stratified ontology therefore provides an alternative to social constructionism and social identity theory by avoiding the tendency to collapse identity into discourse and ignoring individual variations.

In terms of the structure-agency debate, Bhaskar's (1975) 'transformational model of social action' rejects both structural determinism and extreme voluntarism. Instead, it argues that structure and agency are interdependent; individual agents are thought to be formed *within* and *through* social forms while, at the same time, these social structures exist through the actions of agents which recreate them, but not necessarily in the same form. In addition, the capacity of such agents to act and the impact of these actions will depend on the positions they hold within such structures, along with their resources, capacities, and the specific actions taken (Jessop 2005). Archer's (1982) 'morphogenic' model, developed in dialogue with Bhaskar, elaborates a more explicit temporal dimension of the 'transformational model of social action', looking at the timescale through which structure and agency redefine each other. According to Archer's model, structure and action operate over different time periods whereby structure logically predates the actions which transform it and 'structural elaborations' logically postdate those actions. Consequently, Archer's approach addresses how agency is constrained by the existing distribution of power and the resources available to agents and how specific forms of structural elaboration emerge.

Overall, critical realism provides guidelines as to how research might be done and how theory can be developed. Edwards (2005) proposes that industrial relations research be based on a critical realism inspired context-sensitive explanatory approach, a term borrowed from Locke and Thelen's (1995) 'contextualised comparison' approach. He considers that context-sensitive institutional research does fit a broad critical realist programme as it encourages researchers to think about different levels of causal powers and the types of arguments which they intend to address. Institutions and processes are part of a context. This could mean that trade union responses to healthcare privatisation could vary in different countries and within countries. There is also a concern to offer systematic explanation of, and sometimes generalisation from, the cases chosen for study.

Considering the strengths and weaknesses of the philosophical approaches discussed above, the methodology adopted rejects a positivist view which assumes the subject under investigation, trade unions in this case, is a passive object which can be measured in controlled research. Rather, this research takes an ontological approach informed by critical realism as it is best adapted to the aims of the thesis which looks to find explanations situated between structure and agency. On the one hand, social reality has meaning for those living, acting and thinking within it; trade union leaders and members are able to interact creatively with their environment and experience events in idiosyncratic ways. On the other hand, different levels of causation exist. However, this research does not apply 'Bhaskarian' critical realism in full because of the constraints posed by its prescriptive criteria and terminology. Instead, this research draws on the work of critical realist scholars, using theory to orient the study towards possible explanations, while also focusing on the context, as argued by Edwards (2005), in order to better understand and explain research findings.

4.2 Cross-national comparative research

Two conflicting approaches to cross-national comparison exist. The first, the 'universalist' approach, seeks to identify 'permanent causes' whereby, regardless of the national context being investigated, certain general laws or uniform patterns apply (Ragin and Zaret 1983). Social reality is therefore considered to be context free (Hantrais 1999). Consequently, the aim of research adopting this approach is to identify commonalities across countries so that a particular phenomenon can be established as universal. In contrast, the 'culturalist' approach rejects the idea that general patterns or law-like principles can be identified across contexts, stressing that each event is unique. For this approach, social reality is context bound, and therefore the context is an object of study in its own right (Hantrais 1999). More recently, a middle position has also emerged, with authors such as Hantrais (1999), Kohn (1987), and Ragin and Zaret (1983) proposing that comparative cross-national studies look at 'general factors within social systems that can be interpreted with reference to specific societal contexts' (Hantrais 1999: 94). They argue that 'particular phenomena in any society can be the outworking of more or less universal principles and of the particular cultural and historical circumstances within which the phenomenon is placed' (de Vaus 2008: 251). Hantrais (1999) notes that reality is indeed context dependent, but that the context itself can serve as an important explanatory variable, rather than a barrier to cross-national comparison. With this in mind, De Vaus (2008) considers that the purpose of comparative cross-national research is "to identify the extent to which social phenomena are shaped by universal system factors and the extent to which they are shaped by unique factors intrinsic to the specific time, place and culture in which they occur" (251). This research adopts this last approach as it allows for a contextualised understanding of the patterns found when comparing two countries.

According to de Vaus (2008), this midway position requires a two-step approach to cross-national analysis. The first involves building an understanding of the elements of a country case within the context of the whole case. This is because events can only be understood within the context of its history, culture and society, analysis. Rather than isolating and measuring specific variables, a more rounded understanding of each country regarding the phenomenon being investigated is developed. Second, once the case is understood as a whole, similarities and differences between countries are analysed; this requires that

countries are selected because they are either similar or different to one another in important respects. Comparison on this basis allows for causes to be identified and for explanations to develop. Where similarities emerge, interpretation can look beyond the differences between countries in order to identify what is universal. In contrast, if analysis differs from country to country, then interpretation can look at the idiosyncratic nature of those particular countries.

While cross-national comparison allows for similarities and differences across societies to be analysed and explained, some challenges to this approach require careful consideration. First, case selection often relies on simple classifications that consider countries as either similar or different when in fact difference and similarity is a matter of degree (Lieberson 1992). Second, comparisons require a careful interpretation of the meaning of indicators in each context. Hantrais (1999) argues that many concepts do not travel well across national, cultural and social boundaries. Specific to industrial relations, Hyman (1998) notes that even the meaning of a key concept like 'trade union' can vary across nations, justifying interest in the analysis of issues presenting equivalent challenges to union identities in different national contexts (Hyman 1998:51-52). Third, Hyman (1998) considers that trade union movements are culturally specific and therefore are essentially 'non-comparable'. Hence, generalisation may be limited because of the uniqueness of each context.

Overall, awareness of these challenges can help to avoid misunderstandings and misleading explanations. Hantrais (1999) considers that cross-national comparisons require a culturally alert 'contextualised' approach. Locke and Thelen (1995) note that cross-country comparison will often involve comparing 'apple and oranges'; all comparisons will involve an element of the incomparable which means that formal comparative methods (such as comparing very similar cases with very different outcomes) can be almost impossible to achieve in practice. As a result, they argue that greater attention needs to be given to issues of identity and the political valence that various issues hold in different national contexts. They believe that contextualised comparisons should complement the traditional matched method of comparison by bringing new insights and highlighting parallels across cases which conventional literature sees as very different and underlining differences between cases which are expected to be similar. This research has therefore opted for this 'contextualised' approach; to achieve this, the next section presents the research design used.

4.3 Research design and case selection

Studies using the comparative method can either focus on a single case or investigate a small number (small N study) or a large sample (large N study) of cases. Each has a potentially problematic trade-off between intensity and breadth. Single case studies allow for an intense analysis of a particular issue; however, external validity and generalisability may be an issue (King et al 1994). Although greater external validity can be achieved by using a large N, such studies are often criticised for their 'thin' concepts and theories (Coppedge 1999) and are less conducive to unearthing causal mechanisms. To address these limitations, this research has adopted a small N comparison, allowing for a detailed analysis of a small number of case studies while also providing greater scope for contextualisation and for new ideas to emerge (Halperin and Heath 2012).

However, as the small N approach compares only a limited number of cases, special attention needs to be paid regarding the way which these cases are selected. Instead of seeking representativeness like large N studies do, case selection in small N research usually follows an intentional logic. Hence, the ability to generalise from case study research can be increased by the strategic selection of cases (Yin 2009). A number of selection methods exist, looking to compare cases that are either typical, diverse, extreme, deviant, influential, 'most similar' or 'most different'; case studies can also mix and match case selection strategies (Seawright and Gerring 2008). The most appropriate selection method will depend on the focus and objective of the research, existing research and the data available for analysis. For example, Flyvbjerg (2006) argues that, when the objective is to achieve the greatest possible amount of information on a given problem or phenomenon, a representative case or a random sample may not be the most appropriate strategy. This is because the typical or average case may not offer the richest amount information. The author suggests that atypical or extreme cases often reveal more information as they take into account more actors and mechanisms within the situation studied. The strategic selection of atypical cases can also offer better clarification of the deeper causes and consequences relating a particular situation rather than simply describing the symptoms of this situation along with their frequency. Flyvbjerg (2006:14) notes that critical cases can be defined as "having strategic importance in relation to the general problem". However, the author concedes that finding critical cases can be problematic

as no universal methodological principles exist to identify these cases. He suggests to look for 'least likely' or 'most likely' cases: cases which are likely to either confirm or falsify propositions and hypotheses. Cases which are 'most likely' are best for the falsification of propositions, while cases which are 'least likely' are best for verifying these. With this in mind, it may be more appropriate to strategically select cases in accordance to their validity, rather than opting for a random sample which only emphasises representativeness, but may not be able to produce valuable insights.

At the national level, this study chose to compare England and France. As previously mentioned, these two countries have traditionally been presented as having widely different institutional frameworks and industrial relations frameworks (Coutrot, 1998; Darlington and Connolly 2012). In terms of public healthcare, systems in France and England also differ (Böhm et al. 2013; Wendt et al 2009). Consequently, these two countries representing a variation within the total population of national models. As previously noted, this research will adopt Locke and Thelen's (1995) contextualised comparison approach to compare the two countries. With the proliferation of neoliberal policies across the European Union and beyond, this research will be able to investigate in detail the influence that context has on local union strategy.

Yin (2009) argues that, by comparing more than one unit of analysis, biases can be mitigated and validity increased. This would therefore imply not only analysing contrasts between the national cases but also contrasts between national and individual cases. In this research, an embedded case design has been selected as it allows for a more meaningful explanation of union responses to privatisation which also engages with wider academic debates. Consequently, this research has opted for a comparison of six local cases situated in England and France; this allows for an in-depth exploration of trade union responses on two levels, comparing both the individual cases and the country cases by taking into account the wider context and potential influencing factors.

A number of case criteria were used to guide individual case selection. The first requirement was the presence of a recent local project where private takeover of a specific public healthcare service was proposed. A project is considered to have a concrete aim, is temporally

bounded and will involve a set of actors. This approach helps to capture the dynamics of decision making and put a particular emphasis on interactions. Considering that the aim is to better understand union positions in this particular context, much of the focus will be on them. However, broadening the unit of analysis to the *project* will allow for union action to be analysed within its environment. Considering that the aim of the research is to understand union action, a second requirement was that local unions had been or had attempted to be involved in the decision process of the project. The third requirement was for the project to have reached a conclusion, so a full analysis of processes and outcomes could take place. Projects in both countries were drawn out of a population of local healthcare privatisation projects. National unions and local activist groups were approached in order to identify projects that fitted this description. Internet searches also helped to identify cases which fitted the criteria above. Contrary to what had been expected, it emerged that the population of projects was relatively small. Despite important reforms introduced to the sector over the years, private interest in taking over public services appeared to have been less widespread than first imagined and reported by health activists. Also, a number of cases were either in progress or on hold at the time of case selection and therefore had to be excluded.

The research design was originally set to focus solely on union campaigns. However, as preliminary fieldwork began, it became clear that this approach was limiting the analysis of social processes and outcomes. By focusing more broadly on projects, this allowed for the actions by all relevant actors to be evaluated. Project outcomes may be determined by a combination of factors, and this may vary in different cases. Therefore, it appeared key to broaden analysis beyond the local union in order to fully appreciate local dynamics. However, some difficulties arose in using this approach. As already noted, these projects involve a number of different actors at both the local and national level. From this, previous and newly formed networks develop and feed into project processes and outcomes. To some extent, these networks had been anticipated but the level of complexity of these only emerged during the research fieldwork. Case analysis identified new actors and bolstered the role of some groups initially thought of as marginal. As networks were wider and more intricate than first thought, this meant that 'projects' were particularly difficult to delimitate. Also, as projects take place over a specific time period, delimitating the period of time for analysis was originally thought as straightforward. However, projects formed part of a much larger puzzle

which meant that the exact start and end of some projects were sometimes ambiguous. Determining the actions and factors which formed part of ‘projects’, and those to be excluded, proved to be less straightforward than planned. Despite these difficulties, this focus was considered best suited to answering the research questions.

4.4 Overview of the case studies

Overall, six cases were retained, three in each country. The English cases were located in Bristol, Nuneaton and Weston-super-Mare. Those in France were situated in Marseille, Nice and Ajaccio. Table 2 gives a brief overview of the case study sites. Further details on the cases are presented as part of the findings chapters.

Table 2: Case studies overview

	England			France		
Site	Bristol <i>Avon and Wiltshire Mental Health Partnership Trust</i>	Nuneaton <i>George Eliot Hospital</i>	Weston-super-Mare <i>Weston-super-Mare General Hospital</i>	Marseille <i>Sainte Marguerite Hospital</i>	Nice <i>CHU L’Archet</i>	Ajaccio <i>Stiletto Hospital</i>
Population	454,000	81,000	76,000	855,000	344,000	66,000
Service	NHS mental health services	Franchise: all NHS hospital services	Franchise: all NHS hospital services	Public rehabilitation and after care services	Public paediatric and maternity services	All public hospital services in competition with private clinic
Unions present	-UNISON -RCN	-UNISON -Unite -RCN	-UNISON -RCN	-FO -CGT -SUD	-CGT -FO -CFDT	-CFTD -STC -CGT

Limiting the number of units to three within each of the two countries helped to achieve familiarity as having in depth knowledge of the cases was the goal of the research. These cases were selected as they appeared 'most likely' to provide insight regarding the research framework and proposition. They also appeared to be sufficiently comparable. The services involved ranged from specific functions, such as mental health or paediatric care, to the 'franchise'² or private takeover of an entire hospital. While different types of healthcare services were at stake, private sector interest was explicit in each case. All comprised a dedicated project involving a number of stakeholders. Also, more than one union was present at each site, allowing for an intra-case comparison of union responses. In terms of size of the population, cases varied between smaller towns (Nuneaton, Weston-super-Mare and Ajaccio) and larger cities (Marseille, Nice and Bristol). It is important to note that the hospitals in the smaller towns were providing services to a larger regional population in those cases. In sum, cases showed sufficient similarities to allow for a meaningful comparison between them. Analysis contributes to the debates highlighted in the literature review by identifying the effects of environmental and internal factors on union action and local dynamics in the context of public service privatisation.

It is important to note that no case was retained where campaigning did not take place. As noted in the literature review, unions can choose different approaches when facing potential privatisation, including non-involvement. It is understood that it is important to understand why in some cases unions may choose not to be involved. However, there are a number of practical and methodological reasons why cases which solely involved this response did not feature. First, these were particularly difficult to identify. Second, there are inherent difficulties in researching a 'non-event' and the limited post hoc evidence available for analysis. Case selection was able to overcome this problem to some extent. Opposition campaigns were present in each site but it emerged that not all unions were involved in the same way. In the end, for practical and methodological reasons, the cases above were selected

² Commercial franchising in the NHS is defined as the private takeover of a hospital trust's day-to-day responsibilities, operations and finances for a contractually set period of time (The King's Trust, 2014)

as they offered the greatest scope overall for analysing local variations in terms of union responses, therefore addressing the aims of the research.

4.5 Data collection

Yin (2009) argues that case study research should rest upon multiple sources of evidence, with data converging to enable triangulation, and benefit from prior development of theoretical propositions to guide data collection and analysis. To achieve this, Yin suggests the use of six data gathering tools: documentation, archival records, interviews, direct observations, participant observation and physical artefacts. As such, this research uses a multi-method approach, combining semi-structured interviews and documentation as evidence. Interviews permit a focused look at factors specific to the case study. However, they can bring inaccuracies through bias or poor recall. Documentation in contrast is stable and exact, but may be difficult to fully retrieve. By triangulating these two types of data, the weaknesses of each are minimised and validity is increased (Taylor et al, 2015).

4.5.1 Interviews

Forms of interviewing methods range through a continuum, from structured, through semi-structured, to unstructured (or focused) interviews (Edwards and Holland 2013). While positivist approaches will tend to use the structured approach in order to obtain comparable information from a potentially large number of subjects, the use of semi- and unstructured interviews are more common in qualitative research. In particular, semi-structured interviews have two notable advantages: they give more space for interviewees to answer on their own terms and they provide some structure for comparison across interviewees (Edwards and Holland 2013). From a critical realist perspective, qualitative interviewing methods can be used to uncover the manifest interactions of the social world (Porter 2002). Considering the aims of this comparative research, looking to test existing theoretical concepts while also exploring the various factors that play a part in local and national dynamics, this interview method was deemed most appropriate.

A total of 31 qualitative semi-structured interviews were conducted, each lasting between 45 minutes to two hours. These were held with 38 key informants at both local and national levels, including trade union officials, local activists, managers and academics in order to triangulate findings. Six of these interviews were conducted as part of a wider research project³, and key questions for this research were integrated within the general discussion. Sampling and recruitment usually involved 'cold' approaches, over telephone, email or post. The full list of those interviewed appears in Appendix 2.

The fieldwork in England was done first, taking place between March 2015 and December 2015. A first interview was held with a key actor, a national officer at UNISON, in order to gain a general understanding of the effects of recent healthcare reforms. It also helped to identify the opportunities and constraints within the sector for unions. This initial interview allowed for other key informants to be identified. However, few of the interviews at the local level 'snowballed' from these national interviews. Instead, key activists were identified within case documentation or online and were contacted directly by email or by phone. More local contacts were then arranged via snowballing from the initial local interviews. Some follow-up interviews took place in 2016 to clarify some aspects particular to the English case studies and to find out about subsequent outcomes.

A period of five months was then spent in the 'Provence Alpes Côte d'Azur' (PACA) region in the south-east of France for data collection, between January 2016 and May 2016. As Hantrais (1999:101) argues: 'It is desirable for researchers undertaking comparative studies to have an intimate knowledge of more than one society, their languages and cultures, and this would seem to be almost a prerequisite for embarking on scientifically grounded cross-national research projects adopting the societal approach.' As such, living in the region for a period of time allowed for some basic understanding of local and cultural references. The cases were selected and a number of local activists had been identified as key informants ahead of travel. These were contacted directly by phone or email using information found on case documentation or online. Some contacts were also established by attending a demonstration

³ 'The effect of Marketisation on Societies' funded by ERC (PI Prof Ian Greer - University of Greenwich/Cornell University).

on public sector pay in Marseille and approaching trade unionists holding banners. Many local contacts were made by using a 'snowballing' method, where those interviewed would recommend others involved in campaigning.

The interviewing process was as informal as possible in order to establish a relationship with interviewees and make them feel comfortable. All respondents agreed to be recorded. Nonetheless, to put all interviewees at their ease, each interview started with some small talk and the aims of the research were presented in an informal way. Most interviews took place on a one-to-one basis but six were held with more than one interviewee. Informants found this useful as they were able to consult each other on events and ensure their story was as accurate as possible. Interviews were either held at the interviewee's place of work, in union offices, at their home or in local cafes; wherever was most convenient. Three interviews were held over the phone, through the request of the interviewee. These calls were made through VoIP software (Skype) or speakerphone and recorded. Telephone interviewing tends not to be ideal for this kind of research as some nuances of context and facial expression can be lost (Novick 2008) However, this was found to be the only way to interview these informants.

A semi-structured guide was used to conduct the interviews (Appendix 1). For each type of interview, a small number of core questions was set to ensure that the collection of data was replicable in all cases. However, as the objective was to deepen knowledge and obtain as much information as possible, the questionnaires remained flexible, set around the dimensions of the research model. Keeping the interviews flexible allowed interviewees to define those issues that they considered important.

Interviews were conducted in English (in England) and in French (in France). No significant communication issues arose in either language. Interviews in France could not have been conducted in English as most of those interviewed only spoke French. To avoid confusion, some research on case specific vocabulary was done ahead of French interviews. This is because many words and expressions used in Quebec-Canada, the interviewer's country of origin, are different to those in France. Several remarks were made regarding the interviewer's accent in both countries. This was particularly the case in France where the interviewer's Quebec accent was seen as novel. It was often useful in building rapport and was particularly

key in obtaining an interview with the separatist union in Corsica, as some time was spent during the meeting discussing separatist movements.

Interviews were transcribed verbatim in their original language using the software ExpressScribe. Considering the limited number of informants available for each case, it was important to ensure that all interview data was available for analysis. During the interviews, it was deemed essential to allow interviewees to express themselves fully and not break their train of thought. When discussions strayed beyond the case studies, a summary of the key points was made, rather than transcribed verbatim.

4.5.2 Documents

Documentary analysis can be an important source of evidence as texts can be interpreted without commentary and interaction while also representing different views and perspectives (Hodder, 2003). However, as Hodder (2003) notes, texts have to be understood in the context of their production and reading; they are written for a particular purpose and are embedded within social and ideological systems. As Atkinson and Coffey (2011) note, documents are not neutral, transparent reflections of reality; they actively construct the organisations or events they aim to describe. This position is similar to Prior (2008) who considers that documents form part of interactions rather than being external to such interaction.

Scott (1990) considers therefore that the key issues with respect to documentary evidence analysis concern matters of authenticity, credibility, the degree to which a document is representative of a genre, and the meaning of its content. However, Prior (2008) notes that these are no reason to exclude documentary evidence from analysis; rather documents have to be approached as what they are and what they intend to accomplish. Instead, analysis requires that various conditions be considered such as whether a text was written as a result of first-hand experience or from secondary sources, whether it was solicited or unsolicited, edited or unedited, anonymous or signed (Hodder 2003).

Documentary evidence was used in this research in conjunction with interview data. As already noted, these were first used to identify cases in France and England along with their key actors. Some contact details were found on union blogs and leaflets and were used to get in touch with interviewees. Documentary evidence was then used to corroborate what interviewees had stated and to complete case data. Notably, some aspects were not or could not be addressed by participants (by choice or lack of knowledge) and therefore documentation was crucial in addressing any gaps in data. As such, documents formed an important part of the empirical data, especially in terms of evidencing the views of managers.

The main sources of documentary evidence were the *Health Service Journal* (HSJ) in the UK and local news articles in both countries. These not only helped to determine when various events occurred and how each case progressed over time, but also provided substantial evidence in terms of stakeholder positions along with the rhetoric used. Several of these articles included quotes from regional and local commissioning bodies and other stakeholders such as employees, campaigners and trade unionists. These quotes were helpful in comparing different responses to key events and any shifts in rhetoric over time. In addition, as media outlets were used by parties to shape local and national public discourse, these texts were assessed not only in terms of their content, but also as forming part of the events themselves, thus contributing to shaping outcome. Trade union pamphlets, websites and social media (Facebook and Twitter) were also reviewed and analysed in a similar way. These complemented interviews and news articles in highlighting key events, evidencing trade union framing of public healthcare privatisation, and assessing their intent such as recruitment and mobilisation. Other documents were also collated and analysed, such as minutes of local meetings and government official reports and publications which helped to complete case data.

The main method for obtaining such documents was via internet searches. Various key word searches were done and considerable time was spent to acquire specific information on the case studies. All local newspapers relevant to the cases were available online and for free, therefore there was no need to go to local libraries or references centres. A file was created for each site and documents were organised according to type, and in chronological order.

Several activists also sent pamphlets and newspaper clippings in follow-up email correspondence.

4.6 Research ethics

Field research has ethical implications, particularly in terms of the researcher's responsibility towards informants and the use of data collected from and about individuals. Ethical considerations include the safety of both researcher and interviewees, the informed consent of research participants, the anonymity and confidentiality of interviewees (Yin 2011).

To ensure the safety of researchers and interviewees, studies with human participants usually require prior approval from an institutional review board (Yin 2011). For this research, approval was gained from the University of Greenwich Research Ethics Committee prior to the field research, as part of a larger university research project on marketisation in Europe. The submission included a sample of the interview guides, an outline of the field research strategy, and a summary of the information provided to participants when obtaining consent.

Individuals participating in a research study are expected to be informed of the nature of the study and may choose whether or not to participate (Qu and Dumay 2011). For this research, consent was obtained from participants ahead of each interview; this was done either by email or verbally on the phone. Emails to participants included a brief summary of the research and explained how their input would contribute to the study. Links to both the research unit at University of Greenwich and the overarching project on marketisation in Europe were included in these emails. Each participant was advised that they could withdraw their consent at any time should they wish to do so. Lastly, participants were told that they could request a report of key findings. Notably, most participants were interested in receiving this report and were advised that they would receive a copy once the research was published. At the start of each interview, these details were verbally reiterated to ensure participants were still happy to take part in the research.

Research ethics also requires that privacy, anonymity and confidentiality be guaranteed. Individual participating in a research study should reasonably expect that their identity not be

revealed (Qu and Dumay 2011). Furthermore, participants can reasonably expect that the information they provide will be treated in a confidential manner and will not be shared with anyone else (Qu and Dumay 2011). For this research, participants agreed for case studies and unions to be named. To preserve the anonymity of those interviewed however, pseudonyms have been used. Interview recording and transcripts were saved on a password protected folder to ensure that the data would not be shared with other parties. Participants were informed how their anonymity and confidentiality would be preserved when their informed consent was obtained: that the information that they provided would remain confidential and would be kept securely, that they would not be individually identified and that the research would only refer to their trade union and location. Finally, participants were advised that all personal information would be destroyed after the end of the project and that only unidentifiable information will be preserved after this time.

Yin (2011) notes that obtaining the informed consent of participants creates a logical opportunity for participants to query the research. When participants had concerns relating to the scope of the research, anonymity and confidentiality, these were addressed prior to meeting participants. Most informants stated they were happy to be identified in the research, but some advised that they preferred to remain anonymous. Considering this, it was thought best to preserve the anonymity of all participants though the use of pseudonyms. Interviews which involved more than one informant did not pose ethical concern in this regard; these joint interview had been suggested by the informants themselves and they were comfortable with each other. In one case, the interviewee was very concerned about being identified; although this person eventually consented to an interview, it was judged best not to use the data. This resulted in the exclusion of one informant in England.

4.7 Data analysis

There are two basic models of social science research: deduction and induction. While inductive reasoning is the derivation of general principles from specific observations, deductive reasoning is concerned with the formulation of hypotheses and theories from which particular phenomena can then be explained (Eriksson and Kovalainen 2015). To analyse the interview and documentary data, this research opted for a hybrid approach to thematic

analysis which used an abductive approach, moving iteratively between induction and deduction. Braun and Clarke (2006) define thematic analysis as a method for identifying, analysing and reporting patterns (themes) within data. The authors argue that thematic analysis has the advantage of not being 'wed' to any pre-existing theoretical framework; it can therefore be used within different theoretical frameworks to do different things within them. Fereday and Muir-Cochrane (2006) argue that a more rigorous analysis of data can be achieved by using a hybrid approach to thematic analysis which combines inductive and deductive reasoning.

The inductive component allows for themes to emerge direct from the data, while the deductive component calls for a pre-determined coding template. By adopting this hybrid approach, the themes that were apparent before analysis, reflected in both the research questions and the analytical framework detailed in Chapter 3, can be tested using deductive logic. Thematic analysis also allowed for additional themes to emerge; an inductive process was used to draw out possible patterns and explanations for trade union action. This iterative process was essential in producing pertinent answers to the research questions.

Braun and Clarke (2006) suggest six phases to thematic analysis: getting familiar with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes and producing the report. Using this approach, data was first transcribed and then organised according to the general themes and typologies of the analytical framework. The qualitative research software MaxQDA was used to code documents and interview transcripts and identify key quotes; the flexibility of this software helped in exploring and interpreting the complex and varying qualitative data collected. This allowed for the identification of patterns and the comparison of cases. While coding was developed primarily through a deductive approach based on existing literature and theory, new categories and indicators also emerged from the data. Subsequently, cross-case comparison was done manually by sorting coded excerpts into tables and summaries. Rereading interview summaries was helpful in taking into account the 'big picture' for each case. A descriptive analysis of all cases was initially drafted; this allowed for cases to be compared for each theme. From this descriptive comparison, more meaningful patterns linking the different themes were identified and analysed.

4.8 Limitations and obstacles

Certain limitations arose in the development of the research design. Firstly, while case study research may be helpful when analysing similarities and advancing theory, despite careful case selection, generalisation can be limited. For this reason, the research does not attempt to present a straightforward generalisation of empirical findings. Rather, it aims to offer a comparative and theoretically informed explanations of trade union responses to healthcare marketisation, testing the potential of collective identity in explaining these responses. On the basis of these findings, subsequent research may develop a broader and generalised approach in applying the proposed framework.

The research also encountered a number of issues in the field. In particular, gaining access to key informants proved more difficult than expected and a number of union leaders central to each case could not be interviewed. In England, UNISON local officers in Bristol and Nuneaton did not return phone calls, emails and text messages. In France, the CFDT in Ajaccio and FO and CFDT in Nice did not reply to emails and phone messages. In both countries, local decision-makers ignored correspondence or rescheduled meetings indefinitely, with the exception of management at the AP-HM in Marseille. This posed considerable problems for the analysis of union responses and validity of the research as a comprehensive and accurate account of local dynamics could not be obtained. To rectify these deficiencies, considerable time and effort was put into finding documents which could address particular aspects of union action and complement interviews in order to present a balanced interpretation of events. Complementary interviews, such as those with grassroots activists in Bristol, also helped to fill in gaps in understanding. It remains that several elements were especially difficult to piece together and triangulation was impossible in some respects, placing limits on the capacity of this research to provide completely reliable evidence.

