the Massachusetts nurse

ADVOCATE

The Newsletter of the Massachusetts Nurses Association ■ Vol. 93 No. 2

# The Benefits of Unionizing

pages 4-5

May 2024

MNA℠ Massachusetts Nurses Association

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For more information, call 781-821-4625 and ask for Member Benefits.

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## 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

It was a typical March morning in Boston, cold and grey with a biting wind, and a mixture of snow and rain making the sidewalk slick and our faces chilled. But as I walked with the Boston University Graduate Student Workers, I felt the warmth of their commitment. Like all workers — whether we are passing meds on our unit, welding steel together, or advising an undergraduate nurse — these students saw their work was undervalued and their time abused. Let me go on the record that I never would have passed statistics if it hadn't been for a skilled graduate student taking the time to ensure my mastery of the subject!

Every day we see financial reports in the media. Wall Street is doing well and executives are comfortable on their yachts, yet we are still picking up extra shifts! This is not to say that we face the same challenges as workers who do not have a voice in their workplaces or those who toil just as mightily yet remain underpaid. Rather, this is to emphasize the enormous and growing wage gap in our country overall. Our sisters and brothers on the picket line at Boston University, Starbucks, or a UAW facility make us stronger in our facilities too. Our collective voice benefits all of us. The Economic Policy Institute notes that "unions are not only good for workers, but they're also good for communities and for democracy."

If there was ever a time for us to step up and speak out, that time is now. Our members at St. Vincent Hospital, and the "St. Vincent 8" in particular (pgs. 8-9), continue to fight the good fight, every day and every shift. All across the Commonwealth, healthcare providers and nurses are working every day to achieve these goals. Sometimes it just strains credulity that the system exists as it does today despite overwhelming evidence that the "system" is broken. This is borne out by the results of our annual survey of nurses across Massachusetts (pgs. 10-12).

May 8 was our MNA Advocacy Day on Beacon Hill. This was an opportunity to speak directly with our legislators about our workplace concerns. Laws and decisions about our practice are made under the Golden Dome, and our input is crucial. Remember: You are the expert and your voice is powerful. It was empowering to see so many of you in Boston for our Advocacy Day, and it provided us with another chance to meet colleagues from across Massachusetts and to strengthen our bonds.

I would like to mention one last thing: Many of you are probably aware of the issues we may vote on in November. Corporations, never a friend to workers, are submitting ballot initiatives that would codify into law that app-based drivers for the likes of Lyft and Uber are not considered employees when it comes to certain legal protections. As we have seen in California, this could quickly invade our professions given that hospitals are starting to experiment with app-based staffing tools, etc. This has very serious implications for nurses and healthcare professionals. We will keep you up to date on this very serious issue.

As we approach the summer, I wish for you safe staffing on every shift, warm breezes during the day, and only rain at night!

In Solidarity

Katie Murphy RN

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# The Benefits and Advantages of Working in a Union Facility

*Republished from Jan. 2020; by Joe Twarog*

Currently, only 12.6% of the workforce in Massachusetts is unionized. Therefore, the vast majority (87.4%) of in-state workers are not represented by a union and may not have any personal knowledge or work experience in a union workplace.

Additionaly, 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.

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?

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

To be blunt, in a non-union workplace the worker has virtually no rights to be heard or to challenge an injustice unless she/he 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 — they have 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.

## Wage and Benefit Comparison: Union vs. Non-Union

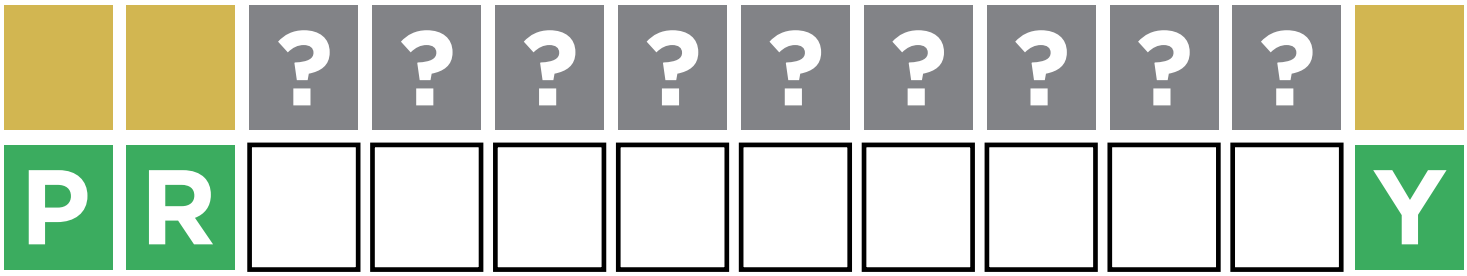
*For all sectors; not nursing specific.*

| 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.*

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 and 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. |




