

If a hospital is unionized, might care be better?

One study says yes, and suggests higher wages and pushes for nurse-to-patient ratios are key reasons

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When labor contract negotiations with hospitals progress slowly — much like the current stalemate at St. Rose Dominican Hospitals — nurses and their unions often launch public relations campaigns.

This classic union tactic is designed to try to tip the balance of power at the bargaining table. But union ploys aside (last month there was a candlelight vigil), the public might have a reason to pay attention to organized workforces in health care. New studies show that unions in hospitals make a difference in the quality of care.

One recent study found that hospitals with unionized registered nurses have 5.5 percent fewer deaths from heart attacks than nonunion hospitals. That mortality rate is a key statistic used to evaluate a hospital's performance.

The study, conducted independently and without union funding, was by an economics and public policy professor at the University of Massachusetts, Amherst, and a community health professor at the University of California, San Francisco. Published in Cornell University's "Industrial and Labor Relations Review," the study looked at many variables that could affect quality, including how better wages might increase productivity. It concluded that the presence of unionized workers meant higher quality of care.

Health care is one of the few sectors showing signs of growth in union membership, but only about 12 percent of the industry is unionized, according to Ariel Avgar, an associate professor at the University of Illinois who studies labor issues in the health care industry.

Hospitals argue they don't need union workforces because they have a built-in motivation for taking good care of patients: In this fiercely competitive industry, a hospital that does a poor job will lose customers to better hospitals. (In fast-growing Southern Nevada, a shortage of available beds weakens that argument.)

The reasons unions improve patient care are difficult to pinpoint, but the study found they involve more than wages. Altruistic or not, unions also are leading advocates in some areas of patient care, forcing debates that hospitals sometimes don't want to enter.

The most prominent of those is nurse staffing levels. Nursing professional standards call for specific nurse-to-patient ratios, but health care experts say nurses are often overworked and assigned to too many patients.

As a result, care can suffer.

Unions have made the issue slightly more complicated in Nevada. Two unions are locked in a local turf war over nurses. Whether the Service Employees International Union or the California Nursing Association ends up the dominant union could influence whether state government decides to regulate staffing levels, as has been the national trend. The CNA is pushing for such legislation. The SEIU emphasizes high-level partnerships as opposed to regulation.

It is easy to be skeptical about a union's motivation. For example, during previous major contract negotiations with Valley Health Systems hospitals, the SEIU marched under the banner of patient care and then settled for large raises but few gains for patients.

Still, with or without a union, nurses are front-line staff and in a good position to advocate for patients.

Many Las Vegas-area nurses have said they are burdened with work that isn't traditionally their responsibility, such as changing linens, and that these tasks are eroding their ability to perform their nursing duties well. Addressing these kinds of working conditions is not only a union's bailiwick but also promotes better quality of care for patients, Avgar said.

That's not to say that unions are necessarily the right or only path. Nonunion hospitals could adopt the practices of union hospitals that improve patient care.

But for health care consumers, unions might be more relevant to patient care than they thought.