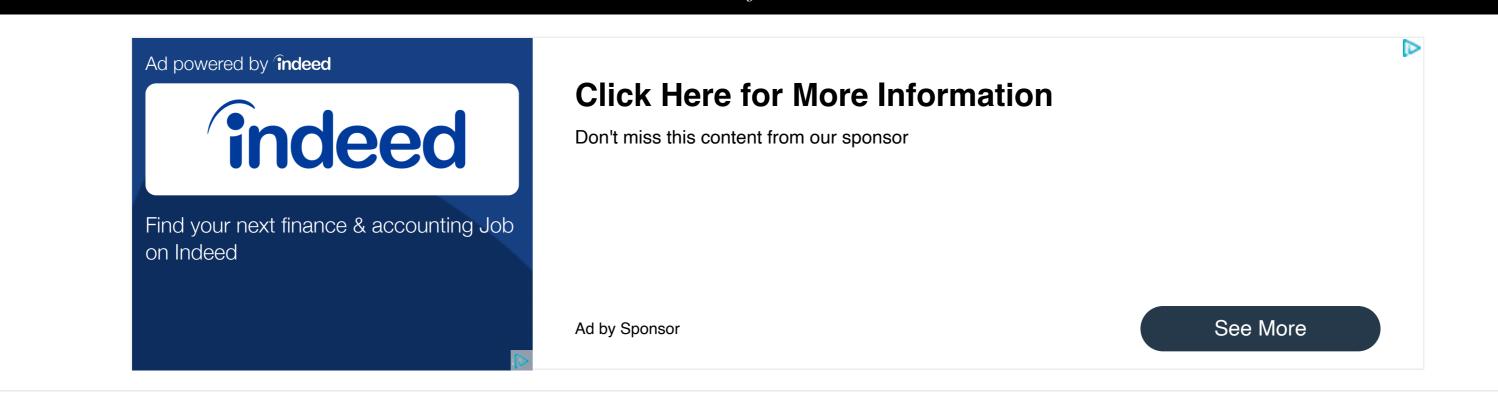
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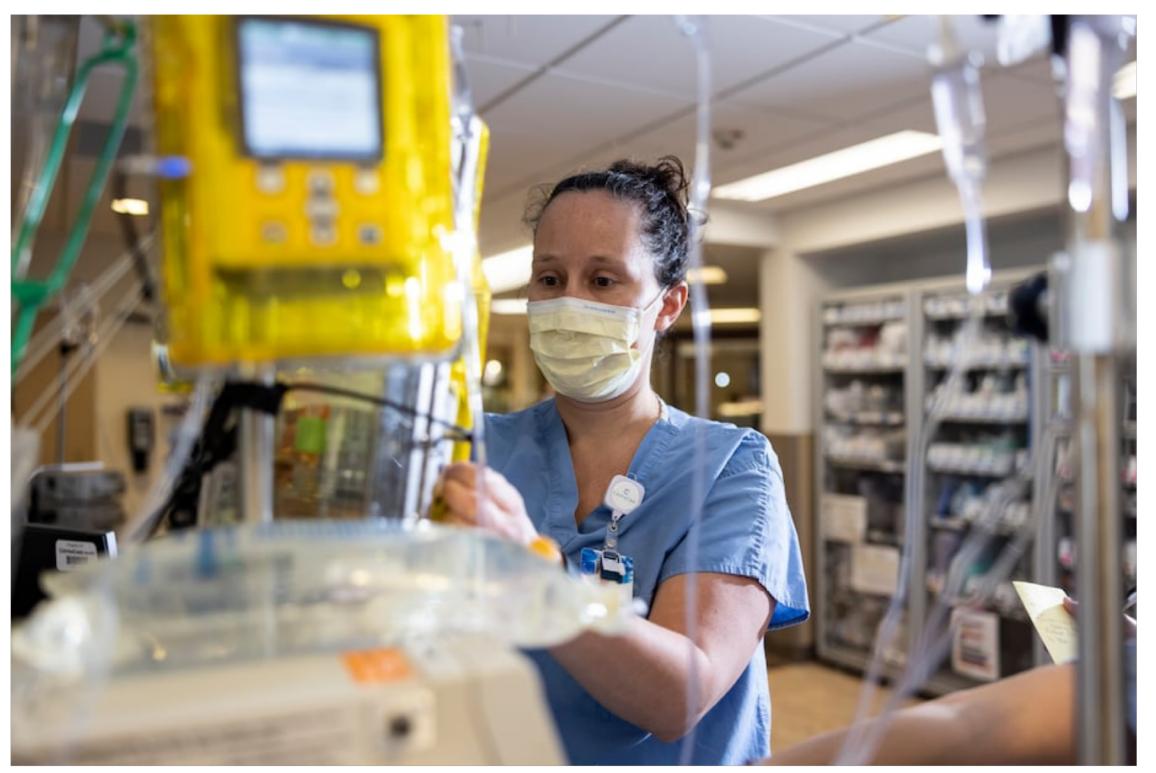
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Largest private-sector nurses strike in U.S. history begins in Minnesota

