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Mobilising societal power: Understanding public support for nursing strikes

Abstract

Framing is regarded as the primary mechanism through which unions generate societal power. This article examines the relationship between societal power and framing in a significant case study- a nursing strike which successfully challenged austerity wages in Ireland. Through analysis of messages of support for the strike in newspapers and on Twitter, the sources of societal power in the conflict are identified. The findings indicate that the framing strategies unions adopt and public acceptance of these strategies depend on historical and sectoral factors. In the instant case, nurses benefitted from increased societal support for the broader labour movement and recent waves of protest.

Keywords: Power resources, health, societal power, framing, public sector, collective action

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Introduction

Commentators such as Rosetti (2020) have identified a decline in the structural and associational power resources historically available to unions, related to the development of neoliberal forms of capitalism. In response to this development, labour revitalisation scholars have expanded the power resources approach by specifying additional sources of power available to unions, such as societal power, understood as support among individual citizens and civil society groups for an actor's claims (Schulze-Cleven 2020). Unions can generate societal power through framing- a process by which actors link their actions to existing narratives and norms to justify them to their members and external audiences (Szabo 2020). But workers compete for societal power with hostile actors including employers and (potentially) the media (Ellem, Goods and Todd 2020). The societal power available to unions is also shaped by their historical and geographic circumstances-including the sector in which they operate (ibid).

Although labour revitalisation scholars (Levesque and Murray 2013) refer to the importance of framing in building societal power, these authors do not examine how unions' framing strategies are received by the public they seek to influence. In addition, the expansion of the power resources approach has primarily been based on empirical studies of traditionally masculine, private industries. Yet, Schmidt et al (2018) suggest that public sector unions rely more on societal power than workers in the private sector, due to a presumed deficit in structural power (Crouch 1982). Further, over the same period that industrial action has been in decline in the private sector throughout Western Europe, nursing, a feminised area of the public sector has become especially prone to labour conflict with nursing unions benefitting from considerable societal power (Briskin 2012). These findings indicate that investigating why members of the public support nurses' industrial action can provide new understandings of how and why societal power accrues to unions.

The present article adds to the literature by examining the use of framing in a national nursing strike in Ireland. This case is worthy of study because the Irish Nurses and Midwives Organisation (INMO), the union organising the strike, was extremely successful in generating societal power, despite the doubtful forecasts of media commentators. Strong demonstrations

of public support were regarded as critical in forcing the government to reverse its position on sanctioning nurses and granting pay increases (Donnelly, O'Regan and Walsh, Irish Independent, 02/02/2019). Further, these outcomes and the INMO's confrontational stance were particularly unusual in the Irish context; resistance to austerity in the form of industrial action was relatively low in Ireland during the crisis (Geary 2016). Maccarrone and Erne (forthcoming) note that unions generally maintained this co-operative approach after the return to economic growth. Further, when teachers went on strike in 2016, they failed to achieve their demands on pay and were financially penalised under the prevailing public sector pay agreement (Wall, Irish Times, 12/04/2019)

This article examines how the INMO generated societal power by analysing the framing strategies adopted by nurses and the government. In the context of the coronavirus pandemic, examining the power resources of nurses and how these interact with economic and social changes is particularly relevant. The pandemic is exacerbating circumstances in the health sector which have led to the escalation of conflict in recent decades and frontline health services may become a focal point of industrial action and labour movement renewal in the medium-term (Szabo 2020).

This article is organised in five sections: an overview of the power resources approach; the framing process and narratives which have shaped previous conflicts in nursing; the methods used for the study; the background to the strike including changes in economic and socio-political context; and, finally, the presentation and analysis of the findings.

The Power Resources Approach

The power resources approach assumes that 'organised labour can successfully defend its interests by collective mobilisation of power resources' (Schmalz and Dörre 2018). Power resources are the attributes of actors which enable them to reward or to punish other actors (Korpi 1985). Perrone, Wright and Griffin (1984) categorise workers' power resources as structural or associational. Structural power resources derive from workers' scarcity in the labour market, and their 'disruptive potential' (ibid; 413). Schmidt et al (2019) assume that public sector workers' disruptive potential is limited since withdrawal of labour will not impede their employer's generation of profit. However, disruptive potential as specified by Perrone et al (1984) derives not only from the scope for harming the employer, but also the economic or social damage outside the target enterprise which a group of workers may cause by withdrawing their labour. The effectiveness of the strike depends on whether the scale of this disruption prompts outside actors- including the media, political parties and other employers- to apply pressure on the employer to resolve the dispute (ibid; 414). From this perspective, disruptive potential in the public sector may be distinguished from the private sector but not dismissed; a public sector strike may inflict significant damage on service users and businesses. In turn, these actors may pressure the parties to resolve the conflict.

