

**Improving the Quality of Patient Care:  
A Central Concern for Nurses' Unions**

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## **Abstract**

This paper will examine the efforts of nurses' unions and associations around the world to improve the quality of patient care by giving registered nurses (RNs) in acute-care hospitals a greater voice in decision-making. Particular attention will be given to the efforts of organizations based in the United States. Although nurses play a critical role in the delivery of care in all healthcare systems, they have traditionally had very little influence over how care is delivered. There is significant evidence to suggest that by claiming a greater voice in the healthcare workplace, nurses can benefit their patients as well as the healthcare system. Nurses' unions and associations use three different strategic approaches to improving patient care and influencing how care is delivered—traditional collective bargaining, collaborative/cooperative programs, and lobbying and political action. These approaches, and the mechanisms used in each, will be discussed in this paper, as will the outcomes generated by these approaches.

## **INTRODUCTION**

Registered nurses (RNs) play a critical role in acute-care hospitals as they serve as the primary, day-to-day, caregivers and represent the largest single occupational group in that hospital workforce. In recent years, nurses working in hospitals have increasingly experienced unsatisfactory working conditions. Many nurses believe that understaffing, mandatory overtime, and floating, caused by an ongoing shortage of RNs and cost-reduction strategies, prevents them from providing appropriate patient care. As a result, more and more nurses are choosing to affiliate with a nurses' union or association.<sup>1</sup>

Research suggests that nurses in the United States (U.S.), in part, choose to unionize when they believe the union can give them a greater voice in how patient care is delivered (Clark et al. 2001). Accordingly, nurses' unions in the U.S., as well as nurses' unions around the world, have increasingly focused on strategies for doing so. This presents nurses, and their unions, with a somewhat unique opportunity to use collective action to help address the core challenges facing acute-care hospitals--the quality and cost of patient care.

This paper will examine the reasons why nurses are increasingly turning to unions. It will also examine the efforts of nurses' unions around the world to win a greater voice for their members and to influence the quality of patient care in acute-care hospitals. While much of the focus will be on nurses' unions in the U.S., the paper will also discuss efforts, in this regard, by nurses' unions in Australia, Sweden, and Iceland, among others.

## **PROBLEMS FACING NURSES IN ACUTE CARE HOSPITALS**

Nurses occupy a unique and strategically vital place in the healthcare delivery system. For this reasons, most nurses' unions believe that RNs should be full partners in the healthcare systems of their respective nations, along with other key players—physicians, administrators, insurers, and policymakers. They believe nurses' voices should be heard and valued in discussions about how healthcare made available, delivered, and funded.

Many nurses face dysfunctional work environments that prevent them from providing high quality care to their patients, undervalue their contributions, cause debilitating stress and frustration, and have contributed to a global nursing shortage that threatens systems' abilities to meet society's needs in the short- and the long-term. And as a profession, nursing's influence remains limited to traditional "nursing" issues.

In a 2001 survey of RNs in the U.S., approximately seventy-five percent of respondents reported that both their working conditions and the quality of nursing care in their facilities had declined in recent years. Thirty-eight percent of the nurses in this study reported that they felt "exhausted and discouraged" upon leaving work. Thirty-four percent said they were "discouraged and saddened by what they could not provide their patients." And twenty-nine percent felt they were "powerless to affect change" (Michigan Nurses Association 2001).

This dissatisfaction, and an accompanying sense of powerlessness, has caused many RNs to leave acute-care nursing to work in less stressful occupations inside and outside the healthcare system, a situation that has contributed to the nursing shortage in the U.S. And as

