

MYTH VS TRUTH

Often, when RNs work to organize a union, management hires anti-union consultants to spread myths and fear. To win against misinformation RNs have used their critical thinking skills to seek the truth.

MYTH

VS

TRUTH

*"CARDS ARE
YOUR VOTE AND
ARE LEGALLY
BINDING."*

This is simply not true. There is no difference, legally, between someone who has signed a union authorization card and someone who has not. RNs who sign union cards have the same rights as those who do not, and RNs are not bound to any additional limitations or rules by signing. The purpose of signing a union card is to show support for forming a union with your fellow RNs. It is not a vote. When a sufficient percentage of RNs sign union cards, there will be a secret ballot union election at the hospital. Only after a successful election do you become a union member. Lastly, union cards are kept completely confidential—neither management nor your coworkers will know you signed a card unless you tell them!

MYTH

VS

TRUTH

*"THE UNION
IS A
THIRD PARTY."*

Nurses are the union. NNU is the largest all-RN union in the country with over 150,000 across the nation. It is a democratic union run by bedside RNs. To be in NNU leadership you must be a working bedside RN. The democratically elected Board of Directors and Council of Presidents are all currently working at the bedside, so they know what you go through at the bedside.

MYTH

VS

TRUTH

*"THE UNION
IS A
BIG BUSINESS
THAT WILL
DIVIDE RNs."*

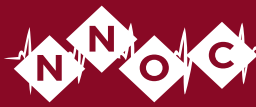
The purpose of unionizing is to unite RNs to build power in advocating for your patients through things like: Collective Bargain Rights; Assignment Despite Objection forms; Professional Practice Committee; just-cause employment; technology Despite Objection forms; and much more

**RNs SHOULD
ASK:**

"Who stands to gain from the spread of so many anti-union myths and efforts to stop RNs from joining NNOC/NNU?"

For more information, please call 240-235-2000

NNOC: A Voice for Nurses. A Vision for Healthcare.



MYTH vs TRUTH #2

NNU RNs enjoy the highest compensation in the country to retain nurses, the power to improve staffing, and the right to stop unjust cuts. NNU grew from 16,500 to 150,000 direct-care RNs from the mid 1990s until now. Over 80,000 RNs from 126 acute care facilities have joined NNU. Each and every time RNs organize, management hires anti-union consultants to spread myths and fear. In every campaign, RNs have used their critical thinking skills to seek out the truth.

MYTH

VS

TRUTH

*"NNU IS
AGAINST
MAGNET."*

NNU RNs are focused on having a collective voice and power to make positive changes for their patients. Out of the 30 magnet hospitals in California, 14 are union facilities, and **9 of California's magnet hospitals are NNU**. Some of the MAGNET appraisers who recently visited JHH were from union hospitals.

MYTH

VS

TRUTH

*"WITH NNU,
YOU WILL LOSE
YOUR FLEXIBILITY
IN SCHEDULING."*

NNU RNs can self-schedule, have a master schedule, or devise a new system. Individual units can decide how they want their schedules to work. Joining NNU and having a contract DOES NOT require every unit to schedule the same way. The difference is that with a collective bargaining agreement, it is the nurses in each department who determine what they want.

MYTH

VS

TRUTH

*"YOU WILL
START FROM
ZERO AT THE
BARGAINING
TABLE."*

When we negotiate our first contract, we start with the pay and benefits we have now and build on them. After we win our election, the law prohibits the administration from making changes to our compensation or benefits without the nurses' approval. We will decide what to include in our contract and vote on it.

RNs have tremendous bargaining power. It is in the hospital's best interest to keep its nurses and the public satisfied.

Since 2001, NNU organized 87 acute-care facilities and has successfully settled contracts in over 95 percent of them—every one of them with improved wages, benefits, and patient care protections. RNs have gained an independent voice to better advocate for their patients and their profession.

The strength of our contract will depend on our strength and participation.

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MYTH vs TRUTH #3

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MYTH

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"A UNION CONTRACT FORCES ALL UNITS TO ADOPT THE SAME PROCEDURES FOR SCHEDULING, VACATION, CALL-OFFS, ETC."

