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ORIGINAL ARTICLE

'You see similarities more than differences after a while'. Communities of Practice in European industrial relations. The case of the hospital European Sectoral Social Dialogue

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Abstract

This article looks at the hospital European Sectoral Social Dialogue Committee (SSDC) through a Community of Practice (CoP) theoretical lens. Based on a 2-year project, qualitative in-depth interviews at the European level and in five Member states, and participant observation of the hospital SSDC, we propose a shift from traditional institutional and resource-based accounts and provide a learning and knowledge-focused understanding of this specific area of European industrial relations. Interpreting the SSDCs as a CoP sheds new light on the role of power relations, participation and informal activities among members and on how they work together; this, we find, can alert those interested in more effective functioning of the European Sectoral Social Dialogue on how to strengthen this supra-national level of industrial relations.

1 | INTRODUCTION

In this paper, we propose an interpretation of European Sectoral Social Dialogue Committees (SSDCs) as a Community of Practice (CoP), that is, an analysis centred on the community of social partner representatives who *make* this forum. In SSDCs, European social partner organisations and their national member organisations—sector representative trade unions and employer organisations—engage in social dialogue to develop sector-specific work and employment-related policies at the European level. Policy makers and scholars have long been concerned about the effectiveness and scope of SSDCs. We want to bring learning and knowledge-focused reading into this European level of employment relations, so far analysed primarily with institutional and resource-based theories. Traditional institutional analyses seem unanimous in assessing this European level of industrial relations as lacking bite, due in particular to the prevalence of soft outcomes (recommendations, guidelines) vis-a-vis hard outcomes (such as Directives), which have an immediate, direct impact on relevant workers and organisations in Member states (e.g., De Boer et al., 2005; Keller, 2003). Resource-based analyses have pointed at practical and material limitations to full participation from all potential members—which include different degrees of available financial resources of the national organisations involved, language skills, limited number of meetings to allow important decisions to be made—as well as the workings of the SSDCs, including the framing and budgeting role of the European Commission and limits on the representative nature of the relevant social partners (Bechter et al., 2017; Keller, 2005; Keller & Weber, 2011; Léonard et al., 2011; Weber, 2010).

Hard outcomes as opposed to mainly *soft* ones, have become increasingly difficult to aim for in SSDCs. Tricart (2019), for example, showed how the EC itself has not been always (hardly, in fact) supportive of binding regulations through SSDCs. However, the recent, unprecedented Covid-19 pandemic has shed light on the reality of global interdependence and on the potential role of social partnerships in better coordinating across economic sectors in times of crisis (Degryse, 2021; European Commission, 2021). Following on this, the European Commission has announced a new assessment of the European Sectoral Social Dialogue and the existing 43 SSDCs. Social partnership at this European, supra-national level, in other words, has attracted renewed attention as a potential forum to address international challenges, like that of Covid, which affected different sectors in distinct ways (Degryse, 2021). We, therefore, wanted to further explore what makes the SSDCs work. Is the currently dominant scepticism of existing literature warranted or is there more than meets the institutional and resource-focused eye? The driving research puzzle was prompted by a striking gap that we noticed during a 2-year close observation on the hospital SSDC. On the one hand, a substantial amount of literature on the European Sectoral Social Dialogue is characterised by *deficit* accounts reporting generally pessimistic results-oriented assessments of this level of sectoral employment relations, or highlighting country-specific resources and their effect on the varying degrees of participation of members states' representatives. On the other hand, another body of literature reports about the continued and intense work in which SSDCs engage (Bechter et al., 2021; Degryse & Pochet, 2011; Larsson et al., 2020). In view of a potentially strengthened role of social partnerships promoted by the European Commission and an increasingly frequent call to collaboration at the European Union (EU) level in the face of emergencies, we here delve deeper in (a) what holds together the members of an SSDC and (b) how they can work well together. To do so, we shifted from the traditional institutional and resource-based approaches —concerned with the functioning and resources-dependent influence of varying institutional landscape of industrial relations at national and international level—to a learning and

knowledge-centred theoretical approach, choosing to draw in particular on the studies on Communities of Practice. There are two analytical reasons for this. The first is that the functions of the SSDCs are all intrinsically centred on learning and knowledge. Through the study of two sectoral social dialogues committees, Weber (2013) identifies three functions: (1) Learning (from the exchange within the SSDC), (2) Regulating (developing new policies and instruments through the SSDC) and (3) Lobbying (influencing European institutions and defending the sector). Second, during our 2016–2018 fieldwork exploring what makes sectoral social dialogue effective, we encountered 'learning' as a common, consistently reported outcome of all individual participants in the SSDCs, regardless of their country of origin.

The paper is organised as follows. We first define the two core elements of our work—the SSDCs and the Communities of Practice—and present the case for a CoP reading of the SSDCs. We then outline our research methods and map three central themes emerging as relevant from our review of the CoP literature (power relations in knowledge sharing, participation and formal/informal boundaries) onto the analysis of the experience of the national and European social partners in the hospital SSDC. The novel lessons learned from a CoP reading will then be presented in the discussion and conclusions are finally drawn.

2 | THE SSDCS AND THE REASON FOR A COP READING LENS

In the European Commission's words, '[d]eveloping and fostering social dialogue is an essential element of the European social model [...] European social dialogue complements the social dialogue happening at the national level' (European Commission, 2016, p. 3).

