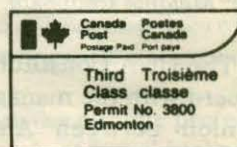


News Bulletin

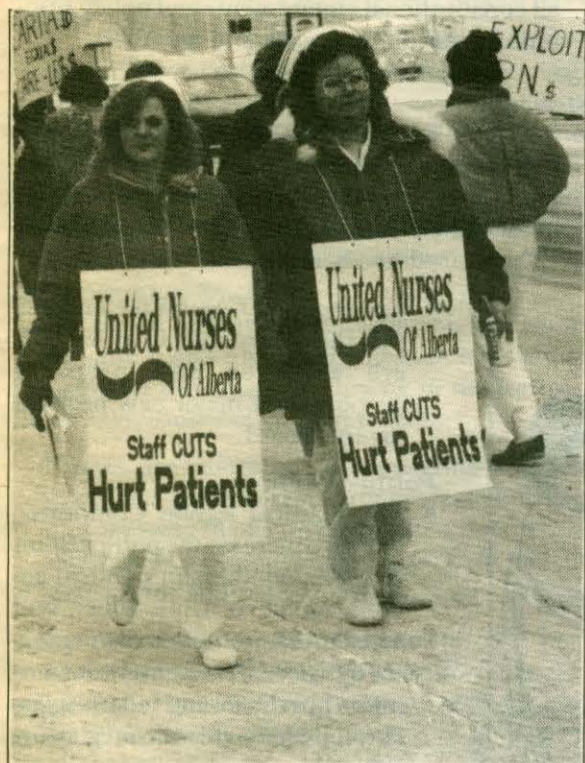
VOLUME 17 NUMBER 1

UNITED NURSES OF ALBERTA

9th Floor, Park Plaza
10611 - 98 Avenue
Edmonton, Alberta
T5K 2P7



JANUARY/FEBRUARY 1993



Nurses laid off - Page 2

DLR REPORT

New Directions For Health Care

by: David Harrigan, Director of Labour Relations

By this time, most of our members in the hospital and health unit sectors will have received their new booklet-sized collective agreements while most of our members working in the nursing homes remain in negotiations. Regardless of what area of nursing one works in, however, a number of trends continue to run through the entire health care industry.

One of the most dangerous of these trends is the move toward "Quality Circles" or "team concept" management. Under a variety of names, these programs are rapidly being thrust upon employees in the health care field. [see related story pages 4 & 5]

Although these programs offer many promises of improved working conditions and a higher quality of patient care, the reality is much different. The "new" management style is nothing more than a return to a system of weakening the collective strength of employees. Since over 75% of hospitals costs are directly related to contractual agreements, it should come as no surprise that employers seek to decrease collective strength. Since employers were unable to achieve roll-backs at the bargaining table, and seem unwilling to insist on proper funding from governments, a new push is on to adopt these practices.

These programs purport to offer increased flexibility and autonomy for nurses. What they deliver is the pretense of autonomy for nurses and a real flexibility for the Employer to take away the rights you have worked so hard to achieve. What makes these programs particularly dangerous is that the managers often truly believe that these programs are beneficial for staff, and even they are not aware of the hidden agenda behind the introduction of these programs. UNA urges you to contact your Local President or Labour Relations Officer if your Employer attempts to introduce any of these programs.

A parallel theme seen is the de-skilling of health care. Elimination of RN positions and the replacing of RNs with LPNs or NAs is becoming more and more frequent. Recently the Caritas Corporation announced that over one hundred RNs and LPNs will be replaced by nursing attendants. One creative employer in central Alberta even asked the nursing staff on each unit to assist them in identifying which of them could be laid-off and replaced with nursing attendants! Replacing skilled licensed professionals with unskilled, unlicensed and untrained workers cannot result in anything but a lowering of the quality of nursing care provided to our clients. As patient advocates, it is imperative that we continue to fight these moves.

Another trend is regionalization. Although this concept has been discussed for several years, it remains unclear what the government plans to do in this area. Since the selection of the new cabinet members, the Provincial Government has sent out a series of conflicting and mutually exclusive messages as to the plans for the future. A number of mergers have already taken place, although little change has resulted.

The Royal Alexandra/Charles Camshell merger is perhaps the most prominent of the mergers. The employer has made application to the Labour Relations Board seeking to bring all nurses at the Camshell under the Royal Alex collective agreement — a contract viewed by most as providing lesser and fewer rights to employees. UNA, along with other unions representing employees at the two sites, opposes the employer's plan. Hearings at the Labour Board will continue into March.

Finally, we see a resurgence of the pre-1970 attitude toward workers' rights to be represented. During the past month, one nurse was disciplined for consulting with the union over professional concerns, and a Local President threatened with termination for filing a grievance on behalf of the employee who was fired without even being given a reason.

It appears that the need for employees to work together to battle repressive employers remains as, if not more, important than in the recent past. ☺

QWL

Shared Governance comes to town - Pages 4 & 5



Executive Board Summary - Page 7

UNA Committees

by: Melanie Chapman, CO

The UNA Constitution entrusts the Executive Board with the management of the affairs of the Union between Annual General Meetings. Amongst their many duties, the Board members (18 District Reps and 3 Executive Officers) evaluate the services provided by the Union, direct the finances, plan and oversee the implementation of the education program and respond to needs within the Union, the labour movement and the community. In accordance with Article 5.05 of the Constitution, the Board establishes several committees which carry out these functions. The committees are then subject to any restrictions or regulations imposed upon them by the Executive Board. The UNA Policies, Procedures and Directives Manual contains a section which describes the regulations governing the committees. UNA currently has six standing and three ad hoc committees. All committees (standing or ad hoc) have Board-approved terms of reference and long and short term goals which are revised yearly.

At the first Board meeting following the Annual General Meeting, the assignments to the various UNA standing or ad hoc committees are made. The members of each committee then elect a chairperson and vice-chairperson who are responsible for preparing the committee's agenda, providing a committee report to the Board and for preparing an annual budget and committee report for the AGM.

