

FEATURE

Nurses

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a copy of its counter-proposal by express mail the next day, "but it's NYSNA's policy not to negotiate by mail or by fax."

Sweeney said there will be no revisions to the hospital's final offer. Genovese, however, said he believes "that no offer is ever final. We know that many of the outstanding issues will not cost the hospital anything. So there's no reason why they can't agree with us."

Sweeney said the hospital's final offer calls for nurses to receive a 4-percent raise

in each of the next two years. Previous proposals offered a 3.5-percent raise in the contract's first year, and 3.25 percent the following year.

NYSNA has charged that St. Joseph's pay scale for nurses is significantly below that of other area hospitals, possibly by as much as \$2 per hour. But the hospital's final offer of Sept. 8 "makes us very competitive, we believe," Sweeney said.

The hospital did not address any of the nurses' other concerns in its final contract proposal. NYSNA has been calling for St. Joseph's to offer a retirement health plan for nurses, as well as a pension plan that pays more than the \$13 per month cur-

rently paid for each year of retirees' service to the hospital. Sweeney said this figure only represents the hospital's non-contributory retirement plan, noting that the hospital also contributes \$1.25 for each dollar an employee invests in a contributory retirement plan, up to a maximum employer contribution of \$3,125. The hospital also offers tax-sheltered annuities, he said.

NYSNA also has charged that St. Joseph's Hospital is understaffed and that nurses are working excessive overtime. The union claimed the hospital currently has 28 nursing vacancies. Sweeney said Sept. 18 that "there are 14 part-time and

four full-time RN vacancies. That's the lowest we've had this year."

Sweeney added that hospitals nationwide are experiencing nurse shortages. "We don't believe our problem is as bad as it's being portrayed," he said.

The union also charged that the ratio of patients per nurse is too high. In an Aug. 30 statement, NYSNA said, "Such excessive overtime is creating a stressful and exhausting work environment, which is not conducive to quality care."

Sweeney replied, "No way does patient care ever get jeopardized. If we didn't have enough health-care professionals to staff a unit, we would cap the number of beds."

Symposium addresses unionization in Catholic health care

By Joseph Kenny
Catholic News Service

ST. LOUIS — The environment of managed care has contributed significantly to the interest in forming unions in Catholic health care, said one speaker at a symposium at the St. Louis University Health Sciences Center.

The erosion of trust and "compromise of a caring culture" is being felt by health professionals in a changing work environment, said Father Gerard Magill, director of the health sciences center. He also cited concerns regarding pay and benefits.

Another factor is a 1999 ruling by the National Labor Relations Board that interns and residents at privately owned hospitals can form unions and engage in collective bargaining.

"It all makes unionization a ripe topic for consideration," Father Magill said at the March 3 meeting.

He noted that Catholic social teaching backs the right of workers to form labor or trade unions and recognizes the legitimacy

of strikes under the proper conditions and within just limits.

"The Catholic tradition is unambiguous, relentless and unforgiving in supporting the right to unionize," Father Magill said, citing Pope John Paul II's encyclical "On Human Work."

He also cited a working paper by the U.S. bishops' Domestic Policy Committee reaffirming the right of workers to form unions and calls for "a new paradigm for how labor and management work together."

Father Magill said the principles of solidarity and of subsidiarity have a role. Solidarity exhorts employers and employees to function in a manner that enhances the common good, he said. Subsidiarity encourages employers and employees to foster participation of individuals and groups for the common good, ordinarily at the local level of the organization.

"Subsidiarity is intended to bring balance to solidarity," Father Magill said.

Joan Carter, associate dean of the St. Louis University School of Nursing, tied the increasing interest in unions among



Medical Center in the St. Louis suburb of Creve Coeur voted to join the United Food and Commercial Workers union.

Carter said nurses point overwhelmingly to patient care as their top concern. Others list "no empowerment," long hours, or "being pulled to" work areas where they felt unprepared as chief concerns.

In some contract talks, she said nurses' unions have asked for a listing of tasks that can be performed only by licensed nurses, contract language prohibiting nurses from being assigned to areas where they do not

nursing staff to concerns for quality care. She said 18 percent of U.S. nurses now belong to unions. That number increased last July when nurses at St. John's Mercy

have competence, and minimum staffing levels.

Carter cited a 1998 study showing that the higher the registered nurse skill mix, the lower the number of medication errors, falls, infections, complaints and deaths among hospital patients.

Another study showed that hospitals with higher numbers of registered nurses had lower mortality rates.

Union membership probably violates the principle of solidarity, Carter said, because it "destroys the unity of purpose, the unity of work to be done. Unions set up a dichotomy."

Nurses, she added, represent 23 percent of a hospital's costs. Their average salary is \$42,000.

"I'm encouraging nurses to keep some data to show that we are important," Carter said. "I think that administrators are willing to listen."

Ways should be found to involve nurses in decisions affecting their work, and to help them develop delegation and supervisory skills, she added.

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