

RNWT: Union Action to Solve the Safe Staffing Crisis
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Introduction

- Thank you for the opportunity to be here today and to speak to you about what is without doubt the top issue facing RNs—unsafe RN staffing and the dangerous effect that has on patient care, and on a nursing shortage that is not improving.
- I have been a union member for XX years, so the lens through which I have come to view—and try to solve—any workplace problem for me or the nurses I represent is collective action. I believe in it, I have seen it work, and I think nothing lasting is accomplished without it.
- Many RNs are making real headway in their individual bargaining units in addressing unsafe staffing through their unions, by passing contract language that mandates minimum RN-patient ratios, involves staff nurses in the decision-making of whether more patients can safely be admitted to a unit, and attaches real penalties to hospitals which violate these provisions.

- RNs in states have mobilized around the nurse staffing issue, resulting in the passage of groundbreaking legislation in California, as we will hear about in a moment, and building momentum in other states, from Michigan to Minnesota to New York, where I live, and beyond.
- For the first time, RNs also are now coming together in a national way across hospitals, across states and across unions to act collectively—just as we do in our bargaining units—to force national movement on this critical issue. That's what I'd like to talk to you about today.

Background: Staffing Issue and UAN Survey

- Nurses around the country have known for years what study after study is bearing out: when there are not enough nurses...
 - Patient care suffers.
 - Medical errors increase.
 - Hospital-acquired infections increase.
 - Respiratory failure is more common.
 - Patients stay in hospitals longer.

... And nurses, who are being asked to do more with less, are leaving the bedside for less demanding jobs.

- Access to quality, affordable healthcare is the most pressing issue facing American families today. But an accessible healthcare system is worthless if there are not enough nurses to staff it.
 - The Bureau of Labor Statistics estimates we will need 1.1 million nurses by 2012.
 - Nearly 500,000 nurses have left the profession already, and a 2003 survey found that 3 out of 5 nurses have thought of quitting patient care (Peter Hart Associates)
- At my union, like others, we knew the statistics on unsafe staffing, but we wanted to hear more from individual staff nurses about the real crisis nurses were facing on a daily basis across the country. From November 2007-April 2008 UAN conducted a small, brief survey on our website and in our newsletter that asked nurses to tell us, in 10 short questions and in their own words, what staffing was like in their facility.
[DISTRIBUTE STAFFING SURVEY RESULTS HANDOUT]

The more-than 1,500 nurses who responded to the questionnaire painted a vivid picture:

- 13% of respondents said that in the unit where they worked safe staffing ratios were exceeded all or nearly all the time (30% said they were exceeded more than half the time).
- 9% said that, in the unit where they worked, patients have sustained preventable harm due to unsafe staffing ratios at least once per week. 3% said this happened every day, and 27% said this happened once a month.
- In their own words.
 - A nurse from Minnesota said that her biggest concern about unsafe staffing ratios is that “I will kill a patient by my neglect, fatigue or error. When I have too many tasks to do and not enough time to do them, I prioritize. I do the tasks, but do not give the nursing care.”
 - A nurse in Michigan said: “It has become an assembly line meat factory. One shift, the other RN had nine ventilators plus five other patients in the

emergency department. Administrators would not close the ED.”

- A nurse from New York said: “I fear going to work every day that I will make an error that will hurt a patient or cause me to lose my license.”

RNs Working Together: Collective Action for Safe Staffing

- As unsafe RN staffing has reached these crisis proportions, we have come to recognize that it will take a federal law to make sure that safe, minimum RN-patient ratios are the norm in every hospital. Federal legislation is something that no one nursing group or union is going to win alone. It will take concerted mobilization by all of us. That is why RNs Working Together was created.
- RNs Working Together is the name of the RN-only industry coordinating committee that was created within AFL-CIO in February 2006 to allow the leaders of AFL-CIO unions representing registered nurses to come together to coordinate legislative activities, education, bargaining and other efforts.

