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## Overtime Calculation Grievance Update

The association grievance filed over the change in overtime calculation November 24, 2015, has been heard at Step 2 by Karen Reed, CNO and Step 3 by Bob Gomes, CEO. We are seeking reimplementa-tion of the way overtime used to be calculated, which included differentials in the one and a half times pay for overtime, which St. Charles altered just after concluding negotiations. This was not a negotiated change to the agreement and we believe that the Federal Fair Labor Standards Act (FLSA), our management's rights and other clauses of the contract requires St. Charles to provide overtime payments based on wages including differentials.

The grievance has been denied at each step of the process, by Reed and Gomes respectively, so it will likely proceed to arbitration. We are awaiting a meeting with payroll personnel to determine the current calculation practice and assess the extent of the violation. The grievance seeks back pay for any overtime payments that did not include differentials. The arbitration process can take several months to conclude. Stay tuned to our newsletters for updates regarding this issue. For questions or concerns please contact Labor Relations Representative, Courtney Niebel at [Niebel@OregonRN.org](mailto:Niebel@OregonRN.org).

## Travel Buyout Update

Nurses in units that had previously received travel time were provided a buyout check when we negotiated the discontinuation of travel time pay. The buyout check was intended to be three times the amount of travel pay a nurse received in the 2014 calendar year. Several nurses raised concerns that the buyout check was incorrect and did not equal three times the travel pay received in 2014. After reviewing individual pay

stubs and buyout checks it appears that St. Charles did not include differentials that would have been included in travel time pay in 2014. This issue is complicated because of the fact that travel time has never been a separate pay code in the payroll system. So, St. Charles had to assess which increments of callback pay were likely travel time in 2014. In doing so, payroll included any instance of callback pay that seemed to

## Travel Buyout Update Continued from page 1

be in increments of 15 minutes as an indication that it was likely travel time pay. However, callback pay for differentials are calculated separately, as a separate pay code on a separate line in your pay stub. This is what St. Charles failed to include in the buyout check. We continue to work with administration to correct this error though, given the payroll system and limited codes in use, it may be impossible to calculate exactly what travel pay was excluded from the buyout checks. We will continue to provide updates regarding this issue as we seek resolution. Feel free to contact Courtney Niebel, Labor Relations Representative, with any questions or concerns at [Niebel@OregonRN.org](mailto:Niebel@OregonRN.org).

## Interested in ONA Involvement as a Unit Representative?

We are currently seeking nurses interested in becoming an ONA unit representative. Unit representatives are the front line of our union. They serve as a communication conduit for their unit, sharing issues and concerns from their unit with the executive committee and bringing information from the executive committee to their unit. Unit representatives will receive training so that they can represent colleagues in meetings with management and assist with the filing and processing of grievances. To get involved with ONA as a unit representative and receive information regarding upcoming trainings contact Courtney Niebel at [Niebel@OregonRN.org](mailto:Niebel@OregonRN.org).

## ONA Executive Committee Vacancies

We are seeking nurses interested in serving on the ONA executive committee at St. Charles Bend. There are two vacancies on the committee, secretary and membership co-chair. The ONA secretary is responsible for notifying members of meetings, collecting names of nominees and constructing the ballot for local ONA elections and record and maintain minutes for all executive committee meetings. The membership co-chair is responsible for providing new hires with membership information at orientation, assisting with recruitment of new members and unit representatives. These are midterm vacancies which

will be appointed by the remaining members of the executive committee and elections will occur in October 2017 for all executive committee positions. If you are interested in filling a vacancy please contact Courtney Niebel at [Niebel@OregonRN.org](mailto:Niebel@OregonRN.org). For more information on the role of the executive committee—and specifically the secretary and membership chair(s)—read our bylaws at [www.OregonRN.org](http://www.OregonRN.org) and click on St. Charles – Bend under Find Your Bargaining Unit. Once on the St. Charles – Bend page, scroll to the bottom to find the link to our bylaws or [follow this link by clicking here](#).

