

the Massachusetts

nurse.



THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

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ADVOCATE



**St. Vincent Nurses
WIN! page 4**

March/April 2022



Massachusetts
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Association

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15th annual

Clinical Nursing Conference



Massachusetts
Nurses
Association

May 2 – 6, 2022



Virtual Learning Opportunities each day of Nurses Week will be offered all week

MNA members only • Pre-registration required for the opening program

May 2 Nurses Week Opening Program Schedule (Live-Streamed):

- 10 - 10:30 a.m. **Welcome**
Katie Murphy, RN, President of the Massachusetts Nurses Association
- 10:30 a.m. - 12 p.m. **Effects of COVID on Substance Use and Impact on Families**
Joanne Peterson
- 12 - 12:30 p.m. Break
- 12:30 - 2 p.m. **Impact and Aftershock of COVID on Healthcare Providers, Strategies for Selfcare**
Donna M. White RN, PhD, CNS, LADC
- 2 - 2:15 p.m. **Closing Remarks**
Katie Murphy, RN, President of the Massachusetts Nurses Association

Zoom link for this program will be sent after registration

Additional online CNE programs will be released each day of Nurses Week, including:

- *Environmental Justice and Health Equity: Understanding the Cumulative Impacts of Local Environmental Hazards and Social Determinants of Health in Massachusetts*
- *Type 2 Diabetes: Diagnosis, Management, and Prevention in the Adult Patient*
- *Did You Really Document That?: Tips and Strategies for Effective Documentation*
- *Cardiac Pharmacology- Oral Agents*
- *Back to Basics - Lab Values and Implications for Nursing Care*

The above programs are online enduring continuing nursing educational opportunities and can be accessed on-demand at a convenient time for you via the MNA website:

<https://www.hippotliant.com/invitation/landing/MNA>

Program Cancellation

MNA reserves the right to change speakers or cancel programs for extenuating circumstances.

Contact Hours

Continuing nursing education contact hours will be provided. To successfully complete a program and receive contact hours, you must: 1) sign into the virtual class, 2) attend the entire program and 3) complete and submit the evaluation. The Massachusetts Nurses Association is accredited as a provider of nursing continuing professional development by the American Nurses Credentialing Center's Commission on Accreditation.

Registration for the Opening Program:

Register online at

<https://www.surveymonkey.com/r/MNACLINICAL>

Zoom link will be sent to registrant prior to the program.

If you require assistance, please call the Division of Nursing at 781-821-4625.



President's Column



Katie Murphy, RN

Greetings Sisters and Brothers,

I'm sitting here putting this column together with some solid union wins in front of me. First, on January 3, 2022, the courageous MNA nurses of St. Vincent Hospital voted overwhelmingly to ratify their hard-fought contract. Their tenacious resolve in the face of unrelenting union-busting is the stuff of legend. I think we will be studying this strike for years, as well as feeling deep gratitude for

the sacrifices this bargaining unit made for all of us.

The second "David and Goliath" success story is on Staten Island. Two Amazon workers, one of whom was fired, also led a brutal battle against a multi-billion-dollar corporation intent on beating back union activity. But on April 1, "Team David" unionized the first Amazon warehouse in the nation.

You may be wondering why I'm viewing these two actions together, an MNA contract win with warehouse workers in Staten Island. Here's the connection: We are all members of the labor movement. We are all fighting for the same things: appropriate compensation, safe and secure working conditions, job security, and excellent benefits to name a few. The battle is the same and, in these two cases, really similar with deep-pocketed corporations willing to lie and spend whatever it took to bust the union.

In the end, the workers won. Many helped from outside each building. There were elected officials, local organizations, and other unions committed to supporting their fights. And both actions were huge uphill battles: The leaders in Staten Island were fired and, in Worcester, there was a decertification effort that was led by scabs and a national right-to-work organization. The MNA nurses at St. Vincent Hospital resoundingly beat off this attempt and we remain in the hospital.

These are victories well worth celebrating!

But along with celebrating, we need to roll up our sleeves and face the next chapter. Public support for unions has never been stronger, with a 68% approval in a recent Gallup poll. Yet all over the state, we are facing tough fights at the table.

Management seems to be forgetting that we were the ones on the frontline during the pandemic and that we put our lives — and the lives of our loved ones — in jeopardy as a result. We cannot let them forget that, and we need to leverage it at the bargaining table.