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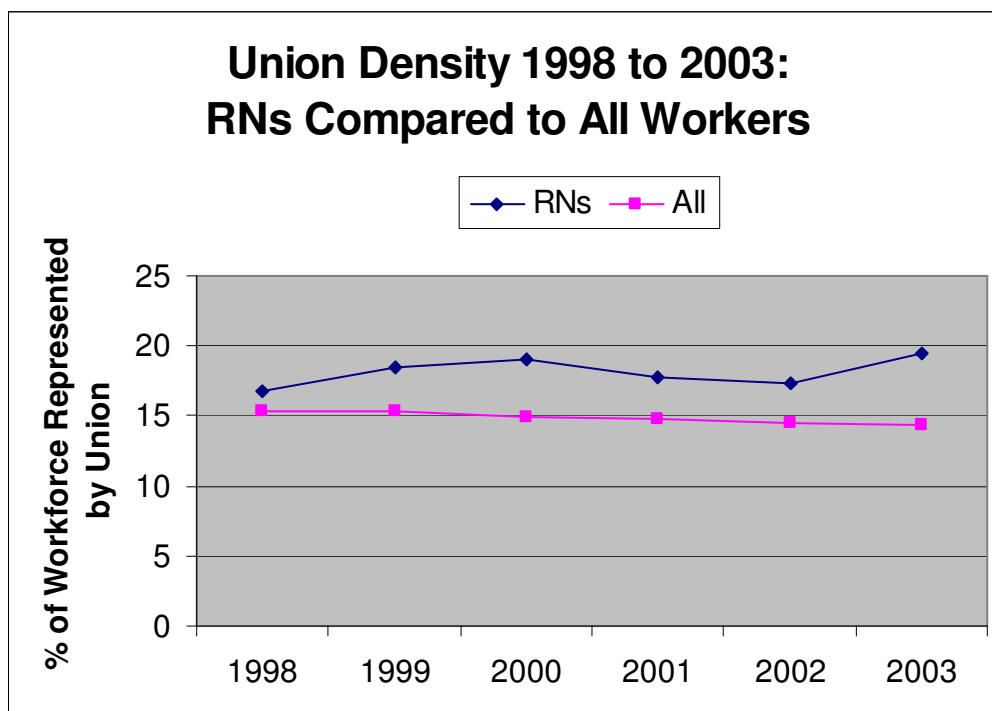
<sup>1</sup> For simplicity sake, the term "nurses' union" will be used to mean both nurses' union and nurses' associations which engage in collective bargaining.

more nurses quit, the remaining nurses to take on a larger number of patients, which inevitably increases their stress and dissatisfaction, causing more nurses to leave, and on and on.

Many nurses, however have chosen to stay and use their voices to address the workplace problems and other employment-related issues they face. All too often, however, they learn that management in their facility does not value their input and resists change at every turn. For this reason, many RNs have turned to unions in an effort to gain a greater voice in the workplace.

Over the last ten to twenty years, nurses' unions have become the most effective vehicle for giving RNs a greater voice in their workplace and in many national healthcare systems. As a result, union density among nurses has risen. In the U.S. nurse union density is now approximately twenty percent (see Chart 1 below).

Chart 1



Nurses have used their increasing voice to win improvements in their working conditions, their economic situation, and the quality of patient care through collective bargaining. They have also used it to influence legislatures to pass laws that mandate safe nurse-patient ratios and outlaw mandatory overtime. And in the U.S. they have used it to lend weight to the push to reform the American healthcare system (Clark and Clark 2006).

### **NURSES' AS PATIENT ADVOCATES**

Nurses willingly assume the role of patient advocate and take this responsibility very seriously. The American Nurses Association (ANA) Code of Ethics lists patient advocacy as one of the primary responsibilities of RNs. While many definitions of patient advocacy exist,

most include a key theme—acting to ensure that the patient’s welfare is paramount in any medical setting, procedure, or treatment.

RNs today have a better, broader, and more comprehensive education than previous generations of nurses and they are capable of playing a larger role in decisions involving how patient care is to be delivered. They, in short, are well equipped to assume full partnership in the healthcare systems in which they work. Despite this, employers appear to be reticent to tap into the profession’s collective experience and energy.

## **NURSES’ UNIONS AND NURSES’ VOICE**

The importance nurses place on having a greater voice in patient care issues appears to be reflected in the attention nurses’ unions pay to these issues. In recent years virtually all U.S. nurses’ unions have used the collective bargaining process to provide opportunities for nurses to influence the quality, and to a lesser extent, the cost, of patient care. As suggested above, these efforts have taken three strategic forms—the traditional bargaining approach; a more consultative, cooperative approach; and a political/legislative approach. Each of these approaches has been utilized to address three major care-related issues of concern to RNs—staffing, mandatory overtime, and floating. Recent efforts of U.S. nursing unions in these areas will be discussed in the next section.

