UNA NEWS BULLETIN

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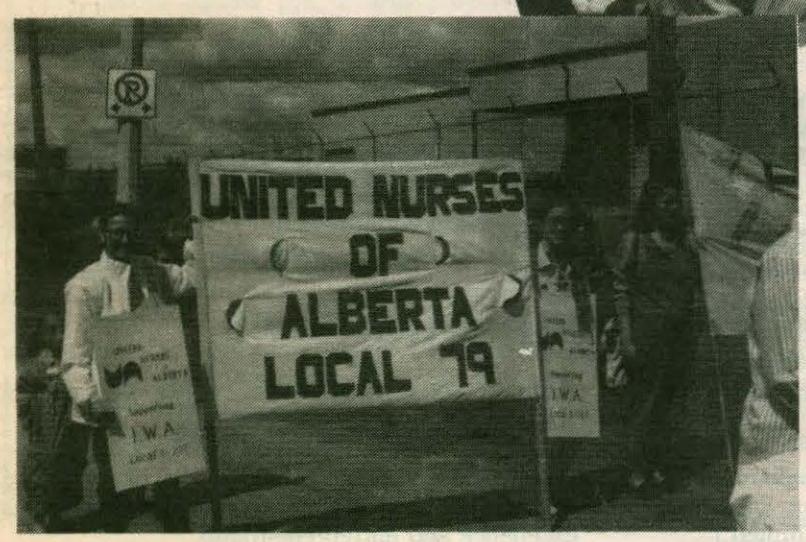
VOLUME 13 NUMBER 3 | UNITED NURSES OF ALBERTA | SUMMER 1989

ANNUAL GENERAL MEETING '89

October 17, 18, 19 in Calgary



Hospitals Demand Setting Meeting September 19 and 20 in Edmonton

Dollars and Sense for the Future

Pension Contributions and Leaves of Absence

By Barb Surdykowski, E.R.O.

Where an Employee is granted leave(s) of absence of less than (or equal to) 23 days in a calendar year in short blocks of time:

1. The Employer contribution to LAPP continues and is based on the Employee's regular basic earnings.
2. The Employee contribution to LAPP continues and is based on the Employee's regular basic earnings.
3. The Employee's pensionable service is *not* adjusted.

Where an Employee is granted leaves of absence of more than 23 days in a calendar year, and they are leaves of short duration (*eg*: a portion of a month):

1. The Employer and Employee contributions on the first 23 days of leave are based on the Employee's regular basic earnings.
2. The Employee's recognized pensionable service is not adjusted for the first 23 days of leave.
3. The Employer and Employee contributions on all subsequent leaves in that calendar year are calculated on the reduced monthly earnings.
4. The recognized pensionable service is adjusted to reflect the leaves.
5. The Employee may make application to buy-back the lost time. The Employer must pay its share of the contribution up to an amount equal to one year of service.

Where an Employee is granted a leave of absence of more than 23 days in a calendar year and it is a leave of long duration:

1. The Employee may make application to buy-back all lost pensionable service (or part thereof).

Where an Employee decides to buy-back service, the Employer must pay an amount equal to one year's contribution (or less if the leave is less than one year). The Employee will be responsible for the Employer contribution beyond the one year to a maximum of three years leave of absence.

An Employee may not arrange a buy-back until she returns from her leave *unless* the Employer authorizes payment during the absence.

REMEMBER:

An Employee must apply to buy-back service within 180 days of the end of the year in which the leave ends or within 30 days of termination. No more than 3 years leave can be bought back.

If you have questions about your own specific situation please call your Employment Relations Officer or Alberta Government Pension Plans at 427-2782.

Labour Notes

Government Cuts Funding

The Canadian Centre for Occupational Health and Safety (CCOHS) is facing the loss of all of its funding from the federal government. CCOHS was established by an Act of Parliament in 1978 to "promote the fundamental right of Canadians to a healthy and safe working environment . . ." The tripartite (labour, management and government) centre is an important information resource in occupational health and safety. Jean Corbeil, the federal Minister of Labour, told CCOHS that it must find alternate methods of providing half of its budget next year—$4.6 million—and as of April 1, 1991, it must be fully funded by non-government sources.

ALERT

P.T. Letters of Hire

by Michael Mearns, E.R.O.

Part-time employees are in jeopardy if they do not have a letter from their employer confirming their regular hours of work. Article 30.03 [amending Article 7.01(c)] of the Provincial Collective Agreement and Article 30.03(c) of the Royal Alexandra Hospital Collective Agreement make a very clear statement. Each letter shall state: (1) length of shift in hours; (2) number of shifts per shift cycle; and (3) length of shift cycle. The length of the shift cycle needs to be stated so that each employee may calculate exactly, and at a glance, whether the correct number of shifts has been scheduled for any particular shift cycle.

It is improper for the employer to palm employees off with a letter stating only the percentage of her scheduled hours vis-à-vis full-time, eg. .8 or .3, since this does not fulfil the requirements of the Collective Agreement. A letter containing a statement of a minimum number of shifts per month also violates the Collective Agreement.

Any alteration to any of the 3 factors specified may only be made by mutual agreement or according to provisions of the Collective Agreement. These alterations must generate a new letter containing the new specifics. In the event that "drift" from the original specifics has occurred and in the absence of a letter containing the new specifics, part-time employees are advised to notify their employer that the new specifics are acknowledged as the regular hours of work. Should this article raise concerns about your own circumstances, contact your Employment Relations Officer.

Workers' Compensation Survives Appeal

A recent Supreme Court of Canada decision upheld a decision of the Newfoundland Court of Appeal involving the workers' compensation ban on civil litigation.

The widow of a 48 year-old man electrocuted while working in a bakery had decided that instead of accepting survivor's benefits under workers' compensation legislation, she would commence civil action against her husband's employer. Newfoundland's compensation act bans lawsuits by injured workers against employers but gives workers the right to guaranteed, no-fault compensation. A lower court had agreed with the bakery worker's widow that this law was discriminatory because she was being treated differently to survivors whose spouses were killed off-the-job (*ie.* motor vehicle accident). This decision was then appealed to the Newfoundland Court of Appeal which found that, in order for discrimination to exist, the legislation would have to be unreasonable *and* unfair, which it was not. The widow then appealed to the Supreme Court of Canada.

In handing down its unanimous decision the Supreme Court said that the legislation did not contravene the Charter of Rights and Freedoms.

The dismissal of this case was welcomed by labour groups. The case had been of great concern to unions which recognized that the present compensation system would be threatened by the withdrawal of employers if the widow was successful at launching a lawsuit against the bakery.

Canadian Government Criticized by ILO

The International Labour Organization, a United Nations body, condemned the Canadian government for its 1987 back-to-work order *against striking* railway workers.

The Canadian Labour Congress had complained about the order in 1988, charging that it was "fundamentally incompatible with the principle of freedom of association".

