STRIKE BY NURSES: PERCEPTIONS OF COLLEAGUES COPING WITH THE FALLOUT

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The strike weapon has been a troublesome concept for nurses ever since they adopted collective bargaining in the 1940s. They have usually exercised their right to strike with reluctance. Studies of nurses' attitudes towards the strike as a bargaining tactic generally reveal deep divisions among them as to whether it is right for members of an essential service and a caring profession to refuse to work. The illegal strike by members of the United Nurses of Alberta (UNA) in 1988 provided the stimulus to study the experiences and perceptions of nurses who continued to work throughout the 19-day labour dispute.

The strike affected 98 hospitals and nursing homes, and thus placed the major responsibility for critical care and emergency services on the hospital in which this study took place; nurses there were represented by a different union. As the only tertiary care centre in the province to remain in full operation during the strike, it received many transfer patients, as well as new cases of trauma and life-threatening conditions. Indeed, maternity cases rose by 350% during this period. Measures of severity of illness and workload rose significantly and put the hospital under great operational strain. The steady influx of seriously ill patients necessitated rapid organizational responses not unlike those required when dealing with disasters. The study objective was to discover how nurses coped with extraordinary workloads, how they felt about this particular strike, and about nurses' strikes in general. There have been five province-wide strikes in Canada since the one reported in this paper, and the provision of essential and emergency services during such disputes is a matter of public interest and professional concern. The experiences of nurses in coping with the workload is reported elsewhere (Hibberd & Norris, In press). The focus of this paper is on the nurses' perceptions of a strike by colleagues in another union, and on strikes by nurses in general.

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Method

A search of the literature revealed very little relevant research. Such case studies of particular strikes as those by Grand (1971), Hibberd (1987) and Manning (1982) do not provide a theoretical basis for explaining the attitudes of nurses in one union toward the labour disputes of colleagues elsewhere. Attitudinal surveys have shown that, although nurses generally support the use of collective bargaining, they tend to be divided on the question of the appropriateness of strike as a bargaining tactic (Alutto & Belasco, 1973; Bloom, O'Reilly & Parlette, 1979; Ponak & Haridas, 1979). In view of the unusual circumstances that precipitated this study, and in the absence of similar research, grounded theory was selected as the research approach (Chenitz & Swanson, 1986; Glaser & Strauss, 1967).

A non-random sample of 32 nursing personnel who worked at the hospital during the strike was obtained by placing posters on nursing unit bulletin boards: it requested volunteers to participate in anonymous tape-recorded telephone interviews. The researchers anticipated that nurses would want to remain anonymous when discussing the sensitive labour relations situation, but few were concerned about revealing their names. All respondents who left messages on a telephone answering machine were contacted. The study's objective was explained, confidentiality and anonymity were promised, respondents' consent to participate was obtained and telephone appointments were set up for the interviews.

The sample of 32 nurses was self-selected. It was not representative of the entire population of 2300 nurses employed by the hospital because nine of the 32 participants (more than one quarter) were managerial nurses who were not members of the nurses' union. The average length of nursing experience was 16 years; 24 (77%) were full-time employees who worked 15 or more of the 19 days of the strike, and often stayed on duty for extended overtime. Most of the nurses (two of whom were male) held a diploma in nursing, seven held baccalaureate degrees and five, master's degrees. Two were Registered Nursing Assistants and one was a student nurse. They worked in a variety of services including emergency, intensive care, operating rooms, maternity, psychiatry, medicine, surgery, nursing education and research.

The researchers began each interview by requesting demographic information, then asking the participant to relate his or her experiences during the strike. The interviews were unstructured which allowed ideas to be articulated, and emerging themes to be pursued. Finally, if they had not already mentioned it, nurses were asked how they felt about the strike, and about nurses' strikes in general. Interviews ranged from five to 80 minutes in length and all were transcribed verbatim. The data were analysed according to the conventions of grounded theory; that is, data collection continued dur-

ing data analysis. The constant comparative method (Glaser, 1978; Glaser & Strauss, 1967) was used, first, to compare incident to incident for uniformity and concept formation, and second, to compare concepts to further incidents. Thus, elements of theory having validity for this group of informants emerged from the data.

