

New York-Presbyterian Hospital nurses seething after end to 6-week strike

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Nurses at New York-Presbyterian Hospital in Manhattan began returning to work Thursday after a lengthy six-week strike. They face not only a new contract that fails to satisfy their demands, but also a new round of attacks and harassment from management, according to nurses who spoke to the *World Socialist Web Site*. Their names have been changed to protect their anonymity.

In recent days, the hospital held return-to-work sessions to allow the nurses to vent after the strike and to connect them with “psychological support services.” A bad atmosphere hung over the sessions, said Samantha, an experienced nurse. “They stopped the two-hour meeting after one hour because people were so upset. It was awful.”

The nurses are furious, she added, because having struck for six weeks without strike pay, many nurses are in financial difficulty. Older nurses expressed their frustrations during the session, while many younger nurses remained silent, she said.

“When we come back, they’re going to be strict on time,” Samantha continued. “They’re going to start retaliating against people who don’t show up on time, have wrinkled uniforms, or don’t have white sneakers.” Through these and other disciplinary measures, management will seek to punish nurses for having exercised their right to strike.

“The return-to-work session was insulting and patronizing,” said Alexis, another nurse. “New York-Presbyterian brought in consultants to discuss how to move forward with some awful video by one of the vice presidents and a reminder of the New York-Presbyterian credo—as if we were the ones who needed to be reminded!”

Nurses also expressed their unhappiness with the new contract. “This contract is not revolutionary,” said Alexis. “It does not reflect the value of our work as nurses.” The contract does, however, reflect “a few sad realities” such

as “the devaluation of the working class [and] corporate greed backed by our so-called elected officials,” she said.

The New York State Nurses Association (NYSNA) leadership claims that the new contract increases the number of nurses to improve patient care. The contract commits the hospital to adding 65 full-time equivalents (FTEs) over three years.

It is not immediately clear if this actually means hiring 65 new nurses, however. In human resources, one FTE is equivalent to one person working a full-time week for a year, usually 40 hours a week. It measures total labor-time, not headcount. For example, two “FTEs” could equal either two people working straight time or one person working double time.

Even leaving this aside, it is little more than half the 120 new nurses that NYSNA had originally demanded. But even that demand didn’t account for the many nurses who plan to retire, said Samantha. Less experienced nurses also may leave. “A unit assistant predicted that younger nurses would go back to school,” said Samantha. “They don’t want to deal with bedside nursing. It’s too much. It’s more than what they thought it would be.”

The new hires will be assigned to “crappy units where nobody wants to work because of poor staffing or poor management,” Samantha continued. The new contract “won’t resolve safe staffing,” she said. “It’s going to take a real tragedy for things to improve.”

NYSNA bureaucrats also stated that the new agreement includes a “safeguard against artificial intelligence.” Although the contract allows nurses who disagree with recommendations given by AI to use their clinical judgment, it does not prevent AI from eliminating nurses’ jobs. It merely holds that “in the event that artificial intelligence technology directly causes a diminishment in the current levels of employees,” then management and NYSNA “will meet and discuss, in good faith, methods to avoid such impacts.”

The NYSNA apparatus also claims that the contract will protect nurses from workplace violence, which is a major concern. But union leaders and hospital management will not meet to review current violence-prevention processes until 90 days after ratification, according to the contract, indicating that the topic is a low priority for both parties. Measures such as panic buttons and weapon screening will be “discussed” but are not mandated.

The agreement creates a Hospital Workplace Violence Committee but says nothing about the frequency of its meetings. Furthermore, a new Workplace Violence Prevention and Intervention Task Force will only meet after each incident of violence. Other language in the contract gives significant discretion to management.

The threat of workplace violence will get worse, not better, said Samantha. “People are mentally exhausted with the everyday stresses of work and family life,” she added. Nurses understand that violence against them results from understaffing and from the larger social crisis. Many patients are angry because they have waited for hours for care or because they have lost access to their medications. Understaffing deprives patients of proper care, which causes some of them to become confused or lash out. The new contract falls far short of providing adequate staffing and obviously does not address worsening social conditions.

“The fact of the matter is that we were out on strike for 40 days to gain assurances for things the hospital could have handed over with their eyes closed,” said Alexis. The strike had the potential to spark a national movement, she added.

But the NYSNA leadership acted systematically to prevent even a united movement of its own members. After contracts for 15 hospitals in New York City and Long Island expired on December 31, the union bureaucracy kept the nurses divided by facility. At one hospital after another, it withdrew strike notices, often without even having reached tentative agreements.

Nevertheless, the strike went ahead with four hospitals. But five weeks in, NYSNA leaders concluded agreements with three of the hospitals and left the NewYork-Presbyterian nurses on their own.

Ignoring the recommendation of its own executive committee, the NYSNA leadership broke the union’s bylaws and forced nurses to vote on an utterly inadequate tentative agreement. Out of approximately 4,200 nurses, 3,099 voted to reject the deal. This was a stinging rebuke of the union leadership for what nurses correctly described as a betrayal.

Bitter feelings toward President Nancy Hagans and other NYSNA officials linger among the nurses. “People are getting rather disgusted,” said Samantha. “They’re collecting a lot of money, and then when people get into trouble, they don’t want to provide them with any type of legal assistance,” she said, referring to the leadership. She described a veteran nurse who was unfairly blamed for a patient’s fall and fired last year in an act of retaliation. Instead of defending the nurse, NYSNA kept postponing her hearing, according to Samantha. “They didn’t support her. They’re still not supporting her.”

As the NewYork-Presbyterian nurses return to work, they will confront the same problems that inspired their strike. The new contract has not resolved any of the issues over which they fought so persistently. Their struggle will continue, but it must be carried out with a new strategy and under new leadership.

The strike has demonstrated that the NYSNA leadership actively works to contain and sabotage the nurses’ struggles. Hagans and company collaborate not only with hospital management but also with the Democratic Party, which is no less a party of Wall Street billionaires than the Republican Party.

To forge ahead, the nurses must take the power into their own hands by forming a rank-and-file committee that is independent of the union leadership and of both capitalist parties. This committee will be the means through which the nurses can identify their nonnegotiable demands and formulate a strategy for winning them.

This strategy must include joining forces with nurses and other healthcare workers at all of New York’s hospitals. The potential for a national struggle of healthcare workers for safe staffing and workers’ rights can only be realized if the workers themselves seize the initiative.



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