Explaining Political Activeness and Attitudes toward Unionization among Nurses in the United States.

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Abstract

There is no question; nurses play a key role in healthcare. Nurses provide direct care, coordinate health promotion activities, educate, and provide support and advocacy to patients. Today, there are over two million registered nurses in the United States. My research aims to determine the variables that influence some nurses to be more politically active and more engaged in unionization than their counterparts. I analyze The National Sample Survey of Registered Nurses 2004 looking at a variety of potential explanations for union participation. Findings show a strong regional variation in the percentage of unionization, however, some of the conventional explanations of participation (e.g. education levels) were not significant in increasing the likelihood of union membership. Determining why nurses choose to unionize will help determine future trends in patient advocacy and the workplace environment.

Introduction

The healthcare field and nursing have interchangeably acted on each other for decades. The healthcare field is one of the largest industries in the nation. In terms of personnel, most of this industry is made up of nurses. Nurses interact with their patients closely and are most responsible for the quality of care the patient receives.

Historically, Florence Nightingale advocated for patient safety by instituting clean practices, thus establishing the nursing profession. Nurse's duties have changed and advocacy is even mentioned in the definition of "nurse". Unionization has also developed alongside the profession of nursing. Through unionization nurses have taken an active role in the protection and promotion of quality health.

Changes in the healthcare field are brought about by legislation and Congress. These changes can create a large impact not only on nurses, but also patients. Nurses are in a unique position to influence legislation because they are both consumers and providers of health. The health care system in the United States has its weaknesses and nurses recognize the need for change.

To study politically active nurses we must identify what variables influence a nurse's advocacy and political activeness, thus campaigning for reform and change in the healthcare system. In the below paper, union participation is evaluated and variables such as, location, income, and education are analyzed to determine, which nurses are the most unionized in the United States.

Literature Review

Nursing History

Nursing is ever-changing and evolving. New practices and policies have been discovered through evidence-based research and implemented through evidence-based practice. Florence Nightingale, one of the most well-known women in nursing history, made huge strides in care. Her work during the Crimean War helped establish the profession of nursing. Motivated by the believed thought of dirt creating disease, Nightingale instituted nursing care on a professional level and featured disciplinary nursing skills by demonstrating cleanliness. Due to cleaner practices, the rate of health improvement increased dramatically. Nightingales book, *Notes on Nursing*, published in 1859, was the first nursing text book (Stanley, 2007). This book had great impact on the development of the nursing curriculum and profession.

Since the 1900s the nursing profession has developed and exceled. Today, the profession still develops. Participation in politics is taught in nursing programs and the importance of nursing advocacy has taken a spotlight in nursing curriculum. Part of that nursing curriculum includes guidelines of practice. The Code of Ethics is a guide for providing quality care consistent with ethical obligations required by the profession.

The Unionization of Nurses

Traditionally, unions have represented labor workers, while working to increase salaries or negotiate pay scales, decrease environmental hazards, and help define roles and duties. Labor unionization within the healthcare arena became most popular in 1997. According to an AFL-CIO Communications survey, 52% of Americans said they would join a union (Adams, 2000). In

1974, 20% of healthcare workers in 3,300 nonprofit, private hospitals belonged to unions. Later analysis shows significant variation in membership patterns.

Some nurses have commonly criticized the nurse to patient ratio in institutional settings. These nurses argue that the ratio of nurses to patients increases workload while decreasing patient safety and quality of care. Union supporters argue that collective bargaining has helped nurses gain control over issues affecting their duties and health of their patients. Supporters also argue, unions help nurses act collectively and assist in making professional change. For example, in the 1980s the transfer of nurses training from hospitals to tertiary care settings was implemented, and the current development of the nurse practitioner role was enacted with the help of unions (Armstrong, 2003). Armstrong also writes that unions can help nurses become more politically active at a national level, helping to keep the government accountable for including healthcare issues on their agenda (2003). In 1998 unions were winning employee's participation. "Unlike general industry, the win rate for unions in hospitals was 61.7% in 1998" (Adams, 2000, pg. 9).