Nurses's attitudes towards strikes

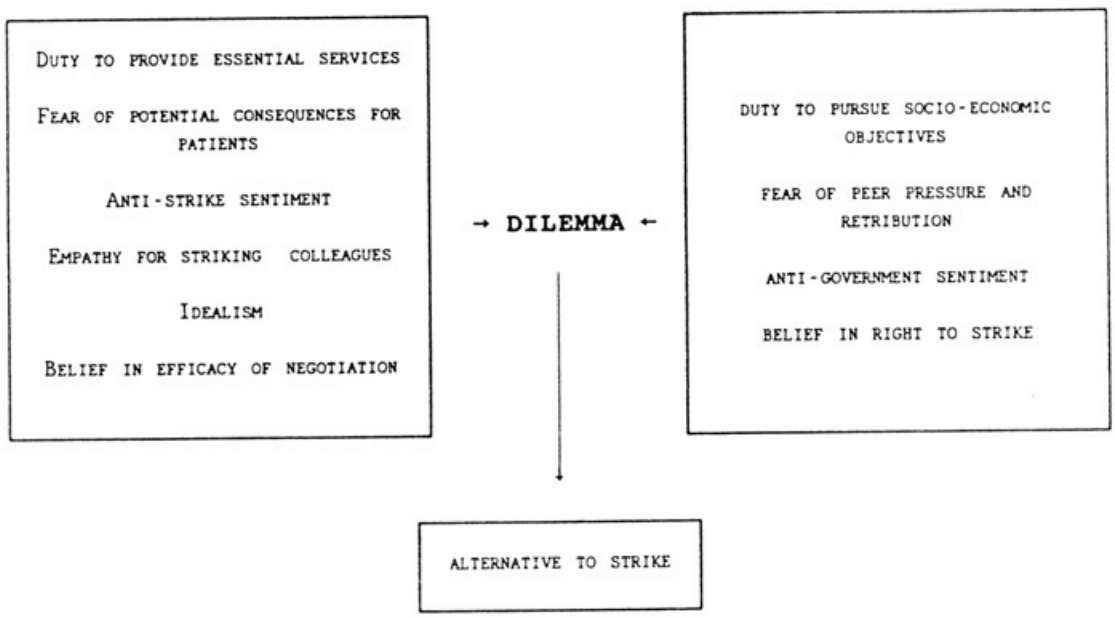
In considering these nurses' attitudes one must bear in mind that they contended with extraordinary workloads throughout the strike. Their major priority was providing safe care in an environment characterized by a constant influx of critically ill patients, uncertainty and disruptions in normal work groups and familiar work technologies. Nurses worked long hours under constant pressure, and battled fatigue and frustration. As the strike continued with no apparent resolution in sight, nurses considered ways and means of ending their ordeal (Hibberd & Norris, In press). One such strategy was to launch their own strike. Indeed, there were rumours that union leaders would call for a strike at the hospital but, in fact, the call never came. Nurses reflected on what they would have done had they been asked to vote on strike action and to support a "yes" decision.

The strike dilemma

Interviews with these nurses revealed a profound ambivalence towards strike as a bargaining strategy. Had they been asked by their union to take a strike vote, the decision would have created a serious dilemma for them. Time and time again, they weighed the arguments for and against taking strike action, and they speculated about what they would have done if called upon to withdraw their services at the hospital. A large majority of the nurses expressed many fears about the consequences of choosing one decision over another, as well as uncertainty about what they would actually have done had the time come to make a commitment to strike or not to strike. Most of the nurses agonized over this "crisis of conscience" as one nurse put it, but a small minority had no difficulty explaining what they would have done in the event of a strike at the hospital. The principal concept to emerge from the interviews is that, under the circumstances experienced by these nurses, the decision to strike was viewed as a dilemma. Figure 1 is a graphic representation of this phenomenon.

Arguments against strikes. Several nurses declared that, regardless of the circumstances, they would not strike and they were prepared to cross the picket lines if necessary. One or two nurses commented that they chose to work at this hospital because strikes were prohibited under the relevant public sector labour legislation and no strike had ever occurred there. Opposition to strike was linked to personal philosophies. For example, one nurse said: "I

refuse to carry a union card and that [is] that. I won't go on strike," and others mentioned economic reasons for not engaging in strikes. However, the predominant reason given for rejecting the idea of strike was linked to patient care concerns.



