

NEWSBULLETIN

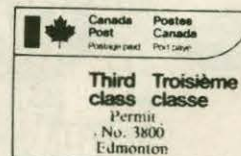
Volume 9, Number 5



October-November, 1985

Health Unit Strike Continues

Suite 760
Principal Plaza
10303 - Jasper Ave
Edmonton, Alberta
T5J 3N6



by Trudy Richardson

UNA nurses in seven health units began their seventh month of strike October 1, 1985, but broke off early Wednesday morning when the Health Unit Association refused to negotiate further on the outstanding issues that caused the strike.

The UNA negotiating committee met October 10, 1985, with the striking members and presented the so-called "new offer". The members were insulted by the Employers' reduced offer and decided to "stay on strike as long as it takes to get an acceptable offer."

The October 8-9, 1985 offer of the H.U.A.A. was 43¢/hour in-

crease for RN's in the first year and 36¢/hour in the second year. DPHN and BScN increases were 36¢/hour in the first year and 33¢/hour in the second year.

This offer on salaries would not bring health unit nurses' wages in line with current hospital rates; nor would it be equal to wage rates recently settled at the Alberta West Central Health Unit. The strike at Alberta West Central was settled in late September and nurses returned to work October 1, 1985. Their wages are from \$12.97/hour to \$16.00/hour in the first year, and a cost of living increase in the second year of the contract.

The latest H.U.A.A. salary offer

is less than their previous offer of September 19, 1985.

Three other outstanding issues remain. H.U.A.A. refuses to give full recognition of previous nursing experience; refuses to agree to a compressed work week schedule (5-5-4); and refuses to restore the subsistence allowance contained in previous contracts.

UNA's position on salaries is 90¢/hour in the first year of the contract and 50¢/hour in the second year. UNA proposes full recognition of previous nursing experience, and the restoration of the subsistence allowance by putting into

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the contract a specific road distance beyond which nurses are eligible for the meal allowance, specifically lunch. And UNA proposes that the 5-5-4 compressed work week be continued in the Leduc-Strathcona Health Unit where it is presently being worked.

Many of the striking health unit nurses expressed the position that there is no point in meeting with representatives of the Employer until the Employers are prepared to negotiate on the outstanding issues rather than handing down ultimatums. Some nurses suggested that UNA's salary proposal ought to increase every day the strike continues.

It is clear, from the negotiating committee's perspective, that H.U.A.A. was not trying to reach a settlement. The Employers seemed to have assembled simply to accept a surrender. It is UNA's position that the Employers' representatives do not take seriously their responsibilities of providing preventive health care to the citizens of their communities.

The strike continues.

THE STRIKE CONTINUES

Note to all UNA members

The following employers have UNA Locals on strike:

- Calgary VON
- Big Country Health Unit
- City of Lethbridge Health Unit
- Leduc-Strathcona Health Unit
- Minburn-Vermillion Health Unit
- North-East Alberta Health Unit
- Vegreville Health Unit
- Wetoka Health Unit

No nurse should consider applying for employment at any of the above listed agencies until strike action has been concluded. In addition UNA members are reminded of the Executive Board policy endorsed by the 1981 Annual meeting that "in the event of a UNA approved legal Local strike, Locals within the District will actively support the strikers, if requested, by organizing a roster for picketing purposes. Member of the non-striking Local will fulfill their obligations by picketing as posted." For further information contact UNA Provincial Office at 425-1025 or 1-800-252-9394.

UNA's 1985 Provincial Hospital's Negotiating Committee

DISTRICT	MEMBER	ALTERNATE
North	Hazel Paish	Sue Gallivan
North Central	Heather Smith	Isabelle Burgess
Central	Diane Miedema	Judy Block
South Central	Dale Fior	Wendy Brigham
South	Erwin Epp	Diane Poynter

Chief Negotiator/Spokesperson: Margaret Ethier/President UNA
E.R.O.: Trudy Richardson

Letters to the Editor

Dear Editor:

I am not working at the present time but I would appreciate my name being retained on your mailing list. I am enclosing two poems of my own creation which were to be used at rallies in 1982. I was working at The Rehabilitation Hospital at the time and although our institution was not on strike, we were sympathetic and supportive to the nurses working at St. Michael's Hospital. The Ode to Striking Nurses was used at one of the rallies but We Are Here was not used as the girls had not practised sufficiently. I don't know if it is appropriate to publish these poems after this lapse of time but if they can be used you have my permission to publish them. Thank you very much.

Vivian Gelleny

WE ARE HERE

To the tune of Three Blind Mice
We are here — We are here
Fight for the cause — Fight for the cause
Let's all march and sing and clap
Show them the offer they made was a slap
Put on our armour and don't give in
If we stick together we'll surely win.

