



Collective Bargaining

NURS 450

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Collective Bargaining

- What words comes to mind when you hear the words collective bargaining?
- “you might respond with strikes, and aggressive, unprofessional behavior”
(Karen W. Budd, Linda S. Warino, & Mary Ellen Patton, 2004)



- “Acquiring organizational autonomy and control over nursing practice, through a combination of traditional and non-traditional collective bargaining strategies, is emerging as an important solution to the nursing shortage crisis. For the past 60 years, nurses have improved their economic and general welfare by organizing through traditional collective bargaining, particularly during periods of nursing shortages (Karen W. Budd, Linda S. Warino, & Mary Ellen Patton, 2004).



What is Collective Bargaining?

“Collective bargaining consists of negotiations between an employer and a group of employees so as to determine the conditions of employment. The result of collective bargaining procedures is a collective agreement. Employees are often represented in bargaining by a union or other labor organization. Collective bargaining is governed by federal and state statutory laws, administrative agency regulations, and judicial decisions” (Cornell University Law School, 2012).



“Unionized nurses are likely to point out that in the current health care environment, collective bargaining strategies may be the only effective means for nurses to gain control over their practice” (Karen W. Budd, Linda S. Warino, & Mary Ellen Patton, 2004).



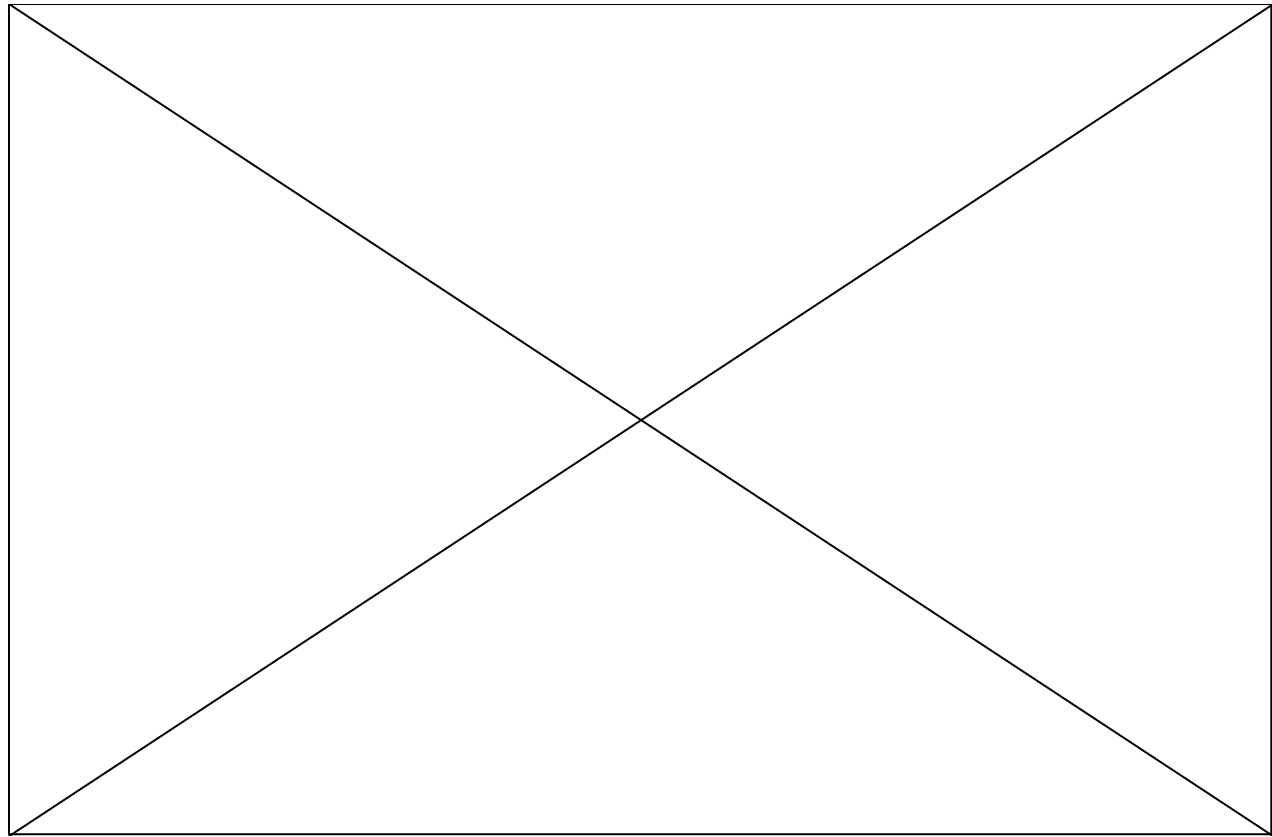
- In today's healthcare environment, having control over your practice gives nurses “a voice in decisions that affect the patient care environment and their ability to deliver quality care” (Fitzpatrick, 2001, p. 41)
- Having this control requires an organizational structure that promotes organizational autonomy, when this is present in a practice setting, nurses feel respected and empowered to provide high quality patient care (Karen W. Budd, Linda S. Warino, & Mary Ellen Patton, 2004)