So let's use this unique moment in time to increase our reach, our advocacy, and our solidarity. Attend as many MNA classes and events as possible. When there is a job action at a bargaining unit, take a few minutes to show up. Management sees this and takes note. And, as our St Vincent colleague, Marlena Pellegrino said: Wear your MNA blue and your MNA pin! Whether it's for your facility or the one across the state, it's a statement to all that our union is powerful and cohesive. ■

An Update on Compact

The pandemic has led to travel nurses coming into our hospitals in every capacity. In that time, we worked with some terrific RNs from across the nation who we were sad to see leave, and then there were some we were not so sad to see go. Either way, some of our legislators would like to make it much easier to bring travel nurses into Massachusetts at a moment's notice and put them in our facilities. This scheme, known as "Nurse Licensure Compact," is the Massachusetts Hospital Association's answer to the false "nursing shortage."

As we know, there is no nursing shortage in Massachusetts, just a shortage of nurses willing to work under these conditions. We graduate 3,000 nurses annually, and we know that Nurse Licensure Compact doesn't work. Those states with Compact have greater staff shortages in their hospitals than Massachu-

setts. RNs who can be brought in from around the country at a moment's notice are the very same nurses who cross our picket lines when we are out on the streets for our patients. This is just another example of decisions being made about our practice and our employment by people far from the bedside.

Now is the time for us to act on this issue. Legislators work for us. They represent us, so a phone call urging your elected official to reject Compact could have a direct impact on your working conditions. To find and contact your elected leaders, visit www.sec.state.ma.us/wheredoivotema/bal/myelectioninfo.aspx. Call them, tell them there is no nursing shortage, and ask them to say "no" to Compact and to recruit and retain Massachusetts nurses instead.

In Unity,
Katie

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Massachusetts Nurses Association

St. Vincent Nurses' Strike Victory Makes Nursing and Labor History

On Jan. 3, a large crowd of St. Vincent Hospital nurses once again stood before a bank of television cameras, this time clapping and cheering in joy and celebration after their colleagues had cast an overwhelming vote (487 to nine) to ratify a new contract, which officially ended the nurses' historic 301-day strike — the longest nurses strike in Massachusetts history and the longest nurses strike nationally in more than 15 years.

"I stand here tonight humbled beyond words by our journey, and we are overjoyed to report that our members have cast an overwhelming yes vote to ratify an agreement that officially ends the historic St. Vincent nurses strike," said Marlena Pellegrino, RN, a 35-year nurse at the hospital, and co-chair of the nurses' local bargaining unit of the Massachusetts Nurses Association. "For nearly ten months, our nurses have walked the line for safer patient care, for the honor of our profession, and for the right of all workers who make the difficult decision to engage in a lawful strike to return to their original positions. We can proudly say we have achieved our goals."

"This is an enormous victory for our patients and our members, and it is a testament to the grit and determination of every nurse who walked that line, day in and day out, through four seasons, 18 hours a day, in snow, pouring rain, through blazing heat and sti-

fling humidity — all for the good of our community," Pellegrino added. "As we conclude this struggle, our eyes are focused on the future, on returning to our home, to the hospital bedside to do what we love the most, which is to provide the high-quality care our patients expect and deserve. We go back in that building with our heads held high focused on healing, not only our patients but to work with all in our hospital community to rebuild and restore a sense of stability, with a commitment to ensure a bright future for St Vincent Hospital."

On Dec. 17, the 285th day of their historic strike for safer patient care, the 700 nurses reached a tentative agreement with Dallas-based Tenet Healthcare that guaranteed striking nurses the right to return to their original positions and provide the staffing improvements the nurses needed to end the strike and re-enter the hospital to deliver care to their community in the face of an emerging new surge of COVID-19 driven by the Omicron variant.

After two weeks of discussions with federal mediators, the agreement was finally settled at an in-person session, which US Secretary of Labor Marty Walsh mediated. It came after two years of negotiations and more than 43 negotiating sessions. It came after more than nine months of picketing, community rallies and marches, tremendous support from federal, state, and

The St. Vincent Nurses Strike As Told in Cartoons

The St. Vincent nurses strike was covered daily by the Worcester Telegram & Gazette and aspects of the strike were colorfully and comically depicted by the paper's long time cartoonist, Don Landgren.



This cartoon appeared in September, when Tenet declared impasse and ceased negotiations, reducing beds to cut unemployment benefits for the nurses.



This appeared in November after the MNA filed more than 11 unfair labor practice charges against Tenet for their behavior after declaring impasse.

municipal public officials who rallied to the nurses' cause. The strike also garnered the support of faith-based, social justice, and labor organizations and their members from across the state and worldwide.

The strike by the St. Vincent nurses, which began on Mar. 8, 2021, followed more than 18 months of negotiations and advocacy by the nurses to convince their CEO, Carolyn Jackson, that conditions for patients were patently unsafe and needed to be improved to protect their patients and stem the mass exodus of nurses, after more than 100 nurses left the facility primarily due to the deplorable working conditions. The strike followed a year of great sacrifice and courageous service by the nurses during the pandemic, as they worked tirelessly to care for patients with inadequate staffing conditions and the required personal protective equipment (some nurses resorted to wearing trash bags after Tenet failed to provide appropriate protective gowns), resulting in hundreds of the nurses becoming infected with COVID themselves.