- As a founding member of this coalition, UAN believed it was critical to have a place where our unions and leaders could build working relationships, determine priorities we could collectively pursue and collaborate on reaching those goals. While we are all proud of our individual unions, I think there is recognition that there is power to be gained by coming together around issues like safe staffing.
- More than two years after its founding, RNWT includes 10 AFL-CIO unions representing more than 200,000 working registered nurses nationwide. We are the largest organization of working staff nurses in the U.S. I emphasize here the words “staff nurse” because there are certainly other organizations which represent nurse executives, nurse managers, educators and academic nurses. What distinguishes RNWT is our mission to unify the power of nurses at the bedside to achieve our common goals and our vision to be the voice of direct-care RNs. We advocate for our members, who are the nurses at the bedside caring for patients.
- Which brings us back to the RN safe staffing issue. RNWT has been vocal on a number of issues important to staff nurses.

But one of the coalition's top priorities has been to mobilize to support passage of H.R. 2123, a real safe RN staffing bill.

- H.R. 2123 is distinct from other variations of staffing bills on Capitol Hill in that it mandates minimum RN-patient ratios and establishes penalties for facilities that don't follow them. It does not rely on committees, panels or study groups to come up with a solution in partnership with management. Staff nurses have seen those "solutions" before, and we are, unfortunately, living with the results of them.
- Over the past year, RNWT has been a leading voice for safe staffing legislation on Capitol Hill, working with Rep. Jan Schakowsky and her staff to educate legislators on why this legislation is critical. In July, the coalition held a Congressional briefing for staff on the Hill that featured remarks from many of the nurse leaders of RNWT, along with author Suzanne Gordon, who has written about the staffing crisis, and Rep. Schakowsky's Chief of Staff. These were the elected leaders and spokespeople for nurses at the bedside bringing to legislators a sense of what it is like to be assigned a fifth patient to care for when you know you can only safely care for four, or

three. As a result of our efforts and work by our respective unions, we now have 56 cosponsors. As we look toward the outcome of the elections next week, we are hopeful to build on that list and obtain a cosponsor in the Senate.

Other RNWT Activity

- As we look at measures that will improve RN staffing, RNWT has also focused on other measures which directly impact the working conditions staff nurses face in hospitals—and therefore whether nurses will stay at the bedside:
 - Legislation to ban mandatory overtime: No nurse should have to work past the point in a shift where she feels, in her judgment, that she can no longer safely perform her nursing duties. This directly contributes to nurse burnout and is a threat not only to a nurse's license but also to patient safety.
 - Safe patient lifting legislation: too few hospitals have moved to address the dangerous musculoskeletal disorders nurses face every day from lifting heavy patients and equipment, while viable alternatives exist

through safe lifting equipment. If we are to keep nurses at the bedside, we must address this critical health and safety issue.

- We are fighting legislation that would increase the limit on foreign-educated nurse visas, which we believe is a misguided effort to address the nursing shortage that does nothing to fix the poor working conditions in the U.S. that have led to a staffing crisis, while robbing other countries of their desperately-needed health care professionals.
- Legislation to protect collective bargaining in the VA system: the VA has been gradually tightening the restrictions on what workers in the Veterans Affairs system can bargain over, and that has resulted in a significant threat to the union rights of nurses and other workers in the VA system. As nurses, our ability to advocate for our patients is protected and upheld by our unions. If we are to keep VA nurses at the bedside and make the VA a competitive place for nurses to work, we must address this threat.

Conclusion

- Lessons learned: we know that if we are to realize our goal of turning around the nurse staffing crisis and bringing nurses back to the bedside, it must come through collective action. We understand that this process doesn't happen overnight, but we believe it will take each of our unions working toward this common goal for us to be successful.
- We believe RNWT is a great foundation to bring all staff nurses together to push for safe levels of nurse staffing in every facility.