The ILO concluded that the 5-day railway worker strike was not endangering the health or safety of Canada's population. The Canadian government had argued that the strike, while not a threat to health or safety, was a threat to Canada economically and socially.

CLC Secretary-Treasurer Richard Mercier commented that Canadians "normally come to ILO conferences expecting to hear criticisms about other countries, like Chile or South Africa".

First-quarter wage settlements

The following table indicates wage increases resulting from major collective agreements for the first quarter of 1989:

Area	Wage Increase % *
British Columbia	6.2
Atlantic	5.6
Ontario	5.3
Quebec	4.1
Prairies	3.1
Average	4.3

Labour Canada, Bureau of Labour Information

* Based on 99 agreements covering 133,900 employees in bargaining units of 500 workers or more.

Did you know?

- Only 20% of workers in Alberta are unionized versus 36% of workers nationally.
- In several communities in Canada corporations can "adopt" schools. Emphasis is placed on teaching students the importance of industrial excellence and entrepreneurship.

Nurse Terminated for Refusing to Disclose HIV Status to Employer

A U.S. health care worker's claim that the hospital at which he worked violated his constitutional and statutory rights by terminating him for refusing to disclose medical information about his human immunodeficiency virus (HIV) status was denied by a Louisiana federal district court. To implement national guidelines requiring hospitals to modify the duties of employees with certain infectious diseases, including HIV, a hospital may need to require medical testing when it learns that an employee has a high risk of having such a disease, the court held. A licensed practical nurse whose duties fell within the guidelines refused to provide HIV test results when it became apparent that he had such a medical risk and was terminated for insubordination. A hospital has a right to require such testing in order to fulfil its obligation to its employees and the public concerning infection control and health and safety in general, the U.S. court ruled. The hospital's request for the test results was job-related and its policies were rationally related to the legitimate state interest of protecting patients and health care workers from the spread of infectious or communicable diseases. The hospital's interest in knowing the employee's health status far outweighed the limited intrusion of requiring him to produce the results of a test he had already taken voluntarily, the court concluded.

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HEALTH & SAFETY

Hepatitis B

by Melanie Garces, E.P.O.

Hepatitis B is considered by some sources to be the major infectious occupational health hazard in the health care industry. The virus, which is acquired through contact with contaminated blood (as little as 0.00004 mL of blood) and body fluids, is the second leading cause of chronic liver disease. In Alberta the level of reported cases—150-200/year—remains constant despite the availability of a vaccine. 3% of these cases involved health care workers. While the total incidence of the disease is unknown as only a fraction of cases are reported, it is estimated that 5% of the world's population are carriers of the hepatitis B virus.

The incubation period of hepatitis B can last from 45 to 180 days with people becoming infectious during that time. 55-75% of those infected do not develop any signs or symptoms of acute inflammatory liver disease. Those who do develop signs and symptoms find them similar to the flu—anorexia, nausea, diarrhea, headache, fever, and generalized achiness. Jaundice, skin rash and dark urine may follow. In about 1% of cases, complete liver collapse occurs with 65% of these patients dying.

5-10% of all people infected with the hepatitis B virus, whether presenting with symptoms or not, become carriers. Studies have linked hepatitis B with cirrhosis and liver cancer.

At the present time there is no specific treatment or cure for hepatitis B. Health professionals can reduce their risk of acquiring this disease by utilizing universal precautions and obtaining immunization.

Who's At Risk

In Canada the risk to health care workers appears to be greater to those employed in general city hospitals which service an adult population.

All nurses do risk acquiring hepatitis B, however nurses working in the following areas are particularly at risk due to their frequent contact with blood or body fluids:

- operating room
- emergency
- IV team
- ambulance duty
- blood bank
- oncology
- labour and delivery
- nephrology (dialysis)
- hepatology
- burn units
- ICU
- STD clinics
- dealing with aggressive patients

Immunization—It's Free!

There are two types of immunization available for the hepatitis B virus—pre-contact and post-exposure.

1. Pre-contact: A hepatitis B vaccine has been available in Canada for seven years. The vaccine is considered to be safe and is effective in 90% of cases. The initial dose is administered I.M. with two further injections given at one month and five month intervals.
2. Post-exposure: This immunization with hepatitis B immunoglobulin is recommended within seventy-two hours of contact. The immunoglobulin is 75% effective. An injection of the vaccine should also be administered with seven days of exposure.

Article 34.03 of the U.N.A./A.H.A. and U.N.A./R.A.H. agreements states that:

> "Where an employee requires specific immunization as a result of or related to her work, it shall be provided at no cost."

While it has never been tested at arbitration, it is U.N.A.'s position that *any* nurse wishing to have pre-contact or post-exposure immunization to hepatitis B is entitled to do so with the employer bearing the cost. The nurse should check with her employer before having the immunization; if the employer refuses to pay, an E.R.O. or the local executive should be notified.

If Exposure Occurs

This applies to all contact with blood or body fluids.

- Wash the area of contact promptly with soap and water. Flush eyes, mouth and lips with water.
- Remove contaminated clothing as soon as possible.
- Allow penetrating wounds (*ie*: needlestick punctures) to bleed and then wash thoroughly with soap and water.
- Report the exposure to the supervisor and to staff health. The incident must be recorded according to Alberta's First Aid Record Law.
- Submit a W.C.B. claim form as soon as possible and retain a copy for your own purposes. This will prevent difficulties with claiming compensation should any symptoms develop in the future. Remember, the incubation period for this disease can last 180 days.

Universal Precautions

Apply to all patients.
Apply to blood; body fluids containing visible blood, semen or vaginal secretions; tissues; and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids.

- Avoid needle pricks and cuts from sharps. All sharps should be placed in clearly labelled, puncture resistant containers. These containers should be as close to the work area as possible. Needles should not be recapped, cut, bent, broken or removed from disposable syringes.
- Thoroughly wash hands/skin surfaces after any contact with blood or body fluids. Use plain soap and lather vigorously for at least 10 seconds. Avoid the use of abrasive soaps or brushes. Use hand lotions to prevent skin drying and cracking.
- Wear disposable waterproof gloves (latex or vinyl) when in contact with blood, body fluids, non-intact skin and soiled items. Cover cuts on hands with waterproof dressings.
- Wear gowns, protective eye goggles and masks when in situations where splatter by blood or other body fluids is expected (*ie*: bronchoscopy or endoscopy).
- Use mouthpieces, pocket masks or resuscitation bags when performing resuscitation.
- Place contaminated linen or items in a puncture resistant bag and label it as contaminated prior to sending the items for cleaning or disposal.
- Clean up spills of blood or other body fluids as promptly as possible with detergent and water. The area should then be disinfected with a chemical germicide approved for hospital use. The hepatitis B virus can live for one year in a dry environment at room temperature.