Education

- The Education Committee is charged with developing and maintaining a UNA Education Program which meets the identified needs of the members and the Union. Throughout each year, the Committee monitors the education and makes recommendations to the UNA Board for changes in the funding or content of the program.
- This committee is responsible for the administration of the United Nurses of Alberta Labour Education Fund (UNALEF) which provides monies to UNA members who wish to attend labour-related courses or workshops.
- The Education Committee also has a sub-committee which monitors employer committees which have or may have an effect on the rights and provisions of UNA agreements.

Membership Services

- The Membership Services Committee oversees all services provided by UNA to its members.

- Duties of the committee include evaluating communication between UNA and its Locals and members and enhancing membership participation in the union.
- The Credentials Committee is a sub-committee of Membership Services and is responsible for the organization and implementation of all registration, voting and security systems for UNA provincial meetings.

Finance Committee

- The Finance Committee is responsible for ensuring that the members of UNA receive full value for, and full accounting of, every dues dollar they pay to UNA.
- Duties of the Finance Committee include the preparation of the annual budget and

sional responsibility issues and legislation.

- The Committee also acts as an arbitration appeal board to which any UNA member or Local can appeal the decision of the Director of Labour Relations to withdraw from or proceed with a grievance to arbitration.
- The Constitutional Amendments and Policy Resolutions Committee, a sub-committee of Leg, reviews and makes recommendations on all constitutional amendments and policy resolutions sent in by Locals and members.

Steering

- The three Executive Officers and the Chairpersons of the Standing Committees form a Steering Committee which coordinates the work of all of the UNA Executive Board standing and ad hoc committees.

- The Steering Committee ensures that the policy objectives of UNA are achieved and prepares proposals for major new projects for the Board.

Political Action

- The Political Action Committee works to increase the participation of UNA members in political actions outside of UNA which will assist in the promotion of the goals set by UNA. The Committee monitors provincial and federal legislation and provides strategies for influencing the decisions made by legislators.

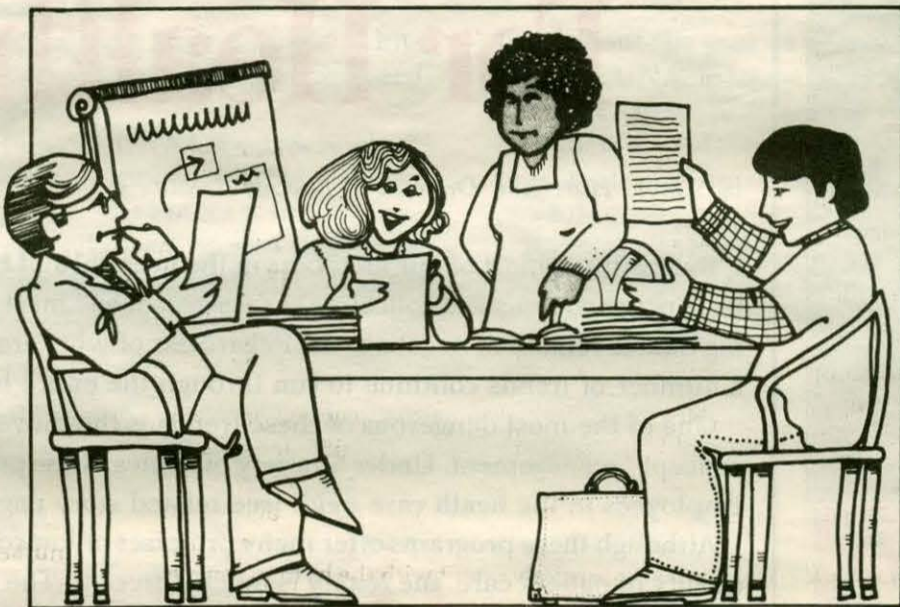
Publications and Communications

- The Publications and Communications (Pub/Comm) Committee oversees all UNA publications and communications. The Committee evaluates current publications and gives direction regarding future UNA publications to ensure that they reflect the long and short term goals of UNA.

Pensions

- The Pensions Committee monitors and assesses the impact of federal and provincial legislation which affect pensions and makes recommendations for action to the UNA Executive Board on all pension matters.

Each of the UNA committees makes recommendations to the Board which then debates the issues before determining what action should be taken. For further information on each committee, please contact your Local Executive or District Representative. ☺



its presentation to the Annual General Meeting.

Occupational Health & Safety

- The Occupational Health & Safety (OH&S) committee promotes optimum working conditions and health for UNA members. In order to accomplish this broad mandate, the Committee provides information, education and support to all Locals in order to establish strong OH&S committees which recognize and address OH&S issues.
- A sub-committee deals specifically with the promotion of Employee and Family Assistance Programs.

Legislative

- The Legislative (Leg) Committee has the responsibility of providing constitutional interpretation and ensuring compliance with the UNA Constitution by all people carrying out UNA business.
- The Committee monitors and makes recommendations to the Board for action on profes-



Over one hundred nurses gathered at the corporate headquarters of Caritas to protest recently-announced staff cuts. Caritas, which manages Edmonton's Grey Nuns, General and Misericordia Hospitals, plans to eliminate the positions of 154 registered nurses and licensed practical nurses (LPNs) over the next few months. Management has created 75 nurses' aide positions and has offered to rehire its former LPNs as nurses aides at rates up to \$2.11/hour less than the LPNs currently receive. It is anticipated that this round of position eliminations will result in nurses being out of work.

Nurses Must Take Active Political Role

by: Penny Turner, Local #115

The following article advocating political action by nurses was written by Penny Turner, a member of UNA Local #115 and a critical care nurse for fifteen years. Penny states that the popular image of nurses as handmaidens has resulted in the devaluing of nurses' concerns about health care. She argues that, through political action, nurses can overcome this image problem and can assume their rightful role as policy makers for health care.

Although great strides have been made in recognizing nursing as a unique profession with a contemporary body of knowledge, there is still much work to be done to eliminate the negative stereotypes through which nursing is primarily viewed. In the past, nursing has been looked upon as a "woman's job" linking it with domesticity, servility and control by others.

The media has tended to foster this image. In 1986 Kalisch and Kalisch reported in their study focusing on the image of nursing in motion pictures, television and in novels that:

Nurses are relegated to supporting roles in which none of their clinical or professional abilities are seen. In fact, in many cases, doctors are seen carrying out such nursing duties as patient assessment and patient teaching. (p. 13).

