Standing up for patient care: RNs in Worcester and Boston authorize strikes

Before the vote:
Informational picketing at St. Vincent Hospital & Tufts Medical Center

April 2011
One year after PPACA: Time to advance the fight for health care justice

By Mark Dudzic
National Coordinator for the Labor Campaign for Single Payer

Last month marked the one-year anniversary of the passage of the Patient Protection and Affordable Care Act (PPACA). But if it is to have any meaning, this anniversary must be a time for summing up and looking ahead. It is a time to take a hard look at the accomplishments and prospects of PPACA.

PPACA today is under vicious assault from the same right-wing forces that want to deny public employees access to affordable health care, destroy the social safety net and attack workers’ rights everywhere. Even if it survives this assault and is fully implemented over the next four years, it will never succeed in providing universal access to affordable, quality health care to everyone in America. Only a publicly financed Medicare-for-All single payer system can deliver on that promise. We must do more than celebrate and defend PPACA. We must complete the unfinished business of health care reform or the dream of health care justice will die.

Workers and their allies in Wisconsin and the other heartland states have shown that they are willing to fight long and hard to extend the social insurance model. Medicare itself is on the chopping block as 64 Senators (32 Republicans and 32 Democrats) recently signed a letter to President Obama calling on him to re-open talks on entitlement reform. We need to lead on this issue by showing that the best way to save Medicare is to expand it to everyone in America.

Congressman John Conyers Jr. (D-Mich.) has reintroduced H.R. 676 with 39 co-sponsors. Sen. Bernie Sanders (I-Vt.) and Congressman Jim McDermott (D-Wash.) will soon introduce a joint single payer bill that incorporates several labor-friendly provisions. The Vermont legislature just sent to the Senate a bill that will put the state on track to establish the first single payer system in the U.S. Seventeen other states have had single payer legislation submitted. Workers in the private sector still must fight every day to preserve affordable health care. Public workers, even in states with Democratic administrations, have seen their health benefits put on the chopping block by politicians too timid to confront Wall Street greed.

This is no time to sit on our laurels. Labor must take the lead in building a powerful movement to confront corporate power and extend health care justice to everyone in America.

MNA Peer Assistance Program
Help for Nurses with Substance Abuse Problems

Are you a nurse who is self-prescribing medications for pain, stress or anxiety?
Are you a nurse who is using alcohol or other drugs to cope with everyday stress?
Would you appreciate the aid of a nurse who understands recovery and wants to help?

We have support groups across Massachusetts. To learn more call 781-821-4625, x755 or online at peerassistance.com
All information is confidential
Standing united amidst the turmoil of health care changes

By Donna Kelly-Williams
MNA President

The MNA recently held its ninth annual Labor Leader Summit in Westborough. Hundreds of MNA bargaining unit leaders from across the commonwealth participated in the day-long program, and they were educated and informed about what the future will look like for unionized nurses everywhere. As part of this conversation, MNA president Donna Kelly-Williams kicked things off on the morning of March 31 with a candid welcome speech that set the tone for both the day’s activities and, more importantly, the future of unionized nursing with the MNA.

Good morning my fellow nurses, and my union sisters and brothers. My name is Donna Kelly-Williams and I am president of the Massachusetts Nurses Association. It is my sincere honor to welcome you all to our ninth annual Labor Leader Summit.

Each year, the MNA’s bargaining unit leaders gather here to reconnect with old colleagues, to expand their professional networks, and to be educated on the key issues facing our unionized nurses throughout the commonwealth.

This year may prove to be the most important summit to date, as we use it to prepare our organization for what promises to be the most tumultuous, challenging and exciting periods for nursing since the great upheavals of the 1990s.

Every week we read the headlines about hospitals being bought or sold. Large hospital systems are rapidly growing and the number of stand-alone community hospitals continues to shrink. At the same time, insurers, providers and state governments are all proposing dramatic changes in hospital financing with serious ramifications for nursing practice and patient care.

Besides the headlines, we are all experiencing short-staffing, increased pressures to “move patients in and out,” and overwhelming workloads and unsafe working conditions. As we learned during last evening’s program, many hospitals are implementing programs like “Six Sigma” and “Lean Staffing”—the latest round of work restructuring. In addition, even as health care CEOs are given outrageous salaries, benefits and severance packages, we are told there is not enough money for safe staffing.

In this atmosphere of chaotic change, MNA nurses have held their own. In spite of employer demands for concessions, with few exceptions our committees have resisted takeaways at the bargaining table. However, in order to make the gains that our members need and deserve, we must look at how we are organized as a union and how we approach our work.

For example, even though we have many common employers across multiple hospitals—for example, UMass Memorial Healthcare and Partners—all too often we still act as if each hospital operates as its own entity and we attempt to address major issues with local management even though they are accountable to their overall system-wide administrators.

Today, we gather to change this dynamic. Today we will learn about the latest changes in health care in Massachusetts, hear from colleagues about successful campaigns to improve conditions for nurses, and develop action plans with nurses from across your health system network or region so that we can set the agenda for the future of health care and nursing in Massachusetts.

It has been amusing to see the recent panic within the industry over its fear of a broader MNA/NNU agenda in our state and across the nation. They are terrified at the mere prospect of all nurses coordinating their activities for concerted action. Today, we gather to make their worst nightmare a reality.

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Acquainting new legislators with the MNA legislative agenda

MNA members meet with newly elected Rep. Chris Walsh (D-Framingham). From left, Karen Coughlin, RN (MNA vice president), Dena Veysey, RN (Leominster Hospital), Katie Murphy, RN (Brigham and Women’s Hospital and MetroWest Leonard Morse Medical Center) and Walsh.


MNA members and coalition allies meet with newly elected Rep. Rhonda Nyman (D-Hanover). Nyman (seated on the right) ran for the seat when her late husband, Rep. Robert Nyman, passed away unexpectedly last year. The MNA had a wonderful relationship with former Rep. Nyman, and we very much look forward to extending that relationship to the new Rep. Nyman.
Standing up for patient care: RNs in Boston and Worcester OK strikes

Taking a strong stand for quality patient care, nurses in Worcester and Boston authorized a strike—if necessary—as their efforts for new contracts with safe staffing language were rebuffed by hospital management.

The nurses at St. Vincent Hospital and Tufts Medical Center, in separate votes that centered on the same issue of unsafe staffing, overwhelmingly approved the strike authorizations.

The 740 St. Vincent nurses are locked in a protracted dispute with Vanguard Health Care, the for-profit owner of the hospital. Working under the worst RN staffing levels in Worcester, they have filed more than 1,000 official reports of unsafe conditions at the facility (an average of more than two a day) in the last 16 months. To address the crisis, the nurses are seeking contract language to guarantee safer staffing levels in the hospital.

The Tufts nurses, meanwhile, have serious concerns about recent changes in RN staffing levels and other changes in how they deliver care that has resulted in nurses being forced to care for more patients at one time on nearly every unit. To compensate for chronic understaffing, Tufts is using mandatory overtime, and is forcing nurses to “float” from one area of the hospital to another where they might not be competent to provide appropriate care.

The votes do not mean the nurses will strike immediately. It gives their negotiating committees the authorization to call a one-day strike if and when they feel it is necessary. Once the committee issues its official notice to strike, the hospitals will have 10 days before the nurses will go out on strike.

St. Vincent: 16 months of negotiations

“With this vote, our membership is sending a clear message to management that we are ready to do whatever is necessary to protect our patients and to ensure that nurses are able to provide the care our patients deserve,” said Marlena Pellegrino, RN, a St. Vincent nurse and chair of the nurses local bargaining unit. “No nurse wants to strike, but we are prepared to do so if Vanguard continues to refuse to make improvements in staffing levels—improvements that are needed to prevent a continued deterioration in the quality and safety of care at this hospital.”

At one April negotiating session, talks ended without the hospital making any movement to respond to the nurses’ staffing proposal. Vanguard management’s initial response more than two months ago was a proposal that would add more nurses to a few floors, while also calling for the closure of nine beds in the intensive care unit, increase patient assignments for nurses on a floor caring for patients recovering from open-heart surgery and eliminate a team of patient support nurses who assist other nurses with complex cases. The hospital’s plan will actually make the conditions for nurses and patients more dangerous. The nurses have been waiting for a concrete reply on the issue of staffing from hospital negotiators for more than a month, but the hospital has yet to make any improvements to its original staffing proposal.

At one session last month, they left the nurses’ negotiating team waiting all day, until finally sending the federal mediator into the room at the end of the session with an unspecified “statement of intent” to hire more nurses.

“It is clear that management continues to posture in these negotiations and has no real intent at this time to work with us to address our very serious concerns,” Pellegrino explained. “We hope this helps to change that as we cannot afford to allow these talks to drag on while our patients continue to suffer every day.”

Tufts: management draws line in sand

“Nurses are united in their belief that the current staffing plan at the hospital is unsafe for patients and it needs to change,” said Barbara Tiller, RN, chair of the MNA local bargaining unit at Tufts Medical Center, which represents more than 1,100 nurses at the hospital. “We can only hope that the hospital is listening and will finally work with us to address this patient safety crisis.”

While the nurses are hoping to reach an agreement to protect patients at the hospital, management has drawn a line in the sand, stating repeatedly that it has no interest in agreeing to enforceable limits on nurses’ patient assignments.

Those changes transformed this hospital from being one of the best staffed hospitals in Boston to the worst staffed hospital in the city,” Tiller explained. “As a result, our nurses spend less time with patients than nurses at other hospitals in the city. No other institution in Boston is operating ICUs, including neonatal intensive care units, where their nurses are expected to care for three patients, nor are they expecting their medical surgical nurses to carry assignments of up to seven patients on a regular basis.” Tiller added that staffing changes have caused a dramatic deterioration in both the quality of care nurses are delivering and, in some cases, has resulted in serious lapses in care. In the past 15 months alone, nurses have filed more than 600 reports of incidents that jeopardized patient care. In addition, more than 80 percent of the nurses have signed petitions calling for safe staffing levels.

“I see nurses all over the hospital going home late and in tears over how bad their shift was, and hear that they spend sleepless nights wondering what they missed, or feeling horrible about not being able to provide the level of care they know their patients deserve. Even one of these occurrences is unacceptable, but to have it happening nearly every day is disgraceful, and it is patently dangerous,” Tiller added. “Issues that are occurring from larger patient assignments include delays in nursing assessment, delayed administration of medications and tests, nurses missing significant changes in patients’ health status, poor patient outcomes, patients falling due to lack of assistance in getting up and moving and patients being left in soiled beds for hours at a time.”