Associational power is the strength which workers gain by pooling their individual capacities in a collective organisation. Associational power resources may include: a union's size; the number of members the union has in a sector or workplace or; members' willingness to act (Gumbrell-McCormick and Hyman 2013). Silver (2003) treats cross-class alliances with other political movements as an additional associational resource but Schmidt et al (2019) consider such alliances along with public support for union actions as sources of a separate form of power- societal power. The authors assume that societal power is especially important to public sector workers because they lack disruptive potential. While the

interpretation of structural power here differs, public employees may depend more on societal support than private sector workers because their demands impact the allocation of public resources. If unions can mobilise societal power this will lend democratic legitimacy to their demands and undermine government's position.

According to Schmidt et al (2019), societal power comes from other workers' solidarity or a cultural hegemony of union-friendly ideas. But these conditions are the result of social processes. Bieler (2018) and Kumar and Singh (2018) link societal power to unions' capacities to frame their claims in a manner that resonates with the wider public. Both dominant and subordinate actors engage in framing to define grievances as problems and to orient action. The following section discusses the framing process, dominant frames that have shaped nursing and how these have been challenged.

Framing and the Historical Construction of Nursing

A frame is a schema of interpretation that is part of the receiver's knowledge of the world which allows them to recognise and label occurrences and to make judgments about what should happen (Snow et al 1986, 464; Donati 1992). Collective actors apply frames to convince their audience that a set of circumstances is unacceptable (Gamson 1992; 7) and to attribute blame to a specific agent. Mobilisation theory, as elaborated by Kelly (1998; 29), highlights the importance of injustice frames in undermining subordinate actors' sense of loyalty to ruling groups. Framing is used internally, to develop cohesion within movements, and in external communications to mobilise societal power. This entails frame alignment-actors connecting their specific conflict to ideologically congruent, culturally accepted frames encompassing broader struggles (Benford and Snow 2000).

The frames adopted by nurses have been shaped by historical processes such as the construction of nursing as a feminine profession. The traditional image of nursing is inherited from Florence Nightingale's construction of the 'good nurse' as a respectable, uncomplaining woman, submissive to the (male) authority of the physician (Bessant 1992; 157). Images of nursing have also been shaped by the involvement of Catholic orders in running hospitals (Agnew 2010). The Catholic church is the largest non-government healthcare provider in the world and religious sisterhoods have established hospitals in every global region (ibid). Nuns used their vocational training as a model for nurses; prioritising obligation to the patient over personal wellbeing (Anthony 2004). Having internalised these narratives, many nurses found the idea of striking morally abhorrent (Loughrey 2019). Governments have exploited this framing to persuade nurses to accept poor conditions and pay (ibid). Employers could frame dissenting nurses as deviants violating the shared norm of the good nurse, obscuring their own role in creating grievances. The framing of nursing as a vocation also helped the employer discourage the public from comparing nurses to other types of waged worker (ibid).

This narrative of non-comparability aligned with established frames regarding the sexual division of labour (Bessant 1992). Western society interprets work traditionally performed by men as based on technical skill and training. In theory, remuneration increases with the workers' acquisition of skills and expertise (Clarke and O'Neill 1992). However, work traditionally performed by women, including care work such as nursing, has historically been treated as unskilled on the assumption that caring abilities come naturally to women (Acker 2006). Governments benefit from this framing as it justifies the underpayment of nurses compared with public sector workers performing 'skilled' work (Loughrey 2019).

Socioeconomic transformations have contributed to the destabilisation of these frames. Neoliberal restructuring of public health systems since the 1970s has impacted nurses through work intensification and staff shortages (Granberg 2014). Nurses' unions framed these issues as threats to patient welfare and attributed blame to the employer. This narrative accommodates industrial action within the good nurse frame by suggesting that challenging management is part of the overriding obligation to the patient (Brown et al 2006). Granberg (2014) assumes strikes are more likely to generate societal power when they are framed as struggles for patient welfare as they appear to serve the public interest.

Labour unrest in nursing has also been linked to broader struggles. Nurses have been influenced by the resurgence of feminism (Briskin 2012). Feminists frame women's subordinate social status as unjust, transforming the role of women into a matter of political choice (Lacey 1987). As a highly feminised workforce performing gendered work, nurses' unions defined the pay gap between nursing and culturally masculine occupations as a breach of emerging gender equality norms (Briskin 2012). Nurses have also framed their pay and conditions as an injustice because they violate prevailing norms regarding the treatment of professionals. Professionals are understood as self-regulating groups of workers that are identified with an independent field of expertise (Bessant 1992; 161). Workers regarded as professionals tend to be paid more and accorded greater levels of autonomy than non-professionals (ibid). During the only other national nursing strike in Irish history, which took place in 1999, nurses described their actions as a struggle for professional recognition, highlighting their university qualifications and technical responsibilities and the disparity between their wages and those of other professionals in the health service (Brown et al 2006; 203). Finally, since the 1970s, nurses' unions in many countries have enhanced their links with the labour movement and nurses increasingly frame their claims in terms of fair working conditions (Briskin 2012), generating societal power by creating a sense of shared identity between themselves and other workers. This frame's strength as a source of societal power depends on existing public perceptions of the labour movement.