- A core value of nurses is the ability to provide high quality patient care (American Nurses Association, 2003).
- Part of that patient care is being able to control the essential resources, including those affecting time and personal well-being. When these resources are unavailable, threatened or the nurses are not a part of finding a solution they perceive a loss of control. Then comes the feelings of frustration and disrespect. Unable to make a change in the current environment nurses are leaving the practice setting and searching for a means of empowerment, such as that provided by unions, to find a collective voice (Karen W. Budd, Linda S. Warino, & Mary Ellen Patton, 2004).



Collective Bargaining You Tube Video



Nursing Shortage

- The current nursing shortage is not only that there aren't enough nurses, but that some are leaving the profession because of dissatisfaction with working environment.
- The shortage causes a decline in quality patient care because of high nurse-patient ratios, dissatisfied staff and it is predicted to only get worse. According to the American Association of College of Nurses the “nursing shortage is expected to intensify as baby boomers age and the need for health care grows (Rosseter, 2011).



Nursing Shortage Factors

- Nursing school enrollment is not growing fast enough to meet the projected demand for RN's
- Although the AACN reported a 5.7% increase in enrollment in entry-level baccalaureate programs in 2010, this increase is not sufficient to meet the projected demand for nursing services. With the passage of the Patient Protection and Affordable Care Act in 2010, more than 32 million Americans will soon gain access to healthcare services, including those provided by RN's
- A shortage of nursing school facility is restricting nursing program enrollments
- The Average age of the Registered Nurse is climbing
- Changing demographics signal a need for more nurses to care for our aging population
- Insufficient staffing is raising the stress level of nurses, impacting job satisfaction, and driving many nurses to leave the profession
- High nurse turnover and vacancy rates are affecting access to health care (Rosseter, 2011)



Impact on Patient Care

- With a nursing shortage the biggest concern is nurse – patient ratios
- Recent studies point to the connection between adequate levels of nurse staffing and safe patient care
- Higher nurse staffing levels were associated with fewer deaths, lower failure-to-rescue incidents, lower rates of infections and shorter hospital stays (Rosseter, 2011)
- Data shows that the mortality risk for patients was about 6% higher on units that were understaffed as compared with fully staffed units (Rosseter, 2011).
- Lower nurse-patient ratios on medical surgical units were associated with significantly lower patient mortality rates (Rosseter, 2011).



Impact of Patient Care cont.

- The shortage of registered nurses, in combination with an increased workload, poses a potential threat to the quality of care. Increases in registered nurse staffing was associated with reductions in hospital-related mortality and failure to rescue as well as reduced length of stays. In settings with inadequate staffing, patient safety was compromised (Agency for Healthcare Research and Quality, 2007).
- A survey in the New England Journal of Medicine found that 53% of physicians and 65% of the public cited the shortage of nurses as a leading cause of medical errors. Overall, 42% of the public and more than a third of US doctors reported that they or their family members have experienced medical errors in the course of receiving medical care (New England Journal of Medicine, 2002).



From Novice to Expert and Patient Care



Patricia Benner



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INTRODUCTION TO DR. PATRICIA BENNER

Without the proper work and patient care environment it would be nearly impossible for most nurses to reach that expert level. A collective bargaining unit allows nurses to have a voice and to help shape the environment in which they work. If the environment is conducive to growing and learning the Dr. Benner's theory explains how nurses better themselves. With better nurses and environments in which to work the level of quality patient care will grow.

