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THE NEW YORK STATE NURSES ASSOCIATION
REPORT TO THE BOARD OF DIRECTORS
TASK FORCE ON ECONOMIC AND GENERAL WELFARE

June 28, 1983

This Task Force was appointed by the Board of Directors pursuant to 1982 NYSNA Voting Body adoption of a resolution calling for a task force "to investigate methods to strengthen the Economic and General Welfare Program of NYSNA in order to prevent the efforts of other labor unions to divide nursing professionally" Task Force meetings were held December 13, 1982 and March 10 and June 14, 1983.

Task Force members included nurses represented by NYSNA for purposes of collective bargaining as well as those not represented individuals employed in nursing education and administration and a private practitioner. Many members hold or have held leadership positions in NYSNA Councils of Nursing Practitioners.*

Deliberations focused around: the scope and characteristics of the NYSNA Economic and General Welfare Program; competing labor organization activity in New York State; factors facilitating and impeding strength and effectiveness of NYSNA Councils of Nursing Practitioners; strategies for promoting NYSNA CNP and economic and general welfare program effectiveness.

I. SCOPE AND CHARACTERISTICS OF NYSNA'S ECONOMIC AND GENERAL WELFARE PROGRAM

A. Historical Background

- 1) The Association's founding and continuing purposes include establishing and maintaining proper standards of nursing and promoting and protecting the economic and general welfare of nurses;
- 2) Because the predominant number of nurses practice in employee versus entrepreneurial roles, participation in determination of terms and conditions of employment is essential to fulfillment of the Association's purposes;
- 3) The Association received recognition as a labor organization over 25 years ago and prior to that time engaged in informal consulting activities to promote and protect nurses' rights as employed professionals;
- 4) The Economic and General Welfare Program seeks to implement all Association policies and positions and promotes the involvement of represented nurses in all facets of Association activity;
- 5) NYSNA represents more nurses for purposes of collective bargaining than any other labor organization in the country and has exerted national leadership in this arena.

B. Current Profile

The Association holds 118 certifications as the representative organization of approximately 29,230 registered professional nurses in 154 employment settings. Association represented units are identified as "NYSNA Councils of Nursing Practitioners." For purposes of program implementation the state is divided into four geographic regions. Distribution of certifications, covered nurses and employment settings within these regions is:

*Hereinafter sometimes referred to as Councils and CNPs.

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Region	Certifications	Nurses	Employment Settings
1	13	1,430	16
2	44	4,346	48
3	30*	15,972	59
4	31	7,479	31
	118**	29,227	154

*Includes the Health and Hospitals Corporation, City of New York

**88 private sector; 30 public sector

Program activities include organizing, negotiation of collective bargaining agreements (contract) and administration of contracts.

Overall administrative responsibility for the program is vested in the Executive Director. The Program Director is responsible for ongoing direction and coordination of program operations. The current staff structure also includes the positions of Associate Director, Regional Coordinator, Assistant Regional Coordinator, Senior Nursing Representative, Nursing Representative and Labor Relations Representative. Staff work closely with the elected officers and committees of NYSNA Councils of Nursing Practitioners offering technical guidance, consultation and service in all phases of Council activity.

II. COMPETING LABOR ORGANIZATION ACTIVITY IN NEW YORK STATE

Competing labor organization interest in nurses and nursing is not unique to New York State and can be traced to national economic trends, reductions in the labor force, concomitant declines in labor organization membership and revenues and unions' efforts to identify and secure new constituencies. Non-nursing organizations seeking to represent nurses include such diverse unions as American Federation of Teachers, Local 1199 of the National Union of Hospital and Health Care Employees, the Communications Workers of America, the Teamsters, the Service Employees International Union and their various affiliates. As a general rule, these unions seek nurse units via decertification versus initial representation elections.

Competing labor organization intrusion in nursing affairs is not a new phenomenon. Historically, as organized labor's strength has been threatened, nurses have been viewed as a potential target.

The most recent intense attack by competing labor organizations in New York State began in 1979 with the American Federation of Teachers' extremely well financed but nevertheless unsuccessful effort to decertify NYSNA as the representative of the approximately 5500 registered nurses employed by the Health and Hospitals Corporation, City of New York. Simultaneously, AFT and 1199 attempted to gain sufficient strength to cause decertification elections in the majority of NYSNA units throughout Regions 3 and 4. Most of these bids were decisively rejected by NYSNA-represented nurses. Since that time raiding activity has been launched in virtually every region of the state by diverse unions. In a few instances competing labor organizations also sought certification in representation elections.

NYSNA participated in eighteen representation and decertification elections involving other labor organizations from January 1, 1981 through March 1983. Results were:

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Representation Elections - no organization elected in 4; 1199 elected in 1

13 Decertification Elections -

NYSNA prevailed in 7; 1199 prevailed in 1; CWA prevailed in 1; SEIU prevailed in 1; independent prevailed in 1; Buffalo, Western New York Hospital Association prevailed in 2.

