

ORGANISING HEALTH WORKERS:

OVERCOMING DIVISION AND CONFLICT

The following article deals, in very general terms, with the experience of hospital workers and their unions in Canada, the United States, and Britain. The thread that runs through all their experiences is the theme of division - division between different categories of workers, between workers' importance in providing patient care and their very low status in the health hierarchy, between health 'professionals' and health workers, between men and women, and between health workers of different ethnic backgrounds. These divisions do not come about because workers are 'naturally' divided; rather, they arise out of the work process itself. This is what makes the task of health worker unions very difficult. Along with poor wages and working conditions, they have to tackle the whole issue of division of labour in the hospitals.

Health workers in South Africa are only beginning to become unionised, and their unions are facing many difficulties in representing their members in the face of employers who deny them the right to union organisation and labour action.

This article highlights some of the problems of the organisation of health workers and points to some long-term goals which progressive health worker unions in other countries are working towards.

The hospital as a workplace

Hospitals do not, like other industries, produce goods, but they provide a service. The hospital work force is in some ways similar to, but in other ways quite different from, the industrial work force.

The hospital service has almost become an industry in itself. Semi-skilled and unskilled hospital workers are no longer casual labourers, even though that might be the status that management gives them. On the contrary, many hospital workers have become long-term employees who expect a day's wage for a day's work. They face working conditions which have become more and more like those in a factory.

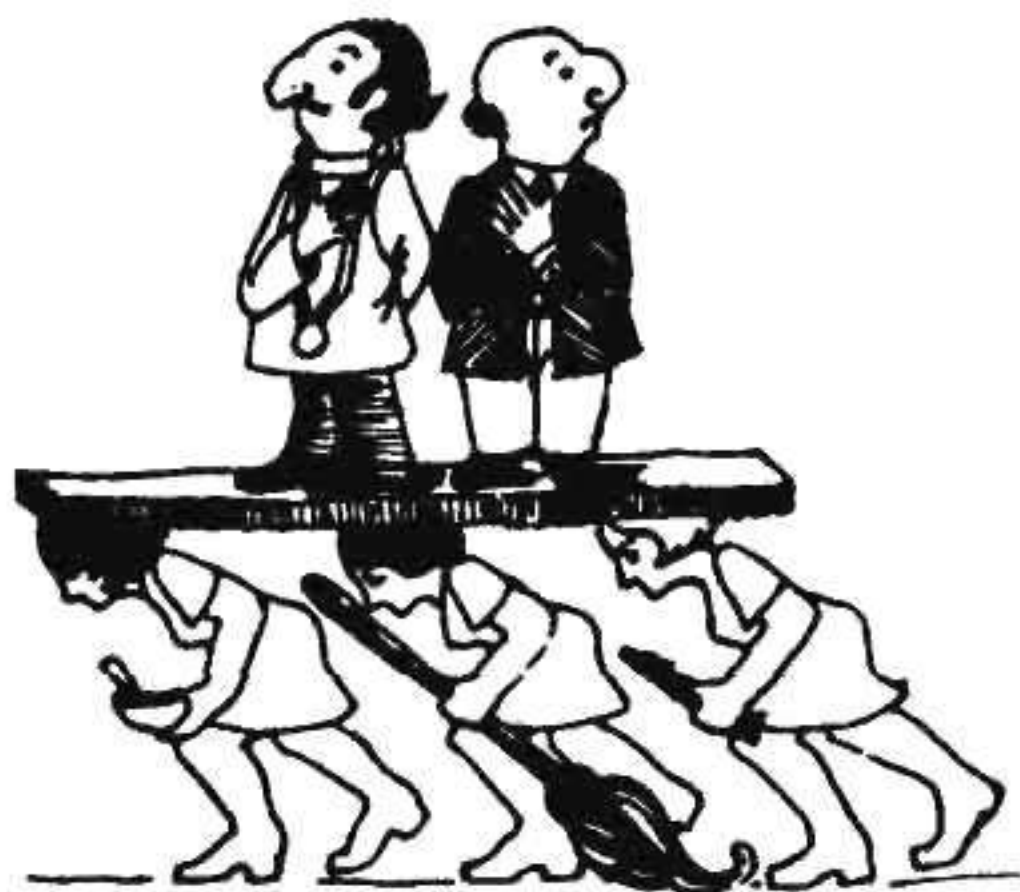
There are a great number of different job categories - there are many different pay categories even within the broad divisions of clerks, nurses' aides, porters, kitchen workers, registered nurses, laboratory technicians, x-ray technicians, etc. Being divided into so many categories, workers lose an overview of what makes up the hospital service as a whole.