European Social Dialogue takes place at both cross-industry and sectoral levels. We here focus on the European *Sectoral* Social Dialogue, which takes place through 43 SSDCs. These 43 SSDCs cover the natural resources sector, the manufacturing and the service sector and have been officially recognised by the European Commission (2016). Many have a long history (European Commission, 1998; Keller, 2003), whereas others have been established more recently, such as the hospital SSDC in 2006 (Degryse & Pochet, 2011; Lethbridge, 2011).

SSDCs can produce different tangible outcomes, ranging from joint statements, declarations and guidelines to co-legislation according to the consultation and negotiation procedures outlined in articles 154 and 155 of the Treaty on the Functioning of the European Union (TFEU) resulting in agreements and 'social partner directives' (European Commission, 2004).

Starting from the institutional framework of SSDCs (e.g., Marginson, 2005; Tricart, 2019), the role of the European Commission (e.g., Keller, 2005; Weber, 2010) and the issue of representativeness and mandate of European social partners (e.g., Perin & Léonard, 2011), the literature on SSDCs' practice has been widely characterised by institutionalist and resource-based analyses. Three important *difficulties* of SSDCs—and potential shortcomings of these analyses to account for the practice of SSDCs—can be observed.

First, the literature notes differences in participation by national trade unions and employers in SSDCs. These are found to be linked to resources, including language, different national systems of industrial relations or a lack of interest in European affairs (e.g., Murhem, 2008; Perin & Léonard, 2011; Weber, 2010). There are some attempts to identify and analyse core groups engaging in SSDC, including the role of the European social partner secretariats (e.g., Bechter et al., 2021; Weber, 2010).

Second, and linked to the above, when looking at participation in SSDC, there is a tendency to a narrow quantification of participation as 'being at the SSDC meetings' (e.g., European Commission, 2010; Pochet et al., 2009). For instance, Pochet et al. (2009) distinguish between regular, proactive attendance at SSDC meetings, ad hoc, reactive attendance and absence (non-participation).

Third and most prominent, the literature on SSDCs has focused on the tangible and formal outcomes of SSDCs and the problems of implementation for different industrial relations systems (e.g., Keller & Weber, 2011; Perin & Léonard, 2016; Weber, 2010). Tangible outcomes serve as a countable measure for the activity of SSDCs (e.g., Degryse & Pochet, 2011). In measuring the effect of the EU social dialogue on Member states, binding outcomes are usually ranked at the top and softer instruments at the bottom (European Commission, 2004; Keller & Weber, 2011; Pochet, 2005). Such hard outcomes are limited in numbers—only 2% of the SSDCs activities from 1978 to 2013 (Degryse, 2015)— and the activity of the SSDCs is therefore often dismissed as weak.

Scholars have, however, also argued that the practical importance of non-binding outcomes and the relevance of the topic discussed or negotiated might be underestimated (Weber, 2010, 2013). Recently, SSDCs have been rather active in terms of joint statements and soft instruments due to the Covid-19 pandemic (Degryse, 2021) and scholars have shown increased interest in the relations between members and the internal processes, more often overlooked (Degryse & Pochet, 2011; Perin & Léonard, 2016). Some recent studies have attempted a more sociological approach. For example, in problematizing the concept of *effectiveness* of the SSDCs, Larsson et al. (2020) analysed the experience and 'self-observations' coming from the participants of the SSDC themselves; *polycontexturality* was here used by the authors to capture how effectiveness is understood from varying individual perspectives. Bechter et al. (2021) used an actor-centred approach to analyse how work programmes are set within SSDCs, highlighting the central role of EU-level social partners in facilitating coordination among actors otherwise sometimes loosely engaged. There is an interest, in other words, in what individual participants think and do. Our aim is to propose an *additional* perspective to capture the practice of and within European SSDCs. In this study, our unit of analysis is the community itself as the centre of production of knowledge, rather than the individual members separately.

In sum, on the one hand, there is evidence of a variety of attitudes, outcomes and degrees of activity in the SSDCs, depending on sectors, countries of origin, attendance to meetings; on the other, there is also a variety of individual approaches and the centrality of specific actors. However, when we analyse in depth the aggregate experience of involvement, of the preparation undertaken in view of the formal SSDC meetings, the organisation of events outside the routine biannual meetings, an invariably common feature emerges: for all those involved—employers' and workers' representatives alike—the SSDC represents a collaborative *learning* space where to get to know, implement and share innovative practices. This represents an occasion to share their sector-specific knowledge and a forum where to think together about how to solve employment and work-related issues common to the sector across countries.

From drafting training guidelines to developing occupational health directives, from assessment of the impact of proposed EU legislation on their specific sectors, collaborative learning and sharing knowledge is at the basis of what SSDCs do. This led us to establish *knowledge* and *learning as* the starting point and focus of this study. To do this, we shift from institutional and resource-based accounts to organisational learning theories. While exploring the extensive body of literature on epistemic communities, networks and other 'spaces' of knowledge sharing and production, we found consistent, significant resonance between what we observed in our fieldwork and the accounts of the Communities of Practice.

A CoP lens, we realised, helped us shedding light on the *difficulties* identified so far (resource barriers; attendance only as a proxy for participation; predominant productivity accounts) as well as on the potential of the fundamental process of learning that is at the basis of all the above, with a view to highlight what holds members together—to build further capacity—and how they work together—to strengthen the future role of SSDCs in EU-level policy making.

2.1 | Key elements of a CoP

The concept of CoP is strictly linked with the question of how learning takes place and how knowledge is produced, shared and developed within organisations.

