

Dominican Hospital and Nurses Association Win in Union Vote

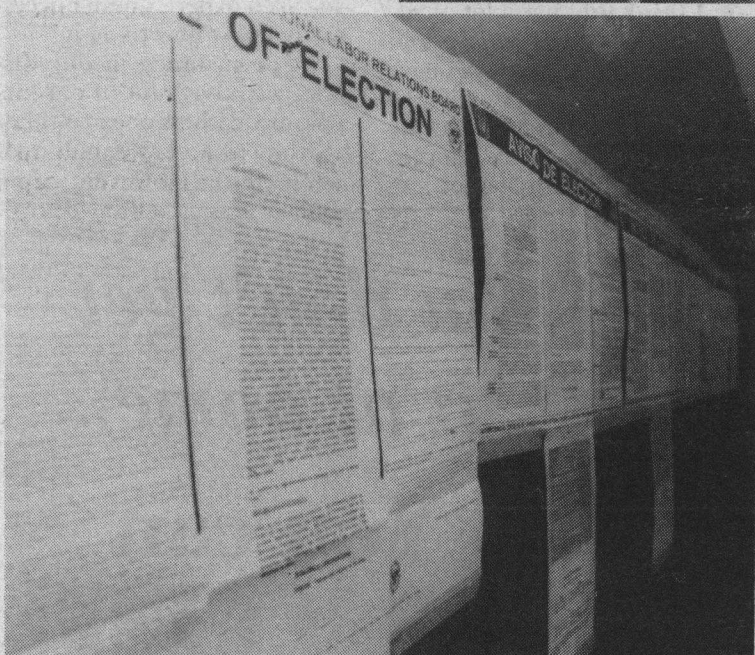
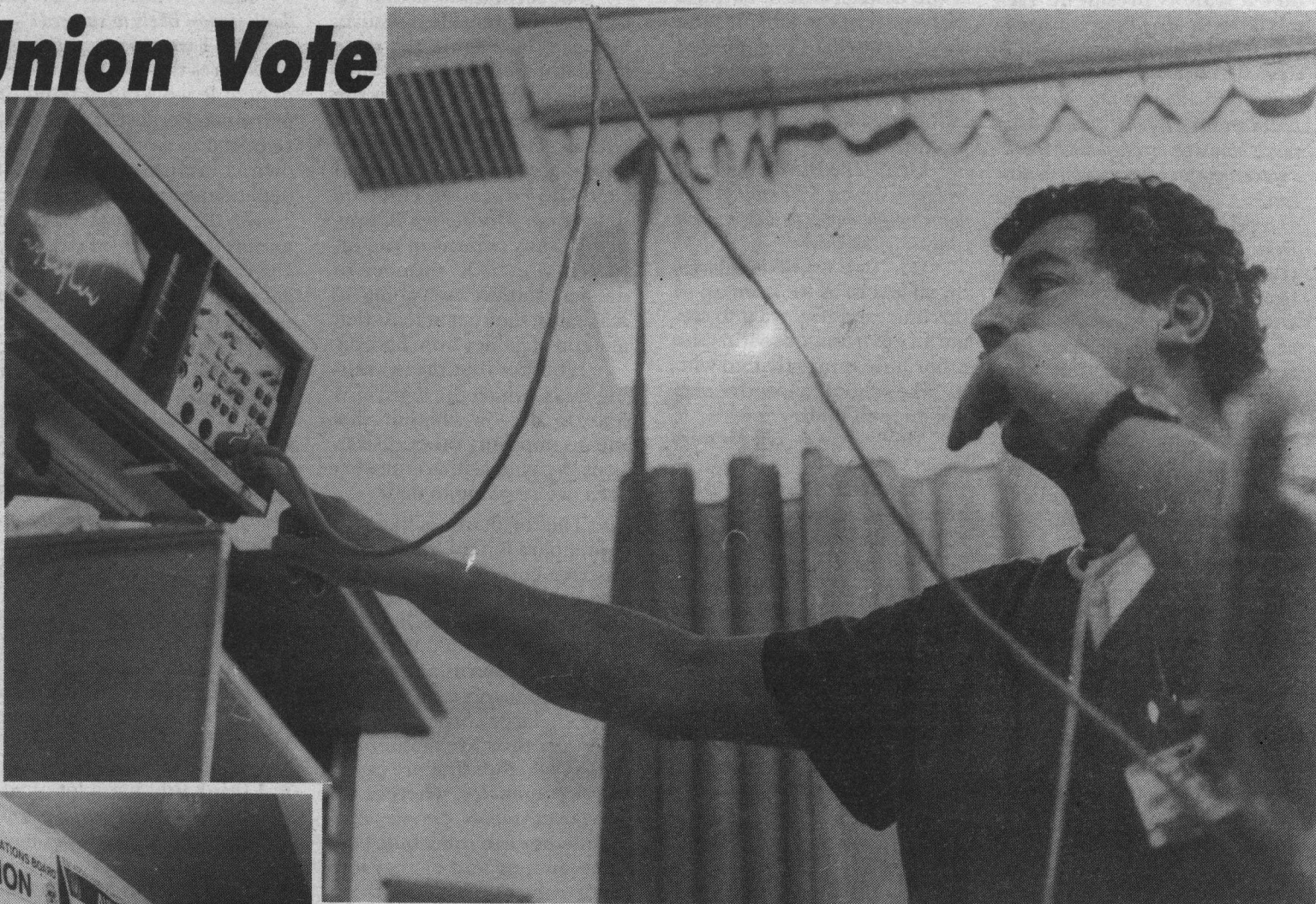
by Mary Bryant