# Daily Word: 12 letters Pr *********y

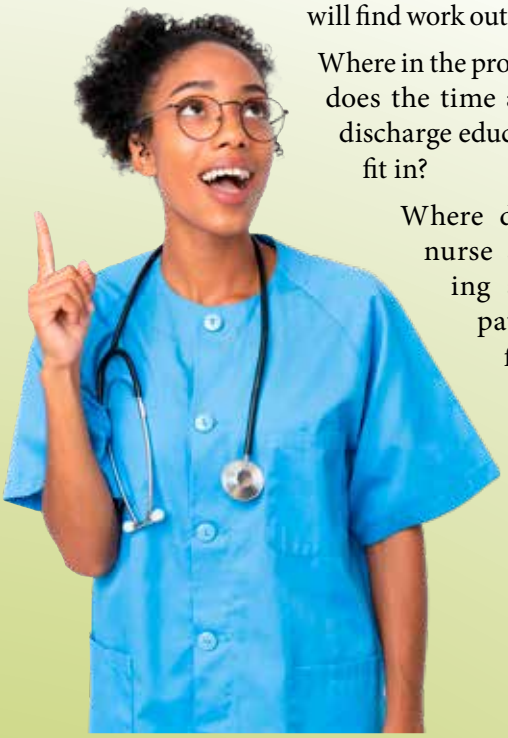
*Deb Rigiero, Associate Director of Labor Relations*

Productivity is defined as the effectiveness of productive effort, especially in industry, as measured in terms of the output rate per unit of input. We have been hearing this term used frequently as it relates to hospitals and staffing. You may have heard other terms, like direct care or indirect care, but it comes down to management evaluating and making staffing decisions on an arbitrary formula that is trying to measure something immeasurable.

Let's look at what is measurable. It is a proven statistic that for each patient over four that a nurse is assigned the rate of patient injury or mortality increases by 7%.

In the MNA's most recent "State of Nursing in Massachusetts" survey of 531 RNs, 56% identified understaffing and 72% identified not having enough time with patients as chief obstacles in delivering quality care.

In the same survey, 63% of nurses with 0-5 years of experience say understaffing is their biggest obstacle to providing quality care and of those nurses planning to leave the field within two years, 67% of newer nurses say they will find work outside of healthcare.



Where in the productivity formula does the time a nurse provides discharge education to a patient fit in?

Where does the time a nurse spends supporting and comforting patients and their families fit into the productivity formula?

Where does the multitasking required of nurses and healthcare professionals when administering medications, communicating with other healthcare professionals, and advocating for their patients fit into the productivity formula?

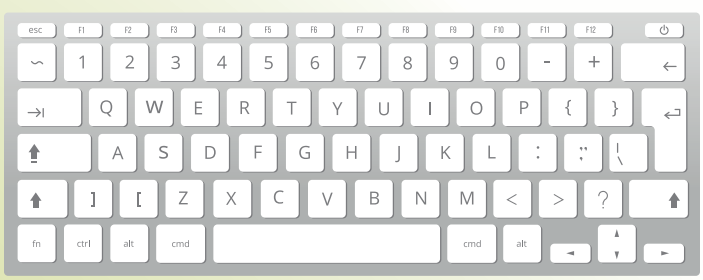
Where does the nurse burnout caused by high workloads, understaffing, low shifts, and lack of control fit into the productivity formula? Are they measuring the cost of this in readmissions, longer length of stays, increased workplace violence, and the symptoms of psychological distress to healthcare professionals?

**Does management look at its own productivity? Is it measured in how many meetings they go to daily? Is it measured in retention rates on their units? Is it measured in the amount of payroll errors per pay period? Is it measured in employee satisfaction on their units?**

Hearing that your unit is underproductive when most days you leave work feeling like you didn't do all that was needed to be done is not only disrespectful and demoralizing, but it will also force you to reevaluate your decision to stay in a profession where you have all of the accountability and none of the control. One of the ways to take control is to support the legislation the MNA and our State House partners have filed called " An Act Promoting Patient Safety and Equitable Access of Care," which would empower the DPH to hold public stakeholder hearings and promulgate regulations that establish specific limits on the number of patients an RN shall be assigned to care for at one time.

Another daily word for nurses: 11 letters, Em********t.

