

Correspondence

Nurses and Collective Bargaining

Dear Editors:

This letter follows the appearance in *LAW, MEDICINE & HEALTH CARE* of two articles addressing collective bargaining, nurses, and unions — one entitled *State Nursing Associations and Collective Bargaining: A Conflict of Interests* and the other, *An Open Letter from the ANA President*.

First, I wish to applaud Mark Cwiek for his concise overview of the American Nurses' Association and its internal "conflict of interests." He rightly points out the organizational problems that exist when the ANA hierarchy is dominated by "management nurses." Their primary interests are far too varied from the interests of staff nurses and, in fact, this hierarchy has actually perpetuated the silencing of staff nurses' concerns. This silence is finally being broken as staff nurses begin to accept more responsibility for determining their own direction.

While it is true that the ANA has had a policy in support of collective bargaining (or economic and general welfare, as they call it) for some 30 years, to date, less than one-tenth of all the licensed nurses in this country enjoy the economic and political benefits of collective bargaining.

That fact alone indicates a less than committed effort by the ANA to raising the consciousness of staff nurses and guiding them to political maturity. The mothering instinct perpetuated by the ANA's belief that it alone knows what is best for nursing is finally being challenged. The "baby" has grown up in a workplace in which staff nurses are still overworked and underpaid and in a climate in which politicians have yet to recognize nurses as a powerful voice (votes) in shaping the health care system of the future.

Organizing staff nurses is hard work. We are conditioned to believe wrongly that the hospital administration (including management nurses) will take care of us. We are conditioned to believe wrongly that altruism has precedence over some logical, legal mechanism for social and economic rewards. We are wrongly conditioned to fear political power, even if it means positive change for tomorrow. While it

may be true that these destructive mind-sets are characteristic of all female workers, the fact that ANA management nurses have been allowed to speak for working nurse issues simply reinforces these attitudes.

The ANA myth that states "you are not a professional unless you join your professional association" is also being questioned. Nurses are categorized as professional, white collar workers because of the education and the licensure systems that train and regulate their functions in society — not because they do or do not belong to the ANA. This is further evidenced by the fact that only one in five nurses currently belongs to the ANA. Will the ANA then simply conclude that the other 80 percent of nurses in this country are therefore unprofessional?

The emotionalism and rhetoric of the *Open Letter* left me wanting a more practical approach to workplace issues. A startling figure in *RN MAGAZINE* (July 1981) demonstrates a real world concern — wages. The results of a nationwide survey showed that organized working nurses who bargain through the ANA's state affiliates actually do no better than nurses who are not organized at all . . . not an impressive record for 36 years of ANA collective bargaining. That survey also showed that organized working nurses who bargain through a nationally affiliated union have an annual nursing income that is 12.4 percent higher than the mean salary for all nurses surveyed.

While I might partially agree with the statement that there is a well-orchestrated strategy to actively dismantle the nursing profession, I believe it has nothing to do with which organization staff nurses choose to form and join. Rather, it is being dismantled in the political arena where most of the action is happening without nurse input. Changes in licensure, destruction of the health planning networks, trivial attempts at cost containment, and attacks on health care services for the elderly and the underprivileged are all orchestrated by the two most powerfully organized groups in the industry: hospitals and physicians. The political balance rests with

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Meeting Registry

Other Organizations

Psychiatry and the Courts, at the Los Angeles Hilton, Los Angeles, California (November 14, 1981). Contact: Gregory J. Firman, M.D., California Society of Industrial Medicine & Surgery, 924 Westwood Blvd., #800, Los Angeles, CA 90024.

IRB's: Legal and Ethical Aspects of Regulating Human Experimentation, at the Sheraton-Ritz, Minneapolis, Minnesota (November 15-16, 1981). Contact: Ms. Judy Gagnon, Center for the Shaping of Values, 3000 5th Street, N.W., New Brighton, MN 55112.