It was big. It was one of the biggest union elections in the nation so far this year.

It involved a lot of people. It involved the county's biggest private institutional employer.

It was a long campaign. It was opened almost two years ago, after Dominican Santa Cruz Hospital purchased AMI's Community Hospital, when hospital workers filed petitions with both local and state-wide unions requesting a chance to consider outside collective representation and bargaining.

Now, to the relief of many, it is finally over.



The Count

It was tricky to tell who won or who lost just by observing the ballot count in the big-conference room located in the basement of the county's largest acute care hospital on May 7, 1992.

The guys and gals from the National Labor Relations Board, the federal agency charged with overseeing the voting process, are not generally reputed for unabashed spectacles of emotion. Then again, neither are the men and women who deliver care to the area's ill and injured renowned for audacious displays of fright under fire. But looks can be deceiving, and still waters often run deep. Questions still remain.

Why did the majority of employees decide to continue working directly with hospital

managers and leaders instead of choosing Local 3 to setup shop in what would have been one of the regions largest collective bargaining coalitions? Why did the registered nurses, in spite of the overwhelming rejection of one union by others, vote decisively to be represented by the California Nurses Association (CNA)? And, maybe most timely, can everyone learn how to agree to disagree and get on with the job of running a hospital? But first, let's just look at the results.

Results Send Unclear Message

There were 1,007 votes cast by workers in all departments at Dominican Hospital, a number that represented more than 90 percent of all eligible employees. Those not eligible included employees of

Santa Cruz Surgery Center, an outpatient surgery center that Dominican co-owns with a group of local doctors; also ineligible were Dominican's department and nursing managers, shift charge nurses and administrators.

Dominican's non-nursing staff voted 500 to 150, or 77 percent to 23 percent, not to join Local 3 of the Operating Engineers Union.

Nurses, however, cast separate ballots. On their ballot was an option for registered nurses to choose representation by CNA.

In the CNA vote, of the 357 nurses voting, 203 workers, or 57 percent, chose to join the statewide union that caters exclusively to California's large population of registered nurses.

