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RESEARCH ARTICLE

Using the Unions: Healthcare struggles in Italy and Spain between trade unionism and self-organization

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ABSTRACT: The healthcare sector has been profoundly impacted by global neoliberal restructuring which, in turn, has provoked campaigns of resistance from workers and users. Scholars' investigations of this resistance to have focused on unions' struggles in the workplace, user campaigns relating to access as well as instances of self-organized healthcare provision. This paper adopts a new focus – self-organized groups of healthcare workers and users which strategically use union resources. Our findings show how these groups, while emerging independently of unions and often framing unions critically, nonetheless rely on unions both in workplace-related struggles and campaigns regarding access to services. We identify three main purposes for which these groups use unions – expertise, institutional and legal resources, and publicity – and argue that these strategic uses are related to the phase of demobilisation in which social movements find themselves. As well as providing new insights into a distinctive feature of organizing within the healthcare sector, our research contributes to the literature on workers' self-organization and to labour revitalization studies by showing how and why self-organization and trade unionism interact.

KEYWORDS: anti-austerity movements, healthcare, protest waves, social movements, trade unions

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Introduction

The establishment of universal health systems where healthcare is provided free at the point of service significantly reduces workers' dependence on the labour market for maintaining their welfare and mitigates income inequality by ensuring access is based on need (Esping Andersen, 1989). However, since the 1970s and at different junctures in each country, European public healthcare systems have been subject to processes of commodification, fuelled by private companies' growing investment in healthcare and facilitated by governments, which have threatened user access to services while degrading working conditions in the health sector (Stan and Erne, 2021). This approach undermined the capacity and resilience of their public health systems, increasing their vulnerability to shocks such as the Covid-19 pandemic (Navarro, 2020).

Given this neoliberal restructuring, our paper addresses the following question: how has the working class organized to de-commodify healthcare from the late 2010s onwards? We respond by examining mobilizations organized in response to commodification in the Italian and Spanish healthcare sectors in the late 2010s and early 2020s. Our initial findings show that self-organized groups mobilizing against processes of commodification in the healthcare sector rely on unions both in relation to workplace struggles and in struggles for access to services. In this paper we examine how and why they do so. Specifically, we identify the distinct types of resources these groups use unions for and argue that their selective and strategic use of unions is related to the historical period of demobilization during which these groups organize.

The paper is organized into the following sections: an overview of neoliberal restructuring in the healthcare sector; a review of literature pertaining to self-organized groups and historical perspectives on forms of resistance; a description of our research methods; the presentation of our findings; and a discussion of these findings.

1. Forms of organizing

Labour revitalization studies emerged as a branch of study in response to processes of economic restructuring – such as the flexibilization of labour markets and the privatisation of public services and companies – which have altered the power relations between workers and employers in favour of the latter. According to Schmalz (2017), labour revitalization studies emphasise the agency of labour as well as workers' capacity to develop strategies which can overcome this latest rebalancing of power and turn changing circumstances to their advantage. However, contributions to labour revitalization studies tend to focus on trade unions as the principal actor in this struggle. Indeed, Levesque and Murray (2006) treat the labels “labour revitalization” and “union renewal” as interchangeable. As a result, the strategies of labour revitalization identified by these scholars are primarily informed by studies of trade union experience, and their operation and effectiveness are assessed from the union's perspective (Köhler and Jiménez, 2020). For example, Tattersall (2005) calls union-community coalitions “a mechanism for advancing *union* power by developing powerful alliances in order to rebuild unions' political and economic influence” (p. 97, our emphasis) and has developed a framework for categorizing and evaluating such coalitions in terms of how they contribute to the power and renewal of unions. Frege and Kelly (2004), assume that such coalitions occur “between unions and non-labour organizations” (p. 141), again not taking into consideration the existence of non-union labour organizations. Thus, the impact of groups of workers organizing outside the union form or of community or social movement activists on renewing and revitalizing the labour movement is either ignored or considered only incidentally, namely in the extent to which the existence and activity of such groups affects unions' positions.

By contrast, a growing strand of the literature has highlighted the frequency with which workers' resistance emerges outside of trade unions and sought to move labour and industrial relations studies away from the focus on the trade union form. Most notably, Atzeni (2021) has criticized what he defines a "fetishism" of the union, arguing that "By continuing to focus on the trade union form as the central and undisputed object of analysis, we will offer increasingly partial and limited views of the organizations of the working class, obscuring and making invisible the real processes of struggle and organization that exist outside/in parallel/around the union form". Bailey et al. (2022) also criticize the tendency to assume that "trade union mobilization is the primary means by which workers and labour mobilize in contemporary society" (p. 450) and urges us to look at how the working class has mobilized outside of the workplace, especially after the 2008 crisis. While union revitalization literature considered unions' collaborations with non-union groups only from the perspective of trade unions, this strand of the literature has so far overlooked how self-organized groups can use union resources. In Atzeni's (2010) description of the FIAT plant occupation in Argentina, the mobilization develops spontaneously, without any union involvement, driven by workers with no prior union experience. Cini (2021) draws on the case of the GKN plant occupation in Italy, and recognizes the presence of the trade union which "has mostly operated through formal voice and legal channels" alongside the "massive grassroots mobilizations of the workers" (p. 3). Nevertheless, he describes the mobilization as occurring "with no support from 'formal' unions" (p. 4).