Research supports staffing levels

The nurses’ concerns about the staffing conditions at the hospital are supported by a significant body of research demonstrating the link between poor staffing and a variety of poor patient outcomes and an increase in preventable patient deaths in the nation’s hospitals. In fact, a study in the New England Journal of Medicine published last month shows that when hospital floors or units are understaffed, and where there is a high turnover of patients on a unit each day (as is the case on every unit at St. Vincent Hospital), the risk of patient death increases significantly.

An earlier study in the Journal of the American Medical Association found that every patient above four assigned to a registered nurse resulted in a 7 percent increase in the risk of death for all patients under that nurses care.
**Noteworthy news from the negotiating table**

- **Baystate VNA wants sweet fruit for itself, leaves bitter fruit for RNs**
  Early on in negotiations at Baystate VNA, management claimed that there was a “lot of low hanging fruit” that could easily be agreed on. It is clear now that there is little low hanging fruit. The MNA nurses at Baystate VNA have compromised significantly on their proposals, but management has not reciprocated.

- **Management’s so-called “wage proposal”**
  During recent negotiations, management presented yet another economic proposal that involved “an option” in the first year. Specifically, nurses could take a 1.5 percent across-the-board increase but NO step advance for the year … or they could take a 1 percent across-the-board increase and the scheduled step advance for the year. In the second year offered “whatever the rest of the house gets.” The nurses countered by reducing their wage proposal to a yearly 3 percent across-the-board increase for three years, while continuing the steps. Rather than taking the counter and formulating a response, management said, “If you will stick with that proposal we will not be reaching an agreement.”

- **Joint Commission meeting requested**
  The Joint Commission is scheduled to review the accreditation status of Baystate VNA this year. As is their right, the nurses have formally requested a meeting with TJC where they can offer their opinions about the agency and the level of care delivered.

- **Members at NHC cast unanimous vote to authorize informational picketing**
  In late March, members unanimously voted in favor of authorizing informational picketing at Northeast Healthcare Corp.’s three hospitals. As a result, the NHC bargaining unit is now entirely prepared to conduct informational picketing should the progress of their current negotiations warrant such a job action.

- **Key issues still outstanding**
  **Wages:** Management still wants to cut nurses’ steps in half. For all nurses below the top step, the hospital wants a two-year contract that would reduce full step increases to half step increases. Meanwhile, nurses at the top would receive a “one-time 2 percent lump sum payment.” The same would occur in year two, with the exception being that nurses at the top would receive a 2 percent increase.

  **Pension:** Management still wants nurses to pay to belong to the pension plan. If they are part of the “Legacy Beverly or Addison Pension Plans,” the hospital wants them to contribute 3.5 percent (approximately $80 per week) out-of-pocket for that plan. Currently, they do not need to contribute anything.

  **Successor language, RIF:** Management still has not agreed to the MNA’s successor language and RIF proposals, both of which are widely supported by nurses who are concerned by widespread reports that the hospital system is looking for a new owner.

- **RNs at Berkshire Medical Center reject contract proposal**
  RNs at Berkshire Medical Center recently rejected a three-year contract proposal just a few weeks after a strike authorization vote at the facility was postponed. MNA nurse leaders at the hospital said the tentative agreement reached by union and management negotiators was an overwhelming failure with the rank-and-file, and that they do not see eye-to-eye with BMC representative Michael Leary who declared this “a very strong contract offer.”

  The issue of salary for BMC nurses who work three 12-hour shifts each week has long been a sticking point in these negotiations. Under their current contract, these nurses receive premium pay for the extra four hours not included in the schedule. BMC wants to phase out that pay, which is equivalent to a salary cut.

- **Cooley-Dickinson RNs want “no harm to any member”**
  Management at Cooley-Dickinson Hospital has long had a major proposal on the table aimed at establishing an “earned time program” for MNA nurse members. From the start of negotiations, union leaders told management that they would not accept a plan that in any way would cut or diminish members’ current benefits.

  Management has modified their proposal a few times since, but each time union leaders reviewed the latest details they informed management that there were still segments of the proposal that harmed members and they presented a counter proposal that totally protects their current benefits and causes NO harm to any member.

  Management also said they will soon be offering a wage proposal, and then added that the hospital budget for the current fiscal year shows no increase in wages. This would come on top of the recent “reductions in force” that have increased nurses’ workloads, stress levels and daily pressures faced.

- **Cape Cod Hospital**
  The MNA negotiation committee and the management team at Cape Cod Hospital (CCH) negotiated on March 23 for four hours. During this session, CCH restated its on-the-record proposal regarding wages—the same proposal that union members received from management in the mail even before it presented the proposal to the MNA negotiating committee.

  In that proposal, CCH claims that its offer provides wage increases that average over 4 percent. However, that increase includes the step increases members are already receiving in accordance with their protected union contract. The remainder of management’s offer did not address the key MNA proposals related to mandatory overtime, reduction-in-force language and other benefits.

  The MNA offer made on-the-record to CCH includes proposals for a wage increase that would benefit all bargaining unit members, limits on mandatory overtime, increases in other benefits and the protection of members’ rights during a layoff.
Bargaining unit status report

At the table
Region 1
- Baystate VNA
- Berkshire Medical Center
- Cooley-Dickinson Hospital
- Cooley-Dickinson VNA

Region 2
- Leominster Hospital
- St. Vincent Hospital
- UMass Medical School
- Wachusett School Nurses
- Worcester Public Health

Region 3
- Brockton VNA
- Cape Cod Hospital
- Falmouth Hospital
- Martha’s Vineyard Hospital
- Morton Hospital
- Nantucket Cottage Hospital

Region 4
- Lawrence Public Health Department
- Northeast Hospital Corporation

Region 5
- Cambridge Hospital
- Newton Public Health
- Quincy Medical Center
- Somerville Hospital
- Tufts Medical Center
- Whidden Memorial Hospital

Reached tentative agreement
Region 4
- Salem Hospital

Recent ratifications
Region 4
- Gloucester School Nurses

Close to a reopener
Region 1
- Kindred Health Care (Parkview, Springfield)
- West Springfield School Nurses

Region 3
- Brockton Hospital
- Cape Cod VNA
- Taunton School Nurses

Region 5
- American Red Cross
- Brigham & Women’s Hospital
- Faulkner Hospital
- Kindred Health Care (Natick)
- Radius Specialty Hospital – Boston
- Visiting Nurses Association of Boston

Updates current as of April 7.

Region 4 CE program rescheduled

Wound Care: Dressing for Success
originally scheduled for May 19, 2011
has been postponed until the fall.
Watch for the new date in the Fall 2011
CE Brochure, in the MassNurse and on
the Web.

MNA membership dues
deductibility in 2010
This shows the percentage of MNA
dues paid in 2010 that may not be
deducted from federal income taxes.
Federal law disallows the portion of
membership dues used for lobbying
expenses.

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‘CAUSE LAUGHTER IS THE BEST MEDICINE

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Laugh
Learn

The radio show for nurses with RN hosts
Casey Hobbs, Dan Grady and Maggie McDermott

Saturdays 11 a.m. on 1510 TheZoneAM
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Social networking sites: how something you do for fun can be so bad

By Ginny Ryan
Co-Chair, Faulkner Hospital and Director, MNA Board of Directors

We live in a world where people would rather communicate by sending a text message from their mobile phone, post comments on their favorite online network site, or send a short tweet to inform all of their friends of their “status” instead of having a conversation in person. Whether one blogs, tweets, posts, pokes or just emails, the act of sharing every mundane detail about their day is second nature to the younger generation and somewhat disturbing to the older and more private generation. Since almost every person has a cell phone, Twitter became popular in 2006 because the posts can mostly be made from these handheld devices ... and today’s generation are constantly “tweeting” and taking the staying in touch thing a bit too far.

Are we really that interested in the excruciating minutiae of everyone’s day? Do we really need to know whether someone you have never met is going to the gym or is having trouble deciding what to have for breakfast?

Networking sites such as Facebook, Twitter and MySpace have made it into the workplace, and many business transactions have been successful because of the networking ability of the persons involved. Many employers see this as a positive thing and encourage the usage of these sites during the workday for business purposes.

The problem is, how do you keep it all business?

Most employers, including hospitals, have discovered that these sites are a fantastic opportunity to target a large audience of people without much effort and without spending any money. Many larger firms, especially in the technology industry, are encouraging their employees to blog, tweet and participate on social sites on company time because they know having employees involved in the community can enhance the company’s reputation. Businesses and organizations can reach out to selected individuals or groups such as employees, visitors and clients encouraging them to become a friend or connection which gives the business access to all their friends and connections. This is a dream come true for a small business just starting out. But is it a good thing for the consumer? What this means to you is that you the consumer have given these companies yet another way to access your privacy and another vehicle to make contact with you (and everyone on your friends list) 24 hours a day! Is this really something that we want?

When asked, many people will tell you they no longer have a land-line telephone because of the excessive amounts of telemarketer phone calls and because every member of their family has their own cell phone. Many of the millennial generation (those born after 1980) have never seen a land-line phone except for in the movies. Now those same telemarketers make their infamous calls to your mobile phone (at a charge to you) and those new “friends” send advertisements and announcements to your email addresses and mobile phones around the clock. These constant interruptions can be very annoying, but it is not stopping people from updating their profiles frequently, at work or not, and employers are taking notice. In the hospital setting, managers have concerns about possible breaches of confidentiality and HIPPA violations with this increase in available technology.

If every employee in a 50-person workforce spent 30 minutes on a social networking site every day, that would work out to a loss of 25 hours per day or 6,500 hours of productivity in one year. Lost productivity adds up to lost revenue, and now many businesses are using filters and putting blocks on MySpace, Facebook and similar sites. These sites put a demand on the bandwidth (the rate of data transfer) and pose a security risk to a company’s system, making it vulnerable to hackers and viruses. “Every action, every minute spent online and on social networking sites may expose an organization to numerous security threats” (Kelleher, 2009). On the flip side, enacting bans on these sites could negatively impact recruiting the younger generation who will find these bans too restrictive and seek other employment. Those just entering the workforce use and adopted this form of technology like the previous generations adopted cell phones and...
many corporations have found that in order to keep an edge they need to incorporate social networking and other Web 2.0 tools into every part of the organization from marketing to internal communications.