CNA, founded in 1903 to represent the American Nurses Association in the state, reports having more than 26,000 members throughout California employed under 50 contracts at approximately 90 different hospitals. And, it should be noted that CNA didn't begin working as bargaining agents until the 1940s.

In total, of the 1,350 full-time employees at Dominican, only about 400 of them will be represented by union negotiators.

But to understand why such a disparity could exist between people working side-

by-side and often sharing the same working environments, benefit plans and managers, is to learn more about the changing role of registered nurses in the modern world of health care.

The Professional Employee and Unions

It is easy to imagine that only the worst of locales, like the hot foundries at steel factories or the large sewing rooms at textile mills, make for breeding grounds for union organizers. But it seems in today's world of international competition, improved labor standards and challenging job markets, this may no longer be the case.

According to a report in the *Wall Street Journal* (5/5/92) citing statistics from the National Labor Bureau, "Over the past 15 years, union membership has fallen from 22.6 percent of the work force to a current 16.1 percent... Union membership in the private sector, labor's bedrock, has plunged to 11.9 percent from 23.3 percent in that period. The few gains are in the public sector where 40 percent of union members now work."

And even though most of the ballots cast reflected the trends, there may be another reason workers rejected Local 3 organizers.

"I see very little need to

turn to the union for the things I already have... I have worked at Dominican since October 1979," said Norma Brenner, a secretary in quality services at Dominican. "I like their philosophy, the atmosphere, the quality of care... As an employee I have felt well treated."

But what the report didn't cover was the emerging growth of professional unions for nurses in hospitals throughout the nation.

"In the past decade, nurses have been organizing and moving into decision-making positions in California. In one indicator... membership in CNA has increased 63 percent since 1980," CNA President Mark Foley said in a 1990 CNA release.

Maureen Anderson, CNA's spokesperson, reported that so far this year the union had added to this sum three hospitals plus Dominican. "Nursing in general is doing quite well. We are the biggest nursing union in the state," she said.

What these numbers may suggest is that, against the odds, CNA may have hit upon the perfect blend of professional image-building and tough contract negotiating at a time when other labor groups are only counting losses. But what may be just behind the apparent success of this small "new age"

UNION

continued from page 9

union, is a rapidly changing, hectic and often poorly defined employee classification, more commonly known as nursing, whose members work in a very large health care industry, an industry that is weathering its own chaotic storms.

To suggest that the role of nurses in the past twenty years has only slightly changed would be to compare the phone service half a century ago to today's modern telecommunications technology. More simply, the mission is the same, but everything else is brand new.

Changes in Nursing Practice

Before the advent of antibiotics, before the advancement of surgical techniques and drug therapies, before infection control procedures and sterile working environs, there was the nurse and the patient.

and insurance corporations have curtailed spending in hospitals and limited stays of even seriously ill patients. Technology has advanced to the point where many procedures that once required extensive hospitalization are now done in a day in outpatient surgery centers. Success in battling infectious diseases through immunization means that more patients staying in hospitals are more seriously ill.

Life-extending techniques, especially those that do little except to prolong the dying process, have challenged the moral fiber of all, particularly the nurses who care closely for the terminally ill. Newer and deadlier diseases like AIDS threaten the lives of those giving direct treatment. And the advancement of sophisticated heart surgery, available locally only in the past few years, has meant a greater acuity of

To suggest that the role of nurses has only slightly changed would be to compare the phone service half a century ago to today's modern telecommunications technology.

Often the very ill died. And more often than not, the nurse could only administer a great deal of comfort and attention to alleviate the pain and suffering. But things have changed.

Instead of taking all the instructions exclusively from doctors, nurses now have more responsibility and skill in administering drugs and lifesaving intervention. Instead of relying on only limited and basic tools, nurses now operate and maintain complex computer-driven monitors and life support devices. Instead of picking from a handful of pharmaceutical products, nurses must now keep track of hundreds of medications. Instead of just caring for a convalescing soul, nurses now educate families in how to provide care for the recovering patient and assist in coordinating many physicians who might be treating the same individual.