Back in August, after four days of negotiations, the nurses had agreed to staffing improvements negotiated throughout the strike and were ready to return to work to provide care, particularly during the current surge caused by the Delta variant. Yet, a final agreement was scuttled by Tenet when they demanded nurses accept an unprecedented and punitive back-to-work provision — a provision that was unfair and would have replaced highly-skilled RNs with less qualified staff. As a result, all of the patient-safety gains the parties had negotiated would have been undermined.

The final component of the agreement reached at the last session was a back-to-work provision, which guaranteed all nurses who went out on strike the right to return to work in the same position, hours, and shift that they worked prior to the strike while providing a process for the parties to follow in recalling the nurses back to work.

“With this agreement we can go back into that building with great pride not just in what we got in writing in the agreement, but for what we have built together as nurses who know they did everything they could for their patients and their community,” said Dominique Muldoon, RN, a nurse at the hospital and co-chair of the bargaining unit.

“I have nothing but pride and appreciation for all our 700 nurses who sacrificed so much for so long for their patients and this community. There are so many of our members who won't be impacted by this agreement who stood out there with us every day for their fellow nurses,” Pellegrino concluded. “We have been so moved and uplifted by all the support we received throughout this ordeal, from people honking their horns, or stopping by with food or water, for those who put up signs or walked the line with us, for the dozens of unions, community and faith-based organizations that stood with us and supported us in so many ways, for the efforts of our Congressional leaders like our representatives Jim McGovern and Lori Trahan, Senators Elizabeth Warren and Ed Markey, the many members of the legislative delegation that came out for us, the City Council and Mayor Joe Petty — they all share in this agreement, and we thank them all. Our strike was a stand for working people and essential workers worldwide. Our strike struck a chord, and for that and because of that, we will walk into that building with our heads held high.”

Ultimately the strike was won by the nurses, who mobilized a team of more than 25 picket captains in addition to the negotiating team who made sure their picket lines were maintained, that spirits were lifted, and that information was shared as they confronted every effort by their employer to break their spirit. The nurses never gave up, as they held fast to the famous union slogan: One day longer, one day stronger.

Their strength and commitment served as a testament to the power of nurses and all working people when they stand up and speak out for what they believe in. Their strike was covered



This appeared just before Christmas after the nurses and Tenet reached a tentative agreement to end the strike.



This appeared after the nurses ratified their history contract on Jan. 3, while a contingent of replacement nurses and the National Right to Work Foundation were attempting to decertify the union.

daily in state and local media and received prominent attention from the most prestigious national media outlets, including The Washington Post, New York Times, NBC and CBS Nightly News, CNN, NPR, TIME Magazine, The Nation, New Republic, and countless other print, radio, and television outlets. The nurses were interviewed on numerous talks shows and podcasts. Meanwhile, an Emerson College professor is producing a documentary about the strike, and a Cornell University Ph.D. candidate is working on a book about the strike.

The strike has positioned the nurses and the MNA as leaders in the fight for workers' rights everywhere. The press, labor, and social justice organizations have credited the nurses and their strike as a touchstone for an energized labor movement in the wake of the devastation caused by the pandemic and its impact on essential workers and what has been called the "great resignation." Jane McAlevey, a longtime union organizer and negotiator who is now a senior policy fellow at the University of California Berkeley, writes about successful union methods and has high praise for the MNA and its nurses. "Many unions would not have won a strike and then a decertification effort. The MNA did," McAlevey said. "I rank MNA among the better unions in the country, and we need more unions like them."

McAlevey was referring to an effort following the strike by a group of replacement nurses who filed for an election to decertify the union. That effort was soundly defeated by another overwhelming vote by the nurses to keep their union and the contract they fought so hard to win.

Renowned union leader and firebrand Sara Nelson, President of the American Flight Attendants Union, who followed the strike and joined the nurses when a delegation went to Tenet Headquarters in Dallas to deliver a 16-foot petition signed by the nurses, highlighted the true significance of the strike.

"This wasn't about their pay. This was about their ability to do their jobs," Nelson said. "And they were not willing to look one more family in the eye and say, 'Your loved one is gone because we couldn't get there fast enough.' All of which contributed to many lessons learned about solidarity, messaging, and more, including messages for employers. When unions win these fights, they show people they can get results, and people want to be a part of that," Nelson added. "The lesson here to every company is 'stop spending money to try and beat the union. You're going to lose.'" ■



This appeared two weeks before the nurses cast an overwhelming vote to defeat an effort by the NRTW Foundation and the Hospital CEO to strip the nurses of their union.