Since this is a “damned if you do, damned if you don’t” situation of using the internet for business purposes, many businesses have started monitoring what their employees do on the internet. The American Management Association performed a 2008 study and determined that 66 percent of employers monitor internet connections and 45 percent of them engage in some form of computer monitoring such as tracking content, keystrokes, time spent at the keyboard, etc. (Browning, 2009). Studies show that approximately 75 percent of prospective employers do internet searches, including social networking sites, of potential candidates before hiring them. They use the information obtained to verify past employment and use the photos and text posted to determine if the candidate has good judgment and decision-making skills. Is it really fair that a judgment is made about you based on someone’s interpretation of your photos and/or your friends’ photos of you? Why bother having an interview at all if the decision to hire you is based on what is found out about you on the internet? “Nearly 30 percent of current job applicants in the business world have been denied employment because of information discovered via internet search engine via potential employers” (Parker, 2007).

The very nature of the social networking site being a casual way to talk with your friends and vent about whatever is bothering you (usually from the comfort of your own home) causes people to have “loose lips” saying more in this venue than you would in a face to face conversation. Here lies the problem...are these conversations considered private? It is generally understood by most people that if they use a company’s computer to send either a personal or business-related email, the company “owns” that email and it is best to avoid including sensitive information and angry comments in any email correspondence in the workplace. A single click of the mouse intentionally or unintentionally from the receiver can disseminate those comments to anyone in the world and if you do not want everyone to see it then you should not write it. Many hospitals have put bans on certain internet usage for all their employees, not just nurses, in an effort to maintain productivity. But can they really discipline you for something that you did on your own un-paid time and on your own personal computer? Most of us would answer NO to that question but that is not what is happening.

In a study conducted in 2009 by an online security firm, Proofpoint, it appears that Facebook-inspired dismissals have officially made the map. The study of more than 200 email decision makers at U.S. companies with more than 1,000 employees found that 8 percent of those surveyed reported terminating an employee for Facebook use during company time. And that is double the 4 percent dismissal rate reported last year. Firing employees for using social media such as Facebook may be an extreme, but 17 percent also reported taking issue with an employee’s use of social media while on the clock (Parekh, 2009). The topic of internet privacy and the privacy of your social networking page came into question during the last presidential election when it was revealed that Barack Obama’s Facebook page had 1.3 million supporters and more than 56,000 people following him on Twitter...how private could it be when his friends’ list was large enough to fill Yankee Stadium? It was also ruled in a Canadian court that a litigant with 356 friends could not contend that his profile was intended to be private (Strutin, 2009). This is the same frame of thought in many courtrooms today. Defense attorneys and prosecutors are frequently having the social networking internet usage of potential witnesses (involved in a case) investigated for anything that can be used for or against them to win the case. The boundaries of what is considered private and not private are becoming blurred more and more every day. Disciplinary actions including termination for comments made on social networking sites have been increasing across the country. Every week there is a story in the media about this topic and some of the reasons for the discipline are simply complaining about a difficult shift and/or making a statement such as “this job is boring.” A new term “doocing” is being used in the business world in reference to a termination of an employee for the content of the employee’s internet postings.

The written word can be interpreted so many ways and something that you write as an innocent statement may be taken out of context by someone else and cut, pasted, and forwarded to other people that you never would have shared this statement with in the first place. It is not a good idea to “befriend” your employer or immediate supervisor on these social networking sites because anything that is on your page can potentially be used against you in the workplace. It is not a good idea to access these social networking sites while at work and on the clock. It is not a good idea to send anything in an email or blog on the internet that you would not want your mother or grandmother to see. The logistics of internet privacy whether at work or at home has yet to be defined...so the prudent thing to do is to stay away from the social networking sites and to limit your internet usage while at work. Your job could depend on it!

References


A regularly scheduled day-shift nurse is rotated to work the evening shift. Towards the end of that evening shift she is then mandated to work the full night shift for a total of 16 hours straight.

A nurse is mandated to work a full eight-hour shift following her regular eight-hour evening shift. Following report and driving home, she gets home and sleeps for no longer than 6 hours and has to return to the hospital for her next regular evening shift.

When confronted with blatant incidents of mandated overtime involving exhausted and sick nurses, the hospital’s human resource director responds, “It is better to have an ill or fatigued nurse at the bedside than no nurse at all.”

These are all actual events that have recently occurred at some Massachusetts hospitals. This reflects the unfortunate reality and sad state of hospitals these days. Most of these situations are due to chronic short staffing, or “lean management”—where the idea is to push the envelope on staffing patterns until just before the whole system breaks down. Think lean production methods and Toyota.

It is common for the hospital to post schedules with holes in them, meaning that not all of the shifts are covered and they are short on nurses from the start. The crisis is predictable and inevitable. These crises are not unforeseen or emergency situations, but rather ones that are planned, systemic and programmed for failure. They are not due to “call-ins” that the hospitals like to cite. Even so, there is absolutely no leeway for the event when a nurse does call in sick. And nurses do get sick!

Some hospitals have become creative with what they call “mandatory overtime.” The words themselves seem offensive even to the management bosses so that some have begun to sanitize the “mandated” part by referring to it as “continuation of care.”

Impact of long work hours, extensive OT

Study after study establish and confirm that there are serious dangers associated with excessive use of overtime—in virtually all types of work settings. The dangers are well documented as seen in these studies.

Alex Kerin of Circadian Technologies has found that, “Companies with high amounts of overtime are having more accidents than ones with low overtime, and also those accidents are more severe,” and that, “Excessive overtime ultimately results in lower productivity, more fatigue-related accidents and injuries, costly increases in absenteeism and turnover, and higher employer medical costs. It also increases the chances of a mistake or accident that could severely damage brand image and financial performance.”

“Studies by both trade associations and the government clearly document that overtime typically reduces productivity. Accidents, absenteeism and mistakes increase. The problem of fatigue is directly proportional to the amount of overtime worked. These studies have found that … fatigue reduces productivity. Studies have also shown that the fatigue produced by overtime work affects work done on regular time as well.” (Effects of Extended Work Time on Productivity by George Hague)

“Inadequate sleep is a major factor in human error, at least as important as drugs, alcohol, and equipment failure,” writes David Dinges, author of Sleep to Survive: How to Manage Sleep Deprivation.
Hospitals and mandatory overtime

Yet despite all of this overwhelming and compelling evidence of the dangers of overtime, many hospitals persist in using mandatory overtime as a way to staff their facilities. Mandatory overtime is linked to short staffing. A recent issue of the New England Journal of Medicine (March 17, 2011) once again establishes the link between patient outcome and nurse staffing. But evidence shows that hospitals seem to be more interested in “patient satisfaction surveys” and the bottom line.

The union’s consistent response to short staffing and mandatory overtime has been to challenge such practices as harmful to patient care and to the nurse, as well as short-sighted, dangerous and not cost effective. Staffing incident reports are regularly filed by MNA nurses placed in these unsafe and unacceptable situations. Grievances are filed, and arbitrations are heard. But the hospitals continue.

Nurses who are mandated following the completion of their regular shift are often ill-equipped to continue working. They have not planned for that situation with: proper advance rest; arrangements for child responsibilities and family obligations; and even preparing personal meals for their extended hours of work. There is a total loss of control over one’s work life when one is mandated, resulting—in addition to all of the challenges cited above—to resentment, anger and poor morale.

Contractual language

The MNA has been successful in negotiating contract language to limit or totally ban the practice of mandatory overtime. Here are some examples.

- During the term of the Agreement the Hospital shall not mandate RNs to work overtime unless the Disaster Plan has been implemented.
  —Cooley Dickinson Hospital

- “…the Hospital may require a nurse to perform a reasonable amount of overtime work, provided that no nurse shall be mandated to work more than four (4) hours past their regularly scheduled shift.”
  —Mercy Medical Center

- No nurse shall be mandated to work overtime more than sixteen (16) hours in a calendar year.
  —Baystate Franklin Medical Center

- One contract has a procedure to follow:
  “The mandated nurse will be granted a day off to be taken within six (6) months of the mandated shift worked. This day cannot be cashed in as earned time and must be scheduled between the nurse and the supervisor according to the standard practice of planned time off.

  “If the nurse mandated to work overtime is scheduled to work a shift during the following 24 hours of the overtime shift, the nurse will have one of the following options: A. be absent for the regular shift, but will accrue earned time at the regular rate for the mandated shift; B. work the regular shift as scheduled; and C. use ETP for the regular shift.”
  —Quincy Medical Center

- “Mandatory overtime shall not be the established practice for staffing the Hospital (i.e., mandatory overtime will be the exception, not the rule). The Hospital will exercise good faith and reasonable efforts in filling committed RN positions, thereby recognizing its goal to keep mandatory overtime to a minimum.”
  —North Adams Regional Hospital

Early in the 19th century there was a worldwide movement to establish the eight-hour workday. A slogan of the Eight-hour Day Movement from the 1880’s was “Eight hours for work, eight hours for rest and eight hours for what you will.” It looks like we will have to resurrect that adage for hospitals that refuse to recognize the universal negative impacts of mandatory overtime.
Mandatory Overtime:

**Bad for Patients, Bad for the Bottom Line**

A decade ago MNA Nurses went on strike at St. Vincent Hospital in Worcester and Brockton Hospital - for 49 and 103 days respectively - to stop the dangerous practice of mandatory overtime. After a period of relative stability, we are seeing hospitals revert back to the dangerous practice of mandatory overtime as their primary staffing tool. In the past year alone this practice has been at the core of contentious negotiations at Quincy Medical Center and narrowly averted strikes at North Adams Regional Hospital and Morton Hospital in Taunton.

Mandatory overtime endangers patients and leads to costly, preventable medical errors and complications. This crisis must be addressed now.

Eliminating Mandatory Overtime will protect patients and help reduce costs:

- Nurses working mandatory overtime are three times more likely to make a medical error.  
- Overtime for nurses was associated with an increased risk of catheter-related urinary tract infections and bedsores, both preventable medical complications.
- Catheter-associated urinary tract infections carry an average cost of $44,043 per hospitalization, and bedsores carry an average cost of $43,180 per hospitalization.

Nurses will not back down in their fight to end the dangerous practice of Mandatory Overtime!

Protect patients in your community!

**Support HB 1506 (Rep. Jim O'Day/Sen. Jack Hart) to Prohibit the Dangerous Practice of Mandatory Overtime**

The ethics of organ donation: what every nurse should know

Written by the members of the MNA Center for Ethics and Human Rights

The Center for Ethics and Human Rights has researched and developed ethical guidelines to assist nurses in the care of transplant patients and their families, in response to inquiries to the MNA Board of Directors regarding the ethics involved in organ transplantation. This article addresses the chief moral concerns regarding the nursing care of patients involved in organ transplantation.

