NEWS BULLETIN

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

Third Troisième Class classe Permit No. 0298246399 Edmonton

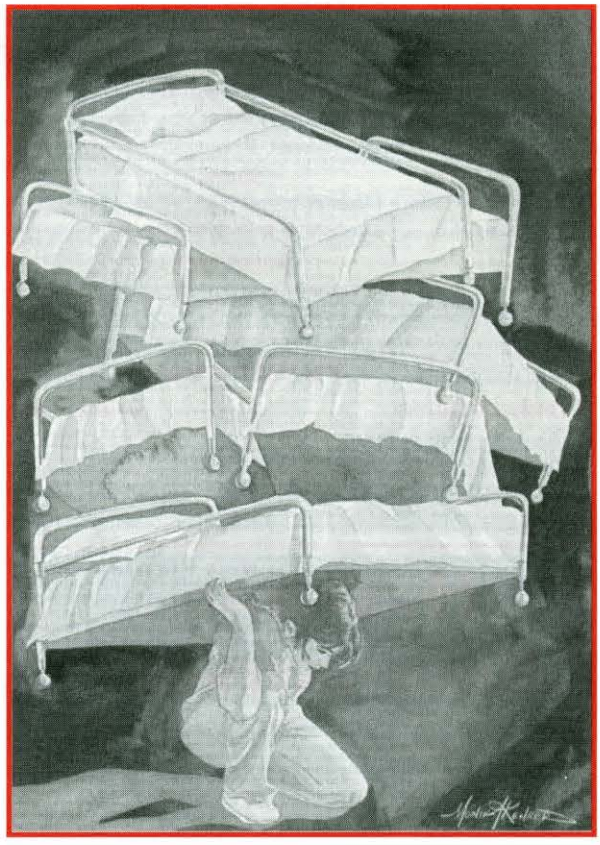
VOLUME 21 NUMBER 1 UNITED NURSES OF ALBERTA JANUARY 1997

NURSE ABUSE

WORKPLACE VIOLENCE: UNA EXAMINES NURSE ABUSE, PART TWO

by Trudy Richardson, Education Officer

Institutional factors, job and patient characteristics, structural/ functional changes in the workplace and individual traits all contribute to the presence—and the under-reporting—of workplace violence in the health care setting. Part two of UNA's examination of nurse abuse focuses on the reluctance of nurses to report abuse—and who is most likely to abuse a nurse.



UNDER-REPORTING

The exact number of nurses who have suffered some type of abuse either over their working career (estimated at over 95% of all nurses in all settings) or in the last 12 - 24 months is very difficult to ascertain accurately due to the vast amount of under-reporting. While there is a verified increase in the reported cases of violence and abuse, some researchers suggest that the official statistics grossly underestimate the level of violent and sexual threats made against nurses, with nearly 90% of those nurses questioned reporting that they have felt threatened at some time in the workplace.

An Ontario survey showed that 24% of assaulted nurses reported ignoring the incident and taking no action at all. Without a physical injury requiring lost work time, most abuses are simply not recorded or reported. It is worth asking the question "Why?"

The answers found in studies indicate that in most cases the nurses feel that there is either an overt or covert discouraging of filing WCB claims because of the employer's administrative costs in filling out itsportion of the claim and because of the employer's financial premium incentives to reduce WCB incidents.

Leney's research identifies both why rates of nurse abuse are high and the rates of reporting are so very low. Leney and others list the following examples of five broad sets of characteristics which lead to increased nurse abuse and/or under-reporting of that abuse:

1. INSTITUTIONAL FACTORS

- a lack of institutional policies related to nurse abuse
- a lack of staff training programs re dealing with abuse
- staffing patterns and shift work
- poor security measures
- failure to assess patients for abusive potential
- a lack of personal space for patients
- patient rules which force conformity
- a lack of patient input regarding treatment
- nurses working alone
- focus on prevention of abuse being nurses' responsibility rather than part of the employers' responsibility to provide a safe work environment
- blame the victim response from management

2. JOB CHARACTERISTICS

- lack of societal value placed on nursing
- the placement of nursing under medical and administrative authority rather than situating it as an independent profession

(continued on page 7)

Executive Board

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South Central
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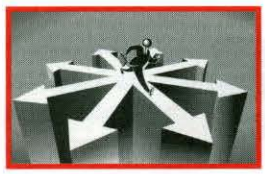
Hospital Negotiations

Hospital negotiations are set to begin again on January 23 and 24, with the assistance of Dick Campion as mediator. The major outstanding issues are :

UNA proposals:
- return of the 5% rollback
- appropriate staffing levels

PHAA proposals:
- massive regressions to the layoff and recall provisions.