Agreement Highlights

Staffing Improvements

The new contract includes improvements in staffing on several units sought by the nurses, including enforceable staffing grids and the following specifics:

- A limit of four-patient assignments on the hospital's cardiac post-surgical unit. Before the strike, these nurses were often assigned five patients, with no ability to reduce an assignment based on the needs of the patients.
- A mix of four- and five-patient assignments on the seven other medical-surgical and telemetry floors, including a limit of four patient assignments on the day and evening shift on the two cardiac telemetry floors.
- No more than five patients assigned to each nurse on the behavioral health unit. Before the strike, nurses, including resource nurses, were regularly given six patients.
- The tentative agreement also includes improvements in the resource nurse assignment on many units. Resource nurse assignment improvements include:
 - o No assignment in the intensive care unit, progressive care unit, cardiac step-down, emergency department, post-anesthesia care unit, operating room, endoscopy, and maternity unit
 - o 0-2 patient limit for outpatient oncology
 - o A reduced assignment for the day and evening shift on the behavioral health unit
- The agreement also includes language that limits the hospital's ability to flex nurses, a controversial process where a nurse can be sent home when the employer determines they are not needed, which too often has left the nurses still working with unsafe patient assignments after an influx of admissions later in the shift.

Workplace Safety

One of the critical improvements in the agreement is language, which the nurses have sought for several years, regarding workplace violence against nurses, who are subject to assault on the

job to the same degree as police officers and correctional officers. The new language provides two RN seats on the Hospital Workplace Safety Committee, adds new language committing the committee to work to monitor and address issues related to workplace violence, requires the hospital to staff and maintain a metal detector to screen all patients and visitors in the busy ED, and adds contractually enforceable additional staffing by a police detail during the night shift seven days a week and on all three shifts on weekends and holidays. The agreement also provides "assault pay" for a nurse who a patient or visitor assaults. A nurse who receives workers' compensation and who uses sick or vacation pay due to a workplace assault for the first five days will have such time restored to their sick/vacation time-off bank.

Wages and Benefits

One of the most critical enhancements was the nurses' ability to obtain a significantly enhanced health insurance benefit for part-time nurses, with all nurses who work 24-hours or more receiving a premium with Tenet paying 80% of the cost, up from 65% for 24-hour nurses previously, which keeps pace with the benefit for nurses working at UMass Memorial Medical Center.

As to wages, the contract provides:

- 2% across-the-board increases each year of the contract, commencing with the first increase Jan. 1, 2021 and the last increase Jun. 30, 2025
- Effective Aug. 1, 2021, each nurse not at the max step advances one step (which results in nurses advancing two steps in 2021); 1% lump-sum bonus for nurses at the top of the wage scale as of Dec. 31, 2021
- Nurses on the scale will see increases totaling 28% in combined annual across-the-board and annual step increases, and nurses at max will see 10% in across-the-board increases and an additional 1% lump sum on base wages based on pay rate on Dec. 31, 2021
- Per diem nurses will receive 3% increases each year of the contract, totaling 15% increases
- Two options for a 3% lump-sum bonus to be paid June 2022; nurses can opt for a 3% lump sum of 2021 W2 wages; or 3% lump-sum bonus based on 2020 W2 wages, whichever is greater

Remembering Natalie M. Pereira

The MNA was devastated to learn late last month about the sudden passing of longtime RN and MNA member Natalie M. Pereira. For nearly 35 years, Natalie worked at Leominster Hospital where she was also a dedicated and vocal MNA union member and leader. She served as her bargaining unit's chairperson for many years, and during that time she helped to lead her fellow nurses to several contract settlements that included workplace improvements that benefited both patients and nurses.

Over the years, it was not uncommon to see Natalie on television, to read her name in the paper, or to see her meeting with any number of elected leaders, as she

was a passionate spokesperson who stood up for nurses, patients, and the MNA whenever and wherever possible.

After hearing of her passing, Anthony Antonelli, her close friend and the labor associate director who worked with her daily for many years, said, "Natalie took her role as chairperson as the most important thing she did. Never once did she make a decision that was best for her, she always did what she thought was best for all. That's a special trait in a union leader, and we were all blessed to have had someone like that fighting for us."



MNA Nurses at St. Luke's Hospital Vote to Ratify First Union Contract, Bringing Improvements and Strong Standards Benefitting Patients, Nurses, and the Community

Registered nurses at St. Luke's Hospital in New Bedford voted on February 25 to ratify their first union contract, which will empower them to provide safe, high-quality patient care by securing enforceable standards and improvements.

"Our union contract will immediately benefit nurses, our patients, and communities and make positive impacts for years to come," said Karen Corbett, FCU nurse and co-chair of the MNA bargaining committee. "St. Luke's nurses are an incredible group of caregivers who have persevered through a global pandemic. This contract values our dedication to patient care and will help us hold Southcoast Health accountable for providing the conditions nurses need to thrive at St. Luke's."

