



IRI ALERT

MARCH 2023

Union Organizing Campaigns by Interns and Residents

SITUATIONAL OVERVIEW

Residents, interns, and fellows – also known as the house staff in a hospital – are unionizing across the United States. Once the pandemic started, the [rate of organizing increased threefold](#) and is expected to accelerate in 2023.

House staff are primarily joining the Committee of Interns and Residents (CIR), which is a local of the Service Employees International Union (SEIU). The [CIR/SEIU](#) represents approximately 15 percent of house staff in the U.S. (over 24,000 residents, interns, and fellows) in more than 60 hospitals coast to coast. They are also joining physician-specific unions like the [Union of American Physicians & Dentists \(UAPD\)](#).

House staff organizing is occurring in multiple states, including California, Massachusetts, New York, Pennsylvania, Vermont, Washington, D.C., and elsewhere. While union contracts do not address academic issues, a broad range of topics is covered in the contracts, from family leave to on-call rooms to scheduling to compensation. In the timeline to the right are some of the healthcare facilities where, in the last few years, house staff have unionized or announced the intention to unionize.

- 2019**
- **UC Davis**, California - under CIR/SEIU in 2019
 - **Olive View-UCLA Medical Center**, California - under CIR/SEIU in 2019
- 2022**
- **University of Vermont Medical Center**, Vermont - under CIR/SEIU in April 2022 and still negotiating a labor contract as of March 2023
 - **Keck School of Medicine**, California - under CIR/SEIU in May 2022
 - **Stanford Health Care**, California - under CIR/SEIU in May 2022
- 2023**
- **Montefiore Medical Center**, New York - under CIR/SEIU in February 2023
 - **Loma Linda University Health**, California - announced intention to unionize under UAPD in February 2023
 - **University at Buffalo**, New York - announced intention to unionize under UAPD in March 2023
 - **George Washington University**, Washington, D.C. – filed a petition to unionize under CIR/SEIU in March 2023

This partial list demonstrates the trend of interns and residents choosing to seek union representation.

WHAT ARE THE REASONS PROMPTING HOUSE STAFF TO ORGANIZE?

- The pandemic led to issues like longer working hours without additional compensation, increased stress from treating COVID-19 patients, health and safety concerns due to the unavailability of personal protective equipment (PPE), lack of childcare assistance when parents had to work longer hours, and staffing shortages. There were also perceived inconsistencies in how COVID-19 policies and procedures were implemented.
- Some current workplace issues existed before the pandemic, like general burnout and lower-than-desired compensation. Per the [American Medical Association \(AMA\)](#), physicians at every stage of education frequently experience burnout and multiple other stressors. Additionally, medical students are three times more likely to die by suicide compared to the general population.
- Residents, interns, and fellows are “hybrid employees” because they are employees and medical students in the Graduate Medical Education (GME) program. Residency program supervisors, usually known as Program Directors, frequently are not employed by the hospital but rather by an educational institution. They are primarily concerned with the residents’ medical education, not leadership principles like employee engagement and positive employee relations. Human Resources (HR) frequently has little contact with house staff because they are not seen as regular employees, and most are only there for one to three years.
- Because of their hybrid employment status and Program Directors’ lack of influence over the health system’s administrative leadership, house staff feel powerless and like they have no voice in decision making. They believe there is a lack of communication between them and health administrators and inconsistent communication across medical units, groups, and facilities.
- Residents are [an average of 24-28 years old](#), and unions are selling that they will be part of a “movement sweeping the country.” It is very much like a social justice cause. Younger generations support unionization and believe in activism and organizing as good strategies for pursuing social justice. In fact, CIR/SEIU’s issues include health justice for all, racial justice, undocumented workers’ access to public health programs, and reproductive justice.
- House staff believe their working conditions lead to patient care deterioration, which violates professional values and altruistic goals. Younger millennials and older Gen Z generational perspectives differ from the perspectives of physicians who are older millennials, Gen X, and baby boomers who went through the residency programs and generally do not consider the long hours an issue.
- House staff believe they are responsible for improving working conditions for future residents, interns, and fellows.
- House staff believe their compensation is too low for the typical 80-100-hour work week with some 24-hour shifts. At an average of \$58,921 per year, according to an Association of American Medical Colleges (AAMC) survey, some could be earning minimum wage while some non-physician hospital employees working fewer hours with set schedules earn that much or more.
- House staff want more control over their work lives, including scheduling and inclusion in decision making concerning programs, initiatives, schedules, compensation calculations, and even perks, like parking.

WHAT ACTIONS HAVE BEEN SUCCESSFUL WITH THIS AUDIENCE?

- Winning the Program Directors over to become active supporters of a strategy to build positive employee relations and prevent union organizing is essential to success.
- Educating Program Directors on the impact of unions on employee engagement, employee relations, organizational culture, and employer rights is a successful strategy. Though unions are not supposed to interfere with GME programs, keeping the employee and education sides separate is difficult, if not impossible.
- Educating house staff about the impacts of unionization on things like their connections with physicians and management and the possibility of strikes is another successful strategy. Most residents do not understand what unions can and cannot do or how their concerns may not be resolved through the collective bargaining process.
- Developing a communications strategy that gives house staff a more powerful voice through digital tools, meetings, employee surveys, leader rounds, etc., is critical to avoiding unionization.
- Educate house staff on the risks associated with unionization, including potential strikes and walkouts, weakened employee relations between physicians and residents, less flexibility in the education program due to contract conditions, and the typical length of contract negotiations, which are also time-consuming and often contentious.
- Ensure house staff know about the benefits they are entitled to and allow them opportunities to utilize them. It hurts trust in management when the employer touts benefits, like family leave time, but staff are never able to use them due to scheduling.
- Ensure house staff know they and their GME program are valued and important, closing the communications gap between administration and Program Directors.
- Ensure HR has regular contact with house staff and checks up on their issues and concerns.
- Ensure a hospital manager, supervisor, or administrator does regular leadership rounding, talking to individuals and checking on their wellbeing.
- Do regular market reviews of wage, stipend, and paid time off (PTO) for benchmarking purposes, and maintain alignment with competitors and within the industry.
- Be thoughtful about changing perks, like parking, because they become triggering events for unionizing.
- Before there is a petition filed, hold listening and feedback sessions with action plans to address issues raised.
- Ensure regular interaction between GME leadership and health system leadership.

WHAT SHOULD EMPLOYERS DO?

- Employers often have the perspective that residents, interns, and fellows are getting valuable and expensive training while earning compensation for the work they do. This perspective focuses on only one-half of the house staff's hybrid status. One of the first things to do is evaluate the administration's perspective to identify communication biases and barriers. Ensure house staff are treated like regular employees with a full orientation about their employment, not only their education.
- Consider a leadership structure that allows the Program Director to have a "dyad partner," where a site administrator is assigned to partner with the Program Administrator and act as the residents' connection to the health system and their employment. This should be in addition to an increased HR presence.

IRI believes the wave of unionizing will grow stronger in 2023 as more employees who are not traditional union members are swept up by the enthusiasm of frontline and white-collar workers across industries joining large labor unions or forming independent unions. In addition, the National Labor Relations Board continues to make it easier to start or join a union and is expected to accelerate its pro-union agenda during the current administration's term in office. Now is the time for all healthcare facilities to retain expert labor relations consultants to assess union vulnerability and develop and implement preventive strategies.

Have questions about how to proceed? Contact IRI at (313) 965-0350 for more information or complete the [online contact form](#), and a labor relations consultant will contact you.

For more information, scan the QR code with your phone or visit:

IRIconsultants.com

