Nurses Working Outside Nursing
They’re Voting with Their Feet

For a number of years we have heard the mantra: There is no nursing shortage; there is a shortage of nurses working in nursing. Now a recent study confirms what nurses and policy makers knew: Not only are nurses working in non-nursing occupations, but the key reason cited by actively licensed nurses for working outside nursing employment is dissatisfaction with the nursing workplace.

The study, reported in the journal *Policy, Politics and Nursing Practice* (August 2008), was authored by Lisa Black, Joanne Spetz and Charlene Harrington. They wanted to examine the relative importance of nonworkplace- and workplace-related reasons for working outside nursing. Only by understanding and addressing these motives can hospitals expect to lure nurses back to bedside care, and the professional they trained for.

The authors hoped to learn the difference between nurses who work in professions other than nursing and those who do not participate in the labor market at all. The most common reasons cited for not working were not occupation-specific: The most frequent reasons nurses in this study gave for not working at all were taking care of home or family (38.4 percent) and retirement (44.6 percent). However, when one looks beyond these top two causes, the workplace plays a critical role in pushing nurses away. Twenty-seven percent of non-working nurses described burnout or stressful work environment, 23.4 percent cited the physical demands of the job, 20 percent cited inadequate staffing, and 20 percent cited inconvenient scheduling as reasons for not working in nursing. The authors noted that 55.4 percent of these inactive nurses were out of the workforce for reasons other than retirement and therefore, given the right conditions, might consider returning to nursing.

Some nurses who leave nursing continue to work in health-related fields. Almost 16 percent (15.8 percent) work as another health service provider and 4.2 percent are in pharmaceutical sales. Some reported that they held an administrative or management position (15.4 percent) or hold a faculty/instructor position (3.4 percent).

Nurses working outside of nursing predominantly cited the following reasons: career change (65.8 percent), burnout/stressful work environment (41.3 percent), scheduling challenges or working too many hours (38.7 percent), better pay in non-nursing employment (31.4 percent), inadequate staffing (30.8 percent) and the physical demands of nursing (25.8 percent).

In nearly all the variables examined in the study, dissatisfaction with the nursing workplace and with nursing as a career are at the root of the movement that takes nurses away from nursing.
No Payments for Preventable Errors
List Grows to Include Medicare, Blue Cross/Blue Shield of Illinois

The number of insurers no longer willing to reimburse hospitals for preventable errors continues to grow, with Blue Cross/Blue Shield of Illinois and the federal government joining a host of states and health care provider associations that are holding health care facilities financially accountable for mistakes that should not occur.

BC/BS of IL announced late this summer that it will not pay for “serious hospital acquired conditions” and errors in patient care that can and should be avoided. It is expected that the financial incentive to avoid mistakes will improve quality and outcomes. In the past, health care facilities could charge for the treatment of errors, for example, removing an object left in a patient who had surgery, without monetary consequences.

In October, the Medicare program stopped paying for certain conditions if the government can determine that a serious medical error or deadly infection occurred in the hospital. The new rule also prohibits hospitals from billing patients directly for costs generated by medical errors. Ten conditions, including serious bed sores, injuries from falls and urinary tract infections make up the list of hospital errors for which insurers are now refusing to pay. Officials believe that the regulation could apply to several hundred thousand hospital stays annually.

The number of states that no longer pay for medical errors continues to grow.

• California: The California Association of Health Plans unanimously passed a resolution in favor of no longer paying for medical errors through statute. P.L. 605 prohibits health care facilities from “knowingly charging a patient or

Suzanne Gordon is ‘Calling All Nurses’

Those of you who attended the UNA Nurses Congress in 2007 will remember the dynamic presentation by award-winning author Suzanne Gordon. She talked about the image of nurses as “angels” and how that image – which nurses buy into – diminishes the public’s perception of nurses as skilled, competent professionals. She has written a number of books about nurses, including Nursing against the Odds and Safety in Numbers: Nurse-to-Patient Ratios and the Future of Health Care.

And now Gordon is asking for your help. She soon will be editing a new book, When Chicken Soup Isn’t Enough: 102 Stories of Nurses Standing up for Themselves, Their Patients, Their Profession and the Health Care System. It is going to illustrate through first-person stories how assertion, risk-taking, and action can protect patients and make nursing a more highly valued career. The nurses’ stories will illustrate how they have worked to transform their profession and the health care system.