Clinical Ladders

by Melanie Garces

The system of clinical laddering was first advanced by a U.S. group in 1967. It is now being heralded by many to be *the* solution to the critical bedside nursing shortage. Some employers in Alberta have suggested their institutions should adopt clinical laddering. However it appears that clinical ladders mean different things to different people. This article is intended to address the concerns that nurses have raised about this particular panacaea for the nursing shortage.

What Are Clinical Ladders?

The term clinical ladders is often used interchangeably with the titles of "career ladders", "career advancement programs", and "career plans". However Dorothy del Bueno, an American nurse educator, says that there are different definitions for these terms. According to del Bueno, a clinical ladder is a hierarchy of criteria for the evaluation of bedside nurses. The belief behind the ladders is that nurses practice at varying competency levels and should be rewarded if they deliver higher quality nursing care. The clinical ladder is a method of lateral promotion. Career ladders, etc. generally refer to vertical promotion—a pathway to administration or education.

The number of rungs on the ladders varies amongst institutions. Generally the total is between two and eight. Very few hospitals staff their units according to rungs on the ladder.

Methods of promotion also differs. Most facilities require that there be an 'opening' at the level the nurse wishes to attain. The majority of the programs demand that the nurse herself be the initiator of the advancement. The final decision regarding placement is made by the head nurse, director of nursing or a peer committee.

Why Now?

The system of clinical ladders is being proposed now as a means of resolving the crisis in bedside nursing—a crisis that according to some researchers will last another 5 years.

It is recognized that the relatively low level of pay for all staff nurses may be related to the shortage of people willing to nurse at the bedside. There is also a wage compression—nurses with more experience earn only 3-4 dollars per hour more than a new graduate. It is also known that if one wishes to 'advance' in nursing one must leave the bedside for education or administration. Lateral promotion through a clinical ladder is perceived as a means to advance while delivering direct nursing care.

What Are The Advantages?

- There is professional recognition and financial reward for clinical excellence.
- There is room for professional growth while remaining at the bedside.
- Nurses are motivated to increase their nursing skill levels.
- Nurses are given a clearer picture of the expectations of the hospital for the delivery of nursing care.

What Are The Disadvantages?

- Most evaluations are done by nursing unit supervisor rather than by a clinical nurse specialist.

(Continued on Page 6)

U.N.A. TODAY

Don't Fill Out That Survey!

By: Heather Smith

According to the A.A.R.N., the Provincial Government has only a "vague" picture of what nurses in Alberta really want. Despite the fact that more than two hundred individuals, groups and organizations representing nurses submitted concerns to the Premier's Commission and despite the repetition of contract demands in successive rounds of bargaining, the Department of Health has undertaken a survey of nurses in collaboration with the A.A.R.N.!

Needless to say U.N.A. opposes any such survey. If you are approached by your Employer or receive a survey through the mail, please write BOYCOTT across the pages and return it as requested. The Government and the A.A.R.N. continue to have difficulty accepting that the Union does speak on behalf of the membership.

Other trends to be aware of include "Focus Groups", "Quality of Working Life", "Work Satisfaction" and "Job Enhancement Committees". The group or committee may have a different name, but the intent is the same, to have a group other than the Union make recommendations about working conditions. Various employer groups (eg. the teaching hospitals) have developed surveys for staff nurses. Before you provide information. please take time to discuss the survey/questionnaire with a U.N.A. Employment Relations Officer.

Undergraduate Nurses

By: Melanie Garces

On June 9 U.N.A. hospital locals conducted a ratification vote on an addendum regarding undergraduate nurses. A majority of the locals and members voting approved the addendum, as did the Alberta Hospital Association.

The addendum defines the rates of pay for nursing students who have been *hired* to provide direct nursing care (this does not include students on a clinical course or practicum). The students will be covered by all articles in the collective agreement.

Undergraduate nurses may be employed in positions other than those involving direct nursing care. If hired to work in dietary or housekeeping, for example, the addendum will not apply. The addendum does apply if the work the student is performing is closer to that of an R.N. than that of an R.N.A. If a question arises concerning the work requirements of undergraduates, an Employment Relations Officer should be contacted.

According to the A.A.R.N. a staff nurse is not responsible for the actions of a student nurse unless she delegated duties to the undergraduate which she knew the undergraduate to be incapable of performing.

Any institution which uses undergraduate nurses to give direct nursing care should have a job description for these employees. Nurses working with undergraduates should familiarize themselves with the description.

Who Has Seen Nancy?

On December 22. 1988 the government of Alberta announced the development of an incentive package to recruit and retain nurses in Alberta.

The United Nurses of Alberta has been trying to contact the Minister of Health, Nancy Betkowski, since that time. Ms. Betkowski has been unavailable to return any of the regular telephone calls from U.N.A.

U.N.A. would still like to meet with Nancy to clarify the process for appointing nurses to hospital boards and to request information about the Job Enhancement Committee.

U.N.A. Holds Information Picket

By: Melanie Garces

Approximately 35 people turned out on June 23 to protest the transfer of a patient from British Columbia to Edmonton. U.N.A. had been notified by hospital management during the previous night that a B.C. patient was on her way to Alberta by plane. Hospital administration at the Misericordia in Edmonton emphasized that they did not want the nurses to see it as "trying to break the [British Columbia] nurses' union".

When the strike by British Columbia nurses began, the government of Alberta announced that it would set up a mechanism to ensure that patients would not be "frivolously" transferred to Alberta. The procedure would involve screening and approval for the transfer by the B.C. government which would contact a doctor at the Royal Alexandra Hospital (Edmonton) who would then assess the necessity of the transfer. For unknown reasons the plan was not followed in this particular transfer - the arrangements were made doctor to doctor. According to G. Perry, Vice-President Medical Services at the Misericordia, this was due to "miscommunication at the B.C. government level". Doctors in Alberta had been notified of the procedure.

The patient, a 14-year old female involved in a motor vehicle accident, had sustained spinal trauma and was considered to be in 'serious' condition. She was placed on the surgical unit in the Misericordia.

Heather Smith, U.N.A. president, stated that U.N.A. did not dispute that the patient required care. However, Heather pointed out that 70% of B.C. nurses are still providing care as per the essential services requirement. "70% is a reasonable, comfortable staffing level - it's coverage for a weekend shift in Alberta," said Smith.

P.R.C. Corner

By: Melanie Garces

Over 60 professional responsibility complaints were filed by U.N.A. members between January and June of 1989.

The majority of these forms reflect members' concerns with staffing levels in the hospitals. Nurses are particularly worried about working short-staffed on evening and night shifts when nursing supervisors are unavailable.

The short-staffing can often be linked to baseline staffing - scheduling a minimum number of staff based on an 'average' patient acuity. Obviously if a nurse calls in sick or patient acuity increases, a critical shortage of staff occurs. In many cases this need for staff is known on day shift but the nursing department either does not call in staff - telling the nurses they can 'cope' or there is no staff available to come in.