4.9 Conclusion

Overall, this research is concerned with union responses to healthcare privatisation from a comparative perspective. It seeks to investigate the 'why' and the 'how' of trade union strategic choice, in particular how collective identity may account for variations in union

responses, while also examining how internal and external factors contribute to local and national dynamics. To address the three research questions proposed at the start of the chapter, a comparative case study design was identified as the most appropriate. Yet, different epistemological approaches to comparative case study research exist. While some authors have argued that the validity of the case study method can be increased by adopting a positivist philosophy (King et al 1994), others have taken a more interpretivist or critical realist approach. This research has rejected the positivist approach, rather aligning with Edward's (2005) critical realism inspired 'context-sensitive explanatory' approach as this allowed for explanations between structure and agency to be identified. In addition, in line with Hantrais (1999) and Locke and Thelen (1995), this research adopts a 'contextualised' approach to cross-national comparison. This mitigates challenges associated to the method while allowing for idiographic and nomothetic explanations to be taken into account.

With respect to the research design, this research opted for a 'small N' comparison; this approach allowed for a detailed analysis of a small number of case studies while also providing greater scope for contextualisation and for new ideas to emerge (Halperin and Heath 2012). However, considering the small number of cases compared, special attention was paid to case selection. This research chose to compare six local case studies situated in France and England. First, two country cases were selected, France and England, as they represented variation within the total population of national models. Second, to mitigate some of the issues associated with case selection and strengthen validity (Yin 2009), three local case studies in each country case were chosen for comparison. Comparisons were therefore made on two levels: between country cases and between the individual cases, allowing for local and national dynamics to be assessed. Third, following a review of different selection strategies, this research chose to look for 'critical cases' as these offered the richest amount information, allowing for more actors and mechanisms to be taken into account (Flyvbjerg 2006). Specific selection criteria identified the most appropriate local cases for comparison. In particular, only cases where campaigning had occurred and where projects had come to an end were retained.

In terms of data collection, this research chose to use a multi-method approach, combining semi-structured interviews with key informants and documentation as evidence.

Triangulation of these two sources allowed for the weaknesses of each method to be minimised; documentary evidence was used to compliment interview data and allowed for some findings to be either corroborated or contrasted (Yin 2009). As this research involved human participants, ethical approval was obtained and measures were taken to ensure the informed consent, anonymity and confidentiality of interviewees. To analyse interview transcripts and documents, a hybrid approach to thematic analysis was used, combining inductive and deductive reasoning, as this allowed for more meaningful patterns linking the different themes to be identified (Fereday and Muir-Cochrane 2006). Overall, this research strategy was considered best suited to the objectives of this study, testing both existing theory and uncovering new dynamics through a comparative perspective.

This thesis will now turn from discussion of methodology to reporting the findings and analysis of the data collected. To allow for a contextualised understanding of trade union responses to healthcare privatisation, the next chapter presents the national and local context of each case study before developing key themes and analysis.

CHAPTER 5 – ANALYSIS: Comparing healthcare privatisation in France and England

NPM has acquired an almost hegemonic status, seen as a universal solution to public sector inefficiencies (Hansen and Lauridsen 2004). Both in France and in England, NPM mechanisms have been central to healthcare reforms in order to improve efficiency and cut costs. This global shift towards NPM inspired reforms has given traction to the convergence thesis which supposes that pressures linked to globalisation are driving an increasing standardisation of workplace practices towards a ‘best practice’ universal model (Sklair 2001). Despite these global pressures, other authors have observed that national differences persist. Indeed, theories such as *Varieties of Capitalism* (VoC) have argued that several national models of capitalism can coexist and views trade union action as dependant on national models and the extent of institutional protections they offer. It remains that, as noted by Levesque and Murray (2005), Hansen and Lauridsen (2004) and Greer et al (2013), institutional theories such as VoC struggle to explain cross-national similarities and local variation. Since the early 2010s, these shortcomings have also been taken up by comparative political economy research which has since retreated from claims of enduring institutional divergence by focusing instead on trends of liberalisation across economies (Baccaro and Howell; Streeck 2009) and the presence of dualism within labour markets (Rueda 2014; Palier and Thelen 2010).

Bearing in mind these limitations, this chapter argues that analysis must look beyond institutionalist typologies in order to determine which national differences and similarities specifically influence trade union strategic choice in France and England. By taking a contextualised comparison approach, the political valence of various issues in different national contexts can be taken into account. Hence, this approach allows for parallels to be drawn across two country cases usually considered as very different. The aim of this chapter is therefore to present a detailed analysis of national and local dynamics for each case study. More specifically, it will look at how national NPM inspired reforms drive local privatisation initiatives within the healthcare sector and which factors contribute to shaping local environments. To assess local and national dynamics, this chapter draws on the conceptual framework of Frege and Kelly (2003) which takes into account the way which social and economic change (such as New Public Management), the institutional context, and state and

employer strategies influence unions perceptions of the opportunities and threats in their environment.

This chapter will first present a comparison of healthcare systems and the NPM style reforms which have been introduced in France and England. It will then detail the six case studies and crucially, present the divergent outcomes of privatisation initiatives as the basis of the premise upon which the thesis is built. The chapter starts to introduce research findings in identifying local decision-maker attitudes and behaviours to NPM reforms and how local autonomy was constrained by financial factors, but also national frameworks and bodies pushing privatisation at local level. Despite formal union representation in decision making and organisational processes, both French and English unions experienced marginalisation. The chapter ends on a discussion on national influences on local context and case convergence.

5.1 Healthcare systems and reforms in England and France

While NPM-style reforms have been popular in both countries, healthcare systems in England and in France have key differences. Literature on healthcare system traditionally classifies the NHS in England as a National Health Insurance system with public institutions in charge of financing, provision and regulation (Böhm et al. 2013; Wendt et al 2009). The French system is classed as a mixed type of Social Healthcare System where the state is responsible for regulating the system, societal actors are in charge of financing, and private actors are in charge of provision (Böhm et al. 2013).

Table 3: Healthcare systems in England and France

	England	France
Regulation	State	State
Finance	General taxation	Social Health Insurance
Provision	Mostly public (87.7% of NHS spending)	Dual Structure ⁴ – Public (35%) Private (65%): <i>Non-profit Private (26%)</i> <i>For-profit Private (39%)</i>

Source : Mossialos et al 2015; Cheveul et al 2015

As Table 3 illustrates, some similarities exist. In both countries, cover is universal and the state is ultimately responsible for setting regulation, with some input from major stakeholders such as statutory health insurers in France. Nonetheless, there are important differences between the two systems in terms of financing and provision. English healthcare is universal and free at point of delivery, mainly financed from general taxation and national insurance contributions. Private insurance accounts for approximately 11% and generally pays for faster access to care, particularly elective treatment in private hospitals (Mossialos et al 2015). In France, social health insurance (SHI) coverage is universal and insurance funds are non-competitive. Insurance funding is paid mostly by employer and employee earmarked income and payroll tax but also general tax revenue and other specific taxes (Mossialos et al 2015). Approximately 92 percent of the population is also covered by a voluntary health insurance, either through employers or via means-tested vouchers, which provides cover for co-payments (complementary insurance) (Mossialos et al 2015).

The provider landscape is also different in France and in England. The large majority of provision in the English NHS is public, with 87.7% of spending going to NHS providers in 2011/2012 (Arora et al 2013). In France, healthcare provision has a dual structure which combines both public and private providers. Hospitals can be either publicly owned and financed or privately owned and operated on a non-profit basis. There are also a number of

⁴ Hospital ownership

'cliniques' which are privately owned hospitals and operate on a commercial basis. In 2015, non-profit hospitals accounted for 61% of the total (35% public and 26% private sector) with for-profit providers at around 39% (Cheveul et al 2015). Patients can elect to use social insurance in any approved provider, including private establishments. Overall, private insurers and providers play a far greater role in French healthcare than in England.

In spite of these system differences to provision and finance, healthcare in France and in England have faced similar challenges, such as changes in demand and growing budgetary pressures, further intensified by the economic crisis (Galetto et al 2014). As a result, both countries have adopted a number of NPM inspired reforms over the past decades in order to contain costs and improve efficiency. Tables 4 and 5 summarise the key reforms introduced since the 1990s in both countries.

Table 4: Key reforms in England

Year	Reform	Mechanisms
1990 – Conservatives	Creation of internal market	Marketisation of provision
1997-2010 - Labour	-Performance targets and Benchmarking -DRGs -New arm’s-length regulatory bodies -Patient choice -Foundation Trusts	-Introduction of autonomisation and corporate management techniques in provision -Marketisation of provision -Finance market mechanisms -Decentralisation of regulation
2010-2015 – Conservative led coalition	-Decentralisation (CCGs and other regulatory bodies) -Opening up provider types -Special measures for failing trusts (care quality and finance)	-Decentralisation of regulation -Marketisation of regulation

Table 5: Key reforms in France

Year	Reform	Mechanisms
1997 – UMP	-Decentralisation (ARH) -Contractual agreements for services (CPOM)	Decentralisation of regulation
2002-2012 - UMP	-DRGs - Restructuring of public hospitals and benchmarking (introduction of hospital boards and ‘poles’) -(Re)decentralisation (ARS) -Opening provider type -PPP (GCS)	-Introduction of Autonomisation and corporate management techniques in provision -Marketisation of provision -Finance market mechanisms -Decentralisation of regulation
2012 -2015 – Parti Socialiste	PPP (GHTs) – introduced in 2016	-Marketisation of provision

Both countries have introduced a variety of NPM inspired mechanisms to all dimensions of healthcare, including regulation, finance and provision. While France introduced such reforms several years after the English, there was a surge in both countries in the 2000s. Interestingly, NPM-style mechanisms have been introduced and maintained by both left and right wing political parties.

In England, the creation of the NHS was one of the major reforms in the UK following the Second World War. Launched in 1948 by the Labour minister of health, Aneurin Bevan, its creation rested on the principle that quality healthcare should be made available to all, regardless of wealth. The NHS was therefore developed to be universal, publicly owned, publicly provided and funded from general taxation. Three core principles were at the heart of the reform:

- That it meets the needs of everyone;
- That it be free at the point of delivery and;
- That it be based on clinical need, not ability to pay.

These principles, for the first 30 years of the NHS, drove efforts to tackle inequities related to health care access. It replaced an uneven variety of providers (private enterprise, underfunded local government and hand-to-mouth charities) and sought to improve services that had been previously neglected such as care for older adults and those with disabilities and mental health concerns. (Tailby, 2012; Helderman, Bevan and France, 2012) According to public opinion polls, the founding principles form part of British collective values and the NHS remains one of the most loved institutions of the country (Taylor-Gooby 2008; Yougov 2018).

A first key New Public Management reform of the NHS was the Conservative government's 1990 *NHS and Community Care Act* which remains the baseline for understanding later reforms (Allen 2009). It introduced an 'internal market' for healthcare provision, creating split between the purchasers of care (regional health authorities) and its providers. In 1997, the newly elected Labour government chose to retain the split, despite its promise to abolish competition within the NHS. Between 1997 and 2010, a number of NPM inspired reforms were introduced in order to increase performance. These involved the creation of new regulatory bodies, the development of performance management systems and the reintroduction of provider competition through patient choice (Bevan and Hood, 2006). Private Finance

Initiative (PFI) were introduced, which contracted private firms to build facilities and operate them for the NHS over periods of 30 years or more (Boyle 2011). Finally, a new status for high-performing NHS Trusts, NHS Foundation Trusts, was created with ambition for all NHS trusts to become foundation trusts by 2014. These had the advantage of being independent from the Department of Health and could raise money from the private market, set pay and enter joint ventures with private or voluntary organisations (Tailby 2012). By 2010, only two functions stayed with the Department of Health: the allocation of resources to purchasers and the setting of standard national tariffs (Helderman et al 2012).

Following the 2010 elections, the Conservatives formed a coalition government with the Liberal Democrats and introduced the Health and Social Care Act (HSCA) 2012. This reform looked to further decentralised NHS purchasing and shift regulation further away from the department of health while increasing private sector participation by changing purchasing practices (Timmins 2012). A major change introduced by the HSCA was the transfer of purchasing responsibilities from 161 regional bodies to 211 newly created local Clinical Commissioning Groups (CCGs). These CCGs, mostly made up of GPs, were given the responsibility of purchasing clinical services for their geographically defined population of patients (hospital, community and mental health care). This bottom up approach rested on the idea that GPs were those most familiar with local services and population needs (Checkland et al, 2016). As a result, whole tiers of NHS management were abolished. All 211 CCGs were authorised by March 2013.

The HSCA also transferred functions away from the Department of Health to the newly created NHS England. It became responsible for the day-to-day responsibility for running the NHS, including managing the NHS budget, overseeing the 211 local Clinical Commissioning Groups, and ensuring that the objectives set out in a mandate by the Secretary of State for Health were met, including both efficiency and health goals (Mossialos et al 2015). Monitor, originally set up by Labour reform in 2004, remained responsible for monitoring hospital finances and authorising foundation trust status. With the HSCA, Monitor was also made the economic regulator of public and private providers. It became responsible for licensing all providers of NHS-funded care and could investigate potential breaches of NHS cooperation and competition rules as well as investigating mergers involving NHS foundation trusts.

Although there was some uncertainty around how competition should be interpreted within Section 75 of the HSCA, reforms looked to encourage more private provision of public healthcare (Davies 2013). It allowed ‘any willing provider’ from the private and voluntary sectors to supply public care at the agreed NHS rate. While CCGs were still allowed to renew contracts with existing providers, they were now obliged to demonstrate transparency in their tendering for services (Davies, 2013). Transfer of Undertakings (Protection of Employment) Regulations 2006 (TUPE) would apply when NHS services were taken over by a private provider (Pownall 2013). In these cases, staff would retain the same terms and conditions, but may no longer be eligible to take part in the NHS pension scheme. Nonetheless, the outcome for NHS staff remained mostly dependent on the contract negotiated between commissioners and the private provider.

The coalition government continued with plans for a majority of NHS trusts to achieve the Foundation Trust status by 2014, with the *Trust Development Authority* (TDA) in charge of assisting trusts through this process. However, the HSCA introduced an exemption for trusts that entered into ‘franchise arrangements’, lasting for the duration of those arrangements, and for three years after the arrangements ended (Davies 2013). It also introduced a failure regime which allowed special administrators to manage failing trusts by restructuring local health economies.

In parallel to reforms being implemented, NHS England published a review on the quality of care and treatment provided, following on from the Mid Staffordshire care scandal⁵. Fourteen hospitals were identified as persistent outliers on mortality indicators and eleven were put in ‘special measures’, a set of specific interventions ordered by the Trust Development Authority and Monitor in order to improve quality of care. For trusts that were not yet foundation trusts, being in special measures also resulted in their application being suspended.

⁵ In 2008, the Healthcare Commission investigated the apparently high mortality rates in patients admitted to Mid Staffordshire NHS Foundation Trust since 2005 (Campbell 2013). Their independent report published in 2009 severely criticised management and detailed the conditions and inadequacies of the hospital. The report prompted a wider public inquiry in 2010 into care quality.

Similar to the UK, social security in France was established after the Second World War, covering health, work-related illness and injuries, retirement and family. Basing themselves on the Beveridge report in the UK, the founders of the social security system aimed to ensure uniform right for all citizens. As a result, health insurance in France has always been more concentrated and uniform than in other Bismarckian systems, such as in Germany, and the state has primarily been responsible for managing health insurance (Chevreul et al 2015).

A first major New Public Management reform to French public healthcare was the UMP party's 1995 Plan Juppé which created the 'Agences régionales d'hospitalisation' (ARHs), devolving planning and budget allocations responsibilities to the regional level by way of multi-year contracts (CPOMS) with hospitals (Galetto et al 2013). The Plan Hôpital 2007 was then launched in 2002; a 5-year plan to modernise the hospital sector. As a result, various changes to regulation, funding and provision were progressively introduced between 2003 and 2008. This included the harmonisation of hospital funding through the use of fixed priced reimbursements (Tarification à l'activité or T2A) for both the public and private sector. The intention was to improve efficiency and fairness, but also to enhance competition between public and private providers. The T2A was implemented gradually and by 2008 accounted for the near totality of hospital funding. It also changed hospital governance structures and established management boards. Hospitals were also encouraged to restructure their clinical units into larger 'activity centres' (Pôles) with delegated budgets (Kirkpatrick et al 2013).

In 2009, The 'Hôpital, patients, santé et territoire' (HPST or Loi Bachelot) reforms introduced a number of important changes to the sector to contain costs and reorganise service delivery. First, regional institutions (including the ARHs) were merged into single regional health agencies (ARS) taking charge of health care, public health and health and social care for elderly and disabled people. In 2010, these 26 ARSs became responsible for planning care within their regions (private care providers included) and authorising new providers and services (Chevreul et al 2015). Although ARSs are autonomous, directors are appointed by and answer directly to the Ministry of Health. The HPST also removed the concept of public hospital service and replaced it with 'public service missions' (André 2016). The ARS could therefore award public missions to any local provider, including public hospitals, private not-for-profit establishments and for-profit clinics. It encouraged the creation of public private partnerships through the

use of 'Groupement de coopération sanitaire' (GCS), allowing private and public hospitals to share a limited number of activities without having to create a new legal entity (Choné 2017). Transfer of undertaking legislation applies to employees, should services be transferred to a GCS. Various other new forms of governance at organisation level were also introduced to reinforce the powers of hospital directors. Although governance structures remained, the influence of local trade union representatives and service users was diminished significantly.

Following the election of the *Parti Socialiste* in 2012, much of the UMP reforms were retained. The *Loi Santé* (also called *Loi Touraine*) was yet to be enacted while fieldwork for this research was taking place but was heavily debated both in and outside parliament. An important part of the legislation was the extension of public private cooperation agreements through the creation of 'Groupements Hospitalier de Territoire' (GHTs). It required public services within a territory to define a shared strategy around a common medical project and jointly manage some functions such as IT and purchasing.

Overall, the mechanisms used in England and France share a similar logic, but differ in their design in order to best fit with existing healthcare arrangements. In terms of regulation, there has been a shift in both countries towards decentralisation. In France, decentralisation can be qualified as deconcentration, a redistribution of the administrative responsibilities of central government (Rhodes 1998). Although planning and contracting have been delegated to regional offices, directors maintain a close relationship with the Ministry of Health. There have also been efforts by government to recentralise control over local planning with the creation of the ARS by merging the ARH and other local institutions. In England, commissioning has long been decentralised to the local level. However, the HSCA pushed decentralisation further, delegating power on commissioning to local GPs. In both countries, decentralisation has been limited to administrative decisions making, with government remaining ultimately in charge of resources and revenue generation. Both countries have also looked to open up the market to new providers through various arrangements. In England, reforms have increasingly looked to introduce private sector provision through patient choice. Most recently, the 2012 HSCA explicitly encouraged commissioners to consider private provision of local care. In France, where private providers already have a considerable share of the market, competition has

been introduced by opening up public services to all providers, encouraging the private sector to participate in public missions.

Funding reforms have been more common in France and have relied on mechanisms such as cost sharing and Diagnosis Related Groups (DRGs) to encourage marketisation within healthcare provision (Busse et al 2011). In England, DRGs account for around 60% of acute hospital income (Department of Health, 2012), a smaller proportion than in France where DRGs account for nearly all hospital funding. Cost sharing in England is also limited and applies only to outpatients' prescriptions and dentistry.

Finally, reforms relating to provision have encouraged providers to compete with each other for services. Both countries have introduced benchmarking and league tables to measure and encourage performance. In England, the autonomisation of hospitals by way of foundation trust status also encouraged hospitals to find ways to be more efficient. Disincentives for hospitals with poor performance were also introduced. In France, hospitals in financial difficulty can lose much of their autonomy and find themselves having to implement strict financial plans (CREF) drawn up by the Ministry of Health, similar to the use of 'special measures' in England. In both countries, this focus on results has resulted in hospitals restructuring to give more power to hospital boards, with an executive style type of leadership. Competitive tendering has been more important in England however, where specific mechanisms have been introduced to facilitate the tendering services and follow contract legislation. Contracting (CPOMs) in French healthcare is less rigid and takes the form of a multi-year agreement which the ARS has responsibility over enforcing (or not). Tendering is somewhat more transparent in England than in France. In England, CCGs are required to follow strict legal guidelines which includes advertising services up for tender, including in the Official Journal of the European Union, and demonstrating transparency in their selection process. In France, the ARS has a more informal and pragmatic approach to commissioning, reorganising services based on their regional strategy and finding solutions through dialogue with its own local network of providers. Both countries have also looked to create internal markets in order to shape competitive behaviours. How privatisation is introduced depended mostly on the provider landscape. In the case of France, this has meant creating a market for all providers in an attempt to bring together public and private providers and to some extent

level the playing field. In England, this involved progressively creating a market and creating opportunities for a less developed private sector to participate in NHS provision.

The next section presents six local case studies in England and France where national reforms encouraged private sector involvement in public healthcare delivery.

5.2 Implementing national reforms – the case studies

The reforms detailed in the previous section have a common aim to shape local healthcare markets and improve provider efficiency. With decentralised planning, local decision-makers implement change according to the new rules set by the centre. In a decentralised context however, local decision-makers retain some control over outcomes so that these fit with the needs of their population. Outcomes may therefore be shaped not only by the diffusion of national regulation but also by local context and imperatives.

The Table 6 details the case studies that form the basis of the study. This section will take a detailed look into the relationships between national reforms and local planning decisions in each case study. In order to understand the sequence of events, key details for each case are presented. A case comparison follows, linking relevant national reforms with local plans.

Table 6: The case studies

England	France
Bristol – Bristol mental health services	Marseille – Sainte Marguerite Hospital
Nuneaton – George Eliot Hospital	Nice – CHU L’Archet
Weston-super-Mare – Weston General Hospital	Ajaccio – Stiletto Hospital

5.2.1 Bristol

In May 2013, the newly created Bristol CCG voted to put the city’s mental health services out to tender, a 5-year contract worth £25m annually (Calkin 2013a). The Primary Care Trust in 2012 had already planned to recommission the services following reports of poor service quality. However, these plans had been stalled following concerns from the public and NHS

South of England (HSJ 2012). This meant that Avon and Wiltshire Partnership Trust (AWP), who had up until then been the provider of those services, would have to bid alongside other providers to retain the contract, which represented about a fifth of its income. The CCG said that more than 70 organisations had expressed an interest in bidding for the services, including third and private sector providers (Calkin 2013a). It aimed to award the contract by April 2014, and for the new provider or providers to start delivery in autumn 2014.

By November 2013, five consortia were shortlisted:

1. The Priory Group, a private mental health provider, bid in partnership with Surrey and Borders Partnership Foundation Trust.
2. The South London and Maudsley Foundation Trust bid in conjunction with Tavistock and Portman Foundation Trust, and Beacon UK, the UK arm of a US company which specialised in developing mental health services.
3. The private healthcare company Optum bid in conjunction with Berkshire Healthcare Foundation Trust, private company Care UK and the mental health charity Richmond Fellowship.
4. Mental health provider 2gether Foundation Trust bid in partnership with The Big White Wall, a company which provided technology based mental health services, Elim Housing, a specialist charitable housing association, and a local charity called Volunteers Bristol.
5. Lastly, Avon and Wiltshire Mental Health Partnership Trust bid to retain its services, leading a consortium of local charities. (Calkin 2013b)

In April 2014, Bristol CCG approved plans to award the mental health services contracts to Avon and Wiltshire Partnership Trust consortium (Calkin 2014). AWP became responsible for providing the bulk of the services as well as ensuring a coordinated service between the 18 members of its consortium.

5.2.2 Nuneaton

George Eliot Hospital in Warwickshire, which served 290,000 people, was one of 20 trusts identified by the Department of Health in 2011 whose “clinical and financial stability is at risk”

because of “cash-flow shortages” and legacy debt (Clover 2011). George Eliot’s board agreed that the organisation had no future as an independent entity and would look to merge or be taken over by another organisation. In the meantime, the hospital was partnered with University Hospitals Birmingham NHS Foundation Trust (UHB) to improve its services. In September 2013, documents were published by the NHS Trust Development Authority which revealed that George Eliot hospital could be “franchised” (Clover 2013a). The transfer was backed by the Treasury and a number of private sector firm such as Circle, Serco and Care UK, along with other NHS trusts, had expressed an interest in taking it over.

On 23 December 2013, a shortlist of five organisations for the take-over of GEH was announced (Clover 2013b). This included three private companies and two NHS trusts:

1. Care UK
2. Circle
3. Ramsay Health
4. South Warwickshire Foundation Trust
5. University Hospital Coventry and Warwickshire NHS Trust.

The Treasury and Department of Health agreed to a twin-track process. This process allowed bids for a takeover of the trust to be considered alongside and in competition with bids for a franchise management deal, similar to that of the Hinchingsbrooke Hospital⁶. In early 2014, two bidders decided to pull out of the tendering process: Ramsay Healthcare and University Hospital Coventry and Warwickshire NHS Trust (Williams 2014; BBC 2014). In March 2014, the bidding process was brought to a sudden close. The TDA issued a press release stating that partnering GEH with University Hospitals Birmingham NHS Foundation Trust (UHB) had been successful and would be the best way forward in bringing improvements to clinical care (NHS Trust Development Authority 2014).

⁶ Hinchingsbrooke Hospital was the first NHS Trust in 2011 to be ‘franchised’ and run by a private provider, Circle Health (Welikala 2015). Circle announced that it was pulling out of its ten-year contract in January 2015 because it did not see the arrangement as sustainable.

5.2.3 Weston-super-Mare

The Weston-super-Mare General Hospital is a small city hospital located in Somerset, South West England, and has a turnover of a £97m (Calkin 2014b). The Weston-super-Mare Area Health Trust, like George Eliot Hospital, was among the 20 trusts identified in 2011 with clinical and financial stability risks (Clover 2011). In February 2013, the hospital management announced that it was looking at a variety of options to reduce its £5m in debt and comply with government rules which required all trusts to become foundation trusts by April 2014 (BBC 2013). The trust could either be acquired by another NHS Foundation Trust or find a partner to run the hospital's services.

A group was set up to manage the tender. By August 2013, the hospital received 11 notes of interest for its takeover (Wright 2013). These came from a variety of groups including local NHS health trusts, voluntary organisations and private firms:

1. Taunton and Somerset NHS Foundation Trust,
2. University Hospitals Bristol NHS Foundation Trust,
3. Yeovil District Hospital NHS Foundation Trust,
4. Bristol Community Health Community Interest Company,
5. North Somerset Community Partnership Community Interest Company,
6. Care UK,
7. Capita Group (Sales),
8. Interserve Developments,
9. Circle,
10. Serco,
11. An 11th party which refused permission to publicise its interest.

Over half the notes of interest came from private firms and only three were NHS Trusts. Bidders were then asked submit their formal offers for the trust to review by October 2013. On 4 June 2014, Weston-super-Mare General Hospital announced that it would no longer be pursuing the franchise option and would only look to merge with an NHS or foundation trust within 50 miles of it. The chief executive of WGH and the TDA stated that the decision to limit who could run the hospital to NHS organisations was because there had been significant

improvements to the trust's performance (Health Investor 2014). It was later announced that the hospital would be merging with Taunton and Somerset NHS Foundation Trust (Hazell 2015).

5.2.4 Marseille

The Sainte-Marguerite Hospital is located in the south of Marseille and forms part of 'Assistance Publique – Hôpitaux de Marseille' (AP-HM), the regional public healthcare organisation for the city. In 1999, the AP-HM had planned to close the hospital because of its difficult financial situation (Moreira 2006). However, it remained open and a new plan was agreed to restructure its four hospitals into 'poles' or specialisms in order to avoid a duplication of services and address budgetary concerns. The new plan for Sainte Marguerite was for it to be a 'pole' for geriatrics, psychiatry and rehabilitation.

In August 2005, it was announced that Sainte Marguerite Hospital would form part of a GCS and would look to partner with the private sector in delivering these services (Moreira 2006). It made a call to tender to the private sector to take over at least 155 beds for rehabilitation care within the site of the public hospital. While the original plan had been to lease part of the land on the Saint Marguerite site to the private provider, it chose in 2008 to sell instead, reportedly far under market value (Coquille 2010). Two for-profit private sector clinics were built within the hospital grounds in 2013-2014; the Saint Martin clinic and the La Phocéane polyclinique. In 2016, a third non-profit organisation, Ugecam, was also set up within the hospital (AP-HM 2015). The GCS within Sainte Marguerite operates under public service missions.

