

New
York

nurse

the official publication of the new york state nurses association

SEPTEMBER 2015

STUDENT NURSES
ARE THE FUTURE



Special back to school issue

pp. 3, 6-7

Capital Region and L.I. nurses win contracts, pp. 5, 8



By Judy Sheridan-Gonzalez, RN
NYSNA President

The future we create

The future of nursing lies with the nursing students of today. What is the legacy we, practicing nurses, leave for them? What responsibility do we have as individuals and as a union to build a society that provides for a decent quality of life, meaningful work and creative opportunities for future generations?

If we don't ask these questions and put together an analysis of where we are and where we are going as a profession, we risk nursing being victim to forces that appear to be beyond our control.

Nursing education, historically, was designed to uphold the

ment but people who question the status quo or attempt to actually make creative changes often find management unreceptive to these creative ideas. Sometimes these leaders are labeled as unrealistic at best, troublemakers at worst.

As nurses in our facilities, we are told we are "professionals," that we have a voice in "shared governance," and that we are "compassionate caregivers." The reality is that some management programs are really designed to meet metrics that are often unattainable because we simply don't have the staff and resources to comply. Often times management creates venues for

xenophobia and instead working with other unions, students, advocates and others to embrace America's diversity.

The U.S. is the wealthiest nation on earth, but we have some of the worst health indices of the developed world and conditions in some of our communities that rival those in many underdeveloped nations. Nurses are on the frontlines to combat these conditions.

Owning our destinies

NYSNA has identified key legislative areas that can be addressed to change some of these challenges: safe staffing laws via enforceable nurse-patient ratios, overhaul of the healthcare system via a single payer system, reversing the climate change that has created not only a healthcare crisis but endangers the future of our planet. Why?

Patients need adequate professional and ancillary staff to be able to receive humane, quality care.

Families cannot be healthy if they must compromise their health care needs as they balance survival needs like food, shelter and education for employment, such as the current system forces them to do.

Finally, there are no jobs on a dead planet. The dependency on fossil fuels and further exploration of the use of non-sustainable, dangerous and toxic energy sources will lead to further climate change demise.

As individuals, we don't have control of our future to the extent that we should. We need to use our union as the tool through which we can fight for safe staffing on our units, in our workplace and in our state. We need to support and encourage our new nurses to fight along with us as they confront the challenges of the "real world" of healthcare. We can win if we continue to fight for further gains through our contracts and we continue to organize in our communities.

A safe and healthy planet and a kinder, gentler nation should not be a utopian dream. The future lies within our youth—and the tools we leave them to build with.



Youth of today are the leaders of tomorrow

strict class-based hierarchy that existed in hospitals: Director, Doctor, Supervisor, Head Nurse, General Duty Nurse and Nursing Assistant. While the titles have changed and greatly expanded, the hierarchal configuration has not changed much. The big difference is that insurance companies and bean counters are now in charge who can manipulate the reimbursement systems that are always in flux.

How has nursing education changed? Programs today emphasize autonomy and theoretical constructs that the healthcare system, by design, renders impossible to implement. Thus, the culture shock that new grads are faced with starts them off in a state of confusion. What preceptors, mentors and colleagues offer make or break the nurse as she/he attempts to negotiate a system that says one thing but often times does another.

Nursing programs appropriately promote "critical thinking" in our houses of education and employ-

our participation, but tries to get us to rubber-stamp CEO-type policies. But if we can get away to participate at all—and delivering compassionate care requires us to forego lunch and breaks and leave late—we are charged with being "disorganized" and having "time management issues."

Democracy v. hypocrisy

The contradictions in the broader society are mimicked in our hospitals, clinics and schools. We are very fortunate to live in a democracy. But income inequality has widened to proportions not seen since the 19th Century, the Voting Rights Act is being gutted and labor laws and union rights are under attack, putting that very democracy under attack.

