

Nurse militancy and strike action

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ABSTRACT

This article is part of an extensive research project on nurses' strikes which explores nurse militancy with reference to professionalism and the commitment to service; patriarchal practices and gendered subordination; and proletarianization. These deeply entangled trajectories have had a significant impact on the work, consciousness and militancy of nurses, and have shaped occupation-specific forms of resistance. They have produced a pattern of overlapping solidarities – occupational solidarity, gendered alliances, and coalitions around health care restructuring – which have encouraged militancy among nurses, despite the multiple forces arrayed against them. I have also examined nurse militancy and union renewal. I argue that workplace militancy, and particularly the militancy of nurses speaks to many of the strategic threads in the union renewal project, in particular, women's militancy, rank-and-file militancy, coalition-building and community outreach, and professionals in the labour movement. Drawing on nurses' strikes in many countries, this article situates nurse militancy within the context of health care restructuring and neo-liberalism, the gendered construction of nursing work, the feminization of union density and of strikes, and gendered militancy. It explores the emergence of a militant discourse among nurses focussed on the public interest, what I call the politicisation of caring, which has supported a new approach to the ethics of striking. This discourse emphasizes patient care and calls for the re-valuing of both the expertise and caring involved in nurses' work. The politicization of caring has created the conditions for widespread public support for nurses' strikes and offers a paradigm which supports the expansion rather than the narrowing of the collective bargaining agenda.

KEYWORDS

Nurses' strikes, Workplace militancy, Union renewal, Gendered militancy, Politicisation of caring, Public support

“It’s always stuck with me that nurses were like sleeping giants; sometimes we don’t recognize the potential and the power that we could have,” commented Marilyn Quinn, the president of the New Brunswick (Canada) Nurses’ Union.¹ The widespread militancy recounted in this article suggests that nurses increasingly recognize their power, and are mobilizing collectively to defend the public interest.²

This article is part of an extensive research project on nurses’ strikes which explores nurse militancy with reference to professionalism and the commitment to service; patriarchal practices and gendered subordination; and proletarianization. These deeply-entangled trajectories have had a significant impact on the work, consciousness and militancy of nurses, and have shaped occupation-specific forms of resistance. They have produced a pattern of overlapping solidarities – occupational solidarity, gendered alliances, and coalitions around health care restructuring – which have encouraged militancy among nurses, despite the multiple forces arrayed against them.

I have also examined nurse militancy and union renewal.³ Renewal strategies have focused largely on increasing rank-and-file participation, democratizing unions, cross-border solidarity, political campaigns, labour law improvements, and organizing initiatives.⁴ However, less attention has been paid to collective workplace activism as a vehicle for union revitalisation. I argue that workplace militancy, and particularly the militancy of nurses speaks to many of the strategic threads in the union renewal project, in particular, women’s militancy, rank-and-file militancy, coalition-building and community outreach, and professionals in the labour movement.

Drawing on nurses’ strikes in many countries, this article situates nurse militancy within the context of health care restructuring and neo-liberalism, the gendered construction of nursing work, the feminization of union density and of strikes, and gendered militancy. It explores the emergence of a militant discourse among nurses focussed on the public interest, what I call the politicisation of caring, which has

¹ Quoted in Kealey, L. ‘A bitter pill to swallow’: New Brunswick nurses, professional identity and collective bargaining, 1991-92. In: *Making up the State: Atlantic Canadian Women in the 20th Century*, eds. J. Guildford and S. Morton. Fredericton, New Brunswick: Acadiensis Press, 2010, p. 8.

² There are numerous references to nurses as “sleeping giants” although it is not possible to ascertain the original use. Koff seeks to understand why the profession has remained a “sleeping giant”. Koff, S. *Nurse Educators and Politics*. Albany: State University of New York, 2004. *Nursing Times.net* (Vol. 97, No. 18, 3 May 2001) calls on nurses to make their voices heard in the UK election, under the banner of “It’s time to wake the sleeping giant”. <http://www.nursingtimes.net/nursing-practice-clinical-research/its-time-to-wake-the-sleeping-giant/200970.article>

³ Briskin, L. The militancy of nurses and union renewal. *Transfer: European Review of Labour and Research*, Vol. 17, No. 4, 2011, pp. 485-499.

⁴ Kumar, P. and Schenk, C. eds. *Paths to Union Renewal: Canadian Experiences*. Peterborough, Ontario: Broadview, Garamond and Canadian Centre for Policy Alternatives, 2006.

supported a new approach to the ethics of striking. This discourse emphasizes patient care, and calls for the re-valuing of both the expertise and caring involved in nurses' work. The politicization of caring has created the conditions for widespread public support for nurses' strikes and offers a paradigm which supports the expansion rather than the narrowing of the collective bargaining agenda.

Nurses' strikes

In the context of the general decline of strike activity in many Western countries, nurses have continued to take militant and successful action in many countries. For example, in Canada in the late twentieth century, there were three "waves" of nurses' strikes, some of which were illegal, and most of which garnered widespread popular support: 17 strikes between 1980 and 1982; 43 disputes between 1985 and 1991, and 14 strikes between 1998 and 1999. From 1960 to 2009, 163,872 Canadian nurses were on strike.⁵ Although in the first two periods, the data suggest that nurses' strikes were coincident with strikes in other industries, in 1998 and 1999, strikes involving nurses' unions occurred independently of a strike wave and dominated the public space.

In the last three decades, nurses have gone on strike in many countries including the UK, the US, Australia, Japan, New Zealand, Israel, Ireland, Denmark, Sweden, Poland, Portugal, Kenya, Fiji, India and South Africa. "Managed care" has triggered numerous strikes in the US. In 2002 alone, there were eighteen nurses' strikes, one of which was the strike for a first contract in Petoskey, Michigan which lasted for two years.⁶ From 2010-2012, California nurses have gone on strike more than eight times.

Although this article focuses largely on strikes, both legal and illegal, strikes are not the only form of nurse militancy. Like other workers, nurses have engaged in multiple forms of resistance over many decades. Given lack of access to collective bargaining rights, bans on nurses' strikes in many jurisdictions, and essential and emergency service requirements, nurses have often been forced to seek alternative forms of resistance and militancy. Perhaps of most interest is what might be seen as an occupation-specific tactic: mass resignations. This tactic has been used in many countries – often with great success – to circumvent bans on striking.⁷ Perhaps the most successful recent use of mass resignations was in the Finnish nurses' mobilization in 2007. Requirements for a minimum level of staffing had previously undermined the ability of health care workers, and nurses in particular, to make inroads on pay and working conditions through strikes. On 19 November 2007, the date on which the first round of 16,000 resignations would have gone into effect, a new collective agreement was settled which gave the nurses a 22-

⁵ The author has negotiated full access to the records for Canadian stoppages from 1946-2009 from the Workplace Information Directorate of Human Resources and Skills Development Canada (HRSDC).

⁶ Hayes, L. Nurses on strike. In: *The Encyclopedia of Strikes in American History*, eds. A. Brenner, B. Day, and I.I. Ness, Armonk, NY, M.E. Sharpe, 2009, p. 712.

⁷ See for example, on the US, Ketter J. Nurses and strikes: A perspective from the United States. *Nursing Ethics*, Vol. 4, No. 4, 1997, pp. 323-329; on Australia, Strachan G. Not just a labour of love: Industrial action by nurses in Australia. *Nursing Ethics*, vol. 4, no. 4, 1997, pp. 294-302.

28% increase over the four-year period of the agreement.⁸ This successful negotiation became a flashpoint for the Danish and Swedish nurses' strikes in 2008.

The most illuminating studies of nurse militancy may be in-depth accounts of particular struggles, for example, Bessant and Gauran on the 1985 and 1986 strikes in Victoria (Australia); Hayward and Fee on the British nurses' strike of 1988; Katsuragi on the 1989-1992 movement of nurses in Japan called the "Nurse Wave"; Tabak and Wagner on the 1996 strike in Israel; Clarke and O'Neill and Brown *et al.* on the Irish nurses' strike of 1999; Cristovam on the 1999 rotating strikes by Portuguese nurses, and Lutua on the 2007 Fiji nurses' strike.⁹ These studies capture what Johnston calls the "messy multidimensionality" of strikes.¹⁰ However, he also concludes that, given that "no case is typical": "[W]e can only generalize from these cases at the level of theory – through the conceptual tools used to grasp their histories, rather than through those histories themselves".¹¹ This project on nurses' strikes draws on examples from many countries and embraces a level of generalities in order to map the militancies of nurses. Undoubtedly certain risks attend such generalizations; however, the rich picture of nursing militancy which emerges, in my view, justifies the crossing of context.

In order to develop a layered presentation of nursing militancy, this paper uses a trans-disciplinary methodology, qualitative material in the form of strike narratives constructed from newspaper archives,¹² quantitative work stoppages data (particularly for Canada), and reference to the popular and scholarly literature on nursing militancy.

