

Labor Management Partnerships and Workers' Agency: Case Study of the Kaiser Permanente Labor Management Partnership

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Abstract

Labor-management partnerships are widely promoted as institutional solutions capable of resolving workplace conflict while improving worker voice, organizational performance, and service quality, particularly in healthcare settings. Despite their growing prominence, limited critical attention has been paid to whether these partnerships enhance workers' collective agency or instead institutionalize forms of participation that lack power. This paper examines the conditions under which labor-management partnerships strengthen or weaken worker voice and agency through a qualitative case study of the Kaiser Permanente Labor Management Partnership, one of the longest-standing and most frequently cited partnership models in the United States. Drawing on document analysis, interview insights, and observations from union conferences, the study applies the U.S. Department of Labor's worker-voice framework, which emphasizes the interrelated dimensions of elect, represent, protect, include, enable, and empower. The findings indicate that while the partnership has generated material gains and formalized participation mechanisms, these outcomes are accompanied by limited leverage, weak accountability, and subtle processes of co-optation that constrain rank-and-file power. Formal voice mechanisms, including joint committees and unit-based teams, tend to operate without redistributing control over the labor process. The study contributes to debates on partnership unionism by demonstrating that voice without power risks depoliticizing worker participation and obscuring underlying power imbalances, underscoring the need to assess partnerships in terms of collective agency rather than managerial performance alone.

Keywords: Labor Management, Trade Unions, Healthcare Labor, Collective Agency, Workers' Voice

Introduction

Class struggle is inherent in capitalist societies; the workplace is an arena of employer-worker power struggle. Employers seek profit, reducing labor costs and controlling the labor process. Workers seek to reclaim control by negotiating better wages and conditions (Marx 1848). The US Department of Labor defines Labor Management Partnerships (LMPs) as "a strategy used by labor and management, acting together, to jointly improve their workplace," stating these partnerships aim to benefit employers while enhancing employee experience (NPR Reports, 2026). They do not replace collective bargaining but rather function alongside it, with both parties agreeing to pursue common interests.

In healthcare settings, partnerships usually aim to improve patient outcomes while enhancing worker conditions and minimizing costs. In this capitalist context, when do LMPs strengthen or weaken workers' voice and power, and what conditions make them successful? For LMPs to secure concrete benefits and transform working conditions, unions and management must increase worker voice and agency to realize freedom of association and effective collective bargaining—rights central to workplace and societal democracy. Although literature on LMPs and worker voice has expanded, few studies critically apply worker-voice frameworks or examine co-optation and demobilization within partnerships. This paper addresses that gap by critically applying the US Department of Labor "worker voice" framework to the Kaiser Permanente LMP, tracing how formal voice mechanisms can coexist with weakened rank-and-file agency. It argues that institutional voice does not guarantee empowered autonomous worker power, and highlights conditions under which voice can be hollowed out. Kaiser Permanente's LMP, in place for over 25 years and often praised as a successful model, provides the empirical focus. The paper addresses four research questions:

- 1) Are there mechanisms ensuring active rank-and-file participation in LMPs?
- 2) Are there areas of overlapping interest between workers and management?
- 3) Do LMPs produce demobilization and co-optation?
- 4) Do LMPs yield concrete benefits for workers?

Literature Review

Through a review of literature on Labor Management Partnerships (LMPs), this section will serve three objectives: to define Labor-Management Partnerships and workers' agency and introduce the framework of analyzing effective worker voice; to discuss the justification for Labor-Management Partnerships by examining overlapping areas of interests between the parties; and to discuss the conditions present in LMPs that have provided workers with concrete benefits thus making them successful.

Labor-Management Partnerships: Competing Perspectives

The US Department of Labor defines a Labor Management Partnership as "a strategy used by labor and management, acting together, to jointly improve their workplace." Through these partnerships, management and union representatives collaborate to address workplace issues beyond traditional collective bargaining, aiming to reduce conflict while improving service quality and worker experience. LMPs function alongside collective bargaining, with parties pursuing agreed common interests (Ajonbadi et al., 2025). In healthcare, LMPs typically target patient outcomes while seeking to improve worker conditions and contain costs; frontline staff and administrators jointly identify and resolve patient-related and workplace problems.