In other ways, hospital work is quite different from work in a factory. No matter how menial their jobs and how bad their working conditions are, most hospital workers have some commitment to their work, because their work is a service to people. This commitment of workers is what management often uses against them, so as to keep workers from joining unions and going on strike.

Secondly, hospital workers have to work in teams on many occasions. No matter whether professional, skilled, or unskilled, they all take part in providing patient care. But this is where the worker faces a contradiction. He or she has an important part in the service, but does not have the status that would go along with important work.

Division and conflict within the health sector

Under bad working conditions, many unskilled hospital workers come to see their job like any other job where they have no say and no rights. When such workers get involved in labour action, it is to change the conditions under which they have to work.



For 'professionals' and skilled workers, on the other hand, the story is quite different. 'Professionals' are trained in some very specialised skills, and, as a result, they develop the idea that they, more than anyone else working in the health field, should have the power and the right to make the most important decisions. They are careful to keep this power and status. So when 'professionals' voice their dissatisfaction, it is not usually to change working conditions on a broad level, but to keep up their status as 'professionals'.

When people talk about 'professionals' in the health field, they usually mean doctors, sisters, and nurses. Nurses are often placed a class above hospital workers. To make nurses get a sense of 'class', nurses are trained to be 'ladies'. They learn to imitate the manners of upper-class women. They are told that, as nurses, they will become 'professionals'. They learn to identify only with members of their 'profession' and to look to a professional association (in South Africa this would be the South African Nursing Association) for their career ambitions. In this way, nurses will not become a threat to the 'super-professionals' - the doctors. And, at the same time, they will not identify with the workers, whom they learn to see as a class below themselves.

Apart from workers and 'professionals', there is a great number of skilled workers employed in the hospital ser-

vices. They, too, come to think of themselves as 'professionals'. Because of their 'professional' status, they identify with doctors and nurses rather than with the workers.

The health service is run by a minority of doctors, hospital administrators, insurance company directors, government officials, medical school educators, and corporation managers - most of whom are men.

The majority of hospital workers, in contrast, are poorly paid women who have no control over their workplace.

Ethical Issues

Many hospital workers spend as much or more time with patients than doctors or nurses. Their contact with patients forms an important part of patient care. Nevertheless, they are not paid for that, and they are pushed to the bottom of the health hierarchy.

Management, on the other hand, often plays on workers' concerns with patient care. Health care is often seen to be a religious and moral duty. Health workers are expected to hold the same ethical values as doctors and nurses, without getting any acknowledgement in the form of income and benefits.

The argument that health workers' strikes are illegal and unethical often comes from people who are not so much concerned with patient care as with keeping things the way they are. One could turn their argument around: strikes can be one step in changing the conservative health system into a more democratic organisation for all its workers - which, in the end, would improve patient care.

Management strategies against unions

Health workers' unions often have to deal with a par-

ticularly hard-handed employer. In many cases, labour action in the health sectors backlashed. The most common tactic that management used following unionisation and strike action was to redefine and reclassify workers' jobs on the basis of cost-efficiency.

Unions' Demands

Progressive unions in Britain, Canada and the United States have shown that if they fight for better wages only, they will not be able to overcome the divisions and hierarchies in the health sector. In that case, non-classified workers hospital staff will be no better off than they are now, in terms of their income and their position in the health hierarchy.

Some progressive unions have taken account of this and have included the following demands in their struggle for an alternative health system:

- An equal and standard measure for paying all workers according to their experience and training
- Workers' rights to collective bargaining
- Each job category being represented (the number of representatives depending on the size of each department) in health councils from hospitals to government boards
- The possibility for workers to move between health jobs
- Legalising strikes by health workers along certain laid-down procedures.

This article was drawn from papers in Organization of Health Workers and Labor Conflict, edited by Samuel Wolfe