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WSNA Local Unit

Sea/King County Health Dept - Staff

Local Unit Officers

Chair:

William B. Johnston

Co-Chair:

Dennis Murphy

Secretary:

Margit I. Thomas

Treasurer:

Gaylord N. Furulie

Grievance Officers:

Melinda K. Morse

Catherine R. Ditkoff

Jennifer L. Zajac

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WSNA Web Site

www.wsna.org

The oldest and
largest union
representing
registered nurses
in Washington
State



From the Desk of Hanna Welander:



WSNA Nurses Support Their Union

In the last couple of months, there has been a lot of activity. The decert petition began a difficult process for the nurses in your Local Unit. Remember, this small group of nurses was working to discontinue your relationship with WSNA. It created a tremendous amount of instability, uncertainty, anger and fear. Together with the Local Unit Officers, the WSNA staff immediately developed a plan of action. Our goals were to educate all of you so that you understood your rights and provide support throughout this difficult process. In the last month you have had opportunity to meet many of our fabulous WSNA staff members.

We were quickly able to put together local unit meetings and brown bag lunches where we could meet with you, provide information, and answer questions. We think that you would agree that having the opportunity to receive information in a non-threatening environment is imperative to making an informed decision. It is also your right! Many of you stepped up and volunteered to do whatever you could to assist in educating your colleagues. All of these nurses deserve recognition for all of their effort and dedication to preserving your long-term relationship with WSNA.

In the meetings we held, we heard feedback about situations that occurred in the past where nurses felt let down by WSNA or left out of the information loop. We heard you say that you wanted more communication from me, your Nurse Representative. You want more site meetings and more local unit meetings. Many of you lamented the loss of the regional health department meetings where most of you could spend time with each other for a few hours. You suggested that we help you plan an all-nurse meeting and invite speakers.

You were probably wondering why so much mail appeared in your mailboxes all of a sudden. Is this unusual under the circumstances? Not at all. From the onset of this decertification campaign, we had to make sure that we kept you informed along each step of the way. From all of our telephone calls to you, we learned that you are interested in hearing more about what I do. As your nurse rep, many things I am not able to share because all of you have a right to confidentiality. Even in circumstances when you might have a potential grievance, we work with you in partnership. I will do more to celebrate our successes.

You Are WSNA

This really is a Partnership. No matter the issue, WSNA is always here for you. How about you? Will you be a participant in your union or an observer? Will you support your sisters and brothers when things get

tough? Will you give an extra five minutes of your time for a WSNA issue even though you've worked hard that day? When your union calls you, do you participate in useful dialogue? When a union meeting is announced, do you think of a million things you "should" be doing instead or do you make it a priority to get there, even if it's out of your way? Do you tell yourself that you can't possibly make a difference or do you tell yourself that your participation has the potential for a huge impact? Do you stay stuck on past problems or do you look into the future and see how great your union can be?

While we have seen many of you suit up and show up, we want to see all of you. When you are involved, who is it that benefits? Is it the WSNA staff? No! It is all of you. If a workplace issue happens, do you expect that your WSNA Nurse Rep will "fix" it? Or do you work with your Nurse Rep to problem-solve the issue?

Gauge your own participation. If you can answer yes to some of these questions, consider yourself involved. If you aren't involved, consider these as suggestions for you in the future:

1. Do you open mail that comes from WSNA?
2. Do you *read* mail from WSNA?
3. Do you read your Local Unit newsletter?
4. Do you complete and return your contract negotiation survey?
5. Do you know who your local unit officers are?
6. If you receive a telephone message from WSNA, do you return the call?
7. Do you participate in your site's labor-management committee?
8. Are you a contact person for your site for your Nurse Representative?
9. Do you attend site brown-bag meetings?
10. Do you attend Local Unit meetings at WSNA?
11. If you have questions about workplace issues, negotiations, or your contract, do you call your officers or your Nurse Rep?
12. Do you call and invite your Nurse Rep to meet with the nurses at your site?
13. Do you assist new nurses with contract issues or refer them to WSNA if they have questions?
14. Do you visit your website at www.wsna.org?