The studies referred to in this section indicate that the ideal of the good nurse as submissive has been displaced; as neoliberal restructuring threatens the quality of care, being a 'good nurse' can accommodate challenging the employer. Nurses have also rejected the vocational understanding of nursing by identifying themselves as autonomous professionals and seeking pay and conditions which reflect this status. Discourses around gender equality and workers' rights have also undermined the 'good nurse' frame as a tool for legitimating the inferior treatment of a mostly female workforce. However, the existing literature on nurses' industrial action does not investigate the frames the public rely on to justify support for nurses.¹ Bringing an original contribution to the debate, this article examines both nurses' and government's framing strategies and how these are received by the public.

Methods

The framing strategies relied upon by nurses and the government to mobilise societal power resources were primarily identified through a content analysis of news articles covering the strike. Articles from four newspapers were analysed- the Irish Daily Mail, Irish Independent, Irish Times and Sunday Independent. These publications cover the range of newspaper type

¹ Clarke and O'Neill (2001; 350) suggest that opinion pieces and letters to the editor can act as a measure of public opinion in their study but their object of study is how nursing, rather than public support, is framed.

available in Ireland- broadsheet and tabloid. They also reflect the ideological spectrum of the Irish print-media: there are no left-of-centre national newspapers. The Irish Daily Mail is a tabloid and Mercille (2017; 649) describes its editorial position as right-wing populist. The Irish Independent and Sunday Independent, broadsheets sharing a right-wing populist editorial position, are Ireland's most popular newspapers (ibid). The Irish Times, another broadsheet, maintains a centre-right position on economic policy and a liberal stance on social issues (ibid).

A keyword search of these newspapers using the LexisNexis database from 31.10.2018, when the INMO was balloting members for the strike, to 12.03.2019- one month after the strike was suspended, returned 336 articles of which 245 were relevant. Analysis of the nurses' framing of the strike also relied on the INMO's press releases on the dispute. To investigate why the strike generated societal power, statements regarding the strike published on Twitter over the same period were analysed, along with letters to the editor, opinion pieces and quotes from patients and people visiting the picket lines. These statements provide an impression of the bases of support for the strike. Tweets expressing support for nurses and their demands were identified through searches applying the hashtags #standwithnurses and #standwithnursesandmidwives, which were trending on Twitter during the strike (Leahy, Irish Times, 31/01/2019).

In total, 117 Tweets from individual accounts, opposition TDs, NGOS and trade unions were analysed. The Twitter users captured in the sample are unlikely to be representative of the entire population supporting the strike. Only 30% of people in Ireland have Twitter accounts and use is concentrated in younger, politically sensitive sections of the population (Kane 2015). However, Diakopoulos and Shamma (2010) find that Twitter serves as an effective source of data for identifying issues within a political event that gained interest and associated public reaction. Further, quotes from newspapers came from a broader spectrum of the population- journalists interviewed bystanders near hospitals, other hospital workers, patients and their families. The reasons these individuals advanced for supporting the strike reflected those highlighted on Twitter. There were expressions of support from 33 members of the public in the sample of articles returned by the newspaper search.

Framing strategies were identified by analysing the content of statements made by the INMO, individual nurses, government sources and journalists about the cause of the strike, the issues involved and how the strike would or should be resolved. Sources of societal power were specified from messages of support for the strike from members which included statements clarifying their reasons for supporting the strike. Where Tweets or quotes in newspapers referred to multiple sources of societal power, these were split into separate messages of support which were coded under the appropriate category. In total I identified 200 statements which referred to a basis of societal power.

The initial examination of the data was informed by an analytical framework based on the norms and narratives which have shaped nurse identity and nurse militancy discussed above. Quotes which reproduced these frames were coded accordingly in a spreadsheet. However, some of the statements analysed revealed norms and narratives regarding the conflict which were not captured by these a priori codes. This led to the construction of additional frames and sources of societal support based on these statements.

Background to the Strike

To understand the context of the strike and the INMO and government's choice of framing strategies, it is necessary to consider nurses' recent industrial relations experience and the broader economic and social context of government decision-making. Nurses' working conditions had deteriorated in the previous decade, a consequence of the austerity measures implemented by the government in response to the Great Recession, including a recruitment embargo in the health service and two public sector pay cuts. Government, the media and employers' associations justified these cuts by framing public employees as overpaid compared to their private sector counterparts, describing the public workforce as 'bloated' and linking the public pay bill to the severity of the recession (Cawley 2012).

