

the Massachusetts

nurse



THE NEWSLETTER OF THE MASSACHUSETTS NURSES ASSOCIATION

Vol. 93 No. 2



ADVOCATE



Nurses Week 2023
The Perfect Time to Unionize!
pages 4-5, 12-14

May 2023



Massachusetts
Nurses
Association

Look for us on Facebook & Twitter
On the web: massnurses.org



MEMBERSHIP BENEFITS\$



As an MNA member, you are entitled to receive substantial group discounts on valuable programs and services. Below is a partial listing of our discount programs that can help aid in improving the quality of your personal and professional life, as well as provide you with great cost savings. Combined, these savings directly offset the cost of your union membership.



Learn more at <https://www.massnurses.org/Member-Services/Discounts-&-Benefits>

TRAVEL & LEISURE DISCOUNTS

- Alamo Car Rental
- Avis Car Rental Discount
- Boch Center
- Boston Bruins & TD BankNorth Garden
- Boston Celtics
- Broadway Opera House-Citi Emerson Colonial Theatre
- Budget Car Rental
- Canobie Lake Park (Seasonal)
- Cruises Only
- DCU Center Worcester
- Disney World & More - Tickets At Work
- Hertz Car Rental Discount
- MNA Traveler in with Durgan Travel Service
- Movie Passes
- Six Flags New England (Seasonal)
- Water Country (Seasonal)
- Wyndham Hotels and Resorts
- Working Advantage
- Zipcar



PERSONAL & FINANCIAL

- American Income Life
- Atlus Dental
- Berkshire Money Management
- Cavallo & Signoriello Insurance Agency
- Cross Country Mortgage LLC
- Edward Jones
- Membership Benefits Group
- Nurses Service Organization



PRODUCTS & SERVICES

- AT&T Wireless
- BJ's Wholesale Club
- Brooks Brothers Discount
- Work 'n Gear



Want to be part of the MNA? Join us as an Associate Member!



The MNA has an exciting opportunity for non-unionized RNs working in the commonwealth. Our "associate membership" option, which is available at a reduced rate, opens the door for you to become involved with the MNA and its 23,000+ members. Joining as an associate member also provides you with access to the discounts, benefits, and resources that MNA union nurses enjoy daily, including full access to the organization's free CE programs.

To learn more, email membership@mnarn.org.

**Please note that joining as an associate member does not provide you with voting rights or the right to serve on the MNA's board of directors, nor does it provide you with the workplace protections and benefits that are contained within MNA contracts.*

President's Column



Katie Murphy

We're emerging from a not-so-cold winter to face a summer that may be heating up. Our annual survey on the state of nursing in Massachusetts (pgs. 6-9) reveals a worsening picture of patient care. More nurses than ever report that the quality of hospital care has gotten worse over the past two years. Across the Commonwealth, nurses — the majority of them *non-MNA nurses* — say we don't have enough time with our patients.

Among the very troubling results is that our newer nurses are feeling this disproportionately. Ninety-seven percent of newer nurses support limiting the number of patients a nurse cares for at any one time. There are many other challenges to providing the care we know our patients need, such as lack of resources, poor management, and increasing responsibilities to name just a few. But the understaffing leads the list by a wide margin.

This deliberate understaffing by management is a crisis of their own making. There are more licensed registered nurses in Massachusetts than before the pandemic. As we have said

repeatedly to everyone, *there is no nursing shortage* (pg. 11)! There is, however, a shortage of nurses willing to work under today's conditions. This broken system of hoping that nurses will continue to deliver even more complex care under worse conditions is driving nurses from the bedside. In turn, hospital management hires exorbitant temporary nurses that exacerbate the problem.

Take a look at the survey. It's what you live every day. It's important to realize that it is not that you need to "work smarter," or "work on your time management," or other stock phrases we hear when we notify management that we need more staff for our patients. Hospital executives know this data. They are counting on nurses' almost endless ability to achieve the unbelievable to avoid doing the right thing: safe patient limits.

I share this not to discourage you but to share with you our collective strength and our collective knowledge. There are so many tools available to us to continue to fight for safe patient care (pgs. 10-11) and safe working conditions. Many nurses are doing this now by choosing to form a union with the MNA. This way, they're guaranteed to have more of a say in both how they care for patients and in their working conditions. Be

sure to read their stories on pages 12-14. And if you find yourself wanting to know more about how to form an MNA union at your workplace, simply scan the QR code on the back cover of this issue of *The MassNurse*.

Our solidarity is our power. Neighbors, unions, activists, and legislators all over the state and country stand with us and are grateful for the work we do every day, both at the bedside and for the greater society.

Until next time, take care of yourselves and your colleagues. You, and they, are needed!

In solidarity,

Table of Contents:

Member Benefits	pg. 2
Advantages of Working in Union Facility .	pgs. 4-5
State of Nursing Survey Results	pgs. 6-9
New Approach to Safe Patient Limits ..	pgs. 10-11
The Truth About Compact	pg. 11
What RNs Are Saying About Unionizing	pgs. 12-14
Unit Reports	pg. 15, 16
OSHA-Recordable Injury and Illness Cases .	pg. 17
Spotlight on Safe Patient Handling	pg. 18
Continuing Nursing Education	pg. 20

the Massachusetts nurse

ADVOCATE ISSN 0163-0784: USPS 326-050

President: Katie Murphy, 2020 – 2023

Vice President: Marie Ritacco, 2022 – 2025

Secretary: Joan Ballantyne, 2020 – 2023

Treasurer: Nora Watts, 2022 – 2025

Regional Directors, Labor:

Region 1: Katelyn Roberson, 2022 – 2025;
Donna Stern, 2020-2023

Region 2: Bernane Chery, 2022 – 2025
Catharine Mysliwicz, 2020-2023

Region 3: P. Karen Duffy, 2020-2023; Laurie Parker, 2022-2025

Region 4: Elizabeth Mulholland, 2020-2023; vacant

Region 5: Ellen MacInnis, 2020-2023; Dan Rec, 2022-2025

Directors (At-Large/Labor): Nikki Ducey, 2022-2025;
Constance Gassett, 2020-2023; Lisa Goss, 2020-2023; Mary
Havlicek Cornacchia, 2020-2023; Dominique Muldoon: 2022-
2025; Kathy Reardon: 2022-2025; Colleen Wolfe, 2020-2023

Directors (At-Large/General): vacant, 2020-2023; vacant,
2022-2025; Karen Coughlin, 2022-2025; Ellen Farley-Wylie,
2020-2023; Sean McCormack, 2022-2025; Victoria Pike, 2022-
2025; Susan Wright Thomas, 2020-2023

Labor Program Member:
vacant, 2020-2023

Executive Director: Julie Pinkham

Managing Editor: David Schildmeier

Editor: Jen Johnson

Layout Design: Chris Doucette

Production Manager: Erin M. Servaes

Published quarterly by the Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021. Periodical postage paid at Canton, MA and additional mailing offices.

Postmaster: Send address corrections to Massachusetts Nurse, Massachusetts Nurses Association, 340 Turnpike Street, Canton, MA 02021.



The Benefits and Advantages of Working in a Union Facility

Republished from Jan. 2020; by Joe Twarog

Currently, only 13.2% of the workforce in Massachusetts is unionized. Therefore, the vast majority (86.8%) of in-state workers are not represented by a union and may not have any personal knowledge or work experience in a union workplace.

Additionally, our educational system teaches little about labor, its organizers, and its leaders. School children learn plenty about industrialists like Andrew Carnegie, John D. Rockefeller, William Randolph Hearst, and Cornelius Vanderbilt and their vast riches and “glowing achievements.” Yet they have little knowledge of some of the key leaders in the labor movement and their accomplishments and struggles for worker justice. This includes Mother Jones; Joe Hill; John L. Lewis; A. Philip Randolph; Walter Reuther; Lucy Randolph Mason; Frances Perkins; Lucy Parsons; Dolores Huerta; Cesar Chavez; Rosina Tucker; Elizabeth Gurley Flynn; and Bayard Rustin.