Early studies and definitions of CoP are commonly attributed to Lave and Wenger (1991), who were primarily interested in newcomers into communities and in how 'legitimate peripheral participation' allowed them to learn the lingo and skills from older members, and develop a sense of identity. Their definition of CoP is still referred to by many scholars today:

> A community of practice is a set of relations among persons, activity, and world, over time and in relation with other tangential and overlapping Communities of Practice. A community of practice is an intrinsic condition for the existence of knowledge, not least because it provides the interpretive support necessary for making sense of its heritage. Thus, participation in the cultural practice in which any knowledge exists is an epistemological principle of learning. The social structure of this practice, its power relations, and its condition for legitimacy define possibilities for learning (i.e., legitimate peripheral participation) (Lave & Wenger, 1991, p. 98).

What *makes* a CoP changes according to different authors, some emphasise the *practice* element, other more the *community* aspect (Contu & Willmott, 2003). McDermott (2000, p. 20)'s definition, for example, is particularly centred on practice, where CoP are referred to as focussing '... on practical aspects of a practice, everyday problems, new tools, developments in the field, things that work and do not. So, people participate because the community provides value'. By contrast, Pyrko et al. (2017), in analysing dementia and sepsis areas of National Health Service Scotland, emphasise the 'thinking together' that happens in CoPs. This is particularly interesting as they show how in several contexts, this thinking together happens and contributes to the making of a CoP, without those involved necessarily realising it or defining themselves as such.

Definitions abound and the literature on CoP is broad but three elements recurr consistently: an ongoing mutual engagement; a sense of joint enterprise; and a shared repertoire of relevant knowledge (Nicolini et al. (2022); Wenger, 1998, 2000).

2.2 | Power relations, participation, informality versus formalisation

When engaging in depth with the large body of literature analysing CoP, we were drawn to three recurring themes. To us, these stood out because they directly talked to those three sets of *difficulties* highlighted by the literature on SSDCs. The first theme has to do with *power*

relations and, in particular, with the embeddedness of social relations. The assumed homogeneity between members of a CoP has received alternating attention in the literature. In their rereading of Lave and Wenger's *Situated Knowledge* (1991), Contu and Willmott (2003) highlight how the situated learning theory has been widely used ('popularised', p. 284) ignoring, or somehow suppressing, key tenets of Lave and Wenger's work itself, in particular, that 'learning processes are integral to the exercise of power and control, rather than external or unrelated to the operation of power relations' (p. 284). Again, in Contu and Willmott's (2003, p. 285) words:

> 'It is clearly difficult, if not impossible, to learn a practice, and thereby to become an (identified) member of a community of practice, when power relations impede or deny access to its more accomplished exponents; and, conversely, power relations can enable access to these learning practices'.

Recalling the original wording in Lave and Wenger's work (1991, p. 42), they cite how

> 'hegemony over resources for learning and alienation from full participation are inherent in the shaping of the legitimacy and peripherality of participation in its historical realizations'.

A second, related theme is *participation*. The topic of participation of the members of a CoP is indeed crucial. As described in the already-cited founding work of Lave and Wenger (1991), it is through participation that learning happens. Participation, therefore, becomes more relevant than the status of the members. Contu (2014) well articulates the role of identity in the context of participation in a CoP, highlighting how, by participating, the identity of the members of the CoP becomes apparent as they reflect on themselves and their position in relation to that of the others. This resonates with a recent study by Brooks et al. (2020) based on the case of the UK Fire and Rescue Services. The authors show how novices are not simply passive learners moving progressively from the periphery to the centre of the CoP, but actively contribute with new points of view, knowledge, skills from which 'old-timers' learn too. They, therefore, argue that learning happens in more 'radial and inchoate ways' (p. 1047) than often assumed.

A third, final relevant theme to emerge from the literature as prominent for our interest in SSDC is the delicate balance between *informality* and *formalisation* of CoP in organisational contexts. A key element of CoP is the spontaneous and informal setting of knowledge exchange. Collaboration has been seen as stemming from the unsupervised context of CoP, as opposed to more regulated work settings. What is particularly interesting here is that, while tempting—understandably—for organisations to create ad hoc CoP to improve knowledge management, according to the literature, the operationalisation of CoP has proved challenging, at best (e.g., Addicott et al., 2006). It has been shown that top-down knowledge management strategies tend to fail (Huysman & de Wit, 2002), whereas trust and social capital have a key role in successfully promoting initiatives of community learning and knowledge sharing (Hara, 2009, p. 17).

To date, the concept of CoP has been rarely used in the study of European institutions. It has been sometimes applied to individual policies or networks. One of the first examples is by Adler (2008), who focussed on the leading role of practices in the creation of collective meanings, although little is said about the characteristics of this CoP, for example, the frequency of meetings, nature of members and their relations, apart from references to

seminars and conferences—the priority being on explaining the emerging of the self-restraint practice itself. Bicchi's research (2011) is more 'relational' and resonates with our purpose to use of CoP to go beyond prevailing institutional accounts of EU level institutions. Bicchi shows that 'officials involved in EU foreign policy communications can be conceived as a Community of Practice, i.e., a group of people who routinely share a practice of communication and collective learning, and by doing so integrate different national systems and compensate for the qualitative discontinuities they bring to the EU foreign policy system' (Bicchi, 2011, p. 1115). Other studies try to account for the large heterogeneity of the participants in EU-level policies. Bremberg et al. (2019) focus on the ongoing efforts of the EU to tackle climate-related security risks, which brings together a wide range of relevant actors—from climate diplomacy, development and security and defence groups. While the formalisation of such approach is still ongoing, contested and indeterminate, the authors identify a CoP *in the making*.