Since the 1930's nurses have been variously portrayed as heroines fighting the war effort, "angels of mercy", "girls Friday," wives, mothers, and more recently, sex objects.

Questioning and challenging the health care hierarchy is an intimidating but essential task.

In a 1986 RNABC article, it was noted that nursing stories generally fail to create interest unless they have a sensationalistic or criminal element to them (p. 6).

The Susan Nelles case was cited as an example of sensationalistic journalism which impacted negatively on the nursing profession across Canada. Other negative reflections regarding nursing often deal with nursing labour issues and crises in health care cost containment. A report by Hancock in 1991 noted that:

It is rare to see nurses interviewed or reported as experts in the field of health care. It is highly unusual to find a nurse explaining to the public the advantages of a new form of care or treatment, or spreading the good news about a hospital or clinic. The prevailing media stereotype continues to show the nurse as victim. In the buildup to the British Royal College of Nursing's 75th anniversary celebrations, the college commissioned a survey of the attitudes of decision makers in radio and television broadcasting towards nurses and nursing. The survey confirmed anecdotal evidence that nurses are seen as victims, useful for hardluck and crisis stories but not as potential members of expert panels (p. 27-29).

In 1932 Kalisch and Kalisch also noted that:

Over the past 15 years, the popular image of the nurse has not only failed to reflect the changing professional conditions, but it has also assumed strongly derogatory traits that undermine the public confidence in, and respect for the professional nurse (p. 264).

In 1992, Chandler related that nursing could benefit from paralleling private enterprise and other medical societies by utilizing public relations departments to keep journalists apprised of new and innovative events within the nursing field. Nurses must not passively wait to be dis-

covered by journalists, but, rather, must assertively endeavor to educate the media with regard to what nursing is all about.

Chandler went on to say that the absence of nurses in the popular press has dramatic implications for awareness, practice, research, and funding. For example, when the effect of nursing care on the patient goes unreported, or nurses' impact on health care issues goes unrecognized, the consumer will not know what nursing is, what nurses do, or why nursing is critical to the health of our society. The media's portrayals of nursing affects the decision of policy makers relative to the profession. These decision makers enact legislation that defines the scope and financing of nursing services and allocates the scarce resources that support nursing practice, education and research. It is important to clarify the misperceptions that the media and eventually the public have about nursing; improving the image of nursing must begin with the individual nurse (p. 11).

To our benefit nursing is changing and being challenged by physicians, by other disciplines, by our patients. We are constantly challenging ourselves. Therefore, nursing must be ready to assume the added responsibilities inherent in the changes occurring throughout the health care system. If we, as nurses, are unable to adapt we shall be left behind only to have others make decisions for us and about us that impact upon us.

Senator Edward Kennedy wrote in 1985 that:

Nurses have catalyzed needed action on issues such as rape, spouse and child abuse, and reproductive freedoms. Nurse researchers have spearheaded studies of prenatal care, aging, and treatment of the dying and their families. Nursing's daily involvement with the human aspects of care and caring has thrust nurses into the midst of complex ethical questions facing modern medicine, and it is essential for their perspective to be heard on the current debate Nurses already understand their far-reaching capabilities. One of their most important missions now is to assume their rightful role in the public debate on the future of the health care system.

It follows then that the key to enhancing nursing visibility is through political action and in order to unlock that doorway, we must each be individually accountable for our own involvement and participation. By becoming aware and involved, nurses will be proactive instead of reactive with regard to the various issues within the nursing field.

One of nurses' most important missions now is to assume their rightful role in the public debate on the future of the health care system.

Political action may involve undertaking pursuits at the government level but need not be limited to such activities. Other useful endeavours include: increasing involvement in the workplace, participating in community activities, and supporting municipal, provincial and federal representatives who will further nursing interests, as well as developing an interest in nursing professional organizations and nursing unions.

It is appropriate that nurses should assume leadership roles in shaping current policy, as the focus in health care in our society appears to be shifting from hospitals and other institutions, back to the home and community. However, it is difficult for a group to have influence in the development of public policy and the allocation of resources if it cannot be seen and heard as part of the public discussion.

Buresh, Gordon & Bess wrote in 1992 that the current role of nursing as a contributor to the health care system is limited if the media does not consider nursing a legitimate or credible source or subject.

Generally non-nurses view the nursing profession via the media. An example of individual political action might be recognizing the image of nursing in the media, and then facilitating the development of steps to alter public perception, perhaps by utilizing a letter-writing campaign to the director of programming in the case of an objectionable portrayal of nurses on television, or contracting the editor of the local newspaper to respond to a negative feature dealing with a nursing issue.

Through consciousness-raising and empowerment, nurses need no longer accept the devaluation of nursing roles or of a health care system that values profits before caring.

In an article by Roller in 1939, she noted that:

It was also emphasized that becoming involved in professional organizations (including nursing unions) also aids in improving the image of nurses and is the first step towards political activism.

This improved image will continue to develop a strong and effective nursing profession which will benefit both nurses and the public. Nursing's ability to influence events in our society, including the ability to foster and develop competence, autonomy and interdependence with other health care professionals, depends upon improving nursing's image.

Mason, Becker & George in 1990 note that nurses have demonstrated that they have been able to mobilize their political strength to elect candidates to office who will ensure that nurses are not only heard in policy debates but are in leadership positions to develop and change policy (p. 72).

Politics is about empowerment. In order to empower ourselves, we first need to raise our collective political consciousness, and to this end Klein in 1984 outlined a three-step process: firstly to gain a sense of recognition of group membership and shared interests, secondly to reject the traditional definition of the group's status in society so that a new group definition can emerge, and finally to develop a sense of injustice.

Through consciousness-raising and empowerment, nurses need no longer accept the devaluation of nursing roles or of a health care system that values profits before caring.

Eunice Cole, a past president of the American Nurses Association, wrote in 1985 that nurses must join together as a profession to address the vital issues in health care from within the political arena. We cannot work in isolation from the society that gives us our mandate to practice. As citizens and as spokespersons for the profession, we must be involved in our communities on a political level, educating the policy makers and speaking out for our patients as well as for our profession.