15. Do you attend the WSNA Leadership Conference, held each September in Chelan?
16. Do you attend the biennial WSNA Convention?
17. Do you attend Nurse Legislative Day in Olympia every year to lobby your legislators about public health issues?
18. Do you read *The Washington Nurse*, WSNA's quarterly publication?
19. Do you read *The American Nurse* and *American Nurse Today*, ANA's nursing publications?

Moving Forward in a Strong Position

We all know that change is inevitable but inescapable. As your Nurse Rep, I am really here to help you learn to navigate through complicated workplace issues and to support you and defend the integrity of your contractual rights. I want you to feel empowered in your position as a Registered Nurse working for Public Health or Juvenile Detention. Knowledge is power. And I know that you can make a huge difference. I believe in you and I am here for you.

Hanna Welander, BSN, RN
WSNA Nurse Representative

A Message From Bill Johnston, RN

WSNA has been in existence for 100 years, representing nurses well. **To trade down to an organization with significantly less experience to represent me would - I believe - be a calling card for potential disaster.** At times the grass seems greener on the other side, but experience has demonstrated that optical illusions frequently prevail.

No organization is perfect, and WSNA has shown growing pains much like Jail Health Services is going through with our system improvements. But we are a better organization than ever before. I feel that WSNA is not only committed to the nurses it represents, but they also strive to improve systems, which benefits our patients directly.

Bill Johnston, RN
Local Unit Chair

Bullying in the Work Place

The following article is excerpted from Labor and Industries website. More and more is being published about bullies in the workplace. Most of us thought we left that behind on the school playground. It can be a scary and isolating experience to be bullied by a coworker, supervisor, or manager.

Harassment or Hostile Work Environment or Neither?

When you hear someone say “I feel really harassed” or “I work in a really hostile work environment” what does that bring to mind? You may think of a coworker who will never greet you with anything but a scowl, or the coworker who puts you down for your ideas. You might think of someone that routinely talks to you in a way that makes you feel disrespected. Or perhaps someone doesn’t like you and won’t talk to you. Maybe your supervisor asks you about your timesheet one too many times and you become uncomfortable. More than likely, you could be suffering at the hands of a workplace bully.

Bullying is Different From Harassment

Sometimes words we use in everyday language have very specific legal definitions. Harassment is defined as differential treatment because of age, sex, race, religion, national origin, or disability. If you believe that you are being harassed for one of the above reasons, you should immediately contact your Nurse Representative. Also available is the Washington State Human Rights Commission (1-800-233-3247, www.hum.wa.gov).

Bullying is often directed at someone a bully feels threatened by. The target often doesn’t even realize when they are being bullied because the behavior is covert, through trivial criticisms and isolating actions that occur behind closed doors.

While harassment is illegal; bullying is not.

Many bullying situations involve employees bullying their peers, rather than a supervisor bullying an employee.

The Cost of Bullies in the Work Place

If our colleagues suffer at the hands of a bully, the cost is passed on to the rest of us. A coworker may call in

sick more often because they experience physiological or psychological illness. One study from the National Institute of Occupational Safety and Health (NIOSH) found that a quarter of the 516 private and public companies studied reported some occurrence of bullying in the preceding year.

Bullying includes behavior that intimidates, degrades, offends, or humiliates a worker, often in front of others. Bullying behavior creates feelings of defenselessness in the target and undermines an individual’s right to dignity at work.

Examples of Bullying

- Unwarranted or invalid criticism
- Blame without factual justification
- Being treated differently than the rest of your work group
- Being sworn at
- Exclusion or social isolation
- Being shouted at or being humiliated
- Being the target of practical jokes
- Excessive monitoring

How Bullying Affects People

Victims of bullying experience significant physical and mental health problems: High stress; post-traumatic stress disorder (PTSD); digestive problems; financial problems due to absence; reduced self-esteem; musculoskeletal problems; phobias; sleep disturbances.

