

# Transforming Lives

## The Impact of SEIU Healthcare Florida on Its Members



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# **Transforming Lives**

## **The Impact of SEIU Healthcare Florida on Its Members**

### **Executive Summary**

The Service Employees International Union Florida Healthcare Union, better known as SEIU Healthcare Florida, is the major union in the healthcare sector in Florida. This union is growing in a state with extremely low union membership, and in an industry that has been virtually union-free in Florida in the past. In the private sector, Florida's unionization rate in 2008 was the second lowest of all 50 states. Public policies in the state are not favorable to unions; it is a "right-to-work" state, meaning that unions and employers are forbidden to require employees covered by a union contract to pay union dues, thus weakening labor unions. Despite these obstacles, SEIU Healthcare Florida has grown almost ten-fold in the past 10 years, from a little over 1,000 members to well over 10,000.

Through surveys, interviews, and focus groups, this report systematically investigates its impacts on members' perceptions of changes in (a) conditions at the workplace; (b) quality of patient care; (c) wages and benefits; and (d) member participation in public affairs. The general results show this union to be a force for public betterment: higher quality patient care, greater incorporation of marginalized populations in the country's civic and political affairs, greater equality for populations facing discrimination, a fairer and more "empowering" workplace, and better wages and benefits for healthcare workers.

**We find in general that the union has indeed "transformed the lives" of many of its members.** Relatively low-wage workers who ordinarily have very little influence at or away from work have been given a "voice" that has resulted in better places to work. Whether it is achieving workplace safety, dignity on the job, fairness at the workplace, rights on the job, a "voice" in how things are done, leadership opportunities, or a workplace that runs more smoothly, somewhere between 46% and 52% of the members rated their union "good or very good." If we add those who rated the union "fair," these percentages jump to between 75% and 86%. In these important ways the union has contributed to transforming its members' lives.

**The union has also transformed the lives of a number of patients or residents, particularly in the nursing home segment of its operations.** Because of SEIU's "safe staffing" campaign that put into law a limit to the number of patients a nursing assistant could be responsible for at any one time, many patients now receive up to twice as much personal care by nursing assistants as they did previously. A recent report demonstrating that citations for nursing home deficiencies dropped dramatically after passage of the law confirms the verdict of the union members we surveyed: almost 48% of those we surveyed rated the union "good or very good" in improving the quality of patient care.

**In addition, the union has transformed the lives of about a third of its membership whom it has caused to become more attuned to public affairs.** Increased awareness has led most of these members to want to become actively involved by voting or registering to vote, engaging

state legislators, participating in other political activities like voter registration drives or get-out-the-vote efforts, political education, and the like. And for almost a fourth of the membership, the union has caused them to be more interested in participating in community organizations. This increase in “civic engagement” has been more pronounced for groups who are traditionally left out of the public affairs of our country: blacks and low-income individuals.

Finally, for a smaller group of members who have become activists and elected leaders, the union has created some extraordinary transformations, as related by a number of the highlighted stories contained throughout the report. A number of these individuals have a fierce loyalty to the union because of the major difference it has made in their lives.

**Impacts by the numbers:** In a broad representative survey, SEIU Healthcare Florida members rate their union very highly on a wide variety of measures. The following summaries show the margins by which those who see a union impact judge that impact positively rather than negatively.

**WORKPLACE CONDITIONS:** By margins of around 2-1 to over 3-1, members who see a difference rate their union “good or very good” rather than “poor or very poor” in improving workplace conditions. Below are the ratings on various measures.

<b>AREA OF RATING</b>	<b>MARGIN OF POSTIVE OVER NEGATIVE RATINGS</b>	<b>PERCENTAGES OF POSITIVE AND NEGATIVE RATINGS</b>
Providing Leadership Opportunities on the Job	Approximately 2-1	48.5% - 24.9%
Improving Job Safety	Over 2-1	46.3% - 20.5%
Providing a More Influential Voice to Employees	Over 2-1	48.9% - 21.8%
Making the Workplace Run More Smoothly	2 ½ - 1	50.8% - 20.2%
Providing More Rights on the Job	Over 2 ½ - 1	47.2% - 17.7%
Ensuring Fair Treatment on the Job	Approximately 3-1	51.1% - 17.6%
Providing Dignity on the Job	Over 3-1	47.3% - 14.7%

**For the approximately 30% of the membership who report that the union has made a difference in the way they feel about work, by an overwhelming 16-1 ratio (28.07% - 1.75%), they report that it has made them “feel better” rather than “feel worse” about work.**

**QUALITY OF PATIENT CARE:** By a margin of over 2-1 (47.6% - 22.5%), those members who perceive a union impact on the quality of patient care rate their union’s effectiveness in improving this measure “good or very good” rather than “poor or very poor.”

WAGES AND BENEFITS: Ratings of the union concerning improvement of wages and benefits are likely overwhelmingly positive, with over a 3 ½ -1 margin and over a 2 -1 margin respectively rating the union “good or very good” rather than “poor or very poor.”

AREA OF RATING	MARGIN OF POSTIVE OVER NEGATIVE RATINGS	PERCENTAGES OF POSITIVE AND NEGATIVE RATINGS
Raising Wages	Over 3 ½ - 1	56.9% - 15.8%
Improving Benefits	Over 2 - 1	45.5% - 21.1%

THE PUBLIC/CIVIC LIVES OF THE MEMBERS: The survey also found that the union has stimulated about 30% of the membership to become more active in public and civic affairs. By margins between 5-1 and 11-1 on different measures, the union created more interest, not less.

AREA OF RATING	MARGIN OF INCREASED OVER DECREASED INTEREST	MORE INTERESTED	LESS INTERESTED
Union impact on member interest in being politically active	Over 5 - 1	29.8%	5.9%
Union impact on members' likelihood of voting or registering to vote	Over 7 - 1	29.3%	4.1%
Union impact on member interest in engaging state legislators	Over 8 - 1	31.1%	3.8%
Union impact on members' paying attention to politics and public affairs	Over 10.5 - 1	32.8%	3.1%
Union impact on interest in being active in community organizations	Over 6 - 1	22.8%	3.6%

Virtually all of the extremely positive ratings in all of the tables above are even more positive from those members who have been in the union for a lengthy enough period of time to measure its impact over more than the last year or two. The median length of membership from survey respondents was only 3 years, an indication of how young this union is. **Those members with more than 3 years membership generally rated the union much more highly than the already strongly-positive ratings noted above.** Members who had been in the union less than 3 years were often at worksites with a first union contract. Working conditions improve as contracts evolve, accounting for extremely positive ratings from those with more time to judge the union's effectiveness. Likewise, because the union has only very recently (2006 to the present) organized hospitals, the longer-term members in nursing homes also tend to rate the union more highly than the more recent hospital members do. (For all differences of this type,

the reader is referred to Appendix B.) In general, these differences reinforce our main finding that the union is highly effective in achieving positive outcomes, and becomes more so over time.

### **Impacts on the Public at Large**

In addition to its effects on the lives of members, we have found a number of positive impacts by SEIU Healthcare Florida on society at large:

- SEIU Healthcare Florida is a force for higher quality of care in our nursing homes and hospitals;
- The union staunchly fights for equal rights for minorities, both in the workplace and in the larger society;
- The union is one of the most active organizations in Florida working for the rights of immigrants, most notably among its membership which is comprised of a large number of immigrant workers;
- SEIU Healthcare Florida plays a major role in incorporating marginalized populations into the civic and political institutions of the country, especially low-income workers who would otherwise have very little chance of participating in the major events affecting their lives;
- This union wins higher incomes and benefits for its members living in low-income communities, thus stabilizing them;
- This union provides a measure of fairness and dignity in the workplace for those it represents;
- The union is increasing “civic engagement” by empowering many of its members to effectively participate in the public affairs of their communities.

SEIU Healthcare Florida has played an important role in all the ways listed above. Few other institutions can claim a similar record on so many fronts. Our research does indeed uncover a number of positive “transformations” of the lives of many in and around the Florida healthcare industry.





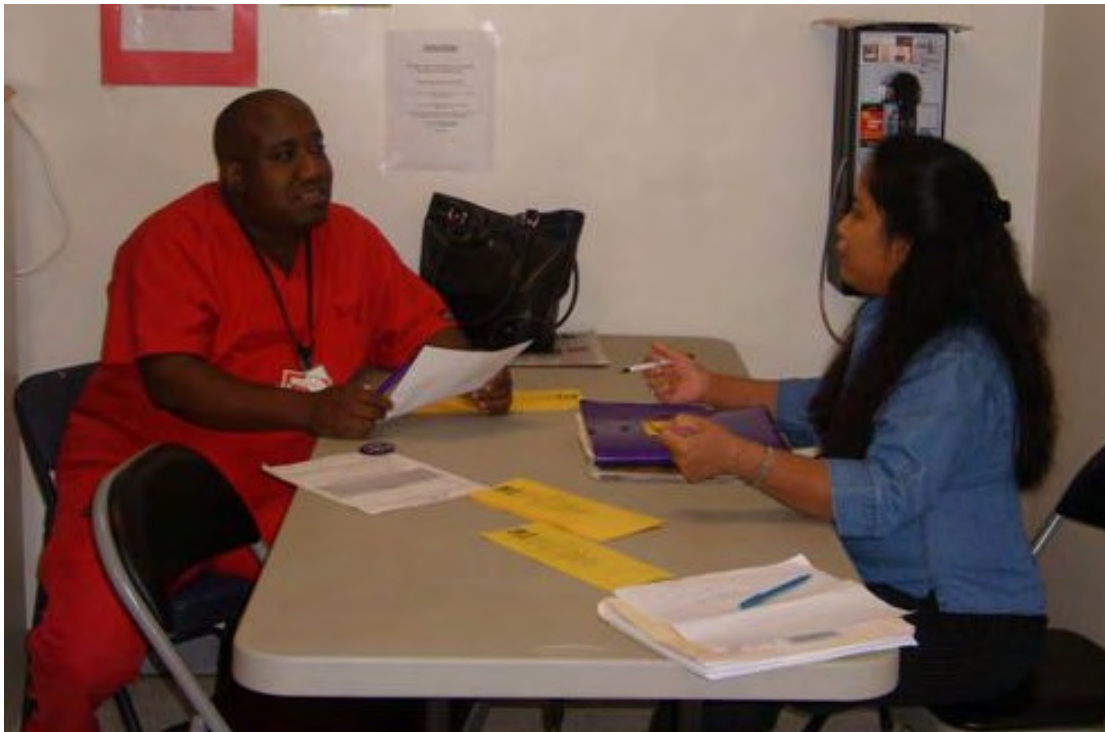
**SEIU HEALTHCARE FLORIDA HOSPITAL MEMBERS COUNT VOTES TO APPROVE THEIR CONTRACT.**



**SEIU HEALTHCARE FLORIDA NURSING HOME MEMBERS PICKET FOR QUALITY CARE FOR THEIR RESIDENTS.**



**SEIU HEALTHCARE FLORIDA HOSPITAL MEMBERS LOBBY FOR QUALITY CARE IN TALLAHASSEE.**



**SEIU HEALTHCARE FLORIDA MEMBERS REVIEW CANDIDATES DURING 2008 ELECTIONS IN ST. PETERSBURG.**



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## The Impact of SEIU Healthcare Florida on Its Members

### I. Introduction

Service Employees International Union (SEIU) Healthcare Florida is the major union in the healthcare sector in Florida. The immediate predecessor unions that created it have been representing employees in nursing homes since the mid-1990s, and one union that was a predecessor to one of those unions had been in the field since the 1970s. More recently SEIU Healthcare Florida has expanded into acute care hospitals. It represents employees below the management level except for doctors.

SEIU Healthcare Florida is building its union in a state with extremely low union membership, and in an industry that has been virtually union-free in the state in the past. In 2008 Florida's private sector "union density" (percentage of the workforce belonging to a union) was 2.3%, the second lowest of all 50 states.<sup>1</sup> Public policies in the state are not favorable to unions; it is a "right-to-work" state, meaning that unions and employers are forbidden to require employees covered by a union contract to pay union dues, thus weakening labor unions. Despite these obstacles, SEIU Healthcare Florida has grown almost ten-fold in the past 10 years, from a little over 1,000 members to well over 10,000.

A typical way of evaluating a union is to measure its impact on wages and benefits, which are often thought to be the main motivation of workers when they choose to unionize. Yet polls consistently show that wages are usually not the primary motivation for employees when they choose a union.<sup>2</sup> Indeed, unions may change the working conditions and the broader lives of those workers they represent in many additional ways. Workers often are seeking a "voice" at work, and they frequently value a union's ability to deliver things like "fairness" or "respect" or "job security" or "safe working conditions" as much as or more than its delivery of higher wages.<sup>3</sup> In addition, a union may also affect members' participation in their communities away from work if it engages in activities outside of the workplace.<sup>4</sup>

To determine the effect of the union on its members, our report systematically measures its effect on their perceptions of changes in (a) conditions at the workplace; (b) quality of patient care; (c) wages and benefits; and (d) member "civic engagement", which we define as participation in community organizations, participation in political affairs; participation in social reform efforts or efforts to win civil rights to disenfranchised groups, and other civic activities identified as important by members..

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<sup>1</sup> Percentage taken from the website: <http://unionstats.com>. (Accessed June 25, 2009)

<sup>2</sup> Joel Seidman, Jack London, and Bernard Karsh, "Why Workers Join Unions," *Annals of the American Academy of Political and Social Science*, Vol. 274 (March 1951), pp. 74-85; E. Wight Bakke, "To Join or Not to Join," in E. Wight Bakke, Clark Kerr, and Charles W. Anrod, eds., *Unions, Management and the Public* (New York: Harcourt Brace Jovanovich), 1960; Henry S. Farber and Daniel H]. Saks, "Why Workers Want Unions: The Role of Relative Wages and Job Characteristics," in *Journal of Political Economy*, Vol. 88, no. 21 (1980), pp. 349-369.

<sup>3</sup> Ibid.

<sup>4</sup> Derek C. Bok and John T. Dunlop, *Labor and the American Community*, (New York: Simon & Shuster), 1970.

## **II. Methodology of the Study**

All research presented in this report was carried out between November 2007 and the fall of 2008. We wanted to get a non-biased membership evaluation of the union on a variety of topics, so we conducted a telephone survey of 416 union members who were randomly selected from a list of the union's membership. The 36 item survey was usually completed within 15-40 minutes. It was administered in English, Spanish or Haitian Kreyol depending on the language preference of the person being surveyed. The English language version is attached as an appendix to this report.

We also wanted to obtain a deeper understanding of the ways the union has affected those who have gotten involved in the union's affairs as either a volunteer or elected leader. For this purpose we held in-depth interviews lasting between a half hour and 1 ¼ hours with 17 union activists or leaders who were identified and contacted from a list of 400 members the union had identified as engaging in some volunteer activity for the union in the past year. The 17 individuals interviewed were reached through a variety of means, including random calls to those on the list, locating them through attendance at a union meeting or function, and the like. Finally, we held two "focus groups" of about 10 participants each with members of the union's statewide elected executive board where we explored the issues that are the focus of this report.<sup>1</sup>

The survey gave us a "general membership" perspective, while the interviews and focus groups provided the viewpoint from those members more fully engaged in the union's affairs. The perspectives offered are those of the members, not the union's paid staff. The staff of the union made no attempt to influence the methods, analysis, or conclusions of the report, which are entirely those of the Florida International University researchers engaged in this project.

## **III. Portrait of the Union Membership**

### *Union Membership Numbers*

SEIU Healthcare Florida has more than 10,000 members throughout the state of Florida. The membership has been growing rapidly for years: in 1997 its predecessor union had less than 2,000.

### *Geography of the Membership*

Union membership is located throughout the southern and central parts of Florida. Over 40% live in Miami-Dade or Broward Counties, and close to 20% live in Palm Beach County. Another heavy concentration (close to 20%) lives in the Tampa Bay area. The Orlando area and others areas up and down the east and west coasts account for the rest of the membership. To a large degree, our survey respondents paralleled the geographic distribution of the membership as a whole.

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<sup>1</sup> A focus group is a form of research where a group of people is asked about their attitudes on a topic or set of topics. Questions are asked in a group setting where the participants interact with each other and participants are free to talk to other group members.

*Occupations of the Membership*

Almost 51% of the members work in nursing homes while a little over 49% work in hospitals. The distribution of survey respondents closely followed this pattern, with almost 47% working in nursing homes and slightly over 53% working in a hospital.

The largest occupational group is Certified Nursing Assistants (CNAs, also commonly called Certified Nurses Aides), which comprises about 37% of the membership. Registered nurses (RNs) are almost 17% of the members, while Licensed Practical Nurses (LPNs) are a much smaller group of almost 3%. Environmental workers, technicians, dietary workers, non-certified nursing assistants, and a wide variety of other occupations make up the rest of the membership. For all occupational categories, the membership percentages and the respondent percentages are extremely close, giving us confidence that our survey sample is representative. Table 1 shows the relevant comparisons.

**Table 1  
Occupational Breakdown of SEIU Healthcare Florida Members and Survey Respondents**

<b>OCCUPATION</b>	<b>MEMBERSHIP %*</b>	<b>SURVEY RESPONDENTS %*</b>
CNA (Certified Nursing Assistant)	37%	37.5%
RN (Registered Nurse)	17%	20%
Environmental	11%	12%
Technician	8.5%	7%
Dietary	7%	5.5%
Nursing Assistant (not certified)	6%	7%
Other	5%	4%
LPN (Licensed Practical Nurse)	3%	2.4%
Secretary/Receptionist	1%	1%
Respiratory Therapist/Technician	1%	1%
Plant Operations	1%	.5%
Business/Office/Clerical	1%	.2%
Professional	.6%	1%
Social Worker	.3%	0%
Transporter	.3%	.5%
Case Manager	.2%	.2%
Coder	.06%	0%

\*Percentages don't exactly total 100% due to rounding.

*Number of Jobs Held at Any One Time*

Almost 83% of respondents held only one job at any one time during the past year; almost 16% held two jobs at the same time at some point in the past year, and approximately 1.5% held three or more jobs at one time.

*Gender*

Data on the gender breakdown of union members is not available from the membership list, so we use data from our survey. Survey respondents were 86.5% female, with 13.5% male. This corresponds closely with government figures on healthcare workers in Florida. According to

Federal government statistics, over 85% of nursing home workers are female and about 78% of hospital workers are.

*Racial and Ethnic Characteristics of the Membership*

Here again the union membership list does not report individual racial or ethnic identity. Over half of the survey respondents classified themselves as black, while a little over a fifth self-classified as white or Hispanic. Table 3 shows the percentages of each category.

**Table 3**  
**Racial and Ethnic Self-Classification of SEIU Healthcare Florida Members Surveyed**

<b>CATEGORY</b>	<b>PERCENTAGE</b>
Black	50.1%
White	22.4%
Hispanic	21.9%
Other	5.5%

*Membership Age and Years in the Union*

The median age (half older and half younger) of those union members surveyed was 50 years old, ranging in age from 17 to 77 years. We do not have age statistics for the membership as a whole.

*Length of Time in the Union*

The median length of time in the union for members we surveyed was three years, indicating how young this union is. (The mean, or “average” was five years, brought up by a few workers with much longer time in the union ranks.) Table 4 gives details.

**Table 4**  
**Age and Length of Time in the Union of SEIU Healthcare Florida Members Surveyed**

	<b>Median YEARS</b>
Age	50
Length of time in the union	3

*Hourly Wage and Personal and Family Income*

Survey respondents earned hourly wages between \$7.05/hour and \$40.00/hour. The median hourly wage was \$11.94/hour, while the mean (or “average”) was \$15.95/hour. Since the median wage is the one where half make more and half make less, it is usually considered “typical,” so for this union the “typical” wage is \$11.94 per hour. Table 5 shows the figures.

**Table 5**  
**Hourly wage data for SEIU Healthcare Florida Members Surveyed**

	<b>HOURLY WAGE</b>
Lowest	\$7.05
Highest	\$40.00
<b>Median</b>	<b>\$11.94</b>
Mean	\$15.95

Annual personal and family incomes varied immensely. At the low end was a personal income of \$3,000 per year and family income of \$7,000 per year. At the top was a personal income of \$123,000 per year and a family income of \$220,000 per year. The median annual personal income was \$30,000, with a median annual family income of \$40,000. Table 6 shows details.

**Table 6**  
**Annual Personal and Family Incomes of SEIU Healthcare Florida Members Surveyed**

	ANNUAL PERSONAL	ANNUAL FAMILY
Lowest	\$3,000	\$7,000
Highest	\$123,000	\$220,000
<b>Median</b>	<b>\$30,000</b>	<b>\$40,000</b>

These hourly wage and annual income figures can vary enormously according to the occupation of the employee, of course. The only two occupations for which we obtained a large enough number of responses to have confidence that they accurately represent the actual wages of union members in that occupation are CNAs and RNs. **CNAs** (124 responses) earned a **median hourly wage of \$10.36 per hour**, with a range between \$7.05/hour and \$18.50/hour. **RNs** (63 responses) earned a **median wage of \$30.00 per hour**, with one “outlier” at the low end claiming pay of \$10.00/hour (apparently erroneously)<sup>1</sup> and \$40.00/hour as the highest reported rate.