Questioning and challenging the health care hierarchy is an intimidating but essential task. Doing so demands that nurses strive to develop empowerment and a collective identity that will breathe confidence, understanding and boldness into nursing's political actions. Change is relentless but inevitable. When we participate in these actions, we will facilitate a transformation with the nursing profession, the health care system, and society in general. ♡

QWL - The Answer to All Problems?

by: Melanie Chapman, CO

Quality of Work Life. Partners in Practice. Total Quality Improvement. Team Concept. Quality Circles. Employee Involvement. Shared Governance. All of these are names of employer initiatives which have begun to appear in health care facilities throughout Alberta. Employers claim that these programs will result in better jobs, a higher quality of health care, a sharing of decision-making responsibilities and harmonious employer-employee relationships. Many nurses are looking at these new management systems with a healthy degree of scepticism. Questions are being asked. What is the purpose of these programs? Are these programs truly a reflection of a changed attitude of employers towards their employees? Do employers really want to share their power with their employees? Will these programs lead to long-term employee satisfaction? This article, the first of a two-part series, will provide an introduction to these programs. The second article in the next NewsBulletin will examine the implementation of these programs in the health care industry in Alberta and the impact of them on the United Nurses of Alberta and its members.

No union would argue against the concepts of workplace democracy, increased worker autonomy and job satisfaction - longtime goals of the union movement. Promoters of every type of shared governance programs, which are based on social psychology research and experiments carried out earlier this century, insist that their programs will provide workers with these qualities. The programs, while new to the health care industry, have been used in the manufacturing and construction industries for almost 30 years. Many employees and unions which once supported the employee involvement programs are now questioning and rejecting them as the promises fade into a very different reality [See "CAMI - A Team Concept Case Study" on this page]. Health care unions must now examine the programs and determine whether these programs, with their seductive rhetoric, are going to deliver on their promises.

Shared governance/team concept/employee involvement/quality of worklife/total quality improvement programs are part of a new managerial system which is based on one central idea: the challenge to find solutions to every problem requires a joint effort of employees and managers. All of the systems are based on the establishment of worker teams which take on management and supervisory responsibilities. Mutual trust between labour and management is promoted as vital to the decision-making process. (The document *New Directions and Changes at Caritas* actually states that "staff will be expected to give priority to the Caritas strategic direction over and above departmental, professional or occupational affiliation when involved in decisions about role changes.")

Why are so many employees attracted to the concept of employee involvement programs (a factor that employers are counting upon)? Psychologist Frederick Herzberg is convinced that, unlike many years ago, employees today feel uncertain about events in their workplace and the world. People are questioning their own values and are becoming cynical and jaded. Terrence Deal and Allan Kennedy, in their publication *Corporate Culture*, argue that these feelings of confusion lead to a need for a strong system of values or culture which will provide people with informal rules which lay out how to behave in any given situation. A strong culture will cut the amount of time and energy wasted on trying to figure out what to do and how to do it. Corporations, state Deal and Kennedy, may be among the last institutions left today that can effectively provide people with a values structure. A shared governance program recognizes this and offers that structure to employees.

Maslow's hierarchy of needs lends support to this position. Once physical and security needs are satisfied, psychological needs become of paramount importance. Shared governance programs appear, on the surface at least, to meet our needs for social relationships, ego fulfillment and self-actualization. The people who designed the programs are well aware of the rest of Maslow's theory: once a need is satisfied, it ceases to be a motivator for behaviour. Some needs, therefore, must intentionally be unmet, or people must be convinced that their needs have not been fully realized, in order to ensure a continuing ability to influence the actions of employees.

Why do employers want to implement shared governance programs? One of the most important promises of the programs to the health care industry is supposedly the cutting of costs by the increasing of efficiency. But will that actually be the case?

A recent study by researchers at the Carnegie Mellon Institute in the U.S. examined the impact of shared governance programs on the productivity of employees in 1,000 metal-working companies in the U.S. A summary of the study by one

of the researchers stated that: "We found that employee involvement [programs] not only fails to help efficiency but actually appears to hurt it. Among smaller companies (those with a single plant), the ones that had created employee participation committees were a quarter less efficient than those that had not taken the trouble. Among the larger companies, plants that had such committees were 46% less efficient than those that did not." Interestingly, the researchers also found that efficiency was highest in those plants which did not have shared governance schemes but did have unions.

Why, if there is evidence that QWL programs do not boost efficiency and cut costs, do employers remain so enamoured of the programs? In his book "Soft Sell: QWL Programs and the Productivity Race", Don Wells argued that QWL programs were designed to allow management to achieve four main objectives:

1. The controlled delegation of authority to a few workers.
2. Improved access to workers' knowledge.

Continued on page 5

CAMI - A Team Concept Case Study

by: Trudy Richardson, EO

CAMI is a General Motors-Suzuki joint venture which promised to revolutionize North American car manufacturing. Recruiters promised teamwork, non-confrontational management and a system of constant improvement where the emphasis would be placed on finding solutions when problems arose. Presentations were made by slick GM 'golden boys', showing slides of Mount Fuji, Japanese gardens full of cherry blossoms, and shiny new factories full of smiling workers.

Workers hired for the new plant spent the first year attending meetings, traveling for training sessions, being indoctrinated into CAMI values and attending union organizing meetings. The Canadian Auto Workers had agreed on the nature of this joint venture and in return for the union's participation, organizing was done at the plant on company time. The relationship between management and labour was just as planned - "one big, happy family". The union had a desk in the Employee Relations office. The union plant chairperson shared space with management personnel.

Only after this first year did the production of vehicles commence. That was the day that the true CAMI was born. Workers were told to become one another's worst enemies in an attempt to find every fault in the production process. Workers were transformed from co-decision-makers into scapegoats. Workers were chastised for wasting time and reducing production. The memory of CAMI values faded quickly in the face of reality. Lectures then focused on covering up your mistakes so as not to make your supervisor and your team look bad. Management was transformed from a network of support for production into a group of terrorists dedicated to passing blame onto others for their own shortcomings.

The ink had barely dried on the collective agreement when 'the spirit of trust and cooperation' that had been written on the contract's inside cover, began to disappear. Provisions that had been conceded in negotiations because they would not be needed in a contract 'with an enlightened management' began to be sorely missed by the workers.