So what is the solution? What can nurses and their employers do to resolve the short-staffing problem?

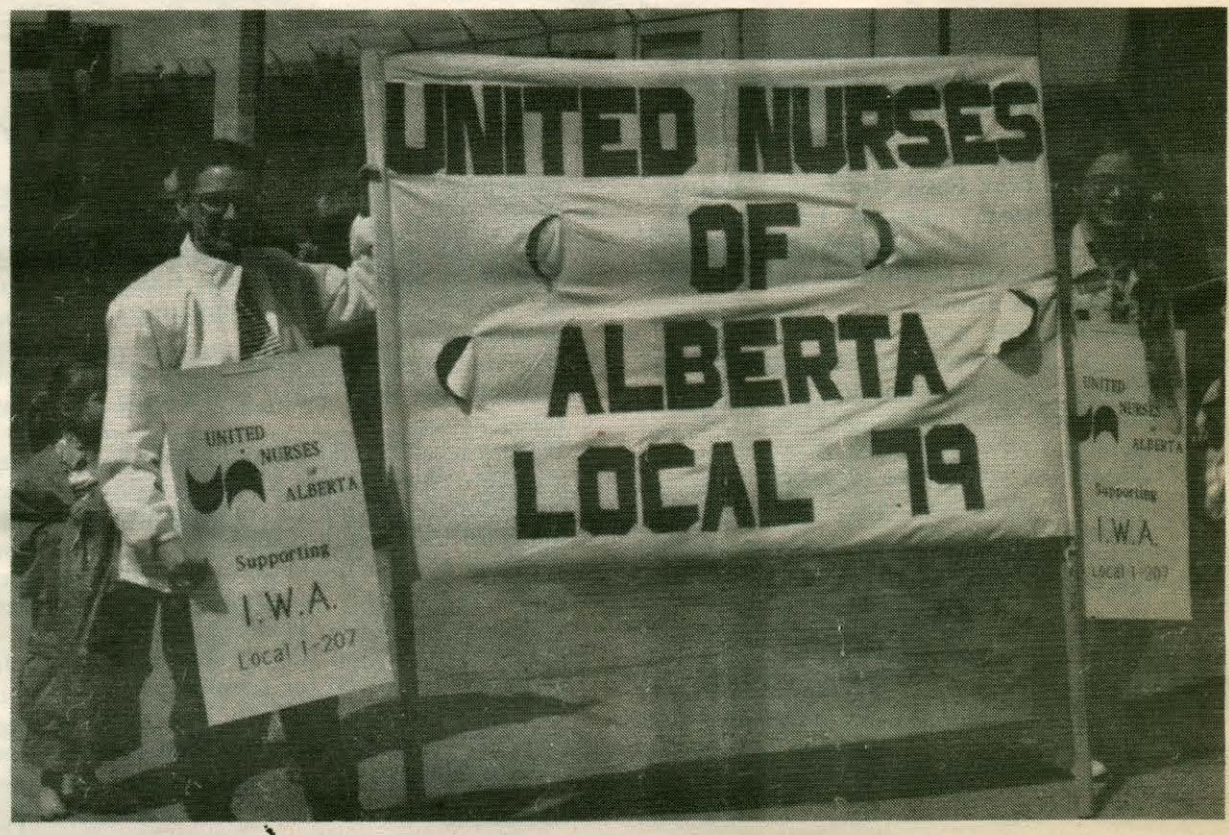
Employers *can* modify (ie: decrease) the services they offer. Recovery room nurses in one institution worked short-staffed whilst the operating room continued with the full-slate of scheduled surgeries. The nurses were naturally concerned that the risks for patients would increase without the required number of nurses available to care for them. Baseline staffing could be increased in conjunction with the decrease in services.

"Floats" can be scheduled for a particular shift to provide meal/rest period coverage. The float is also then available to augment a unit's staff if the need arises.

According to Article 30.05 of the U.N.A./A.H.A. agreement casual nurses are not to be scheduled more than seven days in advance. This provision was placed in the agreement to prevent casuals working on a regular scheduled basis. Many employers are now overlooking this with the result that no one is left to replace for sick leave or leaves of absence.

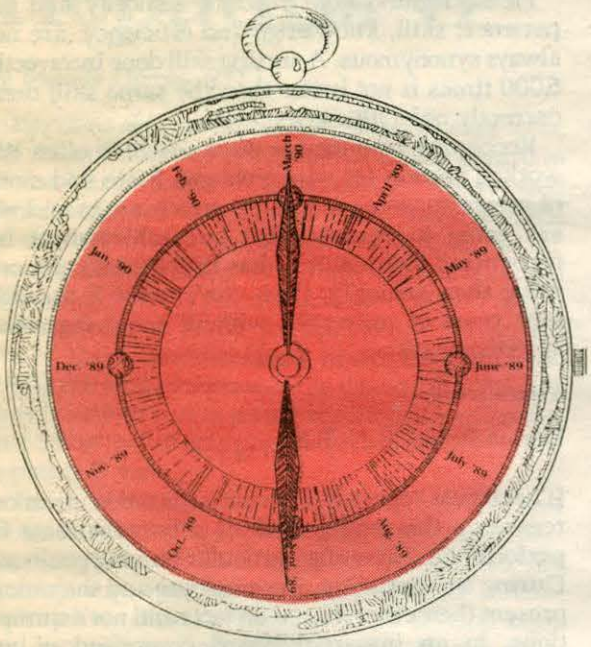
Nurses do have power to impact upon the staffing problems at their hospitals. The nurses mentioned above enforced Article 36 of their collective agreement and filed professional responsibility complaints. Unfortunately many employers need to be hit in the pocket-book before they will recognize and react to problems. Nurses should file grievances if they are constantly missing meal and rest periods due to lack of coverage.

Obviously a long-term problem exists. The union and the employers will have to deal with the shortage of nurses during the upcoming rounds of negotiations. In the meantime Article 36 of the collective agreement gives U.N.A. members the right to enforce what they, as professionals, believe to be the proper levels of patient care.



Heather Smith, president of the United Nurses of Alberta, and Irene Gouin, president of U.N.A. Local 79, joined union activists on the Zeidler's picket line on Saturday June 3. The Alberta Federation of Labour is joining the I.W.A. in escalating the strike activity at Zeidler's where workers have been trying to obtain a contract for 3 years.

Negotiations '90



Negotiations 1990 Update

by David Harrigan, D.L.R.

On March 31, 1990 the Collective Agreements for nurses employed in hospitals, health units and the Edmonton Red Cross expire. Although March may seem a long way off, U.N.A. has been busy preparing for negotiations. A record number of proposals were received from the Locals.

The Hospitals Negotiating Committee is made up of: Carmelita Soliman (Chairperson), representing North Central District; Darlene Wallace, representing North District; Marilvn Coady, representing Central District; Pam Liegerot, representing South Central District; and Diane Poynter from South District. Heather Smith, President of U.N.A., is an ex-officio member. The committee met the week of July 24 to review the Local proposals and make their recommendations.