Researchers studying mobilizations and workers' collective action in the healthcare sector, in turn, either focus on trade unions or on activism outside the workplace. In the former case, they look at a wide range of union strategies, for example leveraging labour shortages due to migration (Stan and Erne, 2016), "politicizing care" (Briskin, 2012) or confronting labour market segmentation (Mori, 2020; Ciarini and Neri, 2021). Scholars also looked at the implications of engaging in trade union actions in the field of care, taking into account both the "emotional and intellectual qualities" of care work without neglecting its character of "actual work" (Tronto, 1998, p. 16). This involved studying how trade union action could "politicize care" (Briskin, 2012) or mobilize popular solidarity (Szabó, 2022; Naughton, 2022).

In terms of activism outside the workplace, studies focus on activism related to access to healthcare services, engaged in demanding increased access or in self-organizing its provision (Brown and Zavestoski, 2004; Giarelli et al., 2012). For example, Zoller (2005) identifies three types of healthcare activism: addressing issues of "medical care access and improvement"; "illness and disability activism" and "public health promotion and disease prevention activism" (p. 348). These studies only mention healthcare workers insofar as they might mobilize around issues related to access and improvement of services (ibid.). Other authors reflected on the experience of self-organized primary care centres, also called "social clinics" (Kotronaki and Christou, 2019; Vallerani, 2020). In the field of healthcare mobilization literature, then, workers' self-organization has not been an object of study yet, much less self-organized groups' use of trade unions to further their struggles.

In our fieldwork we encountered mobilizations in the healthcare sector driven by self-organized groups of workers and of workers and users which operated outside unions but relied on them for certain resources. We consider these mobilizations significant as they have not been taken into account by the literatures on labour revitalization, labour self-organization or healthcare mobilizations described above. Therefore our paper centres these groups and seeks to identify how and why they strategically use unions.

2. Context: neoliberal restructuring and the healthcare sector

The healthcare sector has been profoundly impacted by neoliberal restructuring, altering the resources and subjectivity of healthcare workers; therefore, analysis of unrest in the healthcare sector should be understood in this context. Since the 1970s, governments have responded to recurrent fiscal crises by cutting health service

budgets and commodifying service provision (Lethbridge, 2009). In Italy and Spain these practices came to the fore in the 1990s as governments in both countries sought to meet the debt and deficit thresholds required to join the Economic and Monetary Union (EMU) and became even more severe after the 2008 financial crisis and the implementation of the EU new economic governance regime (Stan and Erne, 2021), which also weakened trade unions (Meardi, 2018).

Increased commodification in both the sphere of production and social reproduction triggered anti-austerity mobilizations in many countries including Spain and, to a lesser extent, Italy. Della Porta (2015) and Flesher Fominaya (2017) identify these anti-austerity movements as a new protest wave – a phase of heightened conflict between challengers and authorities characterized by the rapid diffusion of protest and new frames of discourse across the social system, the mobilization of previously unorganized actors and the transformation of actors’ alliances and repertoires of contention (Tarrow, 1998; Koopmans, 2004). A fundamental feature of protest waves is that they contract, and thus these phases of increased contention alternate with periods of relative demobilization (*ibid*). Koopmans (2004, p. 36) identifies a variety of processes and outcomes which can drive contraction, including “reform, institutionalization, co-optation, altered conflict and alliance structures, a new balance of electoral power and changes in government incumbency”. Similarly, while contraction implies a phase of relative demobilization, the wave of contention may leave a “permanent residue” whereby protest is less frequent and intense than it was during the wave but remains more consistent and normalized than it was before the wave had occurred (*ibid*).

Spain’s economy was severely affected by the global financial crisis and later the crisis in the Eurozone. Due to its precarious financial position, the government was subject to significant external pressure, imposed through the EU’s economic governance regime, to adopt austerity measures targeting the public healthcare service (Karanikolos et al., 2013). Spain’s healthcare service is funded by general taxation and provides near universal coverage, with access free at the point of service. Measures implemented by central and regional governments include recruitment embargoes, withdrawal of coverage for undocumented migrants and outsourcing of services to the private sector. From 2012 to 2015 the number of people employed by the health service fell from 509,940 to 479,916 (Fesp-UGT, 2021). Waiting lists increased nationwide and private expenditure on health increased to 28.9% of total health expenditure (Bernal-Delgado et al., 2018).

The healthcare workforce began to recover in size from 2016 but these increases were primarily driven through hiring workers on fixed-term contracts (Fesp-UGT, 2021). Over 30% of healthcare workers were employed on such contracts in 2017 (*ibid*). Madrid’s government also increased public spending on contracts with private hospitals at three times the rate of expenditure on public hospitals from 2015 to 2019, increasing the share of services provided by private sector workers (Valdés, 2019). Workers with permanent contracts in the public sector are protected by public service employment legislation whereas those on temporary contracts can be employed subject to public service employment law or ordinary employment law, which offers fewer entitlements. Working conditions within the sector are also governed by national public sector collective agreements, as well as more specific sectoral agreements negotiated at the regional scale. In Spain, entitlement to participation in collective bargaining is determined by the number of seats unions win in workplace elections rather than membership density. As a result, Martínez Lucio (2003) describes Spanish trade unions as unions of voters rather than unions of members. Representation in the health service is shared between confederal and radical unions organizing all categories of worker and professional unions.