⁸ Henttonen, E., LaPointe, K, Pesonen, S, and Vanhala, S. A stain on the white uniform: The discursive construction of nurses' industrial action in the media. *Gender, Work and Organization*. (doi:10.1111/j.1468-0432.2011.00556.x) document the reactions to this strike in opinion pieces in the Finnish media.

⁹ Bessant J. Good women and good nurses: Conflicting identities in the Victorian nurses' strikes 1985-6. *Labour History*, vol. 63, 1992, pp. 155-173; McGauran, A. The results of nurses' industrial action in Ireland and Australia: A feminist interpretation. *Proceedings of the 1999 Conference of the Australasian Political Studies Association*, 1999, pp. 537-546; Hayward, S. and Fee, E. More in sorrow than in anger: The British nurses' strike of 1988. *International Journal of Health Services*, vol. 22, no. 3, 1992, pp. 397-415; Katsuragi, S. Better working conditions won by 'nurse wave' action: Japanese nurses' experience of getting a new law by their militant campaign. *Nursing Ethics*, vol. 4, no. 4, 1997, pp. 313-322; Tabak, N. and Wagner, N. Professional solidarity versus responsibility for the health of the public: Is a nurses' strike morally defensible? *Nursing Ethics*, vol. 4, no. 4, 1997, pp. 283-293; Clarke, J. and O'Neill, C. An analysis of how the Irish times portrayed Irish nursing during the 1999 strike. *Nursing Ethics*, vol. 8, no. 4, 2001, pp. 350-359; Brown, G., Greaney, A., Kelly-Fitzgibbon, M., and McCarthy, J. The 1999 Irish nurses' strike: Nursing versions of the strike and self-identity in a general hospital. *Journal of Advanced Nursing*, vol. 56, no. 2, 2006, pp. 200-208; Cristovam, M. Nurses strike for career path restructuring. The European Industrial Relations Observatory EIRO Online, 28 Feb 1999. <http://www.eurofound.europa.eu/eiro/1999/02_/inbrief/pt9902131n.htm>; Lutua, K. The Fiji nurses' strike. In: *The 2006 Military Takeover in Fiji: A Coup to End All Coups?* eds. J. Fraenkel, S. Firth and B. Lal. Australia: Epress-Australian National University, 2009. <http://epress.anu.edu.au?p=7451>

¹⁰ Johnston, P. *Success While Others Fail: Social Movement Unionism and the Public Workplace*. Ithaca: Cornell University Press, 1994, p. 216.

¹¹ *Ibid.*, p. 213.

¹² Briskin, L. Beyond the average and the aggregate: Researching strikes in Canada. In: *Striking Numbers: New Ways in Strike Research*, eds. S. van der Velden. Amsterdam: The International Institute of Social History, Research Paper 50, 2012, pp. 137-163. This research has also made extensive use of the Seachange website which keeps track of some newspaper coverage of nurses' strikes. <http://seachange.wbumpus.com/>

Health care restructuring, feminization and the gendered construction of nursing work

The following sections situate nurse militancy within the context of health care restructuring and neoliberalism, the gendered construction of nursing work, the feminization of union density and of strikes, and gendered patterns of militancy.

Health care restructuring and neoliberal policy: a Canadian example

In the 1960s and 1970s, Canadian public sector workers gained collective bargaining rights, and nurses organized unions separate from their professional associations. However, by the late 1970s, like many other public sectors, health care began to face government cutbacks in funding, wage freezes, reduction in services/downsizing, intensification, rationalization and fragmentation of work, labour shortages, privatization and public-private partnerships (P3), contracting out of cleaning and food services, and the transformation of a large proportion of work from relatively-secure full-time employment to part-time, casual, temporary, and often precarious employment.

Nurses' work settings are now characterized by intensification of patient care, acceleration of change in technology and treatment regimes, shortages of nurses, rationalization of work, and severe cost-cutting measures. Moreover, nurses frequently experience feelings of powerlessness in the system, lack of respect, verbal and physical abuse [and] unsatisfactory management practices.¹³

In Canada, health care is a provincial responsibility, and provincial governments spend around 35 percent of total expenditures on health care.¹⁴ Compensation represented 60 percent of total hospital budgets in 2006.¹⁵ Since healthcare jobs are less susceptible to outsourcing – some have called them landlocked – pressures to reduce labour costs have been relentless.¹⁶ Although doctors' salaries represent a disproportionate amount of these expenditures, nursing work has faced particularly acute reorganization and restructuring.

Nursing work, then, faces the austerity measures and the private sector managerial approaches forced on all public sector arenas. In fact, nursing offers a snapshot of such work reorganization, especially the move from full-time to part-time and contract work that is so characteristic of neoliberal economies. In 2009, only 58.6 percent of Canadian registered nurses (RN) worked full time, 30.6 percent worked part time and 10.7 percent

¹³ Hibberd, Op. Cit., p. 588.

¹⁴ National Health Expenditure Trends data Tables, Table B.4.5, Canadian Institute of Health Information <https://secure.cihi.ca/estore/productFamily.htm?locale=en&pf=PFC1671>

¹⁵ Mackenzie, H. and Michael R. *The Sustainability of Medicare*. Ottawa: The Canadian Federation of Nurses Unions, 2010. http://www.nursesunions.ca/sites/default/files/Sustainability.web_e.pdf

¹⁶ Clark, P. and Clark, D. Union strategies for improving patient care: The key to nurse unionism. *Labor Studies Journal*, vol. 31, no. 1, 2006, p. 51.

worked casual, and often precarious hours.¹⁷ Two-thirds juggled multiple jobs. Perhaps uniquely, the employment relations in nursing work are compounded by the dual pressures of nurse shortages, and pressures to do often-unpaid overtime.

Like other arenas of just-in-time production, casual nurses are called in only when needed, and are cheaper because they receive no benefits. In *Negotiations '99: Stand Up for Nursing*, the Saskatchewan Union of Nurses [SUN, Canada] stressed that the nursing shortage is “forcing nurses to work mandatory overtime. Nurses are suffering extreme stress, leading to many more nurses suffering work-related injuries and chronic illness.” At the same time, “increasing ‘casualization’ of the nursing workforce” means that “instead of staffing properly with full-time and regular part-time nurses, management uses casual nurses to staff for heavy shifts, or ‘peak hours’, just like fast food outlets. For the remainder of the shift, patient care [is] at risk”.¹⁸

Research commissioned by the Canadian Nurses Association (CNA)¹⁹ shows that 20 per cent of new nurses walk away because of poor working conditions, low wages and a shortage of full-time work caused by downsizing and cost-cutting.²⁰ Furthermore, earnings for nursing graduates are actually declining.²¹ As a result, there is a growing shortage of nurses. The 2011 shortfall of 22,000 nurses “is masked only by delayed retirements and heavy workloads” and the Canadian Federation of Nursing Unions (CFNU) predicts a shortfall of 60,000 full-time equivalent nurses by 2022. Such shortages have translated into a dramatic pattern of overtime work. “Public sector nurses worked 20,627,800 hours of overtime in 2010, the equivalent of 11,400 jobs; almost 15 per cent of nurses did not get paid for their overtime hours.”²² The number of overtime hours is also increasing. “In 1987, RNs worked 144,600 overtime hours per week, while in 2008, RNs worked 412,200 hours per week.”²³

Undoubtedly, the changes in nursing work reflect neoliberal rationalization and work restructuring. The shifts have been described as de-skilling or proletarianization²⁴ or “de-professionalization” characterized by “a diminution of independence, increasing stratification and division of labour, and growing revolt against assembly-line conditions.”²⁵ In a cogent example, more than 700 female nurses who work in the Canadian federal public service won a \$150 million pay settlement in 2012. At the core

¹⁷ Canadian Institute of Health Information: Data Table B RN1, 2009. http://www.cihi.ca/cihi-ext-portal/internet/en/document/spending+and+health+workforce/workforce/nurses/stats_nursing_2009

¹⁸ http://www.sun-nurses.sk.ca/History/neg_99_pamphlet.pdf

¹⁹ <http://www.cna-aic.ca/en/about-cna/>

²⁰ *Globe and Mail*, 13 July 1999 and 10 February 2000.

²¹ *Ibid.*

²² http://www.nursesunions.ca/sites/default/files/2012.backgrounder.nursing_workforce.e_0.pdf

²³ Valiani, S. *Valuing the Invaluable: Rethinking and respecting caring work in Canada*. Ontario Nurses' Association Research Series, Research Paper No. 1, 2011, p. 7. http://www.ona.org/documents/File/pdf/ONAResearchSeries_ValuetheInvaluable_05052011.pdf

²⁴ McPherson, K. *Bedside Matters: The Transformation of Canadian Nursing, 1900-1990*. Toronto: Oxford, 1996.