And, had all these been the only changes nurses were coping with, then life might be much different. In that case, only professional advancement and education might be in order. But there is more to consider and more that nurses want.

In the past decade, the health care industry has gone through some extraordinary growth and reformation of its own.

Governmental agencies

sick people who are very sick in the hospital and do most of their recovery at home.

"I've been a nurse for 20 years... Patients are coming into the hospital sicker, leaving sooner. They are in need of a lot of education while they are here," said Joanne Pipe-meyer, Manager of Nursing Support Services at Dominican. "There are new medications, new technology, new legal ramifications for what you can and can't do... Most patients have more than one physician and it's up to the nurse to coordinate the care with all the physicians and include the family in that process."

In other words, health care workers, in general, are doing more with more equipment and drugs for more acutely ill patients, while hospital leaders are watching the bottom line grow slimmer than ever before.

In short, a lot has happened in just a decade's time. And, there is little need to speculate whether nurses, who have seen so many changes, imagine there aren't many left in store for the future.

CNA Claims to Have Answers

"One way to talk about the system is the shift in acuity, and what we now have is a downward shift throughout the system... People you have

continued on next page

Comparison of Wages at Area Hospitals

Catagory	Topic	Dominican	Good Samaritan	Watsonville Community
Wages	Averg. Hrly. Rate Staff II Nurse July 91-June 92	Step 1: 18.82 Step 5*: 22.91	Step 1: 19.48 Step 5: 23.69	Step 1: 18.95 Step 5: 23.03
	Monthly Union Dues	\$0	\$38.07 effective 7/1/92	\$38.07 effective 7/1/92
	Net Hrly. Rate for a 0.7 Staff II July 91-June 92	Step 1: 18.82 Step 5*: 22.91	Step 1: 19.17 Step 5: 23.38 (Includes Dues Deduction)	Step 1: 18.64 Step 5: 22.72 (Includes Dues Deduction)
	Shift Differentials	P.M.: \$1.50/hr. Nights: \$3.25/hr. up to \$275/year	P.M.: \$2/hr. Nights: \$4/hr.	P.M.: \$1.10/hr. Nights: \$3.50/hr.
	Performance Bonus		None Available	None Available
Clinical Ladder		4 Levels	3 Levels	3 Levels
Inhouse Registry		Yes	None	None
Education Programs		Tuition Grant Program Personal Enrichment Pro- Rated, up to \$100 Over 6,000 Clinical Enrich- ment hours reported in Nursing Division in FY '92	Paid Education Leave of 40 Hours-16 hrs. of 40 hrs. may be required for Hospital Inservice	Paid Education Leave of 40 Hours
Mentor Pay		Yes	No	No

*Note—step 5 used because over 55% of RN's are Step V and above

UNION

continued from previous page

now in intensive care units and other critical care units probably didn't make it to the hospital 15 years ago," Anderson of CNA said.

"The people that you have on your regular hospital floors were in intensive care units 15 years ago. The people on the regular floors are at home... Nurses have experienced an incredible speed-up [of work] over the past decade... Hospital managers, meanwhile, don't necessarily know a heck of a lot about hands-on health care," she added.

And while Anderson and Beth Kean, the CNA organizer assigned to the Dominican campaign, have never been in nursing, CNA in conjunction with the ANA has made progress for nurses through the years.

CNA drafted the state's Nursing Practice Act which helped California legislators

define the role of the registered nurse, among others in related fields. CNA designed an "AIDS Train the Trainer" program and has educated more than 40,000 California health care workers in AIDS prevention techniques. CNA has worked to help the state assess the shortage in the nursing profession, as well as capitalizing on it by escalating pay scales in contracts for its members, and created loan and scholarship programs available to minority nursing students. And, CNA has helped, no doubt, bring a professional image to a group of laborers searching for new identities. But with this said, what exactly is it that they can do for Dominican's nurses?

