



# IRI ALERT

JULY 2024

## Union Organizing Campaigns by Interns and Residents

### SITUATIONAL OVERVIEW

Residents, interns, and fellows, collectively known as house staff, are unionizing at a quickening pace across the United States. The rate increased threefold during the pandemic and has continued into 2024.

House staff are predominantly joining the Committee of Interns and Residents (CIR), a local of the Service Employees International Union (SEIU). CIR/SEIU claims to represent over 33,000 residents, interns, and fellows in more than 75 hospitals, covering approximately 20 percent of house staff in the U.S. Following the Kaiser NorCal Certification in May 2024, 82 percent of all California medical residents are now unionized with CIR/SEIU. Additionally, house staff are joining other unions such as the Union of American Physicians & Dentists (UAPD) and the American Federation of Teachers (AFT). SEIU also has a union local called Doctors Council that is focused on organizing physicians specifically, and AFT has announced that it is launching a local targeting physicians as well.

### RECENT UNIONIZATION EFFORTS

- JAN** ● **Northwestern, McGaw Medical Center, IL**  
Joined CIR/SEIU
- APR** ● **Western Michigan University, MI**  
Joined AFT
- MAY** ● **UChicago Med, IL**  
Joined CIR/SEIU
- Kaiser NorCal, CA**  
Joined CIR/SEIU
- JUN** ● **Detroit Medical Center, MI**  
Joined AFT
- University of Maryland Medical Center, MD**  
Joined AFT

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This trend demonstrates the growing desire among interns and residents to seek union representation.

## REASONS PROMPTING HOUSE STAFF TO ORGANIZE

Medical residents want a greater voice in the decision-making that affects their work and training conditions. They believe existing house staff councils are inadequate and ineffective in addressing their concerns. They also hear program directors lament their own inability to effectuate change and share their frustrations in trying to help house staff while managing organizational pressures coming from hospital administration. Wanting real change, residents turn to union organizers who are eager to listen and promise solutions that they cannot guarantee. Here are the key reasons cited for the increased interest in unionization:

### Improved Working Conditions

- Residents often face long hours, high stress, and challenging work environments.
- By having a proverbial “seat at the table,” they hope to influence policies that improve their work-life balance, safety, and overall working conditions – including access to clean, well-maintained call rooms and free healthy meals that are respectful of those with dietary restrictions and particularly for those working 24- to 48-hour shifts.
- They would like greater access to mental health and substance abuse support.

### Education and Training Quality

- Residents want to ensure that their educational needs and professional development are prioritized. This includes adequate supervision, access to resources, and opportunities for learning without being overwhelmed by administrative tasks or excessive service demands.
- They also want safe working conditions, including protection from physicians and leaders who may not appreciate cultural sensitivities more prevalent with today’s generation of house staff.

### Patient Care Standards

- Many residents believe that their working conditions directly impact patient care.

- They seek to influence hospital policies to ensure that patient care is not compromised due to overworked and under-supported staff. Their concerns include staffing for nurse and clinical ancillary co-workers.

### Autonomy and Respect

- As hybrid employees and students, residents often feel marginalized within the hospital hierarchy. House staff, being both employees and medical students in the Graduate Medical Education (GME) program, often feel powerless and excluded from decision-making due to a lack of communication between them and administrators.
- It’s not uncommon for house staff to have no relationship with Human Resources (HR) despite their employment status because organizations commonly view them as learners and defer the relationship to the respective program.
- During organizing campaigns, challenges between house staff and nurses, as well as house staff and advanced practice providers, have arisen whereby house staff feel disrespected by both groups.

### Resident Wellness and Burnout

- Research published in academic medical journals suggest that many unionization efforts are driven by non-wage issues. According to the American Medical Association (AMA), physicians at every education stage frequently experience burnout and other stressors. Medical students are three times more likely to die by suicide compared to the general population. Studies published in the literature, however, find that resident unions do not appear to improve resident well-being or dramatically improve the residency experience.

### Generational Perspectives

- Younger generations view unionization as a social justice cause and believe in activism.
- They are concerned about patient care deterioration, professional values, and altruistic goals.
- House staff want more control over their work lives, including scheduling and participation in decision-making processes related to their programs and compensation.

## Compensation and Benefits

- House staff believe their compensation is too low for the typical 80- to 100-hour work week. According to an Association of American Medical Colleges (AAMC) survey, the average salary of \$58,921 per year can be equivalent to minimum wage when considering the hours worked.
- Through organizing campaigns and contract negotiations, house staff are seeking greater access to subsidized child care, paid parental leave, increased paid time off, parking subsidies and transportation allowances for shifts at off-site locations, phones or subsidies for phones, and subsidies or full payment of board certifications.

By unionizing and securing a seat at the table, medical residents aim to advocate for their rights, improve their working and learning environments, and, ultimately, enhance the quality of care provided to patients.

## SUCCESSFUL STRATEGIES AND RECOMMENDATIONS FOR EMPLOYERS

- **Evaluation of Administration Perspective:** Identify communication biases and barriers, treat house staff as regular employees, and ensure they receive a full orientation – not one limited to their residency.
- **House Staff Engagement:** Engage and listen to house staff by providing meaningful opportunities to communicate in ways and at times that work best for them. This may require building new channels, such as information hubs and newsletters, and leveraging social media.
- **Leadership Structure:** Implement a dyad partner system for program directors and site administrators, and increase HR presence.

- **Program Director Engagement:** Talk proactively with program directors about their role in supporting a positive employee relations environment that may reduce the unionization risk.
- **Education on Unionization Risks:** Inform house staff about the potential downsides of unionization.
- **Benefits Utilization:** Ensure house staff understand and can use their benefits and feel valued.
- **Leadership Rounding:** Regularly check on house staff well-being through leadership rounding.
- **Market Reviews:** Conduct regular reviews of wages and benefits. These reviews should reflect your market and should benchmark residency programs.
- **Addressing of Triggering Events:** Avoid changes to perks that could trigger unionization.
- **Interaction Between GME and Health System Leadership:** Ensure regular interaction to align goals and communication.

IRI believes the trend of unionizing will continue to grow in 2024, influenced by the National Labor Relations Board's pro-union agenda and the enthusiasm of employees across various industries. Healthcare facilities should retain expert labor relations consultants to assess union vulnerability and develop preventive strategies.

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

**IRIconsultants.com**