**Answer:** Empowerment, which is defined as the process of gaining freedom and power to do what you want or to control what happens to you. ■



# Unsafe Patient Care Conditions Prompt Brigham and Women's Hospital Nurses to Picket on International Workers' Day as a Federal Mediator is Called in and Management Refuses to Negotiate a Fair Contract

The MNA RNs at Brigham and Women's Hospital held an informational picket on Wednesday, May 1, also known as International Workers' Day. A federal mediator recently joined their negotiations, as talks have stretched on since last summer. On the picket line, the nurses advocated for a fair contract that invests in nurses and that better enables them to provide safe patient care.

"We have been negotiating for eight months and hospital management has barely moved on the major issues nurses have identified as necessary for maintaining safe patient care," said Kelly Morgan, a labor and delivery nurse and BWH MNA Chair. "Our informational picket showed the public how seriously concerned the nearly 4,000 Brigham nurses are about MGB failing to invest in our workforce and to address unsafe staffing throughout the hospital."

"While MGB spends billions on expanding its healthcare empire, Brigham nurses are left to deal with workplace violence and the constant stress and exhaustion of unsafe staffing," said Jim McCarthy, a PACU nurse and BWH MNA Vice Chair. "The hospital is failing to prioritize the needs of nurses and our patients."

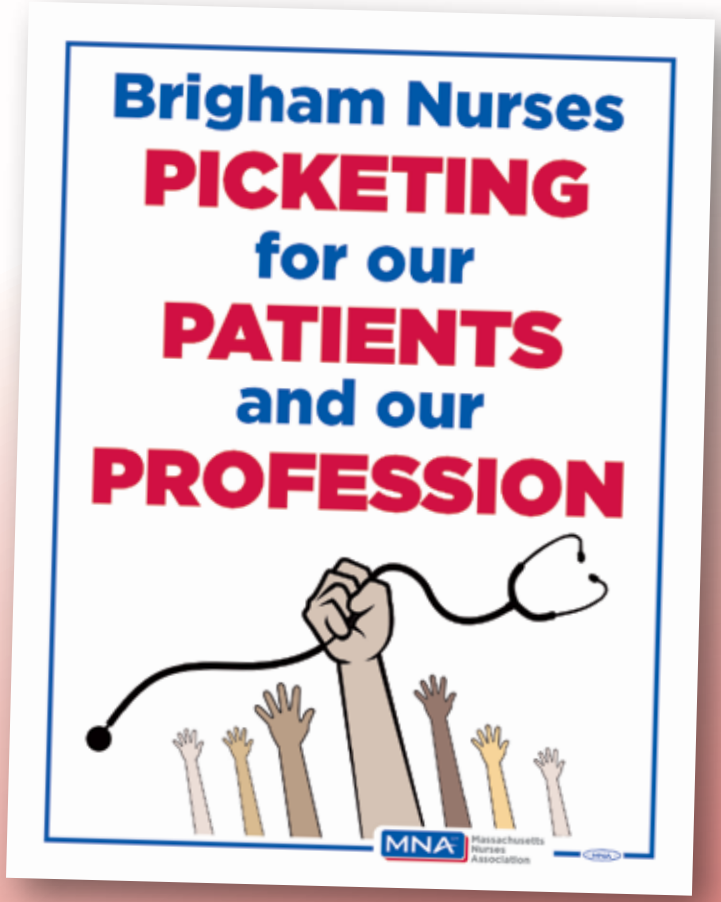
Both sides recently agreed to bring in a mediator from the Federal Mediation and Conciliation Service, an independent agency whose mission is to preserve and promote labor-management peace and cooperation. A mediator from this agency was part of BWH MNA negotiations in 2016 when nurses came within a day of holding a one-day strike.

## What Nurses Are Fighting For

- **Improved staffing and patient care.** A fair wage increase will help address widespread understaffing, which is putting patients and nurses at risk. Nurses have made proposals on various issues to aid retention and thereby patient safety, such as OR scheduling, addressing short staffing, and long ED wait times.
- **Health insurance choice**. Brigham nurses are dissatisfied with MGB health insurance. Many nurses are forced to use the insurance and experience long wait times for appointments and imaging, as well as out-of-network costs. Nurses have delivered a petition signed by more than 3,000 nurses demanding the option to change insurance plans during annual enrollment.
- **A fair and market-competitive wage increase**. BWH has historically been a leader in acute care hospital wages. Recently, other hospitals have offered similar if not higher wages, impacting BWH's ability to recruit and retain nurses.
- **Workplace violence protection.** Nurses are assaulted at high rates. BWH has communicated poorly about violence, creating an unsafe environment. Yet in negotiations, management has refused to allow nurses to immediately flag abusive patients, which would enable staff to take precautions.