5.2.5 Nice

The l'Archet public hospital was opened in 1979 and is one of five hospitals forming part of the Nice CHU (CHU de Nice 2017). Up until recently, L'Archet was in charge of the paediatric care 'pole'. In December 2008, the hospital announced that paediatric care would be merged into a GCS with the Fondation Lenval, a local non-profit children's hospital established in 1888 (Brette 2009). As part of the agreement, services were to be transferred to the site of the

Fondation Lenval, resulting in private and public sector hospital staff working together within the Lenval premises. There were also plans to create a new 'pole' by 2014 which combined public maternity and paediatric care at Lenval, resulting in the eventual closure of maternity within the CHU.

On 3 August 2010, services were transferred from the public hospital to Lenval, with a few specialised services staying in L'Archet, including neonatal care and paediatrics oncology (Catta 2010). In January 2012, the Ministry of Health ruled that the GCS should aim to become a non-profit organisation (établissement privé d'intérêt collectif - ESPIC), taking paediatric services entirely out of the public sector (Brette 2012). The CHU and Lenval signed an agreement to become an ESPIC in May 2013 (Leclerc 2013). The creation of a 'pole' combining maternity and paediatric services was still being discussed as of September 2018.

5.2.6 Ajaccio

The public hospital network in Ajaccio is composed of two sites: the Miséricorde hospital and the smaller Eugénie hospital. In 2010, the new director of the hospitals announced that he would look to build a new hospital in Ajaccio in order to improve care, while also addressing the financial difficulties of the existing public services (Nicola 2010). The new hospital at the Stiletto, with 130 million euros of public funding, was approved in 2013 by the ARS and the Ministry of Health and the site was planned to open in 2017 (Corse Net Infos 2013). As part of the plan, services were to be reorganised by 'poles' across the three sites.

Building work commenced in 2014. In April of that year, it was announced that the Ajaccio public hospitals were looking to form a partnership with Clinisud, a local for-profit private hospital (Bruna 2015). The plan was for Clinisud to purchase part of the site and occupy one of the buildings at the Stiletto. The partnership also expected the public hospital and the private clinic to share technical equipment and other facilities, with a walkway connecting buildings. However, it was ruled on 2 July 2014 that a new private clinic should not be constructed beside the new public hospital (Luccioni 2015).

5.2.7 Comparison of cases

Table 7 provides a comparison of the cases in terms of services, process, timescale and outcomes.

Table 7: Comparison of cases

	England			France		
Case	Bristol	Nuneaton	Weston-super-Mare	Marseille	Nice	Ajaccio
Service	NHS mental health services	Franchise: all NHS hospital services	Franchise: all NHS hospital services	Public rehabilitation and after care services	Public paediatric and maternity services	All public hospital services in competition with private clinic
Process	Tender open to all providers	Tender open to all providers	Tender open to all providers	Sell hospital land to private organisations Transfer public rehabilitation services to private organisations	Merge public and private services in a GCS Transfer of GCS to private entity	Public hospital land sold to private organisation Mutualised resources into a public-private partnership
Time period ⁷	May 2013 - April 2014	September 2013 - March 2014	February 2013 - June 2014	August 2005 - 2014	December 2008 - 2016	April 2014 - July 2014
Outcome	Service awarded to public sector provider	Tender cancelled	Hospital takeover awarded to local NHS Trust	Clinics built on hospital ground awarded public services contract.	Services merged into GCS, then transferred to private entity	Clinic and partnership cancelled

⁷ Most projects had been in discussion prior to these dates.

In all cases, public services were at risk of being taken over by private providers. However, the manner which privatisation was introduced in each varied. Firstly, the type of services at stake in each case differed. Specific to England, cases in Nuneaton and Weston-super-Mare involved the possible transfer of NHS hospital management to a private company. While the hospital and staff would have remained under NHS ownership, the new provider would have been allowed to profit from service provision. Three cases involved specific services being transferred to private providers. In Bristol, local mental health services were tendered out by the CCG and, had services been transferred to a private provider, staff would have no longer been public employees. In Marseille and Nice, geriatric and paediatric 'poles' were targeted. In Marseille, the rehabilitation services take over by the 'clinique' were new to the area and staff were recruited externally. In parallel, employees made redundant at Sainte Marguerite Hospital were relocated within the AP-HM. Those in Nice transferred to Lenval but retained their public worker status. As for the sixth case, Ajaccio, the project was aborted before any concrete plans were communicated. Nonetheless, trade union expectations were either that the public hospital and the 'clinique' would compete for patients, or that the ARS would divide up services between providers, with some hospital staff potentially being transferred to the 'clinique'.

Some differences also exist around process and timescale. In England, the private sector competed for NHS service through open tendering exercises, with decision-makers following NHS England guidance. The introduction of the HSCA was particularly important in the Bristol case as decisions on tendering were led by the CCG and shaped by the legislation's contracting obligations. In Nuneaton and Weston-super-Mare, although previous Labour reforms were influential (eg. foundation trust status), the 'franchising' of the hospitals was encouraged by the coalition government as it reflected the general direction of its healthcare reforms. Processes in France differed significantly, with private involvement taking the shape of public-private partnerships in all cases. In the three cases, this was realised in different ways. In Marseille and Ajaccio, this involved the sale of public hospital land to private for-profit clinics and the setup of public-private partnerships. However, the reforms that initiated restructuring were different, with Marseille complying with the Plan Hopital 2007 and Ajaccio anticipating changes being introduced by the *Loi Touraine*. In Nice, a partnership was also set up for the

delivery of paediatric services, also in compliance with the Plan Hospital 2007. However, in comparison with Marseille, almost all services were transferred to the private provider and eventually a non-profit organisation was created out of the mutualisation of resources. In all cases, the decision process took a more pragmatic approach. As contracting is more flexible in France than in England, the partnership arrangements were negotiated and agreed between parties, without the need to follow strict procurement processes.

In terms of outcomes, a majority of the cases resulted in private sector involvement being abandoned. In England, all three cases services remained within the NHS; in two cases, tenders were awarded to NHS trusts, and in the other the process was halted. However, only one of the French cases resulted in private sector involvement being stopped. For the two other cases, Nice and Marseille, public services were transferred to 'cliniques' via mergers or partnership agreements. The time taken to reach these outcomes varied. In the English cases, decision-makers were obliged to follow regulations and NHS England frameworks, with the commissioning process taking around a year in Bristol and Weston-super-Mare and around seven months in Nuneaton. In France, the time taken to reach decisions were much longer in Marseille and Nice, as plans were implemented in phases and were modified along the way. As a result, decision making took several years in both cases. The shortest time taken to reach an outcomes was in Ajaccio where plans were abandoned after less than four months.

Overall, these six cases offer a variety of contexts in which the private sector looked to become involved in public care provision, encouraged by national NPM style healthcare reforms. In both countries, plans were rooted in government reform and the need to comply with regulation. In England, Labour reforms of the 2000s combined with the new HSCA steered local decisions makers towards marketisation. In France, the Plan Hôpital 2007 led hospitals to form public-private partnerships.

The next section presents evidence on how decision-makers behaved in each case, and how far their agency shaped local dynamics.

5.3 Local decision-makers

Employer behaviours and attitudes play an important role in shaping local dynamics. As noted by Holtgrewe and Doellgast (2012), employer strategy can play a role in shaping constraints and opportunities for union action. In the context of workplace change, a variety of employer positions towards unions is expected, ranging from codetermination to the overall exclusion of unions (Levesque and Murray 2005; Thelen 2001).

Much of the industrial relations literature on employer behaviours towards unions has focused on union recognition in the workplace (Heery and Simms 2010; Moore 2004). Moore (2004) showed that employer opposition to unionisation can develop into counter-mobilisation which can ultimately affect the outcome of union recognition ballots. Employers used a variety of tactics to stunt union organising, including threats to close or relocate, the use of supervisors, meetings with staff and victimisation of activists. In the context of workplace change, Levesque and Murray (2005) in their research in the automotive industry also found that employers approached union involvement differently: some opted to collaborate with union officials while others looked to unilaterally impose workplace change. In sum, employers can respond to similar pressures in a variety of ways. Ultimately, as with unions, employers have agency in shaping national and local contexts.

Several contextual factors can shape employer behaviours. First, statutory consultation processes can require employers to engage with unions and the local population. Second, employer perceptions of NPM can influence the way which marketisation is implemented; managers may be ideologically committed to market competition or may be ideologically opposed, thus introducing reforms half-heartedly or symbolically (Hensen and Lauridsen 2004). Third, local economic and political factors such as levels of local unemployment and the party in power can contribute to how employers frame marketisation (Greer et al 2013). Finally, the way accountability is decentralised can shape decision-maker autonomy and how marketisation is achieved locally (Bach 2000).

This section looks at decision-maker behaviours and the factors underpinning behaviour. The term 'decision-maker' is used, instead of 'employer' or 'manager', includes all those

responsible for determining outcomes for local service delivery. In the healthcare sector, a number of stakeholders may be involved in the decision process and these can vary in each case. Therefore, the term aims to include hospital senior management, regional commissioners, government officials and national regulatory bodies. First, the decision-makers for each case are identified. Then, factors which shaped decision-maker positions are detailed: consultation mechanisms, attitudes to market ideology, financial context and decision-maker autonomy. Lastly, decision-maker behaviours in each case are discussed.

5.3.1 Case study decision-makers

Table 8 presents the actors tasked with making decisions on services along with other bodies involved. The term ‘main decision-maker’ refers to those who were officially responsible for the decision process and outcome.

Table 8: Case study decision-makers

	England			France		
	Bristol	Nuneaton	Weston-super-Mare	Marseille	Nice	Ajaccio
Main decision maker	CCG	GEH Senior management	WGH Senior management	AP-HM Senior management	CHU Senior Management	CHA senior management
Other bodies involved	NHS England TDA	TDA Strategic Projects Team	TDA Strategic Projects Team	ARS	Lenval ARS	ARS

In five cases, the ‘main’ decision-makers were public hospital senior management teams. In Nuneaton and in Weston-super-Mare, senior managers were in charge of the tendering process, including the selection of the provider taking over their hospital. Similarly, in all French cases, public hospital management were responsible for leading and negotiating

partnership agreements with the private sector. In one case, Bristol, hospital management was not involved. Instead, regional commissioners at the CCG were in charge of choosing a new mental health service provider. Managers at AWP, the provider at the time, had little say over the future of its own services, but had nonetheless the opportunity to bid alongside other providers.

Cases showed that other bodies were also significantly involved in the decision process. In England, national NHS bodies such as the Trust Development Authority (TDA) and NHS England assisted local decision-makers in the process. A group of consultants called 'Strategic Projects Team' were also assigned by the TDA to advise senior management both in Nuneaton and in Weston-super-Mare. In France, the ARS was significantly involved in all cases. It is also worth noting that in Nice, the Lenval Foundation was also involved in working towards the creation of the GCS, and, to a certain degree, was taking joint decisions with CHU management. Nonetheless, CHU managers were responsible for the future of their own paediatric services.

5.3.2 Consultation mechanisms

Across all cases, consultation mechanisms were in place to ensure collaboration in decision-making. In England, hospitals all had a trade union agreement and a joint negotiation and consultation committee. The HSCA 2012 introduced further statutory obligations for NHS bodies, particularly for the newly created CCGs, to hold public consultations as part of their commissioning process (NHS England 2013). Trusts and CCGs were required to hold public meetings, although their frequency is not prescribed by NHS England guidance (Checkland et al 2016). However, members of the public and the press could be excluded from most meetings on the grounds that "publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution" (Section 1 (2), Public Bodies (Admission to Meetings) Act 1960). As the competitive tendering process involved 'business sensitive' information regarding the bids, decision-makers often held meetings in private potentially to avoid legal exposure and public scrutiny.

In France, hospital joint committees also existed, called *Conseille de Surveillance*. Their composition included trade union representatives, the Mayor and other local and regional politicians, ARS officials and consultants from the clinical committee of the hospital (CME). However, the role of the *Conseilles de Surveillance* and CMEs had shifted from one of negotiation to that of consultation. Following healthcare reforms in 2005 and 2009, public hospitals were required to have chief executives and a board of directors, similar to the private sector, and these instances became ultimately responsible for decision-making (Couty 2010). Unions retained their right to vote for, or against, management plans but were often outnumbered by other stakeholders. The HPST 2009 also put in place regional conferences (CRSA) composed of a variety of local stake holders, including unions and employer associations, to work in tandem with the ARS. Consultation meetings were generally held twice a year (ARS official Corse).

Overall, consultation mechanisms existed in both countries. However, these mechanisms did not guarantee collaboration between decision-makers and trade unions. Instead, commercial interests were found to outweigh public scrutiny and strategic meetings were therefore held in private which resulted in unions being marginalised from the decision-making process.

5.3.3 Financial context

Financial and political factors contributed to shaping local decision-maker behaviours. Most importantly, all case study hospitals were in deficit. In England, both WGH and GEH featured on the health secretary Andrew Lansley's 2011 list of 20 trusts whose clinical and financial stability was 'at risk'. In his statement, Andrew Lansley said that these trusts required 'help to become sustainable for the long term', adding that 'tough solutions may be required for these problems, but we will help the NHS overcome them.' (Clover 2011) WGH was reported to be five million pounds in debt and unlikely to achieve foundation trust status on its own (BBC 2013). As for GEH, the TDA stated that, over the last two years, the hospital had needed more than £100,000 a week of external support in order to break even over the last two years (Clover 2013a). Consequently, both hospitals had to find a sustainable way out of debt and the only way to achieve foundation trust status. In terms of the mental health contract in Bristol, it represented a third of AWP's income and losing the service would have had

important consequences on the Trust's finances and may have impacted on its plans to also become a Foundation Trust (HSJ 2012).

Hospitals in France all had deficits which the government required them to address. The AP-HM in Marseille had a CREF (*contrat de retour à l'équilibre financier* – contract with government to balance the books) which constrained their spending. This forced the hospital into finding different ways to raise revenue, beyond reducing its payroll. It chose to sell several of its assets, including land at Sainte Marguerite. The transfer of rehabilitation services to the private sector was also seen as a way to avoid having to make investments. In Nice, the CGT explained that they had always been in deficit and that it had driven many of the changes introduced within paediatric services at the CHU. The transfer of services to Lenal was expected to save costs. However, both in Nice and in Marseille, unions were sceptical of the economic argument. In Nice, they reported that the T2A was ultimately responsible for the financial woes of the CHU while in Marseille they regarded the transfer of rehabilitation as a 'shady deal' with little economic benefit. The economic argument was nonetheless used by management in order to justify plans to transfer services and alternative solutions were not considered. In Ajaccio, despite the growing public hospital deficit, it was not used for justification for the partnership. This could be explained by the fact that central government funds of 130 million euros had already been allocated for the construction of the new public hospitals.

The financial situation of the hospitals appears to have been an important factor in shaping decision-maker positions. Significant deficits in all cases had attracted unwanted attention from government. As one healthcare expert in England explained, government has little influence on hospitals with good performance: "one factor that gives trusts autonomy is being "off the radar". You're not causing any problems" (England healthcare campaigner 2). In contrast, Trusts facing financial difficulties and poor quality ratings led to external interventions.

5.3.4 Decision-maker attitudes towards market ideology

Hansen and Lauridsen (2004) have argued that managers who truly believe in market ideology are expected to view the public sector as inefficient and consider private sector involvement as a solution to this. The authors explain that, in order to be able to justify market solutions and carry out 'such an often conflict-ridden process', managers need to be committed to market ideology. Within the six case studies, managers appeared to acknowledge that inefficiencies existed in public service provision and that improvements were necessary. Nonetheless, the extent to which decision-makers showed signs of adopting market ideology varied; most expected innovative solutions would result from private sector involvement but some appeared less convinced of the benefits of marketisation.

In England, decision-makers in all cases appeared to acknowledge, publicly at least, that competitive tendering was now a feature of the NHS and did not publically oppose its use. In interviews and press releases, competition was framed as a way of finding innovative solutions to NHS inefficiencies. In Nuneaton, the chief executive of GEH, in a statement to the local newspaper, stated that, through competition, bidders would have to develop their best plan for the hospital:

"It gives the power back to us really because rather than someone just coming in and telling us what to do, if they want to be our partner, they have to show us what they will do." (Nuneaton News 2013)

In Bristol, the CCG stated to the HSJ that they were looking forward to seeing what 'exciting and innovative partnerships might be formed' from the procurement process (HSJ 2013). In Weston-super-Mare, UNISON local representatives reported that hospital management was optimistic about the idea of a private take-over and they believed that they had all 'signed up to the neoliberal agenda'. In a meeting with the union, management had argued that they could expect gains from private sector input:

"[The assistant director told us] 'You know there is a lot we can learn from privatising'. I said 'What?' She said 'Look at First Great Western' which is the rail here. I said 'Do,

let's look at it..." and she realised she'd made a mistake. I was saying that they walked away from their payments, they had not done this, they had not done that, the service is poor, and it costing the public far more from their inefficiency. [...] And that's it, there was no further conversation, they didn't know what to say next". (Bristol/Weston-super-Mare Local Campaigner)

Although competition was seen as a way of finding solutions to hospital inefficiencies, decision-makers were careful not to appear in favour of privatisation. In Nuneaton and Weston-super-Mare, hospital management felt obliged to repeatedly reassure the public that should the hospital be franchised, services and staff would remain in the NHS. In Bristol, CCG commissioners relied primarily on a fair procurement process where proposals "will work and really make a difference to Bristol people" (CCG 2014). As noted in an interview with a UNISON national officer, decision-maker narrative has generally tried to steer away from using the word 'privatisation': "they were to avoid mentioning at all cost the dreaded "P" word [...] there is a clear recognition of how toxic it is." (UNISON National 1)

However, there were some signs of reluctance by decision-makers in using market mechanisms. Mainly, they appeared to look to comply with guidance or pressures from central government. For example, in Nuneaton, Unite officials reported that management thanked them personally when it was announced that that the hospital would not be franchised or merged. In Bristol, campaigners felt the CCG had been 'bought' to adopt a market logic:

"I don't buy the argument that the government is pushing to do it, they don't have to do it. But they are paid so much. Their salaries are disgraceful. You have to think that there is a conflict of interest - they are paid a huge amount to do what they are told. But there are good people there, but not good enough". (Bristol Local Campaigner 1)

Beyond the rhetoric used with journalists and in press releases, the extent to which local English decision-makers fully bought into market ideology is unclear.

In France, decision-makers framed public private partnerships as a way to reduce costs and encourage innovations in care provision. In Marseille, from the outset senior managers at the

AP-HM had opted for the private provision of rehabilitation services, commenting to local newspaper *La Marseillaise* that could not afford to invest in developing the service themselves because of ‘important budgetary difficulties’ (Moreira 2006). In Nice, the arguments used by management for the merger were pragmatic and economic rather than ideological. The shift of 300 personnel to Lerval not only helped to cut costs but also allowed for paediatric units to be reallocated to other hospital services. Nonetheless, there was enthusiasm for the creation of the partnership. The CGT noted that previous senior managers had always rejected plans for the merger. They claimed that things changed when a new chief executive was brought in, whose views were aligned with Ministry of Health reforms. In a comment to the local newspaper *Nice-Matin*, the chief executive of the CHU explained that “together, we are stronger” and that the partnership allowed for the creation of a state-of-the-art service in the Nice region (Catta 2010). In Ajaccio, decision-makers used a similar rhetoric in their statement to *Corse Net Info*, arguing for the creation of a healthcare ‘pôle’ equivalent to others on the mainland by way of a ‘win-win partnership’ between the local public hospital and Clinisud (Perelli 2015).

Business and social networks may have contributed in shaping local decision-maker perceptions. This is in line with Hansen and Lauridsen (2004) who found that public sector managers who rely on private sector relations tend to adopt market ideology. In Weston-super-Mare, campaigners remarked that many of those involved in the selection process had worked or were working in the private sector; the chief executive of the hospital had previously been a manager at the retailer Marks and Spencer, while others on the board had done consultancy for private firms. Union officials were particularly frustrated that the chair of the local CCG, who was also a consultant for the outsourcing company Capita, was allowed to take part in the selection process for the takeover of WGH, despite Capita being one bidder: “They didn't see it as a conflict of interest. She said, ‘Oh no don't worry, when this comes up I'll leave the room’.” (Bristol/Weston-super-Mare Local Campaigner) The CGT and SUD in Marseille also noted some conflicts of interest in the tendering process for the rehabilitation services. Decision-makers argued in *La Marseillaise* that the selection process, despite the apparent absence of private sector providers interested in delivering the service, had been fair and based solely the competencies demonstrated by the bidders (Coquille 2010). However, union officials noted that those who won the contract had been associates

or friends of local and national government politicians, and that the Mayor had been involved in the decision process. They also failed to find any explanation as to why the hospital land had been sold to the private sector at a price below its commercial value. Overall, they felt that there was a 'magouille' (shady deal) and were very concerned that local healthcare was being used for personal gain. These ties were perceived by trade unionists as evidence of decision-makers bias towards privatisation.

Trade union activists in both countries also complained that management tended to put their own careers ahead of patient care. In Weston-super-Mare, UNISON found that hospital management suffered from short-termism 'so that the management can say "I've achieved this" and move on somewhere else' (UNISON Weston-super-Mare). In Marseille, the CGT also felt that hospital management positions were often used as a springboard for political careers or vanity projects, such as units in their name. The STC in Ajaccio remarked that the ARS attracted mostly people with careerist motives:

“[After the merger of the ARH into the ARS], there was an explosion like a supernova. They hired people with huge salaries, with missions, and we wonder what they do. There was a ton of money put into this, into all the French ARSs, and there is a lot of money to be made there. In my opinion, this is a 'pompe à fric' (money machine), a place to put people, where some would wonder what they do”. (STC Ajaccio)

Overall, evidence showed that most local decision-makers had adopted elements of market ideology. In England, the rhetoric used by decision-makers focused on marketisation as a means to find the best and most innovative solutions to NHS inefficiencies, but avoided the term privatisation. In France, public private partnerships were portrayed as cost efficient and mutually beneficial in developing state-of-the-art services. The local trade unions interviewed considered that business and social networks may have encouraged decision-makers in adopting market ideology. In both countries, decision-makers were careful not to frame competition and partnerships as ideological, but rather in the best interest of patient care.

5.3.5 Decision-maker autonomy

It emerged from the interviews that in both countries local decision-makers had little actual autonomy over the decision process. In the case of England, The HSCA 2012 had aimed to give NHS purchasers and providers greater autonomy, insulating purchasers and providers from interference by national healthcare regulators. As Davies (2013: 566) explains: “[National regulators] have substantial powers over purchasers and providers but they cannot simply tell them what to do and are constrained by the powers and duties they are given in the Act.” Nonetheless, in all three cases, the TDA and NHS England were fully involved, in what looked like attempts to steer decision-makers towards the ‘right’ outcome. In Bristol, grassroots campaigners reported that both the TDA and NHS England were regularly advising the CCG during the procurement process. The CCG was new to its functions when mental health services were put out to tender and many board members appeared to have little commissioning experienced. Campaigners felt that, because of their lack of confidence, they were reluctant to stand up to government pressure:

“[My colleague] would go along early to the meetings chat to people, so he started to get a bit of information and he realised that most of the GPs who had joined the CCGs were quite distressed about what was going on, and a lot wanted to leave and had no idea what was happening [...] They were being given potted summaries [by the TDA]. There were a couple of GPs who caught on early that this was not right and they challenged a lot. [...] I think putting the GPs in charge of the CCG [...] was a very clever political move. Because they were completely...trapped. We would say “You're in charge, you change it” and they would say “Well we don't know enough”. So we would say “If you don't know enough, why are you on it?” (Bristol/Weston-super-Mare Local Campaigner)

In Nuneaton, Unite officials also noted that hospital management appeared to have little say over the future of the hospital. After speaking to hospital managers, they found out that it was the TDA who was actually directing the takeover:

“I mean in theory it was always that the GE board will make the decision in the best interest of the hospital, but ultimately it was the TDA. [The TDA] are not their boss, but then if they were going to be advised by the TDA and didn’t follow through that recommendation then it might be career limiting for some of them.” (Unite Nuneaton 2)

Interference by the TDA in the bidding process came to light when Unite activists learned that it had been putting pressure on public sector bidders to pull out of the process:

“I got a phone call [and they] said this conversation never took place, but basically that the Trust was told that it was X amount of millions in debt and if it pursued its bid for GE it would not win, but if they didn't it would get help in ensuring that its debt wouldn't be as big as it was.” (Unite Nuneaton 2)

Soon after, they learned that UHCW trust had withdrawn their bid for GEH due to financial concerns. The Trust’s Chief Executive stated to the *HSJ* that UHCW had taken the strategic decision to withdraw from the procurement process in order to focus on its own sustainability, with the TDA noting to BBC news that the procurement process “had not been right for them at this time” (Williams and Barnes 2014; BBC 2014). However, the *HSJ* reported that the decision had come as a surprise to senior figures at UHCW as they had been led to believe that trust’s liquidity position would not be an obstacle to it reaching foundation trust status over the longer term (Williams and Barnes 2014). Mike O’Brien, former Labour Minister of State for Health, commented to the local Tamworth Herald newspaper:

“It looks suspiciously like the government is rigging the bidding process by excluding the biggest NHS bidder in order to give a private company a better chance to takeover the Eliot. This bidding process is complicated, but basically the criteria is controlled by Ministers and they set the agenda. The biggest NHS bidder has been excluded from the process because it is an NHS hospital built under PFI. This is an artificial rule to exclude large NHS trusts. It makes it more likely that a private sector organisation will run the George Eliot Hospital. [...] In other words, by hook or by crook, the government

continues to pursue its ideological agenda of getting the private sector to take over the NHS” (Bridge 2014).

Although the TDA stated to the *HSJ* that “all bidders’ proposals are subject to the same rigorous assessment process”, local campaigners felt frustrated by this news as it appeared that the government had decided to move the financial goalposts during the procurement process in order to steer the outcome towards a private takeover (Williams and Barnes 2014).

In Weston-super-Mare, UNISON officials felt that management appeared to have little control over the procurement process and, in attempting to gather information on hospital plans, it became evident that the TDA was instructing management on how to proceed:

“Certainly with the Chief Executive, he knew he would be out of a job if either it was privatised or merged with another hospital. Someone else would be brought in. I think their hands were tied by higher up.” (UNISON Weston-super-Mare)

With each stage of the procurement process requiring TDA approval, the *HSJ* reported that the WGH business case had been in the hands of the Treasury for more than a year before the twin track procurement process was stopped in June 2014 (Calkin 2014b). Unison officials also stated that the WGH procurement process was very much dependant on how the GEH case was progressing.

Historical NHS documents obtained by the *HSJ* in 2016, following an 18-month Freedom of Information ‘battle’, also showed that the TDA had earmarked several hospitals for potential franchising or take-over, a list which included WGH and GEH along with 22 other Trusts (Hazell 2016). NHS Improvements (formed in 2016 from a merger of Monitor and the TDA) stated to the *HSJ* that the list was “out of date, historical information that has no bearing on our support offer or decision making”. Nonetheless, the document indicated that specific outcomes had initially been set out by the TDA.

A group of private consultants, the ‘Strategic Projects Team’ (SPT), were also brought to take charge of the procurement process in Nuneaton and Weston-super-Mare. Their presence in

Weston-super-Mare and Nuneaton was seen by unions as an indication that NHS England was looking for a private sector solution. The SPT consultants had been previously involved in various PFI arrangements and most notably had arranged for the transfer of Hinchingbrooke Hospital to private provider Circle, the first hospital to be franchised in 2011. Unison national officers noted the SPT's involvement in several high profile NHS procurement cases:

“They have been going around the country running all these privatisation exercises and, for every single one, they have had their hand in it. In the memorandums, you'll see 'Strategic Projects Team'. [...] While they have had their fingers in a huge number of pies, a number of which have no opposition to privatisation, various links exist between them and the NHS Trust Development Authority.” (UNISON National 1)

When interviewed, the SPT stated that they would mostly get NHS consulting contracts through word of mouth, because of the good work that they had done elsewhere. However, email correspondence obtained by campaigners *Spinwatch* showed that SPT directors were in regular contact with NHS England, with one SPT email asking for “insight as to where we might do the most good during 14/15?” (Cave 2015). The *HSJ* also reported that the co-founders of the SPT, Stephen Dunn, had become director of delivery and development at the TDA in 2012 and appeared to have been personally involved in the WGH case (Calkin 2014b). For unions, this close relationship between the TDA and the SPT added to the perception that decision making was effectively controlled by national NHS bodies.