For nearly 60 years, the U.S. health care system has had the incredible ability to offer countless terminally and chronically ill/injured patients a precious gift: the gift of organ donation, the very gift of life.

Although once considered a rarity, the process of organ donation is now well established. According to the Organ Procurement and Transplantation Network, 14,141 organ transplants were performed in the U.S. in the first nine months of 2010. Another 108,000 candidates still wait.

The residents of Massachusetts are fortunate to have access to information provided by the New England Organ Bank, which collaborates with the health care facilities, organ donors, organ recipients and their families in the process of organ procurement.

Nursing’s chief moral concerns: three questions to ask

1. Is the donor patient’s death being hastened?

The decision to withdraw life-sustaining treatment could be affected by the desire available and could interfere in various end of life decision making. In order for caretakers to avoid this conflict of interest, the Institute of Medicine (IOM) makes two recommendations:

- Decisions, actions and personnel involved in the withdrawal of treatment and declaration of death should be kept separate from the decisions, actions, and personnel involved in the recovery of organs.
- The decision to withdraw treatment should be made prior to any staff initiated discussion of organ and tissue donations.

2. How well informed is the informed consent?

- A patient seeking a “good death” may, as a donor, receive a more technologically invasive death than the patient and family understand.
- It is obligatory to inform the patient how their care will change as a donor.

3. Is the family able to be with the patient donor at the moment of death?

- Arrangements should be made to have treatment withdrawn in the ICU, with the family present, or in the operating room until the patient dies.
- The staff should try to create the most family-supportive environment possible during the final hours of a loved one’s life.

Guidelines for nurses who work in areas where organ donations occur

1. The nurse’s first obligation is the well-being of the patient entrusted to our care.

- Provision 1 of the Code of Ethics for Nurses states, “The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.”
- In the case of the organ donor, the nurses have a duty to protect the patient’s dignity and make the patient’s comfort and well being their first priority.

2. The act of procuring organs should never be the explicit cause of a person’s death.

- Provision 1.3 of the Code of Ethics states, “The nurse should provide interventions to relieve pain and other symptoms in the dying patient, risks of hastening with the sole

Definitions of death

Brain Death: Brain death refers to a person whose whole brain has died and who is thus declared dead within standards of medical practice. This definition has been widely criticized. The Institute of Medicine states that it seems to present an ambiguity between a “dead organism,” i.e., a person who is declared dead due to brain injury and a “dead organ,” i.e., the brain itself. IOM recommends the modified term “donation after neurological determination of death.”

Cardiac Death: Cardiac death is death due to the permanent and irreversible cessation of heart and lung function. IOM recommends “donation after cardiac determination of death.”

Summary

It is clear that organ transplantation is an integral part of modern medicine. Nurses must be aware of the moral challenges inherent in the care of transplant patients and their families. In addition to the Nurses’ Health Care Institution’s Policies and Procedures and Ethics Committees, the MNA Center for Ethics and Human Rights is available for consultation. For more information, visit www.massnurses.org.

References


‘You are now entering the United Corporations of America’

Please leave your union card at the border

By Deb Rigiero, RN
MNA Labor Organizer

“You are now entering the United Corporations of America. Please leave your union card at the border.”

It seems silly even to propose this, but someday could those words be posted on a sign that greets us at the Canadian and Mexican borders? If you look at the trend that is happening across our country, we are not that far from being the “United Corporations of America.” Let us look at what is happening right now in this country.

• There are only six mega-corporations that control almost all the nations’ media, including TV, newspaper and radio: Time Warner, Walt Disney, Viacom, Rupert Murdoch’s News Corp., CBS and Comcast (which recently acquired NBC Universal).
• Clear Channel, which dominates the radio waves and owns nearly every billboard, was the antiunion corporation which, locally, permanently replaced all its striking painters a few years ago.
• Health insurance companies have consolidated and dominated the market so that we have few choices when picking an insurer. Look at the Massachusetts market and then at how many insurance options you have at work.
• Hospitals are also consolidating and many are becoming for-profit. Many experts predict that in a few years Massachusetts will only have four to five hospital corporations. Gone will be the independent, freestanding community hospitals.
• Similarly, how many choices do you have for your cable and/or phone company? How many choices do you have for credit cards (there are only 10 major credit card companies in the U.S.). What about banks? Many of those have consolidated as well, as have mortgage companies.
• Do you see the pattern? Are these all getting “too big to fail?”

If you swing this pendulum to the other side, an area that SHOULD be protected from the antics of big business is under assault: public sector unions. Just turn to Wisconsin, where Gov. Scott Walker’s efforts to gut collective bargaining rights for public employees have paved the way for other states to attempt the same:

• Ohio wants to prohibit collective bargaining for 42,000 state workers and 19,500 college system workers.
• Idaho wants to limit schoolteachers’ collective bargaining rights.
• Iowa is trying to curb collective bargaining rights for public workers.
• Michigan wants to allow the state emergency power to break union contracts in order to revive failing schools and cities.
• Indiana is pushing to pass several measures that would restrict workers’ rights.
• New Hampshire is trying to pass “right to work” legislation that prohibits collective bargaining agreements requiring employees to join labor unions.
• Kansas passed a bill that outlaws employee payroll deductions for union dues and political action committees.
• Tennessee wants to pass a bill that would end teachers’ rights to negotiate their working conditions with boards of education.
• In our own state of Massachusetts, a representative is proposing legislation that would allow the state to expand management’s rights to change hours and job descriptions of state employees.
• Also trying to limit public worker collective bargaining are Colorado, Nebraska, Nevada, Oklahoma, New Mexico, Washington, Alaska and Arizona.

As horrendous as the aforementioned examples are, the next two states are sure to win the award for “the most shocking proposed legislation:”

• Some legislators in Missouri want to repeal child labor laws (no, this is not a typo).
• There is a proposed immigration bill in Texas that would make hiring an “unauthorized alien” a crime … unless that same “unauthorized alien” is hired to do household chores (really, you can’t make this stuff up).

With the U.S. Supreme Court ruling that allows unfettered corporate spending on elections and the commercials from Carl Rove’s group pitting worker against worker it may seem like the corporations have the upper hand.

Assess what is happening in your place of employment, right now. Is management trying to walk over your rights by implementing any of the following tactics?

• Do you work “off-the-clock” to get your work done or fear being blamed if you cannot get your work done without overtime?
• Are you working longer hours, doing the work of two or more people, or risking injury because of lack of staff or equipment?
• Do safety issues at work plague you? In addition, does management avoid dealing with these safety issues?
• How many times have your co-workers complained about working conditions but prefaced it with, “I guess I am lucky I have a job.”
• Has management told you that you are lucky to have a job?
• Are you facing “takeaways” at the negotiating table?
• Has there been an increase in disciplinary actions at your workplace?
• Are you working part-time because that is all that is available?

As a labor organizer, I have had many people say to me, “In the past we needed unions, but now unions are passé.” Well, even though I never agreed with that philosophy we are rapidly becoming the workplace of the past … the workplace without safety regulations; the workplace without workers’ rights; and the workplace without recognition of and appreciation for the worker.

Where will we be once “the union”—the last line of defense for the worker—is torn apart?

We cannot leave this legacy to our children and their children. Now is the time for the American worker to become “too big to fail.” We need to unite in order to win this battle for the working class. Now is the time to form a union if you do not have one.

Stand up to management if you do have a union! Stand up to politicians who do not appreciate the work you do! And stand with your union brothers and sisters every chance you get in order to show your solidarity, because there is still time to make sure that the sign on the way back in reads “You are now entering the United States of America: Brought to You by the American Worker.”
Have you been wondering how to form a union in your facility? Are you interested in obtaining a legally protected voice to address nursing and workplace issues? Are you ready to join 23,000 nurses and health care professionals in the most powerful nurses union in Massachusetts? Take the first step! Read the questions and answers below and then give us a call.

Q. What is the first step in getting a union in my facility?
A. The first step in this process is to gauge the interest in forming a union at your facility and to set up a meeting with at least two like-minded co-workers. This is just an informational meeting. We can tell you about the Massachusetts Nurses Association and you can let us know about your facility. We meet at a place and time that is convenient for you and your co-workers, in groups as small as two or as large as necessary.

Q. What does it mean to have a union at work?
A. When a group of employees in a facility come together to form a union they gain a legally protected voice at work. Organizing a union is a right that is protected under both state and federal laws. Once unionized, your employer can no longer change existing practices without bargaining with you. Members create a democratic workplace that promotes union members to participate in negotiations, labor/management meetings, unit union activity and protected collective actions. Through collective bargaining, members can define the scope of nursing practice, promote high standards of nursing care, aggressively advocate for patients and work with management as equal partners to help ensure quality care for their patients.

Q. What federal law protects the right to form a union?
A. The National Labor Relations Act (NLRA), passed by Congress in 1935, protects the rights of employees to form, join or assist labor organizations, to bargain collectively through representatives of their own choosing and to engage in activities for the purpose of collective bargaining or associated mutual aid or protection. In 1974 the NLRA was amended to cover employees of nonprofit health care institutions.

Q. What are my legal rights when forming a union at work?
A. You have the legal right to organize under the NLRA as described above. This law protects your right to talk to co-workers about forming a union before and after work; during breaks and meal periods; and in situations at work where patients are not present.

Q. Can I be fired for joining a union?
A. Federal law explicitly forbids employers from firing you for talking about, supporting or joining a union. Furthermore, you cannot be demoted, reprimanded or otherwise disciplined. Also, your employer cannot threaten the loss of benefits should you unionize.

Q. What are the advantages of forming a union at work?
A. The advantages of forming a union have long been identified. These include the ability to advocate on behalf of your patients and your nursing license, better pension and health care benefits, contractual job safety protections, increased employment security and safeguards against arbitrary actions by employers. Union members have a legally protected voice in their workplace.

If you are interested in taking the first steps to form a union at your facility call 1-800-882-2056, x777 or email ENorton@mnarn.org. For more information about the MNA visit massnurses.org.

History Repeats Itself! And it’s not good news for nurses and patients

During the 1990s many nurses in Massachusetts unionized with the Massachusetts Nurses Association (MNA) to protect their profession and their patients from a number of bad decisions that were designed to cut costs at the expense of nurses’ clinical practice and their financial security.

Is history repeating itself? Have you experienced any of the following?