In 2011, millions of people mobilized against government austerity measures through the Indignados (“outraged”) movement. The Indignados criticized the failings of representative institutions, including the confederal unions, for failing to act in the interests of workers. These mobilizations launched a wave of contention in Spain affecting various economic and social sectors. A mass movement in defence of the public

healthcare system, the *marea blanca* (“white tide”) emerged in the Madrid region and spread across Spain from 2012 (Ribera-Almandoz and Clua Losada 2021). This movement was launched by self-organized groups of workers and users. Both confederal and occupational unions became involved, but rank-and-file activists preserved their leading role (Ribera-Almandoz and Clua-Losada 2021). By the mid-2010s, this protest wave had contracted. Portos (2017) notes that from 2013, the *Indignados* began engaging in fewer contentious actions, with some participants moving towards conventional politics and collaborating with unions. The *marea blanca* continued to hold monthly marches, politicizing new threats to access to services such as spiralling waiting lists but these were on a much smaller scale than those witnessed from 2012-2014.

In Italy, austerity measures reinforced by EU pressures included regional increases of co-payments, recruitment embargoes, reliance on outsourced labour and short-term contracts, and contracting out services to private providers (Toth and Lizzi, 2019). Vicarelli (2022) estimates that doctors and dentists passed from 107.448 in 2010 to 101.100 in 2017, while nurses passed from 263.803 to 253.430 over the same period (p. 10). Within public expenditure for healthcare services, expenditure for employees decreased from 33,4% to 30,8% of the total between 2008 and 2018, while expenditure on purchasing healthcare services from private facilities went from 20,5% to 22,5% over the same period (Mef 2019, p. 6, table 1.1), which means a decrease of workers in the public healthcare sector and an increase of workers in the private one. This is significant, since employment relations for all healthcare workers in the public sector are regulated by two collective bargaining agreements which can only be negotiated by trade unions fulfilling certain criteria, while in the private healthcare sector any employer can sign a valid contract with virtually any union. This triggered a race to the bottom in the private sector, resulting in worse working conditions and, for unions, less power to negotiate for upward convergence (Mori and Neri, 2020; Ciarini and Neri, 2021). Moreover, precarious work peaked again between 2020 and 2021, with 79% of new contracts signed with the national healthcare service in the first year of the pandemic being non-standard (mostly fixed-term or with outsourced workers) (Vicarelli 2022, p. 22). Parallel to such commodification of healthcare labour, Toth and Lizzi (2019) estimate that patients’ private healthcare expenditure increased by over 27% between 2008 and 2018, while results from the European health interview survey conducted in 2019 (Eurostat, 2022) report that of respondents with healthcare needs, over 25% were unable to have these met due to waiting lists in the public healthcare sector. Since the organization of healthcare services has been decentralized, these measures impacted every region differently, but labour precarization and long waiting lists are present state-wide (Toth and Lizzi, 2019). In this context, major unions have agreed to include supplementary private insurance as a benefit in collective agreements for different sectors, again shifting resources away from the public system (Dirindin, 2019).

While unions were weakened, in Italy austerity measures did not trigger the emergence of a mass social movement. Indeed, Andretta (2017) calls mobilizations in Italy in those years “protests without a movement”. The student movement (“L’onda”, “The wave”), active in the early years of the crisis (2008-2011), is considered the only social movement which emerged during the crisis (Zamponi 2012). In the following years, social movement organizations decided to focus on mutual aid initiatives rather than conflictual actions, finding the former more effective in involving larger segments of the population (Bosi and Zamponi, 2015). In the field of healthcare, this turn resulted in the establishment of self-organized clinics, which provide healthcare services through volunteers (Vallerani, 2020). Thus, groups which continued to systematically politicize the commodification of healthcare through contentious action did not emerge in the last crisis, but during the protest wave which peaked in the 1970s (Wright, 2002; Giorgi and Pavan, 2019). These groups, while displaying a deep knowledge of healthcare system transformations, are no longer able to mobilize significant numbers of people. As a result, they focus on either legal actions and spreading information or – as we will see – on small, strategic mobilizations.

3. Methods

This research is part of our PhD studies on collective action in the healthcare sector. In this context, we implemented a protest event analysis of newspapers (*El País*, Spain) and news agency releases (ANSA, Italy) from 2008 until 2020, through which we identified the main collective actors in the healthcare sector, their demands and repertoires of action. Additionally, we conducted participant and non-participant observations between May 2020 and March 2021 (Italy) and September 2021 and December 2021 (Spain). Events observed included protests, strikes, in-person and online meetings of both trade unions and self-organized groups active in the healthcare sector. In both Italy and Spain, healthcare is devolved to the regional level, thus Rome and Madrid were chosen respectively as the main research site: being both capital cities and parts of discrete regions (Lazio and Madrid respectively), they allowed for the observation of local, regional and national scale movements.

This paper also draws on interviews with activists from self-organized groups, union officials, section organizers and workplace delegates. These were mostly conducted during our fieldwork periods, but also in the months immediately preceding or following them. Activists were asked to describe their activism experience and the activity of the group they were organizing with; interviews were mostly unstructured. Trade unionists were asked similar questions, but tended to shift the conversation to a less personal interview; these interviews were more structured and involved questions such as their union's position on a given EU or national policy affecting the healthcare sector. Interviews were recorded and lasted on average 75 minutes. Research participants were asked to indicate where they wanted the interview to take place. Interviews were conducted either outdoors, or indoors with face masks or online, given the Covid-19 pandemic. Participants were selected from the most involved in the mobilizations taken into consideration and the unions they collaborated with. The discussion of the Spanish cases draws on 24 interviews, including two group interviews, and involved 13 male research partners and 14 female research partners. Seven interviews took place online over Zoom, while the remainder were in person. The discussion of the Italian case draws on 50 interviews, including three group interviews, and involved 28 male research participants and 24 female research participants; 13 interviews were conducted online and the others in person. Interviews were transcribed, partly by the authors and partly by paid transcribers and were translated from Italian to English and Spanish to English by the authors. Additional material was gathered through a review of the campaign groups' websites, publications and press releases.