Members suffered from the disillusionment and the loss of contractual rights. A woman who had been off work for a year after her arms were destroyed by a repetitive strain injury had her drug and dental benefits canceled. Injury rates increased but CAMI refused to increase the workforce. Teamwork clearly meant that when one or two workers were off sick the rest of the team split up the extra work, putting themselves at an even greater risk of injury. Managers and supervisors threatened and disciplined workers from exercising their legal and statutory right to refuse unsafe work. Workers were required to fill out a form to go to the washroom. Job classifications had been reduced. All this from a company that claimed they had a cooperative environment where safety was number one and workers were treated with dignity.

CAMI workers soon understood that regardless of what the new managerial systems are called - Team Concept, Employee Involvement or Quality of Work Life - their purpose is the reduction of costs at the expense of workers' salaries, health and dignity. ♪

♪ Open Letter to the AARN ♪

Ms M. Skene
Alberta Association of Registered Nurses
Edmonton, Alberta

Dear Ms Skene:

As an organization with many members belonging to your organization, United Nurses of Alberta would like to express its concerns with the content of the upcoming AARN convention.

The AARN has invited Tim Porter O'Grady to speak about shared governance programs at the AARN convention. UNA protests the focus of this speaker as inappropriate at a time when many bedside nurses are facing the prospect of having their positions eliminated due to the de-skilling and downward substitution advocated in the shared governance programs.

UNA trusts that the Board of the AARN will review the role that it plays in this province with regard to the nursing profession. It is time for the AARN to display leadership and courage in the defense of all of the members it represents.

Yours truly,
United Nurses of Alberta ♪

3. The promotion of work-group identity.
4. The promotion of workers' identification with the product or service they provide.

In other words, there are other positive outcomes for management. Management gains by the transference of workers' identification from colleagues and unions to management. Thus, despite its questionable ability to increase efficiency, shared governance will continue to be implemented.

Promises by shared governance advocates include better jobs with more creativity, joint decision-making, a higher quality of patient care, mutual trust, a harmonious working relationship and an exciting new style of leadership as we become our own managers. But researchers who have studied the quality of worklife phenomenon in private industry have found that, regardless of the name of the program, there are certain inherent characteristics which will have a negative impact on employees.

- Personality testing - Tests such as the "Myers-Briggs Type Indicator" or "Personality Style and Impact" are often given to employees prior to the establishment of teams. In new facilities, the personality tests are used to screen potential employees for those who will be compliant team players. (In the Nissan plant in Tennessee, the employer tested 130,000 applicants to find the 2,333 most compliant and anti-union personalities.)

- De-skilling - Work is broken into small definable tasks by the teams of employees (much like the patient classifications systems which break up patient care needs into types and amounts of nursing care required). A number of these components can then be done by lesser-skilled workers. Certain job functions of RNs can be carried out by nurses or personal care attendants. The result of the introduction of the QWL style of management is always the reduction of permanent full-time skilled jobs.
- Management by stress - Inter-team pressures are immense as competition between teams to produce more while costing less is encouraged. Peer pressures within the team are tremendous as employees take on the team identity as their own.
- Individual incentives - Merit pay, lotteries or rewards for the non-use of sick-time are offered. Rewards and punishments become key motivators for each employee. This defeats the collective strength of unions as solidarity is weakened.
- Job loss - Independent research shows that QWL programs are clearly associated with job losses. In some workplaces with QWL, the current workforce was 50% of the pre-QWL levels.

When an employee involvement program is introduced into a unionized workplace, promises are made that teams will avoid looking at issues covered

by the collective agreement. It soon becomes all too apparent, however, that certain provisions of the contract come under indirect attack. The next News-Bulletin will look at the growing reliance on quality of worklife programs by health care employers in Alberta and what UNA and its members can expect as a result of this new management style. ☹



Alert

Nurses Entitled to Premiums While on WCB

by: Lesley Haag, LRO

Issue:

Is an employee on Workers' Compensation who continues to receive "full net salary" under Article 20.01 (Hospitals Agreement) entitled to premiums such as shift differential, weekend premium and charge pay?

Facts:

Two recent cases dealt with the issue of whether premiums are to be paid to an employee on Workers' Compensation as part of her "full net salary". In one case the grievor worked a permanent evening rotation and was assigned in charge "about 40% of the time". Also, as part of the Code Team, she was required to be available during her meal breaks and, therefore, was entitled to be paid for those breaks.

In the second case, the grievor worked a day/evening rotation according to a master rotation which was in effect during her absence while on Workers' Compensation. By referring to the master rotation, the grievor was able to show the number of evening and weekend shifts she would have worked had she not been injured. She was also able to calculate an "average" number of hours per week that she would have been assigned in charge by totaling the number of in charge hours paid on her pay cheques over a nine month period.

In both cases the employers paid the grievors at their basic rate of pay for the period they were on Workers' Compensation. In the employer's opinion, continuing to pay the grievors their "full net salary" in accordance with Article 20.01 did not include any premiums.

Arguments:

The employers in both cases argued that, as a result of the Income Tax Act, the grievors were effectively receiving more than "full net salary" even without the premiums. A chartered accountant

testified for the employers regarding the impact of the Income Tax Act on the take-home salary of an employee on Workers' Compensation.

According to the Act, the amount payable by Workers' Compensation to an injured employee is not taxable income. Therefore, at the end of the year, the employee may deduct that amount from her taxable earnings and, in most cases, would be entitled to a substantial tax refund at the end of the year.

The chartered accountant showed through application of the Act how both grievors would have taken home (after taxes) more money while they were on Workers' Compensation than they would have received had they worked. Because the "net" is in fact higher without the payment of premiums, the employer argued that it was not obliged to pay premiums.

The employers also argued that premiums are paid only if the employee actually works in circumstances which attract the premium. For example Article 28.01(a) provides that shift differential is paid only if the employee is "working a shift". Because the grievors were not at work they are not entitled to premiums.

The union argued that the tax implications for someone in receipt of Workers' Compensation are irrelevant to the employer's obligations under the Collective Agreement. Article 20.01 states that the employer must pay "full net salary". This term must mean something different than "basic rate of pay" which is used elsewhere in the Agreement.

The union urged both Boards to follow an earlier decision on this same issue. In that decision, the Arbitration Board agreed with the union that "full net salary" includes premiums. The Board found that the parties had intended that the employer would continue to pay the employee all the compensation she would have received had she been at work.