For further information contact your representative on the Hospitals Negotiating Committee:
- South District (Region 1 & 2): Sheila Bailey, 327-3361
- South Central District (Region 3, 4, & 5): Kathy James, 289-4408
- Central District (Region 6 & 7): Marilyn Coady, 352-8552
- North Central District (Region 8, 9, 10, 11, 12, & 16): Beryl Scott, 445-2665
- North District (Region 13, 14, 15, & 17): Bridget Faherty, 532-8348
- Provincial Office: David Harrigan/Heather Smith, 425-1025



Transfer Agreements

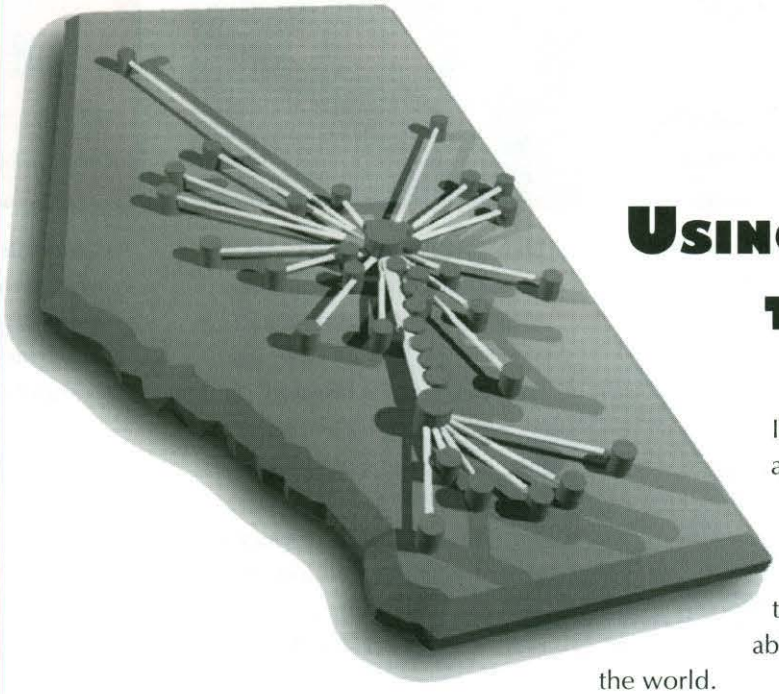
by David Harrigan, Director of Labour Relations

UNA continues to successfully negotiate transfer agreements. The agreements are necessary because of transfers of services amongst facilities across the province. Recently it was announced that a number of services would be transferred from St. Michael's Health Centre in Lethbridge to the Lethbridge Regional Hospital. The staff involved were able to transfer without loss of seniority. In addition, to ensure that there would be no disadvantage to staff currently at the Regional, UNA was successful in negotiating a provision ensuring that there will be no layoffs in the affected services for at least two years from the date of the transfer. This is an important precedent. Once again, UNA is the only health care union to have negotiated such a provision.

The two other areas of the province where transfer agreements would be of benefit are Calgary and Edmonton. Calgary nurses ratified a transfer agreement many months ago and are now investigating options if a single city-wide certificate is issued by the Labour Relations Board.