- Dr Patricia Benner introduced the concept that expert nurses develop skills and understanding of patient care over time through a sound educational base as well as a multitude of experiences.
- She proposed that one could gain knowledge and skills ("knowing how") without ever learning the theory ("knowing that").
- She further explains that the development of knowledge in applied disciplines such as medicine and nursing is composed of the extension of practical knowledge (know how) through research and the characterization and understanding of the "know how" of clinical experience.
- She conceptualizes in her writing about nursing skills as experience is a prerequisite for becoming an expert.



Novice to Expert Concept

- Five levels of nursing experience
- Novice – beginner with no experience
- Advanced Beginner – shows acceptable performance and has gain prior experience in actual situations
- Competent – more aware of long term goals, and gain perspective and planning
- Proficient - understands situations as whole parts
- Expert – no longer rely on principles, rules, or guidelines. Intuitive grasp of clinical situations



Effect on Practice

- Collective bargaining represent a structure and method to at least begin to gain control over practice
- The power of the collective bargaining unit is being used to gain control over nursing practice and to create professional practice environments
- Collective bargaining is used to compel management to follow established contracts and change practices such as mandatory overtime and maintaining high nurse-patient ratios that are resulting in an unsafe patient care environment (Karen W. Budd, Linda S. Warino, & Mary Ellen Patton, 2004).



Social Exchange Theory

- “Exchange theorists believe that interpersonal behavior is guided by the principles of social exchange. Social exchange is a form of interaction in which two individuals voluntarily provide each other with resources that each perceives as rewarding. People enter exchange relationships with the expectation of receiving a benefit” (Byrd, 2006, p. 271).



Social Exchange Theory

- “According to Homans, social interaction is the exchange of tangible or intangible goods, which are more or less costly or rewarding between at least two people. Social interaction will continue if it is mutually rewarding “ (Byrd, 2006, p. 271).
- “People perceive some exchange transactions as more satisfying than others. Interactions involve giving or taking away resources and individuals try to maximize resources within a certain range. Resource exchange is when two people interact voluntarily and derive mutual benefit from the interaction” (Byrd, 2006, p. 272).



Policy Change Through Collective Bargaining

- Collective bargaining gives nurses one voice
- Nurses are using that voice to try and affect policy change including:
 - Wage and benefits
 - Mandatory and voluntary overtime
 - Acuity-based staffing systems
 - Protection from reassignments
 - Provisions for work orientation and continuing education
 - Whistleblower protection
 - Health and safety policies
 - Discipline and termination policy (Karen W. Budd, Linda S. Warino, & Mary Ellen Patton, 2004).



Finding a Voice

- As a legally regulated negotiating tool, collective bargaining empowers nurses to find a voice for requiring change in their economic and general welfare and in the health care environment. By implication, the procedures established by the National Labor Relations Act (NLRA), and additional state laws, require employers to negotiate with their employees as equals.
- 'While the typical workplace is built on principles of authority and subordination, the bargaining process is not. When union members [come to the bargaining table], they are no longer in a position of subordination to the managerial authority of the employer (Karen W. Budd, Linda S. Warino, & Mary Ellen Patton, 2004)



Traditional

- “rights based”
- Each side maintains the appearance of power in the face of confrontation
- Traditionally three phases
 - Formal exchange
 - Serious discussion begins
 - Crisis phase when deadline approaches

Non-Traditional

- “interest based bargaining”
- Collaborative
- Shared governance
- Nurses have organizational autonomy
- Jointly problem solve ways to meet each side’s interests
- Brainstorming and information sharing to develop ideas
- Consensus building

Traditional and Non-Traditional Collective Bargaining



Collective Bargaining

- One voice
- What is best for the group as a whole
- Main ideas are heard
- Rules of termination
- Wage regulations negotiated by collective bargaining and employer

Individual

- Multiple voices
- What is best for the individual
- Main idea may be lost in the many ideas from others
- May be an at will employee
- Wages set by employer strictly

Collective Bargaining vs. Individual



QSEN Competencies

- Patient Centered Care
 - Collective bargaining allows nurses to focus more on the care given and less on things such as wages, nurse-patient ratios, and termination policies
- Teamwork and Collaboration
 - Collective bargaining gives nurses one voice, which helps them to work together as a team for the betterment of the whole. Collaboration is required in order to make decisions on what is best for the group
- Quality Improvement
 - Collective bargaining gives nurses the ability to affect change and improve quality



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