TRUTH

When it comes to scheduling, vacations, call-offs, and other procedures in each unit, **RNs democratically decide if they would like to propose changes** to current practices. Once RNs decide on a practice, RNs will negotiate it into their union contract so that management cannot change the practice without bargaining with RNs first. The union contract could include different policies for different units, if that's what the RNs want. Currently, JHH RNs do not have this protection, nor are RNs protected from vacation policies that limit RNs' vacation time to 1 week during the summer, as is the case in some units. When there is no union, management gets to implement any policies that it wants, without any input from employees, and it can change those policies at any time

MYTH

VS

"IF WE JOIN THE UNION, RNS CANNOT TALK TO OUR MANAGER WITHOUT A UNION REPRESENTATIVE PRESENT."

TRUTH

In NNU union contracts, the first step to resolving any issue is for an RN to go directly to the manager. If an RN and their manager are unable to reach a satisfactory resolution, the RN has the option of calling the NNU labor representative or the elected nurse representative on their unit to make sure that the situation is dealt with fairly. The relationship between RNs and managers often improve with an NNU contract because arbitrary policies are replaced by a contract that clarifies issues around scheduling, vacation, holidays, and much more.

MYTH

VS

"NNU IS INVADING MY PRIVACY BY SENDING MAIL TO HOME."

TRUTH

Nurses have the right to communicate freely with each other to discuss issues that affect their patients and their profession. **By sending mail, nurses who want to make improvements to retain nurses and improve patient care can more effectively provide information to their colleagues** on these issues. The BON makes nurses' information available to the public, and vendors will often obtain the information, including information like phone numbers and emails, and make it available for others. Since the hospital has made it difficult for RNs to share information that will allow their colleagues to make an informed decision to unionize, one way to reach out to our colleagues was through a personal letter.

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MYTH vs TRUTH #4

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MYTH

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TRUTH

"RNS ARE NOT ALLOWED TO VISIT A UNIT THAT IS NOT THEIR OWN TO TALK ABOUT THE UNION."

Nurses are federally protected to share information about the union with their co-workers under Sections 7 and

8 of the National Labor Relations Act, including in non-work areas of the hospital. Any hospital-wide or unit "policy" that restricts nurses from going to a breakroom to discuss the union is in violation of the NLRA and may be subject to an Unfair Labor Practice charge. While JHH is unlawfully trying to prohibit its own nurses from communicating with fellow nurses, it has hired anti-union consultants to talk to nurses in the breakroom, often pulling them away from patient care.

MYTH

VS

TRUTH

"THE PIE IS ONLY SO BIG."

In 2016, JHH made over \$80 million in net income and had over \$1 billion in net assets, according to their IRS forms.

From 2010 to 2014, JHH top executives gave themselves between 46-110% wage increases. RNs need collective bargaining rights with a union to bargain with JHH management as equals to make sure patient care and RN retention are prioritized.

MYTH

VS

TRUTH

"JHH ADMINISTRATION HAS PROMISED TO IMPROVE THINGS, SO ORGANIZING WITH NNU IS UNNECESSARY."

When nurses come together to form a collective voice with NNU, it is a common tactic for management to make promises and/or temporary improvements to discourage nurses from seeking representation by NNU. Some improvements JHH nurses have seen since organizing with NNU are market and equity wage adjustments, permanent AM and PM shifts, and increased staffing. However, without a legally-binding union contract and collective bargaining rights, JHH can arbitrarily change nurses' working conditions, wages, or benefits. **The only way RNs can protect what you have now and negotiate for improvements is to join NNU—rather than accepting vague promises or temporary changes done solely for the purpose of keeping RNs from joining NNU.**

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MYTH vs TRUTH #5

National Nurses Organizing Committee (NNOC) RNs enjoy the highest compensation in the country to retain nurses, the power to improve staffing, and the right to stop unjust cuts. Each and every time RNs organize, management hires anti-union consultants to spread myths and fear. In every campaign, RNs have had to seek out the truth.

MYTH

VS

Union-busting consultants specialize in false information, such as *“RNs cannot do anything to improve patient care with a union.”*

TRUTH

There are many ways that NNOC RNs can address staffing and practice-related problems.

- **The Professional Practice Committee (PPC)** is a staff RN-controlled committee, negotiated into every NNOC contract, that meets on paid time to discuss patient care issues and how to resolve them. The PPC has the authority to bring administration to the table to respond to the PPC's concerns, and enact suggested changes.
- The PPC tracks unsafe conditions through **Assignment Despite Objection (ADO) forms**. The ADO allows RNs to document unsafe conditions that may put patients at risk and protects RNs' licenses in case of a bad outcome.
- NNOC RNs are no longer “at-will” employees and can **only be disciplined for just cause**. With more job security and protections, RNs can better advocate for overall patient safety and safe staffing without fear of retaliation.
- **RNs can take unresolved staffing disputes to arbitration** and have a neutral third party arbitrator make a final and binding decision about improving staffing.
- NNU RNs in California were successful in winning the country's first **RN-to-patient ratio law**, and are now pushing for national ratios.

