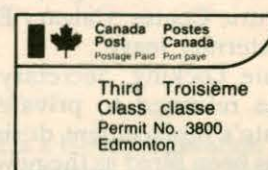


News Bulletin

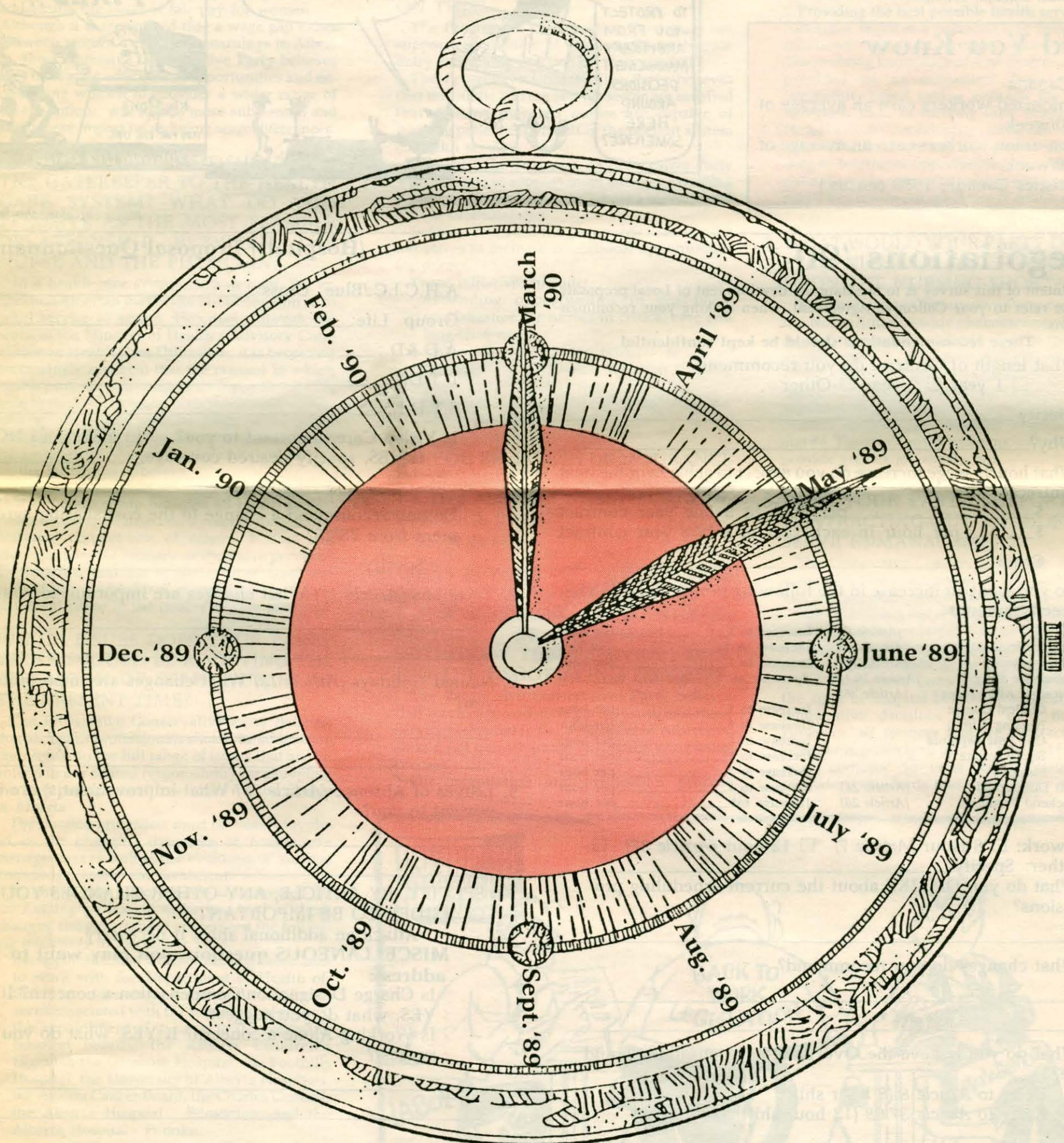
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VOLUME 13 NUMBER 2

UNITED NURSES OF ALBERTA

MARCH/APRIL 1989



Negotiations '90

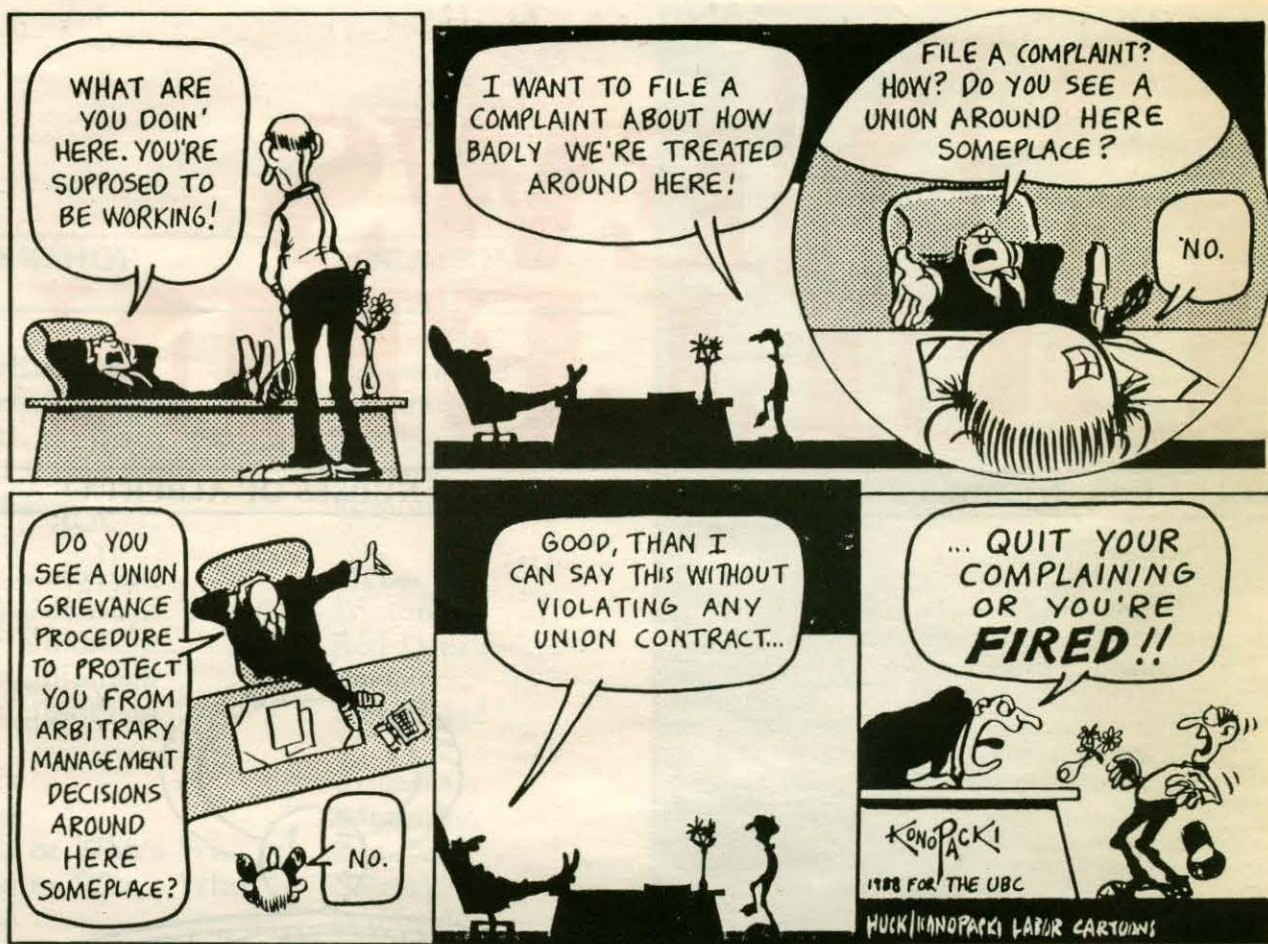
Turn this page for your Negotiations '90 Hospitals Questionnaire

