



Discussion Group Findings Report

I. INTRODUCTION & METHODOLOGY

During the National Federation of Nurses' (NFN) Federation Assembly on May 13-15, 2011, in Chicago, Metropolitan Group convened a diverse group of nurse members for a 90-minute discussion group to learn more about how NFN can best serve and support its members. The nurses represented a broad range of demographics and came from NFN member associations representing different parts of the country (Washington, Montana, and New York).

The objectives of the session were to hear directly from members about how NFN can best support their needs in the workplace and best communicate with and disseminate information to them. The ultimate goal is to use the insight gathered to refine our strategic communication priorities.

II. CORE DISCUSSION GROUP FINDINGS

During the discussion, we covered a number of prominent issues in the fields of nursing, health care, and union organizing. Key themes and observations from throughout the discussion are summarized below; a detailed recap of the conversation appears in the next section.

1. Attendees unanimously said **staffing** (having to care for too many patients at once and working long hours without breaks) is the biggest challenge they face in the workplace.
2. Participants agreed that the issue with staffing is not because of a nursing shortage. Rather, they said that they believe **hospital and health care management and administration allow staffing shortages to persist as a way to save money.**
3. Participants overwhelmingly agreed that staffing issues, in turn, lead to **horizontal violence** (psychological violence in the form of shunning and bullying) between nurses and other health care professionals because of the stress, frustration, fatigue, injury, and burnout that come from understaffed settings. They cited **horizontal violence as the second-most important issue.**
4. Further, participants said that management and **administration purposefully pit nurses and other health care professionals against one another** to dissuade cohesiveness and reduce the risk of an organized worker movement.
5. **Nurses cited two other factors that cause horizontal violence:** 1) a difference in values between recent nurse graduates and veteran nurses; and 2) nurses who move into administrative roles forgetting where they came from.
6. **Almost all nurses** in the discussion group **had experienced some form of both horizontal and physical violence in the workplace.**

7. All participants agreed that they **do not play a big enough role in developing policies** and procedures that affect their workplace.
8. All agreed that **NFN needs to be the labor voice** for nurses on the national stage.
9. Participants said that they see NFN's role as:
 - **Supporting NLOs (national labor organizations, i.e., member associations)** at the local level, and providing **unity** and **central communication** across NFN.
 - Providing the **national voice on key policy** areas and in **advancing the role of nurses**.
10. Participants **value NFN** but agree that most of their **colleagues are unaware of NFN**. Most participants only see NFN as the activities of current president Barbara Crane.
11. They see opportunities for growth through:
 - **Additional membership**.
 - **Increased visibility and relevancy at the state level** (earned media, on-the-ground organizing, direct grassroots member engagement, and member education of their role in the solution).
 - **Increased visibility at the national level** (earned media, policy movement).

III. DETAILED FINDINGS

ISSUES IN THE WORKPLACE

We started the discussion by asking members to think about some of the biggest challenges in the nursing profession today. We also asked who they thought was currently taking the leadership role in addressing these issues, and who they thought **should** take the lead in addressing these issues. Below are themes that emerged from the discussion. To link these themes back to the core findings above, we reference the core findings in the places where they surfaced in the discussion.

Nurse Staffing

We found that the number one issue of concern for nurses in the discussion group is staffing (core finding #1). All discussion group attendees agreed that **the problem with staffing has less to do with a nursing shortage and more to do with cost-savings decisions by hospital administration** (core finding #2), which don't take into consideration the number of staff available, the number of hours each nurse is on duty, and patient acuity.

Quotes:

- “Short staffing affects nurses at every level and feels like a lack of respect. We are tired, stressed, and there are too many patients. I think management uses that to keep us all divided. This is a systems problem.”
- “From effective staffing comes satisfaction. Right now, we're leaving work frustrated and angry.”
- “For us, short staffing leads to no breaks—bathroom, lunch, all of these things are affected.”