MYTH

VS

Hospital management may spread myths, like *“with the union, RNs will lose flexible holiday scheduling.”*

TRUTH

With the right to collectively bargain, nurses in the hospital will have the ability to negotiate how they would like to schedule, including holiday scheduling.

If the majority of nurses currently like the way holiday scheduling is decided within a unit, nurses can vote to keep it that way. If they want to make changes, nurses can get together to discuss an improved process and negotiate that new process into the contract. Management cannot make changes to what nurses have decided without negotiating with nurses first. Without a union, management is in total control to change policies that matter to you.

For more information, please call 240-235-2000 | www.hopkinsnurses.org | [f](https://www.facebook.com/hopkinsnursesunited) hopkinsnursesunited
www.nationalnursesunited.org/johns-hopkins-rns-speak-out

NNOC: A Voice for Nurses. A Vision for Health Care.



MYTH vs TRUTH #6

NNU RNs enjoy the highest compensation in the country resulting in high retention rates, the power to improve staffing, and the right to stop unjust cuts. Each and every time RNs organize, management hires anti-union consultants to spread myths and fear. In every campaign, RNs have had to seek out the truth.

MYTH

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TRUTH

Hospital management may spread myths, like *"Johns Hopkins management will permanently replace RNs if they go on strike."*

It is illegal for the hospital to permanently replace RNs when they go on a strike protesting against an unfair labor practice.

RNs must vote overwhelmingly to go on strike, so it is a decision that will be up to the nurses, and 95% of contracts are settled without striking. If NNU RNs do choose to strike, nurses usually choose short duration strikes of one-two days, and **RNs represented by NNU have never been permanently replaced when doing this.**

MYTH

VS

TRUTH

Union-busting consultants specialize in false information, such as *"the union only cares about money."*

NNU is a non-profit, professional RN organization. The leadership of NNU is made up of bedside RNs who vote on how to spend dues money.

While hospitals have been fighting to increase profits (while cutting RN pay/benefits and patient care protections), NNU RNs are fighting to protect RN practice and standards nationwide through collective bargaining, RN-to-patient ratio laws, safe lifting laws, workplace violence standards, among many others. All decisions on how to spend dues money is made by the elected RNs of NNU.

MYTH

VS

TRUTH

Beware of rumors like *"Johns Hopkins will drag their feet in negotiations, and it will take 5-7 years before a contract is negotiated."*

Once RNs vote yes in our union election, management will have a legal obligation to bargain in good faith.

It typically takes nine months to one year to negotiate an RN first-contract. Contracts typically last three years.

Subsequent contracts usually take far less time.

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MYTH vs TRUTH #7

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MYTH

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"RNs could lose benefits if they unionize with NNU."

Recently, Johns Hopkins Hospital (JHH) chose to reduce the health care benefit for nurses from 100 percent covered to 90/10 coverage for in-network, and 80/20 for nurses out-of-network.

Without a union, changes like this can and will keep occurring and RNs have no recourse to stop them. When nurses win collective bargaining rights by unionizing with NNU, you build on the pay and benefits that you have now — **locking in the things you like and negotiating for improvements.**

MYTH

VS

TRUTH

"If RNs' wages improve through unionizing, Hopkins may have to decrease support staff."

The number one priority for nurses organizing is to improve patient care, and nurses know that this is best accomplished through safer staffing of nurses and support staff.

JHH made more than \$80 million in net income in 2016 and has plenty of resources to ensure fair, university-standard wages for nurses, as well as improved support staff levels.

MYTH

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"Advanced practice RNs will be replaced if nurses unionize."

Why would Johns Hopkins get rid of nurses who play a critical role in patient care?

Once nurses negotiate their contract, standards rise for all nurses, and nurses have the ability to protect and advocate for improved staffing of support staff and advanced practice RNs. In 21 NNU-represented Kaiser Permanente medical centers, patient care coordinators ratified a strong contract this past spring to **improve staffing protections and secure benefits alongside registered nurses.**

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