

NEWS BULLETIN

Volume 10, Number 2



February/March, 1986

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



Members Vote Against Strike Action

On April 8, 1986, 278 delegates from hospital locals met in Red Deer to review the progress of hospital negotiations and make decisions relating to them. The delegates received information from the Hospital's Negotiating Committee as to the issues which remain outstanding in negotiations between U.N.A. and the Alberta Hospital Association. As well, discussions were held about the ramifications of strike action and the alternatives thereto.

Motions made at the meeting on the recommendation of the Negotiating committee were: "to reject the A.H.A.'s latest offer and be prepared to go on strike at the call of the Negotiating Committee, and further that we recommend this to our members."

The wording of the ballot for the vote was decided upon, along with, the percentage vote in favour, of the membership, and, of the locals for a strike to occur. To add to this, decisions were made in the event that the vote to strike was negative. The day for the vote was established as April 28, 1986.

On voting day, nurses in the 98 Locals engaged in bargaining voted

against strike action. Of the 10,490 U.N.A. members eligible to vote 6,881 voted. Those for strike action were 3,209. Opposed to strike action were 3,630 members. Although members of U.N.A. are not satisfied with the latest offer from the Alberta Hospital Association, 53% voted against strike action.

The negotiating Committee has contacted the Alberta Hospital Association to resume negotiations in light of the results of the vote and the fact that U.N.A. does not participate in compulsory arbitration.

U.N.A.'s policy regarding non-participation in compulsory arbitration is one that has been endorsed repeatedly by members of this union. The policy is based on the principle that workers organize to have input into the terms and conditions of employment and that with compulsory arbitration, that purpose is negated. Negotiations to conclude a Collective Agreement are to resume on May 1, 1986.

Negotiations Update: Tentative Settlement Reached

On May 1 and May 2, 1986 tentative settlements were reached with the Alberta Hospital Association

and the Royal Alexandra Hospitals.

The agreement obtained with the AHA on May 1st provides hospital nurses with the AHA's offer of March 17 along with those contract improvements agreed to earlier in negotiations. The agreement, which expires in December 1987, includes salary increases of 30¢ an hour in each year of its term as well as a 10¢ an hour transitional allowance in 1986. Other improvements are: no discrimination on the basis of physical disability, improved procedural details for evaluations, promotions and transfers, discipline and grievances, the ability to bank overtime and named Holiday lieu days, improvements to in-service education, and, an increase in vacation after 25 years of service. The salary increase will give rates of \$13.95 to \$16.17 an hour in 1986 and \$14.25 to \$16.47 an hour in 1987. Provisions that delete the current rights of part-time employees and the right to reinstatement for all nurses following their recovery from illness or injury at work are also included in this contract.

For nurses at the Royal Alexandra Hospital the settlement reached on May 2nd is somewhat less satis-

factory than the one received for the majority of hospital nurses represented by U.N.A. The salary offered is the same. The take-aways that the settlement with A.H.A. presents to part-time nurses and those recovered from illness or injuries received at work do not exist.

But, improvements agreed to by the Alberta Hospital Association have not been agreed to by the R.A.H. Most notably, there are no procedural improvements for evaluations, promotions and transfers, discipline and grievances. Nor is there an agreement to no discrimination on the basis of physical disability, improvements in the Occupational Health and Safety Committee or the application of Articles 11 and 14 to casuals.

Both settlements are subject to ratification by U.N.A. members on May 21st. Vote results are to be called into provincial office by 21:00 hours.

The settlements obtained represent essentially the final offers from Employers as voted upon by U.N.A. members on April 28th.

The fact that neither the A.H.A. or the R.A.H. were prepared to offer improvements to them comes as no surprise to the members of the Negotiating Committee, despite their efforts to persuade otherwise. The assessment of the Committee prior to the vote was that there would not be an improved offer unless strike action was taken. That assessment was borne out at the bargaining table when the A.H.A. stated that there was no need to improve the offer, since the majority of nurses did not vote to go on strike.

The Negotiating Committee is recommending ratification of both settlements on the basis of decisions made by U.N.A. delegates in attendance at the April 8th meeting in Red Deer. At that time it was decided that "if less than 75% of the eligible Locals vote to go on strike, then U.N.A.'s Hospitals Negotiating Committee will approach the A.H.A. and R.A.H. to sign off a Memorandum of Agreement based on the A.H.A.'s and R.A.H.'s last offer."

Synopsis of February Board Meeting

By: Barbara Diepold,
Vice-President, U.N.A.

U.N.A.'s February Executive Board Meeting was held February 17, 18, 19, 20 and 21, 1986 in Provincial Office. This Board Meeting was the first five day meeting conducted under the new policy.

The E.A.P. Committee reported on a workshop held January 27 and 28 with Anthea Stewart of Anthea Stewart and Associates, Toronto. Motions were passed stating that a

joint U.N.A./Management Employee Assistance Program would be U.N.A.'s only choice for negotiations. In addition the Board indicated that any program designed would include all U.N.A. dues-payers.

The Terms of Reference for the Legislative Committee were expanded to include a study of Professional Responsibility issues, as there is a need for provincial coordination and analysis. As well, the Committee recommended that,

for the present, members of Locals receiving a U.N.A. Charter, but not yet receiving Certification from the applicable Labour Relations Board, shall be granted observer status at meetings of United Nurses of Alberta. The Legislative Committee will be doing further studies into this issue and shall be preparing Constitutional amendment(s) for the 1986 Annual Meeting.

Membership Services Committee amongst other things

Continued on page 2

CONTENTS

Members Vote Against Strike Action	1
Synopsis of February Board Meeting	1-2
Employee Assistance Programs	2
Labour Notes	2-3
Other Nurses	3,4,5
Women's Issues	4-5
UNAversity	5
Health & Safety	5
Fight Back	5
Ask the Parliamentarian	6

Employee Assistance Programs



LABOUR NOTES



Mary Jane has a problem. She's been showing up for work late, her work performance is slipping and staff says she has a glazed look about her these days. The speculation is that she drinks, her breath has on occasion smelt of spirits. Her behaviour has been somewhat inappropriate. She's going to get into trouble . . . and soon.

The bills are mounting up. I don't know what to do. Money seems to be owed to everyone.

I hate going to the post office. They're sending me harrasing notes.

I only make so much!

It seems I need a plan.

At the Annual Meeting of U.N.A. and again at the Hospital Demand Setting Meeting U.N.A. members endorsed the Union's participation in the implementation and maintenance of an Employee Assistance Program for its members.

Employee Assistance Programs are supportive programs designed to help employees deal with personal problems in family related matters, concerns of a financial, legal, social or emotional nature, difficulties with alcohol or substance abuse and work related

issues. They offer confidential problem assessment, short-term counselling and/or referrals to specialists within the community for follow-up. Participation in such programs is entirely voluntary. Employees may refer themselves or their participation may be recommended by their work supervisor or Union.

In the two scenarios previously noted it just may be that Mary Jane gets a disciplinary warning notice or worse. The employer suggests that she get counselling. Or, the situation might be, that, discussions are held jointly between Mary Jane, her Union and the employer over a grievance she has filed about the receipt of discipline. During the course of those discussions Mary Jane acknowledges that she has a drinking problem. The Union, with Mary Jane's prior agreement suggests to the employer that Mary Jane would be receptive to counselling. The Union undertakes to arrange for her participation, in a Union sponsored Employee Assistance Program. The employer agrees to remove all disciplinary matters from Mary Jane's file upon a satisfactory period of work performance and conduct following the completion of her involvement

in counselling. The grievance is effectively resolved.

In the second situation, recognizing that *I need a plan* to combat the financial mess that I'm in, I decide to seek assistance from the Employee Assistance Program. I do so with relief knowing that I will be receiving competent financial advice.

In U.N.A.'s current round of hospital negotiations the Alberta Hospital Association has agreed "that drug addiction and mental illness, are illnesses which can respond to therapy and treatment, and that absence from work due to such treatment shall be considered sick leave." Preliminary discussions regarding the implementation of an Employee Assistance Programs for hospital nurses has begun.

The Employee Assistance Program Committee of the U.N.A. Executive Board is engaged in analysing the concept, needs, implementation and maintenance costs of such programs. As well, the Committee and Executive Board of U.N.A. are committed to a program being made available to all U.N.A. duespayers and being a joint endeavour by U.N.A. and Employers.