We must strive to live up to the ideals expressed in the motto on the Statue of Liberty: "Give me your tired, your poor, your huddled masses, yearning to breathe free." That means an end to talk of constructing walls and promoting

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Website: www.nysna.org
Subscription rate: \$33 per year
ISSN (Print) 1934-7588/ISSN (Online) 1934-7596
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Student nurses are the future

Students need clinical experience and, at Bellevue Hospital in New York City, that's what they get. The Margaret Whitehorne Student Nurse Service Program is an outstanding opportunity for nursing students to gain ten weeks of clinical work and preceptored participation at Bellevue. The program accommodates 100 students who choose to work in one of the many services at the facility—from psych to surgery.

A training school has operated at Bellevue since 1873. From its founding in 1736, Bellevue was committed to the principle that “no one is turned away”. The 11 public hospitals in the NYC system continue to stand for that principle. Anne Bové, RN and President of NYSNA's HHC/Mayorals Executive Council and Secretary of NYSNA's Board of Directors, coordinates the current student-nurse program at Bellevue.

Ms. Bové graduated from Hunter College in 1978 and has devoted her career to New York City's public hospital system. “The public sector takes care of everyone,” she said proudly in an interview following the 2015 Recognition Ceremony—a graduation, of sorts—for student nurse volunteers in the Whitehorne Program held on August 19.

“I was trained by Bellevue nurses. It was hands-on experience, mentoring with staff,” she recalled. “I always had a sense of giving back what I got. Service is its own reward.”

Looking over the graduates, student nurses from Russia, South and East Asia and West Africa, Ms. Bové

said, “They are very aware of community needs. The multicultural backgrounds of these students helps them address the healthcare disparities of their own communities.”

“The future of nursing is an extension of the community we take care of,” said Anne Bové. The students were extremely

appreciative at the ceremony's conclusion, with profuse thanks for the Bellevue experience. Most expressed an interest in working full-time at Bellevue and in the public system.

A dozen students recently completing the Whitehorne Program spoke to *New York Nurse*.



Anne Bové, RN, with student nurses at Margaret Whitehorne Student Nurse Volunteer Recognition Ceremony, August 19, 2015.



Trinita Yegnon

After arriving in the U.S. from the West African nation of Benin, Trinita spent several years working as a pharmacy technician before deciding to pursue nursing. Direct interaction with patients is what drew her to nursing. She values nursing's holistic approach, in which “a patient is not just a disease or a symptom but a complex person.”

Her time in Bellevue's cardiac unit built communication, observation and assessment skills and gave

her a much better understanding of medications. She really enjoys the diversity at Bellevue, both in terms of case mix and cultures, as well as the opportunity to learn from nurses and patients alike.

Trinita will graduate from the New York City College of Technology in May 2016 and plans to continue studies toward her BSN.

Kim Bacchus

After working for nearly two decades as a medical technologist, Kim is pursuing a nursing degree in order to be able to have more direct interaction with patients. She came to New York from Guyana eight years ago and will graduate from the Borough of Manhattan Community College in December. Her clinical externship at Bellevue was in the CCU, where she was exposed to a high-intensity environment that requires nurses to think on their feet. In particular, she “liked the unit's fast-paced nature and the team ethic of the nurses.”

Kim thinks the biggest public health challenge facing the U.S. is stigmatization of certain illnesses, particularly in mental health. “When people hide their ailments and don't seek treatment because of shame or fear of losing a job or social status, it creates problems for the entire health system.”

CONTINUED ON PAGE 6



THE COVER:

Student nurses at Margaret Whitehorne Student Nurse Volunteer Recognition Ceremony, August 19, 2015

Student debt hurts nursing students, too



By Jill Furillo, RN, NYSNA
Executive Director

Almost three-quarters of nursing students will graduate owing student loans.

Student debt levels are nothing short of a national crisis.

Loan debts for students in this country have reached an astonishing record amount—\$1.2 trillion, a staggering increase of nearly five-fold over the last decade, now surpassing both total U.S. credit card and auto loan debt. From across the range of colleges and universities—state and private—seven in ten seniors who graduated in 2013 had student loan debt, carrying an average of \$28,400 each.

Nursing students are hardly exempt.

Huge costs v. flat incomes

It's well established that those with higher levels of education earn more and have lower rates of unemployment. But getting there gets more difficult as costs skyrocket.

The costs of a college education are rising at a significantly faster rate than general inflation, far outpacing average real wage growth. The U.S. Department of Education reports that the average annual cost of college after adjusting for inflation rose 32% between the school years 2003-2013. Meanwhile, average real wages over the same period were more or less stagnant, rising less than 2 percent.