In the context of our fieldwork, we noticed that all but one of the self-organized groups of activists that we observed during our fieldwork periods relied on unions. We found that this strategic reliance on unions was not accounted for in the literature, as explained in the first section. We thus sought to understand why and how self-organized groups rely on unions' resources, and for this purpose we selected all cases in which groups relied on unions. Since only one self-organized group did not significantly rely on unions, we did not find that a comparison between this group and the others would have been productive.

We identified five cases in total: three were observed in Italy and two in Spain. Moreover, three pertain to the workplace and two relate to access to services. Looking at both Spain and Italy allows us to consider collective action at two different points in time of demobilization processes, because the first country is closer in time to a protest wave than the latter and we can thus expect organizing practices between the two countries to differ. At the same time, looking at mobilizations both inside and outside workplaces allows us to observe different interactions with trade unions.

We analysed interview transcriptions, fieldwork notes, and groups' press releases and social media both manually and with the software MAXQDA. We first created a category to group together all instances of self-organized groups collaborating with unions or of activists from these groups talking about unions. After that,

we created two main categories: “framing of the unions”, to account for activists’ statements regarding both unions in general and specific unions they had interacted with, and “uses of the unions”, to account for the ways groups were relying on unions’ resources. Finally, within the category “uses of the unions”, we identified the main ways in which the groups used unions.

4. Findings

In this section we present our findings. First, we present cases related to workplace struggles and then cases related to struggles for accessing services. For each case, we describe: when and how the group emerged; its demands and actions; how it frames trade unions and how it relies on them.

4.1 Workplace struggles

4.1.1. Primary care physicians in Madrid seeking better working conditions

AP Se Mueve (“Primary care on the move”) is a campaign group founded in 2018 to improve primary care physicians’ pay and working conditions. The group has organized rallies, marches and a strike in primary care. With the onset of the pandemic, conditions in primary care worsened and in 2022 the group successfully sued the regional health ministry for failing to take adequate steps to protect primary care physicians from occupational health risks, including Covid-19. The group was launched by a group of precarious, recently qualified doctors, but by its first assembly there was a considerable presence of doctors with greater security and longer work experience within the campaign. Many of these had been involved in the *marea blanca* and/or the trade union movement. According to a doctor active in AP Se Mueve who had participated in the *marea blanca*, through a self-organized platform of users and workers:

The *marea blanca* razed everything that had gone before, the trade unions totally faded into the background because the people didn’t trust them. (Interview 28/11/2021)

This research participant linked the emergence of the *marea blanca* to the *Indignados* movement which had changed the form of activism in Spain, bypassing the need for organizations such as unions which wanted to capitalize on movements and grow their membership. However, she noted that from 2014 mobilizations had been growing less frequent and some of the self-organized groups which had emerged during that movement, whose organization required considerable effort on the part of activists due to their horizontal nature, had receded:

The organizations that had served for mobilizing at a certain moment, now didn’t have a purpose. Assembly-based organizations that you aren’t going to be able to maintain _ they were shrinking and finally they dissolved. (Interview 28/11/2021)

Thus, while a large number of doctors joined AP Se Mueve (over 1,000), the group emerged during a period of relative demobilization in the healthcare sector.

Members of the group differ in their framing of unions. The more recently-qualified, precarious cohort were motivated by the failure of the confederal and occupational unions to address the degradation of primary care and called for a new “transformative movement” (AP Se Mueve Assembly minutes 15/12/2018). This suggests that the group was intended to substitute for unions which were neglecting their representative function. Yet research partners from the group also stated that most doctors in AP Se Mueve were union members and many

of the campaign's goals would require help from unions (Interview 10/02/2022). This suggests that they viewed their activities as complementing those of unions. Reflecting on the relationship between AP Se Mueve and trade unions, one of the activists cited above stated:

There has been, well, let's say a tension there with the trade unions which hasn't been fully resolved because in reality, of course, in the end we have put ourselves in a coalition and we don't want to occupy [the unions'] space, of course. When you have to call a strike, well you find you need the structure or the means that a trade union has. So I think that what AP Se Mueve has done is find its space, I think that it has attempted to maintain a space which is independent in a sense, without looking for confrontations and I think that it has managed to do so. (Interview 10/02/2022)

In practice, the group has attempted to channel unions' institutional power, by extracting a pledge from the the confederal unions CCOO and UGT and occupational unions CSIT (public sector professionals), Satse (nurses) and AMyTs (doctors) to advance their claims in negotiations within the sectoral bargaining committee. The group has also relied on AMyTs, CSIT and Afem (a self-organized group of doctors which was active in the *marea blanca* and legally became a union but does not contest workplace elections) for legal protection. For instance, when AP Se Mueve decided to call a strike in primary care, these unions convened it on their behalf as only trade unions are permitted by Spanish law to organize strikes affecting an entire sector. AP Se Mueve lodged a collective complaint regarding the overburdening of primary care physicians to the labour inspector through AMyTs, while Afem agreed to take a lawsuit on the group's behalf, demanding that the administration provide appropriate levels of staff in health centres. On the advice of the law firm dealing with the case, AP Se Mueve ultimately took this case on its own behalf. As the group needed legal personality to do so, AP Se Mueve constituted itself as a trade union as the procedure for this administrative form was the most straightforward. Still, Afem and some of the unions on the sectoral bargaining committee joined the case.