- David Harrigan, former Vice-President of U.N.A., is now the Director of Labour Relations.
- Nao Fernando, Edmonton E.R.O., leaves U.N.A. for British Columbia and the *Office and Technical Employees' Union*.
- Dale Fior has finished her temporary position as E.R.O. in the Calgary Office.
- Laurie Coates, Calgary E.R.O., returns from her maternity leave.
- Kate Locking, Secretary-Receptionist—Calgary, has returned to private life! Sharon Harding, Kate's replacement during her maternity leave, has been hired as the new Secretary-Receptionist.

Rising costs of clothing, food and housing contributed to an increase in the Consumer Price Index during February 1989. Since February 1988 the C.P.I. has risen 4.6%.
(Statistics Canada, 1989.)

In Canada

- unionized workers earn an average of \$320/week
 - non-union workers earn an average of \$200/week
- (Statistics Canada, 1986 census.)



The intent of this survey is to facilitate the development of Local proposals. Please refer to your Collective Agreement, when making your recommendations.

United Nurses of Alberta Political Party Questionnaire

In January UNA sent a political questionnaire to the three major political parties (Progressive Conservative, Liberal, and New Democratic). The replies were copied and distributed to local executives to share with their members prior to the provincial election. On March 21 the voters of Alberta returned the Progressive Conservative party to power. The P.C.'s replies to the questions asked are provided in this newsletter to ensure that all U.N.A. members remain aware of the present governing party's positions on issues relevant to staff nurses.

1. WHAT IS YOUR PARTY'S POSITION ON PAY EQUITY?

The Progressive Conservative Party supports equal pay for similar or substantially similar work between women and men as provided by the *Individual Rights Protection Act*.

The Progressive Conservative Party favours a less intrusive approach than pay equity legislation in addressing the issue of fair pay for women.

Although it is recognized that a wage gap exists between women's and men's earnings in Alberta, the Progressive Conservative Party believes that increasing educational opportunities and encouraging women to consider a wider range of career options, will have a more substantial and permanent impact on reducing wage differences.

2. WHO DO YOU BELIEVE SHOULD BE THE GATEKEEPER TO THE HEALTH CARE SYSTEM? WHAT DO YOU PERCEIVE AS THE MOST FEASIBLE RELATIONSHIP BETWEEN THE NURSE AND THE PHYSICIAN?

In a health care system such as ours, the individual Albertan makes the initial decision as to what service to access. However, through the work of the Minister of Health's Advisory Committee on Health Care Utilization, it is becoming increasingly apparent that the manner in which health professionals conduct their practice or provide their services impacts on the overall utilization of our health system. There is no single "gatekeeper" but rather a responsibility shared by government, the health professionals, as well as the individual Albertan.

The Progressive Conservative Party believes that the relationship between all health professionals should be based on a respect for the professional competence of others. Nurses and physicians are the primary medical care providers for patients, and the relationship of trust and respect for professional competence is a fundamental factor in the quality of care provided.

3. WHICH ISSUES DOES YOUR PARTY THINK SHOULD BE RECEIVING THE ATTENTION OF STAFF NURSES AT THE PRESENT TIME?

The Progressive Conservative Party believes that all health professionals should be addressing themselves to the full range of issues that are involved in our shared responsibility for providing the best possible health services for the people of Alberta.

The nursing profession must be closely involved in the changing dynamics of health care management as well as the evolution of medical knowledge, safety and treatment.

To ensure that opportunities are provided for the nursing profession to be involved in these changes, the government announced the following initiatives in December 1988:

- the appointment of a senior nursing consultant to work with the Department of Health officials in addressing current and future concerns associated with the nursing professions.
- the appointment of a nurse to the following hospital boards: the Alberta Children's Hospital, the Glenrose Hospital, the Foothills Hospital, the University of Alberta Hospitals, the Alberta Cancer Board, the Charles Camshell, the Alberta Hospital - Edmonton, and the Alberta Hospital - Ponoka.

As well, the government will undertake to consult with nurses and the remaining hospital boards throughout Alberta to determine the most appropriate means of ensuring nurses are a meaningful part of the decision making process.

- information about and funding for universal safety precautions.
- the establishment of a nurses advisory committee to review nursing issues, such as staffing, job enhancement and post-basic critical care training.

4. THE ALBERTA ASSOCIATION OF REGISTERED NURSES HAS PROPOSED THAT BY THE YEAR 2000 THE MINIMUM REQUIREMENT FOR ENTRY INTO PRACTICE IN NURSING SHOULD BE A BACCALAUREATE. WHAT IS YOUR PARTY'S POSITION ON THIS?

The Progressive Conservative Party does not support the position of requiring baccalaureate entry to nursing practice by the year 2000.

The Progressive Conservative Party believes that the public and the service sector are satisfied that diploma prepared nurses are capable of meeting patient care needs in the present system of health services.

However, the Progressive Conservative Party will continue to support more advanced training for nurses in specialty areas where a service need can be demonstrated.

In December 1988 the government announced initiatives to increase educational opportunities for nurses.

These initiatives include:

- expanding opportunities in post-basic specialization for nurses in critical care and long-term care.
- increasing support for projects aimed at developing a continuum between diploma and degree-level training.
- increasing access to the post-diploma baccalaureate program.

5. DO YOU BELIEVE IN DE-INSURANCE OF SERVICES CURRENTLY COVERED BY THE ALBERTA HEALTH CARE INSURANCE PLAN?

No, we do not.

6. WHAT IS YOUR POSITION ON FREE COLLECTIVE BARGAINING? IS IT YOUR POSITION THAT NURSES SHOULD BE ALLOWED TO WITHDRAW THEIR SERVICES DURING THE NEGOTIATING PROCESS?

The Progressive Conservative Party believes that services provided by government, and those services essential to the well-being of Albertans, should not be withdrawn during the negotiating process.

The negotiation and arbitration process

established in Alberta's labour legislation is based on the principles of fairness to both parties involved in a labour negotiation.