CNAs and RNs also had quite different personal and family annual incomes. CNAs had a median **personal** income of \$23,000 per year, ranging from \$7,000 to \$60,000. The low income figure represents a part-time job; the high income figure is out of the range of what a CNA could make according to the union contract and so likely signifies someone with a second job and/or a business in addition to the CNA job. CNA median annual **family** income was \$30,000, ranging from \$7,000 to \$97,000. RN median annual **personal** income was \$63,500, ranging from \$30,000 to \$123,000. RN median annual **family** income was \$90,000, ranging from \$32,000 to \$220,000. Table 7 shows personal and family median incomes for the two groups.

**Table 7**  
**Median Annual Personal and Family Incomes, CNAs and RNS Surveyed**

	CNAs	RNs
Median Annual Personal Income	\$23,000	\$63,500
Median Annual Family Income	\$30,000	\$90,000

*Family Size and Expenses*

**The median family size reported was three.** Less than three percent (11 respondents) had non-family members living in their household, and only one individual was able to state that a non-family member contributed any money (in this case, \$1,200) to the family budget, so this is not a complicating factor in evaluating income or expenses for families.

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<sup>1</sup> Although one RN claimed a pay rate of \$10 per hour, this was completely out of range with the reported pay rates of all other RNs surveyed, and is not a believable figure. A thorough check of all union contracts reveals that the lowest hourly rate for a nurse in any facility is \$20.38 per hour, and the maximum is \$47.78 per hour. So, the self-reported \$10 per hour for this one individual is not to be believed.



Housing cost is always the largest part of a family budget. The median monthly housing cost of respondents was \$1,500 per month, or \$18,000 per year. **A family is considered “cost burdened” if its housing cost is more than 30% of its income.**<sup>1</sup> That means that its housing costs are a larger percentage of its income than can be afforded without cutting into the normal budget for other necessities. By that measure, **72.2% of the families for which we obtained information were cost burdened by the amount of their housing costs.**

*Nativity and Citizenship*

**Just slightly over half of the respondents were born as U.S. citizens (51.5% versus 48.5% born as citizens of other countries).** Of those not born U.S. citizens, almost 60% come from Haiti, Jamaica, or Cuba. A wide variety of other countries, primarily in the Caribbean or in Latin America, make up the rest. Table 8 lists all countries of origin listed by more than one respondent.

**Table 8  
Nativity of Respondents Not Born as U.S. Citizens**

<b>COUNTRY</b>	<b>PER CENT (NUMBER)*</b>
Haiti	26.3% (51)
Jamaica	20.1% (39)
Cuba	12.9% (25)
Refused to answer	6.7% (13)
Trinidad	3.6% (7)
Philippines	3.1% (6)
Honduras	2.6% (5)
Nicaragua	2.6% (5)
No answer given	2.6% (5)
Colombia	2.1% (4)
Dominican Republic	2.1% (4)
Peru	2.1% (4)
India	1.5% (3)

\*Other responses named by one respondent: Africa, Argentina, Aruba, Barbados, Brazil, Canada, Chile, Croatia, Ecuador, Egypt, El Salvador, England, Guatemala, Korea, “not applicable,” Scotland, South America , St Christopher (West Indies), St. Kitts, Taiwan, Venezuela, West Indies.

*Summary of SEIU Healthcare Florida Membership Characteristics*

**A large majority of SEIU Healthcare Florida members are women. About half are black and almost three quarters are either black or Hispanic. Almost half are immigrants to the U.S. from some other country. With a median wage of \$11.94/hour, as a group the membership earns below the median wage in Florida, which in 2007 was \$14.70/hour. Likewise, family income is lower than the state average: \$40,000 per year compared to a state average of \$56,966 in 2007. The “median” SEIU Healthcare Florida respondent is 50 years old and has been in the union for approximately three years.**

<sup>1</sup> “Cost burden” is a term used by the U.S. Department of Housing and Urban Development (HUD). For a definition of the different levels of “cost burden,” (moderate, severe, etc.), see the following HUD web site: <http://huduser.org/publications/affhsg/worstcase/appendixb.html> .

## **IV. How Does SEIU Healthcare Florida Affect Workplace Conditions?**

As Richard Freeman and James Medoff note in their classic book *What Do Unions Do?* (1984), unions affect almost everything about the employment relationship; the impact is not confined to economic welfare. In Freeman and Medoff's language, a union provides a "collective voice" for the employees it represents. Different unions are more or less effective in providing that "voice," and the difference it makes in the workplace lives of employees also varies considerably across different employment situations. In the healthcare sector, workplace conditions are critical to both the employee and the patient.

**We were interested in seeing how the members felt SEIU Healthcare Florida was performing in providing an effective voice for them at the workplace.** Was the union appreciably improving conditions and treatment at work? Had the union built a worksite organization that does give voice to the employees? Had it "empowered" its members to achieve improvements in areas such as workplace safety, fairness of treatment, influence over how things get done, respectful treatment by management, opportunity to provide leadership to others, smooth and efficient operation of the enterprise, and the like? We asked a number of questions in the survey intended to answer these questions.

### **WORKPLACE SAFETY**

The U.S. government Bureau of Labor Statistics (BLS) utilizes data from the Occupational Safety and Health Administration records to measure how safe or unsafe work in different industries is. The nursing home industry is one of the least safe of all industries; in Florida, in the five year period from 2003 through 2007, this industry had a rate of nonfatal injuries and illnesses with days lost from work that was over 75% higher than for all industries (2.12 cases per 100 employees, versus 1.20 per 100 employees for all private industries). In all years but one in that five year period, nursing home work caused more lost time injuries or illnesses than even the building construction industry. These injuries and illnesses were mostly attributed to total overexertion and overexertion in lifting. In hospitals, total overexertion and overexertion in lifting were also the leading causes of injuries, although the hospital lost time injury or illness rate was only slightly higher than that for all industries.<sup>1</sup> From these statistics we gather that working in nursing and residential care facilities and hospitals can often lead to high injury rates. Thus the importance of having safety measures and standards in the workplace is essential for workers to be productive and to lead healthy lives.

Our survey asked respondents to rate how effective their union had been in making their job safer. **By well over a 2-to-1 margin (46.3% - 20.5%), they rated their union as "good" or "very good" rather than "poor" or "very poor" in making the workplace safer.**<sup>2</sup> Table 9 shows results.

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<sup>1</sup> For statistics on injuries and illnesses in Florida according to industry, see the following website: <http://www.bls.gov/iif/oshstate.htm>.

<sup>2</sup> Here and throughout the report we leave out the rating of "fair" because we are seeking to determine members' rates of approval and disapproval of their union's effectiveness in achieving whatever is being asked about, and a "fair" rating indicates neither of these, but a more neutral evaluation.

**Table 9**  
**Union Member Ratings of Union Effectiveness in Making the Job Safer**

RATING	PERCENTAGE
Good or Very Good	46.3%
Poor or Very Poor	20.5%

*Safety in the Workplace: We need the union for our backs*

In interviews, union members listed specific ways the union had made their jobs safer. A member who had been a Certified Nursing Assistant for over 34 years recalled a time when she lacked certain safety measures:

I have had two back surgeries because of all the heavy lifting I was doing for my patients since there were no lifting devices in my workplace. And now that the safety issue is here and OSHA [Occupational, Safety, and Health Administration] is the overseer, all facilities have to have a safe environment, including lifting devices. And that's only because of the union pushing OSHA.

Through SEIU, this same member had been involved with the safety committee in her nursing home and had successfully worked on several campaigns to improve health and safety at her facility. When asked how being involved in the union's safety committee had improved her overall safety, she responded, "Now we have the tools to do our work in a safer aspect."

Other members also noted that health and safety committees had improved safety in the workplace. These committees typically consisted of union members and management. Several members explained that through these committees they felt they had gained a collective voice and a safe space to discuss safety concerns, which lead to overall improvement in job safety.

A shop steward described how the health and safety committee at his facility had not only improved safety but had also given the union members a way to hold management accountable:

It [the health and safety committee] makes sure that we are up to date on OSHA... If there is [sic] any slip ups within these things, the union is there to come and say, "This is not right." The employees are being jeopardized when it comes to this kind of a situation. What we [union members] do is file a complaint against them [management].

The approximately 20% indicating that the union had done a poor or very poor job in improving safety simply indicated that nothing had changed for the better as a result of the union. None claimed that the union had actually made the job less safe, and none gave extended explanations for why they thought the union had not done a better job.

## **FAIR TREATMENT OF WORKERS**

Our survey also asked respondents to rate how effective their union had been in getting management to treat workers more fairly. On this measure, Table 10 shows that **more than half**

of all survey respondents (51.1%) rated the union as “good” or “very good” while less than 18% rated it as “poor” or “very poor” in providing fairness.

**Table 10**  
**Union Member Ratings of Union Effectiveness in Getting Fairer Treatment of Workers**

<b>RATING</b>	<b>PERCENTAGE</b>
Good or Very Good	51.1%
Poor or Very Poor	17.6%

This almost 3-to-1 favorable/unfavorable rating of the union’s effectiveness in achieving fair treatment demonstrates a widespread belief by the members that the union plays an important role in achieving workplace justice. A number of those we interviewed echoed this belief, as shown by their comments on the topic.

*Fair Treatment of Workers: “Discrimination has stopped!”*

In one facility, unfair treatment and discrimination of workers was not only based on race but also on nativity, as one black Haitian member described:

Discrimination was a big problem before the union came in. The place I worked at, they liked discrimination. If you are an immigrant, they treat you bad, very bad. If you are an American, they treat you differently. Now with SEIU, no way, discrimination has stopped! Now blacks, whites, Haitians, and Cubans are the same, no discrimination any more.

When asked how the union had made a difference in ending discrimination at her facility, she noted, “If workers feel discrimination, they can file a grievance.” Another member described how management at her facility would create unnecessary hardships for workers as a way of treating them unfairly:

Our contract says that workers should not endure an unjust hardship. I’m quick to tell them [management] that they are creating a hardship for this person and that it is a violation of our [union] agreement and we had this agreement in good faith. So they back off and workers know that. We are treated more equally, like professionals.

In an interview, one union officer explained that prior to a union presence in her facility management was more likely to treat workers unfairly based on their job title. As a result of this, tension and inequalities were created among her co-workers. She recalled the experience:

Before the union came in, anyone in management could talk down at you. When you're a CNA or a housekeeper, you're at the bottom of the totem pole. You're not equal; you're not on the same level.

When asked how the union helps to rectify the unfair treatment, she responded:

Now we have in our [union] contract [a clause] that says members should be treated with dignity and respect at all times, and we hold our company accountable to that. We have a

grievance process where we can take it from point A and go all the way to point Z. And we're not afraid to file an unfair labor practice.

The approximately one in six who rated the union poorly in achieving fairness gave little indication of why they felt so when asked why. Most gave no answer, and the few who did simply stated that the union didn't change anything in this regard, or that management already treated workers fairly even without a union.

## AN INFLUENTIAL VOICE

Our survey asked respondents to rate how effective their union had been in giving workers more say in how things were done in the workplace. **Nearly half ( 48.9%) of all respondents rated the union as “good” or “very good” while a little under 22% rated it as “poor” or “very poor” in giving members more influence.** Table 11 shows results.

**Table 11**  
**Union Member Ratings of Union’s Record in Giving Workers More Say at the Workplace**

<b>RATING</b>	<b>PERCENTAGE</b>
Good or Very Good	48.9%
Poor or Very Poor	21.8%

This highly positive rating was corroborated in interviews we conducted.

*A Collective Voice: “Management has to listen to us!”*

In interviews, surveys and focus groups, members repeatedly stressed the difference that having a collective voice made in their workplaces. For one member the differences were very great, as she described:

There are changes now that we have a union. We [union members] go and sit down; we talk to them [management]. We can reason together, and now they are more mindful of us....I was in a meeting and I said to the HR [human resources] director, ‘Remember, communication is two ways, respect is two ways.’ From that conversation, she told me that starting next month, the directors and all the management team would go through training. Unions change the culture in a place. That’s very powerful! Before the union it was like walking into a place where your legs have been cut off and your eyes blindfolded. You don’t know where you’re going and you have no direction. You have no say. That’s one thing of many things that the union brings to the table for workers.

When asked how she felt now that she had more say in the way things at her workplace were carried out, she simply noted, “We [union members] feel that we have more power.”



## GAINING MORE RIGHTS

Respondents were asked to state whether or not the union had been successful at giving more rights to members. **Over 47% rated the union as “good” or “very good” in obtaining rights, while almost 18% rated the union as poor or very poor in this regard.** Table 12 shows this.

**Table 12**  
**Union Members Ratings of Union Effectiveness in Gaining More Rights on the Job**

<b>RATING</b>	<b>PERCENTAGE</b>
Good or Very Good	47.2%
Poor or Very Poor	17.7%

This broadly positive rating is similar to those reported earlier. Interviewees explained some of the ways the union gave those it represents more rights.

### *More Rights Equals Empowerment*

One African-American member who had worked in unionized and non-union facilities was asked in an interview what the biggest difference was. She stated:

Workers are more empowered. They have a chance to stand up for their rights. They have more authority in expressing themselves and standing up for their rights. Without that you are subject to, what they call ‘kick backs’ when people take revenge on you for saying anything. But once you have a union they really tend to stay away from you. SEIU has educated us and they have made us aware of our rights and what we need to do to enforce our contract, so that’s how it goes.

Another member was asked if the union had affected the sense of rights for herself and for her co-workers. She stated, “Yes. It really affected that a lot. Before, people were scared to say anything.” As a specific example, she said:

Sometimes we have too many patients. That’s an example. They were scared to say anything, because if they say anything, it might be. ‘If I say anything they might suspend me. Or I might be terminated if I say I am overwhelmed and I have too many patients.’ Now they are able to voice their opinion and speak out about their rights.

## DIGNITY IN THE WORKPLACE

We also asked survey respondents how effective their union had been in giving workers more dignity on the job. **Over 47% of union members rated the union as “good” or “very good” in providing dignity, compared to less than 15% rating the union as “poor” or “very poor.”** Table 13 shows results.

**Table 13**  
**Union Members Ratings of Union Effectiveness in Giving Workers Dignity on the Job**

RATING	PERCENTAGE
Good or Very Good	47.3%
Poor or Very Poor	14.7%

With more than three times as many respondents rating their union positively than negatively in effectiveness on this score, the members clearly find the union to be an important “plus” in making their working lives more dignified. Interviewees gave examples.

*Dignity in the Workplace: We Have More Respect*

One member explained the greater dignity in terms of relative power: “We are more powerful, we have more rights and more respect.” Another member claimed that since the union, management began to treat workers with more dignity:

Before we [workers] organized, we were beat down. We were disrespected! There was no dignity and respect for the workers, there was no just, say, common courtesy of that sort. Our workplace was fickle. Management would say, ‘You do it or you can hit the door.’ Well that got old and we brought the union to change this.

When asked for specifics on how the union had brought dignity to the workers, she answered, “The union has educated me and my co-workers to know that we have a voice and we are respected now.” This theme was repeated among survey respondents and focus group participants who answered that they felt more dignity simply because, “Management treats us with more respect” and “Management treats us like professionals.”

**LEADERSHIP OPPORTUNITIES**

When workers are empowered they are more likely to empower others, which can lead to an overall improvement of workplace conditions. In our survey, we asked respondents to rate the effectiveness of the union in bringing more opportunities to become leaders in the workplace. **Over 48% of members responded that the union had been “good” or “very good” in providing leadership opportunities, while less than 25% rated it as “poor” or “very poor.”** Table 14 shows results.

**Table 14**  
**Union Members Ratings of Union Effectiveness in Providing Leadership Opportunities**

RATING	PERCENTAGE
Good or Very Good	48.5%
Poor or Very Poor	24.9%

Survey respondents were not asked to give specific examples of leadership opportunities provided by the union, but those we interviewed or spoke with in focus groups provided many examples. Most examples concerned not simply leadership at the workplace itself (such as being

a union steward), but also union activities away from the worksite that they could bring back to work and lead their fellow workers by educating them and leading them to take action.

*Leadership Opportunities: “Everybody wants information when you go back to work”*

A CNA noted, “Everybody wants information when you go back to work. They all, they all just absorb it like a sponge. They want to know what you’ve learned, today, tomorrow. Every time we’re down here [at the union hall]. I just get stronger and learn more.”

A worker at an assisted living facility (ALF) reflected on her new-found leadership role: “It gave me an opportunity to make a difference for somebody. That ‘little old me’ made a difference.

A CNA of over 27 years, who had been recently elected to the union’s executive board, described how the union had brought her leadership opportunities:

The union has taught me the leadership to find out how my company works, to inform other people so that they [co-workers] could be strong, to know everything possible that they can, and to fight for causes and opportunities.

Asked to specifically list the ways in which the union had brought her more leadership opportunities, she explained:

I was recently given a scholarship to attend the Southern Union Women’s Summer School in St. Louis, Missouri. One of the most important classes was the grassroots, political campaign, mobilizing. They taught me how to run a whole campaign. You can run a whole campaign by yourself with the paperwork I got. That schooling was phenomenal.

The same CNA was chosen by the union to become an SEIU political campaign leader for the union’s presidential campaign work in the 2008 election. She had also been invited to represent SEIU Healthcare Florida at one of the presidential debates.

She points out that it is not only her, but also her fellow workers who learn and grow through her leadership activities. Speaking of her fellow workers, she says:

They are asking questions and want to see results. They ask, ‘What are you doing for me? Where is my money going? Who owns the building? Where [does] the money go? What are we [SEIU Healthcare Florida] fighting for in Tallahassee?’ They see the work that is being done because I bring it back to them. I share everything that I’ve learned with them. They get motivated to be involved because they want to see results.

Another union leader also noticed the same thing happening where she worked: her fellow workers were becoming more empowered. She noted:

They are more apt to ask questions, they want to know what is going on. You get them engaged, you keep praising them, and you know, we learn. You tell them the things the boss didn't tell them, the things that they didn't know about and in that process you are informing them.

## MAKING THE FACILITY RUN MORE SMOOTHLY

We asked respondents to rate how effective their union had been in making their workplaces “run more smoothly.” By “run more smoothly” we told the respondents that we meant that things were done so that workers and management knew and agreed on what are their rights and responsibilities and tasks, and therefore there was less confusion or misunderstanding about how things should be done in their workplaces.

**Over 50% of survey respondents said that the union was either “good” or “very good” in effectively making their workplaces run more smoothly, while just over 20% rated it as “poor” or “very poor.”** Table 15 shows results.

**Table 15**  
**Union Members Ratings of Union Effectiveness in Making the Workplace Run More Smoothly**

<b>RATING</b>	<b>PERCENTAGE</b>
Good or Very Good	50.8%
Poor or Very Poor	20.2%

**It is apparent that the respondents considered a facility to be “running more smoothly” when worker’s rights were clearly established and enforced.** One of the two most frequent reasons given for how the union makes the workplace run more smoothly was that the union forced management to adhere to specified rules rather than what was perceived to be arbitrary whim (the other reason was better patient-staffing ratios).

*Everyone knows what to do, if not, the union backs us up*

Asked to give an example of how their workplaces run more smoothly, the general theme of many respondents was summed up by one who stated, “Managers have to abide by union rules so there is less confusion about who does what.” Other survey responses included, “The union handles our problems and conflicts at work, so we don’t have to worry about them as much.”

An example of this understanding emerged in an interview with a union shop steward. He recalled a conflict in his facility and how the union was able to mediate the conflict.

Three young ladies were on their break and one of the administrators walked in and said, ‘You are not on break.’ They didn't know they were in the union. They terminated all three of them and the union stood and fought for them. They got their jobs back.

When asked what would have happened had there been no union to represent workers if misunderstandings like this occurred, he simply responded, “They would have been terminated. The union stepped in and they went to bargaining court and got their jobs back.”

## UNION IMPACT ON FEELINGS ABOUT WORK AND WORK CONDITIONS

We also asked survey respondents whether they felt better or worse about their work as a result of the union, or whether having a union had no impact in this respect. In reporting results, we will ignore those who reported no difference but will compare the percentages reporting feeling either better or worse about work because of the union. About 28% said they felt better about the work they do because of the union while only 1.75% said they felt worse about their work. Table 16 shows results.

**Table 16**  
**Union Impact on How Members Feel About Their Work**

	<b>Percent</b>
Feel worse	1.75%
Feel better	28.07%

We asked those who said they felt either better or worse about work since joining the union to explain why, that is, to elaborate on what difference it has made. Many gave more than one reason, and in such cases we recorded all responses. Thus there were more answers than there were people giving answers; we are interested in how often a particular answer was given (by anybody). We coded the responses of those reporting feeling better into common categories.

There is considerable overlap between the categories, making it impossible to neatly or cleanly divide responses into distinct reasons. **But by far the largest responses can be divided into two very general categories: those who felt better because of the protection and security provided by the union (47%) and those who felt better because they were more empowered through improved job treatment and conditions (38.5%).** The most common answer (35% of responses) was that they felt “protected,” “supported”, “backed up”, or “represented” by the union. Typical remarks along these lines include things like, “they can come defend you if you have a problem,” as related by a dietary aide from the Tampa Bay area. The comments of a Miami-based janitor exemplify in particular the positive impact on lower wage workers in the industry:

I had worked many years in Burger King, and I never had support like I have here. I used to have lots of problems with my managers in the past, but not anymore. That's the difference. I work calmly, with no anguish because things are clear. And the people that support me, I have to do good by them too, so they will continue to help me in the future.

Very closely related to this theme of **protection** was one of **job security**, which was mentioned in 12% of all responses. Respondents felt that the union ensured fairness in hiring and firing. For example, a nursing assistant from Broward County told us that “if it wasn't for the union they could have fired me for any reason.” Many more workers said things like, “now they can't just fire me”, “I can speak up without getting fired”, and similar remarks.