- Asked to care for more patients with less support
- Layoffs, forced release time, mandatory overtime
- Replacing registered nurses with unlicensed personnel
- Merging or proposed sale of your facility
- Outsourcing or moving services
- Hiring consultants to redesign your work (beware of time studies)
- Unfilled vacancies or no vacancies when staffing is unsafe
- Increased floating, mandatory call
- Loss of benefits, pensions and earned time
- Job insecurity

Is this happening to you? Hospitals are dusting off the covers of their 1990s playbooks and making the same bad decisions. You can break the cycle. Join with more than 23,000 MNA registered nurses and health care professionals who are uniting to protect our profession and to advocate for our patients.

Call the MNA today!
Eileen Norton, RN, Director of Organizing
Phone: 781-830-5777
Email: enorton@mnarn.org
Is it lateral violence, bullying or workplace harassment?

**Often, it is one and the same**

By Chris Pontus, MS, RN, COHN-S/CCM
Associate Director of Health & Safety
Diane Scherrer, MS, RN
Associate Director, Division of Organizing

The topic of bullying has been making headlines, both locally and nationally, since Massachusetts passed legislation this past year to address the problem in the commonwealth’s schools. Since then, the MNA has been receiving numerous calls from both members and non-members who are describing incidents of harassment, bullying and abuse.

The complaints are often the result of a systematic assault, one that is primarily psychological in nature. Bullying is a serious workplace issue for nurses at all levels, as nurses are prone to bullying and being bullied in all specialties and across all sectors.

In an effort to address this issue, the MNA now offers a continuing education class entitled “Lateral Violence and Its Impact on Nursing.” What follows is both an overview of the problem and the MNA’s related CE course.

**Lateral violence and its subsets**

There are three categories of behaviors that are considered lateral violence: harassment, discrimination and bullying.

Harassment is any form of unwanted behavior that may range from unpleasant remarks to physical violence. Sexual harassment is linked to gender or sexual orientation. Racial harassment is typified by behaviors that are linked to a person’s skin color, cultural background, race, etc. Harassment tends to have a strong physical component in manifested behaviors. Behaviors that include regular following and watching are termed stalking.

Discrimination involves a person being treated differently, and in particular, less favorably because of gender, race, sexual orientation or ability.

Workplace bullying is characterized by many incidents of unjustifiable actions of an individual or group toward a person or group over a long period. Bullying behaviors are persistent, offensive, abusive, threatening, and malicious in nature with the intent to do harm. The person who bullies may be in a position of power (actual or perceived).

“...It is about persistent criticism and personal abuse—both in public and in private—which humiliates and demeans the individual, gradually eroding their sense of self. It is designed to undermine a person’s ability and convince them that they are no longer good at anything.” (Adams and Bray, 1992:49)

**Institutional lateral violence**

The literature on workplace bullying reveals that supervisors and line managers (read, charge nurses) perpetrate much of this behavior on their subordinate staff members.

The root of institutional violence is the absence of respect in the workplace. Because leaders set the tone, the leadership must promote a culture of respect through their words and behaviors. The employer is responsible for setting the example of harmony and collaboration with her/his staff (Stokowski, 2010).

In organizations where bullying is allowed, bullying is seen as the cultural norm in the workplace. Consequently, blaming the victim is a means for the employer to avoid responsibility for bullying. An employer may tell a targeted nurse that it is her problem. Therefore, the nurse is held responsible to deal with her “stress problem” while the employer fails to address the institutional culture that supports the bullying of employees.

Structural bullying specifically involves supervisors or line managers taking actions perceived as inequitable or retaliatory involving scheduling, workload assignments or pressuring nurses to not use their earned time.

Where lateral violence is permitted, the institution permits or ignores these behaviors resulting in a hostile work environment.

The Joint Commission has issued Sentinel Event Alerts that address violence and incivility in health care over the past three years (Center, 2011). The Joint Commission’s 2009 sentinel event recommended that health care organizations take steps to end intimidating & disruptive behavior. To accomplish this objective the organization’s process must include defined cultural expectations and the necessary leadership to stop the cycle of abuse (Longo & Sherman, 2007).

**Effects of institutional lateral violence**

Lateral violence in the workplace is widespread and over time, it results in low morale, high staff turnover, increased absences, clinical errors, and low productivity. Some other effects of lateral violence are:

- Marginalization of the competencies, intelligence and integrity of others
- Reduced self esteem
- Disconnectedness
- Apathy and low morale
- Depression, anxiety and sleep disorders
- Difficulty with motivation
- Difficulty with emotional control (bursting into tears)
- Impaired personal relationships (trust is destroyed, further eroding relationships in the workplace and creating a major obstacle to team building)

Traumatic symptomatology includes:

- Loss of ability to manage everyday situations
- Over-reactive response, such as hyper-vigilance
- Under-reactive response, such as dissociation and psychic numbing
- Memory dysfunctions
- Activation of brain’s circuit breakers

There are many forms of dissociative responses, including forgetfulness, spacing, speechlessness, depersonalization and de-realization, and fugue states. This puts the nurse at great risk of omissions and errors in patient care.

“The overt behavioral manifestations of lateral violence are expressed by infighting among nurses, withholding pertinent information (sabotage), scapegoating, criticism, and failure to respect confidences and privacy.” (Griffin, 2004)

Lateral violence in the workplace creates an unsafe environment where everyone is negatively affected. Co-workers may feel sorry for the nurse being targeted but are fearful of taking action as they worry that they will become the next target. Some may even side with the bully and blame the victim.

The cumulative effect of bullying behavior leaves invisible scars and is an act of violence perpetrated on the targeted nurse. In Social Pain/Physical Pain Overlap Theory (SPOT), researchers have observed that the experience of and anticipation of social pain such as humiliation and exclusion results in a real biological experience similar to that of physi-
Lateral violence behaviors do result in psychiatric injury and trauma that often constitute Post Traumatic Stress Disorder (PTSD) in those targeted as well as those witnessing the aggressive behavior inflicted on their co-worker.

**Individual strategies to deal with lateral violence from management**

Should you or a co-worker experience workplace lateral violence, immediately obtain support from colleagues at work, friends and family. Connecting with your supportive network will help heal the injuries suffered from abusive incidents. You should also be sure to document and record all incidents of hostile behavior, including names of those who witnessed the interaction and date and time it occurred. Do not meet with the employer alone to address bullying. Instead, contact your bargaining unit chairperson, and work with your MNA labor representative to address the problem with the employer. Do not allow the employer to deny your experience of lateral violence. If you feel you are the victim of such behavior, it is real.

**The role of the union**

If you belong to an MNA bargaining unit, you already have a system in place to help deal with lateral violence, bullying and harassment. You, your co-workers and your MNA representative can collectively respond with a legally protected voice in order to stop the behaviors that are divisive and harmful to you and your union brothers and sisters. Your union affirms a culture of safety, respect and mutual respect and is the foundation of nonviolent, conflict-resolution. Other activities in which the union can be involved include:

- **Negotiate for contract language** that protects the union’s members from lateral violence (bullying, discrimination, harassment) in the workplace.
- **Provide training for union staff and members** to facilitate the involvement of members in activities such as task forces or committees that address workplace health and safety including lateral violence.
- **Train your bargaining unit’s elected representatives** to identify and resolve bullying, including between union members.

**Reparation**

There are many suggestions for responding to institutional lateral violence. One approach is using a restorative remedy that focuses on addressing behaviors as opposed to a punitive response directed at an individual. The punitive response serves to perpetuate a culture of fear, anger, hostility and complaint. The restorative goal is to break the spiral of aggression in the workplace culture by providing education and support for a culture of civility. For this to be effective, it requires that every person in the workplace be held accountable through shared accountability for maintaining and creating a safe work environment.

By not blaming those involved and acknowledging the fallibility of all parties it is possible for affected individuals to step back and identify the coercive factors at play that lead individuals to act in aggressive and hostile ways. Making visible transgressions, omissions, collusion, inaction, and the misuse of legitimate authority and processes that perpetuate bullying, the intent of restoration in response to bullying is to create more respectful and healthy environments...In this way, restorative approaches provide opportunities to foster environments where individual and shared accountability, resiliency, and responsibility occur within a system of collegial respect and support. (Hutchinson, 2009)

In some workplaces, an interdisciplinary team consisting of leadership from management and the union as well as the occupational health and safety nurse and other experts initiate the process of creating a culture of civil behavior. The aim is to rebuild social relationships, focus on prevention and repair the harm from lateral violence. This process is also sensitive to acknowledging that changing culture takes time, requiring wisdom, compassion, diligence and patience.

In summary, workplace lateral violence is harmful to the wellbeing of the targeted nurses, their co-workers and the patients for whom they care. Many nurses are reporting that they are assigned unrealistic workloads that compromise their ability to provide safe quality care for their patients. Workplace lateral violence contributes to the fragmentation and marginalization of nurses, as well as causes injury and additional stress. Subjecting nurses to a hostile work environment further increases the risk of omissions and errors in the delivery of patient care.

The union offers nurses a legally protected voice and process to address lateral violence in their workplace. The union provides the opportunity to foster a culture of mutual respect, empathy, and inclusion among its members, which is the antidote to lateral violence. Through the union, you can work in solidarity to ensure that everyone is assured dignity, respect and a safe working environment at all times.

For more information or to schedule the CE program, “Lateral Violence and Its Impact on Nursing,” call the MNA’s Division of Health & Safety. (Visit massnurses.org for references.)

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O’Connor joins MNA’s Division of Health and Safety

Peggy O’Connor, RN, MMHC, COHN, HRM, recently joined the MNA staff as an associate director in the Division of Health and Safety. She brings more than 30 years worth of professional expertise to the MNA, including expertise in areas such as occupational health and risk management and ergonomic program development.

Her professional career prior to joining the MNA was at Jordan Hospital Systems in Plymouth where she worked as director of employee health, director of occupational health and risk management and variance manager. Her record of accomplishment as a leader in her field is impressive, including:

- Establishing Jordan’s “employee health department,” and developing medical surveillance standards for high-risk job descriptions
- Developing an ergonomic program that reduced the frequency and severity of work-related injuries
- Creating an occupational health department that provided services to over 2,400 businesses in southeastern Massachusetts
- Forming and overseeing an “international travel clinic”
- Managing the system’s self insurance workers’ compensation program
- Developing and implementing countless education programs for nurses and other hospital employees—from hepatitis prevention and hazard communication plans, to chemical hygiene and cadmium control plans.

“We are excited to welcome Peg to the MNA’s division of health and safety,” said Dorothy McCabe, RN, director of the MNA’s division of nursing. “She brings extensive experience as a former health care director in the areas of planning, development, implementation and evaluation of hospital health and safety. She is known for her support of nurses who are advocating for patient safety, and her experience in identifying system weaknesses and creating a team approach for problem solutions is exemplary. She joins Christine Pontus in the health and safety division. Together they will be a formidable force in solving member issues in the health and safety field.”