U.N.A. members being placed on the mailing list for the Newsbulletin.

The Executive Board revised the 1986 Budget in order to ensure that the Emergency Fund will have a minimum of one million dollars in case of a strike by hospital members.

The next U.N.A. Executive Board Meeting is scheduled to be held from May 26 through to May 30, 1986. At it, the Executive Board is looking forward to welcoming a delegation of women from China. These delegates of the All China Women's Federation are in Canada for a year to meet Canadian women both in government and non-government organizations. Their purpose is to obtain information for their own use within the Women's and Trade Union Movement at home.

I.L.O. Indites More

In the previous issue of the Newsbulletin, it was reported that the International Labour Organization had condemned Alberta Legislation that went "beyond acceptable limits" by removing the right to strike from a broad range of provincial and hospital employees. The I.L.O. is a Geneva based tripartite agency of the United Nations whose role is to ensure the maintenance of and improvements in labour standards in U.N. member countries.

While reviewing Alberta's Legislation the I.L.O. also took the time to review Legislation in Newfoundland and Ontario. As well, it passed comment on the government of B.C.'s continued non-compliance with I.L.O. conventions. The province of British Columbia has been the subject of five I.L.O. complaints since the Socred government introduced "legislative restraint" packages in July 1983. Its findings in relation to B.C.'s Compensation Stabilization Act were that the program "is contrary to the principle of collective bargaining". The agency charged that the requirement for government prior approval of collective agreements before they come into force is not in conformity with the principles of voluntary collective bargaining laid down in I.L.O. Convention #98. The B.C. government was again called upon to "take appropriate steps to restore full collective bargaining between the parties and remove the limitations currently imposed."

The complaints lodged in Ontario referred to Legislation enacted by the Conservative government in 1982. The Inflation Restraint Act (Bill 179) and its successor the Public Sector and Compensation Review Act (Bill 111) were found to be in violation of Convention #87. This legislation provides for the roll-back of previously negotiated settlements, a ban on the negotiation of all non-monetary items, a denial of the right to change bargaining units and restrictions on the freedom of arbitrators to make independent decisions, which is similar to Alberta's own labour legislation.

Strikes Rock the Banking Industry

In January the country's largest strike in the banking and financial industry ended 8 months after members of the Office and Professional Employee's International Union walked out of 23 caisse populaires in the Montreal area. The contract provides for lump-sum-payments in the first year of a 3-year agreement with a 5% increase in the second and a 4% increase in the third year. A teller averaged \$15,000 a year prior to this settlement.

On another front a first contract settlement has been imposed by the Canada Labour Relations Board on the Canadian Imperial Bank of Commerce and its 320 striking Visa employees.

Despite a bank policy statement entitled *Social Responsibility and Corporate Conduct* which announces that "we support freedom of association, we respect the wishes of those employees who desire to be represented by a trade union and we are committed to dealing in good faith with employee representatives" the Commercial has been intransigent in its dealings with the Union of Bank Employees.

Striking government workers in Newfoundland received a boost when the I.L.O. sent a telex to Premier Brian Peckford from its meeting in Montreal during the week of March 18 - 26. The telex in part read "we strongly urge that full bargaining rights be restored to the employees of the Province of Newfoundland. Further, that the charges against the members of the Newfoundland Association of Public Employees—a component of the National Union of Provincial Government Employees—other union members, and sympathizers, be dropped and the formal record thereof be erased, and that the Minister responsible for labour relations in the public service of Newfoundland be instructed to forthwith resume bargaining with a view to speedy negotiation and a new contract to replace the one which expired two years ago."

Members of NAPE returned to work during the week of April 9th. On strike since March 3rd the workers achieved from the provincial government a commitment to wage parity and the restoration of full collective bargaining rights denied to them in Bill 59. The memorandum of understanding between the Conservative government and the union guarantees that "all workers have the fundamental right to free collective bargaining, including the right to strike".

In responding to concerns raised in parliament, federal labour Minister, Bill McKnight, said he has been "transmitting the concerns" of the I.L.O. to the provinces and has "offered his assistance to the offending provinces". So he should. The Government of Canada with the unanimous consent of the Provinces ratified Convention #87 in 1972. Convention #87, Article 3 provides for the Freedom of Association of workers and for the right of workers to strike with minimal legislative restriction of that right. The Government and the Provinces should either live up to that commitment to the United Nations and the people of Canada or end their hypocrisy.

The Union is a direct affiliate of the Canadian Labour Congress and has received support from the Congress and in particular the United Auto Workers of Canada in obtaining an agreement. The settlement was imposed on the Bank and Union members following a 6 1/2 month strike. It provides for the introduction for the workers of basic collective agreement rights such as seniority and its recognition upon layoff, recall, promotion and transfer, access to a grievance procedure, and a joint health and safety committee. As well, Union Representatives are entitled on paid company time to administer the Collective Agreement.

The major issues in the dispute, besides the banks wish to totally ignore the workers and their Union were the recognition of part-time workers, the extent of the management's rights clause and wage increases, which had traditionally been granted on the basis of merit. The settlement imposed upon the bank, gives recognition of part-time employees, a management rights clause which limits managements abilities and makes

Continued on page 3

Continued from page 1

Synopsis of February Board Meeting

developed a new Credentials Form to be used by all Locals at delegate meetings of U.N.A. in order to simplify credentials verification at such meetings.

Applications by members wishing to attend U.N.A.'s Labour School in June, shall submit their applications to their District Chairperson, and the District Executive shall determine who shall attend the Labor School from their respective Districts. It was felt that the District Executive are in the best position to determine the attendance, and distribution of the funded days allotted in their District for Labor School. The Who's Who Workshop's Goals and Objectives are to be redefined by the Education

Committee and this workshop shall be available for 1987. In a move to accommodate the increased interest in Level I workshops, the maximum number of participants allowed in Level I workshops was increased by five. The policy "Time Line for Scheduling Workshops" was reviewed. As well, if there is a need identified for additional Level I workshops, and staff time is not available, Local Executive or Executive Board Members may agree to teach these Workshops in their own District. Small Locals attending these workshops may use their Provincially funded education days.

As of this Board Meeting, the U.N.A. Newsbulletin will be mailed directly to each member in order to ensure that all members receive their copies without delay. Criteria was developed for non-



LABOUR NOTES

Continued from page 2

them subject to the grievance procedure. It further orders an immediate 5% increase in wages but

in addition maintains provisions for yearly merit increases.

The contract expires January 26, 1987. It represents a monumental

endeavour by the people affected to obtain what others in the labour movement for sometime have enjoyed.

10 GOOD REASONS

for private and public sector workers to oppose free trade with the United States:

IT'S NOT FREE!

- ▶ 1. **JOBS, JOBS, JOBS**
- ▶ 2. **CANADIANS MAKING CANADA'S DECISIONS**
- ▶ 3. **DEREGULATION**
- ▶ 4. **JOBS, JOBS, JOBS**
- ▶ 5. **CONTRACTING OUT**
- ▶ 6. **MEDICARE**
- ▶ 7. **JOBS, JOBS, JOBS**
- ▶ 8. **CANADIAN SCHOOL TEXT BOOKS**
- ▶ 9. **YOUR COMMUNITY AS YOU KNOW IT**
- ▶ 10. **JOBS, JOBS, JOBS**

To add your voice to the campaign against free trade, clip the coupon and give it to your workplace union representative to forward to the Ontario Federation of Labour Committee Against Free Trade, Suite 202, 15 Gervais Dr., Don Mills, Ont. M3C 1Y8.

Free trade will cost me, my family and my community. I don't want that to happen. So . . .

- ☐ You can count on me to help with the campaign through my labour council;
- ☐ Send me more information about free trade and the campaign against it;
- ☐ I'll be at the demonstration for jobs and against free trade, Saturday, April 26, 12:00 (that's noon) at Queen's Park, Toronto.

Name _____

Address _____

For more information, contact your local Committee Against Free Trade through your labour council.

Produced by the Ontario Federation of Labour in conjunction with the Canadian Labour Congress.

Free Trade

A Free Trade protest was held by the Ontario Federation of Labour on April 26, 1986. Estimates were that between 8-10,000 people gathered. The O.F.L. has been quite vocal in expressing its concern over the issue of Free Trade. Public forums have been staged across the province and radio commercials have been aired. The strategy implemented has been mounted in an effort to alert the public to the drawbacks in a Free Trade Policy and cause public opinion to sway in opposition to such proposals by the Federal Government.

