



# Position Statement

## Industrial action

### ICN Position:

The International Council of Nurses (ICN) expects nurses to have equitable remuneration and decent working conditions, including a safe environment. As employees, nurses have the right to organise, to bargain collectively, and to take industrial action<sup>1</sup>. Strike action is considered the measure of last resort; to be taken only after all other possible means to conclude an agreement have been explored and utilised. ICN defines a strike as employees' cessation of work or a refusal to work or to continue to work for the purpose of compelling an employer to agree to conditions of work that could not be achieved through negotiation.

Effective industrial action<sup>2</sup> is compatible with being a health professional so long as essential services are provided. The complete abandonment of ill patients is inconsistent with the purpose and philosophy of professional nurses and their professional organisations as reflected in ICN's Code of Ethics for Nurses.

When taking industrial action, including during a strike, a minimum essential service to the general public must be maintained.

Other principles to be upheld include:

- Crisis intervention by nurses for the preservation of life;
- Ongoing nursing care to assure the safety and survival of those unable to care for themselves;
- Nursing care required for therapeutic services without which life would be jeopardised;
- Nursing involvement necessary for urgent diagnostic procedures required to obtain information on potentially life-threatening conditions;
- Compliance with jurisdictional legislation and the NNA-specific policies or guidance on the implementation of industrial action;
- Strike action should only be undertaken as a last resort and following a participative process which observes the principles of industrial democracy and representation within the NNA;
- Nurses' right to take industrial action in the case of a breakdown of negotiations may only be curtailed if independent and impartial machinery such as mediation, conciliation or arbitration is established<sup>3</sup>.

<sup>1</sup> ILO Convention 87 Freedom of Association; ILO Convention 98 Right to Organize and Collective Bargaining; ILO Convention 154 Collective Bargaining; ILO Convention 149 on Nursing Personnel.

<sup>2</sup> Workplace-related demonstration, manifestation or strike.

<sup>3</sup> ILO Convention 151 Labour Relations (Public Service).

National nurses' associations (NNAs) are responsible social partners and must develop education and training programmes that adequately prepare their representatives, nursing leaders and nurse employees in the practice of the various methods of negotiation as a means for resolving their employment concerns - i.e. conciliation, arbitration, collective bargaining - as appropriate in each country/province<sup>4</sup>. Individual nurses must provide input to their NNAs so that policy and decision-making are relevant and consistent with the realities encountered in daily practice.

ICN provides technical support to NNAs addressing labour issues and encourages the International Labour Organization to positively influence national policy in each country.

NNAs, as professional associations and/or trade unions, are affected by health sector industrial action. They must therefore develop proactive policies and contingency processes as well as structures to guide their members' professional attitude and behaviour in such situations. At the same time, NNAs must be proactive and assertive to improve the nurses' socio-economic welfare before industrial action becomes necessary. Evaluations of industrial actions (including the responsibility of main stakeholders) must be undertaken so that lessons learned may improve future negotiations.

Any industrial action undertaken should comply with jurisdictional legislation. The ICN condemns any form of victimisation against strike leaders and participants or their relatives or associates.

ICN and NNAs recognise the potential strength of interdisciplinary partnerships within the health and social sectors during negotiations with public and private employers.

ICN and NNAs oppose the deliberate use of strike breakers<sup>5</sup>, a practice that weakens the pressure for credible social dialogue.

## **Background**

The fundamental responsibility of the nurse is fourfold: to promote health, to prevent illness, to restore health and to alleviate suffering<sup>6</sup>. In certain cases, nurses may find themselves in situations where industrial action is necessary to ensure the future delivery of quality care by qualified personnel.

While social dialogue is widely recognised as the principal and most effective means of resolving professional and workplace-related problems, frustrated employees may take industrial action in cases where the option of employer/employee negotiation has been unsatisfactory, unsuccessful or refused. Where deficiencies in the quality of working life and the economic

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<sup>4</sup> ICN Position Statement on Socio-economic Welfare of Nurses.

<sup>5</sup> Individuals hired specifically to replace striking employees with a view to weakening the strike action.

<sup>6</sup> ICN Code for Nurses.

rewards of nurses have become so serious as to affect the long-range prospects for maintaining high standards of nursing care, nurses may choose to take industrial action to bring about needed changes. In extreme situations, strikes have occurred and on occasion have resulted in wide public and intra-professional debate.

Industrial action, maintaining essential services has been used successfully by professional trade unions in the past to initiate social dialogue, improve the quality of care provided as well as the working conditions of nurses/health workers. A range of industrial action is possible. "Selective strikes" have provided the necessary impact to advance negotiations while generating less disruption to patient care<sup>7</sup>. In certain cases, token strikes (e.g. one hour demonstrations) may generate the impetus to initiate social dialogue. Other forms of industrial action may be undertaken as an initial or complementary measure, including but not limited to the cancellation of all elective interventions, a work-to-rule policy and/or the withdrawal of services involving non-nursing duties, e.g. domestic, clerical, portering, catering.

The potential impacts and outcomes of a negotiation and/or strike process should be risk-assessed, including the impact on patients, other stakeholders and social outcomes. Relevant supports required for the parties involved in each step of the action undertaken should be identified and provided (e.g. financial, emotional).

If industrial action is taken, national/provincial legislation may determine the conditions under which such measures are implemented. Essential services are commonly accepted service levels applied during industrial action that are often based on evening/night shifts and weekend staffing ratios and protocols.

**Adopted in 1999**

**Reviewed and revised in 2004 and 2011**

**Related ICN Positions:**

- Socio-economic welfare of nurses
- Scope of Nursing Practice
- Nurses and Shift Work
- Nurses and Human Rights
- Patient Safety
- Health Human Resources Development (HHRD)
- Occupational Health and Safety for Nurses

**Related ICN Publications:**

- The ICN Code of Ethics for Nurses
- Ethics in Nursing Practice
- Guidelines on Essential Services during Labour Conflict
- Guidelines: Law and the workplace

The International Council of Nurses is a federation of more than 130 national nurses associations representing the millions of nurses worldwide. Operated by nurses and leading nursing internationally, ICN works to ensure quality nursing care for all and sound health policies globally.

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<sup>7</sup> A selective strike - where nurses from a determined number of hospitals/health services or departments within health care facilities stop working.