## MGB's Wealth

- BWH routinely makes enormous profits, including $108.7 million in the fiscal year-to-date period ending June 30, 2023, and $123 million in FY2022, according to CHIA. System-wide, MGB made $81.6 million in profits in the first quarter of FY2024.
- Anne Klibanski, MGB's president and CEO, made a nearly 25% salary increase from 2020 to 2021, going from $4.3 million to more than $5 million.
- MGB is spending $2 billion expanding Mass General Hospital and Faulkner Hospital. This follows the construction of its $465 million headquarters in Somerville and a reported $100 million rebranding campaign. ■



# Hospital Accrediting Agency Issues Findings Supporting St. Vincent Hospital Nurses' Complaints About Unsafe Patient Care, Stating SVH was Found to Be Non-Compliant

*In another case, an arbitrator ruled Tenet illegally fired a long-time RN and union leader without just cause; afterward, Tenet instead doubled down on acts of retaliation, firing eight more nurses*

Nurses at St. Vincent Hospital (SVH), who recently filed several official complaints and went public with their serious concerns about patient care conditions that have been harming patients at the Worcester-based facility, recently had their claims validated by The Joint Commission, which conducted an investigation into the nurses' complaints and found the hospital to be "non-compliant with applicable Centers for Medicaid and Medicare Services (CMS) conditions."

The complaints detailed a serious and ongoing degradation of care, which were based on more than 600 official reports filed by nurses over the last six months. Those reports highlighted deficiencies in staffing, hospital policies, allocation of technology, and a deliberately punitive management culture that resulted in dangerous delays in the administration of needed medications and treatments, preventable patient falls, and other complications, including preventable patient deaths.

In addition to the Joint Commission, investigators from the Department of Public Health have been investigating the nurses' complaints, including a horrific, preventable patient death that occured in late December of 2023.

"While it is encouraging to see independent investigators validate our concerns and our claims, the fact remains that nearly every day on nearly every shift, our administration continues to violate these safety standards, and other mutually negotiated contractual commitments designed to ensure safe patient care," explained Marlena Pellegrino, RN, co-chair of the nurses' local MNA bargaining unit. "We can only hope all these agencies take immediate steps to end this suffering."

### As Conditions Continue to Deteriorate, Nurses File Yet Another Complaint Citing Unsafe Care

In the wake of initial findings of noncompliance with care conditions, nurses continue to document and report all instances of poor patient care and violations of required safety standards. Since the nurses held a press conference about their concerns on Jan. 30, nurses have filed an additional 97 reports of unsafe conditions that jeopardized the safety of their patients, and in early March the MNA filed yet another round of complaints to the Joint Commission (the fourth such complaint) as well as to the Mass. Department of Public Health.

# Consider Becoming an MNA Peer Supporter

## *with support from the Betsy Lehman Center*

These days, too many healthcare staff are feeling stressed, sad, and exhausted. Challenges stemming from the COVID-19 pandemic persist and MNA members continue to deal with staffing shortages, high patient workloads with sicker patients, lack of respect and professionalism from their employers, and continued health and safety issues, including an increase in workplace violence. These and other workplace issues can cause feelings of anxiety, stress, exhaustion, and diminished confidence in practice skills.

### Offering Peer Support to Colleagues Can Help

Research shows that trained peer supporters can help colleagues cope with difficult emotions affecting their well-being and work performance. This is why the MNA is creating a Peer Support Network.

Volunteer peer supporters are NOT expected to function as therapists but instead provide emotional first aid.

### Volunteers Will:

- Attend four hours of training
- Offer about two hours/month of peer support services
- Complete a brief form after each peer support interaction
- Attend two "Support for the Supporter" meetings annually

### Interested in Becoming a Peer Supporter?

Contact the MNA's director of nursing, Judith Pare at jpare@mnarn.org.

This complaint stated in part: "We issue this complaint as a measure of last resort as the nurses have exercised a good faith effort to alert our administration of the dangers these conditions pose for their patients and themselves. The patients of Saint Vincent Hospital in Worcester, MA continue to be at risk for harm despite multiple recent onsite inspections by The Joint Commission inspectors and notice of ongoing deficits to The Joint Commission, CMS, and the Division of Health Care Facility Licensure and Certification in Massachusetts in December of 2023 and January of 2024. In the weeks since your findings were reported, conditions at St. Vincent Hospital have not improved."

### Retaliatory Tactics by SVH Administrators Exposed in Arbitrator's Ruling in Firing Union Nurses

The week before the Joint Commission finding, the MNA received a decision in an arbitration regarding the unlawful firing of a 40-year St. Vincent nurse and an elected union leader. While this nurse was on a contractually sanctioned leave from the hospital, Tenet terminated her employment — a move the independent arbitrator ruled was without just cause and "an act of punishment and thinly veiled retaliation." He further ordered that she be reinstated.

