

From the Floor

STRIKE!

By

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Recently, the nurses at Pomona Valley Hospital, who are represented by Service Employee International Union (SEIU) staged a brief strike; they struck on the pretext that they were striking for patient safety, first and foremost. Meanwhile, the nurses in Northern California held a two-day strike earlier in October also echoed this same sentiment. However, as often occurs when individuals feel the need to draw the proverbial line in the sand, the loftiest of intentions can have unplanned consequences and sometimes those consequences can be negative. For example shortly after the nursing strike at Pomona Valley Hospital I received calls from RNs expressing their concern at some of the behavior they had observed exhibited by the individuals (purported nurses) on the picket line. What they described was an action that the picketing individuals made by pointing their finger at their eye and then pointing that same finger at nurses that had made the decision to report to work, and of course “cross the picket-line”. The nurses with whom I spoke with interpreted this gesture to mean, “we are watching you and we know who you are!” – an overt act of hostility.

Shortly after the Pomona Valley Hospital strike made headlines, the California Nurses Association, C.N.A., gave notice of the intent of nurse at numerous Sutter Hospital to stage a two-day strike. On the first day of the strike the Contra Costa Times newspaper reported at least two incidences, which gave me cause for concern. The first was the action of some of the picketers that caused the road in front of one of the Sutter hospitals to become blocked thus making it difficult for patients, visitors and employees alike to access the hospital; and the second was a 911 call to the local police that a member of a group of 30 picketers had shined a spotlight in the eyes of a bus driver, temporarily blinding the driver as he tried to drive a busload of replacement nurses into the hospital parking lot.

Of course a reasonable person might correctly conclude that such incidents, as described above, are in all likelihood the exception rather than the rule during a strike – or are they?

Strikes can and do evoke very strong feelings among the strikers and their supporters and the non-strikers and their supporters. It is precisely because both sides have felt that they have been “backed into a corner” that these feelings and emotions can and often do erupt in such a way as to cause someone who might normally never engage in unacceptable, dangerous or violent behavior to do so, and under the auspice of a strike some individuals feel as though they have been given “permission” by society to act out in ways that they might not normally engage in – a mob mentality so to speak. However, it is just this perceived license that can make for a situation that leaves behind feelings of betrayal among nursing cohorts, hospital employees and even members of the community.

Strikes are not something that nurses salivate over in anticipation of holding, in reality they are an activity that many pro-union nurses see as a kind of “final solution” to what they often perceive as an impasse in negotiations, usually over contract terms, and rarely occur outside the parameters of these negotiations. There are formalized rules and protocols that surround calling a strike vote, and usually include providing a strike notice thus allowing the targeted hospital to plan and prepare to have adequate replacement nurse staffing. Nurses and the public-at-large are unaccustomed to nursing strikes but when they do occur hospitals and nurses both take a hunker down and see it through attitude. The past several months have seen at least two separate nursing unions call a strike, each lasting only a couple of days and thus placing minimal strain on the services the hospitals can provide to the communities they serve. Over twenty years ago the nurses at a local Los Angeles-area hospital went on strike and besides the hospital having to reduce its beds by half, they also lost significant dollars a day for the duration of the strike. Strikes, if held long enough can and do cause extensive economic harm, and it is no different when nurses or other first responders strike, except there can also be unintended harm done to the community they serve. As a one visitor to a Sutter Health hospital during the recent strike was quoted as saying in the Contra Costa Times after their access to the hospital was temporarily blocked by one of the picketers who walked out in the middle of the road and tried to stop them from entering. “They lost some sympathy from us.”

Strikes also can cause a rift to develop between those who chose to strike and those who chose not to strike, especially when those who cross the picket line are union nurses, or when a unit is ethically divided over the strike thus leaving some walking the line while others cross it. It’s easy in these circumstances to feel the desire to demonize the ones who crossed the picket line to report to work, and they are often pelted with catcalls, invectives, and name calling such as *scab*, by the picketers. Those who are pro-union are often supportive of such behavior, and from their perspective it makes sense. They are taking an extreme position, holding the strike; and in order for the strike to have a full effect the “line must hold”. So for every staff and replacement RN that crosses the line and reports to work it either weakens or appears to weaken this hard line stance and the fear of the strike failing can become a reality. The other argument that is used to support the strikers is that when the union succeeds and its contract conditions are met in whole or part then all the RNs benefit, including those who didn’t walk the picket line. This behavior often leaves the RNs that honored and walked the picket line feeling “betrayed” that they didn’t receive the full support of their fellow RNs, many of whom they may view as friends not just co-workers. Of course these feelings are very much within the norm and should come to no surprise to anyone with even a modicum of understanding of human behavior.