7. WOULD YOUR PARTY SUPPORT THE TRANSFER OF EMPHASIS OF HEALTH CARE FROM THE INSTITUTIONAL TO THE COMMUNITY SETTING?

Providing the best possible health services for Albertans requires a balanced role between institutional care and community-based services. The evolving knowledge of how treatment can be provided on an out-patient basis or in a community-based setting expands the choices Albertans have in meeting their health needs. However, the continuing advances of new medical technology and our greater understanding of treatment opportunities ensures that in-patient care in a hospital setting will continue to play a key role in our spectrum of health services.

8. WHAT WOULD YOUR PARTY DO FOR STAFF NURSES IN ORDER TO IMPACT UPON THE NURSING SHORTAGE?

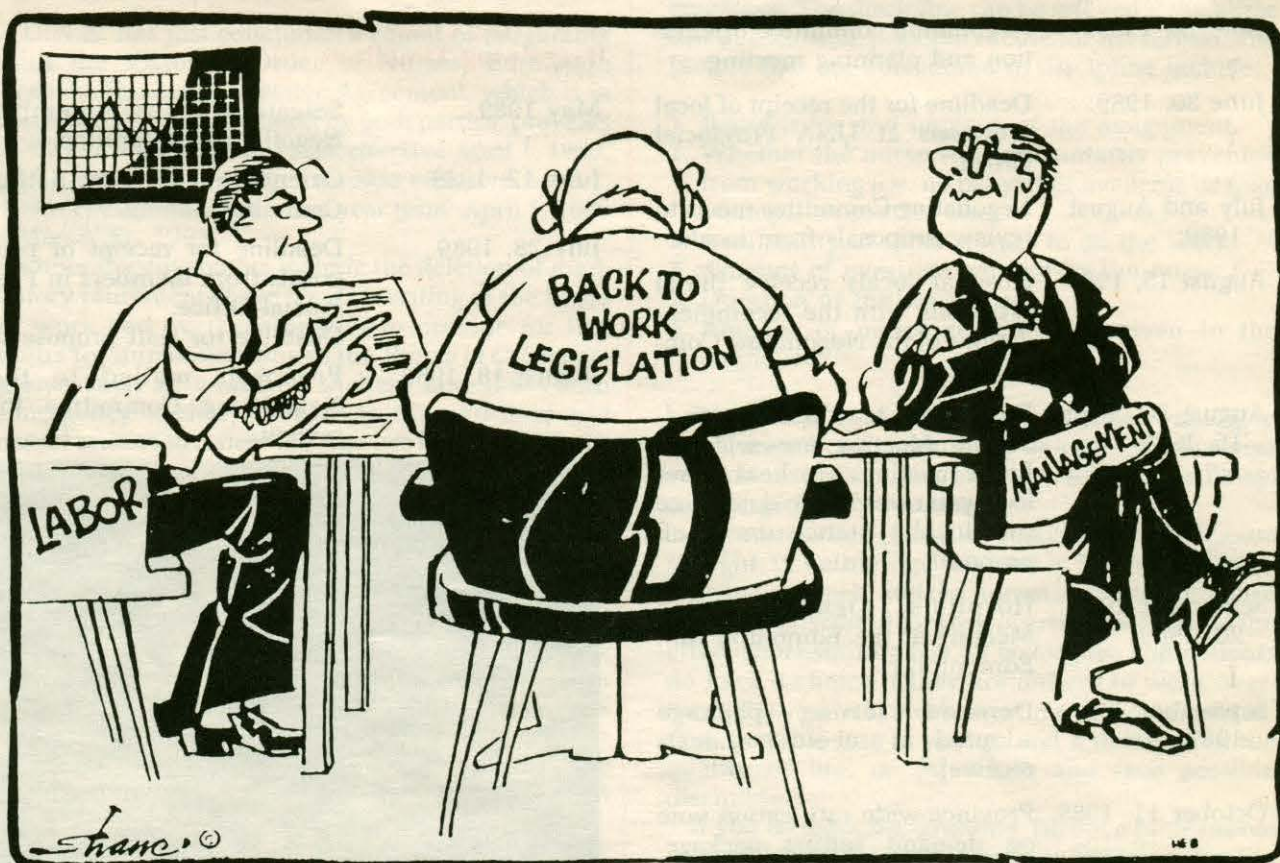
The Progressive Conservative Party recognizes the North America-wide phenomenon of a shortage of nurses, especially in certain specialties such as critical care. In response to an interim report by the Premier's Commission on Future Health Care for Albertans, the Progressive Conservative Government has announced the initiatives referred to in response to questions #3 and #4. These initiatives will empower nurses and provide greater job satisfaction.

9. DOES YOUR PARTY SUPPORT THE CONTRACTING-OUT OF HOSPITAL SERVICES/MANAGEMENT?

The Progressive Conservative Party does not support the contracting-out of patient care services in publicly-owned facilities.

The contracting-out of hospital services such as food preparation or laundry service, and hospital management services has been undertaken by some hospital boards in the province.

The Progressive Conservative Party supports the right of hospital boards to make these administrative decisions about their hospitals. However, all services that are contracted out, whether in publicly or privately-owned facilities, must continue to meet the legislative and regulatory standards that may apply.



COLLECTIVE BARGAINING?

Negotiations '90

At the end of March 1990 collective agreements covering the hospitals, health units and Red Cross will expire. On April 11, 1989 UNA's Executive Board met to discuss negotiations. It has been agreed that concurrent/tandem bargaining will be attempted, although it is not possible to have simultaneous sessions or timelines for all groups. In December 1988 approximately 200 nursing positions were unfilled. At the present time over 460 nursing vacancies exist in Alberta's hospitals, nursing homes, and health units.

Health Unit Timelines

| | |
|---------------------------|---|
| May 1989: | Election of Health Unit Negotiating Committee. |
| June 30, 1989: | Deadline for the receipt of Local and Staff proposals at Provincial Office. |
| June 12, 1989: | Negotiating Committee orientation and planning meeting. |
| July 21, 1989: | Proposals mailed to Negotiating Committee members. |
| August 1-4, 1989 | Negotiating Committee workweek (review proposals; prepare recommendations). |
| August 21, 1989 | Proposals and Negotiating Committee recommendations sent to all Locals. |
| October 4, 1989 | Health Unit Demand Setting Meeting at the Edmonton Inn, Edmonton. |
| October 13, 1989: | Demand Setting package adopted at the meeting mailed to all Locals. |
| October 17, 18, 19, 1989: | Annual General Meeting in Calgary. |
| October 27, 1989: | Deadline for ratification of proposal package. |
| December 15, 1989: | Deadline for all <i>Notice to Bargain</i> and <i>Authority to Bargain</i> forms to be served. |

TBA: Exchange of Proposals
TBA: Commencement of Negotiations
TBA: Reporting meeting (at call of Negotiating Committee)
TBA: Strike or ratification vote