Applied to a diverse, broad range of areas of European coordination, the CoP lens seem, therefore, effective in providing an interpretative key for all the efforts that exceed the narrower institutional boundaries within which people/experts find themselves working and collaborating. The CoP lens, in other words, allows a richer insight into the practices and the 'thinking-together' (Pyrko et al., 2017) of heterogeneous groups of experts at the European level, highlighting the social nature of the dynamics between members and their activities, more than the institutional analyses common in this sphere of studies—including the SSDCs—tend to allow.

3 | DATA COLLECTION AND METHODS

The empirical evidence informing this paper is based on qualitative data from the hospital SSDC. The hospital SSDC is quite informative as a case as it is, both in the assessment of the social partners themselves but also of the Commission, and one of the most active SSDCs in terms of both soft and hard outcomes (cf. Table 1). Recent joint projects of the hospital SSDC include research, data collection from various Member states and best practice sharing on topics such as prevention of third-party violence and harassment at work (2021–2023; multi-sectoral); effective recruitment and retention policies (2017–2018); musculoskeletal disorders and psycho-social risks and stress at work (2014–2016). Joint projects may also include other organisations than SSDC actors and are typically focused on selected countries.

After analysing the texts produced by the hospital SSDC (cf. Table 1) and the extensive previous literature on SSDCs, a total of 21 semi-structured interviews were conducted from late 2016 to early 2018 with trade union and employer representatives at the European level and in five countries (Germany, Italy, Poland, Sweden and United Kingdom), lasting between 40 and 90 min each (cf. Table 2). While we conducted interviews in several countries, we here provide not a systematic cross-national comparison, but an analysis of all participants' experiences. The representatives interviewed are part of national trade union organisations which belong to their European level sector association, European Public Sector Union (EPSU) and of the sector national employers' associations, which are affiliated at EU level with European Hospital and Healthcare Employers' Association (HOSPEEM) (cf. Table 3). The national-level organisations affiliated to EPSU and HOSPEEM are not the only ones in the relevant sector in the five countries, but EPSU and HOSPEEM are the ones deemed as the most representative EU-level organisations in terms of membership and formal recognition (Eurofound, 2020). Additionally, data were collected by attending SSDC day-long meetings in two occasions, which

TABLE 1 Overview of outcomes and activities (hospital SSDC).

English title	Date	Type of text
Updated Framework of Action on Recruitment and Retention in the Hospital Sector	31/05/2022	Framework of actions
HOSPEEM-EPSU Solidarity message with Ukraine employers and trade unions	11/03/2022	Joint opinion
Sectoral Social Dialogue Committee for the Hospital Sector on EU-OSHA Campaign 2020–22 Healthy Workplaces Lighten the Load	12/10/2020	Declaration
HOSPEEM-EPSU position in view of the European Commission study supporting the assessment of different options concerning the protection of workers from exposure to hazardous medicinal products	24/09/2020	Joint opinion
Final report — follow-up on the Directive 2010/32/EU on the prevention from sharps injuries in the hospital and healthcare sector	13/02/2019	Follow-up report
10-year anniversary of the EPSU-HOSPEEM Code of Conduct on Ethical Cross Border Recruitment and Retention in the Hospital Sector	09/04/2018	Joint opinion
Joint declaration on Continuing Professional Development (CPD) and life-long learning (LLL) for all Health workers in the EU	08/11/2016	Declaration
Framework of Actions on Recruitment and Retention—Follow-up report	15/02/2016	Follow-up report
Guidelines and examples of good practice to address the challenges of an ageing workforce	04/12/2013	Tool
Promotion and Support of Implementation of Directive 2010/32/EU on the prevention of sharps injuries in the hospital and health care sector	15/11/2013	Follow-up report
Use and implementation of the EPSU-HOSPEEM Code of Conduct on Ethical Cross-Border Recruitment and Retention in the Hospital Sector	05/09/2012	Joint opinion
Joint Statement on the Action Plan for the EU Health Workforce	05/09/2012	Guidelines
EPSU-HOSPEEM response to the European Commission's green paper on reviewing the directive on the recognition of professional qualifications 2005/36/EC	20/09/2011	Joint opinion
"Riga Declaration" on Strengthening Social Dialogue in the Healthcare Sector in the Baltic Countries	26/05/2011	Declaration
EPSU-HOSPEEM contribution to public consultation on the Directive on the Recognition of Professional Qualifications (2005/36/EC)	23/03/2011	Joint opinion
Recruitment and Retention — A Framework of Actions	17/12/2010	Framework of actions
Framework Agreement on Prevention from Sharp Injuries in the Hospital and Health Care Sector	17/07/2009	Agreement Council decision
EPSU-HOSPEEM code of conduct and follow up on Ethical Cross-Border - Recruitment and Retention in the Hospital Sector	07/04/2008	Guidelines
Joint Declaration of HOSPEEM and EPSU on Health Services in the EU	13/12/2007	Declaration

Abbreviation: EU, European Union; EU-OSHA, European Agency for Safety and Health at Work; EPSU, European Public Sector Union; HOSPEEM, European Hospital and Healthcare Employers' Association; SSDC, Sectoral Social Dialogue Committee.

Source: European Commission's social dialogue texts database. Accessed July 6, 2022. http://ec.europa.eu/social/main.jsp?catId=521&langId=en

TABLE 2 Overview of interviews.

	Number of interviews with representative(s)[a]		
	Employer organisation	**Trade union**	**Total**
Germany	1[b]	2	3
Italy	2	2	4
Poland	-	3	3
Sweden	1	3	4
United Kingdom	2	3	5
EU	1	1	2
Total	7	14	21

Abbreviation: EU, European Union.