4.1.2 Precarious nurses in the Lazio region seeking permanent public employment

The *Movimento permanente infermieri* ("Nurses' Permanent Movement") is a campaign mobilizing in the Lazio region since 2019. The mobilization demanded that all nurses which passed the relevant public examination be hired in the national healthcare service with open-ended contracts. With the pandemic, the mobilization gained momentum, as many nurses which had passed the exam but had not been hired were called to work for the national healthcare service with fixed-term contracts.

Most of the nurses who participated did not have previous experience of mobilizing and got involved with the specific goal of being recruited to the healthcare service. Organizers with past political experience, starting with the 2008-2011 student movement, share how difficult it was to organize a mobilization with their colleagues at a time of political demobilization:

When there are other things [a social movement] going on, everything is really simpler [...]. In short, if there is a fervour of activities and things you are doing' it's not that you have to be a trade unionist or an expert of communication or a politico, like a militant with militancy decorations [to participate]. [...] It's that strength 'that's lacking in healthcare environments... (Interview 4/08/2020)

This group frames confederal unions very critically, presenting them first as complicit with social cooperatives managing the outsourced workforce for the healthcare service, and second as allies of the management of healthcare facilities. For example, the group reports union representatives claiming that they have some power in decisions on which of the employees with short-term contracts are to be hired permanently.

This, according to the group, results in trade union members being reluctant to engage in conflict. As an activist from this group put it:

You're precarious, you're hired by a cooperative, or you have been selected through a public notice [and not through a public examination], so for fear of not being hired permanently, and because you're not an expert and you believe the union's lies [you join a union]... The union says: "No, but don't worry, [if you are with us] we'll get you a permanent contract, you'll stay here...". And so, what happens? That you become loyal to a union, you basically become a rear guard, while we instead started from the opposite assumption: we started by bringing together all the people who were against this idea. (Interview 5/08/2020)

In light of this, according to the Movimento Permanente Infermieri, confederal unions were not interested in overcoming the massive use of precarious and outsourced labour and could not be their allies.

At the same time, this group relied on the expertise of the rank-and-file union USB during negotiations with the regional government, which required a high degree of knowledge of the formal functioning of the regional governance of the healthcare system, as well as of the regional government staff's informal ways of negotiating (Interview 4/08/20). Indeed, a trade unionist from USB with experience in health and social care in the Region took part in the negotiation with the regional government and, with the Nurses' Permanent Movement, monitored the dispute (Interview 4/08/2020; observation of Nurses' Permanent Movement demonstration 21/05/2021).

4.1.3 Doctors-in-training seeking workers' legal status and workplace protection in Italy

"Chi si cura di te?" is an association focusing on the rights of doctors in training and precarious doctors. Its core demands include the reform of specialization schools and for doctors-in-training to gain worker status and associated protections. During the pandemic, this association together with others opposed an article of the budget law for 2021 mandating doctors-in-training to administer vaccines without pay.

"Chi si cura di te?" is independent of trade unions, its founder and many of its members come from the university students' association "Link", and before that from the high school student association "Unione degli studenti" (UDS). UDS, a central actor in organizing the 2009-2012 student movement "The wave", maintains loose ties with the main Italian trade union Cgil, but split from a larger organization precisely to retain more independence from Cgil. "Chi si cura di te?" is smaller than other associations representing doctors in training; unlike these associations, however, it seeks to focus not only on training and working conditions but also on political issues which it identifies as related to the right to health, such as gender oppression and climate change. The fact that this association is not corporatist, narrowly focused on the conditions of doctors in training and precarious doctors, is what many of its members appreciate (Observation 10-12/09/2021). At the same time, this double focus on workplace and extra-workplace issues allows the association to prompt people more sensitive to the latter to start problematizing their own working conditions (Interview 19/09/2021). Therefore, these activists' critique of unions goes to their very object as an association:

When it comes to unions, their shortcoming is that they do not have the capacity to build an encompassing discourse, and do not take on the role of representing such an important sector [healthcare] from the point of view not only of [healthcare] professionals but also from the point of view of understanding that this is a strategic sector for the country. (Interview 20/07/2020)

Some members of "Chi si cura di te?" are also members of smaller local associations which seek to adopt a similar approach to the one described. This is the case of the activist quoted above, from the group "Materia

Grigia”, as well as of three activists from an association of doctors-in-training from the University of Verona (ASVER), who had organized a successful wildcat strike in the past regarding university taxes and information and consultation processes. Here, they discuss the difficulty of mobilizing their colleagues:

P: Yes, I stress the effort of involving [colleagues]...

L: It's a struggle

P: [...] realizing together how much of a struggle it is to drag people along... Sometimes you also ask yourself...

S: ...Maybe I'm not better off doing my own thing?

P: ...Minding my own business'? I've asked myself this question many times.

(Interview 10/09/21)

During the pandemic, “Chi si cura di te?” sought the advice of the confederal union Cgil on the procedure to call a strike. In the public sector, strikes are precisely regulated and have to be preceded by a period in which social partners have the possibility to sort grievances through social dialogue. Even if they had decided to call the strike on their own, they needed advice on how to proceed. This relationship with Cgil was made public through a webinar organized with the secretary of the area organizing doctors within Cgil (Observation 8/12/2020). This support was complemented by consulting a lawyer outside the union (Interview 25/02/21). Moreover, “Chi si cura di te?” in regions like Tuscany asked Cgil to bring to the regional governments their demand to be included among the beneficiaries of the Covid-19 one-time hazard pay compensation. As one member puts it:

Even here in Tuscany, we had to beg on our knees the people from Cgil to present our dispute [to the Regional government] because then we do not sit at those tables [namely we are not consulted], because we are not [considered] workers. (Interview 25/02/21)

4.2 Struggles for access to public healthcare services

4.2.1 Coalition against privatisation of Spain's health service

The Coordinadora Anti-Privatización de la Sanidad (“Coalition against the privatization of healthcare”, “CAS”) seeks to reverse privatization of public health services by demanding the repeal of the laws which permit healthcare administrations to contract with the private sector to provide services and to run publicly owned health facilities. Healthcare workers and users created CAS in Madrid in 2004 in response to the regional government's construction of 11 privately managed hospitals. The group was strengthened by its association with the Indignados during the protest wave of the early 2010s. This movement invited CAS to participate in its working group on health to develop their discourse on healthcare. In 2011, the group scaled upwards, establishing a nationwide organization which coordinates protests in over 60 locations across the state (Interview 27/09/2021).