²⁵ Stinson and Wagner, quoted in Mansell, D. and Dodd, D. (2005). “Professionalism and Canadian nursing.” In: *On All Frontiers. Four Centuries of Canadian Nursing*, eds. C. Bates, D. Dodd and N. Rousseau. Canada: University of Ottawa Press, 2005, p. 198.

of the successful human rights complaint was the fact that the “nurses were listed as administrative and clerical staff while working for the federal public service, instead of being classified as health professionals.”²⁶

There is no doubt that the three waves of nursing strikes in Canada are coincident with health care restructuring and cutbacks, the introduction of neoliberal health policy and government interventions into the collective bargaining process. Certainly in the 1980s, many strikes were in response to egregious government interventions in wage setting.²⁷ Later strikes focussed not only on wages but increasingly on work restructuring and its impact on stress, working conditions, and the ability of nurses to deliver quality care. The pattern described here for Canada is paralleled in many countries.

The gendered construction of nursing work

Although most countries report that the vast majority of RNs (over 90 percent) are women, the fact that the work of nurses is constructed as gender-specific is significant to patterns of militancy. As a system of social power, gender structures social organization, and produces and reproduces hierarchies and inequalities, and men’s privilege. Via institutions, policies, laws, ideologies and everyday practices, it structures work (as does class relations). Theories of gender as a social process problematize essentialist assumptions and argue that gender is “something one does rather than one is.”²⁸ Thus gender is a social relation, and not the property of a person, and approaches to gender need to “go beyond ‘counting bodies’”.²⁹

Since “gender plays a critical role in both the visibility and value of skills,”³⁰ it has profoundly affected the work and remuneration of nurses. “Care work is gendered work, and work done by women is less likely to be seen as skilled or rewarded as skilled.”³¹ As a result, claims for professional status by nurses have come up against gendered hierarchies, discourses, and practices. Certainly, the discursive construction of caring as an innate female quality to be insistently distinguished from the educated practices of curing by medical doctors have created barriers to professional status. The dominant discourses which signify nurses as maternal and essentially feminine, buttress, indeed, exacerbate, these gendered power dynamics, contribute to the devaluing of nurses’ expertise, and help to explain their low wages. Central to many nurses’ strikes has been resistance to this gendered devaluation, and the demand for both the re-valuing

²⁶<http://www.cbc.ca/news/canada/ottawa/story/2012/07/03/ottawa-nurses-in-public-service-win-150-million-dollar-settlement.html>

²⁷ Palmer, B. *Working Class Experience: Rethinking the History of Canadian Labour, 1800-1991* (2nd ed). Toronto: McLelland and Stewart, 1992, p. 359-60.

²⁸ Kelan, E. and Nentwich, J. The value of seeing gender as a ‘doing’. In: *Equality, Diversity and Inclusion at Work. A Research Companion*, ed. M. Ozbilgin. Cheltenham: Edward Elgar Publishing, 2009, pp. 138 and 141.

²⁹ Ibid.

³⁰ Armstrong, P., Armstrong, H. and Scott-Dixon, K. *Critical To Care: The Invisible Women in Health Services*. Toronto: University of Toronto Press, 2008, p. 93.

³¹ Ibid., p. 95.

of nursing work and salary improvements. Undoubtedly the construction of nursing work as gendered “helped to solidify relations among nurses”.³²

Second wave feminisms have offered frames for re-interpreting taken-for-granted patriarchal norms in health care delivery, and legitimized demands for the re-valuation of the skills and expertise of nurses. Based on a survey of registered nurses engaged in direct patient care at a large teaching hospital in an urban community in Florida, Gray concluded that the increase in militancy and unionism among nurses was associated with women’s perceptions of their role in society.³³ Similarly, Canadian scholar Hibberd contended that “the rise in militancy among nurses’ unions is a symptom and an integral part of the rise in feminist consciousness in society at large”.³⁴ In her study of the 1988 Alberta nurses’ strike, Coulter (1993, 57) concluded that “striking nurses benefited from the gains of the women’s movement ... [P]ublic discussion which focused on how women’s caring and nurturing work was devalued and on critiques of the organizational and power structure of hospitals were based in feminist analysis and on the gender-specificity of nursing work.” McPherson notes that “the renewed emphasis on the value of personal patient care was also linked to feminist calls for equal pay for work of equal value.”³⁵

Demands for the re-valuation of nursing work and salary increases have been central in many strikes by nurses. In New Jersey in 1980, a ninety-eight-day strike at Englewood Hospital “brought a 28 percent increase in wages over the three years of the contract, bringing the hourly wage up to \$12.00 an hour.”³⁶ Hayes notes dozens of strikes or near strikes by American nurses centered around pay issues between 1974 and the mid-1990s.³⁷ In the fifty-day strike in Victoria (Australia) in 1986, nurses “could no longer accept that they should as a predominantly female profession be accorded such esteem for their caring role but be denied wage and career justice.”³⁸ In the spring of 2008 in Denmark, an eight-week strike of about 100,000 workers occurred, with 70,000 nurses, members of the Danish Nurses’ Organisation (Dansk Sygeplejeråd, DSR) “spearheading the action”.³⁹ The strike was primarily about wages, organized around a demand for a 15 percent wage increase. Explicit attention was drawn to the issue of women’s lower pay, with a demand for “men’s wages for women’s occupations”.⁴⁰ In 2012, nurses in India

³² McPherson, Op. Cit., p. 246.

³³ Gray, D. Militancy, unionism, and gender ideology: A study of hospital nurses. *Work and Occupations*, vol. 16, no. 2, 1989, pp. 137-152.

³⁴ Hibberd, Op. Cit., p. 587.

³⁵ McPherson, Op. Cit., p. 255.

³⁶ Hayes, Op. Cit., 708.

³⁷ Ibid.

³⁸ McCoppin and Gardner, quoted in McGauran, Op. Cit., p. 538.

³⁹ Danish nurses’ strike enters second week. *Agence France-Presse*, 23 April 2008.

⁴⁰ Jørgensen, C. Longest strike in public sector ends with pay settlement. The European Industrial Relations Observatory EIRO Online, 29 September 2008. <http://www.eurofound.europa.eu/eiro/2008/04/articles/DK0804029I.htm>

created a new union with 400 branches in just two months. They went on an “indefinite strike” for an 80 percent wage increase. It lasted for 117 days.⁴¹

Feminization

Statistical data on the Canadian labour market reveal a significant trend toward feminization. Feminization speaks to demographic profiles: the feminization of work (more part-time, low paid and often precarious jobs, employment patterns associated with women’s work), the feminization of the workforce (increasing numbers of women workers), the feminization of union density (higher percentage of unionized women), and the concomitant feminization of union membership (a greater proportion of union members who are women).

Unlike density declines experienced in countries like the US and the UK, union density in Canada has remained relatively stable. However, since 2004, the unionization rate for women has been slightly higher than for men. In 2011, the rate was 31 percent for women and 28 percent for men; 52 percent of union members were women and 60 percent of union members work in the public sector. In the public sector where women are clustered, 75 percent of workers have union coverage compared to only 17.5 percent in the private sector.⁴² Somewhat similar patterns can be found in many other countries.⁴³

These demographic transformations in work, the workforce, union density and union membership set the stage for the feminization of strikes, that is, those involved in strikes are more likely to be women. Although statistics are not available that demonstrate the exact proportion of women and men involved in any particular strike, the growth and increasing feminization of the public sector, especially in health and education, the importance of public sector workers to union density, and the significance of strikes in this sector support the general claim for the feminization of strikes.⁴⁴ Certainly an analysis of the Canadian stoppages data suggests a shift toward public-sector militancy. Even though many public-sector workers are deemed essential, denied the right to strike, and often legislated back to work, between 2000-2009, 27 per cent of all stoppages (592) were in the public sector (the highest percentage in the last five decades). These stoppages involved more than 69 per cent of all workers on strike.⁴⁵ Sustained attacks on the public sector which have included wage freezes and rollbacks, downsizing, contracting out and

⁴¹ Indian nurses start ‘indefinite’ strike. Posted 2 Feb 2012. <http://libcom.org/blog/indian-nurses-start-%E2%80%98indefinite%E2%80%99-strike-02022012>

⁴² Uppal, S. “Unionization”. *Perspectives on Labour and Income*. Ottawa: Statistics Canada [Catalogue no. 75-001-x], 2011.

⁴³ See for example on the EU, <<http://www.eurofound.europa.eu/eiro/studies/t0904019s/t0904019s.htm#hd2>>; on the UK, <<http://www.worker-participation.eu/National-Industrial-Relations/Countries/United-Kingdom/Trade-Unions>> and on the US, <<http://www.bls.gov/news.release/union2.nr0.htm>>.

⁴⁴ Briskin, L. Public sector militancy, feminization, and employer aggression: Trends in strikes, lockouts, and wildcats in Canada from 1960 to 2004. In: *Strikes Around the World*, eds. H. Dribbusch, D. Lyddon, K. Vandaele and S. van der Velden. Amsterdam: Aksant, 2007.