A second major “bundle” of reasons centered on **improving job conditions through empowerment of the employees**. Many mentioned the right to speak up or to have a voice in



the workplace, such as a nursing assistant from the Tampa Bay area who said, “I am even more optimistic and I feel that I can speak up and I will be listened to.” A typical remark was from a housekeeper in Palm Beach County who said, “The meetings make us feel better. [Our union representative] speaks very well for us and brings changes.”

Some concentrated on the changes in terms of employment such as enforcement of paid break periods. A nurse from Bradenton emphasized this last issue:

I worked many years in the Emergency Room and had no breaks or time away; now I have breaks and am more relaxed and feel better about the work that I do. Your frustration shows when you're not getting your break and your lunch periods.

Others emphasized better and more respectful treatment by managers, which is both a change in workplace conditions and an example of employee empowerment. Comments included, “we’re treated with more respect” and “now we have more power.”

Much smaller numbers emphasized other issues, such as the union’s improvement in the quality of patient care (4%), better wages (3%), and other services provided by the union (3%). A little over 5% gave answers that are either very general or else they cannot be easily categorized. Table 17 summarizes the broad outline of responses on why the union makes its members feel better about their work.

**Table 17**  
**Reasons Why the Union Makes Members Feel Better About Work**

<b>Reason</b>	<b>Percent*</b>
Protection (the union supports me, backs me up, represents me)	35%
Job security (I can’t be unfairly terminated)	12%
Improves job conditions (handles problems and conflicts; requires management to give respect or abide by wage and hour laws or abide by the rules, everybody works together more cooperatively, etc.)	22%
Empowers me (can now speak up; union meetings give important information & are supportive; makes us more comfortable)	16.5%
Union improves the quality of patient care	4%
Better wages	3%
Other services from the union	3%
General or uncategorizable comment (it’s a good union; I stay because of the union; I want to improve things here; I like the work and the patients; I know the right thing to do, etc.)	5.5%

\* Percentages add up to 101% because of rounding.

Interview respondents elaborated on these issues but also shed light on other ways of “feeling better” about work that could not be captured by a short phone survey format. For example, one of the reasons that a nurse from Miami feels better about her job is because now she feels she is part of a movement, part of something bigger and more important than herself:

I feel good about my work [but] where I work, I was actually going to leave. I filled out [an application for] for a federal job in a federal hospital. I went for the interview and it went well and they called me back for the second interview and I knew the interview went well. [But] on my way home I was so upset at the thought of leaving now. I felt like I put so much work into this and so much has happened and so many people have left and some have stayed and here I am [leaving]. And people have expectations of me because I’m a leader and how could I leave now? I feel like I’m abandoning my ship and I just can’t do it. So I stayed... This is a *movement*. This is a change for the future. For my kids, who might not be in healthcare, but for their kids and for patients.

Less than 2% of respondents felt that the union had made them feel worse about their work. Those answering this way generally said that the union hadn’t done anything for them or their fellow employees. One interviewee at a recently unionized workplace lacking a strong and active worksite union membership reported that things can get worse if management retaliates because the workers unionized. Yet, she still believes the union can be a positive force:

When we formed the union, we did it behind the company's back, but we know they were watching us which caused some tense situations. In that aspect it made things a little worse. Like I said, many . . . now want to get rid of the union because of this [retaliation from management]. But on the other hand, people who may have trouble in their work will feel more secure about having a union. At the beginning, it felt a little better because they [employers] couldn't just do whatever they wanted to with us; they had to be more careful.

These comments underscore the necessity for the union to establish a strong rank-and-file presence in a worksite if it is to achieve anything to make its members feel more positive about their work. Despite this cautionary note, **if the union has any effect on worker’s feelings about work (in the majority of cases it does not), it is overwhelmingly in a positive direction: over 28% positively impacted verses less than 2% negatively impacted.** As the above quotes illustrate, in many instances workers have been able to *feel* the difference in their workplace because through the union they have gained power, respect, dignity, job security, improved working conditions, improved relations with their bosses and, crucially, support and representation as more equal partners in the functioning of the healthcare industry.

**This union is perceived as effective in improving workplace conditions. By margins between 2-1 and 3-1, the members rate the union’s record as either “good/very good” over “poor/very poor” in its ability to deliver fairness, dignity, job rights, safety, leadership opportunities, and a smoothly running workplace. And to the extent the union impacts feeling about work, it is overwhelmingly in the positive direction. To the extent that the quality of patient care and the quality of workers’ lives is affected by improved workplace conditions and improved morale at work, the SEIU Healthcare Florida has made a clear positive contribution.**

## Member Spotlight: Dottie<sup>1</sup>

Dottie is a nursing assistant and 34 year veteran of the healthcare industry, and has been with the healthcare union for over 8 years. She is now a member of the union's executive board and a recognized leader in her workplace.

Dottie has seen both the best and the worst of the healthcare industry in Florida, and is optimistic that workers will continue to form unions because there is only so long that they will put up with disrespect and poor conditions at the workplace. She recalls that before her nursing home joined the healthcare union,

We was beat down, we was disrespected, there was no dignity and respect for the workers, there was no common courtesy of that sort. It was simply 'you do it or you can hit the door.' To work for a company that shows you nothing as far as being a human being, you're just a worker here.

Dottie recalls that her employers and supervisors used tactics of intimidation to prevent workers from challenging the status quo. "There was a lot of fear. Workers didn't have the strength to stand up and [if they did], people would be escorted out the door." But after awhile, she recalls, "That got a little old and [since] I heard that SEIU was targeting a nursing home right around the corner from our facility, I took it upon myself to contact someone and the union organizer came out to my house and explained what needed to be done."

Dottie had never been part of, let alone organized, a union before. Like other workplace leaders in our study, her life has been dramatically transformed through her involvement in her union. Before the union,

I didn't have that front door advantage. I would work campaigns, but it was like to the extent of just doing it on election day; not understanding the issues, not being educated on the issues.

Since I've been a member of SEIU I have been educated in politics from the beginning to the end. I never understood how bills are passed, anything about legislation. But since joining SEIU, I have the opportunity to lobby, I have the opportunity to phone bank, I have had the opportunity to work close hand with the politicians and in doing that it educated me and gave

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<sup>1</sup> In this and all other "Member Spotlights" we use pseudonyms rather than real names because all those interviewed were promised confidentiality.

me the tools I needed to go out and get other people and that means a lot to me.

Dottie has worked on numerous political campaigns led by the healthcare union, on issues ranging from the quality of patient care to public education to state and national elections. Teaching others to stand up for themselves is something she takes great pride in. As she puts it, “Education is a big thing, it’s a passion of mine. I’m always talking to my co-workers as far as education is concerned.” But Dottie’s political involvement goes beyond the workplace, too.

Even with my church in my community: SEIU re-wrote the constitution as far as education, lobbying for smaller classroom sizes in [public] schools. I worked that campaign by doing outreach in my neighborhood through my church. The minimum wage, I worked for that in the community: I did a petition drive in front of grocery stores for the wage increase.

In addition to her political education and engagement, Dottie sees that unionization has had impacts on co-workers and the working environment. The ratification of a new contract approved by union members means that workers now have a formal grievance process that can be carried through “from point A and go all the way to point Z and we’re not afraid to file an unfair labor practice.” Dottie emphasizes, for example, how “in our contract it says that workers should not endure unjust hardship and I’m quick to tell [administrators], ‘You’re creating a hardship for this person and that in itself is a violation of our agreement and we had this agreement in good faith. So they back off and the workers know that.’”

As a result, Dottie finds that unlike the situation before she and her co-workers formed a union, “administrators [are] more likely to listen. Before they had a deaf ear and probably mumbled to themselves, ‘this is just another complaint.’ But now they listen.” As workers see this, they realize the importance of knowing the rules of their union’s bargaining agreement. “If they are not familiar”, says Dottie, “I have extra contracts in my car so you can refresh your memory. We tell people, your contract is like your testament. Keep it with you and just refresh your mind on the word.”

It is through workplace leaders like Dottie that the healthcare union seeks to hold industry leaders and politicians accountable to the healthcare workforce and for the quality of patient care. The passion with which she educates others is a positive sign for both workers and patients.

## **V. HOW DOES SEIU HEALTHCARE FLORIDA AFFECT QUALITY OF PATIENT CARE?**

Everyone who has (or has had) loved ones or relatives in a nursing home or hospital cares greatly about the quality of care provided by these institutions. Similarly, the general public and public officials have a stake in ensuring that our healthcare system provides care that is most conducive to the well-being, comfort, and longevity of those utilizing it. Thus, the public's perception of a healthcare union will likely depend greatly on how that union affects the quality of patient care.

Theoretically, a union in the healthcare industry could affect the quality of patient care for either better or worse in a number of ways. On the negative side, a union that paid no attention to the issue or that pressured management to ignore how well patients or nursing home residents were being treated while pressing for higher compensation of existing workers could worsen the quality of patient care by leading to "short staffing." On the positive side, a healthcare union that sees its self-interest as tied to the well being of those served by its members could be a force for improving the quality of patient care. This could happen in a number of ways: union insistence upon proper training of a facility's personnel, union insistence upon direct caregivers having enough time to spend with patients to make the interaction higher quality, union impacts improving morale and/or reducing staff turnover, or union political action to change government regulations to prevent short staffing or other conditions detrimental to proper high quality care to those being served.

In its public statements and its political and organizing activities, the SEIU Healthcare Florida has clearly adopted the latter stance, linking its own fortunes to those being served by its members. The union's Web site prominently features a link to a "Campaign for Quality Healthcare," while another link brings the reader to a research report the union produced on chronic understaffing at hospitals.

This focus is not new. The Florida healthcare union has been working to improve patient or resident care in the state's nursing homes since the late 1990's, when it helped draw the public's attention to the poor quality of working conditions and patient care in many of Florida's nursing homes.<sup>1</sup> At the time it was becoming clear that the state's nursing industry was in crisis. *The Miami Herald's* Special Report, *Failed Nursing Homes*, was one of the earliest investigations into a persistent trail of health and safety violations by a large nursing home chain.<sup>2</sup> The same violations were occurring across the state in different facilities,<sup>3</sup> and in 1998 the average number of citations for Florida nursing homes was 38% higher than the national average.<sup>4</sup> The poor patient care was resulting in an unprecedented number of lawsuits from families and advocacy organizations, many costly settlements, and rising insurance costs for state facilities at a time

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<sup>1</sup> Glenn Burkins, "Small Victories: Nursing Homes Are Labor's New Target In Its Promised Return," *Wall Street Journal*, July 8, 1997; Barbara DeLollis and Peggy Rogers, "Failed Nursing Homes: Company's trail of neglect, financial pain spans three states," *Miami Herald*, August 16, 1998, 1A, 18A.

<sup>2</sup> Barbara DeLollis and Peggy Rogers, Op Cit.

<sup>3</sup> Colleen Dougher, "Where's the Care?," *City Link* (Broward and Palm Beach Counties), Jan. 31-Feb. 6, 2001, 17-24.

<sup>4</sup> Diane C. Lade, "'Overworked and Underpaid': Nursing Home Aides, Advocates Step Up Statewide Campaign to Win Better Pay," *South Florida Sun-Sentinel*, September 21, 2000, 1B.

when the industry was suffering financial losses.<sup>1</sup> The cost of insurance was reported to be three times as much for Florida healthcare facilities compared to counterparts in other states.<sup>2</sup>

But workers were the first to point out that the crisis in patient care is connected to conditions in the workplace.<sup>3</sup> Judging from the statistics on the quality of patient care, it should have come as no surprise that Florida companies were being sued by patients, some of whom were getting abuse instead of care.<sup>4</sup> In 2001, the national average amount of total care in nursing homes was 3.2 hours per patient per 24 hour period, while the National Citizens' Coalition for Nursing Home Reform recommended a minimum of 4.4 hours per day.<sup>5</sup> But in Florida the state only required 1.7 hours per day until 2001, when legislation raised the required level in increments over the years to a minimum of 2.9 hours.<sup>6</sup> Florida's nursing home workers were overworked because their facilities were understaffed, and patient's needs were being neglected.<sup>7</sup>

Workers pointed to other problems that adversely affected patient care.<sup>8</sup> In 1997, the Bureau of Labor Statistics ranked nursing home workers among the most susceptible to workplace injuries, mainly assaults by patients and back injuries from lifting and turning residents.<sup>9</sup> Yet, most nursing home workers were earning between \$5.25 and \$6.50 an hour in 1998, without affordable health insurance, retirement plans, or even paid sick days and vacation.<sup>10</sup> As the union's director pointed out in 2001, "The industry's screaming that they can't find certified nursing assistants. Well, when you pay them poverty wages, work them like dogs and don't get them decent benefits, what do you expect?"<sup>11</sup>

Through the healthcare union, workers have campaigned to improve patient care as well as their working conditions. Besides the aforementioned staffing ratio legislation which was first proposed in 1998<sup>12</sup> and fought for again and again as industry lobbyists and lawmakers tried to repeal the 2.9 hour per day standard,<sup>13</sup> union members also supported the Patient Right to Know Act in 2006, which would have required hospitals to make public and post on a state Web site nursing staffing ratios for different departments, the rate of turnover, and staff vacancy rates.<sup>14</sup>

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<sup>1</sup> Scott Blake, "Nursing home workers unionize as industry suffers money blues," *Florida Today* (Brevard County), 1E, 5E.

<sup>2</sup> Joan Fitzgerald, "Better-Paid Caregivers, Better Care," *The American Prospect*, Vol. 12 no. 9, May 21, 2001.

<sup>3</sup> Glenn Burkins, Op. Cit.

<sup>4</sup> Colleen Dougher, Op. Cit.

<sup>5</sup> Joan Fitzgerald, Op. Cit.

<sup>6</sup> Dale Ewart, "Quality Care Must Not Be Abandoned," *South Florida Sun-Sentinel*, April 6, 2008, 5F.

<sup>7</sup> Susan R. Miller, "Labor Intensive: Today's job action by unionized nursing home workers points up difficulties in South Florida's care industry," *Daily Business Review* (south Florida), A1, A11.

<sup>8</sup> Glenn Burkins, Op. Cit.; Joan Fitzgerald, Op. Cit.

<sup>9</sup> Glenn Burkins, Op. Cit.

<sup>10</sup> Susan R. Miller, "Labor Intensive: Today's job action by unionized nursing home workers points up difficulties in South Florida's care industry," *Daily Business Review* (south Florida), A1, A11.

<sup>11</sup> Colleen Dougher, Op. Cit.

<sup>12</sup> Nancy McVicar, "Nursing home bill pitched to retirees," *South Florida Sun-Sentinel*, April 2, 1998, 1B.

<sup>13</sup> Dale Ewart, Op. Cit.

<sup>14</sup> Shana Gruskin, "Nurses urge more disclosure about staffing to patients," *South Florida Sun-Sentinel*, March 9, 2006; Ben Roussel, "Nurses urge Florida lawmakers to increase hospital transparency and pass the Patient-Right-to-Know Act," *Westside Gazette* (Broward County), April 12, 2006.

Between 1998 and 2001 the Florida healthcare union increased the number of unionized nursing homes from 25 to 60, and the average union member wage was about 9% higher than non-union nursing home workers according to published reports.<sup>1</sup> While the union was growing, was it able to improve patient care for those its members served? We decided to ask its members if they thought so. In asking this question, we were aware that some may not have been aware of the union’s role in the political battles over staffing ratios, and therefore may judge the union solely on the basis of what they observed at the worksite. Others may have been aware of the political role of the union, and may take that into account in giving their answer. Thus, answers to our questions about quality of patient care represent the perceptions of those with both a more expansive and more restrictive understanding of the union’s role in the patient care issue.

### Patient Care Quality

Our survey asked union members to rate how effective their union had been in improving the quality of patient care. On this measure, the members rated their union quite positively: **almost 48% rated the union good or very good at improving patient care quality while 22.5% rated it poor or very poor.** Table 18 shows the results.

**Table 18**  
**Union Member Ratings Union Effectiveness in Improving the Quality of Patient Care**

RATING	PERCENTAGE
Good or Very Good	47.6%
Poor or Very Poor	22.5%

This is a more than 2-to-1 positive/negative rating of union effectiveness in improving patient care quality, indicating a relatively widespread belief that the union improved this measure. However, over 1 in 5 felt that the union had not achieved much. We asked respondents to explain whatever answer they gave.

*“I feel much better about the care I’m giving!”*

When we asked survey respondents to explain how the union had won improvements in the quality of patient care, the responses of many were generally summarized by one member who stated: “We’ve [union] won improvements in staffing ratios, which result in fewer patients per staff.” Another member simply noted, “When you have more time to spend with your patient, you can provide better quality care.”

In interviews, members also explained how having fewer patients meant that they had more time to provide for their patients. A CNA for over 28 years described how staffing ratios have greatly improved over time and the difference that it has made to quality of patient care:

I started in 1979 when there were no laws. A CNA could have as many as 25 patients and have only 2 CNA’s per shift for the entire facility! But now, thanks to the union’s staffing campaign, we have been able to improve our staffing ratios. So now the patients

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<sup>1</sup> Joan Fitzgerald, Op. Cit.

are getting better care because they deserve it. The union has made it easier; I can say that.

Another CNA described grim examples of the quality of care before the union’s involvement and the differences that the union had made, not only to her patients’ care, but also to her own personal fulfillment:

Before the union, the quality was not there. You had lawsuits on the rise because of poor nursing care. Before, residents weren’t getting baths or being turned. Before, residents weren’t getting out of bed alone to socialize with their peers. CNA’s didn’t have time to fulfill all of the patient’s needs. We don’t have patients with bed sores anymore. Now I realize it’s because of the union that we don’t have so many feeding tubes in the nursing homes. Oh! I feel much better about the care I’m giving, much better!

All of our interviewees and focus group participants agreed that the quality of care that patients now receive compared to the quality before has greatly improved. A typical comment was, “With this new staffing bill we have the time to take care of our patients.”

Those giving the union a poor rating on this measure gave varied reasons for saying so. Some stated that the union had tried, but had not been effective. Some stated that the union had nothing to do with this issue. Some felt that the union just hadn’t affected this aspect of their working lives. Their number one concern was that patients get enough quality time and attention from caregivers.

### **Ability of Caregivers to Spend More Time with Patients**

As Table 18 shows, nearly half of survey respondents rated the union positively in improving the quality of patient care. The 22.5% who rated it “poor” or “very poor,” were most concerned with the need to increase the time spent with their patients, which they felt was still not sufficient. We asked survey respondents to rate the effectiveness of their union in giving caregivers more time to spend with patients and residents. Here the union got a less favorable rating, although more than 40% still rated the union “good” or “very good” compared to only 29% rating it “poor” or “very poor.” Table 19 shows the results.

**Table 19**  
**Union Member Ratings of Union Effectiveness in Getting Caregivers More Time to Spend with Patients and Residents**

<b>RATING</b>	<b>PERCENTAGE</b>
Good or Very Good	40.3%
Poor or Very Poor	29.0%

These results show that a large part of the favorable assessment of the union’s impact on quality of patient care is due to its perceived ability to get direct caregivers more time to spend with patients or residents. But this is not the whole story, since the union’s favorable rating on patient care quality is more than seven percent higher than its positive rating on its ability to get



caregivers more time to spend with patients or residents. In interviews members also mentioned other factors such as better trained or better paid employees, or employees with higher morale as reasons for higher quality of patient care. These are probably the other factors that respondents had in mind when giving the more positive ratings to the union in improving patient care quality. The results also show that between a quarter and a third of the members do not believe the union has been very effective in providing patients more time from their caregivers. Those we interviewed or spoke with in focus groups exhibited much more awareness of the union's past involvement in this area, and tended to accentuate the accomplishments.

### *More time means quality care*

From interviews and focus groups it is clear that at least the activists among the union's membership are very well aware of the long standing battle between the union and state legislators over the need to implement an adequate staffing bill. A CNA from the Tampa Bay region described her long, personal involvement and commitment in the struggle to implement and continue to improve staffing bills.

I first went there when there was no law. We [union] went to [names a Tallahassee politician], told him we have so many patients. I mean you are playing with numbers, and people will die before you even get to their rooms. So you had to show him the picture of him in the bed and you the worker. You have to paint it for them because they don't live in that life. You have to bring it to the table and put them in that spot, and then they can visibly see it. And we did win the 2.9 that year.<sup>1</sup> We won it! But you still have to keep fighting and sending people to Tallahassee and for the numbers to be high. Because if you lose that, people are going to get hurt and it's going to be the patients' lives. It is an everyday battle to keep laws in place. It does not happen overnight. But you just need to keep laws in place. The union has to keep going out there and just showing the visibility that we need this, people's lives need it.

Another elected executive member described the direct consequences to the patients if the state continues to cut staffing ratios:

You won't have time to take them to the bathroom three or four times a day. You might get to them once a day. You might not even get to a resident who's been lying in bed all morning long...until 12 o'clock to do care. When you have ten residents you won't get to all of them. Ten residents cannot be bathed and cleaned before noon; you don't have time. So they lay there from that night shift all the way until 12 o'clock until we get to them because you've got ten and you can't do it. It can't be done. They will get less care. You [staff] can't give the care that the patients deserve to have. You have to rush and that means they won't get the care that they deserve. They will fall. For some, we're the only family they have. We write letters for them and they depend on us to read their mail for them. Or the ones with families ask us to call their families. But we won't have the time to do all of that if they cut the staffing ratios.

