Bargaining 101: An Introduction to Collective Bargaining

Overview of Negotiations

Negotiating is a skill we use all the time, for a car price or with our kids. Negotiating a union contract uses similar skills, but differs in some significant ways. First, it is a process governed by the National Labor Relations Act. Second, when negotiating a union contract, the team members are not just negotiating for themselves. They are negotiating for all staff nurses at the hospital. Third, if we feel management is being unreasonable, we can’t just walk away. Both management and nurses must try in good faith to reach an agreement.

Main Elements of Negotiating

The Law: Both sides must negotiate in good faith: NLRA, Section 8(d): "For the purposes of this section, to bargain collectively is the performance of the mutual obligation of the employer and the representative of the employees to meet at reasonable times and confer in good faith with respect to wages, hours and other terms and conditions of employment, or the negotiation of an agreement or any question arising thereunder, and the execution of a written contract incorporating any agreement reached if requested by either party, but such obligation does not compel either party to agree to a proposal or require the making of a concession…"

Examples of Bad Faith bargaining:
1) Surface bargaining or “take-it-or-leave-it” approach
2) Regressive bargaining (moving backwards in the bargaining process)
3) Failure or refusal to provide information that is needed by the negotiation committee to draft, evaluate and respond to proposals
4) Violating any ground rules established by the parties

Leverage: In union contract negotiations, our leverage is where we can impact the things that the employer cares about. The hospital cannot run without nurses and nurses are not easy to replace. So management has a vested interest in trying to reach agreement with us because nurses help:
- Keep the census up
- PNMC operate efficiently
- Public image
- Have adequate staff

Relationships: We work with the people on the other side of the negotiating table and therefore have some insight into whether some managers have the ability to influence other members of their team. We can assess what kinds of approaches are likely to get a positive response. Both sides usually want to avoid adversarial behavior because when the contract is finalized, we want to have professional relationship to return to.

Keys to a Successful Contract Negotiation

A Unified Team: A unified negotiating committee that makes decisions based on the priorities of the bargaining unit as a whole is critical. The team makes decisions by consensus and avoids a divided front.

Good Communication: Each nurse should participate in the ONA negotiation survey so that the committee knows what nurses want and how to prioritize those issues. The bargaining team shares draft proposals and priorities with nurses before negotiations begin. The team also gives an update on negotiations after each bargaining session to keep everyone in the loop.

Surveys: An Important Way to Provide Input

Based on all our conversations, there are many issues we want to address in our first contract. To name a few: staffing levels, lack of input, due process opportunities, job security, unequal evaluations and nurse retention. To begin the negotiation process, we need to identify important issues. The first way we do that is by actively voicing our concerns through the ONA bargaining survey. We strongly encourage each and every nurse to participate in this process. Go to www.OregonRN.org and select Providence Newberg under Find Your Bargaining Unit to view the sample survey. Check back soon for the finalized bargaining survey.
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RN Participation: When RNs show visible interest and support for the bargaining team, it provides the team with the leverage necessary to accomplish our goals. RNs also give feedback to the committee to help with making tough decisions.

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Yesterday was a very exciting day for many of us. To recap: at 6 a.m. Valerie Whitmore and Debra Bonn from Med/Surg arrived at the hospital to serve as our observers. Alan Yoder and Minh Nguyen were present from ONA staff.

Also present were Dennis Westlind, Providence’s attorney, Lori Van Zanten CEO, Yvonne Kirk CNO, and Cheryl Hurd from human relations. The National Labor Relations Board agent, Helena Fiorianti, finalized the list of RNs eligible to vote and explained the voting process. All present in the room observed that the ballot collection box was empty before voting began. At that time all only the board agent and the two observers remained in the room.

At 9 p.m. at the close of the vote, 129 ballots had been cast. Many nurses and family members gathered in the Dundee Conference Room for the vote count. ONA staff joined nurses to show support and solidarity as the ballots were counted.

The Board agent reviewed the ballots with representatives from ONA and Providence. One ballot was contested and set aside. The remaining 128 votes were divided into two piles, one for Yes votes and one for No votes, and then the Board agent counted the ballots. The final result was 80 Yes votes and 48 No votes. When the final result was announced, the room erupted in applause and cheers.

Now that the hard work of getting to an election is done, it is time to embark on the next phase of this process – negotiating a contract. This will help capture current practices that work and improve those that don’t in a legally binding agreement for nurses now and in the future.