It should come as no surprise that many American workers have little understanding of, or background in, organized labor and the benefits of “working union.” Unfortunately, negative stereotypes in the media are pervasive, and often the only reports that are seen are about union strikes and “troubles.” This occurs even though thousands of union contracts are successfully and routinely negotiated every year nationwide, thereby improving wages and working conditions for countless employees, all while improving the overall economy.



Call 781-821-4625 for information on unionizing with the MNA.

With this background as a foundation, the following question begs to be asked: What difference is there in working in a union workplace vs. a non-union workplace?

To be blunt, in a non-union workplace the worker has virtually no rights to be heard or to challenge an injustice unless they can point to a specific law that addresses the issue. It is the union contract and its enforcement by the union membership that makes the difference. If a nurse or healthcare professional works in a mega-hospital — like Massachusetts General, the Lahey Clinic, Baystate Health Care, or Beth Israel/Deaconess — she/he has little say over their working conditions. Sure, some of these may claim to have an “open door” policy or even an internal grievance procedure (although they may refer to it in different terms). But these procedures surely never have a totally independent authority such as an arbitrator who has the power to make the final binding decision on what is in question.

The following are two charts that illustrate some key differences between union and non-union facilities.

Union



Wage and Benefit Comparison: Union vs. Non-Union

For all sectors; not nursing specific.

Benefit	Union	Non-union
Wages – Median Weekly Earnings	\$753	\$489
Retirement Benefits & Pensions	90%	64%
Healthcare Coverage	92%	68%
Short Term Disability	63%	35%
Life Insurance Coverage	83%	55%
Paid Personal Leave	49%	37%
Paid Vacations	90%	76%
Paid Holidays	89%	76%
Paid Sick Leave	71%	62%

Figures based on data from the US Bureau of Labor and Statistics.

Non-Union



The differences and benefits of working in a union facility are unmistakable and clear. Trade unionists should proudly promote these advantages and educate the many workers who are unaware or critical of unions due to the lack of information. ■

Benefit	Union	Non-Union
Due process	Each collective bargaining agreement includes a grievance and arbitration process that every worker can access.	None
Wages, benefits, and working conditions	These are all mandatory subjects that are negotiated at the bargaining table — a direct mechanism to improving work life.	None; management determines these unilaterally.
Hiring, promotions, transfers, and layoffs	These are all governed by the negotiated terms of the contract. Seniority is the objective tool used in many of these instances.	All determined by the employer.
Changes in working conditions	All are negotiated and can only be changed by formal negotiations between the union and the employer.	The employer is free to do what it likes without worker input.
Staffing	The union always fights for improved staffing.	The employer decides.
Floating, shift rotation, leaves of absence, sick leave, holidays	All are negotiated and protected by the contract.	The employer decides, except when the law applies.
Discipline and discharge	Subject to the “just cause” standard.	The employer does as it chooses; an employee may be disciplined and/or terminated without any justification, explanation, or cause.
Weingarten Rights	These rights allow an employee to have a union representative present during an investigatory interview when discipline may result.	No such rights.
Voice in the workplace	Employees have a powerful direct voice in their workplace about their working conditions.	Employees may speak; employers will ignore.
Access to information	The union has strong rights of access to information when investigating a possible grievance as well as during contract negotiations.	None
Voice in patient care	MNA members always advocate for their patients’ welfare. Examples include safe staffing; ban on mandatory overtime; ICU patient limits; workplace violence; safe patient handling; etc.	Employees may speak; employers will ignore.
Political and legislative work	On-going. The MNA is recognized as a powerful voice advocating for patients that must be recognized (see above).	Good luck.
Equality and favoritism in the workplace	Seniority provides a fair and objective measure, thereby vastly reducing the amount of bias and favoritism in the workplace.	The employer can be fair or not; there are no barriers or guidelines for the boss to refrain from gross favoritism, nepotism, or preferential treatment.
Workplace safety	Health and safety on the job is always a priority for the union. It is negotiated and memorialized in the contract, and enforced through grievance and arbitration.	Employers are only obligated to observe the laws in place.
Job security	Union workers may be laid off but there is an order and process that must be followed. Terminations are subject to the “just cause” standard and due process.	Workers are “at will” employees subject to the whims and desires of the employer.
Nondiscrimination	Strong protections are negotiated into most contracts that include categories often not covered by law.	Employers only have to abide by the law.



Newest ‘State of Nursing in Massachusetts’ Survey Reveals Unsafe Conditions and RN Burnout as True Causes of Statewide Staffing Crisis as Hospitals Overspend on Temporary Nurses and Patient Care Quality Drops

The hospital industry has long engaged in a harmful cycle of hollowing out the state’s permanent workforce of bedside nurses by undermining their ability to provide quality care through understaffing and assigning unsafe numbers of patients, fueling the flight of nurses away from the profession, and then relying on expensive travel nurses to fill the artificial void, resulting in today’s staffing and patient care crisis, according to the newly released 2023 “State of Nursing in Massachusetts” survey, commissioned annually by the Massachusetts Nurses Association (MNA), providing years of historical trend data.

“The hospital staffing crisis and nurses’ struggle to provide safe, high-quality patient care has been driven by corporate greed and persists because of the hospital industry’s refusal to listen to nurses and implement our solutions,” said Katie Murphy, a practicing ICU nurse and president of the MNA. “Rather than the cause of this crisis, the COVID-19 pandemic has simply laid bare a system already broken by hospital executives. The industry claims it cannot find nurses, but the data shows there are more nurses than ever. There is not a shortage of nurses, but rather a shortage of nurses willing to work in these unsafe conditions.”

“The State of Nursing in Massachusetts” this year featured an all-time high number of nurses saying hospital care quality has gotten worse over the past two years. The survey has tracked this number since 2014, when it was 38%. In 2023, 85% of nurses saw care quality decline, up two points from last year, 30 points from 2021, and 46 points from 2019. This troubling trend tracks with survey results showing increased numbers of nurses who do not have enough time to give their patients the care and attention they need and who are forced to care for too many patients at one time. In 2023, 72% of nurses saw both of those issues as “major challenges,” up 11 and 13 points from 2021.

Newer nurses are disproportionately feeling the impact. Sixty-three percent of nurses with 0 to 5 years of experience say understaffing is their biggest obstacle to providing quality care, compared to 56% of all nurses. Of those nurses planning to leave the field within two years, 67% of newer nurses say they will find work outside of healthcare, compared to 31% of all nurses. Newer nurses are even more likely to support legislation the MNA has proposed to address the underlying causes of the nursing crisis. Ninety-seven percent of nurses with 0 to five years of experience say they “strongly support” limiting the number of patients a nurse is assigned at one time, compared to 76% of all nurses.

This year’s survey — a randomized poll of Massachusetts RNs conducted February 28 to March 5 by Boston-based Beacon Research — was released to coincide with the Health Policy Commission’s March 29 event, “Building a Robust Health Care Workforce in Massachusetts.”

The survey included 531 registered nurses, drawn from a file of the 150,000 nurses registered with the Massachusetts Board of Registration in Nursing. Most respondents (59%) were non-union nurses, 36% worked at a teaching hospital, and 19% worked at a community hospital. Forty-three percent worked either in direct care outside a hospital or not in direct care.