Nurses reached a tentative agreement with Southcoast on February 17 and voted to ratify the agreement on February 25. The agreement followed almost three years of negotiations, interrupted by the COVID-19 pandemic, and covers nearly 700 nurses at St. Luke's Hospital. During an informational picket in January, nurses called on Southcoast to quickly finish negotiating a fair contract to stem a significant exodus of nurses, which had created unsafe patient care conditions and left nurses exhausted and suffering from moral injury.

Contract Highlights

There are many different provisions of the contract in addition to those summarized below, creating a comprehensive document that will help support and protect St. Luke's nurses now and into the future.

- **Staffing:** Enforceable staffing language that holds the hospital accountable for ensuring adequate RN staffing. The hospital has committed to maintaining the existing staff grids and making good faith efforts to recruit or otherwise bring in nurses to staff to the grids. The contract language draws from other MNA contracts where nurses fought strong campaigns to gain these same staffing protections.
- **Wages:** Every nurse receives an increase every year through the establishment of a fair wage step scale that guarantees nurses advance annually. The wage scale goes a long way in correcting wage inequities that have existed for years. In addition to nurses advancing one step, every step on the scale improves every year. The average increase for nurses in 2022 will be 7.9%.

- **Health Insurance:** A contractually protected health insurance benefit that provides two plan options, maintains plan benefit levels, and ensures premium cost sharing percentages will not change during the life of the contract.
- **Earned Time Off:** Nurses with 19 or more years of service gain back the fifth week of vacation Southcoast took away several years ago.
- **Scheduling:** This contract language will give nurses more control of their schedule and work/life balance. Nurses will be less likely to be bumped off their requested schedule.
- **Assault Pay:** If a nurse is assaulted at work by a patient or visitor and requires time off, the hospital will restore all Earned Time used by the nurse within the first five calendar days of the assault.
- **Tuition Reimbursement:** Full-time nurses will receive 75% of the cost of tuition for courses pre-approved by HR, up to \$2,500 in one academic year.
- **Just Cause:** This is a well-established and universally recognized standard in labor law. This contract provision will provide nurses protection against arbitrary or unfair discipline. This helps ensure that nurses can advocate for patients and colleagues without fear of retaliation.
- **Labor-Management Committee:** Establishes a joint-labor management committee comprised of seven MNA RNs to meet regularly with management representatives. The contract also secures dedicated MNA seats on the workplace safety committee.



Boston VNA Healthcare Professionals settle first agreement as Boston VNA RNs settle successor agreement

The healthcare professionals (HCPs) with the Boston VNA ratified their first-ever union contract in February — a win that was nearly three years in the making and that involved numerous job actions, including a week-long strike in July of 2021.

With their new contract, the agency's approximately 40 HCPs secured a wage scale and placement on that wage scale according to years of service, which earned many members pay increases of more than 10%. They also secured a brand new 3% employer match to their 401k plans; productivity language that will limit their number of patients per week; and all the rights and benefits of being union members who have a union contract.

"It was a very long, hard road," said Rod Hemingway, a PT and co-chairperson of the new bargaining unit. "We went on strike, we protested outside the home of the BVNA Board chairperson, and we leafleted board members' offices. We also worked tirelessly to stay unified; nothing that management threw at us was able to crack our solidarity."

The HCPs also joined the agency's nurses in signing a petition to management that got 100% participation in both units in less than 24 hours. They then went on to conduct a digital "march on the boss" to deliver the petitions. A change in tone and behavior from management was almost immediately felt after that delivery, and it paved the way for the final talks

and ultimate settlements for both units.

In their separate contract talks, the nurses pushed hard for serious gains in the face of the entire market skyrocketing past them. They held out for significant increases and won 3% in December '21, 3% in June '22, and 3.5% in December '22. They also won an increase in longevity from \$1,500 to \$3,500 in Year 1, \$4,500 in Year 2, and a \$1,000 signing bonus!

The nurses had nearly reached a settlement about a week ahead of the HCPs, but at that time the HCPs were not close to finishing their contract and they did not have any negotiation dates on the books. Rather than sign off on their tentative agreement, the nurses paused their bargaining until management returned to the table with the HCPs.

It was that solidarity between the sister unions at Boston VNA that got both groups to the finish line, and it is a perfect example of the power of labor unity.

"Of the two contracts I have helped negotiate, this one was the most difficult," said Joan Hurton, RN and co-chairperson of the nurses' bargaining unit. "We had to deal with a management team that just did not want to acknowledge how hard we work, the realities of the economy around us, or what has been happening in the nursing field. But being able to coordinate very closely with the HCPs as one cohesive unit was incredibly helpful. Working together got both groups the equitable contracts we deserve."