[a]More than one interviewee in some of the interviews.

[b]Interview by phone. No affiliates in Poland on the employer side.

Source: Own compilation.

TABLE 3 Recognised European social partners in the SSDC hospital.

EPSU	• European Federation of Public Service Unions (EPSU) • 68 member organisations (in human health) • Recognised by the European Commission as representative social partner for the SSDC hospitals
HOSPEEM	• European Hospital and Healthcare Employers' Association (HOSPEEM) • 15 member organisations (13 full members, 2 observer members) • Recognised by the European Commission as representative social partner for the SSDC hospitals

Abbreviation: SSDC, Sectoral Social Dialogue Committee.

Source: Own compilation.

included participant observations in the joint working groups and plenary meetings, and separate pre-meeting of the employer and the trade union sides.

We used qualitative content analysis techniques (Mayring, 2004) and coded the interviews and participant observation notes according to the three selected themes of the literature (power relations, participation and informality).

Interviews, observations and discussions allowed us to detect and analyse in-depth the experiences of participants in the SSDCs. For instance, sections of the interview guidelines were dedicated to social dialogue practices, modes of engagement and perceived effectiveness of SSDCs and, by design, left room for respondents to elaborate on their personal experiences and views.

Initially interested in the effectiveness of social dialogue, our questions in the interviews were structured around the direct experience of participants, analysing what, in their opinion, made for effective participation and a successful social dialogue. An additional source of data for this study came from post-research dissemination events (2018–2021), where the SSDC participants themselves and experts in this area were presented with our findings and their comments both validated and contributed to further our analysis. The CoP lens here used on the SSDC is, therefore, eminently inductive. In particular, we returned to the data with three themes extrapolated from the literature review on SSDCs and CoPs and used these to guide our thematic analysis.

4 | READING THE HOSPITAL SSDC THROUGH THE COP LENS

When interviewing SSDC members, union and employers' representatives alike, in the five countries, we found a consistent emphasis on the personal experience of the participants, lived with a 'double identity', a national and a European one. The knowledge and sector-specific expertise as, depending on each case, negotiators, employment relations practitioners, international officers or in some cases their experience as former workers or managers in the hospital sector were at the centre of their contribution and motivation to participate. Several interviewees also talked about mobilising distinctive skills which allowed them to engage in the SSDC, compared to their colleagues negotiating/participating in national-level only employment relations.

Furthermore, in most cases, participants in the SSDC found they could facilitate a flow of information between national and European levels of industrial relations otherwise weak, if at all present, within their national organisations. Commonly regarded as a supra-national level of employment relations, the European SSDC is characterised by dialogue-centred and consensus-oriented principles; subjects like wages are excluded by regulation. Therefore, while employers' and workers' representatives will continue to represent opposing interests, within this level of industrial relations they are called to engage in problem solving, not bargaining. Compared to other SSDCs analysed elsewhere (Bechter et al., 2021), this cooperative modus-operandi was more easily achieved in the hospital SSDC because of the patient-centred nature of the work and an overall pragmatic, shared approach to working together. A national employers' representative, active member of HOSPEEM, put it this way:

> Everyone shares the will to make it work. Hospeem members are rather united. And the relationship with the union side is a friendly one. Of course, there are differences, but there is always a capacity to find common solutions.

The key, constitutive elements of CoP were thus relatively straightforward to map on to the activities of the *actors* of the hospital SSDC, that is, trade union and employers' representatives from the national contexts, as well as those of the secretariats of the European level associations (EPSU and HOSPEEM). To start with, an *ongoing mutual engagement* coincides with participation in the SSDC itself. In their capacity of country and sector representatives, they are expected to regularly engage, contribute, share information, prepare for and participate in the meetings, debate with fellow workers and employers' representatives belonging to EPSU and HOSPEEM. The biannual meetings of the SSDC entail an intense, thorough and well-planned preparation work throughout the year which takes place mainly via email, with the drafting and sharing of position documents, facilitated and supported by the EPSU and HOSPEEM secretariats. Such regular engagement increases the awareness of individual participants of the SSDC about their role and contribution. Resources—time and budget—did represent an obstacle to continuous participation in the 'preparation and communication' phases, as defined by one interviewee, but participating fed a sense of belonging in the SSDC and contribution to the discussion.

Another central feature of the CoPs is a *shared repertoire*. The members of the CoP in the hospital SSDC do indeed share common knowledge of their sector and expertise as social partners and representatives in relevant employment and work matters. Although from distinct national countries, trade union, as well as employers' representatives, bring their knowledge of the same sector, the direct experience and 'archive knowledge' of the demands and

employment relations tensions within it. Such common knowledge is crucial when proposing new topics for the work programmes of the SSDC, when designing new policies, assessing potential implications of new practices in their sector, or reaching an agreement on the shared desirable outcome of a new policy.

Finally, according to much CoP literature, a *sense of joint enterprise* is what ultimately keeps the CoP together. The sense of identity as participants in the SSDC emerged frequently during our interviews and was found in particular from 'senior' participants, who had been acting as union and employers' representatives for some years and participating regularly in the SSDC plenary meetings and working groups. National representatives and the EPSU and HOSPEEM representatives mentioned that this strengthened a sense of community which led to mutual reliance among members for quick questions, queries and mutual help, beyond the SSDC meetings.

Another example of joint enterprise emerges from successfully lobbying the European Commission, as the following statement by a national employer representative illustrates:

> [...] I think that's one of the good things about social dialogue that, obviously, employers and trade unions don't always agree on everything but where you do agree, I think then [...] that the decision makers, for example, in the European Commission are more likely to listen if they're hearing this from, you know, employers and trade unions. That's quite effective.