The Health Unit Negotiations Committee met the week of August 2nd to review Local proposals and make their recommendations. The recommendations from the Negotiating Committees have been sent to the Locals.

Given the events of 1988 and the current situation in B.C. and Quebec, this round of negotiations will prove to be one of the most important in our history. U.N.A. has learned alot of lessons from 1988. It remains to be seen if the same is true of our employers.

Negotiations '90

Notice to All UNA Local Executive Members

As delegate counts for the upcoming Demand Setting and Annual Meetings are based on Provincial Office's membership records now is the time to compare your Local's records to those contained within Provincial Office. The next membership listing will be sent to your Local on or about August 30, 1989. If you have any questions or concerns in regards to these membership lists please contact PROVINCIAL OFFICE at your earliest convenience.

Hospitals Negotiating Committee

Darlene Wallace ND

Carmelita Soliman NCD
Chairperson

Pam Liegerot SCD

Marilyn Coady CD

Diane Poynter SD

Negotiating Committees

Red Cross - Bonnie Greziak
Health Units - Chairperson - Linda Whalley (Leduc-Strathcona Health Unit)
Edna King-Hunter (Wetoka Health Unit)
Sharon Herman (City of Lethbridge Health Unit)

Vice-President's Report

by Sandie Rentz

(May Executive Board Meeting)

The Executive Board of the United Nurses of Alberta met from May 2 to 5, 1989. This was the first regular Board Meeting held since the decision was made to provide provincial funding for observers. Each District sent one observer and the Executive Board received strong support, from these individuals, for the program. The Board looks forward to meeting more members as observers at Board Meetings.

The following highlights were discussed and passed as motions by the Board:

- Voting sheets will no longer be used by the Board to record their votes.
- U.N.A. will invite Health Minister Nancy Betkowski to attend a session of the Executive Board.
- Information will be provided to the August Board Meeting regarding the feasibility of U.N.A. administering the benefits package for members.
- Members are requested to bring copies of their local's P.R.C. minutes to the P.R.C. workshops to be used for discussion purposes.
- The 1991 Annual General Meeting is to be held at the Westin Hotel in Calgary on November 19, 20 and 21.
- A slogan contest is being considered to promote the 1990 negotiations and membership involvement. The slogans will be used in buttons and balloons. Entries can be submitted to Provincial Office.
- A maximum of $3,000 will be approved from the U.N.A.L.E.F. for any single seminar or workshop.
- The minimum number of applicants for North, Central and South District workshops has been reduced to 8 for Level I workshops and 6 for Level II workshops.
- A motion was passed that:
  "U.N.A. does not support management incentive programs which fall outside the Collective Agreement".
  Any questions regarding management incentive programs should be referred to the Director of Labour Relations or your District Representative.
- David Harrigan, D.L.R., was appointed Chief Negotiator for Hospital Negotiations.
- Locals are encouraged to write letters to the federal government to protest any actions taken which erode the universality of health care.
- The E.P.O. is developing a political action kit to be sent to all local presidents.

A personal thank-you to all members who have assisted me in the transition to my new position as interim Vice-President.

That Sinking Feeling!

by Melanie Garces

Nurses at the Oilfields General Hospital will have to travel an extra 40 minutes to work each day because their employer has moved its operations to a hospital in the city of Calgary.

The management of Oilfields Hospital announced at the beginning of July that the hospital was sinking. Apparently the institution was built 5 years ago on a shifting base of clay. Cracks in the walls began appearing almost immediately after the opening of the hospital and currently there are changes in the height above sea level as one strolls along the hallways.

The acute care patients have been moved to the long-term care building (which is not sinking). The long-term care patients have been transferred to a formerly vacant unit in the Rockyview Hospital.

The locals of the Rockyview and Oilfields hospitals have met with management to discuss concerns that have developed with the movement of patients. Further meetings are planned in order to resolve problems. The Oilfields nurses may resort to filing grievances in order to receive overtime pay for the increased travel time. They are not in the position of nurses who work in one town and live in another; they have been forced to travel the added distance because of changes their employer has made.

In the meantime plans are being drawn up to place plastic pylons beneath the Oilfields Hospital to prevent further sinking.

Letters to the Editor

Dear Editor:

I spoke with you by telephone regarding my poem about the U.N.A. strike last year. Concerning the unique experience of standing firm on the line during the coldest weather of the year, the poem is printed below.

Nurses' Illegal Midwinter Strike

Offer me now no wild-contentioned brow,
proposing Spring—
that buds too soon burst green from sleep
or birds, embarrassed, sing;
that snow submit to a court injunction's writ
demanding drought;
that workers' spines give in to threats,
or cold resolve to doubt.

Lawless walkout? The snowstorms come and go
like supervisors' tantrums;
but we of steady hand and constant feet
march on to draft the law.
As Januarys to their Aprils flow
by natural law and order,
so shall we to work's routine heat
return—when wages thaw
from countless seasons bound within a freeze.
Till then our picket signs
draw force from blizzards in a windmill row,
our songs and shouts condense
above our heads and in the crackling breeze
fly like battle's banners.
Our skin is armour: like sun on powder snow.
The cold wind sparkles on the flesh!

As for my own union experience. I am a member of CUPW (formerly LCUC), and from 1984 to 1988 was the president of the Edmonton and District Labour Council. Over a longer period, however, I have written poems and published a few.
In solidarity,
Doug Elves

Dear Editor:

Re: Baccalaureate Not Necessary

I considered this article an insult to [baccaulaureate-trained] nurses. B.N.s are union members as well. They pay union dues. Often they lose their positions to R.N.s because they have lost their seniority by going back to university to obtain their degrees.

Going to university costs money (more than going to college for two-three years). It means putting your life (and income) on hold for four years instead of two. It means sacrifices (both monetary and family). It means losing your precious seniority!

When a nurse moves to another hospital or a different province to further her career, she doesn't become less "skilled, efficient, or experienced", though she loses her precious seniority. On the contrary, she gains new experiences, learns to be adaptable to new situations and people, acquires new ideas, and learns new (and sometimes better) ways of doing things and approaching problems. She expands her horizons and experience opens her mind. But she loses her precious seniority!

Vegetating in the same position in the same hospital for eight years doesn't necessarily make you the person of choice for a job requiring different skills. What about continually upgrading yourself on your own time? (You didn't mention if the R.N. had been doing this or not.) What about experience gained outside of nursing? (For example: teaching, administrating, participating in research, heading up committees, taking courses in adult education, public relations, business administration, or computer technology?) There is more to life than seniority.

I have to question the assumption that the employer in question did not consider the R.N.s "skill, efficiency, experience and knowledge". They had two candidates for the position: one had no degree (*required* for the position) and the other lacked the minimum of three years experience in nursing (also *required* for the position). They were facing a possible union grievance with either choice. Therefore, I would assume they chose the candidate that they considered the *best possible person for the position*, ALL OTHER THINGS CONSIDERED. This doesn't seem to be a bad way to prioritize to me.

