Unions: Avoiding Them When Possible and Living with Them When Necessary

If you don't have them, the best way to avoid them is to create a Theory Y environment where your people have a chance to realize their potential. If you already have unions, then deal with them openly and honestly.
—Robert Townsend

CHAPTER OBJECTIVES

- Explore the apparent reasons for the organizing success of some unions, with emphasis on the basic management errors often leading to unionization.
- Describe the circumstances that presently make some healthcare organizations appear to be fertile ground for union organizing.
- Describe the typical union organizing approach.
- Define the supervisor's active role during a union organizing campaign.
- Stress the importance of the supervisor's role in effective two-way communication with employees—whether or not the employees belong to a union.

FOR CONSIDERATION: THE CONFRONTATION

You are head nurse of a medical-surgical unit that has been operating at full capacity for a number of months. Times have been hectic, so you have been pitching in on the floor much more than used to be necessary. On days when you have been short-staffed you have been providing lunch relief personally for one or two other nurses. This practice has caused you to change your own lunchtime to the time when the hospital cafeteria is most crowded.

Today you have just gotten your lunch and are standing in the dining room, tray in hands, looking for familiar faces and open seats, when you are approached and very nearly circled by three of your staff members. One of them says to you, "We've been meaning to talk with you, but we're all so much on the run that we haven't gotten to you. Things have got to change around here. We can't keep going the way we're going. We're thinking of asking a union to come in, and we want to talk with you about it—now."

There you stand in the middle of the noisy, crowded cafeteria dining room, tray in both hands, feeling surrounded.

Instructions

As you proceed through this chapter, consider the following question: How should you handle this incident?

The environmental factors, on the other hand, exist in all aspects of the employee's relationship to the organization. Even if these factors are all acceptable, they do not necessarily motivate. However, if they are not acceptable, they can lead to employee dissatisfaction. The environmental factors may be grouped under the following five general headings:

1. communication in all of its forms, including performance feedback, knowledge of where the organization is heading, and employee confidentiality
2. growth and advancement potential
3. personnel policies or how an employee is treated both as an individual and relative to others
4. salary administration or the perceived overall fairness of salary and benefits
5. working conditions and the extent to which they promote employee well-being relative to what is expected

The foregoing suggests that although the environmental factors may receive regular attention, they will not, by themselves, move employees to greater performance. If not maintained, however, they can cause dissatisfaction that interferes with performance.

Other Perspectives on Employee Motivation

We might say without much fear of contradiction that the "big three" of classical motivation theory are A. H. Maslow and Frederick Herzberg, whose work was discussed in the preceding paragraphs, and Douglas M. McGregor.[3] McGregor's Theory X, which he essentially rejects, is based on the premise that employees must be pushed to perform; his Theory Y, which he supports, holds that under humane and enlightened management employees are self-motivating. McGregor's need hierarchy is very nearly identical to Maslow's, proceeding from physiological needs through safety needs, social needs, and ego needs, eventually arriving at self-fulfillment needs.

Coming at the whys and wherefores of employee motivation from a slightly different perspective but with the same essential core beliefs as the Maslow, Herzberg, and McGregor theories is that of Theory Z. First advanced in a 1981 book by William G. Ouchi, Theory Z addresses what had come to be known as Japanese management.[4] The essence of Theory Z is that involved workers are the key to increased productivity. The same message of employee involvement can be inferred from Maslow's work and is directly implied in the theories of Herzberg and McGregor. The Theory Z approach, which must be considered primarily in light of the cultural climate of Japan, emphasizes an extremely close relationship between an individual's work life and personal life. Although Theory Z is similar to other approaches in calling, for example, for participation in decision making and other aspects of management, it differs in that one of its critical elements is life-long careers with the same organization. The rationale behind this relatively unattainable and impractical "motivator" seems to be the belief that one will be a more willing and effective worker if absolute employment security is assured.

CAN UNIONIZATION BE AVOIDED?

A study of union organizing campaigns and their results over the recent decades would likely lead to the following three conclusions, verified time and again through experience:

1. Most past organizing campaigns focused on economic issues, at least into the 1990s, when union emphasis on job security and quality of work life began to increase noticeably. Usually most initial demands have been unreasonable, reflecting ignorance or indifference concerning the organizations' true financial positions. In many instances the unions won because of apparent management indifference to complaints, no response to employees' problems, and lack of credibility with employees in regard to costs and true operating circumstances.
2. In the majority of union victories, antimanagement sentiment initially arises from working conditions that include poor organizational communication or arbitrary or seemingly uncaring management.
3. In many cases the anxiety produced by widespread lack of knowledge about what is truly happening provides a boost to the union cause.

In essentially all instances of elections lost to unions, it is possible to identify serious and usually long-standing morale problems among employees. Also, in all such instances, management will be found to have been operating in something of a vacuum with respect to true employee feelings and opinions.

In assessing the potential for unionization it is simply not enough for top management to have you talk to your employees and report back on their feelings. True antimanagement sentiment, potentially beneficial to a union organizer, is determined only through effective listening. Many employees—quite likely the majority—would prefer to be loyal to the organization, but the organization's seeming indifference to upward communication can discourage such loyalty. Also, the price of management indifference can be extremely high: If a union loses a bargaining election it may try again after one year has elapsed, and again and again until it succeeds, but management need lose only once. If management does not listen to employees, the union organizers will.