Decision:

Both Arbitration Boards found in favour of the union. They agreed that the impact of the tax legislation was irrelevant to the employer's obligation under Article 20.01. The Boards followed the earlier decision and found that "full net salary" includes premiums. The employers were ordered to pay the grievors the shift differential and weekend premiums to which they would have been entitled according to their schedules. Charge pay and meal premiums were ordered on the basis of the average number of in charge and meal premium hours per week calculated by the grievors.

Note:

Following three successful grievances by the union on this issue, the AHA advised its member hospitals to pay premiums but to also calculate "net salary" in a new way which will save the employer money. Hospitals have been advised to calculate the after-tax earnings of the employee and to pay the employee that "net" amount. The hospital does not remit the full tax deduction to Revenue Canada. The employer remits taxes only on the difference between the amount paid by Workers' Compensation and the employee's full net salary. The result is that the employee will not receive the benefit of the tax law which says Workers' Compensation payments are not taxable. The hospital pockets the amount which Revenue Canada would have refunded to the employee.

The union has grieved this new method of calculating "full net salary". An arbitration date has not yet been set for the hearing of this grievance. If your employer is calculating "full net salary" in this way, please advise your Local President or L.R.O. ☹

Pension Alert!!!

by: Keith Malkin, SCD Rep

Did you know that periods of leaves of absence without pay (LOA's) can be recognized as pensionable service?

In order to have your LOA recognized as pensionable service, the following criteria must be met:

- The leave must have been authorized by your employer.
- Your request to purchase the leave must be made within 180 days of the end of the calendar year in which the leave terminates.
- No more than three years of leave without pay can be established as pensionable during a career. Your employer will pay the employer contributions for the first year of leave.

If your LOA meets this criteria, the time to notify your employer you wish to buy back your pension is NOW!!!

The employer will pay the employer contributions during this period of time and the buyback is tax deductible. Proposed changes to the pension act will shorten the time period of buyback from 180 days to 90 days. At this time no one is sure of when this proposed time change will come in to effect, so **CONTACT YOUR EMPLOYER IMMEDIATELY!!!**

Example: A full-time staff nurse with an annual base salary of \$42,410.16 (6th year step of the salary scale) contributes \$87.93 per pay period and the employer contributes \$105.32. If, during 1992, this nurse took 1 pay period of LOA's (approximately nine or ten 7.75 hr shifts), she has until

June 29, 1993 to buy back this LOA (\$87.93) and have the employer pay its contribution (\$105.32). After this 180 day period has passed the employee will have to pay both the employee's and employer's contributions (\$193.25) to buyback that period of pension while on LOA.

As you can see there is a big advantage to acting now to buyback your pension for your 1992 LOA's.

If you have any questions or concerns regarding your pension please contact your District Representative. ☺

— UNA Changes —

A number of changes in UNA's staff took place over the past year.

Barbara Surdykowski, a long-time member and Labour Relations Officer with United Nurses, resigned in August 1992 due to ill health.



Richard West has been hired as a Labour Relations Officer in the Edmonton office. Richard worked as a union representative with the Canadian Health Care Guild and the Teamsters prior to joining UNA's staff.



The expansion of UNA's computer system resulted in the need for a computer systems coordinator. Florence Ross, a former Board member and computer whiz, has been hired as UNA's System Coordinator.



Mark Cowan has been appointed as a Labour Relations Officer in the Edmonton office. Mark is a former representative of the Brewery Workers in Calgary.

BARGAINING!

by: Richard West, LRO

Extendicare

The Extendicare Collective Agreement expired on June 30, 1992. UNA exchanged proposals with the employer on July 2, 1992. Since then, the committees have met on three occasions (November 17th, December 1st and 11th). Our goal in this round of negotiations is to obtain the provincial agreement—or better! The bargaining which has taken place thus far has focused on non-monetary issues and has been quite productive. Unfortunately, poor health of members of the employer's committee has hampered the progress of negotiations and dates for January have now been postponed to March 8 and 9. UNA members are, with good cause, becoming quite disturbed by the prolonged negotiations and are beginning to lose patience with their employer. [Extendicare is not covered by the province's essential services legislation.]

Tofield

Local #190 (Tofield) was certified as the bargaining agent for the nurses at the Tofield Health Care Centre on October 27, 1992. The union and the hospital accepted the Provincial Agreement on January 22, 1993. A scheduling problem in Long Term Care will result in the delay of the implementation of scheduling provisions until May. Local members are pleased with their new contract. The Local will be receiving assistance to get their various committees functioning within the next few weeks. ☺

Nursing Research Conference

The growing interest in community-based health care has resulted in an increasing recognition of the need for nurse-initiated research into health promotion and illness and injury prevention. Edmonton Board of Health nurses, who recently signed a service agreement with UNA, are involved in the organizing of the First International Conference on Community Health Nursing Research. While the final topics for the concurrent sessions have yet to be determined, the application of nursing research to nursing practice will be the major focus of the presentations. The five hundred abstracts under consideration for presentation include recent research on maternal-infant care, AIDS and sexuality.

Five hundred nurses from Alberta, other provinces, South Africa, Brazil, Zambia, Japan, Pakistan, Great Britain, Germany, Finland and the USA are expected to attend the conference which will take place in Edmonton from September 27 to September 29. If you would like further information about the conference, please contact the Provincial Office at 425-1025 or 1-800-252-9394.

Executive Board Meeting Summary

November 24-27, 1992

by: Sandie Rentz, VP

The first meeting of the new Executive Board was held from November 24 to 27, 1992 in the Provincial Office in Edmonton. Membership on each of the Standing and Ad-hoc Committees was determined and Committee Chairs were elected. The following is a list of the Committee Members for the 1992-93 year:

Legislative Committee

Andy LeBlanc - Chairperson
Diane Poynter
Val Holowach
Karen Craik
Sandie Rentz

Education Committee

Kathy James
Carmelita Soliman - Chairperson
Sheila Bailey

Membership Services Committee

Bev Dick - Chairperson
Tom Kinney
Terry Robertson

Occupational Health & Safety Committee

Pam Liegerot - Chairperson
Donnie Lacey
Janet Hudson
Doris Amundson

Finance Committee

Dale Fior - Chairperson
Darlene Wallace
Keith Malkin
Gail Tymens
Ingrid Ponto

Steering Committee

Heather Smith - President
Sandie Rentz - Vice-President
Dale Fior - Secretary/Treasurer (Finance Committee Chairperson)
Carmelita Soliman - Education Committee Chairperson
Bev Dick - Membership Services Committee Chairperson
Andy LeBlanc - Legislative Committee Chairperson
Pam Liegerot - Occupational Health & Safety Committee Chairperson