Sure, consider seniority—it has some significance. But allow other things to be taken into equal consideration. Anyone can get seniority if they have stick-to-itiveness. Short of some kind of gross misconduct, who will fire a nurse in this time of nursing shortage?

Personally, I would rather get ahead through my own honest effort, hard work, sacrifice, performance, study, and continual upgrading. Eventually I will make it, not through grieving whenever someone else is given a job that I've applied for, but because I deserve the position. They will hire me because I've got more to offer than just seniority.

Please remind your readers, seniority and experience, skill, knowledge and efficiency, are not always synonymous. A nursing skill done incorrectly 5,000 times is not better than the same skill done correctly only 100 times.

Recognize what degree nurses have to offer. We worked hard to get where we are. More and more of us are choosing to join the union ranks and we are going to demand that our achievement be recognized as equal in value, or (horrors!) of more value than seniority. (You don't make it through four years of university without acquiring some assertiveness!)

Yours truly,

Donna Befus, R.N. B.N.

[The article reported a recent arbitration decision regarding the requirement of a baccalaureate to perform the duties of a particular nursing position. During an arbitration, the employer and the union present their cases, based on facts and not assumptions, to an impartial board comprised of an arbitrator, a union nominee and an employer nominee. In this particular case the Arbitration Board *unanimously* decided that the grievor's skill, efficiency or experience had not been considered along with the knowledge of the grievor. Article 14.04 of the U.N.A./A.H.A. collective agreement states:

> "In making promotions and transfers, the determining factors shall be skill, knowledge, efficiency, experience and other relevant attributes, and where these factors are considered by the Employer to be relatively equal, seniority shall be the deciding factor".

Thus seniority is not the only attribute that is examined when an employer makes a promotion or transfer. The Union's position in this case was, given that the other factors were relatively equal, the grievor should have been awarded the position on the basis of her seniority.

U.N.A. has always recognized the contributions that all nurses, degree or diploma, can make to their profession, their colleagues and their union.—Ed.]

Clinical Ladders

(Continued from Page 3)

- The time required for the nursing unit supervisor to complete performance appraisals. Many N.U.S.'s are already unavailable to unit staff for long periods of time—if individual rates of pay relied upon the N.U.S.'s evaluations, she would be increasingly unavailable to her staff.
- No system of laddering has yet been developed to provide for completely objective evaluations. This is extrememly important because the rate of pay relies completely upon the evaluation. The evaluation can be used as a means of punishing nurses who are in conflict with their supervisors. Some systems suggest peer evaluations—unfortunately some nurses will be judged on their compatibility with other staff.
- Since clinical ladders are currently outside of the collective agreement the ability to grieve not getting an increase is not known. There is also the possibility of the rates of pay being altered or deleted at the whim of the employer.
- The monetary rewards reflect the needs of the hospital (ie: if there is a shortage of critical care nurses they will be paid more than their counterparts in another area) and not the skill levels of the nurses.
- Eventually it is in the best interest of an institution constantly looking for ways to cut the budget to make sure no one has an evaluation that would lead to a pay increase.
- There is an assumption that nurses are doing the least possible at present and require monetary rewards in order to deliver high quality nursing care.
- Nurses who are less assertive may not apply for higher levels of pay.
- There are nurses who will find the evaluations and the entire laddering system to be psychologically threatening. The ladder enters a high degree of competitiveness to the atmosphere on a nursing unit and staff morale is compromised. It effectively pits nurses against one another—"why does *she* earn more when she does nothing different?"—thus destroying feelings of solidarity amongst nurses.
- The goal of an evaluation moves from self-improvement to getting more money.
- The issue of nurses being frustrated with their lack of power is not addressed by this system. The decision-making (and the big money) remains with administration.
- No research has been done which proves that clinical ladders improve job satisfaction or decrease staff turn-over.

What Does UNA Say?

If the employers are defining clinical ladders as different positions with separate performance expectations then they already have the power to create the system. Article 25.03 of the UNA/AHA and UNA/RAH agreements gives the employer the authority to create new job classifications. The rates of pay for those classifications must then be negotiated between the employer and the union (not individual employees).

If the employers merely want to institute a 'merit pay' system of setting different pay rates as rewards based on their subjective evaluations of the worth of individual nurses then the union must say 'no'. There is no provision for the equitable treatment of nurses—the level of pay is based entirely on the needs of the employers.

There are alternative solutions for the nursing shortage including better vacation leave, better benefits and better scheduling. It has been suggested that the the provision of 24-hour child care services would do more than clinical ladders to encourage nurses to remain at the bedside.

Clinical ladders should not be used as a means for an employer to substitute titles and professional recognition for salaries and power in decision-making.

The copy deadline for the next issue of the Newsbulletin is October 23rd. Please submit articles or letters to:
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U.N.A. Changes

Rick Lampshire, a former staff representative with the Alberta Union of Provincial Employees, joins U.N.A. as an Employment Relations Officer in the Edmonton office.

Melony Pryor is the new receptionist/secretary for the Edmonton office.

Thank You

June 22, 1989

Dear Members:

Thank you for your many kindnesses to me, and in particular, for the retirement gift.

I take continuing pleasure in the beautiful paintings—and the wine glasses, of course. The additional gift—provided through individual member donations (either personally and/or through your districts and locals) was completely unexpected and completely appreciated.

It was an ideal gift: a fully paid 10 day vacation in Hawaii for my husband and myself. All the more touching, as most of you had just been through "the strike" and were still counting the pennies.

I think of you often, of course, although I am enjoying my time off. Thanks again, and I wish you well.

In Solidarity,

Margaret Ethier

Other Nurses

by Melanie Garces

British Columbia and Quebec nurses face some tough decisions in the upcoming months. The members of the British Columbia Nurses' Union and the Quebec Federation of Nurses recently rejected collective agreements that would have provided between 27.5 and 21% wage increases over the next three years. The nurses say that isn't enough compensation for the working conditions and the work they face everyday. They are willing to tell administrators and government representatives what the problems are and what the solutions should be—just as they've done so many times in the past. Nurses are growing frustrated; the whole health care system is at stake.

Nurses in Alberta will be watching the British Columbia and Quebec situations very closely. No doubt the Alberta Hospital Association, Red Cross and Health Unit Association of Alberta will also!

Quebec Federation of Nurses

After 3 months of negotiations and the refusal of nurses to work overtime, the 15-member bargaining committee for the Quebec Federation of Nurses signed an agreement calling for wage hikes of 4% in the first year, 7.5% in the second year and between 6 and 9% for the third year of the contract. 78% of nurses around the province then voted against ratification of the agreement.