In 2010, the majority of public sector unions, represented by the Irish Congress of Trade Unions, retrospectively endorsed these cuts and agreed to implement workplace efficiency reforms to protect against job losses (Erne 2013). INMO members rejected this deal, claiming that the reforms would compromise patient welfare (INMO 2010). After Ireland accepted a bailout package from the EU-IMF-ECB Troika, cuts to the health service intensified. The INMO successfully campaigned against a new collective agreement, negotiated under the shadow of the Troika, which would cut pay further and extend nurses' working week (Wells and White 2014). However, the union later accepted a diluted version of the agreement after government threatened to impose harsher measures unilaterally. In 2014, public anger regarding austerity manifested in mass mobilisations against water charges (Trommer 2019), while a movement for reproductive rights began adopting more contentious strategies including a 'strike for repeal'². The emergence of this wave of protest disturbed the apparent passivity that had prevailed in Irish civil society in the early years of the crisis.

As a result of austerity policies, 13% of the nursing workforce left the health service from 2008-2013, while thousands of nursing graduates emigrated immediately after qualifying. Patient outcomes were affected as remaining nurses, had to 'do more with less' (Wells and White 2014; 569), reducing the time for direct care (ibid). Even after Ireland exited the bailout programme, the EU's new economic governance regime which imposes stricter controls on budget deficits and sovereign debt limited the government's capacity to invest in public services. By 2015, Ireland's economy had recovered but nurses did not see a corresponding improvement in working conditions or living standards. Gains from a public sector agreement reversing some of the previous pay cuts were absorbed by inflation in rent and property prices (Ring, Irish Examiner, 12/11/2018). In 2004, the INMO began monitoring and publishing the number of patients accommodated on trolleys in emergency departments while awaiting admission due to overcrowding in a daily series known as Trolley Watch. 2018 was the worst year for overcrowding on record (Wall, Irish Times, 02/01/2019). Trolley Watch has become a trusted source of data for journalists and the public and has helped to keep poor conditions in emergency departments in the news cycle for nearly 20 years.

In 2018, the ICTU and the government concluded another pay agreement which included a process for occupations in which there were recruitment and retention problems to apply for

² As Irish law prohibits political strikes, the organizers- a non-affiliated group of trade unionists and activists- encouraged participants to take the day off work in order to join protests.

additional pay increases. However, the INMO's application for a general pay increase for nurses was rejected by the Public Service Pay Commission, the body constituted to administer the process, in favour of increases for certain nursing grades (Public Service Pay Commission 2018; 17). INMO members rejected these proposals and voted to strike (Wall, Irish Times; 07/11/2018). Strike dates were set for early 2019, with nurses providing emergency care to minimise the impact on patients. Around 10% of nurses are members of Siptu, Ireland's largest union, which represents workers across the public sector. However, Siptu did not ballot their members for strike. This decision appears to be based on Siptu's unwillingness to destabilise the existing pay agreement (Larkin, Walsh and O'Regan, Irish Independent 10/01/2019).

At the outset of the strike, the INMO enjoyed considerable structural power. Nurses account for around 35% of the health service workforce. Tens of thousands of appointments and procedures would be cancelled due to the strike. The strike would also impact enterprises as delayed treatment could lead to employees taking additional leave. Due to these factors, there was strong potential for systemic disruption and for actors such as patient associations and political parties to apply pressure to resolve the dispute. Prevailing economic conditions enhanced the INMO's structural power; government revenue was increasing year-on-year and Ireland was near full employment. Further, there is a global market for nurses, increasing the credibility that nurses would leave the Irish system if their demands were ignored (Szabo 2020). The INMO's associational resources include membership density of around 80% and strong structures at the workplace level (Loughrey 2019). Nurses had also repeatedly demonstrated their willingness to act. In the previous two years, INMO members had twice voted for a national strike and 95% balloted to strike on this occasion (Tully rebelnews.ie 12/03/2019).

Throughout the period between the ballot and the strike, government refused to negotiate on pay and maintained that nurses that joined the strike would lose their entitlement to pay restoration under the existing collective agreement. As mentioned above, a similar clause was applied to teachers in 2017. However, 74% of the public surveyed during the strike supported the nurses (Fitzgerald, thejournal.ie, 30/01/2019). Individuals, businesses, NGOs and unions made their support visible through public declarations and by sending food and gifts to picket lines. A rally organised in support of the strike attracted 40,000 people (Cullen, Irish Times, 31/01/2019), including opposition Teachtaí Dála (members of parliament) who called on the government to negotiate with the INMO.

Media commentators highlighted the importance of public support for sustaining the strike (Cullen, Irish Times, 31/01/2019). The union's structural and associational power disrupted service users, but their mobilisation of societal power meant that the public blamed government for this disruption, putting pressure on the government to resolve the dispute and strengthening the credibility of the INMO's resolve to continue striking (Dunne, Irish Daily Mail, 02/02/2019). The INMO rejected an offer from government to negotiate on issues other than pay and announced additional strike dates (Walsh, Irish Independent, 05/02/2019). After three strike days, the government relented and negotiated a general pay increase for nurses with the INMO and SIPTU. While the increase did not match nurses' demands, government was forced to acknowledge that departing from austere wage policy would not prompt financial collapse-opening the door for further pay increases within the public sector. Minister for Finance Paschal Donohoe also confirmed that the penalties for striking specified

by the public service pay agreement would not be applied to nurses (Wall, Irish Times, 13.03.2019).

