

Part 4: Organizing at work

Organizing members for safe staffing where you work

We can't wait on Albany for safe nurse-to-patient ratios. We can start pushing for – and winning – better staffing on our units right now.

Some NYSNA contracts include strong language on staffing. Others don't. But no matter what your contract says, you can still bring members together to advocate for better staffing.

In this section, we'll walk you through four steps to organize for safe staffing where you work.

Find what works

This is a guide to organizing – not grievance writing. You'll need to work with your LBU leaders, members of your Safe Staffing Task Force, and NYSNA staff to draft grievances and information requests that fit your contract language – and to figure out what works best in your facility.

Step 1: Document the problem

Step 2: Decide what you're asking for

Step 3: Make your case to management

Step 4: Try new forms of pressure

Always and often:

- **Ask other members to help with each step of the process.**
- **Be creative.**

Step 1: Document the problem

Too often, management is quick to dismiss nurses when we raise staffing issues. We need to be able to show them the units that are worst-staffed and back up our arguments with the facts.

POAs and other documentation tools

Many nurses already document staffing problems regularly, when they fill out Protest of Assignment forms.

The upside of using POAs is that so many members already fill them out. The downside is that they only record staffing levels at their worst. POAs don't necessarily give you a complete picture of what staffing is like on a unit over a period of time – and you may miss units or shifts where members aren't filling them out.

In other hospitals, nurses are documenting staffing levels with a new tool, a Staffing Snapshot, to record staffing over a longer period of time and identify the worst-staffed units. (See a sample on page 21.)

Whether you use POAs, the Staffing Snapshot, or both, you need to build your case over time across shifts and units. It's harder for management to dismiss us when we're able to show where staffing is a chronic, long-term problem.

What to monitor

Here are things to record to build up your case:

- Your unit's census and the number of nurses on your shift.
- Discharges and admissions.
- Any sick calls.
- Patient acuity.
- Floats to and from your unit.

Keep track of positions that have been eliminated that management hasn't filled when a nurse leaves.

After you file a grievance on staffing, you can submit an information request for the hospital's staffing plan, and their actual staffing numbers. You'll want to compare that information with your own survey, to see if it matches.



St. Charles nurses take a snapshot

Nurses at St. Charles Hospital on Long Island are recruiting one nurse on each unit and each shift to fill out the Staffing Snapshot every day.

Once a month, they sit down and compare the staffing numbers they collect with information provided by the hospital – and build a case for more nurses on the worst-staffed units.

Documenting staffing problems is one of the most immediate ways to get more members involved in our staffing campaign.

"Administration wants to blame nurses for staffing problems – even when they don't plan for the usual number of sick calls," says Tracy Kosciuk, an RN at St. Charles.

"If you want to improve staffing, you have to do the work, collect the info, and build up your case."

Step 2: Decide what you're asking for

Which demand is more likely to get management to fix the problem? "Staffing is a problem everywhere." Or "We need one more nurse on the night shift in the ICU."

You have to break down your big goal – improving staffing overall – into smaller, specific, winnable goals.

A good demand is:

- **Clear** to the members and to management. You need to tell management exactly what the problem is – and exactly how to fix it.

- **Specific.** Start by focusing on the units or shifts where staffing problems are the worst or are most easily addressed.

- **Winnable.** Members will get involved – and stay involved – when they see that they can make a difference.

You should get the same members who helped document the problem help identify the solution and prepare your case with management.

Fill vacant positions

When nurses retire or quit, is management filling those positions?

Demanding that these positions be filled can be a good place to start – especially if there's no change in census, and fewer nurses are taking care of more positions.

Management's blame game

Management often tries to shift the blame onto our co-workers. They say staffing problems are caused by nurses calling out sick.

You need to be prepared for this argument. Look at the average numbers of sick calls on your unit over a period of time.

Is management staffing at a level to cover the average number of sick calls? If not, you can use that to fire back when they try to blame you and your co-workers for short staffing.



Pay attention to the night shift

"I work the night shift – and sometimes we see the ratios of patients to nurses as high as 15 to one! Some nurses feel the burnout. We need safe ratios – our patients deserve the best care."

Shonique Huger, RN
Bronx Lebanon Hospital

Step 3: Make your case to management

Now it's time to take your case to management – and ask for specific improvements to staffing.

A well-documented case is important – but not enough. Management needs to see that nurses on your unit are united behind your demand.

- **Be prepared.** Outline your argument in advance, including any relevant contract language, POAs and other staffing documentation.
- **Review the information provided by the hospital** and make note of any mistakes or problems – like if management says they are staffing a unit, but chronically floating nurses away from it.
- **Anticipate management's arguments**, like blaming staffing problems on sick calls. And make sure you have the documentation to back up your counter-argument. What's the average level of sick calls – and is management taking that into account on each unit?
- **Show management that the members back your demand.** A petition or a class action grievance is a good place to start.
- **Set a deadline for management to respond.** Let management know that you will take more action if they don't meet your demands – and be prepared to follow up with real escalation.
- **It's your voice that matters.** Your NYSNA staff rep has a valuable role to help you get ready for your meeting with management. They can help you document the problem, prepare your demand, and anticipate management's counter-arguments.