The Money

The wage scale and benefit program at Dominican for nurses, as compared to Watson-

ville Community Hospital and Good Samaritan Hospital in San Jose, are virtually identical. In some cases Dominican shows greater incentives for nurses than others, and historically the hospital has kept pace with or has exceeded the regional standards.

"With a contract we will be able to negotiate what kind of insurance we have," said Lorna Smith, a Critical Care Nurse at Dominican who supported CNA. "I think, overall, what nurses are paid in this country is ridiculous. I think hospitals get a pretty good deal... I think there should be a lot more variation in what nurses make... at different levels of tenure," she added.

But wanting or even deserving more may be more than the market, or in this case, the hospital can bear. Acute care institutions are working at getting by with less, and labor costs represent over 65 percent of the total budget at local facilities.

"What we do is every year look at the market place and make sure that we do have competitive salaries in the market place," said Roger Hite, Chief Operating Officer for Dominican Hospital. "What people need to remember is that we contract with the same governmental agencies and insurance companies other hospitals serve. It is a very competitive environment that is getting more competitive every year."

Hite also noted that the hospital has to satisfy the needs of more than just the nurses, "Whether or not we are facing a collective bargaining situation... we have a limited number of dollars to distribute through our wages, salaries and benefits. We have to make sure that we are not looking just at the nursing staff, but that we are making sure that we can provide for all of our workers... I consider all our workers to be skilled professionals."

It should also be remem-

bered that Dominican last July advanced nursing salaries by nine percent, in addition to any regularly scheduled raises given for length of service.

Another point of discussion through the campaign was the different retirement packages at area hospitals. While Dominican's programs are virtually as competitive as the one negotiated by CNA at Watsonville Hospital, CNA made much of the fact that the Dominican plan is less flexible.

"Unfortunately people don't worry about retirement until they are about ready to retire, and retirement programs are difficult to understand" said John Petersdorf, Dominican Chief Financial Officer. "Our plan certainly is designed to benefit the long term employee, and it should be noted that in 1990 the average employee, who was part of the plan, has been with the hospital for 10 years."

But isn't the traditional plan less flexible in that a worker can only collect benefits upon retirement?

"The plan actually works in two parts. One part is a defined contribution whose earnings the employee can take when the employee leaves the hospital," Petersdorf responded. The part here that Petersdorf refers to is one percent of salary in comparison to five percent at Watsonville Hospital.

"The second part is designed to be a retirement benefit that the employee can start drawing at retirement age and is an amount that grows be the number of years of service... But, again, it is a plan that is actually designed for

retirement, not just long term investment or tax deferment," Petersdorfsaid. And, the second part is the part that Watsonville Hospital doesn't offer.

But, whether CNA can or will produce a better contract than what workers currently have will have to wait until everyone sits down at the bargaining table.

"We did not challenge the vote, and we are now preparing to meet soon with CNA," Hite said. "I think we will be anxious to see what the CNA puts on the table and we are committed to negotiate in good faith." This is a process that will have to also wait for CNA to poll its new members to determine exactly what to bargain for during talks.

"Until there is a contract, however, all normal salary increases go on hold. In a sense, everything is frozen," Petersdorf said noting of federal labor laws.

But how soon will be soon? And how long will the bargaining effort take?

"The first contract is always more difficult... Our experts tell us that it will take a minimum of two months and that the time frame can go on from there... I think a lot will depend upon what kinds of things we're facing at negotiations," Hite answered.

Stuff That Isn't About Money

The issues brought up in the campaign by employees and organizers were mostly unrelated to wages and benefits.

Judy Downs, a relief nurse at Dominican since 1977, has a slightly different perspective.

continued on page 29

AFFORDABLE FAMILY TRANSPORTATION.