Pension Committee

Keith Malkin - Chairperson
Tom Kinney
Val Holowach
Gail Tymens
Darlene Wallace

Political Action Committee

Kathy James - Chairperson
Sheila Bailey
Terry Robertson
Ingrid Ponto
Doris Amundson

Publications & Communications Committee

Diane Poynter - Chairperson
Donnie Lacey
Janet Hudson
Karen Craik

1. A joint agreement in principle was adopted by the Executive Boards of U.N.A. and S.N.A.A. to assist both unions in defining a process that could be followed in the event of a transfer of services between agencies/institutions represented by the unions. Copies of this agreement will be sent to the Locals, with a letter of explanation from the Director of Labour Relations.

It is important to note that the final decision related to service relocation and seniority rights of transferees will rest with the membership of the affected Local.

2. Heather Smith, Keith Malkin, and Carmelita Soliman will be the "Hiring Committee" for the System Coordinator Position. A motion was adopted to extend the current System Coordinator's position to January 31, 1993 with the posted position commencing February 1, 1993 for eleven months.

Membership Services Committee

The following recommendations were adopted from the Membership Services Committee report:

1. A motion was passed to incorporate a "Five Minute Limit" for debate on all motions and for extensions on debate for delegate meetings. The Standing Rules of Order for U.N.A. Delegate Meetings will be amended to reflect this change.
2. At registration for delegate meetings, all Locals will be provided with an identification placard with their Local number, name and city/town.

Director of Labour Relations

1. The D.L.R. will produce a "Grievance Summary" document for distribution to Executive Board Members and Local Presidents. This document will provide a brief overview of the grievance activity of the Union.
2. The D.L.R. will be writing a synopsis of the issues involving Article 16.02(b) of the Hospitals' Collective Agreement. This document will outline U.N.A.'s position regarding individuals who are involved in "out-of-scope" assignments, and their membership status within U.N.A. This synopsis will be sent to the Locals in a Friday Mailout.

Finance Committee

1. Policy 9 - Salary Replacement While on W.C.B., S.T.D.I., L.T.D.I. was amended to include the following statement:

"Any member who is entitled to provincial funding, and who has had their LTDI/STDI claim discontinued by the insurance company, and is formally disputing this discontinuation, shall be entitled to full salary replacement on condition that she reimburse the U.N.A. the full salary replacement amount if her claim is reinstated for the period in which the salary replacement was claimed."

2. A number of transfers were made from the 1992 Surplus to Programs within the 1992 Budget that were identified by the Finance Committee as being "over-budget" and in need of funds.
3. The Executive Board approved funding to purchase some of the necessary equipment to computerize twelve additional Locals. In addition U.N.A. will be updating some of the software packages with this money.
4. Program 90 Days were corrected and/or amended in both the 1992 and 1993 Budgets to reflect the Executive Board activities. No additional funds were necessary in either Budget year to accommodate these amendments.
5. The Vice-President honorarium was increased in the 1993 Budget to the same level as the Secretary/Treasurer honorarium.
6. Funding was approved to develop various educational videos.

Legislative Committee

1. A RESUME FORM will be developed by the Membership Services Committee for use by candidates nominated from the floor at the A.G.M. The completed resume will be photocopied and distributed to the voting delegates and will provide voters with more information about candidates prior to the casting of ballots.
2. The following General Position Statement - 5 "Appointment of Nurses to Hospital Boards" was adopted:

"Any member of United Nurses of Alberta, elected or appointed to a Health Care Facility board, is expected to uphold the Constitution, Policies and Procedures, and Collective Agreements of United Nurses of Alberta while serving her term on the Facility Board."
3. The D.L.R. will develop a synopsis of the "pros

and cons" of including allied personnel as members in U.N.A. This information will be sent to the Executive Board.

Occupational Health and Safety Committee

1. The "Guidelines for Harassment Policy" was renamed "Harassment/Staff Abuse Policy." The policy was amended to delete the reference to a specific time-limit for the member to report the harassment, and now states that the member "must document and report to his/her immediate supervisor in an expedient manner to ensure that the incident is dealt with".
2. The D.L.R. will investigate the problems and issues facing nurses returning to work from W.C.B./S.T.D.I./L.T.D.I. and will report to the Executive Board in February 1993.
3. It was noted that the support group "Nurses Assisting Nurses" has formally dissolved in the Edmonton area, but that some of the core members will attempt to continue some support services. Please contact Provincial Office if you have a member of your Local who is seeking assistance with an addiction/alcohol problem.

Education Committee

The Executive Board passed a motion to approve funding for each District to send an observer to the first Board Meeting of 1993. The Education Budget for 1993 was amended to reflect this motion. Much debate took place regarding the funding allocated to the UNALEF and, following this discussion, \$5,000 was allocated from Program 60 (Education) to the UNALEF. The Education Committee will continue to monitor this matter.

Steering Committee

1. The D.L.R. and the Labour Relations Staff will conduct an investigation and develop recommendations related to members altering their posted schedules. An article related to this will be formulated for the U.N.A. Newsbulletin.
2. The following dates were approved for the 1993 Executive Board Meetings:

February 2-5
May 4-7
August 23-27
November 30 - December 3

Pension Committee

Funding was approved to send one member of the Pension Committee to attend the L.A.P.P. "Working Paper" Stakeholders Meeting on December 17, 1992.

Political Action Committee

Funding was approved to send one member of the Political Action Committee to the C.U.P.E. Health Care Conference, February 7-10, 1993.

Publications and Communications Committee

A motion was passed to transfer the Mac Classics currently in use by the Executive Board, to the small Locals and to up-grade the Board Members (starting with the District Chairpersons) with Macintosh LCs.