Who's At the Table?

- Baystate Franklin Medical Center (Baystate Health system)
- Berkshire Medical Center (Berkshire Health Systems)
- Berkshire VNA (Berkshire Medical Center system; first contract)
- Brigham and Women's Hospital (Mass General Brigham system)
- Burbank Hospital (UMass system)
- Clinton Hospital (UMass system)
- Cooley Dickinson Hospital (Mass General Brigham system)
- Faulkner Hospital (Mass General Brigham system)
- Gloucester School Nurses
- Lawrence General Hospital
- Marlborough Hospital
- Medford School Nurses
- MetroWest Medical Center
- Milford Hospital (first contract)
- Morton Hospital (Steward system)
- Nashoba Valley (Steward system)
- Newton-Wellesley Hospital (Mass General Brigham system)
- Northeast Hospital Corporation (Beth Israel Lahey Health system)
- VNA & Hospice of Cooley Dickinson
- West Springfield School Nurses
- Wilmington School Nurses



The Safe Patient Handing and Mobility Task Force is Recruiting New Members!

We meet approximately six times a year. If interested, please contact Peg Tayler at 781-830-5763.



The Power of YOU



by Deb Sullivan, MNA Labor Educator

Looking at recent events occurring in hospitals and places of work across the state, it is apparent that we are facing a crisis of massive proportions. The pandemic has stretched us to the breaking point. Things that were difficult workplace obstacles before, such as getting appropriate staff and supplies, are exacerbated and almost impossible. Many nurses and healthcare professionals have reached their limit and have made the difficult and painful decision to leave the jobs they have loved and have looked at as their life's work.

Given this scenario, it doesn't seem interesting to discuss joining and building strength through involvement in your local unit's union committee. Thoughts of "why does this matter" and "what difference can I possibly make" may be the first thoughts that come to mind. I hope to answer these questions and show you how building your power through coalition building and gaining strength in your workplace is an investment that is worth the effort and will yield positive results.

The MNA provides many resources to help committees do their best work. Various departments offer essential services such as representation, education, membership benefits and information, communications, legal advice, and support staff to help you navigate through significant matters in your unit. Issues such as grievance handling and negotiations are important. And although the MNA provides competent, qualified people to lead and assist you through the process, they cannot and must never replace your power.

If you have the time and the inclination to commit to becoming part of the union committee in your workplace, it is an incredible and rewarding experience. Please don't mistake my message: It can also be frustrating at times. But, overall, the experience of helping to create lasting positive change in your workplace will undoubtedly be worth the effort you put into the work. Remember that joining a committee is a responsibility and should not be taken lightly. It is a commitment and a promise to your fellow members that you are willing to work with them to help effectuate change and build power.



People contemplating joining a committee need to understand that the work is not done in isolation. Success can only be accomplished through collaboration and building power with the membership. If not, you must ask yourself, "Why am I doing this work?" Leadership is not done alone. The great gift of good leadership is that it must be distributed and given away for it to flourish. If power is kept and not shared, if education is not offered, if a committee is too reliant on itself and remains aloof and separate from the members it serves, it is like fruit withering on a vine. If it is not rejuvenated and nurtured, it will die.

Therefore, a good committee has particular dynamics that, if used, will help grow your membership and build power that will make it easier to face the day-to-day challenges that come up at your place of work as well as prepare you for more significant obstacles and struggles that you are sure to encounter from time to time. If you always keep the members as your priority and try to involve them in every action, you will become organizing-centric instead of service-centric. This means your committee will proactively deal with day-to-day issues in your workplace. You will actively strive to involve members in all decision-making.

This is not always easy to do. It requires work, patience, and time to change the culture, especially if you have had either a weak or a too-controlling committee for a long time. It will take some membership and relationship building, but it is an investment worth making. If you are part of a committee that creates opportunities to welcome new input; that open lines of communication by taking time to get to know your membership builds trusting and reciprocal relationships (not just conversations when you want something); and that creates opportunities for involvement and participation, it will strengthen and activate the entire unit throughout the workplace.

The ability of a committee to involve members to help shape and determine its course is the single most transformative thing that can be done in the workplace. It matters when members empower themselves and others to control their destiny, because management sees the workers are in control. In this way, the administration cannot wrongfully divide the workers from their union and erode trust. If that is done, everyone loses. Division creates an opportunity to drive a wedge of distrust between workers that will weaken, if not destroy, the group. This is not a random act. It is a tried-and-true methodology used by management to break unions, but it can only be effective if we are unaware of what is happening and if we don't do anything about it. Whether the inaction is based on fear, insecurity, apathy, and control, whatever the reason, NONE of it is acceptable.