Note: Nurses expressed mixed feelings about strike as a bargaining strategy, and were torn between conflicting duties, beliefs, attitudes, and fears. They suggested that an alternative to the strike weapon should be found as a solution to their dilemma.

Figure 1

Nurses' ambivalence towards the strike weapon

Nurses expressed anxiety about the possible consequences of a strike for patients, in view of the severity of their conditions and their dependency on nurses for care. As one nurse said:

> As far as I'm concerned, I could never, ever just watch everybody walk out the door and leave these patients here. I can quite honestly tell you that the patients that came to [this unit] would have died if we had not been there. That's all there is to it.

Another nurse estimated "at least ninety percent...of nurses that I worked with in that department just absolutely would *not* have walked out." This nurse went on to say:

> I think looking at the volume and the acuity of the patients that we were seeing, it really became a moral issue and the comments that were around when the talk of [the union] calling for a strike vote, they may as well have not wasted their time. Nurses in this hospital are *not* going to walk out...forget it!

Most of the nurses did not question the fact that essential services must be provided during any strike by hospital workers. Indeed, one nurse suggested that providing essential services during a strike was her contribution to the strike effort. The participants in this study felt that, by reason of the essential nature of their work, they should not have to resort to threats of withdrawal of service to attract the attention of policy makers, and that there ought to be more civilized approaches to the resolution of labour disputes. Thus, there was an underlying theme of idealism in the arguments advanced by the participants on the question of strikes. They viewed strikes as appropriate for blue collar workers but not for people like themselves who were playing such a critical role in the provision of essential health services. As professionals, they felt they ought not to have to resort to activities that might punish the people they served or cause them hardship.

Idealism about collective bargaining and the belief that a strike is not an appropriate way of resolving disputes is illustrated in the following excerpt from the data:

> Why can't they [employers] bargain? If we're such an essential service, why do we have to pull teeth to try and get anything out of anybody....There has got to be a better way because...a good employer will say: 'Well now, inflation has gone up, cost of living has gone up. What are your concerns, nurses? Let's sit down and talk about it. What can we do to improve things around here? Let's sit down and try to negotiate and be positive and try to--' you know, they've got the money, why can't they make a little effort to make things better?

Nurses reported that it had been difficult to convince authorities of the value of their work. They suggested that many of the problems nurses were attempting to resolve through collective bargaining remained despite a series of earlier strikes in the province. One nurse said:

> I don't think you accomplish anything, nor is your image...improved by striking. I think there [are] better ways of doing it, by sitting down and negotiating, you know, not going 'out' because everybody suffers in a strike. You suffer financially, emotionally [and] some people lose good friends over a strike.

Others expressed the view that, although they had no quarrel with the goals of their union leaders, they sometimes disagreed with their tactics. For example, one nurse felt that the leaders tended to take rather "inflammatory" stands on some of the issues that did not seem to represent the views of the rank and file members.

Despite revealing negative attitudes towards strikes, nurses expressed support for their striking colleagues. Many indicated that they shared the same bargaining goals, and that the dispute was one and the same struggle for all nurses. They expressed empathy for their colleagues walking the picket lines, and some demonstrated support by walking alongside their friends. If nurses were concerned or had opinions about the illegal nature of the strike, they did not mention them.

Arguments for strike. Most nurses were able to articulate arguments for and against strikes, hence their dilemma. However, none made a strong argument *for* strikes, even though three of them stated unequivocally that they would support a majority decision to strike. One said:

> If it came to a strike, I would walk out too. I don't like it, but I think sometimes it is the only way you're going to get something.

In speculating on the possibility of their own strike, nurses suggested reasons why they might feel compelled to support a particular strike, implying that if they agreed to strike, it would be a necessary but unpleasant course of action. One nurse who had participated in an earlier strike said: "I felt very uncomfortable being on strike...it was a humiliating experience." Nurses clearly believed that it was important for them to have the legal right to strike, and they were embittered by the fact that the Progressive Conservative government had abrogated that right in 1983 following a series of strikes by the UNA (Hibberd, 1988). One nurse noted:

> There is just something in me that feels strikes are so wrong, and yet when you really know the inside story...the government...took away

the position of a legal strike...they had no business taking that right away.

