Contract Ratified! New BSN Classification Earns 5 Percent Wage Increase

On-call pay and medical contributions increased by 20 percent

We successfully bargained a new contract with our employer that includes a new classification for nurses who have earned a Bachelor’s of Science in Nursing degree. All four RNs currently in our bargaining unit have their BSN, which means that full-time and hourly nurses will receive a 5 percent wage increase. Like other County workers, we accepted a 1 percent across-the-board pay raise for the second and third year of our contract. To obtain the new BSN classification, the County insisted we accept a zero percent pay increase in the first year of our contract.

On May 24, 100 percent of our dues-paying ONA members voted in the ratification election (i.e., three active ONA nurses out of four members of the bargaining unit). And all three voted to ratify the contract! We are especially grateful for the terrific work by our bargaining team, Jeri Lang and Katie Singleton, who sat on their first bargaining round. We also appreciate the collaborative relationship we developed with the County bargaining team. They clearly value our public health nurses!

For our benefited employees, we continue with Moda health medical plans as offered through Oregon Educators Benefits Board. The employer agreed to a 20 percent increase in the County’s contribution to the employee’s premium for medical plans (see table on page 3). We agreed to several minor giveaways, which are better working conditions than in our previous contract. Full details of the contractual changes can be found in the accompanying table.

<table>
<thead>
<tr>
<th>Contract Year</th>
<th>Wage Increase</th>
<th>Medical Cap</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 – 2017</td>
<td>0.0 percent</td>
<td>$1,005</td>
</tr>
<tr>
<td>2017 – 2018</td>
<td>1.0 percent</td>
<td>$1,055</td>
</tr>
<tr>
<td>2018 – 2019</td>
<td>1.0 percent</td>
<td>$1,105</td>
</tr>
</tbody>
</table>
Speakers at the 48th Pacific Northwest Labor History Association (PNLHA), which was held May 20 – 22 at Portland State University, addressed whether labor should be involved in environmental issues. Tom Lux, PNLHA President, set the tone for the conference by asserting that labor should be at the forefront of eco-policy. He continued, “only labor can talk about the process of adapting to climate change. Communities should not be sacrifice zones for good jobs. Labor needs to be at the table” when policy discussions focus on replacing fossil-fuel industries with a greener economy. “If you are not at the table, you are probably on the menu! Clean energy can create tens of thousands of more good jobs” than the nonrenewable energy industry currently employs.

The conference’s theme, “Labor, Justice and the Environment: Historical Insights, Alliances and Challenges,” brought together academics, union members, environmental activists (“enviros”), and other progressives. The opening plenary panel featured Barbara Dudley, Senior Policy Adviser with Oregon Working Families Party, and George Heyman, a member of the British Columbia (BC) legislature. Dudley identified examples of the “red-green alliance,” where unions collaborate with “enviros,” e.g., Earth Firsters cooperated with United Steelworkers to foster sustainable logging a generation ago. Heyman described efforts by “enviros,” labor, and First Nations in the BC logging industry to “create the most jobs per cubic meter of wood,” including value-added production.

On Saturday, many attendees viewed Goodwin’s Way, the U.S. premiere of Neil Vokey’s documentary film. Albert “Ginger” Goodwin organized mineworkers and smelters on Vancouver Island, BC, where he led several strikes. In 1918, a police constable, pursuing Goodwin for draft evasion deep in the BC backcountry, shot him dead. In the 1990s, a stretch of BC highway was named Ginger Goodwin Way, but the official signs quietly and mysteriously disappeared courtesy of the right-wing government in 2001. In his honor, homemade signs emblazed Goodwin’s Way sporadically crop up along the highway. The film features interviews and accounts of his life and times that continue to inspire others in the labor movement. For more information, click here to go to the Pacific NW Labor History Association website or click here to go to the Goodwin’s way website.
ONA-KLC Contract Summary, 2016 - 2019

<table>
<thead>
<tr>
<th>Article</th>
<th>Change from previous contract</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.2</td>
<td>Redefined “halftime” positions to hourly positions. Benefits for these positions earned on prorated basis, except medical contribution. 0.75 employee will receive medical benefits equivalent to full-time employee.</td>
</tr>
<tr>
<td>5.1</td>
<td>Delete requirement that nurse must work before and after a holiday to receive holiday pay.</td>
</tr>
<tr>
<td>8.1</td>
<td>Probationary employees can use sick leave as accrued, instead of waiting for end of probation.</td>
</tr>
<tr>
<td>9.3</td>
<td>Bereavement benefits strengthened, allows additional unpaid days.</td>
</tr>
<tr>
<td>9.6</td>
<td>Delete leave time for elections.</td>
</tr>
<tr>
<td>10.1</td>
<td>Increased county’s contributions to medical insurance (see table Page 1) and provided for re-opener in case ACA Cadillac Tax impacts County.</td>
</tr>
<tr>
<td>10.3.1</td>
<td>Tuberculosis screening language clarified to follow Occupational Safety and Health Administration and Centers for Disease Control and Prevention guidelines, costs still borne by county.</td>
</tr>
<tr>
<td>10.3.4</td>
<td>Recognize that flu shots are typically covered by employee health insurance, if not county will bear costs.</td>
</tr>
<tr>
<td>13.3</td>
<td>On-call pay increased by 20 percent to $210 per week.</td>
</tr>
<tr>
<td>15</td>
<td>Contract expires June 30, 2019</td>
</tr>
</tbody>
</table>

