Get Involved!

Union Meeting – Every 3rd Monday in Conf Room C 1400-1600.

On July 19, before the union meeting, join us for the two hours beforehand starting at noon, for a workshop with free food 2 hours of CE to learn about the Oregon Hospital Nurse Staffing Law. Contract will be ready for pickup as well.

Upcoming Workshops on Nurse Staffing Law

Oregon has the most comprehensive and empowering nurse staffing law in Oregon, but it only works if nurses are educated! ONA nurse practice consultant Matt Calzia will be offering two virtual workshops for PeaceHealth nurses on the requirements of staffing plans and the regulations that hold hospitals accountable to them. Click the date you are interested in below to learn more and register today at OregonRN.org.

- **Friday, July 9** at 4-6 p.m. via ZOOM
- **Wednesday, July 14** at 5-7pm via ZOOM

Come and learn how the staffing law can improve your practice environment and your patients care!

Know Your Union Rights Around Discipline

As a union member you have certain legal rights when it comes to meetings with a manager or human resources that might result in discipline. These are known as Weingarten Rights. In short, if you are going to be asked questions that you believe could lead to discipline, you are entitled to have a steward present. All ONA nurses have this right, even those still in their probationary period.

You can invoke this right any time before or during a meeting. If the meeting has already started and you begin to suspect it might lead to discipline, you can ask the manager/HR partner if the meeting might lead to discipline. If they say “yes” you can stop the meeting and tell them it will have to be continued at a time you can have a steward present.

If you are asked to come to a meeting, you should ask if you might be asked questions that could lead to discipline. If they say yes, you can have the meeting rescheduled for a time that a steward can be present if one isn’t available for the proposed time.

These kinds of meetings are called investigatory. They are supposed to be conducted prior to a manager giving out a corrective action. If you are disciplined without having an investigatory meeting first this could be a contract violation that can be challenged through the grievance process.

If you do receive a discipline, whether there is an investigation or not, please reach out to one of your ONA stewards or labor reps to review this with you. We want to make sure that any discipline you may receive is accurate and just. You have access to a grievance process to fight unfair or inaccurate disciplines. Corrective actions remain in your file for two years. They can be used to deny you a transfer or to justify more severe discipline in the future. So please reach out for a consultation if you receive a discipline. Your ONA labor reps and stewards can advise you on whether or not to file a grievance and what the process involves.

See document on page 4
Bullying in Nursing

Bullying in the nursing workforce has been well studied. We know that bullying can have significant costs and consequences such as:

- **Increased rates of nursing staff turnover** resulting in increased hospital expenditures for recruitment and training costs
- Long-lasting psychological, physical, emotional, and social impacts on bullied Nurses
- Significant increase in the costs of delivering patient care
- Costly medical errors and deleterious patient outcomes

Horizontal Bullying in the workplace is defined from the ONA Nurse-to-Nurse Bullying: A Fact Sheet https://tinyurl.com/bullyingnursing

Many nurses are familiar with bullying between fellow nurses but do we always recognize bullying by management or superiors in a power differential?

**How to recognize bullying:**

Bullying is unwelcome or unreasonable behavior that demeans, intimidates or humiliates people either as individuals or as a group. Bullying behavior is often persistent and part of a pattern, but it can also occur as a single incident. It is usually carried out by an individual but can also be an aspect of group behavior (see “mobbing” below).

The difference between assertiveness, incivility, and bullying as communicated in an OSBN presentation:

- **Assertive behavior** means to advocate for yourself in a respectful, but determined way, acknowledging the feelings and rights of others.
- **Incivility** means rude or disruptive behavior that can result in physiological or psychological stress.
- **Bullying** is a more severe form of incivility and means a repeated, unwanted harmful actions over time intended to humiliate, offend, or cause distress to the recipient. Involves a misuse of power, either formal or informal that can be top-down (supervisor-employee), or down-up (employee to supervisor), or horizontal (employee to employee, nurse to nurse).

