

Understanding Nursing Protests and Strikes: Factors, Impacts, and Recommendations for Improvement

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Letter to Editor

The nursing profession is at the heart of healthcare, playing a vital role in ensuring the well-being of patients. Around the world, nurses make up the largest group of healthcare workers, representing nearly 59% of all professionals in the field, according to official reports. Their dedication and contributions are essential to the functioning and success of healthcare systems everywhere [1].

Nursing strikes and protests have a long history, deeply intertwined with the broader labor movement. One of the earliest recorded nursing strikes happened in the United States in 1907, when nurses came together to protest against grueling working hours and poor working conditions. This pivotal moment in history marked the beginning of a long struggle for better working conditions in nursing [2]. These protests highlighted the need for labor rights and fair wages for healthcare workers, sparking awareness and driving future reforms in working conditions.

Nurses have historically faced challenges in defending their strikes due to concerns about potential harm to patient health and societal expectations of selfless caregiving, which are

often influenced by the gendered nature of the nursing profession [3]. Surveys show that since the COVID-19 pandemic, majorities in several countries have supported healthcare strikes or significant wage increases for healthcare workers [4, 5]. Protests and strikes among health workers are rising globally, potentially leading to disruptions in the availability of health services [6].

Health sector protests and strikes have occurred on nearly every continent, varying in duration, demands, and consequences. Their impact, however, has been particularly severe in low- and middle-income countries, where inadequate infrastructure, weak institutional frameworks, inefficient organizational practices, and limited access to affordable alternative healthcare options exacerbate the effects [7, 8].

Numerous studies have pinpointed various factors contributing to strikes, such as delayed wages, inadequate housing, and risk allowances, limited career advancement and educational opportunities, declining academic facilities, poor working conditions, shortages of essential medications, and political opposition related to healthcare leadership, management, and government healthcare

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DOI: [10.22087/ijac.2024.478294.1020](https://doi.org/10.22087/ijac.2024.478294.1020)

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economics [9]. These factors contribute to widespread dissatisfaction among healthcare workers, which often results in increased migration, strikes, and a decline in the quality of healthcare services provided [10, 11].

In 2024, dissatisfaction among nurses in Iran grew notably, leading to protests in several regions. These protests were not spontaneous but rather a reflection of long-standing frustrations built up over time, compounded by worsening working conditions and a growing sense of unfairness when compared to other sectors. Insufficient social and economic support also contributed to their dissatisfaction, as nurses felt increasingly neglected and undervalued in societal and financial aspects. While nurses have voiced their concerns before, this was the first time their protests occurred on a relatively wide scale, signaling a collective call for attention to their plight.

One of the main sources of frustration has been the issue of inadequate wages. Nurses in Iran, who play a vital role in the country's healthcare system, are often underpaid, especially given the soaring inflation and rising cost of living. Despite the immense responsibility they bear, their compensation has failed to match the demands of their profession, leading many to face financial hardships. Beyond wages, the daily realities of their work are grueling. Long shifts, excessive patient loads, and the emotional toll of their jobs have left many nurses exhausted. The strain was particularly severe during the COVID-19 pandemic, which further exposed the fragility of their working conditions, with minimal institutional support provided to alleviate their burdens.

Additionally, the sense of being undervalued has been exacerbated by perceived discrimination. Nurses have voiced frustration over the unequal treatment they face, both within healthcare organizations and in comparison, to employees in other government sectors. While other sectors receive better benefits and incentives, nurses, despite their critical role in public health, often feel neglected. This sense of inequality has only

deepened the discontent within the nursing community.

A significant issue contributing to their grievances is the delay in payments. Nurses frequently wait months for their wages and entitlements, which severely disrupts their financial stability. These delays make it challenging for them to meet their basic needs, further reinforcing their feelings of neglect by the system.

Workforce migration and attrition also present serious concerns. Many nurses, disillusioned by the working conditions and poor compensation, have left the profession entirely or sought opportunities abroad. This has resulted in a shortage of nursing staff, placing even greater pressure on those who remain, further intensifying their already demanding workloads. As a consequence, hospitals are often forced to impose mandatory overtime to meet staffing needs, exacerbating nurse fatigue and job dissatisfaction, and ultimately worsening the overall discontent within the nursing workforce.