## ONA/SCHS Contract Corner

### Article 14.3.1 Individual Responsibility

During negotiations, we successfully included language allowing nurses to refuse an assignment they do not feel they can safely accept which is a requirement of the Oregon Nurse Practice Act (ORS 851-045-0040 (3)(d)). As nurses, we are responsible for ensuring that our patients receive safe, appropriate

care and that requires us to accurately self-assess our ability to provide that care. We have recently heard several stories from throughout the hospital regarding “inappropriate” patient assignments. It is critical that we all understand that we have the right to refuse an assigned patient when we feel that we cannot provide the safe, appropriate care that they deserve. It is our

## ONA/SCHS Contract Corner (continued from page 2)



obligation as licensed registered nurses and we are vulnerable to a violation of the Nurse Practice Act and potential discipline from the Oregon State Board of Nursing (OSBN) if an error or omission of care occurs with our assigned patients. Protect yourself from this possibility by refusing assignments that you cannot safely perform!

**14.3.1 Individual Responsibility**  
A nurse may only accept nursing assignments for which they are educationally prepared and have

*the current knowledge, skills and ability to safely perform. Should a nurse have concerns about his or her ability to perform an assignment, the nurse will immediately speak with the clinical supervisor or charge nurse to address those concerns. Should the nurse refuse the assignment after this discussion he or she will submit the specific reason in writing to their manager. Nurses reporting good faith concerns will not be subject to disciplinary action.*

## Nurses Applaud Supreme Court Decision in Labor Rights Case

On March 29, ONA joined national, state and local health care, labor and advocacy organizations in applauding the U.S. Supreme Court's 4-4 decision in the *Friedrichs v. California Teachers Association* case. The Court's split decision preserves more than 30 years of legal precedent and affirms the lower court's ruling in favor of public sector unions.

This decision is an important victory for nurses and other public employees in an ongoing fight against wealthy special interests bent on forcing member-led organizations like ours to represent workers who refuse to pay their fair share.

Anti-worker attacks like *Friedrichs* aim to silence nurses' voices to stop us from advocating for our patients, our communities and ourselves. In Oregon, corporate-backed special interests are already trying to put similar anti-worker initiatives on Oregon's ballot this November and new anti-worker court cases will be filed soon.

Despite this win, we must remain vigilant to protect our legal rights and our ability to improve standards for patients and nurses. We look forward to continuing this



work together.

[Click here](#) to learn more about anti-worker attacks and what we can do to stop them.

[Click here](#) to stand up for working families by pledging to oppose anti-worker attacks.

## Meal & Break Hours in Staffing Plan

The updated Oregon Nurse Staffing Law requires hospitals to include time needed for meals, breaks and admissions, discharges, transfers (ADTs) in each unit staffing plan. An increase in hours per patient day to account for ADTs and breaks (meals had already been included previously) was approved by the Bend Staffing Committee (BSC) for implementation Feb. 29. On April 26, each unit is expected to submit their plan for providing meals and breaks to the BSC for review. The BSC will be collecting these unit plans for reference and

will identify best practices being utilized throughout the house to better assist units that may be struggling with providing meals and breaks. For more information on the BSC, Meal and Break Plans or the staffing law, contact a member of the BSC— John Nangle and Lynda Coats-Sellers are ONA Executive Committee members also serving on the BSC—or Courtney Niebel at [Niebel@OregonRN.org](mailto:Niebel@OregonRN.org).



## Attestation Article – Honesty is Important!

We all know that staffing is a chronic concern for all of us at St. Charles. Whether nurses are receiving meals and breaks and how much overtime we're working can be data points that are useful to justify increased staffing levels. While it's easy to see how much overtime nurses are working, it can be much more difficult to determine whether we are working through meals and breaks. That is why attestation in Kronos is so important. It is a crucial data point we can use to justify a need for more nurses on the unit. While we understand that it is just one more thing to do at the

end of a long shift, it is very important to be honest about any missed meals or breaks so that the data accurately reflects any staffing need that the unit may have. Remember, retaliation for honestly reporting missed meals and breaks is prohibited! If you have experienced retaliation for accurately attesting to missed meals or breaks please let your unit representative or an ONA Executive Committee member know. If you have concerns regarding the attestation process please contact Courtney Niebel at [Niebel@OregonRN.org](mailto:Niebel@OregonRN.org).