Critics of nursing unions often argue, collective bargaining only brings more complications into the workplace, while often punishing those who choose who participate in union activity. Union-free environments protect workers and their families. When a worker joins a union, they are putting their job on the line, literally. During a work stoppage, employees lose pay, benefits, and possibly their employment (Adams, 2000).

Nursing Organizations

In the 1900s nursing schools were attached to hospitals. Cannings describes, these hospitals supported, financed, and established nursing schools in return for the right of student

nursing labor in their wards as well within homes of hospital patrons, then considered private duty nursing (1975). Through increased nursing and hospital development, hospitals gained more power over nursing labor, training, and curriculum taught inside the schools. Nurses soon recognized their lack of control in nursing's professional status, curriculum, and training. Nursing superintendents, faculty, and graduate students met and formed multiple professional organizations such as the National League of Nursing, and American Nurses Association (ANA).

The nursing community is a strong community-tied profession of women and men. Advocacy for patients, other nurses, and healthcare reform are all a part of the nursing community's bond in which they share interests. Nursing curriculum emphasizes a patient-centered environment where patients become the focus of care. Since the development of the National League of Nursing and the ANA multiple state organizations have been born. The Minnesota Nurses Association (MNA) is a union of professional nurses. This organization works to advance the promotion and quality of the public's health. MNA also works collectively to advance professional, economic, and general well-being of nurses in the state. Margaret Mahlin argues that professional organizations should extend their reach of individual nurses, to address health care issues at a systemic level (2010). Alone, individual nurses working as an advocate can't properly address problems within health care institutions. "Within the current situation of nurse advocacy, individual patients will never be sufficiently protected if the major causes of their problems, such as inadequate access to treatment, are not addressed" (Mahlin, 2010, p.251).

The objective of nursing care involves giving unbiased care, respect, understanding, and providing the patient with a better quality of life. All nurses share this common interest and work towards the same goal, even in different health settings. Understanding the motivation, influence, and abilities of the MNA and other professional organizations, participating in political reform,

helps to determine the importance of these organizations in the nursing profession, and who ultimately joins.

Since their development, nursing organizations have engaged in political activity such as lobbying Congress and regulatory agencies on health issues. The progressive development of nursing unions helps analyze existing trends. There is no question; support between nurses in the profession has been long-standing and essential to the quality of care given to patients. By working as a group, unionized or not, nurses have more power to ensure standards of care can be met.

Labor, Unions and Women

The movement of women from home and into the workforce started with the women's rights and activism movement of the 1920s into the women's industrial labor workforce during WWII. The movement of women into the labor workforce is a major part of activism and citizen participation in American History. Being influenced by this movement, the number of nurses steadily increased. The 1920s was a time when women became more active and vocal in their community. The suffrage movement worked to meet the goal of women's voting rights. The healthcare system also continued to grow in size and develop. The first national hospital was opened in 1921, in honor of Florence Nightingale's birthday and Jimmy Carter was the first U.S. president to be born in a hospital in 1924. As the healthcare system continued to make strides, so did women in healthcare. More nurses became employed, vaccines were developed, Band-Aids were invented, and penicillin was discovered. The new innovations of the 1920s helped nurses become more skillful and practice safer and cleaner cares.

The continued development of the nursing profession during the 1920s attracted many women as they became more socially rebellious, independent, and more willing to work outside the home. The number of women in the nursing profession largely outweighs the number of men in the profession. However, when a female nurse is compared to a male nurse, who is more likely to be involved in a union?

In more recent years, some literature has suggested the women participate less in unionization than men. Unionization originally targeted men in trade positions. In the past, women in the workforce were subordinate to men, often being mistreated and paid much less for the same work. The idea that women were "hard to organize" was originally pitched to union representatives. "Arguments that unionization was less cost-effective for women because they were only temporarily attached to the labour force or because they considered their wages to be a supplement to the family income," has been a little-investigated explanation of participation of women (Forrest, 2001, p.649).