⁴⁵ HRSDC, Op. Cit. Note 5.

privatization, and assaults on public sector bargaining rights have elicited a militant response.⁴⁶

How do nurses fit into these patterns? In Canada, health care is one of the most highly unionized sectors of the economy, and the majority of nurses work in the public sector. Despite the historic resistance of nurses to unionization, nurses are more likely to be in unions than almost any other occupational group, in part, because Canadian nurses' unions represent full-time, part-time and casual nurses. In 2010, 87 per cent of nurses are unionized, higher than union density rates for the public sector over all.⁴⁷ Only teachers have a higher union coverage at 89 per cent.⁴⁸ The Canadian Federation of Nurses' Unions is the eighth largest affiliate in the Canadian Labour Congress (CLC). Although union density in the United States is very much lower than Canada, in 2006, union density rates for nurses were over 20 per cent,⁴⁹ considerably higher than the overall rate of 11.9 per cent.⁵⁰ In both US and Canada over 90 per cent of RNs are women.⁵¹

Gendering militancy

The feminization of strikes raises questions about gender-specific strike tactics. Little research addresses this issue and the tapestry of gender, sector and industry would require considerable untangling.⁵² Such an examination also needs to be grounded in a materialist social construction approach which recognizes that such strategies emerge from women's lived experiences at work, in households and as part of communities rather than from any narrow biological, essentialist or 'natural' imperatives.⁵³ Narratives on nurses' strikes do offer a suggestive framework for exploring the gender-specific character of militancy. First, strike issues often take specific account of gendered realities. For example, the Danish nurses' strike of 2008 drew explicit attention to women's lower pay, with a demand for "men's wages for women's occupations".⁵⁴ Second, nurses use tactics which reflect gendered realities. In that same strike, the nurses in Holstebro handed

⁴⁶ Panitch, L. and Swartz, D. *From Consent to Coercion: The Assault on Trade Union Freedoms*. Aurora, Ontario: Garamond Press, 2003.

⁴⁷ http://www.nursesunions.ca/sites/default/files/overtime_and_absenteeism_quick_facts.pdf

⁴⁸ Uppal, Op. Cit.

⁴⁹ Spetz, J. "Nurses and unionization". Presentation at the University of California at San Francisco, 2010. <http://www.csom.umn.edu/medical-industry-leadership-institute/documents/spetz-presentation.pdf>

⁵⁰ <http://www.bls.gov/news.release/union2.nr0.htm>

⁵¹ On US nurses, see <<http://www.dol.gov/wb/factsheets/Of-nursing-08.htm>>; for Canada, see <<http://www.hc-sc.gc.ca/hcs-sss/pubs/nurs-infirm/2005-nurse-infirm/index-eng.php>>.

⁵² McDermott's study of the six-month strike in 1984-5 at Eaton's (a Canadian department store) which involved largely part-time low paid female workers in the private service sector concluded that women in retail strike differently than workers in manufacturing. McDermott, P. The Eaton's strike: We wouldn't have missed it for the world! In: *Women Challenging Unions: Feminism, Democracy and Militancy*, eds. L. Briskin and P. McDermott. University of Toronto Press, 1993.

⁵³ Briskin, L. Victimization and agency: The social construction of union women's leadership. *Industrial Relations Journal*, Vol. 37, No. 4, 2006, pp. 359-378.

⁵⁴ Jørgensen, Op. Cit.

out “a recipe for baking home-made bread, with a lump of yeast and talked to members of the public face to face. ‘We need a rise in our pay in the same way that yeast rises bread, to the level of men’s wages so we can afford to eat bread, and care for and look after your elderly, children and chronically ill family, relatives and friends.’”⁵⁵

Third, attention is inevitably drawn to the fact that the strikers are women. In her narrative of the fifty-day strike by nurses in Victoria (Australia), Bessant points to the significance accorded to gender in this struggle. “In Australian labour history it would be hard to find an equivalent event where a large group of women challenged a male-dominated government, a male-dominated industrial relations system, a male-dominated trade union establishment ... It became a conflict dominated by the gender of participants.”⁵⁶

Finally, women’s strikes, and certainly strikes by nurses challenge commonsense views that women workers are passive, and unwilling to take strike action. The example of the Fiji nurses is a case in point. The Fiji Nurses Association (FNA) went on strike in 2000 and 2005, seeking promised and deserved salary increases of up to 27 percent, and improvements in working conditions. In 2007, the year following a military coup, Fijian nurses went on a sixteen-day strike with an 89 percent strike mandate. Despite its lack of success, it offers an extraordinary example of persistence and militancy. Kuini Lutua, the general secretary of the FNA and a key leader in the strike noted: “Because many of our members were married to members of the security forces, they might face severe pressure to back down; but the word from many of them was ‘they became nurses first and got married later.’” In talking to the media, she pointed to “the vast imbalance between the work we did and the amount we were paid.” The Fiji Human Rights Commission director Shaista Shameem replied that “the right to life of patients, sick people and the elderly was more important than the right to strike” to which Lutua replied “the right to life was the responsibility of the government, not of the nurses.”⁵⁷

This fearlessness is reminiscent of earlier strikes by women workers. The 1911 comment of Helen Marot of the Women’s Trade Union League in New York City about the 1909 strike of shirtwaist makers is resonant with this rich tradition:

The feature of the [shirtwaist makers] strike which was as noteworthy as the response of thirty thousand unorganized workers, was the yielding and uncompromising temper of the strikers. This was due not to the influence of nationality, but to the dominant sex... [W]e have now a trade-union truism that ‘women make the best strikers’ ... The shirt-waist makers’ strike ... was marked by complete self-surrender to a cause, emotional endurance, fearlessness and willingness to face danger and suffering.⁵⁸

⁵⁵ Laggan, C. Danish nurses' strike. *New Worker Features*, 3 May 2008. <http://newworkerfeatures.blogspot.com/2008/05/danish-nurses-strike.html>

⁵⁶ Bessant, Op. Cit., p. 168.

⁵⁷ Lutua, Op. Cit., p. 262-3.

⁵⁸ Marot H.. A woman's strike - An appreciation of the shirtwaist makers of New York. In: *Proceedings of the Academy of Political Science in the City of New York*, 1910-11, ed. H. Mussey, pp. 124 and 128.

In fact, the defiance of the Fijian nurses prompted 10,000 government workers from other public sector unions who also faced pay cuts following the coup to join them: “The Fijian Teachers Association (FTA), the Fiji Public Employees Union, and the Viti National Union of Taukei Workers – walked off the job on 2 August, though without the same solidarity or unity of purpose as the nurses; the teachers called off their strike within a day and other workers held out for only a week.”⁵⁹

The labour militancy of women not only challenges misconceptions about women workers, but also masculinist assumptions still deeply-embedded in union culture. In focusing on the militancy of *women*, the associations of militancy with men, masculinity and manliness are problematized.⁶⁰ Such associations weaken the ability of unions to organize the unorganized in sectors where women work, and to address the concerns of the increasing proportions of union members who are women.⁶¹ Strikes of mostly women also gender the public imagination by contesting the commonsense connection of labour militancy to blue collar men.

The public interest and the politicization of caring

[N]urses are ... protesting about the system and the inefficiency and ineffectiveness of the system ... It's patient care that's in jeopardy, and that's why nurses are on strike. But I know the media will say it's about money ... but I don't believe for one minute it's all about money ... [Y]ou're fighting for the care of patients all the time. Irish nurse on strike in 1999.⁶²

Following strikes in 1988 and 1991, Saskatchewan nurses defied back-to-work legislation for ten days in 1999. Nurse Nancy Syles spoke to the convention of the Canadian Labour Congress:

There were nurses on the picket line who told me, ‘I’ve never even had a speeding ticket.’ But you know they never flinched. They were willing to stay on that picket line and maybe even be sent to jail ... All we want to do as nurses is to deliver safe, excellent nursing care ... We cannot do this in the working conditions we have now.⁶³

⁵⁹ Fraenkel, J., Firth, S. and Lal, B. eds. *The 2006 Military Takeover in Fiji: A Coup to End All Coups?* Australia: Epress-Australian National University, 2009, p. 253. <http://epress.anu.edu.au/?p=7451>

⁶⁰ Briskin, L. Gendering Labour Militancies. Paper presented at the *Gender, Work and Organization* Conference, Keele University, UK, 2007b.

⁶¹ Ledwith, S. Gender politics in trade unions: The representation of women between exclusion and inclusion.” *Transfer: European Review of Labour and Research*, vol. 18, no. 2, 2012, pp. 185-199; Rooks, D. The cowboy mentality: Organizers and occupational commitment in the new labor movement. *Labor Studies Journal*, Vol. 23, No. 3, 2003, pp. 33-62; Whitefield, P., Alvarez, S. and Emrani, Y. 2009. Is there a women’s way of organizing? Genders, unions, and effective organizing. *Research Studies and Reports. Cornell University ILR School* Paper 26, 2009. <http://digitalcommons.ilr.cornell.edu/reports/26>

⁶² Quoted in Brown *et al.*, Op. Cit., p. 205.