Nurses were convinced they ought to have the legal right to strike as part of an arsenal of tactics with which to bolster their bargaining position at the negotiating table:

> My personal feeling is that I don't think...anybody should take the right to strike away from people because, I think doing that just takes away their final ammunition if you wish to call it that in bargaining, but what I do think about it is that probably what should happen is that they should be allowed to keep that right and hopefully never have to exercise it.

There was also the perception that the government had "cornered" the nurses into taking strike action. As their opening position at the negotiations with the UNA, employers had sought to roll back salaries of nurses by three percent. Nurses were angered and offended by what they perceived to be a manifest declaration of the devaluation of their services, and they reported that negotiations never really recovered from that point forward. Although the same negotiating tactic was not attempted at the hospital where these nurses worked, they nevertheless harboured resentment on behalf of all nurses in the province. Many of them expressed the opinion that, under the circumstances, their colleagues had no option but to take strike action. Although the government is not represented at the negotiating table in Alberta, it funds hospitals and thus becomes an obvious target for union hostility during collective bargaining, especially in times of economic restraint.

There was no question that nurses felt they had an obligation to prevent the erosion of their socio-economic status and to continue making improvements to their collective agreement, regardless of the state of the provincial economy at the time. Several nurses recognized the disadvantages of belonging to a predominantly female work force. Some remarked that because nurses had taken a stand by striking, it had drawn the attention of both the public and the government to the problems of nurses as a predominantly female workforce. For example:

> I don't like strikes by nurses. I don't like them at all but I firmly believe that if we in Alberta had never gone on strike that we would never be at the level that we are at now, not ever, because I believe so strongly that we are fighting a 'woman' thing, and we are fighting a 'nurse' thing, and if we don't do something to get their attention we're never going to get anything.

Yet, a sense of frustration prevailed among the respondents as they contemplated the pursuit of their bargaining goals. They variously said that strikes were inappropriate, unprofessional and even unethical, but that they were sometimes inevitable.

Belief in the right to strike, anti-government sentiment and duty to pursue socio-economic objectives were important themes emerging from the interviews, but they were not regarded as sufficient reasons to justify strike action. A more compelling reason for joining a strike was fear of peer pressure and possible retribution, should nurses choose to cross their own picket lines. Nurses feared that ignoring a majority decision to strike would result in adverse personal consequences. For instance, one nurse remarked:

> If you ever cross the picket line, they never let you forget it. The people you work with will never, ever forget that you crossed.

Fear of the disapproval of their peers formed a major theme in the thoughts of nurses as they contemplated what they would have done if a strike had been launched at their hospital.

What would I do? I'd have difficulty if it reached that point whether I'd stay off, or whether I'd go to work....I'd have trouble staying away, but I also wouldn't want to cross a picket line. I'm glad it didn't come to that, so I didn't have to make that decision.

In summary, nurses indicated little inclination to take strike action, and much ambivalence about strikes in general. But, as the strike wore on and people were reaching what they perceived to be the limits of their endurance, calling their own strike was viewed as a means of bringing their ordeal to an end. The more militant nurses were reportedly saying: "We should really be striking too, now. If we walked away, this thing [the strike] would be over tomorrow," implying that the government would either have to capitulate to the nurses' demands, or take some Draconian steps to get them back to work. However, after 19 days, a negotiated settlement was reached and the strike ended.

Discussion

The limitations of this study must be considered in any discussion of the findings. First, the unique situation precludes generalization. As Alutto and Belasco (1973) point out, organizational factors specific to a particular institution may influence the attitudinal militancy of its employees. Neither the hospital nor the nurses in this study were representative of hospitals and nurses in general, and there was little evidence of attitudinal militancy. Secondly, nurses volunteered to participate in the study. They did not say why

they volunteered but, by virtue of their self-selection, the sample may be biased in favour of nurses who were more profoundly troubled by the strike's potential impact on patient care. The informants were engaged in the care of patients who were more critically ill and in greater need of intensive care than would normally have been the case. These circumstances, combined with nurses' preoccupation with safety issues, may well have influenced their attitudes towards this particular strike by the U.N.A. and towards strikes in general. Finally, the interviews were conducted five months following the strike, raising a question about the nurses' recall of events. The evidence suggests that they had retained many vivid recollections of those 19 days when the hospital was under siege.