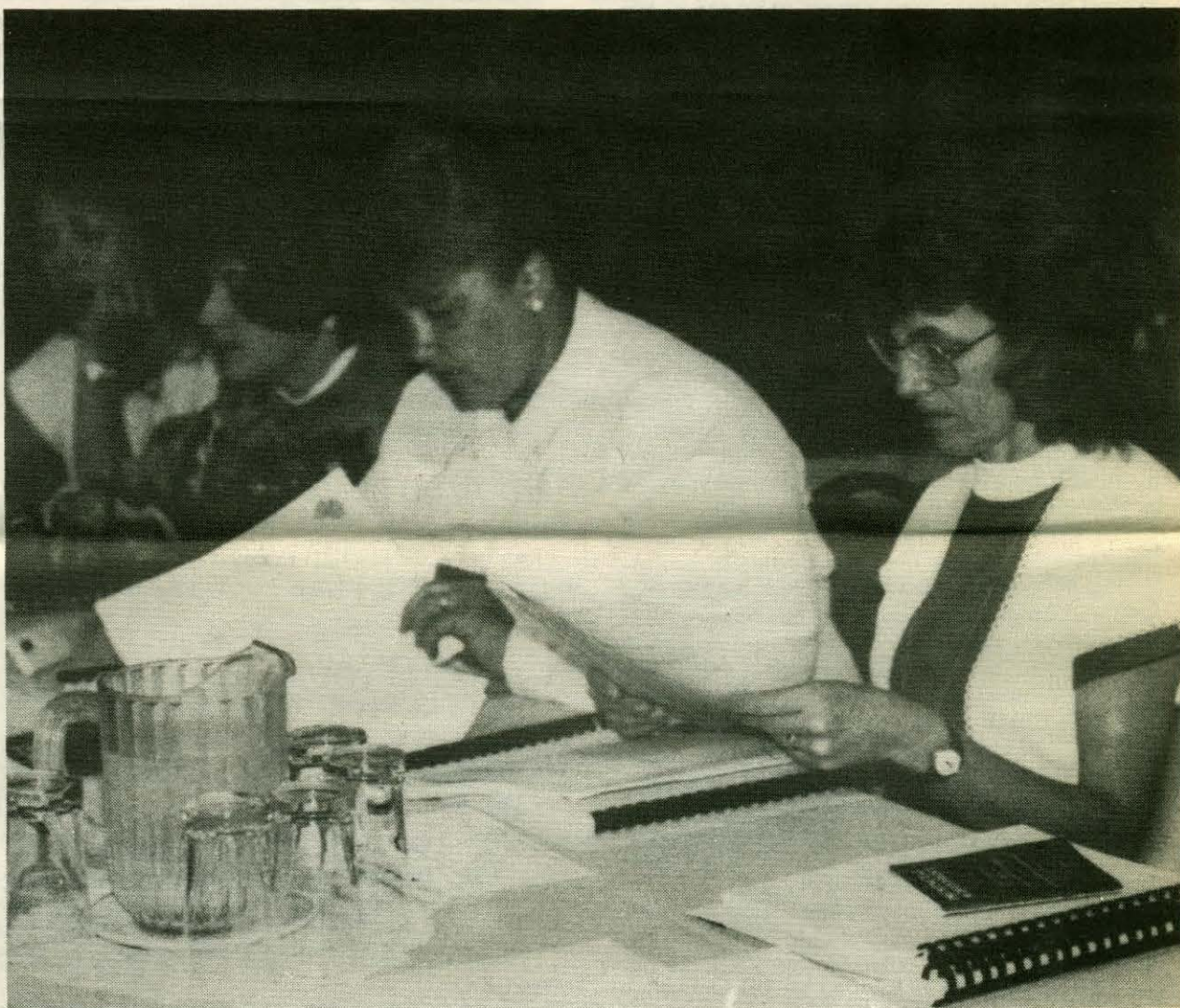
March 31, 1990: Collective Agreement expires.

Hospital Timelines

| | |
|-----------------------------|---|
| April 11, 1989: | The Executive Board met in Edmonton to discuss the upcoming round of negotiations and to deal with all recommendations submitted from the last round of bargaining. |
| April, May, June, 1989: | Local demand-setting meetings. |
| June 12, 1989: | Negotiating committee orientation and planning meeting. |
| June 30, 1989: | Deadline for the receipt of local proposals at UNA Provincial Office. |
| July and August 1989: | Negotiating Committee meets to review proposals from locals. |
| August 15, 1989: | Hospital locals receive initial proposals with the recommendations of the Negotiating Committee. |
| August 16 - Sept. 15, 1989: | Delegates to the Demand-Setting Meeting are selected. Local meetings are held to set local priorities and to determine the local's stance on each proposal. |
| September 19 & 20, 1989: | Hospitals Demand-Setting Meeting at the Edmonton Inn, Edmonton. |
| September 27, 1989: | Demand setting package adopted at meeting (Locals receive). |
| October 11, 1989: | Province-wide ratification vote on demand setting package. Prior to the vote each local will hold an information meeting. |

| | |
|---------------------------|--|
| October 17, 18, 19, 1989: | Annual General Meeting in Calgary. Negotiating Committee receives feedback regarding local priorities. |
| December 4, 1989: | All <i>Notice to Bargain</i> and <i>Authority to Bargain</i> forms to be served. |
| TBA: | Exchange of proposals (prior to December 15, 1989) |
| TBA: | Commencement of negotiations (prior to December 31, 1989) |
| TBA: | Reporting Meeting (at call of Negotiating Committee) |
| TBA: | Strike or Ratification Vote |

| | |
|--------------------|--|
| September 11, 1989 | Review and recommendation of proposals by Negotiator and Negotiating Committee. |
| September 22, 1989 | Package of proposals with Negotiating Committee recommendations sent to the Local. |
| October 31, 1989 | Deadline for Local to hold Proposal Finalizing meeting. |
| November 30, 1989 | Deadline for the Local to hold Ratification Meeting to approve the package of proposals. |
| January 19, 1990 | Deadline for Service of <i>Notice to Bargain</i> and <i>Authority to Bargain</i> . |



Red Cross Collective Bargaining Timelines

| | |
|-----------------|--|
| May 1989 | Selection of two-member Negotiating Committee. |
| June 12, 1989 | Orientation of Negotiating Committee. |
| July 28, 1989 | Deadline for receipt of proposals from members in Provincial Office. Deadline for staff proposals. |
| August 18, 1989 | Proposals mailed to the Negotiating Committee for review. |



| | |
|---------------------|-------------------------------|
| Early February 1990 | Exchange of proposals. |
| Mid February 1990 | Negotiations commence. |
| TBA | Local reporting Meeting. |
| TBA | Strike or Ratification Vote. |
| March 31, 1990 | Collective Agreement Expires. |

If you have any questions please contact an Executive Officer, the Director of Labour Relations or an Employment Relations Officer.

The Hospitals Negotiating Committee is composed of the following members:

Chief Negotiator
David Harrigan
Director of Labour Relations
North District
Darlene Wallace
North Central
Carmelita Soliman
Central
to be elected in June
South Central
Pam Liegerot
South
Diane Poynter

Other Nurses

by Melanie Garces, E.P.O.