In France, the ARS was openly involved in all cases, as it held responsibility over the provider landscape. The STC in Ajaccio considered it unlikely that plans for the new ‘clinique’ had originated from public hospital management. Rather, it thought that it had been recommended by the ARS who had already been looking to ‘pool’ services in order to reduce duplication in the region. In Nice, the CGT believed that the creation of the paediatric service GCS had been encouraged by the ARH (and then the ARS) as the government was looking to have its reforms implemented:

“We were an experimental GCS. The first and the biggest in France. The government wanted things to happen and called for a project”. (CGT Nice 1).

The ex-manager of the paediatric 'pôle' at the CHU in Nice also stated that the ARS, in managing the local provider landscape, could not justify a duplication of paediatric services in such proximity and therefore had been tasked in finding a solution (CGT Nice 1). The CGT at the CHU said that senior management at the hospital would often 'hide behind ministerial obligations' and argue that they had no choice but to accept that services would be merged.

The independence of the ARS was put into question by most unions; all referred to it as the "bras armé" (armed wing) of the Ministry of Health. The FO representatives in Marseille saw the ARS as directly aligned with central Ministry priorities. The STC in Ajaccio referred to them as a "French Jacobin organisation, in direct communication with the ministry." Despite these impressions, the ARS in Ajaccio claimed it did have some autonomy on how it applied national policy:

"The State has a national policy and then each region must apply regulation and adapt it the best it can. Then, depending on the difficulties experiences in the regions, the State can provide more help. The State doesn't say 'in Corsica, there must be this or that'. It says 'in France there has to be this', and then each region must do its best to reach those objectives." (ARS Ajaccio).

They also said that they were sometimes able to negotiate with the state in making objectives more attainable. However, the ARS admitted being somewhat constrained by regulation. It would seem that the Ministry of Health had conserved its control over the regions via the ARS, despite having implement a decentralised approach.

Overall, it would appear that government bodies in both countries were especially involved in ensuring that projects came to term in a way which reflected the intentions of the reforms of the time. In England, this was through flagship projects like in Nuneaton and Weston-super-Mare, where government officials were looking to test out the franchise model. In France, this was reflected by a push by the Ministry of Health, via the ARS, for the creation of partnership agreements between hospitals and the private sector. In the context of decentralised healthcare planning, it would seem that the diffusion of guidelines by government were

insufficient in ensuring marketisation and private sector participation. Government intervention may have therefore been considered as necessary in order to encourage this diffusion.

5.3.6 Decision-maker behaviours

In all cases, plans were introduced unilaterally. Most unions felt frustrated in dealing with decision-makers, stating that information was rarely made available to them and that strategic meetings were held in private. When unions were consulted by decision-makers, those interviewed reported that it usually entailed non-strategic aspects of workplace change or was regarded as lip service. Decision-makers looked to isolate themselves from scrutiny and avoided using the consultation mechanisms in place in a substantial way.

In England, there was a general reluctance to share information and involve unions in the decision process. In Bristol, commissioners had been obliged to hold public meetings where members of the public could attend to ask questions. However, local grassroots campaigners noted that most aspects of the tendering process were considered to be 'commercially sensitive' and therefore were discussed in private. Despite legal obligations to consult with the public, campaigners felt ignored throughout the process:

“(...) they wouldn't reply to any of our notes. They did but they treated us with contempt. There was one, we had a report back at one Bristol meeting, the CCG officers had been to see the GPs in North Bristol, and they asked about us, and they said that we were just a group of political people with no mandate, ex social workers with no mandate, and they had no right to be asking questions.” (Bristol/Weston-super-Mare Local Campaigner)

Although Bristol CCG argued in the *HSJ* that they had had 'proper' public consultation arrangements in place since 2013 (Calkin 2014c), local grassroots activists claimed that they had never been any consultations during the mental health service procurement process. Concerns over Bristol CCG's lack of public consultation culminated in legal action by local grassroots activists, which was eventually settled out of court. Lawyers for the CCG stated to

the *HSJ* that they had agreed to settle the case in order to avoid further legal costs and to “[...] dispose of the claim quickly” (Calkin 2014c). However, activists interviewed in Bristol believed that, had their case gone to the High Court, the CCG would have most likely lost, creating an unwelcome legal precedent for other CCGs.

Campaigners felt that the lack of transparency was widespread across the NHS in England:

“The CCG officers have tradition of not sharing with anyone, they don't communicate, they don't talk, they keep quiet. Local authorities are much more transparent. NHS is not.” (Bristol/Weston-super-Mare Local Campaigner)

This lack of transparency was reported in all three English cases. In Nuneaton, both UNISON and Unite struggled to get information from management. UNISON spent part of its campaign fighting for ‘proper’ information and highlighting the lack of transparency throughout the process, with the head of health writing to the GEH board and the TDA to insist on full disclosure. Unite representatives reported that management meetings were ‘very private’. However, union officials highlighted that they maintained a good relationship with management nonetheless. Branch representatives were privy to some procurement information but had been obliged to sign disclaimers and therefore were unable to share details with Unite campaign officials.

It was only towards the end of the procurement process that the TDA unexpectedly welcomed input from unions in Nuneaton. Unite, who had planned a protest outside the TDA offices in London, received a call requesting that they present their case at the final meeting:

“They were really nice, they gave us tea and cake. And then they said - carry on your demo until lunchtime and at lunch time we'll have a photo opportunity with the delegates that we'd seen and had over the petition on the post card. And to be honest they did do that, they met us at lunch time [...] And that was the end of the meeting, they said they'd get back to us. We knew they were making their decision kind of there and then.” (Unite Nuneaton 1)

Unite officials could not explain this change in attitude but assumed that their campaign had been effective in gaining this access.

UNISON in Weston-super-Mare said that they had felt side-lined throughout the process, despite the presence of a joint consultative committee within the hospital. Those interviewed in Weston-super-Mare explained they had learned of the potential franchising of the hospital in an announcement made to all hospital staff, just ahead of a press release. They also said that obtaining meetings with management was difficult, and when meetings were finally agreed, they came away with little more than what was already known.

Most the trade union officials interviewed in France considered that there had been limited consultation and that outcomes were imposed. The only union which reported being satisfied with management was the FO union in Marseille who stated that they had a good working relationship with senior management and said they were consulted regularly. In contrast, the CGT and SUD in Nice and Marseille considered that they had been excluded from the decision process and felt that their concerns had largely been ignored. The CGT in Marseille noted that, despite the collaborative structures in place, they had little influence on workplace change:

“(…) We have a joint committee, and every time there is a change in scheduling, working conditions, etc., they have to refer the file to us. And unions vote against the changes. They then present the file to us again, often with no changes. Again, everyone votes against it, but it doesn’t matter as it’s now applicable. So that’s democracy apparently. We have the right to say we are against, but no one cares.” (CGT Marseille 1)

This was echoed by a SUD representative in Marseille who felt that the AP-HM’s approach to consultation lacked commitment:

“It’s pseudo collaboration. They invite you, you ask for a meeting and they give it to you. We tell them our life story in detail, sometimes we bring staff along so they can explain how they have been affected. All of this, and they couldn’t care less. They do what they want”. (SUD Marseille).

In Nice, CGT union officials also felt they had been ignored throughout the decision process: “They weren’t interested. Because they had intended to see it through regardless. [...] The director of the hospital said to us: ‘you can say what you want, the project will happen.’” (CGT Nice). They found it particularly difficult to get information and said senior management had a tendency to drip feed updates, making it particularly difficult to mobilise staff. Management in Nice attempted to involve the union and paramedical staff in the logistical planning of working practices at Lenval. However, the CGT saw this as a management strategy to get staff on board with the transfer of services.

Both in Nice and in Marseille, the CGT reported that management had adopted a ‘divide and rule’ strategy. In Marseille, union officials said that management had met staff and unions separately, and would refuse to hold joint meetings. In Nice, interviewees noted that management had attempted to divide medical and paramedical staff in order to secure support for the transfer of services to Lenval:

“They tried to divide us, because they took doctors to the side to explain to them that it was a super project, that they must not oppose it and that they could offer them whatever guarantees they wanted. [...] So, they titillated them by making them believe that they would have this amazing ‘joujou’ (toy) in the new paediatric service and that everything would go well [...]” (CGT Nice)

In Ajaccio, plans for a new ‘clinique’ were abandoned relatively quickly and therefore relations between unions and management did not develop beyond their initial positions. Nonetheless, union officials said they were annoyed that they had not been consulted and were only made aware of the plans for the ‘clinique’ via a press conference.

In terms of the ARS, unions found it difficult to engage with them. In Marseille, the FO noted that the AP-HM worked closely with the ARS and that, while unions could work with hospital management, there was little that they could do with the ARS. The CGT in Marseille was particularly annoyed at how the ARS would avoid any meaningful exchange:

“They look at us in contempt, and avoid replying to us. For example, each time we go...and twice a year is not often, we leave without any answers to our questions. They say ‘we don’t know’ and ‘I can’t answer this’. That’s no good, you see. And that’s why I say ‘contempt’. I don’t know if you saw their premises. They have ‘bunkered’ themselves. They now have a security guard and a turnstile...before we were able to push through, there was a doorway. When a group of us were there we used to say to everyone to push and everyone would get in. Now that they have put up gates, you can’t do anything.” (CGT Marseille 1)

The CGT in Nice were able to meet with the ARH, and subsequently the ARS, regarding the creation of the GCS but considered that their concerns were always ignored. The STC in Ajaccio said that their relationship with the ARS was variable as sometimes they were inclusive, but often were a ‘pain to deal with’ but had usually been able to ‘force’ meetings with them.

Overall, decision-makers in all six cases looked to impose changes without union involvement and restricted access to project information. They appeared to have chosen to isolate themselves, avoiding union and public involvement. While in theory consultation mechanisms were in place, activists reported that decision-makers had worked around these and held most strategic meetings in private. This entrenchment created a somewhat unfavourable environment for unions, with few genuine opportunities for influence and negotiation. This pushed trade unions towards alternative forms of pressure in order to influence outcomes.

5.4 Conclusion

The purpose of this chapter was to set out the context of local healthcare marketisation in order to understand the constraints and opportunities that unions faced in each case. To do so, divergences in healthcare systems, the nature of healthcare reforms and their implementation were assessed. Local decision-maker behaviours were then considered in the context of the financial environment and the limitations on local autonomy and agency as a result of national institutional pressures.

Considerable differences were identified between healthcare systems in France and England. In particular, the French provider landscape was found to be far more diverse than in England, with 65% of providers either private non-profit hospitals or for-profit 'cliniques'. Healthcare financing tied in with patient choice as French patients could use their social insurance in any approved provider, including those in the private sector. In contrast, public hospitals in England dominated the NHS market and private insurers and providers played a lesser role than in France. Nonetheless, some similarities were also noted. In both countries, the State was responsible for coordinating healthcare markets through regulation. In order to contain costs and improve efficiency, NPM style reforms have been introduced since the 1990s. It must be noted that the provider landscape and insurance system in France may be more conducive to market style reforms; it could therefore be argued that the introduction of such reforms may not necessarily stem from NPM ideology as in England. However, interviewees in France considered that the logic behind recent national healthcare reforms had ultimately been ideological and neoliberal. As one trade unionist noted: "In France, we are always the last one to apply bad methods" (CGT National). This echoes Hood (1995) who argued that NPM is more than just an "English disease" (p.100).

In reviewing the six case studies, there was evidence of national regulation shaping local healthcare planning, with local decision-makers looking to complying with new rules and obligations. In particular, the Plan Hôpital 2007 in France led hospitals into forming partnerships while Labour reforms in England combined with the new HSCA steered local decisions makers towards privatisation. However, on their own, reforms were insufficient in motivating local decision-makers, requiring intervention from the centre in order to encourage adoption and spur on diffusion. To a certain extent, privatisation plans in all six case studies were led by regional and national bodies. Hospital debt was used by the centre as a 'stick' to motivate local decision-makers towards privatisation and to shape the local provider market. This type of intervention was used more openly in France as public hospitals remained integrated in the public sector hierarchy despite government efforts to decentralise. In England, legislation should have ensured local decision-makers autonomy but national bodies and government were able to influence decision making through their advice and power over the approval processes.

However, tensions between the national level and local decision-makers were not especially apparent. Generally, local decision-makers showed signs of faith in reforms and used a similar rhetoric as national bodies, mostly echoing NPM ideology: the search for solutions to public sector inefficiency through competition and private sector involvement. Nonetheless, the extent to which decision-makers genuinely bought in to this rhetoric is unclear. In Nuneaton for example, decision-makers were reported expressing relief when the procurement process was dropped, despite promoting it publically for months. In Ajaccio, by making a quick U-turn on plans for a GCS, decision-makers showed that they had not been particularly wedded to the idea of a public-private partnership. Some decision-makers appeared more aligned with market ideologically than others, such as in Nice, Marseille and Weston-super-Mare. Nonetheless, all seemed to be opting for market solutions for pragmatic reasons, rather than ideologically, in order to cut costs and comply with government guidelines.

As a result, similar local environments emerged in France and England. In both countries, unions reported that decision-makers took a unilateralist approach in handling privatisation. Most stated that information was rarely made available to them and that strategic meetings were held in private. Government pressure appeared to have played an important role in shaping these behaviours. Some decision-makers may have feared sanctions from government; almost all were in financial difficulty at the time which constrained their actions. Considering that their agency had been restricted and that NPM had been imposed by central government, it remains unclear how local decision-maker perceptions on NPM ideology also shaped local environments.

Existing consultation mechanisms should have resulted in more collaborative environment. However, these mechanisms were generally ineffective as unions were most often bypassed or marginalised by local decision-makers, with strategic meetings held in private. Commercial interest had tended to outweigh public scrutiny. Beyond this, decision-makers did not openly counter-mobilise against unions. Instead, limiting union access was sufficient in maintaining their prerogative over the decision process. Overall, the case studies did not display a variety of decision-maker positions as detailed in some industrial relations literature (Kelly 1998, Moore 2004, Levesque and Murray 2005, Hansen and Lauridsen 2004).

Frege and Kelly's (2003) comparative framework can help explain the interplay between structural variables – social and economic change, the institutional context and state and employer strategies – as these were key in shaping local contexts. State and employer strategies, by introducing NPM reforms, came to shape the social and economic environment for unions. In the UK, successive reforms looked to break public monopoly, gradually shifting the healthcare environment towards a more mixed market. In France, government looked to reshape the healthcare economy by bringing public and private providers into the same market environment. The role and responsibilities of the state have also progressively shifted to one of regulation, with administrative responsibilities decentralised to the local level. Policy implementation outcomes from social and economic environment change also influenced shifts in State strategies. First, this is illustrated through the introduction of further incremental reforms. Second, the State in these cases used other means to influence the economic environment, including intervention in local decision-making, the recentralisation of functions and the use of consultants. In parallel, reforms also introduced consultation mechanisms to the institutional context, creating opportunities for union involvement. However, at the same time competitive tendering processes ensured that these mechanisms were ineffective, with commercial sensitivity most often outweighing public interest. Dynamics between these three factors show how constraints with local contexts were shaped.

Cases also showed some of the limits of the NPM doctrine. More specifically, governments in both countries were shown to be reluctant to fully decentralise decision making, despite introducing successive NPM style reforms. While this might appear less surprising in the case of France, often classed as a 'Statist' model, this is somewhat at odd with the usual portrayal of the English 'laissez faire' model. As Hood (1995) has argued, central governments have tended to struggle with the idea of giving up powers and have often sought to retain as much control over public sector as possible, despite different attempts to decentralise decision-making. These findings also support claims by Howell (2015), Clark (2000) on the role of the state: that creating a market society requires an active state role in order to overcome resistance. Clark (2000) notes that neoliberal decentralisation and deregulation in the UK has required significant central interventions. Similarly, Howell (2005) has argued that the transformation of advanced capitalist political economies since the mid-1980s has encouraged states to become more interventionist in order to accelerate the restructuring of

labour markets towards flexibility. This appeared to be especially true in these case studies, where local decision-makers were left with little autonomy. Ultimately, national government interference shaped power relations at the local level: union access to decision-making was restricted, thus limiting the opportunities available to unions in influencing the decision process.

Comparing French and English contexts raised some notable differences, but also important overarching similarities. As mentioned above, considerable differences were identified between the two healthcare systems. Also, the type of privatisation favoured in each country also differed: private-public partnerships in France and competitive tendering in England. Local specificity also existed and each case had its specific factors and trajectories. Yet, despite these differences, significant similarities emerged within the six case studies. First, governments in both countries, irrespective of the party in power, chose to implement NPM style reforms and looked to increase private sector participation. Second, government intervention occurred in order to encourage the adoption of market solutions locally. Third, this intervention appeared to have shaped local decision-maker behaviours in a similar way, creating a somewhat hostile environment for unions. Overall, these results support claims by Baccaro and Howell (2011) who have argued that convergence towards deregulation and institutional conversion is occurring across different institutional forms.

However, despite reforms designed explicitly to encourage competition, a majority of the cases resulted in private sector involvement being abandoned. Outcomes also appeared to have differed nationally: in England all cases resulted in services remaining within the public sector while in France, changes were implemented in two cases, but were not in the third case. Overall, financial and government pressures may have favoured privatisation and pushed decision-makers into adopting a unilateralist position. In addition, those adopting market ideology may have been further motivated by the gains they anticipated from privatisation. However, as Krachler and Greer (2015) have noted, union resistance may also influence privatisation outcomes. The next chapter therefore explores union agency and strategic choice, in the context of the structural forces arraigned against them.

CHAPTER 6 – ANALYSIS: Trade union responses to local healthcare privatisation

While a number of factors have been identified as influential in how unions respond to workplace changes, collective identity emerges as a key factor (Frege and Kelly 2003; Hyman 2001a; Levesque and Murray 2005; Murray et al 2010; Hodder and Edwards 2015). Frege and Kelly (2004:39) define collective identity as the “shared definition amongst its members of what the organisation stands for” and “inherited traditions which shape current choices, which in normal circumstances in turn reinforces and confirm identities”. Hence, the definition not only takes into account a sense of ‘we-ness’ among those within the group but also aligns collective identity with strategy: activists can deploy identities strategically and strategic actions can have meaning to the groups. Groups can also develop a ‘taste’ for certain tactics, and collective identities can develop around these tactical tastes (Jasper 1997). Some unions may pride themselves in their moderate demands and tactics, others in their radical approach. Both Frege and Kelly (2003) and Hyman (2007) point out that unions tend to be ‘path dependent’, opting for strategies which do not threaten their shared ideas, values and habits. Considering this, strategy and collective identities are expected to be closely related.

The analytical framework presented in Chapter 3 proposes that union identity interacts with its environment through framing processes. Frames enable individuals, groups and organisations to interpret the world around them and provides processes through which problematic situations can be transformed from a ‘misfortune’ into a ‘grievance’ which can be acted upon (Gahan and Pekarek 2013). Consequently, trade unions use framing processes to determine the threats and opportunities in their environment which may provide motivational impetus to take collective action (Frege and Kelly 2003; Snow and Benford 2000; Gahan and Pekarek 2013). However, as noted by Kelly (1998), unions are not entirely free agents when it comes to goals, methods or resources as other parties can constrain particular demands and action. A union’s preference for action may be impossible within certain contexts or require considerable resources. Firstly, unions may have to contend with counter-mobilisation from other social agents. As Kelly (1998:26) explains: “Ruling groups may be said to engage in counter-mobilisation in order to change subordinate definitions of interests, to thwart the creation of effective organisation and to repress attempts at mobilisation and

collective action". Secondly, when implementing their strategy, unions have to consider their power resources in relation to those of the decision-maker (Kelly 1998), and strong power resources will provide greater opportunity for unions to pursue their interests. Levesque and Murray (2005) and Murray et al (2010) have argued that internal and external power resources contribute to union capacity and shape strategy. As a result, union identity may favour a particular strategy but decision-maker counter-mobilisation and resource access may constrain action.

This chapter argues that trade union identity and framing play a crucial role in guiding union strategy. These variables help to explain why case study unions responded differently to healthcare privatisation. As Hyman (2001:170-171) argues, "union action is not simply determined externally but is also the outcome of internal discussion, debate and often conflict". Similarly, this chapter demonstrates that national and local factors may constrain collective action but, do not determine trade union strategic choice. Case study evidence shows that differences in union identity can help to explain intra-case variations. In particular, this thesis links Hyman's (2001) typology to diagnostic framing (the 'why' of union action), while characterisations of moderation and militancy are linked to prognostic framing and repertoires of action (the 'how' of union action). Union levels of militancy and Hyman's typology are not considered to be mutually exclusive. Rather, militancy is viewed as another facet of union identity linked to "inherited traditions which shape current choices" (Frege and Kelly 2004:39), in turn reinforcing identity through strategic choice. It therefore complements Hyman's (2001) 'geometry' by addressing how unions see their interests most likely to be achieved. Together, these two dimensions of collective identity influence the goals and strategic orientation of collective action.

The chapter first presents the unions in each case in terms of the dimensions used for analysis. Section two discusses case study union identity in relation to diagnostic framing of healthcare privatisation. Section three looks at the links between identity, prognostic framing and strategy for each case. Strategies and tactics are then presented in the context of decision-maker unilateralism in section four. Section five looks at the influence of resource access on strategy implementation. The chapter ends on a discussion of union strategy in relation to identity and external factors.

6.1 Case study unions and dimensions for analysis

Table 9 presents the trade unions involved in each case study. In England, UNISON and the RCN were the largest unions representing nurses and other professional members in each case. In Nuneaton, Unite was also significantly involved locally, representing a variety of non-professional staff such as porters and cleaners. Notably, UNISON at WGH in Weston-super-Mare did not have a branch of its own and was part of the local government branch.

Table 9: Main case study trade unions

	England			France		
	Bristol	Nuneaton	Weston-super-Mare	Marseille	Nice	Ajaccio
Main Unions	UNISON RCN	UNISON Unite RCN	UNISON RCN	FO CGT SUD	CGT FO CFDT	CFDT CGT STC

In France, the majority union differed in each case. In Marseille, FO represented a majority of employees at the AP-HM, with the CGT in close second. In Nice, the CGT was the majority union at the public hospital while in Ajaccio, this was the CFDT. Specific to Corsica is the STC union (Corsican Workers' Trade Union), founded in 1982 by the FLNC party (National Liberation Front of Corsica). Although the STC union has few members at the public hospital, it had the largest representation of workers on the island at the time of the research.

Table 10: Case study trade union analysis

Country	Case	Union	Identity		Framing of private sector involvement	Strategy	Resources		Outcome	
			Type	Militancy			Internal	External		
England	Bristol	Unison	Market/Class	Moderate	Threat	Co-determination	Weak	Moderate	No private takeover	
		RCN	Market	Moderate	Neutral	Quiescence	Weak	Weak		
	Nuneaton	Unison	Market/Class	Moderate	Threat	Co-determination	Weak	Strong	No private takeover	
		Unite	Class/Society	Militant	Threat	Mobilisation	Weak	Strong		
		RCN	Market	Moderate	Neutral	Quiescence	Weak	Weak		
	Weston	Unison	Class/Society	Militant	Threat	Mobilisation	Weak	Moderate	No private takeover	
		RCN	Market	Moderate	Neutral	Quiescence	Weak	Weak		
	France	Marseille	FO	Market	Moderate	Opportunity	Co-determination	Moderate	Weak	Services privatised
			CGT	Class/Society	Militant	Threat	Mobilisation	Moderate	Moderate	
SUD			Class/Society	Militant	Threat	Mobilisation	Weak	Moderate		
Nice		CGT	Class/Society	Militant	Threat	Mobilisation	Strong	Weak	Services privatised	
		FO	Market	Moderate	Opportunity	Co-determination	Weak	Weak		
		CFDT	Market	Moderate	Opportunity	Co-determination	Weak	Weak		
Ajaccio		CFDT	Market/Class	Moderate	Threat	Mobilisation	Strong	Strong	No private takeover	
		STC	Class/Society	Militant	Threat	Mobilisation	Strong	Strong		
		CGT	Class/Society	Militant	Threat	Mobilisation	Strong	Strong		

Each case study union was analysed according to four dimensions: identity, framing of private sector involvement, strategy, and resources (Table 10). Decision-maker behaviour (unilateralism) is not included in this table as they tended to be constant across the six cases; their impact will be discussed in section 6.4. Union identity is evaluated according to two typologies: Hyman's (2001a) 'eternal' triangle (market, class and society) and the 'militant-moderate' dichotomy. Based on Hyman's (2001a) three ideal types (market, class and society), six unions appeared primarily 'market' orientated: the RCN in England, FO in Marseille, and FO and CFDT in Nice. Two types of hybrids, 'market-class' and 'class-society', emerged amongst the remaining ten unions. Seven unions had an identity orientated towards 'class-society': Unite in Nuneaton, UNISON in Weston-super-Mare, CGT and SUD in Marseille, CGT in Nice, and the CGT and STC in Ajaccio. The three remaining unions had a 'market-class' orientated identity: UNISON in Bristol, UNISON in Nuneaton and the CFDT in Ajaccio. In terms of the 'militant-moderate' dichotomy, a majority of unions (9 out of 16) were classed as 'moderate': the RCN in all three cases, UNISON in Bristol, UNISON in Nuneaton, FO in Marseille, FO and CFDT in Nice, and CFDT in Ajaccio. The remaining seven unions were classed as 'militant': Unite in Nuneaton, UNISON in Weston-super-Mare the CGT and SUD in Marseille, CGT in Nice, CGT and STC in Ajaccio.

With respect to how privatisation was framed, a majority of case study unions (10 out of 16) saw private sector involvement as a threat. This includes Unite in Nuneaton and UNISON in all English cases, the CGT in all French cases, SUD in Marseille and the CFDT and STC in Ajaccio. A minority of unions (3 out of 16), all located in France, viewed private sector involvement positively: FO in Marseille and FO and CFDT in Nice. One union remained neutral, the RCN, showing no sign of framing changes as either threats or opportunities. Within the case studies, differences in identity emerged as closely aligned with how each union framed private sector involvement. Unions with a 'class' and/or 'society' dimension to their identity viewed changes as a threat while those with a 'market' orientated identity viewed changes positively or remained neutral.

In terms of strategy, these varied between three types: 1) 'co-determination', which this research broadly defines as the negotiation of outcomes with decision-makers through

existing consultative channels (Tapia and Turner 2013); 2) 'strategic mobilisation' qualified by the use of tactics such as 'rank-and-file mobilisation, coalition building, media attention, social justice framing, pressure on decision-makers through strikes and demonstrations, and pressure on local and national governments' (Tapia and Turner 2013:602); and 3)'quiescence' where unions choose not to be involved in the decision-making process (Greer et al 2013; Jalette 2005). First, unions that viewed private sector involvement positively (FO and CFDT in Nice, FO in Marseille) chose to collaborate with management (co-determination) while those that remained neutral (RCN in England) chose not to be involved (quiescence). Second, those which saw private sector involvement as a threat looked to implement either 'co-determination' or 'strategic mobilisation'. A majority of unions (8 out of 16) opted for a 'strategic mobilisation' approach: Unite in Nuneaton, UNISON in Weston-super-Mare, CGT in Marseille, SUD in Marseille, CGT in Nice, CGT in Ajaccio, STC in Ajaccio and, CFDT in Ajaccio. Five unions were classed as taking a 'co-determination' approach: UNISON in Bristol, UNISON in Nuneaton, FO in Marseille, FO in Nice and, CFDT in Nice. One union, the RCN, was classed as 'quiescent' in three cases.

Finally, local union resources were assessed according to Murray et al's (2010) framework and classed as either weak, moderate or strong. Cases showed that few local unions had access to strong internal resources; a minority of unions (6 out of 16), all of which were located in France, had access to moderate or strong internal resources. The remaining ten unions, including all English unions, showed signs of having weak internal resources. In terms of external resources, access was split: nine unions had moderate or strong external resources, while seven had weak external resources. The next sections offer an in-depth analysis of the connections between these dimensions.

6.2 Linking identity to diagnostic framing: identifying the 'threats'

Union identity interacts with its environment through framing processes (Frege and Kelly 2003). Three interrelated core framing tasks occur when unions face changes in their environment: diagnostic, prognostic and motivational/action framing (Snow and Benford 2000). This section focuses on the relationship between union identity and diagnostic framing and argues that the location of a union's identity within Hyman's (2001) typology (market,

class and society) influences how unions frame private sector involvement in public healthcare service delivery.

Diagnostic framing refers to the identification of a situation as critical and unjust and provides causal attribution for the problem (Snow and Benford 2000). It is an important first step as it motivates and directs union action. Specific to this research, diagnostic framing relates to the way unions perceived private sector involvement in public healthcare service delivery. Union framing diverged; faced with the same environment, some unions saw private sector involvement as a threat while others did not. However, most unions (10 out of 16), private sector involvement was perceived as a threat (Table 11).