⁶³ *Globe and Mail*, 13 July 1999.

Laurie Swift, a nurse in Regina, wrote in a letter to the Editor of the *Regina Leader-Post*, “This issue is really about the nursing shortage which ... has led to horrific and unsafe working conditions and compromised patient care ... We are taking a stand for the people of Saskatchewan: you, me, our families, our communities, as the caregivers and patient advocates that we are”.⁶⁴

Undoubtedly the fact that nurses do caring work is significant to nurses’ consciousness, their tactics and strategy, the political discourses they employ, and the impact of their strikes. Historically, many women who serve client groups directly have been ambivalent about making demands around wages and working conditions, and engaging in public protest. In fact, women’s responsibility for caring work has been actively mobilised to deter women from striking: “Women are trained to feel responsible for the people they care for, whether at home or on the job. Consequently, they can easily be made to feel guilty if they refuse to take care ... And when they do strike, the media may depict them as ‘heartless and unfeeling.’”⁶⁵ All international accounts of strike activity by nurses allude to the conflict between striking and caring.⁶⁶ And for many nurses “the decision to strike meant they had to overcome their socialisation both as nurses and women. It only came as the result of extreme frustration and anger”.⁶⁷

For nurses who have consistently defended good patient care, neoliberal policies that attacked unions and cut social programmes (including health care funding) and deregulated, decentralized, and privatized the economy not only threatened nurses’ conditions of work, but they also threatened patient care.⁶⁸

This research suggests that increasingly nurses’ dedication to caring work may encourage rather than prevent them from going on strike. The question has become “not whether that action is ethical but whether it is unethical not to take action”.⁶⁹ In addressing this problematic, McKeown, Stowell-Smith and Foley note that “the understanding of industrial action [has moved] into the discursive domain of compassion and care, stressing the symbiosis of industrial action with concern for patient welfare: declaring militancy as professionally desirable.”⁷⁰ In their study of the 1999 Irish nurses’ strike, Brown et al. confirmed that “the act of striking itself is an act of advocacy”.⁷¹

Nurses have confronted health care restructuring, nursing shortages, intensification of work, precarious employment and gendered hierarchies with a militant discourse around the public interest, and a reconstitution and reclamation of caring. I call

⁶⁴ 7 May 1999.

⁶⁵ Darcy, J. and Lauzon, C. 1983, The right to strike. In: *Union Sisters*, eds. L. Briskin and L. Yanz. Toronto, The Women's Press, 1983, p. 175.

⁶⁶ Brown *et al.* Op. Cit., p. 206.

⁶⁷ Bessant, Op. Cit., p. 166.

⁶⁸ Kealey, Op. Cit., p. 227.

⁶⁹ Jennings, K. and Western, G. A right to strike? *Nursing Ethics*, vol. 4, no. 4, 1997, p. 281.

⁷⁰ McKeown, M., Stowell-Smith, M. and Foley, B. Passivity vs. militancy: A Q methodological study of nurses' industrial relations on Merseyside (England). *Journal of Advanced Nursing*, vol. 30, no. 1, 1999, p. 146.

⁷¹ Brown *et al.* Op. Cit., p. 205.

this discourse *the politicisation of caring*, that is, a recognition of the collective responsibility for caring, and the impact of deteriorating conditions of nursing work on quality care; the rejection of essentialist claims that women are responsible for caring work by virtue of being women; the demand that the skills involved in caring work be recognized and rewarded; and the willingness to mobilize collectively to these ends.

Speaking about the National Health Service in the UK, Thornley commented: “The public understand ... that poor pay and conditions impact directly on the quality of patient care. In defending their own interests through industrial action and strike action, history has shown nurses are also safeguarding the public interest.”⁷² In reference to the illegal nurses’ strike in 1988, Edmonton Working Women (Canada) observed,

The country's attention was captured by the courage, strength and unity of the members of the United Nurses of Alberta who went on an illegal strike. They defied the law to defend their own democratic rights, and to oppose the erosion of workers' rights on all fronts ... [and to] fight for the patients' rights to quality, publicly funded health care.⁷³

On 14 November 2002, what would be the longest nurses’ strike in the United States – over two years – began at the Northern Michigan Hospital in Petoskey, Michigan. The nurses

wanted a voice in how patient care was delivered and in issues related to patient safety ... The fact that the nurses remained on strike for so long in spite of the offer of higher wages is a strong indication that having a voice in patient care is more important than money. The nurses have become crusaders, fighting for patient safety and for the future of the nursing profession.⁷⁴

On 10 June 2010, 12,000 Minnesota nurses went on a co-ordinated twenty-four hour strike across fourteen hospitals to demand strict nurse-patient ratios. A spokesperson

⁷² Quoted in Jennings and Western, Op. Cit., p. 281.

⁷³ Coulter, R. Alberta nurses and the “illegal” strike of 1988. In: *Women Challenging Unions: Feminism, Democracy and Militancy*, eds. L. Briskin and P. McDermott. Toronto, University of Toronto Press, 1993, p. 56.

Although not specifically about nurses, research on the 1981 illegal strike of hospital workers (housekeepers, lab technicians, dietary workers, nursing assistants, and maintenance workers) in Ontario (Canada), over 75 per cent of whom were women, is revealing. “The bond to care-giving work, loyalty to patients, and service orientation created a pressure to strike. The need to protect standards impelled women *to strike*. Women interviewees were asked if they were concerned about the level of care patients would receive during the strike. The most common response involved a defense of the strike *in maintaining health standards*. Typically the hospital worker commented: ‘It’s them that’s wrecked it for people, not us. I can’t take care of anyone the way it’s set up. That’s what I want—to get things back’ (RNA, General)” (emphasis in original). White, J. *Hospital Strike: Women, Unions and Public Sector Conflict*. Toronto: Thompson Publishers, 1990. p. 70.

⁷⁴ Hayes, Op. Cit., p. 712-3.

for the nurses pointed to the one goal: “To walk for patients”.⁷⁵ Following the day of action, 84 percent of nurses voted to go on strike.⁷⁶

Public sector nursing strikes

Nurses work in both public and private sector contexts. In his study of public sector unionism in the United States, Johnston makes a sustained argument that sector makes a significant difference not only to the nature of the work, but also to patterns of militancy: “Sectorial differences appear to explain differences in union organization and collective action by female workers and by clerical workers as well.”⁷⁷

Public sector strikes regularly adopt a discursive frame focused on the public interest: “Public workers' movements are constrained to frame their claims as ‘public needs’ ... turning bargaining into a political debate over public policy.”⁷⁸ The struggles of nurses certainly support this argument. In fact, nurses, their employers and the state (which funds health care) all have a vested interest in mobilizing the discourse of the public interest. Haiven points out that in seeking legitimation, the state attempts to exercise “a monopoly in defining and protecting the ... ‘public interest’.” He speaks of the “wrestling match over possession of stewardship of the public interest” and notes that “in every nurses' strike to date, the question of ownership of the ‘public interest’ has been hotly contested.”⁷⁹ In fact, Gindin and Hurley point to the ways that government traps, marginalizes and isolates public sector workers by “cynically set[ting] itself up as the defender of services ... [I]f workers demand improved compensation, this would only prove that they didn't care about the public.”⁸⁰

At the same time, in its promotion of individual rather than community responsibility, neoliberal radical individualism has undermined the discourse of the public good. Some governments have responded to nurse militancy by invoking women's responsibility to care, rather than the state's ownership of the public interest. For example, in the 2008 Danish nurses' strike, claims about family and particularly women's responsibility for caring was one response of the government to the nurses. Karen Jespersen, then Social Minister in the Danish government, argued:

In the future, families and particularly women need to take greater responsibility in caring for sick members of their family, and the care and nursing of older family members ... I am not trying to save money; I am

⁷⁵ Mador, J. After the nurses strike, what's next? *Minnesota Public Radio*, 11 June 2010. <http://minnesota.publicradio.org/display/web/2010/06/11/nurses-nextsteps/>

⁷⁶ Lee, T. Minnesota nurses officially ratify new three year contract with hospitals. *MedCity News*, 7 July 2010. <http://medcitynews.com/2010/07/minnesota-nurses-officially-ratify-new-three-year-contract-with-hospitals/>

⁷⁷ Johnston, Op. Cit., p. 20-21.

⁷⁸ Ibid. See also Bach, S. and Givan, R. Public service unionism in a restructured public sector. In: *Union Organization and Activity*, eds. J. Kelly and P. William. New York: Routledge, 2004.

⁷⁹ Haiven, L. The State and Nursing Industrial Relations: The Case of Four Western Canadian Nurses' Strikes. Unpublished paper, 1991, p. 8.