Findings

In this section I outline the frames referred to by the INMO, government and the media to label the strike. I also examine how these frames were perceived externally by analysing statements from members of the public. These frames emerged from the data, however there is close alignment between the frames adopted by nurses in this strike and those identified as prominent framing strategies in the literature.

Nurses' framing

The INMO defined 'the crisis in recruitment and retention' in nursing as the problem which provoked their collective action. The strike was framed as an inevitable conflict caused by the government's refusal to negotiate on pay increases or listen to nurses' concerns:

[W]e have been forced down this path because the Government had failed to deal with chronic understaffing (INMO press release, 06/11/2018).

INMO statements to the media referred primarily to fair conditions for workers, patient welfare and professional recognition- when justifying the strike. Nurses' discourse was also shaped by the framing of nurses as a globally traded commodity.

By arguing that pay increases are necessary to attract and retain nurses, the INMO emphasises nurses and midwives' status as waged workers, rejecting the framing of nursing as a vocation. Nurses described having difficulty meeting basic costs such as utilities and rent and framed their current pay as an injustice and their demands as 'fair pay' (INMO press release, 13/02/2019).

An INMO official countered the government's framing of nurses as privileged workers (discussed below), pointing out that the government's figure for an average nurses' salary included allowances for taking on extra duties and working unsociable hours (Fallon Griffin, Irish Daily Mail, 29/01/ 2019). Nurses also argued that their entitlements under the existing agreement were being misrepresented as pay increases rather than pay restoration (Keogh, Nugent and Raleigh, Irish Independent, 31/01/ 2019).

INMO General Secretary Phil Ni Sheaghdha referred to working conditions as 'dangerous' and 'appalling' (Fallon Griffin, Irish Daily Mail, 09/01/2019). Nurses described having to do the work of two and being unable to take annual leave because of under staffing (Farrell, Irish Daily Mail, 29/01/2019; Fallon Griffin, Irish Daily Mail, 28/01/2019) and indicated that these conditions had caused colleagues to leave the profession.

The INMO also linked low pay to recruitment and retention issues by referring to conditions in the global labour market:

Nurses and midwives are now globally traded assets. The public health service no longer pays a competitive wage, so we can no longer get the necessary number of nurses. (INMO press release, 08/01/2019)

Here, nurses' demands are framed as essential for the service, linking the government's refusal to pay nurses a market rate to patient welfare.

13 out of 16 INMO press releases discussing the dispute linked the ‘crisis in recruitment and retention’ to the quality of care and nurses frequently expressed the conflict as a fight for patients’ interests as well as their own, describing how short staffing was reducing the time they had to interact with and comfort patients (McDonagh, Irish Times 31/01/2019; Cullen, Irish Times, 28 /01/2019; Letters, Irish Independent, 09/02/2019).

These statements align the strike with wider criticism of under-resourcing and mismanagement within the health service. They also accommodate the norm of the ‘good nurse’ and suggest that, while seeking recognition as workers or professionals rather than ‘angels’, nurses’ obligations to patients remain an important internal motivation for striking. The framing of the strike as an act of as patient advocacy also emphasises the value of humanistic care.

The statements from the INMO and nurses analysed for this study only contained one reference to the frame of gender equality. Nurses more frequently framed the strike as a struggle for professional recognition. The INMO highlighted that “nurses and midwives are the lowest-paid graduate professionals in the health service, earning thousands less than similarly qualified health professionals, despite having a longer working week.” (INMO press release 18/12/2018). Nurses interviewed by the media embraced this narrative (O’Connor, Feehan and Raleigh, Irish Independent, 06/02/2019). Nurses also highlighted that in destination countries for emigration, pay parity between nurses and these professionals was the norm (Noonan, Irish Times, 09/01/2019)

Government framing

The government sought to generate societal power by framing nurses’ demands as a threat to economic stability. Donohoe claimed that nurses were seeking a 12% pay rise which would cost the exchequer €300 million (Wall, Irish Times 21/11/2018). Elsewhere he stated that granting nurses a general pay increase “would take us back to the bad old days of unsustainable and unaffordable pay rises with disastrous consequences for the public finances and, ultimately, taxpayers” (Walsh, Irish Independent, 08/01/2019). These statements align government action with the imperatives of fiscal austerity promoted during the bailout period, while seeking both to tarnish unions, by blaming public sector wage policy for the recession, and to frighten the public, by associating pay increases with economic crisis. Leo Varadkar, then prime minister, reinforced this narrative, highlighting that any extra funding available to the exchequer would be needed to ‘save jobs’ in the event of a ‘hard Brexit’ (McQuinn, Irish Independent, 07/01/2019), again generating fear, while casting the government in a protective role.