Table 11: Trade union identity and framing of private sector involvement

		Identity		
		'Market'	'Market-Class'	'Class-Society'
Framing of private sector involvement	Threat	None	UNISON in Bristol UNISON in Nuneaton CFDT in Ajaccio	Unite in Nuneaton UNISON in Weston-super-Mare CGT in Marseille SUD in Marseille CGT in Nice CGT in Ajaccio STC in Ajaccio
	Opportunity	FO in Marseille FO in Nice CFDT in Nice	None	None
	Neutral	RCN (3 cases)	None	None

To explain this divergence, links can be drawn between diagnostic framing and Hyman's (2001) typology of union identity (market, class and society). Generally, a union is expected to view changes in its environment as a threat if its identity is compromised. Therefore, in the context of private sector involvement in public healthcare delivery, a market-orientated trade

union would see privatisation as a threat only if it affected wage-labour relations or if it compromised its position within the organisation. A class-orientated union would frame private sector involvement more ideologically and would be more critical of the effects of privatisation on workers and services within the sector. Socially-orientated unions would draw on broader social issues in their framing, including effects of privatisation on local communities and the welfare state. From these ideal-types, local union identities may combine and develop into hybrids. While most union identities are expected to be formed of all three types in varying levels, one type may become more prevalent in certain circumstances (Hyman 2001).

Within the case studies, differences in identity emerged as closely aligned with how each union framed private sector involvement. Unions with a 'class' and/or 'society' dimension to their identity viewed changes as a threat while those with a 'market' orientated identity viewed changes positively or remained neutral. These relations are now discussed.

6.2.1 'Market' orientated identity and diagnostic framing

Unions with a primarily 'market' orientated identity (the RCN in England, FO in Marseille, and FO and CFDT in Nice) viewed changes either positively or remained neutral. In England, the RCN remained neutral in all cases; interviewees commented that the union had remained quiescent despite changes being introduced to care delivery. Generally, the RCN has been associated with 'market' orientated unionism. Over the years, it has focused primarily on its 'craft' in order to maintain a central role in shaping public policy towards nursing (Bach and Givan 2006). It has also tended to restrict member initiative and democratic control; its national leadership has remained relatively insulated from member pressures, with the General Secretary appointed rather than elected (Bach and Givan 2006). Locally, RCN stewards have been found to be more involved in member-facing activities relating to the provision of advice, guidance and information, rather than management facing activity around collective issues of terms and conditions of employment (Kessler and Heron 2001). The RCN's neutral position in private sector involvement is consistent with its 'market' orientated identity: as decision-makers had assured staff that wages and care quality would be protected (either by remaining employed by the NHS or through TUPE arrangements), changes in service

delivery were not viewed as a threat to the union's interests. This neutral framing of privatisation is also in line with the RCN's official position on privatisation: that it is "not ideologically opposed" to private sector involvement in the delivery public healthcare, and that private providers can have a legitimate role within the NHS, so long as they are "the most appropriate provider [...] to deliver the best care for patients" (RCN no date).

In France, FO in Marseille, and FO and CFDT in Nice framed private sector involvement positively, a stance somewhat at odds with their national union positions' on privatisation. Nationally, FO have argued that successive healthcare reforms have put the principles of public service and the civil servant status of hospital staff at risk. In particular, they have opposed the transfer of public sector missions to private providers and called for the relevant legislation to be repealed (FO 2011). Nationally, the CFDT's position has also not been too dissimilar to the 'radical' unions; they too have argued for the defence of the public hospital and for an increase in funding, signing joint opposition letters with other unions (La Tribune 2009). In Marseille, the majority union FO at the AP-HM viewed the construction of the 'clinique' in a similar way as decision-makers. In a rare comment to the media, they stated:

"As planned by the hospital's strategic plans, Sainte Marguerite Hospital is starting its conversion into a centre for rehabilitation. We must therefore find a way to make these activities profitable. This is an experiment, in line with policies on public private partnerships" (Manelli 2006).

Those interviewed at the CGT and SUD stated that FO had a history of working with management at the AP-HM and more importantly with the mayor's office which gave them significant power in the city. As a result, the union had over the years tended to collaborate with management and adopted a similar vision. SUD explained that this formed part of the specificities of the AP-HM in Marseille: "FO in Marseille is a special one. It is practically hegemonic. Because it is part of the Marseille system; cronyism and friends of friends" (SUD Marseille). In Nice, a similar trend was observed. Those interviewed at the CGT reported that both FO and the CFDT saw the creation of the GCS as a way for services to improve for patients and had adopted management rhetoric.

Both in Nice and Marseille, 'market' orientated unions reportedly privileged workplace 'bread and butter' issues over wider worker concerns. In addition, the unions were said to be especially concerned with preserving their position within the hospital and therefore focused on organising employees (Marseille) and cooperating with management (Nice and Marseille). In both cases, decision-makers provided assurances to unions and staff on wages and civil service status. As wages would not be affected by private sector involvement, these 'market' orientated unions did not frame changes to service delivery as a threat. Moreover, rather than remaining neutral on the matter, they framed private sector involvement positively, in a similar way as management, and argued that changes would lead to improved care, preferring to focus on 'bread and butter' issues.

6.2.2 'Market-class' orientated identity and diagnostic framing

Unions with 'market-class' identity (UNISON in Bristol, UNISON in Nuneaton and the CFDT in Ajaccio) framed private sector involvement as a threat. By taking a broader perspective of private sector involvement and looking at the effects of such arrangements from a more ideological perspective, unions saw the changes as 'unjust'.

In England, UNISON's identity has generally been described as combining both economic and political dimensions. By looking to develop its socio-political campaigning role, the union has looked to define itself as the 'sword of justice' and champion for public services (Foster and Scott 1997). In practice, local branches have reportedly focused mostly on 'vested interested', defending economic concerns such as jobs, wages and conditions (Foster and Scott 1997; Looker 2015). Heterogeneity of membership has contributed to tensions between these two dimensions (Kelly 2004; Barnard 2009; Bach and Given 2004). When framing private sector involvement, UNISON combines economic and political arguments. In a national document entitled 'Resisting privatisation in the NHS', this dual identity is evident: "UNISON believes the NHS should be publicly provided and should remain out of the hands of profit-making organisations. [...] pay, terms and conditions are generally better in the NHS, so the union fights hard to defend our health members from privatisation." (UNISON 2015). The passage takes both an economic and political view of privatisation.

UNISON in Bristol and Nuneaton both framed private sector involvement as a threat. In Nuneaton, the primary argument used by UNISON local leaders was economic: 'privatisation was not the option' to the challenges faced by GEH, referring to the potential negative impact that the transfer of services could have on members and staff (UNISON 2013). However, the branch also commented in an article for the TUC on the political implications of privatisation:

"The government's solution however is to encourage the circling private vultures hovering over George Eliot Trust and other trusts to take them over. We know privatisation is not the answer and we are going to be saying to the Tory Conference, "Oh no you don't, hands off our George Eliot!" (UNISON 2013)

The text also qualifies those who wish to privatise the NHS (the GEH decision-makers in this case) as 'enemies'. In effect, these contrasting frames reflect the union's hybrid identity, attempting to reconcile both 'market' and 'class' dimensions.

Similarly, UNISON in Bristol had both political and economic concerns regarding the commissioning process. Grassroots activists in Bristol reported that union representatives were especially concerned with possible redundancies should the contract be awarded to another provider:

"They were terrified [...] We were being approached by union representatives and nurses who were saying 'we must stay with [AWP] because otherwise it will be much worse'. [...] They were so desperate to hold on to their jobs and their contract." (Bristol/Weston-super-Mare Local Campaigner)

The Bristol UNISON branch also appeared to take a critical and political view of commissioning. In a document distributed to staff, it qualified the HSCA as "the culmination of a long-running attack on the principle of the NHS as a public provider of universal healthcare, free at the point of delivery, and helps clear the path to privatisation", taking a similar view as the national union who expected the act to 'open up the NHS to private profit' (Govopps 2011). They also described the recommissioning of mental health services as a 'race to the bottom' which AWP

had 'won' (UNISON AWP 2014). Combined, these positions are aligned with a more 'market-class' orientated identity.

The CFDT in Ajaccio also framed private sector involvement as a threat. Nationally, the union has generally argued for the defence of the public hospital and for an increase in funding (La Tribune 2009). It has also, like other general unions in France, claimed to represent the whole of the working class (Coutrot 1998). While the CFDT in Nice appeared to be especially market orientated, this was not the case in Ajaccio. Union leaders showed some signs of a more 'class' orientated identity by arguing that the GCS appeared to go "against the interests of public healthcare provision and of service users in Corsica" (France Net Info 2015). Despite this more political and critical perspective, the CFDT primarily based its arguments on economic concerns, such as project costings, staff numbers, and pre-existing collective agreements with the ARS being broken (Bruna 2015). The union also did not frame private sector involvement as a threat in itself: 'we have never been against public-private partnerships" (Bruna 2015). Rather, it saw this particular project as problematic. However, the union noted that such arrangements should never disadvantage the public sector, therefore taking a wider and more critical stance towards private sector involvement.

Overall, 'class' as a dimension of union identity resulted in private sector involvement being framed as a threat. These unions had a broader and more political evaluation of privatisation, where economic concerns were combined with wider worker issues, particularly within the healthcare sector. In particular, these unions considered that profit-making within the NHS would come at the expense of public sector terms and conditions.

6.2.3 'Class-society' orientated identity and diagnostic framing

As for unions with a 'society' dimension to their identity, framing was even broader, taking into account the impact of privatisation on the local community and on universal healthcare in general. Seven unions had a 'class-society' orientated identity: Unite in Nuneaton, UNISON in Weston-super-Mare, CGT and SUD in Marseille, CGT in Nice, and the CGT and STC in Ajaccio.

Unite in Nuneaton appeared to have a primarily 'class' orientated identity although signs of 'society' (and to some extent 'market') also emerged. Nationally, Unite has looked to represent the interests of 'working people' in various sectors by fighting high-profile campaigns around issues of social justice and mobilising its independent activist networks (Simms and Holgate 2010). Specific to healthcare, Unite produced a guide to branch representatives and members which lists various arguments against privatisation in the NHS:

"Unite opposes the privatisation of our NHS because:

1. It costs more
2. Service quality decreases and patients suffer
3. It creates health inequalities
4. It fragments services
5. It leads to a race to the bottom in staff terms and conditions" (Unite 2013)

In Nuneaton, 'class' and 'society' identities appeared to be the most influential on Unite's diagnostic framing of private sector involvement. It viewed the possibility of a privately-run franchise as a form 'privatisation' and a threat to service delivery, rejecting hospital management assurances that services and staff would remain in the NHS. Those interviewed at Unite specifically noted they had applied their national union's framing of privatisation: "I think from Unite's point of view, nationally, we are committed to an NHS free at point of delivery and not privatised. So nationally we knew it was a non-starter for us." (Unite Nuneaton 2) When interviewed, Unite officials focused on worker related issues:

"The biggest assets in a hospital are staff members. Private involvement will mean attacks on staff numbers, wages, term and conditions for everyone from doctors to nurses to porters to cleaners." (Unite 2014)

Their communications to the public took a broader view and raised similar issues as those found in the national union's guide on privatisation:

"If Circle or Care UK wins the bidding war a profit driven company will be making money from our ill health. It is a million miles away from the founding principles of the

NHS - despite the board's denials, this is privatisation. Big business has no business in our NHS or the George Eliot. [...] Taxpayers' money should be re-invested in improving NHS services – not lining the pockets of hedge fund managers, company bosses and shareholders. It is not in the interests of patients, staff or the local community for Circle, Care UK or any other private healthcare company to run our local hospital. There is not a scrap of evidence that private means more efficient or cost effective. In fact, the opposite is true; costs increase and services are fragmented.” (Unite 2015)

Generally, Unite's framing of private sector involvement in Nuneaton combined economic concerns around NHS workers' terms and conditions (locally but also within the sector) and socio-political concerns around quality of care and the ethics of private sector profits within universal healthcare.

In Weston-super-Mare, UNISON leaders appeared to also have a 'class-society' orientated identity, leading them to have a different view of privatisation to UNISON in Nuneaton and Bristol. Local leadership explained that their perception of the franchise option had been influenced by both UNISON's ('market-class') framing of privatisation and by their branch's more 'left wing' and radical identity, influenced by their association with the Green Party and other community campaign groups:

“The reason why I was interested in having a WGH campaign is because as a union rep with the council, and even before that really, I think the problem with privatisation...which is completely different from UNISON's opposition; UNISON opposes privatisation because they think public services should be delivered by the public sector, and that it generally tends to have a bad impact on UNISON members when transferred to a private sector organisation. I agree with all that but I personally also have moral issues with it because I think there is something unethical about giving public money to private companies who make profits and don't invest those profits back into the service, but instead pay off shareholders, of which most of the people who those services are provided to are not those shareholders” (UNISON Weston-super-Mare)

This resulted in local union leaders framing private sector involvement ideologically in both economic and political terms. Economically, local leaders explained that they expected the franchise option to lead to worse care and poorer working conditions:

“Not only are there not enough beds per person, but the problem is they can’t run the hospital on the money they are getting. How is a private company going to be able to do it and turn over enough profit? They will cut services and cut staff.” (Parker 2013)

Online communications took a more political and ideological approach. Posts on the branch’s campaign group ‘Save Weston General Hospital from Privatisation’ on Facebook referred several times to the issue of ‘profits’ within the NHS as the core problem of the franchise option for WGH. A greater focus was put on the consequences of privatisation on the NHS as an institution and on the need to preserve equal access to healthcare in England. Local union identity in Weston-super-Mare, which differed from that of the national union and those in Nuneaton and Bristol, led them to have a broader ‘society’ orientated and ideological perspective of private sector involvement.

Case study trade unions in France that showed signs of a ‘class-society’ orientated identity (the CGT, SUD and STC) have traditionally been classed as radical unions as they take a more politicised and ‘protest’ orientated approach than their ‘reformist’ counterparts. However, those interviewed were keen to highlight how their respective identities differed. A SUD representative in Marseille explained the difference between SUD and the CGT:

“The CGT, since the war...before then it was different...is still influenced by its communist party traditions, with its hierarchy and obeying the leader. At SUD, we are in a libertarian ideology. To an extent, I believed that one day we would no longer have a need for unions as workers would organise themselves. This is not something that is conceivable for those at the CGT. They never managed to get rid of their Stalinist past. They are all very nice, and I have a number of great friends at the CGT, but they don’t know how to get past this issue.” (SUD Marseille)

The STC especially distinguished itself from the other two unions, with its nationalist and autonomist roots:

“[Our mission is] to defend workers in the specific context of Corsica. When we were created, we were created because ‘French’ trade unions at the time were not interested in organising workers here, they had completely abandoned the private sector because there were no big organisations here that were interesting to them. So we started from there, based on a Corsican nationalist ideology. We were ‘created’ by the FLNC (National Liberation Front of Corsica) so we are in the same nationalist frame of mind. But we are not linked to the party, we are independent from them, that has been clear from the start” (STC Ajaccio).

The STC was also keen to distance itself from any ‘racist’ portrayal of ‘nationalism’: “Corsican workers are defined as those who work here. We don’t have any cultural or religious prejudices [...] We have all kinds of nationalities in our membership.” (STC Ajaccio) Because of their political views and ties to the FLNC, the other ‘French’ unions expressed distrust in the STC, with those interviewed at SUD in Marseille simply describing them as a ‘mafia’.

Despite differences raised by interviewees, all three unions framed privatisation in a similar way by taking a broader ‘social justice’ perspective. This is line with national positions taken by SUD and the CGT who have campaigned on protecting social insurance, ending austerity and the T2A, strengthening the public hospital system, and fighting privatisation and marketisation of public healthcare (CGT 2014; Le Télégramme 2015). In Marseille, the CGT explained that public hospitals were an integral part of the welfare safety net for the most vulnerable: “It remains that public services protect the poorest. It must remain accessible to as many people as possible.” (CGT Marseille 2) They also considered the provision of public healthcare by the private sector as unethical. The CGT stated that: “In terms of our ethics, we find that it not good to mix money with health. This is why we are for the public service” (CGT Marseille 3). Similarly, SUD stated in a leaflet to staff: “[The] objectives should not be to increase profits but rather to serve those suffering, regardless of their socio-economic background” (SUD Marseille 2005).

In Nice, those interviewed at the CGT explained that their aim was ‘social transformation’:

“We are a social change trade union. We are not a union which supports workers through negative measures. We are really in the optic of changing the world, that is, to change employment relations and to change relations within everyday life.” (CGT Nice 2)

The union framed the transfer of paediatric services to Lenva as a threat to social security, qualifying it as ‘a first step toward the dismantlement of public services’ (Nice Matin 2009). Although the transfer of services to Lenva was seen as a risk to patient care and working conditions, with a reduction of capacity (number of beds) in the service (Nice Matin 2009), union leaders were especially opposed to privatisation for ideological reasons. Those interviewed considered that public missions should only be handled by public hospitals and that private providers had ‘no place in public healthcare provision’, especially the for-profit ‘cliniques’: “Social security was never created to make profits; it was created in order to be redistributed. So, it is basically theft” (CGT Nice 1). They were particularly frustrated that public funds were being used in order to support the expansion of private provision.

In Ajaccio, the CGT and STC viewed the GCS as a threat, stating that the partnership went “against the interests of public healthcare provision and of service users in Corsica” (France Net Info 2015). Their joint campaign poster stated: “For public healthcare services. No to the ‘clinique’ in the Hospital”. Unions also opposed the GCS for more economic and pragmatic reasons: based on their past experiences in dealing the management of the ‘clinique’, they had little faith in the fair running of the partnership. There was also concern over the retention of professional staff at the public hospital.

It is important to note that all three French unions did not object to the presence of private healthcare and looked to represent all workers within the sector. Those at the STC stated: “We have nothing against the private sector, we have members in the ‘clinique’” (STC Ajaccio). Sud-Santé took a similar view, using the slogan “public and private; same battle” in their publications.

Both in England and France, unions with a 'class-society' orientated identity appeared to see themselves as 'swords of justice', framing private sector in a broader, socio-political perspective than 'market' orientated unions. Privatisation is not only considered a threat to workers, locally and nationally, but also a threat to equality and the welfare state. It must be noted that these unions also used economic arguments to frame private sector involvement; as Hyman (2001) notes, unions cannot not ignore the 'market'. In this case, unions are also compelled to address the negative impact of privatisation on jobs and working conditions, despite having a broader perspective.

Overall, union diagnostic framing of private sector involvement appears to be linked to union identity. By mediating between 'market', 'class' and 'society', unions look to build a sense of identity in terms of the interests they represent and what they aim to fight for. Within the case studies, differences in identity led unions located in the same context to view their environment in very different ways, with some framing decision-maker plans as a threat and others viewing changes to service delivery as an opportunity. Unions with a mostly 'market' orientated identity tended to view private sector involvement as an opportunity for increased efficiency, relying on assurances from decision-makers that jobs and terms and conditions would not be affected. In contrast, those with a 'class' dimension to their identity saw changes as a threat to workers within the sector and beyond, referring to a 'race to the bottom'. Those with a 'society' dimension to their identity took an even broader political view, seeing private sector involvement as a threat to social justice. While unions could be categorised according to 'market', 'class' and 'society' dimensions, it is important to note that unions within the same category still differed; this was a point especially raised in France with respect to the 'class-society' orientated unions. Consequently, unions can oppose workplace change, in this case privatisation, for very different reasons depending on their identity and diagnostic framing. Finally, case studies showed no clear national specificity linked to Hyman's typology of identity⁸. Instead, union identity varied between market, class and society in both countries, with some unions adopting hybrid identities formed of two ideal types.

⁸ Hyman (2001) qualifies British trade unions as typically 'market-class' orientated. The author does not address French union identity in this particular text but the framework assumes that French trade unions would also be situated on a specific side of the 'eternal triangle', possibly 'class-society' along with Italian unions (as per Hyman and Gumbrell-McCormick (2010) 'Mediterranean' model).

6.3 Linking identity to strategy: identifying the 'opportunities' through prognostic framing

Models based on the militant-moderate dichotomy have often been used to characterise union identity and their repertoires of action (Kelly 1996;1998; Bacon 1996; Connolly and Darlington 2012). Militancy here is considered as a facet of union identity and addresses the second dimension of Frege and Kelly's (2004:39) definition of union identity which refers to the "inherited traditions which shape current choices, which in normal circumstances in turn reinforces and confirm identities". It also complements Hyman's (2001) 'geometry' by addressing how unions see their interests most likely to be achieved. Indeed, union levels of militancy and Hyman's typology are not considered to be mutually exclusive; instead, they are viewed as different facets of union identity. While there may be a tendency to think of 'market' orientated unions as 'non-militant', this is not strictly the case as strikes can be used to exert and maintain bargaining positions (Frost 2001; Bacon and Blyton 2004; Kumar and Murray 2006).

Linking identity and strategy is prognostic framing: the identification of solutions to a problem and the strategies necessary to achieve them (Gahan and Pekarek 2013). Collective identities provide criteria for choosing strategies and groups can also develop a 'taste' for certain tactics, and collective identities can develop around these tactical tastes (Polleta and Jasper 2001; Jasper 1997). Organisations can therefore embody forms of action (Frege and Kelly 2004; Hyman 2001). However, the identification of specific problems and causes, diagnostic framing, can constrain the range of possible solutions and strategies (Snow and Benford 2000). This section focuses on the relationship between union identity, prognostic framing and strategic choice. It argues that union militancy, as a dimension of collective identity, influences the way opportunities are framed and strategies are selected.

Case study analysis allowed the identification of unions as either 'militant' or 'moderate'. Their strategies were classed according to Tapia and Turner's (2013:602) framework: 1) 'co-determination', where unions looked to influence outcomes through existing channels of collective representation (despite decision-makers working to implement privatisation plans

unilaterally) or 2) ‘strategic mobilisation’ via the use of tactics such as ‘rank-and-file mobilisation, coalition building, media attention, social justice framing, and placing pressure on decision-makers through strikes and demonstrations’. Unions that were not involved in any form of action were classed as ‘quiescent’ as per Greer et al (2013) and Jalette (2005). Unions generally kept to their strategy throughout each case.

Table 12: Trade union identity and strategy

		Identity	
		Moderate	Militant
Strategy	Co-determination	UNISON in Bristol UNISON in Nuneaton FO in Marseille FO in Nice CFDT in Nice	None
	Strategic Mobilisation	CFDT in Ajaccio	Unite in Nuneaton UNISON in Weston-super-Mare CGT in Marseille SUD in Marseille CGT in Nice CGT in Ajaccio STC in Ajaccio
	Quiescence	RCN (3 cases)	None

In both countries, strategic choice appeared connected to union ‘militant’ or ‘moderate’ identities. All unions classed as ‘militant’ opted for a ‘strategic mobilisation’ strategy. Unions with a more ‘moderate’ identity were split between the three types of strategies. A majority (5 out of 9) of moderate unions opted for a ‘co-determination’ approach: UNISON in Bristol, UNISON in Nuneaton, FO in Marseille, FO and CFDT in Nice. The RCN in all three English cases was classed as quiescent. Only the moderate CFDT in Ajaccio opted for a ‘mobilisation’ strategy. With the exception of the RCN and the CFDT in Ajaccio, unions with a more ‘militant’ identity opted for ‘strategic mobilisation’ while those with a more ‘moderate’ orientated

identity looked to work within existing channels of collective representation and took a more 'co-determination' approach.

6.3.1 'Moderate' union identity and prognostic framing

According to Kelly (1996;1998), trade unions with a moderate identity display moderate demands and make more concessions, rely on managers' goodwill or the law, experiment with non-bargaining institutions, infrequently threaten or use industrial action and believe in partnership. Based on these components, nine unions were identified as having a 'moderate' union identity: the RCN in all three English cases, UNISON in Bristol, UNISON in Nuneaton, FO in Marseille, FO in Nice, CFDT in Nice and, CFDT in Ajaccio.

This research found that nine out of the sixteen local case study unions tended to avoid using industrial action, adopting what Kelly (1996;1998) calls a 'unitarist' frame of reference instead. In France, the CFDT at the national level has generally favoured social dialogue over protest action (Sainsaulieu 1999) and has mostly supported government healthcare reforms. The union has often been criticised for its willingness to "sign anything and everything" which the CFDT itself doesn't fully deny (CFDT 2016). In Marseille and Nice, FO was noted as less militant than their national federation, adopting a similar stance as the CFDT instead. As noted in the previous section, FO in Marseille has historically collaborated with management and the mayor's office. As a result, it has usually adopted a unitarist vision of local industrial relations. In Nice, a similar trend was observed; those interviewed at the CGT reported that both FO and the CFDT preferred to collaborate with management in order to improve care for patients, adopting management rhetoric.

In England, the RCN at the national level, although a certified union, has generally been reluctant to take industrial action; this is despite lifting its formal ban on industrial action in 1995. (Bach and Givan 2004) In 2014, its General Secretary urged its members not to strike:

"I know you're angry. But however insulting this government's pay settlement is, and however hard that makes things for you, you do need to think carefully about any talk of strike action. But if you're a nurse, it means abandoning your patients: leaving those

babies in the neonatal unit, cancelling that visit to an elderly patient in the community, walking out of the emergency department or psychiatric ward.” (Campbell 2014)

Nonetheless, the RCN has been under pressure to change its position on industrial action because of continued cuts in nurses pay and member discontent. For example, in 2017, an internal poll revealed that 78% of members were prepared to strike over pay (RCN 2017). This has resulted in the RCN leadership acknowledging that a more militant approach may be necessary should government continue with pay restraints.

UNISON was the least ‘moderate’ of the nine unions. In comparison, it held a greater commitment to collective bargaining and used industrial action more frequently. Nonetheless, both branches in Nuneaton and Bristol believed in ‘partnership’ and relied heavily on consultation mechanisms in place within each Trust. Repertoires of action were also noted as lacking militancy by those interviewed at Unite: “I don't want to sound rude, but they are kind of all a bit pink and fluffy. “Let's have a cake!” You know what I mean? They are far too gentle.” (Unite Nuneaton 1) At the national level, those interviewed held the belief that the union should have a collaborative rather than adversarial relation with management. When asked if regional offices should give more assistance to branches when services were at risk of being privatised, those interviewed felt that this should not be necessary: “The ideal situation, you would have relationship between manager and the staff would be reasonable enough, and the branch [...] would be sufficiently well equipped to do it themselves”. (UNISON National 3) Although cooperation with management was portrayed as what ought to be the norm, those interviewed conceded that regional staff could step in should relations deteriorate.

As noted by Snow and Benford (2000) identity and diagnostic framing can constrain the range of possible solutions and strategies. As such, union diagnostic framing (threat, opportunity, neutral) also influenced prognostic framing and strategic choice. This helps to explain variation in the strategies adopted by ‘moderate’ unions. As previously noted, decision-makers in all cases refused to collaborate with trade unions. Despite this, a majority of moderate unions (5 out of 9) looked to adopt a ‘co-determination’ strategy. This included both unions that viewed private sector involvement as an opportunity (FO in Marseille, FO and CFDT in Nice) and as a threat (UNISON in Bristol, UNISON in Nuneaton). Nonetheless, the purpose of using such a

strategy differed. Unions that viewed private sector involvement as an opportunity looked to use 'co-determination' to support management in implementing changes to service delivery. Those that viewed it as a threat attempted to use 'co-determination' strategy to oppose privatisation and influence decision-making via existing channels of collective representation.

Where unions used 'co-determination' to support private sector involvement (FO in Marseille, FO in Nice and CFDT in Nice), patterns of 'micro-corporatist'⁹ arrangements between unions and management were observed; although they did not participate in the decision-making process, union leaders supported the plans, looking to convince staff that privatisation was necessary and would ultimately have a positive impact on the delivery of hospital care. As a result, they adopted what Kelly (1998) calls a 'unitarist' framework which promoted the common interests of workers and management to ensure that staff (and their own) conditions were protected. This was especially the case for FO in Marseille which had long history of working with management at the AP-HM and the mayor's office. The union had looked to publically differentiate itself from management, affirming its status as a union. When the privatisation of services gained media attention, they stated that, as staff could be affected by these changes, they would 'remain extremely vigilant' (Manelli 2006). However, throughout the process, FO supported each decision taken by management and facilitated the implementation of privatisation at Sainte-Marguerite. In Nice, a similar trend was observed. Both FO and the CFDT facilitated the transfer of services to Lenval by accepting to sign agreements and working with management during the implementation phase.