## Contract Printing Update

**The ONA/St. Charles Bend Agreement is at the printers! After a very collaborative process with St. Charles administration to ensure that the final print version of the contract is accurate, the printer is now busy producing our new booklets. With the extensive review for accuracies and some delay due to holiday vacation schedules the contract booklets should be available for distribution in 3-6 weeks. The agreement is always available online. Go to [OregonRN.org](http://OregonRN.org), click on Find Your Bargaining Unit and select St. Charles – Bend or [click here to access the agreement now](#). Thank you for your patience!**

## When caring hurts: Compassion fatigue

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Nursing is a rewarding profession based on caring, giving, helping, and educating. It involves caring for others, from beautiful newborns to pain-wracked hospice patients. It involves giving of emotion, strength, and energy. It means helping the helpless, the hopeless, and the unwilling. It means educating yourself, coworkers, patients, and the public. Nursing is inspirational and aspirational, but also exhausting and emotionally draining. Nurses may feel overwhelmed during a portion of their career, but sometimes this feeling becomes compassion fatigue (CF).

Lombardo and others in 2011 explained that CF “may impact nurses in any specialty when, in the process of providing empathic support, they personally experience the pain of their patients and families.” CF has also been described as a secondary posttraumatic stress disorder-like experience.

CF can occur when the nurse identifies too closely with a specific patient, family, or situation; encounters similar difficult patient situations multiple times; has extreme feelings of guilt or helplessness attached to a specific happening; and/or experiences a particularly horrific experience secondhand through a patient. Nurses experiencing burnout and high levels of stress also may succumb to CF.

Nurses, physicians, first responders, social workers, clergy, and other caregivers experience CF. Those who work in oncology, combat situations, or hospice care or with chronically ill children may be at higher risk.

Burnout is not CF but may contribute to it. Burnout generally is job related, such as low morale, long hours, insufficient staff, or faulty equipment. CF is patient-related; that is, the nurse is unable to care fully for the patient due to the nurse’s psychological trauma. The nurse identifies with patients and their families to the point where it causes the nurse harm professionally, physically, and/or mentally.

Compassion satisfaction is the antonym of CF. Compassion satisfaction includes feelings of fulfillment, empathy, and gratification from caring for others. Those suffering from CF are trying to return to this optimal state.

CF is manifested in different ways. Lombardo indicates that physical symptoms include headache, digestive issues, muscle tension, sleep disturbances, exhaustion,

and cardiac symptoms. Other symptoms may include work absenteeism, apathy, despair, patient avoidance, lack of empathy, depression, memory problems, abuse of drugs and/or alcohol, and anger.

CF affects patients as well. The National Cancer Institute (NCI) reports that research shows CF may cause an increase in the risk of medical errors. NCI points out that as a nurse becomes apathetic toward work, the patient becomes less satisfied with care. Nurse absenteeism and patient avoidance, as part of CF, can also affect patient satisfaction. CF, along with burnout, can induce nurses to leave the profession altogether, increasing the workload for other nurses.

Nurses need to guard against CF. They can do this by closely observing and maintaining their work-life balance, practicing excellent self-care, being aware of CF symptoms, maintaining optimal health and wellness, and using prayer, meditation, or other “me time” activities.

When a nurse suffers from CF, many of the same precautions against CF will be needed, particularly self-care. Nurses need to ensure

they are getting proper rest, hydration, nutrition, and work-life balance. Stress-reduction methods and personal coping strategies may be used. Employers can assist with time off, support groups, discussions with the nurse supervisor or administrator, employee assistance programs, a change in duties, and/or a change of shift. In some cases, a change of nursing specialty or career is chosen. Counseling or psychiatric care may be necessary if CF is severe. Most importantly, get help immediately if you suspect you or someone you know has CF. Ignoring CF is detrimental to the nurse, the nurse’s employer, and patients.