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<sup>1</sup> This is in reference to the bill mentioned earlier that required at least 2.9 hours of CNA patient care per 24 hour period for all nursing home residents. Since the 2001 passage of that bill, state legislators have been attempting to scale back the number of hours to lower levels, while the union has adamantly fought to retain and fully implement the 2.9 standard.

An RN simply emphasized, “The patient is our primary focus. The patient should be taken care of, regardless of whether you're understaffed or not. That is not the patient's problem.”

Beyond the perceptions of the members, is there any “hard” evidence that the union has improved the quality of patient care? For nursing home facilities, recent evidence gives strong evidence that it has. It is indisputable that the union was the main impetus behind the passage in 2001 of what the members call the “2.9 law” (otherwise known as SB 1202). Prior to 2002 the state only required 1.7 hours of CNA direct care-giving per patient per 24 hour period. SB 1202 required that, as of 2002, patients in nursing homes must receive at least 2.3 hours of direct care from CNAs; as of 2003 the number of hours jumped to 2.6, and originally it was to go up again to 2.9 as of 2004.

Because of perceived budget shortfalls, the legislature repeatedly deferred the final 2.9 hour standard to a future year; eventually in 2007 the 2.9 standard was implemented but flexibility was granted nursing home operators by allowing them to count a weekly average to meet the number, not a strict requirement every day. The union repeatedly fought for full implementation of the 2.9 hour standard against the lobbying of industry representatives, who wished to water down or abolish the standard. Finally, as of July 1, 2009 the union was successful and the 2.9 hour standard is implemented in full, with full funding.

Because of SB 1202 (the “2.9 law”), Florida is now considered a national leader in requiring higher staffing ratios in nursing homes. But is there any evidence that this has actually resulted in better patient care? A long series of studies over the years have shown improved patients outcomes with improved nurse-to-patient staffing ratios, both for licenses nurses like RNs and LPNs, and for nursing assistants like CNAs. These studies use a wide variety of measures for patient outcomes and generally (although not universally) show improvements with better staffing ratios.<sup>1</sup>

But much more direct evidence comes from a recent (February 2009) report by the Florida Agency for Health Care Administration. This study finds that increased nurse staffing levels mandated by SB 1202 since 2001 have created a clear (and in some cases dramatic) improvement in patient care.<sup>2</sup> Among the findings of the study are the following:

- In 2002 following implementation of the initial stage of higher staffing ratios, the percentage of facilities receiving citations for harm to patients dropped dramatically from 9.9% of all facilities to 2.1%.

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<sup>1</sup> For an excellent summary of a wide number of such studies, see Mark W. Stanton, *Hospital Nurse Staffing and Quality of Care*, Issue #14 of *Research in Action*. Rockville, MD: Agency for Healthcare Research and Quality, 2004, 12 pp. (AHRQ Publication No. 04-0029). Accessed from the worldwide web on June 17, 2009 at: <http://www.ahrq.gov/research/nursestaffing/nursestaff.pdf> .

<sup>2</sup> For more details see the report: Kathryn Hyer, Kali Thomas, Shabnam Mehra, Christopher Johnson, and Jeffrey S. Harman, *Preliminary Analyses on Outcomes of Increased Nurse Staffing Policies in Florida Nursing Homes: Staffing Levels, Quality and Costs (2002-2007)*. Accessed from the worldwide web on June 17, 2009 at: [http://ahca.myflorida.com/Medicaid/quality\\_management/mrp/pdfs/preliminary\\_nursing\\_home\\_staffing\\_analyses\\_USF\\_final\\_031109.pdf](http://ahca.myflorida.com/Medicaid/quality_management/mrp/pdfs/preliminary_nursing_home_staffing_analyses_USF_final_031109.pdf) .

- In the years following 2002, Florida's averages for serious deficiencies are lower than the national average, and these improvements follow the introduction of SB 1202 in 2001.
- In 2004 and 2005 only 5.9% of Florida nursing homes received a deficiency citation for actual harm or jeopardy of residents, an extremely low figure.
- Those facilities that voluntarily staffed above the 2.9 ratio prior to 2007 when it was required of all facilities had fewer citations per facility on average than facilities staffing below the 2.9 standard.
- Despite a few meritorious exceptions, in general, nursing home operators only met higher staffing ratios if required to do so by law. Incentives or reliance on voluntary compliance failed to achieve higher staffing ratios; SB 1202 was the necessary cause to achieve these results.

Passage of SB 1202 is convincing evidence that the union has improved the quality of patient care in nursing homes. The union has been unable to win a similar bill for hospital nursing (RN, LPN, or CNA) staffing ratios in hospitals – such laws are extremely difficult to pass in state legislatures, and to date, only the state of California has done so. But it has clearly improved the quality of resident or patient care in nursing homes, catapulting Florida into a leading role in the nation in nursing home staffing ratios and consequent patient care quality.

**Union members generally see their union as effective in improving the quality of patient care. They give their union a 48% favorable rating compared to a 23% unfavorable rating in this regard. By a smaller margin (40% to 29%) they also believe the union is effective in its demands for giving direct caregivers more time to spend with patients or nursing home residents. Additional objective evidence beyond the perceptions of the members shows that the union has indeed significantly improved patient care quality in nursing homes through its political activism. It is important to note that this improvement has been won for residents or patients in all Florida nursing homes, not simply those that are unionized.**

## Member Spotlight: Géraldine, CNA.

Géraldine, a Haitian-born certified nursing assistant in one of Miami's many nursing homes, now lives busily but comfortably in one of North Miami-Dade County's up-and-coming neighborhoods. However, she has been through the ups and downs of Miami's economy and labor market and, until becoming a CNA and joining the SEIU Healthcare Florida "would just go to work because I have to work to pay my bills and to take care of my family." Through the union, Géraldine found more than income in her employment—she realized a more dignified work experience and became a leader in her community.

Géraldine worked in a factory in Miami for ten years before it closed its doors and moved to Costa Rica, and recalls how as a result, "everyone was on the street." With a family to feed, she quickly returned to school to become a nursing assistant, but doesn't remember her earliest jobs in nursing homes with any fondness. "I mean *work*. With no respect, no benefits, nothing. No information, nothing, nothing."

After switching nursing homes several times, she found herself at a unionized nursing home where she was approached by a shop steward with information about the union. It did not take her long to see the differences between this nursing home and her previous employers. Besides learning that as part of the union she would receive regular pay increases, health and vacation benefits, and the right to negotiate the terms of her employment, she could also see obvious differences in the nature of the work at her new nursing home compared to previous ones, particularly with regard to the quality of patient care. At a previous nursing home,

We [had] like 15 patients a day for every person. Fifteen patients to bed and feed! It was bad for everybody and for the patient. How are you going to feed some of them, three or four at a time? At that time people were losing so much weight they had to put them on tube feeding. Now I realize it's because of the union that we don't have so many tubes feeding in the nursing home... We don't have patients with bed sores anymore... How are you going to turn someone every four hours [with too few nursing assistants]? You see the patient needs it but you cannot do it. There's no time. I believe the union is not only [about] dues for the member but it goes for the patient too.

Like hundreds of other union workers, at her new job, Géraldine received health benefits, regular pay raises and a say in the terms of her employment. In addition, she has gained much more than just material improvements. Géraldine participated in her union's lobbying efforts in Tallahassee, the state's capitol, to reduce the staff-to-patient ratio in healthcare facilities across the state. Her sense of empowerment and dignity in work was forged through her active commitment to these ideals, not merely by paying membership dues and receiving the associated employment benefits. Her involvement with the union has transformed her life and that of her family members as well, and has had further ripple effects in her community. Leading and fighting for other workers, and engaging the political and structural conditions that affect nursing home workers and patients in the state, Géraldine became a different person with different habits—a transformation that she related with pride.

A large part of Géraldine's pride in her work has to do with the fact that, through the union, she discovered a passion for politics which she was unable to express in Haiti: "In my country, politics were so bad. I was afraid [of] talking about politics. When I came here I saw a big difference and I came to like politics." Before joining the union her ability to get involved politically was limited, and she would "watch TV and listen" to others talk about politics, but it was only "with the union [that] I got involved."

We went to Tallahassee to lobby for us and for everyone. We spoke with them and they listened to us, [and] we listened to them. We sat down and had meetings one on one... So many legislators. Some of the [public] who were speaking [also had] their parents in nursing homes. People from the public came; doctors talking about healthcare, and everyone in that field came. We listened to them and they have stories just like us and their families have stories like us. To go and tell Tallahassee, this is very important... I know now that when they (politicians) give us their card and when they're going to run again for reelection they come here and they have a meeting with us and we work on their campaign for free.

In this way, through her union, Géraldine has found an outlet for her political interests as well as learned crucial strategies for holding politicians accountable. Moreover, her newfound political engagement is multi-faceted. Not only did Géraldine get involved in state legislative campaigns through her union but her passion for politics and helping people carried over into her life away from work as well. In her free time she became involved in her community by attending

meetings and encouraging others to participate:

In my community, in the North Miami area and close to my house we have a park and a building where the city comes and has community meetings. But sometimes people refuse to go and they (the city) were asking us what to do because people refuse to come to the meetings. I told them we need to find out from them because nobody can answer for them. There was a lady there and she assigned to everyone groups and two weeks before the meeting the city police came and [posted] when the time is going to be and we went knocking on doors of the neighbors and two or four people would go together. We talked about what happened and what needed to be changed. So they tell us things can't be changed and that's the reason why people don't come out. So I say if you're sitting [alone] with your problems no one is going to help you. The city, the police are going to be there. You have a complaint for them? Come and tell them right in their face and they have people who will work for you, should you say it in your own language and they'll help get someone to interpret it.

Géraldine's newly activated passion for politics at the local and state level also had an impact on her home life. She reports that in addition to working two jobs, the union has become "like a third child" for her, resulting in less time for her to spend at home with her children. She recognizes that this trade-off "is not easy," but she is proud that her children enthusiastically call her "union lady" and understand and support the extra work that she does to make a difference in people's lives. "They get so happy... when I travel with the union. [They are] proud of me." Her children have also become involved in her political work at times, which she believes is not only useful for their own personal development and maturity but also adds value to the political work itself.

Ultimately, the most important impacts of Géraldine's political engagements through her union are felt by the rest of the workforce. About teaching other workers to become leaders, she recited a typical interaction when inviting a timid co-worker to attend a meeting, workshop or other event:

You signed up for this today. Now I say that you have to go out with the message to the other people that I cannot reach and talk to them on your floor. You take care of your floor I'll take care of mine. Talk to anybody!

As a result of her own enthusiasm for empowering workers and building

accountability in the healthcare industry, she says, “last week I had 3 new members sign. I assign these cards for them and they got so happy that I did that for them.”

## **VI. How Does SEIU Healthcare Florida Affect Wages and Benefits?**

A very standard way to assess a union is to look at its impact on the wages and benefits of its members. If improved wages and greater benefit coverage are seen as “public goods,” a union that is able to secure these things can also be seen as a public good.<sup>1</sup> We therefore wish to measure the effect this union has on the wages and benefit coverage of its members.

Numerous national studies on union wage impacts have been done in the past. They generally find that the “wage premium” (the percentage by which unions raise wages) a particular union is able to achieve varies according to a number of factors. These include union “density” (the proportion of the relevant geographic or industry workforce that is unionized), economic health of the employer or industry, favorable or unfavorable political and regulatory climate, and various other difficult-to-measure factors such as union leadership competence, ability of membership to stay together in solidarity, attitude of employer, and the like.

Few studies are concerned with union wage impacts inside the state of Florida. However, an analysis of Florida data for the 2004-2007 period for service sector workers in the state shows that on average union status raises wages by 9.5% when a number of other relevant factors are controlled for.<sup>2</sup> We are not aware of any similar analyses confined to Florida regarding benefit coverage, although a recent national study found that service sector workers with a union are 19.1% more likely than non-union workers to have health insurance coverage and 24.5% more likely to have a pension.<sup>3</sup>

SEIU Healthcare Florida activists and leaders in interviews and focus group sessions did not emphasize wage increases as the #1 achievement of the union. While it was not their primary preoccupation, they all stated that the union was a positive influence on wages and on how wage increases were given out. They expressed less satisfaction with the union’s achievements in winning and improving benefits, although they also claimed that it had also made modest gains in this area. We were curious to see if the membership held similar views, and therefore asked a series of questions in the membership survey on these topics.

In the following two sections, we report on survey and interview results on member and leader evaluations of the union’s impact on wages and benefits respectively. We also look at issues of how raises are given, as well as their amount, and compare data from the union’s collective bargaining agreements on union wage increases with government data for the industry and some occupations in the state of Florida, to further provide “objective” evidence to corroborate or refute the subjective assessments made by union members.

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<sup>1</sup> Conservative economists or others whose primary concern is profits rather than wages would dispute the assertion that union-won wage increases are positive, of course. For the purposes of this study we will assume that higher wages and better benefit coverage are good things, especially for relatively low-wage workers. We also argue that an improved wage for healthcare workers has a high probability of improving patient care that should be considered a public good. But we are aware that some would dispute this assumption.

<sup>2</sup> This figure comes from an analysis by John Schmitt of the Center for Economic Policy and Research of Current Population Survey data for the years 2004 – 2007 in Florida. This union wage premium results after the effects of age, sex, industry, and education have been eliminated.

<sup>3</sup> John Schmitt, *Unions and Upward Mobility for Service Sector Workers*. Washington, D.C. Center for Economic Policy and Research, April 2009, p. 5.



## WAGES

**Our survey of union members asked them to rate how effective their union has been in raising their wages and the wages of their fellow workers.** On this measure, the members rated their union much more positively than negatively: **almost 57% rated the union good or very good in raising wages and almost 16% rated it poor or very poor.** Table 20 shows results.

**Table 20**  
**Union Member Ratings of How Effective their Union is in Raising Wages**

<b>RATING</b>	<b>PERCENTAGE</b>
Good or Very Good	56.9%
Poor or Very Poor	15.8%

We wanted to know what the meaning of union-won wage increases was in the lives of the members, so we probed for this information in interviews conducted.

### *Wage Increases: Meaning in the Life of the Union Member*

One union member whose facility had only recently unionized was asked, “What is the biggest difference the union has made in your life?” She responded, “In my life, to me. . . the salary increases.” Later, referring to improved wages thanks to the union, she remarked, “I would say that was one of the best things that ever happened to us.” Pressed on how much the increase due to the union actually was, she answered:

I don’t remember the exact amount. But it [wage prior to the union] was low, and we really got a good increase. Enough to make a difference. A total 7% increase on average. Some employees got more than that – it depends on what department you work in. Some of them got like 10%.

Challenged to explain what difference the wage increase actually made, she noted,

I can pay more bills. I have more that I can donate to the church, donate to charity, you know? That helps a lot! I never really did overtime, but for some of them, they don’t have to do as much overtime. I’m able to help my family more, definitely. Help my son – he’s in college. It’s really been a big help. Especially in these times now, with this economy. . . It helps me have more money; you can pay more bills. That makes it possible to spend more time with your family.

### *Wage Increases: Increasing the Wage at the Bottom of the Pay Scale*

Another theme that emerged from our interviews is that the union was especially effective in “raising the floor” by bringing up the pay levels of the lowest paid employees. One nurse who was making much more than the lowest paid workers noted that in her facility the union had the biggest wage impact for those at the bottom:

In wages we brought up our low-paid people, the minimum wage people. We set up a standard for minimum wage within our facility. So they got a good “bump.” I think it is \$8.75 or \$9.25 an hour, which pushes everybody’s wage up. The contract also established across-the-board raises once a year in the next four years. And then they set up a cost-of-living wage as an addition to the across-the-board wage raise. So the across-the-board wage in June and cost-living-wage in January.

This nurse believes that, by raising the wages of the lowest-paid workers the most, the union raises wages generally within the industry. Thus, even if she does not get the largest raise, she is supportive.

*Wage Increases: Given out on a Fairer Basis*

Another oft-repeated claim from our interviews was that the union caused pay increases to be given out in a fairer manner. Prior to the union, pay increases were often strictly by “merit,” which many of the employees saw as based on friendship with the supervisor or willingness to accept abusive conditions rather than quality of work. One CNA noted:

Before we unionized we were getting raises based on evaluations. . . The evaluations were once a year, and once we organized our raises stopped being based on evaluation. We were glad because you could work your butt off for a whole year and if you made someone mad this is how they got back at you. . . But once we unionized the first four years of our contracts we received a 19.5% pay raise. Over the course of four years.

While we are unable to confirm or disconfirm the widespread belief by respondents that “merit” was often nothing more than a proxy for management whim or favoritism, it was certainly a commonly held belief among those we interviewed. This theme that pay raises were now more fairly allocated, either through across-the-board or strictly regulated and objective forms of merit reward, was prevalent among interviewees and focus group participants.

*Wage Increases: Higher Paid Workers no longer Fired to Save Money*

Another claim to emerge from interviews is that some facilities would fire higher-paid workers to replace them with cheaper lower-wage workers prior to the union, but that the union put a stop to this practice. One CNA noted:

[Before the union, we had a] low wage. Because of the union, they pay you now with the experience. That is the difference they [fellow workers] see. . . Before the union, if my job reaches 10 dollars, they started to fire you. They hire people for 7-8 dollars.

Another CNA at a different facility made the same claim:

As a union member, you have a legal binding agreement between you and the employer. Without that they can fire you and hire somebody and pay them less wages than you were [paid]. I’ve been there twenty-two years and I make close to fourteen bucks [per hour]. They could easily fire me and hire someone and start them at seven bucks an hour. That’s the good part about it. With the contract you get a percentage every year; without that bargained for, they can do anything.

*Wage Increases: Determined on a Negotiated, Rational Basis*

Closely allied with previous points, some interviewees believed that the union forced employers to pay employees on a rational basis as laid out in the collective bargaining agreement. Without that, they felt that employers were free to act in an entirely capricious manner. One CNA used her own experience as an example:

When I was looking for my job, they pay \$6.25, no benefits, no vacation, nothing. That was in 1995. I went to management. I asked for a vacation. They told me if I left, we will pay you \$5.35. I told them I need [to] feed my kids; they say \$5.35. . . They pay you whatever they want. But now, they have to check the contract to pay you.

This CNA believes that the higher pay results in higher quality patient care:

It is better for the patients because you know you are working good money, so the patients got good care. When you look at your pay check, it is good money. You are so happy, and the patients got good care.

*Wages: Objective Evidence on Union Impacts*

Members' perceptions of their union's impact on wages have been stated above. Unlike most other sections of our survey, on this topic we also have government data to help us determine the accuracy of their perceptions. Therefore we compare wage data from our survey and the union's collective bargaining agreements with federal government Occupational Employment Statistics data for the state of Florida.

Such comparisons must be interpreted with extreme caution, because the data were obtained in different surveys and therefore a variety of systematic biases may "color" the results. For that reason we do not claim these comparisons are definitive evidence, but we do believe they might provide some very general sense of whether the union is able to raise the wages of its members beyond that of similarly-situated workers who are not unionized. With that warning in mind, we present data below that compares reported wages from our survey for the largest categories of healthcare workers with government data for the same categories of workers in the state of Florida in 2007, the latest date for which such data are available.

In all instances, the median of wages reported by union members in our survey exceeded the median wage for that category of worker in government data for the state of Florida. We compared wages for CNAs, RNs, LPNs, janitorial staff, and food workers. The "union wage premium" ranged from 14 cents per hour up to \$2.57 per hour. Again, remember that these differences may either overstate or understate the union's impact, because differences in the surveys used to obtain data and the fact that these data do not factor in many other possible influences such as size of facility, location in the state, ownership differences, market served, and in the case of occupations like janitor and food service worker even the industry within which the jobs are performed. Table 21 shows differences for a variety of occupations.

**Table 21**  
**Comparison of Median Hourly Wage Rates of Survey Respondents with Median Wage Rates of Florida Workers with the same Occupation**

<b>CATEGORY</b>	<b>SURVEY RESPONDENTS</b>	<b>FLORIDA WORKERS IN THIS OCCUPATION</b>
Certified Nursing Assistant (CNA)	\$11.00*	\$10.86
Registered Nurse (RN)	\$30.00	\$27.43
Licensed Practical Nurse (LPN)	\$19.20	\$18.38
Janitorial employee	\$9.90	\$9.26
Food service worker	\$9.80	Food preparation - \$8.83 Food server - \$8.60

\*This figure is lowered somewhat by the fact that the union has a higher percentage of CNAs in the lower-paid nursing home sector than in the higher-paid hospital sector than is the case for the comparison group of all Florida workers in this occupation.

Because of the imprecision of the data and due to comparisons being done between different data sources, the most we can conclude from the above table is that members of SEIU Healthcare Florida very likely make more than their non-unionized counterparts. This is unsurprising because in general unions raise the wages of those they represent.

To further confirm the union's impact on wages, we looked at wage increases for the union's CNA members for the period between 2000 and 2007 as contained in union collective bargaining agreements and compared them to state data on pay increases for all CNAs in the state. We did this because CNAs were the one group within the union that had a lengthy period of specified contractual wage increases, and it was a large enough group for us to be confident that our figures are representative. In this way, we are able to compare wage increases contained in union contracts with wage increases experienced by a comparable group of all workers in this occupation in the state.

Between 2000 and 2007, CNAs in Florida experienced an average annual pay increase of 3.41% per year, according to government's Occupational Employment Statistics. During the same time period, the average of pay increases negotiated annually for CNAs in the union was 3.63% in nursing homes, and 4.05% in hospitals. Since 3.63 is 6.5% higher than 3.41, and 4.05 is 18.8% higher than 3.41, we can say that unionized CNAs received between 6.5% and 18.8% higher pay increases than did Florida CNAs in general over that 7 year period. Table 22 shows relevant comparisons.