III. FACTORS FACILITATING AND IMPEDING STRENGTH AND EFFECTIVENESS OF NYSNA COUNCILS OF NURSING PRACTITIONERS

At its first meeting the Task Force identified three sets of factors it deemed particularly significant in determining the relative strength and effectiveness of NYSNA Councils of Nursing Practitioners. At subsequent meetings the Task Force reviewed data pertinent to these factors as a basis for identifying strategies for strengthening NYSNA's CNPs and Economic and General Welfare Program. The three sets of factors and relevant data are:

- A. *Individual member understanding of: 1) overall philosophy and purposes of the Association, specific purposes of the Economic and General Welfare Program and the interdependence of all Association programs; 2) the nurse's individual responsibilities and obligations; 3) respective roles and responsibilities of the Council of Nursing Practitioners as an entity, Council of Nursing Practitioners' elected leadership, Council of Nursing Practitioners' membership and Association staff; and 4) the role and responsibilities of the employer, i.e., management.*

The individual nurse's understanding of these matters is closely related to his or her overall professional socialization. The importance of basic nursing education programs in this regard cannot be overstated. Task Force members who are or have been Council officers contrasted behavior of members who understand and accept their own individual and collective responsibilities with that of members who view the Council leadership and/or Association staff as a "mini-professional association." Association and Council of Nursing Practitioner communications and operations must continue to clarify and promote greater member understanding of Association, Economic and General Welfare Program and Council of Nursing Practitioners functioning.

- B. *Continuity and stability in Council of Nursing Practitioner leadership*

Each NYSNA Council of Nursing Practitioners elects its own officers and provides for establishment of a committee structure necessary to conduct Council business. Like all democratically organized and operated units, Councils experience certain difficulties in maintaining continuity and stability of leadership. Frequently, a majority of members decline assumption of leadership themselves and expect that a small core or leadership group will voluntarily assume responsibility for the bulk of CNP business and operations. The leadership core is held accountable for maintaining ongoing communications within the Council and between the Council and other agency departments and representatives, anticipating and responding to individual CNP members' diverse needs and interests, insuring necessary liaison with Association staff as well as other aspects of Council business.

In analyzing "stable" Councils of Nursing Practitioners, the Task Force noted that while particular leadership styles vary such CNPs demonstrate strong internal communication mechanisms, concerted efforts to keep members informed

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of overall Association activity and a commitment to majority determination within Council and overall Association functioning. Task Force members observed that CNP leadership frequently underestimate their own effectiveness and significant contribution to advancing their members' interests and nursing practice.

C. *Adequacy of financial, technical and administrative resources*

The Task Force recognizes that Association resources are finite and must be appropriately distributed among all programs to insure reasonable pursuit of overall Association purposes. The Task Force also recognizes that the intensity of raiding activity by competing labor organizations and other forces impinging on the Economic and General Welfare Program have both stretched available resources and prompted questions regarding the adequacy of these resources. In attempting to assess this factor the Task Force reviewed NYSNA Economic and General Welfare Program staffing patterns, financial base, administrative operations and compared them with similar dimensions of other SNA and competing labor organization programs.

With respect to staffing, the Task Force noted NYSNA staffing patterns compare favorably with those of other SNAs which conduct collective bargaining activities. Additionally, it is known that NYSNA staff and administrative services vastly exceed those of many competing labor organizations. The Task Force also noted Economic and General Welfare Program staff and agents possess nursing, legal, labor relations, financial and organizational expertise. Moreover, the range of expertise within the total NYSNA staff structure supplements and complements that of Economic and General Welfare Program representatives.

The Task Force reviewed informational, instructional and training materials and activities developed by the NYSNA Council on Economic and General Welfare, staff and individual Councils of Nursing Practitioners. These are valuable technical and administrative resources and obviously have been given careful thought and attention by the groups and individuals involved.

Review of the Association's financial base reveals that the Program is generously supported. For example, in fiscal year 1982 it accounted for over 24% of all expenses. This figure does not reflect expenses incurred for important program-related operations such as public relations and legal services. The Task Force notes that NYSNA dues are lower than those of many competing labor organizations and some other SNAs. Task Force members noted some represented nurses' statements of willingness to pay a separate fee for collective bargaining services. Prior NYSNA experience with a service fee was reviewed. Such fees must be voluntary unless all members are permitted to vote on the dollar amount. NYSNA efforts to establish such a fee were discontinued because only about 50% of nurses represented paid the voluntary assessment, enforcement or collection efforts were costly, nurses who paid the fee expressed substantial animosity toward those who did not pay and toward the Association and threatened future non-payment. Only one other SNA has established a service fee. It is also voluntary and the SNA reports collection experience similar to NYSNA's.

The Task Force also analyzed the merits of establishing a separate dues structure for members represented for purposes of collective bargaining. Other SNA experience with such a mechanism has resulted in inappropriate separation of the Economic and General Welfare Program from other Association programs and, in certain instances, in SNA determination to discontinue collective bargaining activities. In the Task Force's judgment, service fees and separate dues structures have weakened and fragmented rather than strengthened SNA Economic and General Welfare Programs.