Despite differences in the country of origins and national approaches to industrial relations at the centre of the literature on SSDCs, our fieldwork regularly pointed us towards the underlying common values of the participants. The first one is the social dialogue itself. All members of the SSDC are representatives of social partner organisations who act on behalf of the service providers and workers of the sector. Their expertise is meaningful not only of their sector-specific knowledge and skills, but also of the value of dialogue between employers' and workers' interests, although, of course, it evolved in different ways in different countries. A trade union representative recalled:

> [...] I think you see similarities more than differences after a while... and not the other way around. That's very positive. We've had to build a lot of contacts. I speak [also] French, so I've had a lot of contact with the French unions, and they invited us two years ago to come down to France and talk social dialogue... in a giant conference [...] Me and [NN] a colleague, talked about social dialogue in particular, how it is. And it was so exciting that I realized they have so different.

In the case of hospital unions and employers' representatives, there was another underlying common value, which is the provision of quality healthcare itself. The words of a UK-based union rep summarised well what other interviewees also believed:

> [...] we are highly supportive of any kind of mechanism where you talk between employers, between people who provide health systems, between the staff of all those health systems, about how you improve them effectively, so how do you improve outcomes for patients, you know [...] so we would see that as kind of core, part of our core purpose.

5 | SSDC AS COP IN ACTION

5.1 | Power relations

The CoP literature points at a risk of longer-term alienation from the process, which is certainly important to consider in our understanding of SSDCs. Contu and Willmott's reference (2003, p. 285) to the fact that it is 'difficult, if not impossible, to learn a practice, and thereby to become an (identified) member of a community of practice, when power relations impede or deny access to its more accomplished exponents', resonates here as a warning. Often simply regarded as a resource, language skills can be read through the CoP analysis also as 'power'. During an interview, a hospital union representative from Italy commented 'Language is power'. Another Swedish trade union representative whose first language is not English but who has a good command of it, told us:

> A lot of people come [to the meetings], very few are really active, and for different reasons. Partly it's because some people just like to talk, like at any other meeting. And then there's the language, because whether we have interpreters [or not], it's more convenient for us to speak English, French, German... And the Eastern countries, as in the past, are quite quiet by comparison. And they rarely have the same influence. They don't have as big, strong organisations, they're not as important at home as we are... so it's very different. There are a number of people there that I have seen for six years, who have never opened their mouths at all'.

So, the ongoing engagement is here shown to be undermined by the possibility to *actively* participate in the discussion because of language barriers which are difficult to overcome entirely with interpreters.

From EPSU, we understood that in the hospital SSDC, trade union affiliates have higher expectations concerning support, such as translation, than employers' affiliates. HOSPEEM's members we interviewed also referred to the language as an obstacle to greater participation from all Member states, with a view to make their organisation more representative and inclusive. In some cases (Italy and Poland), it was pointed out with hope that the next generation of representatives might be in a better position to communicate in English than the current one.

As seen earlier, the story of the SSDCs is one in which some countries and actors have traditionally featured more prominently than others (Murhem, 2008; Weber, 2010). We too saw this in the hospital SSDC. The uneven contribution of the trade union members to the SSDC, is indeed a problem of language, or of regular attendance as claimed in existing studies. However, in light of common dynamics between members of a CoP, this is also a problem that should be recognised as reproducing power differences, both between unions and employers and within the trade union side, and exclusionary practices between different Member states over time.

When SSDC is looked at as CoP, we can see how members, even if nominally equal and organised in non-hierarchical fashion in principle, are not in fact accessing, sharing and contributing relevant knowledge all in the same way. One of the Italian trade union representatives interviewed, for example, admitted an intermittent engagement with the SSDC over the years. Once a specific participant retired, it was difficult to find someone else with both the expertise needed *and* the language skills. When probed that translation is available during the SSDC meetings, it was argued that it was especially during the breaks and in the interstices between formal communications/presentations (where simultaneous translation was provided)

that relations were forming, in English for the most part. Polish trade union representatives raised financial commitment as an issue for continued participation. The implications of what is usually interpreted as a resource-based explanation of the discontinuous participation of members, can here be read through the lens of 'situated knowledge'. Being able to participate is not only an issue of attending and contributing to one or more meetings, but it can be interpreted as a broader and socially embedded result of characteristics of the members participating in the SSDC. The CoP literature we analysed tells us that this will then be associated to longer term effects of alienation from the policy making that happens in/through the SSDC. Less active members will remain peripheral from the CoP. Their knowledge is missed out and learning for the purposes of policy making and policy-informing will remain incomplete and partial.

This is important to us because a recurrent observation of the studies of SSDCs mentioned above is a variable attendance and contribution from the participants. These committees based on learning—together and from each other—represent, in theory, a level playing field in which all representatives from all EU member state can bring their expertise and practice-based knowledge of the sector in their country. However, de facto exclusion of certain members on the basis of language skills or budget available, even if unintentional, can be interpreted in Lave and Wenger's terms of 'situated learning' (1991). It highlights the limits of the alleged level-playing field and the potential negative implications in terms of progressive disengagement and incomplete information for policy making purposes.