O’Connor holds an M.S. in health care management from Cambridge College, and a B.S. from Curry College. She holds numerous professional certificates, and is affiliated with the American Association of Occupational Health Nurses, the American Society of Healthcare Risk Management and the Hospital Employee Health Nurses Association. In addition, O’Connor sits on the board of directors of the Massachusetts Association of Occupational Health Nurses.

“I am extremely excited to be part of the MNA,” said O’Connor during a recent interview with the MassNurse. “And I am ready to bring my skills to a larger group of nurses in order to help create a work environment for them that will continue to grow safer with time.”
Doris Gagne Addictions Nursing Award: Recognizes a nurse or other healthcare provider who demonstrates outstanding leadership in the field of addictions.

Elaine Cooney Labor Relations Award: Recognizes an MNA Labor Relations Program member who has made a significant contribution to the professional, economic and general welfare of nursing.

Judith Shindul Rothschild Leadership Award: Recognizes a member and nurse leader who speaks with a strong voice for the nursing community at the state and/or national level.

Kathryn McGinn-Cutler Advocate for Health and Safety Award: Recognizes an individual or group that has performed outstanding service for the betterment of health and safety for the protection of nurses and other health care workers.

MNA Excellence in Nursing Practice Award: Recognizes a member who demonstrates an outstanding performance in nursing practice. This award publicly acknowledges the essential contributions that nurses across all practice settings make to the health care of our society.

MNA Human Needs Service Award: Recognizes an individual or group who has performed outstanding services based on human need, with respect for human dignity, unrestricted by consideration of nationality, race, creed, color, or status.

MNA Advocate for Nursing Award: Recognizes the contributions to nurses and the nursing profession by an individual who is not a nurse.

MNA Image of the Professional Nurse Award: Recognizes a member who has demonstrated outstanding leadership in enhancing the image of the professional nurse in the community.

MNA Nursing Education Award: Professional Nursing Education: Recognizes a member who is a nurse educator and who has made significant contributions to professional nursing education.

MNA Nursing Education Award: Continuing Education/Staff Development: Recognizes a member who is a nurse educator and who has made significant contributions to continuing education or staff development.

MNA Research Award: Recognizes a member or group of members who have effectively conducted or utilized research in their practice.

MNA Bargaining Unit Rookie Of The Year Award: Recognizes a Labor Relations Program member who has been in the bargaining unit for five or less years and has made a significant contribution to the professional, economic and general welfare of a strong and unified bargaining unit.

Retired MNA Member Award: Recognizes a retired MNA member who continues to make a significant contribution to the MNA and the patient community through volunteerism and advocacy.

You know nurses who have made a difference. You can identify individual contributions that go beyond the ordinary. You recognize excellence in nursing practice, education, research and service.

Now it's your turn to make a difference! You can nominate candidates for a 2011 MNA Annual Award. Help give MNA the opportunity to reward and applaud outstanding individuals. Let them know that you care about their important contributions to the profession of nursing.

Deadline for submission of nominees to the MNA Awards Committee is May 10, 2011.

Completed forms and other requested materials must be received by the Awards Committee by the deadline; late or incomplete applications will not be reviewed by the Committee.

To receive nomination papers for any of the MNA Annual Awards or for additional information or questions regarding the 2011 MNA Annual Awards, please contact Liz Chmielinski, Division of Nursing, at 781-830-5719; or toll free in MA at 1-800-882-2056, x719 or via email at EChmielinski@mnam.org. You may also visit: http://www.massnurses.org/about-mna/awards
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2011 MNF scholarships available

- **Rosemary Smith Memorial Scholarship** for MNA member seeking advanced degree in nursing, labor studies or public health policy ($1,500)
- **School Nurse Scholarships** for MNA member enrolled in an accredited program related to school health issues ($1,500)
- **Unit 7 Scholarship** for RN pursuing higher education ($1,000)
- **Unit 7 Scholarship** for health care professional pursuing higher education ($1,000)
- **Regional Council 5 Scholarship** for child of MNA member pursuing higher education (other than nursing) (5 available) ($2,000)
- **Regional Council 5 Scholarship** for child of MNA member pursuing a nursing degree (5 available) ($2,000)
- **Regional Council 5 Scholarship** to MNA member’s spouse/significant other pursuing nursing degree ($1,000)
- **Regional Council 4 Scholarship** for MNA member pursuing nursing degree/higher education (5 available) ($1,500)
- **Regional Council 3 Scholarship** for MNA member pursuing BSN (3 available) ($1,500)
- **Regional Council 3 Scholarship** for MNA member pursuing MSN/PhD (3 available) ($1,500)
- **Regional Council 3 Scholarship** for MNA member’s child pursuing BSN (4 available) ($1,000)
- **Regional Council 2 Scholarship** for MNA member pursuing nursing degree/higher education (3 available) ($1,000)
- **Regional Council 2 Scholarship** for MNA member’s children pursuing nursing degree (5 available) ($1,000)
- **Carol Vigeant Scholarship** for entry level nursing student in Worcester area ($2,000)
- **Kate Maker Scholarship** for entry level nursing student in Worcester area ($2,500)
- **Janet Dunphy – MNA Regional Council 5 Scholarship** for member pursuing baccalaureate degree (5 available) ($2,000)
- **Janet Dunphy – MNA Regional Council 5 Scholarship** for member pursuing master’s degree (3 available) ($2,000)
- **Janet Dunphy – MNA Regional Council 5 Scholarship** for member pursuing doctoral degree (2 available) ($2,000)
- **Regional Council 1 Scholarship** for MNA member’s children pursuing nursing degree ($1,000)
- **Annual Faulkner Hospital School of Nursing Alumnae Scholarship** (2 available) ($1,000)
  1. An entry level scholarship for students pursuing an AD or BS degree. Preference for this scholarship will be given to applicants who are lineal descendants of alumnae of FHSON; second preference will be given to all others.
  2. The Connie Moore Award is for RNs pursuing a BSN or MSN degree. First priority will be given to FHSON alumnae, then to lineal descendants, then to all other RN’s.

Printable applications with instructions and eligibility requirements are available at www.massnurses.org. To have an application mailed, call the MNF voice mail at 781-830-5745.

• Application Deadline: June 1, 2011 •
MNA incumbent office holders

Board of Directors
President, Labor
Donna Kelly-Williams, 2009-2011
Vice President, Labor
Karen Coughlin, 2010-2012
Secretary
Rosemary O’Brien, 2009-2011
Treasurer
Ann Marie McDonagh, 2010-2012
Director, Labor
Region 1
Ann Lewin, 2009-2011
Sandra Hottin, 2010-2012
Region 2
Patricia Mayo, 2009-2011
Ellen Smith, 2010-2012
Region 3
Karen Gavigan, 2009-2011
Donna Dudik, 2010-2012
Region 4
Patricia (Patty) Rogers Sullivan, 2009-2011
Tiffany Diaz Bercy, 2010-2012
Region 5
Dan Rec, 2009-2011
Barbara Tiller, 2010-2012
Director At-Large, Labor
Colette C. Kopke, 2009-2011
Kathie Logan, 2009-2011
Kathy Metzger, 2009-2011
Colleen Wolfe, 2009-2011
Beth Amsler, 2010-2012
Diane Michael, 2010-2012
Marie Ritacco, 2010-2012
Director At-Large, General
Paula Ryan, 2009-2011
Nora Watts, 2009-2011
Fabiano Bueno, 2010-2012
Gary Kellenberger, 2010-2012
Katie Murphy, 2010-2012
Ginny Ryan, 2010-2012
Labor Program Member who is a non-RN
Health Care Professional
Gloria Bardsley, 2009-2011
Nominations Committee
Linda Condon, 2009-2011
Elizabeth Kennedy, 2010-2012
Bylaws Committee
Myra Brennan, 2009-2011
Ellen Farley, 2009-2011
Patricia Healey, 2009-2011
Kathleen Marshall, 2009-2011
Elizabeth Sparks, 2009-2011
William Fyfe, 2010-2012
Janet Spicer, 2010-2012
Congress on Nursing Practice
Linda C. Barton, 2009-2011
Peg Taylor Careau, 2009-2011
Mary Doyle Keohane, 2009-2011
Beth Piknick, 2009-2011
LeAnn Tibets, 2009-2011
Marianne Chisholm, 2010-2012
Susan Marston, 2010-2012
Linda Winslow, 2010-2012
Congress on Health Policy
Kathy Charette, 2009-2011
Sandy Eaton, 2009-2011
Patricia Healey, 2009-2011
Pamela Mason, 2009-2011
Tina Russell, 2009-2011
Congress on Health and Safety
Sandra LeBlanc, 2009-2011
Kate Opanasets, 2009-2011
Terri Arthur, 2010-2012
Maryanne Dillon, 2010-2012
Elizabeth O’Connor, 2010-2012
Rachel Slate Ziman, 2010-2012
Kathy Sperazza, 2010-2012
Finance Committee
Karen Coughlin
Gary Kellenberger
Rick Lambos
Patricia Mayo
Ann Marie McDonagh
Patricia O’Neill
Tina Russell
Colleen Wolfe
Deborah Woods

Yes, we want to march with MNA Region 5...

Dorchester Day Parade
Sunday, June 5 @ 1 p.m.
Route: Dorchester Ave. @ Lower Mills to Dorchester Ave. @ Columbia Road
Submit list of participants to MNA Region 5 by May 25
Final details (meeting place, etc.) will be shared with participants

MNA Region 5 ■ 340 Turnpike St, Canton, MA 02021
781-821-8255 ■ region5@mnarn.org
Consent to Serve for the MNA 2011 Election

I am interested in active participation in Massachusetts Nurses Association.

### MNA General Election

- President, Labor*, 1 for 2 years
- Secretary, Labor*, 1 for 2 years
- Director, Labor*, (5 for two years) [1 per Region]
- Director At-Large, General*, (3 for 2 years)
- Director At-Large, Labor*, (4 for 2 years)
- Labor Program Member*, (1 for 2 years)
- Nominations Committee, (5 for 2 years) [1 per region]
- Bylaws Committee (5 for 2 years)
- Congress on Nursing Practice (5 for 2 years)
- Congress on Health Policy (5 for 2 years)
- Congress on Health & Safety (5 for 2 years)
- Center for Nursing Ethics & Human Rights (2 for 2 years)
- At-Large Position in Regional Council (2-year term; 2 per Region)

* “General” means an MNA member in good standing and does not have to be a member of the labor program. “Labor” means an MNA member in good standing who is also a labor program member. “Labor Program Member” means a non-RN health care professional who is a member in good standing of the labor program.

