

Striking Minneapolis nurses describe chronic staffing shortages

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Hospital management and union officials for the Minnesota Nurses Association (MNA) will meet for the first time in the two-and-a-half-week strike by 1,350 registered nurses at two Minneapolis area hospitals. The strike, which affected the Fairview Southdale Hospital in the suburb of Edina and the Fairview-University Medical Center's Riverside campus in Minneapolis, seeks to address the critical workloads and staffing shortages severely plaguing the hospital industry.

The Fairview strike began June 3 as ratification votes for 6,350 nurses at 10 other hospitals were either concluded or nearing finality. Nurses in the various bargaining units obtained raises of 19 percent to 20.3 percent during the course of three-year agreements. Concerning workloads and staffing, they received promises that the situation would not get worse, or that labor-management committees would study the ratio of nurses to patients. In the contract at Minneapolis's Abbott Northwestern Hospital, nurses in charge of wards will be able to restrict the number of new admissions if their units are understaffed. The procedure, however, requires nurses to go through a number of steps to justify their objections.

The MNA considered it a victory in itself that hospital management had conceded to contract language that admits to the problem of staffing shortages. But when Fairview nurses assembled to consider their tentative agreement, they were not impressed with the proposal for a labor-management committee that put the question of nurse-patient ratios off into the distant future. Nurses want strong contract language to remedy the situation now. For some time they have had experience with joint committees. As a Minneapolis *Star Tribune* editorial admitted:

“As recently as the mid-1990s, Twin Cities hospitals were considered models of labor-management collaboration and pioneers in resolving the pressures created by managed care. That relationship has decayed in recent years, partly because of key staff departures on both sides and partly because of excruciating pressure from federal reimbursement cuts.”

What the editorial fails to say is that the MNA's

collaboration with management provided the legal-contractual framework for the undermining of nurses' working conditions.

Realizing that the other bargaining units were in the process of ratifying agreements, one registered nurse stepped forward at the Fairview meeting and declared that the contract issues they wanted were too important. Why couldn't they “go it alone?” When the MNA leadership threw the question back to the membership, one by one, nurses stepped forward to support a strike to win their demands.

As in other unions, the division of nurses into separate bargaining units, isolated from one another, proved to be an important weapon in the hands of management. Once the strike vote at Fairview became known by nurses at the other hospitals where contracts had been ratified, nurses were upset. Many said had they known the mood of nurses throughout the system they would have voted for a citywide strike. Many non-striking nurses have turned out to picket with the Fairview nurses to demonstrate their solidarity.

The most embittered nurses were those who comprise the bargaining unit at Abbott Northwestern Hospital and Phillips Eye Institute. In what still remains a highly dubious turn of events, the MNA miscounted the ballots during contract ratification and announced that the contract had been accepted. But after four recounts it was determined that a stack of 25 votes opposing ratification had been mistakenly tallied with those ballots accepting the contract, according to the MNA. The actual final vote rejected the contract by a 621-620 margin.

However, the MNA had already notified hospital management after the first tally that the agreement had been accepted. Under labor law, according to MNA attorneys, to reverse course and walk out would constitute an illegal strike and open up the union to legal suits by management that could bankrupt the MNA.

The anger over the contract vote boiled over with talk of decertifying the MNA, demands the leadership step down and lawsuits. A group of 50 nurses retained a labor lawyer to

consider action.

Meanwhile, Fairview nurses have continues strike. Jacquie Luoma, a registered nurse (RN) at Fairview-Riverside for 29 years and a licensed practical nurse (LPN) before that, described the conditions that nurses face:

“What is happening is we are seeing that the profession is not keeping up with other professions. We need to be economically competitive. Nurses need to have some support for staffing issues and have some control of our practice. It’s become more of a business versus a service. They can’t just keep bringing patients in when there’s not staff to take care of them. The nurse-dependent ratios become elevated, which in turn increases the stress, responsibilities and impacts safe patient care. And that’s our biggest concern: quality, safe-patient care.

“There’s a predicted deficit of 650,000 nurses by the year 2020. The causes of that are decreased school enrollments in nursing programs. Nurses are leaving the profession for less stressful, less demanding work. The burnout is getting pretty intense.”

Luoma described the responsibilities of an RN:

“You get your patient assignment. You may have six or seven patients and some are in pain, some need IVs started. You need to pass medications. For each of these patients the nurse needs to do a complete assessment. You need to assess and implement a plan of care for the day. If they’re surgical patients, you need postoperative care where a nurse needs to have them turned, deep breathe, cough, get up and walk. If you have people who have had orthopedic surgery you need to get them up for physical therapy to prevent post-surgery complications and making sure they are medicated for pain.

“You might have a patient that you need to get ready for discharge. So you need to do discharge teaching and at the same time they have another surgical that you need to take. So here you are, trying to hurry to do the discharge teaching, making sure the patient understands their home medications, making sure they understand what their follow-up visits are. You’re pressured for time, you want to complete all your tasks, and yet, you know in the back of your mind you’ve got somebody else in another room that needs something for pain before they go to therapy. Plus they’re going to send you another surgical patient. So it’s that kind of compounding that makes it very stressful and difficult. You’re being stretched so thin and in different areas.

Luoma then explained the serious implications of such conditions: “The dangers of handling many things at once are that many things can be missed. Medications can be missed or given to the wrong patient. Teaching doesn’t get done. You may miss some subtle signs of a complication that is just developing. If you are in a hurry you may not have the time to use your critical thinking skills to make an

assessment.

“I think nurses feel sad and frustrated when they believe they can’t meet their legal and ethical responsibilities to the patients that they’re caring for. And if that happens on a repetitive basis it is very stressful and very disheartening. That is what causes nurses to leave the profession and try to find a different career.”

Fairview nurses are not forced to work double shifts. Yet many do because they cannot bring themselves to abandon the upcoming shift when it is understaffed, knowing the burden it will place on their coworkers.

Luoma countered the argument that augmenting staffs will only increase medical costs: “There’s been research that the higher the nurse to patient ratio, the better the outcomes, which reduce the costs. You get less infection rates, you decrease length of stay and there’s less recidivism.”

Besides the mental stress that nurses face, there is a wide array of physical maladies that affect them. There are muscular skeletal injuries from lifting and turning patients—back injuries, shoulder injuries. Adding to fatigue is constantly walking on concrete floors, leading to bad knees and foot pain.

How pervasive is the stress? One RN of 19 years in the mental health ward at Fairview-Riverside pointed out that intensive care unit nurses suffer a higher percentage of post-traumatic stress disorder than did Vietnam veterans.

She criticized the for-profit hospital as not creating the conditions for proper patient care in her unit: “Sometimes you’re not giving good care, you’re simply attempting to put out fires. We might have two nurses and three techs for 19 patients.

“We’re forced to quickly evaluate them, medicate them and send them out the door. Consequently, a lot of patients of all ages who come to the hospital and are rapidly discharged, soon return to the hospital again. We call it the revolving door. What they need instead is a chance to stay three weeks, which would give them sufficient time to learn some new behavioral patterns.”

Besides staffing issues, Fairview nurses are also seeking to keep higher seniority nurses in the profession through longevity bonuses. Nurses also are demanding a cap on health insurance premiums, which tend to cancel out wage increases.



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