There are three basic errors commonly committed by management in assessing the potential for success of union organizing efforts:

1. There is a widely prevalent management notion that most elements of worker dissatisfaction are due to wages, benefits, and other economically related concerns. However, initial organizing activity usually springs from noneconomic matters involving issues that are not nearly as quantifiable in dollar amounts. Employee dissatisfaction will ultimately be expressed through a union in the form of financial demands. A specific financial package can be obtained by contract, but there is no contractual way to obtain less tangible items such as sympathetic listening, open communications, and humane and respectful treatment.
2. Many top managers automatically assume that all supervisors are on the side of management. However, most supervisors came up from the ranks within the functions they supervise and as such often remain an integral part of the work group. Also, in many institutions first-line

supervisors have been kept out of participation in real management decision-making.

3. Frequently nobody at the top of the organization has any solid idea of what, if anything, is really troubling the ranks of nonmanagerial employees. It is not uncommon for top management to interpret the silence of the work force as indicating the absence of problems.

Commission of any of these basic management errors in one form or another can pave the way for a successful union organizing drive. More specifically, an organization can push its employees closer to a union by the following actions:

- introducing major changes in organization structure, job content, equipment, or operating practices without advance notice or subsequent explanation
- giving employees little or no information about the financial status of the organization or about its plans, goals, or achievements
- making key decisions in ignorance of the employees' true wants, needs, and feelings
- using pressure (authoritarian or autocratic leadership) rather than true leadership (consultative or participative leadership) to obtain employee performance
- disregarding or downplaying instances of employee dissatisfaction

In addition to the three basic management errors and the foregoing acts of managerial shortsightedness, there are some factors encouraging unionization that are unique to health care. For a number of years, health care and industry in general appear to have been moving in opposite directions in their appeal and suitability for union organizing. Present circumstances suggest that healthcare organizations will continue to be choice organizing targets for some time to come.

HEALTH CARE: MORE AND MORE A SPECIAL CASE

It is no secret that the total number of jobs available in the manufacturing sector of the U.S. economy has been steadily declining for a number of years as competition and the "globalization" of business relocate an increasing number of jobs to foreign countries. Manufacturing was long the source of most union membership. However, as manufacturing jobs have been lost, the unions have shifted much of their focus to service industries. The service sector of the economy now employs more than 75 percent of the work force. Thus it comes as no surprise that many unions, having seen their membership dwindle for several years, have diversified and turned their attentions to the service industries.

Healthcare organizations represent fertile ground for union organizing and should continue as such for a number of years to come. From the 1970s to the present, total union membership dropped while union membership in health care continued to increase. The Department of Labor reported that during the year 2000 the percentage of American workers belonging to unions fell to 13.5 percent, the lowest in six decades.[1] As of this writing (early 2014) the percentage of the total work force that is unionized remains the smallest it has been

since the late 1940s; however, the percentage of the healthcare work force that is unionized is presently the largest it has ever been.

Health care as an employment arena began to change dramatically during the late 1960s. Pressures intended to stem the steady increase of healthcare costs—which have gone up at twice or more the "normal" rate of inflation for years—continue to the present. Along the way, specifically in 1975, the National Labor Relations Act (NLRA) was amended to include hospitals and other healthcare organizations that had previously been excluded from coverage under the act. In 1975, when much of the industry was starting to see the effects of cost-containment efforts, the unions were given new opportunities in this significant segment of the service economy.

With much of health care in turmoil or at least in a chronic state of change, employees are feeling more and more uncertain about the future. In some parts of the country where hospitals are severely underutilized, many employees perceive a threat to their continued full-time employment. As healthcare providers attempt to meet shifting demands in the most economical fashion by adopting more staffing variations—more part-time employment, flextime and other nontraditional approaches, and job sharing and the like—employees are further threatened by the perceived uncertainty of their situation.

The survival-oriented remedies of many provider organizations have included staff cuts, mergers, downsizing, and corporate reorganizing. As a partial result, employees perceive a direct threat to the quality of the care they can provide and to their job security. The effects of healthcare organization restructuring—mergers, downsizing, and the rest—emerged as the number one human resources concern that hospitals faced in 1987.[2] These effects remain at the forefront of employee concern more than two decades later; healthcare workers remain concerned for their jobs and their futures in health care. And while job security remains a critical issue targeted by healthcare union organizers, at the same time wages and benefits are becoming increasingly important to the predominantly female healthcare work force.

Tangibles such as pay and benefits are always prominent in the presence of labor unrest, but the turmoil in the healthcare industry drives far more than these economic concerns. When employees feel that their concerns are not being adequately addressed by management—and healthcare management is faced with some nearly overwhelming concerns, many of which seem to defy all attempts at resolution because of outside pressures and restrictions—these employees will turn to someone else who will seem to listen. Often this "someone else" is a union.

Direct caregivers, particularly nurses, are especially susceptible to organizing pressures. Dissatisfaction with pay and stressful work conditions, aggravated by a shortage of nurses, are spurring job actions and the formation of nursing unions. The Department of Health and Human Services predicts a shortage of 400,000 nurses by the year 2020. Although the number of registered nurses is slowly increasing at present, many are choosing to work in settings other than hospitals or nursing homes. Approximately two of every five new nurses are opting for positions with health maintenance organizations or pharmaceutical companies. Such jobs are often less physically demanding and higher paying when compared with hospital positions. It is possible, however, for the nonunionized institution to remain that way, and the individual supervisor has an important role in keeping the institution union-free.