In Edmonton, the only city where all hospital nurses are not represented by UNA, the situation is much more complex. A transfer agreement, which has since expired, was reached regarding pediatric transfers. Many nurses believed that the agreement was unfair because it provided superior seniority for UNA nurses moving to the University Hospital. The effect of the agreement would have a part-time nurse who transferred from a UNA site moving to the very top of the seniority list amongst part-time employees at the University. Because the agreement had expired and was seen as disadvantageous to some nurses, UNA met with the Staff Nurses Associations of Alberta to propose a new agreement which would provide UNA part-time nurses who transferred to the University Hospital seniority based on hours worked [as per all other nurses at the University]. SNAA refused to discuss UNA's proposal and left the meeting. Since Edmonton area nurses, both at the University and UNA facilities, have indicated very clearly that a transfer agreement that was fair to all was very important, we then sent our proposal to SNAA by fax and mail. Unfortunately, SNAA chose to return the documents unread.

We have since been informed that the SNAA has initiated court action to have the previous pediatric agreement enforced as binding on all transfers. It is unclear why SNAA would insist on maintaining the seniority provisions that nurses at the University have indicated must be changed. Nurses in RHA #10 will soon be receiving a "UNA Monitor" which will examine the transfer situation in more detail.



The UNA Net

Using Computers to Bring the Union Together

by Florence Ross, Systems Coordinator

It seems like only yesterday—but it's already over 5 years ago—that the United Nurses of Alberta engaged in initial discussions about investing in a computer network as a union tool.

We have come a very long way since then but it is thanks to UNA's forethought and vision back then that we are now able to serve our members like few unions can anywhere else in the world.

I am grateful for having had the opportunity to follow a dream; to facilitate the growth and development of the network; and to see the delight and satisfaction of each new user who has taken on the challenge of learning to use a computer, a modem and a printer. I am very proud to have been part of UNA's development of what has now become the central communication system of our union.

It seemed, at times, as I traveled thoughout the province, that the vision of real communication was very distant indeed; that all we could be concerned about was the technology. The associated legwork of putting computers in place, learning how to use them and pushing the right keys to send a message to provincial office must, of course, continue but the bulk of that work is now behind us. We are beyond what one might consider an obsession with hardware, software and the lingo that goes with the learning about word-processing, about bits and bytes and RAM and ROM and about modems and applications.

With the proverbial pencil in hand, we can now concentrate on the message we want to deliver. All locals are now equipped with and use the computers. The systems are used for local administration to e-mail information within the union and to print and distribute information to the membership. The speed and efficiency is taken for granted.

UNA is ready for the future. In the fight for the survival of the nursing profession, for universal health care, for fair wages and working conditions for nurses in Alberta, the network will be a powerful instrument of change and democracy— democracy which relies on participation. Participation has increased greatly with all Locals connected to the system. Special issue forums and conferences are used to discuss and debate important issues such occupational health and safety, professional responsibility and contract administration. We are also able to communicate effectively with other nurses' unions throughout the country and the rest of the world. Our problems are not unique and the more we can share information and solutions, the better we will be placed to confront the issues before us all—no matter where we live or work.

I want to pay a special tribute to the people in UNA who got us started on this project. Darlene Rathgeber, Director of Finance and Administrative Services, saw the advantage of in-house desktop publishing and automated administrative functions. Heather Smith, as President of Local 79, used a computer to administer the Local in creative ways using posters, banners, memos and mailouts. She brought her own Mac into the Provincial Office when she became President — wires were run through the suspended ceiling to connect her to a printer. There was a lot of speculation about what computers could do. There were very few good examples showing positive results and very large expenditures were necessary to carry out a plan that must, at times, have seemed to be only wishful thinking. The believers continued to believe in the plan, to support the project and to convert the unbelievers.

We are now poised for the future because the nurses of the UNA had the foresight to prepare for a future which includes improved, electronic communication system. The next few pages will tell the story....

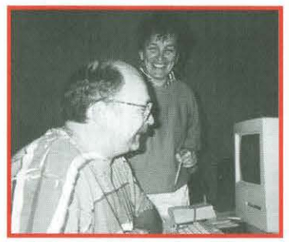
E-Mail Address: una@ccinet.ab.ca
Web Site: http://www.ccinet.ab.ca/una/una.html

1990

The Power of Electronic Communication is Explored

- The potential power of electronic communication was recognized by the executive of UNA.
- Discussion of the UNA Net begins.
- Darlene Rathgeber, Director of Finance & Administration, leases a Mac and a scanner for in-house desktop publishing.
- Heather Smith, President, uses her own Mac to do day-to-day UNA business.
- Florence Ross persuades Local 11 to purchase a computer to facilitate Local administration.