Students—and the families who often help finance college or co-sign for loans—are struggling with rising tuition bills and taking on increasing amounts of debt. More than 40 million students are current borrowers, and student loans are one of the largest financial burdens faced by working families today.

Nursing student debt

A National Student Nurse Association (NSNA) analysis of loan debt across all graduates over the past four years reveals that nursing students have mirrored national trends, as they have increased borrowing in order to attain their degrees. Almost three-quarters of nursing students will graduate owing student loans. Like all new college graduates today, new nursing graduates face a challenging employment market.

Consistent with national trends, student loans are the largest source of student funding for undergraduate nursing education. While BSN students have higher debt, ADN graduates also have considerable debt.

While healthcare graduates have traditionally had lower unemployment rates than liberal arts and social science graduates, the data from the NSNA New Graduate Annual Surveys suggest that they are more likely to be in debt than in the past, and that the money borrowed may impede their future choices in life, including decisions regarding academic progression.

Those without employment face even more serious consequences. More than one-third of new nurse graduates who reported having loans to repay were unemployed.

What can be done

The student loan default rate is now at a two-decade high. Overall, nearly one in eight of today's graduates will default within two years of starting their loan repayment. Even employed college graduates struggle under the debt burden, contributing to an urgent need for strategies to make quality educa-

tion more affordable—an issue that is now drawing the attention of state and federal candidates.

The passage of the Nurse Training Act of 1964 established a student loan program through the Health Resources and Services Administration (HRSA) for undergraduate nursing students. Today, however, HRSA grant funding is not focused on undergraduate nursing or addressing the bedside nursing shortage faced in many areas in the U.S. New federal initiatives need to devote resources to immediate debt relief for students and meaningful scholarship and other tuition assistance going forward.

Every student nurse, or nursing school graduate still paying off student debt, should be directed to the ForgiveMyStudentDebt.org website. It provides detailed information about existing programs designed to reduce monthly payments and, for some, forgive outstanding debt.

Campaigns around the country, including in New York, are pressing forward, calling for debt relief and for reduced college costs. *The Debt Free Future Campaign*, a partnership of Jobs with Justice and the U.S. Student Association, launched a campaign to publicize available programs that make college more affordable, rein in student lenders through stronger regulations and win debt relief for working families. The campaign estimates that 33 million student borrowers (over 82%) are eligible for some debt forgiveness under existing government debt forgiveness programs, yet less than 223,000 are enrolled at present.

NYSNA places a very high priority on alleviating the student debt crisis, as these crushing debts have health consequences for students and their families. Excessive school costs impede higher education and the job opportunities a college degree can provide. For our profession, higher costs and the prospect of debt serve to discourage nursing students at a time when national need for nurses grows.



Historic win in Capital Region



Ratification at Bellevue Women's Center



Ellis Medicine nurses at Labor Day celebration

Multi-year agreements were won in September for nurses at Ellis Medicine and Bellevue Woman's Center, as NYSNA members continue signing contracts that improve staffing, provide enhanced enforcement and achieve wage and benefit gains. There are 600 nurses at Ellis Medicine in Schenectady, making it the third largest healthcare system in the Albany area. Bellevue Woman's employs just short of 120 RNs and is located in Niskayuna.

Safe patient care is top priority

"What a win for our patients! The new contract is going to make people's lives healthier and better," said Catherine Lucas, a registered nurse at Ellis Medicine for 37 years. "Every nurse at Ellis Medicine and Bellevue Woman's Center cares deeply about giving our patients safe and quality care. This contract ensures that when you come to the hospital, Capital Region patients get the gold-star care that they deserve."

"The RNs of Ellis Medicine and Bellevue Woman's Hospital have achieved significant contractual gains," said Patricia Donahue who works the post-anesthesia care unit at Ellis. "Safe patient care is a basic human right and all nurses should have a say in guidelines and unit-based staffing committees are provided in the new contract. All hospitals in the Capital Region should strive to meet these standards to ensure the highest quality patient care."