We are here — We are here
One in heart — One in heart
Our caps with bands hung up with care

We're walking with signs in the cool, fresh air
We're sure they'll notice we won't give in
United we are and determined to win.

We are here — We are here
See you all — See you all
Back in the hospital tending the ill
Until then they won't bend our will
A good offer is what our ears can hear
The time for this is very near
We are here — We are here.

Vivian Gelleny
March 1982

ODE TO STRIKING NURSES

(to the tune of Jingle Bells)

Here it is February, month of snow and ice
A cheer to all who carry signs when the weather isn't nice
We want you to know we support you all even though our vote went sour
And we aren't clear why it turned this way in a matter of an hour
We are prepared to walk with you and what happened isn't clear
Our hearts and minds are with you when you're walking in high gear
So let's enjoy this relaxing eve and really have some fun
We hope that all who are present here will be attuned as one.

Vivian Gelleny
February 1982

ANNUAL MEETING

UNA'S ANNUAL MEETING

THE EVENT OF THE YEAR

The time is just about upon us for UNA's Annual Meeting to take place. The meeting scheduled for November 19, 20, 21 will be held in Calgary at the Convention Centre. Accommodation arrangements can be made at the Skyline Hotel 110 - 9th Avenue S.E. Calgary, 266-7331.

This year's annual meeting is shaping up to be a lively one. Highlights include; reports from the Standing and Ad-HOC Committees of the Executive Board, a review and vote on the 1986 Budget, Constitutional Amendments and Policy Resolutions, along with the election of District Representatives and the Union's Vice-President.

Contract negotiations too will be a topic of interest for those in attendance. And attend you must. All that's required is your membership card and a desire to participate in UNA.

NEWSBULLETIN

The UNA *Newsbulletin* is a bimonthly tabloid published by the United Nurses of Alberta on the advice of the Executive Board and its Editorial Committee.

Stories appearing in the *Newsbulletin* have been produced by the UNA staff or are reproduced from Labour News. Photos by Chris Rawson.

All letters to the editor should be addressed to Chris Rawson, Editor, UNA *Newsbulletin*, UNA Provincial Office, 10303 Jasper Avenue, Suite 760, Edmonton, Alberta T5J 3N6.

Hospital Negotiations

by Trudy Richardson

Hospital collective bargaining became a high-profile activity on September 11-12, 1985, when 325 hospital nurses met in Calgary for the demand-setting meeting. Proposals from Locals had been put together in July, and the demand-setting delegates had all been sent copies of the proposals recommended by the hospital negotiating committee.

Two days seemed hardly enough time to debate the multitude of proposals. The delegates, however, were well prepared to handle the issues, and with the skilled chairing of the president, Margaret Ethier, they debated Article after Article with clarity, precision, and knowledge.

The final proposal package from the demand-setting meeting was sent to each Local for acceptance or rejection. The majority of Locals accepted the package and UNA then met on October 2, 1985, with the AHA negotiating committee and exchanged proposals.

Two days seemed hardly enough time to debate the multitude of proposals. However, they debated Article after Article with clarity, precision and knowledge.

AHA's in-going proposals contained no salary offer. They propose some changes in definitions in Article 2; they propose that, for the purposes of computing the 2/5 day duty of Article 7:06(d), scheduled vacation time and Named Holidays to be considered as day duty; they reduce a "weekend" from fifty-six hours to fifty-five and three-quarter hours; they omit the "not more than six consecutive scheduled days of work" from Option III; they restrict transportation reimbursement to on-call and call-back duty; they offer to renew the addendum to Article 12 on seniority; they reduce bumping privileges and the return to work from WCB and LTD1 by proposing that the Employer is obligated to place such an employee only if there is an "available" position; they challenge the successor rights of the Union if a hospital is taken over by a new governing body; they attempt to define salaries to be paid to the different categories of graduate nurse; they propose that all decisions regarding the relevancy of educational allowances be made by the professional body e.g. AARN; and in addition they have re-written Article 30 (Part time, Temporary and Casual Employees) and Article 37 (Extended Work Day) to reflect their proposed changes in other Articles.

UNA has a long list of in-going proposals. Highlights of our position include:

- Definitions of "ward or unit", "charge nurse", and "team leader".
- No exclusions from the bargaining unit without mutual agreement or a Labour Relations Board (or PSERB) decision.
- Fair or reasonable exercise of management rights.

