

# Tenet Healthcare seeks to impose 12-hour shifts on St. Vincent nurses in Massachusetts

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The Massachusetts Nurses Association (MNA) announced April 26 it had filed an unfair practice charge against Tenet Healthcare with the National Labor Relations Board (NLRB). The health conglomerate that owns St. Vincent hospital in Worcester, Massachusetts is seeking to impose 12-hour shifts on nurses working on all the inpatient units and the emergency department.

The MNA has identified 250 nurses who will be impacted by the change, which is set to be imposed by Tenet on May 1.

The statement the MNA published on PR Newswire states: “In response to Tenet’s plan, the MNA requested to meet to work out a mutually agreeable plan that would include both 8- and 12-hour work shifts for nurses. Instead of responding and meeting promptly with MNA, Tenet had its managers deal directly with nurses, pushing them the [sic] agree to accept the new 12-hour shifts—all of which is in direct violation of the nurses’ rights.”

Hospital management did meet with the union on April 15, but the session ended with no resolution to the issue. In addition to having filed charges of unfair labor practice with the NLRB, the union has filed for an injunction to halt implementation of the change.

Neither the filing of charges with the anti-worker NLRB or the courts will deter Tenet in the least. These actions by MNA are in essence meaningless gestures, aimed at paving the way to complete capitulations to management’s demands.

Julie Pinkham, executive director of the MNA, whose members include nurses working in 70 percent of Massachusetts acute care hospitals, bemoans the fact that management did not commit to good faith negotiations.

In doing so, she argues that the union could have

ensured “a smooth transition.” Pinkham states: “At most any other hospital represented by the MNA, such a change would occur over an extended period of time, in a good faith process of negotiation with the union to ensure a smooth transition, accommodating the needs of the nurses impacted, while ensuring safe patient care delivery.”

In other words, by collaborating with MNA, the union argues, Tenet could have achieved its stated goal of imposing 12-hour shifts in a more efficient manner than by imposing its terms unilaterally.

Pinkham describes as a “callous move” Tenet’s forcing of existing staff to extend from 8-hour to 12-hour work shifts while also permanently forcing many to be shifted to the night shift, adding, “It is just another example of Tenet forcing nurses and patients to pay the price for Tenet’s focus on the bottom line.”

The Worcester *Telegram & Gazette* quotes MNA spokesman David Schildmeiser saying, “All we’ve asked for is an opportunity for a legitimate negotiation to negotiate a process that works for both sides so that Tenet gets what it needs with some 12-hour shifts, and it retains nurses.”

St. Vincent hospital was the site of the longest nurse’s strike in Massachusetts history. The strike lasted 301 days and ended on January 3, 2022, with a contract agreement that included a measly 2 percent wage increase in each of the five years of the agreement. This was far below the 6.8 percent inflation rate at the time and is further eroded as inflation continues to rise as a result of the COVID-19 pandemic and the US- and NATO-instigated war in Ukraine. The deal also entrenched the hated tiered wage structure and fell far short of the four-to-one nurse-to-patient ratio which was the main demand of striking nurses.

The contract was accepted by a vote of 487 to 9 under

conditions in which management was threatening to permanently replace nurses who did not return to work. More decisive than management threats, however, was the role of the MNA itself, which had worked throughout the 10-month strike to keep nurses isolated. The MNA did nothing to mobilize its statewide membership of 23,000 and kept several other bargaining units with expired contracts on the job during the strike. Earlier on in the strike, UFCW Local 1445 forced through an agreement to avert a strike by 600 other workers at the hospital, leaving nurses to fight on their own.

The St. Vincent strike coincided with a significant push for strike action by tens of thousands of nurses and other health care workers throughout the United States. These included more than 32,000 workers at Kaiser Permanente, who voted to authorize strike action in Southern California, and health care workers in Buffalo, New York, who struck at Mercy Hospital for more than a month. These struggles were isolated from each other and betrayed by the unions—and in the case of Kaiser was called off at the last minute despite nurses' determination to fight.

Immediately following the St. Vincent strike Tenet sought to decertify the union with ballots reading, "Do you wish to be represented for purposes of collective bargaining by the MNA?" Nurses voted 302 to 133 in favor of retaining the union. Having failed in its decertification efforts, Tenet now simply ignores the MNA and seeks to unilaterally impose the new work schedules.

Management no doubt feels emboldened by the betrayal of the strike by the MNA. The agreement reached by the MNA did nothing to address the conditions that had provoked the walkout in the first place and in fact paved the way for Tenet's new attack. However, the latest offensive against working conditions by Tenet takes place as a wider movement of the working class develops.

Health care workers internationally are once again fighting back. Hundreds of thousands of nurses and other health care workers have struck in Italy, Germany, Turkey, Australia, Sri Lanka and many other countries in recent weeks.

In the US, thousands of California nurses are engaged in or preparing for strikes at Sutter, Los Angeles' Cedars-Sinai, Kaiser Permanente, University of

California and other locations. Five thousand Stanford and Packard nurses are engaged in a powerful and open-ended strike for wages, mental health services and a halt to dangerous understaffing. As was the case with the Worcester nurses, workers point to the dangerous undermining of patient safety as well as understaffing that is driving hundreds of thousands of nurses from the profession.

In the next few months, tens of thousands of other health care workers have contracts expiring in Michigan, New York, Illinois and other states.

The nurses at St. Vincent must prepare a struggle independently of the MNA. While the union restricts itself to appeals to the NRLB, the nurses must appeal to the working class. Above all, this means reaching out in solidarity to the nurses at Stanford and Packard and health care facilities across the country to prepare a joint offensive.

The Socialist Equality Party proposes the formation of democratically elected rank-and-file committees made up of the most militant and class-conscious workers at all health care facilities to wage a united offensive, independent of the MNA and other unions that have handed over concession after concession to the multibillion-dollar health care conglomerates.



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