5.2 | Participation

The above is strictly linked to our second selected theme, participation. Some of the CoP literature highlighted that participation is crucial in establishing the identity of self and that of other participants in the CoP and functional to learning (Hara, 2009; Lave & Wenger, 1991). We have certainly observed the benefits and greater involvement of regular participants in the SSDC, particularly in the hospital sector. This has led to long-standing relations and increased sense of trust that, as the CoP literature tells us, is conducive to sharing knowledge and collective learning within such community. The knowledge shared in the context of the SSDC is partly related to the sector specificities, like the one shared and used to prevent sharp injuries and which led to what then became known as the Needlestick Directive; but it is also the knowledge related to doing social dialogue. During the interviews in the various countries of our study, some trade union representatives participating in the SSDC observed how they had learned to conduct discussions between members of opposite positions and have then used these skills 'at home', as negotiators, in their home countries. The 'profession' as trade union and employers' organisations' officers in the increasingly complex health sector—characterised by a strong migrant component of the workforce, new skills, staff shortages, integration of technologies, budget restrictions and so on—has been shown to benefit from the participation in the SSDC and to contribute the 'shared repertoires'. Our interviewees, to varying extents, confirmed how the participation in the SSDC added to their identity as employment relations practitioners and policy makers by giving them exposure at the European level that colleagues at home 'couldn't understand' or, as said in another interview, 'had no idea what they were doing in Brussels'. In short, not only the identity of national representatives participating in the SSDC became somewhat more, or *also*, European; but their practice too has benefited from this exposure to a European *community of practitioners* of social dialogue belonging to the same sector.

When studying participation in SSDC, the literature is usually concerned with the more or less assiduous presence of trade unions and employers' associations, less with the relational nature of their participation. In this work, by engaging with participants as practitioners of an international community, we can gauge the added value of participation itself, as opposed to the mere presence of the members at the meetings. Interviewees were often reflecting aloud about themselves and commenting on their merged national and European identity, which resonated with what Pyrko et al. (2017) referred to as 'thinking together'. As a trade union representative of the hospital sector in Sweden said:

> 'There is something happening to us sitting there in the room, you kind of get a lot of knowledge about each other, you feel a sense of belonging to the European community. You can see that it's really important that we work together. There are countries that sometimes scream for knowledge in certain areas, and we also occasionally do, and you can really pick things up there'.

In contrast with a traditional view of participation as attendance, the organisational literature we drew upon allowed us to theorise how participation is key to the socialisation into the CoP, favouring collaboration and trust which in turn benefit the effective continuation of, in our case, the SSDC.

5.3 | Importance of informal exchanges

Last but certainly not least is the importance of a degree of informality and bottom-up creation of CoP. In CoPs, it is exactly the unmanaged and unsolicited commitment of members that contributes to a successful collaborative learning environment. Although SSDCs are ad hoc created institutions, substantial traits of informality can be found both in their origins and, perhaps more importantly, in the core activities of the participants. Some SSDCs were born out of Communities of Practice ante-litteram, at the inception of the European Community. In 1998, both the then existing more formal nine 'joint committees' and the eleven 'Informal working groups' were replaced by SSDCs, and later new SSDCs in other sectors also formed (Keller, 2003). The number of SSDCs grew to the current 43. From a practical point of view, the increasing number meant that in the last years only a specific and 'limited', according to some, number of meetings per year are now financially covered by the European Commission. This has somehow frustrated the potential to launch initiatives or afford more frequent meetings in times when there might be a higher demand for it, for example, at the beginning, in the setting up of SSDCs; or in case of emergencies, like that of the pandemic, or other substantial changes in other market sectors that require prompt dialogue and knowledge sharing. On the other hand, SSDCs indeed created the opportunity for 'fellow' trade union and employers' organisations' representatives of specific sectors in all Member states to be included, to join and engage in dialogue at the European level. In some sectors, participants have then arranged activities beyond the biannual meetings and the activities of the work programmes. In our research, we have observed how it is often in the meetings outside this official SSDC calendar—such as visits to hospitals organised by some members, engagement in joint projects, or the participation at national-level campaigns, demonstrations or conferences—that relations among members of the SSDC closely resemble CoP's typical 'mutual engagement', creating community and exchanging practices. Some of the participants rely largely on well-established

relations and particularly on trust on the European level organisations—EPSU and HOSPEEM—to gather and convey the position of all members. This has also been illustrated in an interview with one of HOSPEEM's member organisations:

> Because, obviously, you know the healthcare systems in each country are different and the impact is different. So, so it's very useful, I think we exchange a lot of information among ourselves.

During the formal activities of the biannual meetings, the pre-meetings—which we had the chance to participate in and directly observe as part of our fieldwork—informal chats were common and facilitated and encouraged by European social partner representatives. These were in some instances aimed at introducing new participants to older members.

The relations that our interviewees talked about are exactly those that institutional analysis struggled to capture and that with a CoP approach emerge as relevant. A national representative of a nurses organisation, member of EPSU said:

> 'I've been involved with EPSU and social dialogue [since the beginning]..., it works well because there are long established relationships. ...So sometimes people talk about [...] processes and governance structures and votes and mandates but actually, it's the human relationships that make the organisation function well'.

6 | DISCUSSION AND CONCLUSIVE REMARKS

Members of the SSDCs do engage regularly in preparation of their meetings all together in Brussels, but certainly do not meet in person as often as the everyday colleagues on which much of the CoP studies are based. However, the transposition of this learning and knowledge-based lens on to the activities of the members of the hospital SSDC has brought new light, first of all, to the relational dynamics of its working and between members and, second, to the learning that occurs and that is hardly captured by existing studies on SSDCs.