Pro-partnership Literature

Proponents argue that well-structured LMPs can strengthen worker voice and organizational outcomes. Avgar et al. (2016) link collaborative doctor-manager-union relations to less worker silencing and improvements in patient experience and working conditions, noting that outcomes depend on partnership infrastructure. Kochan and colleagues document the Kaiser LMP's role in reducing industrial conflict and improving care and workforce outcomes (Montgomery, 2010). Cross-industry reviews report potential win-win effects, with higher job satisfaction, wages, benefits, training access, and union leverage, when partnerships are properly structured.

Class-struggle Perspectives

Critics from a class-struggle perspective view LMPs as class collaboration that can cede union power to management, tying worker fortunes to organizational success. They argue unions should pursue broader working-class struggles; narrowing focus to workplace interests risks short-term gains while perpetuating systems of exploitation and weakening cross-firm solidarity (Johnstone & Wilkinson, 2025).

Worker Voice and Agency in Healthcare

The US Department of Labor's "Worker Voice" framework defines effective voice through six elements: elect, represent, include, protect, enable, and empower (Anner & Fischer-Daly, 2023). The report emphasizes collective, democratic, and independent mechanisms; democratic trade unions and collective bargaining remain paradigmatic. An effective worker voice enhances workers' capacity to articulate

demands and collectively transform working conditions and broader lives (McBride & Martinez Lucio, 2025). The realization of freedom of association and effective recognition of the right to collective bargaining are fundamental rights that enable the exercise of other human rights (Channuwong et al., 2024; Donaghey et al., 2022; Kim & Cho, 2023). Applied to healthcare, scholars link democratic and protected participation channels to improved patient and worker outcomes (Avgar et al., 2016; Huang et al., 2023; Channuwong et al., 2023).

Why Healthcare is Unique

Healthcare LMPs frame cooperation around patient safety and clinical quality, making the sector distinct from industries driven by manufacturing or productivity metrics. Improvements in worker wellbeing are argued to correlate with patient safety (Findlay et al., 2024), and partnerships often center clinical and operational goals.

Power Asymmetries and Collaboration

Despite collaboration, power asymmetries persist. Unit-Based Teams (UBTs) can reveal unequal capacity-building: each party trains its own participants, sometimes privileging management-side representatives with greater resources and information (Channuwong et al., 2022; Noh & Hebdon, 2022). Such imbalances can co-opt union representatives into managerial tasks without corresponding authority and weaken rank-and-file oversight (Kougiannou et al., 2021).

Gaps in Existing LMP Research

While labor-management partnerships are promoted as tools to enhance cooperation or service quality, very little attention has been given to whether they support collective worker power. The literature often emphasizes managerial outcomes such as patient safety, cost containment, and industrial calm, while paying less attention to whether voice mechanisms translate into durable worker power or democratic control (Casabianca et al., 2020). The distinction between formal voice mechanisms and actual bargaining power remains under-theorized (Alsos & Trygstad, 2022; Bangbon et al., 2023). Few in-depth critical case studies trace co-optation, demobilization, and internal contestation; this paper addresses that gap by applying the worker-voice framework to the Kaiser Permanente Partnership.

Analytical Framework

This study adopts the framework provided in the US Department of Labor report titled *Worker Voice: What It Is, What It Is Not, and Why It Matters*, authored by Mark Anner and Mathew-Fischer Daly that identifies six core interacting elements that define effective elements to analyze worker voice and agency in the Kaiser Permanente LMP. The report 'finds that mechanisms that enhance the ability of workers to elect, represent, protect, include, enable, and empower their members and their organizations are the most effective forms of voice.' The focus is on mechanisms that enhance collective agency.

1. Elect

An organization that purports to enhance workers' voice and agency at the workplace and in society must exercise democracy in its structures and operations. Members must be able to elect their leaders' representatives through a democratic process. The organization should be autonomous, free from the control of the state and employers, in compliance with Conventions 87 and 98 of the ILO, which prohibit State and employer interference in the affairs of an independent workers' organization.

2. Represent

"Leaders must be fully accountable to their members, who should be kept informed, engaged in organizational activities, and consulted on matters of importance through assemblies, regular communications, and member surveys."

3. Protect

Workers should be able to speak up without fear of threats, intimidation or physical harm. They should be protected from acts of anti-union discrimination, harassment, threats, and violence.

4. Include

Organizational structures and leadership organs must reflect the diversity of the membership. This entails the deliberate inclusion of member diversity in leadership, on committees and throughout the organization's worker voice mechanisms.