Don't be blinded by the thought that Free Trade negotiations won't affect you. The Federal-Provincial

agreements by which federal tax dollars are given to the provinces for health care, social services and post-secondary education are up for renegotiations in early 1987. The federal government has already given notice that it wants to reduce these payments substantially. Indications are that Free-Trade discussions will also impact on these three major social areas, as, unrestricted access to the service sector is one of the bargaining chips that Canada holds. What will result is the dismantling of our medicare system and its replacement with the American private insurance system. It will also likely result in privatization, profit-oriented management of hospitals.

Efforts are being initiated across the country to determine the effects of reduced transfer payments and the likely effects of free trade on women — particularly as they impact on women as the major receivers of health care services and the major providers.

The Patient Classification Committee of U.N.A. is also interested in these two issues. U.N.A. members are asked to forward any information or concerns that they may have about a) the effects of reduced transfer payments or b) the effects of free-trade negotiations and agreements on women to the Chairperson of the Patient Classification Committee c/o U.N.A. Provincial Office.

Seniority and The Code

The moral of a recent decision of the Ontario Human Rights Commission is that only a Collective Agreement gives seniority to senior employees.

In Randhawa versus Lido Industrial Products Ltd., an employee of East Indian origin with nine years seniority was laid off while persons of other races, colour and ancestry with less seniority remained employed. A complaint

alleging discrimination contrary to the Human Rights Code was filed. The complaint was dismissed. The Commission found that while most of the employees were of middle European origin there was a definite percentage of minority employees. The layoffs were said to be the result of economic conditions. Following the layoffs the percentage of minority employees remained the same. The employer

chose to lay-off senior employees in order to save on labour costs. The Commission concluded that although seniority was violated, the operation was non-union and the employees did not have the protection of a Collective Agreement. The lay-offs they found may have been anti-labour but they were not a violation of the code.



OTHER NURSES

In the Matter of: A Fatality Inquiry

Be persistent. That is the message that one can draw from a decision made by His Honor Judge K.L. Crowl in an investigation under the Fatality Inquiries Act of Nova Scotia.

The inquiry was held to hear the facts, identify the culprits and make recommendations in the death of a six year old child.

The evidence presented was that the child was admitted to hospital for a tonsillectomy and adenoidectomy to correct a history of recurrent respiratory infections and attacks of tonsillitis. Tests and examinations revealed the child to be essentially normal with the exception of those problems for which she was admitted.

Surgery was performed, during which the patient received amongst other things 400 cc of 5% dextrose/water. An additional 50 cc of the solution was infused in the recovery room wherein she awoke normally and from where she was subsequently discharged at 0924. Intravenous orders given by the anesthetist were to keep the vein open with the 5% dextrose/water. Upon the patient's return to the floor it was found that she was bleeding from the tonsillar beds.

After examination, and apparently some considerable time it was decided that the patient needed to be returned to the OR for suturing in an effort to correct the bleeding. The Chief Anesthetist who had assisted in the initial surgical procedure could not be reached. Instead a doctor who had temporary anesthetist privileges which required supervision by a physician with anesthetist privileges was called upon. During the second operative procedure the patient received 200 cc of 5% dextrose/water which continued to be infused following her release from the OR and RR. Surgery was commenced at 1800 hours and completed by 1835. At 0735 hours the following day cardiac massage was initiated.

What happened during the course of the night was a travesty. According to the judge the "Nurses' Record of Treatment and Symptoms" maintained during the patient's stay at the hospital "is comprehensive and detailed indicating the concern re this patients'

of the Night Supervisor. During the late evening the Supervisor was called and the Doctor who had performed the second anesthetics responded. The Doctor in viewing the patient indicated that there was "nothing to be alarmed about." The nurse was not content with this reply and indicated to the Doctor the toll free "tell-a-pediatrician number". In addition she received orders for such treatment as hourly rousing, neural vitals q1h and to discontinue the IV.

A half-hour did not pass before the Nursing Supervisor was again contacted. The nurse asked for another doctor to be consulted but was directed to follow the doctor's orders already given. Forty-five minutes later, and, an hour after that, the Supervisor was again called. At 0300 the nurse began, according to the evidence "feeling helpless" and "doubting herself". "She was not getting satisfaction from the people she was telling." The record from the inquiry indicates that the nurse was unrelenting in her pursuit of proper medical attention for her patient. Unfortunately despite her concern the patient arrested, was transferred to Sydney and died within a matter of hours thereafter.

The cause of death was edema of the brain resulting in both respiratory and cardiac arrest. The contributing factor to the child's demise was the excessive infusion of dextrose and water, coupled with an undetermined blood loss. It was estimated that between 1500 and 2000 cc of I.V. fluid had been infused. It was determined by experts that this amount and the solution itself, being 5% dextrose/water were inappropriate. As well it was determined that there was "gradual deterioration without inappropriate intervention."

In commenting on the actions of key participants the judge referred to the "Code of Ethics" for both the nursing and medical profession. In the opinion of his Honour Judge Crowl "the nurse, alone, best exemplified the ethics required of health care specialists in attending to the needs of the patient."

For the others he was not nearly so kind. In relation to the Hospital, the Judge said that it "must answer for certain of its policies, par-

"the nurse, alone, best exemplified the ethics required of health care specialists in attending to the needs of the patient."

condition, particularly upon her return to the ward from the second operative procedure". Evidence further disclosed that concern was such, that the nurse responsible for the care of this patient had the child's crib moved to beside the nurses' station so that she could keep a closer watch over her deteriorating condition. Despite this, and the fact that the nurse repeatedly alerted both her employer and medical staff, this child died.

Evidence disclosed that the Hospital had a policy whereby, during the night, shift nurses were not to call Doctors without the approval

particularly in relation to patient care, documentation and qualifications of Medical Staff." The Nursing Supervisor was found to have failed to "properly carry out her duties and responsibilities as Supervisor" and to be "in direct contravention of the Nurses' Code of Ethics." She was found to be "guilty of fault, that she exhibited a wanton abandonment and responsibility to . . . in the performance of such duty used less care than was her duty to use." The inquiry found such negligent conduct to be culpable." In regards to the Doctor principally

Continued on page 4



OTHER NURSES

Continued from page 3

In the Matter of: A Fatality Inquiry

involved in this tragedy the following points were made:

"it was, . . . a fault to have used an inappropriate or wrong solution, being the 5% dextrose/water."
 "he had a duty to provide medical services to the best of his ability"
 "unfortunately his ability was lacking . . . or was attributable, to his inexperience, indifference or incompetence"
 "his brief observations, rejection of the nurses' observations and comments, failure to examine

the chart, to order lab work earlier and to call for assistance and/or expert advice is conduct which is negligence and is culpable."

The documentation of facts, their review and conclusions drawn therefrom are quite thoroughly expressed in this decision. The information contained therein may be of use to all members of U.N.A. and in particular to those members who are involved in Local Professional Responsibility Committees. A copy may be obtained upon request from provincial office.

Resolution Calls for Parity

In January, Ontario NDP Health Critic David Cooke put the following resolution on the House of Commons order paper: "That in the opinion of this House, since hospital nurses and public health nurses provide work of equal value, the Minister of Health should move immediately to implement the government's policy of equal pay for work of equal value and establish parity between public health nurses and their counterparts in hospitals, by making additional funding available to Public Health Boards specifically for the purpose of implementing parity."

This resolution should be of par-

ticular interest to members of U.N.A.'s Health Unit Locals who recently were engaged in contract negotiations and a protracted strike to achieve wage parity with hospital nurses. The strike was settled on January 16 with nurses returning to work on January 27th, 1986. While the settlement achieved did not include wage parity, it did narrow the gap to provide Health Unit nurses with wage rates of \$12.96-\$14.95 an hour in the second year of the agreement.

Public Health nurses in Ontario in numerous locations are engaged in strikes or have been locked out over the issue of wage parity.

Canadian Nurses Warned About Vancouver Area Facilities

In the January/February issue of the *Newsbulletin*, notice was given of a B.C.N.U. grey-listing order. The 18,000 member B.C. Nurses Union has officially "grey-listed" two Vancouver area long term care facilities and has issued an advisory notice on them to nursing and other organizations across Canada.