'I can't give my patients the care they deserve,' one nurse says

By Lauren Kaori Gurley

Updated September 12, 2022 at 3:34 p.m. EDT | Published September 12, 2022 at 6:00 a.m. EDT





An ICU nurse helps to prepare medicine for a covid patient in St. Cloud, Minn. Nurses in the state are planning to go on a three-day strike starting Sept. 12. (Jenn Ackerman for The Washington Post)

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CORRECTION

A previous version of this story incorrectly stated there was no indication that the work stoppages would spread to other states. However, unions for nurses in at least two other states have also authorized strikes over the past month. The article has been corrected.

About 15,000 nurses in Minnesota walked off the job Monday to protest understaffing and overwork — marking the largest strike of privatesector nurses in U.S. history.

Slated to last three days, the strike spotlights nationwide nursing shortages exacerbated by the coronavirus pandemic that often result in patients not receiving adequate care. Tensions remain high between nurses and health-care administrators across the country, and there are signs that work stoppages could spread to other states.

Minnesota nurses charge that some units go without a lead nurse on duty and that nurses fresh out of school are delegated assignments typically held by more experienced nurses, across some 16 hospitals where strikes are expected.

The nurses are demanding a role in staffing plans, changes to shift scheduling practices and higher wages.

[Survey finds nurses are leaving over coronavirus stress]

"I can't give my patients the care they deserve," said Chris Rubesch, the vice president of the Minnesota Nurses Association and a nurse at Essentia Health in Duluth. "Call lights go unanswered. Patients should only be waiting for a few seconds or minutes if they've soiled themselves or their oxygen came unplugged or they need to go to the bathroom, but that can take 10 minutes or more. Those are things that can't wait."

Paul Omodt, a spokesman for the Twin Cities Hospital Group, which represents four hospital systems where nurses are striking in the Minneapolis-St. Paul area, said that the nurses union did not do everything it could to avoid a strike.

"Nurses have steadfastly refused to go to mediation," Omodt said. "Their choice is to strike. This strike is on the nurses."

Conny Bergerson, a spokeswoman for Allina Health, another hospital system in the Twin Cities where nurses are on strike, said "rushing to a strike before exhausting all options such as engaging a neutral federal mediator does not benefit our employees, patients or the communities we serve."

The Minnesota Nurses Association, the nurses union, <u>said</u> hospital administrators have continued to "refuse solutions" on understaffing and safety in contract negotiations. It said nurses have increasingly been asked to take on more patients for bedside care to make up for labor shortages, exacerbating burnout and high turnover.

[Record hot labor market has Minnesota scrambling for workers]

Some hospitals have offered increased safety protocols for reporting security incidents in negotiations, but have not budged on other safety-and staffing-related demands.

