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To unionize or not to unionize: That is the question for nurses

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Unions have been labors response to employee empowerment for decades and we can thank unions for the 5 day 40-hour work week, the (comparatively) few holidays we enjoy as Americans and the empowerment of a vibrant middle class during the 1940's, 50's and 60's. We can also thank unions for alleviating other working conditions where the power balance between workers and employers was detrimental for the workers. Things like health insurance, minimum wage, OSHA and workers compensation can all be credited to the unions. On the down side, early union movements were significantly socialist in nature and the corruption in some unions was significant and well documented. There are also some people who see unions as essentially plebian and not fitting for "professionals". The polarization of views about unions is readily apparent in nursing literature and the reference to nursing unions, when provided, is usually negative. Nursing unions are depicted as a negative force, degrading an otherwise pristine and spiritual profession. During the 1998 ANA conference in Washington D.C., members were shocked, outraged and admittedly fearful of the red-shirted United American Nurse contingent chanting their slogans and confronting the association with their demands for autonomy. This fear and condemnation of the UAN was very understandable on the part of the administrative nurses who also support or belong to the AHA affiliated AONE. After all, management could NEVER support the interests of a union. It is much more confusing to see academic nurses express such vehemence against nursing unions. The sole exception to this apparent academic bias mystery would be the California academics, particularly those who were ousted from their positions in the CNA during the staff nurse rebellion from 1993 to 1995. For a very detailed examination of this experience, please refer to the new book "just a union of nurses". This movement and their successful passage of safe mandatory minimum staffing levels in California are barely referenced in nursing literature. When they are, it is usually with almost a sense of disgust. Some of these "academics" of the UC system formed a group called CALNOC with the support of the AHA (acting through the ANA and the AONE) and have been publishing repeated (and somewhat weak in scholarly terms) studies attempting to discredit the staffing ratio legislation. There have even been accusations of falsifying names on the "studies" in an attempt to make them appear more valid than they are. Nursing academics associated with studies who are themselves strongly biased are an insult to the many, many great nursing scholars who are objective about the issues they examine and truly scholarly in their work. Journals which publish these "weak" studies need to be called out. Nevertheless, the movement survived, has been the most successful political actor in nursing and is now, in its current structure (the NNU), the largest nursing organization in the United States. Still, the criticism and negative imagery of the NNU by nursing academics remains and many nursing academics continue to condemn unions as anti-professional and debasing nursing. What makes this extremely ironic is that many of these same academics are themselves unionized as faculty! Are they saying that they too are not professionals or are they trying to separate their role as faculty from their role as a nurse? How does the fact that airline pilots, some physicians and many teachers are also unionized affect them? Are they saying that these people too are not professionals? This seems to be very murky water.

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What nurse satisfaction means for patient satisfaction and quality of care

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As healthcare workers who work most closely with sick patients and worried families, nurses are healthcare providers' biggest strength in achieving positive patient satisfaction. Yet, this critical group faces the most shortage in available staff, high drop-out rates and low job satisfaction. Why is this so? In this value-based healthcare environment, how can hospitals and nurses work together to leverage their biggest strength-their nurses-to bridge the gap on patient satisfaction. What can and should hospitals do to improve nurse satisfaction? What should they do to prevent nurse overtime? As we know, nurses who work more than 12.5 hours in a shift and more than 40 hours in a week are 1.8 times likely to quit. What does this mean for patient satisfaction and patient quality of care?