Please type or print — Do not abbreviate

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<th>Name &amp; credentials</th>
<th>Work Title</th>
<th>Employer</th>
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<td>MNA Membership Number</td>
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### Educational Preparation

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### Present or Past MNA Offices/Association Activities (Cabinet, Council, Committee, Congress, Unit, etc.) Past 5 years only.

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<th>MNA Offices</th>
<th>Regional Council Offices</th>
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Candidates may submit a typed or emailed statement not to exceed 250 words. Briefly state your personal views on nursing, health care and current issues, including, if elected, what your major contribution(s) would be to the MNA and in particular to the position which you seek. This statement will be used in the candidate biography and published in the Massachusetts Nurse Advocate. Statements, if used, must be submitted with this consent-to-serve form.

______________________________
Signature of Member

______________________________
Signature of Nominator (leave blank if self-nomination)

**Postmarked Deadline:** Preliminary Ballot: March 31, 2011
Final Ballot: June 1, 2011

**Return To:** Nominations and Elections Committee
Massachusetts Nurses Association
340 Turnpike Street, Canton, MA 02021

- Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.
- Expect a letter of acknowledgment (call by June 1 if none is received)
- Retain a copy of this form for your records.
- Form also available on MNA Web site: www.massnurses.org
Rules for MNA state and regional elections and campaigns

Constitution and bylaws
The nominations and election of MNA officers will be conducted in accordance with the MNA Bylaws and policies, as well as the Labor-Management Reporting and Disclosure Act of 1959, as amended.

Term of office
As defined by MNA Bylaws.

Eligibility to hold office
As provided in the MNA Bylaws, any MNA and/or MNA Labor program member who is current in dues who is in good standing and eligible to run for office.

Nomination notice
A nomination notice and consent to serve forms will be posted in the Massachusetts Nurses Association’s official newsletter mailed to all members and posted on the MNA official website.

Nominations
Nominations for vacant offices will be made in writing to the Nominations and Elections Committee and must be received by June 1.

Nomination acceptances
A candidate must accept a nomination in writing to the Nominations and Elections Committee by completing a consent to serve form received no later than June 1 of the relevant election period. A statement from each candidate, if provided will be printed in The Massachusetts Nurse Association’s official newsletter. Such statements should be limited to 250 words.

Candidate eligibility
The Nominations and Elections Committee will review MNA dues and membership records to determine eligibility of all nominees. Eligible nominees will be notified of their eligibility for office(s), mailed a copy of the MNA nomination and elections rules, and asked how they wish their names to appear on the ballot. Ineligible nominees will be advised of the reason(s) they are not eligible to run for office.

Inspection of the member list
Each candidate may inspect (not copy) the MNA membership list once within 30 days prior to the election. No candidate is entitled to receive a copy of the list.

The membership list will be available for inspection at the MNA office between 8:30 a.m. and 4:30 p.m., Monday through Friday. Any candidate who wishes to inspect the list should contact the Director of the Division of Membership between June 15 and July 15 of the election year.

Distribution of campaign literature
MNA will honor any reasonable request by a candidate to distribute campaign literature to members at the candidate’s expense. Requests will be honored in the order received. Campaign literature must be provided to the Nominations and Elections Committee ready for mailing. The cost of postage will be paid by the candidate. MNA will make arrangements for office staff to address the campaign literature. Candidates are solely responsible for any and all materials contained in their campaign literature.

All costs for space in the official newsletter of the Massachusetts Nurses Association will be at a specific advertising rate.

Candidates may not utilize any “personal” mailing list which was created or obtained as a result of a candidate or a supporter serving or employed in an MNA position. Candidates should contact the Nominations and Elections Committee and the Director of the Division of Membership to arrange for mailing campaign literature.

Campaign restrictions
Federal law prohibits the use of any MNA, MNA structural units (Regional Councils, Local Bargaining Units, Committees or any other entity recognized by MNA bylaws or policies) or employer funds to promote the candidacy of any person in an MNA officer election. This prohibition applies to cash, facilities, equipment, vehicles, office supplies, etc., of MNA, MNA structural units and any other union, and of employers whether or not they employ MNA members. MNA officers and employees may not campaign on time paid for by the MNA.

Federal law also provides that candidates must be treated equally regarding the opportunity to campaign and that all members may support the candidates of their choice without being subject to penalty, discipline, or reprisal of any kind. Members may endorse candidates, however no endorsement may carry the identification of the MNA office or position held by the endorser or the MNA logo. The use of MNA, MNA structural units or employer funds or facilities is a violation of federal law even if MNA or the employer do not know about or approve the use.

Request from candidates for campaign time on structural units must be in writing to the Nominations and Elections Committee. The Nominations and Elections Committee will notify the Labor Associate Director assigned to the unit, Division Director and chair of such request within 5 business days of receiving the request, and will also notify all other candidates for the same office that they are eligible for the same opportunity upon request. All candidates for specific office must be provided with equal access and time.

MNA structural units may invite candidates to speak at a meeting, by submitting such request in writing to the Nominations and Elections Committee. All candidates for a specific office must be provided with equal access and time. The Nominations and Elections Committee will then notify all candidates for the same office(s) that they are invited to speak at a meeting of the requesting structural unit(s), and will notify all candidates of the date, time and location of the meeting.

Voter eligibility
As provided in MNA bylaws, any member in good standing as of seven (7) days prior to the date of ballots being mailed will be eligible to vote.

Election
Ballots will be mailed to the last known home address of each eligible MNA member, at least fifteen (15) days prior to the date which it must be received by the election administrator. Members are responsible for mailing ballots in sufficient time to be received by the administrator.

Eligible voters are permitted to vote for any candidate per the instructions on the ballot. However, write-in votes are not valid and will not be counted. Ballots should not be marked outside of the identified areas.

Ballots must be completed (as per the instructions on the form) and enclosed in an envelope (marked BALLOT RETURN ENVELOPE), which does not identify the voter in any way, in order to assure secret ballot voting. ONLY ONE BALLOT MAY BE PLACED IN THE ENVELOPE. The ballot return envelope must be returned in an outer envelope addressed to MNA Secretary, c/o Contracted Election Administrator (address) In the upper left-hand corner of this envelope you must: Print your name
Sign your name (signature required)
Write your address and zip.

IF THIS INFORMATION IS NOT ON THE MAILING BALLOT, THE SECRET BALLOT INSIDE IS INVALID AND WILL NOT BE COUNTED.

If the mailing envelope has been misplaced, another mailing envelope can be substituted.
provided that all the required information is provided by the voter in the return envelope.

All returned mailing envelopes will be separated from the inner envelope containing the ballot before the ballots are removed, to assure that a ballot can in no way be identified with an individual voter. Mailing envelopes containing voter’s name and address will be checked off on a master membership list.

Ballots must be at the office of the election administrator no later than the end of business day of the date indicated by the election administrator.

Observers
Each candidate or her/his designee who is an MNA and/or Labor Relations Program member in good standing may be permitted to be present at the stuffing of the ballots, observe delivery to the post office and be present on the day(s) of the opening and counting of the ballots. Notification of the intent to be present or have an observer present must be received in writing or electronic message to the Nominations and Elections Committee from the candidate five (5) working days prior to the ballot counting date for space allocation purposes.

The observer must provide current MNA membership identification to election officials and authorization from the candidate.

No observer shall be allowed to touch or handle any ballot or ballot envelope. During all phases of the election process, the single copy of the voter eligibility list will be present for inspection.

All observers and candidates will keep election results confidential for 72 hours after the ballot procedure is certified.

Tally of ballots
Ballot counting will be overseen by the contracted election administrator.

A member in good standing meets the criteria of MNA Bylaws Article, Section I: “Are current in the payment of MNA dues specific to the category of membership.”

Election results
Results of the MNA Election will be made available to candidates (or their designee) within 72 hours after completion of the ballot counting. Hard copies of the election results shall be sent to each candidate. Results of the MNA election will be kept confidential until all candidates are notified. Results will include the number of total ballots cast for the office in question; the number of ballots cast for the candidate in question and the election status of the candidate (elected/not elected). Any MNA member may access these numbers by written request to the Nominations and Elections Committee.

Only the names of those elected will be posted on the MNA website when all candidates have been notified after the ballot procedure is completed and certified. The election outcome will be posted at the annual meeting. The Department of Public Communications shall check the information on file for accuracy/currency with the elected candidate prior to issuing a press release.

Storage of election records
Pre Election: All nominations forms and all correspondence related to nominations shall be placed in a container secured with tape and signed off by the election administration and stored in a locked cabinet at MNA headquarters. The Nominations and Elections Committee and MNA Division of Membership staff assigned to the committee shall have sole access to the cabinet and its contents.

Post Elections: All election materials including ballots (used, unused and challenged), envelopes used to return marked ballots, voter eligibility lists shall be placed in a container, secured with tape and signed off by the election administrator, be stored in a locked cabinet at MNA headquarters for one year and then destroyed. The Nominations and Elections Committee and Division of Membership staff assigned to the committee shall have sole access to the cabinet and its contents.

Questions/problems
Candiates and members with questions about the nomination or election procedures should contact a member of the Nominations and Elections Committee or appropriate staff at MNA. Any violation of these rules should be reported promptly to the Nominations and Elections Committee and Director of Division of Membership so that corrective action can be taken, if necessary.

Protests
Per MNA Bylaw any member may challenge an election by filing a protest in writing with the Nominations and Elections Committee within 10 days after election results are posted.

Contacting the Nominations and Elections Committee
All correspondence to the Nominations and Elections Committee should sent to:
Mail: MNA Nominations and Elections Committee, 340 Turnpike St., Canton MA 02021
Fax: MNA Nominations and Elections Committee, 781-821-4445
Email: MNA Nominations and Elections Committee, TBA
Phone: MNA Nominations and Elections Committee, TBA

Approved: BOD 3/18/10
Corrected edition: 6/7/10

Massachusetts Nurses Association 2011 positions available

President, Labor*, (one for two years)
Secretary, Labor*, (one for two years)
Director, Labor*, (five for two years), (one per Region)
  Region 1
  Region 2
  Region 3
  Region 4
  Region 5
Director At-Large, Labor*, (four for two years)
Director At-Large, General*, (three for two years)
Nominations Committee, (five for two years), (one per Region)
  Region 1
  Region 2
  Region 3
  Region 4
  Region 5
Bylaws Committee, (five for two years)
Congress on Nursing Practice, (five for two years)
Congress on Health Policy (five for two years)
Congress on Health and Safety (five for two years)
Center for Nursing Ethics & Human Rights (two for two years)
At-Large Position in Regional Council (two per Region for two years)
  Region 1
  Region 2
  Region 3
  Region 4
  Region 5

*General means an MNA member in good standing and does not have to be a member of the labor program. Labor means an MNA member in good standing who is also a labor program member. Labor Program Member means a non-RN healthcare professional who is a member in good standing of the labor program.
Notice to members and non-members regarding MNA agency fee status

In private employment under the National Labor Relations Act

This notice contains important information relating to your membership or agency fee status. Please read it carefully.

