

QC.02 // WORKFORCE AND WELL BEING // Q-TIP

Four Thousand Brigham Nurses Vote on a Final Offer With an Open Ended Strike Waiting

After a 93% strike vote pushed Mass General Brigham to a final offer, hospital leaders need a pre vote model pricing replacement staff against the contract ask.

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Brigham and Women's Hospital nurses voted 2,986 to 215, or 93%, on September 24th, 2026 to authorize an open ended strike ([WGBH, September 2026](#)). On October 2nd, 2026, the Massachusetts Nurses Association set the walkout for October 14th, 2026, while about 2,000 Boston Medical Center nurses authorized a three day strike ([WGBH, September 2026](#)). Late on October 10th, 2026, the union postponed the walkout to vote on management's final offer ([WGBH, October 2026](#)).

Originally, strike pricing was manual. Analysts updated static wage tables on isolated spreadsheets while nursing directors called agencies for quotes days before a deadline, leaving boards to vote without seeing the crossover day between settlement and strike costs.

Executives resist permanent raises on a simple theory: base wage hikes compound inside every step and overtime shift forever, while payment rates grow slowly. Mass General Brigham says a 7% across the board raise on top of 5% steps adds about \$90 million a year, after base wages rose 55% over five fiscal years against 14% in payment rates ([WGBH, September 2026](#)).

Staffing vendors changed the math by supplying thousands of temporary nurses on short notice. For the July 2026 strike, Mass General Brigham secured 1,300 temporary nurses and locked union nurses out July 9th to 13th, 2026 under five day contracts ([Axios Boston, July 2026](#)). AMN Healthcare labor disruption revenue reached \$25 million in Q2 2026, up from \$16 million a year earlier ([Staffing Industry Analysts, August 2026](#)). We ran the issue through Contextualism, our framework for training AI to grasp the full picture of a complex issue by stress testing it across four quadrants simultaneously.

The four filters

PROTAGONIST: FOR THE UNION WAGE AND STAFFING DEMANDS. The protagonist argues for the union ask: nurses need a 7% across the board raise on top of 5% steps and a cap on temporary nurses because cost of living and continuity of care demand it ([WGBH, September 2026](#)). Mass General Brigham posted a \$2.38 billion surplus in 2025 and paid its chief executive \$9.2 million ([WGBH, September 2026](#)).

ANTAGONIST: AGAINST THE UNION WAGE AND STAFFING DEMANDS. The antagonist argues against the union ask: adding \$90 million a year in wages when payment rates rose 14% over five fiscal years against 55% in base wages threatens solvency ([WGBH, September 2026](#)). Under the October 11th, 2026 final offer, 1,322 top step nurses earn at least \$220,000 ([Mass General Brigham, October 2026](#)), and replacement

staffing is the cheaper path to protect access.

WITNESS: THE PATIENT AND CLINICAL REALITY. The witness presents the reality of patients and staff: when a strike notice drops, surgeries get postponed and barricades line the entrance ([Axios Boston, July 2026](#)). Travelers unfamiliar with local order sets and supply rooms must ask doctors for help, while locked out nurses lose five days of pay.

UTILITARIAN: THE MACROECONOMIC AND SYSTEMIC VIEW. The utilitarian evaluates the net outcome for society: paying agencies to staff strikes drains regional health dollars without adding one permanent nurse. When AMN Healthcare collects \$25 million in Q2 2026 from labor disruption events, up from \$16 million a year earlier ([Staffing Industry Analysts, August 2026](#)), nonprofit funds leave local care for agency margins.

Where the truth lives

Both sides agree that Boston living costs strain nurses and permanent staff deliver safer care than travelers. The evidence shows that replacement staffing brings multi day lockouts and steep cash burn: lining up 1,600 to 2,000 temporary nurses for an open ended walkout requires massive commitments before anyone knows how long the strike will run ([WGBH, October 2026](#)).

How AI helps with this

Hospital leaders replace guesswork with Operategy™, our discipline joining operations and strategy on one loop with AI as the instrument. On the Forward Loop, teams run PARQ: Pinpoint, Assess, Route, and Query.

Using a spreadsheet with AI assistance such as Claude for Excel, Excel Copilot, or Google Sheets, analysts build a strike cost model from the hospital's own payroll, census, and agency contracts: cost per strike day of replacement staff against the present value of the wage ask over the contract term, with sensitivity on strike length. A drafting tool using the CARE Method prepares the board briefing. Individual nurse pay records and bargaining strategy notes never enter a general AI tool.

The solution

Hospital leaders need an internal strike pricing workflow governed by clinical and financial accountability.

- Aggregating the baseline: Load de identified step tables, census, and agency rates into a spreadsheet, keeping individual nurse pay records and bargaining strategy notes out of any general AI tool.
- Modeling the crossover day: Compare daily replacement staffing against the present value of the wage ask over the contract term across strike lengths.
- Drafting the board briefing: Convert the sensitivity tables into a board memo.
- The Name Standard: Require named leaders to sign every AI assisted output; the CFO and CNO review and sign the board briefing.

Operational moves for health system leaders

1. Build an aggregate workbook 90 days before expiration. Load de identified wage steps, census, and agency minimums while keeping individual nurse pay records and bargaining notes out of general AI tools.
2. Price daily replacement burn against the contract ask. Compare the cost per strike day of temporary nurses against the present value of the wage ask over the contract term.

3. Include lockout costs. Add five day agency minimums and postponed surgical margin to the sensitivity table.
4. Require joint CFO and CNO signoff. Under The Name Standard, the CFO and CNO review and sign the board briefing.

The decision for leadership

Hospital leaders have two choices:

1. Price strike contingencies after a strike vote. Bargain from static tables and sign five day replacement contracts under deadline pressure.
2. Build an AI assisted strike cost model before the vote. Model daily replacement burn against the present value of the wage ask with sensitivity on strike length, signed by the CFO and CNO.

The executive takeaway

Replacement staffing can keep beds open during a walkout, but five day agency minimums and open ended strike commitments quickly burn through the savings of holding down base pay. When the CFO and CNO model daily replacement cost against the present value of the wage ask before the vote, leadership can settle contracts on math rather than brinkmanship.

Sources

- WGBH, "Brigham nurses threaten another strike, two months after largest in state history," September 2026.
- WGBH, "Brigham nurses postpone major strike as they schedule vote on hospital's final offer," October 2026.
- Mass General Brigham, "Additional information following Brigham and Women's Hospital nurse negotiations," October 2026.
- Axios Boston, "Thousands of Brigham and Women's nurses locked out after 1-day strike," July 2026.
- Staffing Industry Analysts, "AMN cites Q2 growth in travel nurse, allied and labor disruption business," August 2026.

How this brief was built

This analysis evaluated the Brigham dispute using four Contextualism filters: Protagonist, Antagonist, Witness, and Utilitarian, weighed against eight values with Life over death leading, followed by happiness, health, longevity, mutual respect, caring, public health, and socioeconomic improvement. Completed October 13th, 2026 with high confidence. Ratification vote results or turnover data would alter this conclusion.

Do this at your organization

Members can access Price a strike against the contract ask before the vote on the Q-Kit shelf in the QuadCo app. Email us the word [STRIKE] at info@thequadco.ai and the kit is in your inbox.