The nurses in this study expressed a number of conflicting beliefs, attitudes and fears about strikes. The prospect of having to join a strike would have placed most of the informants on the horns of a dilemma. They argued that patients needed their services to survive and that they had a duty to provide the necessary care but, conversely, they felt that nurses had a responsibility to pursue their socio-economic interests.

Nurses may actually have an obligation to withdraw their services under certain circumstances (Kluge, 1982; Muyskens, 1982). But according to the arguments, the critical or essential nature of the services required by the patients in this situation precluded any such obligation among the nurses. In discussing the ethical dimensions of nurses' strikes, Muyskens (1982) and Kluge (1982) both note that a system of binding arbitration would be a practical means of resolving the problem of labour disputes in nursing. Although the nurses in this study did not mention specific alternatives to the strike weapon, many of them suggested that there ought to be a better way to resolve their labour disputes. They identified the need for more experienced negotiators and expressed confidence in the efficacy of negotiation for resolving labour disputes.

There is much evidence to suggest that nurses believe strikes are damaging both to nursing's public image and to their own self-esteem as professionals, which thereby impedes the process of professionalization. This is counterbalanced by their belief in the responsibility of nurses to pursue socio-economic interests and the improvement of working conditions for patients' long-term benefit. Such patterns of belief are consistent with the concept of professional collectivism described by Grand (1971). Nurses who subscribe to professional collectivism, according to Grand, stress responsibility for high-quality work, recognizing its dependence on satisfactory working conditions and personal job satisfaction; a strike is "conceived not as a strike against patients, but as a way for nurses to gain benefits that will result in more and better care for patients" (p. 294). No evidence of Grand's "Nightingalism" was found (i.e., the belief that the service ideal takes

priority over self-interest, p. 290), or of "employeeism" (i.e., the belief that the employer has the best interests of employees at heart, p. 291). The higher proportion of unionization by Canadian nurses, compared to their American counterparts (Ponak & Haridas, 1979), and the history of labour struggles by nurses in the Province of Alberta (Hibberd, 1988) undoubtedly accounts partly for these findings.

Another facet of their dilemma was the nurses' belief in their fundamental right to withdraw their services, coupled with their belief that they did not really wish to exercise that right. Anti-strike sentiments prevailed during the early years of collective bargaining, and this is one of the reasons that professional nurses' associations prohibited strikes. Nurses bargained without much power under their self-imposed ban on strikes; this led to frustration and disillusionment (Connelly, Evans, Dahlen & Wieker, 1979; Editorial, Canadian Nurse, 1968). Their experiences ultimately led to the rescinding of no-strike policies in both the United States and Canada. The findings of this study suggest that the problem of strikes as a bargaining strategy remains unresolved, despite the recent incidence of strikes by nurses.

The severity of patients' illnesses influenced most of the nurses to reject the idea of a strike at the hospital. Had one been launched, they suggested the same reasons cited by teachers (Robinson & Munton, 1990) for why they might have felt compelled to join such a strike: They recognized the need to support a majority decision by their peers, they did not want to cross picket lines and they feared peer pressure and possible retaliation if they refused to strike. Such fears are understandable in light of the importance nurses attach to compatible working relationships. For example, Attridge and Callahan (1987) found that nurses ranked supportive and competent colleagues as the single most important ingredient in a quality work environment.

Conclusion

The main finding confirms what has commonly been understood, that to strike places nurses in the dilemma of having to choose between loyalty to patients in providing uninterrupted services, and loyalty to peers in collectively pursuing improvements in working conditions and socio-economic status. Although nurses caring for seriously ill patients may prefer not to strike, there are certain circumstances, including the fear of peer alienation, which might compel them to take strike action.

The implications of this research are limited because the situation which precipitated this study was unusual. Nurses were preoccupied with safety issues while caring for a seriously ill patient population during the strike, and this is the most likely explanation for their antipathy towards any strike of

their own, and towards strikes in general. Their desire for an alternative dispute resolution mechanism, and their preference for negotiation, merits further research. For example, as a predominantly female workforce, do nurses prefer negotiation because it is a more conciliatory means of resolving disputes than the strike weapon with its inherent aggression and hostility? If nurses prefer means other than the strike weapon to resolve labour disputes, they have the power and autonomy within their unions to investigate acceptable alternatives and to secure the cooperation of employers in such an endeavour.