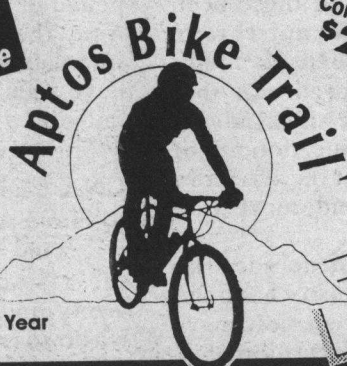
JAZZ
BY TREK

Special Sale
New JAZZ
VOLTAGE
"BestBuy"
Consumer Reports
\$229.99

Mountain Bike
Rentals Available

Hours:
Mon-Sat.
10-6
Thurs. until 8
Sun. 10-2
Closed Tues.

Free Service for 1 Year
on all new bikes



7514 SQUEL DRIVE / APTOS CENTER / 688-8650

FOR A MEMORABLE MEMORIAL WEEKEND CATCH A RISING RAVE!



Featuring the Jazz Group **WARMTH**

Saturday, Sunday and Monday
May 23rd, 24th & 25th
Memorial Day Weekend.

weather permitting

THE WHARF HOUSE

At the end of the Capitola Wharf

CALL 476-3534

Open Everyday -
8am - closing



Breakfast • Lunch • Dinner



UNION

continued from page 12

"I think the nurses definitely have concerns, I support their right to vote. I'm not sure a lot of them made an informed decision," she said.

Downs was not a CNA supporter. "I'm not because I've worked at two hospitals that were unions," Downs said.

Her sentiments were echoed by others. "I don't think the union takes much interest personally in nurses. They seem to be more interested in lobbying," said Marcene Saxman, a Dominican staff nurse for 23 years.

And while those polled who did not support the union had all worked for unionized hospitals in the past, and while those interviewed who were in favor of CNA had not served in union institutions, there should be two points remembered. *The Post's* sampling group was small, and those who had worked at union hospitals had mostly not worked there for some time.

But let's get back to the other issues.

A few nurses raised concerns about increased staff ratios. And while virtually everyone agrees that even if nurses see fewer patients than before, the people are in greater need of care. But staffing ratios, like wages, are driven by dollars and competition in the market.

Anderson from CNA said she knew the Kaiser Hospital contracts the union negotiated had ratios built into the agreements. But she could not provide an example of another private hospital where arrangements for staff had been made. And it should be remembered that Kaiser is a very different kind of hospital based

on their exclusive "full care" insurance program (HMO) that rewards the hospital for providing less care. Or, better said, Kaiser makes its money by providing the least amount of care necessary while private hospitals make their money by doing work for patients. In the case of Kaiser, waiting times for surgeries and hospital stays has been at issue for many years.

But Tom Landig, a intensive care unit nurse at Dominican and one of the original organizers of the campaign, thought some may be misunderstood the staffing issue.

"I don't think we are going out into any unknown territory with this contract... The whole drive to affiliate with CNA is reflective of the change in health care over the past ten years, increased responsibilities... This is much larger than Dominican. I think that the real power with CNA is that it brings the nurses together in one hospital to act in a communal manner... The bigger issue was to have a voice," Landig said.

Landig suggests the Practice Committees set-up at CNA hospitals will bring an added and enhanced level of participation in decision making for nurses.

But hospital leaders point out that nurses already have had a voice. "We have nurse practice committees in all of the units. Some have been up and running for as long as two years," Pipemeyer of Dominican said. "They are in place to improve systems... and to address issues."

She added the committees had also been responsible for new nursing guidelines and resource materials.

But how about grievances?

One nurse, who supported CNA, claimed it sometimes took time to get management to respond to small requests or address inefficiencies within the units.

"Grievance procedures have been a part of the job of our human resources department... We also have a timetable that says if you have a grievance,

female," Anderson said. "Some of the things that are traditionally associated with being female were exaggerated in the old days of nursing. Attitudes are changing," she added.

And while Landig was reluctant to comment he noted, "In general, men feel freer about speaking up about some things."