MONA

Nursing staff at the Maples Personal Care Nursing Home walked off the job on May 9. The 41-member local of M.O.N.A., which became certified as a bargaining unit in 1988, has yet to receive a first contract with the employer. In February 1989 a settlement was reached between the two parties, giving the nurses parity with hospital nurses. The Board of Directors of the privately-owned nursing home did not ratify the agreement, resulting in a return to the bargaining table with a conciliator present. Those talks broke off on May 1 with the outstanding issues including: vacation; overtime; academic allowance; provision of a dental plan; named holidays; and responsibility pay.

94% of the nurses voted in favour of strike action. The members have offered to provide essential services but according to newspaper advertisements the employer is hiring scabs to provide service to patients. A M.O.N.A. spokesperson says the nurses are receiving support from the families of patients.

SUN

A 73% strike vote helped the Saskatchewan Union of Nurses settle a single contract on behalf of members working in 40 nursing homes. The nurses were seeking absolute parity with hospital nurses—and that is exactly what they achieved.

The nursing home members had been covered by 24 separate agreements and had responsibility pay, transportation allowance and contract language which varied from employer to employer. According to SUN, the major accomplishment for the nurses was the achievement of the same hours as nurses working in hospitals.

BCNU

The British Columbia Nurses' Union will hold a strike vote for hospital nurses on May 17. Contract talks with the employers' association (HLRA) broke off on April 14 with the employers still not putting any money on the table. The employers had come to the table with takeaways which included employers reserving the unilateral right to impose schedules, decreased sick leave and decreased access to medical and dental plans for dependents. Before talks ended the two sides had agreed to settle 5 minor issues:

1. The employer must notify the Union within 10 days of termination of an employee.
2. All employer policies must be in writing.
3. If an employee resigns without giving 28 days she will receive 6% of her salary in lieu of vacation.
4. The employer must respond in writing at Step III of the grievance process.
5. All extensions of probationary periods must be in writing.

The strike vote will be held under the supervision of the Industrial Relations Council despite the BCNU and BC Federation of Labour boycott of the IRC. The union had originally planned to hold an independent vote but the HLRA went to the IRC to have the vote declared illegal. Nurses in British Columbia have the right to strike but the issue of essential service designation remains unclear. BCNU hopes to use a strike mandate from the members to force the HLRA back to the bargaining table.

In preparation for the strike vote the Health Labour Relations Association mounted an expensive campaign to sway public opinion to the employers' side. Full-page ads have begun to appear in major provincial newspapers insisting that B.C. nurses are paid more than engineers at the starting level and that the employers are proud that BC nurses are the best-paid nurses in Canada.

The Hyndman Commission

In February the Hyndman Commission released a special newsletter summarizing presentations made to the commission during the fall of 1988. Among the more interesting items was the AHA's assurance that its number one priority during 1988 was not the nurses' strike nor was it the nursing shortage. The AHA's top priority for 1988 was "the preparation of its submission to this Commission".

The Hyndman Commission now enters its next phase which is to analyze the information it has collected in order to develop a 'vision' of future health care in Alberta. The final report is due on December 31, 1989. It will make interesting reading during negotiations.

Quebec Federation of Nurses

Seven hundred delegates met on May 15 and 16 in Montreal to discuss the progress (or lack thereof) at the bargaining table. Quebec nurses have been without a contract since December 31, 1988. They began negotiating with the employer association in December with the employer not presenting any proposals until January. The union presented a counterproposal on May 10 but have yet to hear from the employer.

On April 21, 1989 the nurses implemented a ban on working overtime. The boycott has resulted in beds being closed and elective surgery being postponed. May 12, Nurses' Day, saw nurses wearing black garments and handing out pamphlets explaining what they are hoping to achieve in negotiations, both for themselves and for members of the public. The nurses plan to escalate the job actions being taken with notification on May 12 that, starting in 10 days, part-timers and casuals intent to withdraw their availability to work extra shifts. At present 60% of the nurses in Quebec work part-time.

The Federation of Nurses is delighted by the tremendous support they are receiving from the public. A patients' defense group, previously in an

adversarial position during the nurses' job actions in Quebec, has asked the Federation what it can do to help. The Association of General Surgeons in Quebec has passed a resolution supporting the demands of nurses. Some employers have written letters of support to their employees and have distributed bulletins to the public commending nurses on their professionalism. The public is being asked to come to the hospitals only in dire emergencies.

The 40,000-member union is seeking an improved salary scale. Nurses in Quebec are the second-lowest paid group in Canada. Currently the starting wage is \$24,000/year and the top rate, after 12 years, is \$33,000/year. The nurses want a wage increase of approximately 20% with a 10th-year top rate of \$42,000/year. Other demands include a 4-day week for permanent nights (with full pay), enhanced professional improvement and in-service provisions, and increased involvement of nurses in decision-making.

The Federation is in a good position to attain its goals. 1,600 nursing positions remain vacant in Quebec and it has been estimated that the province will require 3,000 more nurses within the next 3 years.



BARGAINING

V.O.N. Bargaining

by Trudy Richardson, E.R.O.

U.N.A. has just concluded a round of bargaining with the Victorian Order of Nurses, Edmonton Branch. The new Collective Agreement, which is in the process of being ratified by both parties, provides a 75¢ per hour wage increase effective April 1, 1989, and a 60¢ per hour wage increase effective April 1, 1990. The contract has a two year term: April 1, 1989 - March 31, 1991.

Other improvements include the deletion of mandatory retirement at age 60; a re-writing of the hours of work and overtime articles to provide for flex hours for nurses working in the *People in Crisis* programs such as women's shelters and the Youth Emergency Shelter; changes to the part-time and casual articles to reflect the changes in hours of work and overtime articles; and the introduction of a health and safety committee.

A large number of changes, such as transportation were made to reflect the current reduced staffing of the V.O.N.

The local stood firm against all the takeaways included in the employer's in-going proposals, in particular the introduction of a two-tier system which would have provided depleted benefits and wages to new employees. U.N.A. Local #61 is proud that the new Collective Agreement contains none of the proposed rollbacks, and instead gives improved wages, benefits, and working conditions.

Many thanks to Debbie Zembal and Kathleen McIlveen for their persistent hard work on the Negotiating Committee.

ALERT

All Local Executives

It is imperative that the correct name of your employer is submitted on the Notice to Bargain. Each Local should contact their employer and request, preferably in writing, the complete and accurate name of the employer.

Overtime

by Melanie Garces E.P.O.

The shortage of nurses has created a province-wide problem for working nurses - vast amounts of overtime. Excessive overtime results in nurses becoming tired, making more mistakes (putting their licenses in jeopardy), and losing valuable family and social time. As a result nurses are calling UNA to ask whether they can say "no" to working overtime.

Where a collective agreement does not specifically address the issue of voluntary overtime the employer has the right to impose mandatory overtime. Thus overtime under the hospitals, health units and Red Cross collective agreements is considered to be compulsory. The Quebec nurses, on the other hand, have the right under their collective agreement to refuse overtime. Many employers are reluctant to enforce mandatory overtime, preferring to ask the nurses to work the extra time. If the employer simply **requests** the nurse work overtime the nurse **can** refuse. Nurses should assume the assignment is a request unless the employer specifically orders the nurse to work. If the employer continues to insist on the overtime the nurse should ask the employer if he is now **ordering** her to work.

