

Fairview Ridges Nurses are Stronger Together



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Having a union gives nurses a voice to address issues in their unit. Here's one example from Fairview Riverside nurses:

In January 2018, Fairview Riverside NICU management made a unilateral change to NICU nurses' abilities to trade four-hour blocks. As a unit composed of both 8-hour and 12-hour nurses, the four-hour trades gave NICU nurses the flexibility to meet the needs of the unit and a way to maintain work/life balance. Upset by this unilateral change and by the climate of the unit, NICU nurses came together to address the problem. NICU nurses spearheaded a grievance and wore buttons, signed a petition, and delivered it to the hospital's Chief Nursing Officer. When the CNO refused to discuss the issues, NICU nurses took their petition and concerns to Fairview Health's Chief Nursing Executive and Chief Operating Office. After meeting with management, the NICU nurses reached an agreement to re-institute the 4-hour trade. MNA members know there is power in a union and are able to use their voices to advocate for their co-workers and patients.



Nurses in the photo from L to R: Patricia Alexander, Jane Quarberg, Erin Miller, Jordan Foerster, Carrie Overgaard, Jenny Bedstad, Brenda Benson, Shelly Haaland, Liz Broeder, Marilee Cope, Kelli Garbers, Maggie Kallel

CLOSED NICU UNITS

When nurses form a union, they have the ability to negotiate a contract and negotiate guidelines for their specific unit outside the contract.

For example, nurses in the Fairview Riverside NICU have negotiated with management to be a closed unit. This means that nurses can't be forced to float to another unit.

What policies about your unit have you negotiated with management?

Is there a fair process for *resolving* unit-wide issues between nurses and management?

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