The deal, which would have brought nurses into line with other health care professionals, also provided for higher shift premiums, an increase in the number of full-time positions and improved working conditions.

Quebec nurses began the negotiations asking for a 20.5% increase in the first year and 5.4% raise in each of the final two years of the agreement. Quebec nurses are currently amongst the lowest paid nurses in Canada with a starting salary of $24,325/year which rises to a maximum of $33,139 after 12 years. The rejected agreement would have paid starting nurses $28,259/year with a top salary of $40,000 after 12 years.

The government of Quebec was dismayed by the rejection of its offer claiming that the vote by union members was 'irrelevant' because the government considers itself to have a deal. Premier Robert Bourassa stated that he will not go back to the bargaining table with nurses. However, his Treasury Board president Daniel Johnson said that government negotiators were willing to return to negotiations but would not offer the nurses any more money.

On July 19 fourteen members of the Q.F.N.'s negotiating committee resigned during a meeting with 600 delegates from around the province. The nurses made it clear that they want more money at the beginning of the contract as well as better benefits and vacation entitlement. The Executive Board presented new strategies for negotiations at a delegates meeting held on August 2 and 3. A new negotiating committee was elected at that time. The nurses decided to hold a provincial strike vote on August 24th. The ban on overtime, which was discontinued when the tentative agreement was reached in June, will recommence.

N.B.N.U.

The New Brunswick Nurses' Union recently ratified a new contract for approximately 300 nurses working in nursing homes. The agreement was reached after 9 days of negotiations. Contract language was improved and the nurses received the same wage increases that the hospital nurses agreed to in November of 1988. The two-year package provides for a 3% increase effective immediately with another 2% raise in March 1990. The contract runs from July 1, 1988 to June 30, 1990. The nurses will receive a retroactive pay increase of 5%.

Civil service nurses in New Brunswick will hold a ratification vote over a 12-day period, beginning on August 4th. The tentative agreement calls for parity with the hospital nurses—a 5% increase in retroactive to December 1, 1988, and a 5% increase over the rest of the contract. As of December 1, 1989 the starting wage for a general duty nurse will be $14.20/hour with a top rate after 5 years of $18.15. Public health nurses will start at $15.99/hour and reach $20.40/hour after 5 years.

The nurses will receive a weekend premium of $.25/hour and a shift differential of $4.50/shift (increased from $2.50/shift). Educational increments will rise 7% with a baccalaureate earning a nurse an additional $81.95/month. Two "superstats" have been created. The nurses will receive two times their regular pay if they work on Christmas Day or New Year's Day.

The employer will pay $50,000 to the Educational Assistance Fund. This fund, from which money is given to any nurse for any justifiable educational expense, is administered by a joint committee of employer and employee representatives.

The collective agreement runs from December 1, 1988 to November 30, 1990 and covers nurses working for the government in the psychiatric hospitals, public health, provincial correctional centres and one nursing home.

Towards the end of 1989 the N.B.N.U. will begin preparations for hospital bargaining. The collective agreement for 4,500 nurses expires on June 30, 1990. "The mood of the membership is that the increase in demands will be dramatic", states Executive Director Tom Mann. "The nurses' interests must be recognized at the bargaining table in a much more positive, concrete way."

B.C.N.U.

On June 14, nurses at 12 hospitals in British Columbia walked off their jobs in support of their demands for higher wages and better working conditions. By the end of the thirteen-day strike the walkouts had mushroomed to involve staff at more than 80 hospitals and health-care facilities province-wide. Over 70% of the nurses remained in the hospitals because of B.C. laws insisting that the B.C.N.U. maintain a staffing level of 70% during a job action.

The nurses had demanded a 33% wage hike in one year with an increase in benefits of 43% when they first met with the Health Labour Relations Association in February. Negotiations, which had been intermittent, finally broke off on June 13 with only four or five articles settled. The nurses would finally have a professional responsibility committee. Some improvements had been made in contract language. Many issues remained outstanding - the most contentious of which was wages.

Talks resumed on June 23 with the assistance of a mediator. It took 4 days before a tentative agreement was reached.

The 3-year package called for the following wage increases:

6.25%	April 1, 1989
6.25%	October 1. 1989
3%	April 1. 1990
4%	December 1, 1990
4%	April 1. 1991
3%	December 1, 1991

This added up to a total of 26.5% over the term of the contract. The offer would have seen the starting salary for nurses raised $4.45/hour to $19.52 by December 1991. The top rate for a general duty nurse, reached after 6 years of nursing, would increase $5.15/hour to $22.58/hour.

Under the proposed settlement three holidays - Christmas Day, Labour Day and Good Friday - would be designated as superstats. Nurses working on these days would receive double-time-and-a-half for the first 7.5 hours. Overtime worked on the superstats would be paid at triple time.

Maternity leave would have increased to 30 weeks from 26 weeks and benefit entitlements would be expanded to include nurses on adoption leave.

A joint Educational Leave Fund was formed which would pay committee-approved nurses 2/3 of their regular salaries while attending continuing education programs. The employer would pay $1 million into the Fund on April 1, 1990 with another payment of $250,000 on April 1, 1991.

Other key features of the proposed package included significant improvements in contract language on scheduling, union representation and occupational health and safety.

The bargaining committee for the B.C.N.U. stated they believed that the government had refused to give the employers any more money - no matter what happened on the picket line. The committee decided to present the tentative agreement to the nurses with a recommendation for ratification.

Nurses began to return to work on June 30 after honouring picket lines set up by the Hospital Employees Union which had refused to cross the B.C.N.U.'s picket lines earlier in the month.

The ratification date was set for July 12th. The B.C.N.U. bans on overtime and non-nursing duties were to continue until the agreement was signed.

Signs of discontent with the proposed deal became more obvious as the day of the vote approached. Nurses who urged the members to "vote no" said that they didn't feel the new contract would be enough to attract nurses to British Columbia. On the eve of the vote support was given to the 'no' nurses by a Vancouver Hospital which announced it would give a $1,000.00 finder's fee for nurses who recruit other nurses. On July 12, 77% of the nurses turned out to vote; 65% voted against ratification.

Following the vote the B.C.N.U. decided to push for a better deal. An invitation was extended to Premier Vander Zalm to meet with the nurses. Thus far he has refused, saying he wishes to maintain a 'hands-off' policy in regards to the negotiations. The bargaining committee has been increased by one member who was active in the 'no' campaign. The committee will now canvass the membership in preparation for a return to the bargaining table. The H.L.R.A., which has maintained a low profile since the rejection of the deal, has indicated it is willing to negotiate but that no more money will be forthcoming from the employers. In the meantime the bans on overtime and non-nursing duties continue.

Employers claim that the ban on overtime is jeopardizing patient care. However the B.C.N.U. lays the blame for the backlog of surgery at the foot of the government. Pat Savage, B.C.N.U. President, stated that "This summer's problems didn't appear suddenly with our overtime ban. They're just continuing symptoms of the crisis nursing shortage that the government and our employers have ignored for years." British Columbia currently has over 600 nursing vacancies. According to the government's own studies another 2,000 nurses will be needed to meet patient care requirements over the next three years.