**Table 22**  
**Comparative Pay Increases, Unionized CNAs and all CNAs in Florida, 2000-2007**

<b>CATEGORY OF WORKER</b>	<b>AVG. ANNUAL PAY INCREASE 2000-2007</b>	<b>PERCENTAGE BY WHICH UNION CNA ANNUAL WAGE INCREASES EXCEEDED THOSE FOR ALL CNAs IN THE STATE</b>
Unionized nursing home CNA	3.63%	<b>+6.5%</b>
Unionized hospital CNA	4.05%	<b>+18.8%</b>
All CNAs in the state	3.41%	NA

This provides strong support for the conclusion that the union does increase the wages of its members more than would have been the case absent the union.

We know that unionized hospital CNAs received larger wage increases in the 2000 to 2007 period than did unionized nursing home CNAs. Perhaps the same thing occurred on the non-union side but we do not know, because government data for Florida CNAs do not separate out the wage increases in the two types of facility. In any case, we do know that the union won larger wage increases for every type of its CNA members than were available to Florida CNAs in general.

**The evidence from all sources is that SEIU Healthcare Florida wins wage increases for its members that are higher than average, and available evidence shows that its wage levels are higher than average also. Members give their union a 57% favorable rating compared to a 17% unfavorable rating in effectiveness in this area, and particularly appreciate its perceived ability to make wage increases fairer and more regular.**

## **BENEFITS**

National research has shown that unions generally increase the provision of benefits to their members compared to comparable non-union workers. But they not only increase the amount of benefits, they also increase the percentage of total compensation that is devoted to benefits.<sup>1</sup> This is generally seen as a net plus from a public perspective, because it results in more family-friendly compensation policies and addresses critical (and expensive) public issues such as provision of healthcare or old-age survival assistance to individuals so they are less dependent on public assistance for these things. Similarly, benefits like paid vacation time and paid sick days are positive features of a healthy employment relationship that reduces turnover and job instability.

Thus, to the extent that unions are able to shift employee compensation in the direction of benefits like these, unions can be considered to be providing positive improvements in the well-being of employees. We were curious about SEIU Healthcare Florida's performance in this area, so we questioned members about it.

**Our survey asked union members to rate how effective their union had been in winning or improving benefits for them and their fellow workers. On this measure, the members again rated their union quite positively: 45.5% rated the union good or very good and just over 21% rated it poor or very poor. Table 23 reiterates these results.**

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<sup>1</sup> Richard Freeman and James Medoff, *What Do Unions Do?* (1984); John W. Budd, "The Effect of Unions on Employee Benefits and Non-wage Compensation: Monopoly Power, Collective Voice and Facilitation," in James T. Bennett and Bruce Kaufman, eds., *What Do Unions Do? A Twenty-Year Retrospective* (2007), pp. 160-192.

**Table 23**  
**Union Member Ratings of how effective their Union is in Winning or Improving Benefits**

RATING	PERCENTAGE
Good or Very Good	45.5%
Poor or Very Poor	21.1%

This is a slightly less positive assessment than the approval rating for raising wages, but it is nevertheless more than a 2 to 1 ratio of positive to negative ratings. Survey respondents felt that the union had done best with paid vacation time and paid sick days, with just over 45% indicating that the union had improved these. Just over 35% said that the union had improved healthcare benefits, and a little over 28% stated that it had improved retirement pension benefits. Table 24 repeats these results:

**Table 24**  
**Percentages of Union Members Crediting the Union with Improving Various Benefits**

TYPE OF BENEFIT	% CLAIMING UNION HAS IMPROVED
Paid Vacation Time	45.1%
Paid Sick Days	45.1%
Healthcare Benefits	35.1%
Pension	28.3%

*Benefits: Meaning in the Life of a Union Member*

In interviews and in focus group statements, union activists and leaders repeatedly stressed the importance that different benefits had for them and their families. In some cases the union first brought them a benefit previously unavailable, such as health insurance. In others, the union had improved an existing “benefit” that previously had either been unaffordable or was so skimpy that it hardly had any value. One interviewee who had a large family noted,

Before, I could not afford health insurance for my kids. And after I signed the [union] contract I received six cards, health insurance cards. Everyone has their health insurance cards in their pocket . . . six cards for health insurance, for my family. Before, I could not get it. I pay for it, yes, but before I could not get it.

Another noted simply,

Without the union we wouldn’t have healthcare, that’s number one. . . speaking with people, I see the difference it has made. The difference with and without insurance. Although it might not be the best, at least you have something.

At another facility where the union has been very successful in negotiations regarding health insurance, a member proudly related that it was now free: “We got healthcare. Before [the union] we had it, but we had to pay, but now we don’t.” This is unusual, and the members interviewed often felt that they had to pay too much for the health insurance they received.

Frequently they noted that this is a national problem that probably would require a national solution. When a focus group was asked the most important thing that the union could do better, the most frequent reply was to make healthcare affordable for all the members.

Interviewees also mentioned how important it was to actually have paid sick days; some prior to the union had been forced to use up vacation days when they called in sick. Some also noted that the union has been instrumental in getting enhanced paid vacation time. One noted,

Our vacation time improved. Because regardless of how long you worked with this company, [prior to the union] you were only entitled to get three weeks paid vacation. Once we unionized our vacation went from three weeks to a month. Anybody with ten years and above [of service], you get a month vacation. That was an improvement.

One member interviewed explained the importance of more vacation time to her in her personal time. Because her son had gotten married to someone in Japan, she actually got to go to Japan, attend the wedding, and stay in the country for four weeks, something she claimed would never have been possible without the union's impact.

Pensions were not mentioned by members we interviewed when we asked about benefits, and the percentage of members crediting the union with improvement in pension coverage was also lower than it was for other categories of benefits. It appears that the union has been less able to win a pension for those without any, or to improve an existing plan appreciably, than it has been able to make headway in other basic types of benefits. Florida is 50<sup>th</sup> of the fifty states in provision of a pension of any type (including a 401K plan). Especially for the lowest-wage workers, this will be an extremely difficult area in which to win a great deal unless the union succeeds in making union density (percentage of healthcare workers who are union members) very high in this industry.

Despite very limited progress on the pension front in the past, one very recent contract won by the union may signal better results in the future. Despite a very bad economy, the union's most recent contract at the University of Miami Hospital contains significant improvements in pension benefits. Effective January 1, 2010, University of Miami Hospital will match employee contributions to a retirement account from 50 cents per employee dollar to a dollar for dollar match. At that date, the employee and the hospital will be able to put in up to 3% each for retirement. On January 1, 2011 the limit for each contribution goes up to 4%, and in January 2012 it increases to 5%. Thus, union employees at this facility will soon be able to have a retirement plan of 10% of earnings, if they are willing to contribute half. Whether the union will be able to follow up this significant improvement at one facility with similar gains in other facilities remains to be seen.

**SEIU Healthcare Florida is perceived as effective at winning or improving benefits for its members. Its success in this regard eases the burden on society of addressing public ills like lack of healthcare, job instability, and labor turnover.**

## **Member Spotlight: Pamela Licensed Practical Nurse in South Florida**

When Pamela, a native of Belize, moved to South Florida about 16 years ago she brought with her a biased view of unions because of her mother's negative experiences with her union in New Jersey, which denied her health benefits when she got sick and eventually died from complications related to diabetes. But what she eventually found in the Florida healthcare union was not only an organization that "backs me up" in meaningful ways, but also an opportunity to practice her citizenship even before becoming one herself, and a source of pride and education for her and her family.

Pamela has been a Licensed Practical Nurse for many years and joined the healthcare union about three years ago, despite her family's past negative experiences with unions. She explains that she joined after attending several meetings and getting "fired up" by what she learned there, and at this point in her career was tired of the "because I said so" treatment from her employers and managers in the healthcare industry. As she explained,

Before the union it was like, you got to hush. You got to talk between each other about what you don't like about the job. But now I can tell the boss, 'I didn't like this because we could have done it another way'.

The authoritarian, unilateral decision-making that prevailed in her workplace was not only offensive to the self-respect of the workers; it was resulting in downgraded patient care and Pamela and her co-workers were aware of this. Through the healthcare union, "my coworkers, as long as they understand what their power is, also know that they don't have to settle for poor quality." Pamela believes that their ability to speak up and have a say in the workplace would not be possible without "the strength in numbers" that was created through the union.

Before I was by myself and if I go to my boss and I complain about something that I didn't think was right, my co-workers could not necessarily back me up because they have families to feed and they want to keep their job. Now, I have a union full of people, I have a union contract to back us up and the law [behind that].

Pamela is glad that being in the healthcare union has brought her modest wage gains, but she talks about this much less enthusiastically ("it doesn't hurt") than the



broader transformation that she has experienced by getting involved in her workplace and her union. By fighting for better staffing ratios and greater transparency in her workplace she is also raising awareness of these problems at a policy level and helping to reform the state's healthcare industry. Again, her ability to speak up is fundamental to any of this.

***"I felt like 10 feet tall then; it's given me a lot of pride to see my children looking up to me."***

I'm on a Staffing Committee at my hospital and I tell [the administration] that we both want the same thing: good patient care. The hospital wants good patient care so their patients can come back. We want to give good patient care because that's why we became nurses. Now, [our supervisors] understand that we want the same thing, they even take some of our suggestions [or] they come to us and ask, 'well, what do you think I should do?' or 'According to your contract can I do this?'

Her involvement at work has also fueled her passion for "talking about people's rights no matter where I go... at church, at the auto shop." After watching her mom, Pamela says her daughter got involved through her church in voter registration drives, her son has taken up an interest in improving the union at the telecommunications company he works for, and her granddaughter, who is eight, wrote a class paper about how her grandma's union does good things for patients. "I felt like 10 feet tall then," she said, "It's given me a lot of pride to see my children looking up to me."

## **VII. How Does SEIU Healthcare Florida Affect Members' Public Lives?**

In his bestselling book *Bowling Alone* (2000), Robert Putnam documents the degree to which Americans have become disconnected from friends, family, and neighbors, diminishing all of our lives. In particular, he argues that the democratic structures of the country are endangered when its citizens withdraw into their private lives and disengage from their communities. When this happens, our lives are impoverished in many ways. Whatever can be done to reconnect individuals with their communities, neighbors, and democratic political structures should be attempted.

We were curious if SEIU Healthcare Florida affects its members in this regard. We investigated whether it stimulates them to participate in public and community affairs or if it is playing a very important and positive role, especially because its members are heavily weighted toward groups that are traditionally excluded from decision making. Conversely, we were curious if it causes them to disengage from public affairs and if it is playing a negative role. In general, we were interested in seeing if the union caused members to engage politically in various ways, to take more account of social and political affairs, or to engage in community organizations. In other words, we were interested in the union's impact on the civic engagement of its members.

Civic engagement is defined by the American Psychological Association (2009) as "individual and collective actions designed to identify and address issues of public concern."<sup>1</sup> In other words, civic engagement is the way people are connected to public affairs, and therefore come to have some "say" in their surrounding community, whether it be voting, attending church, joining a sports club or parent-teacher organization, or just getting to know one's neighborhood.

Joining a union in itself is a form of civic participation, but this union has also gotten involved in a wide array of political and civic activities that stretch far beyond the workplace. The healthcare union has been part of national and local coalitions against immigrant raids and for immigration reform<sup>2</sup> and has conducted massive voter registration and voting drives,<sup>3</sup> including protest rallies in Tallahassee denouncing that all votes are not counted.<sup>4</sup> The union regularly sends large delegations of members to speak with state legislators in Tallahassee. Known as the "purple people" because of their colorful purple T-shirts, these delegations have developed a reputation for persistence and effectiveness compared to the efforts of many other civic groups seeking to influence state policy.

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<sup>1</sup> American Psychological Association, "Civic Engagement and Service Learning." Retrieved January 2009 from the APA web portal: <http://www.apa.org/ed/slce/civicengagement.html>.

<sup>2</sup> Maria A. Morales, "Groups: INS raids inhumane," *Miami Herald*, October 15, 1998, 1B; Anita Falson, "Taxpaying immigrants speak out for legalization," *Miami Times*, September 5-11, 2001; Ketty Rodriguez, "Grupos piden legalizar el status de indocumentados," *El Nuevo Herald*, May 15, 2002, 6A.

<sup>3</sup> Jacqueline Charles, "Caribbean Democrats start own vote drive," *Miami Herald*, May 8, 2004, 5B; Linda Feldmann, "Months before Nov. 2, state polls show Bush and Kerry neck and neck," *Christian Science Monitor*, May 24, 2004.

<sup>4</sup> Charles Rabin, "Hundreds of Miami Democrats make long trip for protest rally," *Miami Herald*, December 7, 2000, 32A.

Of course political activity does not encompass every form of civic engagement. We also are interested in learning if the union causes its members to pay more attention to news accounts and public affairs. In addition, does it stimulate or retard their likelihood of joining or actively engaging in the civic affairs of some civic community organization, either sectarian or through their chosen religious institution? Has joining the union affected members' interest in, and participation with their surrounding community? A series of questions in our membership survey address the issue of civic engagement.

## BEING ACTIVE POLITICALLY

Our survey asked members whether they thought joining the union had made them more or less interested in being active politically, or whether it had made no difference in this regard. We also asked about more specific types of political activity, like voting or registering to vote, participating in state legislative sessions, getting involved with community organizations, or just following the political news in the media. On all measures we found similar results: **generally between a quarter and a third had become more interested in civic engagement while a miniscule percentage had become less interested.**

Our first question asked about the union's impact on the member's interest in being active politically in general. **Almost 30% indicated that the union had increased their interest to engage politically, while almost 6% stated that it had made them less interested.** This percentage was about the same for both native and foreign-born respondents, suggesting that immigrants are at least as likely as their U.S.-born counterparts to become more interested and active in politics under the influence of the union's political activities. Table 25 shows results.

**Table 25**  
**Union Impact on Member Interest in Being Active Politically**

Response	Percentage
Less interested	5.9%
More interested	29.8%

### *Political Engagement: The Union Showed Me Why and How*

The stories of the activists and leaders we interviewed virtually all had a common thread of being transformed *politically* through their involvement in the union, to one degree or another. All respondents told us that their union was the vehicle through which they were politically active, in some way or another. A nursing assistant and single mother of two remarked:

I just became involved in politics when I became a union member. It made me more interested and attentive to what's going on with senators and how it affects me and my workplace... and what can I do to help... because a lot of the things that we cannot do as a union or [which are not] in our contracts have to come through politics.

A nurse from Miami reported that since getting involved in the healthcare advocacy campaigns of her union, she is "busier all the time, [and having] all these things to do made me more aware

personally of [political] issues and people and it gave me the sense that I could do something about it.”

Another respondent was obviously grateful to what she viewed as “opportunities” to make a difference:

Since I’ve been a member of SEIU, I have been educated in politics from the beginning to almost the end. I never understood how bills are passed, anything about legislation. But I’ve been a member of SEIU and I’ve had the opportunity to lobby, I have had the opportunity to phone bank. I have had the opportunity to work close-hand with the politicians and in doing that it educated me and gave me the tools I needed to go out and get other people (involved). And that means a lot to me.

One self-identified apolitical interviewee nevertheless acknowledged his support for the union’s political advocacy.

I am not a political person. I tend to believe that politics... is a nasty, dirty thing. People do whatever it takes to get elected and once they get elected they don’t remember you. But this union is very active in their political things and I admire them for it, which I do support.

Since such a large share of the union’s membership is foreign-born, its political activities have served as an important conduit for immigrant civic participation. A Haitian-born nursing assistant told us:

Before the union, I don’t know any politics. The union opened my eyes to see what is good for me... I am proud of myself because of SEIU. It makes me so strong. I have never talked to people like that before. I was ashamed to talk to people. Now, I am willing to talk to people. My personality changed. My husband and family became active in politics, too.

## VOTING AND REGISTERING TO VOTE

**Over 29% of respondents stated that the union made them more likely to vote or to register to vote, while just over 4% indicated that it made them less likely to do so.** Table 26 shows exact results.

**Table 26**  
**Union Impact on Members’ Likelihood of Voting or Registering to Vote**

<b>Response</b>	<b>Percentage</b>
Less likely	4.1%
More likely	29.3%

### *Voting and Registering to Vote: It’s a Must!*

Nearly all of the union activists and leaders we interviewed reported either always being active voters or becoming active voters because of their union. Many also told us of their efforts to

encourage the political participation of their friends and neighbors. One stated:

All my neighbors love me because I always talk to them about politics, go door to door to ask them, ‘Do you have a voter registration card? If you don’t have, please let me know. I am going to get the application.’ At my church, I always ask them if they are a citizen, they should have the card. At my work, the families of patients, sometimes I talk to them, make sure they are voting. I started [doing] all of these things because I joined union. Without union, I don’t know about politics.

Another respondent grew up in Florida and was never an active voter until getting involved with the healthcare union.

I didn’t vote because I didn’t realize the power in legislation until I went to Tallahassee [to lobby for higher staffing ratios with the union] and realized that some of the senators don’t even read the bills! They just pass them and ask another senator. And I realized that they were sleeping in front of us, they were passing bills that were very important and didn’t even read them. So if I have the opportunity to vote for what I want; at least I have an opportunity to get them in, or get them out. I made my husband vote this year. And I talked to everybody and said that we the people can make the difference if you vote.

## ENGAGING ELECTED OFFICIALS

Lobbying legislators at the state capitol (Tallahassee) has been a major part of the healthcare union’s efforts to improve the quality of patient care as well as workplace conditions in Florida’s healthcare industry for at least the last 8 years. Dozens of members take time away from work and family each year to drive to the capitol and engage legislators; to offer their personal stories and experiences as evidence of the need to reform certain policies, such as increasing the staff-to-patient ratios in hospital and nursing homes across the state. As discussed earlier, the union has successfully driven and supported the passage of staffing ratio improvements with the help of its members. But, has the union really gotten members more interested and more involved in improving the healthcare industry through political advocacy in Tallahassee?

We asked our sample of members whether they have become more or less interested in engaging legislators on policy issues because of the union, or whether joining the union has made no difference in this regard. As Table 27 reports below, **nearly a third (31.1%) of our respondents said they are more interested in lobbying legislators in Tallahassee because of the union, while less than 4% are less interested in this.**

**Table 27**  
**Union Impact on Member Interest in Engaging State Legislators**

<b>Response</b>	<b>Percentage</b>
Less Interested	3.8%
More Interested	31.1%

*Engaging Elected Officials: We Need Politics to Improve the Workplace*

Many of the activists and leaders we interviewed told stories of how they were personally transformed by their involvement in trips to the state capitol to meet with officials on important workplace issues like staffing ratios or capped needles, but also broader issues like the minimum wage and public school classroom size. More frequently we heard responses like this one:

[The union] opened our eyes; it educated us to go to Tallahassee to be able to talk to the people in Tallahassee to open their eyes. . . And what they liked about us is that we weren't just coming for us. It was about, "Oh, they care about other people, the patients!" Not just us benefited, but the patients themselves benefited.

Some of the members we spoke to were experienced activists and leaders. A U.S.-born veteran of the healthcare industry (34 years as a certified nursing assistant and 8 years with the healthcare union) recounted the campaigns she has worked on.

We petitioned and lobbied legislators for the safe staffing bill. No other state in the union had a safe staffing bill. Before a nursing assistant could have anywhere from 14-18 residents. That means that quality care wasn't being given. It is impossible. I petitioned in my neighborhood for the small classroom size [amendment]. I got to work with my church about this legislation. The minimum wage, I lobbied for that. I did a petition drive in front of a grocery [in the] drive for the wage increase. The safe needle campaign for the hospital workers...

And the list went on. Another long-time union leader talked about the impacts of the first safe-staffing amendments, which union members fought for by lobbying state legislators.

The biggest fight I had was the staffing bill because the staffing bill affects everyone in the building. Even if you're not a caregiver, if you're a housekeeper, doing the floors, if I had 15 patients you could not do your work until I moved along. People in dietary as well. Getting that bill passed affected everyone in the building. Even the owners. Through the staffing bill the government gave subsidies to the company, so everyone benefits from the bill.

## **PAYING ATTENTION TO POLITICS AND THE NEWS**

Maybe the most mundane but nevertheless important sign of a person's civic participation is the extent to which she stays informed of political and other public affairs news by reading the newspaper, watching television or through some other medium. The SEIU Healthcare Florida helps its members in this regard by distributing information about national and local politics and encouraging members to stay informed and active politically through meetings and advocacy campaigns. **Almost 33% of our survey respondents reported paying more attention to politics and public affairs in the news because of the healthcare union, compared to a little over 3% who said their interest actually declined because of the union.** Table 28 shows details.

**Table 28**  
**Union Impact on Member Interest in Paying Attention to Politics and Public Affairs**

<b>Response</b>	<b>Percentage</b>
Less Interested	3.1%
More Interested	32.8%

*Now, I read the newspaper because I want to know what's going on.*  
 One member in a focus group stated:

(Before) I wouldn't read the newspaper. Now, I read the newspaper because I want to know what's going on; who's doing this in the political ring. I know the candidates, you know. I used to see them on television and I used to flip my television (channel). Now I'm listening to what they're saying and it is through the education and going to Tallahassee and meeting them (legislators). You know, it was just so educational, and that's the key.