- No discrimination for illness or physical condition or characteristic which does not prevent the employee from carrying out her duties.
- Paid meal periods.
- 2 1/2 weekends off in 5.
- No unreasonable denial by Employer for specific options or schedules requested by Union.
- Seniority to determine approval for requests for available shift patterns.
- Day duty 1/2 the time for those working days/evenings/nights, evenings and days, nights and days.
- Days, evenings, nights rotation only by request of an employee.
- Overtime rate of 2 times basic rate of pay.
- Shift differential and weekend premium to be paid at status rate in addition to overtime pay for overtime worked.
- On-call premiums of \$2.00/hour and \$2.50/hour.
- Transportation reimbursement of 35¢/kilometer.
- Shifts worked as a casual to be

counted as part of probationary period.

- New employees to work as extra staff during orientation period and be supervised by the senior nurse of the ward or unit.
- Seniority based on date of employment as per seniority addendum.
- Yearly evaluations done by the most immediate supervisor in an excluded management position.
- Job postings to include number of hours per shift and numbers of shifts per shift cycle.
- Layoff only for bed closures, act of God, fire or flood.
- Charge Pay premium \$1.50/hour; team leader premium \$1.00/hour; replacement pay \$2.00/hour.
- Ambulance duty - \$50 per round trip.
- Increased vacation entitlement:

1 yr —	15 days
2-9 —	20 days
10-14 —	25 days
15-19 —	30 days
20+ —	35 days
- Two additional Named Holidays - Easter Sunday and Easter Monday.
- No cap of 120 days for sick leave credits.
- No termination for being on W.C.B.
- Indexation of LTD1 to current salary rates.
- 80% of basic pay paid by Employer for nurses on STD1 and LTD1 - Employer to collect from Insurance company.
- Improved dental benefits.
- Vision care benefits (\$200 per year).
- Union approval of underwriter's benefit plans.

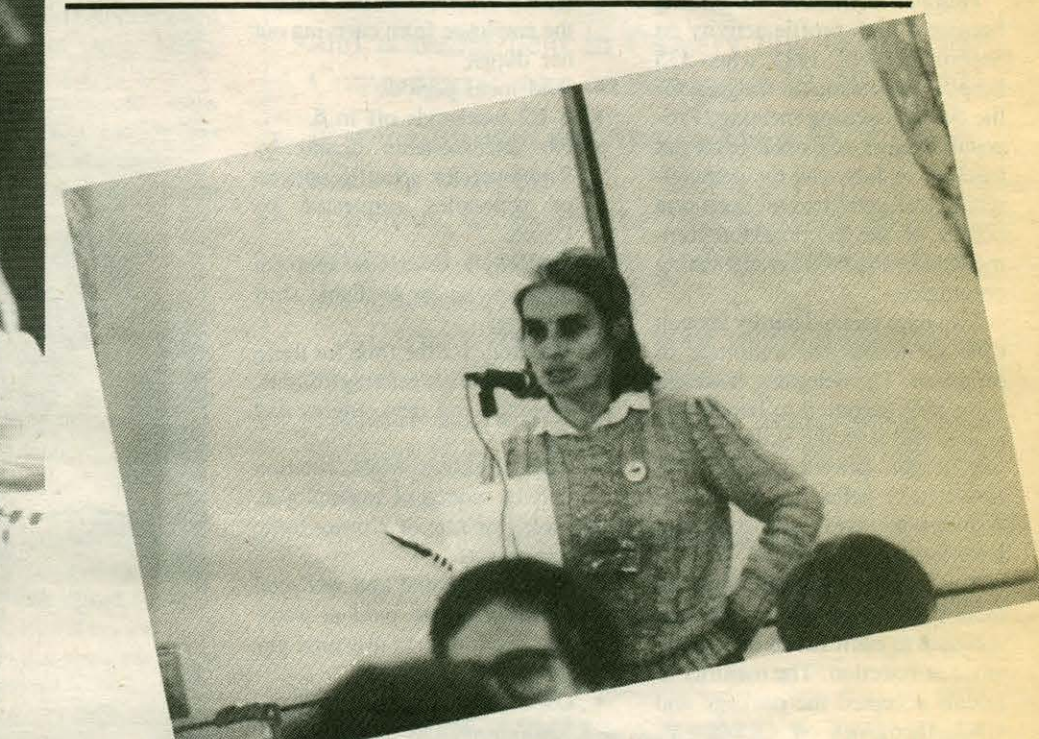
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- Casuals working 15 hours per week averaged over the previous calendar year to be provided with benefits and pension coverage.
- No unreasonable denial by Employer of leaves of absences.
- Employer to top up 15 weeks U.I.C. Maternity Benefits to 100% of basic pay.
- Paternity leave.
- A two year educational leave for employees with five years of service upon request.
- Improved financial coverage for attendance at legal proceedings.
- 5 days leave of absence per year for personal emergency or illness in the immediate family.
- Pay out of 1 weeks wages for each year of service, upon termination.
- Additional educational allowances recognizing nursing experience.
- Additions to bereavement leave - spouse's family, grandchildren, aunt, uncle, niece, nephew, sister-in-law, brother-in-law.
- Shift differential \$2.00/hour.
- Weekend premium \$2.00/hour.
- Pension plan for all employees working at least 15 hours a week. Optional for casuals. No qualifying time.
- Increments based on all hours worked.
- Grievance lost if Employer or Union violates time deadlines.
- Acceptable nominees and chairpersons for Arbitration to be listed in the contract.
- Improved health and safety provisions.
- Employer to pay 23 hours per year per employee for in-service. In-service to be during regular working hours.
- Allowance for 12 hour and 8 hour shifts on same floor.
- Employees to be replaced on the floor while attending hospital meetings.
- Sufficient number of qualified staff "all units at all times."
- Nurse in charge on the floor at all times.
- No floating required.
- Uniform allowance.
- Employee Assistance Program to be set up by UNA and AHA.
- Article in contract for community nurses.
- \$3.00/hour wage increase in first year contract; \$1.00/hour in second year of contract.