While the MNA hoped that arbitration decision and other regulatory actions against the hospital, as well as a recent petition delivery to management signed by 90 percent of the nurses, would result in much-needed improvements, Tenet administrators have only stepped up their campaign of intimidation and retaliation against nurses.

For example, after the nurses filed their complaint with the BORN and other agencies, and shortly after the BORN began its investigation of the complaint, three nurses in the ED involved in the complaint were terminated, and six nurses on other units were also suspended without pay for their efforts to object to unsafe patient assignments. And following the reinstatement of the first terminated nurse, the hospital sent letters to the six suspended nurses that they too were being terminated.

The MNA has responded to the firing and discipline of nurses with a charge of unfair labor practice against Tenet and is seeking injunctive relief to reverse the terminations and suspensions. The MNA also filed an official complaint under the state's Healthcare Whistleblower Law with the Superior Court against the retaliatory terminations.

"None of these issues are acceptable on any level and any administrator responsible for these conditions must be held accountable," said Dominque Muldoon, unit co-chair. "Our nurses have always taken such pride in being St. Vincent nurses, and we are appalled to see what this administration is doing to our community hospital and the patients we serve every day." ■

## Did you know...

**Benefits of an Early Mobility Program are that hospital readmissions have been reduced from 17.1% to 11.5%, and 11.3% more patients are discharged home vs. SNF/Acute Care Rehab facilities.**

*Arnold, M. (2023, September). Care Excellence Begins with Caregiver Safety. PowerPoint presented at the MNA SPHM Conference, Norwood, MA.*

The MNA's **Congress on Health & Safety** and **Safe Patient Handling & Mobility Task Force** are here to help with your workplace health and safety concerns. Reach them at 781-821-4625 and by asking for the Division of Nursing.

# New 'State of Nursing in Massach Healthcare Crisis as Nurses Call O Failing to Address Worsening Patie

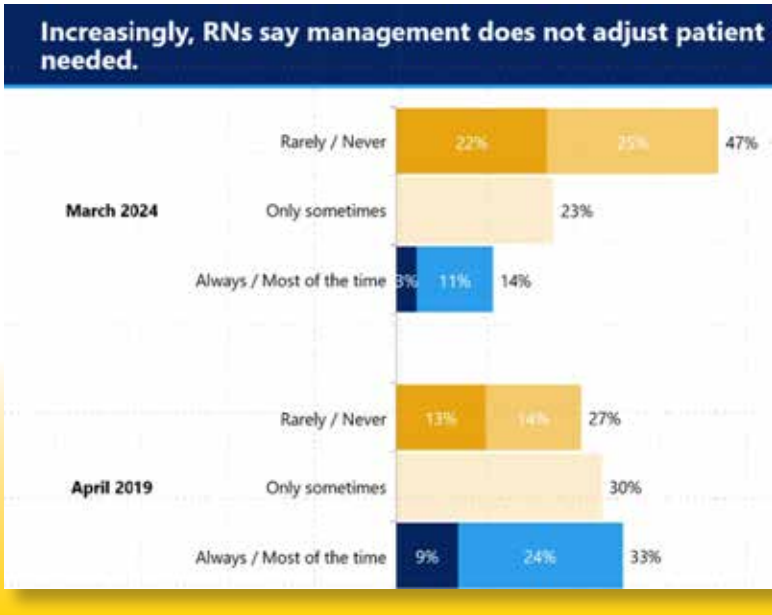
*MNA President Katie Murphy with the nearly 13,000 unsafe staffing forms filed over an 18-month period.*

A newly released "2024 State of Nursing in Massachusetts" survey provides a stark look at the worsening state of patient care and the lack of responsiveness by industry and state officials to nurses' concerns about unsafe patient assignments.

Last year, as part of their testimony to lawmakers in favor of safe patient limits legislation, MNA nurses showed more than 12,600 unsafe staffing forms filed statewide over 18 months. Despite the enormous stack of unsafe staffing forms, lawmakers did not act.

## Inside hospitals, when nurses speak up about unsafe patient assignments they are routinely ignored

62% of nurses say administrators are not responsive to their feedback, and 47% say management rarely or never adjusts their patient loads to meet patients' needs — up 20 points from 2019.



# usetts' Survey Strikes at Heart of ut Industry and State Officials for nt Care Quality and Unsafe Staffing

### Nurses do not trust their employers to keep promises and favor unionizing

- 64% of nurses said they are dissatisfied with the influence they have in workplace decisions.
- 68% said they do not trust their employer to keep promises.