In place of old theory, today's explanation suggests that women are as likely as men to join unions. Today, women are likely to explain the same reasons as men, for why they decided to join a union. Moving towards the suggestion that women are as likely to join unions as men, is of great importance when studying the healthcare industry and political activeness. The research to come, analyzes union representation percent within men and women. Forest suggests, based on her references that only modest change in union practice will continue to attract women to unionize. These changes include adding certain women's issues on the agenda of collective bargaining agents (2001).

Nursing has addressed feminism and has been involved more participation in feminist ideology. Some students in nursing schools are required to take a women's history course. The

injustices women face can be presented to the nurse in a variety of settings at the workplace. Women's health issues can be a major part of nursing cares, and actively participating in feminist activities or engaging in a women's history class helps students better prepare for issues that may be seen such as sexual assault, battery, incest, and reproductive freedom rights.

Nursing Potential

At some point in time, every American is a consumer of health care. Unique in this aspect, nurses are both providers and consumers of health care. Nurses are trained to be actively engaged in the promotion of health for populations. A higher degree in nursing often constitutes higher responsibility of patient care. Powerful rearrangements of the health industry, as argued, can be made by nurses.

Cutting labor costs whenever possible creates conflict between employers and employees. Literature suggests that experiences of many nurses are motivating them to take a greater form of advocacy in order to influence change. The health industry has been increasing its profit since 1975 because the cost of health care to consumers has been continually rising. Even though profit and cost to consumers increases, the quality of health services have seen a deficit (Cannings, 1975). Some today might debate whether this quote is still true, but what is clear is that nurses are a central player in the politics of healthcare policy.

Nurses are central players but also are affected by policy and politics within the healthcare arena. The way nurses practice their profession is implicated by policies and law passed in legislation. Nursing organizations, unions, and interest groups use bargaining techniques when meeting with Congress. Abood identifies five power bases nurses have to exert influence. These bases are expert power, legitimate power, referent power, reward power, and

coercive power (2007). “As the largest single group of health providers, nurses have the potential to successfully advocate from a diverse power base” (Abood, 2007, pg. 6).

In the current period of recession and healthcare reform, it is important to analyze unionization percentages within specific groups or levels. As nurses unite to reach a goal through collective bargaining and action, unionization percentages may increase in years to come. Nurses are also staying in the labor force longer thus, making a stronger commitment to changing their workplace environment (Cannings, 1974). Using communal ties, healthcare workers can drive political change. The women’s movement and feminist consciousness of nurses are helpful to forge unity, and to take advantage of objective issues affecting the nursing labor force (Cannings, 1974).

Methods and Analysis

Dataset

To conduct the analyses and understand the research, The National Sample Survey of Registered Nurses 2004, was used. The Health Resources and Services Administration conducts this survey approximately every four years. Due to compatibility restraints, the 2004 sample survey was used instead of the 2008 survey. This sample survey interviewed roughly 35,000 Registered Nurses and added a weighting system to reflect the population. This survey is the largest survey of registered nurses in the United States. This data is collected for use by policymakers, stakeholders, and partners to better understand and assess trends in the nursing workforce.

Interpretation

Using The National Nurses Survey, multiple analyses were computed and representative tables constructed. Crosstabs were used to understand the relationship between two nominal or ordinal variables. Understanding and explaining the research question guided analyses.

Using the dependent variable, Unionization, a crosstabs was constructed to determine the relationship of unionization within U.S. Regions. The null hypothesis would suggest that the variable unionization and U.S. Regions are not statistically significant and do not have a significant relationship. The null hypothesis would suggest that unionization would occur at the same percentage in all U.S. Regions. Any departures in the data from the expected null hypothesis pattern are accounted for by random sampling error.

The alternative hypothesis suggests the opposite, that the values of one variable do influence the values of the other. In the population, the values of the dependent variable, Unionization depends on the values of the independent variable, U.S. Regions.