Success is assured if we remain committed to solidarity and unity, but we are only as strong as YOU. ■



The following CE programs are now available online:

- Understanding the Complexities of Substance Use in the Workplace
- Conflict in the Workplace: A Nursing Perspective
- Migraine Headache Attacks: Enhancing Nursing Knowledge
- Leadership Lessons Learned: Ten Tips to Self-Actualization
- Meeting the Global Care Needs of Persons Living with the Challenges of Dementia - *meets the 2022 relicensure requirement for dementia training*
- Parkinson's Disease (PD): A Nursing Perspective
- WEATHER or NOT: How the Environment Affects Patient Care and What You Need to Know
- How to Care for Yourself When You Are Working in Crisis Mode for Long Periods of Time
- Care of the Patient with PTSD
- The Nurse's Role in Suicide Prevention: Shifting the Perspective from Despair to Hope
- Pediatric Endocrine Emergencies
- Pediatric Vomiting and Dehydration
- Kids Eat the Darndest Things - Pediatric Toxicological Emergencies
- Fundamentals of Apheresis Clinical Indications & Treatment Overview of Therapeutic Plasma Exchange, Red Blood Cell Exchange
- Neonatal Cardiovascular Dysfunction and Shock
- Total Knee Arthroplasty
- Total Hip Arthroplasty
- Acute Respiratory Distress Syndrome (ARDS): Etiology, Pathophysiology, Clinical Presentation, and Treatment Management
- Reported to the BORN? Understanding the Process, the Issues and How to Avoid a Complaint
- Racism and Social Injustice in Nursing Practice and Healthcare
- Vaping 101.3: Old Vices, New Devices... and a Pandemic
- Finding Your Inner Strength: Balancing Grit and Resilience
- Budding Evidence for Cannabis and its Implications in Perioperative and Acute Care Setting
- Zip Code Matters
- Nursing Resiliency: Surviving and Thriving Through and After a Pandemic

To access, go to the CE online portal from the MNA website.

CE

continuing education

Save the dates for Spring 2022

Contact Hours are provided for all programs, pre-registration is required

For full program details and registration information go to massnurses.org/nursing-resources/continuing-education/courses

When Today is All You Have

Choice of dates:

Thursdays, April 28 or May 12, 2022

Live Virtual: 6-8:30 p.m.

This program meets the 2022 MA BORN re-licensure requirement for dementia training.

Nursing Management of the Critically Ill Covid 19

Patient: Evolving Best Practices

Thursday, May 19, 2022 • Live Virtual: 6-8:30 p.m.

Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) Course

Thursday, August 11, 2022-Day 1: Certification-The Bank of Canton Headquarters, 490 Turnpike Street, Canton; 9 a.m. - 4 p.m.

Friday, August 19, 2022-Day 2: Recertification-Blue Hills Regional Technical School, 800 Randolph Street, Canton
Session 1: 9 a.m. - 12 p.m.

OR Session 2: 12:30 - 3:30 p.m.

Please note: New Certification participants are required to attend both Day 1 and Day 2 sessions. Recertification participants are welcome to attend Day 1 but are only required to attend one of the Day 2 Skills Sessions.

Fall 2022 CE

Deb Walsh Obstetrical Nursing Conference: Fetal Heart Monitoring and Clinical Analysis and Legal Implications

Wednesday, September 14, 2022

Holiday Inn Taunton, 700 Myles Standish Boulevard, Taunton; 9 a.m.-4:30 p.m.



Did you know that ...

Wearing a 10-pound lead apron for only half a day can exert 39,000 lbs. of force on your body?

The MNA's committee's on **Health & Safety** and **Safe Patient Handling** are here to help with all of your workplace and practice concerns.

Reach them at **781-821-4625** and by asking for the Division of Nursing.



MNF Scholarships are available now



To learn more visit

<https://bit.ly/3JKDmXj>

or contact Cindy Messia

at cmessia@mnarn.org.





Monday, July 25, 2022

Blue Hill Country Club • 23 Pecunit Street, Canton, MA

Continental Breakfast/Registration from 8:30-10 a.m.

Shotgun Start at 10 a.m.