**Bullying is symptomatic of broken professional relationships within the work environment and its consequences extend far beyond the individuals involved (Houck, 2017).**

Some examples of bullying behavior are:

- Verbal communication
- Abusive and offensive language
- Insults
- Teasing
- Spreading rumor and innuendo
- Unreasonable criticism
- Trivializing of work and achievements
- Manipulating the work environment
- Isolating people from normal work interaction
- Excessive demands
- Setting impossible deadlines
- Psychological manipulation
- Unfairly blaming for mistakes
- Setting people up for failure
- Deliberate exclusion
- Excessive supervision
- Practical jokes
- Belittling or disregarding opinions or suggestions
- Criticizing in public

Context is important in understanding bullying, particularly verbal communication. There is a difference between friendly insults exchanged by long-time work colleagues and comments that are meant to be, or are taken as, demeaning.

While care should be exercised, particularly if a person is reporting alleged bullying as a witness, it is better to be genuinely mistaken than to let actual bullying go unreported.

You can also take the Bullying Quiz at the end of the packet here: https://tinyurl.com/bullyingnursing

Is your department subject to institutional bullying?

Rosemary Taylor (2016) in Nurses’ Perception of Horizontal Violence identifies recurring themes:

- Behaviors are minimized and not recognized
- Fear inhibits all reporting
- Avoidance and isolation are coping strategies
- Lack of respect and support
- Organizational chaos

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If you are the target of bullying how do you protect yourself?

As we always heard in nursing school, “document, document, document”! A bullying interaction can be exhausting and stressful, we don’t always recall these incidents well as we are often caught in a “fight or flight” reaction. Document these incidents as soon as they happen and contact your Labor Rep for help.

Bullying by any nurse (including nurse managers) is reportable to the Oregon State Board of Nursing. Nursing management’s nursing duty is to protect the nurses under their supervision.

Nurses are required to report bullying to the OSBN as it is conduct derogatory to the standards of nursing:

Conduct Derogatory to the Practice of Nursing:
OAR 851-045-0070 (6) Conduct related to co-workers and health care team members:
(a) Engaging in violent, abusive, or threatening behavior towards a co-worker; or (b) engaging in violent, abusive, or threatening behavior that relates to the delivery of nursing services.


• Additionally, you contact your ONA Executive Team and/or Stewards and your Labor Rep, Tyler Whitmire Whitmire@OregonRN.org, to report this behavior.

For further reading and resources:
1) Your Peace Harbor Medical Center Webpage has resources at the bottom of the page https://www.oregonrn.org/page/76

2) ONA Professional Services has these resources https://www.oregonrn.org/page/103

3) This is a particularly good article on Decoding Bullying in Nursing https://www.crisisprevention.com/Blog/Decoding-Horizontal-Violence-in-Nursing

The ONA Staffing Request and Documentation Form (SRDF) is a tool now available on Crossroads for nurses to report when nurse staffing on the unit/shift is compromised. The Oregon Nurses Association and Peace Health put the form into Crossroads to increase ease of access for you. The data collected from SRDFs helps the association and managers better understand staffing issues in your unit, so we can work together to fix the issues and patients get the care they need.

The staffing committee, management, your officers, and your labor representatives use these SRDFs as a tool for system and process improvements.

**REASONS TO FILL OUT AN SRDF**

- Patient/Nurse Assignment ratio is not in compliance with Staffing Plan
- Missed or late meals and/or rest breaks
- Reassigned charge/resource nurse for patient assignments, break relief, or trainings
- Reassigned break nurse for patient assignments
- Reassigned CNAs or other staff and not replaced
- Nurses required to transport patients
- Insufficient ancillary staff
- RNs directed to complete mandatory education concurrent with patient assignment
- Insufficiently trained staff
- Manager doing bargaining unit work
- Insufficient equipment or equipment not provided in a timely manner
- Unsafe environment - please provide specifics

**IT’S EASY!** The form walks you through what to include and there is also a space for you to add some details. What did you do in response? Why did the situation occur? How can the issue be resolved?

**TO FILE AN SRDF** Open Crossroads → Clinical (left column) → Nursing (from Drop Down) → Staff (scroll) → SRDF.