

Nurses Association of Lower Bucks Hospital (NALBH) & Suburban General Nurses Association (SGNA)

Issues Summary

Previous contracts expired on Oct 12, 2023

Over 200 Nurses and LPNs are currently negotiating new contracts at two of three facilities owned by Prime Healthcare in the Philadelphia area. At the core of the nurses' negotiations are critical quality of care issues like safe staffing, recruitment and retention, and resources and protections for caregivers.

TOP ISSUES:

- 1) **Staffing:** Lower Bucks Hospital and Suburban General Hospital have both struggled to attract and retain bedside staff as Prime allows the staffing levels in the hospitals to fall without actively working to address the issue of recruitment or retention.

Prime's failure to staff their Pennsylvania hospitals has created unsafe conditions in which there are not enough registered nurses to meet staffing guidelines. As a California based employer, the only state with legally mandated nurse to patient ratios, Prime is capable of staffing safely and to the law in California but refuses to do so in Pennsylvania. At bargaining for the previous contract, their attorney told the Union that they do not have to because there is no law to force them to do so.

When nurses are routinely required to care for more patients than is safe, it's a crisis for both patients, who receive inadequate care, and nurses, who daily risk both their license and moral injury to care for more patients at a time than is possible to do safely. To make matters worse, chronic short-staffing tends to snowball, as it leads to high turnover rates at hospitals and staffing that becomes more and more unsafe – and not just for patients.

- 2) **Benefits that are tied to retention.** In the midst of a pandemic and an ensuing nurse staffing crisis, Prime is adding to the sky-high stress levels of its nurses in its two Philadelphia-area facilities by providing them with grossly inadequate health insurance and fighting them every step of the way on any medical claim they make. Additionally, at the bargaining table, Prime has proposed to cut sick leave for non-FMLA eligible nurses (such as part-time) and also to reduce the sick time that nurses get.

Prime is a ***healthcare company*** that has disregarded, neglected, and in some cases harmed the health and wellness of its own employees by forcing them to use Prime facilities for their own healthcare without any choice. If the Prime facility doesn't offer the medical service the employee needs, the employee must still go to the Prime facility first – *even if the care the employee needs is emergent*. Reimbursements are slow and often involve a lengthy fight.

Every step of the way, workers at these hospitals face challenges for themselves and family members thrown at them from Prime when they need medical care. As a result, staff leave to work at facilities that treat them with respect and give them the medical care they and their families deserve.

- 3) **Wages that are tied to retention.** Wages for nurses at the area Prime hospitals have fallen behind the market, which is leading to serious retention issues. Short-staffing throughout Suburban General and Lower Bucks is leading to intense fatigue, burnout, mental distress, and more and more staff leaving the hospital. Prime has refused to discuss any market adjustments to make Lower Bucks competitive to attract and retain staff, despite area hospitals, such as St. Mary Medical Center, doing so.

- 4) **Undermining the Quality of Care at Suburban General and Lower Bucks.** Consistent with Prime's longtime efforts to generate profit off of vulnerable communities, they are now doing everything they can to cut the number of registered nurses working in the hospital. Highly trained and experienced RNs are to be replaced with staff with less training and a more limited scope of practice if Prime gets their way. Unfortunately, this means fewer RNs at the bedside with more job duties and stress on them; a recipe for more burnout, mistakes and bad outcomes.

Nurses at Prime Hospitals are doing more work than ever with fewer resources and staff. There are shifts in which the Emergency Department is staffed with two nurses all night and there are no housekeeping staff available to take out waste and clean rooms.

Research Behind the Issues

Hospitals have long understaffed nurses as a strategy to enhance profits, and nurses and other healthcare workers have long experienced workplace violence at a rate exponentially higher than workers in other sectors (see statistics below). But the pandemic, which has precipitated the hemorrhaging of healthcare workers from hospitals across the nation, has greatly exacerbated both challenges.

Safe Staffing Saves Lives

Safely staffed hospitals have lower mortality rates. Hospitals with better nursing environments and above-average staffing levels are associated with fewer patients losing their lives. SOURCE: "[Comparison of the Value of Nursing Work Environments in Hospitals Across Different Levels of Patient Risk.](#)" Jeffrey H. Silber, M, PhD; Paul R. Rosenbaum, PhD; Matthew D. McHugh, PhD, JD, RN, MPH; Justin M. Ludwig, MA; Herbert L. Smith, PhD; Bijan A. Niknam, BS; Orit Even-Shoshan, MS; Lee A. Fleisher, MD; Rachel R. Kelz, MD, MSCE; Linda H. Aiken, PhD, RN, *JAMA Surgery*. January 20, 2016.

For every patient added over 4 patients per nurse, the risk of a surgical patient dying increases by 7%. SOURCE: Aiken, Clarke, Sloane et al, 'Hospital Nurse Staffing and Patient Mortality, Nurse Burnout, and Job Dissatisfaction', *Journal of the American Medical Association*, 2002, <https://www.ncbi.nlm.nih.gov/pubmed/12387650>.