## **COLLECTIVE BARGAINING—CONTRACT LANGUAGE**

**Staffing Levels.** As hospitals in the U.S. have tried to cut costs by reducing the number of nurses they employ, understaffing has become a chronic problem. In recent years, most negotiations between nurses’ union and acute care facilities have included discussions about staffing levels (Clark and Clark 2006). Nurses’ unions have used bargaining to try to win contract language that ensures adequate staffing levels.

Unions have had some success winning contract language that establishes minimum staffing ratios in hospitals. In a number of cases, U.S. nurses’ unions have negotiated language that requires the hospital to maintain a 5/1 patient-to-nurse ratio on the medical/surgical floors.

Some unions have also negotiated contract language that requires that staffing disputes be resolved by neutral third parties. For instance, HPAE Local 5004 and the Englewood (N.J.) Hospital and Medical Center have negotiated a contract that requires that any dispute over staffing be settled by a mediator chosen by the American Arbitration Association (HPAE 2004). SEIU negotiated a similar arrangement at the Health Corporation of America’s Sunrise Medical Center in Las Vegas.

Lastly, some unions have successfully negotiated provisions that give nurses the final say on appropriate staffing levels. A contract between the Minnesota Nurses Association (MNA) and Fairview Hospitals gives charge nurses authority to determine whether sufficient staffing resources are available to meet patient care needs and to close the unit to further admissions if staffing is not sufficient (UAN 2005).

**Mandatory Overtime.** The efforts of many hospitals to cut their workforces to the bare minimum, has meant that facilities often operate with the absolute minimum nurse workforce possible. In these situations, administrators often turn to mandatory overtime to meet their staffing needs. Because of the disruption mandatory overtime causes in its members’ lives, and

the danger presented by nurses working excessively long hours, many nurses' unions have negotiated contractual limits on mandatory overtime.

The MNA effectively eliminated forced overtime in most hospitals in the Minneapolis-St. Paul area by including contract language stating that "no nurse shall be disciplined for refusal to work overtime" (MNA 2004: 5). And the contract between Kaiser-Permanente (KP) Health System and the California Nurses Association (CNA) (covering the largest number of RNs in the U.S.) includes a ban on mandatory overtime (CNA 2002).

Some nurses' unions have settled for language that limits mandatory overtime to emergency situations. And others have placed limits on the amount of overtime employees can be forced to work.

***Floating.*** Floating is the practice of moving nurses from their regularly assigned areas to parts of the hospital with a greater need. Many RNs believe this is a problematic practice, particularly where an RN is required to work in an area of the hospital in which she has insufficient experience or knowledge to deliver the kind of care required. This is an additional issue that nurses' unions are trying to address through collective bargaining.

The most common language negotiated on this issue is a prohibition on moving nurses to areas that are outside their areas of expertise. For example, SEIU's contract with hospitals in New York City includes comprehensive floating policies that guarantee that nurses cannot be floated to areas where they do not have appropriate qualifications and training (SEIU 2005a).

## **COLLECTIVE BARGAINING—CONSULTATION/COOPERATION**

A second strategy unions have employed to increase nurse voice in decisions involving patient care is the formation of consultative mechanisms through which nurses have regular opportunities to discuss patient care-related issues with management. These committees are often established through bargaining and operate throughout the life of a contract. In some hospitals they are simply termed "Labor-Management Committees"; in others they take the form of "Professional Practice Committees" or "Joint Nursing Practice Councils.

In a study of 14 Minneapolis/St. Paul area hospitals over a 10 year period, a researcher found that "labor-management committees improve communication and ease the process of implementing new hospital practices in response to changing market demands in a manner that protects the quality of patient care (Preuss 1999: 1)."

Nurses' unions across the country have used the bargaining process to establish various forms of consultative/cooperative mechanisms in their members' hospitals. The Massachusetts, Minnesota, and California Nurses Association, for example, include language in all of their contracts with acute-care hospitals that require the formation of such groups. They often focus on four general issues—staffing, mandatory overtime, floating, and safety and health.

## **LOBBYING/LEGISLATIVE ACTION**

In addition to addressing patient care/nursing practice concerns through bargaining and through consultative/cooperative approaches, nurses' unions are also using lobbying and the legislative process to bring about change in this area. The quality of patient care is a potent political issue. And nurses have a very positive public image, which makes them a formidable political force and allows them to effectively lobby for legislation they support .

