

Michigan health care crisis: Billionaires cash in at the expense of nurses' conditions

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A recent study conducted by University of Michigan researchers revealed that four in 10 nurses in the state of Michigan intend to leave their jobs within the next year.

The researchers conducted a state-wide survey of 9,150 licensed nurses and 1,224 nurses who had left their positions in the last two years. The Michigan nurses survey asked nurses about their plans to leave their current nursing jobs, reduce hours or pursue travel nursing.

The researchers published the survey results in a paper entitled “Patterns and Correlates of Nurse Departures From the Health Care Workforce,” which appeared in the monthly journal *Medical Care* of the American Public Health Association. The survey was conducted via email in March 2022.

Among the practicing nurses surveyed, 39 percent said they intended to leave their jobs in the next year, 28 percent said they planned to reduce their clinical hours and 18 percent said they planned to pursue travel nursing. A travel nurse is a nurse who resigns his or her staff position to take high-paying temporary positions at health care facilities where there is a nursing shortage.

The Michigan nurses survey focused on working conditions in an effort to identify the causes of the departure of nurses from the workforce. Overwhelmingly, practicing nurses (83 percent) as well as those who had recently left (70 percent) cited inadequate staffing as the number one workplace concern.

Tamilikia Foster, a labor and delivery nurse at Lansing's McLaren Hospital, told the *Detroit News*, “Because of the short staffing issues ... a lot of us would pick up the slack.” She continued: “I’m getting to the point where I want to leave bedside nursing and that is sad to me because I love talking to my patients. I love interacting with them. I love seeing them get better and go home. That gives me the greatest joy.”

Other workplace concerns included patient safety and staff safety. Promotions and compensation were the least frequently mentioned concerns, whereas mandatory overtime was associated with a higher likelihood of

departure.

The survey found that 84 percent of practicing nurses reported having experienced emotional exhaustion. Of nurses who said they planned to leave their job within the next year, 72 percent said they were more likely to do so because they were emotionally exhausted.

Among the nurses who already resigned, frequent use of mandatory overtime was cited as the likely cause in 72 percent of the cases, while occasional use of mandatory overtime was cited as the likely cause in 31 percent of the cases.

Speaking to the University of Michigan Communications office, lead researcher Christopher Friese said that among the more troubling findings was the fact that many younger nurses intended to leave their job. The findings showed that 59 percent of nurses under 25 and 53 percent of nurses 25-35 planned to quit in the next two years.

Friese said, “This should set off alarm bells for everyone who cares about Michigan’s health care workforce. The fact that our youngest nurses are showing the highest likelihood of leaving tells us we can’t just add more nurses to the problem.” Friese added that the rate of departures and vacancies was not sustainable.

Significantly, the survey concluded that the factors associated with the staffing crisis such as planned departures, reduced clinical hours, shifts to travel nursing and recent resignations “consistently align with issues that predated the pandemic.” Few nurses cited the COVID-19 pandemic specifically as the primary reason for their career decisions.

The COVID-19 public health crisis, which had specific impacts on health care workers, accelerated the phenomenon of nurses leaving workplaces that had already been underway before the onset of the pandemic in early 2020.

The results of the Michigan nurses survey expose the depth of the crisis of the health care system in Michigan, across the US and around the world. However, there are critical questions that the survey does not address, including (1) the fundamental cause of the staffing crisis and (2) what

is required to resolve it.

The health care industry has been transformed over the past decade and a half—especially since the passage of the Affordable Care Act by the Democratic administration of Barack Obama in 2010—into a series of giant corporations run by financial interests on Wall Street. The owners, investors and top executives of these corporations have driven up their profits and personal wealth through heightened exploitation of nurses and hospital staff.

Forbes magazine recently published its 2023 list of the world’s richest people, and 35 of these multi-billionaires were from the US health care industry. At the top of the list was Thomas Frist Jr., MD, the co-founder of HCA Healthcare, based in Nashville, Tennessee, who has a net worth of \$20.2 billion.

HCA operates 168 hospitals and a total of 2,000 medical facilities in 21 states. It has 283,000 employees, of which 93,000 are nurses. In 2022, HCA Healthcare had revenues of more than \$60 billion and \$5.6 billion in profits.

On January 27, 2023, the corporate board of directors announced a \$3 billion stock buyback program—that is, more than half of the company’s mega-profits were plowed back into its own shares in order to further enrich major shareholders and executives, rather than using the money to hire more nurses and improve patient care.

This massive money-making is also taking place in the medical equipment industry. Ronda Stryker, of the Kalamazoo, Michigan-based Stryker Corporation, which manufactures surgical and other medical devices, has a net worth of \$6.9 billion.

The experience of nurses and other employees at Michigan Medicine—the health care system operated by the University of Michigan in Ann Arbor—provides significant lessons on the struggle of nurses against the staffing crisis.

With its recent announcement of the acquisition of Lansing-based Sparrow Health System, Michigan Medicine, which is ostensibly a public non-profit entity, will become the second largest hospital system in the state, operating 11 hospitals and taking in revenues of \$7 billion.

The deal to acquire Sparrow takes place while Michigan Medicine is constructing a new \$1 billion 12-story hospital called The Pavilion in Ann Arbor, which will add 264 private rooms.

All of these financially motivated decisions are being made in the midst of a catastrophic shortage of nurses at Michigan Medicine. The executive leadership and the University of Michigan Board of Regents have predicated their business strategy on maintaining high levels of exploitation and deliberate understaffing at Michigan Medicine.

Meanwhile, Michigan Medicine has relied upon the

collaboration of the Michigan Nurses Association (MNA), which represents 6,000 nurses at the hospital, to prevent any struggle from breaking out against the intolerable working conditions.

During contract negotiations last spring and summer, Michigan Medicine nurses voted overwhelmingly for strike action against understaffing and mandatory overtime. However, the MNA refused to call a strike and told nurses to appeal and protest to the University of Michigan Board of Regents, which is responsible for the staffing shortage in the first place, to resolve the issues, while the union negotiated a sellout contract with the hospital management.

The MNA—along with its supporters at *Jacobin* magazine and the Democratic Socialists of America (DSA)—presented the sellout contract as a “groundbreaking” victory, falsely telling nurses that there were provisions for “contractually enforceable staffing ratios” and an end to mandatory overtime.

However, according to figures published by the MNA itself, three months after the ratification of the contract on October 1 of last year, there were 779 protests filed by nurses who were forced to work with inadequate staff and under unsafe conditions. The conditions for nurses at Michigan Medicine have, in fact, gotten worse since the sellout agreement was negotiated by the MNA.

Throughout the Michigan Medicine contract fight and continuing today, the program fought for by the *WSWS Health Care Workers Newsletter* is the formation of rank-and-file committees to fight the profit-driven staffing decisions of management and its collaborators in the union bureaucracy. The setting and enforcement of standards on safety and staffing must be placed in the hands of the nurses and other hospital employees themselves, acting through networks of rank-and-file committees, and not based on what management or the union claims is “possible,” i.e., good for corporate profits.

Through the formation of a network of democratically established and led organizations of hospital workers—along with those being established by railroad workers, autoworkers, teachers and other workers around the world—nurses can advance their own agenda against the corporate and financial interests behind the increasingly intolerable conditions in the health care industry.



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