5. Enable

It reinforces the other elements as it enables organizations to carry out their functions by ensuring members have the time, space, information, and training they need to fulfill their functions.

6. Empower

Workers and their organization must be able to use leverage for their goals through concerted activities (which must be protected). This includes leveraging state and private mechanisms that have sanction power and, importantly direct activities of trade unions such as bargaining and strikes. The right to strike is fundamental because without the possibility to withhold labor, there is very limited leverage for workers to influence collective bargaining outcomes. This is why so many alternative workers' voice mechanisms are ineffective: they allow workers to form organizations, but they deny them the ability to exercise power.

Methodology

This study uses a qualitative case study design focused on the Kaiser Permanente Labor Management Partnership (LMP), an established partnership operating for over 25 years and frequently cited as a leading example in U.S. healthcare. A qualitative case study permits in-depth examination of institutional arrangements, power relations, and worker experiences that quantitative approaches cannot capture. Kaiser Permanente was selected as a critical case because its institutionalization and prominence enable a focused assessment of whether strong partnership structures translate into effective worker voice and agency.

The research draws on multiple sources to build contextual understanding. Document analysis covered academic journal articles, policy reports, company and union publications, union newsletters, employer memoranda, and media coverage related to the Kaiser LMP. Additional contextual material included publicly available videos documenting the LMP's history and development. Primary qualitative data derived from a semi-structured phone interview with a former LMP staff member who now works as an organizer with Public Services International. Supplementary observations and impressions were gathered from participation in the Labor Notes Conference, including workshops, panel sessions, and informal exchanges with union leaders and rank-and-file members.

Data Sources

Data sources comprised document analysis, interview material, and observational notes from conference participation. Document analysis prioritized materials addressing LMP structure, governance, and outcomes. The interview offered an insider perspective on partnership practices and challenges. Observational notes captured workshop discussions, panel sessions, and informal exchanges with union representatives and activists.

Data Analysis

Analysis followed thematic coding guided by the six elements of the worker-voice framework: elect, represent, include, protect, enable, and empower. Evidence from documents, the interview, and observations was coded, compared across sources, and mapped to these categories to evaluate alignment between formal structures and the conditions necessary for effective worker voice and collective agency.

Findings

This section presents a concise overview of the Kaiser Permanente LMP and the empirical findings mapped to the worker-voice framework. Kaiser Permanente (KP) is a large integrated health system employing over 150,000 staff and organized into a Coalition of unions representing roughly 120,000 members. The LMP was formalized in 1997 to improve labor-management relations, patient care, and job

security. Unit-Based Teams (UBTs), created under the 2005 agreement, bring frontline staff, shop stewards, and managers together to set goals and participate in staffing and performance reviews. The findings on concrete benefits that workers derive from the Kaiser Permanente align with what was stated in the literature review.

1. Elect

The LMP governance includes national, regional, and local bodies, but selection and election procedures for union representatives are not transparent. Several unions have withdrawn, citing poor representation and influence.

2. Represent

Formal review bodies like annual LMP SG meetings, the monthly executive committee, and local steering committees exist. However, the findings indicate weak accountability mechanisms; members lack clear means to replace or sanction their representatives. The 2021 Kaiser Workers Rank-and-File Committee and UFCW's exit illustrate this gap.

3. Protect

There is little evidence of overt repression, but protection is limited in practice. Worker's report being co-opted into managerial roles without authority, which curtails dissent and reduces the space for protected collective action.

4. Include

Coalition splits and refusals by large affiliates, for example, the California Nurses Association, signal limits to inclusivity and autonomy within the LMP.

5. Enable

Training and capacity-building obligations exist for UBTs, yet resource asymmetries mean management-side representatives often have greater access to training and information.

6. Empower

Industrial calm prevailed for years, but the 2023 strike shows unresolved grievances. Long-term contracts and co-optation limit workers' leverage and ability to exercise collective power. As one union activist at the 2024 Labor Notes conference said, "The partnership gave us a seat, but not a vote."