**Staffing.** Legislation that sets minimum staffing levels or bans mandatory overtime has a significant advantage over the negotiation of clauses in collective bargaining agreements in that such legislation can cover every healthcare workplace under the legislature's jurisdiction.

The most significant effort to date in this regard has been in California where a ten year campaign by CNA resulted in the 1999 passage of a law mandating RN-to-patient ratios in California hospitals. Although no other state has passed safe staffing legislation, bills are currently being considered in a number of state legislatures, including those in Illinois, Florida, Iowa, Kentucky, Massachusetts, Missouri, Nevada, New Jersey, Oregon, Pennsylvania, Rhode Island, Colorado, New York, and other states (SEIU 2005b).

**Mandatory Overtime.** Legislation has also been introduced at the federal level to address the problem of mandatory overtime in healthcare settings.

At the state level, however, unions representing nurses have made much more progress in addressing the problem of mandatory overtime. To date, at least twelve states—California, Connecticut, Illinois, Maine, Maryland, Minnesota, New Jersey, Oregon, Pennsylvania, Rhode Island, Washington, and West Virginia—have won restrictions on mandatory overtime (SEIU 2005c). Similar bills have been introduced in a number of states.

**Floating.** Floating is an issue on which nurse unions have made little legislative progress. Their efforts to address this issue have focused largely on the negotiation of collective bargaining provisions restricting this practice.

## **EFFORTS TO GIVE NURSES GREATER VOICE IN OTHER COUNTRIES**

R.N.s around the world have much in common. In particular, nurses are committed to providing the highest quality patient care possible and they believe that, if given an opportunity to participate in decisions involving that care, they can have a meaningful impact. That is why most nurses' unions are engaged, in some way, in trying to win a greater voice for their members in decisions about how patient care is provided. And in most cases they are using one or more of the mechanisms discussed above to do so. Below are just a few examples.

One of the most dramatic examples of how much potential nurses' unions have to improve the way healthcare is delivered involves the fight for safe nurse-to-staff ratios conducted by the Victorian Branch of the Australian Nursing Federation (ANF Victoria). On several occasions the government of the state of Victoria tried to eliminate the hard fought nurse/patient ratios. Using public relations, solidarity, and creative industrial actions, the ANF successfully fought off this effort (Gordon, Buchanan and Bretherton 2008).

While the victory of the Victoria ANF is certainly is one of the most dramatic examples of what RNs can accomplish, nurses and their unions in other countries have also taken action to win improvements in working conditions that will allow them to provide better care. In Poland, exceptionally low pay and very poor working conditions have contributed to a significant nurse crisis. In 2007, Polish nurses organized mass demonstrations in cities across the country in an effort to force the government to increase funding for healthcare and nurses salaries. They were confronted with riot police who escalated the conflict (Poland's Government 2009).

Similarly, nurses in Sweden, Finland, and Denmark have conducted nationwide strikes in recent years in an effort to bring RN salaries in line with that of other professions. Among

other arguments, they contend that reasonable pay is necessary to induce capable people to join the nursing profession and ensure there will be a next generation to provide care.

In another ambitious initiative, the Swedish nurses' union, Vardförbundet, has embarked on a campaign to change the culture of the Swedish healthcare system from "hospital-centered" to "patient-centered". This represents a very significant paradigm shift for the system and is a long-term undertaking. To accomplish the change, Vardförbundet has negotiated contract language that commits hospital administration to include RNs as part of the planning and decision-making process (Clark and Clark 2008a).

The Icelandic Nurses' Association (Félag Islenskra Hjúkrunarfræðinga) (INA) has taken a different approach to changing the role of nurses in the Icelandic healthcare system. They have, in part, focused attention on the political/legislative process to accomplish their goals. The union continually lobbies for more funding for the healthcare system and for better pay for nurses (Clark and Clark 2008b).

## **CONCLUSION**

Unions representing RNs in the U.S. acute-care hospital sector have used a myriad of approaches to giving their members a greater voice in the delivery of patient care. And because of the critical role that nursing plays in the delivery of healthcare in hospital settings, these efforts have significant potential for improving the quality of patient care, and to a lesser extent, the cost of care.

In addition, many nurses' unions and associations around the world recognize that nurses can make a great contribution to improving the way healthcare is delivered and are taking steps to give their members a greater voice in patient care.

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