But don't let your rep do all the talking when you meet with management. We are our best advocates. And management will take notice when they see that more and more nurses are getting involved and playing a leading role in our fight for safe staffing.

Before the meeting, divide up the roles so that you can be sure more than one nurse speaks up.

Why filing a grievance is not enough

Grievances are an important tool in our fight for safe staffing.

They make the official record. They give us the legal right to demand hospital documentation on staffing. And they make our proposed remedy crystal-clear.

But filing a grievance won't solve the problem. Management has too much power to slow or stall the grievance procedure, and arbitrators take too long to make their decisions.

Grievances are most effective when they are backed up by members who are willing to take action for change in the workplace.

Step 4: Escalate

When you ask management to make staffing improvements, set a deadline for them to act.

If they don't agree to your improvements by then, it's time to escalate.

Escalation could be a silent sign of solidarity – like wearing buttons or stickers. Or your action could be more in-your-face, like bringing a whole group of members into the boss's office – to ask her why she won't agree to your reasonable request.

But consider your next move carefully: you don't want to escalate too fast. Members will stop participating – and management may not budge.

Here are some tips for careful escalation:

- **Be visible** with stickers, buttons, petitions, and other public activities. Management will feel more heat. And members are more likely to participate, and keep participating, when they see their friends and co-workers participating.
- **Take small steps.** The more members who participate, the stronger our efforts will be. If you go from zero to 60 MPH too fast, members will drop off. They're more likely to stick with it if you slowly ratchet up the pressure.
- **Acknowledge members' concerns.** If more than a few members say an action is too militant, it's time to take a step back.
- **Leave yourself room to escalate again.** There's always a new tactic to try to pressure the employer. Don't take your message to the press and the public on day one – save these when you've exhausted your options in the hospital.
- **When you win – declare victory!.**

Your right to organize on the job

You have the right to work together with other nurses on the job to improve your working conditions.

For private sector workers, this right is protected by a federal law – the National Labor Relations Act.

Public sector workers have this right under New York state law.

But there are limits: You can only do union activity – like asking another member to sign a petition – on non-work time in a non-work area, like a break room. And your union activity can't interfere with the work of others.

If you have a question about your rights on the job, talk to your NYSNA rep or a member of your Local Bargaining Unit executive committee. Together, we will figure out appropriate tactics for all our workplaces.

Sample Staffing Snapshot: front page

NYSNA members at St. Charles Hospital are using this staffing snapshot form to document overall hospital staffing by unit and shift.

You can download this snapshot as an editable Word document at www.nsyna.org/safestaffing

NYSNA Daily Staffing Information Collection

Complete Daily and Keep a Copy

Unit:

Date:

Shift:

List Nurse Names Below; Answer with Numbers, if none enter "0"

	Nurse 1	Nurse 2	Nurse 3	Nurse 4	Nurse 5	Nurse 6	Nurse 7	Nurse 8
Patients								
Assigned at Start of Shift								
Transfers In/Out								
Monitored Patients								
Expirations								
Pt. on 1:1								
Admissions								
Discharges								
New Post Ops								
Pt. on Isolation								
Pt. on Hospice								
Surgical Proc. i.e. cirs								

-TURN OVER-

Sample Staffing Snapshot – back page

Did You Get Your Meal Break? Yes ☐ No ☐

Did a Manager take an assignment? Yes ☐ No ☐ Did that assignment impact the staffing negatively? Yes ☐ No ☐

Additional Comments Regarding Patient Acuity (i.e. patient fall, patient in restraints, etc):

NYSNA Nurse In-Charge: Fill Out this Section

Census At Start of Shift: _____

Census At End of Shift: _____

Unit Secretary: Yes ☐ No ☐

RNs: _____

LPNs: _____

NAs/Orderly: _____

Was Unit Short Staffed? Yes ☐ No ☐

If yes: Posted Short: Yes ☐ No ☐ Short by How Many? _____

Sick Calls Yes ☐ No ☐ How Many? _____

Floals: Yes ☐ No ☐ How Many? _____

From and To Where? _____

Please keep in Folder on Unit. All forms will be collected by an executive committee member.

This is a concerted Union Activity so forms DO NOT go to management.

Sample petition

Nurses at Queens Hospital are making the connection between staffing problems and violence against nurses.

They are asking for clear, specific, and winnable action from management.

Do you want help drafting a petition?

Email **mobilizer@nysna.org**

Emergency Department RN Assaulted at Queens Hospital Nurses Demand Immediate Action on Workplace Violence

"On Monday, April 23, 2012, a QHC Emergency Department nurse was assaulted, her neck badly bruised from the attack. She wanted to press charges, but a high-level nursing manager told security staff and police to drop the matter, as "he would take care of it."

This is an outrage. We, the undersigned QHC RN's, demand the following immediate actions:

- 1) File charges against the perpetrator,
- 2) Direct managers and Hospital Police to follow their own protocol for handling violent incidents.
- 3) Take steps to prevent future workplace violence in the Emergency Department, Psychiatry and other units with higher than average incidents of workplace violence, including the addition of sufficient staff -- both RNs and ancillary/security.

Name	Unit
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