

Hospital Technology Stresses Workers

MISCHA GAUS | JULY 15, 2009

When it opens this fall, the gleaming corridors of the Shands Healthcare cancer center in Gainesville, Florida, will contain far more than meets the eye. Invisible veins of wireless and infrared technology will thread the hallways, and some of the hospital's 1,200 beds will be full of devices sensitive enough to warn nurses when a patient is about to fall.

Beyond the whiz-bang applications that will smooth record-taking and make the hospital safer lie more familiar reasons why Shands is spending up to \$7 million installing a high-tech backbone in its newest facility. The sensors can also track the location of each IV stand—and every hospital worker, whose badges will include a tag that registers their location.

“This helps me track to make sure the nurse responds in a timely manner, and ensures we have good quality patient care,” said Brad Pollitt, a Shands vice president in charge of the new technology.

The benign tone cloaks less positive intentions, health care workers say. The information managers seek with these systems goes far beyond how much time workers spend in the bathroom (although Luanne Long, president of the Hawaii Nurses Association, says managers keep track of that, too. Her hospital introduced bathroom-time data in performance evaluations).

“They’re not spending the kind of money they’re spending on these systems to catch a nurse taking an extra break,” said Charley Richardson, a retired labor educator who closely tracks the issue. “It’s about management-by-stress, tweaking the whole system to ramp it up.”

Vicky Poland, a critical care nurse at Kuakini Medical Center in Hawaii, said not long after the chips were installed in their badges, nurses had an additional patient added to their nightly quota. “We were told they were so clerks could locate nurses faster,” she said, but thought the workload increase was not coincidental.

Hospitals could also use the technology to defeat organizing drives by identifying union supporters. Kate Bronfenbrenner, a Cornell labor researcher, said managers use tracking systems to watch for patterns of worker interaction.

“Union organizers completely underestimate the surveillance,” she said. Bronfenbrenner published a study in May showing that between 1998 and 2003, the proportion of employers using electronic surveillance of election campaigns almost doubled.

SUBSIDIZING UNION-BUSTING

The Obama administration added \$19 billion to the February stimulus package to speed the adoption of technology in health care workplaces, which could greatly aid management’s ability to track workers.

Indeed, Pollitt said Shands has discussed seeking federal funds to defray the cost of installing new technology in Gainesville.

Marsha Martin, a surgical and trauma nurse who heads the United American Nurses at Shands’ University of Florida hospital, questioned why the government would allow companies to draw on taxpayer dollars to install technology that could defeat union organizing.

Hospital organizing is poised to explode, she said, following mergers and truces among major health care unions, and the prospect of labor law reform. Nervous hospital associations are already colluding to shut out unions, Martin said, and shouldn’t be aided by government money.

Federal health-information upgrade funds will not become available until next year, but no rules about its impact on workers appear to be in place.

Scott White, labor’s representative to the federal committee making recommendations for how the health-technology money should be used, said the committee hasn’t discussed tracking technologies.

“It’s almost like you called me about orange juice and I’m on a committee discussing apples,” said White, who is also the technology project director at SEIU/1199’s Training and Employment Fund.

He added that because Congress put a labor representative on the panel, it shows the intention is not to harm health care workers. “Using technology in a punitive manner is something labor would stand against in totality,” White said.

MORE THAN DISCIPLINE

Tracking technologies are not new, gradually creeping into hospitals over the last decade. Their cost, lack of effectiveness, and worker resistance have all slowed their spread. Labor lawyer Rachel Minter says unions have been unable to stop employers from installing tracking systems, although some have developed language to prevent them from being used to discipline workers.

That misses the point, Richardson said.

“Don’t think of it as a discipline system. Think of it as a work restructuring system,” he said. “They want a digital view of the workflow to analyze the work process and optimize it so people have to work harder and harder.”

Package-shipper UPS is a prime example. The company uses computer technology to combine data UPS gathers through GPS, the driver’s handheld electronic clipboard, and



The spread of technology into hospitals give health care workers new tools to digitize medical records and locate supplies, but it also gives managers the ability to track workers. Increased monitoring means speed-up, harassment, and busted union drives, say labor researchers.

200 new sensors mounted on trucks in pilot areas.

Drivers say the company's new technology amounts to an electronic ride-along for management, opening the door to more monitoring, more harassment, and more speed-up.

Federal money flooding into hospitals will make surveillance more prevalent.

Concerned about those implications, nurses at the University of Massachusetts hospital wrote language into their contract that forbid management from using the systems to track nurses' time on the job or to influence the number of patients per nurse on a shift.

Where the technology is in place but contract language is not, managers use tracking data to try to pin blame on workers when a crisis erupts in an understaffed hospital.

After a patient's condition worsened and his family threatened to sue, Poland said, management examined records showing when nurses were in each room. Instead of looking for scapegoats, Poland said, the hospital could staff up to ensure someone minds the patient monitors.

"You can't be in four places at once," she said, noting her hospital has lost almost one-fifth of its nursing staff, 35 positions, since 2001. "Every single year we have to do more with less staff. We find ourselves avoiding patients' families. We don't have the time."

Rather than file grievances, nurses at one California hospital took a more direct approach when managers declared they would embed radio-frequency identification chips in their badges. At Eden Medical Center nurses challenged managers at a meeting to wear the badges themselves.

"With that there was nothing left to say. It went back to the higher-ups and they let it go," said Tina Simon, a recovery room nurse and California Nurses Association building rep.

Nurses at other facilities said they'd developed low-tech ways to resist management's snooping, by leaving the badge on the medicine cart as it was pushed around the floor, for instance.

Still, health workers fear that a wave of federal money washing into their workplaces will make their battle over surveillance and the pace of work much more difficult.

"Workers have been spied on for forever," Bronfenbrenner said. "Management is just getting a little more sophisticated."

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