She is looking for nurses to submit their stories to her. Written in an accessible, conversational style, the first-person stories should be between 350 and 1,800 words long. They should describe revealing encounters with patients, families, physicians, administrators, policy makers, politicians or journalists. No deadline for submissions has been set.

If you have a story to tell, send it to Gordon at her home page, www.suzannegordon.com. Make sure to include your name, address and the easiest way to contact you.
Pandemic Flu Survey: How Prepared Are We?

Some of you may remember that in a recent issue of UNA Action (2007, Issue No. 3) we asked you to complete a “Pandemic Influenza Preparedness Survey” that we and other nurse unions were distributing. The questionnaire was also available at the Nurses Booth at the International Convention in San Francisco. It was developed in collaboration with the AFL-CIO to assess the preparedness of our health care workplaces to respond to pandemic influenza.

Nurses from 14 states submitted surveys. While that may not sound like many, it represents almost 190,000 employees. The majority of facilities covered were hospitals (60 percent). Questionnaires from nurses in long-term-care and out-patients services (8 and 6 percent, respectively) were also submitted.

Results from the survey demonstrate that our health care facilities are far from ready to address a pandemic.

The questionnaire was distributed to local union leaders who have first-hand knowledge about facility-based activities. Members of AFSCME, UAN, SEIU, UFWC, AFT and CWA completed surveys. A full report that summarizes the findings and makes recommendations to employers is being drafted and will be available to AFSCME nurses when it is released.

**Minnesota:** Hospitals here have agreed to stop charging patients and insurers for 27 never events as well as the follow-up care required because of the errors. Many hospitals had already stopped billing for such errors after a state law took effect in 2004 that requires hospitals to report incidences of never events.

**New York:** The NY State Medicaid program has stopped paying for 14 serious never events that are identifiable and preventable. Under the policy, hospitals receiving Medicaid payments are required to provide information on each admission to help determine which medical complications were present on admission and which occurred during or as a result of a hospital stay.

**Washington:** At the request of Gov. Christine Gregoire (D), three state health care provider associations have adopted a voluntary agreement that patients will not be requested to pay for care related to 28 specific “adverse events.” It covers most patients in the state because the provider associations have statewide membership. Adverse events are listed in categories relating to surgery, products or devices, patient protection, care management, environmental events and criminal events.
When the new 111th Congress convenes in January, two important issues for AFSCME nurses will be a top priority: aid to states in budgetary crisis and health care reform.

The sharp drop in state tax revenues, rise in unemployment and continued decline in property values are creating huge state budget gaps. The mid-year deficits and the projected 2010 shortfalls, which may be in the $100 billion range, put state health care funding for hospitals and other services at risk. Medicaid, which is the largest item in state budgets, funds 17 percent of our nation’s spending for hospital care. The demand for Medicaid increases during an economic downturn as people lose their employer-sponsored health care coverage or because their declining wages push them into poverty. As Medicaid enrollment goes up, states face increased costs while struggling to close budget gaps due to the worsening economy.

State fiscal relief was in sight on September 26 when the House passed an economic stimulus package (H.R. 7110) by a vote of 264-158. But Senate Republicans thwarted any hope of passage by blocking consideration of a similar economic recovery package (S. 3604). The Senate bill would have provided states with aid through an additional $19.6 billion in new federal support for state Medicaid programs over 14 months. The House bill would have increased federal support for state Medicaid programs by $14.4 billion. Meanwhile, the Bush administration threatened to veto either package.

Because state budgets have deteriorated since September, AFSCME will now press the new Congress and Pres. Barack Obama to provide even more substantial relief to states. The bi-partisan National Governors Association is calling for at least $40 billion over 24 months in additional federal support for rising state Medicaid costs, but more may be needed as the economy spirals downward. Although President-elect Obama and Democratic congressional leadership have indicated that economic recovery is a top priority when the new Congress convenes in January, Senate Republicans may still try to block passage of a state aid package through a filibuster.

AFSCME nurses should contact their respective U.S. senators and representatives, and urge them to address the state and local budget crisis by increasing federal funds for state Medicaid programs.

Recognizing that the health care crisis threatens the economic security of working families, strains state budgets, overwhelms the capacity of safety net institutions and reduces the competitiveness of American businesses, AFSCME set out to build a campaign to win guaranteed, quality, affordable health care for all in the United States.