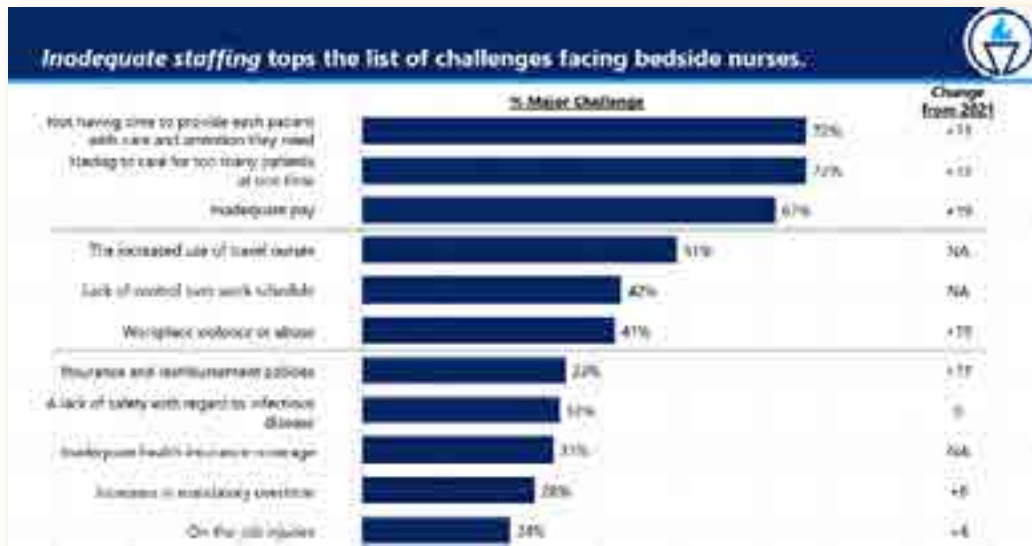
UNDERSTAFFING DAMAGES PATIENT CARE QUALITY

The “State of Nursing in Massachusetts” began tracking the quality of care in Massachusetts hospitals in 2014. The survey asks nurses about the direction of care quality over the previous two years. From 2014 to 2019, between 27% and 39% of nurses said care quality was getting worse. In March 2021, the first survey conducted after the onset of the pandemic, that number rose to 55%. In 2022, it spiked to 83% and then rose two more points to 85% this year. The percentage of nurses in direct care at hospitals who said this year care was getting worse was even higher.

- Nurses in direct care at a teaching hospital: 87% said care quality is getting worse.
- Nurses in direct care at a community hospital: 90% said care quality is getting worse.

Nurses identify two chief obstacles to providing quality patient care: Understaffing and being assigned too many patients at one time. These obstacles have grown more substantial over time, as demonstrated by historical “State of Nursing in Massachusetts” survey data.

- “Understaffing” as the biggest obstacle in delivering quality care to patients:
 - 2015: 16% of nurses
 - 2017: 33% of nurses
 - 2018: 28% of nurses
 - 2019: 27% of nurses
 - 2021: 30% of nurses
 - 2022: 55% of nurses
 - 2023: 56% of nurses



Unsafe assignments have a clear impact on patients, with nurses describing the negative outcomes:

- 86% – have experienced a lack of time to properly comfort and assist patients and families
- 80% – lack of time to educate patients and provide adequate discharge planning.
- 71% – patient re-admissions
- 70% – complications or other problems
- 59% – medical errors such as wrong medication
- 58% – longer hospital stays
- 49% – injury or harm
- 23% – death of a patient



UNSAFE CONDITIONS DRIVE NURSES AWAY OR TO SEEK TEMP WORK

In addition to deteriorating care quality, a major result of worsening understaffing and unsafe patient care conditions is nurse exhaustion, stress, and burnout. This means nurses leaving hospitals, fleeing the bedside, retiring, seeking short-term contracts, or finding less intensive healthcare work. **However, the state’s current nursing crisis is in no way attributable to any shortage in the supply of nurses.** Massachusetts recently ranked in the top five nationally for active licensed RNs per capita, graduates more than 4,000 new nurses each year from our nursing schools, and our nursing population increased by 24% over three years. According to an independent study of nursing supply by state, Massachusetts was one of only two states projected to have a surplus of nurses as of 2030.

This year’s “State of Nursing in Massachusetts” showed that as many nurses plan to leave the field within two years because of understaffing and burnout as retirement (40% retirement, 20% overworked/understaffed, and 19% burnout/exhaustion/stress). Among nurses already not working in a hospital who used to work in a hospital, 18% left because of understaffing (the most common reason) and 15% because of work hours/schedule.



A new report from the International Council of Nurses (ICN), “Recover to Rebuild: Investing in the Nursing Workforce for Health System Effectiveness,” cites more than 100 studies and reveals that 40 to 80% of nurses have reported experiencing symptoms of psychological distress, while nurses’ intention to leave the profession has risen by 20%.

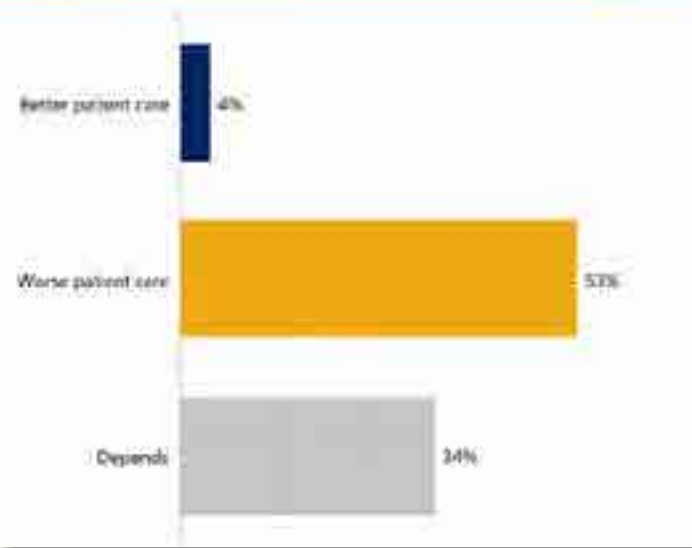
A key section on nurse burnout in the ICN report, states, “One key review of burnout in nursing, which identified and examined 91 (pre-pandemic) research studies, concluded that ‘the patterns identified by these studies consistently show that adverse job characteristics — high workload, low staffing levels, long shifts, and low control — are associated with burnout in nursing. The potential consequences for staff and patients are severe.”

Unsustainable working conditions also put pressure on nurses to seek shorter term commitments and higher pay. This pressure, combined with a change in government regulations incentivizing permanent nurses to become traveler nurses, has contributed to high levels of temporary nurses in hospitals, driving up healthcare costs and affecting care quality.

The Boston Globe reported this month that during the height of the pandemic, the Baker administration created a new classification of traveling nurses with no salary caps and no requirements that they live at least 200 miles away. That enticed local hospital staffers to quit their jobs and return to the same job as contract workers making substantially more money, with more flexibility in hours.

In addition to sapping hospitals of much-needed permanent nurses, the reliance on travel nurses has cost the industry \$1.5 billion, according to a survey by the Massachusetts Health and Hospital Association, while harming care quality. In the 2023 “The State of Nursing in Massachusetts,” 53% of respondents said hospitals that rely on travel nurses have worse patient care.

Very few think patient care is better at hospitals that rely on travel nurses.



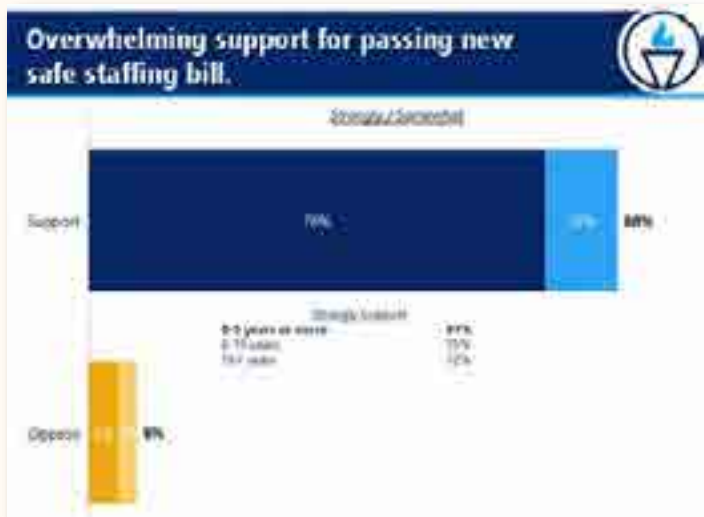
NURSES SEEK SAFE PATIENT LIMITS

In overwhelming numbers, nurses support a legislative solution that would develop a statewide maximum limit on the number of patients a registered nurse at Massachusetts hospitals can be assigned at one time.