UNA and AHA have bargaining dates set in October, November and December.

Further information on progress in bargaining will be provided in up-coming editions of the UNA Newsbulletin.



NEGOTIATE: To discuss with a view to finding terms of agreement



The Process: Full Membership Participation

Hospital Negotiations

The process by which UNA's contract proposals for hospital nurses' are developed is one example of full membership participation in the affairs of UNA. To outline just how full that participation is, the following details how UNA arrived at contract proposals for 1985.

MARCH

Each of UNA's 5 districts elects a member and an alternate to the Provincial Hospital's Negotiating Committee. Locals are advised about the upcoming provincial demand setting meeting and are encouraged to begin reviewing and developing proposals based on the current Collective Agreement.

JUNE (early)

Provincial Hospital's Negotiating Committee meets for orientation, a chance to acquaint themselves with each other, their duties and responsibilities and the process of collective bargaining.

JUNE (late)

Locals having reviewed the Collective Agreement in detail hold local demand setting meetings to discuss and vote on issues of particular interest to their members. The proposals that arise from these meetings are sent to provincial office.

JULY

Proposals received by provincial office from the Locals are added

to those compiled from an analysis by UNA's Employment Relations Officers of current grievance/arbitration files and mailed to the Negotiating Committee members.

AUGUST

Provincial Hospital's Negotiating Committee meets to review proposals and draft recommendations which are sent to the Locals for their review. At the same time notice to bargain letters are sent to the Locals for completion.

SEPTEMBER (early)

Locals review recommendations received from the Committee. Delegates to the Provincial Demand Setting Meeting are elected and given direction as to their conduct on behalf of the Local.

conduct on behalf of the Local.

SEPTEMBER (mid)

Notices to Bargain that have been completed by the Locals are sent to the various hospital employers and the Alberta Hospital Association with copies to UNA. The Provincial Demand Setting Meeting is held where delegates from each hospital Local are entitled to speak to and vote on all proposals for negotiations.

SEPTEMBER (late)

Proposals adopted by a 2/3 majority vote of delegates in attendance at the Provincial Demand Setting Meeting are packaged and mailed to the Locals. The Locals hold meetings to

discuss and vote to accept or reject the demand package. Results of such votes are phoned to Provincial Office and tabulated to determine whether or not a majority of Locals have voted to accept the package.

OCTOBER

UNA's Hospital's Negotiating Committee meets with representatives of the Alberta Hospital Association to exchange proposals (October 2, 1985) and begin collective bargaining for a new Collective Agreement.

Ask the Parliamentarian

You are invited to telephone or mail your questions to
Flodia F. Belter
Registered Procedural
Parliamentarian
9728 - 82 Avenue
Edmonton, Alberta
T6E 1Y5
Telephone 439-5703 or 439-1327

EXPUNGE

The motion to expunge is very rarely used. The effect of this motion is to express very strong disapproval of a motion or portion of a motion that has been previously passed. It is usually used in conjunction with the motion to rescind, thus: "I move to rescind and expunge from the minutes. . . ." It is debatable and may be amended. It can be reconsidered only if it has failed to pass. It always requires a two-thirds vote. A matter is expunged by drawing a line through or around the part to be expunged and writing across it the words: "Expunged by order of the assembly." This should be dated and signed by the secretary. To expunge does not mean to erase or eliminate the matter from the minutes, but only to express disapproval by indicating that it has been rescinded and expunged. The matter should not be so blotted that it cannot be read.