Strong contract gains

Contracts for both facilities include the creation of a nursing resource team (NRT) that provides a mechanism for immediate relief for RNs when unsafe staffing is encountered during their shifts.

At Ellis, 15 full-time equivalents (FTEs) are being added in a joint NYSNA-management allocation process. Float pools are being established to provide additional staffing relief.

The Ellis Medicine contract also provides stronger union security, an

important goal of members in the bargaining unit.

At Bellevue Woman's, known as the premiere birthing center in the Capital Region, enforceable staffing guidelines and unit-based staffing committees are provided in the new contract.

Immediate wage increases of 15-18 percent, 24-27 percent over the four-year deals, were won at the two hospitals. These wages make RNs at Ellis Medicine and Bellevue Woman's among the highest paid nurses in the region.

"This is a very good contract and will set a new wage standard for nurses in the Capital Region," said Vickie Decker, RN, of Bellevue Woman's. "In addition to wage increases for all members, this contract also contains major healthcare gains. This contract is something to be very proud of."

Ellis Medicine's Interim Chief Nursing Office Suellyn Ellerbe told the *Albany Business Review* on September 9 that the new contract will help with recruitment and retention of staff.

Upcoming Inter-Regionals 2015

Wednesday, September 23

Upstate Inter-Regional

Lackawanna

5:30-7:30pm

Thursday, September 24

Westchester Inter-Regional

Tarrytown

5-7pm and 7:30-9pm

Wednesday, September 30

Bronx Inter-Regional

Bronx

5-9pm

Wednesday, October 7

Long Island Inter-Regional

Melville

6-8pm

Tuesday, November 10

Upstate Inter-Regional

Buffalo

6-8pm

Wednesday, December 9

Long Island Inter-Regional

Melville

6-8pm

Wednesday, December 9

Brooklyn Inter-Regional

6-8pm

Wednesday, December 16

Upstate Inter-Regional

Glenville

6-8pm



Denise D'Avella, RN, of Ellis Medicine, is flanked by fellow members at a press conference in Schenectady, August 20. Announcement of 10-day strike notice was given at the conference.



Ellis Medicine members and supporters doing their part at a multi-facility informational picket, October, 2014.

Student nurses are the future

CONTINUED
FROM PAGE 3

Raza Mian

Raza will graduate from the College of Staten Island this December with his BSN. As with other Bellevue program participants, he sang the praises of Bellevue's nurses for their willingness to teach and mentor and the rich experience that resulted. He was drawn to nursing as a result of a childhood illness in which he spent considerable time in hospitals. The nurses left a lasting impression that inspired him to pursue this career.

He sees community nursing as a key to improving care and lowering long-term healthcare costs. "Prevention is critical and is not given enough emphasis in our current healthcare system. Nurses have a big role to play in raising awareness on public health issues like pollution and climate change."

Fionn Knyper

Between his May 2015 graduation from Borough of Manhattan Community College and the start of the Bellevue externship, Fionn traveled to Vietnam where he volunteered at a hospital. "Here we spend more time on documentation and customer service aspects of care. In Vietnam, you work with what you can get your hands on. Patients are happy to just get care, period."

Interests in anatomy and physiology as well as a fundamental desire to help people led him to nursing, and the growth outlook for healthcare careers reinforced his decision. As he transitions from school to full-time work, Fionn is concerned about "the overwhelming focus on profit as healthcare has become



more and more business oriented. Healthcare professionals should only have to worry about their patients, and not the bottom line. That would be the advantage of having universal health."

Sujan Guring

A passion for science and a desire to make a better life led Sujan to pursue a career in nursing. Raised in

Nepal, she will graduate from LaGuardia Community College in December. She plans to eventually earn certification as either a Nurse Practitioner or Anesthetist.

Sujan thinks it's important that nursing students keep open their eyes, ears and minds. "I'm learning that one should always be wary of preconceptions. Before stepping in to care for a patient, I tell myself to open my mind so that I don't miss out on subtle signs or signals the patient gives."



Tin Lwin

Tin chose nursing in order to help the sick and build his knowledge of the human body and mind. He graduated in May from the Borough of Manhattan Community College with an ASN and is now pursuing a



BSN at City University of New York.