Unionization is operationalized as a nominal variable. The variable data was collected by asking nurse's whether they are part of a union and asked to respond "yes" or "no." The crosstabulation shows that a relationship does exist between the independent and dependent variable. This relationship is significant and is not the result of random sampling error. The highest percent of unionization among nurses exists in the West region of the U.S. at 26.3%. The lowest percent of unionization among nurses exists in the South region of the U.S. at only 4.8%. There is a difference of 1,457 cases between these two regions. The high chi-square value and significance below .05, explains that there is a low probability the results were obtained by chance.

Lambda is used as a measure of association to determine the strength between the variables compared in the crosstabs table. Using this statistic we continue to find statistical significance however, there is low association involved between my variables. Cramer's V is instead used as a post-test to chi-square. The Cramer's V value .299 determines a moderate association actually exists.

(Table 1 about here)

By further breaking down the independent variable into U.S. Divisions you can better visualize the differences between parts of the country. The null hypothesis will once again support the idea that there is no relationship between unionization and U.S. regions and that any relationship that does exist will do so by standard error. The alternative hypothesis states a

statistically significant relationship exists between the variables and the dependent variable is determined by the independent variable.

A difference between U.S. divisions is apparent. The West region is divided into Mountain and Pacific. As illustrated in Table 2, the Pacific division is unionized 31.2% more than the Mountain division. The Pacific division accounts for most of the West region's unionized percentage. Further research can be collected to determine the underlying causes of unionization participation between divisions within one region of the country.

Chi-square and the significance value support the alternative hypothesis. These variables have a statistically significant relationship. There is a low probability the results were obtained by chance. Using Lambda can add depth of interpretation to the relationship being studied. Lambda also shows that a statistically significant relationship exists however, there is a weak association. By using Cramer's V we are reassured that significance once again, still exists. Cramer's V at .334, is used as a post-test to chi-square and this statistic reports a moderate association between the variables.

Table 3 further breaks down divisions into states. Unionization within the Census developed divisions is shown with further explanation of individual states. When focusing on the West North Central division in Table 3, Minnesota is unionized at 35.3%. The other states in this division are not unionized nearly as high as Minnesota. The difference between states can possibly be explained by cultural values, ideology, or specific laws and policies. For example, the Right To Work law secures the right of employees to decide whether they would like to join or financially support a union. When further researched, Minnesota is a forced-unionism state. This may account for the higher percentage than its neighboring Right To Work states.

(Table 2 about here)

(Table 3 about here)

In nursing, more responsibility is often associated with a higher degree of training. This responsibility includes a broader scope of practice, more political activism, and more advocacy for patients. Conventional wisdom suggests that higher education levels result in more political participation. The null hypothesis supports the idea that unionization will be equal in all categories of the independent variable and that any significance found was obtained by chance. The alternative hypothesis states that in nurses who participated in a higher degree program, unionization will increase than those who participated in a lower degree program.

Results of Figure 1 show, unionization continues to increase with more prestigious degrees. Unionization participation increased 5.4% from a Diploma program to a Master's degree. The percentage of unionization increased roughly 2% for each increasing degree in all categories of the independent variable.

Chi-square and significance value report that this relationship is statistically significant. The high value of chi-square and significance value of less than .05 report statistical significance is present. The null hypothesis can be rejected. However, when I look further at the relationship, Lambda and Cramer's V report a very weak association between the independent variable (Initial Program to Become RN) and dependent variable (Unionization). These measures of association mean that while the data was not likely obtained by chance, these variables don't have a strong

association with each other. The alternative hypothesis can be accepted but the low measures of association should be strongly considered. The relationship between these variables should be further researched to determine the low association. Although, this data is in the expected direction and supports conventional wisdom that higher education levels will influence higher participation, it doesn't have the level of association that would be expected.

(Figure 1 about here)

Annual income has traditionally influenced participation in unionization of workers in the United States. Collective bargaining aims to increase labor worker's pay, benefits, and employment conditions. Therefore, the hypothesis tested is, in nurses with a higher annual income union representation will increase compared to those with a lower annual income. The null hypothesis would support that any significance found is a result of random sampling error. The null hypothesis also suggests that no relationship exists between annual income and unionization. If the null hypothesis is correct the percentage of unionization will be equal across all categories of the independent variable and no variance will exist.