If a nurse is **ordered** to work overtime a refusal to do so constitutes insubordination and the nurse may be subject to discipline. The nurse should state her reason for her refusal at that time to the employer. The discipline can be grieved if the nurse had a reasonable personal excuse for the refusal. The factors that are considered in discipline include:

1. Reasons for and urgency of the assignment.
2. Whether the nurse was involuntarily prevented from working (i.e. no babysitter available despite attempts to contact one)
3. Availability of other nurses to do the work.
4. Amount of overtime worked by the nurse.
5. Duration of the assignment.
6. Amount of notice re: overtime given to the employee.

Reasonable excuses do not include not wanting to work, a weekend pleasure trip or a personal business commitment. Examples of proper refusals are illness or a large family reunion.

The nurses in Calgary who have worked 20 hours straight, in Lethbridge who put in 55 hours of overtime in one week, and the nurses across the province who feel pressured to work overtime because of the effect short-staffing has on colleagues and patients do have a choice if they are **ordered** to work overtime. They can (a) work overtime and face exhaustion, possible loss of license and a decrease in the quality of life, or (b) refuse and face possible discipline.

If you do work the overtime, fill out a professional responsibility form reflecting your concerns over the quality of patient care and submit it to your ward rep or local executive.

Letters to the Editor

Dear Editor,

Recently, our local levied a local increase of dues. When I questioned the local president about notifying the membership of the increase, I was advised that the issue had been discussed at the last three monthly meetings the minutes of which had been circulated. Both suggestions, to attend meetings or read the minutes were valid but I would like to put forth a further suggestion and that is that the provincial newsbulletin put out by the union contain a section with local news. The minutes are sometimes hard to find at work but the news bulletin is always readily available for reference. Not only would such a section of the newsletter inform locals of their individual business but would also cross-inform members as to what other locals are doing.

I put forth this suggestion in the interest of increasing members' awareness of how the union is performing, not only at the provincial level but also at the local level.

Sincerely,

(Ms.) D. Robinson-Priest

[Ed.: Starting this summer, an article entitled "UNA Today" will appear in alternate newsbulletins. The article will feature updates on local news. Members and locals are urged to submit items of interest to the Editor.]

Update on "Nightingales"

In the last newsbulletin a member wrote a letter condemning the TV show "Nightingales" as offensive to nurses. At the end of April representatives of the 2-million member American Nursing Association met with the program's executive producers to discuss the controversial depiction of nurses lives. A.N.A. had instituted a letter-writing campaign which resulted in 2 companies withdrawing their sponsorship of the show. The producers have agreed to place more emphasis on nurse-patient relationships and will work with the nursing profession in order to improve the show.



Working women are stressed out

IT PROBABLY COMES as no surprise to most working women, but a new study has found that stress is their number one health hazard.

Having to combine housework and paid work takes its toll on the women doing double-duty, according to a University of Alberta researcher.

Graham Lowe says their stress is due to the unique problems women face in the workplace and at home. He cites these examples:

- **Sexual harassment:** Fifteen per cent of women receive unwanted sexual attention at work, compared to four per cent of men.
- **Homework:** More and more immigrant women, such as those in the garment industry, are taking extra work home.
- **Part-time work:** Women make up 70 per cent of the part-time work force, which offers little job security or hope for advancement. Nearly a third of them would rather be working full-time.
- **Unequal pay:** Women working full-time earn 65 per cent of what similarly employed men make.
- **Lack of role models:** Women working in jobs traditionally held by men tend to feel isolated.
- **Lack of time:** Only 35 per cent of women working full-time felt they had enough time to care for the health of their families.

"What my report tries to do is take stress, which is frequently viewed, even by women, as a personal problem, and make it a public issue," says Lowe.

He concludes that work stress is "a major barrier to women's well-being."

Toronto Star/CALM

ALERT

Job-Sharing

by Trudy Richardson, E.R.O

Several employers have recently introduced the idea of "job-sharing". United Nurses of Alberta has a position on this practice which we would like to explain.

First of all, two very different realities are referred to as "job-sharing".

In the first instance, that term is used to describe a situation in which two part-time nurses share a line on a schedule. Each nurse is a permanent or temporary part-time employee with full rights to the applicable provisions of the Collective Agreement. Each has a letter of hire specifying the number of hours per shift and shifts per shift cycle that constitute her regular hours of work. Each has full entitlement to pro-rated sick leave accumulation, to vacation, and to leaves of absence. Each nurse sharing a line has entitlement to the benefits of Article 21, providing each nurse works fifteen hours per week averaged over one complete cycle—or in the case of a temporary part-time position, is hired to work for six months or longer. When one of these employees goes on vacation the employer may ask

the other employee to work the vacation shifts, but she is under no obligation to do so. So too, if one nurse is sick, or on leave on absence, or away for other reasons, the nurse sharing the line may work the additional shifts but is not required to do so. If one of the employees resigns or is terminated, the other employee's job is not threatened. The part-time position is simply posted and the employer hires to fill it. Both nurses are clearly part-time employees with full job security and full benefits. The Union has no difficulty with this type of "job-sharing".

The second type of "job-sharing" is the situation which the Union strongly opposes. In this instance a full-time position is offered to two part-timers to "share". Each of the employees essentially has "half a job". They not only share a line on the schedule, they also often share benefits, vacation entitlements, and sick leave provisions. In effect, if one resigns or terminates, the other employee's job is in jeopardy. When one employee goes on vacation, sick leave, or leave of absence, the other employee is obligated to work the additional shifts. All of these constitute gross violations of the rights conferred by the Collective Agreement. This is the type of "job-sharing" that the Union strongly opposes.

If you are approached by the employer with a request or an order to agree to job-share and it is this second type of job-sharing, do NOT sign such an agreement. Call the Union immediately and give us a copy of the agreement to scrutinize so that we can take action.

Ontario Nurses Association Media Release

Nurses' Union Blacklists Toronto General Hospital

TORONTO - A blacklisting of Toronto General Hospital by the Ontario Nurses' Association (ONA) went into effect today in response to the employer's failure to comply with a number of elements contained in the collective agreements.

Blacklisting is a mechanism historically used by unions to censure an employer who, in the union's view, has dealt with employees in an unfair manner. The procedure calls for a cross-Canada information blitz to unions and to all provincial community colleges and universities with nursing programs to alert prospective employees about the agency's activities. Through the notification of public and nursing bodies, ONA hopes to dissuade nurses from accepting employment at the blacklisted agency until the matter giving rise to censure has been satisfactorily resolved and the censure lifted.