How Bullying Affects Organizations

Each of the individual consequences listed above can be very costly for the organization. Costs of bullying generally fall into three categories:

1. Replacing staff members that leave as a result of being bullied
2. Work effort being displaced as staff cope with bullying incidents (i.e., effort being directed away from work productivity and towards coping)
3. Costs associated with investigations of ill treatment and potential legal action

Bullies do not run good organizations; staff turnover and sick leave will be high while morale and productivity will be low. Stress, depression and physical health problems result in time away from

work that is costly in terms of workers' compensation and lost productivity.

What is Institutional Bullying?

Institutional bullying occurs when bullying is entrenched in an organization and becomes accepted as part of the workplace culture. Institutional bullying can manifest itself in different ways:

- Placing unreasonable expectations on employees, where failure to meet those expectations means making life unpleasant (or dismissing) anyone who objects;
- Dismissing employees suffering from stress as "weak" while completely ignoring or denying potential work-related causes of the stress; and/or
- Encouraging employees to fabricate complaints about colleagues with promises of promotion or threats of discipline.

Signs of institutional bullying include:

- Failure to meet organizational goals;
- Increased frequencies of grievances, resignations, and requests for transfers;
- Increased absence due to sickness; and
- Increased disciplinary actions.

If you are aware of bullying in the workplace and do not take action, then you are accepting a share of the responsibility for any future abuses. This means that witnesses of bullying behavior should be encouraged to report any such incidences. Individuals are less likely to engage in antisocial behavior when it is understood that the organization does not tolerate such behavior and that the perpetrator is likely to be punished. Contact your WSNA Nurse Rep for further assistance.

Factors that Increase the Risk for Bullying Behavior:

- Significant organizational change (i.e., major internal restructuring, technological change);
- Workforce characteristics (e.g., age, gender, parental status, apprentice or trainee);
- Workplace relationships (e.g., inadequate information flow between organizational levels, lack of employee participation in decisions; and

- Work systems (e.g., lack of policies about behavior, high rate and intensity of work, staff shortages, interpersonal conflict, organizational constraints, role ambiguity, and role conflict.

The breakdown of trust in a bullying environment may mean that employees will fail to contribute their best work, do not give extra ideas for improvement, do not provide feedback on failures and may be less honest about performance.

What Can Be Done About Bullying?

Bullying in general is NOT illegal in the U.S. unless it involves harassment based on sex, race, age, ethnicity, or sexual orientation. However, you can regain control by:

- Recognizing that you are being bullied;
- Realizing that you are NOT the source of the problem; and
- Recognizing that bullying is about control, and therefore has nothing to do with your performance.

Take action through Documentation!

- Keeping a diary detailing the nature of the bullying (e.g., dates, times, places, what was said or done and who was present); and
- Obtaining copies of harassing/bullying paper trails; hold onto copies of documents that contradict the bully's accusations against you (e.g., time sheets, audit reports, etc.).