Discussion

Material gains secured under the Kaiser Permanente LMP do not necessarily translate into substantive empowerment. The increase in wages, training opportunities, and formal participation channels improves conditions, but they do not automatically redistribute bargaining power (Ringqvist, 2024). This study demonstrates that when voice is uncoupled from leverage, workers may gain concrete benefits while losing strategic capacity. Benefits become compensatory rather than transformative; they soothe grievances without altering underlying decision-making authority. Where unions accept institutional roles within managerial structures, their bargaining position can shift from adversary to partner, and their independent leverage may decline (Rahman et al., 2025). Employers, therefore, point to improved metrics as evidence of success while the union's capacity for independent collective action is reduced. Co-optation is often subtle and structural rather than overt. The partnership's UBTs and joint committees can normalize managerial frames and priorities by making workers co-responsible for implementation tasks without granting corresponding authority. This produces a double effect: it absorbs critical voices into governance processes. The study's evidence of unequal training and resource access shows that capacity differentials are institutionalized, and management's control of resources produces better-prepared representatives who can steer joint processes. Co-optation, thus, functions through everyday practices including meeting agendas, information asymmetries, training allocation, and budget control (Damrongsiri et al., 2022; Harcourt et al., 2024; Sutthadaanantaphokin et al., 2025). This means that formal participation can become a mechanism of depoliticization where participation is used to manage and channel worker energy into managerial priorities rather than to contest them.

However, in many cases, industrial peace can mask deeper discontent. Long stretches without strikes may reflect constrained options rather than genuine consent. For instance, the 2023 strike revealed latent grievances that had accumulated beneath a surface of negotiated stability. This shows that the presence of ratified national agreements and high ratification numbers can coexist with member suspicion about transparency and leadership accountability. As a result, the absence of regular industrial conflict should not be conflated with the presence of democratic worker power. Theoretically, these findings resonate with Marx's focus on control over the labor process, revealing that participation without control leaves the overall relation of production unchanged. That is, voice without leverage risks institutionalizing consent and obscuring exploitation by making workers complicit in management's goals (Veliziotis & Vernon, 2023; Wongmajarapinya et al., 2024). The worker-voice framework's emphasis on empowerment and protected collective action, therefore, proves superior for analysis because it links participation to enforceable power, not merely to consultative practices.

Recommendations

For policymakers promoting LMPs, this study demonstrates the need to embed safeguards such as clear democratic selection processes, transparent ratification procedures, resourced capacity-building for union representatives, and explicit protections for concerted activity (Dasgupta et al., 2024). For unions, maintaining independent sources of leverage such as legal, organizational, or mobilizational capacity is essential to prevent co-optation and ensure that voice mechanisms translate into bargaining power (Borg et al., 2025). The framework applied here shows value for comparative work, mapping evidence to the six elements highlights which institutional levers are present and which are hollow. Future empirical research should test whether reforms that strengthen "empower," especially enforceable strike windows, publicly transparent ratification, and funded training for union members, alter the balance between voice and power across cases.

Limitations

Constraints include a limited number of interviews and time restrictions, which limit generalizability. The single-case design emphasizes depth over breadth. Limited familiarity with some aspects of U.S. collective bargaining terminology may have affected the interpretation of certain processes. Further research with more interviews and comparative cases is needed to strengthen findings and to enhance contextual validity and robustness.

Conclusion

In conclusion, this study highlights the limits of institutionalized worker voice when it is not accompanied by enforceable leverage and robust democratic safeguards. Rather than treating participation and empowerment as interchangeable, it underscores the need to analytically distinguish voice as consultation from voice as power. From this perspective, partnership arrangements that do not alter control over the labor process risk leaving underlying class relations intact, even where material improvements are evident. For policymakers promoting labor-management partnerships, the implication is that joint structures alone are insufficient. Policy frameworks should require safeguards that protect democratic representation and independent worker leverage, including transparent procedures for electing and removing union representatives, publicly documented ratification processes, funded capacity-building for rank-and-file participants, and explicit protections for concerted collective action. Without these conditions, partnerships risk becoming instruments of depoliticization rather than vehicles for empowerment. For unions, the lesson is the importance of guarding internal democracy and maintaining independent sources of

leverage. While partnerships may provide a site for tactical cooperation, unions must retain organizing capacity, legal protection, and mobilizing options outside partnership structures to sustain credible bargaining power. Future research should move beyond single-case accounts to comparative and longitudinal analyses, systematic measurement of rank-and-file influence, and ethnographic observation of joint bodies to assess how different institutional designs shape the balance between voice and power over time.

Notes:

New information on current staff numbers at KPiser is one of the largest U.S. medical employers with 24,000 doctors, 68,000 nurses, and 213,000 technicians, clerical workers and administrative staff. It serves about 13 million people in eight states and the District of Columbia. (Source Reuters)

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