

## What About Wages?

### **If the two campuses merge into a single bargaining unit, will they use the same wage scales? Will they get raises on the same schedule?**

Yes, all WSNA-represented nurses at Confluence would use the same wage scales regardless of their home facility. This is already the case for nurses working in Infusion, Home Health, and Home Hospice at Central; they use the wage scale that applies to Central's inpatient RNs. We would also get raises on the same schedule. That means we'd all get the same percentage-based annual increase in April and step increases after our anniversary dates. Central's wage increases went into effect in mid-September 2025, and WSNA has always planned to propose that wage increases go into effect on the same date at both campuses.

### **Is it fair to have a single wage scale if we don't all deal with the same patient acuity or scheduling requirements? Why should a nurse who doesn't work weekends earn the same as someone who does?**

Yes, for two reasons: (1) it's already happening at Central and (2) it's advantageous to everyone.

Central already doesn't schedule nurses for regular shifts over weekends or holidays in Diagnostic Imaging, the Cath Lab, Case Management, Home Health, Home Hospice, Endoscopy, the OR, and the PACU. Nurses in those units earn the same wages and premiums that the rest of the Central bargaining unit does. But there are other challenges to those positions that on balance, make the pay make sense. Not every nurse wants to care for actively dying patients or do colonoscopies everyday. Otherwise there would be a glut of nurses leaving other positions to work those jobs. Patient acuity varies from unit-to-unit at Central, but our contract does not pay nurses differently as a result.

Uniform pay benefits every nurse in our bargaining unit across campuses. On an individual basis, uniform pay gives every nurse in our bargaining unit the opportunity to pick the role, FTE, specialty, schedule, and facility that works best for them without risking their financial security. (Think about it: we could work with lower acuity patients or on a more reasonable schedule without taking a pay cut.) Nurses could transfer between units based on their interests without penalty, and pay disparities wouldn't cause uneven staffing across units or force nurses who want work-life balance to accept lower wages.

In the big picture, uniform pay gives nurses more power at the bargaining table and beyond. Unified pay scales are built on the principle that the RN license itself represents a baseline of professional responsibility, education, and risk. Equal pay for equal time is a core belief in a union environment; it prevents favoritism and ensures all nurses in a bargaining unit have collective power and all voices count equally.

Finally: a uniform wage scale ensures that we are on solid ground to work together cohesively, especially when we think about negotiating future contracts. Separating nurses and treating us differently based on where we practice creates an unnecessary division among our colleagues. Let differentials address the concerns with additional required certifications and standards. That's what those are for.

Base pay is just that: the base—where nurses start. And every nurse that works for Confluence in the region deserves the same starting point. Otherwise we will be hurting our future community with issues around recruitment and retention. The idea is to think long term here.



## Confluence Health at Central and Mares Campus

### **What Are The Next Steps for Mares and Central to Become one Unified Bargaining Unit?**

Nurses at Mares Campus are currently signing WSNA Union Authorization and Membership cards. They authorize WSNA to act as our union and represent them in negotiations, including the current negotiation for a memorandum of understanding (MOU) that would join the bargaining units. (These are the same cards that nurses in oncology infusion nurses and nurse navigators signed when they joined the Central bargaining unit for example)

#### **Q: What happens next after cards?**

**A:** Once a majority sign, WSNA will send management a proposed MOU that recognizes Mares' addition to Central's bargaining unit and applies Central's contract to Mares (but allows Mares to keep their vacation request process). After we reach a tentative agreement (TA) with management on the exact terms of the MOU, WSNA will share the MOU to nurses in both the existing Central and Mares units and schedule a ratification vote.

Nurses in both bargaining units who are members in good standing of WSNA will vote on whether to ratify (approve) the tentative agreement. If a majority votes to ratify the TA, the MOU will become official, and the bargaining units will be joined.

#### **Q: What might change for Central RNs as a result of the MOU?**

**A:** *If* we agree to an MOU that incorporated some of the wins that the Mares team secured in their negotiations, here are the changes Central's RNs would see:

- Nurses who live more than one hour away will get two hours' notice before their shift if low-censused.
- Nurses at Central could more easily apply for and transfer to positions at Mares without risking a pay cut or lower retirement matching contribution.
- Our bilingual premium would become permanent. Right now, management can cancel that premium with thirty days' notice.
- We'd have stronger protections for nurses whose units are closed over the weekend if management ever wants to open those units in the future. Right now, management could schedule those nurses to work over the weekends on very short notice if the unit is ever opened; our MOU would give us at least 12 weeks' notice so we can negotiate and nurses can plan.
- At the Hospital Staffing Committee, at least one "yes" vote from an RN would be required as part of any majority vote to approve a staffing plan, which would strengthen our right to negotiate over our staffing.
- We would have the right to join a picket line on non-working time during the term of the contract.