ONA 2016 Member Survey

We invite all ONA members to participate in the 2016 Oregon Nurses Association Member Survey. Your feedback is important to us so we can better understand your individual practice as a registered nurse.

The survey should take about 15-20 minutes to complete.

If you have any questions, please contact Amy Ferguson at Ferguson@OregonRN.org.

The survey closes Tuesday, May 31, 2016.

Thank you in advance for your time and dedication to ONA!

Visit www.OregonRN.org to learn more and to complete the survey today!
From the ONA Bookshelf


In this page-turner, Robbins describes the lives of contemporary nurses, portraying their highs and lows caring for patients in America’s hospitals. Based on her interviews with hundreds of nurses, this ethnographic discourse will resonate with working RNs.

Robbins follows four nurses in four hospitals in an unnamed American city. Molly, confident and brash, she disagreed with her former hospital’s anti-nursing policies, signed with an agency. Lara, competent and committed, raising two small children on her own, continues to struggle with drug addiction. Juliette is “a hard-worker who advocates loudly for her patients even when it is not in her best interests to do so” (p. 24). And Sam is a recent graduate who becomes discouraged by physicians’ and managers’ lack of respect for nurses.

Each chapter balances these four nurses’ personal stories with pointed insights from academic studies and industry reports. For example, instead of addressing underlying nurse staffing issues, hospitals game the system of patient satisfaction scores. Several hospitals print cue cards using specific jargon to trigger higher patient satisfaction scores. Even though most nurses carry too heavy a patient load, they are told to use key phrases three times in a shift to each patient, “Is there anything else I can do for you before I leave? I have the time while I am here in your room” (p. 216). Yet, Robbins reports “a study comparing patient satisfaction scores with surveys of almost 100,000 nurses showed that a better nurse work environment raised scores on every HCAHPS question” (p. 221).

Robbins treats readers to a unique inside view directly from the “secret club” of nursing, where RNs share their joys, rewards, struggles and pain. For nurses and those who love them, this is a hard book to put down, because it is lively, engaging and empathetic.

A nurse tells Robbins, “it is the nurse who holds the hands of a patient without a family, who talks to them while they take their last breath, who aches for them while they die alone. It is the nurse who cleans the patient’s body, who wipes away the blood and fluids, and closes his eyes. It is the nurse who says goodbye to the patient for the last time. Our story needs to be told. We want to be heard” (p. 26).

And there are so many good stories to tell, we cannot review the breadth and depth of nurses’ insights that Robbins shares. Using the nurses’ own words, she relates the heroic roles that nurses perform daily as the archetypical multitaskers: confidantes, communicators, comforters, nurturers, teachers, advocates, reporters, watchmen, warriors, gatekeepers and diplomats. The anecdotes will validate any RN’s experiences and serve as an introduction to nurse’s daily work for her loved ones.

Robbins covers the primary topics that affect nurses today:

- workplace violence, including bullying by physicians, patients and managers;
- nurse cliques and why nurses “eat their young”;
- nurse understaffing and long shifts without breaks;
- the “sexy nurse” stereotype; and
- drug abuse by nurses and patients.

Robbins concludes with a worthwhile set of suggestions for hospitals, patients and nurses (see box on page 4). However, she overlooks a key component of nurses’ ability to affect their workplace. Nursing associations, especially labor unions, provide a safe supportive venue for nurses to bind together to advocate for each other and their profession.

Other than a single passing reference, Robbins ignores the tremendous advances in a century of effort by state and national nursing associations.ONA leaders know that nurses working together have facilitated safe patient care, including Oregon’s nurse staffing law, shared governance principles and job protection. All produced by nurses uniting for common action.

Some advice from author Alexandra Robbins in The Nurses

For hospitals and managers:

- Involve nurses in decision making.
- Don’t automatically or exclusively fault nurses for medical errors.
- Appoint a contact person to objectively handle nurses’ concerns.
- Require everyone to call each other by their first name.
- Prioritize security.
- Talk about substance abuse.

For the public:

- Appoint one family spokesperson.
- Ask questions.
- Do as much as you can for yourself and for the patient.
- Understand a nurse’s schedule is complicated.
- Most of all, be respectful, grateful and kind.

For nurses:

- Find your A-Team.
- Consider becoming a mentor.
- Take “you time.”
- Never stop learning
  Be a team player
  Remember why you love your job