By engaging with the hospital SSDC as a CoP, we have been able to shed light on to the existing relations among the actors and look at what holds the members of the community together and how they work together. Ongoing mutual engagement, a shared repertoire, a sense of joint enterprise and common values are key, renown tenets of extensively studied Communities of Practice as well as, potentially, of SSDCs. This has important implications on various fronts. First, it allows us to go beyond deficit accounts of the SSDCs (lack of more binding agreements and greater influence on the decision-making of the European Commission) and focus instead on non-institutional aspects of this supra-national level of social dialogue. In a time of renewed concern for better transnational coordination at EU level and need to develop shared practices to address common problems, our study highlights the importance of cultivating a community through non-exclusionary, sustained participation and valorisation of informal as well as formal meetings and events. The CoP literature, centred on learning as socially embedded and on the situated nature of knowledge, unveiled the key role of power relations in potentially reproducing the already observed uneven participation in the SSDCs (Perin & Léonard, 2011; Weber, 2010). Institutional and resource-based studies often provided a somehow resigned acceptance that some countries have been traditionally more

represented than others at the European level. The different degree of English knowledge has here highlighted the perpetration of power differences among members. Some interviewees (trade union representatives in particular) were hopeful that the next generation of representatives will replace the older ones with a greater command of the language and re-establish some balance. In the meantime, however, relations are reproduced in a way that make some participants contribute more to discussions and outcomes than others. As a result, crucial knowledge is missed out on important matters for the sectors and those who work in it. This is an important learning point not only for the hospital SSDC, but for all other SSDCs. The work carried out within these fora is functional to produce knowledge to inform EU policies. To highlight the cultural and cognitive element of the sectoral social dialogue, alongside its institutional functioning, allows to reveal potentially incomplete, or even biased, informing of the policy making process. By the same token, awareness of the role of such influencing factors, can help improving working practices within the SSDCs.

Second, when read as a CoP, participation in the activities of the hospital SSDC is seen not only as a function of organisational resources, for example, staff availability, organisational budget or national institutional contexts and interests of the various social partners as shown by more institutional accounts (e.g., Bechter et al., 2021; Keller, 2008); through a CoP lens, participation becomes itself a means to identity formation and to socialisation, which is an essential element for the life of the CoPs and that of the SSDCs. Through participation, the identity of the members of a CoP becomes 'intelligible' (Contu, 2014, p. 293). The participation of newcomers, recent CoP studies have also shown (Brooks et al., 2020), contributes to 'old timers' learning too, reinforcing the expectation that new generations of participants in the SSDCs will bring renewed and effective contributions. When answering the question of what holds members of SSDC together through a CoP theoretical lens, in sum, the power relations among members and the relational value of participation appear as prominent factors. These elements, in turn, feed into the social capital and trust needed for long-lasting cooperation and can orient capacity building strategies of the SSDCs.

When turning our attention to the day-to-day activities and the workings of the SSDCs, informal practices are given renewed centrality through a CoP analytical lens. Even if not entirely dismissing the role of informal relations, institutional theories tend to agree that a more mature phase of relations is reached only once these are formalised and institutionalised. By contrast, focusing on the centrality of mutual learning among members of the community and knowledge sharing as socially embedded activities, we see how these happen also—as well as, or possibly even more so—in the liminal spaces between formal and informal interactions. This is of particular significance, we think, for less active SSDCs. As mentioned above, the hospital case can be regarded as a comparatively more active and inclusive SSDC. The lesson here would be that incentivising regular participation, even indirectly, through European level secretariats (Bechter et al., 2021) and promoting informal activities can be a good predictor of effective participation in the long term.

Overall, power relations, participation and the balance between formal and informal activities associated to the SSDC are all interlinked. The CoP lens has allowed us to disentangle these elements and recompose the experiences of the participants of the hospital SSDC around the fundamental learning and knowledge-sharing nature of their work.

It is far from us to dismiss the concerns expressed in the literature on the European Social Dialogue on the tangible outcomes, whether soft or hard, of the various SSDCs; what we aimed to do is to make the collaborative learning space that they also (can) represent more visible and central. Recalling the three functions of SSDC that have been discussed by Weber (2013)—learning,

regulating and lobbying—we can see how learning and knowledge sharing occur across all three functions: when exchanging practices, when developing policies, measures and tools and when trying to jointly influence European institutions. In all three functions, the SSDC provides a learning space for participants. A CoP reading of these experiences, we argue, complements our understanding of the tensions and potentials of the SSDCs. Two particularly relevant lessons can be drawn. The first has to do with what binds members of a community together and with the fact that the SSDCs can foster 'union', in the sense of feeling of a European community, although this might be a contested 'value' (Busemeyer et al., 2008; Hyman, 2005); however, it can also foster exclusion and divide established 'core' members (those who can commit to continued participation) from those who remain 'peripheral', because even when they participate, barriers like language can prevent their full engagement. Here it is important to highlight that in the specific case of the hospital SSDC, the participants in the SSDC had overcome divisions, to a certain extent, such as those between employer and trade union representatives—starker in other SSDCs—but also internally among EPSU and HOSPEEM members from different countries. This was aided by the work of the secretariats in coordinating the dialogue and the shared commitment to deliver quality healthcare (the 'sense of joint enterprise').

Second, the European Sectoral Social Dialogue promotes sharing and circulation of knowledge around specific economic sectors across the EU. SSDCs can provide a forum for sector representatives to share strategies for a positive sum game, and potentially boost European solidarity. The CoP interpretation of the uneven participation sheds light on existing inequalities within the SSDCs, confirming that 'learning processes' and the access to those processes 'are integral to the exercise of power and control' (Contu & Willmott, 2003, p. 284). Participation in SSDCs is providing an opportunity for mutual learning and, therefore, contributing to better industrial relations, at the European, national, sectoral and also personal level.

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