Government reasoned that pay increases were unaffordable because other unions would demand increases if these were granted to nurses. Donohoe treated ‘well-aired pay grievances’ (O’Halloran, Irish Times, 16/01/2019) in the public sector as an intractable issue, implying that government’s discretion was limited by the overarching need to maintain the state’s economic trajectory (Wall, Irish Times, 16/01/2019), whereas the INMO was choosing to disrupt the health service. Donohoe claimed the strike was “designed to maximise the impact it would have on patients” (Wall, Irish Times 16/01/2019). Similarly, Varadkar told the press:

[T]housands of operations will be cancelled and thousands of clinic appointments will be cancelled. Many of those people, and I am just thinking of them, [...] might have been waiting months for those appointments. (Leahy, McGee and Wall, Irish Times, 10/01/2019).

These statements downplay the government's agency and position the INMO as the villain in the conflict, disregarding patient welfare for its own ends.

Government also framed nurses as privileged workers. Donohoe commented that nurses enjoyed many benefits unavailable in the private sector (Cullen, Irish Times, 30/01/2019), implying that nurses should be grateful for existing entitlements and that improvements are unjustified. Elsewhere, Donohoe suggested that the INMO was seeking special treatment for its already privileged members (Moore, Irish Daily Mail, 04/02/2019).

Media framing

The media largely accepted and promoted the government's framing of the strike. Most opinion pieces on the strike opposed pay increases, reiterating the narrative that they would lead to knock-on claims. Journalists blamed unions for this situation, ignoring the government's agency in cutting pay during the crisis, and relied on the frame of nurses as privileged workers more frequently than government figures did. For example, Hamilton (Irish Daily Mail 05/01/2019) argues private sectors workers 'could only dream of' [nurses'] pension entitlements and job security.

Opinion pieces supporting nurses highlighted the skill involved in caring and how much nurses' compassion meant to patients. These views are echoed in the public messages of support discussed below. Lynch (Sunday Independent, 03/02/2019) attributed the myriad displays of public solidarity with nurses to a collective sense of injustice that 'the wrong people have most of the money' while 'there are loads of great people who are being paid half-nothing'.

Over the period that the government refused to negotiate on nurses' pay, it emerged that the construction of a new children's hospital had overrun its budget by €1 billion. Several commentators argued that this undermined government's claim that it was carefully managing expenditure and suggested that the government cared more 'for bricks and mortar' than workers (Devlin, Irish Independent, 09/02/2019).

Sources of Societal Power

As previously stated, 74% of the public supported the strike (Fitzgerald, thejournal.ie, 30/01/2019). This section discusses the sources of this support- exploring whether public interpretations of the dispute reflected the INMO's framing and highlighting other factors which influenced nurses' societal power. The following bases of societal power, listed in ascending order of frequency, emerged from the data: gender equality, professional recognition, patient welfare, dissatisfaction with government, the value of nursing and fair conditions for workers.

The strike as a struggle for gender equality did not appear as a major source of societal power in relation to the strike, just as it was not a prominent frame in the INMO's discourse. Only one expression of support was framed in this manner. While professional recognition was an important issue for striking nurses, just six expressions of support referred to nurses' professional competences.

The value of nursing as a distinct category of work was referred to in 56 messages of support (27%). I included expressions of support in this category which referred to the humanistic care nurses provide and their role in the community:

Doctors don't take care of you, the nurses take care of you. They deserve more," (O'Brien, Irish Times, 13/02/2019)

Both in newspapers and on Twitter, people often referred to their positive experiences of being cared for by nurses. Tweets from the public also recognised the contribution of humanistic care to patient outcomes, commenting that nurses' kindness and compassion 'save lives' and help service users through stressful situations. Thus, while explicit references to gender equality were largely absent, the public appear to attach great value to the culturally feminine work nurses perform, calling for wages which reflect that value.

Civil society organisations such as Abortion Rights Ireland and Act Up highlighted the contribution of nurses as advocates for reproductive and sexual health (Twitter, 09/02/2019). Here, nurses' societal power derives from roles they have taken on which depart from the quasi-religious archetype of the nurse. Expressions of support from these groups also indicate that nurses' involvement in social movements generated societal power resources.

Thirty five percent of the messages of support analysed for the study were based on norms of fairness for workers. Tweets frequently mentioned fair pay, safe working conditions and financial recognition. Members of different unions recalled the INMO's support for their own struggles and highlighted the importance of inter-union solidarity in winning better conditions for all. In letters to newspapers and on Twitter, members of the public also linked the strike to the broader labour movement and framed the government's refusal to engage with nurses as evidence of its anti-worker stance.

These messages reject the government and media framing of nurses as privileged, identifying them with other workers who suffered due to austerity. Members of the public also criticised the government's fearmongering regarding knock-on claims, arguing that the possibility that other underpaid workers might seek increases was not a valid basis for refusing to address nurses' demands.