INCIDENTAL MOTIONS:

Are those miscellaneous motions which cannot be placed in any of

the three groups listed (referring to Main Motions, Subsidiary Motions, Privileged Motions).

SUSPENSION OF THE RULES:

To suspend the rules is an incidental motion used when an assembly wishes to do something that cannot be done without violating its own rules, but which does not conflict with the constitutional or bylaws or with the fundamental rules of parliamentary law.

TO READ PAPERS:

To read a paper is an incidental motion, the object of which is to permit a member to read, or have the clerk read, from a paper, book, or part of his speech. Since this is not a matter of right, it cannot be done without permission of the assembly. (It is customary to allow members to read printed extracts as part of their speeches as long as they do not abuse the privilege.)

OBJECTION TO THE CONSIDERATION:

Objection to the consideration is an incidental motion whose purpose is to prevent useless, contentious, or otherwise objectionable motions from being considered by the assembly. This motion is in order only when the original main motion is on the floor and before any debate or any other motion is made.

QUESTIONS AND ANSWERS:

(Robert's Rules of Order Newly Revised, RONR).

Q. Is it permissible to allow debate before a motion has been stated by the chair?

A. When necessary, a motion can be prefaced by a few words of explanation, which must not become a speech.

Q. A member has exhausted his time to debate, but in his enthusiasm, continues speaking. What should the chair do according to RONR?

A. When a member's time is exhausted, the chair rises and—if the member does not immediately conclude his remarks—calls his attention to the fact by an appropriate signal, or by interrupting him if necessary. If it appears that a minute more will afford sufficient time for a member to conclude more gracefully, the chair can ask unanimous consent to extend the member's time for a short period, or any member can do so.

Q. A ballot vote resulted in a tie. If he wishes to do so, can the president cast the deciding vote and break the tie?

A. No, the president is entitled to vote before the tellers begin to count the ballots, but not afterwards.

Flodia F. Belter: R.P.P.

What's required by the constitution to be held in September, October or November of each year?

Is attended by delegates from Hospital Health Units, VON, Extendicare and Central Park Locals throughout the province?

and is being held in Calgary this year at the Convention Centre on November 19, 20 and 21?

If you answered the Annual Meeting, your absolutely correct.

Join us, to review the Budget, vote on Constitutional amendments and elect members to the Executive Board.

All that's required is your membership card and the will to participate.

Hotel accommodations are available at the Skyline Hotel, 110 - 9th Avenue S.E., Calgary, 266-7331.

SEE YOU THERE!

NEXT NEWSBULLETIN

PUBLISHING DEADLINES

Deadline for receiving articles, letters, pictures for publication in the next *Newsbulletin* is December 2, 1985.

Send to: The Editor, *Newsbulletin*
Suite 760, Principal Plaza,
10303 - Jasper Avenue,
Edmonton, Alberta T5J 3N6.

HEALTH & SAFETY

AFL: Hazards for Hospital Workers

Recognition, Evaluation and Control

"If you've ever wondered how people can manage to work with the sick and always stay healthy themselves, the answer is that they can't. - Jeanne Stellman, *Women's Work, Women's Health*.

To most people the hospital is a place of healing, a safe clean environment where sick people become well again. But for workers, the hospital can often be a haven for health and safety hazards. Infectious diseases, radiation, toxic chemicals, constant

and research facilities, thereby increasing the list of potential hazards.

According to Statistics Canada, Alberta hospitals employ 51,000 people. 64,000 people are involved in Health Care Services and 75,700 are involved in Health and Welfare Services. Because only approximately 35,000 hospital personnel have a union, many workers still lack some of the most basic protection from hazards that come with their job.

skills are applied. As in industrial plants, dangerous working conditions may be created and workers become sick or injured. In 1983 total compensation claims for health care workers in Alberta amounted to \$15.7 million.

Look at your workplace. The air is potentially filled with all kinds of gases and vapours from disinfectants, sterilants, drugs, and a long list of disease-causing viruses. These may not be dangerous for someone who visits a patient and then leaves. It is quite another matter for people who work there, day after day, and continue to be exposed to various combinations of contaminants.

Each person may be affected differently but there are impacts on all the workers: Nurses and aides, porters, technicians and laboratory personnel, cleaning staff, laundry and maintenance personnel, as well as administrative staff, central supply and security personnel.

Each worker has unique tasks. Many must handle and move dangerous products. Others must handle objects and equipment of varying sizes and shapes. The numerous people that come in as

patients must also be cared for and moved around. And those that come in to visit them contribute to the hubbub. Health care facilities are like little cities with hallways akin to traffic corridors. There is bumping, falling and rubbing. There are injuries due to flying or falling objects or due to bruises, burns, scratches and abrasions.

