Reduce harmful work stressors.
Improve job quality and health.

Healthy Work **Strategies**

New York State Nurses Association (NYSNA) contract with private hospitals in New York City focuses on improving safe nurse staffing levels

Higher nurse staffing levels in hospitals predict better patient health[1-3] and better nurse job satisfaction[4,5] and health and safety.[6,7] For example, high patient-to-nurse ratios (worse nurse staffing) are associated with an increase in medical errors, patient infections, bedsores, pneumonia, cardiac arrest, and accidental death.[3] A recent study from England found that patients in wards with fewer than the usual number of fully qualified nurses were more likely to die, or to stay in the hospital for a longer time.[2] Therefore, one strategy to improve hospital nurses' safety and health (and patient health) is to bargain contracts with language on safe staffing levels for nurses. Another strategy is legislation on staffing, which is discussed here.

New contract between NYSNA and three large private hospital systems in New York City

Minimum staffing ratios/grids in the form of unit specific staffing grids are a significant part of a new contract between the New York State Nurses Association (NYSNA) and an alliance of three large private hospital systems in New York City (Mount Sinai, Montefiore, and New York-Presbyterian), covering nurses at five of the city's largest private hospitals. The contract runs from January 1, 2019 through December 31, 2022, and includes wage increases, fully funded pension and health benefit funds, and retiree health benefits. The following is a summary of the language on staffing:[8]

a. Enforcement: Staffing ratios/grids will be fully enforceable by a panel, including a third party neutral person jointly appointed by NYSNA and the Hospital Alliance. The panel will have the full authority of an arbitrator to issue binding decisions.

> **i.** The process for changing agreed upon staffing grids to account for changes in census (numbers of patients) and acuity (seriousness of the patients' illnesses) will also be subject to a binding decision by the panel.

ii. The enforcement process will be much faster than arbitration – disputes will go to mediation within 72 hours, referred for a decision within 72 hours, and the panel will decide the dispute within five days – thus, disputes can be resolved within 11 days.

iii. Patterns of violations can also be brought to the panel.

b. Allocation of positions: Joint labor-management committees will decide how to allocate the additional new hires on the staffing grids, improve existing ratios/grids, and supervise filling of vacancies, with any disputes referred to the panel for a binding decision.

c. Creation and/or enhancement of ratios for every unit in every facility: The hospital will expeditiously fill all vacancies and vacant positions will not be counted against the required new full-time equivalent (FTE) hires.

d. Maintenance of ratios/grids: Grids/ratios must be maintained regardless of future vacated positions due to retirement, resignation, termination, or transfer.

e. Adjusted grids/ratios: As additional positions are added to units, resulting improvements to the units' grids/ratios will be added to the contract.

f. New Units: Units without ratios or future newly created units without ratios on a grid (for example, emergency departments) will establish ratios based on the numbers of new FTEs combined with current FTEs and added to the contract.

g. Mandatory filling of all vacancies: For the first time with NYSNA, all vacancies must be filled upon ratification. In 2019, 807 FTE current vacancies throughout all facilities equaling approximately $121 million must be posted and filled, and then $25 million is allocated in each year of the contract for additional positions to enhance and improve the ratios/grids. This means nearly 1000 new nurses will be hired initially.

h. $100 million committed to new RN positions over four years: $25 million per year will be divided across the systems each year, used to improve and enhance ratios/grids in the contract.

How was this agreement achieved?

NYSNA had bargained with the 3 hospital systems at the same table for the first time in 2014, and winning staffing ratios was the nurses' priority. The process in 2019 involved creation of negotiating committees from each of the three hospital systems made up of nurses elected by their colleagues. During negotiations nurses testified about their experiences working on understaffed units. Community organizations also spoke at bargaining sessions. In February 2019, the NYSNA's 13,000 nurses threatened to strike if

the Hospital Alliance did not meet their standard of safe staffing, and a strike seemed imminent. Union members and their supporters also picketed at multiple sites. In March 2019, the union gave notice of its intention to strike, and a few days later the Hospital Alliance agreed to establish ratios/grids in all of the contracts with real enforceability. On April 9, 2019, the union announced the tentative agreement.

Conclusions

The nurse staffing language in this contract holds the potential for moderating the demands that nurses face, improving their influence (control) over the work environment, and improving their physical and mental health. Future research is needed to assess the impact of this new contract language on nurses' work stressors and on their health.

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2. Griffiths, Peter, et al. "Nurse Staffing Levels, Missed Vital Signs and Mortality in Hospitals: Retrospective Longitudinal Observational Study." Health Services and Delivery Research, vol. 6, no. 38, 2018, pp. 1–120., doi:10.3310/hsdr06380.
3. "Safe Staffing: Critical for Patients and Nurses." DPEAFLCIO, dpeaflcio.org/programs-publications/issue-fact-sheets/safe-staffing-ratios-benefiting-nurses-and-patients/.
4. Spetz J, Herrera C (2010) Changes in nurse satisfaction in California, 2004 to 2008. J Nurs Manag 18:564–572
5. Tellez M. Work satisfaction among California registered nurses: a longitudinal comparative analysis. Nurse Economic$ 2012;30(2):73-81 (unable to get full version of paper)
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8. NYSNA and Hospital Alliance Summary of Tentative Agreements. NYSNA, 2019.

Appendix: Example of safe staffing nurse-to-patient ratios recommended by NYSNA

All Intensive Care	1:2
Emergency Critical Care	1:2
Trauma Emergency Unit	1:1
Operating Room	1:1

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Post-Anesthesia Care	1:2
Labor - stage 1	1:2
Labor - stages 2 and 3	1:1
Antepartum	1:3
Non-Critical Antepartum	1:4
Newborn Nursery	1:3
Intermediate Care Nursery	1:3
Postpartum couplets	1:3
Postpartum mother-only	1:4
Well-Baby Nursery	1:6
Pediatrics	1:3
Emergency Department	1:3
Step-Down and Telemetry	1:3
Medical/Surgical	1:4
Acute Care Psychiatric	1:4
Rehabilitation Units	1:5

Source: Safe Staffing: Get the Facts, website of the New York State Nurses Association
Available at:

- https://www.nysna.org/our-campaigns/safe-staffing/safe-staffing-get-facts
- https://www.nysna.org/sites/default/files/FACT%20SHEET.pdf