About the Massachusetts Nurses Foundation

The Massachusetts Nurses Foundation is a 501(c)(3) non-profit organization, established in 1981, whose mission is to support scholarship & research in nursing. The primary goal of the MNF is to advance the profession of nursing by supporting the education of nurses and healthcare professionals. The MNF raises funds and dispenses scholarships to qualified recipients who have applied for assistance to further their careers.



to benefit scholarships for
Nurses & Healthcare Professionals



Register online at: <https://www.massnurses.org/mnf/golf-tournament>

Or mail registration & payment to: Massachusetts Nurses Foundation • 340 Turnpike Street • Canton, MA 02021

Contact: Cindy Messia at 781-821-4625 X720 or cmessia@mnarn.org

Fees and sponsorship

- Individual Golfer \$150** **Foursome \$600**
Cost includes greens fees, golf cart, luncheon, prizes
- Luncheon Only - \$40 per person**
- Cart Sponsors - \$150**
Have your corporate or individual (family) name displayed on our MNF event golf carts.
- Hole Sponsor - \$200**
Tee/Green signage.
- Pledge Book - \$500**
Tee/Green signage and acknowledgement in the event program and MNA ad book distributed for one full year at MNA events.
- Event Sponsor - \$750**
Banner displayed exclusively at your choice of one of the following events: cocktail hour, dining room, putting green, driving range, gift bags, silent auction, or registration. Also, acknowledgement in the event program and MNA ad Book distributed for one full year at MNA events.
- Friend Sponsor - \$1200**
One foursome, tee signage, recognition in event program and carts and in Mass Nurse E-Pub.
- Patron Sponsor - \$1,600**
One foursome, tee signage, name displayed throughout event, half page ad in event program, recognition in program, carts and in Mass Nurse E-Pub.
- Elite Sponsor - \$5,000 (ONLY 1 available)**
One foursome, tee signage, banner display at the event, exhibit space at the event, name displayed prominently throughout event, full page ad in event program, recognition in Mass Nurse E-Pub, exhibit space at the MNA annual convention, cart sponsor.

Registration information

Company: _____

Address: _____

Phone: _____

1. Name: _____

Email: _____

2. Name: _____

Email: _____

3. Name: _____

Email: _____

4. Name: _____

Email: _____

Names of those attending luncheon only:

Total Amount Enclosed:

\$ _____

Enclosed is my check made payable to MNF, Inc

Please charge my credit card:

MC VISA Am. Express Discover

Card holder's name: _____

Card #: _____

Expiration date: _____

Call for Nomination/Consent to Serve for the MNA 2022 Election

I am interested in active participation in Massachusetts Nurses Association, general elections.

MNA General Election

- | | |
|---|---|
| <input type="checkbox"/> Vice President, Labor*, 1 for 3 years | <input type="checkbox"/> Nominations Committee, (5 for 3 years) [1 per region] |
| <input type="checkbox"/> Treasurer, Labor*, 1 for 3 years | <input type="checkbox"/> Bylaws Committee, (5 for 3 years) [1 per Region] |
| <input type="checkbox"/> Director, Labor*. (5 for 3 years) [1 per Region] | <input type="checkbox"/> At-Large Position in Regional Council
(3-year term; 2 per Region) |
| <input type="checkbox"/> Director At-Large, General*, (4 for 3 years) | |
| <input type="checkbox"/> Director At-Large, Labor*, (3 for 3 years) | |

*"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

Name & credentials _____
(as you wish them to appear in candidate biography)

Work Title _____ Employer _____

MNA Membership Number _____ MNA Region _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Educational Preparation

School	Degree	Year

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

MNA Offices	Regional Council Offices

Candidates may submit an **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 in particular to the position which you seek. This statement will be used in the candidate biography and published on the Massachusetts Nurses Association website. Statements, if used, must be emailed to mnaelections@mnarn.org, subject: elections-no later than June 3, 2022.

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Received Deadline: All nominations/consent forms must be received by 4:30 p.m. on May 27, 2022

**Return To: Nominations and Elections Committee
Massachusetts Nurses Association
340 Turnpike Street, Canton, MA 02021
fax: 781-821-4445/ email: mnaelections@mnarn.org**

- Application must be mailed, faxed or emailed to the attention of the MNA staff person for Nominations and Elections Committee. Candidate statements must be emailed to mnaelections@mnarn.org.
- If you need assistance accessing your MNA webmail contact jmarshall@mnarn.org.
- Acknowledgment of receipt of your submission will be emailed to your **MNA** webmail account within 48 hours of receipt.
- Retain a copy of this form for your records.
- Form also available on MNA Web site: www.massnurses.org, under applications and forms.



Massachusetts Nurses Association



What Can Be Done to Support Victims of Workplace Violence and Abuse?



The MNA is committed to decreasing incidents of workplace violence for the health and safety of all healthcare workers, believing that employers have a responsibility to provide safe and healthful working conditions. This includes preventing and addressing conditions that lead to violence and abuse by implementing effective security and administrative work practices to protect the safety and health of all workers. If you or a peer are a victim of a workplace violence (WPV) we encourage you to:

- 1) Follow the steps outlined in the "Actions You Should Take if Assaulted at Work," available here:
- 2) Notify the MNA by completing a WPV Reporting Form, available here:



Need additional assistance?

Contact the MNA's division of health and safety at 800-882-2056.