Hospital Liability and Risk Management, at the Carillon Hotel, Miami, Florida (November 20-21, 1981). Contact: Practicing Law Institute, 810 7th Avenue, New York, NY 10019.

New Developments in Nursing Law and Ethics, at the Nassau Beach Hotel, Nassau, The Bahamas (December 4, 1981). Contact: Elizabeth Ollen, Law-Medicine, Inc., 14 Beacon Street, Boston, MA 02108.

Hospital Administration and the Law, at the AMA Management Center, Chicago, Illinois (December 7-9, 1981). Contact: American Management Association, 135 W. 50th Street, New York, NY 10020.

Physician Compensation and Contracting, at the Sonesta Beach Hotel, Key Biscayne, Florida (January 4-6, 1982). Contact: Aspen Systems Corporation, 1600 Research Blvd., Rockville, MD 20850.

Teenage Pregnancy: Social, Legal and Ethical Dimensions, at the Nassau Beach Hotel, Nassau, The Bahamas (January 7-8, 1982). Contact: Elizabeth Ollen, Law-Medicine, Inc., 14 Beacon Street, Boston, MA 02108.

Law & Society Association 1982 Annual Meeting, in Toronto, Ontario (June 3-6, 1982). Contact: Law & Society Association, University of Denver College of Law, 200 West 14th Avenue, Denver, CO 80204.

ASLM Conferences

Critical Issues in Health Law

Washington Hilton Hotel
Washington, D.C.
November 19-20, 1981

Medical Determinations in Workers Compensation

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Human Life Symposium: The Medical, Legal and Philosophical Implications

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Shamrock Hilton Hotel
Houston, Texas
March 11-13, 1982

Legal and Ethical Aspects of Health Care for Children

Biltmore Hotel
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March 31-April 2, 1982

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Detroit, Michigan
March 5, 1982

Health Care Labor Law Seminars

Fairmont Hotel
Denver, Colorado
February 15, 1982

Shamrock Hilton Hotel
Houston, Texas
March 15, 1982

Waldorf-Astoria Hotel
New York, New York
April 23, 1982

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Correspondence

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organizing the two remaining segments: the consumers and the employees (including nurses). That is a reality. Therein lies the future not only of nursing but also the scope of health services that our population desperately needs. As one famous organizer said, the only thing we did wrong was stay unorganized too long.

Fragmentation of nursing is not a new phenomenon either. We have a long history of separate organizations for operating room nurses, ICU nurses, pediatric nurses, oncology nurses . . . all speaking on different issues for different constituencies and all operating outside the "protective wing" of the ANA.

Labor laws in this country that establish the ground rules for collective bargaining are quite clear. Supervisors (management nurses) are excluded. The decided advantage of unionizing is this: The legal lines of organizing are not drawn along specialty areas, but between management responsibility and employee rights. The solidarity expressed by "employee" staff nurses in such organizations reflects goal-directed action, focusing on staff nurses' working conditions and professional concerns. The staff nurses in the bargaining unit (not management nurses) are the ones who draw up the contract proposals, go to the negotiating table and eventually ratify an agreement with top hospital administration representatives. In most cases, management nurses are seldom an active member of the management team in the negotiating process. As to Mr. Cwiek's comments on management nurses' opposition to collective bargaining as being rooted in financial greed, I tend to disagree. While it is true that the financial pie is only so big, one need only recognize an unwritten rule: a hospital administrator will have to pay supervisors more and give them more benefits than what is provided by the negotiated settlement with staff nurses, or supervisors won't want to supervise. I believe management nurses' opposition surfaces from factors far more repressive — loss of power and fear — fear of losing the unilateral control they have over staff

nurses and fear of losing what little token power they have in management. Staff nurse unions as an equalizing force in hospital power structures can meet directly with top management and trustees — something most management nurses never experience. Management nurses cannot take an objective position in the workplace. They are management and, therefore, must “sing the appropriate song” on cue.