CAS is constituted by both individual members and associated collectives, including radical rank-and-file unions. Most individual members are healthcare workers and include longstanding activists who have been mobilizing since 2004, as well as more recent adherents, including some who joined after participating in the Indignados and marea blanca movements. According to research partners who had joined in the last decade, they chose to join CAS because it challenges the root of the problem –the law which permits privatization – whereas the collectives integrating the marea blanca had mobilized “to stop a single bullet” (Interview 05/10/2021).

In the late 2010s, with the Indignados having largely demobilized, the group returned to working solely with unions and other organizations which share its values. CAS does not engage with the occupational unions because they do not support their demand for repeal of the laws which enable privatization and do not regard their members as part of the working class and are only focused on improving conditions for their own occupational group (Interview 19/09/2021). Nor will they work with the confederal unions whom they criticize as them ‘transmission belts’ for the government (Interview 27/09/2021) and class traitors, highlighting the fact that they offer their members discounted private health insurance policies (CAS 2021). Instead, CAS coordinates with radical rank-and-file unions, including its member unions, CNT and CGT, to spread their messages, recruit members and convene mobilizations.

CAS relies on these unions to publicize their cause and activities through their social media accounts and by circulating notice of CAS’ actions among their membership and other collectives within the unions’ networks. According to CAS, the combined reach of these unions allows them to enter communities and workplaces across the state, despite being a relatively small collective:

In the end it’s a collaboration between different organizations that coincide in their ideological stances, which is very useful, of course, because CAS Madrid doesn’t have the power that I was saying CNT or CGT might have. These organizations that have more followers or have more impact – they reach more people. (Interview 19/10/2021)

The coalition’s latest actions surround an *Iniciativa Legislativa Popular* (People’s legislative initiative ‘ILP’), a constitutional instrument through which members of the public can bring a legislative proposal to parliament. CAS must gather 500,000 signatures to oblige the parliament to vote on their draft law, which would repeal the national legislation underpinning privatization. One of their strategies for doing so is to rely on the networks and social media channels of radical unions. CAS informed the confederal unions about the ILP and publicly offered to work with them to collect signatures, as these organizations had begun to call for the repeal of the laws underpinning privatization in some of their publications and the group was willing to accept their help “if the objective is to protect the public health system” (Interview 27/09/2021). As of July 2022, a single local branch of CCOO had joined the campaign.

There are currently around twenty active members of CAS, a number which has fallen over the past four years. According to one activist, attendance at CAS’ assemblies (held every three weeks) “oscillates, depending on the issues to be treated, from 10-15 people, the majority of whom are representatives of other organizations that collaborate with CAS” (Interview 05/10/2021). According to one activist, a doctor, there was little interest among her colleagues to join a movement such as CAS:

They sympathize and they like the idea but they don’t become part of the collective. Let’s say that at the level of healthcare staff, I think the people are not very motivated: they saw this as a work-related demand when the [the privatization plan resisted by the *marea blanca*] and since they stopped that privatization, even the professionals themselves that were involved have said: “Well, this already passed”. (Interview 05/10/2021).

4.2.2 Network for the access to public healthcare in the Lazio region

The group *Coordinamento regionale sanità* (“Regional healthcare network”) organizes in the Lazio region around issues of healthcare access. One of its main campaigns pressures local healthcare authorities to grant patients visits and exams within the timeframe recommended by their doctors’ prescriptions, which is often exceeded due to waiting lists in the public healthcare service. The group is composed of long-term activists,

some of which come from the “Autonomia Operaia” (Corasaniti 2021) and/or later founded and used to be part of the healthcare section of the rank-and-file union “Cobas Sanità, Università e Ricerca” (Interviews 23/07/2020,14/09/2020). The goal of starting their own union, founding members recall, was to be able to organize more effectively –for example by accessing internal documents from the hospital administration, which in a phase of demobilization were no longer accessible through informal channels (Interview 8/12/2020). This was even more necessary as demobilization was reinforced by the disciplining of healthcare workers through outsourcing, described as follows by a nurse from Cobas:

You lacked oxygen a bit, right? Because, as we said, there were fewer and fewer people coming in [being recruited at the hospital]. Then yes... In the 2000s, these struggles regarding hiring and outsourced work and so on: these let you breathe a bit. But, fundamentally, it's people [new workers] who are more blackmailed and blackmailable than you are, people who live with extreme fears, especially outsourced workers, so what was the enormous power that we used to have, to go and make demands to the hospital management, it's not there... (Interview 10/09/2020)

After a while, however, some of these activists left the union, disillusioned with the experiment. How this former member of Cobas and activist from the network comments on structural problems affecting unions, even those which are rank-and-file, is indicative of the group's opinion of unions:

The process that occurred instead with most unions is that you created these machines, also in the sense of administrative machines – which among other things manage money, because they manage subscriptions and they create workplaces – and you created a system whereby even endogenously, without you even realizing it, the goal becomes the survival of the structure and the conquest of hegemony, over the others [the other unions]. And that instead leads to the multiplication of structures, to conflict between structures, and to... Everybody minding their own fucking business basically. (Interview 14/09/2020)

This group does not feature unions prominently in its public communication, but during their meetings they usually criticize unions as fully integrated into the power relationship of hospitals and other workplaces, colluding with management and narrowly focusing on workers' corporatist interest, while they instead focus primarily on fighting healthcare privatization (Interview 14/09/20). This critique goes hand in hand with a distaste for the display of union and political party symbols, for example flags, which they see as evidence of groups aiming to gain visibility rather than being authentically invested in a given mobilization.