ONA Local 97, which has about 1500 RN members, voted to blacklist Toronto General Hospital on the following counts:

- failure to pay 16 months of retroactive monies on the 14 per cent in lieu of benefits owed to all part-time nurses who work 24 hours or less per week
- continual delays in implementation of contractually agreed to salary increases (April 1, 1988 and April 1, 1989)
- the employer has increase park-

ing rates for nurses, despite recommendations by a task force on recruiting and retention that the hospital implement further subsidized parking as a means of nursing staff retention. The parking rate increase went into effect on April 1, 1989

- denial of a fifth week of vacation to staff nurses who have accumulated 15 or more years of service as of April 1, 1989 as per the collective agreement
- preferential treatment to nurses seconded from elsewhere in the province by providing free accommodation, free parking and one free daily meal, while the employer offers little or no incentives to retain present staff registered nurses
- the employer requires overtime on days off, contributing to fatigue, exhaustion and burnout of its employees.
- the employer has not adhered to the Ministry of Labour's health and safety recommendations

"In light of the current nursing shortage, such actions by an employer are ignorance at best and arrogance at worst," said ONA Chief Executive Officer Glenna Cole Slattery.

The ONA urges all RN's in Canada and the United States to reconsider any thoughts they may have of taking employment in a facility with such a repressive atmosphere.

Labour Notes

■ On November 5, 1986 the 7000-member Society of Ontario Hydro Professional and Administrative Employees applied to the Ontario Labour Relations Board for certification as a union. Ontario Hydro immediately opposed the certification, resulting in a long delay for the union organizers.

The Labour Relations Board has now decided to allow the white-collar workers to organize. Ontario Hydro continues to fight unionization and has applied to the Board to have more than 3000 engineers ruled ineligible for union membership. 🍷

■ Vector Public Education Inc. says that market research indicates 40 per cent of union members own retirement savings plans. Union members are excellent credit risks as they earn more than non-union employees and are less likely to be fired. Canadian banks are looking at a program in the United States where some companies offer union members a credit card with lower interest rates on unpaid balances than most other cards. 🍷

■ The recent settlement between the United Steelworkers and Inco has been described by the union as "the best indexed pension for industrial workers in North America, bar none."

Unlike other indexed industrial pensions, which limit indexation to six years after retirement and for currently active members only, the pact provides lifetime protection for past, current, and future retirees and their survivors. According to the union, it is the first time indexed pensions have been bargained retroactively for present retirees and their survivors as well as for currently active workers.

The agreement also contains a "30-and-out" provision—unreduced pensions for those retiring after 30 years of service, regardless of age. And the pension payout has been increased by over 50 per cent. Over the life of the three-year agreement, it goes from \$20 to \$30 per month per year of service.

Pensions have also been improved substantially for those at 55 years of age who have 20 or more years of service. And future and current retirees and their survivors will also have improved vision and dental insurance.

(*The Worklife Report*, 1988)

■ The latest indexed pensions success story is railway workers at Canadian National and Canadian Pacific. In early March unions representing 16,000 non-operating workers at CN signed an agreement that includes indexing pensions for the railway's 51,000 retirees.

"This is a landmark agreement," said Armand Passaretti, chief negotiator for the unions. "Indexation is an important first for the Canadian railway industry."

Like other recent pension settlements, the indexation is limited to an annual maximum (in this case, 3 per cent), and only as a percentage of the annual increase in the cost of living (50 per cent). So the pensions do not keep up with inflation completely.

However, the success in bargaining for current retirees—workers who are already collecting a pension—is becoming a regular feature in pension settlements.

In mid-March, unions representing 7,800 workers at CP reached a similar agreement on pension indexing. Negotiations continue for thousands of workers in the "running trades" at the railways. (CALM)

■ The Midas shutdown of its manufacturing operations in Toronto means another 100 Canadian workers will become casualties of the free trade deal, said Steelworkers' District 6 Director Leo Gerard. "Since the deal took effect on Jan. 1, 1989, Steelworkers in Ontario alone have heard of announcements of seven separate plant closures, all of them linked directly or indirectly to free trade."

Midas recently announced its decision to stop manufacturing mufflers in Canada, reducing their Canadian operations to tailpipe manufacturing, retail franchises and warehouse distribution facilities. The company operates three manufacturing plants in the United States and one in Canada. Despite company financial reports showing that the Canadian plant was clearly profitable, the company claimed the closing was due to a drop in market demands, and that its larger and more technologically advanced plants in the U.S. could produce mufflers cheaper and more efficiently.

(*Vector Union Report*)

Fight Back!

Baccalaureate Not Necessary

By Michael J. Mearns

Reference: Provincial Hospitals Agreement 1989-90, Articles 12 and 14

Facts:

The grievor was a full-time staff nurse on a medical unit, who had fourteen years varied experience and eight years seniority with the employer. She was an unsuccessful candidate for a Nurse-Clinician position (Head Nurse and Instructor pay scale) temporary vacancy. The posting for the position stated the position attributes were "AARN registration, Baccalaureate degree, 3 - 5 years experience in nursing, demonstrated leadership skills and teaching ability". The grievor did not have a baccalaureate degree. However, the successful applicant had less than two years nursing experience.

Argument:

The Union counsel argued that the grievor was the best applicant for the job according to the Collective Agreement criteria for judgment, namely: skill, knowledge, efficiency and experience. Despite her lack of a baccalaureate degree, her experience as a staff nurse and acting Assistant Head Nurse gave her the edge. Given at least relative equality between all the candidates for the job, the grievor's seniority should have tipped the scales in her favour. Counsel also pointed out deficits in the interview process.

The employer's counsel laid heavy emphasis on the grievor's lack of a degree. He contended that a degree was essential for the Clinician to be able to teach other nurses and to conduct research projects. Counsel produced a job description which differed largely from the copy provided to the grievor prior to her interview. Management witnesses, who interviewed the applicants, testified they used the former as the basis of the interviews.

Decision:

The Arbitration Board defined the issue before it as "how the employer incorporated the attributes of the Nurse Clinician job into its selection process given the obligations under the Collective Agreement". The Board unanimously found that the employer failed to fulfill the requirement placed upon it. The basis for this finding was that the employer did not

consider the skill, the efficiency or the experience along with the knowledge of the grievor. Aiding the Board to reach this decision were 3 facts:

- (1) other Clinician vacancies had been filled by diploma nurses,
- (2) the employer waived a posted attribute for the successful applicant yet insisted on a posted attribute for the grievor, and,
- (3) the employer chose to interview the grievor notwithstanding her lack of a degree, suggesting at least a measure of suitability.

The Board, having found the employer violated the Collective Agreement, left the parties to determine the remedy among themselves. 🍷



New Vice-President

Sandie Rentz, a former member of the Hospitals Negotiating committee and Central District - representative, has been elected by the Executive Board as the new Vice-President.

Dollars and Sense for the Future RRSPs

How Much May I Contribute?

The amount you may contribute to an RRSP varies depending on your circumstances.

If you are a member of a company-sponsored Register Pension Plan (RPP) or a Deferred Profit Sharing Plan (DPSP) to which your employer makes contributions on your behalf, your 1988 RRSP contributions limit remains unchanged from that of 1987. You may contribute the lesser of \$3,500 and 20 percent of your earned income for that year, less your contribution to an RPP.

If you work for a company that does not offer an RPP or a DPSP or you are self-employed, the RRSP contribution limit is the lesser of \$7,500 and 20 percent of your earned income.

These limits apply for the 1988 and 1989 taxation years.