B.C.N.U. warns that the following employers treat nurses inappropriately: Beacon Hill Lodge and Private Hospital in West Vancouver and Cambie Private Hospital in Vancouver. The facts are as follows:

Standard wages at comparable long term care facilities and hospitals range from \$12.85 to \$14.85 an hour, and their benefits and working conditions are also superior to the greylisted employers. One of the comparable facilities is James Bay Lodge in Victoria, which is owned by the same company that operates Beacon Hill Lodge. Beacon Hill, currently employing about two dozen B.C.N.U. members, maintains hourly

wages of \$10.82 to \$12.00. It has threatened to lock out nurses seeking a first contract and to replace them with strike breakers.

Cambie Private Hospital employs seven B.C.N.U. members. Wages range from \$8.50 to \$9.07 an hour. There are no sick leave, pension or health and welfare benefits whatsoever. No improvements will be considered by this employer in negotiations for a first contract.

B.C.N.U. in greylisting these employers is not instructing nurses to boycott these institutions. Rather, they are providing information to nurses for their consideration prior to submitting job applications. Nurses at both facilities have conducted brief strikes during the last year.

The greylisting order by B.C.N.U. continues in force until further notice. If contemplating a move to B.C., U.N.A. members are requested to contact B.C.N.U. for further information.

Strike Vote Called by B.C.N.U.

On April 21, 1986 negotiators for nearly 16,000 B.C. nurses called a strike vote to take place in 135 hospitals and long term care facilities.

The vote will take place across the province on May 21, B.C.N.U. negotiator Pat Fraser told a noon news conference in Vancouver.

The union's move follows a breakdown in negotiations with the Health Labour Relations Association. The two sides had been meeting since mid-March, after an eight-month recess in mediation that began last year.

The nurses' previous contract expired March 31, 1985. Their last wage increase, amounting to 2.1 per cent, came more than two years ago.

Citing major wage disparities with other provinces, B.C.N.U. has rejected an HLRA package of a three-year contract with wage increases of zero, one and two per cent.

A better offer is possible, according to HLRA, but Fraser said they demand that nurses agree to cuts of existing benefits. "This is the employers' price for better wages, and even for contract changes with no cost implications at all."

Fraser warned that HLRA's position threatens a nursing shortage in a province historically dependent on nurses trained elsewhere. "It is already hard to staff some nursing areas in B.C. Soon it will be impossible," she said.

Continued on page 5



WOMEN'S ISSUES

The following poem is printed with the permission of its author.

I read in the paper dedicated to Brenda and countless others
 by Sheryl Ackerman

I read in the paper
 once
 that most times
 when a man
 kills another man
 there is a motive:
 greed
 pride
 jealousy...

this means there is
 a direct connection
 between the murderer
 and the victim of his crime,
 a reason, however twisted and ugly,
 that he killed
 that particular man

the same article
 went on
 to explain
 that
 sometimes
 when a man
 kills a woman
 there is no apparent motive
 no connection
 between the murderer
 and the victim of his crime
 no reason...
 that he killed
 that particular woman

(which explains,
 the police explain,
 why so many such cases
 remain unsolved)

in any other context
 the murder
 of innocent
 and arbitrarily-
 chosen victims
 is called
TERRORISM

the papers are awash these days
 with frustration, anger, indignation
 about terrorism in the world
 and now men are making speeches
 about the need and means to stop
 these heinous crimes against
 humanity.

where are their speeches
 for Brenda?

I read in the paper
 one morning
 in cold black print
WOMAN'S BODY FOUND"

no particular woman?
 any woman?
 every woman?

I knew it was Brenda
 as I slumped
 in my chair

and I cried
 I cried
 I cried

and I held her
 memory
 in my palm
 I cradled her there
 gently
 a time.....

then turning the
 page
 I read in the paper
 in bold black print

**TRAGEDY OF BRENDA:
 JUST
 ONE MISTAKE"**

and my sorrow
 swooped
 through me
 transformed
 to RAGE

she made one
 mistake" it read
 she decided to
 walk to her car
 alone"

**MISTAKE?
 MISTAKE?**

surely there must be
 some mistake?!

and how can it be
 Brenda's?

surely
 walking from a building
 to a car
 cannot be a mistake!

and men
 who write such words
 do they have wives
 or daughters
 who walk
 from the house
 to the car
 or to school
 alone?
 ever?
 and is *that* a mistake?

**MISTAKE?!
 MISTAKE?!**

surely
 the man who murders
 an innocent woman
 is to blame?

surely
 a society
 steeped in the values
 of power, aggression and
 domination
 is to blame

surely
 a world
 imbued with fierce
 deep-rooted
 misogyny
 is to blame

but not, not Brenda
 Brenda is *not* to blame

she is right
 and we are right
 to walk
 to run
 to dance
 to be

she has the right
 and we have the right
 to walk
 to run
 to dance
 to be
 day and night
 belong to us
 time and space
 belong to us
 life, sweet life
 belongs to us

because...
 we are

now
 Brenda
 be with us
 now
 Lottie
 be with us
 Delain
 be with us
 Kathy
 be with us
 now
 Charlotte
 be with us
 Serrinder
 be with us
 Cheryl Lynn
 and Jeri
 be with us
 Rita
 be with us
 Karen be with us
 Louise
 and Mary Anne
 be with us
 Marie and Gail
 and Cindy
 be with us
 and Tania
 wherever you are
 be with us
 now

We are all
 women
 claiming
 our right
 to be
 here
 and
 now

We are all
 women
 claiming our right
 to be

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 contributed from other sources. Next copy deadline is June 9, 1986.

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.

The Article which appeared in the January-February 1986 issue of the *Newsbulletin* Volume 10, Number 1 on Radioisotopes was written by Catherine Carr, RN, Research Officer, Occupational Health and Safety for the Newsletter of the Ontario Nurses Association. It appeared in the U.N.A. *Newsbulletin* with the permission of Ms. Carr on behalf of ONA and should have been properly credited as such. Our apologies for the oversight are extended.

Need advice on disciplinary matters, registration difficulties or fatality inquiries? CALL UNA 1-800-252-9394.



UNIVERSITY

Federal Minimum Wage Increased by 50¢

The federal minimum wage is scheduled to increase in May 1986 by 50¢ an hour. The increase to \$4.00 an hour is an increase of 14.3%. There will no longer be a federal youth wage, as the \$4.00 per hour rate will be applicable to all that prohibit discrimination on the basis of age.

Minimum wage rates in the provinces and territories range from \$3.65 to \$4.50 per hour. The minimum wage in Alberta is currently \$3.85 an hour.

Pay Equity Legislation on the Horizon

In a previous issue of the News-bulletin it was reported that the Manitoba Government had implemented Canada's first equal pay for work of equal value legislation. Such legislation appears to be arising in another province according to recent reports.

One of the principal items in the Accord between the Liberals and New Democratic Party which brought the Liberals to power in Ontario was a commitment to legislation guaranteeing equal pay for work of equal value. The Government has now released 2 (two) documents, an "Options Paper" on pay equity in the public service and a "Green Paper" on pay equity in the public sector, including Crown agencies, municipalities and local boards, school boards, colleges, universities and hospitals. In its review of current labour statistics the government has found that in the past 25 years the size of the female labour force in Ontario has increased three-fold. Of those women in the labour force 40% are the sole support of themselves and their families. Approximately 60% of female workers are clustered in 20 of 500 occupations, primarily clerical, sales and service. On the other hand, male workers are more evenly distributed throughout all occupations. In Ontario, full-time male employees earned in 1982; 38% more than full-time female employees.

The government in working towards a position on the issue has adopted 6 premises to serve as the basis for pay equity policy;

1) *The purpose of legislation is to address gender discrimination only.* Pay equity legislation will not address general problems of low wages or unfair remuneration. The Green Paper notes that rates of pay may be in-

fluenced by non-gender related factors such as seniority and merit.