Nevertheless, this group occasionally relies on unions' resources to avail of those legal protections that Italian jurisdiction reserves for trade unions. For example, when a nurse from this group was suspended and underwent a trial for speaking on the group's radio program about the conditions in her hospital, she was subsequently made trade union delegate at her workplace, as trade union delegates have the right to speak more freely in public about conditions at their workplace (Interview 8/11/2020). Additionally, when this group wanted to visit another group organizing a mobilization for access to healthcare in another region, but cross-regional mobility was restricted as part of the measures to contain Covid-19, they planned to go through the union to obtain permission to travel.

5. Discussion

The cases presented above show, first, that healthcare workers and other activists have had to organize outside of trade unions to pursue demands that trade unions either do not advance, or have advanced in a manner which is perceived as insufficient. These findings confirm the need to go beyond the “trade union

fetishism” identified by Atzeni (2021) and corroborated by Cini (2021) and Bailey et al (2022), and supports the general claim that even workplace collective action often occurs outside the union form (Cohen, 2006).

In relation to the workplace, unanswered demands include those of precarious workers (the primary care doctors of AP Se Mueve, the nurses of Movimento Permanente Infermieri) and hybrid figures such as doctors-in-training, who effectively work as doctors without being recognized as such (organizing in this case with “Chi si cura di te?”). Organizers from these groups consider established unions either uninterested in addressing their grievances or part of the institutions directly responsible for them. For example, the Movimento Permanente Infermieri condemns the involvement of delegates from established unions in the management of outsourced labour through social cooperatives. These findings support studies which observed how labour fragmentation in the healthcare sector following austerity measures has weakened established trade unions (Mori and Neri, 2020; Köhler and Jiménez, 2020).

In terms of access, activists organized outside unions because they didn’t believe the latter were opposing privatization processes effectively. Indeed, while established unions rhetorically denounce privatization processes and support public healthcare, in practice they do not prioritize the fight against healthcare privatization. In both countries these unions accepted access to (tax exempt) private healthcare insurance as a component of collective bargaining agreements in certain sectors, and while such acceptance may have been reluctant and mostly as a compensation for the wage increases unions were too weak to obtain, groups like CAS and Coordinamento Regionale Sanità take a radical stance on the issue of privatization and condemn these compromises. Thus, they present established confederal unions as “class traitors” (CAS) or refuse to collaborate with them (Coordinamento Regionale Sanità). In any case, rank-and-file unions, while still viewed critically, are considered more positively than established ones. These cases confirm the productivity of understanding trade unions as ambiguous institutions, whose role in controlling work (Hyman 1975) tends to embed them in systems of power at the workplace level and at higher governmental scales, for example decreasing their ability to fight for issues beyond the workplace such as the “social wage” constituted by public service provision (Gumbrell-McCormick and Hyman, 2013, p. 2).

Second, the cases presented show how self-organized groups, born outside of unions and pursuing an agenda external to them, still need to rely in different ways on unions’ resources. Interestingly, this is not limited to workplace-related mobilizations, but also groups politicizing issues of access. Activists recognize that unions have resources and infrastructure which they may not be able to replicate within their own organizations. More specifically, self-organized groups made use of unions for four main purposes. Firstly, they rely on their expertise: unions as institutions have accumulated a considerable body of knowledge, both because of their longevity and because they have more economic resources to invest in individuals fully dedicated to organizing in a given sector. Self-organized groups often lack these features, as they are smaller, and with more precarious membership – indeed, they may not have a membership-based participation, which inhibits the gathering of such resources. The expertise they can access through unions is both formal, such as what are the passages required to call a strike (this was the case for “Chi si cura di te?”) and informal, such as how to negotiate with the regional government (this was the case for the Movimento Permanente Infermieri). Secondly, self-organized groups rely on unions’ legal and institutional resources- the prerogatives in Spanish and Italian law which unions accrued through past conflicts. For example, the right to convene a strike (relied on by AP Se Mueve), the right to be consulted in regional and national bodies (which “Chi si cura di te?” and CAS relied on), or to administer cases for litigation and other formal channels of dispute resolution (relied on by AP Se Mueve), and finally the right to stronger protection from management’s retaliation for denouncing the working conditions of a specific workplace (the case of the Coordinamento Regionale Sanità). Third, one group, CAS, gained publicity for its actions through unions’ resources such as social media followings, online publications and internal communication structures. Indeed, members of CAS were ambivalent regarding the dependability

of conventional media for diffusing their messages and publicizing their actions and preferred to use the networks and channels of the unions they work with for these purposes. Due to their personal contacts with these unions, the group relied on them to fulfil this function. These are significant findings, that on the one hand add to the labour revitalisation literature by adopting a different perspective on collaborations between unions and self-organized groups and showing how self-organized groups that engage with unions should be an additional object of focus. Indeed, since labour revitalisation studies focus on trade unions as the proper agents of such mobilisations, they overlook the possibility that workers may strategically use union resources to further their collective interests outside the union. In doing so we adjust the focus of labour revitalization studies to more clearly reflect the actors involved in disrupting capital and seeking to rebuild workers' power within and outside the workplace. On the other hand, we also contribute to the literature focusing on workers' self-organization which has insofar overlooked the way self-organized groups can use unions as repositories of resources. Our findings indeed show that, between trade unions and completely independent self-organized groups, we can observe hybrid forms of organizing, such as self-organized groups that rely on unions' resources, which are worth studying in order to appreciate the full range of working-class organizing forms.