Where unions used 'co-determination' to oppose privatisation (UNISON in Bristol, UNISON in Nuneaton), a different type of partnership was noted. In engaging with management, unions aimed to negotiate through joint regulation in order to address their interests. Accustomed to working within the Trusts' joint negotiation committees, UNISON in Nuneaton and Bristol saw an opportunity to influence the decision-making process. In Bristol, local UNISON leaders chose to collaborate with hospital management in order to protect the jobs of its members. This involved working with management on its proposal to the CCG which included a

⁹ Levesque and Murray (2005) define this as a form of joint regulation where union interests are subsumed in those of the employer.

restructure of services. In Nuneaton, UNISON aimed to take part in the commissioning process. However, as noted in Chapter 5, decision-makers avoided using the consultation mechanisms in place and plans were introduced unilaterally. This resulted in UNISON in Nuneaton and Bristol having difficulty implementing joint regulation. The effect of decision-maker behaviours on the 'co-determination' strategy will be discussed in more detail in sections 6.4 and 6.5.

One 'moderate' union, CFDT in Ajaccio, opted for a 'strategic mobilisation' strategy. Despite locally being typically qualified as a 'reformist' union and preferring social dialogue, the union was the first to publically oppose and protest against the construction of the 'clinique' on the grounds of the new public hospital. It joined the STC and CGT in campaigning against the GCS and organised joint press conferences, distributed leaflets, held meetings with decision-makers and held protest events. The CFDT in Ajaccio is an interesting exception to the trend which has so far linked moderate union identity to the 'co-determination' strategy. To some extent, it supports the idea that unions agency is neither fully determined by collective identity and can avoid path dependant behaviours.

Finally, three unions (the RCN in Bristol, in Nuneaton and in Weston-super-Mare), saw private sector involvement neither as an opportunity nor a threat. In all English cases, the RCN showed no sign of engaging with the context. As local representatives did not view private sector involvement as a threat, it would seem that the union saw no opportunity in opposing change. However, local representatives did not cooperate with management, contrary to the French moderate unions noted above. In line with national identity, it would seem that the RCN, seeing no threat or opportunity for action within the local context, chose to remain quiescent in each case.

In general, case studies showed that prognostic framing, combined with diagnostic framing, influenced strategic choice by 'moderate' unions. Variations in diagnostic framing help to explain why unions opted for different strategies.

6.3.2 *'Militant' union identity and prognostic framing*

According to Kelly (1996;1998), trade unions with a militant identity make ambitious demands with few concessions, rely on mobilizing union membership, collective bargaining or unilateral regulation, may threaten or use industrial action and believe in a basic conflict of interest between workers and employers. Based on these components, seven unions were identified as having a 'militant' union identity: Unite in Nuneaton, UNISON in Weston-super-Mare, CGT in Marseille, SUD in Marseille, CGT in Nice, CGT in Ajaccio, STC in Ajaccio.

The seven unions generally believed in what Kelly (1996;1998) calls a 'conflicting interests' ideology. Interviews with activists from these case studies also showed that militancy formed an important part of union collective identity which went beyond the strategy and tactics they used. Indeed, all unions self-identified as 'militant' and representatives were keen to raise this during the interviews as this was something which they took particular pride in. Those interviewed at Unite explained that their union had built its reputation on being 'militant' as this had proven to be the most effective way of achieving their objectives: "Everything that we win...if you look at all the big things that we've won, it's down to being militant." (Unite Nuneaton 1) They added that, by being militant, they had successfully become 'the official opposition':

"The attacks in the previous coalition government have predominantly been and are continuing to be in the public sector. But the one big bogey man who gets mentioned from a union perspective in the House of Commons every week without fail is not Dave Prentis, who is the general secretary of UNISON, the big public sector union. It's Len McCluskey. [...] We are the official thorn in the side." (Unite Nuneaton 2)

UNISON leaders in Weston-super-Mare took a similar view and were keen to specify that they were a militant branch. Union leaders explained that their militancy had been especially inspired by their experience as local government representatives and as civil society campaigners. Those interviewed also felt that, as council workers, they had tended to be more militant than NHS staff at WGH.

The French unions CGT, SUD and STC were also keen to discuss their militant identity and used this to differentiate their union from others. Those interviewed at the CGT in Marseille especially believed that mobilising could restore the ‘rapport de force’ (power relations) and encourage class consciousness: “We are all linked and there is more that unites us than divides us.” (CGT Marseille 2). Those interviewed in Marseille noted that they particularly enjoyed taking disruptive action. They also felt that that acting unlawfully, depending on the circumstances, could be justified, giving the example of the “Fralib” factory occupations¹⁰. In Nice, the CGT explained that being militant was in line with their social change objectives:

“We are keen to continue forward with our militant style of trade unionism. We cannot be an institutional trade union where we only do representation.” (CGT Nice 1)

Those interviewed at the CGT in Nice felt that their more militant approach was what distinguished them from the other unions at the CHU, such as FO, who they saw as a servicing union.

In Ajaccio, the STC stated that they considered themselves the most militant union on the island, using occupations and hunger strikes in health services disputes. Those interviewed gave the example of a previous occupation as evidence of their militancy:

“We camped [at the ARS] for a month and a half, 2 or 3 years ago, in their offices. [...] It’s pretty efficient. When you’re staying there long enough, that they can no longer do their work, that they have to send their staff home. When you have to work from a bar, just like that, at some point it becomes too difficult.” (STC Ajaccio).

In general, militancy formed part of these unions’ sense of self. By taking militant action, unions were therefore able to affirm their identity. As a result, militancy also appeared to be linked to strategic choice. In addition to framing private sector involvement as a threat, all

¹⁰ In 2010, Unilever announced the closure of the Fralib factory in Gémenos (25 km from Marseille) to relocate production to Poland. The CGT occupied the factory for 1336 days in order to prevent its closure. An agreement was signed in 2014 between Unilever and the CGT which awarded workers twenty million euros to restart the factory as a cooperative.

militant unions opted for what Tapia and Turner (2013) call 'strategic mobilisation' using tactics such as rank-and-file mobilisation, coalition building, media attention, social justice framing, pressure on decision-makers through strikes and demonstrations, and pressure on local and national governments. Seeing an opportunity in politicising privatisation, these more 'militant' unions chose to organise local anti-privatisation campaigns which attempted to mobilise member and local residents into taking part in protest action.

In Nuneaton, Unite chose to build a community anti-privatisation campaign as this strategy had been successful in the past. As one of the Unite campaign leaders stated: "A good campaign is about knowing at the start what you want to achieve and getting the people at the grassroots level bought into it. Because you have no leverage if they don't support you." (Unite Nuneaton 2) In Weston-super-Mare, UNISON took inspiration from the success of other NHS grassroots groups and decided to build its own anti-privatisation campaign, aiming to mobilise staff and the community against the franchise option. The union believed that their position could only be taken seriously if they received the support of the local population:

"Decision-makers are much more likely to listen to local people than they are to listen to trade unions. What I found over my 7-8 of being a trade union rep, the employer is bound to consult you about certain things that will affect the workforce. But they never take any of it on board. The only time that they are ever likely to listen to something is if members of the public, i.e. their voters, kick off a stink. Which is terrible isn't it but that's the state...certainly in the south west because it's probably different in other areas, but the south west is a massive Tory area. [...] Not a strong history of trade unionism." (UNISON Weston-super-Mare)

In Marseille, SUD and the CGT saw an opportunity in uniting local unions and residents against the construction of the new 'clinique' and closure of the Sainte-Marguerite hospital. Local union leaders believed that they would gain leverage through local solidarities with other union branches and various like-minded (left-wing) campaign groups and politicians. Similarly, the CGT in Nice built their strategy around mobilising staff and the public against transfer of services to Lenval. All unions in Ajaccio took the same approach and developed a joint public campaign against the creation of the GCS.

Overall, case evidence has shown that most unions opted for strategies which conformed with their collective identity, particularly that of militancy. Theories of collective identity allow for a better understanding of intra-case variation in terms of both diagnostic and prognostic framing. Although some authors have doubted the pertinence of militancy in researching union responses (Frost 2001; Bacon and Blyton 2004), interviewees themselves used this dimension of their collective identity to describe their 'in-group' and other unions as 'out-groups'. Interestingly, levels of militancy varied irrespective of the national setting; both moderate and militant union identities were observed in France and in England. Case study unions in both countries saw different opportunities in their environment for action and selected the strategies which they thought as most appropriate.

As previously noted, organisations can embody forms of action, resulting in strategy and collective identities being closely related and potentially leading to path dependencies (Frege and Kelly 2003; Hyman 2007). For example, Tapia and Turner's (2013) framework includes 'social justice framing' as one element of 'strategic mobilisation'. Indeed, almost all the unions that adopted this strategy not only saw themselves as 'militant' but were also identified as 'class-society' orientated, with the exception of the CFDT in Ajaccio. A link can also be drawn between 'moderate' union identity, which includes a belief in 'partnership', and the preference for social dialogue. These overlaps highlight the close relationship which exists between identity and strategy, with activists choosing options that conform to 'who we are' (Poletta and Jasper 2001).

While unions can favour a particular course of action, strategy implementation can depend on decision-maker behaviours. The next section looks at strategy implementation in the context of decision-maker unilateralism.

6.4 Strategy implementation in the context of decision-maker unilateralism

Strategy implementation takes place in what mobilisation theory calls 'strategic action fields': "socially constructed arenas within which actors with varying resource endowments vie for advantage" (Fligstein and McAdam 2011:3). As Kelly (1998:61) notes, "[...] unions are not free

agents when it comes to goals, method or resources. Other parties, particularly employers and the state, can constrain or suppress particular types of demand [...] and particular resources [...].” Consequently, while identity and framing will favour particular strategies, resource access and counter-mobilisation by other social actors will shape implementation. As a result, framing does not occur in isolation; it takes place within a dynamic environment where unions seek to influence the behaviours of others, compete for allegiances and mobilise members (Gahan and Pekarek 2013). Therefore, within different strategic action fields, unions may have to contend with counter-mobilisation from other social agents. As Kelly (1998:26) explains: “Ruling groups may be said to engage in counter-mobilisation in order to change subordinate definitions of interests, to thwart the creation of effective organisation and to repress attempts at mobilisation and collective action”. Tapia and Turner (2013) argue that unions will opt for ‘co-determination’ when channels are open to promote their interests or ‘strategic mobilisation’ where these are weak or closed.

As discussed in Chapter 5, unions in both countries reported that channels of representation were weak and that decision-makers generally took a unilateralist approach. Most unions stated that information was rarely made available to them and that strategic meetings were held in private. Although existing consultation mechanisms should have resulted in more collaborative environment, they were generally ineffective as unions were most often bypassed or marginalised by local decision-makers, with strategic meetings held in private. Generally, decision-makers did not openly counter-mobilise against unions; limiting union access was sufficient in maintaining their prerogative over the decision process. This created an unfavourable environment for unions, with few genuine opportunities for influence and negotiation.

According to Tapia and Turner (2013), this context could have encouraged unions into implementing a ‘strategic mobilisation’ strategy. Indeed, eight unions responded in a way consistent with Tapia and Turner’s (2013) framework and opted for a ‘strategic mobilisation’ approach. However, five of the unions, faced with the same resistance from decision-makers, continued with their implementation of a ‘co-determination’ strategy, pushing for negotiations to take place within existing (but weak) channels of representation; external circumstances did not lead them to change their strategy.

As previously noted, unions adopting a 'strategic mobilisation' strategy responded to decision-maker unilateralism by organising public anti-privatisation campaigns. These unions used similar tactics to implement their strategy: coalition building, protest events, public meetings, the distribution of leaflets and petitions, and media attention. In Nuneaton, Unite held stalls at the local market twice a week where they distributed leaflets and started a petition. They also organised disruptive 'lobbying' events where activists protested at key decision-maker meetings. At a key point during the commissioning process, Unite organised for a group of 50 campaign activists to disrupt a hospital management meeting in order to present their petition, with the local journalists filming their protest. The union also arranged for campaigners to travel to London in order to protest outside the final TDA meeting:

"We had two coaches [and] we had this massive demo outside and we had all these people. And it was really good. We had loads of younger people that came with music [...] I mean it was completely peaceful demonstration, a lot of singing and dancing...it was really good!" (Unite Nuneaton 2)

In Weston-super-Mare, UNISON formed alliances with local campaign groups and politicians and mobilising staff and the local population and organised various public meetings. Their first important event was a 'family friendly' day in June 2013, with games and face painting for children, and a number of speakers presenting their position on the future of the hospital (ITV 2013). The union also distributed leaflets, started a petition and arranged a number of protest events. Most notably, campaigners arranged a protest in September 2013 when Jeremy Hunt, the health secretary, visited Weston-super-Mare for a conservative party dinner. Getting media attention formed part of their strategy and their campaigning actions featured regularly in the local newspaper and on TV.

In Marseille, SUD and CGT looked to build and mobilise a local network of union branches and various like-minded (left-wing) campaign groups and politicians. They organised various meetings and distributed leaflets among staff and started a petition. They also used local media to publicise their campaign and get their concerns known. In Nice, the CGT held meetings and distributed leaflets, organised protest events in order to put further pressure

on decision-makers and used a staff petition ahead of a strategic meeting. The CGT also asked its members to boycott management workshops on service practice harmonisation. In Ajaccio, a joint campaign was then set up between the CFDT, CGT and STC unions in order to stop the construction of the private clinic within the new public hospital ground. To do so, they organised joint press conferences, distributed leaflets, held meetings with decision-makers and held protest events. They also designed a joint campaign poster, which interviewees at the STC were especially proud of, still displayed it their offices in 2016.

Interestingly, industrial action (or the threat of) did not feature in any of these cases; this point will be revisited in relation to resource access. It was also noted that unions opting for 'strategic mobilisation' tried using existing channels representation as part of their overall approach. For example, Unite workplace representatives in Nuneaton were involved in commissioning discussions with decision-makers. In Nice, the CGT wrote letters to the Ministry, arranged for a public audit and regularly attended hospital management meetings to put pressure on decision-makers by raising the numerous consequences that the merger would have on patient safety. Although unions may have preferred 'strategic mobilisation' as their main strategy, it appears they also pragmatically combined different types of tactics to better influence decision-making.

As for unions adopting a 'co-determination' strategy, there was variation in implementation. As previously discussed, where unions used 'co-determination' to support private sector involvement (FO in Marseille, FO in Nice and CFDT in Nice), patterns of micro-corporatist arrangements between unions and management were observed. These unions did not negatively frame decision-maker unilateralism as problematic. Instead, they used existing consultation mechanisms to support decision-maker plans. This was especially the case for FO in Marseille who stated that they had a good working relationship with senior management and claimed being consulted regularly. In terms of the GCS at Sainte-Marguerite Hospital, FO supported every decision taken by management and facilitated the implementation of privatisation at Sainte-Marguerite. In Nice, a similar trend was observed. Both FO and the CFDT facilitated the transfer of services to Lenval by signing agreements and working with management during the implementation phase. In general, as long as the unions were willing to support privatisation, collaboration with management was assured.

Where unions chose 'co-determination' to oppose privatisation (UNISON in Bristol, UNISON in Nuneaton), unions attempted to use existing channels of representation to influence decision making. However, union power and influence within these channels appeared limited. In Bristol, UNISON chose to collaborate with management in order to protect the jobs of its members. However, it would seem that the union had little sway on decision-makers and it is unlikely that they agreed to the restructuring of services as part of their winning bid. In a document distributed to staff in 2014 regarding the restructure of services, AWP alludes to disagreement between unions and management:

“The procurement process prevented us from sharing the detail of service models until very recently however. We can note that staff side representatives who are members of the Joint Union Council have reviewed this paper in ‘pre-consultation’ prior to its release. However, this does not mean that staff side concur with the change proposals within the paper. (AWP 2014).

It appeared that, although union representatives were privy to restructuring plans via existing consultation mechanisms, plans were not decided jointly.

In Nuneaton, UNISON looked to gain access to strategic meetings in order to negotiate a way forward for service delivery. Action took place at both local and national levels. Locally, the branch chose to be involved in the procurement process “so that [they] could challenge the false assumptions the Trust were using” (Socialist.net 2014). There appeared to be a need to preserve positive relations with hospital management, with the distribution of cakes to directors, noted as a tactic by the branch themselves, as symbolic of this (Socialist.net 2014). In parallel, the head of Health at UNISON directed its concerns towards the TDA through press releases and letters in order to fight for ‘proper’ information and highlighting the lack of transparency throughout the process (Collis 2014). They also began a legal challenge against decision-makers, arguing for a more transparent and collaborative procurement process. This multi-level approach meant the branch was able to be both collaborative yet critical through their national union’s actions.

Unions that chose ‘co-determination’ to oppose privatisation also used forms of ‘strategic mobilisation’. For example, UNISON in Bristol limited its collaboration with local Protect our NHS (PoN) campaigners despite an established relationship, rejecting a societal identity. UNISON provided the campaign on occasion with information and some representatives took part in meetings and events, although this was constrained as, according to interviewees, most were concerned with employer reprisals although no specific evidence of employer counter-mobilisation emerged in the case analysis. In Nuneaton, UNISON noted in their press releases and other publications that their campaign had mobilised branch members and the local community, although little evidence of public action was found within the document analysis. In the early stages of the procurement process, the branch took part in some protest events and distributed campaign posters (Malyon 2013; TUC 2013). It had also planned to have a family fun day in order to raise public awareness, but this event never materialised (Unite Nuneaton 2). Like ‘strategic mobilisation’ unions, they pragmatically combined various tactics to influence decision-making.

Unions and decision-makers confronted each other via what Snow and Benford (2001) call ‘framing contests’ where opponents look to promote their version of reality as the most compelling interpretation. Unions opposed to privatisation responded to decision-maker plans by diffusing information which counter-framed their arguments posing privatisation as a threat. This created framing ‘square offs’, with decision-makers having to repeatedly justify their approach in order to reassure local residents. Framing contests also emerged around decision-making processes, such as in Nuneaton where UNISON publically challenged the TDA and Trust senior managers on their lack of transparency and their reluctance to collaborate in finding a joint solution to service delivery. These framing contests took place in different forums. In all cases except Bristol, framing ‘square offs’ between unions and decision-makers took place in local media where decision-makers and unions directly or indirectly attempted to promote or rebut each other’s interpretations. For example, Unite in Nuneaton explained that, in order to counter-frame decision-maker arguments: ‘We lived on the radio, we lived in the newspapers’ (Unite Nuneaton 1). Local news in Nice was also important in diffusing the CGT’s position outside the hospital: “In terms of local media, we were able to make quite a bit of noise there as we got to a point where the ‘Fondation Lenal’ had to set up their own campaign to protect their reputation.” (CGT Nice 2).

Framing contests also occurred at public meetings. For example, the CGT explained that they used what they called 'le forcing' at public council meetings:

“We would invite ourselves along to events on themes which would be related to our campaign and would ask to speak. If they didn't allow us to speak, we would find a way to do so. We showed up unannounced at one event; if we hadn't they wouldn't have showed up so we couldn't advertise it...When we would raise our hand they wouldn't give us the microphone. So we had a few strategies. I would ask the woman next to me to raise her hand, and when she would get the microphone, she would pass it to me. We had to use more force (faire le forcing). And when you have a speaker in front of you who is lying...once I took the microphone and got on stage to stop and say that it wasn't true and that I had all the facts to prove that they were lies. I put him in such an awkward position that he got up, lost it and left. He lost face in front of everyone. And I just continued talking. He was the Vice Mayor of Marseille and he came across as fool in front of the whole council. It's true that, sometimes, you have to use force”
(CGT Marseille 2)

Although unions used these framing contests to challenge plans for private sector involvement, decision-makers did not attempt to publically undermine union claims. Instead, they continued promoting their plans without referring to union opposition. Considering that decision-makers were successful in excluding unions from decision-making, challenging unions directly may have been deemed unnecessary.

Overall, decision-maker behaviours contributed to shaping union strategy implementation. Collaboration with decision-makers depended on whether or not unions supported or opposed plans for private sector involvement in service delivery. As long as a union was willing to support privatisation, collaboration with management was possible. However, unions that opposed private sector provision were excluded from decision-making. As a result, these unions looked to use tactics which publically challenged decision-maker plans. Framing contests pushed unions into using public meetings and local media to diffuse their interpretation of private sector involvement. While identity and framing processes pushed

unions towards a preferred strategy, decision-maker behaviour shaped how these strategies were implemented.

Faced with similar contexts, why were some unions more active than others in contesting decision-maker rhetoric and behaviour? The next section reviews union resource access and the implication this had on strategy implementation.

6.5 Resource access and strategy implementation

Repertoires of action can be limited by the availability of internal and external resources. Murray et al (2010:336) note: “unions rely on sufficiently cohesive identities to pursue their goals and employers typically seek to gauge the degree of membership support that underlies union positions”. Internal and external power resources can therefore contribute to union capacity. Access to these two types of resources are expected to impact on strategy implementation; strong resources are expected to bolster a union’s power and facilitate action. Unions can strengthen their resources by what Snow and Benford (2000) call ‘motivational framing’: socially constructed ‘vocabularies of motive’ used to provide a rationale for likely participants to engage in collective action.

Local union internal and external resources were assessed in accordance with Murray and al’s (2010) framework and classed either weak, moderate or strong (Table 13). Case study union internal resources were reviewed according to two dimensions: cohesive collective identities and deliberative vitality. External resources were assessed based on the local union’s vertical integration (communication with the national union) and horizontal networks (with other local unions and campaign groups).

Table 13: Union internal and external resource access

		Internal resources		
		Weak	Moderate	Strong
External resources	Weak	FO in Nice CFDT in Nice RCN (3 cases)	FO in Marseille	CGT in Nice
	Moderate	UNISON in Bristol UNISON in Weston-super-Mare SUD in Marseille	CGT in Marseille	
	Strong	UNISON in Nuneaton Unite in Nuneaton		CFDT in Ajaccio CGT in Ajaccio STC in Ajaccio

To allow for a cross-national comparison of resources, the specificities industrial relations arrangements in France and England were taken into account. For example, traditionally low membership numbers in France were compensated through high turnout at professional elections which determined resource access and representation on workplace committees.

A minority of unions (6 out of 16), all of which were located in France, had access to moderate or strong internal resources. The remaining ten unions, including all English unions, showed signs of having weak internal resources. In terms of external resources, access was divided: nine unions had moderate or strong external resources, while seven had weak external resources. Generally, internal and external resource levels combined in different ways and no notable patterns emerged.

This section will first present case study internal and external resources and will then discuss how resource access influenced strategy implementation.

5.5.1 Internal resources

Murray et al (2010) consider that union internal resources are composed of two dimensions: cohesive collective identities and deliberative vitality. Firstly, cohesive collective identity is when members have a perception of a shared status or relation within the union, either imagined or experienced directly. Secondly, deliberative vitality refers to the participation of members in the life of their union. This includes both the basic internal mechanics of union representation (the presence of representatives and means of communication) and the extent of member participation within deliberative structures. The authors argue that these two dimensions are interrelated but one may be stronger than the other.

Six unions, all located in France, were classed as having access to moderate or strong internal resources: FO in Marseille, CGT in Marseille, CGT in Nice, CFDT in Ajaccio, CGT in Ajaccio, STC in Ajaccio. In Marseille, FO had relatively strong internal solidarity, having the most members at the AP-HM and the majority of votes at professional elections. Members were generally supportive of their union (“Staff sign up to FO because they are seen as the strongest”: CGT Marseille 2), but seemed nonetheless disengaged from union life and workplace matter beyond pay and individual grievances. In Nice, the CGT benefited from active member participation in union life and strong unity among staff within the service. The union also had considerable financial and human resources to support internal solidarity. In Ajaccio, a similar picture also emerged; interviewees reported that unions benefited from sizeable member support and that generally staff were engaged in union life.

However, a majority of case study unions (10 out of 16) were categorised as having weaker internal resources: the RCN in all three cases, UNISON in Bristol, UNISON in Nuneaton, Unite in Nuneaton, UNISON in Weston-super-Mare FO in Nice, CFDT in Nice, and SUD in Marseille. In Bristol, those interviewed reported especially weak internal resources and a difficulty in recruiting activists. Discontent amongst staff at AWP, ranked as one of the lowest in England for staff morale in the 2011 NHS Staff Survey (NHS 2011), had not developed into internal solidarity within the branch. Instead, work intensification and concerns over possible management reprisals suppressed a drive for action among staff. Interviewees also noted that

the amount of case work handled by local UNISON representatives also meant that they had little time to deal with other matters such as organising and campaigning.

In Weston-super-Mare, UNISON reported that staff generally did not have the time or energy to take part in campaigning, despite concerns over their future at the hospital. Although the first UNISON public meeting was well attended by staff, participation in subsequent meetings was low: 'It became apparent that our members were not interested' (UNISON Weston-super-Mare). Those interviewed at UNISON felt that poor working conditions had led staff to be generally apathetic and disengaged from union democracy:

“Staff there, for a long time, have been working under cuts, increasingly stressed, doing really long hours, not taking breaks. And the other issue is the poor pay increases that they've got over a number of years now. Most of the staff are just knackered to put it bluntly. They've taken the approach - we'll go in, we'll do our jobs, we'll go home and then we'll forget about it. And we'll do this on a daily basis.” (UNISON Weston-super-Mare)

Internal resources were also low at GEH in Nuneaton, with few union representatives and a limited membership (UNISON 2014). Interviewees explained that staff were particularly reluctant to get involved in union action, seeing the franchise of the hospital in this case as an unlikely outcome. In previous years, plans to restructure the hospital had all failed and, as a result, members expected for this commissioning exercise to also fall through: “The staff didn't believe it was going to happen, they said: we've been down this hill a million times before, it's not going to happen.” (Unite Nuneaton 2) Those interviewed stated that this view was also shared by some branch representatives who doubted the worth of campaigning.

In Nice, FO and the CFDT were reported to have especially weak internal resources, the CGT having a large majority of staff votes within the CHU. In Marseille, SUD, despite holding a key leadership role within the anti-privatisation campaign, had very few members at the AP-HM and had no representatives on the workplace committee. Even the CGT, which had moderate internal resources, noted that work intensification had meant that staff were more difficult to mobilise (CGT Marseille 3). The CGT summarised the situation by stating: “as long as hospital

employees are not at risk of losing their jobs, they are not prepared to go to war” (CGT Marseille 2). In the specific case of the Sainte Marguerite Hospital, as most staff were transferred to other positions within the AP-HM, those interviewed explained that employees were less willing to spend the little time they had taking part in union campaigning efforts.

Trade unionists interviewed also reported that members took a servicing view of unions and that members tended to treat the union ‘like an insurance’: “they have completely lost that collective and sense of responsibility of supporting their fellow workers” (UNISON Weston-super-Mare). As a result, members tended to be generally disengaged from union anti-privatisation campaigning. Faced with weak internal resources, some unions turned to their external resources to bolster their position.

6.5.2 External resources

According to Murray et al (2010), external resources refer to the integration of unions in external networks which can be both vertical (communication and support from within the union structure, including regional and national levels) and horizontal (other unions, community groups and political parties).

Six case study unions were considered having weak external resources: the RCN, FO in Nice, CFDT in Nice, and FO in Marseille. Both in Nice and Marseille, FO and the CFDT showed no signs of using its vertical networks or having established horizontal links with other local unions and community groups. This was also the case for the RCN who remained quiescent in all English cases. The CGT attempted to strengthen its solidarity networks, but ultimately failed to do so.

Nonetheless, a majority of unions showed signs of moderate to strong external resources: Unite in Nuneaton, UNISON in Weston-super-Mare, CGT in Marseille, SUD in Marseille, and all unions in Ajaccio. In terms of vertical networks, those in England received help and support from regional and national union levels. UNISON in Nuneaton received significant legal and strategic support from national and regional offices. Unite in Nuneaton had two experienced full time officers brought in to lead the campaign and the national communications team took

charge of press releases. National resources were also made readily available: 'Funding, anything we asked, for we got.' (Unite Nuneaton 2). UNISON in Weston-super-Mare also received assistance from their national union; regional officers helped by sending letters to members, speaking at public meetings and participating in local protest events. However, no additional funds from the regional or national office were made available for campaigning; instead, some regional office expenses, such as letters to members, were billed to the branch. As a result, their campaign had relied primarily on branch resources and donations from the public.

Interestingly, those in France relied less on national resources. Most interviewees stated that they had been in communication with departmental officers and had shared their experiences at regional meetings, but did not receive concrete support from their national union. They explained that union resources depended mostly on professional elections. Those at the CGT Nice explained that their strong internal support had entitled them considerable time off and allowed them to deal comfortably with all their duties without having to rely on their regional and national union.