She added that a fellow union leader used her increased interest and awareness as a means to stimulate others to do the same:

You know, (X - another union leader) reads the newspaper, and now she's got everyone in her workplace reading the newspaper, you know. It's because the key is education. Like the Bible tells, "We perish for the lack of knowledge," and if we don't know, then we can't do any better.

A nursing assistant we interviewed saw the union as a catalyst for "connecting the dots" regarding public affairs and its impact on one's life: "The union puts that piece together in our lives, because I, too, never paid that much attention to politics. But then I began to see that for a lot of things that we want [in the workplace], politics is the way we have to go."

An LPN from the Tampa Bay area emphasized that her growing awareness due to the union's influence has made her more independent in her thinking:

I never really got into politics or cared about votes or what-not. But, since becoming involved through the union, I watch more CSPAN. I want to know what you're doing. I want to know where you stand. I sit and I listen and I'm finding myself watching CSPAN because I want to know what these politicians are about. I never had that interest before: I could care less. . . (Mentions she previously voted for only one political party, because everyone around her did the same.) . . . But, I will switch and vote for who I feel because I watch CSPAN and I listen. And I try and confirm (for) myself on who is the better person, who will be better. And that changed me.

A customer service representative/CNA likened the union's role in deepening the public awareness of its members and those they interact with to a relay race that continues to spread a wider understanding:

It's like a relay race: you racing to tell the people; the people take what you have and go and tell others. And they take it, and it expands and expands and expands and expands. Now, where does the format come from? From SEIU. We take what we have, relay it, go tell others. Others take that torch, go tell others, and then it be (sic) worldwide!

## BEING ACTIVE WITH COMMUNITY ORGANIZATIONS

We also asked respondents whether joining the union has had an effect on their involvement with local, community-based organizations, including churches, neighborhood associations, volunteering at local food kitchens, and similar activities. **Almost 23% indicated that the union had increased their interest in engaging with the community in this way, while a little over three and a half percent indicated the opposite.** Table 29 shows details.

**Table 29**  
**Union Impact on Member Interest in Being Active with Community Organizations**

Response	Percentage
Less Interested	3.6%
More Interested	22.8%

### *Community-Based Participation: It's Part of Being an Activist*

Only a minority of the union activists and leaders we interviewed said they were not interested or didn't have time to get involved in politics or community affairs outside of the workforce. Most of them did in some way or another, whether through their church or their children's school; and because of the timing of our interviews, many were involved in voter-mobilization activities for the 2008 Presidential election.

Asked how the union had affected her community involvement, one member responded:

Well, with me, I was involved with the Moose Lodge. I did a lot of charitable work with them in Daytona for NASCAR. I mean, they've been talking about trying to get me on the treasury board, to move up, and the union has taught me how to take on those roles and those responsibilities, not walking in blindfolded.

Another emphasized her church involvement, and its relationship to her union causes and political issues:

We are able to speak now in our churches and get them involved in different drives that we have. Anything that involves political things, that helps in the homes and in the churches. Especially in the churches, because that's where a lot of our young people are. The young people are my focus because they are our future, and they must be educated on what's going on and how that's going to affect them. How their health and education – how it's going to affect them because it is a big impact to let our young people know what is going on.

Another noted her new interest in helping distribute a neighborhood newsletter, due to her



increased awareness of social issues from the union. Another learned from the union about a state health insurance program for children in low-income families, and decided to distribute information on the program to those likely to need it:

I live in a middle class neighborhood, but I went to low-income neighborhoods and passed out the KidsCare thing. Because I knew there were a lot of single mothers that do not work and I knew a couple of people that lived in low-income neighborhoods, so I was just in the neighborhoods. And they were like, “Can I have one?” “What’s that about?” And I was able to explain. Because, since we have so much education (from the union), that’s what it is. They (the union) educated us so much about different things. As before, I would not go out into the community and do anything. . . But since I found out that other people can benefit from so many things, then that’s what made me go out. Because of the education that I got.

An African-American nursing assistant who grew up in the Midwest gave her view of the community ethic of being a union worker.

We have to talk to people in the community to make sure they understand who’s running for whatever office and what they’re trying to do. How they might better our community and how they might better our state in general. That’s our job as being a union member, to go around and educate people in our community and in our churches. But also, different things we do. If we’re going to have a hurricane... we can make phone calls and make sure everyone has water and [see if] they need anything. We knock on doors and hand out literature and ask them if they can help us and we go into their churches. People appreciate you coming around and the elderly people and even some of the younger people gain knowledge and opportunities.

**The union increases the public involvement or “civic engagement” of a substantial minority of its members. Because of the union, approximately 30% are more interested in being involved politically, in voting or registering to vote, and in engaging state legislators about the issues. Almost a third is more attentive to public affairs and the news. Almost 23% are more likely to get involved in a community organization. SEIU Healthcare Florida is playing a very positive role in involving its members in greater public and civic engagement.**

## **Member Spotlight: Jessi, CNA.**

Jessi, a Certified Nursing Assistant (CNA) with a husband and two kids, admits she was never involved in politics before joining her healthcare union. Most of her experiences with unions had been negative as well. She was fired from a job in New York for complaining to supervisors about “abusive” treatment of patients.

But when asked to think about the impact that the SEIU Healthcare Florida has had on her life, she recalled the day she came home from eight months of traveling across the country with the union to advocate for policy changes and her husband remarked that she was a changed woman. “I was a different person... I was more independent, more on my own, I didn’t need anybody else. Actually, it changed my whole life... [Previously] I felt I was a “nobody” and I couldn’t make a change in the world. And, [my work with the union] taught me one person can do anything they want.”

The almost four percent raise she won through her union has been important, mainly because of the way it allowed her to “keep up” with the times, with the rising costs of living in Florida. She also went on to become a leader in her workplace, and her development in this regard had impacts that went far beyond the material gains of her improved wages.

Jessi recalls that this change began long before her husband or anybody else noticed it, ever since she began to involve herself in the union beyond just paying dues, and especially when she got involved in the union’s political advocacy at the state level. During the union’s “safe staffing” campaign, which aimed to increase the staff-to-patient ratio in Florida hospitals, Jessi was

. . . the leader on the campaign. So not only was I responsible for myself, I was responsible for other people out there. And even though you’re responsible for people on your job, it’s different when you’re out there, [because] you got to try to put someone in office to get them to do what you want them to do in office for you. Make sure that quality of life is better for the rest [who] you take care of.

Through her involvement in this campaign, Jessi exercised both practical work

skills and some of the essential skills of citizenship in a democracy.

Her involvement in state politics through her union helped Jessi connect the dots between healthcare policy, politics, patient care at her hospital and her relatives' struggle with cancer. She gave testimony to Florida legislators about her family's struggle with cancer and healthcare coverage, and the shortage of adequate care for her patients at the hospital. "It was about trying to find out where our people could afford health insurance. I mean, my mother was dying of cancer and her healthcare had already run out." She told legislators about how for many years her father worked two jobs to pay for her mother's cancer treatment, while she frequently stayed at home to provide the personal care she needed but could not afford at a healthcare facility. Her mother eventually passed away, and last year her grandfather also died from cancer, and her grandmother has been diagnosed with a brain tumor—factors pushing Jessi to keep fighting for more and better healthcare in Florida.

Jessi's involvement in the union has impacted others around her. Not only is she now personally active politically, but as she says "people in my family didn't vote, but they do now." She was able to influence her relatives "by informing my parents [about politics] and about the situations that were going on." Jessi also sees how the work of the union and her role as a shop steward at work has affected the morale and behavior of other workers. "If you have an issue you can go to the front office and tell them what your issues are and not be scared to get fired. In places that don't have unions, if they don't like what you're saying, they will weed you out."

Jessi adds that her union gives a boost to management as well by establishing better communication between administrators and staff, helping the hospital to operate more efficiently. For example, through weekly meetings between her supervisor and staff leaders, a practice implemented after the workforce was organized in a union, "they [management] even come to us to see how we can all make things better."

## **VIII. HOW DOES SEIU HEALTHCARE FLORIDA AFFECT ITS MEMBERS' PERCEPTIONS OF THEIR LIVES IN GENERAL?**

The preceding sections of this report have shown that SEIU Healthcare Florida has affected the workplace in a manner that members perceive much more positively than negatively by large margins. It has also increased the civic awareness and engagement of a substantial minority of its membership. Have these differences affected members' general feelings about their lives, both on and off the job? How have those changes influenced their attitudes about their lives in general? This section explores this issue.

At issue here is whether the union improves its members' quality of life, as perceived by those members themselves. To the extent it does so, the union is a valuable institution for those who care about the well-being of the types of individuals who compose its ranks, that is, a large section of the state's healthcare workers. Its female and/or minority and/or immigrant and/or low-wage members often have few institutions devoted to improving their quality of life. Does the union improve their quality of life to such a degree that it improves their general outlook on life?

### **FEELINGS ABOUT LIFE ON AND OFF THE JOB**

We asked respondents whether they thought the union had improved their life on and off the job, made it worse, or had no impact in this respect. **Almost 29% report a more positive outlook while less than 5% report a more negative one.** Table 30 shows results.

**Table 30**  
**Union Impact on How Members Feel About their Lives, On and Off the Job**

	Percent
Made it worse	4.5
Made it better	28.8

Reasons given for feeling better about life in general concerned both workplace conditions and impacts in one's broader life away from the workplace, although workplace-related improvements comprised almost two thirds of the reasons given. Thirty three percent cited job protection or security as the reason; another 33% cited improved job conditions or "empowerment" on the job. Improved wages (mentioned by 26%) were also a source of greater life satisfaction, and 4.5% mentioned better benefits. The union's role in providing other services or in improving the quality of patient care were also mentioned by 1% apiece, and about 2% gave answers that were unclassifiable. Table 31 shows the breakdown of responses given as reasons for feeling better about one's life because of the union:

**Table 31**  
**Reasons Why the Union Makes Members Feel Better About Their Lives Off and On the Job**

<b>Reason</b>	<b>Percent*</b>
Protection (the union supports me, backs me up, represents me)	20%
Job security (I can't be unfairly terminated)	13%
Improves job conditions (handles problems and conflicts; requires management to give respect or abide by wage and hour laws or abide by the rules, everybody works together more cooperatively, etc.)	9%
Empowers us (can now speak up; union meetings give important information & are supportive; makes us more comfortable)	24%
Better wages	26%
Better benefits	4.5%
Other services from the union	1%
Union improves the quality of patient care	1%
General or unclassifiable comment (I stay because of the union; I want to improve things here)	2%

\* Percentages add up to 100.5% because of rounding.

More extended comments explaining the answers given in Table 31 often centered on union protection from what are perceived as unfair or arbitrary management actions or feeling like one has more “say” or power to improve work conditions. These comments mirror others quoted in earlier parts of this report and will not be repeated here.

But others noted reasons having to do with their home lives. Among these were feeling more relaxed at home knowing patients are properly taken care of at work, or having a more tranquil home life because life at work was improved. A nurse from Bradenton said that it is nice “not being completely exhausted when you come home from work because you've at least got to have a break. That makes you enjoy going to work more than dreading it.”

Improved wages also translated into a better life at home: reasons included having more time to spend on family vacations or more money to fix up the house. A food service worker from Miami said that “before I had to work on the weekends, now I don't have to,” leaving him more time to spend with his young family. Others said things like, “without the union, we would still be working for less.”

Although responses of this nature were rare, a couple stated that they feel better about their life because with the union they are busily involved in something “important,” in “helping others.” This theme of the union as something transcendent was more pronounced among the activists and leaders we interviewed. One interviewee, a technician from Bradenton, for example, emphasized the “something bigger than me” aspect of being part of the healthcare union: “It's

made me extremely busy. I was away a week every month, but it made me see that I'm fighting for a better life for my family and my coworkers.”

In general, interviewees gave more detailed and complex accounts of how they and other workers felt better about their lives than did telephone survey respondents. For example, an interviewed nursing assistant from Miami emphasized the educational value: “With the meetings at the union, I meet all the people (hospital staff) and we talk and it's challenging, and I learn so much.” Another nursing assistant from Kissimmee said her life is better “because I've gotten more politically active, both inside and outside the workplace” and a housekeeper from Melbourne said simply, “I am happy and optimistic because I like the *idea* of the union.”

The small number of respondents who indicated that the union had worsened their attitude toward life made claims such as “the union has not improved things,” “wages are not high enough,” “the union has made things worse,” it “is not addressing workplace issues,” “the union should fight harder,” or the union has not provided a desired benefit.

**Between a quarter and a third of the respondents feel that the union has improved their lives in general. Less than 5% feel it has made things worse. Reported workplace improvements center on representation and protection/job security as well as improved job conditions through employee empowerment, while a general increase in the quality of life developed from an improved home and community life that grew out of those same job improvements plus higher wages and (to a smaller degree) improved benefits. For those who claimed the union had worsened their attitude toward life the reason they give point to dissatisfaction or impatience that more gains have not been made by the union than to an actual dissatisfaction with their life.**

## Member Spotlight: Marliene

Marliene, a nursing assistant, mother and member of the union's executive board, has been working in Florida's healthcare industry since 1979. She knows first-hand how it has changed, and the role that the healthcare union has played in those changes.

Marliene's personal transformation is rooted in her education. "The union has taught me the leadership to find out how the company works, to inform other people so that they can be strong [and they can] know that there is not only the work, they [also] need to look outside of the box, to know everything possible that they can."

One of her first lessons was to realize the kinds of measures her employers would take to prevent the formation of a union in her workplace. She laments the state of misinformation that existed before their workforce was organized.

You don't know who owns your company. You don't know any facts. And that is how they like to keep you—uneducated, so you don't know where the money goes, who controls it. And they don't want you to fight for anything because they want to capitalize [on this lack of understanding].

For example, when Marliene began to gather signatures and support for a union in her workplace, "they (supervisors) used to send us a false check to show what will be taken from your dues [by the union]. And they stand out in your parking lot and the intimidation factor was very, very big." As a result of misinformation and a lack of organization among the workers, says Marliene,

They (management) would pretty much do what they want. They gave positions to family members. Or they put you in the spot they want to put you in. Favoritism. They manipulated it to the way they wanted to. And *now* they have to be accountable. It is a big difference from manipulating the way you want and being accountable and that's what it's all about.

Despite the tense relations between managers and staff early on, signing a union contract brought everyone some relief as the rules of the game became clearer. "Once we won that contract, they don't bother us anymore. I had to explain to [management] that it was just a business deal we decided for our best interest, and it was nothing personal. Once you spoke to them like that, they didn't take it

personally any more. They had to honor the contract.” Marliene saw an immediate transformation in her co-workers as well, knowing they were protected by a signed contract and by their union.

They feel they are important now, they are being heard now. They see the work that is being done because I bring it back to them. They also see me sacrifice my family time, and they see what I bring back, and I share everything with them. Who owns the building, where the money goes, what we’re fighting for in Tallahassee. ‘We have already won a couple of laws for you.’ Now they can actually visually see the work that is being done. Now with the economy they are very worried about the wages, about healthcare, about everything. We signed up 14 people in two days when we got back because of the economy.

Outside of the workplace, Marliene received her first shock therapy in politics the first time she joined the healthcare union on a campaign to improve nurse-to-patient staffing ratios by lobbying legislators in Tallahassee. At the time she was not even an active voter.

No I didn’t vote, because I didn’t realize the power in legislation until I went to Tallahassee and then I realized that some of the senators don’t even read the bills. They just pass that and ask another senator. And I realized that they were sleeping in front of us, they were passing bills that were very important and didn’t even read them. So at least I have an opportunity to get them in, or get them out. I made my husband vote this year. And I talked to everybody and say we the people can make the difference if you vote. It is very important because of the way the healthcare reform is going... [and because] everything is about voting right now (Nov. 2008).

Since getting educated has been so important to Marliene, she strives to pass her knowledge on to her co-workers in the hope that they will carry the torch of leadership into the future.

I am actually trying to recruit them to be leaders, so it takes the burden off of me. So that the place will always stay strong. When we going out we put somebody in charge of the bulletin board, so we just create a role for them. We choose somebody for going to the administrator, somebody doing that. You create the roles, so another leader can fill your place, so the place will never be weak... I love education [and] want to develop leadership.



Marliene continues fighting not just because of her own values of truth and justice, but also because she wants to leave the world a better place for the people she cares about. As she puts it, “you prioritize what you are really fighting for because you are going to have another generation out there. Do you want to take from the world or do you want to make a difference and give back? I want to leave some legacy for my daughter. I want her to have healthcare.” Beyond this, she also sees that “most of my co-workers do not go to the doctors. They haven’t had a mammogram because they can’t afford it.” These injustices drive Marliene to continue fighting for those who are still missing the basics that a good society should provide, like healthcare.

She hopes that others will follow her example and ensure that the healthcare industry is held accountable to its workers and patients. To make change, says Marliene, “you have to give up and sacrifice to make it better for America, for your workers, for your daughter. If you stay home, you will never make difference.”

## **IX. MEMBERS' FEEDBACK TO THE UNION: CRITICISMS AND THINGS THE UNION COULD IMPROVE, AND WHAT IS BEST ABOUT THE UNION**

We felt that our survey of members could be utilized to gather more than simply their perceptions of SEIU Healthcare Florida: it could also serve as a voice for them to either criticize or praise the union, and to suggest things the union could do better, from their point of view. Therefore, we asked respondents for any criticisms they had of their union and what they thought the union could or should do better. We also asked them to state the “best thing” about being in the union, if they found anything good about it.

### *Criticisms of the Union*

Close to half the respondents were unable to come up with any criticisms of the union. Many of those who had something negative to say were not specific, but said things like, “I am not satisfied. The union is much more effective in other places” (nursing assistant, Miami), or “They seem ineffective. I would like to see more action in all those areas you're asking questions about” (nurse, Brevard County). Yet, a number of specific criticisms were made.

The most commonly cited criticism was the union’s lack of presence in the workplace (almost 9% of survey respondents). An extreme proponent of this view was a nurse from the Miami area who said, “The union does not have any participation with the workers. I don't know anyone in the union.” A patient care technician from the Orlando area was especially concerned about the union’s presence during night shifts (“letting the night workers know what their rights are”), and a Miami janitor said “They should be more visible. We need to have meetings more often.” There are also those workers who admit not being involved because they don’t pay attention, representing an outreach opportunity for the union. This is represented by a statement from a technician in Brevard County who said, “It might just be me. I don't understand a lot about what the union does. I was caught up in my own personal issues [but] I guess I need to stay more on top of it.”

Some respondents also said that the union has not improved their situation (7%), is not responsive to members’ problems (7%), should “fight harder” or “do more” for members (almost 6%), and does not communicate well or communicate enough with members (just over 5%). A little over 4.5% said they want benefits (or more benefits) like vacation and sick days, healthcare, or retirement benefits. For example a nursing assistant from Kissimmee said, “I would like them to really fight for a good pension plan for us. Union medical also, not an employer medical plan.” A little over 3% said they simply did not like the way the union operates; slightly under 3% felt that the union was not addressing workplace issues; 2.7% complained that wages were not high enough; and 1.3% said they felt that not enough of their co-workers were involved with the union. For example, we heard complaints about attendance at meetings, such as this one from a nursing assistant in Brevard County: “I think... they need to get more people to go to their meetings, get more people involved. Our shop is not too strong in getting involvement.” And just over 1% stated they felt it was unfair that non-members receive union benefits without paying union dues. Table 32 shows the percentages volunteering each type of criticism.

**Table 32**  
**Member Criticisms of the Union**

Criticism	Percent
Don't have any or can't think of any	48.8%
Need more union presence in the workplace	8.8%
The union hasn't improved things	7.0%
Not responding to members' problems	7.0%
The union should fight harder/ "do more"	5.9%
Need better communication with members	5.1%
Want other benefits	4.6%
Don't like the way union operates	3.2%
Not addressing workplace issues	2.9%
Wages are not high enough	2.7%
More people need to get involved	1.3%
Unfair that non-members get benefits too	1.1%
Assorted other responses, each less than 1% of all responses	1.6%

We also heard criticisms of the union from those activist members we interviewed. Many respondents who told us the story of how the union had positively transformed their lives were also frank about their perceptions of the union's shortcomings. These interviews corroborated some of the weaknesses reported in Table 32 above. The lack of the union's presence was a theme that came across in several interviews, but was discussed in much more complex ways. The lack of presence was seen by some member-leaders as a cause of other problems, like the need for more workers to get involved with the union or the sense that the union does not work hard enough to improve things.

It is also clear that there is great variation in people's feelings about and experiences with the union. Some survey and interview respondents told of specific recently organized union shops that were "in trouble," where the initial vote to unionize was not followed by an active and involved membership, material gains were slow in coming or lacking, and/or members experienced retaliation from employers and supervisors because they chose to unionize. Some respondents were clearly not happy about the union, and claimed it had done little or nothing for them in exchange for union dues. One respondent based in a Miami nursing home told us what happened after she formed a union in her workplace, hoping to improve the working conditions:

Before, I had a problem with the staff; something like that. They gave us too many patients and then after that I tried to put a union here, and I fought and fought and got a union here but nothing has changed. I have two or three members of the union that were laid off for no reason. I have one lady... She came to work one day and one patient complained that she did something wrong and nobody asked her for anything and then after that she got laid off, and then she called the union but the union never did anything for her.