The MNA and its State House partners filed new legislation this term entitled “An Act Promoting Patient Safety and Equitable Access to Care,” sponsored by Sen. Lydia Edwards, D-Third Suffolk, and Rep. Natalie Higgins, D-4th Worcester. The bill features a different approach to developing nurse-patient limits in each unit of acute care hospitals than Question 1, the ballot question put forward by the MNA in 2018. It would empower DPH to hold public stakeholder hearings and promulgate regulations that establish specific limits on the number of patients a registered nurse shall be assigned to care for at one time.

Nurses surveyed this year support the legislation by a wide margin. Seventy-six percent of all nurses said they strongly support this safe patient limits bill, and 12% somewhat support it.

Nearly every nurse (97%) surveyed with five years or less of experience said they “strongly support” the legislation.



NURSES FEEL LESS SAFE FROM VIOLENCE, SEEK PREVENTION LEGISLATION

A growing number of nurses fear violence in their workplace and view it as a serious problem. The threat is even more dire among direct-care hospital nurses.

- 24% of nurses said they do not feel safe in their workplace, an increase from 9% of nurses in 2019 and 17% in 2021.
- 63% of nurses said workplace violence and abuse is a serious problem, up from 42% in 2021.
- 76% of nurses in direct care at a teaching hospital said workplace violence and abuse is a serious problem.
- 79% of nurses in direct care at a community hospital said workplace violence and abuse is a serious problem.

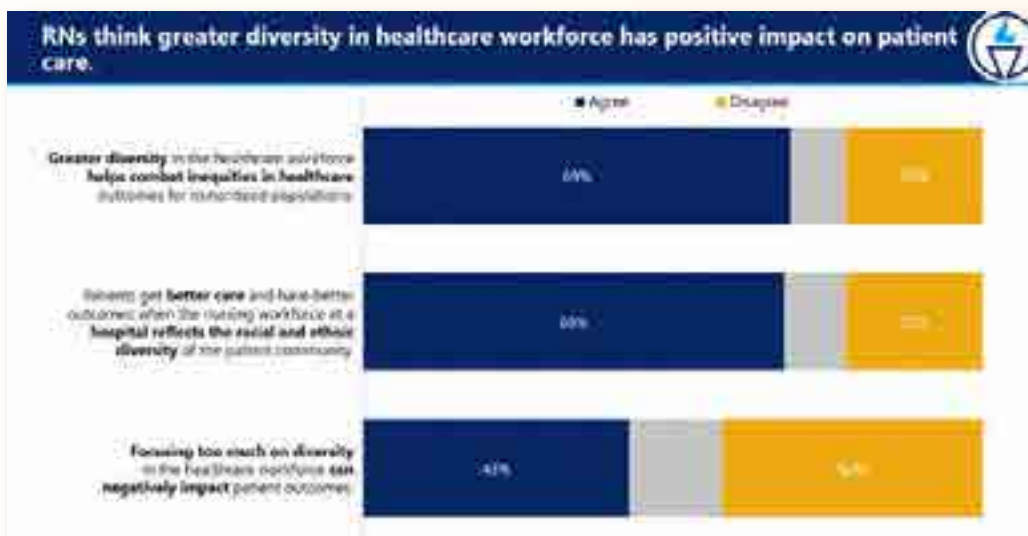


The number of nurses who report experiencing at least one instance of violence or abuse has also jumped.

- 70% of nurses in 2023 said they experienced this at least once in the past two years, including 12% who said it happened one time, 35% who said two to five times, and 23% who said six times or more.
- The total percentage is up from 57% in 2021 and 2019, and 65% in 2017.
- Nurses have long been subject to more violence than any other profession. Nurses and nurses' aides were assaulted more than police officers and prison guards, according to a 2017 OSHA report. To combat this worsening problem, MNA nurses and healthcare professionals have proposed violence prevention legislation at the State House. This bill would require healthcare employers to perform an annual safety risk assessment and, based on those findings, develop and implement programs to minimize the danger of workplace violence to employees and patients. It would also provide time off for healthcare workers assaulted on the job to address legal issues and require semi-annual reporting of assaults on healthcare employees.

GREATER DIVERSITY KEY TO ADDRESSING RACIAL HEALTHCARE INEQUITIES

Along with fixing the underlying causes of the nursing crisis and preserving essential healthcare services, MNA nurses and healthcare professionals asked Gov. Maura Healey to focus on eliminating healthcare inequities when she took office. This year's survey shows nurses believe that increasing diversity, having a workforce that reflects the racial and ethnic makeup of the community, and better training are key to tackling this issue.



In January 2021, the MNA announced an organization-wide effort to educate and mobilize its membership to confront structural racism and its impact on the nursing/health professions, the health care workplace and in the broader society. The initiative is summarized in the MNA's anti-racism position statement located at bit.ly/MNA-AntiRacism. ■

New Approach to Winning Safe Patient Limits: Why Now is the Right Time

In 2018, nurses put a proposal before Massachusetts voters that would have set unit-specific limits on the number of patients a nurse could care for at one time. Unfortunately, this effort was unsuccessful. On election night, hospital leaders pledged, “This is the beginning of a conversation, not the end.”

However, nearly five years — and one pandemic — later, staffing is still the number one concern of frontline nurses, and conditions in our hospitals have only worsened. A recent survey of Massachusetts union and non-union nurses found that 85% of nurses report conditions at their hospitals have gotten worse since the failure of the ballot initiative, with 53% reporting conditions have gotten “significantly” worse, with the same nurses ranking excessive patient assignments as the primary cause of this deterioration in patient safety.

Eighty-six percent of nurses in this survey reported not having enough time to spend with their patients. Nurses also reported a strong link between current unsafe staffing conditions and a variety of adverse patient outcomes, including 70% of nurses who reported being aware of patient complications as a result of dangerous nurse-patient assignments; 71% who reported an increase in patient readmissions; 59% reported an increase in medical errors; and an alarming 23% reported they are aware of a patient death as a result of these conditions.

Despite acknowledging the detrimental effects of nurses caring for too many patients at one time, hospital administrators have failed to adequately address the crises of nurse staffing and patient care. Instead, over the last two decades, these same hospital administrators have implemented policies and staffing practices purposefully designed to force nurses to do more with less, to work longer hours with less support, and to take on larger patient assignments — all as a means of cutting costs and/or boosting hospital profit margins. Despite the lip service paid to “hearing the nurses’ concerns,” frontline nurses in 2023 still care for too many patients at once. These nurses are now opting to leave the bedside in one of the largest mass exodus in nursing history. If we want to retain our nursing workforce, secure the future of the nursing profession, and improve patient safety, the time to act is now.

The COVID-19 pandemic did not create the crisis we are currently experiencing in nursing care — it merely exacerbated problems that have been building for decades. Nurses and other healthcare workers put their lives on the line every shift caring for patients with COVID-19. The risks of exposure for frontline healthcare workers have been acknowledged repeatedly. When examining data across occupations, nurses accounted for more than one in three COVID-19 hospitalizations and one in three COVID-19 deaths. They worked without the proper personal protective equipment, without the necessary safety protocols, and were often told to work when sick or symptomatic.