Guy Desrosiers, Consultant



Robert Reich Sander, Calgary

January 8, 1997

Dear Heather and Executive Board,

I have been motioned at a local meeting to convey my membership's satisfaction and express our appreciation of how well the October AGM proceeded. We believe the computerization of locals was one of the most positive and advancing moves for our union to take on.It brings so much to the small local who are isolated by distance or size and gives larger locals a bond to share as well. It is extremely important that it continue so we can interact and share our concerns in such a timely fashion. Thank you.

Yours in solidarity, Sandra Zak, Local #2

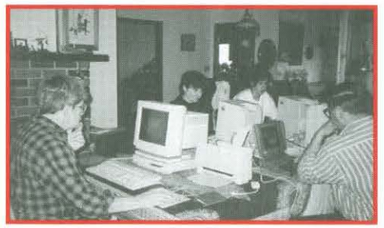
1991

Membership at AGM Commits to Networked Computerization

- Members at the AGM commit to the financing of Locals to a UNA Network.
- Computerization begins.
- Staff and Board Members receive Macs as their computer workstations.
- Board members can dial into office network.
- Transfer of accounting systems begins.

"The Director of Labour Relations has outperformed all expectations in his ability to learn and use the computer as a tool in the work of Negotiations and Labour Relations."

– Florence Ross, 1992



Pincher Creek

1992

16 of UNA Largest Locals are Computerized

- 16 of UNA's largest Locals are computerized and ongoing education and training is in place.
- Florence Ross is hired to coordinate the Network.
- Edmonton and Calgary offices connected.
- The computer system was well used during negotiations by members and staff.
- Negotiations for health units were assisted by up-to-the-minute document production "at the table".
- Administrative staff in the Southern Alberta office are managing the QuickMail system and are able to support some of the new Locals on the system.
- Rena Reid runs a reliable system of data backup and recovery.
- Administrative staff develops a grievance form and listings as well as the local information file.
- FileMaker Pro is introduced as a database for membership information management.
- Long Term Goals:
  - 2 years to have all Locals on line
  - 5 years to stabilize the network.

"Communications in UNA will improve steadily as more and more of us gain computer skills and as more locals get access to the network. Each individual skilled in the use of an advanced and powerful computer system is better prepared for life in the 90s. Many are surprised with the ease of learning the Macintosh and using the network. ... I believe that as each of these individuals gain knowledge and confidence it will increase the collective strength of our Union."

— Florence Ross, 1992

Sheila Bailey, Linda Bridge, Pat Francis, South District

1993

42 UNA Locals are On-line & the UNA Net Logo is Designed

- Computer committee recommends that a pilot project by established to determine the needs and potential use of computers and e-mail for small and medium locals in a rural area.
- Tracking and inventory of computer equipment and answering machines is addressed as executives at computerized locals change.
- Urgent request for adequate funding to add 14 more locals to the UNA Net.
- Gary Rentz, husband of Vice President Sandie Rentz, designs a logo for the UNA Net and is working on a start-up screen (this screen is now on the UNA mousepads).
- By year end, 42 locals are on line

1994

60 UNA Locals are On-Line & UNA Joins the Internet

- Addition of 15 more Locals, making the UNA Net over 60 Locals strong.
- UNA gets an internet address allowing for global access to UNA information via the web site.
- Executive Board members receive modem upgrade to reduce the long distance charges.
- Exploration of the use of a computer bulletin board to provide access to libraries in the city of Edmonton as well as access to provincial, national, and international electronic networks. This new network system (sounds a little like the beginning of the internet doesn't it?) would also allow the two offices to be on-line 24 hours a day for one fee eliminating time charges between the two offices.