Table 4 displays, as income increases up to $150,000 so does unionization. These results are statistically significant. A relationship between the independent and dependent variable exists and is not caused by random sampling error. Applying Lambda and Cramer's V completes the analysis. These statistics further support statistical significance. Lambda and Cramer's V value suggest that the relationship between the independent and dependent variable have a weak association. The relationship is within the expected direction and holds significance statistically even though a weak association exists.

The null hypothesis is rejected due to statistical significance found in the results. The alternative hypothesis is supported up to $150,000. The measures of association must be considered even though the alternative hypothesis is supported. Unionization does increase as annual income increases. This relationship has a positive direction, as expected. The association is weak; therefore other independent variables may influence these results.

(Table 4 about here)

Finally, a last analysis was performed. Nursing is a female dominated occupation. In nursing, males total 5.8% of the occupation. However, in our sample males nurses are more likely to be unionized than female nurses by 2.7%. Discovering the difference between male and females reasoning for unionization helps explain this difference. The independent (gender) and dependent variable (unionization) are both nominal-level variables. They are operationalized by selecting the number one for “yes,” belonging to a union or the number two for “no.” Gender is also operationalized by selecting the number one for “male” and two for “female.”

The null hypothesis would represent males and females having the same percentage of unionization. If correct, there would be no significance and no relationship would exist between the independent and dependent variable. The alternative hypothesis is stated, in nursing, females are more likely to be unionized than males. This hypothesis is based on the knowledge of male to female nurse ratio. Since, 94.2% of the occupation is represented by women, I would infer that female nurses would be more unionized. However, with knowledge of literature, it has been noted that women are less likely to be unionized than men. Figure 2 illustrates the literature is correct.

A crosstabs table was constructed along with Chi-square, Lambda, Cramer's V, and Phi values. Then, a bar graph was created based on the results obtained. The results are statistically significant. Asymptotic significance (2-tailed) reported a result of .001. This number is less than .05, therefore significant. Lambda, Cramer's V, and Phi also support statistical significance. These measures of association report a low association between the independent and dependent variable. It is difficult to know which variable is causing the other. Lambda symmetric value is .000, this value suggests there is little to no association between the independent and dependent variable.

(Figure 2 about here)

Discussion

Nursing will continue to change and evolve into the future. The standards set by Florence Nightingale determined the baseline of quality care that must be given. She marked the beginning of nursing as a profession. Historical participation since Florence has helped establish the healthcare system and women as professionals. What constitutes political activity among nurses can derive from a number of variables. The advocacy of nursing is essential and political participation is a necessity in order to do so.

Using the statistical evidence found, statistical significance is present in most analyses. There also is a low association between my dependent and independent variables. Causality is hard to determine. It is hard to determine which variable is causing the other. By looking at just statistical significance, my dependent and independent variables suggest a relationship exists.

The research question needed to be studied to determine what makes nurses more politically active. The research conducted will help further evaluate politically activeness, and help professionals recognize their strengths as activists. Using the research and evaluating the data, nurses can learn what intrinsic or extrinsic variables influence their unionization and political participation. By using self-reflective skills nursing can evaluate their stance in political participation.

Appendix

Table 1 Crosstabulation results of the relationship of Unionization (%) within U.S. Regions

		States into US Region				Total
		Northeast	Midwest	South	West	
Union Representation	Count	1392	847	447	1904	4590
	Percent Unionized	25.0%	11.5%	4.8%	26.3%	15.5%
	Count	4171	6541	8897	5332	24941
	Percent Not Unionized	75.0%	88.5%	95.2%	73.7%	84.5%
	Count	5563	7388	9344	7236	29531
	Total Percent	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-square 1937.780

Lambda .056 Approx. Sig. .000

Cramer's V .299 Approx. Sig. .000

Table 2 Crosstabulation results of the relationship of Unionization (%) within US Divisions