Over 2,000 lost time claims for hospital workers were handled by the Alberta Worker's Compensation Board in 1983 alone. A total of 32,830 days of work were lost in the same year. Over 13,500 claims for injuries were handled. Claims were related to eleven types of diseases and bodily harm to the back, fingers, hands and wrists, ankles and feet, legs, or multiple parts of the body. Mortality studies show that health care workers may be at increased risk for cancers of the liver, stomach, pancreas, and rectal areas.

5. Combination with other materials or factors;
6. Routes of entry (inhalation, ingestion, skin absorption, injection);
7. Susceptibility of the exposed individual.

Recognition, Evaluation and Control are three basic principles which workers can use to help determine when a potential problem is an actual hazard in the workplace. Monitoring the general well being of hospital workers is essential. Monitoring and keeping records of illness or abnormal events is also important. From these, it is possible to at least start to identify the potential health hazards that exist in your workplace. Questionable substances can be investigated as a first step to ensuring their control. UNA's Provincial Hospital Collective Agreement provides for the

"If you've ever wondered how people can manage to work with the sick and always stay healthy themselves, the answer is that they can't.

— Jeanne Stellman

stress and lifting all take their toll on hospital workers' health.

Hazards are created not only because workers are involved with people who are ill but also because hospitals are often used as teaching

Hospitals are like industrial plants. They hire workers to produce a commodity. In this case the commodity is health services. To produce that service, an environment is created and materials and

Over 2,000 lost time claims for hospital workers were handled by the Alberta Worker's Compensation Board in 1983 alone.

Whether or not a potential problem becomes a hazard to health care workers depends on seven factors:

1. Chemical properties of the materials (eg. toxicity of substances) or conditions exposed to;
2. Amount exposed to;
3. Duration of exposure;
4. Manner in which a material is used;

establishment of Health and Safety Committees within each hospital. Such committees are charged with the responsibility of considering (a) matters of occupational health and safety and (b) measures necessary to ensure the security of each employee on the Employer's premises. In undertaking these tasks the principles of recognition, evaluation and control should be at the forefront of our minds.

FIGHTBACK

ALERT: Members who are currently ill or injured

by Barbara Surdykowski

Once your sick time runs out, your employer may request that you apply for a leave of absence although you will receive disability benefits through the Workers Compensation Board or an insurance company.

For those who are receiving W.C.B. benefits, you are

considered to be on "Compensation", not on leave of absence. For those who are ill Article 19.08 of the Hospital Agreement stipulates that the employee "shall be considered as remaining on sick leave" and so, no application for leave of absence is required.

This issue becomes important in that members who are on sick leave or W.C.B. remain eligible for health benefits, and the employer must continue to pay 75% of those premiums.

If you have applied for a LOA, or you are paying 100% of the premiums for health benefits, contact your local executive. We encourage all local executive to investigate you hospital's practice and grieve if necessary.

ONA Endorses Voluntary Benefit Plans

The Ontario Nurses Association has endorsed a comprehensive package of health and welfare benefit plans which provide ONA members, their spouses and dependents with personal, voluntary insurance. The package includes two sets of benefit plans. One set is primarily for ONA members who do not currently have such plans available to them through their employers. The other is for retired nurses. The retirees benefit program provides semi-private hospital, (extended health care), dental care, life insurance and travel accident insurance.

The other program, for ONA members, in addition, to extended health care, dental care, and life insurance provides long-term disability income replacement and accidental death and dismemberment coverage. As well members covered at work by an Employer Group LTD plan may apply for a top up benefit under this personal insurance scheme.

UNA's New Consolidated Local

by Marilyn Vavasour

UNA Local #34 was certified back in 1977 to represent the nurses in the auxiliary hospital and nursing home in Didsbury. In February of this year Local #34 applied to the Alberta Labour Relations Board to be certified for the 21 nurses in the active treatment hospital as well. After resolving several questions regarding the inclusion or exclusion of certain employees, the certification for the active treatment nurses was

completed in June, and it was consolidated with the previous certificate which covered the auxiliary hospital and nursing home nurses. Notice to bargain was then given, and the current provincial agreement was agreed upon between the parties with a letter of agreement attached regarding red-circling of salary for one particular employee. UNA welcomes the new members from the active treatment hospital.

Submissions to Profil's Column

The "Profile's" column is about members, staff, past and present who have made or are making significant contributions to UNA. We request submissions from Locals or members for it. If you know of someone whom you feel should be interviewed for "Profiles" please contact the editor of the "Newsbulletin".

