

To Unionize, or Not to Unionize, That is the Question.
(My apologies to Shakespeare)

By

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As my daughter is fond of saying “if you can’t hide it, paint it red.” It’s with this in mind that I decided to tackle what is likely going to cause a great deal of debate among the nurses that read this article, as it should and as it is intended to do. Nurses are great at discussing patient care issues, latest treatments, etc., but when it comes to the topic of unions you might as well declare that you are a registered Republican in a room full of rabid Democrats.

Many nurses are confronted with or will be confronted with the decision to unionize or not unionize at least once in their nursing careers. For some nurses the decision to unionize or not to unionize is a no-brainer, for others it is not so black and white and carries with it a great deal of mental and emotional anguish. So I will attempt to accomplish a feat that I believe has yet to be accomplished – which is to present both sides of the argument, provide nurses with facts versus fiction, etc., on the “unionize vs. don’t unionize” argument. I know this is no small feat and there will be those who will pillory me for what they will see as casting disparaging, anti-union comments; however, I decided not to let this stop me from tackling this topic.

Many years ago I was asked to work as a travel nurse for a hospital that was in the middle of a nursing strike. In the past, I have always avoided crossing a picket line, not so much to show support for the union, as to avoid conflict. However this time was different, I thought that working during a strike would give me an opportunity to do a limited research into what nurses experience working a strike and provide me some insights into what happens in a hospital during a nursing strike. So long story short, I accepted the assignment. I attended the required orientation, provided all my credentials and was added to the list of nurses that would be working for the five-day strike. The first day we were bussed in with all the usual drama, the picketing nurses mobbed our bus shouting and waving their signs, disparaging us and otherwise making us out to be “bad”, all this unfolding in front of the news cameras giving the message that the evil hospital corporation was once again turning a cold shoulder to the needs of the altruistic nurse. Once on the floor those of us assigned to the NICU realized that it was going to be a long five-days because the out going nurses, who went on strike presumably because hospital policies were threatening the nurses ability to deliver optimum patient care, had left us locked out of much of the equipment necessary to monitor our critically ill patients, hidden the manuals to machines that we were expected to become familiar with and use, and removed the access codes of all the glucose monitors from the unit so we couldn’t use the monitors to perform the necessary blood glucose checks. I can hear the gasp among those of you reading this, however, it unfortunately happened right here in Los Angeles County not so long ago. The fact that those of us working were still able to provide care to our patients is a testament to not only our skills but I think the fact that it

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is the very nature of nurses to confront almost impossible challenges head on and overcome them. Several of the nurses that worked with me during this five-day strike were nurses that were actually employed by the very hospital that was undergoing the strike, they were union nurses who for their own personal reasons and code of ethics had chosen not to honor the strike and to continue to provide nursing care to their patients. So, who was right and who was wrong? There are those among us who would say that nurses, no matter what the circumstance, should never strike. There are others, who argue that though no nurse really ever wants to go on strike, sometimes circumstances are such that the nurses are left with no choice but to strike in order to drive home the issues. When you are a member of a nursing union, whether in a closed or open shop, there comes a time in your career where you are faced with this unpleasant decision. Each nurse comes to their decision after much soul searching and their decision is never reached easily, in some ways it is the ultimate study in peer pressure. If a nurse, for whatever reason chooses not to honor the picket line, they are almost forever labeled a “scab” by the other nurses and union officials, and not only do they face name calling and the “evil-eye” from their fellow nurses, they are also often subjected to sanctions. This therefore is the price of following their conscience rather than the rhetoric. If nurses who make the decision to strike feel that their position should be respected then why does it appear that the nurse who chooses not to strike seems to be subject to retaliatory action? Shouldn't their decision be equally deserving of respect?

My parents were both bakers in Paris, France and I had the opportunity to live a life that many with a sweet tooth can only dream about and that is to live above a bakery and when not in school learn the trade. My father back in the 1930's was integral player in unionizing the bakers of France, and it was his activism, and my mother's war resistance activities that contributed in great part to making me into the activist and outspoken person that I am today. I learned of my father's unionizing at his knee and I also saw him become disillusioned with the very union he had a hand in creating to benefit his fellow bakers. That said, let me declare my own personal bias in this discussion, which is that I personally do not believe that registered nurses (RNs), as professionals should belong to unions, professional organizations, yes – unions, no. That said let me also state that I understand what might motivate RNs to seek union representation and membership. I just don't have to agree with it.