Violence (Vertical and Horizontal)

The majority of nurses in the discussion group reported having experienced some type of vertical or horizontal violence in the workplace (core finding #6). All agreed that dealing with the issue is extremely uncomfortable, which means that many abuses go unreported.

Attendees cited horizontal violence as the second-most important issue, behind staffing.

Several attendees cited the root of this violence as coming from stress, frustration, and fatigue related to understaffing (core finding #3); and from abuse of power among former nurses who were promoted to the administrative level and were therefore in positions of authority. Several also mentioned that they had seen cases of **purposeful violence, both vertical and horizontal, toward nurses to elicit a lack of unity within units** (core finding #4).

Quotes:

- “Do nurses eat their young? In many cases, yes.”
- “A major source of lateral violence we see is actually from people who have stepped away from the bedside, moved up the ranks, and forgotten where they come from.”
- “This issue, I think, goes right back to the inherent lack of respect for nurses. We internalize it to the extent that we begin to disrespect each other in order to get ahead.”

Most nurses in the discussion group were seasoned professionals who have clear understanding about how nurses ascend and earn promotions. Many attendees were very outspoken about the changes in attitudes, both internally and externally, toward nurses over the years. This was especially true with respect to the ways that doctors are expected to treat one another versus the way nurses are expected to interact.

Several nurses also talked about the ways in which they’ve seen a negative shift in attitude among nurses who have been promoted to higher positions by treating their former co-workers in a way that reflected a lack of empathy, respect, and memory of their own challenges before their promotion (core finding #5).

Quotes:

- “There’s a lack of collegiality and respect for nurses. It seems we’re always fighting with the person one step ahead of us, instead of being in agreement.”
- “I think it’s interesting that you don’t see this friction with doctors.”
- “Management uses our issues against us.”
- “New graduates have a whole different attitude. They don’t want to get their hands dirty. They seem primarily interested in their starting salary, but there are so many generational differences.”
- “There are now more women in medicine and more men in nursing. The paternalistic attitude of men has decreased, so there is a balance, but it’s not widespread.”
- “There is little to no help and certainly no thanks (or delayed thanks) for going above and beyond.”

Nurses’ Role in the Workplace

All participants agreed that they do not play a big enough role in developing policies and procedures that affect their workplace (core finding #7). Most agreed that this is an area where

NFN could be instrumental in working to create change at the policy level through the platforms already established (core finding #8). A key point brought up by most of the nurses in our discussion groups was their feeling of having no real voice or inclusion in the process of making decisions that directly affect their jobs.

Quotes:

- “The more regulatory issues and financial pressure, the more unilateral crap comes up, i.e., new policies, etc.”
- “There’s a lack of engagement and inclusion of nursing voices in coming up with strategy to meet goals. Decisions are being made without looking at best practices and asking and listening to nurses.”
- “The focus at hospitals has become much more corporate and the closing of smaller hospitals has contributed to that. They’re very discipline heavy. We’re told that we now serve customers, not patients.”
- “Nurses are becoming robots, drones. Hospitals are taking away the ‘human’ aspect of the job.”
- “Our hospital no longer wants to pay for agency nurses. They used to, but not anymore.”

THE ROLE OF NFN

We then moved the discussion to more specifically discuss current perceptions of NFN, its role compared to its member associations and other labor unions, and areas of opportunity for growth.

Almost all agreed that NFN provided a labor ‘voice’ for them that other nursing organizations do not offer and would like to see that both continue and increase as membership grows. Participants indicated that they see NFN supporting NLOs at the local level and providing unity and central communication across NFN. Participants also agreed that NFN can provide a critical national voice on key policy areas and in advancing the role of nurses (core finding #9) and is doing the best it can with its current resources and focus at the present time.

Quotes:

- “We have the ANA and we don’t need another. We need an organization that’s more labor-oriented.”
- “If we can get these problems recognized on a national level, we may get some traction.”
- “If NFN doesn’t get to nurses on the grassroots level, things will repeat. NFN needs to educate nurses that they have that power.”
- “I see NFN as finding best practices for nursing issues and providing case studies that are helpful and relevant.”
- “NFN should be able to give us a voice that takes all of us for the same purpose and represents us equally.”
- “I would describe NFN as our national voice, all of us.”
- “NFN makes sure your rights are secure.”
- “NFN brings states together, and that’s really what we need. We’re too siloed.”
- “NFN represents a united voice.”

