**NEW STAFFING COMMITTEE MEMBERS**

Six nurses have stepped forward to serve as new staffing committee members. We concluded the selection process and the new members are: AJ Grady (SCU), Allie Modesto (MCU), Candy Bigbee (WHBCC), Carla Colling (CCU), Teresa Brown (SSU), and Tori Ketterling (ED).

All six have completed ONA’s staffing education and advocating training to prepare for their new roles. This online training is available for free to any ONA member. Nurses can use their education funds to pay themselves to complete the two-hour course: [www.OregonRN.org/OnlineCE](http://www.OregonRN.org/OnlineCE).

**CLICK HERE** for our complete roster, or go to your ONA bargaining unit webpage at [www.OregonRN.org/70](http://www.OregonRN.org/70). The 13 direct care employees on the committee include 10 RNs represented by ONA as well as three others: CNA Allie Garcia (represented by Service Employees International Union) and two unrepresented nurses, Tiffany Jennings (Diagnostic Imaging) and Bonnie Chase (Wound Care). Soon they will select a direct care co-chair to lead the committee.

We are so proud of all 13 nurse leaders! We are glad they are willing to serve other nurses and our patients in this capacity. Together, these nurses bring a wealth and diversity of experiences to ensure that each unit’s staffing plans meets Oregon’s Nurse Staffing Law.

The law requires that patient ratio be observed always, including when nurses take meals and breaks. Under the law, when a nurse hands over their patients to another nurse, the breaking nurse’s patient ratio cannot exceed the requirements of the staffing plan. Under Oregon law, buddy breaks are not allowed to violate the stated patient ratio.

**HIGH TURNOVER IN MANAGEMENT**

Nurses have noticed the high level of turnover among McKenzie-Willamette nurse managers. With a couple of exceptions, every unit has a fairly new nurse manager. Very few nurse managers have held their current job for more than three years.

Kate Morris, an 11-year nurse at McKenzie-Willamette, reports she’s had seven nurse managers in two departments since she arrived! As the average tenure for staff nurses at McKenzie-Willamette is nine-and-a-half years, this is a typical experience.

This means nurses usually have been at their job three times longer than their manager. Often, nurses are required to help train their own manager! Rank-and-file workers, like floor nurses, transmit the institutional memory and organization culture of many units in our hospital.

In addition, McKenzie-Willamette has a new Chief Executive Officer, an interim Chief Nursing Officer, and a new Director of Human Resources. As we survey the larger healthcare landscape, dramatic management turnover is the new normal.

We recognize that nurse management positions carry many challenges. According to Indeed.com, “the typical tenure for a nurse manager is one to three years.” Their longevity is remarkably brief, especially as compared to the 6.4 years average of management occupations more generally, as reported by the Bureau of Labor Statistics.

Nurse managers hold a tough position in acute care settings. According to the Agency for Healthcare

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HIGH TURNOVER IN MANAGEMENT (Continued from page 1)

Research and Quality (AHRQ), nurse managers have two roles: (1) managing financial and human resources and (2) providing clinical care. “Nurse managers are a conduit for communication and comprehension between [upper-level administrators and unit staff] to move the unit toward the hospital's strategic goal,” says AHRQ.

As we all learned in nursing school, being a nurse means being a leader. Management functions are distinct from leadership roles. Nurse managers have specific responsibilities to manage people and money. Leaders, defined as those who facilitate conditions for change, may populate any rank of an organization.

Leadership is an informal role assumed by those who are willing to work at it. “Management and leadership roles are not the same, and although the titles often are used interchangeably, they are not synonymous,” says NURSE.com. Nurse managers may or may not possess the skillset required of leaders.

We expect that all nurses will be strong leaders for our patients. We need more nurse leaders to become educated advocates for safe staffing, including appropriate meal and break coverage. A nurse must protect their own health before they can provide high-quality care.

References:

“Nurse Manager Salaries in the United States,” indeed.com, [https://www.indeed.com/salaries/Nurse-Manager-Salaries](https://www.indeed.com/salaries/Nurse-Manager-Salaries)


STORYTELLING AS COMPASSIONATE CARE

MCU Staffing Rep. Allie Modesto Shares Her Vision

This is Allie, and I would like to introduce myself as the new chair to the MCU Unit Practice Committee (UPC), as well as our representative on the staffing committee. This year, our goal for UPC is to encourage active engagement in our unit practices. I will ask all the UPC members to write a letter addressing our team, the Medical Care Unit (MCU). We will provide an article as food for thought on our own practice as well as support a project involving compassionate care. In addition, our other responsibilities include discussing fall prevention, identifying and supporting safety practices, problemsolving patient care challenges, and supporting evidence-based professional practices.

This year we want to focus on compassionate care, which encompasses all of the above and begins with how we communicate with one another. I invite everyone to voice experiences that have moved you and issues you feel need awareness and attention. If you cannot attend a meeting, we welcome your voice in a letter. A letter format invites authenticity. I would like to share one of my recent experiences on our unit.

This past winter, I was fortunate to have been snowed in at the hospital. While it was disappointing to not see my son and tiresome to sleep on a gurney, I felt fortunate because I took care of patients. Night after night, I heard patients’ stories of how the extreme weather exacerbated their medical conditions and affected their health. Suddenly, I felt lucky to be there. I didn’t need to brave the dangerous weather and I was able to serve our community.