Pauline Shaw, Wabasca/Slave Lake

Shirley O'Toole, Calgary

1995

UNA Net Can Now be Accessed by Dos & Windows Users

- UNA Net now has DOS and Windows access increasing the flexibility and power of the network.
- E-mail system begins transfer to FirstClass to accommodate our DOS and Windows users.
- Upgrade of FileMaker Pro to allow network access to the membership list and local information files begins.
- Constant addition of Locals and upgrading of current systems brings UNA Net to over 87 computerized Locals.
- A presentation is made to Canadian Counterparts (Canada's nursing unions) to encourage other nurses' union to go on-line.
- The completion of the UNA Net seems near!

Lois Taylor, Didsbury

1996

Completion of the UNA Net! All Locals On-line

- Copies of all collective agreements are available for downloading from the network with other documents being added.
- All locals and provincial offices are transferred to FirstClass software for e-mail and network access. The new software is extremely flexible and is multi-platform, allowing UNA members on both Mac and IBM equal access to our Network. The FirstClass software also has conferencing abilities, allowing UNA Locals to discuss issues and share information on-line.
- Nova Scotia Nurses' Union and BC Nurses' Union follow UNA's lead and now have internet access and webpages, allowing for better exchange of information amongst the Unions.

South District

Why the Mac?

Early in the planning stages, the choice of platform was firmly established. Supporters of the networking project had most computer experience on the Macintosh and most users would be new to computers and keyboards. Most workstations would be outside the main office and be required to work quite independently therefore the balance of technical support would be by telephone. The ease of use and training on the Macintosh made it the platform of choice. This decision was supported by a "The Macintosh Benefits Study" done by Peat Marwick in 1987 which gave the following broad conclusions:

- The ease of use of the Macintosh promotes greater use which provides many more opportunities for efficiency and effectiveness gains for white collar workers.
- Productivity, quality, efficiency, and effectiveness gains are reported by all levels of white collar worker. Knowledge workers also report qualitative improvements, such as improved creativity, increased power of communications, and improved quality of work life.
- The quality of white collar products (e.g., reports, correspondence, budgets) is improved: easy data interchange between different applications, increased pride that employees are experiencing in their Macintosh-produced work products, and the high quality appearance of LaserWriter documents.
- In most case studies, management has leveraged productivity gains from Macintosh into strategic and competitive advantages.

Five years later, the choice to use the Macintosh is still valid and the use of FirstClass™ as our Bulletin Board server has provided smooth and uniform access for users with other operating systems. The Macintosh has now become the Macintosh PowerPC that can run both Mac OS and Windows applications.

Peace Health Region
More Nurses to Get 5% Back

Health unit nurses in the Peace Regional Health Authority have received a return of the 5% rollback retroactive to April 1, 1996. The nurses are not covered by the group health unit collective agreement but are negotiating at the provincial health unit table for this round of bargaining. The employer had refused to return the rollback and reinstate the previous rates of pay even though the wording of the 1994 - 1996 collective agreement provided for the return of the monies. UNA pursued the matter through a grievance and the Region has been ordered to pay the nurses. Peace Heath Region community nurses now join with health unit nurses covered by the group agreement, and nurses at the Grande Prairie Care Centre, in having the 5% rollback returned. United Nurses of Alberta remains the only union in the province to have won a return of the rollback for its members.

Local #2 (Red Deer) First to Hold a Computer Education Workshop

Local 2, Red Deer Regional Hospital, was the first group to hold a computer education workshop. We set up half a dozen computers in a meeting room in Red Deer and bravely entered the world of windows, desktops, mouse clicks and such. Cut, copy and paste became magical electronic tasks rather than something to do with your preschoolers. The workshop was organized by Andy Leblanc, president at the time and also an Executive Board Member. Andy has been a strong supporter of computers as a tool of activism and is always eager to learn new computer skills and to assist other executive members at the Local with using the system for their union work.

Local 2 has been innovative and diligent in the use of their computer system. The Secretary/Treasurer, Linda Roberts, has converted the accounting system of the Local from a totally manual system to a computerized system using *Quicken*. Monthly financial statement, tear-to-date reports, year-end and payroll reports can be easily and accurately produced.

This Local demonstrated their commitment to the computerization of the entire union by purchasing its own computer in order to pass on the computer which had been provided by the provincial office to another local.