The November Board Meeting was a very difficult and somewhat frustrating meeting for everyone concerned as U.N.A. was involved in a hearing before the Labour Relations Board regarding the contract for Local #33. U.N.A. President, Heather Smith and the D.L.R., David Harrigan were both required to attend events related to this hearing. As a result of their absences, much of the planned Board Agenda had to be amended and we were unable to deal with many of the Committee Reports. These recommendations will be reviewed at the next Board Meeting. ☺

1993 Education Program

We can only remain a strong, articulate Union Movement if we have an informed and active membership from which to develop the dynamic leaders required to meet head on the challenges of tomorrow. We can only develop those leaders through education.

Educational opportunities for all UNA members is the goal of this year's UNA Education Program. The program will offer workshops on topics as diverse as contract interpretation, political action, professional responsibility, shared governance, grievance arbitration and computer communication to UNA members, Local Executives, Local Committee members and District Representatives. An educational component has been built into all UNA meetings at the District and Provincial levels in order to ensure a maximum opportunity for participation by all members and "mini" workshops will be available upon request at each Local. UNA is also currently in the process of producing a large number of kits, manuals, documents and videos for use by the UNA Executive Board, UNA Local Executives and UNA Members.

Dates and location for the popular two-day UNA Labour School will be announced within the next two months. Titles currently being considered for workshops at the School include: The Future of Health Care, Shared Governance, Professional Responsibility, Contract Interpretation and Development, Political Action, Basic Unionism, Grievance & Arbitration, Occupational Health & Safety, Local Administration and

Computer Communication. Contact your Local President if you are interested in attending one of these workshops.

Two Provincial Workshops will be offered in 1993. The first will take place on September 20 in conjunction with the Hospitals Demand Setting Meeting in Edmonton. Classes on Media, Political Action, Assertiveness, Ward Reps and Contract Interpretation will be offered at this all-day workshop. Local Administration/Ward Rep, Grievance/Arbitration, Professional Responsibility, Occupational Health & Safety and Computer Communication will be offered at the second Provincial Workshop held on the day prior to the Annual General Meeting in Calgary. The information in both of these workshops will be directed at UNA Local Executive officers, Local Committee members, ward reps and rank & file members.

Workshops will be offered at the Local level throughout the year as part of the general services provided to each Local by UNA. Information on dealing with grievances, occupational health & safety, professional responsibility, local administration and how to be a ward rep will be the focus of these Local workshops. Local presidents are encouraged to contact their LRO to arrange these workshops.

If you are interested in obtaining further information about registration and funding for UNA's 1993 Education Program, please contact your Local Executive. 🐾



Reminder:

Retroactivity is Your Responsibility

Members who terminate their employment after the expiration of current collective agreements and prior to the ratification of new agreements are responsible for applying for their own retroactive payments. The time period for the application to the employer is usually relatively short and is dependent upon the specific wording of the contract with the employer.

If you terminate your employment after the expiration of the current contract and prior to the ratification of a new contract, UNA recommends the following:

- Send a letter to your employer (with a copy to the Union) saying that you anticipate a ratification of a new agreement in the near future and requesting that the employer considers your letter as a request for payment of monies accruing from the retroactive application of the terms of the agreement.
- Contact your employer or the union on a regular basis to find out when an agreement will be reached and when it will be ratified.

If the employer refuses to pay you and you applied during the time limit specified in the collective agreement, please contact your Local President or Labour Relations Officer. 🐾

AGM Input Sheets

The Membership Services Committee received nearly two hundred AGM input sheets after the Annual General Meeting in October. The Committee has reviewed the various concerns about hotel services raised by delegates and has discussed these comments with the hotel. The Committee would like to thank all delegates who completed the input sheets as the comments will aid the Committee with its plans for the 1993 AGM. 🐾

Executive Board

President

Heather Smith
Home: 437-2477
Work: 425-1025

Vice-President

Sandie Rentz
Home: 346-4412
Work: 343-4422
(Recovery Room)

Secretary-Treasurer

Dale Fior
Home: 238-0810
Work: 541-2155

NORTH

Darlene Wallace*
Home: 765-2348
Work: 538-7400

Janet Hudson
Home: 926-3028
or 926-4563
Work: 926-3791

NORTH CENTRAL

Bev Dick*
Home: 430-7093
Work: 484-8811 (ext. 671)

Carmelita Soliman
Work: 482-8397 / 8086
Cellular: 497-2456
UNA Line: 484-1160

Valerie Holowach
Home: 992-0360
Work: 895-2248

Gail Tymens
Home: 458-0503
Work: 478-9221 (ext. 215)

Doris Amundson
Home: 987-3662
Work: 987-3376

Thomas Kinney
Home: 458-0316
Work: 460-6200 ICU

CENTRAL

Andrew LeBlanc*
Home: 887-3446
Work: 343-4448
Office: 342-2033
Beeper: 1-661-5391

Ingrid Ponto
Home: 887-2731
Work: 343-4448

SOUTH CENTRAL

Kathy James*
Home: 274-4804
Work: 670-1517
Terry Robertson
Home: 239-6670
Work: 268-9260 or
237-2377 UNA

Karen Craik

Home: 236-5326
Work: 670-1312

Donnie Lacey

Home: 295-1609
Work: 541-2153

Keith Malkin

Home: 248-8805
Work: 229-7898

Pamela Liegerot

Home: 230-8101
Work: 284-0215

SOUTH

Diane Poynter*
Home: 327-3501
Work: 382-6482

Sheila Bailey

Home: 327-3361
Work: 382-6280

Staff

Provincial Office

9th Floor
Park Plaza
10611 - 98 Avenue
Edmonton, Alberta
T5K 2P7
425-1025
1-800-252-9394
Fax: 426-2093

David Harrigan

Director of
Labour Relations

Lesley Haag, L.R.O.

Melanie Chapman, C.O.

Yessy Byl, L.R.O.

Murray Billett, L.R.O.

Trudy Richardson, E.O.

Richard West, L.R.O.

Mark Cowan, L.R.O.

Darlene Rathgeber

Director of Finance &
Administrative Services

Southern Alberta Regional Office

505 Pacific Plaza
700 - 6th Avenue, S.W.
Calgary, Alberta T2P 0T8
237-2377

1-800-661-1802
Fax: 263-2908

Michael Mearns, L.R.O.

Marilyn Vavasour, L.R.O.

Laurie Coates, L.R.O.

Nora Spencer, L.R.O.

*Denotes District
Chairperson