"The public trusts nurses and nurses trust their own ability to work together to overcome the dysfunctions of our healthcare system," said MNA President Katie Murphy. "The hospital industry must invest in the permanent nursing workforce, and state officials must provide stronger protections for patients and nurses."

### Workplace Violence a Major Concern

Nurses experience workplace violence at extremely high rates. Yet, the survey shows employers are not taking appropriate action and are providing minimal support.

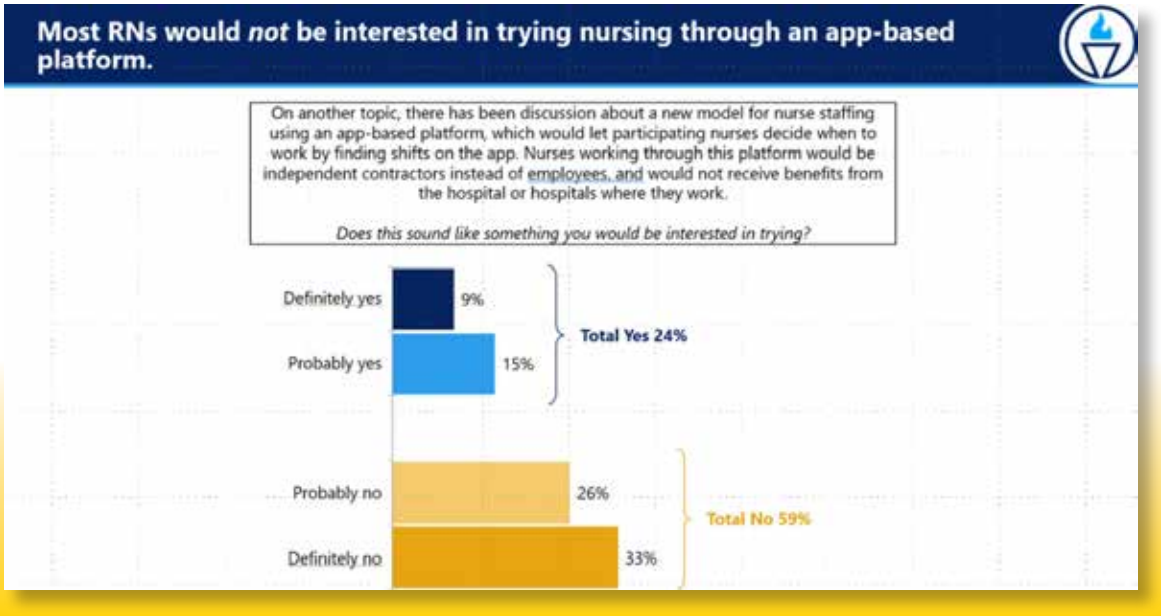
- The number of nurses who have experienced workplace violence increased 11 points from 2021, to 68% in this year's survey.
- 30% of nurses said their employer never or rarely takes appropriate action.
- 58% of nurses said they receive no additional support from their employer when they encounter violence.

**4 in 10**

*Four-in-ten nurses would not feel safe admitting a family member to the unit on which they work.*

### Study Shows Working Conditions and Failure to Address Them is True Cause of Staffing Crisis in Massachusetts

As a result of these types of patient care conditions and the refusal of officials to listen and act, nurses are fleeing in ever greater numbers. One in five nurses plan to leave the profession within two years — twice as many as five years ago. Nurses cite burnout, exhaustion, stress, and lack of employer support as major reasons for leaving.



## Nurses' Real Solutions vs. Industry's False Answers

For the survey, more than 500 RNs were randomly selected for interviews from the Mass. BORN list, including 59% who were non-union nurses. The results clearly show solutions that nurses believe will help address the crisis, as well as industry-led approaches that will make it worse.

As part of the survey, nurses identified significant changes in their workplaces over the past two years that have contributed to unsafe staffing and deteriorating patient care conditions. Among other results:

- 75% of nurses have seen RN positions left vacant or unfilled.
- 68% have seen an increase in travel nurses.
- 49% have seen an increase in the use of on-call to compensate for the lack of staff.
- And RNs came out plainly against app-based and remote nursing strategies in the survey.

Instead, nurses were in favor of state and industry officials addressing the patient care crisis through safer patient assignments, investments in the permanent nurse workforce, and improved hospital regulations.

- 61% of nurses said hospitals are not properly regulated to keep patients safe.
- 54% said more regulations are needed to keep patients safe.
- 55% said salary increases could keep them from leaving the profession.

## The "Shortage of Nurses" Myth

The Health Policy Commission recently concluded that the workforce challenges facing the healthcare system do not stem from a lack of nurses, but from an increasingly challenging work environment. Among other statistics:

- Massachusetts has more RNs per capita than almost any other state, with 12% per capita growth since 2015.