Childcare Study Completed

The research project is complete. The task undertaken by Margie Mayfield, Ph.D. of the University of Victoria, Victoria, British Columbia and sponsored by the Inter-union/Alberta Hospital Association Child Care Steering Committee, was to evaluate the effects of the Edmonton Hospital Workers Child Care Society programs on a) hospital employers, b) hospital employees and c) the children. In addition the current and future need for such programs was also assessed. The year long study by Mayfield involved the use of periodic questionnaires to parents using the EHWCCS programs, interviews of parent-employees, questionnaires to all employees of the Glenrose, Norwood and Royal

ing, 90% had recommended the program to other parents.

Parents reported positive changes in their child's socialization skills, language and level of independence since beginning an EHWCCS program.

On the question of current and future needs Mayfield found:

Enrollments in the EHWCCS program have been increasing and the day care centre and family day homes have waiting lists.

The times child care is needed are days, first; evenings and weekends, second; there is little reported need for overnight care currently or in the future.

Hospital employees current child care arrangements were a) spouse, b) neighbour/relative and c) day

The times child care is needed are days, first; evenings and weekends, second; there is little reported need for overnight care currently or in the future.

Alexandra Hospitals, questionnaires to all supervisory personnel at those same three institutions, interviews of personnel officers, EHWCCS program directors, board members and sponsoring organizations along with a review of program and personnel records. Highlights of the project results are as follows:

THE EFFECTS ON THE EMPLOYERS

No statistically significant changes in absentee days of parent-employees from 12 months before and after beginning an EHWCCS program.

Parent employees and supervisor's reported no change in the absentee or tardiness patterns of parent-employees.

While child-care is important to hospital employees, it is not considered a precondition for employment. For parent-employees, current child care arrangements were very important for their continued employment. 16% of hospital employees had left a job in the past due to child care reasons.

Parent-employees thought the EHWCCS programs helped recruitment and retention of employees. Of 125 new employees hired at the 3 health care centres involved, only 1 used an EHWCCS program.

Possible recruitment and retention effects were limited due to the confounding effects of a recessionary economy.

Parent employees reported improved efficiency on the job since starting an EHWCCS program. No change was noted by supervisory personnel.

THE EFFECTS ON THE EMPLOYEES AND THE CHILDREN

Hospital employees are aware of the EHWCCS programs and first knew about them from a poster or brochure; parent-employees first source was a co-worker.

For all employees the quality of the program and staff plus dependability of care during hours needed were the important factors in selecting child care. On the whole hospital employees preferred neighbourhood child care.

Parent-employees were satisfied with the EHWCCS programs, fees, staff, hours and multi-age group-

care center. The majority used multiple care arrangements.

There is a current and future need for part-time care, infant care, and possibly out of school care.

In part Mayfield's conclusion was that the Edmonton Hospital Workers Child Care Society has provided quality child care programs that meet the needs of some hospital employees. She went on to state that as the only consortium employer supported child care program in Canada it can serve as a model to others. Finally she concluded her report by stating that in considering employer supported child care, needs and resources must be assessed and a variety of options reviewed. Employer supported child-care may be the answer for some hospitals; it is not the answer for all.

Employer Supported Child Care for Hospitals: Evaluation Report on the Effects of the Edmonton Hospital Workers Child Care Society Programs on Employers, Parents and Children by Margie I. Mayfield Ph.D. is available to UNA members from UNA's provincial office library.

PROFILES

North Central District to lose representative

The North Central District is soon to lose one of its 6 representatives. Tanis Bakke, a N.C.D. representative since the Annual Meeting of 1983 will be resigning her position as of October 18.

Tanis, a native Albertan, graduated in May of 1975 from the Northern Montana College in Havre, Montana with an associate degree of nursing. She has since worked at the Misericordia Hospital in Edmonton as a full-time registered nurse in Medicine, Emergency and for the last 6 years in Labour and Delivery. Tanis has been heavily involved in the affairs of Local #11 acting on the Local's Executive as treasurer for 2 years and as a ward representative. She is leaving the Executive Board of UNA to pursue a new career in medical equipment sales for the province of Alberta with Norco Scientific Ltd. An active unionist, Tanis intends to maintain her membership in the Local and UNA. She has altered her employment status from full-time to casual in order to do so. In commenting about her years of participation in UNA, Tanis laughingly question-

ed "Can the Union function without me?" She may well laugh, but Tanis will be sorely missed, not

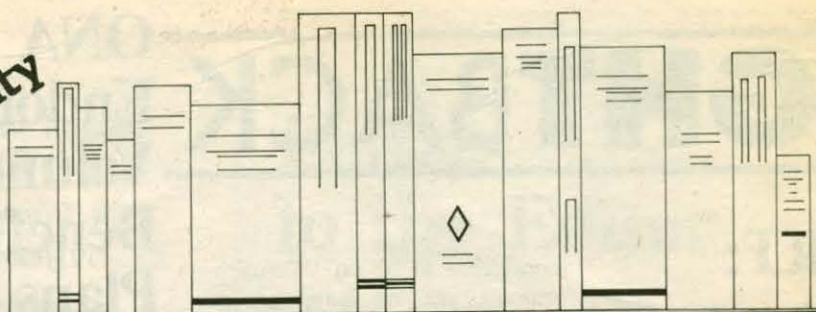
only the members of the Executive Board but by the district and Local she has been so much a part of.