There is no doubt that unions have played a critical role in the development of the strong labor laws that are in place at both the state and federal levels and that many workers across this country benefit from these protections on a daily basis. In this country, historically, unions were formed to protect the rights of laborers, and it has only been in recent history that unions have also organized professionals. Laborers, then and now, often lacked the education or political acumen to advocate for their rights under the law, for a fair wage, safe working conditions, etc. Labor unions filled this gap by collecting membership dues to pay for the expertise that was often lacking and providing their members with a united voice to the employers and legislators.

The last ten to fifteen years have seen a concerted effort of unions to organize nurses, physicians, dentists and other health professionals. At the same time there is also a counter movement occurring to decertify (the method in which a hospital's nurses become “de-unionized”). So who is right? I hope that this article will provide my fellow nurses with information to weigh both sides of the question, encourage free and open

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debate on the issue, and allow them to make a decision based on what their own personal needs are free from peer-pressure (either real or perceived).

Keep in mind that unions are membership organizations and that they are by definition a special interest group. Calling a group a special interest is not a dirty word, as some would have you believe. Whenever people congregate and coalesce into a group no matter how lofty their goal, it is that “special interest” that unites them and defines them – such a group should wear that badge with honor. Unions and their membership engage in actions, such as lobbying and yes, upon occasion, strikes to move their agenda forward. Unions depend on their membership dues and contributions to fund their activities, pay their employees, recruit new members (i.e. unionize additional hospitals), etc.

Nurses often seek union representation because they feel that there is an absolute lack of hospital management response to their needs and concerns. In particular Nursing management, which is charged with supporting the nursing and patient care function, is often perceived as unresponsive to the needs of the nurses, and in many cases the Chief Nursing Officer (CNO) is seen as being more concerned with making the Chief Executive Officer (CEO) and Hospital Board happy than addressing the work and patient care issues of the nursing staff. Hospitals that perceive that there is a “threat” to unionize often take measures to turn the tide. Hospitals that take this action often make matters worse, because the efforts they make are seen as not being genuine by the nurses, and truth be told, the nurses are often correct in their assessment. This, then, only adds fuel to the nurses’ desires to unionize and usually it is not long from that point that the nurses vote to unionize. On the other hand when hospital administration is genuinely committed to addressing those issues within their power to correct and take corrective action then one of two things can happen, a unionization attempt is thwarted, or the union redoubles its efforts to unionize the hospital. All three scenarios can cause disharmony and leave open wounds in the nursing staff, and once unionized there is no guarantee that the problems will go away. So what is a nurse to do?

When unions begin to organize a new, non-unionized hospital into its fold, it presents what it believes are the strengths of joining. The union touts its collective bargaining powers, added protection from wrongful termination, pension/retirement plans, the ear of legislators, the collective power of its other affiliate union brothers and sisters. These are all excellent inducements for consideration to unionize. However, the question is are they inducement enough and will the unionization make for a positive and dramatic difference in the long run? Are you, the RN, willing to play the ultimate card of the strike, if and when your union membership (also known as the “rank and file”) calls a strike? Unions, like hospitals, can either have good management or lousy management. A hospital whose shop steward is busy playing politics or cozying up to hospital management may not always be there for the nurse when they need a shop steward. A union that is locked in a prolonged contract negotiation with a hospital may not be able to get a signed contract to its nurses for many months, or even years. Additionally, sometimes unions make compacts among themselves in order to give additional clout to another union for a short time. For example, one of my daughters, who works in an almost entirely unionized industry and works in closed shop, had to wait over a year for her union to complete their contract negotiations. It took a year to get the contract in place, not because management was being hardnosed and unyielding, but because her

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union made a deal with the local Teamster union to withhold their contract negotiations until the Teamsters got theirs squared away. This kind of partnership can be a good tool but as my daughter observed it would have been nice if her union had asked the rank and file how they felt about putting their own contract negotiations on the back burner instead of making the decision for them.