(continued from page 1)

- rising levels of destabilizing stress in patients and patients' families
- demands for close personal contact with patients
- shift work
- little if any personal work space

3. Patient Characteristics

- cognitive impairment, disorientation to time and place
- frustration, fear and anxiety
- lack of personal space and privacy
- feelings of inadequacy and loss of control
- pain and distress
- testing of limits
- rejections and disappointments
- history of substance abuse
- effects of anesthetics & medications
- psychotic and neurotic conditions
- seizure disorders

4. Structural and Functional Changes

- increasing patient acuity levels combined with reduced staffing
- de-skilling which reduces number of skilled personnel
- constant demand to reduce costs resulting in reduced quality of patient care

5. Nurse Characteristics

- a belief that violence is part of the job
- fatigue from excessive workloads and from shift work
- an inability to deliver the required levels of care due to understaffing
- lack of value attached by nurses to their own work
- feelings of anger and powerlessness
- increased levels of stress and stress-related illnesses
- increased amounts of infighting within health care teams

All of these factors must be addressed in all programs designed to increase reporting and to reduce nurse abuse in the workplace.

Perpetrators

All of the literature on nurse abuse discusses the multitude of different perpetrators—patients/clients/residents, families of patients, visitors, physicians, administrators, managers, other nurses and other members of the health care team.

Physical assault and abuse is almost exclusively perpetrated by patients. However, the International Council of Nurses reported that 4% of physical assaults are perpetrated by visitors, 2% are perpetrated by physicians and 1% by other nurses.

With regards to verbal abuse of nurses, studies show that the most common perpetrators are physicians.

It is interesting to note that violence in the health care workplace does not fit the profile of criminal violence in Canada. The perpetrators of criminal violence are overwhelmingly young, male, unemployed, economically disadvantaged and with histories of physical and psychological abuse and neglect. Not so with perpetrators of nurse abuse.

Leney reports that literature and studies on the topic of abuse show that most patient abusers are between 50 and 100 old and have a history of abuse. Psycho-geriatric patients and psychiatric patients constitute the largest number of these abusers. There is no difference in the rates between males and females, but when the abuser is a visitor or a physician, they are more likely to be males (66.7% of visitor abusers and 87.5% of physician abusers are men).

One study of violence in the workplace led researchers to predict a trend of increased violence as the general population turns to violence as a means of problem-solving and as the use of mind-altering drugs including alcohol increases. Patient frustration with the health care system and the resulting delays and lineups also lead health care analysts to predict an increase in workplace abuse.

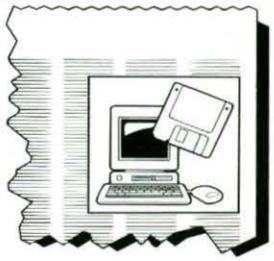
There are suggestions in the abuse literature that the prevalence of violent behaviour towards health care workers will increase as the population ages and as the number of people suffering cognitive disorders increases. This is the patient population most likely to cause violent incidents and it is estimated that this population will comprise approximately 12% of the total Canadian population by the year 2000. Even now long term care facilities regularly report higher levels of nurse abuse than do other clinical areas. Other areas of high risk are emergency rooms, critical care units, rehabilitation centres, psychiatry, medical units and decentralized health care settings.

What happens to a nurse who has been the victim of physical or verbal attacks in the workplace? What kind of legal recourse do nurses have to fight back against the people who attack them? Watch for Part three of ***Workplace Violence: UNA Examines Nurse Abuse*** *in the next NewsBulletin.*

Health Unit Negotiations (LRB Complaint)

As reported in the last NewsBulletin, UNA filed a complaint againt the Provincial Health Authorities of Alberta over PHAA's unwillingness to meet and continue negotiations in a timely manner. As a result of that complaint, PHAA has been ordered to negotiate with UNA on the following dates: January 13 and 14; February 12, 13, 14, 27 and 28; and March 10 and 11. The Labour Relations Board issued an order that neither party may cancel these dates without agreement of the other party. The Board also ordered that the Provincial Health Authorities of Alberta must work in good faith with UNA and a Board Officer to attempt to find additional dates prior to February. If no other dates are available, PHAA must provide reasons to UNA.