## A Closer Look at Options on How to Handle Seniority if Central and Mares Campuses Unify Under One Combined Collective Bargaining Agreement

The three main ways we could deal with seniority in joint bargaining units are (A) a single, fully combined seniority list that applies across all campuses (B) fully separate seniority lists at Mares and Central; and (C) a hybrid option that creates a single combined seniority list, but limits nurses from using seniority as a tiebreaker when applying for jobs outside their home facility.

Before digging into the pros and cons of each, it helps to know when seniority comes up in Central’s contract. Under Article 6.9, seniority is a standard measurement of each nurse’s years of service as a Registered Nurse at Confluence. (Note: the contract does not distinguish between union RN positions and non-union RN positions, so all time worked as an RN at any Confluence facility counts toward your seniority.) The nurses with the most seniority are at the top of the seniority list, and the newest nurses are at the bottom. The seniority list serves as an objective tie-breaker when more than one nurse requests the same day off, shift, or schedule or applies for the same open position. Here are the sections where seniority is used in the contract:

**5.8.1 Self Scheduling** – Seniority is a tiebreaker when several nurses designate the same day as their unscheduled shift.

**5.10 Shift Rotation** – If an emergency situation requires nurses to rotate shifts but too few nurses volunteer, shift rotations are assigned on a seniority basis.

**6.8.1 Temporary Positions/Assignments** – Temporary positions/assignments that last less than six weeks are awarded to the most senior qualified nurse in the department.

**6.8.2 Consideration of Seniority** – seniority is a tiebreaker if two or more equally qualified nurses apply for the same job, assignment, or extra hours.

**6.12 Floating** – When an emergency requires nurses who has worked for twelve years or more to float as part of a rotation, the tiebreaker in that rotation is seniority.

**9.2 Approval Process at Central** – Nurses’ vacation selection appointment/time slots are scheduled based on seniority.

**9.2.1 Leave for Nurses with Monthly Stipend** – Salaried nurses’ requests for leave without pay are granted in order of seniority.

**9.8.1 Holiday Groupings and Scheduling** – extra available holidays off are granted to nurses who volunteered in order of seniority.

**Article 13.1 Layoff** – Displaced nurses can bump less-senior nurses as part of the layoff procedure, and laid-off nurses are notified of extra shifts in order of seniority.

**13.2 Recall** – Nurses are recalled in order of seniority.

**13.3 Restructure** – Nurses whose units are restructured may move to a different unit or accept an open position in order of seniority, or they can bump less senior nurses.

### Break Down: How Options A, B, and C Would Work if Two Nurses Applied for the Same Job

A	B	C
single, fully <u>combined</u> seniority list that applies across all campuses	fully <u>separate</u> seniority lists at Mares and Central	a <u>hybrid</u> option that creates a single combined seniority list, but limits nurses from using seniority as a tiebreaker when applying for jobs outside their home facility
Roland has worked at Mares for 10 years in the emergency department and Kristi has worked at Central on Med/Surg for 11 years.	Roland has worked at Mares for 10 years in the emergency department and Kristi has worked at Central on Med/Surg for 11 years.	Roland has worked at Mares for 10 years in the emergency department and Kristi has worked at Central on Med/Surg for 11 years.
Both nurses apply for an <b>ED position at Central.</b>	They both apply for a <b>position in Endoscopy at Central.</b>	They both apply for a <b>position in Med/Surg at Mares.</b>
Under option A, Roland should be able to secure this position because he has more skills and ability in the ED, so seniority doesn’t come into play.	The position would go to Kristi because she and Roland are equally qualified for the role, but only her seniority would be credited to break the tie.	Kristi would get this position because her skills in Med/surg make her more qualified for the role, and she would be credited for her seniority after she was hired.

Comments from the survey regarding seniority:

“More info showing pros and cons of the seniority options would be helpful as I don’t feel I have enough insight to base an opinion”

“Seniority will maybe need some ironing out eventually.”

“Breakdown seniority options better”

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