For him, one of the biggest issues facing nursing students is "the lack of clinical experience most have upon graduation. It hinders our ability to get that first job." Externships like Bellevue help bridge that gap. During his time volunteering in Bellevue's PACU, he saw many different types of surgical patients each day and was impressed with the high degree of collaboration he witnessed between the nurses, surgeons, anesthesiologists and other physicians. "It was wonderful to witness how they all work together so effectively for the safety and well-being of the patients."

Dorota Hajduk

Dorota will graduate from LaGuardia Community College this December with her ASN. She already holds a Master's Degree in psychology and worked at Wyckoff Heights Medical Center in social work prior to entering nursing school. Dorota has a particular interest in children's mental health, which is what led her to pursue the Bellevue program. "Bellevue has a very unique and successful approach to children's mental health. The fact that it is a public hospital that treats anyone and everyone opens up more opportunities for research and learning."

The healthcare industry's current emphasis on transitioning care away from an inpatient setting to outpatient requires careful consid-



Healthcare professionals should only have to worry about their patients, and not the bottom line. That would be the advantage of having universal health."

Fionn Knyper



eration. “Particularly with mental health, transitioning to outpatient may not always be the best solution. There has to be balance that is designed for the best outcome for the patient.”

Stacy Dillon-Chakour

Stacy sees nursing as a unique field. “It’s the one field where you can genuinely make a difference in people’s lives.” She will earn her ASN from the Borough of Manhattan Community College in December and hopes to be working in Bellevue’s CCU once licensed. “I had the privilege of working with the same preceptor for the duration of the program. I got to see what she saw, hear what she heard, and do what she did.” Stacy was impressed with the teamwork she saw in Bellevue’s CCU. “The nurses really had each other’s backs.”

She sees real value in a strong public hospital system. “Until we achieve universal healthcare, public hospitals are needed for those who can’t afford care elsewhere. Without them, some patients would have nowhere else to go.”

Anam Razzaq

Anam knew she wanted to study medicine but did not know in which area. She ultimately chose nursing because of its focus

on the whole patient. “I want to be everything for my patients—their advocate—and nursing lets me do that. There are so many environmental factors impacting a patient’s health—air and water quality, climate change, family dynamics—nursing looks at all of them, and I like that holistic approach.” She’s a student at Touro College, where she’ll earn an Associate’s Degree next June and continue on for a BSN.

“It’s not an easy job. In my clinicals and through the Bellevue externship, I got to see how hard nurses work and the demands that are placed on them. To survive in this profession, you have to have passion for your work and empathy; money cannot be the prime motivator.”

Nicholas Ruiz

Nicholas credits his vocation for nursing to growing up in a family that experienced a lot of illness. His caring personality made nursing a natural fit when it came time to choose a career. Longer term, he plans to become a Nurse Practitioner, but is starting with his ASN from Borough of Manhattan Community College. He completes that program this December.

“The Bellevue program gave me daily exposure to how closely nurses must work together. I saw firsthand the time and energy nurses spend advocating for patients.”

Prior to Bellevue, he hadn’t had much exposure to NYSNA, but looks forward to being an active member once he’s employed. “RNs work so hard. I was so happy to see

that they have such a strong advocate in NYSNA.”

Marcos Luna

A high school community service requirement led Marcos to a job at a health clinic, opening his eyes to the vast numbers of people in need of healthcare. Upon graduation, he chose to study nursing because of his interest in sciences and opportunities the profession offered. He’s enrolled at LaGuardia Community College and expects to earn his ASN in December 2016.

Like many of his peers, Marcos cites the shortage of quality clinical opportunities available for student nurses as the most significant hurdle facing new graduates. Prior to the Bellevue program, “I felt at a disadvantage; I had done clinicals but nothing like this. This summer gave me real life experience, building my confidence and comfort level with patients.”

Irina Poliak

Born in Russia where her grandfather was a doctor, Irina was exposed to medicine early on. Starting in Russia, through Israel and then to the U.S., with many different jobs along the way, she landed a job in medical sales, which rekindled her dream to pursue medicine. She will earn her Associates Degree from LaGuardia Community College in December and is already enrolled at Hunter College for her BSN, with longer-term plans to become a Nurse Practitioner.