- Unlike many other states, Massachusetts is on track to have a nursing surplus by the end of the decade.
- In overwhelming numbers, RNs in Massachusetts support a legislative solution that would develop a statewide maximum limit on the number of patients they can be assigned at one time.

The MNA and its State House partners filed new legislation this term that would empower DPH to hold public stakeholder hearings and promulgate regulations that establish specific limits on the number of patients an RN shall be assigned to care for at one time.

## Nurses Are Under Assault, Seek Violence Prevention Legislation

A growing number of nurses fear violence in their workplace and view it as a serious problem.

- 64% of nurses said workplace violence is a serious problem, up 22 points from 2021.
- 68% reported experiencing at least one incident of violence in the past two years.
- Only 6% of nurses said they received paid time off in the aftermath of experiencing violence.

Nurses have long been subject to more violence than any other profession — 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 this session. ■

*MNA nurses and healthcare professionals joined **U.S. Senator Edward J. Markey** and **U.S. Senator Elizabeth Warren** at April's HELP Subcommittee Hearing on the impacts of corporate greed on our health care system. The message of the day: We need a health care system that places health over wealth and protects patients and providers by guaranteeing health care for all.*

MNA℠ Massachusetts Nurses Association CNE continuing nursing education

# Spring 2024

## In-Person Programs

*These programs are held in the evening.*

**Addressing the Commercial Sexual Exploitation of Children (CSEC): A Public Health Issue**
Worcester; Tuesday, May 21

**The Complexities of Nurse Licensure Compact: What Nurses Should Know**
Canton; Wednesday, May 22

**Multi-Generational Nursing Workforce: Challenges and Opportunities**
Canton; Thursday, May 23

**Addictions (Substance Use Disorder) and Health-Related Issues**
Danvers; Tuesday, June 11
5-6 p.m. Registration/Light Dinner; 6-8:15 p.m., Program

**Best Practices in Protecting your License Against a Board of Nursing Complaint**
Canton; Wednesday, June 19

**For full details or to register, call:**
Liz Chmielinski
781-830-5719 or
Dayana Ocasio
781-830-5723

The Massachusetts Nurses Association is accredited as a provider of Nursing Continuing Professional Development by the American Nurses Credentialing Center's Commission on Accreditation.

MNA Massachusetts Nurses Association

# CNE

*continuing nursing education*

## 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
- How to Care for Yourself When You Are Working in Crisis Mode for Long Periods of Time
- 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
- Optimizing care for persons with the challenges of progressive dementias in a post-pandemic world: Reflections on the present and future - *This program meets the 2022 requirement for relicensure*
- 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 Caring for Risk of Violence Patients: Fourth Amendment and Patient Search and Seizure
- 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

### Coming in Spring/Summer 2024:

- AI in Healthcare: Friend or Foe

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

# MNA℠ PEER ASSISTANCE PROGRAM

**MNA has successfully provided free and confidential peer support to nurses for over 40 years. Help us expand this valuable resource to other healthcare professionals.**

The MNA Peer Assistance Program would like to expand its peer support network to include other healthcare professionals. The program currently has 20 nurse peer assistants, and we are recruiting for other disciplines. If you are a healthcare professional in recovery, we encourage you to reach out to Carol Mallia RN, MSN at 781-830-5755 or via email at cmallia@mnarn.org to learn more.

***www.peerassistance.com***

MNA℠ Massachusetts Nurses Association

The MNA℠ Traveler

in collaboration with collette

# Nursing jobs fill your wallet but travel fills your soul.

## Prioritize your mental health and escape on an MNA Tour of Europe in 2025!

### Costa Del Sol & Madrid – May 17-25, 2025, 9 day tour, priced at $3999 pp double occupancy

Let yourself be charmed by the sunny Andalusian lifestyle and discover the culture, cuisine, and history of southern Spain. Explore Costa del Sol's beaches, boutiques, and cafés during a 5-night stay in the seaside town of Torremolinos. Immerse yourself in Andalusian culture during visits to the picturesque, whitewashed villages of Setenil del las Bodegas and Ronda. Tour a medieval castle and see an iconic Roman aqueduct in the historic city of Segovia. Experience the vibrant energy of the capital city during a 2-night stay in Madrid. Revel in the magic of this unique region, from the sparkling waters of the Costa del Sol to the cosmopolitan elegance of Spain's historic city centers.