REFERENCES

Alutto, J. A. & Belasco, J. A. (1973). Determinants of attitudinal militancy among nurses and teachers. *Industrial and Labor Relations Review, 27*(2), 216-227.

Attridge C. & Callahan, M. (1987). *Women in women's work: An exploratory study of nurses' perspective of quality work environment*. Victoria, British Columbia: Faculty of Human and Social Development, University of Victoria.

Bloom, J. R., O'Reilly, C. A. & Parlette, G. N. (1979). Changing images of professionalism: The case of public health nurses. *American Journal of Nursing, 69*(1), 43-46.

Chenitz, W. C. & Swanson, J. M. (1986). *From practice to grounded theory*. Menlo Park, CA: Addison-Wesley.

Connelly, C. E., Evans, L. K., Dahlen, R. M. & Wieker, N. A. (1979). To strike or not to strike. *Supervisor Nurse, 10*(1), 52-59.

Editorial (1968). Withdrawal of service--a dilemma for nursing. *Canadian Nurse, 64*(7), 29.

Glaser, B. G. (1978). *Theoretical sensitivity: Advances in the methodology of grounded theory*. Mill Valley, CA: The Sociology Press.

Glaser, B. G. & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Chicago: Aldine.

Grand, N. K. (1971). Nightingalism, employeeism and professional collectivism. *Nursing Forum, 10*(3), 289-299.

Hibberd, J. M. (1987). *The labour disputes of Alberta nurses: 1977-1982*. Unpublished doctoral dissertation, University of Alberta.

Hibberd, J. M. (1988). Organized political action: The labour struggle in Alberta. In A. Baumgart & J. Larsen (Eds.), *Canadian nursing faces the future: Development and change* (pp. 489-499). St. Louis: The C.V. Mosby.

Hibberd, J. M. & Norris, J. (In press). Striving for safety: Experiences of nurses in a hospital under siege. *Journal of Advanced Nursing*.

Kluge, E-H. W. (1982). The profession of nursing and the right to strike. Westminster Institute Review, 2(1), 3-6.

Manning, B. (1982). *Nurses on strike: A case study*. Unpublished doctoral dissertation, University of Connecticut.

Muyskens, J. L. (1982). Nurses' collective responsibility and the strike weapon. *The Journal of Medicine and Philosophy, 7*(1), 101-112.

Ponak, A. & Haridas, T. P. (1979). Collective bargaining attitudes of Registered Nurses in the United States and Canada: A Wisconsin-Ontario comparison. *Relations Industrielles, 34*(3), 576-589.

Robinson, N. & Munton, P. D. (1990). Strike attitudes of teachers. *The Canadian Administrator, 29*(5), 1-8.

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RÉSUMÉ

Perceptions des collègues qui doivent faire face à un surcroît de travail lors d'une grève du personnel infirmier

Cette étude visait à analyser les sentiments d'infirmiers et infirmières face au déclenchement d'un mouvement de grève par des collègues d'un autre syndicat et face aux grèves en général. La grève en question, qui était illégale, a frappé 98 hôpitaux albertains en 1988. L'étude réalisée était de type exploratoire; on a retenu la théorie à base empirique comme méthode de recherche. Trente-deux infirmiers et infirmières ont volontairement pris part à un entretien téléphonique libre. Les répondants travaillaient dans un grand hôpital d'enseignement, qui a fait fonction de centre d'accueil pour les soins d'urgence et les soins critiques pendant les dix-neuf jours de la grève; la plupart étaient membres d'un syndicat indépendant. Principal constat: pour ces infirmiers et infirmières, la décision de faire la grève représentait un profond dilemme. S'ils avaient eu à décider par scrutin de se mettre en grève eux aussi, ils auraient été tiraillés entre leur solidarité pour les patients qui dépendent d'eux et leur solidarité pour leurs collègues, avec qui ils partagent des objectifs socio-économiques. Ces infirmiers et infirmières préfèrent ne pas faire la grève; ils croient dans l'efficacité de la négociation et estiment qu'il faut trouver une solution de rechange à la grève.