Irina was struck by the diversity she saw at Bellevue and would like to continue to work in a similar environment. “With my own diverse history and long path to the U.S., I could relate to the stories of many Bellevue patients.”



RNs work so hard. I was so happy to see that they have such a strong advocate in NYSNA.

Nicholas Ruiz

Contract win at Southside Hospital

RNs at Southside Hospital ratified a contract renewal in August, a crowning achievement for the 10-nurse bargaining committee after 16 negotiating sessions conducted over several months. Southside, a 341-bed hospital located in Bay Shore, Long Island, is part of the North Shore-LIJ network.

The contract includes significant economic and nursing practice gains and zero givebacks. The unit's 750 nurses won 3 percent annual across-the-board wage increases as well as improvements in step increases, charge pay, and uniform allowances—a combined increase of nearly 12% over the three-year term. To improve patient safety the hospital agreed to fund a new 30-FTE float pool to address staffing shortages. In addition, nurses will see increased member release time, more funding for staff development, and additional work scheduling posting time.

Well-prepared bargaining

Southside nurses also won an outstanding early retirement package, retro pay, and improvements in vacation—not easily obtained in today's bargaining climate. "We had to maneuver through the minefield of early retirement benefits and came out with a more than satisfactory solution," said committee member Marie Boyle, RN. Fellow committee member and Southside Grievance Chair Linda Joyce, RN, added, "We got retro pay that hasn't been won in years."

The bargaining committee began preparations more than three months prior to the February 2015 expiration by surveying members on contract priorities and formulating initial demands. They then strategized with NYSNA negotiating staff to fine-tune proposals and commence bargaining as a unified, well-prepared team.

While there was plenty of debate away from the table, the committee maintained a single voice with the employer that paid off in the end with a great contract. "When it was just the committee, we debated but respected everyone's opin-

ion. We all had an equal voice," said Marianne Walsh, RN and Southside's LBU President. "There were no factions, our opinions differed on some issues, but in the end we all looked at what was the best for the entire membership, not just a select few."

Member-driven process

For the first time, Southside's own committee members sat across from management and did the talk-

ing sides. This time, with our active participation, I think it was frequently humbling for management to hear about how our on-the-job, real-life experiences informed our rationale for certain demands. It enabled them to identify with us as 'living and breathing nurses' who are the life lines at the hospital, rather than see our union as a third party."

Ms. Joyce credits the nurses' success to the fact that "the commit-



Five of the ten members of NYSNA's Southside bargaining committee (left to right): Chrysse Blau, RN; Marie Boyle, RN; Marianne Walsh, RN; Maria Harmel, RN; and Caroline Grupe, RN.

ing at the table, and, as a result, the hospital's management got a better understanding of the saliency of the issues. The bargaining committee agreed that the new framework, in which the members drive the process, made for a more productive and professional bargaining experience than in the past.

A clear message

"The fact that we each had the opportunity to speak to management directly was important," said committee member Maria Harmel, RN. "At previous negotiations, we never said a word. It was purely a business meeting between oppos-

tee was cohesive and respectful." Her colleague, Ms. Boyle, said, "We kept our message clear: if you want good, competent professionals, you must compensate accordingly. If you want your patients to be safe, you must have a trained, professional staff with safe patient-to-nurse ratios. They seemed to listen."

In the end, members left the bargaining table empowered and highly satisfied with the results. "This has been one of the most rewarding negotiations I have ever worked on," said Ms. Boyle—a widely held sentiment.

"The fact that we each had the opportunity to speak to management directly was important,"

Maria Harmel, RN

Beck Notification

If you are represented for collective bargaining by NYSNA, you have the right to be or stay a nonmember and pay an agency fee equivalent to dues. As a nonmember, you are entitled to object to paying for activities unrelated to the association's duties as a bargaining agent and to obtain a reduction in fees for such activities. The agency fee will include costs incurred by the union for expenditures related to collective bargaining, contract administration, grievances and arbitration, and other matters affecting wages, hours, and other conditions of employment. In fiscal year 2015, the most recent fiscal year for which a calculation was done, the agency fee represented 89.34% of the dues amount for that year.