		States into US Divisions									Total
		New Eng-land	Middle Atlantic	East North Central	West North Central	South Atlantic	East South Central	West South Central	Moun-tain	Pacific	
Union Representation	Count	750	642	415	432	315	53	79	462	1442	4590
	Percent Unionized	25.6%	24.3%	12.0%	11.0%	6.3%	2.8%	3.3%	11.9%	43.1%	15.5%
	Count	2176	1995	3035	3506	4712	1835	2350	3431	1901	24941
	Percent Not Unionized	74.4%	75.7%	88.0%	89.0%	93.7%	97.2%	96.7%	88.1%	56.9%	84.5%
	Count	2926	2637	3450	3938	5027	1888	2429	3893	3343	29531
	Total Percent	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-Square 3298.955

Lambda .039 Aprrox. Sig. .000

Cramer's V .334 Aprrox. Sig. .000

Table 3 Unionization (%) within U.S. Divisions and States

U.S. Census Division	% Unionized	U.S. Census Division	% Unionized
New England	25.6%	**Middle Atlantic**	24.3%
Connecticut	20.3%	New Jersey	20.1%
Maine	12.8%	New York	35.8%
Massachusetts	33.4%	Pennsylvania	13.8%
New Hampshire	10.2%		
Rhode Island	35.8%		
Vermont	36.8%		
East North Central	12.0%	**West North Central**	11.0%
Indiana	1.8%	Iowa	13.3%
Illinois	6.6%	Kansas	5.2%
Michigan	23.9%	Minnesota	35.3%
Ohio	13.4%	Missouri	6.9%
Wisconsin	12.6%	Nebraska	3.8%
		North Dakota	1.7%
		South Dakota	2.8%
South Atlantic	6.3%	**East South Central**	2.8%
Delaware	7.6%	Alabama	2.9%
Florida	7.4%	Kentucky	2.8%
Georgia	2.8%	Mississippi	2.8%
Maryland	9.3%	Tennessee	2.8%
North Carolina	1.6%	**West South Central**	3.3%
South Carolina	1.5%	Arkansas	5.5%
Virginia	3.8%	Louisiana	2.4%
West Virginia	7.1%	Oklahoma	3.4%
		Texas	2.5%
Mountain	11.9%	**Pacific**	43.1%
Arizona	4.1%	Alaska	46.1%
Colorado	5.0%	California	39.2%
Idaho	3.2%	Hawaii	50.23%
New Mexico	19.1%	Oregon	38.2%
Montana	28.3%	Washington	49.6%
Utah	2.8%		
Nevada	29.9%		
Wyoming	2.9%		

Table 4 Crosstabulation results of the relationship between Unionization (%) and Current Annual Household Income