Moreover, nurses are dissatisfied with the lack of access to welfare facilities, such as affordable housing or travel accommodations, benefits that employees in other sectors commonly enjoy. This disparity in benefits has left nurses feeling marginalized, as they believe their work deserves far more recognition and support. Adding to their frustrations is the lack of adequate banking benefits. Unlike workers in other sectors, nurses do not receive financial perks such as low-interest loans, which could ease some of their financial burdens. Similarly, the inadequate health insurance coverage for nurses and their families has become a pressing concern, forcing many to bear significant portions of their medical expenses themselves.

The inability to take paid leave is another issue affecting nurses. Due to ongoing staff shortages and high patient demand, many nurses are unable to take the leave they are entitled to, contributing to burnout and mental fatigue. This lack of control over their schedules worsens their work-life balance and overall well-being.

Addressing these challenges requires a multifaceted approach. Increasing nurses' wages to reflect the true demands of their profession and adjusting them for inflation would significantly relieve financial stress. Working conditions must be improved by reducing hours, hiring more staff, and offering emotional and practical support to nurses in their daily tasks. Timely and consistent payment of wages and benefits is essential for restoring trust between nurses and the healthcare system.

Offering equitable benefits, including housing support and financial perks similar to those in other sectors, would help address

feelings of inequality. Strengthening health insurance coverage would provide nurses and their families with much-needed financial security and peace of mind. Allowing greater flexibility in taking paid leave would also help combat burnout and improve their work-life balance.

By enacting these reforms, not only will the nursing community feel more supported and valued, but the overall stability and quality of healthcare services in Iran will improve, ensuring a more effective and sustainable healthcare system for the future.

References:

1. Ramacciotti K, Valobra AM. Conflicts and protests of Argentinean nursing during the covid-19 pandemic. *História, Ciências, Saúde-Manguinhos*. 2023;30:e2023060.
2. Starr P. *The social transformation of American medicine: The rise of a sovereign profession and the making of a vast industry*; Hachette UK; 2017.
3. Soine A, Schneider JR. Media representations of gender and labour in nursing strikes, 1984–2014. *Media History*. 2022;28(1):160-74.
4. Torssonen S. Yes but No: Media Frames for Denying Nurses' Strikes during COVID-19 Recovery. *Redescriptions: Political Thought, Conceptual History and Feminist Theory*. 2024;27(1).
5. Yarahmadi S, Khademi M, Ebrahimzadeh F, Cheraghian T, Shahidi Delshad E. Development and psychometric properties of health care workers' concerns in infectious outbreaks scale. *Frontiers in Psychology*. 2023;13:1108835.
6. Craveiro I, Choudhury PK, de Oliveira APC, Pereira A, Fronteira I, Chança R, et al. Impacts of industrial actions, protests, strikes and lockouts by health and care workers during COVID-19 and other pandemic contexts: a systematic review. *Human Resources for Health*. 2024;22(1):47.
7. Essex R, Weldon SM, Thompson T, Kalocsanyiova E, McCrone P, Deb S. Impact of healthcare strikes on patient mortality: a protocol for a systematic review and meta-analysis of observational studies. *BMJ open*. 2021;11(12):e050826.
8. Waithaka D, Kagwanja N, Nzinga J, Tsafa B, Leli H, Mataza C, et al. Prolonged health worker strikes in Kenya-perspectives and experiences of frontline health managers and local communities in Kilifi County. *International journal for equity in health*. 2020;19:1-15.
9. Manguale ALJ, Sidat M, Ferrinho P, Cabral AJR, Craveiro I. Strikes of physicians and other health care workers in sub-Saharan African countries: a systematic review. *Frontiers in Public Health*. 2024;12.
10. Russo G, Xu L, McIsaac M, Matsika-Claquin MD, Dhillon I, McPake B, et al. Health workers' strikes in low-income countries: the available evidence. *Bull World Health Organ*. 2019;97(7):460-7h.
11. Moshiri E, Mohammadi N, Yarahmadi S. Who gets the benefits from nurse migration? *Nursing Practice Today*. 2022;9(2):81-3.