- 2) *Comparisons are to address the valuation of "women's work" only.* Only female employees or employees of either gender in female-predominated occupations would be entitled to remedies under pay equity legislation.
- 3) *"Equal value" does not mean "identical value".* The concept of pay equity may be more appropriately labelled "equivalent value", "similar value", or "comparable value", to make it clear that it will not be necessary to establish an identical match between female and male jobs in order to bring the legislation into play.
- 4) *Comparisons must be made within an establishment.* The Green Paper proposes that comparisons be limited to a particular establishment. However, in some establishments there may be no male employees or male-predominated jobs with which to compare what has been perceived to be an undervalued female job. The definition of "establishment", therefore, involves a critical policy decision.
- 5) *Legislation will not be retroactive.* Legislation would apply to conditions existing only after the date of proclamation, on the ground that it would be unreasonable to expect compliance before new legislation is proclaimed.
- 6) *Legislation will not permit a reduction in wages to satisfy its requirements.* As in the case of federal, Quebec and Manitoba pay equity legislation, Ontario pay equity legislation would contain a prohibition on the reduction of wages.



OTHER NURSES

Continued from page 4

Strike Vote Called By B.C.N.U.

"The starting rate for B.C. registered nurses is \$12.85 an hour. It is \$14.32 in Ontario, and \$13.65 in Alberta. Over a year, new RN's in this province earn \$2,800 less than their Ontario counterparts, and \$2,400 less than those in Alberta. New contracts in those provinces this year will probably widen the gap even more."

"B.C.N.U.'s goal is a fair contract", said Fraser. "Nurses need a decent wage increase and certain contract changes that relate primarily to professional, staffing and workload issues."

She said the union is ready to return to the bargaining table whenever HLRA agrees to negoti-

ate realistically. Meanwhile, nurses will finalize essential services plans and begin to organize for job action.

"Our members will be ready to meet their obligations as health professionals and union members. We can conduct a successful strike while assuring essential nursing services. We have done it before; and if necessary, we will do it again," said Fraser.

"This is a serious decision for us, but HLRA has made it unavoidable. HLRA has made a provincial nurses' strike a strong possibility. We hope the employers take steps to avoid it becoming a reality."

DATE	DISTRICT/LOCAL	WORKSHOP	LOCATION
May 6	S.C.D.	Basic Unionism (cancelled)	Calgary
May 8	C.D.	Basic Unionism	Red Deer
May 14	Local 84	Local Admin I	Hinton
May 21	N.D.	Basic Unionism	Grande Prairie
May 22	Local 33	Ward Rep	Edmonton
June 4	Local 96	Local Admin I	Fort McMurray
June 11	Local 96	Grievance I	Fort McMurray
June 12	Local 96	P.R.C. I	Fort McMurray
June 17 & 18		Labour School	Edmonton
July 8	C.D.	Media	Red Deer
July 9	S.C.D.	Media	Calgary
August 25	N.C.D.	Assertiveness	Edmonton
August 27	S.C.D.	Assertiveness	Calgary
Sept. 9	S.D.	Local Admin I	Lethbridge
Sept. 16	N.C.D.	Local Admin I	Edmonton
Sept. 17	N.D.	Local Admin I	Grande Prairie
Sept. 18	S.C.D.	Local Admin I	Calgary
Sept. 24	C.D.	Local Admin I	Red Deer



HEALTH & SAFETY

Smoking on the Job

In a lengthy decision of the federal Public Service Staff Relations Board it has been determined that tobacco smoke is a "dangerous substance", according to the standards set down in the collective agreement between the Public Service Alliance of Canada and the federal government. The decision orders the federal government to confine smokers to separately ventilated areas in the workplace. The first Canadian decision dealing with this issue, it is expected to have a major impact on workplace environments.

In the case presented, the grievor, an information clerk of the Department of National Health and Welfare was assigned to work on the 6th floor of a 20 story building. His workspace measured 14' by 7', was enclosed by walls and had a door extending from ceiling to floor. Within the work area there were seventeen persons employed, of whom 8 smoked. Two smokers, seated within 6 feet of the grievor smoked a half-a-pack of cigarettes per work day. The building had a common ventilation system.

The grievance filed claimed that the employer was in violation of the Dangerous Substances Safety Standard which defines dangerous substance as "any substance, that because of a property it possesses is dangerous to the safety or health of any person who is exposed to it". The Standard provides that there must be set maximum levels of concentration, specifies sampling and testing procedures and provides for adequate ventilation systems. A separate section of the Standard calls for "any dangerous substance that may be carried by air is to be confined as closely as is reasonably practicable to its source".

The use of expert witnesses and

research studies resulted in the Adjudicator concluding that "on a balance of probabilities, the evidence presented on behalf of the grievor establishes the existence of a statistically significant co-relation between exposure to passive smoke and an increase incidence of lung cancer." Tobacco smoke was found to be a "dangerous substance" within the meaning of the Standard. The government was found to be in violation of the Standard for failing to provide separately ventilated areas and for failing to adequately sample and test the air for contamination by tobacco smoke.

own problems as they represent both smokers and non-smokers. The Prince Edward Island Union of Public Sector Employees is studying the problem and has cautioned the provincial government from moving too fast. According to the Union "smoking is a method of handling stress. Discouraging smoking may lead to increased stress for the individuals involved. The government must recognize the rights of smokers in this matter, too, and approach the issue with understanding. Smokers should not be punished for their activities."

For U.N.A. the matter has recently arisen. The intent is to make

The government must recognize the rights of smokers in this matter, too, and approach the issue with understanding.

In the wake of this decision there is considerable controversy and indecision. The federal Department of Health and Welfare has banned smoking in its offices as of January 1986. The Treasury Board, the governments employer arm though, is attempting to have the Adjudicator's decision overturned. In Ontario, the Ministry of Labour has undertaken a review of "control strategies for involuntary worker exposure to tobacco smoke". A Worker's Compensation Board employee is taking the Ministry of Labour to court over what he alleges is a lack of action on the problem.

For Unions the matter presents its

the Misericordia Hospital a smoke-free facility. As well, rumor has it, that the new hospital in Leduc will be smoke-free. More hospitals either have or are in the process of considering the possibility of a smoke-free environment. Discussions should be held at the Local and Provincial Level in order that a policy may be generated for U.N.A. Locals and members to follow. Health and Safety Committees will no doubt wish to have input, as any efforts in the near future to institute policies and practices effectively with employers on this issue, will require work on their part.



FIGHT BACK

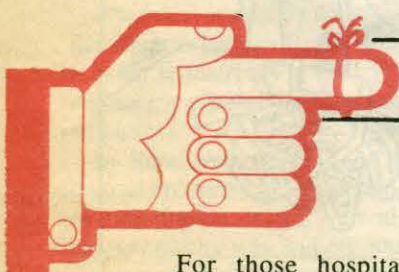
What is a Wildcat Strike?

It is a strike initiated by a group of workers without formal authorization by the Union. Most commonly wildcats occur as a result of unsettled grievances or prior to a

Union authorized strike during contract negotiations.

Have any U.N.A. locals participated in a wildcat? Yes, nurses employed by the Turner Valley Hospital, (now known as Oilfields General Hospital), members of

U.N.A. Local #65 participated in a wildcat strike in 1978. The strike, a sick-in for 2 shifts, was staged over the firing of the Director of Nursing. As a result of this collective action the DON was returned to her former position.



REMINDER

For those hospital employees who are considering terminating their employment, please

note that you should advise your employer in writing that you wish to receive any retroactive pay or benefits to which you are entitled and leave them your forwarding address.



ASK THE PARLIAMENTARIAN

By: Flodia Belter
Registered Procedural
Parliamentarian

IMPROPER AMENDMENT: An amendment is improper and out of order and may not be made when—

1. It is not germane (relative) to the subject to be amended.
2. It changes the affirmative to the negative or the reverse.
3. It is the same as another motion already decided at the same session.
4. It is not in order to move to *strike out words* in one place and insert different words in another place. The words must be *inserted* in the same place where the words were *struck out*.

ADDED POINTS OF INTEREST—

- a. An amendment may be in conflict with the spirit of the original motion and still be in order. *e.g.* A resolution of censure may be amended by striking out the word cen-

sure and inserting the word thanks or vice versa.

- b. It is necessary for an amendment to an amendment to relate to the main motion and the amendment also.
- c. It is not in order to strike out or insert words which would leave no proposition before the assembly, or one that is frivolous or absurd.
- d. The chair may rule all dilatory, absurd, or frivolous motions out of order.
- e. It is not in order to strike out the word *resolved* from a resolution, as it would change the form of the motion.
- f. There is a difference in the use of the words *adding* and *inserting*. When the amendment comes after the last word of the resolution *add-*

ing is used; when the amendment comes between the words in the resolution, *inserting* is used.