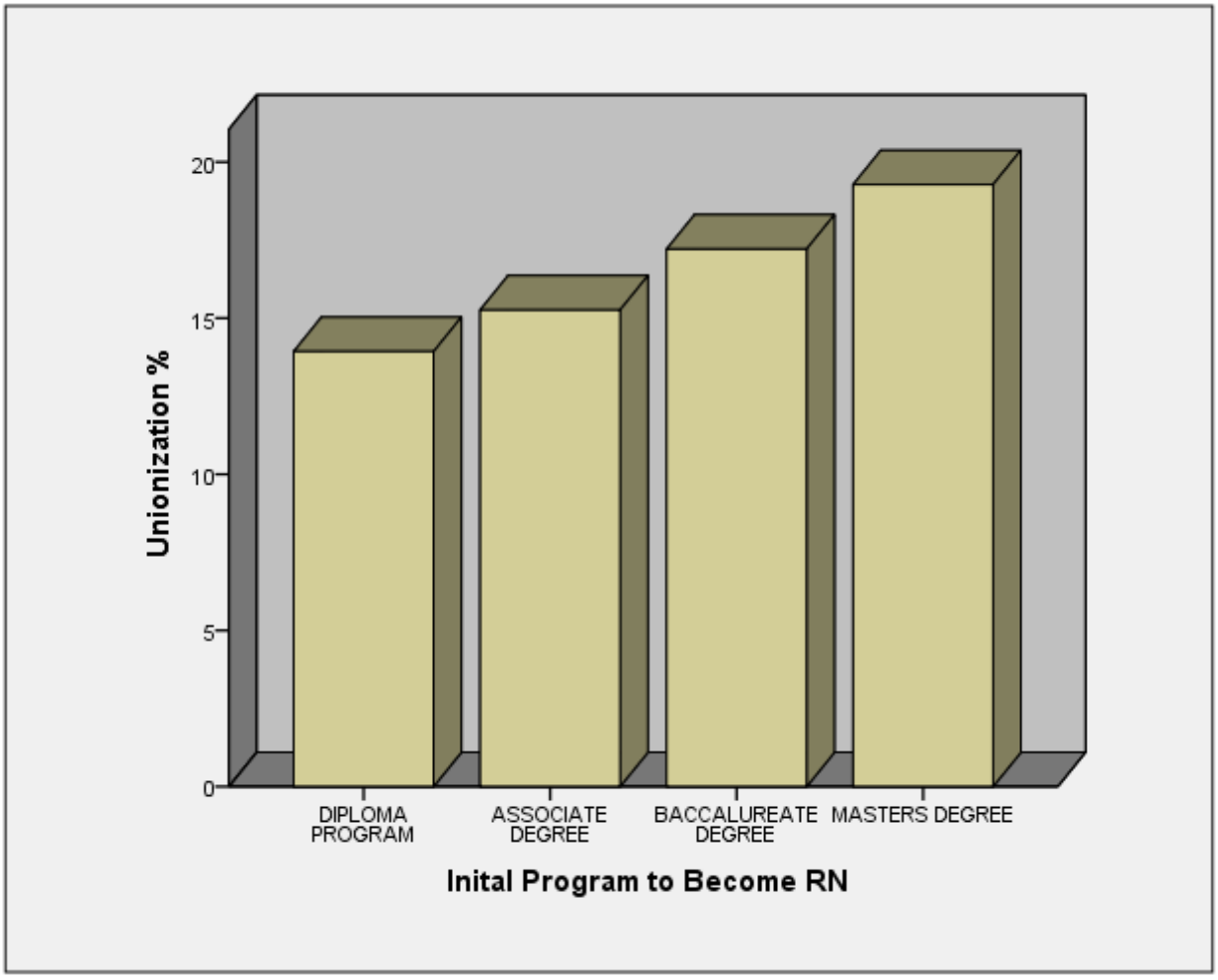
		Annual Household Income								Total
		$ 15,000 OR LESS	$ 15,001-25,000	$ 25,001-35,000	$ 35,001-50,000	$ 50,001-75,000	$ 75,001-100,000	$ 100,001-150,000	MORE THN $150,000	
Union Representation	Count	3	29	83	504	1313	1241	1002	287	4462
	Percent Unionized	2.8%	10.1%	9.9%	13.5%	15.6%	17.2%	17.4%	13.9%	15.7%
	Count	106	257	756	3232	7109	5995	4758	1779	23992
	Percent Not Unionized	97.2%	89.9%	90.1%	86.5%	84.4%	82.8%	82.6%	86.1%	84.3%
	Count	109	286	839	3736	8422	7236	5760	2066	28454
	Total Percent	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Chi-square 84.921