Section 7 of the National Labor Relations Act gives employees these rights:
- To organize
- To form, join or assist any union
- To bargain collectively through representatives of their choice
- To act together for other mutual aid or protection
- To choose not to engage in any of these protected activities

You have the right under Section 7 to decide for yourself whether to be a member of MNA. If you choose not to be a member, you may still be required to pay an agency fee to cover the cost of MNA’s efforts on your behalf. If you choose to pay an agency fee rather than membership dues, you are not entitled to attend union meetings; you cannot vote on ratification of contracts or other agreements between the employer and the union; you will not have a voice in union elections or other internal affairs of the union and you will not enjoy “members only” benefits.

Section 8(a)(3) of the National Labor Relations Act provides, in pertinent part:

It shall be an unfair labor practice for an employer –
(3) by discrimination in regard to hire or tenure of employment or any term or condition of employment to encourage or discourage membership in any labor organization: Provided, that nothing in this Act, or in any other statute of the United States, shall preclude an employer from making an agreement with a labor organization … to require as a condition of employment membership therein on or after the thirteenth day following the beginning of such employment or the effective date of such agreement, whichever is the later. If such labor organization is the representative of the employees as provided in Section 9(a), in the appropriate collective bargaining unit covered by such agreement when made…

Under Section 8(a)(3), payment of membership dues or an agency fee can lawfully be made as a condition of your employment under a “union security” clause. If you fail to make such payment, MNA may lawfully require your employer to terminate you.

This year, the agency fee payable by non-members is 95 percent of the regular MNA membership dues for chargeable expenditures. Non-members are not charged for expenses, if any, which are paid from dues which support or contribute to political organizations or candidates; voter registration or get-out-the-vote campaigns; support for ideological causes not germane to the collective bargaining work of the union; and certain lobbying efforts.

MNA has established the following procedures for non-members who wish to exercise their right to object to the accounting of chargeable expenditures:

1. When to object

Employees covered by an MNA union security clause will receive this notice of their rights annually in the Mass Nurse. If an employee wishes to object to MNA’s designation of chargeable expenses, he or she must do so within thirty days of receipt of this notice. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee’s address as shown in MNA’s records.

Employees who newly become subject to a contractual union security clause after September 1, or who otherwise do not receive this notice, must file any objection within thirty days after receipt of notice of their rights.

MNA members are responsible for full membership dues and may not object under this procedure. MNA members who resign their membership after September 1 must object, if at all, within 30 days of the postmark or receipt by MNA of their individual resignation, whichever is earlier.

Objections must be renewed each year by filing an objection during the appropriate period. The same procedure applies to initial objections and to renewed objections.

2. How to object

Objections must be received at the following address within the thirty-day period set forth above:

Massachusetts Nurses Association Fee Objections
340 Turnpike Street
Canton, MA 02021

Objections not sent or delivered to the above address are void.

To be valid, objections must contain the following information:
- The objector’s name
- The objector’s address

- The name of the objector’s employer
- The non-member’s employee identification number
- Objections must also be signed by the objector

Objections will be processed as they are received. All non-members who file a valid objection shall receive a detailed report containing an accounting and explanation of the agency fee. Depending on available information, the accounting and explanation may use the previous year’s information.

3. How to challenge MNA’s accounting

If a non-member is not satisfied that the agency fee is solely for chargeable activities, he or she may file a challenge to MNA’s accounting. Such a challenge must be filed within 30 days of receipt of MNA’s accounting. Receipt shall be presumed to have occurred no later than three days after the notice is mailed to the employee’s address as shown in MNA’s records.

Challenges must be specific, and must be made in writing. Challenges must be received by MNA at the same address listed above in section 2 within the 30-day period to be valid. Challenges not sent or delivered to that address are void.

Valid challenges, if any, will be submitted jointly to an impartial arbitrator appointed by the American Arbitration Association. MNA will bear the cost of such a consolidated arbitration; challengers are responsible for their other costs, such as their travel expenses, lost time, and legal expenses, if any. Specifically challenged portions of the agency fee may be placed in escrow during the resolution of a challenge. MNA may, at its option, waive an objector’s agency fee rather than provide an accounting or process a challenge.

Notice to Members

This notice is to inform all MNA members that the maximum dues rate will increase to $79.40 on July 1, 2011. The minimum dues rate and other calculations will remain unchanged. For more information, contact the MNA’s division of membership at 781-821-4625 or send an e-mail message to mnainfo@mnarn.org.

Massachusetts Nurses Association
Log onto “myMNA,” the new members-only section of the Web site

Personal & Financial Services

AMERICAN GENERAL FINANCIAL GROUP/VALIC
Retirement program.

BANK OF AMERICA CREDIT CARD
Get the Bank of America MNA member Platinum Plus® Visa® credit card.

COLONIAL INSURANCE SERVICES, INC.
Auto/Homeowners Insurance. Discount available for household members.

INSURANCE SPECIALISTS, INC.
Sickness/Accident Disability Insurance

JOHN HANCOCK LIFE INSURANCE COMPANY
Long Term Care Insurance

LAW OFFICES OF DAGMAR M. POLLEX, PC
Estate Planning Services.

LEAD BROKERAGE GROUP, INC
Long Term Disability Insurance and Term Life Insurance.

MEMBERSHIP BENEFITS GROUP
Short Term Disability.

NURSES SERVICE ORGANIZATION
Professional Liability Insurance.

RELIANT MORTGAGE COMPANY
Save on your next home loan/mortgage.

Travel & Leisure

AVIS CAR RENTAL DISCOUNT
Low, competitive corporate rates and discounts on promotional rates.

BOSTON BRUINS & TD GARDEN
The Boston Bruins have exclusive online deals.

CANOBIE LAKE PARK (SEASONAL)
Discounted park tickets sold at MNA.

CITI PERFORMING ARTS CENTER | SHUBERT THEATER
MNA members get a savings on tickets to various shows.

DCU CENTER WORCESTER
MNA members get a savings on tickets to various shows.

DISNEY WORLD & MORE — TICKETS AT WORK
Discounts to theme parks & entertainment in Florida and other locations.

GO AHEAD TOURS, TNT VACATIONS AND CRUISESONLY OFFERS
Save an additional $150 per person on regular tour package prices.

CRUISESONLY OFFERS THE LOWEST PRICES IN THE INDUSTRY.
TNT Vacations save an additional 5% on already low prices.

HERTZ CAR RENTAL DISCOUNT
Discounts offered to MNA members range from 5-20%.

MOVIE PASSES
Showcase Cinemas/National Amusements . . . . . . . $7.75 each
AMC Theatres ........................................ $6.00 each
Regal Cinemas ...................................... $6.50 each
Rave Motion Pictures ............................ $7.50 each

MR. JOHN'S LIMO
All members are entitled to minimum 10% discount.

SIX FLAGS NEW ENGLAND (SEASONAL)
Discounted park tickets sold at MNA and online.

UNIVERSAL STUDIOS FAN CLUB
Discounts at Universal Studios and Universal’s Island of Adventure.

WATER COUNTRY (SEASONAL)
Discounted park tickets sold at MNA and online.

THE WORCESTER SHARKS
Discounted rates on tickets to select home games at the DCU Center.

WORKING ADVANTAGE
Discounts on skiing, Broadway theaters, online shopping & more.

Products & Services

ASSOCIATED EDGE (FORMERLY MEMBERS ADVANTAGE)
Discount prices on Audio/Video Products, Home Appliances, & more!

AT&T
Save 24% on qualified voice and data plans with AT&T Wireless.

BJ'S WHOLESALE CLUB
Check website for special rates and offers throughout the year.

BROOKS BROTHERS DISCOUNT
Enroll online to receive 15% discount at Brooks Brothers.

CAMBRIDGE EYE DOCTORS
Vision care at rates discounted down from our regular retail pricing.

CAPE CLOGS
MNA Members receive 10% off.

DELL COMPUTERS
7% discount is waiting on you!

FINESSE FLORIST
10% discount to all MNA members.

GET SCRUBS MEDICAL APPAREL AND ACCESSORIES
Show your MNA Membership card and receive 20% discount.

HEWLETT-PACKARD
HP & Compaq consumer products at discounts typically up to 10% off.

OIL NETWORK DISCOUNT
Lower your heating costs by 10-25 cents a gallon.

SPRINT NEXTEL COMMUNICATIONS
23% off rate plans.

For more information call member discounts at the MNA, 800-882-2056, x726. All discounts are subject to change.
**Wrentham Village Premium Outlets - May 7, 2011**

MNA Members show your MNA ID at the Information Center

- First 50 MNA Members to register will receive a free Premium Outlets Tote Bag
- Free VIP Coupon Book, worth hundreds of dollars in added savings
- Register to win a $100 shopping spree
- MNA members receive added savings and gifts at Uniform Destination
- $50 Gift Certificate to Ross-Simons

**Legacy Place Scavenger Hunt and Legacy Loves Nurses Contest - May 15-22, 2011**

LEGACY PLACE MNA SCAVENGER HUNT:

Stop by Legacy Place Guest Services desk between May 15-22, show your MNA ID, and pick up a Legacy Place scavenger hunt clues. Along the hunt you will get a warm welcome, special offers, discounts and treats from Legacy Place businesses. Complete the hunt, and you'll be entered to win a $100 Legacy Place Gift Card and other great prizes! (Guest Services is located street level below the cinema).

HONOR YOUR MENTOR:

Who was your inspiration to become a nurse? MNA members are invited to tell us about their mentor! Select responses will be published (with permission) in the MassNurse and on Legacy Place Website and/or other social media accounts. See the MNA Website for a link to the entry form (coming soon).

**Save the Date! July 23, 2011**

MNA DAY at Six Flags New England

Tickets $39.50 includes park admission, picnic, and parking