⁸⁰ Gindin, S. and Hurley, M The public sector: Searching for a focus. *Socialist Project • E-Bulletin No. 354*, 15 May 2010, p. 2. <http://www.socialistproject.ca/bullet/354.php>

trying to make those with responsibility, namely the closest relatives, take away this burden from society and take responsibility for the society they live in.⁸¹

This invocation of individualism highlights the discursive and ideological shift from state to family and individual, exposes the essentialist assumptions about women's apparently natural responsibility for caring which continue to underpin nursing work, and has fuelled nurse resistance.

Evidence also suggests that government austerity measures have gender-specific intent and impact given their consistent and heavy-handed attacks on the public sector, and the rights of workers to strike. As Darcy and Lauzon point out, "The right to strike is a women's issue [given] the fact that organized working women are heavily concentrated in the public sector, where anti-strike legislation is directed."⁸² Armstrong also drew this link: "Attacks on unions in the public sector are attacks on women who make up the majority of unionized workers there."⁸³ For example, Debra McPherson, the secretary-treasurer of the National Federation of Nurses' Unions was interviewed in *The Star Phoenix* about the 1999 Saskatchewan nurses' strike:

The government [has] failed to take into account that most nurses are middle-aged women who have plenty of life experience and aren't easily cowed ... If Mr. Romanow [premier of Saskatchewan's New Democratic Government (NDP) government] thinks these 8,000 women are going to back down, he had just better take his testosterone hissy fit and stuff it.⁸⁴

In her view, the resentment stemmed from the fact that governments everywhere have shown no reluctance to cut or freeze the wages of public sector employees, most of whom are women. "The public sector is constantly the brunt of wage restraint ... But if they think they can keep women working for less, they are going to have to think again. We're past that."

Private sector nursing strikes: the example of California

As a result of managed and privatized health care in the United States, the vast majority of RNs work in the private sector: of the more than 2.7 million RNs, only 18 percent work in the public sector.⁸⁵ And yet private sector nurses in the United States have also systematically and successfully invoked the public interest. The ongoing strikes of the California nurses, members of the California Nurses Association (CNA) are illustrative. In December 2010, nurses in West Hill went on a five-day strike around patient care issues. In March 2011, 1000 nurses struck in Los Angeles. RN Lisa Gella, one of the CNA negotiators said: "Today we're really out here about patient safety, our

⁸¹ Quoted in Laggan, Op. Cit.

⁸² Darcy and Lauzon, Op. Cit., pp. 172-3.

⁸³ Armstrong, P. Canadian health care: Privatization and gendered labour. *The Bullet: Socialist Project E-Bulletin* No. 595, 6 February 2012, p. 8. <http://www.socialistproject.ca/bullet/595.php>

⁸⁴ 15 April 1999.

⁸⁵ http://www.bls.gov/opub/ted/2011/ted_20110613.htm

patient staffing ratio and being able to deliver the best possible care that we can for patients and their families.”⁸⁶ The strike also focused on the troubling practice of “floating nurses to different units that demand medical expertise they do not have.” In May 2011, 1100 Los Angeles nurse staged a one-day action to protest inadequate staffing ratios.⁸⁷

In Sept 2011, 17,000 nurses went on a co-ordinated one-day strike at 34 hospitals in Northern California, the largest strike in nursing history.⁸⁸ Many were on sympathy strikes with the National Union of Healthcare Workers (NUHW). The health care hospital chains, Kaiser and Sutter, demanded benefit cuts for health care staff, despite making substantial profits (for example, Kaiser netted \$2 billion in 2010). Ann Gaebler, a neonatal intensive care nurse at Sutter’s Alta Bates Summit Medical Center in Berkeley, said: “Eliminating paid sick leave is akin to forcing nurses to work while sick—a dangerous prospect in the nursing world.”⁸⁹ Bay Area Sutter nurses were also protesting “the company’s attempts to close hospitals in low-income areas, while shifting profitable services to more affluent neighborhoods.” Their picket signs read, “Community Care, Not Corporate Profits,” and “Some Cuts Don’t Heal.” Vicki Theocharis, a nurse in the hospital’s oncology unit said: “We’re not just here for money. We want to take care of the patients, and it almost feels like we’re being penalized for doing it.”⁹⁰ Oakland Children’s Hospital RN Martha Kuhl commented, “Nurses will never be silenced in standing up for our patients and our communities.”⁹¹

In December 2011, 6000 nurses staged a one-day strike at seven hospitals to protest the “erosion of quality of care and cuts to patient protections”.⁹² RN leader Margie Keenan said “We are finding it harder to give quality care ... when our employer, like insurance companies, is only focused on the bottom line ... Patients are more important than the bottom line.”⁹³ Picket lines and rallies saw “beefed up security”, what one nurse referred to as the “criminalisation of nursing.”⁹⁴ In May of 2012, more than 4000 Sutter nurses walked off the job. In June of 2012, 4400 RNs went on a one-day strike in the Bay

⁸⁶ Over 1,000 nurses strike at Kaiser L.A. Medical Center. *Ktla News*, 2 March 2011.

<http://www.ktla.com/news/landing/ktla-nurses-strike,0,7869089.story>

⁸⁷ Kaiser Permanente nurses stage one-day walkout over working conditions. *LA Times*, 18 May 2011.

http://latimesblogs.latimes.com/money_co/2011/05/kaiser-permanente-nurses-stage-one-day-walkout-over-working-conditions-1.html

⁸⁸ Traywick, C. and Konstantinovskiy, M. Oakland nurses march and strike in protest of benefit cuts. *Oakland North*,

23 September 2011. <http://oaklandnorth.net/2011/09/23/oakland-nurses-march-and-strike-in-protest-of-benefit-cuts/>

⁸⁹ Ibid.

⁹⁰ Sudhin Thanawal, S. and Chea, T. Nurses at dozens of California hospitals strike. *Common Dreams*, 22 September 2011. <https://www.commondreams.org/headline/2011/09/22-7>

⁹¹ Winslow, C. CNA Joins NUHW In biggest healthcare strike ever. *Beyondchron*, 26 September 2011. <http://www.beyondchron.org/news/index.php?itemid=9548>

⁹² Martinez, M. and Weisfeldt, S. 6,000 nurses strike in California. *CNN U.S.*, 22 December 2011. http://articles.cnn.com/2011-12-22/us/us_california-nurses-strike_1_charles-idelson-national-nurses-united-california-nurses-association?s=PM:US

⁹³ Connell, T. 6,000 Bay area nurses on one-day strike. *AFL-CIO NOW*, 22 December 2011. <http://www.aflcio.org/Blog/Organizing-Bargaining/6-000-Bay-Area-Nurses-on-One-Day-Strike>

⁹⁴ Ibid.

Area. Mills-Peninsula RN Sharon Tobin told a rally that “nurses are going to keep fighting Sutter, pointing out every service they cut”: “We are going to keep it up ... because this is our community and these are our patients. We will never give up on our patients’ rights.”⁹⁵ In July 2012, Sutter nurses held another one-day strike. Although many of these strikes lasted only one day, Sutter nurses were consistently locked out for four additional days.⁹⁶

Commentators have recognized the significance of nurse militancy.

It is difficult to exaggerate the significance of these strikes. In the face of a deafening chorus preaching austerity, of the near universal demand – from corporations to politicians - for concessions, these workers have said no. ... these workers are resisting cuts in staffing, and the implicit demand that they abandon their role as patients’ advocates.⁹⁷

In fact, some attribute Meg Whitman’s landslide loss of the 2010 California gubernatorial race to Democratic Jerry Brown to the interventions and organizing of the CNA.

It [CNA] mounted 50 events to target Whitman, after she pledged to slash the ranks of public employees by 40,000 and cut the state budget by \$15 billion. Union members, charging that Whitman's moves would result in devastating cuts to health care and social services, dogged her around the state – even outside her Atherton home – with a busload of costumed characters led by a fictional “Queen Meg”.⁹⁸

O’Connor found their tactics “unquestionably successful”: “Maybe it's because they're mostly women ... (but) they're better at adapting and fighting; they do it in hospitals every day.”⁹⁹

This latest wave of nurse’s strikes in California focused largely on patient care, built effective coalitions with other health care workers and the community, and challenged privatized health care, profit and corporate greed. Noteworthy was the resistance to austerity initiatives, calls for the expansion of the collective bargaining agenda to take more account of working conditions, and the capacity of the nurses to organize coordinated action across many different workplaces.

Gag orders

⁹⁵ National Nurses Movement. Nurses fight back against corporate greed. *Daily Kos*, 13 June 2012 <http://www.dailykos.com/story/2012/06/13/1099845/-Nurses-Fight-Back-Against-Corporate-Greed>

⁹⁶ Quan, H. More than 4,000 Bay Area nurses go on strike. *CBS San Francisco*, 13 June 2012. <http://sanfrancisco.cbslocal.com/2012/06/13/more-than-4000-bay-area-nurses-go-on-strike/>

⁹⁷ Winslow, Op. Cit.