**For more details go to https://gateway.gocollette.com/link/1229448**

### Greece Island Hopper – Mid-September, 2025, 11 day tour, dates & price TBD

Explore a place where age-old legends and monuments intertwine with warm sunshine and island-style living. The tour begins in Athens where we will discover the Acropolis and Parthenon. After our 2 night stay in Athens, we will board a high-speed boat to enjoy three days on the island of Mykonos, an Aegean paradise of sandy beaches and bustling energy. After Mykonos, we travel via high-speed boat to the picture-perfect island of Santorini for 3 nights. While in Santorini, we will explore the ancient city of Akrotiri, the vineyards and volcanic cliffs of Oia as well as the charming seaside villages. This Island hopper tour highlights the best of Greece from to the ruins of Athens to the bright rooftops of Mykonos and Santorini – embrace this historic and charming country at its best.

### European Christmas Markets featuring Prague, Vienna & Budapest - December 9 - 17, 2025 9 Day tour Priced at $3599 pp, double occupancy

Set out on a grand holiday adventure through the winter wonderland of the Imperial Cities of Central Europe – Prague, Vienna and Budapest. Tour the magnificent Prague Castle and explore its famous Christmas market at the Old Town Square. In Vienna learn the secrets of confectionary at a candy workshop, delight in the Baroque marvels of the Schönbrunn Palace and indulge in dinner at the famous Marchfelderhof. Visit Bratislava, Slovakia a historic gem. Tour gorgeous Budapest, and explore its outdoor markets aglow with lights, where stalls of crafts and delicacies abound. Along the way, immerse yourself in festive Christmas markets, experience cultural traditions, sample local cuisine, and glimpse this region's rich history.

**For more details go to https://gateway.gocollette.com/link/1229481**

**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 specific tour QR code for trip details and to book the tour. Life is uncertain, so we highly recommend you take out travel insurance. Collette Travel offers "cancel for any reason" tour protection up until the day of travel and protection while you travel.

For questions, contact Carol Mallia at cmallia@mnarn.org.

**Sign up to receive periodic email updates regarding the MNA travel program:**

# The MNA App is HERE!

## Register TODAY to Get Access to the MNA's Newest Membership Tool

### With the new MNA app, you can:

- Register for MNA CE classes and other events
- Pay your dues
- Access important online reporting forms, including forms for reporting unsafe staffing, mandatory OT violations, ICU staffing law violations, and workplace violence
- Access money-saving discounts and benefits that are only available to MNA members
- Gain access to the MNA's digital publications, including the *MassNurse*
- Receive real-time news updates
- Access your contract and have it at your fingertips

### Downloading and Using the App

To download and use the app you must first have a personal (non-work) email on file with the MNA. Please use this QR code to submit your email address and other necessary details (name, bargaining unit, etc.).

The MNA will send you a confirmation email message once the previous information has been registered.

Following receipt of the confirmation email, search for "Mass Nurses" in your app store and download.

After opening the app, enter **the personal email address you registered with the MNA. To establish a password for the first time, click the "forgot password" button.**

**NOTE:** Some features on the MNA app will require secondary validation. As a result, you may be prompted to re-enter your login information.

**Questions? Email apphelp@mnarn.org**

# 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.**

MNF
Rosemary Smith RN
Memorial Golf Tournament

## 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.

# Save the Date!

# Monday, July 22, 2024

**Blue Hill Country Club • Canton, MA**

## Shotgun Start at 10 a.m.

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

# Nurse and Health Professional Discount Mortgage Program

## Refinancing your mortgage or buying a home? MNA members receive free mortgage advice.

MNA members may also take advantage of mortgage discounts and benefits offered to members of the Massachusetts Nurses Association through CrossCountry Mortgage.

### Discounts available to MNA members:

- Free appraisal - up to $600 lender credit at closing
- Free flood certificate - up to $25 lender credit at closing
- Free legal review of your purchase and sale agreement - a $500 value
- Additional $275 off attorney fees
- 10% off owner's title insurance
- 10% off Homestead Act in Massachusetts

### Benefits available to MNA members:

- Free pre-approval for your home financing
- Your family members can also participate in this program
- Dedicated team of Mortgage Specialists
- Free mortgage consultation to discuss your current situation and future goals

**Call: 877.662.6623** **Email: MNA@myccmortgage.com**

**Steven Bokser**
Director of Mortgage Programs / Loan Officer
NMLS18935
M: 781.789.0650
D: 877.662.6623
F: 781.859.0103
homesformna.com
99 Rosewood Drive, Suite 225
Danvers, MA 01923

New website for MNA members: **homesformna.com**

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Massachusetts Nurses Association
Massachusetts Nurses Association
340 Turnpike Street ■ Canton, Massachusetts 02021-2711
*www.massnurses.org*

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

# *Join the MNA*

# Build Your Power!

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**