The final basis of societal power identified in the case study was dissatisfaction with the government. Some Twitter users praised the nurses for providing a movement that could channel public frustration over the state of public services. Many challenged the government's framing of the claims as unaffordable, suggesting it was a matter of priority and that the government was more beholden to the corporate class than to the electorate.

Messages of support indicated nurses were worth more than the current set of public representatives:

[N]urses now justifiably on strike are being threatened with penal sanctions while our politicians have no difficulty awarding themselves outrageous salaries. (Letters, Irish Independent, 02/02/2019)

Dissatisfaction with the government partly stemmed from the lack of investment in housing and recent scandals in the health service:

It just puts another dent in the Government's reputation after the cervical smear crisis, overruns in the budget. (Bielenberg, Irish Independent, 09/02/2019)

In the years preceding the strike contentious movements had become an increasingly important means of political participation:

[A]s is quite common these days, the review of the Government's performance is once again on the streets as a population continues to vote with its feet (Mullally, Irish Times, 11/02/2019)

Opposition politicians compared support for the strike to earlier mass mobilisations against government policy. Mass participation in the anti-water charge and reproductive rights protests which took place in the 2010s may have helped to legitimise protest in turn making nurses' decision to strike more socially acceptable.

It should be noted that while I discuss them separately- to provide an impression of the range of narratives and circumstances which can motivate public support for strikes- the sources of societal support analysed here are interrelated; they may derive from the same underlying basis or exist as points on a spectrum. For example, support framed in terms of the value of nursing and in terms of professional recognition both fundamentally recognise that existing pay structures do not adequately reflect nurses' contributions-whether these refer to technical skills or competences related to caring.

Discussion

To a large extent, the messages of support analysed for this study reflected the sources of societal power promoted by the INMO in its framing of the strike. However public support was also motivated by issues which were not emphasised by nurses themselves- including the value of nursing and dissatisfaction with government. There appears to have been a disconnect between the government's framing strategies and public sentiment which contributed to support for nurses. Expressions of support rejected government attempts to blame nurses for disruptions to patients, with many Twitter users pointing out that thousands of health service appointments were already delayed each year due to austerity budgeting. Other messages challenged the government's framing of pay increases as unaffordable, referring to both ministers' own salaries and overspending on the national children's hospital as evidence. These statements suggest that in a context of economic recovery, the public was no longer willing to accept that the government's hands were tied in relation to health spending.

Dissatisfaction with the government is linked to the renewed demand for fair conditions for workers. Relying on the threat of knock-on claims to justify their position assumes that the prospect of public sector pay rises will elicit opposition from the public. As mentioned above, blaming public wage policy for economic suffering was a dominant frame in the early years of the crisis (Cawley 2012). However, the government appear to have miscalculated public acceptance of this narrative in 2019. Support for the labour movement and workers' rights emerged as important sources of societal power in the messages from the public analysed for this study. The public rejected the threat of knock-on claims as a basis for denying nurses' claims and criticised the government's anti-worker stance.

The frequent references to fair conditions for workers in the INMO's framing strategies and in expressions of support indicate that these values are more widely subscribed to in Irish society than during the 1999 strike, when, nurses primarily framed their claims in terms of professional recognition (Clarke and O'Neill 2001), indicating that at that point nurses regarded workers' rights as a less convincing justification for their claims. This inference is

supported by the 2020 election result, in which left wing candidates won the highest share of the vote in decades (Mueller 2020).

The messages of support analysed for this study indicate that the public were more likely to support the strike based on respect for nurses and their work than for its potential positive impact on public services. This finding contradicts Granberg's (2014) assumption that the public are more likely to support nurses' strikes if they see these as serving their own interest. The renewal of workers' rights as a source of societal support may also have contributed to the lesser significance of patient welfare as a source of societal power in the strike. Or perhaps users saw the strike as serving their interests as workers. Relying on framing strategies such as patient welfare or gender equality may have been necessary during the first decades of increased nurse militancy- the 1970s to 2000s (Granberg 2014)- as neoliberal values were in ascendance and trade unions and worker protections were under normative attack (Della Porta 2017). However, with the apparent recovery of the labour movement and its goals as sources of societal power by 2019, nurses could frame the strike as a struggle for workers' rights and find this resonated with the public. In turn, messages from the public framed nurses' current pay and working conditions as an injustice and connected the strike to the broader labour movement, e.g. commenting that a victory for nurses would be a victory for all.

Gender equality was not a significant frame in this episode of nurses' industrial action, nor did it feature frequently in public messages of support. Nevertheless, the sample of messages of support analysed here indicate that the public value the culturally feminine aspects of nursing highly, with many calling for this value to be recognised financially while problematising the high salaries paid to (predominantly male) government ministers. These findings suggest that a significant share of the public do not accept the hierarchy of value between masculine and feminine work noted by Clarke and O'Neill (2001) in the framing of the 1999 strike. However, further research is required on the bases of societal power during that episode of industrial action to reach this conclusion.