⁹⁸ Marinucci, C. Nurses union becomes potent political force. *San Francisco Chronicle*, 24 Nov 2010 <http://www.sfgate.com/politics/article/Nurses-union-becomes-potent-political-force-3244804.php>

⁹⁹ Ibid.

An emerging employer response to the politicisation of caring and nurse militancy is what Philadelphia nurses called “a gag order” during their month-long strike at Temple University Hospital in Philadelphia in 2010. The strike began on 31 March 2010 after the 1000 nurses and 500 other allied-health workers represented by the Pennsylvania Association of Staff Nurses and Allied Professionals (PASNAP) voted 1,051 to 7 to reject the hospital’s offer. Although familiar issues were critical in this strike – wages, benefits, staffing ratios, attacks on union rights – “the non-disparagement clause” which came to be known as the “gag clause” was central: “The Association, its officers, agents, representatives and members shall not publicly criticize, ridicule or make any statement which disparages Temple, or any of its affiliates or any of their respective management officers or medical staff members.”¹⁰⁰ Put on the bargaining table by the hospital administration, it would have allowed management to discipline or fire workers who publicly criticized the hospital.¹⁰¹

Undoubtedly this clause was an attempt to stifle nurses’ voices and prevent patient advocacy and reports of unsafe care. Patty Eakin, an emergency department RN who has worked at Temple for two decades pointed out: “How can I talk about [the dangers of low nurse-to-patient ratios] if I can’t in some way reference my own workplace? They want to stifle our ability to advocate.”¹⁰²

The struggle to prevent the implementation of the clause made visible nurses’ role as advocates for patient care and their readiness to mobilise to this end, that is, *the politicisation of caring*. Union president Maureen May said: “I’m a patient advocate. I want to be able to speak out for my patients.”¹⁰³

We work in the poorest section of the city, with the highest morbidity and mortality in Philadelphia. This community deserves people who will stand up for them and the care they deserve, because often they are not taken into account when politicians and hospital administrators make decisions about healthcare. We are the voice for those who have none.¹⁰⁴

On 28 April 2010, after a month-long strike, the strikers ratified an agreement. They were successful in preventing the implementation of the gag clause.

Employer attempts to institute such codes of conduct are also happening in other nursing jurisdictions. For example, in 2009, Alberta (Canada) Health Services instituted a code of conduct of its nurses: “If your personal conduct could reasonably result in valid allegations or criticism from our fellow Albertans, then the conduct is questionable and may be improper.” Nurses could face disciplinary action, dismissal or termination.

¹⁰⁰ Mannix M. Until the “gag” clause is removed, the Temple nursing strike IS about patient safety. *Philadelphia Public Health Examiner*, 3 April 2010. <http://www.examiner.com/public-health-in-philadelphia/until-the-gag-clause-is-removed-the-temple-nursing-strike-is-about-patient-safety>

¹⁰¹ Piette B. Striking Temple University nurses say: ‘We won’t back down!’ *Workers World*, 31 March 2010. http://www.workers.org/2010/us/temple_0804/

¹⁰² Quoted in nationalnursesmovement, 2010.

¹⁰³ Quoted in Piette, Op. Cit.

¹⁰⁴ Quoted in nationalnursesmovement, 2010.

Harrigan from the United Nurses of Alberta (UNA) recognized that the government was attempting to muzzle nurses and prohibit them from being involved in public debate.¹⁰⁵ Ann Gaebler, on strike in the September 2011 California nurses' strike, pointed to "demands to eliminate committees where nurses and managers examine patterns of care and investigate problems. 'They're also trying to limit our voice.'"¹⁰⁶ The widespread mobilization of nurses and the discourses which frame this militancy support a claim for the politicization of caring.

The public trust

As part of the adoption of a discursive frame focused on the public interest, striking public sector workers frequently try to mobilize community and coalitional support. In fact, Peirce makes the point that "public sector unionism is inherently political, with efforts directed towards winning and maintaining public support both for public sector unions' specific rights and for the government spending that under girds the services public sector workers provide."¹⁰⁷

Many Canadian nurses' strikes have been characterized by strong popular support, and by active involvement of other unions, the community, the public, women's organizations and other progressive movements. In many countries where nurses have gone on strike, heightened attention has been paid to the event, and opinion polls have tracked public response. And despite the inconvenience such strikes cause, support for nurses and trust ratings have been surprisingly strong. In Canada, despite fourteen high-profile nurses' strikes in 1998 and 1999, a 2000 poll gave nurses the highest trust rating of any profession.¹⁰⁸ In a 2007 survey on trustworthy professions, nurses ranked at 87 percent (second after firefighters at 93 percent) despite the fact that trade unions ranked at only 19 percent.¹⁰⁹ A 2009 poll found that three out of four Canadians would choose

¹⁰⁵ Thomson, G. Nurses feel chill of "conduct" code: Union sees McCarthyism, attempt to muzzle health-care workers. *Edmonton Journal*, 14 July 2009. David Harrigan, the director of labour relations for UNA commented: "If the government, or Alberta Health Services, announces that they are going to close a facility or they are going to close some operating theatres, should nurses not be allowed to speak out about that?" 13 July 2009. <http://www.cbc.ca/news/canada/calgary/story/2009/07/13/calgary-nurses-code-conduct-alberta-health.html>

¹⁰⁶ <http://labornotes.org/2011/09/23000-strike-giant-california-hospital-chains>

¹⁰⁷ Peirce, J. 2003. *Canadian Industrial Relations* (2nd ed). Toronto: Prentice Hall, 2003, p. 273. About German nurses, Benn-Rohloff (1997: 340) comments: "Compared with the industrial sector, it is almost impossible to hurt the employers financially, because most hospitals are directly or indirectly owned by the Government. Therefore, to win a strike it is necessary to have public opinion on one's side and involve the public in raising the pressure." Benn-Rohloff, N. Strikes - an appropriate action for health care employees? A personal perspective. *Nursing Ethics*, vol. 4, no. 4, 1997, p. 340.

¹⁰⁸ O'Brien, T. Targeting Tories: How the Nova Scotia nurses won. *Our Times*, vol. 21, no. 3, 2002, p. 28.

¹⁰⁹ The poll was conducted for Sympatico / MSN by Ipsos Reid. <http://www.marketwire.com/press-release/Canada-Speaks-When-it-Comes-to-Professions-Whom-do-we-Trust-631793.htm>

increasing the number of nurses over a tax cut. The majority also opposed government increasing the number of patients nurses must care for.¹¹⁰

The convergence of professionalism, concerns about the public interest and broad-based campaigns by and for nurses, have created the conditions for strong public support of nurses when they go on strike. For example, during the 1988 UK nurses' strike, in a national public opinion poll, 85 percent supported a substantial pay increase for nurses, and a majority supported nurses striking for more pay. "Encouraged by the 'strength of feeling' and 'tremendous public support' ... the health service unions planned ... a national day of demonstrations ... Between 43,000 and 100,000 people marched together in London, with 50,000 in Glasgow, and large numbers elsewhere."¹¹¹ During the 2007 Fiji nurses' strike, the Fiji Women's Rights Movement asked "the country to support its striking nurses ... nurses provide an invaluable service for Fiji's people, but are underpaid and undervalued."¹¹²

Perhaps the longest sustained struggle of nurses occurred in Japan – an intensive campaign by Japan Federation of Medical Workers Unions (Nihon Iroren) called the "Nurse Wave". It began in 1989 and lasted for three years. The nurses' demands included an increase in "the numbers of nursing staff, the regulation of night shifts, the implementation of a five-day working week everywhere, a fair appraisal of nurses' work, and better vocational training." The campaign "combined the movement for better working conditions and status of nurses, and the public movement for better health care, [and] gained increasing popular support and spread nation-wide."

During the first year of the struggle, street demonstrations and rallies by nurses dressed in white were staged ... In the third year ... the movement shifted its focus to the demand for ... a national policy for increasing the numbers of nursing personnel ... Within 10 months, 5,400,000 signatures were gathered within the country. After three years of campaigning, they won the enactment of a law for securing sufficient numbers of nursing personnel.¹¹³

And even when nurses went on strike illegally or broke the law in other ways, public support has remained resilient, and sometimes even passionate. The lengthy illegal strike by Québec nurses in 1999 garnered massive support from the public, 72 percent of whom thought the nurses' wage demands reasonable.¹¹⁴ "Unable to bring the nurses to heel with the existing legislation, the Parti Québécois government ... removed the right to strike entirely and upped the penalties. But union members continued their walkout, to an outpouring of public sympathy, including polls showing majority public support and

¹¹⁰ Canadians want government to address nursing shortage, health care, in these tough economic times, new poll finds. *Reuters*, 8 June 2009. <http://www.reuters.com/article/2009/06/08/idUS68607+08-Jun-2009+MW20090608>

¹¹¹ Hayward and Fee, *Op. Cit.*, p. 404.

