Surgical Services Incentive Grievance Win!

For nurses who take call in the OR, PACU, and for Endo, it has been the standard per our current contract that any call shift they pick up after the schedule is posted is considered extra, and as such they get paid the extra shift differential for hours spent on call, whether they are called in or not.

Several PACU nurses noticed they weren’t getting paid the extra shift incentive on extra call shifts, so we filed a grievance. The hospital agreed it was an error that the incentive wasn’t paid out, which is a huge win for these nurses! The grievance goes back all the way to June 2019 and several of the impacted nurses will be recouped over $2,000!

Thank you to Woody Tipton, Hannah Fields, Jan Wilson, and Robin Barry for speaking up for Surgical Services!

Emergency Dept Grievance Wins & Next Steps

The hospital has responded to our Emergency Dept. (ED) grievance and they have agreed to posting all open shifts as double-time. This is helpful, on top of the summer incentive that runs through Sept. 25.

Even bigger, is they also agreed to revise the nurse staffing plan to increase core staffing to a minimum of five nurses in a 24-hour period, up from four.

Our acuity and volumes have justified this change long before the COVID-19 pandemic, and it is even more necessary now, so this part of the grievance is a huge win. We have not had an increase in the core staffing for our ED in almost 10 years.

They have left all our other asks on the table, namely the retention bonus for a 12-month commitment.

The hospital is trying to frame our asks in a rigid, “there’s no contract violation” stance for asks like having a dedicated security officer, regular 1:1 staff, and real-time review of issues.

Their stance is that the retention bonus is a “proposal,” and since we are not in negotiations yet, they don’t want to agree to it.

We’ve repeatedly stated that these are remedies to the real problems our ED is facing, and by not considering them as such, it feels like the hospital is more interested in saving a buck and stalling than agreeing to strategies that will foster ED safety and retention among the nurses.

We will be taking the grievance to Step 2, which involves working with our CNO Lisa Halvorsen. More to come.
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

**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. It can come from a colleague, or from a manager, where the power differential can make it more difficult to call out the bullying behavior due to fears of retaliation.


The difference between assertiveness, incivility, and bullying as defined by the Oregon State Board of Nursing (OSBN):

- **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 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), also known as lateral violence.

**Some examples of bullying behavior are:**

- Abusive and offensive language
- Divisive or hostile comments
- 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
- 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.
Bullying & Nursing  (continued from page 2)

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

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. To keep track of these situations you can use this documentation form for your own use: (https://cdn.ymaws.com/www.oregonrn.org/resource/resmgr/sky/SKY_BullyingForm_2019.pdf)

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:]

[Nurse’s are required to report bullying to the OSBN as it is conduct derogatory to the standards 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.

If you have concerns about bullying at PWFMC, please reach out to Timothy Welp, PWFMC’s ONA labor representative at welp@oregonrn.org.

For further reading and resources:

1) ONA Professional Services has these resources: www.OregonRN.org/103.

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


Nurses and the COVID-19 Vaccine

As one of the most trusted professions, nurses play a key role in preventing the spread of infectious diseases like COVID-19 by accepting and encouraging vaccination.

ONA drafted a position statement on the vaccine last December that notes nurses have a commitment to the communities they serve to be well-informed about the vaccines. The position statement encourages nurses to lead the way in getting vaccinated and provide an example for everyone else!

The American Nurses Association (ANA) Code of Ethics (2015) states that RNs have an ethical responsibility to “model the same health maintenance and health promotion measures that they teach and research”, and this responsibility includes vaccination against infectious disease.

The ANA policy Statement on Immunizations emphasizes that nurses should be advocating, educating, and advising patients to receive Centers for Disease Control & Prevention (CDC) recommended vaccinations, but acknowledges that if nurses are declining the vaccine themselves, public trust is damaged.

Do your part, get the vaccine and advocate for others to do the same!

Visit the ONA COVID-19 vaccine resource center to learn more: www.OregonRN.org/COVID-vaccine.
ONA Providence Day of Action on Sept. 1

PWFMC nurses are among the 4,000 ONA RNs that provide care for Providence patients in Oregon (Providence’s most profitable state) where they made $1 billion in profit during the last four years.

We are united as one union as we kick-off the first of a series of negotiations that will set the tone for raising standards across Providence Oregon.

Join our ONA Providence Day of Action on Sept. 1 by sporting your ONA gear and sharing a photo for use on social media!

To Participate:

1. Look for your ONA gear to arrive on your units by Aug 27!

2. Sport your ONA gear on night shift Aug. 31 or day shift Sept. 1. It can be the new stuff or your UnicoRN or ONA shirt if you already have one. If you don’t work these days, still send in a photo of you in your ONA gear.

3. Text a photo of you sporting your ONA gear to (503) 748-9768 (Labor Rep Timothy Welp) for use on social media to show broad support for Providence nurses fighting to raise standards!

ONA nurses at PWFMC will start negotiations with Providence beginning Sept. 30!

Steward Trainings

ONA stewards are the lifeblood of what makes our union strong. A strong union has at least one steward for every unit and shift. Stewards are there to answer colleague’s questions and discuss concerns and help keep every nurse up to date on important union activities.

Introductory steward, grievance handling and building worksite power trainings all focused on representing your coworkers and problem-solving workplace issues. Find the training that works best for you!

Space is limited so register today at:

www.OregonRN.org/Steward-Training

Topics and Dates

Introductory Steward Training
- Thursday, August 26, 2021
- Tuesday, Sept. 21, 2021
- Saturday, October 16, 2021
- Wednesday, November 17, 2021
- Thursday, Dec. 9, 2021

Grievance Handling Training
- Saturday, Oct. 9, 2021

Building Worksite Power Training
- Wednesday, Nov. 10, 2021