QUESTIONS: (R.R.O.N.R.)

Q. What are motions that cannot be amended?

- A. To adjourn
Call for orders of the day
To lay on the table
The previous question
Postpone indefinitely
A Nomination
Take from the table
To Reconsider, call up the motion
Filling blanks
Raise a Question of Privilege
Take up a question out of proper order
Suspend the Rules
Request of any kind
Objection to consideration
Call for division of assembly

Leave to continue speaking after indecorum
Raise a question of order or privilege
Parliamentary inquiry, or any other inquiry
Reading papers
Appeals
To Reconsider

QUESTIONS FROM THE MEMBERSHIP: R.R.O.N.R.

Q. What is the distinction between a recess and an adjournment?

- A. A short break in a meeting is commonly called a recess. The termination of a session is always called an adjournment. The closing of a meeting to be followed by another meeting of the same session is sometimes referred to as an adjournment, but it would be

better to call it a recess.
Q. Do abstentions nullify a unanimous vote?
A. There are certain motions or questions which require a unanimous vote for adoptions. The general rule is that any number of members might abstain from voting and as long as a quorum is present and voting for a proposal it would constitute a unanimous vote.

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

Executive Board

President

Ms. Margaret Ethier
Home: 467-4475
Work: 425-1025

Vice-President

Ms. Barbara Diepold
Home: 826-5276
Work: 826-3311

Secretary-Treasurer

Ms. M.T. Caughlin
Home: 262-3455
Work: 268-9625

NORTH

Ms. Karin Pederson*
Home: 338-2265
Work: 835-4941

Ms. Diane Burlock
Home: 836-3524
Work: 836-3391

NORTH CENTRAL

Ms. Carmelita Soliman*
Home: 387-3812
Work: 482-8049

Provincial Office

Suite 760
Principal Plaza
10303 Jasper Ave.
Edmonton, Alta.
T5J 3N6
425-1025

Calgary Office

206, 609-14 St. N.W.
Calgary, Alberta
T2N 2A1
283-4777

Ms. Heather Molloy

Home: 456-3082
Work: 477-4897 (B)

Ms. Gina Stanley

Home: 349-2373
Work: 349-3301

Ms. Gerry Book

Home: 487-4228
Work: 484-8811
Ext. 301

Lena Clarke

Home: 421-0955
Work: 474-5441

Ms. Debra Ransom

Home: 689-5376
Work: 623-4471

CENTRAL

Ms. Sandra Rentz*

Home: 346-4412
Work: 343-4949

Ms. Diane Miedema

Home: 782-6154
Work: 782-3336

Ms. Nora Spencer

Home: 343-6117
Work: 343-4949

Chris Rawson

Education/
Publications Officer

David F. Thomson

Employment
Relations Officer

Wendy Danson

Employment
Relations Officer;

Marilyn Vavasour

Employment
Relations Officer

Michael J. Mearns

Employment
Relations Officer

SOUTH CENTRAL

Ms. Laurie Coates*

Home: 251-3565
Work: 228-8135

Ms. Karen Nelson

Home: 652-7568
Work: 652-2321

Ms. Dale Fior

Home: 238-0810
Work: 228-8155

Mr. Glen Fraser

Home: 2612-4322
Work: 228-8123

Ms. Angela Bunting

Home: L 249-9982
Work: 288-8155

Ms. Lori Shymanski

Home: 284-2907
Work: 270-1311

SOUTH

Ms. Mary Kennes

Home: 627-2573
Work: 627-3333

Mr. Erwin Epp

Home: 281-6938
Work: 327-4531
Loc. 282

Trudy Richardson

Employment
Relations Officer

Barbara

Surdykowski
Employment
Relations Officer

Nao Fernando

Employment
Relations Officer

Latest Monthly Statistics as of April 4, 1986 Source: Statistics Canada Informat Weekly Bulletin

				% Change
		Previous From Year		
		Month	Ago	
EMPLOYMENT INCOME				
Average Weekly Earnings (\$)	Jan.*	427.59	424.32	3.9
Labour Income (\$ million)	Dec.	21,130.4	21,281.8	6.9
Persons with Jobs (million)	Feb.	11.25	11.20	4.4
Unemployed	Feb.	1,341,000	1,347,000	7.8
PRICES				
Consumer Price Index (1981=100)	Feb.*	130.6	130.1	4.1
New House Price Index (1981=100)	Jan.	99.4	98.2	4.6
Raw Materials Price Index (1981=100)	Feb.*	120.5	115.4	10.6
Industrial Product Price Index (1981=100)	Feb.*	120.5	120.7	2.4
CONSTRUCTION				
Building Permits (\$ million)	Dec.	1,349.4	19,372.2	25.9
Housing Starts—Urban Centres (units)	Jan.	9,335	9,335	21.8
SALES				
Department Store Sales (\$ million)	Jan.*	762.7	762.7	10.2
Manufacturers' Shipments (\$ million)	Dec.	19,798.4	242,862.7	7.5
New Motor Vehicle Sales (\$ million)	Jan.	1,339.9	1,339.9	17.5
Retail Sales (\$ million)	Jan.	9,687.4	9,687.4	11.9

NOTE: Statistics are in current dollars and are not seasonally adjusted.
* - new this week.

Health Unit Questionnaire Goes Out

At the February 1986 Executive Board Meeting the Board approved a review and evaluation of Health Unit Negotiations and the Health Unit Strike. The purpose of such review and evaluation is to:

- a) review the labour relations services provided to health unit

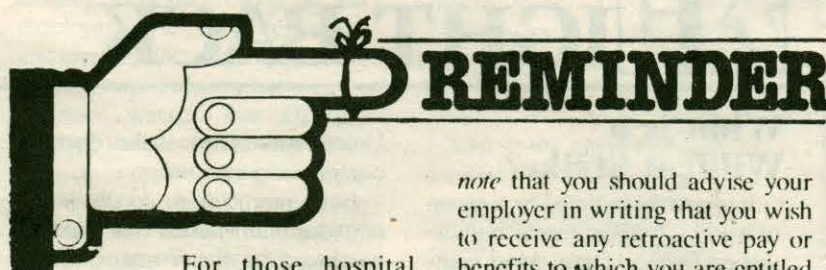
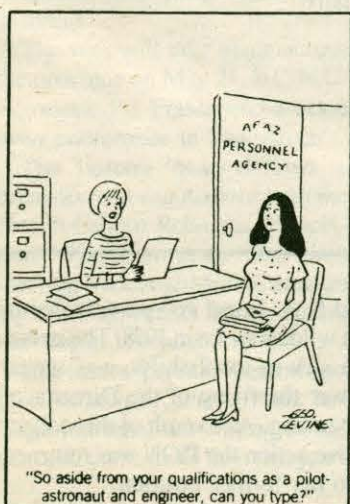
members,

- b) make recommendations regarding health unit negotiations, and
- c) where deemed appropriate by the Executive Board, make policies and alter existing policies for future rounds of negotiations.

The review and evaluation is to be done by the Executive Board or a Committee thereunder, the Labour Relations Staff of U.N.A., Health Unit Negotiating Commit-

tee members and members of U.N.A. Health Unit Locals at large. It is to be completed for the May Board meeting.

Questionnaires regarding negotiations and the strike have gone out to all members of U.N.A. in Health Unit locals. The deadline for their return is May 15th for their compilation prior to the Board meeting.