As the pandemic began, nurses were rightly praised for their leading role. But as has happened many times, people are happy to laud nurses until those nurses have an opinion that runs counter to that of hospital executives and administrators. The same administrators who praised the nursing workforce ignored their pleas for safer working conditions. As a result, nurses have decided that rather than continue to work in sub-standard conditions they will walk away from the bedside — creating an even bigger crisis.

In the years since Massachusetts failed to enact safe patient limits, research supporting limits has continued to pile up:

Patient Mortality

- A 2021 study found that each additional patient added to a nurse’s workload is associated with 16% higher deaths.¹ Another study from 2021 found shifts with high levels of registered nurses had nearly 9% lower odds of mortality while low staffing levels were associated with 10% higher odds of mortality.²

Adverse Outcomes

- A study examining COVID-19 outcomes at New York City hospitals showed that the outcomes for patients at better-staffed hospitals were significantly better than those for patients at hospitals that are poorly staffed.

Readmissions

- A 2021 study found each additional patient added to a nurse’s workload is associated with 13% higher in-hospital mortality and 8% higher readmissions.³

A NEW APPROACH

Unlike the ballot question, which specified the limits, the MNA's new legislation empowers the Department of Public Health (DPH) to set limits following a series of public hearings from stakeholders. In a survey from early 2023, 88% of the state's nurses support this new version of the safe patient limits bill.

WE NEED YOU IN THIS FIGHT

As complex and challenging as the past three years have been, it has also been a time when nurses have rediscovered their power and importance. You were told that units and hospitals would close if we enacted safe patient limits in 2018. You were told emergency rooms would be overcrowded. You were told you would lose support staff. All of those things happened despite the failure of the ballot initiative — because hospitals decided those things were ok and that, as a profession, you would be too fractured to fight back. While nurses were laid off and furloughed during the COVID-19 pandemic, Massachusetts hospital executives gave themselves raises and bonuses.

There are more than 125,000 nurses in Massachusetts. We need every single one of you in the fight for safe patient limits — to protect your patients and your profession. Now is the time! Let us use our knowledge and power to fix this broken healthcare system.

1. <https://bmjopen.bmj.com/content/11/12/e052899.full>
2. <https://www.sciencedirect.com/science/article/pii/S0020748921000936>
3. https://journals.lww.com/lww-medicalcare/Fulltext/2021/05000/Is_Hospital_Nurse_Staffing_Legislation_in_the.11.aspx



Join the MNA
Build Your Power!



THE TRUTH ABOUT NURSE LICENSURE COMPACT

We have enough nurses.

Massachusetts has grown RNs by 24% (nearly 29,000) over the last three years. We have more nurses per capita than almost every other state and we are graduating thousands of new RNs each year.

We need to keep nurses at the bedside.

Nurses, burned out by current working conditions, are leaving bedside care. We should be focusing on making changes that will keep them where we need them.

We should not believe the gimmicks.

Hospital administrators and executives want you to believe that if Massachusetts joins the Nurse Licensure Compact nurses will suddenly come to the state in droves and solve all problems. But that has not happened in other Compact states.

Compact has not worked in other states.

An independent study of 1.8 million RNs and healthcare workers found NO EVIDENCE that joining Compact brings nurses to your state.

Compact is bad for patient care.

Compact allows your constituent bedside RNs to be replaced by nurses from other states — whether in person or via telehealth from some other part of the country.

Compact ignores the real issues driving nurses from the bedside.

Nurses have told us repeatedly why they are leaving the bedside: abysmal working conditions that hospital executives have chosen not to improve.

The MNA opposes Compact.

You should too.

For more information, please contact
Maryanne Bray at 781-249-9581 or
mbray@mnarn.org.

Real Stories About Unionizing with the MNA

Rod Hemingway, Occupational Therapist

The Healthcare Professionals of Boston VNA

Began organizing in August 2019; Settled first contract in February 2022

What is the first thing you heard from your employer about your decision to form a union with the MNA?

They said things like, "You will no longer be able to talk to your managers," "You'll have no say," and, "You don't need a union. We'll listen to your needs." All of those things were untrue.

What happened that gave you the most anxiety?

At our first bargaining session, when they sat across the table with us and rejected our request to be treated equally with the nurses (our nurses have been unionized for decades). We knew it would be a long slog, and all gains would have to be done through solidarity and advocating for all of our needs. Speaking truth to power!

What surprised you the most?

How obstinate management was during negotiations! They allowed their hired lawyer to talk pejoratively and dismissively about us. Oh, and that our CEO refused to engage us directly in any manner whatsoever.

What made you feel most angry?

When they fought us to reduce our bereavement leave. They fought to not provide ample time off to grieve the loss of a family member! But ultimately, we won.

What made you feel most empowered?

Part of our unionizing and negotiating strategy was to use petitions with our members to communicate our solidarity to management. Each and every time, our petitions were signed by 100% of our membership!

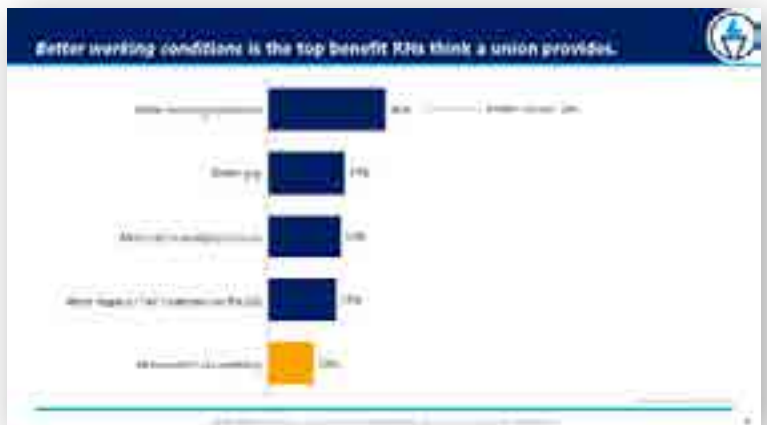
At any point, did you feel like giving up?

At times it just didn't seem like the employer would move at all, particularly on a wage scale. They said all sorts of things like, "We do not plan to agree to any wage scale." It felt like we'd never get there. Then, at the very end, it was like a flood and management finally came back with a wage scale proposal. We tweaked it to meet our members' needs, and then we had it: our first contract!



What are you most proud of about your campaign to unionize with the MNA?

That this union will be here for generations to help new health-care professionals who arrive at Boston VNA, and they will permanently have a stable and strong workplace.



Survey results taken from the MNA's 2023

Christina Buxton, RN

Milford Regional Medical Center

Began organizing in late 2019; Settled first contract in November of 2022



When is the first time you heard of the union efforts?

I believe several nurses at Milford who had been interested in organizing and joining the MNA brought them in at the end of 2019 and the beginning of 2020. I was about a year into my employment at MRMCM and still in the honeymoon phase and reluctant to make waves. However, 2020 being the year that it was, shifted my perspective and by the summer I was ready to be involved.

What is the first thing you heard from your employer about the union?

I don't remember a specific statement more of a general tone. The message was that "we care about you and we don't need an outside party in our employer/employee relationship."

When did you feel most fearful through this experience? What happened that gave you the most anxiety?

The process of organizing ... getting the union in, going from a small coalition to a cohesive bargaining unit and committee was so incredibly time-consuming. Progress tended to be in baby steps, which can lead to doubt and anxiety as the process drags on. The most anxious time for me was when we were on the verge of having to picket the hospital's annual fundraiser gala due to stalling at the end of contract negotiations. It was such an incredible relief to have them settle!

What surprised you the most?

The entire process of organizing and contract negotiations was brand new to me, so it's fair to say the entire process was a surprise to me. The sheer amount of time and energy required of those of us on the committee took me by surprise.

What made you feel most angry?