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District Workshops '85

Education is a UNA priority. Several courses have already been held in 1985 and more are to come. Consult the schedule below to determine which workshops you wish to attend in your district, then contact your Local President who will have the necessary registration and funding information.

PLEASE NOTE: You must be registered in a workshop at least three (3) weeks in advance of the date of the Workshop. As most Workshops fill up quickly, register as soon as possible.

If you want to take a Level II course, don't forget that you must have already taken the pre-requisite course at Level I. All Level I Workshops are one day; Level IIs are 2 days.

THE UNA EXECUTIVE

Executive Board

PRESIDENT

Ms. Margaret Ethier
H - 467-4475
W - 425-1025

VICE-PRESIDENT

Ms. Barbara Diepold
H - 826-5276
W - 826-3311

SECRETARY-TREASURER

Ms. M.T. Caughlin
H - 262-3455
W - 268-9625

Prov. Office

Suite 760
Principal Plaza
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Edmonton, Alta.
T5J 3N6
425-1025

Chris Rawson

Acting
Executive Director
Education/
Publication Officer

NORTH DISTRICT

Ms. Hazel Paish
H - 539-7234
Ms. Karin Pederson*
H - 338-2265
W - 332-1155

NORTH CENTRAL DISTRICT

Ms. Heather Molloy
H - 456-3082
W - 477-4897 (B)

Ms. Anita Sutherland
Home: 723-4073
Work: 723-3331

Ms. Gina Stanley
H - 349-2373
W - 349-3301

Ms. Gerry Cook
H - 487-4228
W - 484-8811 (E. 301)

Ms. Carmelita
Soliman*
H - 487-3812
W - 482-849

Ms. Lena Clarke
H - 421-0955
W - 474-5441

*District Chairperson

CENTRAL DISTRICT

Ms. Sandra Rentz
H - 346-4412
W - 343-4949

Ms. Jane Zinken*
H - 342-7070
W - 343-4930

SOUTH CENTRAL DISTRICT

Ms. Valerie Neish
W - 270-1381

Ms. Laurie Coates
H - 251-3565
W - 228-8135

Mr. Glen Fraser
H - 262-4322
W - 228-8123

Ms. Joan Jenkins*
H - 269-4862
W - 268-9482

Ms. Karen Nelson
H - 652-7568
W - 652-2321

Ms. Dale Fior
H - 238-0810
W - 266-7231 (7E)

SOUTH DISTRICT

Mr. Erwin Epp*
H - 381-6938
W - 327-4531 (E. 282)

Ms. Mary Kennes
H - 627-2573
W - 627-3333

David F. Thomson
Employment
Relations Officer

Wendy Danson
Employment
Relations Officer;
Acting Education/
Publications Officer

Trudy Richardson
Employment
Relations Officer

Nao Fernando
Employment
Relations Officer

Barbara Surdykowski
Employment
Relations Officer

Calgary Office

206, 609-14 St. N.W.
Calgary, Alberta
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283-4777

Michael J. Mearns
Employment
Relations Officer

Marilyn Vavasour
Employment
Relations Officer

North Central District

Tuesday, Wednesday,
October 29 & 30

Professional Responsibility II
Edmonton

Open to NCD & SCD members

South Central District

Tuesday, Wednesday,
October 29 & 30

Professional Responsibility II
Edmonton

Open to NCD and SCD members

South District

Monday, November 25

Professional Responsibility I
Lethbridge

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CALL UNA.
1-800-252-9394**

Annual Meeting Nominations

The deadline for the receipt of nominations for positions on the Executive Board has past. As of October 20th, the following names of persons eager to represent you at the Provincial level have been submitted.

DISTRICT REPRESENTATIVES

North

Diane Burlock, Darlene Wallace

North Central

Heather Molloy, Gerry Cook, Lena Clarke, Debra Ransom

Central

Diane Miedema, Jane Zinken, Nora Spencer

South Central

Laurie Coates, Wendy Brigham, Lee Millar, Lore Shymanski

South

Mary Kennes

Vice President

Barb Diepold