Lambda .000

Cramer's V .055 Approx. Sig. .000

Figure 1 Unionization (%) compared to Initial RN Program, Bar Graph



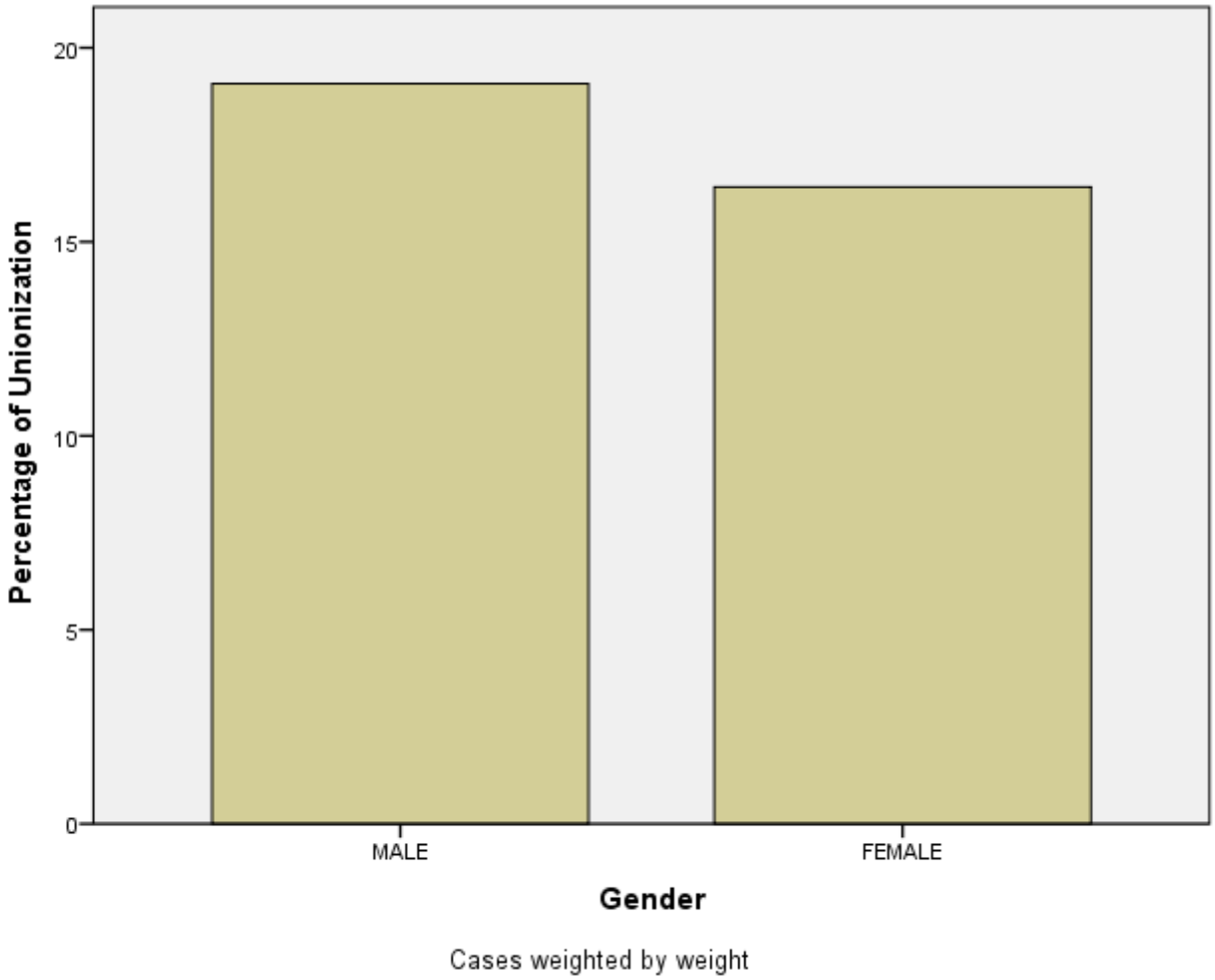
Notes: Diploma unionization 13.9%, Associate degree unionization 15.3%, Baccalaureate degree 17.2%, Master's degree 19.3%.

Chi-square 35.467 Asymp. Sig. (2-sided) .000

Lambda .000

Cramer's V .035

Figure 2 Unionization (%) by Gender, Bar Graph



Notes: Male Unionization 18.2%, Female Unionization 15.4%. A difference of 3,928 respondents exists between males and females. A total of 27,714 females responded yes to unionization.

Chi-square 10.775 Asymp. Sig. .001

Lambda .000

Phi .019 Approx. Sig. .001

Cramer's V .019 Approx. Sig. .001

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