ANA’s Healthy Nurse initiative provides resources for nurses to help maintain work-life balance. For information, go to [www.nursingworld.org/healthynurse](http://www.nursingworld.org/healthynurse).

### Selected reference

Lombardo B, Eyre C. Compassion fatigue: A nurse’s primer. *Online J Issues Nurs*. 2011;16(1):3.

**Author Credit:** Holly Carpenter, BSN, RN. Holly Carpenter is a senior staff specialist in the Department for Health, Safety, and Wellness at ANA.

[www.AmericanNurseToday.com](http://www.AmericanNurseToday.com)



## Evaluating our Membership: Proposed Changes to ONA's Bylaws

### *Representing More Than Nurses*

We, the members of ONA's Economic and General Welfare (E&GW) Cabinet are bringing forward a proposal to amend ONA's bylaws. This proposal would allow other types of employees represented by ONA under collective bargaining agreements to become members of ONA. It would enable licensed practical nurses (LPNs), certified nursing assistants (CNAs), physician assistants (PAs), social workers and others covered by one of our collective bargaining agreements to enjoy the full rights of being an ONA member.

This proposal will be voted on during our April 2016 House of Delegates. There are a multiple reasons the Cabinet is proposing this change.

Right now, ONA represents LPNs and PAs at Multnomah County and LPNs at American Red Cross, Bay Area Hospital, Coquille Valley Hospital, Good Shepherd Medical Center, and McKenzie-Willamette Hospital.

Yet these individuals, despite some of them being extraordinary leaders within their bargaining units, have no vote within ONA. They can't hold statewide leadership positions. They can't attend our House of Delegates. They can't vote on local dues increases or our leadership. They are denied a voice in the union that claims to speak for them.

But we benefit from their participation in our union. They allow us to speak with one united voice across our bargaining units. Multnomah County has 240 registered nurses and 40 LPNs and PAs represented by ONA. Together, these three groups collaborate on common

concerns around patient load, scheduling and working conditions.

With each added voice, it becomes harder for the County to refuse to address common concerns. It also becomes harder for the County to drive a wedge between different provider groups. We are stronger as a union when we are working together, not apart.

The benefit of amending our bylaws also extends to groups of nurses with whom ONA currently has little to no connection – nurses who work in long-term care, rehabilitation centers and clinics.

Nurses who work in these settings regularly contact ONA to see if we would be willing to represent them. Not surprisingly, many of the other employees in these facilities are not nurses, but the conditions they work under are often deplorable.

There are stories of violence against the nurses and other health care professionals. There are stories of unilateral terminations for speaking up about working conditions. And there are stories about professionals feeling unable to practice safely.

But we turn these nurses away. The reality is that ONA can't affect change in a workplace where it only represents a small group of employees. Five nurses at a long-term care facility can't affect meaningful change to patient care standards, wages, benefits and working conditions by themselves.

Those nurses need to be part of a united bargaining unit to collaborate with other employees at their facility on their

shared concerns.

That is what our proposed bylaw changes would allow ONA to do. They would allow us to organize nurses and other employees who work in long-term care facilities, rehabilitation centers, clinics and other settings. Once organized, they could gain a voice in our union and we can work to address their staffing concerns through legislation, or help resolve workplace safety, wages and benefits issues with them during negotiations.

ONA's membership has said they want us to represent other professions beyond nurses. In a 2014 statewide survey conducted by ONA's Professional Services department, the majority of registered nurses surveyed supported ONA representing additional classifications of employees. The survey also revealed about a quarter disagreed with the proposed change and many were neutral.

This proposed change may alter ONA, but we think it will be for the better. It will allow us to be a voice for nurses who otherwise don't have a voice in our union. It will allow us to work collaboratively with our coworkers to positively change our workplaces. And it will allow us to advocate for patients in new settings including long-term care, rehabilitation centers and clinics.

We ask that you support the changes we are bringing forward at ONA's House of Delegates.

Visit [www.Oregonrn.org](http://www.Oregonrn.org) and sign up to attend ONA's Convention and House of Delegates to share your voice on proposed changes to ONA's bylaws.