In terms of horizontal networks, most case study unions did not appear to have well established solidarity networks. Although union leaders had occasionally been in contact with other groups prior to the announcement of plans for privatisation, interviewees acknowledged that communication and collaboration with these groups had been infrequent up until that point. In France, only the CGT and SUD in Marseille had a ready built local networks of allies; both branches had historically collaborated with other local unions as part of their collective action strategy. In Bristol, communication between UNISON and PoN had been established in 2012 but the two groups had never collaborated before. Consequently, some unions, particularly those adopting a 'strategic mobilisation' strategy, chose to focus on building external resources (other unions, civil society groups, politicians and residents) as part of their strategy implementation.

6.5.3 Resource access and strategy implementation

Along with union identity and decision-maker behaviours, access to internal and external resource were influential in the implementation of union strategy. In cases where unions opted for 'co-determination', resource access shaped relations with decision-makers. Where union chose 'strategic mobilisation', stronger resources allowed unions to develop wider support and take more frequent action

In terms of unions opting for a 'co-determination' strategy, relations with management first depended on whether or not the union supported private sector involvement. As previously noted, unions that supported privatisation (FO in Marseille, FO in Nice, CFDT in Nice) showed signs of having micro-corporatist relations with management. In Marseille, FO's partnership with management was legitimatised by its strong internal solidarity. In Nice, those at the CGT felt that the FO and CFDT's weak position within the CHU had led them to take a collaborative approach with management, assuring their survival and a place within the decision process. It appeared that, in the context of such micro-corporatist arrangements, resource access was irrelevant because collaboration with management was assured; only a willingness to 'act as a conveyor belt' (Levesque and Murray 2005) for workplace change was required of unions.

In contrast, UNISON in Nuneaton and in Bristol, which opposed private sector involvement, found it difficult to gain genuine access to the decision process. In looking to implement 'co-determination', resource access appeared to be important in determining the type of relationship that unions had with decision-makers. In Bristol, UNISON's weak resource access constrained the union in its negotiations and a form of coerced partnership with management emerged. Partnering with management had limited the ways which the branch could take action; they used few tactics beyond participating in the drafting of AWP's proposal to Bristol CCG. They nonetheless benefited from PoN's campaigning efforts without having to be openly associated with them. Yet, support from local grassroots activists did not appear to bolster UNISON's position against management. Despite mental health services remaining at AWP, UNISON leaders appeared unhappy with the outcome, qualifying the commissioning process as 'a race to the bottom' (UNISON 2015). While the successful bid had avoided staff being transferred to a private provider, unions immediately found themselves fighting against the

implementation of management's proposal to the CCG which involved cuts in spending, job losses and the downgrade of numerous posts.

In Nuneaton, UNISON benefited from stronger resources and, as a result, the union avoided finding itself in a coerced partnership with management. National officers explained that their efforts in developing coordination both within the union and with other groups had been exemplary in this case:

“For GEH...we always bang on about this, but it was a good example of the centre working with regional, working with branches, and then with members who are activist, and then members which are on the ground, and some of the local campaign groups. Kind of went all the way through the system, all the things were done in the right way.” (UNISON National 1)

Greater access to external resources empowered the union to publically challenge decision-maker un-cooperative behaviour. However, resource access did not result in joint regulation. Instead, the implementation of 'co-determination' resembled what Levesque and Murray (2005) call 'contested unilateralism', a form of unilateral employer regulation in which the local union plays an oppositional role to the introduction of management driven change.

As for unions which had opted for a 'strategic mobilisation' strategy, stronger resources allowed unions to take more frequent action and develop wider support. While unions with strong internal resources are expected to be more successful in mobilising members into taking collective action, access to strong external resources is expected to lead to greater support from national unions and other groups within the local community.

Unions with stronger internal resources (CGT in Nice, CGT, CFDT and STC in Ajaccio) were able to mobilise members in taking protest action. In Nice, the CGT was able to promptly mobilise almost all paramedical staff within the paediatric service: out of 300 employees, the union stated that 290 were actively engaged in the anti-privatisation campaign. The CGT explained that the support that they had gained from staff had helped to organise protest events in

order to put further pressure on decision-makers. For example, they used a staff petition ahead of a strategic meeting:

“I remember once, when we learned that the head of the Lenval Hospital was coming up to see us...we learned about it the day before and the next morning we had 50 staff and a petition with 250 signatures which had only been sent around 12 hours prior. It was easy to mobilised the paramedical staff who would be affected by this.” (CGT Nice 2)

The CGT also successfully had members boycott management workshops on service practice harmonisation. However, the union failed to get medical staff and members in other services to support their campaign; while most doctors were sympathetic with the CGT’s position, they asked union officials not to ‘rock the boat’ and to wait and see. However, in Ajaccio, when unions opposed the GCS, almost all healthcare workers at the public hospital mobilised in support, including the medical community. The STC stated that mobilisation in this case had been straightforward: “It was easy in this case. Because everyone felt concerned by it” (STC Ajaccio).

In contrast, unions adopting ‘strategic mobilisation’ with weaker internal solidarity (Unite in Nuneaton, UNISON in Weston-super-Mare and the CGT and SUD in Marseille) reported having difficulty in mobilising members and staff. These unions made some attempts to mobilise members against privatisation, using what Snow and Benford (2000) call ‘motivational framing’ in order to encourage members to engage in collective action and used emails, leaflets, and meetings to diffuse their concerns regarding private sector involvement. However, cases showed that little time and effort was spent on bolstering internal resources as unions saw no opportunity in turning member apathy. This may also explain why unions decided against using industrial action in response to decision-maker unilateralism.

External resources emerged as a crucial element of the implementation of the strategic mobilisation approach. In terms of vertical networks, these were especially important in the case of Unite in Nuneaton as the local union was provided with the necessary financial and logistical resources from regional and national offices to implement its strategy. To a lesser

extent, this was also the case for UNISON in Weston-super-Mare, which benefited from the support of regional staff in organising some of its events. Other unions benefited less from vertical networks, and focused on developing their horizontal networks instead. Indeed, all unions opting for the 'strategic mobilisation' strategy put considerable effort establishing or building on local networks of allies, including coalition building with other unions, civil society groups, politicians and residents. By developing and mobilising these networks into protest, unions were able to demonstrate broad local opposition to privatisation, giving credibility to their interpretation of decision-maker plans.

Efforts to build a network of allies resulted in most unions, by the end of their campaigns, having moderate to strong external resources (Unite in Nuneaton, UNISON in Weston-super-Mare, CGT in Marseille, SUD in Marseille, and all unions in Ajaccio). Using 'motivational framing', union leaders also developed links and mobilising civil society groups, politicians and local residents against privatisation. In general, 'left wing' politicians and civil society groups were easier to mobilise as their framing of privatisation were aligned with union interpretations. In Weston-super-Mare, UNISON was able to gain the support of all local political parties, with the exception of the conservative party which supported the changes. In Nuneaton, Unite worked with the Labour party and their candidates for the 2015 elections. In Marseille, unions were also able to develop alliances with local radical political parties and campaign groups, including the Communist party, the Green party and the Revolutionary Communist League (Ligue Communiste Révolutionnaire). In Nice however, union leaders received little political support beyond the Communist party, whose presence in the city was limited. Those interviewed were particularly frustrated that the *Parti Socialiste* refused to answer their request for support: "they chickened out" (CGT Nice 2).

Some unions developed links with community groups, particularly in England where grassroots NHS groups were well established. In Nuneaton, Unite developed ties with the 'Save Lewisham' campaign and the 'Keep Our NHS Public' (KONP) group in neighbouring South Warwickshire with the aim of forming a similar activist group in their area. In Weston-super-Mare, UNISON worked closely with the campaign groups '38 Degrees' and 'Protect our NHS'. In Marseille, trade unionists worked with local anti-capitalism groups including ATTAC and

'Rouges Vifs', along with community associations focused on protecting public services and representing the interests of retirees.

Unions also looked to build support among local residents in campaigning against privatisation. This was especially the case in England, where unions reported a widespread willingness to protect the NHS. One interviewee at UNISON noted that the NHS was rooted in national identity: "bound in this Britishness [...] This is the NHS. This is part of our being" (UNISON National 3). Another campaigner explained that this willingness to protect the NHS stemmed from the post-war context:

"I think that view of the NHS has been formed by the people who knew what had been there before. So that [...] the post war settlement of welfare state absolutely transformed the lives of working people [...] it brought such comfort." (Bristol Local Campaigner 3).

Motivational framing was diffused using various means, including leaflets, stalls, public meetings and petitions. In Nuneaton, Unite explained that most of their time had been spent on connecting with and educating local residents. Unite held stalls at the local market twice a week where they distributed leaflets and started a petition. They also distributed publicity material such as stickers, t-shirts and lanyards with their slogan "Hands Off GEH" and "Big Business Has No Business at GEH". In Weston-super-Mare, were able to muster more support within the local community by organising public meetings to discuss privatisation. Their first important event was a 'family friendly' day in June 2013, with games and face painting for children, and a number of speakers presenting their position on the future of the hospital (ITV 2013). It formed part of a two week TUC anti-austerity roadshow, and a number of TUC activists took part in discussion on privatisation. In Ajaccio, unions gained substantial support from the local population. As most in the region were firmly against the construction of the 'clinique', mass mobilisation followed: "Everyone, all the unions, all staff, every organisation in the Ajaccio region...everyone was against" (STC Ajaccio). The unions also had the support of doctors, which the STC said had also come spontaneously rather than through negotiation: "they were grown up enough to do it themselves" (STC Ajaccio). Frame alignment across the local community meant that unions were able to focus on coordinating action instead of having to work on building support. However, unions in Marseille and Nice, despite using similar means to diffuse motivational framing such as organising public meetings, distributing

leaflets and using petitioning, experienced difficulty in mobilising local residents. The CGT in Nice attempted to do the same, however those interviewed noted that Nice was not a militant city and therefore felt very much alone in their campaign efforts.

Overall, resource access proved important in the effective implementation of union strategy. First, resource access shaped relations between unions taking a 'co-determination' approach and decision-makers; for those opposed to privatisation, external resource access empowered unions to publically contest decision-maker unilateralism. Second, unions opting for a 'strategic mobilisation' strategy with strong internal and external resources were able to implement tactics more efficiently and demonstrate to decision-makers the breadth of the opposition to privatisation. Internal and external resource access were not mutually dependent and case study unions were observed having varying levels of each. Local context appeared to be particularly important in bolstering or hindering resource access. Nonetheless, unions were able to overcome local environmental constraints by having strong strategic capacity and access to logistical and financial help via their vertical networks. Cases in Nuneaton and in Weston-super-Mare showed how important such vertical networks were for the effective implementation of local union strategy.

6.6 Conclusion

The aim of this chapter was to analyse local trade union responses in the context of healthcare privatisation. Findings showed that trade union identity and framing processes were crucial in guiding union strategy, helping to explain why, irrespective of the national and local context, case study unions responded differently to healthcare privatisation. It also demonstrated that, while national and local factors did constrain union action, they did not determine union strategy; strong resources played a crucial role in bolstering trade union power.

While industrial relations literature has often contrasted France and England (Coutrot 1998), Chapter 5 noted similarities between the two countries within the healthcare sector including low labour market pressures, relatively high trade union member density in comparison to national averages, stronger institutional power, national support for public healthcare and the presence of a range of unions representing staff. Traditionally low membership numbers in

France were also compensated through high turnout at professional elections which determined resource access and representation on workplace committees. These similarities, in addition to convergence in decision-maker attitudes as discussed in Chapter 5, allowed for a better understanding of the dynamics between context, union identity, resources and strategy.

In line with past research (Frege and Kelly 2003; Hodder and Edwards 2015; Hyman 2001; Murray et al 2010), case study data showed that identity and framing processes play an important role in influencing union strategic choice. Firstly, the location of a union's identity within Hyman's (2001) typology (market, class and society) shaped union diagnostic framing of private sector involvement in public healthcare service delivery. Unions with a primarily 'market' orientated identity viewed changes either positively or remained neutral. Unions with 'class' as a dimension of their identity took a broader perspective of private sector involvement, looking at the effects of such arrangements on workers in general, consequently framing changes as 'unjust'. Unions with a 'society' dimension to their identity had an even broader framing of private sector involvement, taking into account the impact of privatisation on the local community and on universal healthcare in general. Differences in identity led unions located in the same context to interpret their environment in very different ways, with some framing decision-maker plans as a threat and others viewing changes to service delivery as an opportunity. These findings indicate that collective identity and diagnostic framing can lead unions to oppose (or support) workplace change such as private sector involvement for different reasons.

Secondly, union 'militant' or 'moderate' identities were linked to strategic choice via the prognostic framing process. This link helped to explain intra-case variation in terms of both diagnostic and prognostic framing. Irrespective of the local and national context, unions with a more 'militant' identity tended towards 'strategic mobilisation' while those with a more 'moderate' orientated identity looked to work within existing channels of collective representation, taking a 'co-determination' approach. In accordance with their identity, unions saw different opportunities in their environment for action and selected the strategies which they felt to be most representative of 'who we are' (Poletta and Jasper 2001). Yet, as shown by the CFDT in Ajaccio which chose a 'strategic mobilisation' strategy despite having a

'moderate' identity, unions remain free to choose a strategy which best fits their diagnostic and prognostic framing of a particular situation. Local identity and history may have led unions and other groups to unite and adopt a common strategy against privatisation. However, the influence of such factors was played down by interviewees who simply saw the consensus as 'logical'.

Thirdly, two factors were also identified as influential in determining trade union strategy implementation. Cases showed that both decision-maker behaviours and resource access shaped the implementation of each union's preferred strategy. In terms of decision-maker behaviours, collaboration was dependent on whether or not unions supported or opposed plans for private sector involvement in service delivery. If a union was willing to support privatisation, decision-makers were more open to collaboration. However, unions that opposed private sector provision were excluded from decision-making. As a result, these unions turned to tactics and embarked in framing contests to publically challenge decision-maker behaviours plans. Strategy implementation especially depended on access to internal and external resource. In cases where unions opted for 'co-determination', resource access shaped relations with decision-makers. Greater access to external resources empowered the union to publically challenge decision-maker un-cooperative behaviour. However, strong resources did not ultimately result in joint regulation; because decision-makers did not change their unilateralist approach, union involvement was limited to what Levesque and Murray (2005) call 'contested unilateralism'. Where unions chose 'strategic mobilisation', stronger resources allowed unions to develop wider support and take more frequent action, as argued by Levesque and Murray (2005). However, context and opportunity constrained resource building in some cases. In addition, unions generally disagreed on the best course of action, making joint campaigning in some cases impossible, constraining external resources. In terms of internal solidarity, organising was impaired by difficult working conditions and the fear of being stigmatised. In terms of external solidarity, coalition building was more arduous where groups had differing interests and beliefs. Yet, overall, unions with strong resources, particularly in Ajaccio, were able to overcome the constraints in their environment and influence outcomes. Notably, unions could compensate for weaker internal resources by building stronger external resources through coalition building in their communities.

Organisational learning was also noted on some occasions where new ways of working were adopted, thus reversing the habitual link between framing and identity.

Overall, this research has highlighted the importance of identity in guiding union action. A close relationship between identity and strategy emerged, in line with research by Poletta and Jasper (2001), and Frege and Kelly (2004). Framing processes were also key in linking union identity to their environment, bridging identity and strategic choice (Snow and Benford 2001; Gahan and Pekarek 2013). Union responses therefore emerged as a product of context and identity; external factors, particularly decision-maker behaviours and resource access, influenced strategy implementation.

Case studies also provided some support for Tapia and Turner's (2013) framework and generally showed unions either turning to collective bargaining/co-determination via existing channels of collective representation or adopting what they call 'strategic mobilisation' where these channels are closed or weak. However, how unions evaluated these channels of representation differed; in the same context, some unions mobilised against privatisation while others attempted to 'reopen' or use these channels as best as they could. While access to channels of representation form part of the constraints faced by unions, structural factors alone cannot explain union actions. In addition, Tapia and Turner's (2013) model does not explain union 'quiescence', a response also noted by other authors including Greer et al (2013) and Jalette (2005).

Overall, analysis has demonstrated the dynamic yet path dependant nature of union action. As Hyman (2007) and Frege and Kelly (2003) have noted, unions tend to be path dependent as they prefer adopting forms of action which do not threaten their identity, with 'organisational learning skewed towards what is already known' (Hyman 2007:202). Indeed, union identity on framing processes may direct unions to repeat well know modes of action instead of looking for innovative ways to addressing the threats in its environment. Case study union leaders appeared to be relatively path dependent in their approach, unwilling to change tactics, work collaboratively with groups who might not share their ideologies and explore other means of actions.

By combining two typologies, Hyman's (2001) 'eternal triangle' and the militant-moderate dichotomy, this research has been able to present a more nuanced comparison of union identity. While Hyman's (2001) typology was linked to diagnostic framing (the 'why' of union action), militancy was linked to prognostic framing and strategic choice (the 'how' of union action) although unions were able to opt for responses out with their usual repertoires of action. Although some authors have doubted the pertinence of militancy in researching union responses (Frost 2001; Bacon and Blyton 2004), it emerged as an especially important facet of union identity, particularly to the interviewees themselves in describing their 'in-group' and other unions as 'out-groups'. Unions used militancy as a key criteria in their evaluation of other groups. However, the militant-moderate dichotomy and Hyman's (2001) 'eternal triangle' may over-simplify union identity. Wider ideological, cultural and historical aspects may also form part local union identities. One example was of the STC in Corsica, which clearly had nationalist and anarchist roots, differentiating it from the other unions on the island, and could not be specifically addressed by neither of the two typologies. With union identity playing a central role in explaining union strategic choice, further theorising of this particular variable would be an important step towards better understanding union strategic choice.

Having explained both cross-national and intra-case variation, the next chapter discusses the factors which were influential in determining local dynamics and case outcomes.

CHAPTER 7 – DISCUSSION AND CONCLUSION

This research has looked to explain actor behaviours and local outcomes in terms of healthcare privatisation by assessing both structural factors and collective agency. In particular, case comparison was able to determine 1) why similarities emerged in two countries usually classified as different national models (cross-national convergence) and, 2) why trade unions responded differently to the same events (intra-case divergence).

First, global convergence towards NPM ideology appears to have resulted in the introduction of similar healthcare reforms in France and England. This research found that, in order to contain costs and improve efficiency, NPM style reforms have been introduced in both countries, featuring both decentralisation and marketisation mechanisms. In terms of marketisation, these reforms encouraged more private sector involvement in the delivery of public healthcare in order to encourage efficiency and innovation. As for decentralisation, they formally transferred decision-making on service provision to newly-created regional authorities in order to better address local population needs and priorities. Some variations were found. For example, the Plan Hôpital 2007 in France led hospitals into forming partnerships while, in England, Labour Government reforms combined with the new HSCA steered local decisions makers towards privatisation. Nonetheless, the underlying logic driving recent policies in both countries appears derived from the same NPM principles; while services have been restructured in various ways, these have tended to conform to NPM ideology. These findings support claims by Baccaro and Howell (2011): convergence of institutional functioning towards neoliberalism has resulted in the emergence of similar environments in two countries usually classed as different national models. Hence, global pressured resulted in the introduction of similar reforms in France and England which in turn pushed local decision-makers towards the privatisation of public sector healthcare delivery, making NPM more than just an “English disease” (Hood 1995:100).

While similar environments were found in France and England, this research also noted that local unions used different strategies in response to privatisation, even when situated the same local and national context. These strategies ranged between ‘strategic mobilisation’, ‘co-determination’ and ‘quiescence’. To explain intra-case variation, collective identity was

identified as a key factor which shaped trade union strategic choice, connected via two core framing processes: diagnostic framing and prognostic framing. First, diagnostic framing of private sector involvement was found to be linked Hyman's (2001) 'eternal triangle': differences in 'market', 'class' or 'society' collective identity led to variations in how unions framed private sector involvement, even within the same local context. Second, prognostic framing was found to be closely linked to the militant-moderate typology, shaping trade union strategic choice. In general, case analysis showed that differences in strategic choice could be traced back to differences in collective identity via these two framing processes.

Overall, the case studies showed little evidence of country specific union identities and responses. Findings are in line with those of Connolly and Darlington (2012) who argue that union strategies cannot simply be 'read off' from the national context. Indeed, institutional theories such as Varieties of Capitalism (Hall and Soskice, 2001) fail to explain why unions within the same national setting chose to adopt different strategies, although French unions were more divided in their framing of private sector involvement, with some viewing it as an opportunity rather than a threat. There was also little support for Hyman's (2001a) thesis which argues that unions will tend towards a particular 'national orientation' on the 'eternal triangle', with English unions adopting a 'market-class' identity and French unions being more 'class-society' orientated. However, there was also no evidence to support the convergence thesis, which would expect globalisation (and the implementation of NPM) to drive unions towards standardised practices (Kettl, 2000; Roche 2000). In fact, a more diverse landscape emerged with responses in both countries varying locally between strategic mobilisation, co-determination or quiescence. In general, the six cases supported research by Levesque and Murray (2005) who consider that a heterogeneity of union responses to work reorganisation can exist within the same national setting. By looking at local dynamics in detail, this research has shown that unions respond in different ways to the threat of privatisation, irrespective of the national context.

Yet, in terms of case outcomes, a puzzle remains. First, despite the introduction of national reforms which specifically encouraged privatisation, a majority of cases (four out of six) resulted in private sector involvement being abandoned. Second, in terms of these outcomes national divergence emerged. For all three English cases, services remained within the NHS;

in Weston-super-Mare and Bristol, tenders were awarded to NHS trusts, and in the Nuneaton privatisation was abandoned. In France, only one case resulted in private sector involvement being stopped. The two other cases, Nice and Marseille, saw a gradual shift of services from public to private provision. Why were unions in England apparently more successful in halting privatisation than their French counterparts? Considering the similarities identified in France and England in terms of healthcare reforms, privatisation does not appear to specifically come down to differences in national models. Neither do union strategies predict or determine outcomes in terms of stopping privatisation. Bearing this in mind, this chapter will now discuss the factors that contributed to case outcomes. First, factors related to local decision-making will be addressed. Second, those related to trade union strategy and agency will be reviewed. Lastly, dynamics between trade unions and decision-makers will be discussed in relation to case divergence and the structural constraints that unions faced in influencing outcomes. This last section will also highlight the role of internal and external resources in shaping coalition building, allowing for conclusions to be drawn with respect to social movement unionism.

7.1 Local decision-makers: the 'carrot' and the 'stick'

Although existing consultation mechanisms would suggest dialogue between stakeholders, plans were introduced unilaterally by decision-makers in all cases. Trade union interviewees reported that information was rarely made available to them and that strategic meetings tended to be held in private. When consultation did occur, those interviewed qualified this as 'lip service'. This created an unfavourable environment for unions, with few genuine opportunities for influence and negotiation. Yet, privatisation was nonetheless abandoned in four of the six cases.

A number of structural factors shaped the context for local decision-making in favour of privatisation. First, all hospitals were in deficit. In England, hospitals in Weston-super-Mare and Nuneaton were 'named and shamed' in the health secretary Andrew Lansley's 2011 list of 20 trusts whose clinical and financial stability was 'at risk'. In France, all three hospitals had deficits which impacted on funding arrangements with government, forcing them to find new ways to raise revenue. These financial constraints attracted unwanted attention from central government; hospital debt was used by the centre as a 'stick' to motivate local decision-

makers towards privatisation and to shape the local provider market. These cases also became the testing ground for new central government policy. As a result, and in spite of decentralisation, government bodies were especially involved in ensuring that projects came to term in a way which reflected the intentions of reforms of the time. In England, government officials looked to test out the franchise model via flagship projects in Nuneaton and Weston-super-Mare. Although legislation should have ensured local decision-makers autonomy, government was able to influence decision making through their advice and power over the approval processes. As a result, national bodies such as the Trust Development Authority (TDA) and NHS England assisted local decision-makers in the process. In addition, a group of consultants called 'Strategic Projects Team' were assigned by the TDA to advise senior management both cases. This type of intervention was used more openly in France as public hospitals remained integrated in the public sector hierarchy despite government efforts to decentralise. The Ministry of Health, via the ARS, was therefore actively involved in the creation of partnership agreements between hospitals and the private sector. Overall, local decision-makers should have had discretion over regional healthcare planning. However, faced with financial and government pressures, these local decision-makers had no option other than to support private sector involvement in service delivery. To ensure that these plans went ahead without issue, they chose to adopt a unilateralist approach.

While this context pushed decision-makers towards adopting plans for privatisation, a number of factors appear to have also contributed to case outcomes, resulting in some projects going ahead and others being abandoned. First, decision-makers who adopted market ideology appeared more committed to privatisation than those with a more pragmatic approach. As argued by Hansen and Lauridsen (2004), managers need to believe in market ideology in order to be able to justify market solutions and carry out 'such an often conflict-ridden process'. Managers in all six cases acknowledge that inefficiencies existed in public service provision and that improvements were necessary. In England, decision-makers appeared to concede that competitive tendering was now a feature of the NHS and did not publically oppose its use. In interviews and press releases, competition was framed as a way of finding innovative solutions to NHS inefficiencies. In France, decision-makers framed public private partnerships as a way to reduce costs and encourage innovations in care provision. However, decision-makers' belief in market ideology varied; some seemed less convinced of the benefits of

marketisation than others. In Nuneaton and Bristol, the extent to which local decision-makers fully bought into market ideology is unclear. Although competition was sold as a way of finding solutions to hospital inefficiencies, there were some signs of reluctance by decision-makers in using market mechanisms, particularly in Nuneaton where they were relieved to learn that plans for the franchise were dropped. In Nice, Marseille and Weston-super-Mare, decision-makers appeared more aligned with market ideology. In Nice, interviewees noted that management attitudes towards privatisation changed with the appointment of a new chief executive whose views were more aligned with Ministry of Health reforms; prior to this, senior management at the hospital had always rejected plans for a merger with Lival. Overall, all decision-makers used market rhetoric with journalists and in press releases. However, some appeared more ideologically driven while others took a more pragmatic approach, looking to comply with reforms and central government pressures. Considering this, in two of the three cases where decision-makers were more committed to market ideology, Nice and Marseille, this factor seems to have facilitated the privatisation of services. However, in Weston-super-Mare, where decision-makers had also adopted market ideology, other factors pushed for privatisation to be abandoned.

Second, legal frameworks also contributed to case outcomes. In England, the private sector competed for NHS service through open tendering exercises, with decision-makers following NHS England guidance. Despite pressures by central government towards privatisation, the decision process still requires that all bids be assessed fairly. The process in France differed significantly as commissioning took a more flexible approach. Partnership arrangements are negotiated and agreed between parties, without the need to follow a strict procurement processes. This appears to have made it easier for these decision-makers to secure privatisation with their preferred partner. In addition to ineffective consultation mechanisms, this resulted in fewer opportunities for unions in France to put pressure on decision-making.

Decision-making behaviour and processes thus appear to have facilitated privatisation in Nice and Marseille. First, decision-makers in both cases had a more market driven approach, and were therefore more committed to partnership plans. Second, the commissioning process involved fewer legal hurdles which meant that privatisation was easier to implement. Overall, the 'stick' – financial and government pressures – favoured privatisation as a solution to public

sector inefficiencies and drove decision-makers into taking a unilateralist position. However, the 'carrot' – the gains expected from privatisation - may have been key in pushing some decision-makers to follow through with their plans, facilitated by a more favourable legal landscape.

7.2 Trade unions: between social solidarity and group divisions

As previously noted, local union strategies varied between three approaches: 'co-determination', 'strategic mobilisation' and 'quiescence'. As Table 14 shows, neither 'co-determination' nor 'strategic mobilisation' was significantly more effective in stopping privatisation. For example, in Nuneaton, where privatisation did not go ahead, UNISON used 'co-determination' while Unite used 'strategic mobilisation'. The same scenario was observed in Nice and Marseille; yet, trade unions were unable to stop privatisation in these cases. Moreover, despite adopting different strategies, UNISON in Bristol (using co-determination) and unions in Ajaccio (using strategic mobilisation) were both able to halt privatisation. Notably, in cases where local unions used different approaches, no strategy was found to be especially predominant. In England, the RCN and UNISON had strong membership numbers which bolstered their positions, while Unite in Nuneaton was able to access significant resources from the national office to develop a strong campaign. In France, the smaller local unions join others in their approach: the smaller SUD worked with the CGT in Marseille while the smaller FO joined the CFDT in Nice. Consequently, union positions were found to be equivalent, although the tactics linked to 'strategic mobilisation' attracted more media attention.