These accounts stand out among our interviews because of how rare they are: most interviewees overwhelmingly related positive union impacts. Some workers who have been with the union long enough have experienced the variability of union strength across different workplaces, and could easily talk about the differences in conditions and treatment among different hospitals or nursing homes where they worked. A Primary Care Technician from Miami started off her interview by saying, “the union has a made a difference in my life, but not here”:

I try to go to all the SEIU events if I am not busy because I love the union very much. Once management knows that you have someone behind you then they have respect for you, which is why I love the union so much. Because it empowers us. But here [in this shop], I don’t know what happened... The union was more active with us [in previous worksites]. Here, after we won the election, there are no [union] representatives. The workers that wanted the union now have management positions... We don’t have meetings every month so we cannot tell co-workers to come and meet. But where I used to work we would have a meeting every month.

A more experienced union leader who is a hospital nursing assistant referred to the same problem—the “weak” level of union strength in some workplaces—but focused more on its causes and felt it came down to the quality of leadership development, although she said the reason for the lack of leadership development is “education and communication.” She went on to explain:

We have the same program to be instituted in every union shop [to train worker-leaders] but sometimes it’s hard because we have weak shop stewards... Some leaders are in name [only]... Management runs all over that. The union representative cannot be at your shop every minute; you have to build the leader in that shop... So [the union] sends them help. Oh yeah, sometimes I’ll go to a shop that needs help. If you’re a leader then you have to be willing to dedicate some of your time to help somebody else because someone had to help us.

Discovering the exact causes for the union’s ability to establish a stronger or weaker presence in different worksites is beyond the scope of this particular study. Doing so would require a great deal of investigation in contrasting workplaces, something we did not have the time or resources to do. From our limited research, it is apparent that the union has done a good job of establishing a strong presence in the vast majority of the workplaces it represents, although there are notable exceptions. Every exception we observed was a recently organized shop, indicating that the union may be more successful in developing a strong worksite presence as time goes on. Most members we surveyed are quite satisfied with the union, but approximately half can find at least something to criticize in its operations.

Workers with higher salaries were more likely to express dissatisfaction. But because they also tended to be less involved with the union their criticisms were frequently focused on basic material gains (wages, benefits) rather than issues with the union’s education and communication systems, which more involved workers could testify about. Typical of these types of concerns were remarks from a nurse who said, “I realize that they are doing the best that they can do at this particular time. I just would like for them to move faster, as far as the healthcare benefits.”

*The ‘Best Thing’ about Union Membership*

A final question asked survey respondents to state the best thing about being in this union, if they found anything good about the union. About one fifth of the respondents could not think of anything or said “nothing.” A further 4.3% had something negative to say about the union. The rest of the responses are remarkably close to those contained in Table 31 about ways the union has made people feel better about their lives. Familiar themes include protection/job security (33%) and improved job conditions through employee empowerment (24.1%). Wages and benefits together comprise almost 10% of responses. The generic statement, “it’s a good union” accounts for over 7% of responses, and the union’s role in improving the quality of patient care for a little over 1.5%. Table 33 lists the various categories and response rates for each.

**Table 33  
Members’ Views of the ‘Best Thing’ About Union Membership**

<b>Best Thing</b>	<b>Percent</b>
Protection (the union supports me, backs me up, represents me)	24%
Job security (I can’t be unfairly terminated)	9%
Improves job conditions (management gives us more respect [3.5%]; everybody works together more cooperatively [3.2%]; management must abide by the rules [2.8%]; management must treat people equally [1.6%]; workplace is safer [.7%]; management must listen [.5%]; handles problems and conflicts [.5%]; protects seniority [.5%]; better job conditions - not specified [.2%]; less confusion in roles [.2%])	13.7%
Empowers us (more say/collective voice [4.4%]; membership is empowering [3.0%]; union meetings give important information [.9%]; the union listens [.5%]; I can speak up [1.4%])	10.4%
Better wages	7.6%
“It’s a good union” (no specifics)	7.1%
Benefits (1.8%) and union “other services” (.2%)	2%
Union improves the quality of patient care	1.6%
Don’t know (13.4%); nothing (6.9%);” or negative comment (4.3%)	24.6%

It is apparent that members value most their union’s role in making the workplace a better place to work. While the ways that the union improves the workplace are hardly separable into distinct categories because they overlap so much, in general, the members find the union valuable in representing and protecting them, providing job security, improving job conditions, and empowering them. Contrary to general impressions, the union’s role in raising wages or providing more and better benefits, while important, is decidedly less so than the above issues. Finally, a small percentage of the membership is so attached to the idea of improving the quality of patient care that they rate it the “most important” thing the union does.

While it is clear that this union has been successful at increasing civic engagement by many of its members, no responses explicitly mentioned this as the union's most important role. Some of the "empowerment" and "it's a good union" responses catalogued above may be referencing growth in social and political awareness and increased public participation, but this was not explicitly stated by any respondent.

It appears that SEIU Healthcare Florida is primarily judged by its members on the basis of what it accomplishes at the worksite, no matter how remarkable it may be in its community and political affairs activities. Since a union is a workplace-based institution, this is only natural; no matter how "socially minded" it is in the wider world of social and political affairs, a union must always first and foremost deliver justice in the workplace if it is to attain strong enough allegiance to involve its members in broader issues. On the basis of the evidence gathered in this report, this union does a remarkably good job at both in an environment that does not naturally lend itself to either member empowerment and workplace justice or the broader social agenda it pursues (immigrant's rights, better staffed healthcare facilities, civil rights for minorities, poverty alleviation, etc.).

**Only half of SEIU Healthcare Florida's members are able to come up with a criticism of its operations. The biggest criticisms center on its lack of presence in some worksites, deficient ways of responding to or communicating with members, or addressing their most pressing problems. None of these individual criticisms amounts to even 10% of the membership, however. Criticisms appear to be greatest in workplaces where the union has yet to gain a strong foothold through dedicated rank-and-file worksite leaders.**

**Job protection and job security were most frequently cited as the "best thing" about being in the union (33%), and almost a quarter mention job empowerment and improvement in job conditions. Wages and/or benefits or other factors were rated the "best thing" by less than 10% of respondents.**

## **Member Spotlight: Donald**

As a histologist in a Florida hospital, Donald studies the health of human tissue samples under a microscope. He is paid relatively well compared to many of the healthcare union's members, and such a worker might not be expected to be a strong union supporter. Yet, like many of the union members, Donald appreciates other ways that being in a union benefits him, including the ability to “do the right thing” for the healthcare industry, beyond whatever material gains he won or not.

I believe the union has given me a voice within the place that I work. I believe this voice has enabled me to get more on level with the employer, to be able to speak to them about issues. I feel that it has empowered me to reach ends in my community as well and to become more involved politically with people to make changes in Tallahassee. This affects the way my community evolves and the way I live in my community.

Although Donald has been a histologist for over six years, he has been with the union for less than two, and has been able to see the differences between the previous and current situation in his workplace. Most of those differences have been discussed throughout the report—greater voice, dignity and respect at the workplace, in addition to a more collaborative and thereby more efficient and smoothly-run workplace. In addition to this, Donald notes that “once I got into the union I started to see the bigger picture.”

You first join a union because you think something is not the way it should be at work and you want to make a little more [money]. There [are] different ideas of what you think a union is going to do for you. Once I got into the union I could see there was a much bigger picture, that to make any serious change you had to be making political changes on state, national and local levels, such as the transparency act that would have a huge impact on the hospitals in Florida if it were passed.

The Transparency Act would require Florida hospitals to publicize the ratio of nurses to patients in their hospital, thereby generating competition among hospitals to improve the quality of their patient care, something which the healthcare industry has resisted. Donald is not directly impacted by short-staffing in hospitals, but he is going out of his way to support his colleagues in his workplace because

he has come to understand the “bigger picture” affecting the healthcare industry and wants to make a difference. Through the union he has found an opportunity and the tools to do so. As Donald remarked, “I never knew about unions, [before SEIU] but it just seemed so right to me when they started talking about improving benefits, wages and patient care.”



## **X. Summary**

**Returning to the issue referenced in the title of this report, has the union transformed lives? For a rather large minority of its members, the answer is “yes.”** Relatively low-wage workers who ordinarily have very little influence at or away from work have been given a “voice” that has resulted in better places to work. Whether it is achieving workplace safety, dignity on the job, fairness at the workplace, rights on the job, a “voice” in how things are done, leader opportunities, or a more smoothly running workplace, somewhere between 46% and 52% of the members rated their union “good or very good.” In these important ways the union has contributed to transforming the lives of its members.

**The union has likely also transformed the lives of a number of patients or residents, particularly in the nursing home segment of its operations.** Because of its political intervention, many patients now receive up to twice as much personal care by nursing assistants as they did previously. Our evidence on this question is only indirect because we did not directly interview patients, but the union’s members see a direct connection: almost 48% of those we surveyed rated the union “good or very good” in improving the quality of patient care.

**The union has also transformed the lives of about a third of its membership whom it has caused to become more attuned to public affairs.** Increased awareness has led most of these members to want to become actively involved by voting or registering to vote, engaging state legislators, partaking in other political activities like voter registration drives or get-out-the-vote efforts, political education, and the like. And for almost a fourth of the membership, the union has caused them to be more interested in participating in some community organization. This increase in “civic engagement” has been more pronounced for groups who are traditionally left out of the public affairs of our country: blacks and low-income individuals.

Finally, for a smaller group of members who have become activists and elected leaders, the union has created some extraordinary transformations, as related by a number of the highlighted stories contained throughout this report. A number of these individuals have a fierce loyalty to the union because of the major difference it has made in their lives.

The many positive ways the union affects its members and others does not mean that its membership views it as perfect. In some workplaces some members believe the union could improve its performance by establishing a stronger presence at the worksite or by communicating more/better with the membership. Small numbers (always well under 10%) also believe the union should “do more/fight harder,” be more responsive to members’ complaints or issues, etc. But overall, the level of satisfaction with this union is very high. Members particularly appreciate the security/job protection and workplace empowerment the union gives them.

This research has unearthed a number of positive impacts by the SEIU Healthcare Florida on society:

- For those who care about the quality of care in our nursing homes and hospitals, the SEIU Healthcare Florida is a force for higher quality of care;
- For those who care about civil rights for minorities, the union's members testify that it staunchly fights for equal rights, both in the workplace and in the larger society;
- For those who care about the rights of immigrants in the U.S., the is one of the most active organizations in Florida working for the rights of immigrants, most notably among its membership which is comprised of a large number of immigrant workers.
- For those who care about the incorporation of marginalized populations into the civic and political institutions of the country, SEIU Healthcare Florida plays a major role in doing just that for low-income workers who would otherwise have very little chance of participating in the major events affecting their lives;
- For those who care about the well-being of communities in low-income neighborhoods, this union wins higher incomes and benefits for its members living in those communities, thus stabilizing them;
- For those who believe in fairness and dignity in the workplace, this union provides a measure of both for those it represents;
- For those who desire greater "civic engagement" in society, the union is empowering many of its members to effectively participate in the public affairs of their communities.

SEIU Healthcare Florida has played an important role in all the ways listed above. Few other institutions can claim a similar record on so many fronts. Our research does indeed uncover a number of "transformations" of the lives of many in and around the Florida healthcare industry.

As a relatively modest research project, this report cannot definitively answer all questions about the various issues it addresses. Research comparing actual worker illness and injuries rates in union and non-union facilities would test member perceptions that the union improves workplace safety. Studies conducted over time showing changes in perceptions of the issues covered would also be helpful, especially if they covered periods before and after a facility was unionized. A more in-depth look at the union's activities in developing leadership would enhance the findings in that area also. In other words, additional research could extend our knowledge of union impacts and corroborate or refine the findings of this present study.

## APPENDIX A

### Telephone Survey for SEIU Healthcare Florida Members

Hello, may I speak with \_\_\_\_\_?

My name is \_\_\_\_\_ and I'm calling from the Research Institute on Social and Economic Policy at Florida International University. We are doing a research project with the SEIU Healthcare Florida, your union, about the effect the union has had on your life and in your workplace. It should take twenty to thirty minutes and your answers will remain strictly confidential. Your participation in this survey will not affect your job or your relationship to the union or your employer in any way. You have the right to not answer any question that you do not want to answer. The information from these surveys will be used in a report showing the different ways in which people's lives are affected by being part of a union.

(OPTIONAL, IF THEY WANT TO KNOW MORE OR ARE HESITANT: Your participation will help us tell the public about how being part of a union affects the lives of workers, their families and their communities – something that very few people actually understand. Again, your answers will remain strictly confidential.)

If you have any questions about this research, feel free to contact Bruce Nissen, at Florida International University, at 305-348-2616. You may also contact Dr. Patricia Price, the Chairperson of the FIU Institutional Review Board at (305) 348-2618 or (305) 348-2494.

- Can you spare 20 minutes for our survey?
  - IF NO: When would be a better time to reach you?
  - IF REFUSE: Is there a reason you are not interested?
- 
- IF YES: Great, thanks. Let's get started.

### I. Wages & Benefits

I'm now going to ask you some questions about the impact of the union on your wages and benefits.

1) How do you rate the effectiveness of your union in raising the wages of you and your fellow workers? Would you say \_\_\_\_very good, \_\_\_\_good, \_\_\_\_fair, \_\_\_\_poor, or \_\_\_\_very poor?

2) How do you rate the effectiveness of your union in winning or improving benefits for you and your fellow workers? Would you say \_\_\_\_very good, \_\_\_\_good, \_\_\_\_fair, \_\_\_\_poor, or \_\_\_\_very poor?

2a) Has your union won improvements in:

- i) Healthcare benefits? \_\_\_\_yes \_\_\_\_no
- ii) Paid vacation time? \_\_\_\_yes \_\_\_\_no
- iii) Paid sick days? \_\_\_\_yes \_\_\_\_no
- iv) Retirement pension benefits? \_\_\_\_yes \_\_\_\_no
- v) Other benefits? (please specify) \_\_\_\_\_

## II. Workplace Conditions, Worker Empowerment & Rights

Now I would like to ask some questions about whether or not the union has made a difference in the conditions at your workplace.

3) How do you rate the effectiveness of your union in making your job safer? Would you say \_\_\_\_very good, \_\_\_\_good, \_\_\_\_fair, \_\_\_\_poor, or \_\_\_\_very poor?

3a) If you think the union has improved safety in any way, would you tell me exactly what tasks have become safer as a result of the union? List as many as you wish; if you think the union has not made your work any safer, just say “none.”

(NOTE TO SURVEYOR: MAKE SURE THEY TELL YOU EXACT TASKS, NOT SOMETHING VAGUE LIKE “PATIENT CARE.” ASK WHAT THEY MEAN UNTIL YOU UNDERSTAND WHAT THE TASK IS AND HOW IT BECAME SAFER)

4) How do you rate the effectiveness of your union in getting management to treat you and your fellow workers more fairly? Would you say \_\_\_\_very good, \_\_\_\_good, \_\_\_\_fair, \_\_\_\_poor, or \_\_\_\_very poor?

4a) If you think the union has made the workplace fairer, would you tell me exactly what is being done more fairly as a result of the union? List as many things as you wish; if you think the union has not made your treatment by management any fairer, just say “none.”

(NOTE TO SURVEYOR: MAKE SURE THEY TELL YOU EXACTLY WHAT IS DONE MORE OR LESS FAIRLY [SCHEDULING, WORK ASSIGNMENTS, PAY, DISCIPLINE, ETC.], NOT SOMETHING VAGUE LIKE “THEY TREAT US MORE EQUALLY” OR “THEY TREAT US WITH MORE RESPECT.” ASK WHAT THEY MEAN UNTIL YOU UNDERSTAND EXACTLY WHAT IS DONE MORE FAIRLY AND HOW SO)

5) How do you rate the effectiveness of your union in giving you and your fellow workers more say in how things are done? Would you say \_\_\_\_very good, \_\_\_\_good, \_\_\_\_fair, \_\_\_\_poor, or \_\_\_\_very poor?

5a) If you think the union has given you and your fellow workers more say in how things are done, would you tell me in what ways you have gotten more influence than you would without the union? Give as many examples as you wish; if you think the union has not given you more say, just say “none.”

(NOTE TO SURVEYOR: Again, try to make them be specific.)

6) How do you rate the effectiveness of your union in getting you and your fellow workers more rights on the job? Would you say \_\_\_\_very good, \_\_\_\_good, \_\_\_\_fair, \_\_\_\_poor, or \_\_\_\_very poor?

6a) If you think the union has brought you and your fellow workers more rights, would you tell me what rights you have gained as a result of the union? Give as many examples as you wish; if you think the union has not brought you more rights, just say “none.”

(NOTE TO SURVEYOR: Again, try to make them be specific about what is changed.)

7) How do you rate the effectiveness of your union in giving you and your fellow workers more dignity on the job? Would you say \_\_\_\_very good, \_\_\_\_good, \_\_\_\_fair, \_\_\_\_poor, or \_\_\_\_very poor?

7a) If you think the union has brought you more dignity on the job, would you give me an example showing how you have more dignity on the job because of the union? What has changed that shows you that you have more dignity? List as many changes as you wish; if you think the union has not brought more dignity on the job, just say “none.”

8) How do you rate the effectiveness of your union in bringing you and your fellow workers new opportunities to step forward and be a leader in the workplace? Would you say \_\_\_\_very good, \_\_\_\_good, \_\_\_\_fair, \_\_\_\_poor, or \_\_\_\_very poor?

9) What about the union’s impact on making the workplace run more smoothly? By “run more smoothly” I mean that things are done so that everyone knows and agrees on what are their rights and responsibilities and tasks, and therefore there is less confusion or misunderstanding about how things should be done. Would you rate its effectiveness in making the place run more smoothly as \_\_\_\_very good, \_\_\_\_good, \_\_\_\_fair, \_\_\_\_poor, or \_\_\_\_very poor?

9a) If you think the workplace does run more smoothly as a result of the union, could you give me an example of how this happens? You may list more than one way if you wish; if you think the workplace does not run more smoothly because of the union, just say “none.”

Now I'm going to ask some questions about the quality of patient care.

10) How do you rate the effectiveness of your union in improving the quality of patient care? Would you say \_\_\_ very good, \_\_\_ good, \_\_\_ fair, \_\_\_ poor, or \_\_\_ very poor?

10a) If you think the union has improved the quality of patient care, would you tell me what the union achieved that improved the care that patients receive? List as many things as you wish; if you think the union has not improved the quality of patient care, just say "none."

11) How do you rate the effectiveness of your union in getting those who give care directly to patients in your facility more time to spend with patients or residents, so things don't get rushed? Would you say \_\_\_ very good, \_\_\_ good, \_\_\_ fair, \_\_\_ poor, or \_\_\_ very poor?

12) Have you ever felt the need to stand up to management for the well-being of your patients? \_\_\_yes \_\_\_no

12a) Has the union ever encouraged you to stand up to management for the well-being of your patients? \_\_\_yes \_\_\_no

If answer to 12a is a "yes,"

12b) What specifically have they done in this regard?

### III. Civic Participation

Now I'm going to ask you a few questions about your activities away from work.

13) Has being in the union made you \_\_\_\_more interested, \_\_\_\_less interested, or \_\_\_\_ neither more nor less interested in being active politically?

14) Has being in the union made you \_\_\_\_more likely to vote or to register to vote, \_\_\_\_less likely to vote or to register to vote, or \_\_\_\_ neither more nor less likely to vote or to register?

15) Has being in the union made you \_\_\_\_more interested in going to Tallahassee to talk to state legislators, \_\_\_\_less interested in doing this, or \_\_\_\_ neither more nor less likely to do this?

16) Has being in the union made you \_\_\_\_more likely to get active with a community organization or religious place of worship, \_\_\_\_less likely to get active in such organizations, or \_\_\_\_ does union membership not make any difference?

17) Has being in the union caused you to \_\_\_\_pay more attention to politics and the news, \_\_\_\_pay less attention to them, or \_\_\_\_ has it made no difference in this regard? (If they ask what you mean by this, you can mention examples: political candidates, immigration policy, minimum wage, etc.)

18) Some of the people we are talking to are not U.S. citizens, and some are. Were you born a U.S. citizen? \_\_\_\_yes \_\_\_\_no

If "no," what country were you born in? \_\_\_\_\_

If "no," has being in the union in the past made you (or does being in the union now make you) \_\_\_\_more likely to apply for U.S. citizenship, \_\_\_\_less likely to apply, or \_\_\_\_ has it made no difference?

### General Impact of Union + Miscellaneous

19) Does being in the union make you \_\_\_\_feel better about the work that you do, \_\_\_\_feel worse about it, or \_\_\_\_ does the union not make a difference?

19a) If it made a difference one way or the other, would you tell me exactly what difference it has made? Please be specific.



20) In general, do you think that being in the union has \_\_\_\_improved your life on and off the job, \_\_\_\_made it worse, or \_\_\_\_ made no difference?

20a) If it has changed your life in either direction, would you tell me exactly how it has made your life better or worse?

21) Do you consider your job difficult to do? \_\_\_\_yes \_\_\_\_no

21a) Why do you stay with your present job?

22) If you have any criticism of your union, what is it?

23) What would you say is best about being in your union?

We are almost done now. I have just a few personal questions to ask. Your answers are strictly confidential.