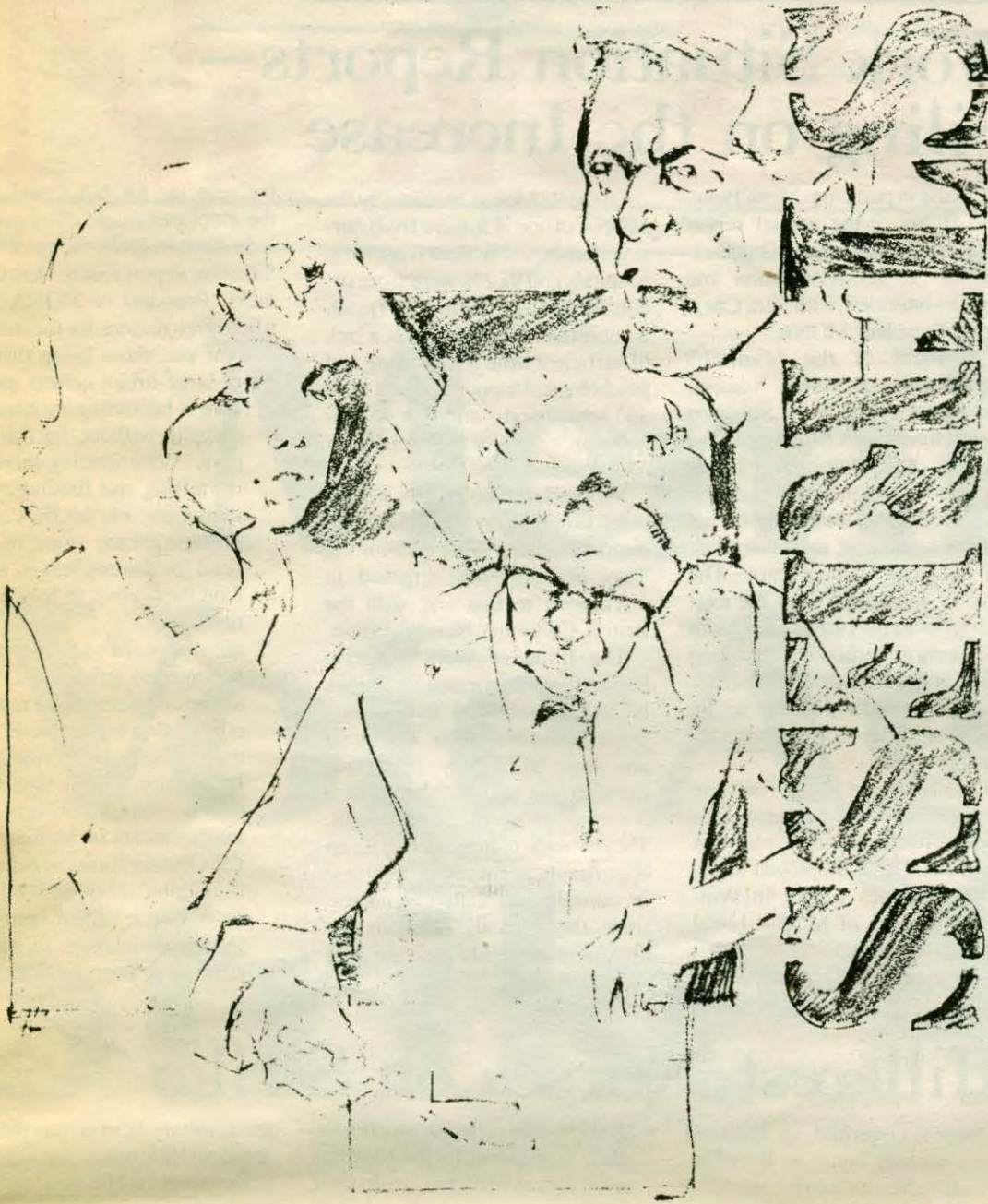
For those hospital employees who are considering terminating their employment, please

note that you should advise your employer in writing that you wish to receive any retroactive pay or benefits to which you are entitled and leave them your forwarding address.





HEALTH & SAFETY



What is Job Stress?

Job stress is a major health and safety problem which affects labor and management. Job stress can result in both physical and mental problems. It can cause on the job accidents or life-threatening illnesses. It can quickly reduce any satisfaction that we find in our work and it can lower productivity.

A worker who suffers from physical or mental job stress is just as much a threat to the health of his or her family as a carrier of asbestos dust, because stress at work carries over to home life. Job stress can lead to trouble with one's spouse, alcoholism, child abuse, skin rash, sleeplessness or a host of other effects.

Executive stress and burn-out have been a growing management concern for years. Now the concept is spreading to include the idea that a workplace should be psychologically, as well as physically safe for people working at all levels of a company. Workers compensation laws have been on the books for many years to help workers deal with the physical effects of work. More recently about 15 states have paid Workers' Compensation benefits in cases where anxiety, depression, or other mental problems have been caused by job stress.

Stress is Not a Sign of Weakness

Workers often tend to blame themselves for job stresses. They feel that they're not man or woman enough to conquer what's "bugging" them.

We must keep in mind that job stress is not a sign of individual weakness. Most often, it is a collective experience that results from poor working conditions, such as

unclear or unreasonable job assignments, faulty materials and equipment, noises in the plant, or sexual harassment.

Stress is an Individual Matter

Although stress can result from a collective experience such as an unsafe workplace, the specific way in which it affects a worker is a unique individual matter. Stress is the body's response to what's going on around it and this response is different for each individual because:

- Each of us is different in our physical capacity and genetic makeup.
- Each of us is different in our state of mind and psychological makeup.
- Every person will perceive a situation differently to some extent.
- Even if two people agree on "what the situation is," it can have greatly different meaning for them — what they think is likely to happen and what they believe they need to do.

How Stress Works

The process of stress starts with a stimulus — or some situation or condition — and ends with some effect on us and some effect on society. It includes our own individual reactions. Taken together, the stimulus, our individual reactions, and the effects make up what is called the stress response.

Two important components of stress interrelate and result in a stress response: stressors and stress mediators.

Stressors are the physical or psychological changes in the environment as they are uniquely understood and analyzed by the individual. It's what the change

seems like and means to you specifically that counts. Stressors can occur on or off the job; and they can be immediate or gradual in effect. Time pressure is one example of a stressor.

Stress mediators are the personal and situational factors that influence how we deal with stressors. Examples include our personal characteristics and background, the quality and amount of support we have, and the general and specific aspects of the situation we're in — like our working conditions and the quality of supervision. Mediators also include skills that we can learn for dealing with our own stress, for communicating with others, and for working with others to improve the conditions we experience.

Each of our lives include a variety of stressors and stress mediators. What is critical for our physical and mental well-being is the amount and kind of each that we experience. Stress is not always bad. In one sense stress acts on our bodies like exercise does on a muscle. Just as some exercise keeps muscles in peak condition, some stress insures that we find life stimulating and exciting and helps us to keep mentally "in shape" to deal with everyday problems.

But just as too much exercise can strain muscles, too much stress can produce a strain or even a breakdown in any of the body systems involved. Mental stress creates demands on the body that can cause physical as well as mental illnesses.

So, we need some stress, but not too much of it. The "right" amount is, of course, an individual matter.

The Effects of Stress

Strain is the immediate effect of

too much stress. It has three aspects: the physical, the psychological, and the behavioral. For example, suppose your boss calls your name. If you perceive that he is looking angry, you may feel concern (psychological). You feel your breathing become somewhat shallower (behavioral) and your palms become a little moist (physical). Strain usually consists of all three responses occurring together — even when we think we are "controlling our feelings." In fact, the more we block awareness of our emotional reactions, the more we risk increasing the total strain.

Following are some of the more common psychological, behavioral, and physical reactions to stress which can tell us when we may have a problem:

- Psychological symptoms include: a feeling of depression; anxiety; irritability; fatigue; job dissatisfaction; feelings of helplessness and frustration; and insomnia.
- Behavioral reactions and signs include: sexual problems; change in appetite which may result in excessive weight gain or loss; lack of concentration; uneven breathing; and excessive or easily provoked crying.
- Physical reactions and signs include: rapid heart beat; higher blood pressure; migraine headaches; respiratory problems; sweating; high cholesterol levels; nausea; indigestion; drowsiness; psychosomatic diseases or prolonged illness.

Recognizing Stress

The first step in attacking job stress is to learn how to recognize it. The second is to look for the causes. Consider: What do you think is the greatest cause of stress in the graphic arts industry? What stressors affect you at work? There is a wide variety and a large number of occupational stressors. Some of the major external stressors are:

- Poor physical working conditions
- Lack of job security
- Job ambiguity
- High risk jobs
- Pay inequalities
- Poor social support
- Restrictions on behavior

Some of the major internal stressors are:

- Time pressures
- Work overload
- High or low task difficulties
- High or low participation in decisions
- Threat

These, and a variety of other stressors, lead to numerous symptoms and signs which indicate stress.

Because stress is an individual matter, the more you consider your own experience, the more you may learn about what is true and useful for you. Talking with others about stress provides information about what is true and useful for others. Examining this collective experience will give you a broader understanding of the nature of stress in the workplace.