Table 14: Strategies and outcomes

	England			France		
	Bristol	Nuneaton	Weston-super-Mare	Marseille	Nice	Ajaccio
Strategies	- Co-determination <i>(UNISON)</i> - Quiescence <i>(RCN)</i>	- Co-determination <i>(UNISON)</i> - Strategic mobilisation <i>(Unite)</i> - Quiescence <i>(RCN)</i>	- Strategic mobilisation <i>(UNISON)</i> - Quiescence <i>(RCN)</i>	- Co-determination <i>(FO)</i> - Strategic mobilisation <i>(CGT & SUD)</i>	- Co-determination <i>(FO & CFDT)</i> - Strategic mobilisation <i>(CGT)</i>	- Strategic mobilisation <i>(CFTC, CGT & STC)</i>
Outcome	No privatisation	No privatisation	No privatisation	Privatisation	Privatisation	No privatisation

While strategy types did not appear to directly influence case outcomes, other factors were found to have influenced decision-making. First, conflict and divisions between unions may have contributed negatively to case outcomes, particularly as union positions were on an equal footing. Where divisions between unions on privatisation persisted, particularly in cases where unions chose to cooperate with management such as in Nice and Marseille, campaigning was less effective. Moreover, the CGT in these two cases reported that management played on these divisions and used a ‘divide and rule’ strategy to influence staff opinion, a tactic not noted in other cases. This is in line with a number of studies which have found that coalition building is far from straight forward (Foster and Scott, 1997; Greer, 2008; Tattersall, 2009; Stirling, 2005). In contrast, where all unions shared the same strategy and worked together, as it was the case in Ajaccio, campaigning resulted in privatisation being quickly abandoned.

Hence, strong resources allowed trade unions to use the opportunities in their environment more effectively and ultimately shift the narrative surrounding privatisation. As previously noted, strategy implementation emerged as dependant on access to internal and external resource. When unions chose the ‘co-determination’ approach, strong external resources

empowered unions to publically challenge decision-maker un-cooperative behaviour. Where unions chose 'strategic mobilisation', strong resources allowed unions to develop wider support and organise more frequent public events. Where internal resources were weak, union leadership could find ways to compensate for this by developing and mobilising external resources. In general, strong resource access meant that unions could implement their strategy and influence decision-making more effectively. In turn, resource access shaped power relations between actors: between decision-makers, trade unions, members and hospital staff, grassroots campaign groups, and the local population.

While strong resources did not force decision-makers into collaborating with unions, they did however come to shape case outcomes. In line with Murray et al (2010), resource access helped unions bring the debate on public healthcare privatisation into the public arena. Irrespective of the strategy used, strong external resources helped unions to politicise the issues surrounding privatisation and gain public support, ultimately winning 'framing contests' against decision-makers. Notably, public opinion appears to have bolstered union positions in some cases, especially in England. Sustained public affection for the NHS and its founding values made a 'dispassionate debate' more difficult. The threat of NHS privatisation mobilised groups other than trade unions and broader community support developed locally. For example, the presence of NHS campaign groups in Bristol meant that unions could delegate part of their responsibilities, or even take a 'back seat' and let others take the lead. Broader support also legitimised union positions against those of decision-makers.

As a result, decision-makers in England were careful not to refer to procurement plans as privatisation. For example, decision-makers in Nuneaton and Weston-super-Mare felt obliged to repeatedly reassure the public that, should the hospital be franchised, services and staff would remain in the NHS. Similarly, CCG commissioners in Bristol focused their rhetoric around the unbiased nature of the procurement process. The politicisation of the NHS was especially amplified in the period leading up to 2015 general elections; those interviewed felt that the fear of losing local elections obliged conservative politicians to downplay support for privatisation. Unions in England were therefore able use public opinion on privatisation as a way of negotiating with decision-makers, pushing them to 'think again'. The sense of 'injustice'

and the unpopularity of private sector involvement may have therefore influenced decision-makers in England to abandon their plans.

In contrast, French unions found it more difficult to politicise public healthcare. While unions used the founding values of social security within their discourse, they were unable to awaken the same emotional response in their communities as in England. With the *Parti Socialiste* in power at that time, unions found themselves with few political allies. The case of Ajaccio appears to be the exception; the local population and almost all healthcare workers at the public hospital mobilised in support, including the medical community. Although 'Corsican' identity may have been responsible for uniting local actors against privatisation, this idea was downplayed by the STC who stated that mobilisation in this case had occurred not because of nationalism but simply 'because everyone felt concerned by it' (ES STC Ajaccio).

Overall, levels of social solidarity appear to be aligned with case outcomes, and reflect research by Korpi and Palme (1998) and Rothstein (1998;2002) who have argued that, where popular support takes a moral logic which goes beyond self-interest, large constituencies of supporters may emerge to resist the retrenchment of universal benefits. Popular support is relevant to mobilisation theory as social movements generally use a sense of 'injustice' to frame events and mobilise potential adherents (Snow and Benford 2000; Kelly 1998). Hence, where public opinion saw privatisation as 'unjust' (Nuneaton, Bristol, Weston-super-Mare, and Ajaccio), plans were abandoned. Where there appeared to be a sense of apathy (Nice and Marseille), privatisation went ahead. This is not to say that union strategies were unable to shape public opinion; in fact, the opposite was observed in all three English cases, where trade unions and grassroots campaigners worked hard to raise awareness and broaden local support. It remains that unions in England benefited from more favourable conditions than those in France. The NHS remains one of the most loved institutions in England (Taylor-Gooby 2008; Yougov 2018) and unions reported a widespread willingness to protect it from privatisation. In summary, while union resources helped to broaden public support, whether or not unions could successfully use 'injustice' framing to politicise healthcare privatisation was somewhat dependant on public opinion.

The link between union resources and public opinion along with their influence on privatisation outcomes have key implications for trade union renewal. In particular, it draws attention to the importance of building strong internal and external resources within workplaces and local communities to respond more effectively to social and workplace change. These findings are in line with Tattersall (2009), who argues that coalition building, may provide support for union organising and even be the key to successful union renewal. Collective identity appeared to be especially important in pushing some unions towards coalition building, particularly those with 'society' and 'militant' identities who were found to be more determined to invest time and effort in developing their external resources. These unions also used forms of action which politicised privatisation in order to mobilise the rank-and-file, amounting to what the literature often characterises as 'social movement unionism' (Fairbrother 2008).

This research has shown that collective identity and trade union strategy are closely linked, guiding unions towards a particular type of unionism. Nonetheless, it remains important to note that unions remain free to choose strategies outside of their usual repertoires of action and free to mobilise resources not normally used, as it was the case with the CFDT in Ajaccio. Again, while there may be a tendency to think of 'market' orientated unions as 'non-militant', this is not strictly the case as strikes can be used to exert and maintain bargaining positions (Frost 2001; Bacon and Blyton 2004; Kumar and Murray 2006). Hence, depending on the issues at stakes, other configurations between dimensions of identity, resources and strategies may be possible, thus highlighting the dialectic relationship between union agency and context.

Overall, resources played a crucial role in shaping power relations with decision-makers and ultimately contributed to shaping outcomes. Irrespective of whether a union chose to adopt a 'co-determination' or 'strategic mobilisation' approach, effective resource mobilisation involved broadening support by politicising privatisation and taking the debate to the public arena. For example, UNISON and Unite in Nuneaton, despite having different strategic approaches, both took their grievances to the public: UNISON to condemn the lack of cooperation from decision-makers and push for 'co-determination', and Unite to mobilise the local community in joining their opposition against privatisation. Both approaches required strong internal and/or external resources (vertical or horizontal). Yet, contextual factors

constrained resource access; mobilising was made more difficult in cases where there was apparent staff and public indifference toward privatisation and where local union positions were polarised. Thus, unions in Marseille and Nice had more difficulty politicising privatisation than their counterparts in Ajaccio, Nuneaton, Weston-super-Mare and Bristol.

7.3 Case dynamics: Structure, agency and path dependency

Considering the factors reviewed above, case dynamics can be summarised as follows. First, financial and government pressures pushed decision-makers to consider privatising healthcare services in order to cut costs and resolve inefficiencies. Most unions saw the privatisation of these services as a threat to public sector workers and/or to social justice. In response to such plans, trade unions looked to engage in the decision-making process to voice their concerns. This drove decision-makers into adopting a unilateralist approach so that plans could be imposed without interference. As unions found themselves unable to participate in the decision-making process, those opposed to privatisation decided to take their grievances to the public arena. This process was found to be easier to achieve in cases where public opinion was against privatisation and where some form of collective opposition existed. In such cases, decision-makers found it more difficult to promote and proceed with privatisation plans. In contrast, trade unions found it more difficult to influence outcomes where there was apparent staff and public apathy towards privatisation. Where decision-makers believed in market ideology and where regulations around procurement were flexible, unions had more difficulty influencing decision-making. Finally, broader solidarity and joint campaigning helped unions overcome structural constraints, forcing decision-makers to abandon plans for privatisation.

Consequently, a combination of local and national factors can explain why a majority of cases (four out of six) resulted in private sector involvement being abandoned. These factors also explain national divergence in terms of case outcomes, in particular why English unions were more successful in stopping privatisation than their French counterparts. First, trade unions in England benefited from significant public support toward protecting the NHS which made it easier to develop local solidarity against privatisation. In contrast, unions in Nice and Marseille were confronted with apparent public apathy and therefore found it more difficult

to broaden solidarity beyond the workplace. Differences between the healthcare systems and provider landscape in the two countries may have contributed to shaping public opinion, as private healthcare is more common in France than England. In addition, the flexible procurement process in France made it more difficult for unions in Marseille and Nice to shape decision-making. Thus, the context was generally more favourable for unions in England than in France, thus explaining national divergence. Nonetheless, in one French case, Ajaccio, trade unions were able to overcome these structural constraints through coalition building and strategic mobilisation. Hence, even in unfavourable conditions, unions can find opportunities in their environment to influence outcomes.

Overall, a number of structural factors contributed to shaping case local dynamics and case outcomes. This is in line with Daniels and McIlroy (2009) and Baccaro and Howell (2011) who have argued that structural forces, which are currently defined by neoliberal government agendas, may stunt any attempts by unions to truly revitalise their resources. However, this research takes a less pessimist and deterministic view. A key finding of this research is that, while national and local factors did constrain union action, they did not determine union strategy nor case outcomes. Indeed, successes were observed in both countries, demonstrating that unions are not only capable of identifying opportunities in their environment, but are also able to take advantage of these effectively in order to influence outcomes. Moreover, even when faced with weak internal solidarity, where unions are willing to build external coalitions, a shift in the power balance, from decision-makers to unions, can occur. More generally, case analysis has shown outcomes to be a dialectic product of both external and internal factors. This research therefore takes a similar position as Connolly and Darlington (2012) and considers that it is neither agency nor structure which can ultimately explain local outcomes but rather the interplay which exists between them.

However, considering that joint campaigning emerges as an effective way of overcoming structural constraints, the inability of unions to collaborate with each other and with other groups poses a problem for trade union revitalisation. Indeed, this research has found that coalition building was far from straightforward; union leaders appeared unwilling to work collaboratively with groups different to them, in line with other research (Foster and Scott, 1997; Greer, 2008; Tattersall, 2009; Stirling, 2005). Unions adopting 'strategic mobilisation' in

France and in England reported that, despite attempts to engage with their sister unions, they were unable to develop strong coalitions, with more moderate unions unwilling to take part in more 'militant' forms of protest. Both Hyman (2007) and Frege and Kelly (2003) note that unions tend to be path dependent as they prefer adopting forms of action which do not threaten their identity, with 'organisational learning skewed towards what is already known' (Hyman 2007:202). Both in France and England, unions looked to establish distinct collective identities in order to differentiate themselves from one another and to have a certain competitive advantage when organising or during workplace elections. As a result, union identity and framing processes directed unions to known modes of action instead of exploring alternative strategies to address the threats in their environment. Consequently, finding common ground and looking for compromise may be counterintuitive for many union leaders, who look to avoid dissonance between union identity and union strategies. Overall, path dependencies appear to have made it more difficult for unions to overcome structural constraints and learn from other groups. In almost all cases, unions disagreed on the best course of action, making joint campaigning difficult if not impossible. Yet, as the case in Ajaccio showed, coalition building remains possible with the willingness of leadership.

Murray et al (2010) argue that, to avoid path dependency, strategic capacity is key; without it, union leaders are likely to follow trajectories that do not challenge their projects, values and habits. Hyman (2007) considers that strategic effectiveness may depend on the ability of unions to learn appropriate responses to new challenges and unlearn responses which are no longer appropriate. Hodder and Edwards (2015) have also argued that outcomes lead to organisational learning which impacts on union identity. Although case study data showed that framing processes were important in how strategic effectiveness and outcomes were evaluated by union leaders, there was little evidence that it had led to organisational learning and shifts in trade union identity. Rather, data suggested the opposite; that identity influenced the framing of outcomes, resulting in path dependency. Generally, union identity appeared to be both stable and influential in the way which unions framed effectiveness of action and outcomes; if a strategy was perceived as 'right', other reasons were found as to why desired outcomes did not materialise, potentially to preserve union identity and existing leaderships. Yet, organisational learning was noted on some occasions whereby framing changed and new ways of working were adopted, thus reversing the habitual link between framing and identity.

One example is of the CGT in Nice who chose to form an alliance with the CGT at Lénval in order to avoid any competition between the two branches and ensure that public sector values 'lived on' following privatisation. Another is of the CFDT in Ajaccio: despite being qualified as a 'reformist' union and preferring social dialogue, the union was the first to publically oppose and protest against the construction of the 'clinique' on the grounds of the new public hospital, working collaboratively with more the more 'radical' STC and CGT. Generally, unions in both countries on occasion pragmatically combined different types of tactics to better influence decision-making, regardless of having 'strategic mobilisation' or 'co-determination' as their main strategy. As noted by Hyman (1994;2007), crises may drive unions to innovate, whereby traditional frames can no longer explain or cope with changes in the context.

In conclusion, for trade unionism to innovate and achieve renewal, unions would benefit from not only being aware but also critically think about their own collective identity, particularly how it can influence strategic choice and relations with other groups. While identity reconstruction through organisational learning may require sustained efforts from leadership, it may ultimately lead to more sustainable ways of coping with external and internal challenges.

7.4 Conclusion

The aim of this research was threefold; to address the empirical gap in the literature on trade union responses to public healthcare privatisation, to identify the factors which influence union responses, and to test whether collective identity could account for local variations in strategic choice. Literature has identified NPM as a global phenomenon which continues to influence policy making across different economies. With the introduction of decentralisation, responsibilities over the implementation of new NPM reforms have often shifted to the local level. Consequently, as argued by Latour (1986), the diffusion and adoption of standards such as NPM may not only depend on the strength of the original source (national governments in the case of healthcare reforms) but also on the resistance of other strong actors. Krachler and Greer (2015) found that, since 2012, trade unions and campaign groups in England have generally been successful in their attempts to stop the privatisation of NHS services; this is

despite the introduction of national reforms which have specifically looked to increase local private sector participation in public healthcare provision. Yet, the majority of comparative literature on NPM was found to ignore or underplay the role of trade unions in shaping policy implementation. To address this empirical gap, this research sought to understand how local trade unions respond to the threat of healthcare service privatisation in different national settings. To do so, the research compared local trade unions responses to the threat of healthcare service privatisation in France and England.

Case comparison found that local unions in France and England faced similar local environments in terms of national healthcare reforms and local decision-maker behaviours. Although analysis identified some differences between the healthcare systems in France and England, governments in both countries, irrespective of the party in power, chose to implement NPM style reforms and looked to increase private sector participation, supporting Baccaro and Howell's (2011) argument that neoliberalism is compatible with different institutional forms. Findings also revealed intra-case variations in terms of trade union responses. Strategies were classed according to Tapia and Turner's (2013) framework as 'co-determination' via existing channels of collective representation or 'strategic mobilisation' through rank-and-file mobilisation, coalition building, media attention, social justice framing, pressure on decision-makers through strikes and demonstrations, and pressure on local and national governments. Unions that were not involved in any form of action were classed as quiescent (Jalette 2005; Greer et al 2013). Both in France and England, three response types (co-determination, strategic mobilisation and quiescence) were identified and therefore no clear country specific trend emerged; case study unions were shown to respond differently to healthcare privatisation, irrespective of the national context. Consequently, these findings provided no clear evidence of national convergence; instead the data supported the position of Levesque and Murray (2005) who assume that a variety of union responses can exist within the same national setting.

To explain intra-case variation of trade union responses, this research focused on the role of collective identity in shaping trade union strategic choice. This concept emerged as a key factor within the literature, with the work of Frege and Kelly (2003), Hyman (2001a), and Murray et al (2010) all considering collective identity as a starting point from where vision,

interests and strategy flow. Moreover, several authors have noted that strategic action can be viewed as an expression of union identity, therefore supporting existence of a close relationship between collective identity and strategy (Polletta and Jasper 2001; Frege and Kelly 2003; Murray et al 2010). As such, this thesis looked to test whether or not differences in collective identity could explain local and national variations in union responses to privatisation. To do so, local unions were assessed and classified according to Hyman's (2001a) dimensions of union identity (market, class and society) and the militant-moderate dichotomy (Kelly 1996). Links were then drawn between these categorisations and strategic choice. This research found that strategic choice was connected to collective identity via two of Snow and Benford's (2000) core framing processes: diagnostic framing and prognostic framing.

First, Hyman's (2001) typology was found to be closely linked to diagnostic framing. Indeed, the way which unions framed private sector involvement in public healthcare service delivery depended on whether a union's identity was primarily oriented towards 'market', 'class' or 'society'. Unions with 'class' and/or 'society' orientated identities considered private sector involvement as a 'threat' and 'injustice' which needed to be acted upon. In contrast, unions with a more 'market' orientated identity framed private sector involvement either positively or remained neutral as privatisation did not apparently clash with their values nor threaten their interests. As a result, differences in collective identity led to variations in how unions framed private sector involvement, even within the same local context. Second, strategic choice was able to be traced back to union 'militant' or 'moderate' identities via the prognostic framing process. The opportunities which unions saw in their environment were closely linked to this dimension of identity; unions with a more 'militant' identity primarily adopted the 'strategic mobilisation' approach while those with a more 'moderate' identity chose 'co-determination' or remained quiescent. Overall, case analysis allowed for strategic choice to be traced back to collective identity via diagnostic and prognostic processes, showing that unions frame threats and opportunities in their environment through the lens of their identity.

Case analysis also found that employer behaviours and resource access shaped strategic choice at different stages. First, strategy implementation could be constrained by decision-makers, as the latter could choose to either include or exclude unions in the decision-making process; this primarily depended on whether or not the union actively opposed privatisation.

Unions excluded from the decision process found it more difficult to access information, engage and collaborate with decision-makers. Second, strong internal and external resources bolstered union positions. As unions opposed privatisation were most often bypassed or marginalised by local decision-makers, they relied primarily on their resources in order to implement their chosen strategy. For those adopting a 'co-determination' approach, resource access shaped relations with decision-makers, resulting in different forms of collaboration. As for unions having chosen 'strategic mobilisation', stronger resources allowed them to develop wider support and arrange more frequent campaign events. Overall, strategy implementation emerged as dependant on access to internal and external resource. Overall, case data supported the analytical framework proposed in Chapter 3, showing that internal and external variables were influential in shaping union responses, in line with conclusions drawn by Connolly and Darlington (2012).

Case study evidence on the framing processes used by local unions also support Kelly's (1998) preconditions for mobilisation. Kelly theorises that, for mobilisation to occur, workers must consider having collectively experienced an injustice which can be attributed to a specific dominant group (an employer or government) and a sense of efficacy: that by acting collectively, they can make a difference (Kelly 1998). This research found all three framing processes (diagnostic, prognostic and motivational) to be linked to Kelly's (1998) mobilisation theory. Diagnostic framing allowed for privatisation to be determined by some unions as an 'injustice', and for those ultimately responsible for implementing government policy to be identified. Union efficacy was shaped by prognostic framing as it allowed for strategic opportunities and resources to be identified. Finally, unions used motivational framing which use overarching identities and common values regarding healthcare to strengthen their resources and bolster solidarity, empowering collective action. Thus, through these three framing processes, this research has provided a more nuanced characterisation of Kelly's mobilisation preconditions by detailing the different mechanisms at play at each stage of the process while also tracing motivations for mobilisation back to collective identity.

Finally, this research found that a combination of local and national factors influenced case outcomes, helping to explain why English unions were more successful in stopping privatisation than their French counterparts. Public opinion, healthcare systems and

procurement specificities, market ideology and union divisions all contributed to local dynamics, influencing the decision-making process. In particular, the NHS remains one of the most loved institutions in England (Taylor-Gooby 2008; Yougov 2018) and unions benefited from a widespread willingness to protect it from privatisation. Thus, unions in England benefited from more favourable conditions than in France, explaining national divergence of outcomes. However, the case in Ajaccio showed that even in unfavourable conditions, unions can find opportunities in their environment to influence decision-making. Strong resources were key in effectively using these opportunities; these allowed for strategies to be implemented fully and could be used to shift public opinion on privatisation. In line with Murray et al (2010), Hyman (2007) and Hodder and Edwards (2015), this research concludes that, in order to overcome path dependencies, union leaders would benefit from critically thinking about their behaviours and broadening their networks in order to encourage organisational learning and achieve revitalisation.

This research was able to address a number of debates related to convergence and divergence, agency and structure and trade union renewal. By comparing union responses in two countries usually categorised as different national models, case analysis was able to unpick local and national factors and determine how these contributed to local dynamics. Findings showed that, while overall convergence between contexts may emerge, small differences could ultimately have a large impact on power relations and outcomes. This research has shown the relational dimension of actor behaviours and outcomes; it is the interplay between agency and structure which can ultimately explain local outcomes.

This research has also highlighted the importance of trade union identity in explaining trade union strategic choice towards privatisation. To operationalise trade union identity and explain strategic choice, this research used a novel approach, combining two typologies: Hyman's eternal triangle and the militant-moderate dichotomy. These typologies were found to be linked to two framing processes proposed by Snow and Benford (2000): diagnostic and prognostic framing. By combining these typologies, this research was able to offer a more detailed analysis of trade union strategic choice and explain why, within the same context, unions can respond differently. In addition, union resources were found to be crucial for the implementation of union strategies and their mobilisation could help to influence case

outcomes. Little support was found for institutional theories such as Varieties of Capitalism (Hall and Soskice, 2001) nor for Hyman's (2001a) thesis which argues that national unions will tend towards a particular orientation on the 'eternal triangle': both were unable to explain why unions within the same national setting chose to adopt different strategies. Finally, by looking at identity, this research has looked at path dependency in a new light, offering avenues for further research on trade union renewal.

7.4.1 Limitations

While this thesis has contributed to a number of ongoing debates regarding public sector policy and industrial relations, some limitations should be noted. Firstly, as presented in Chapter 4, the case study method has both strengths and weaknesses. This research opted for a small N comparison of 16 local unions across six cases in two countries; this allowed for a detailed analysis of the cases while also providing greater scope for contextualisation and for new ideas to emerge (Halperin and Heath 2012). To improve external validity, small N comparisons require a careful case selection (Yin 2009). While considerable effort was devoted to finding comparable cases, it must be acknowledged that no union faced identical challenges. This is in line with Locke and Thelen (1995) who argue that all comparisons involve an element of the incomparable and therefore formal comparative methods can be difficult to achieve in practice.

At the national level, the institutional differences between the two countries made it difficult to compare the English and French unions accurately. In terms of healthcare policy implementation, cases presented different forms of private sector involvement which had varying implications for trade unions and staff. As for industrial relations, it is clear that French and English unions rely on different legislations and structures. One example is the importance of workplace trade union elections in France, a particularity which does not exist in England. Although the nuanced interpretation could account for divergence, it remains that such differences will have impacted on the comparability of the six case studies.

Some caution must also be noted with respect to the generalisation of findings to other contexts. To address the empirical aims of this research, this thesis chose to focus on the local

dynamics within the healthcare sector when policy initiatives sought to promote private sector involvement. Considering the specificities of the sector, as detailed in Chapter 2, findings in other sectors may differ. For example, data from the International Social Survey Programme in 2006 found overwhelming public support for public healthcare both in England and in France. Considering the importance of external resources for union action, particularly for unions adopting the ‘strategic mobilisation’ approach, different local dynamics may be found in countries or sectors where public support is weaker or when privatisation is being considered for a non-universal public services such as unemployment or disability benefits.

Finally, the framework used in this research proved effective in analysing and explaining trade union responses to privatisation. Collective identity was shown to be crucial in understanding union strategic choice, in line with a number of frameworks present the concept as key variables (Hyman, 2001a; Murray et al 2010; Frege and Kelly 2003; Hodder and Edwards 2015). However, with the exception of Hyman (2001a), these frameworks offered little detail in how trade union identity could be operationalised. In an effort to deliver a more in-depth comparative analysis of union identities, this research combined Hyman’s (2001a) dimensions of union identity (market, class and society) and the militant-moderate dichotomy (Kelly 1996). While these typologies were helpful in uncovering links between identity, framing and strategic choice, the review of the literature found few studies using Hyman’s framework. As such, the validity of this approach remains uncertain and would benefit from further empirical testing. In addition, wider ideological, cultural and historical aspects may also form part local union identities which may not be explicitly captured within these typologies. Consequently, further theorisation of collective identity is recommended in order to help address conceptual issues. With these considerations in mind, this chapter will now discuss the possible future directions for research.

7.4.2 Future directions for the research

The limitations noted in the previous section are closely linked to the future research recommended. First, there is considerable scope for further research testing the core arguments of this thesis by exploring other sectors, undertaking a longitudinal study to assess how identities changes over time or in different contexts, and by broadening research to

examine union identity in other countries. More extensive research could also be done on healthcare privatisation by conducting further interviews, particularly with management, to gain greater insight on the dynamics within the sector.

In addition, this thesis concludes that a real opportunity to further develop theory on trade union strategic choice and identity exists. Several authors have noted that the field of industrial relations remains under theorised (Kaufman 2010; Gahan and Pekarek 2013). Building on from this research, further efforts should be made to flesh out concepts such as union identity which are under-developed in order to offer refinement and clarifications. Other methods and approaches could also be used, drawing from analytical tools found in other fields such as sociology, organisational behaviour and social psychology, in order to develop a multidimensional framework of union identity. Future research may also look to further develop resources theory, specifically looking to determine the key resources for effective strategy implementation.

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APPENDIX 1: Interview schedule

1. Can you tell me a bit about yourself?
2. Can you tell me what happened regarding X service?
 - a. What factors mattered in this case?
3. What did your union do?
 - a. What was the objective?
 - b. What tactics did you use?
 - c. What resources did you have?
 - d. Did you work with other groups? Which ones?
4. How did decision-makers behave towards you?
5. What were members/staff saying? Did they get involved?
6. What worked in terms of strategy/tactics?
7. What was difficult? What helped
8. What is the current situation? Have there been any changes to services or working conditions?
9. Knowing what you know now, would you do things differently? Why or why not?
10. What makes for effective trade unions?

APPENDIX 2: List of interviewees

England		
Face to face	UNISON National 1	Mar-15
	UNISON National 2	
Face to face	England healthcare campaigner 1	Apr-15
Face to face	England healthcare campaigner 2	Apr-15
Face to face	RCM National	Jul-15
Face to face	England healthcare campaigner 3	Jul-15
Face to face	BMA National	Jul-15
Face to face	Bristol/Weston Local Campaigner	Sep-15
Face to face	Bristol Local Campaigner 1	Sep-15
	Bristol Local Campaigner 2	
Face to face	Unite Nuneaton 1	Oct-15
	Unite Nuneaton 2	
Face to face	UNISON Weston	Oct-15
Face to face	Bristol Local Campaigner 3	Nov-15
Face to face	Bristol Local Campaigner 4	Nov-15
Phone	NHS Contractor	Nov-15
Face to face	NHS National	Dec-15
Face to face	England healthcare campaigner 4	Oct-16
Face to face	UNISON National 3	Oct-16
France		
Face to face	FO Marseille 1	Jan-16
	FO Marseille 2	
Face to face	CGT Marseille 1	Feb-16
Face to face	CGT Marseille 2	Feb-16
Face to face	CGT Marseille 3	Feb-16
Face to face	PC Marseille	Mar-16
Face to face	CGT Nice 1	Mar-16
	CGT Nice 2	
Face to face	CGT National	Mar-16
Face to face	ARS Ajaccio	Mar-16
Face to face	STC Ajaccio	Mar-16
Phone	CGT Ajaccio	Mar-16
Face to face	SUD Marseille	Apr-16
Face to face	CGT Nice 3	Apr-16
	CGT Nice 4	
Face to face	Nice ex-manager	Apr-16
Face to face	Marseille Manager 1	Apr-16
Face to face	Marseille Manager 2	Apr-16
Face to face	Academic France	May-16