¹¹² [Fiji women's rights movement supports striking nurses](http://seachange.wbumpus.com/node/11583). Radio New Zealand International, July 25, 2007 <http://seachange.wbumpus.com/node/11583>

¹¹³ Katsuragi, *Op. Cit.*, p. 316-17.

¹¹⁴ *Globe and Mail*, 28 June 1999.

120,000 signatures on a petition.”¹¹⁵ In the 2001 Nova Scotia protest, “Two hundred nurses were defying the government and breaking the law. They were sitting in the middle of the busiest Halifax intersection. Traffic was backed up for blocks. The bus driver at the head of the jam wasn't moving: ‘I'm in a union too,’ he said. No passengers complained. The folks on the sidewalks cheered. The cops just stood back and watched.”¹¹⁶

In 2007, Poland witnessed a major social protest in healthcare, involving both doctors and nurses, the latter of whom were demanding a substantial pay rise. Following a refusal by the Prime Minister to meet with nurses’ representatives, four nurses launched an eight day sit-in protest. Outside, a large number of nurses camped out for four weeks in what came to be known as the “white village” protest which “attracted widespread media and public attention.”¹¹⁷ One poll found 75 percent of the population supported the demands of the nurses and doctors. “Nurses at the protest camp reported complete strangers coming to bring them food and beverages. When the police moved in to forcibly break up a protest by nurses, thousands of miners and railway workers spontaneously traveled to Warsaw to protect the nurses against police brutality.”¹¹⁸

Punitive measures by governments have often increased public support for nurses. For example, in 1988 when more than 11,000 staff nurses in Alberta went on illegal strike for 19 days, public support for nurses increased concomitantly with punitive measures against the nurses.¹¹⁹ And many strike narratives specifically point to the strength of public support as critical to the success of the strike. For example, the 1988 strike in Saskatchewan received extensive public support, and speculation suggested that this support prevented government intervention.¹²⁰ A study of media and public opinion on the Finnish nurses’ struggle in 2007 (based on the mass resignation of 16,000 number of nurses) concluded:

In taking extreme industrial action to fight for their working conditions, nurses are positioned as going over and beyond their duties by risking their own employment for the development of the healthcare sector at large... [N]urses are positioned as heroic reformers serving the interests of citizens.¹²¹

¹¹⁵ Haiven, L. and Haiven, J. The right to strike and the provision of emergency services in Canadian health care. Report from Canadian Centre for Policy Alternatives. Ottawa, 2002, p. 7. <http://www.policyalternatives.ca/publications/reports/right-strike-and-provision-emergency-services-canadian-health-care>

¹¹⁶ Hambling, S. Hearts and minds: A response to Tom O'Brien’s “Targeting Tories” article. *Our Times*, vol. 21, no. 4, 2002, p. 12.

¹¹⁷ Czarzasty, J. Pay disputes in public health sector escalate. 20 August 2007. The European Industrial Relations Observatory EIRO Online. <http://www.eurofound.europa.eu/eiro/2007/07/articles/pl0707019i.htm>

¹¹⁸ Heuser, M. The way forward in the Polish doctors and nurses strike. *World Socialist Web Site*, 19 July 2007. <http://www.wsws.org/articles/2007/jul2007/pola-j19.shtml>

¹¹⁹ Haiven, 1991, Op. Cit., p. 14. see also Coulter, Op. Cit.

¹²⁰ Haiven, 1991, Op. Cit., p. 17.

¹²¹ Henttonen, et. al, Op. Cit., p. 13.

Furthermore, unlike the widespread attacks on public sector wages, public support for paying nurses a fair wage is significant. During the 2001 Nova Scotia nurses' struggle, Ipsos-Reid, the pollster for the *Globe and Mail* found that "78 percent of Nova Scotians said that the nurses were being more fair and reasonable than the government. 86 percent opposed forced overtime. 73 percent said nurses were not paid enough ... More than six in ten said that they would rather boost nurses' pay and benefits than have the government's promised tax cut."¹²²

Undoubtedly nurses have been noteworthy, perhaps even remarkable, in their capacity to mobilize public support, and to build coalitions across unions, sectors, with the community and progressive movements. In the discursive struggle over the advocacy of the public interest, evidence of public support for and public trust in nurses suggests that they have been quite successful advocates.

Not only have nurses used strikes as vehicle for defending patient care but also broad-based and on-going campaigns which may well help to explain public support for nurses when they do go on strike. For example, National Nurses United (NNU), the largest union of registered nurses in the United States has been instrumental in the campaign for a financial transaction tax (FTT), sometimes called the Robin Hood Tax. They were part of a four-continent contingent of nurses which joined marchers protesting G-20 austerity measures in France in November 2011. RoseAnn DeMoro, NNU executive director commented: "I'm incredibly proud of the nurses internationally for their global advocacy for their patients and society. The nurses don't ever give up on people and we won't give up on this cause." This action was a follow-up to a 60-city protest by US nurses in September 2011. In May 2012, nurses continued their rally for the Robin Hood Tax in Chicago as part of the protest at the Nato Security Alliance. This campaign is part of what the NNU calls "a main street contract for the American people" which seeks to counter the corporate agenda with union and community demands for job creation, guaranteed health care, secure retirements, and decent education.¹²³ "We see a better world is possible, and we know how to pay for it. Our way as patient advocates, as engaged community members, as global citizens is clear: organize, organize, organize."¹²⁴

Conclusion

This article has situated nurse militancy within the context of health care restructuring and neoliberalism, the gendered construction of nursing work, the feminization of union density and of strikes, and gendered militancy. The widespread mobilization of nurses and the discourses which frame this militancy support a claim for the politicization of caring, that is, a recognition of the collective responsibility for caring,

¹²² O'Brien, Op. Cit., p. 25.

¹²³ Gaus, M. Nurses join international push for bank trade tax. *Labornotes*, 22 June 2011. <http://labornotes.org/2011/06/nurses-join-international-push-bank-trade-tax>

¹²⁴ <http://www.nationalnursesunited.org/pages/ncha>

and the impact of deteriorating conditions of nursing work on quality care; the rejection of essentialist claims that women are responsible for caring work by virtue of being women; the demand that the skills involved in caring work be recognized and rewarded; and the willingness to mobilise collectively to these ends.

Striking nurses have resisted austerity initiatives, called for the expansion of the collective bargaining agenda to take more account of patient care and safety, and organized co-ordinated action across many different workplaces. Gindin and Hurley point to government attempts to narrow the scope of collective bargaining, often by removing “wages and benefit improvements from negotiations”. They call for unions to respond by “expanding collective bargaining”: “What if public sector unions refused to settle collective agreements unless the settlements address the level, quality and administration of the services being provided?”¹²⁵ This article points to the fact that nurse militancy, in both private and public sectors, has taken this direction.

In his analysis of the struggle of Minnesota nurses, Rachleff pointed out: “In a pattern repeated again and again, unions have not sought to make substantial mutual relationships with the people who depend on the products and services that their members provide. This has, of course, made it easy for management, politicians and the media to depict union behavior as on a spectrum from ‘self-interested’ to ‘greedy’.”¹²⁶ However, he noted the way that the MNA [Minnesota Nurses Association] has challenged management prerogatives.

MNA's prioritization of patient/staffing and resistance to management's demand for the right to assign individual nurses to ‘float’--that is, to move from their specialty and job assignment into some other department--is an explicit challenge to ‘management prerogatives’. Nurses are claiming the right to a voice in how their labor is used, and they are seeking clear numbers and explicit contract language to protect that voice ... MNA ... has pursued this agenda in order to put patients before profits, thereby improving the quality of care. In doing so, they have sought to connect the nurses with the very people--patients, prospective patients, the families of patients--who are dependent upon the quality of that service, that professional care.¹²⁷

Nurse militancy is part of a long tradition of union women’s organizing and resistance, and evidence in this article suggests it offers potential to defend public services and protect workers’ rights. This is not an insignificant contribution in the current austerity conjuncture in which public sector workers are targeted and communities under considerable attack from privatization and public-private partnerships, deep cuts to social services and health care, and the invocation of individual responsibility and the concomitant muting, if not elimination, of the concept of “the public good”.¹²⁸ Nurse

¹²⁵ Gindin and Hurley, Op. Cit., p. 5-6.

¹²⁶ Rachleff, P. Minnesota nurses' Rx for Union Revival. *Socialistworker.org*, 2010. <http://socialistworker.org/print/2010/06/17/nurses-rx-for-union-revival>

¹²⁷ Ibid.

¹²⁸ Martinez, E. and García, A. What is "Neo-liberalism? A brief definition. 26 February 2000. <http://www.globalexchange.org/campaigns/econ101/neoliberalDefined.html>

militancy also challenges the marginalization and increasing criminalization of protest. In its capacity to build public support, nursing militancy helps to mainstream and legitimize militancy itself.

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