If you choose to enter into an agency fee arrangement, please be aware that you will deny yourself the opportunity to exercise the full rights and benefits of union membership. Full membership rights include the rights to: (1) vote on acceptance or rejection of proposed contracts covering your wages and working conditions, thereby ensuring your input on issues central to your working life; (2) participate in development of contract proposals; and (3) vote for your union officers.

Contact NYSNA's Membership Department for a copy of the policies and procedures concerning agency fee arrangements. Requests to enter into an agency fee arrangement should be submitted in writing to the Membership Department, New York State Nurses Association, 155 Washington Ave., Albany, NY by no later than November 1, 2015.

Taylor Law Notification

Section 208.3 of the Taylor Law permits an employee organization to receive an agency shop fee if it "has established and maintained a procedure providing for the refund for any employee demanding the return of any part of an agency shop fee deduction which represents the employee's pro rata share of expenditures by the organization in aid of activities or causes of a political or ideological nature only incidentally related to terms and conditions of employment." As noted above for fiscal year 2015, the most recent fiscal year for which a calculation was done, the chargeable amount represented 89.34% of the dues amount for that year.

In satisfaction of the law's mandate, a policy and procedure has been adopted. Eligible nurses may receive a copy of these documents by contacting NYSNA's Membership Department.

Another NYC contract win

Extensive bargaining, informational pickets and a one-day strike laid the foundation

for a contract settlement for 90 RNs at Manhattan's Terence Cardinal Cooke (TCC) Health Center on September 3. Highlights include annual raises (including 9 months retroactive pay), a \$2,000 bonus, preservation of health and pension benefits, and hiring of additional staff to address short staffing.

A big boost

As part of the overall settlement, TCC agreed to reinstate Monette Cuello, RN, a 10-year veteran of TCC's AIDS Unit. "We had a long, hard fight, but won a fair contract. It was worth the struggle," she said.

NYSNA received a big boost with the help and support of the NYC Central Labor Council and

its President, Vinnie Alvarez (far left). Nurses were grateful for the help and assistance.



Monette Cuello, RN; Anne Naguit, RN and NYSNA Rep; Fe Condono-Lontoc, RN; and Eunice Ragga, RN, at TCC in August 2014.

Official Call to Meeting

2015 Business Meeting of the New York State Nurses Association

Saratoga Springs, New York

Monday, Oct. 19 –
Wednesday, Oct. 21, 2015

Anne Bové, RN, Secretary,
New York State Nurses
Association

Register for the meeting
at www.nysna.org/convention.

Particular focus is put on raising awareness of healthcare disparities...

Teaching nurses

CAROLINE MOSCA, Assistant Professor of Nursing at The Sage Colleges in the Albany area, has been teaching undergraduate nurses for 11 years, first in an Associates Degree program and then in Sage's BS of Nursing program. She holds a BA in English, a BS in Nursing and an MS in Nursing Education and is in the process of completing her PhD at CUNY Graduate Center.

Professor Mosca introduces new students to basic nursing theory and also teaches more advanced classes for third and fourth year students, including a senior-level "capstone" program focused on transitioning to professional practice where each student is paired with a hospital or community-based nurse who acts as preceptor for 240 hours of hands-on experience.

senior capstone program. We have to find ways to help new nurses maintain the altruism and idealism that led them to the profession while making sure they don't burn out while they develop the coping skills needed to thrive in a challenging environment.

***NYN:** How do you teach big picture healthcare issues like climate change?*

CM: I try to weave the full range of issues into all my classes, from global to local. For example, whenever the Institute for Medicine comes out with a new report, we'll discuss it. One of my recent students was drawn to nursing out of concern over human trafficking and focused her research on that topic. We see this type of focused interest particularly in older students or those from other cultures. Many of those from abroad tell me, "I want to go back and help my country." With the education they receive here, they'll be able to return home and work in a pretty advanced capacity.

We spend a lot of time in my classes talking about the changes taking place in the healthcare system—things like affordability, access, and community health. Particular focus is put on raising awareness of healthcare disparities; discussions are woven throughout the entire curriculum. We talk about what needs to change in order for nurses to deliver the safest, highest quality patient care.

***NYN:** What's the status of the nursing shortage in New York?*

CM: There's still an overall shortage but the degree differs by geography.