- 24) Will you please tell me your current hourly pay on the job? \$\_\_\_\_\_ per hour
- 25) Will you please tell me your monthly healthcare cost, if you get healthcare insurance from your employer? (if they don't get employer-provided healthcare, just mark "NA") \$\_\_\_\_\_
- 26) Will you please tell me your annual **personal** income from last year? (By that, I mean the money you earned yourself, not counting money made by other family members.) \$\_\_\_\_\_
- 27) Will you please tell me the total income of your family that is living in your household? \$\_\_\_\_\_
- 28) How many family members (including you) were living in your household last year?  
\_\_\_\_\_
- 29) Do you have people living in your house who are not members of your family, but who contribute money to the household's living expenses? \_\_\_\_yes \_\_\_\_no
- If "yes," can you tell me your **total** household income, including the money earned by those who live with you but are not members of your family? \$\_\_\_\_\_
- 30) On average, how many jobs did you hold at the same time during last year? \_\_\_\_\_
- 31) On average, what was your total housing cost **per month** last year? (By "housing cost" I mean the rent or the mortgage payment plus all utilities and taxes and property insurance). \$\_\_\_\_\_
- 32) Will you please tell me how many years old you are? \_\_\_\_\_ years old
- 33) Sex \_\_\_\_\_ (hopefully you don't have to ask at this point)
- 34) How would you identify your race or ethnic background? \_\_\_\_\_
- 35) Is there anything else you would like to add about being a member of SEIU Healthcare Florida?
- 36) How long have you been in the union? (Note to surveyor: round to nearest year).  
\_\_\_\_\_years

Thank you very much, that completes our survey. I would like to remind you that your answers will be kept strictly confidential. Do you have any questions or concerns about the survey? (If they haven't taken it down, offer again the contact info. for the university.) Thanks again, have a good day/evening.

## Appendix B

### DIFFERING ASSESSMENTS BY DIFFERENT CATEGORIES OF UNION MEMBERS

The report states member assessments of the union on a wide variety of topics. We were curious to see if there were important differences between different categories of members in how they rated the union on these topics. Therefore we decided to do comparisons of the responses of different kinds of members. To do meaningful comparisons, we had to find large enough sub-groups of the respondent population that we were confident they truly were representative of that category of respondent. We chose to make the following comparisons:

- By occupation. The only clearly stated occupations with a large enough number of respondents were CNAs and RNs, so we compared each of these occupations with all other non-CNA and non-RN respondents.
- By the type of facility within which the respondent worked: hospital or nursing home.
- By length of time in the union: those with 3 years or less of union membership, and those with more than 3 years.
- By personal income: those with \$30,000 or less annual personal income, and those with more than \$30,000 annual personal income.
- By racial or ethnic group: black, white, Hispanic.

We were only interested in differences that were statistically significant.<sup>1</sup> Often there were no differences large enough to matter, but in some cases there were notable differences.

Before viewing and analyzing the data, it is important to note some important overlaps between the above categories. There are “clusters” that have enormous overlaps of membership. The two most important are the following:

- 1) Those who have been in the union more than 3 years strongly overlap with those working in a nursing home, those making lower incomes (\$30,000/year or less), those who are CNAs, and those who self-identify as black.
- 2) Those who have been in the union 3 years or less strongly overlap with those who are working in hospitals, those making higher incomes (over \$30,000/year), those who are RNs, and those who self-identify as white.

When the results are analyzed, by far the strongest result is that those in cluster #1 above rate the union much more positively than others, and those in cluster #2 tend to rate the union less positively than their counterparts. The most likely explanation is that **the union has had less time to establish itself and to change things for those individuals (and facilities) that have only recently joined the union. Thus they give it less positive ratings.** Conversely, those

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<sup>1</sup> To determine what is statistically significant, we used the simple Pearson Chi-square test for significance, and counted a difference as significant at the .05 level. That means that a difference has a less than 5% chance of having happened simply by chance.

who have experienced the union over a longer period of time have seen it achieve more as an institution and thus rate it more favorably.

Virtually all statistically significant deviations from the norm by respondents in cluster #1 give more positive union evaluations, as Table A shows:

**Table A**  
**Statistically significant deviations from overall responses to survey evaluations**

Group	# of deviations	Nature of deviations
<b>Longer term members (member more than 3 years)</b>	13	All 13 more positive
<b>Nursing Home Worker</b>	7	6 more positive; 1 less so
<b>Low-income (\$30,000 or less)</b>	5	All 5 more positive
<b>CNA</b>	2	Both more positive
<b>Black</b>	12	All 12 more positive

And most of the deviations by members of cluster #2 are less positive in their evaluation of the union, as Table B shows:

**Table B**  
**Statistically significant deviations from overall responses to survey evaluations**

Group	# of deviations	Nature of deviations
<b>Shorter term members (member 3 years or less)</b>	13	All 13 less positive
<b>Hospital Worker</b>	7	6 less positive; 1 more so
<b>Higher-income (over \$30,000)</b>	5	All 5 less positive
<b>RN</b>	8	All 8 less positive
<b>White</b>	3	All 3 less positive

It is clear from these tables that the most widespread influence on member's ratings of the union stems from the length of time the respondent has been a member. Thus, length of membership may primarily account for a number of the other differences in the above tables, although a couple, such as the unusually widespread approval of the union by black respondents, and the relatively high number of areas where RNs express less approval (although still generally more approving than disapproving), may require special explanation.

With this context in mind, we present all of the statistically significant response differences by sub-categories of the membership from the responses of all others not in that sub-category. We do so through a series of tables, in the same order that tables of overall responses were given in the text of the report. Wherever we feel that something is noteworthy enough to comment on, we do so after the relevant table.

### **Workplace Conditions -- Differing Assessments from Different Categories of Members**

Regarding workplace conditions, most sub-categories of the union did not respond significantly differently from others. There were, however, some variations. Table C shows all statistically

significant differences from others in ratings of the union by the different categories of respondent:

**Table C**  
**Differences in Assessment of Union Effectiveness in Improving Workplace Conditions, by Type of Respondent**

<b>Area of rating</b>	<b>Category of union member</b>	<b>Difference from overall rating</b>	<b>Favorability rating* (parenthesis shows rating of other respondents)</b>	<b>Level of significance of the difference</b>
<b>Making workplace safer</b>	Longer-term members	More favorable	<b>53.0% - 10.4%</b> (44.6% - 25.7%)	<b>.007</b>
	Blacks	More favorable	<b>54.4% - 19.4%</b> (40.1% - 26.4%)	<b>.007</b>
	Hispanics	More “neutral”	<b>37.9% - 17.6%</b> 49.8% - 24.5%	<b>.009</b>
	RNs	Less favorable	<b>29.3% - 34.2%</b> (49.6% - 16.7%)	<b>.000</b>
<b>Providing more rights on the job</b>	Blacks	More favorable	<b>56.4% - 15.2%</b> (42.8% - 23.5%)	<b>.036</b>
<b>Providing more say in how things are done</b>	Longer-term members	More favorable	<b>58.0% - 14.0%</b> (43.5% - 26.7%)	<b>.001</b>
<b>Providing more dignity on the job</b>	Longer-term members	More favorable	<b>54.3% - 11.8%</b> (43.5% - 16.5%)	<b>.032</b>
	Nursing home workers	More favorable	<b>51.6% - 13.9%</b> (43.5% - 15.3%)	<b>.053**</b>
	Blacks	More favorable	<b>60.1% - 13.8%</b> (41.4 - 18.9%)	<b>.002</b>
	CNAs	More favorable	<b>50.3% - 14.1%</b> (42.3% - 17.7%)	<b>.022</b>
	Lower income (\$30,000 or less)	More favorable	<b>60.0% - 12.8%</b> (37.4% - 17.9%)	<b>.000</b>
	RNs	Less favorable	<b>35.5% - 22.8%</b> (51.8% - 12.1%)	<b>.009</b>
<b>Providing leadership opportunities</b>	Lower income (\$30,000 or less)	More favorable	<b>56.4% - 23.1%</b> (47.8% - 26.5%)	<b>.045</b>
<b>Making workplace run more smoothly</b>	Longer-term members	More favorable	<b>61.1% - 11.8%</b> (47.0% - 26.0%)	<b>.015</b>
	Blacks	More favorable	<b>62.2% - 15.9%</b> (42.5% - 28.4%)	<b>.007</b>
	RNs	Less favorable	<b>37.1% - 33.4%</b> (55.4% - 14.7%)	<b>.002</b>

\*Favorability rating is the percentages rating the union “good” or “very good” compared to those rating it “poor” or “very poor.”

\*\*Technically not statistically significant at the .05 level, although it is extremely close, and thus is included here.

It should be emphasized that, in all cases but one, all ratings of the union were more positive than negative, even among those giving less favorable ratings. (The one exception is RN ratings of the union’s safety improvement record.) In other words, we are talking about variations within strongly favorable overall ratings.

**Quality of Patient Care -- Differing Assessments from Different Categories of Members**

Table D shows all statistically significant differences from others in ratings of the union by the different categories of respondent:

**Table D**  
**Differences in Assessment of Union Effectiveness in Improving the Quality of Patient Care or Providing More Time to Spend with Patients, by Type of Respondent**

Area of rating	Category of union member	Difference from overall rating	Favorability rating* (parenthesis shows rating of other respondents)	Level of significance of the difference
<b>Improving the Quality of Patient Care</b>	Longer-term members	More favorable	<b>60.3% - 12.5%</b> (40.6% - 30.5%)	<b>.001</b>
	Nursing home worker	More favorable	<b>58.0% - 16.5%</b> (39.1% - 27.3%)	<b>.010</b>
	Blacks	More favorable	<b>61.9% - 17.3%</b> (39.4% - 32.2%)	<b>.000</b>
	Low-income respondents	More favorable	<b>62.0% - 18.6%</b> (34.4% - 31.9%)	<b>.001</b>
	RNs	Less favorable	<b>26.6% - 39.2%</b> (57.7% - 15.8%)	<b>.000</b>
<b>Providing more time to spend with patients</b>	Longer-term members	More favorable	<b>47.7% - 20.2%</b> (36.2% - 35.2%)	<b>.015</b>
	Nursing home worker	More favorable	<b>46.4% - 23.3%</b> (35.3% - 33.7%)	<b>.041</b>
	Blacks	More favorable	<b>48.6% - 24.6%</b> (33.8% - 38.4%)	<b>.000</b>
	Low-income respondents	More favorable	<b>53.0% - 25.5%</b> (29.7% - 39.8%)	<b>.002</b>
	Whites	Less favorable	<b>31.4% - 45.7%</b> (43.9% -27.4%)	<b>.002</b>
	RNs	Less favorable	<b>17.8% - 46.8%</b> (47.6% - 22.4%)	<b>.000</b>

\*Favorability rating is the percentages rating the union “good” or “very good” compared to those rating it “poor” or “very poor.”

The results confirm the analysis above, that longer term members, who tend to be lower income,

black, and lower income, rate the union more highly on this score. Perhaps the one result that requires comment is the unusually low approval rating from RNs on both measures. What accounts for their distinctly more negative assessment of the union than the evaluation of others?

The less favorable ratings by the RNs are very likely due to their unique position within the membership. All RN respondents worked in hospitals, not nursing homes. Since the union has only represented hospital employees for the last three years or so, nurses' experiences of union impacts will be much more recent. (Respondent data confirm that nurse members have less longevity in the union: the median length of membership nurses is one year, compared to four years for non-nurses.)

Therefore, some of the nurses' more unfavorable ratings may simply be due to their membership in the "hospital" category, or the "shorter-term member" category. Nurses will generally not be aware of the union's successful battle in the late 1990s to win better patient staffing ratios for CNAs in nursing homes, with dramatic improvements in the early 2000s. They are probably aware of the union's more recent efforts to win better staffing ratios for RNs in hospitals in the past 3-4 years, but so far the union has been unable to legislatively win any of these battles. So, it makes sense that RNs, being unaware of earlier successes and not seeing success with recent efforts for their own profession, would rate the union as less effective than others whose longer period of union membership has shown them tangible results.

But that explanation cannot account for all of the nurses' different evaluation of the union. As the tables show, their ratings are still more negative than are those of other shorter-term members, or of other hospital worker respondents. What accounts for the remainder of their less positive assessment? A second possible reason is that there is a chronic shortage of nurses, which is not true for most other categories of healthcare workers. Thus, nurses see chronic "short-staffing" in many facilities, and are unlikely to see the union as effective in ending this practice. Consequently, nurses will rate the union less positively than will other members, who do not feel the same level of stress because their positions are not equally short of staffing.

The more positive ratings by black respondents are closely in line with those of low income, nursing home, and longer-term member respondents, so their more upbeat assessment is probably not a product of a "racial" attitude. There may be a more positive assessment by black respondents of the union because of its strong involvement in civil rights and Haitian immigrant rights issues in the community, but this is not something we can clearly conclude from the data in the tables. The less favorable ratings by white respondents correspond closely with the less favorable ratings by higher income respondents, and since most white respondents were higher income, we believe that there is no significant "racial" component to their ratings either.

### **Wages and Benefits -- Differing Assessments from Different Categories of Members**

Regarding wages, only one significant deviation from overall results emerged: hospital workers were more likely than were nursing home workers to rate the union highly in raising wages (by a 62.1% to 11.4% favorable-unfavorable rating compared to 48.7% - 20.9% from nursing home workers). Ratings of the union's effectiveness in providing benefits showed a few variations.

Table E shows all statistically significant differences from others in ratings of the union by the different categories of respondent:

**Table E**  
**Differences in Assessment of Union Effectiveness in Providing Benefits, by Type of Respondent**

Area of rating	Category of union member	Difference from overall rating	Favorability rating* (parenthesis shows rating of other respondents)	Level of significance of the difference
Provision of benefits (all types of benefits)	Longer-term members	More favorable	<b>51.6% - 13.5%</b> (41.1% - 25.3%)	<b>.037</b>
	RNs	Less favorable	<b>29.1% - 29.1%</b> (45.5% - 21.1%)	<b>.046</b>
Winning improvements in Healthcare benefits	Longer-term members	More yes's (more positive)	<b>47.4% - 48.1%</b> (26.5% - 64.2%)	<b>.000</b>
	Nursing home workers	More yes's (more positive)	<b>42.1% - 53.3%</b> (29.0% - 61.5%)	<b>.016</b>
	Blacks	More yes's (more positive)	<b>40.1% - 51.7%</b> (28.1% - 64.3%)	<b>.006</b>
Winning improvements in paid vacation time	Longer-term members	More yes's (more positive)	<b>66.7% - 30.8%</b> (31.2% - 58.6%)	<b>.000</b>
	Nursing home workers	More yes's (more positive)	<b>55.9% - 37.9%</b> (35.5% - 56.4%)	<b>.000</b>
	Blacks	More yes's (more positive)	<b>47.1% - 41.9%</b> (38.0 - 56.7%)	<b>.027</b>
Winning improvements in paid sick days	Longer-term members	More yes's (more positive)	<b>63.5% - 34.6%</b> (33.5 - 56.7%)	<b>.000</b>
	Nursing home workers	More yes's (more positive)	<b>53.6% - 42.3%</b> (37.6% - 54.8%)	<b>.008</b>
Winning improvements in pension plan	Hispanics	More yes's (more positive)	<b>32.0% - 48.0%</b> (23.7% - 59.8%)	<b>.004</b>

\*Favorability rating is the percentages rating the union "good" or "very good" compared to those rating it "poor" or "very poor" in provision of benefits, or the percentage of "Yes" responses compared to "No" responses to questions as to whether the union has been responsible for improvements in healthcare, paid vacation time, or pension benefits.

None of the results in Table E are surprising: as a higher-paid category of worker, RNs were more likely to have benefits even prior to the union's arrival, and therefore were less likely to rate the union highly in this area. Groups traditionally facing discrimination (blacks and Hispanics) were less likely to have meaningful benefits prior to the union and therefore would be more likely to appreciate the union's gains in these areas. Longer-term and nursing home workers are more likely to have experienced improvements over a longer period of time, accounting for the more favorable ratings.



## Civic Engagement -- Differing Assessments from Different Categories of Members

On the general issue of the union's impact on a respondent's interest in being active politically, none of the separate categories of union members differed significantly from the overall results: for all groups, the union overwhelmingly caused its members to be more interested in political activism.

There were, however, a few variations on some of the specific questions. Table F shows all statistically significant differences from others in ratings of the union by the different categories of respondent:

**Table F**  
**Differences in Union Impact on Interest in Different Types of Civic Engagement, by Type of Respondent**

Area of rating	Category of union member	Difference from overall rating	Positive impact rating* (parenthesis shows rating of other respondents)	Level of significance of the difference
<b>Likelihood of Voting or Registering to Vote</b>	Longer-term members	More positive union impact	<b>40.0% - 3.3%</b> (24.1% - 4.7%)	<b>.005</b>
	Blacks	More positive union impact	<b>43.6% - 3.7%</b> (20.6% - 4.7%)	<b>.000</b>
	Lower income (\$30,000 or less)	More positive union impact	<b>40.8% - 3.2%</b> (24.2% - 6.3%)	<b>.015</b>
	CNAs	More positive union impact	<b>33.7% - 4.7%</b> (22.6% - 3.0%)	<b>.054**</b>
	Hispanics	Less positive union impact	<b>20.3% - 4.1%</b> (35.1% - 4.2%)	<b>.049</b>
	Whites	Less positive union impact	<b>19.5% - 5.2%</b> (35.5% - 3.9%)	<b>.029</b>
	RNs	Less positive union impact	<b>15.7% - 4.8%</b> (33.8% - 3.3%)	<b>.008</b>
<b>Interest in Engaging State Legislators in Tallahassee</b>	Blacks	More positive union impact	<b>41.7% - 3.1%</b> (26.0% - 5.3%)	<b>.009</b>
	Hispanics	Larger "neutral" union impact	<b>23.0% - 2.7%</b> (36.8% - 4.7%)	<b>.047</b>
<b>Interest in Being Active with Community Organizations</b>	Longer-term members	More positive union impact	<b>33.8% - 4.0%</b> (17.2 - 3.3%)	<b>.001</b>
	Blacks	More positive union impact	<b>35.0% - 5.0%</b> (15.2% - 2.3%)	<b>.000</b>
	Hispanics	Larger "neutral" union impact	<b>13.3% - 1.3%</b> (28.1% - 4.3%)	<b>.011</b>
	RNs	Less positive union impact	<b>13.3% - 3.6%</b> (27.0% - 4.3%)	<b>.036</b>

\*Positive impact rating is the percentages stating the union made them "more interested" as compared to those stating it made them "less interested."

\*\*Technically not statistically significant at the .05 level, although it is extremely close, and thus is included here.

Even those least affected by the union concerning civic engagement have been overwhelmingly positively impacted. The differences noted provide few surprises. More recent entrants to the union, especially RNs, have been least (although still positively) impacted. Longer term members, lower-income members, CNAs, and black respondents have been especially drawn into civic engagement by the union partly due to their initial lower levels of civic engagement and partly due to the union's focus on political and community engagement most likely to benefit them. White members experienced a less prominent increase in interest in voting or registering to vote due to the union because this group was already doing those things in larger numbers than others.

While this union positively affects many kinds of public engagement for all categories of its members, it is especially noteworthy for bringing more fully into the political system many low-income and/or black members, an historically under-registered and underrepresented voting bloc in American politics.<sup>1</sup>

**Overall Impact on Life -- Differing Responses from Different Categories of Members**

There were only three major variations from the overall responses by a category of respondent regarding the overall impact of the union on their lives. All variations are within a highly positive assessment. Table G shows all statistically significant differences from others in ratings of the union by the different categories of respondent:

**Table G**  
**Union Impact on How Members Feel About their Lives On and Off the Job, by Type of Respondent**

<b>Category of union member</b>	<b>Difference from overall rating</b>	<b>Favorability rating* (parenthesis shows rating of other respondents)</b>	<b>Level of significance of the difference</b>
<b>Longer-term members</b>	Lower unfavorable	<b>28.1% - 0%</b> (30.2 - 7.5%)	<b>.002</b>
<b>Blacks</b>	More favorable	<b>35.5% - 1.2%</b> (27.1% - 8.8%)	<b>.002</b>
<b>Whites</b>	Higher unfavorable	<b>32.5% - 10.4%</b> (31.5% -3.5%)	<b>.044</b>

\*Favorability rating is the percentages rating the union as having improved one's life on and off the job, vs. having worsened it.

<sup>1</sup> Richard A. Cloward and Frances Fox Piven, "Poverty and Electoral Power," *Journal of Sociology & Social Welfare*, Vol. 16 Issue 4, Dec. 1989, pp. 99-105; Arend Lijphart, "Unequal Participation: Democracy's Unresolved Dilemma," *The American Political Science Review*, Vol. 91, No. 1, March 1997, pp. 1-14; Robert A. Jackson, Robert D. Brown and Gerald C. Wright, "Registration, Turnout, and the Electoral Representativeness of U.S. State Electorates," *American Politics Research*, Vol. 26, No. 3, 1998, pp. 259-287; Keith Archer and David Coletto, "Groups who vote and groups who don't: Political engagement in 6 countries," Presented at the Annual Meeting of the Canadian Political Science Association, University of Saskatchewan, Saskatoon, SK, May 30 – June 1, 2007. Available from <http://www.cpsa-acsp.ca/papers-2007/Archer-Coletto.pdf>.

The results are most interesting if one looks at the “unfavorability” ratings. The fact that zero longer term members found the union to have an unfavorable impact on their lives is a remarkable result. At the opposite extreme, the fact that approximately one in every ten of the union’s white members rate it as having worsened their life invites explanation. Responses from the survey to a question of why they felt this way generally centered on the claim that the union did little or did nothing for them while taking their union dues. (Even at that, white respondents rated the union favorably over three times as often as they rated it unfavorably.) The more positive rating of the union by black respondents probably reflects a reality that the union has done more for them as a group than it has for other, more advantaged, groups such as white respondents.