Having nursing's very valid concerns and experiences reframed by the hospital as being status quo and therefore should not be examined makes me feel so angry. The platitudes of "this is the job," "why can't you stop being negative," and "just do your job and smile." This invalidation of our lived experiences and deliberate misdirection is one of the most upsetting things to me.

What made you feel most empowered?

Having a seat at the table with nurses from units throughout the hospital, with an MNA union negotiator supporting us is incredibly empowering. We went from sitting in committees where our ideas never came to fruition to having a contract that requires management to meet with us as equals.

What are you most proud of?

I am most proud of my fellow nurses serving on our committee and, honestly, all of the nurses throughout our bargaining unit. We somehow stuck together through years of organizing and negotiations, all while dealing with the COVID pandemic.

At any point, did you feel like giving up? Why didn't you?

While I felt frustrated many times, I never truly felt like giving up. Giving up would have felt like giving in. I felt strongly that we needed a say in our working conditions and wages ... it was a necessity in order for me to continue in the profession that I love so much. Our profession continues to evolve and take on more responsibility. We are the drivers of healthcare, and it's unacceptable for us to be told to take a backseat.



“State of Nursing in Massachusetts Survey.”

continued p. 14

Sara Burton, RN

Milford Regional Medical Center

Began organizing in late 2019; Settled first contract in November of 2022

When is the first time you heard of the union organizing efforts?

There had been union rumblings for years, but for me, it wasn't until about 2019 when I was becoming disillusioned with the hospital's halfhearted attempts at "professional governance" (in theory, letting nurses have power over decisions that impact us) that I really started to hear more rumors and take them more seriously. But it was during COVID that a coworker on my unit invited me to meet with one of the organizers on her front lawn to learn more. Up to that point, I was supportive from a distance, but not directly involved. They eventually convinced me that we must do the work to make the change, and waiting for someone else to step up wouldn't be enough.

What is the first thing you heard from your employer about the union? What did they say?

Our committee and organizers did a good job of keeping things quiet until we went public with our call for a vote, which is exactly what you are advised to do during an organizing campaign: Keep things as small and quiet for as long as possible. Ultimately, I think management was very surprised and some felt personally betrayed that we had "gone behind their backs." But it also demonstrates how out of touch they were, and how much they underestimated the intense disillusionment and mistrust nurses were experiencing. They threatened that "the union will come between us," but I had no faith in their ability to do anything to help our nurses. They were well aware of the issues that were hurting us. They had *years* to make things better and they consistently failed.

What most surprised you?

I've been surprised and delighted by the solidarity and support from other bargaining unit nurses, other unions, and the community. I think we are part of a larger labor movement that is gaining momentum, and that's exciting.

What made you feel most angry prior to organizing?

I was most angry when the hospital implied that nurses need to work harder, pick up more time, or be more resilient. Management has a habit of wanting us to do more with less, they add duties to our overloaded plates, and they want us to just take it with a smile on our faces. There was a tone of "toxic positivity" rather than acknowledging how broken our system had become. Nurses are natural problem solvers and often selfless and self-sacrificing, but unfortunately, our willingness to create workarounds and "just make do" often leads administrators to believe they are OWED our extra effort and labor, and that the stress and toll it takes on our mental and physical health is inconsequential.



What made you feel most empowered?

I remember watching one of our nurses sit elbow-to-elbow with our MNA labor negotiator and union expert. The nurse was helping to draft contract proposals that would impact her unit ... it was great! It also disproved management's narrative that "unionizing would just be the MNA coming in and doing whatever they want." But no: It's our union, it's our nurses. We are so fortunate to be part of MNA, but I really feel like Milford nurses are the ones who can make decisions on what is most important to us. Our wage package has also corrected some past imbalances in how much nurses with the same experience were paid. Using a transparent and competitive wage scale is something I am so proud of. Only the hospital wins when we keep wages a secret.

What is your favorite moment from the campaign?

The best moment for me was our ratification vote in November 2022. Literally, hundreds of nurses coming in to vote yes and say, "Thank you!" We won 288 to four. It was terrific. Seeing dozens of nurses — and other staff too! — wear black scrubs and clothing every Friday to show support was also a highlight. It was such a strong, visible show of support. I know the administrators noticed it.

At any point, did you feel like giving up? Why didn't you?

I never felt like giving up, even though it was a slog having negotiations last almost 21 months. I've only found more reasons to support our decision to unionize. I've never been more sure it was the right thing to do. The interests of the hospital administrators are just fundamentally different from our interests. I've seen firsthand the power we have when we work together.

What are you most proud of?

As evidenced by our ratification vote, I think we really built up our support throughout negotiations and proved to the nurses how our contract would benefit them. We have a pretty large committee, but one of our core values is that there should be representation from every area/unit of the hospital. Our committee did a great job of getting information out promptly and consistently tried to involve nurses from all over. We gave people multiple opportunities to get educated, and to give info and feedback on the proposals that would impact them.

After the Fire: An Update on the Brockton Hospital RNs

Three months have passed since Brockton Hospital was engulfed in flames, causing a hospital-wide evacuation and massive disruption for the greater Brockton community, hospital employees, and the MNA nurses who work there.

The accidental 10-alarm fire, now believed to have started at an electrical transformer, prompted the evacuation of 160 patients — often with MNA nurses and Brockton firefighters working together to keep patients safe.

In the days and early weeks following the fire, Brockton Hospital worked to relocate as many services and units to nearby hospital-owned facilities as possible and, in those instances, MNA nurses continued to deliver care to their patients in those new spaces.

But in many more instances, MNA nurses were unable to move to a relocated clinic or practice because the service was simply unable to be relocated.

Enter the MNA.

In the time since the fire, the MNA has tirelessly advocated for all Brockton Hospital nurses, particularly for those working in units and clinics that were designated “closed” for the duration. The MNA immediately began working with hospital management on the details of the nurses’ continued compensation and benefits (which was ultimately extended to April

11), as well as a “redeployment program.” This program was a collaboration with several other MNA hospitals including, Brockton Neighborhood Health; Tufts Medical Center; Good Samaritan; Cape Cod Hospital; Falmouth Hospital; Tobey Hospital; and St. Luke’s Hospital.

In March, each of these facilities shared with the MNA and Brockton Hospital a comprehensive list of available nursing positions with the goal of onboarding any interested and qualified nurse to work in its own facility for the duration of Brockton Hospital’s closure. For nurses who have taken such positions, their wages and benefits remain unchanged and will be covered by Brockton Hospital. Also included in the agreements for redeployed nurses are protections and guarantees on key issues such as vacations, seniority, and returning to work in their original positions upon the hospital’s reopening. Still, redeployment has not been the right match for every displaced MNA nurse. Instead, some nurses have opted to be laid off with the full agreement that when the hospital reopens, they too will be called back to their original positions.

The MNA continues to meet with the Brockton nurses for regular membership-wide meetings, keeping everyone informed and educated about all options and the future.

Good Samaritan RNs and HCPs Ratify New Contract Agreement

On April 5, after six months of negotiations, the RNs and healthcare professionals at Steward Good Samaritan Medical Center ratified a new three-year agreement that dramatically improves wages and enhances staffing. The settlement came just weeks after members voted 98% to authorize a three-day strike with 81% of members voting in favor. With these new contract improvements, the hospital will be better positioned to recruit and retain staff. Staffing has long been an issue at Good Samaritan, but has worsened recently due to the temporary closures of Steward Norwood Hospital and Brockton Hospital.

Contract Highlights

Wages:

- Effective the first day of the first full pay period following January 1, 2023, eliminate the first step and move those on Step 1 to Step 2. Increase Step 2 by 7% and then increase the distance between steps to 4% (except for steps where

the distance is already higher than 4%).

- Also retro to 1/2023: Add a new top step.
- January 2024 a 4% across-the-board increase; January 2025 a 5% across-the-board increase.
- Depending on step location, some members will see salary increases of as much as 23% from the old wage to 1/2025.
- Wages for non-RN healthcare professionals will see similar significant wage increases.
- Increases to all differentials.