If you are currently in the position of being at a hospital where nurses are trying to unionize, and usually where there is unionizing going on the hospital and nursing administration is trying to discourage the activity you need to remember the names of two organizations. The first is the National Labor Relations Board (NLRB) this is the federal body that administers the National Labor Relations Act. The NLRB sets the ground rules nationwide and they are an invaluable source of information. Their main office is in Washington, DC but they have district offices --- and additional information can be found on their website at <http://www.nlr.gov> or by a telephone call at 1-888-667-6572. Another great information source is the National Right to Work Foundation. Unions often view this group with suspicion and contempt, since it's primary agenda is to inform individuals of their right to work in a union environment. Knowing about the National Right to Work Foundation is an especially important tool for the nurse who works in a unionized hospital who may not feel entirely at ease with the demands being made by their union. The National Right to Work Foundation can be found on the Internet at <http://www.nrtw.org> or reached by telephone at 1-800-336-3600. You will note that two entities that I chose not to mention was the union itself or the hospital. The reason for this is simple, these two organizations are biased and will of course want to promote their agenda and will downplay the other side. Additionally, these two organizations have in all likelihood provided the nurses with a barrage of information on why the nurse should support one over the other, when what the nurse needs is a neutral (or as close to neutral) as possible third party to help them navigate the course.

A hospital where a union is attempting to unionize, or fight decertification can be a very uncomfortable place for some nurses to work at and for good reasons, which is why it is important that nurses know their rights in these situations. Remember, we have the right to assemble and that includes assembling to learn about what the union thinks it has to offer that the hospital isn't and it is also equally acceptable to assemble to learn why nurses should chose to not to unionize. What is illegal and reportable to the NLRB is influence peddling, intimidation, bribery, threats, etc., from either side. If the hospital is using its position as the employer to "persuade" nurses not to unionize and if these activities are interpreted by a nurse as being coercive in nature, then the nurse has the right to report this activity to the appropriate agency. However, the same is true of the nurse who feels undue pressure from nursing cohorts who are promoting the idea of unionization, this too is reportable, especially if threats and coercive techniques are being used by one nurse against another. This means no taking your fellow nurse into the bathroom, supply room or other "private area" of the hospital in order to have a heart to heart talk or to ask that person to explain why they don't want to join a union. Unions often present themselves as the solution to bad working conditions, and in some cases, they can be the solution.

Many years ago, my business partner and I beat out some of the biggest accounting firms to do an overhaul for one of the University of California Medical Centers, which had found itself in a 3 million dollar hole and faced with the possibility of

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becoming unionized. Prior to accepting the contract I informed the hiring team that if it was their intent to use me to prevent a unionization attempt, then they should think twice about awarding my firm the contract. Though I am always happy to help out a hospital that is trying to remain union free, I do not engage in union busting for the sake of staying union free. I warned the UC Medical Center “powers that be” that if this effort was for show only and there was no commitment to change, then I could guarantee that there was a nursing union in the institution’s future.

In California, a nurse can join one of three local nursing unions. They are the California Nurses Association (CNA), the Service Employee International Union (SEIU) and the United Nurses Association of California (UNAC). The CNA and SEIU are the largest of the three, but the UNAC management is almost if not completely managed by RNs. Until recently the CNA, often referred to itself as the voice of nurses in California, which was far from accurate since they only have a membership of approximately 60,000 RNs and there are a little over 300,000 actively licensed RNs in California. Simply math tells you that the CNA represent just about 20% of all RNs which only allows them to claim the title of “one of the voices of nursing” but not “the voice of nursing”. In reality if you combined the membership of all three unions then you would realize that all three combined represent just about 1/3 of all actively licensed RNs. This means 2/3 of all actively licensed RNs, the majority, chose to remain union-free. Which is okay, since unions, contrary to their rhetoric, are not the panacea to all things “bad” in nursing.

I know many hospitals that have been so unresponsive and uncaring about their nursing staff that their actions gave the impetus for nurses to seek union representation. Though this may seem a contrarian’s logic, it isn’t. If a hospital refuses to use sound and sensible management then unions can fill this void and often do so by becoming the additional layer of management that the nursing staff craves. Not that long ago I was in a meeting with what I can only describe as a Director of Nursing, since this hospital has an atypical chain-of-command. She was explaining to the other person meeting with us the exempt-status of her position, the person responded by asking if she was represented by a union to which she responded firmly that her hospital was “union-free”. It took all my energy to hold my tongue because based on my knowledge of this hospital, the level of frustration that is being exhibited by the nursing staff and the poor leadership being shown by nursing and hospital management, I know that this particular hospital will probably not remain union-free for long.