AFSCME is a co-founder and President McEntee is co-chair of Health Care for America Now!, a national grassroots movement that is fighting for a comprehensive, national health care solution that helps working families rather than leaving them on their own to deal with insurance companies and out of control pricing. The solution must ensure that families can keep their current insurance if they choose, but provide options including a publicly operated plan similar to Medicare. Coverage must be affordable for families and for employers, and the financing of our system must be achieved through shared responsibility. Government must set and enforce rules for insurance companies so that health care coverage will be there when we need it.

Health Care for America Now! has asked members of Congress to sign a statement that describes which side they are on: Do they support high-quality, affordable health care we can all count on or would they leave each of us on our own in the individual insurance market? At press time, 156 members of Congress and Senators-elect and Representatives-elect have signed on to the Health Care for America Now! principles, including President-elect Barack Obama and Vice-President-elect Joe Biden. To see which side your own congressional leaders are on, go to www.healthcareforamericanow.org and check under “Hey Congress: Which Side Are You On?”

Legislation requiring insurers to cover mental health conditions in the same manner as physical health conditions became law last October, and it’s called the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (P.L. 110-343). While it does not mandate mental health coverage, it does require insurance plans with such coverage to have co-pays, deductibles, co-insurance, out-of-pocket expenses, limits in scope and duration of coverage to be the same for both mental and physical conditions. Consistent with existing law, self-insured state and local plans may opt out of these requirements.
1199J/AFSCME Hospital Nurses Win More than Magnet Status

Magnet Recognition, a nursing excellence award given by the ANCC (a subsidiary of the American Nurses Association) has received mixed reviews by most nurses who work in unionized hospitals. There has been evidence that the program is used by managers as a way to undermine organizing activities by promising nurses a voice in workplace practices through the program, thus eliminating a need for a union. However, more often than not, that voice has no power and Magnet status is used as a marketing gimmick rather than a tool to improve nursing quality and patient care. But when hospital administrators at Jersey City Medical Center, part of the LibertyHealth System, started talking about applying for Magnet recognition, the nurses there saw the potential for a win-win situation.

Nurses at Jersey City are represented by District 1199J/AFSCME/NUHHCE. They knew that Magnet status would be used to improve the reputation of their facility and thought that was a good thing. So the union worked out an agreement with the hospital administration that was to everyone’s advantage – the nurses would do all they could to support the process and the hospital would add 0.5 percent to wages negotiated in the 2007 collective bargaining agreement if they achieved Magnet status.

In September, Jersey City became the only Magnet hospital in its region. The nurses are proud of their accomplishment and the recognition the award brings. 1199J/AFSCME has shown that when the union and management work together for a common goal, good things can happen. Congratulations! ✨

Emergency Department Use Increases

The use of emergency departments has increased dramatically since 1996, according to survey results released by the National Center for Health Statistics in August (“Ambulatory Medical Care Utilization Estimates for 2006”). Visits to the ED increased 36 percent to 119 million in 2006 compared to 90 million in 1996. Exacerbating this increase in use was a decrease in the number of emergency departments from about 4,000 to 3,800. This has led to more crowded waiting rooms and even longer wait times. The average wait time in 1996 was 38 minutes; it jumped to 56 minutes in 2006.

The report also found that only about 13 percent of visits led to a hospital admission. Infants, followed by people older than 75, were the highest users of the ED.

While 2006 is the most recent year for which this data has been analyzed, experts anticipate that number of ED visits will continue to rise as the economy worsens. ✨
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What is UNA-AFSCME

The United Nurses of America-AFSCME is more than 60,000 nurses working in unity to advance quality and accountability in the health care setting through organizing, political action and nursing practice. Across the country, we are reaching out to other nurses who want to join UNA-AFSCME. As our numbers grow, so does our power to improve our jobs, the care we deliver and the quality of our lives.

To learn more about United Nurses of America, visit the AFSCME website at www.afscme.org/una or contact the AFSCME Department of Research and Collective Bargaining Services at (202) 429-1215 or by e-mail at una@afscme.org.

UNA-AFSCME

• On The Job — UNA-AFSCME nurses are winning wage, benefits and other improvements, such as prohibitions on mandatory overtime, through strong collective bargaining agreements with our employers.

• In the Community — UNA-AFSCME nurses work in coalitions and partnerships at the community level to generate public and grassroots support for our goals and the agenda of nurses.

• In Congress & Legislatures — UNA-AFSCME nurses lobby lawmakers and political officials to enact legislation and policies to increase health care funding, improve quality care, and institute safer working conditions and protections for nurses.

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