Ellem et al (2020) argue that unions' capacity to build societal power through framing is encircled by their union's historical and sectoral background. In the instant case nurses' value as humanistic carers within the health sector, and as advocates and activists within their communities was articulated as a source of societal power by the public independently of the INMO's framing strategies. Nurses have a social and emotional impact on patients and communities which can act as a structural source of societal power as it is related to nurses' skills and their position in the production process. As nurses' roles involve direct contact with such a large proportion of the population, this source of societal power, based on public empathy with nurses, proved resilient against media and government attempts to blame nurses for the conflict and to discredit their claims.

Conclusion

Theoretical contributions have defined societal power and identified potential sources (Schmidt et al 2019). Empirical studies consider the influence of societal power on the outcomes of collective action (Kumar and Singh 2018). This article adds to the literature by examining the use of framing as a mechanism for generating societal power through a significant case study. The case study is significant as it tests the role of framing where the union involved defeated the employer in the battle for societal power despite an adverse policy context, where public wages and health services were dominated by a prevailing EU

and national discourse of austerity. The findings support the assumption found in theoretical contributions on societal power (Bieler 2018; Gumbrell McCormick and Hyman 2013) that framing is an important mechanism in the generation of societal power. At the same time, the data illustrates its limits; in large part, public support was based on factors which were not promoted in nurses' discourse on the strike. Moreover, the INMO's use of narratives which were prominent in earlier episodes of industrial action involving nurses suggests that the repertoire of frames available to different types of workers is conditioned by their history and the characteristics of their sector (Ellem et al 2020).

This study identifies the frames employed by nurses, government and the media to define the strike, as well as the justifications given by members of the public for supporting the strike. This allowed for an examination of the 'fit' between framing strategies and public perceptions of the conflict, which in turn provides evidence of the extent to which framing strategies influence a group of workers' societal power in practice. The findings indicate that nurses' framing strategies influenced the level of societal power they achieved. A large proportion of the messages of support referred to the strike as a struggle for fair conditions for workers and for patient welfare, reflecting the frames employed by nurses. By contrast, the data indicates that the public did not find the government's framing strategies credible; their attempts to frame pay increases as unaffordable and to vilify nurses and unions did not accord with the public's experiences and beliefs and were met with widespread criticism. Thus, poor framing strategies appear to have harmed public perceptions of the government and created an impression of untrustworthiness.

Nurses' framing strategies reflected the norms and narratives identified in the literature on nurses' industrial action: patient welfare, professional recognition and workers' rights. Thus, while the frames relied on by nurses appear to have contributed to the generation of societal power- the choice of some of these frames may not be an outcome so much of conscious reflection but the conflicts which structure the lived reality of nursing. Where skill in framing may be more evident is in the INMO's success in communicating these narratives to the public, through press releases and interviews which relied on nurses' personal experiences. The credibility of these narratives is likely to have been enhanced by the INMO's long-term communications strategies, including the publication of *Trolley Watch*, which has increased public consciousness of problems in the health service.

In addition, the data demonstrate that the breadth of public support for nurses did not depend on their framing strategies alone. Many members of the public have personal experience of the affective aspects of nursing and its impact on patient outcomes. These factors may have increased the likelihood that nurses' own framing strategies would be convincing to the public. This finding has implications for nurses in other countries. Since nursing is based on real time and face-to-face interactions, it is difficult for employers to diminish this source of power through offshoring or labour-saving technologies (Szabo 2020). In the short-to medium-term the coronavirus pandemic may have reinforced the societal power of healthcare workers, including those who have fewer interactions with patients such as cleaners, by highlighting the essential nature of their work.

Further, as public healthcare workers, nurses benefitted from dissatisfaction among a significant share of the public regarding government's treatment of workers and management of the economy as well as a resurgence of support for union friendly ideas and fair conditions for workers. The strike occurred at the end of a decade of austerity. Neoliberal solutions had

not provided secure and prompt access to healthcare, contributing to renewed support for union-friendly ideas and public disillusionment with institutional politics. In turn this prompted a wave of contention within Irish society, including mass movements against the commodification of water and for reproductive rights, which may have benefitted nurses by rupturing the apparent quiescence of unions and civil society in the early years of the crisis and bringing protest back into the mainstream repertoire of political action. Indeed, the nurses' strike was regarded as part of this wave of contention by several members of the public.

These factors indicate that while unions can generate societal power through framing strategies which resonate with the public, a certain amount of the societal power they can accrue is due to circumstances beyond their control. Thus, while societal power may become a more important power resource in the 21st century, compensating for deficiencies in structural and/or associational power, societal power may not be any more evenly available to workers than the former categories of power. Just as certain sectors became focal points of labour unrest in the 19th and 20th century because of the superior structural and associational resources at those workers' disposal (Silver 2003), we may see sectors such as healthcare which have greater access to societal power, but where workers can also rely on structural and associational power, coming to the fore of the labour movement in the 21st century.

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