ONA NEWS, June 1989

Several hundred nurses, including representatives from several downtown Toronto locals, took part in an information picket at Toronto General Hospital on May 11 to protest the hospital's treatment of its staff nurses.

1989 Workshop Schedule

DATE	DISTRICT	WORKSHOP	LOCATION
Sept. 7	N.D.	Local Admin I	
Sept. 14	N.C.D.	Local Admin I	Edmonton
Sept. 21	C.D.	Local Admin I	Red Deer
Sept. 26	S.C.D.	Local Admin I	Calgary
Sept. 28	S.D.	Local Admin I	Lethbridge
Oct. 3	N.D.	Grievance I	
Oct. 5	N.C.D.	Grievance I	Edmonton
Oct. 24	C.D.	Grievance I	Red Deer
Oct. 26	S.C.D.	Grievance I	Calgary
Nov. 2	S.D.	Grievance I	Lethbridge
Nov. 9	N.D.	P.R.C. I	
Nov. 14	N.C.D.	P.R.C. I	Edmonton
Nov. 16	C.D.	P.R.C. I	Red Deer
Nov. 21	S.C.D.	P.R.C. I	Calgary
Nov. 23	S.D.	P.R.C. I	Lethbridge
Nov. 8	N.D.	Political Action	
Nov. 15	N.C.D.	Political Action	Edmonton
Nov. 30	C.D.	Political Action	Red Deer
Nov. 22	S.C.D.	Political Action	Calgary
Nov. 28	S.D.	Political Action	Lethbridge
Dec. 5	N.D.	Health & Safety I	
Dec. 7	N.C.D.	Health & Safety I	Edmonton
Dec. 12	C.D.	Health & Safety I	Red Deer
Dec. 13	S.C.D.	Health & Safety I	Calgary

Nurses Subject of National Poll

Telepoll Research Inc. recently completed a national public opinion poll about the level of public support for nurses and their current struggles for financial recognition. 1,515 Canadians were surveyed across Canada. The poll is accurate to within +/- 2.5%, 19 times out of 20.

- Across the country, there is strong support from the Canadian public for nurses in their various disputes with regional health authorities.
- 59% of those surveyed support nurses' right to strike.
- 34% do not support nurses' right to strike.
- 1/2 of all respondents think nurses are underpaid.
- 2% think nurses are overpaid.
- More than 3/4 felt nurses should earn more than workers such as bus drivers.
- 37% felt nurses should earn more than a high school teacher.
- 47% of those surveyed felt nurses should be paid at least the same as a high school teacher.
- 62% surveyed from coast to coast are satisfied with the level of nursing care available in Canadian hospitals.
- 39% of respondents in the Prairies and Northwest Territories felt nurses are underpaid.

ALERT

7th Increment - One Year Anniversary

by Lesley Haag, E.R.O.

Attention all part-timers and casuals! Have you been at Step 6 of the salary scale for one year? If so, you should now be on Step 7 even if you have not completed 1829 hours of work at Step 6. The Letter of Understanding signed by U.N.A. and A.H.A./R.A.H. states that you are entitled to move to the seventh increment on the *anniversary date* one year following your placement at Step 6. This applies to *all nurses*, including part-timers and casuals. If you have not been placed at Step 7 on your anniversary date because you have not completed 1829 hours of work, call your local executive or E.R.O. and we will assist you in filing a grievance.

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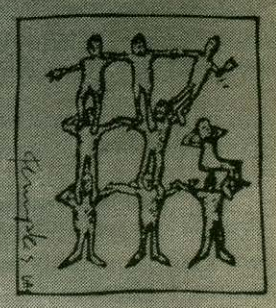

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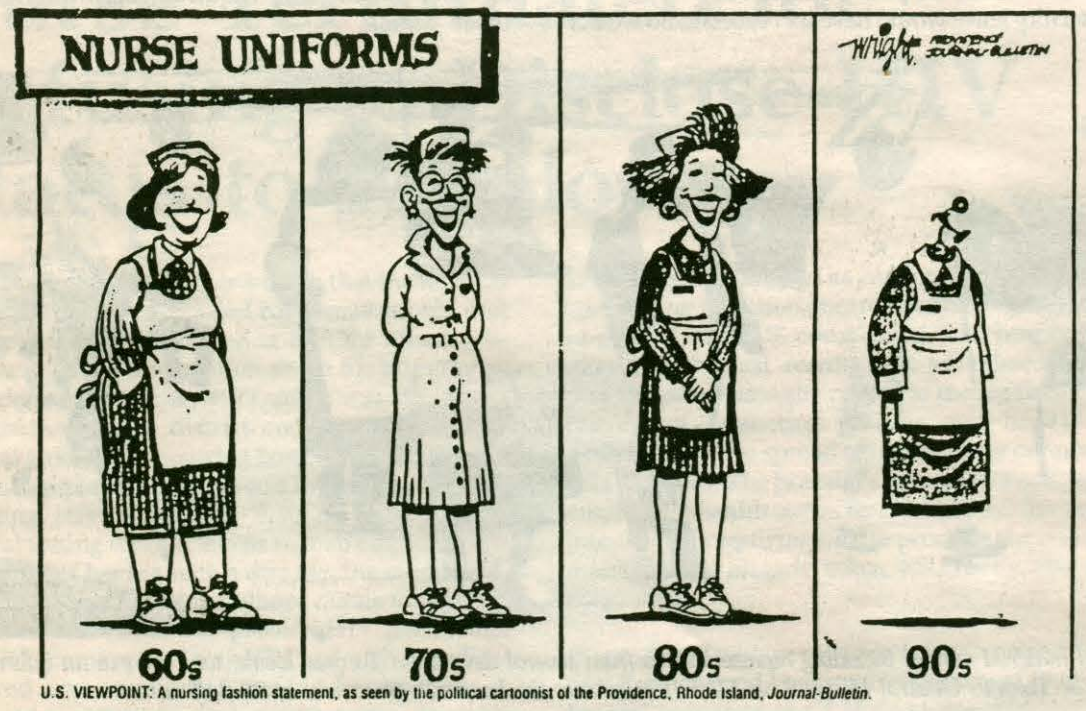
IT SUPPORTS YOU



U.S. VIEWPOINT: A nursing fashion statement, as seen by the political cartoonist of the Providence, Rhode Island, *Journal-Bulletin*.

U.N.A. Annual General Meeting

October 17, 18 and 19 at
The Convention Centre, Calgary

U.N.A. Hospitals Demand Setting Meeting

September 19 and 20 at
The Edmonton Inn, Edmonton

U.N.A. Health Units Demand Setting Meeting

October 4 at
The Edmonton Inn, Edmonton