This contention may be supported by the fact that nursing remains, for women, one of the most well-paying professions in consideration of length of education and service to the industry. There are few other choices with as many rewards.

But will the factors that have driven nursing salaries and benefits up the scale continue as hospitals try a find ways to save dollars? Is this the one issue that didn't get much public attention?

The American Medical Association and some hospitals have been lobbying law makers to extend some of the work registered nurses are only permitted to do onto other "registered care" workers. By making nursing teams of employees, hospital leaders could conceivably cut staffing costs and add staffing hours.

Hite has a perspective on the proposals. "One of the requests that we have historical-

...Nursing remains, for women, one of the most well-paying professions in consideration of length of education and service to the industry.

than it will be responded to in an appropriate period of time," Hite said. "The first response, I believe, has to be made in seven days."

Confused yet? If it isn't about wages, and if it isn't about established communication lines, and if it isn't about unhappy workers, or inappropriate staffing ratios or retirement plans, then was everyone just confused with the issues?

Which is not to say that for some that these issues still did not matter. It's just to look for more reasons.

New Voices Emerge in Nursing

Smith, a CNA supporter, noted, "I know that at our hospital it was men that started this."

This fact might suggest that the campaign issue of a "bigger voice for nurses" was also a point about new voices in the profession.

"I think that's a very interesting perspective. Unfortunately, nursing is still tremendously about 96 percent

ly heard from the nurses is, 'get somebody else to get this paperwork off my back so I can care for the patient'... I think we want to have the RNs doing the kinds of work where you need the RN's expertise. I think where we have a disagreement [with CNA] is what kinds of things do you really have to have an RN behind your name in order to do."

Landig, and others interviewed, expressed concern that the new worker would add responsibility to nursing instead of taking away many duties. But, there may also be concern, that a new kind of health care worker might dilute the present situation where there are more jobs in the state than there are nurses to fill positions. Filling the ranks has been problem that, in the past, plagued Watsonville Hospital, but has not so far not proved a significant concern for Dominican.

Still, it is a concern CNA has addressed. CNA has been very effective at lobbying in Sacramento, and their work has kept the nursing industry

remarkably strong in terms of licensing standards and job definitions. This is not to mention that both the ANA and CNA are watching out for the role of the nurse in legislation pertaining to restructuring the health care industry. At least one nurse interviewed mentioned an uncertain future and the possibility of a socialized medical model being implemented as playing a role in her decision to support CNA.

And, it is the political work that CNA takes seriously. Outside of the \$1.6 million CNA sent from local dues to the ANA for national representation last year, CNA spent just under a half a million dollars on "government relations." This amount is notable when compared to the \$289,466 spent for the "nursing practice" which supports three practice-workers throughout the state for 90-plus hospitals, and related publications for members.

But they are also still a union. The vast majority of the 55-member paid staff and budget go for bargaining teams and campaign organizers, a point which may or may not change next year when monthly dues go up to \$38. With 26,000 members, CNA will collect an estimated budget of \$10 million in the next fiscal year beginning July, last year's budget was just under \$6 million.

The Healing Process

The one point everyone seems to agree on is that Dominican is and remains a great hospital.

"Dominican has gotten a lot of bad press, which I don't think is warranted," Landig said. "Looking back, it was probably a good thing that Community Hospital was bought by Dominican," he added.

"I think that people feel Dominican is a good hospital. They do deliver quality patient care," CNA's organizer Kean said of her experience in the community and among the employees.

"I think it's an outstanding facility, I think everyone works very hard to make a patient's stay successful and comfortable," Hite said.

Kean and Hite could also agree on one other point, that is everybody learned a lot through the process.

But the process isn't quite over. There's a contract to negotiate, a strike to avoid and disagreements to mend. After all, not every nurse wanted a union, and not every nurse will appreciate the necessity of paying union dues.

Then again, one would imagine those in the health care profession should be quite capable of quickly healing wounds and learning how to agree to disagree. □