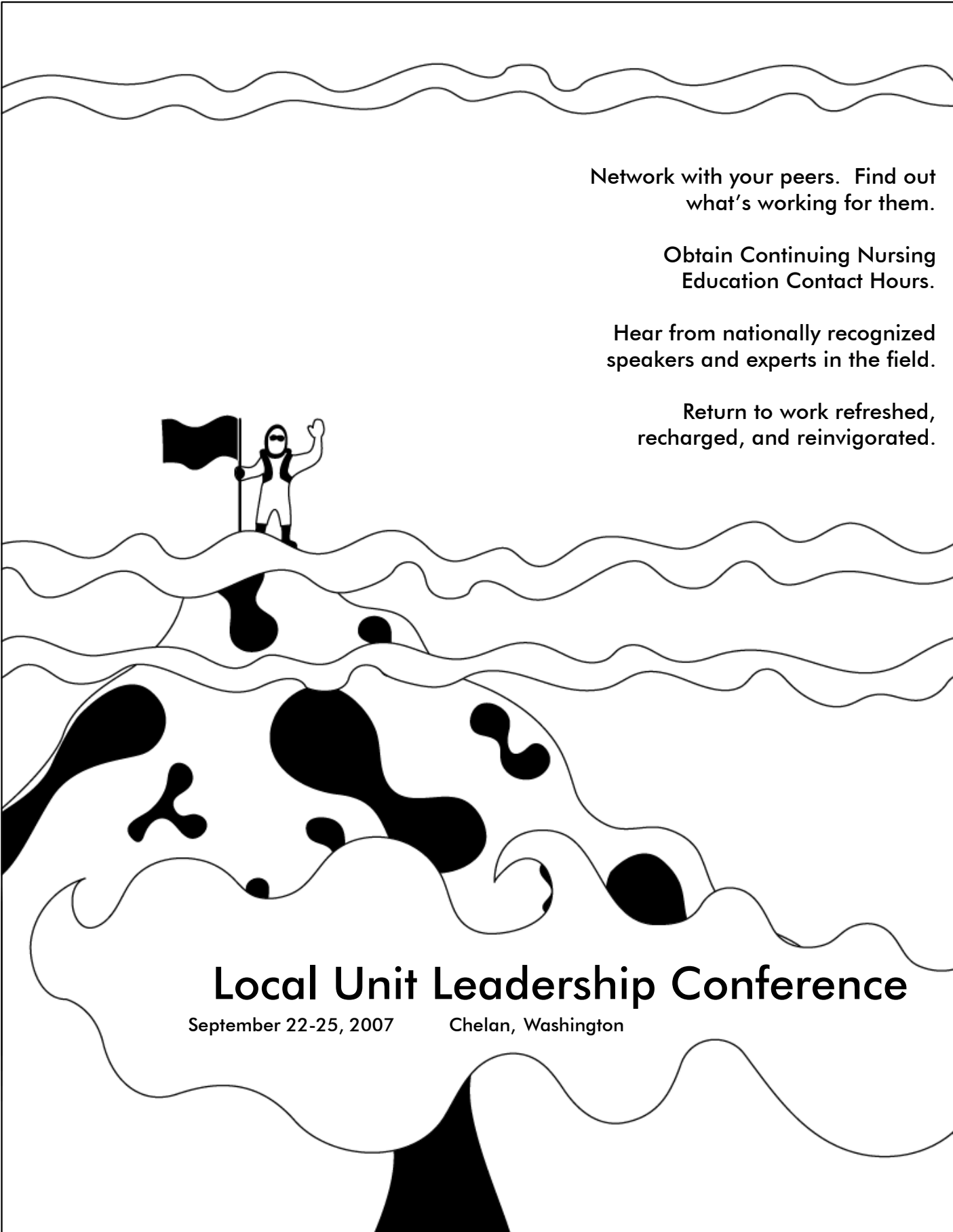
Other actions

Expect the bully to deny and perhaps misconstrue your accusations; have a witness with you during any meetings with the bully; report the behavior to an appropriate person. Contact your WSNA Nurse Representative, 206-575-7979/800-231-8482, Extension 3035.

Reference:

www.lni.wa.gov/Safety/Research/Files/Bullying.pdf

This report was produced by the Safety & Health Assessment and Research for Prevention (SHARP) Program – An independent research program within the Washington State Department of Labor & Industries. SHARP's researchers and scientists partner with business and labor to identify industry-wide hazards and then develop sensible, effective solutions to eliminate those hazards.



**Network with your peers. Find out
what's working for them.**

**Obtain Continuing Nursing
Education Contact Hours.**

**Hear from nationally recognized
speakers and experts in the field.**

**Return to work refreshed,
recharged, and reinvigorated.**

Local Unit Leadership Conference

September 22-25, 2007

Chelan, Washington