NFN Areas of Success

Several nurses offered examples of how and when NFN has been effective in their states, although many describe the successes of NFN as Barbara's activities (core finding #10).

Quotes:

- "To me, Barbara personifies NFN and gives a national face to the organization."
- "In New York, the disclosure law passed and Barb Crane came up and led a press conference in front of Ellis Hospital. That was huge! Barb is out there and it makes a difference."
- "If Barb could get 20 people in each state to show support (for example, in Ohio), that would do wonders."

NFN Growth Opportunities

The majority of participants in the discussion group were overwhelmingly impressed with the work that NFN has been engaged in and had positive outlooks with regard to the future of the organization. While participants value NFN, they agreed that most of their colleagues are unaware of NFN (core finding #10). Areas where they see opportunities for growth include additional membership, increased visibility and relevancy at state level (earned media, on-the-ground organizing, direct grassroots member engagement, and member education of their role in the solution), and increased visibility at the national level (earned media, policy movement) (core finding #11).

Quotes:

- "So far, so good!"
- "We're getting there and it's exciting!"
- "It (NFN) makes us feel like we're not alone."
- "It will grow; at one point it was part of UAN, the labor arm of ANA. Now it just needs to grow in membership."
- "There is centralized communication about what's happening and how others can be involved. We need NFN resources to bring others there. The WSNA has a model of supporting nurses in Kentucky that might be good to look at."
- "Nurses don't understand the difference between NFN and ANA. I think that distinction needs to be made clear."
- "NFN has been successful in getting some media attention, and we need more visibility addressing tough issues."

State Member Associations and NFN

We asked discussion group participants to describe what their state association does, how it's effective, and how it might improve. Most participants felt that their state association was doing fine and meeting their expectations, and that being a member of NFN lends a more credible, national image and unity, and provides greater visibility for their respective associations (core findings #9 and #10).

Quotes:

- "The state association educates a lot, but we need another voice promoting unity."
- "We do OK. We just got the violence against nurses law passed very recently."
- "We joined the PAC, which is great because I sit on a committee. NFN has really made an impact though."

- “Many state associations are doing what we’re asking of the national association, but it’s an additional tool when there’s some national clout to go along with it.”
- “Barb’s presence and that of the NFN makes a huge difference at these state association events.”

NFN Compared to Other Unions

We asked discussion group participants how NFN compared to other unions they were affiliated with, and almost all participants agreed that NFN was more labor-focused and transparent. Most participants also agreed that NFN needed growth that would only come with time, increased visibility, and expanded membership (core finding #8).

Quotes:

- “NFN is much less top down than any union I’ve ever been a part of.”
- “I would say it’s a different kind of national union that provides a voice for all nurses.”
- “Nurses representing nurses about nursing and only nursing. In a nutshell, NFN makes sense.”
- “AFT is more powerful through lobbying and I think NFN should aspire to this. We need to be very politically active to see real change.”
- “There’s a lot we can learn from AFT.”
- “NFN is much more transparent than any other union.”
- “We definitely have common core values, but we’re not united just yet.”
- “NFN needs to be more grassroots with the nurses themselves.”

General Communications

We asked discussion group participants to talk about how they currently get their information about nursing and workplace issues and how they would prefer to get their information. Below, in no particular order, are methods of communication that nurses in the group preferred.

- State membership newsletter: almost all participants agreed that they read their state member association’s newsletter front to back.
- Email
- Facebook
- Twitter
- Postcards
- Website: (several mentioned and others agreed that the website was a great place to see their pictures, read about other nurses’ stories, conduct polls and questions of the week, and recognize nurses and state associations that are doing great work)
- Spectrum
- ANA