IV. MAJOR CONCLUSIONS

- A. The NYSNA Economic and General Welfare Program has been the object of intense protracted attack by competing labor organizations for a period of approximately four years. Throughout this period the program has incurred additional extraordinary stress as a result of the general economy, cost-constraints and financial destabilization within the hospital industry, acute maldistribution and misutilization of nurses and rising expectations of nurses for greater participation and influence in determining practice and employment conditions.
- B. The program has maintained a remarkable degree of strength and stability in the face of these pressures. Its resilience is directly attributable to the continuing commitment and support of all involved - Association membership, the Board of Directors, NYSNA Council of Nursing Practitioners membership and leadership, the NYSNA Council on Economic and General Welfare and NYSNA staff and program agents.
- C. Competing labor organizations will continue their efforts to usurp organized nursing's expertise, resources and support through raiding activities. Recent successes against other SNAs (notably Massachusetts and Washington) may encourage additional intense raiding of NYSNA units. Attacks by other labor organizations do not necessarily imply weakness or inadequacy of SNA Economic and General Welfare Programs. Rather, they are an index of competing labor organizations' need to develop new constituencies and sources of financial support.
- D. Professional nurses, the profession at large and the professional society are rendered uniquely vulnerable to this threat of external control because nurses practice predominantly as employees. Alternative modes of practice must be vigorously and expeditiously pursued as a means of insuring nursing autonomy and public access to quality nursing care services.
- E. Maintenance and systematic improvement of existing NYSNA Economic and General Welfare Program resources and operations constitute the best and most reasonable means of strengthening the program and preventing other labor unions from dividing nurses professionally. Association endorsed improvements in basic nursing education programs to strengthen professional socialization of nurses are also vital components of this effort.

V. RECOMMENDATIONS

The Task Force believes continued strengthening of the NYSNA Economic and General Welfare Program requires both short-term and long-term efforts. These efforts must involve a broad spectrum of Association members, units and resources. The Task Force has formulated specific recommendations for consideration by all involved parties. In presenting these the Task Force emphasizes its recognition that they are neither all-inclusive nor, in certain instances, described in specific operational detail. In the Task Force's judgment, these recommendations provide a framework for systematic review and refinement of the program by those who share responsibility for various aspects of its development and implementation.

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A. Council on Nursing Practitioners' Communication/Education/Training

The Task Force recommends:

- 1) Regularly scheduled identification of CNP leadership educational and training needs and resources through surveys and other appropriate means;
- 2) Systematic evaluation and appropriate revision of Association and Economic and General Welfare Program orientation, educational and training materials used by CNP leadership and membership;
- 3) Continuation of the annual Council on Economic and General Welfare educational seminar for CNP leadership at the Center for Nursing;
- 4) Regularly scheduled continuing education programs for NYSNA CNPs which:
 - a) emphasize interrelationship of all Association programs, policies and positions;
 - b) illustrate the accomplishments of the NYSNA Economic and General Welfare Program;
 - c) clearly identify social and economic trends impinging on the Economic and General Welfare Program;
 - d) include multimedia materials to promote maximum flexibility of use;
 - e) utilize speakers' reflective of the Association's multi-purpose nature and expertise;
- 5) Increased emphasis in educational activities on the roles, responsibilities and accountability of CNP members and leadership;
- 6) Increased effort within NYSNA CNPs to improve communication, foster recruitment, orientation and development of CNP leadership;
- 7) Increased formal and informal communication between and among NYSNA CNPs designed to enhance nursing unity and provide support systems across CNPs.

B. Financial Base of the Economic and General Welfare Program

The Task Force recommends:

- 1) Continued strengthening of the financial base of the program as an integral component of the Association;
- 2) Increased and strengthened membership recruitment and retention activities within CNPs;
- 3) Exploration of availability of grant monies for use in preparation of educational materials and conduct of educational activities.

C. Program Evolution

The Task Force recommends:

- 1) Promotion of staff recruitment, development and stability through such mechanisms as:
 - a) establishment of fellowships to prepare nurses for staff positions in the program;
 - b) continued utilization of expertise of former staff through consultation, per diem and part-time employment;

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- 2) Strengthening of existing CNPs as a means of reducing or controlling the need for crisis intervention;
- 3) Increased emphasis in basic nursing education programs on the individual and collective responsibilities of registered professional nurses, the implications of employee status for nursing autonomy and mechanisms available for advancing nursing autonomy.

The Task Force deeply appreciates the opportunity to review the Association's Economic and General Welfare Program in detail and to offer these recommendations for maintaining and increasing its strength. In the course of its deliberations the Task Force has developed a deep sense of pride in and gratitude for the accomplishments of all Association members who have made NYSNA's leadership in this area of organizational activity possible. The Task Force is confident that such continuing support and commitment will enable the program not only to sustain impending challenges but to markedly enhance registered professional nurses participation in determination of terms and conditions of employment and practice.

The Task Force would be pleased to undertake any additional study the Board deems appropriate. In the event the Board has no further request,

RECOMMENDATION The Task Force recommends that the Board of Directors approve this report for presentation to the 1983 NYSNA Voting Body.

Maggie Jacobs, Chairperson

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6/27/83