The act of unionization is a very emotional and often tumultuous time for all involved, especially in today’s society when people seem to have lost the understanding that we can agree to disagree about issues without being disagreeable. Unions and union organizers fight pitched battles to unionize hospitals, just as hospitals will fight tooth and nail to thwart the attempt to unionize. As with all my articles I encourage that nurses educate themselves on the issues that confront them, including the “don’t join the union” propaganda of the hospitals and the “join the union” propaganda of the union. Understand that when nurses vote to bring in a union, you are trading in some of the hospital’s management role and giving it to the union. You make the decision that you are not the person you want negotiating for yourself when it comes to your contract, bonuses, etc., and that the union is better suited for this task. You trade in some flexibility that the nursing management may have on assignments, hours, splitting/not splitting shifts, etc for a more structured and regimented (a somewhat one-size fits all)

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management. When you are employed in a non-union hospital the money you earn, outside taxes and other deductibles such as health care premiums, etc., is for you and you alone to decide on how it is spent. When you are employed at a unionized hospital, part of your paycheck, upwards to \$80.00 a month in some cases, goes to the union coffers. This is your membership dues that you agree to pay in exchange for union representation. Depending on your union bylaws you may have little to no control of how your dues money is allocated, including which political party, candidate or causes is provided financial support by way of union dues. However, most unions do allow its union members to allocate how the “political” percentage of their dues is spent and can only spend “your money on PACS, politicians, etc., after attaining your written authorization. For example, let’s say your union has endorsed a candidate that you personally do not support; you can stipulate that your “political” portion is not spent in providing support for that candidate, cause, etc. Most unions have a alternate spending list of pre-approved charities that is available for the union member to chose from, should you desire it. As a member of a union you have a shop steward, this is usually a nurse elected by the nursing body to represent them both at the hospital and with the union. As with any action involving people, you can end up with a great shop steward or you can end up with a lousy one.

Also, let’s not overlook politics, just as a hospital has its own political rhythm, so does each individual union. A nurse who chooses to be outspoken regarding the hospitals actions can sometimes face the cold harsh reality of being labeled the “trouble-maker”, so too can a nurse who chooses to not always tow the union party line. Just as a pro-union nurse who is actively or aggressively recruiting their fellow nurse to vote to unionize may feel the uncomfortable glare of the hospital administration’s scrutiny, the same can be said about the nurse who prefers to make it clear what they think of not unionizing and how the “pro-union” voices think and react to them. Maybe, it’s my upbringing, but I am a strong advocate that one should always remain polite and respectful of our fellow man. Do not let passions overrule good behavior when discussing one’s views on unions/no unions. Before supporting or fighting a unionization movement it is important to remember the following:

Get the facts. Be sure to get the hard and soft facts from both the hospital and union’s point of view.

Talk with people you trust. Have in-depth discussions with people, both nurses and non-nurses, whose life experience you trust and whose opinion you value.

Conduct your own survey. Talk with nurses from other hospitals that are members in the very union that is conducting union activities at your hospital. Learn what their experiences have been with their union and ask them to share all the good and bad things.

Do your research. All unions have to file paperwork with the federal government. Get a copy of their most recent financial filings; this will help you learn who the people in power are in the union, what their jobs are, and how much they make. It will also give you a broad overview on how that union spends the dues it collects from its members. If it is available ask for a copy of their annual report and read it thoroughly. Ask yourself does this union have an RN focus, or is its core leadership primarily non-RNs. Does the RN in the leadership hierarchy make an equitable salary to the non-RNs? For example does this union pay its non-RN two-thirds more then they pay their top RN?

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Keep abreast with the news. Be sure to read the local newspaper and listen to the television news reports that cover the union's activities. Are you in agreement with how this union promotes its views, especially when they are in an antagonist relationship with a hospital, politician or another union? Is this how you wish to be seen or represented to the world?

Unions are not always the answer, however nurses in search of answers to their frustration at an unresponsive hospital management, real or perceived mandated overtime, unrealistic patient assignments, etc., often respond to the siren's song of the union organizer. Whether you work in a union, non-union, or a hospital in the midst of being organized be sure that you get all the facts, ask the hard questions, stand firm when being "convinced" by the other side of the argument and do not let fear and intimidation rule your decision. Remember that the union may bring you the answers you have sought, but it could as easily leave you feeling bitter and betrayed. So remember, chose wisely.