Staffing

- Significant improvements to document the staffing grids for most units, to improve the enforceability of the grids, and improvements to the grids themselves. Outpatient units were added to the list of enforceable staffing grids.
- Resource and charge without assignment in several units.

Leominster Hospital RNs Win Significant Wage Increases and Improved ED Staffing in New Contract

Well ahead of the expiration of their existing contract, the RNs at Leominster Hospital recently ratified a new three-year collective bargaining agreement. Highlights include:

- Significant wage increases that keep the hospital competitive and well-positioned to recruit and retain new nurses.
- Over the three years of the contract, nurses at the start of the wage scale will see their wages increase by more than \$11 per hour, while nurses at the top of the wage scale will see increases of approximately \$14 per hour.

- In the final year of the contract, pay at the first step will be \$39.54 per hour and \$74.06 per hour at the last step.
- 5.4 FTEs were added to the emergency department.
- If the “Charge without an assignment” language is violated, the hospital will pay the nurse DT for the time they had the assignment. If violated more than eight times per quarter the union may seek other remedies that it believes will strengthen enforcement of the language.

Members at Vibra Hospital in Western Mass. Win 6.5% Wage Increase with New One-Year Contract

The MNA members at Vibra Hospital of Western Mass. ratified a new one-year agreement on March 10. Highlights from the settlement include:

- A 6.5% across-the-board increase for hospital and per-diem employees.
- An additional step at the top of the scale in a 2% increment from the previous step.
- Increase in charge differential from \$1.00 an hour to \$2.75 an hour.
- Improvements in the closure and termination provisions increasing the rate an employee will receive for each year of service from \$50-\$75.
- Addition of a new bonus for full and part-time nurses who commit to staying to the end/retention bonus of \$300 in the first pay period in May and \$700 more to be included in the last paycheck.
- Addition of a new bonus for per-diem nurses who work an average of two shifts per pay period from the date of ratification through April 30, 2023. They will be eligible for the stay-to-the-end/retention bonus of \$300, which will be included in the paycheck for the first pay period in May. And per-diem nurses who work an average of two shifts per pay period from May 1 to closure will be eligible for the stay-to-the-end incentive/retention bonus of \$700 (to be included in the last paycheck).
- And should there be any improvements in wages, bonuses, benefits, or the like as provided or agreed to by AFSCME or other unionized employees at the hospital, they will also be extended to MNA members.



Voting Day! Vibra Hospital co-chair Maritalia Rivera-Hicks left, and chair Deborah Ramos at the March 10 contract ratification vote.



Open Invitation to Participate in a Re-Convening Of The MNA Diversity Committee

Join us as we come together to lend our hands and talents to the important work of building a stronger more inclusive union. Together we will explore options for engaging in and supporting the work of racial equity, racial justice, and social justice in our workplaces and communities.

Are You:

- Already doing racial justice work in your community and/or bargaining unit, or ready to begin the work?
- Experiencing and/or witnessing racism in the workplace?
- Ready to lead or support racial justice work in the MNA?

JOIN US IN THE WORK!

Who can participate?

Anyone interested in the work of social justice and racial equity. Now is the time to talk — bring your voice, energy, and talents to the conversation.

Help us determine:

- What the work of racial equity and social justice looks like for the MNA
- What meaningful racial and social justice work is
- What it means to fight for racial justice in the labor movement
- The purpose of a Diversity Committee

For more information and to receive notice about the Diversity Committee and its work go to <https://www.surveymonkey.com/r/MNADIVERSITY>



MNA Study Assesses OSHA-Recordable Injury and Illness Cases in Its Acute Care Facilities

By Chris Pontus, MNA Associate Director of Health & Safety

The COVID-19 pandemic has taxed all frontline workers' physical and emotional capacity. At the beginning of 2020 and the following three years, the Massachusetts Nurses Association received thousands of phone calls and emails about health and safety concerns induced by the pandemic. Three years in, and we are all still coming to terms with the breadth and depth of the effects of the pandemic on healthcare workers and the healthcare industry. Before the vaccine, the intense threat and possibility of exposure to the virus loomed over them daily. In true fashion, we heard and saw nurses and other health workers simultaneously advocating for their patients while trying to protect themselves and their families.

As the pandemic unfolded, frontline workers labored to provide care for patients despite fears of exposure as they faced insufficient personal protective equipment (PPE) and inconsistent regulations. Workers who began to acquire the virus became ill and, in some cases, died from contracting COVID. Employers raised doubts about the sources of their COVID-19 infections, publicly creating a narrative pointing to community-acquired infections and the community-acquired likelihood source of hospital-acquired infections.

We believed otherwise, based on our lived experience and what was witnessed, heard, and experienced through our daily interactions at work and with members, and as we learned the virus was airborne. In 2020, the MNA Board of Directors charged staff in its Division of Nursing, Health and Safety, and Labor Education to examine the issue of hospital versus community-acquired infection among frontline, patient-facing healthcare workers, with the goal of gaining clarity on this issue. Based on this directive, a research team of MNA staff and external consultants began acquiring and compiling data regarding worker injuries and illnesses reported in OSHA injury logs from acute care facilities throughout Massachusetts. This study, approved by the Institutional Review Board, aimed to assess and describe OSHA-recordable injury and illness cases in MNA-represented acute care facilities.

This study aimed to learn from this crisis and prevent the same errors from reoccurring in the future by analyzing data extracted from its member hospitals utilizing publicly available OSHA logs. The MNA team collected and examined the characteristics of injuries and illnesses among nurses and hospital workers during the COVID-19 pandemic.

In addition, the team designed a secondary research study aimed at answering the following questions:

What were the characteristics of injuries and illnesses among nurses and hospital workers during the COVID-19 pandemic?

Based on lost work time, transfer, and reassignment related to the reported COVID-19 cases, what was the severity of the illness experienced by the worker?

How did occupation, location, task, and availability of personal protective equipment (PPE), and other factors influence the severity of illness experienced by nurses and hospital workers who contracted COVID-19?

To answer the proposed questions, the MNA research team retrospectively examined data before the onset of the pandemic to identify and establish baseline trends of worker illnesses and injuries. In addition, publicly available 2020 OSHA logs were compiled and reviewed to gain an understanding and perspective of circumstances as they existed at that time.

We are proud to share that three years later, the MNA will soon be releasing information and preliminary findings related to this first-of-its-kind [in the United States] retrospective study entitled, "Examining Occupational Safety & Health Administration (OSHA) Recordkeeping Data to Determine Trends in Worker Injuries & Illnesses Related to COVID-19." ■



Facility Design Requirements for Safe Patient Handling and Mobility

In recent years, federal organizations have set standards requiring that healthcare facilities undergoing construction and renovation adhere to specific guidelines and standards to better protect direct caregivers and patients. These standards are part of the “Guidelines for Design and Construction of Hospitals” by the Facility Guidelines Institute (FGI).

Many state and federal authorities use this document in their regulation of the licensing or construction of healthcare and residential care facilities. Therefore, for a facility to be licensed to operate, it needs to plan for safe patient handling and mobility (SPHM) during the design phase of new buildings, additions, and renovations — which highlights the need for a facility to implement an SPHM program. A national initiative known as “Prevention Through Design,” led by the Centers for Disease Control and Prevention’s National Institute for Occupational Safety and Health, aims to minimize hazards and risks early in the design process.

The Joint Commission (TJC) addresses safe patient handling in healthcare design, which promotes building designs that protect patients, visitors, and staff through its Environment of Care standard: EC.02.06.05 #1. Although this standard does not provide criteria specific to SPHM, it does require organizations that are building new facilities or undergoing significant renovations to follow the FGI’s healthcare design and construc-

tion standards or their state construction guidelines. Since the FGI Guidelines document includes the Patient Handling and Mobility Assessments and other design criteria related to safe patient and resident handling, projects are required to meet these standards and must be designed and built to facilitate safe patient handling.