The challenge for a nursing strike, especially when the premise is that of patient safety, quality of care or other similar concerns is that the action of the nurses on strike can become an issue of ethics and a reality check as to the underlying “real” cause of the strike. This is not to say that when patient health and safety or quality of care is an issue then it might be reasonable that a union after feeling that it has exhausted all other avenues to remedy the issue may present a case to their RN members that a strike is the “wake up call” that is needed. However, this can create a scenario where the RNs create an environment that puts the very patients they are advocating for in jeopardy, thus

rendering their reason for striking moot. Let me present the following example: many years ago a local nursing union called a strike at a nearby Los Angeles-area hospital, their nursing membership agreed with the call for a strike and then planned a five-day strike in order to bring attention to numerous issues, but two issues were singled out. They were patient safety and short staffing. I was doing a research project at this hospital prior to the strike vote and when approached with the opportunity to work during the strike I thought that this would provide me with the proverbial bird's eye view of what a strike environment was like in a hospital. I had never worked a strike before, and this was the only strike I ever worked but it opened my eyes to the fact that some RNs exhibit the same take no prisoner attitude that strikers of other ilk have been known to exhibit. The most memorable experience was showing up to work the first day of the strike to discover that many of the RNs that had ended the shift before and were now walking the picket line with signs espousing the need for patient safety and quality of care had locked the replacement and staff nurses out of many of the monitors required to perform much needed tests on the critically ill patients in the NICU and had hidden the manuals to many of the other equipment. So it would appear to me that some RNs thought nothing of placing patients lives at risk in order to prove their point of the need for patient safety. I guess my greatest disappointment was learning that no-one from the nursing union seemed to be concerned that patients' lives were put at risk, not because of a lack of nursing care or even incompetent nursing care but that a few overly zealous RNs thought that by making the replacement RNs lives "difficult" they could advance their issues. Sad but true.

Does this mean I believe that RNs shouldn't be allowed to strike? No, it is their right under our law, however on a personal level I would never strike. What saddens me is that RNs, especially when there are extreme feelings on both sides (both pro and con) about unions that this sometimes leads these individuals to engage in unprofessional and just plain bad behavior. When RN's strike and that strike becomes "angry" with all the negative emotional baggage that comes with such a strike then situations can cause irrevocable harm to the hospital, to the patients, to the community and to the RNs themselves. A RN strike is not like a grocery worker or entertainment industry strike. When the grocery workers strike you can choose to change you shopping patterns, as many of us did during the last one; and in a protracted strike lasting many months that may cause for a shortage of some food items you may loose a little weight as you consume fewer calories. During an entertainment strike you may not see any new movies or have a leaner selection of TV shows but you can always watch re-runs, DVDs or even shift activities to compensate for a lack of TV/movie programming. However, during a nursing strike, especially when the strike may take place at the one hospital in the community it may have the unintended consequence of placing a community at risk.

Things to remember when you've drawn that line in the sand:

- Remember that as a nurse we take an oath to advocate and care for our patients, don't let your actions put them in jeopardy,
- Remember to follow the rules and codes of conduct set by your union for the strike action,
- Remember to avoid the temptation to make "your point" through vandalism, malicious action, etc.,

- Remember to follow the rules and codes of conduct of the hospital if you decide to cross the picket line and report for duty,
- Remember just as your reasons for striking are valid and should be respected, so are the reasons for those RNs who chose, for whatever reason, not to strike,
- Even though the purpose of the strike is to “make the hospital aware”, try not to engage in activities or behavior that intentionally creates the very problems related to safety you say you are striking about,
- Since it bears repeating, remember if you can feel so passionate about your position that you walk the picket line to express your devotion to your patients, those RNs who chose to cross the picket line are also expressing their passion and commitment to their patients by staying at the bedside,
- Remember it’s suppose to be about the patients,
- And finally, remember every strike has consequences – good and bad.

What I ask that pro-union RNs to consider when undertaking a strike is that they comport themselves in such a way as not to endanger their patients, their patients’ families and friends or even the replacement RNs that have been called in to provide care. Keep in mind that when the issues that brings you to the final solution of calling and holding a strike is patient centered then you should not create an environment that jeopardizes the health and well-being of the very patients’ whose safety you have gone on strike to protect. As professionals we must never lower our level of care and concern for the wellbeing of our patients and by extension our community by engaging in unprofessional behavior that places those patients at an even greater risk.