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The union has proposed new mechanisms for nurses to have a stronger say in how wards are staffed, including a committee made up of nurses and management at each hospital that would determine appropriate staffing levels. It has also proposed protections against retaliation for nurses who report understaffing. Striking nurses at some hospitals said their shifts are often short five to 10 nurses, forcing nurses to take on more patients than they can handle.

Omodt said that while there was a rise in understaffing reports during the height of covid, conditions have improved, and nurses have made contradictory claims when it comes to staffing at their hospitals since then.

In the lead-up to the strike, Minnesota hospital groups filed unfair labor practices charges against the union for refusing to go to mediation, and asked the National Labor Relations Board to block the strike for a failure to provide enough notice. The NLRB has thrown out at least some of those charges.

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Hospitals facing strikes have been recruiting traveling nurses from across the region and plan to maintain staffing levels during the strike, though they are preparing for reduced operations, according to some of

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the hospital groups facing strike activity.

[4,000 Google cafeteria workers quietly unionized during the pandemic]

For years, hospitals in the United States have faced understaffing problems. A surge in demand and increased safety risks for nurses during the pandemic accelerated those trends. The number of healthcare workers in the United States has still not recovered to its prepandemic levels, down 37,000 workers compared with February 2020.

At the same time, demand for health-care services has steadily increased during the pandemic, with a backlog of people who delayed care now seeking medical attention. During the covid wave that swept across the United States this summer, states such as New York and Florida reported the worst nursing shortages in decades. Research shows that patients are more likely to die because of preventable reasons when health-care providers are overworked.

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Nurses, who risked their lives during the pandemic, are quitting and retiring early in droves, because of increased workloads caused by short staffing and demanding schedules that make finding child care and having a life outside of work exceedingly difficult. The understaffing crisis is pronounced in Minnesota in part because of its aging population and its <u>record low unemployment rate</u>.

There are some signs that nurse- and other health-care-worker strikes could spill over to other states in the coming weeks. Four thousand nurses with the Michigan Nurses Association voted earlier this month to <u>authorize a strike</u> related to understaffing concerns, and 7,000 healthcare workers in Oregon have also authorized a work stoppage. University of Wisconsin nurses narrowly averted a strike this week. Therapists and clinicians in Hawaii and California are currently in the fourth week of what has become the longest-running <u>mental health care</u> strike, over inadequate staffing levels.

In Minnesota, the Minnesota Nurses Association <u>recorded a 300 percent</u> increase in nurses' reports of unsafe staffing levels on their shifts since 2014, up to 7,857 reports in 2021.

[As covid persists, nurses are leaving staff jobs — and tripling their salaries as travelers]

Kelley Anaas, 37, a nurse who works in the ICU at Abbott Northwestern in Minneapolis said nurses in her unit have been forced to double up on patient assignments and work with lead nurses who have less than a year of experience.

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"It eats away at you. If that was my family member in that bed, I wouldn't want to leave their side," said Anaas, adding that her workload has increased steadily over her 14 years at Abbott Northwestern.

While the nurses say their main impetus for striking is staffing levels and not pay, they are also at odds with hospitals over wages. The Minnesota Nurses Association has proposed a 30 percent pay increase over the next three years, noting inflation is at a 40-year high, while health-care groups have proposed a pay increase of 10 to 12 percent. Advertisement

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"The union's wage demands remain at 29 and 30 percent increases over three years, which we've told them is unrealistic and unaffordable," Omodt said, noting that the average Minnesota nurse makes \$80,960 a year.

Contracts expired in May and June, and the union has been in negotiations since March.

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Nurses said they are frustrated the strike is happening, but the stakes are high for them and their patients.

"We're really sad and disappointed that it has come to a strike," said Brianna Hnath, a nurse at North Memorial in Robbinsdale. "But we feel like this is the only thing we can do to show administration how incredibly important a strong nursing core is to a hospital. Hospitals tell us it's our fault, but we've been actively involved and getting nowhere."

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