***NYN:** What's standing in the way of educating more nurses to meet demand?*

CM: Demand for nurses is expected to grow with an aging population. For now, nursing schools simply

cannot produce enough grads fast enough. At Sage, we've doubled our enrollment from ten years ago to its current level of 300 students and we still feel like we can't keep up. There are three reasons for this. First, as already mentioned, some new nurses don't make it through their first year of hospital work. Hospitals have to work on improving retention of new nurses.

Second, many of today's grads aren't taking the traditional route of beginning their career as a bedside nurse; some are going straight through to earn a higher specialty like nurse practitioner or certified registered nurse anesthetist. NPs and CRNAs are in high demand and sorely needed, so there's no downside. It's just that we're in a predicament where we already can't produce nurses fast enough and some of those that do come out either leave too soon or aren't going into the traditional nursing roles.

Finally, even if they wanted to, nursing schools can't just decide to open their doors to more students because there's a shortage of nursing faculty. We simply can't educate more students without more faculty.

***NYN:** What distinguishes today's nursing students from those of twenty years ago?*

CM: Nursing programs have become more competitive as more students are drawn to the field. It's tougher to get into a nursing program now and we're seeing more non-traditional students. The heightened public dialogue about healthcare over the last decade has impacted nursing education; it's brought a more culturally diverse and qualified pool of students into the mix.

***NYN:** Any final advice?*

CM: If we want our new nurses to change the world, need to talk about how to be an advocate for change. In an industry as big as healthcare, change can happen, but it will be slowly. Young nurses need to be taught how to not become overwhelmed by the day-to-day frustrations that they face on the job. Nursing offers extraordinary rewards if you stick with it. NYSNA sisters and brothers, train your new nurses to advocate for change in their workplace, in their community and in their world!



***NYN:** What brought you to nursing?*

CM: I was a high school English teacher for seven years, pursuing my Master's Degree in English. I was halfway through when I decided it was time for a change and switched over to nursing. When I graduated, I was an oncology nurse. But I still had some teacher in me and served as education coordinator on my unit. I went back to school and got a Masters in nursing education and eventually took a faculty position. Nursing education has brought my two passions together.

***NYN:** What's the biggest challenge facing today's nursing students.*

CM: The disconnect between academic studies and clinical practice. Clinical practice is much more fast-paced and demanding than the classroom. When new nursing graduates start working, too many leave their jobs within the first year because they are not equipped emotionally to deal with the realities of our over-burdened healthcare system. We lose nurses because we haven't properly managed their expectations; we throw them into the pool with no life vest and expect them to swim.

This premature attrition exacerbates the nurse shortage. Schools need to find ways to help improve retention in the industry. At Sage, we try to address this through the

NYSNA at New York State Fair



NYSNA continued the tradition of meeting New Yorkers from throughout the state at The Great New York State Fair, held at the fairgrounds in Syracuse from August 27-September 7. Hundreds of thousands of people attended this year's event and our exhibit inside the Science and Industry Building was a popular stop. Members shared information about NYSNA's efforts to achieve safe RN staffing ratios in New York State, our support of legislation including NY Health, and we reminded visitors that RNs are the true patient advocates!

(More coverage of the fair in the next *NY Nurse*)



Comptroller Tom DiNapoli stopped by the NYSNA booth at the State Fair, talking to members about safe staffing and how we're working to win excellent nurse contracts in Upstate New York. Don't miss seeing this tremendous public official and "honorary nurse" speak at Convention this year! Register today: bit.ly/NYSNACon2015



Students from Thailand and Burma visited the NYSNA booth and spoke to Mary Thompson, RN, of St. Elizabeth Hospital, Utica. They told Ms. Thompson that they want to become nurses in the U.S. and return to their homelands to provide health services.



Celebrating Caribbean heritage

For the third consecutive year, NYSNA's float was part of New York City's annual West Indian-American Day Parade. Members marched, danced, and celebrated Caribbean culture and heritage along with nearly a million others at the annual event held September 7 in Brooklyn.



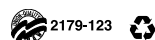
City of Buffalo

Comptroller Mark Schroeder stopped to chat with the nurses at the Buffalo Labor Day Parade and shared that he had once been a hospital orderly.



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