A third contribution we bring relates to the study of demobilization periods. In this regard, it is notable that, while groups composed of long-term activists accumulate enough knowledge not to need union expertise, whereas less experienced groups relied on the latter, they still rely on unions for legal/institutional and publicity purposes. This suggests that the period (closer or further in time) in which the group emerged or in which most members started being politically active shapes the type of use groups make of unions. On the other hand, the historical phase of demobilization these groups find themselves in, accounts for why they rely on unions despite often framing them in negative or ambivalent terms. Activists from Italy and Spain referred to the advantages of mobilizing in a wave of contention. Activists in *Movimento permanente infermieri* described how the normalization of protest increased the accessibility of movements, participating did not require expertise or union credentials. Similarly, CAS Madrid gained visibility and a national platform without union involvement. But as waves of contention contracted and the atmosphere of mobilization subsided, these movements came to rely on unions more, in the ways described above. Indeed, in a period in which the counterpart cannot be forced to act through the pressure of the sheer number of people mobilizing in the workplace or in the streets, non-union actors have to act strategically by drawing resources from trade unions. On the contrary, during protest waves' peaks, social movements' goals can be obtained more easily, without necessarily having to go through the established channels. We saw how research participants, in their interviews, described what demobilization looked and felt like in their contexts: seeing the number of people involved rapidly shrinking (CAS), often considering quitting (*Chi si cura di te?*), feeling constrained as if you "lack oxygen" (*Coordinamento Regionale Sanità*). During fieldwork, and particularly conducting participant observations, we too experienced a feeling of frustration regarding the lack of mass mobilisations on an issue we deemed so important. At the same time, we also found it remarkable that activists were able either to involve people not previously socialized into activism or to obtain results with a small core of very committed activists.

While both Rome- and Madrid-based groups act in a context of demobilization, the findings also shed light on differences between them. We argue that differences stemmed from the fact that in Spain the last protest wave was more recent and thus there are higher numbers of activists participating. In CAS case, the group can still rely on the national structure established in the mobilization phase to conduct nationwide campaigns. This is reflected, first, in the ways in which groups interact with unions, with Spanish groups being stronger (at least until the mid-2010s), and as such interacting with more unions at once for large campaigns, and Italian ones, weaker, interacting with a single union on small though strategic mobilisations. Moreover, we can see that while one of the two Spanish cases eventually institutionalized itself as a union, none of the Italian campaigns

took this step. Indeed, the latter wouldn't have the strength at this point to make a similar move; while one group did so in the past (forming the healthcare section of the union Cobas), like AP Se Mueve, still it did so in a demobilization phase which was closer to the peak of the protest wave.

Conclusion

This paper examines responses of the working class to commodification of healthcare services and labour in the Italian and Spanish healthcare sectors. It should be noted that our findings do not present an exhaustive account of healthcare mobilisations in the two countries, since our fieldwork researches were predominantly based in the two capital cities of Rome and Madrid while both countries have significantly decentralized healthcare organization at the regional level. However, despite their unevenness, commodification processes such as those causing the mobilisations considered have touched all Italian and Spanish regions, as well as other EU countries (Keune and Pedaci, 2020; Stan and Erne, 2021), which make our findings significant for understanding responses to labour and services commodification more in general.

Specifically, our research documented the presence of mobilizations propelled by self-organized groups of workers and users, rather than unions, but which nevertheless strategically used unions' resources. This article contributes to the literature, first, by demonstrating that groups used union resources both in struggles relating to the workplace and regarding access to services. Though these groups emerged precisely because unions were not mobilizing on certain issues, or because their actions were insufficient, nevertheless they acknowledged that unions possessed resources and infrastructure which were useful or necessary to their causes and were willing to pragmatically rely on unions to access these.

Second, we specify the types of purpose for which these groups use unions. By nature of their organizational continuity, unions accrue a wealth of formal and informal expertise which self-organized groups, particularly those composed of less experienced activists, tap into to guide the conduct of their activities. Self-organized groups also often lack the legal personality and status which endow trade unions with certain legal rights and institutional access and will rely on unions to wield these on their behalf. Self-organized groups with limited membership and resources can also rely on unions to publicize their actions and causes through their networks and communication channels, which will often have a larger reach. Thus, we see reliance on unions is a means of plugging the gaps in self-organized groups' own resources.

Third, we show that self-organized groups' reliance on unions is due to the period of demobilization affecting the health sector in both jurisdictions. Without a broader movement against austerity or commodification of healthcare which normalizes contentious action, groups felt isolated and struggled to motivate large numbers of users or workers to join their mobilizations. In the absence of strength in numbers, self-organized groups turned – sometimes unwillingly – to the resources of unions. This pragmatic turn speaks to the working class' resourcefulness and creativity, as activists strategically adapt whatever tools lie to hand in order to counteract attacks on working conditions and public services.

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