WE WANT TO HEAR FROM YOU!

WHAT IS HAPPENING IN YOUR UNIT?

While we have had a handful of nurses reach out about some individual issues, the bargaining unit as a whole seems to be trucking along. Or is it a story of undiagnosed conditions brewing under the surface as we are gearing up for the big MI or CVA?

There seems to have been an uptick in SRDF’s as well as several OHA complaints being filed. Is your unit experiencing a staffing crisis? Let us know how things are progressing in your unit, or if you have concerns or suggestions for your union leaders.

Words Matter

THE TERMS WE USE FRAME OUR (AND OTHERS’) THINKING

The words we use shape our (and others’) thinking about what we stand for. Often, we and others use third-party phrasing to discuss the union by saying “the ONA this” or “the ONA that.”

WE ARE ONA!

Instead, we should say “we” or “ours” or “the nurses.” For example, it is not “the contract” but “our contract.” Our bargaining unit is US, and we are represented by our fellow nurses at Bay Area Hospital.

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Another example is the use of the word “hospital” to describe the employer. The implication is that hospital administrators are “the hospital,” when actually it is, the caregivers, including the nurses! It is more accurate to call them the “employer,” because in our relationship as employees, their role is the “employer.”

Further, some nursing administrators refer to themselves and other managers as “leaders,” which is inaccurate. Leaders are defined as people who facilitate change, hopefully for the positive good. Some managers may perform that function, but actually their primary role is to manage resources, specifically money and personnel. Leaders can populate any rank of an organization, including an entry-level job. We should call managers what they are: managers.

Staffing

Did you hear about the successful passing of the staffing law in Oregon?

As there is a staggered start to the law and as we move forward with this ONA should have some education coming out about what this looks like for nurses. ONA has developed some member meetings for nurses around the state to get together to problem solve the challenges they are facing in the staffing councils as we gear up for new staffing plans to be developed with the minimum ratios. Staffing Council Co-Chair’s have also specifically developed brainstorming sessions being managed through the professional nurse practice consultants at ONA.

You can register for virtual staffing law forums with other nurses across the state here: https://www.oregonrn.org/Staffing-Law-Forums.

Upcoming Virtual Staffing-Law Forums:
- Tuesday, Oct. 10 at 4 p.m.
- Tuesday, October 26 at 4 p.m.
- Tuesday, November 14 at 4 p.m.

As we transition into this new law, OHA is developing “rulemaking” that needs to be in place by January of 2024. It is unclear how they may respond to complaints made to them in this period of time. Complaints that were made prior to September 1, 2023 will not be investigated moving forward. Although we are in limbo right now with the changes, your current staffing plans should still be in effect!! Continue to report if your unit is not following the plan. It is not a “suggestion” of how the hospital is staffed but an expectation to keep our patients and community safe!!
Negotiations

Although it seems as though contract negotiations just ended, our contract expires June 30, 2024. With the deadline approaching, we need to be gearing up for what changes we need and want in our next contract negotiation cycle. In fact, we must give notice to the hospital of our intent to bargain by February 1, 2024, and must actually start bargaining by March 31, 2024. In preparation for this we are putting out a series related specifically to bargain contracts.

A Bargaining Primer - Part 1

Negotiating a labor contract is a complex and often messy process. Initially, each side prepares and presents bargaining proposals to change the language of our existing contract. Thus, it is often called “bargaining a successor agreement” as compared to the situation where newly represented employees bargain a first contract.

Many people suggest bargaining a labor contract is similar to buying a house or a car. The seller sets their price high and the potential buyer lowballs their initial offer. With the sale of a single asset, the marketplace is full of potential buyers and many commodities are available for sale.

In a labor contract, the employer holds a monopsony position, they are sole purchaser of our nurse labor skills. And we are a monopoly, the sole provider, or seller of nurse labor. Economists characterize this relationship as imperfect market conditions, where normal pricing pressures are absent.

Moreover, we also are bargaining a myriad of non-economic working conditions, like scheduling, hiring, and PTO. Perhaps, a better analogy is a marriage. We have had a labor contract with BAH for many years. Our contracts could be conceptualized as a series of temporary compromises, where every time we bargain each side gets some—but not all—of what it wants.

A second misconception that many people bring is that the work is only done at the table. Our bargaining team works hard by listening to nurses, developing and drafting proposals, researching facts and arguments, asking question of the employer, and trying to find a resolution. However, our experience has taught us that the best bargaining team, smartest lead negotiator, and well-researched proposals are not enough to move the employer.

Instead, our experience is that when a bargaining unit comes together in visible solidarity actions, the employer responds. Restated, to move our employer we need to show our unity in job actions like wearing buttons/stickers, displaying car signs, showing up at the bargaining table, sharing selfies/groupies of why we support our proposals, and holding unity breaks. When workers unite, we move the employer.
Staffing Request Documentation Form (SRDF)

Do you know what a SRDF is, why you would fill one out, where to find the form and who to turn it in to?

Have you ever had one of those shifts where you knew you were stretched too thin and struggling to provide safe patient care? **This is the time to submit a SRDF.**

Copies of the SRDF should go to ONA, your employer, your staffing committee or PNCC chair, and keep a copy for yourself.

**SRDF Process**

Oregon Nurses Association has provided a means by which staff nurses could report when nurse staffing on their unit/shift is insufficient and/or unsafe since 1997. The report is part of the ethical obligation of nurses to report when provision of “safe patient care” is, at the least, not supported or at the most, impossible. When a nurse on a shift is faced with staffing which is imminently or potentially unsafe according to the various causes of unsafe staffing, it is intended that the nurse:

- **a)** Notify someone in the chain of command,
- **b)** Ask for additional staff, and
- **c)** Ask for a response in a reasonable period of time, e.g., minutes, hours.

The diagnostic reasoning based on professional practice is conducted as to the cause. Following this, the nurse assumes the patient care load as assigned, asking for help as they need. At the end of the shift, or within 48 hours, the nurse completes the form.

**Online SRDF Submission**

You can complete the form online below. The process does include the following steps:

1. Complete the form and submit.
2. You will receive a confirmation email with a completed PDF version of the SRDF attached.
3. Please either print or email copies of this SRDF completed form to your employer, your staffing committee or PNCC chair, and keep a copy for yourself.

If you do not receive a confirmation email or have any difficulties throughout the process, contact ONA at SRDF@OregonRN.org or call 503-293-0011.

Click here to complete an SRDF