In 2012, TJC published “Improving Patient and Worker Safety: Opportunities for Synergy, Collaboration, and Innovation,” which informs healthcare facilities of the impact on staff and patients from lifting, transferring, and positioning patients, as well as specifics of how to develop SPHM programs to decrease avoidable injuries to both patients and staff. ■

The Facility Guidelines Institute (2018). Guidelines for Design and Construction of Hospitals. Facility Guidelines Institute.

The Facility Guidelines Institute (2019, October 14). New guidance on patient handling and mobility released by FGI. https://www.fgiguideelines.org/wp-content/uploads/2019/10/FGI-press-release-PHAMA_191014.pdf

The Joint Commission (2012). Improving patient and worker safety: Opportunities for synergy, collaboration and innovation. Pp 46-67. <https://www.jointcommission.org/-/media/tjc/documents/resources/patient-safety-topics/work-place-violence-prevention/updated-wsps-monograph-final-42020.pdf>

MNA Massachusetts Nurses Association

SAVE *the* DATE

Safe Patient Handling & Mobility Conference

Wednesday, September 13, 2023

— Four Points Sheraton Hotel in Norwood —

Who should attend?
RNs, PTs, OTs, RTs, MDs, CMs, healthcare program faculty and students, facility administrators, and health and safety managers.



Photo Courtesy of HoverTech International

Event agenda and registration details are forthcoming; watch our **Facebook** page and website for updates.



Are you a nurse in recovery and would like to assist a colleague in need?

The MNA Peer Assistance Program is a free and confidential peer support program available to all nurses in Massachusetts. We offer confidential peer support to nurses seeking recovery support. Our program is completely separate from the Mass Board of Nursing and Substance Abuse Rehabilitation Program.

We are seeking volunteer nurses, in recovery for at least three years, to lend support to nurses seeking recovery.

For more information, please contact Carol Mallia RN, MSN at 781-830-5755 or cmallia@mnarn.org or view the MNA Peer Assistance Program website at www.peerassistance.com

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 thirtieth 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 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 97% 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 procedure 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 thirty 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 thirty 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 thirty-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 of Dues Increase to Members

This notice is to inform all MNA members and Agency Fee payers that per MNA dues policy the maximum and minimum rates of dues have been reviewed. Based on this review, the minimum dues rate will increase to \$71.98 effective July 1, 2023. The current maximum monthly dues rate will remain unchanged at \$91.76. All associated dues categories or fees will be adjusted based on these new rates. For more information, contact the MNA's Division of Member Services at 781-821-4625 or send email to membership@mnarn.org.



The following CNE programs are now available online:

- Acute Respiratory Distress Syndrome (ARDS): Etiology, Pathophysiology, Clinical Presentation, and Treatment Management
- An Introduction to Gender-Affirming Care
- Back to Basics: Lab Values and Implications for Nursing Care
- Be the Leader You Would Follow: Ten Tips to Leadership Success
- Budding Evidence for Cannabis and Its Implications in Perioperative and Acute Care Setting
- Cardiac Pharmacology: Oral Agents
- Care of the Patient with PTSD
- Conflict in the Workplace: A Nursing Perspective
- Did You Really Document That? Tips and Strategies for Effective Documentation
- Environmental Justice and Health Equity: Understanding the Cumulative Impacts of Local Environmental Hazards and Social Determinants of Health In Massachusetts
- Finding Your Inner Strength: Balancing Grit and Resilience
- Intergenerational Stressors: How Do We Communicate?
- Kids Eat the Darndest Things: Pediatric Toxicological Emergencies
- Where Do You Fit in? A Primer on Malpractice Trends and Claims for Nursing Professionals
- Migraine Headache Attacks: Enhancing Nursing Knowledge
- Nursing Resiliency: Surviving and Thriving Through and After a Pandemic
- Pandemic Aftershocks: Managing the Personal and Professional Impacts
- Pediatric Endocrine Emergencies
- Pediatric Vomiting and Dehydration
- Parkinson's Disease (PD): A Nursing Perspective
- Racism and Social Injustice in Nursing Practice and Healthcare
- The Complexity of the Endocannabinoid System and Understanding Cannabis Treatment, Part I
- The Complexity of the Endocannabinoid System and Understanding Cannabis Treatment, Part II
- The Nurse's Role in Suicide Prevention
- Total Hip Arthroplasty
- Total Knee Arthroplasty
- Type 2 Diabetes: Diagnosis, Management, and Prevention in the Adult Patient
- Understanding and Treating High-functioning Clients with Alcohol and Substance Use Disorders
- Understanding the Complexities of Substance Use in the Workplace
- Vaping 101.3: Old Vices, New Devices ... and a Pandemic
- Weather or Not: How the Environment Affects Patients and What You Need to Know
- When Today Is All You Have: The Nurse's Role in Dementia Care **This program meets the 2022 requirement for relicensure
- Where Do You Fit In? A Primer on Malpractice Trends and Claims for Nursing Professionals
- Zip Code Matters

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



Call for Nomination/Consent to Serve for the 2023 MNA General & NENA Delegate Elections

I am interested in active participation in:

MNA General and NENA Delegate Election

- President, Labor*, 1 for 3 years
- Secretary, Labor*, 1 for 3 years
- Director, Labor*, (5 for three years) [1 per Region]
- Director At-Large, General*, (3 for 3 years)
- Director At-Large, Labor*, (4 for 3 years)
- Labor Program*, (1 for 3 years) [non-RN]
- At-Large Position in Regional Council (3-year term; 2 per Region)
- Nominations Committee, (5 for 3 years) [1 per region]
- Bylaws Committee, (5 for 3 years)
- NENA Delegate, Labor (9 for 3 years term)

*"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 collective bargaining unit 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 _____ Non-work email: _____

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 May 26, 2023.

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Received Deadline: All nominations/consent forms and candidate statements must be received by 4:30 p.m. on May 26, 2023.

**Return To: Nominations and Elections Committee
Massachusetts Nurses Association
340 Turnpike Street, Canton, MA 02021
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.
- Acknowledgment of receipt of your submission will be emailed to your non-work email 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.





Monday, July 24, 2023

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

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

Shotgun Start at 10 a.m.

to benefit scholarships for
Nurses & Healthcare Professionals



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.

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

The MNASM to EUROPE & BEYOND Traveler 2023

in collaboration with



HIGHLIGHTS OF TUSCANY AND ROME

May 27th to June 5th, 2023

Trip price is \$4229 per person, double occupancy if paying via check. Price will be reduced if the group size is over 25 passengers.



GRAND TOUR OF PORTUGAL

Featuring the Douro River Valley and the Portuguese Riviera

September 8th to 18th, 2023

Trip price \$4729 per person, double occupancy if paying via check. Price will be reduced if the group size is over 30 passengers



Tours above include: air from Boston, departure taxes & fees, transfers, hotel, all tours and most meals. A fabulous value! Space fills fast on MNA tours. Click on the QR code to sign up to receive the trip details once they become available as well as periodic travel announcements. For questions, contact Carol Mallia at cmallia@mnarn.org.





SAVE *the* DATE

October 11 - 12, 2023 MNA Convention & Business Meeting

Quincy Marriott Hotel

We look forward to seeing you there!



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.

Join the MNA



Build Your Power!

Are you a nurse or healthcare worker interested in forming a union with your colleagues as part of the Massachusetts Nurses Association?

From negotiating increased wages and benefits to addressing staffing and patient safety challenges, MNA members make their united voices heard loud and clear.

Remember, organizing is your right. It is not a defiance of management, it is a legal declaration for equity, justice, and positive change.

Please visit

www.massnurses.org/BuildYourPower