As a past organizer for the American Nurses' Association, I found nothing more frustrating than to go to the negotiating table with a group of staff nurses in an ANA bargaining unit with a set of proposals only to find that those in opposition to our request for better scheduling, staffing, salary, etc., were the management nurses, also members of the ANA. One rather profound realization came from those conflict situations — nursing has been so busy doing itself in, that it has never been taken seriously by the power brokers of the health care industry.

I believe it is time to accept the fact that there are differences between management nurses and employee staff nurses. Perhaps, in order to meet these different needs and goals, the American Nurses' Association as the self-designated guardian cannot be everything to every nurse. While the ANA may have accomplished goals for nursing, I believe its work for staff nurses in collective bargaining is less than outstanding. I also believe it is time for the ANA to decide what it wants to be when it grows up. The ANA may consider what other associations around the world have effected — a joint effort with a real union in which dual membership guarantees the national nurses association's financial security to pursue its priorities in standards of practice.

One final note . . . with more and more state nurses associations dropping their collective bargaining services, there will be needs of staff nurses that the ANA cannot satisfy. Those needs will be satisfied by the trade union movement in this country — each affiliated union with its own structure and service program and its own priorities and each with a clear mandate that is not clouded by man-

agement domination. It is the same trade union movement that the ANA affiliates regularly go to for strike support, picket-line sanctions, and political liaisons. The trade union movement has a rich democratic tradition that staff nurses should not fear. I wish to end by rephrasing the last paragraph of the open letter as follows:

Let the eighties record that staff nurses will organize and will finally be allowed to speak for themselves, on behalf of their own unique workplace issues, social and health concerns, and on behalf of the unmet health needs of their patients.

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The Federation of Nurses and
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Comments on LAW, MEDICINE & HEALTH CARE

Dear Editors:

Recently, I had reason to read through all of the published issues of *NURSING LAW & ETHICS*, as I am preparing an opinion letter for a possible nursing malpractice suit, and doing research for some upcoming presentations on nursing liability.

In doing so, I have developed a renewed appreciation for your publication.

The point of this letter is to urge you to continue to address legal issues relating to nursing practice as you combine *NURSING LAW & ETHICS* with *MEDICOLEGAL NEWS* and become *LAW, MEDICINE & HEALTH CARE*. The legal issues of the practice of nursing need ongoing treatment. My hope is that your fine work in this field won't be underprioritized in the new publication.

Kathleen Cota, R.N., J.D.
Attorney at Law
Minneapolis, Minnesota

Dear Editors:

News of the Society's decision to cease publication of *NURSING LAW & ETHICS* as an independent entity has

reached me. As a member of the Editorial Advisory Board of *NURSING LAW & ETHICS*, I am sorry that economic considerations dictated the decision; it is always depressing to be forced to adjust academic activities to the soulless structures of the market. Nevertheless, I think the decision is an excellent one, for reasons that have nothing to do with economics, and I am writing to congratulate you on the change. The health care system is moving steadily away from the rigid separation of disciplines that prevailed in the past; it simply makes more sense to treat the ethical and legal problems of the health care professions in a unified format. I think the journal, *LAW, MEDICINE & HEALTH CARE*, will make an important contribution, not only to a better understanding of law and ethics in the health care professions, but also to improved interprofessional understanding and cooperation. Naturally I will be delighted to continue on the editorial advisory board.

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Editor's Response

The comments received thus far on the first issue of LAW, MEDICINE & HEALTH CARE are overwhelmingly enthusiastic and supportive of the consolidation of NURSING LAW & ETHICS and MEDICOLEGAL NEWS. The Editors and the Executive Committee of the Society are devoted to maintaining a high commitment to discussion and dialogue on the many legal issues that impact medical and nursing practice, as well as health care delivery generally. Comments and contributions from our readers are the best ways to assure that LAW, MEDICINE & HEALTH CARE will answer your educational and professional needs.