Workplace Violence in Healthcare

Lower Bucks Hospital is one of the few facilities that provides care for behavioral health patients. Prime's continual push to understaff the behavioral health units and Emergency Room with registered nurses exacerbates an already difficult situation for patients and staff leading to dangerous situations.

- **Workplace violence is on the rise. Prime employees feel unsafe in their workplace.**

Low staffing numbers raise the stress levels of both patients and staff. If a healthcare worker isn't available to meet an agitated patient's needs, the patient's agitation accelerates, and verbal and even physical violence can result. Workplace violence in healthcare has accelerated since the beginning of the pandemic. See "Research Behind the Issues," below.

Workplace violence is more prevalent in healthcare than in any other industry: According to the U.S. Bureau of Labor Statistics, healthcare workers accounted for **73% of all nonfatal workplace injuries and illness due to violence** in 2018 and were five times MORE likely to be punched, kicked, bitten, beaten, choked and assaulted on the job than all other workers. SOURCE: <https://www.bls.gov/iif/oshwc/cfoi/workplace-violence-healthcare-2018.htm>

COVID has made workplace violence in healthcare worse. National Nurses United, the largest labor union and professional association for RNs in the United States, conducted seven surveys in 2020 and 2021, collecting more than 83,000 responses from RNs and other healthcare professionals in every state. They published "Workplace Violence and Covid-19 in Health Care: How the Hospital Industry Created an Occupational Syndemic" in November 2021. Some key findings:

- More than 8 in 10 healthcare workers (82%) reported experiencing at least one type of workplace violence during the pandemic. Nearly two-thirds of respondents (64%) reported having been verbally threatened and one-third (33 percent) reported being verbally harassed based on their sex or appearance. Nurses and other healthcare professionals also reported frequent occurrences of physical violence, including being pinched, scratched, slapped, punched, kicked, and having objects thrown at them.
- The continued neglect of workplace violence prevention by healthcare employers has led to increasing rates of workplace violence during the pandemic.
- The hospital industry seized upon the COVID-19 pandemic as an opportunity to accelerate its decades-long restructuring aims to increase profits at the expense of caregiver health and safety and patient outcomes. For instance, reducing the hours of techs and aides often means that there are not enough aides to sit with patients who need a sitter and not enough staff to respond appropriately when an incident of workplace violence occurs.
- Staffing cuts can lead directly to increased workplace violence. Frequent verbal and physical abuse; combative, confused patients; and low staffing numbers, especially on evenings and weekends, all contribute to increased stress levels of patients and staff. If a nurse isn't available to meet an agitated patient's needs, the patient's agitation is accelerated.

Source: "Workplace Violence and Covid-19 in Health Care: How the Hospital Industry Created an Occupational Syndemic." National Nurses United. November 2021. https://www.nationalnursesunited.org/sites/default/files/nnu/documents/1121_WPV_HS_Survey_Report_FINAL.pdf

Workplace Violence Is Bad for Patients, Too. Workplace violence experienced by nurses has been associated with decreased productivity and increased employee turnover², which is especially concerning during the middle of a nationwide staffing crisis. Workplace violence also reduces the quality of patient care.³ A study involving work environment and quality of care found that violence experienced

by healthcare staff is associated with lower patient quality of care ratings – a clear indication that violence isn't merely an occupational health issue, it's a quality of care issue, too.

Sources:

1. Gate, D et al. Violence Against Nurses and Its Impact on Stress and Productivity. *Nursing Economic\$*. Vol. 29:2, 2011, pp. 59-67.
<https://www.semanticscholar.org/paper/Violence-against-nurses-and-its-impact-on-stress-Gates-Gillespie/e48529ee347c0af4f139385c9880b086f867fbdf#paper-header>
2. Sofield, L, Salmond SW. Workplace Violence: A Focus on Verbal Abuse and Intent to Leave the Organization. *Orthop Nurs*. 2003; 22:274-283.
https://journals.lww.com/orthopaedicnursing/Abstract/2003/07000/Workplace_Violence_A_Focus_on_Verbal_Abuse_and.8.aspx
3. Arnetz JE, Arnetz BB. Violence Toward Health Care Staff and Possible Effects on the Quality of Patient Care. *Soc Sci Med*. 2001;52:417-427.
<https://www.sciencedirect.com/science/article/abs/pii/S0277953600001465#:~:text=Violent%20behavior%20towards%20health%20care%20personnel%20has%20been,Wykes%20and%20Whittington%2C%201991%2C%20Wykes%20and%20Whittington%2C%201994%29>.

Prime in the News

<https://www.latimes.com/california/story/2023-10-09/health-care-workers-kickoff-5-day-strike-a-cross-four-hospitals-over-staffing-shortage-unfair-labor-practices>

<https://www.reuters.com/investigates/special-report/usa-healthcare-settlements/>

<https://www.nytimes.com/2023/08/10/us/baby-decapitated-lawsuit-georgia.html#:~:text=According%20to%20the%20suit%2C%20filed,the%20head%20from%20the%20body>.

The Nurses Association of Lower Bucks Hospital and Suburban General Nurses Association are affiliates of PASNAP, the Pennsylvania Association of Staff Nurses and Allied Professionals, which represents more than 9,000 frontline nurses and healthcare professionals across Pennsylvania.