What is Earned Income?

Earned income generally includes employment earnings, business income, royalties, pension benefits, retiring allowances, rental income and alimony. For a complete list, consult your Annual Tax Guide.

Proposed changes would amend the definition of earned income to reduce it for deductible alimony or maintenance payments effective in 1988 and to exclusive superannuation and pension benefits for 1989 and subsequent years. It is also proposed that the earned income limitation be reduced from 20 percent to 18 percent effective for 1990 and subsequent taxation years.

May I Ever Contribute More Than My Basic Contribution Limit?

Yes. In some cases you may transfer payments made to you to an RRSP. These payments will not affect your overall contribution limit.

Under the current legislation you may transfer benefits from a company RPP or DPSP, Old Age

Security (OAS), Canada Pension Plan (CPP) or Quebec Pension Plan (QPP). You may also contribute retiring allowances, within certain limits. However it is proposed that the provision of the transfer of pension income to your RRSP be removed after 1989.

May I Contribute to an RRSP for My Spouse?

Yes.. If your spouse has a lower income, it may be a good idea for you to establish a Spousal RRSP. You may then contribute on behalf of your spouse, providing the total contributions you make to your own and a Spousal RRSP do not exceed your personal limit.

What is the Advantage of a Spousal RRSP?

The advantage of a Spousal RRSP is that contributions and the earnings of the contributions that remain in the plan for two full calendar years after the year of contribution are considered to be owned by the non-contributing spouse. When the income is paid out, it is considered to be the non-contributing spouse's income and is taxed at his or her marginal tax rate. This is one form of income splitting. It can be particularly advantageous if your spouse is in a lower income tax bracket.

As well, as contributing as much as you can and as often as you can to an RRSP, you should start your plan as early as possible.

Consider what happens if you wait to age 50 to open an RRSP. If you were to place \$3,500 per year starting at age 50 in an RRSP returning 10 percent, you would accumulate \$138,407 by the end of the year in which you turn 65.

However, if you had started your RRSP at age 30, under the same conditions, (i.e., \$3,500 contribution each year at a 10 percent return), you would have built an RRSP worth \$1,151,638 by age 65.

(O.N.A. Newsbulletin - Gordon Young, Burns Fry)

1989 Workshop Schedule



| DATE | DISTRICT | WORKSHOP | LOCATION |
|----------|----------|---------------------|-------------|
| May 18 | N.D. | Assertiveness | Beaverlodge |
| May 10 | N.C.D. | Assertiveness | Edmonton |
| May 16 | C.D. | Assert. or Ward Rep | Red Deer |
| May 24 | S.C.D. | Ward Rep | Calgary |
| May 25 | N.C.D. | Ward Rep | Edmonton |
| June 6 | N.D. | Basic Unionism | McLennan |
| June 8 | N.C.D. | Basic Unionism | Edmonton |
| June 13 | C.D. | Basic Unionism | Red Deer |
| June 15 | S.C.D. | Basic Unionism | Calgary |
| June 20 | S.D. | Basic Unionism | Lethbridge |
| July 5 | N.D. | Media | Grimshaw |
| July 12 | N.C.D. | Media | Edmonton |
| July 19 | C.D. | Media or Who's Who | Red Deer |
| July 25 | S.C.D. | Media or Who's Who | Calgary |
| July 27 | S.D. | Media | Lethbridge |
| Sept. 7 | N.D. | Local Admin I | |
| Sept. 14 | N.C.D. | Local Admin I | Edmonton |
| Sept. 21 | C.D. | Local Admin I | Red Deer |
| Sept. 26 | S.C.D. | Local Admin I | Calgary |
| Sept. 28 | S.D. | Local Admin I | Lethbridge |
| Oct. 3 | N.D. | Grievance I | |
| Oct. 5 | N.C.D. | Grievance I | Edmonton |
| Oct. 24 | C.D. | Grievance I | Red Deer |
| Oct. 26 | S.C.D. | Grievance I | Calgary |
| Nov. 2 | S.D. | Grievance I | Lethbridge |
| Nov. 9 | N.D. | P.R.C. I | |
| Nov. 14 | N.C.D. | P.R.C. I | Edmonton |
| Nov. 16 | C.D. | P.R.C. I | Red Deer |
| Nov. 21 | S.C.D. | P.R.C. I | Calgary |
| Nov. 23 | S.D. | P.R.C. I | Lethbridge |
| Nov. 8 | N.D. | Political Action | |
| Nov. 15 | N.C.D. | Political Action | Edmonton |
| Nov. 30 | C.D. | Political Action | Red Deer |
| Nov. 22 | S.C.D. | Political Action | Calgary |
| Nov. 28 | S.D. | Political Action | Lethbridge |
| Dec. 5 | N.D. | Health & Safety I | |
| Dec. 7 | N.C.D. | Health & Safety I | Edmonton |
| Dec. 12 | C.D. | Health & Safety I | Red Deer |
| Dec. 13 | S.C.D. | Health & Safety I | Calgary |



Health and Safety

Occupational Asthma

A Canadian report describes occupational asthma caused by inhalation of bulk-producing laxatives containing psyllium (Metamucil, etc.).

Four women and one man, aged 31-55, all hospital nurses, were evaluated for 3-12 month histories of occupational asthma. These clinicians suffered from asthma and rhinoconjunctivitis whenever they or their colleagues poured a powdered laxative preparation into small cups for individual patient use. The reaction was apparently triggered when psyllium-containing powder dispersed into the air. At the time of evaluation, all five nurses were using inhaled beta-adrenergic agents prn, and one was also taking theophylline regularly.

Only one of these individuals had previously experienced asthma (upon exposure to cats). However, results of a battery of skin tests showed that all five were atopic. Four of the five had an immediate skin reaction to a commercial psyllium extract. All had IgE antibodies to psyllium.

Inhalation challenges with undiluted psyllium powder were carried out. The first nurse to be challenged had such a severe bronchospastic reaction after one minute of exposure that she required intubation and mechanical ventilation for three hours.

Consequently, initial exposure for the other four individuals was reduced to five seconds, with subsequent gradual increases. All four had immediate bronchospastic reactions, and three also had delayed asthmatic reactions.*

Clinical Implications: Rhinitis and asthma-like symptoms have been reported in pharmaceutical workers exposed to psyllium powder. However, this is apparently the first time inhalation challenge and serial spirometric assessments have been used to confirm a diagnostic of psyllium-induced asthma. (The experience of these investigators suggests that psyllium inhalation challenge should be carried out with extreme caution.)

*Cartier A, et al: Occupational asthma in nurses handling psyllium. Clinical Allergy 17:1-6 (January), 1987

The United Nurses Inc. New Dialogue

Thank-you

The staff of UNA's Newsbulletin would like to thank Elisabeth Ballermann, a third year University of Alberta law student, for her new graphics for the newsbulletin.

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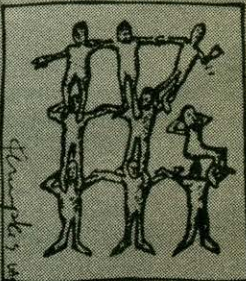
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