When the snow stopped and I was finally able to dig out my car, it felt fitting when I heard on the radio a

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discussion about a cultural practice of the indigenous Inuit in which they use storytelling instead of scolding or anger as a survival communication strategy for how they raise their children (Michaeleen Doucleff, March 4, 2019).

This story intrigued me because the Inuit have survived for thousands of years in the harshest of environments, the Arctic. Our snow days do not compare with what the Inuit must survive. Also, anyone who has dealt with a young child knows that sometimes reasoning and repeating (and certainly not yelling) will get anything accomplished. In thinking about this, I was struck at really what an accomplishment this is. In many ways in our hospital setting, we as professionals act similarly in our communication to maintain safety, helping people adapt and cope as well as to ensure patients’ survival.

Sometimes we also must maintain the safety of people who do not have this capacity on their own, or we are interrupted frequently from the task at hand and are asked to reprioritize what we are doing so often that it appears as if we work without planning at all. When we are challenged with obstacles, like the Inuit, we have our stories we tell every day about the work we do. It is important that our stories are simple yet profound so that the message carries.

On a deeper level, I believe we can make healing connections that are rooted in empathy and compassion for our patients, for one another, and for ourselves. This work is not only about relaying information about our tasks; it is also heavily layered with the intersections of perspectives. Everything from the actual number of staff, supplies we have or don’t have, which department we work on, our educational backgrounds or professional experiences, our generational influences, cultural biases, and technological capabilities and limitations add to the nuances that make effective communication for our safe patient care challenging and at times, frustrating.

Although working together in a hospital setting is very different than survival in the Arctic, ultimately storytelling without anger is akin to our communication about our experiences. For example, safety huddles and bedside shift report are the keys that can affect our cohesiveness and success to the community overall. We must all speak up with respect for each other, without fear, and with humility.

I warmly invite all MCU staff to reach out to your UPC as a resource to share your stories, evaluate experiences, and discuss ways we can accomplish exceptional patient care and professional growth in a way that is meaningful to the members and patients on our unit. I would like to impress upon you how important your voice is to this committee, because without your voice we cannot effectively care for our patients. While we cannot address every possible issue at once, it is our goal and commitment to focus on compassionate care in its many detailed forms. Reach out to us. We want to hear what compassionate care means to you.


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Staffing Education & Advocacy Training

Have you recently been elected to your hospital’s staffing committee or do you desire to be a more prepared and effective staffing advocate? If so, we encourage you to take a SEAT with ONA for our online Staffing Education & Advocacy Training (SEAT). This is the only comprehensive staffing law training in Oregon and is available online through our OCEAN platform. It is available 24/7 and can be taken at your own pace. It is free for ONA members and available to non-members at a discounted price.

Nurses can earn 2.25 continuing nursing education contact hours for completion of the entire SEAT series. Visit www.OregonRN.org/OnlineCE to get started.

Oregon Nurses Association | 18765 SW Boones Ferry Road Suite 200 | Tualatin OR 97062 | 1-800-634-3552 within Oregon | www.OregonRN.org
What are Your Weingarten Rights?
In the case National Labor Relations Board vs. J. Weingarten, Inc., the Supreme Court ruled an employee who reasonably believes an investigatory interview will result in discipline has the right to have a union representative present. This is legally protected activity under the National Labor Relations Act (NLRA) and is your fundamental right as part of an ONA bargaining unit.

All nurses in ONA bargaining units have the right to ONA representation during any investigatory interview that could lead to discipline. By invoking your Weingarten Rights, you ensure you have an advocate by your side during difficult conversations. Having an ONA steward or labor representative supporting you gives you a contract expert to advise you during any conversations with management that may lead to discipline.

While we hope you never need to exercise these rights, it’s important that we all know our rights in order to protect ourselves and our coworkers.

You Have a Right to Representation
Every nurse has discussions with supervisors about job performance. When this happens to you, there is an important question to ask your boss, “Could this meeting lead to discipline or affect my personal working conditions?”

If the answer is “Yes,” stop the meeting and invoke your Weingarten Rights by saying: “If this discussion could in any way lead to my discipline or termination, or affect my personal working conditions, I request an association representative, steward or officer be present. Unless I have this representation I respectfully choose not to participate in this discussion.”

How to Use Your Weingarten Rights
Take immediate action when you are called into a meeting or discussion you believe may lead to discipline.

- Ask the supervisor or manager who is present, “Could this meeting lead to discipline or affect my personal working conditions?”
- If the answer is “Yes,” stop the meeting immediately.
- Invoke your Weingarten Rights by saying: “If this discussion could in any way lead to my discipline or termination, or affect my personal working conditions, I request an association representative, steward or officer be present. Unless I have this representation I respectfully choose not to participate in this discussion.”

• Contact your ONA steward or ONA labor representative immediately or call the ONA office at 503-293-0011.
• Wait for the ONA steward or labor representative to arrive or reschedule the meeting. Do not continue the meeting until your ONA steward or representative is present!

Every ONA nurse has the right to fair representation. If you have additional questions about your Weingarten Rights, contact your union steward or your labor representative, Gary Aguiar, at Aguiar@OregonRN.org.

Need help remembering your Weingarten Rights?
Request an ONA badge backer from your labor representative, Gary Aguiar, at Aguiar@OregonRN.org. ONA badge backers identify you as a registered nurse, fit most lanyards and contain the full Weingarten statement on the reverse side.