UNA FACT LINE
496-9262 (Edmonton)
1-800-804-4541



Found on the UNA Net

The following discussion is taken from UNA's latest communications tool, the UNA Net – a provincially linked network of computers. This is the forum for discussion of professional issues, a place to get feedback from your fellow UNA members, and a place to raise issues important to you and your facility. If you have a computer and modem and would like to be part of this network, contact Rena or Florence at Provincial Office.

Confidentiality

- Recently in our facility, housekeeping has been told that they are to come to the nursing report. Nobody really knows why this needs to be. We've been told because the Regional is doing it, everybody will be doing it. Is that right? Does anyone else have housekeepers in report? I don't see what the benefit is. We will be discussing this in our next nursing staff meeting, and if there are no positive results, will take the matter to PRC. We are a 23 bed LTC unit with 3 swing beds. What is the point of informing housekeeping which patient had a suppository that morning? What about patient confidentiality? I know if I were one of the patients, especially in one of the swing beds, I would only want those individuals who were giving direct patient care to know what my private problem was. Even the housekeepers are questioning the logic of this. I would really appreciate any info anyone could give me.
- Our housekeepers come to all shift reports D/E as in our long term care facility they are as responsible for reporting to the nurse any incidents, unusual circumstances etc.
- In [Hospital X] housekeeping DOES NOT listen in on report. I always thought report was for the DIRECT caregivers??? Good luck!
- I cannot understand the logic of housekeeping hearing report either. With [Town A] being the small town it is, everyone would not only know what's wrong with the patients, they would also know who got a fleet enema and the results were! Stop it! It's not happening in our facility.
- Well, if that isn't the most inconsiderate thing I ever heard! Why not just invite the whole town in and then patient confidentiality will be a non-issue. On the other hand I have corrected housekeeping from coming behind the curtain while a geriatric patient is washing or in some other way exposed. Boy, once you are old and a bit confused, let's just warehouse you and strip away all dignity.
- Here in [Hospital Y], our housekeepers do not come to our reports. I agree that this would be a breach of patient confidentiality. In a small town I don't think I would want my neighbour knowing what treatments I had on a given day. Our housekeeping staff have been "talked to" on occasion if they walk into a room and go behind a curtain or walk through a closed door. I would fight this if they bring it to our place.
- We are not doing this at [Hospital Z]. What a breach of confidentiality! Are they getting ready to de-skill you guys???
- Members of the housekeeping staff are not bound by a professional body if they breach their professional conduct. Is there anything in a policy or administration manual stating what would happen to a member of the housekeeping staff who used information they learned during report in a manner that confidentiality is broken? Just wondering. No, in our facility (75 beds LTC) housekeeping staff is not present. What's next ... laundry and kitchen staff? Who knows! I have seen a lot of changes of late. This is quite a new one.
- I've spoken with the Canadian Nurses Protective Society and the AARN. Both groups are opposed to having housekeeping staff attend full shift reports due to concerns about patient confidentiality. The CNPS says that while it is unlikely that a lawsuit would be filed over a breach, complaints could be filed at the AARN. You may want to ask the employer to postpone the implementation of this practice until the situation can be resolved in a satisfactory manner (e.g. housekeeping will not be at report). If the employer insists on proceeding with the new policy, the nurses should file PRC forms.

  Both the Nursing Profession Code of Ethics and the Hospitals Act make specific reference to patient confidentiality; Section 40 of the Hospitals Act clarifies with whom patient data can be shared. While one can argue that patients provide an implied consent to sharing of information because they are in a hospital where there are multiple team members providing care, it seems unlikely that housekeeping could be conceived as being part of the health care team [which begs the question: Are they being asked to give any other care?].

  If the purpose of housekeeping's presence is to notify nursing staff of unusual/unexpected events then they could be in report for the first minute to advise the nurses leaving before report proceeded. It may be a better practice for the housekeeping staff to advise the nurses at the time the unusual event occurs or is discovered since the nurse can then take immediate action to address this problem.
- Thanks for the info! That really helps. Will let you know how it turns out as our next staff meeting was postponed until after the new year.