Stress can be difficult to recognize. It can show up on the job, or off the job at home. It can result from a specific incident — such as, in response to conflict with the boss; or it can occur over time when you are involved in a long-term hassle. Stress can result from objective or concrete causes, such as excessive heat or noise; or it can result from more subjective or subtle causes such as time pressures.

Whatever its cause, stress affects people differently. You are the person who can best identify your own stress and its cause. And you are the person who can best begin to deal with it.

Dealing with Job Stress

The bad news is that we don't know of any "Quick fix" for stress. The good news is that we do know many effective ways for dealing with stress by changing the workplace environment, by increasing individual skills, and by strengthening relationships.

The best answer to "what should I do now?" lies with you; the best starting place is the one you are most interested in. Many people have found that their own approach to dealing with stress is some combination of changing the external work situation, increasing personal skills, and improving working relationships. And, most people find that their efforts include some or all of the steps listed in the next section.

What You Can Do

1. Identify and write down what stresses you most want to deal with

For example, the National Institute of Safety and Health listed the following as triggers of illnesses that have physical symptoms, but psychological causes: boredom, production pressure, physical stressors — especially noise, poor labor-management relations, lack of communication, and lack of social support.

We don't have a list of all the sources of job stress. What is most important is for you to develop your own personal awareness of when something is stressing you.

2. Identify support and resources

Make a list of people and places that you can contact for some help. And, note what help you would seek there. Some people to list are your family, close friends, your union, and others you trust and can confide in. Often professionals — psychologists, counselors, ministers or rabbis, can help you to deal with stress.

In addition to personal advisors, you may need sources of information for specific areas of concern. Check out libraries, schools, educational sessions conducted by civic groups, television, and the like. Keep the list and add to it from time to time.

3. Pick an objective

Choose something that you want to do for yourself — an improvement in your stress situation — that has your personal top priority. Or, become a member of a workgroup or a local union committee designed to alleviate stress and then work with the entire group on a mutual objective.

4. Develop a plan

Using your contacts and resources write down a brief statement of what you're going to do. Include how and when. Some useful questions that you might consider are:

- What outcomes do I want?
- How will I know when I have my outcomes?
- What steps will get me my outcomes?
- What choices do I have?

Talk over your plan with friends and family, and your other contacts.

5. Do something

Start your plan in operation. No matter how small a step, act in some way. We all have a tendency — especially in complicated situations — to sometimes become so concerned about doing the "right" thing that we have difficulty in doing anything at all. Consider how you usually get yourself started — then start! (You can

continued on page 8

Health and Safety continued

always change your strategy or your direction later.)

6. Periodically reassess

Every now and then — regularly, if possible — reconsider your situation and your plans. Life usually doesn't go according to plan, so don't be concerned if your plans need changing . . . assume they will!

While developing and putting your plans into action, you may want to learn how to relax. You can get books in your library which teach a variety of easy-to-learn relaxation techniques. One good one is the Benson Relaxation Technique. But, look for any technique that feels right to you. (An important part of dealing well with stress is learning to trust ourselves and to take care of ourselves. . . You'll know you're on the right track when "it feels like fun."

The "Cost" of Job Stress

Too much job stress has a very costly effect on our society in general, and on our industry specifically. It takes its toll on individuals, as well as organizations.

Some of the negative effects of individual stress include: a variety of psychological or psychiatric illnesses, heart attack, hypertension, ulcers, constipation, cancer, infection, allergies, backache, headache, arthritis, sexual dysfunction, perceptual distortions, and reduced coordination.

Some of the negative effects of stress on organizations include: decreased productivity; increased job accident rates, claims, and insurance costs; worker and management alienation from their jobs; increased absenteeism; tardiness, greater job turnover, higher frequency of grievances, disciplinary action, and legal activity.

No one has yet calculated the human or dollar costs of our current ways of handling job stress. One analyst put a price tag of nearly \$20 billion per year — just for the direct cost of executive stress. That was several years ago and considered only the direct cost of lost workdays, hospitalization, out-patient care, loss of interest in

the job, making more errors, having accidents, abusing alcohol, tobacco, and drugs.

That price tag was just for executive (managerial) stress. It didn't include the cost of stress that affects all of us who are not managers, the vast majority of the working population. It doesn't consider the effect of job stress on our families and the rest of society.

What do we know about the cost of stress to our own industry? In SHAPE's job stress project, we interviewed a number of informed labor and management leaders in the graphic arts industry. The overwhelming majority felt that job stress is a significant problem in the industry. We don't yet have a dollar amount on what stress costs, but we do know that the industry can benefit immensely from beginning to deal with this issue.

Summary

Job stress is a major health and safety problem which affects labor and management. It has both physical and mental effects. Because stress is an individual matter, the more you understand your own experiences that may be stressful, the more helpful you can be to yourself in dealing with stress. The first step in attacking job stress is to learn how to recognize it.

Some of the conditions in the workplace that can cause stress are poor physical working conditions such as excessive heat or noise, lack of job security, work overload, and unclear job assignments. Stress can trigger on the job accidents and life threatening illnesses, and can result in depression, high blood pressure, increased use of alcohol, tobacco, drug use, and a variety of other problems.

No "quick fix" for stress exists, but we do know many effective ways for dealing with stress. The six steps listed may help you deal with stress in the workplace and in your personal life.

Stress has a very costly effect on the graphic arts industry and can result in decreased productivity, tardiness, and other problems on the job.



OTHER NURSES

Work Situation Reports—Filing on the Increase

Printed in part from Mona Pulse, Vol. II No. 2 the annual report 1985-86 of the Manitoba Organization of Nurses Association and from an interview with Vera Chernicki, President MONA.

Members of the Manitoba Organization of Nurses Association filed 1,103 Work Situation Report forms with their employers in 1985. Their filing is evidence that there is continuing concern by nurses in Manitoba that they are not always capable of providing safe and adequate patient care. The figure of 1,103 represents the total number of Report forms filed, with 922 being recorded by the Mona office at December 31st of 1985. The 922 forms filed constitutes an increase of 32.8% from the previous year.

The majority of forms, 531 were submitted from nurses employed at St. Boniface Hospital, MONA Local #5. Those employed at the Health Sciences Center in Winnipeg members of MONA Local #10 filed 241.

Of the 922 forms received by the MONA office 4% were from nursing homes, 2.4% were from rural hospitals and 97.2% were from urban health care facilities. Trends demonstrated in them were; a lack of sufficient time for teaching and psychological support; missed meal and rest periods, and lack of adequate provision for replacement or additional staff.

MONA hopes to institute a computer program on Work Situation Report Statistics in the near future. They are currently engaged in discussions to this end with the British Columbia Nurses' Union.

The filing of Work Situation Report forms advocated by MONA is also encouraged by hospital employers in Manitoba. The forms are seen as a way by which management can be alerted to a potential problem or problems. They provide management with an opportunity to rectify difficulties, in consultation with the nurses, since the contents of them are discussed at weekly meeting held

between the MONA Local, and the employer.

In discussing the filing of Work Situation Report forms, Vera Charnicki, President of MONA identified three reasons for the increase in their use, those being that;

1. in large urban centers patient care is becoming increasingly complex without, for the most part, corresponding increases in staffing and funding,
2. members of MONA have become greatly aware of their need for documentation to defend themselves in legal situations and
3. members of MONA have become less intimidated. They are more assertive as a result of efforts taken to educate them on their rights and responsibilities. In addition to this Vera identified that enlightened managements in Manitoba do not view the forms as being intimidating. They are not felt to be reflective of managements' inability to manage, but, of difficulties within the system.

Hillcrest Nurses on Strike

Nurses employed at Hillcrest Place nursing home in Brandon, Manitoba went on strike on April 25, 1986 following a breakdown in negotiations between the Manitoba Nurses Association and Kafco Group, the owner/operator of the home.

The strike, which ended on April

28, 1986 was called in an effort to obtain wage parity for the 24 nurses employed at Hillcrest with their counterparts at the Vista Park Lodge. Vista Park Lodge, in Winnipeg is also owned and operated by Kafco. The nurses there, in a newly negotiated agreement were to have received substantially bet-

ter monetary benefits than those offered at Hillcrest.

Details of the Hillcrest settlement are as yet unavailable.

This strike, by nurses at Hillcrest, represents the first strike by members of the Manitoba Nurses Association since 1977.