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UNITED NURSES OF ALBERTA

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Incentive Programs: Panacea for the Nursing Shortage?

by Melanie Garces, EPO

- In December of 1988 the provincial government announced it will spend \$30 million over 4 years to address concerns about health care, with an emphasis on nursing. This announcement, made a mere 9 months after the 19-day strike by nurses, includes the establishment of a Nursing Advisory Committee to review nursing issues and the appointment of a senior nursing consultant to work with the Department of Health. Increased funding will be available for supplies and equipment for universal infection control.
- In January 1989 a northern health centre toyed with the idea of instituting an education program for nurses. This program would see each nurse receiving up to \$100/month above salary to be used for developmental purposes at the individual's discretion. If nurses left the hospital without giving three months' notice they would have to pay back the extra money they had received in that year.
- A southern Alberta hospital offers employees eligibility for a colour television draw if they have been full-time between certain dates and have used '0' sick days. Part-time nurses would be eligible for a draw for a cassette recorder.
- A northern hospital offers employees a \$100 bonus if they recruit a nurse for the institution—with a further \$100 if the new nurse stays six months.
- In January 1989 the University of Alberta Hospital in Edmonton initiated a certification program. Nurses will be paid \$.10/hour/certification. This is to address the shortage of critical care nurses.

Why all of this activity? Could it be that the government and the employers are finally waking up to the fact that there is a shortage of nurses willing to nurse in Alberta? The nursing shortage that the United Nurses of Alberta warned the government and the Alberta Hospital Association about in January and February of 1988. Now it appears that the health care industry has finally found some extra money for nurses. But a major problem with their distribution of this new-found wealth is that they don't want to divide it amongst all nurses - they want to pick and choose who will get the money.



"Okay. That's \$300 up front and another \$300 later if they stay six months."

Four times in the first eleven years of U.N.A.'s history have hospital nurses walked the picket line for improvements in their collective agreement. Obviously their contract is important to nurses. Members of U.N.A. recognize that the operative word for their agreement is "collective"—with their numbers comes strength. Yet each of these superficially attractive incentive programs exist outside of that negotiated collective agreement. U.N.A. has indicated to the A.H.A. two times in the past few months that it is willing to open the agreement in order to address the nursing shortage.

The A.H.A. has yet to reply. Hospitals, it would seem, are willing to do anything to attract nurses—anything that they don't have to guarantee in a signed contract.

Selective treatment of nurses results in a gradual erosion of the contract and, because the fundamental reason for nurses having a union is to ensure fair and equitable treatment of all members. Treating nurses differently is part of the employer's old "divide and conquer" routine. One group of nurses is told that its area is worth more than other areas. But each area in nursing is needed and is equally important. What is the point of the emergency nurse's work with a motor vehicle accident victim if, when that patient requires surgery, there are no O.R. nurses available?

Fragmentation of nurses and their union would not be adverse to the employers—they would find it much easier to deal one at a time with the irate nurses rather than with eleven thousand. And once the goals of the employer (whether it is to attract more and/or to divide nurses) have been met, the money and privileges from the incentive programs can be withdrawn easily—after all, they exist outside of a binding agreement.

U.N.A. is concerned for the public and for the nurses. Incentive programs which exist to attract nurses from one area or institution to another ignore the difficulties that are created where the nurses have left. Critical care has been identified as a "high-stress" area. If nurses move to a higher-paying critical area who will look after those patients requiring rehabilitation? What will be done to attract nurses to rehabilitation? It is a relief that there seems to be a flicker of recognition in employers' eyes that nurses work under a high level of stress. Now they will have to be persuaded that all nurses are under equal stress—albeit from different stressors.

Programs which exist to encourage nurses not to use sick days are reprehensible. The employer is insinuating that the nurses can't really be that sick. From the public's point of view, why should an ill patient have to suffer with an ill nurse?

The government's incentive program ignores the day-to-day concerns of the staff nurse. The eleven-member Nursing Advisory Committee will include representatives from the following organizations:



One more day and that TV is yours, Carol.

Employer

4 representatives (hospital or nursing home administrators).

Nursing Personnel

Alberta Association of Registered Nurses (3 reps)
The A.A.R.N. initially announced three appointments - all were non-bedside nurses. Nancy Betkowski, Minister of Health, has asked for further names to be submitted.

Professional Council of Registered Nursing Assistants (1 representative)

Registered Psychiatric Nurses Association of Alberta (1 representative).

Physicians

College of Physicians and Surgeons (1 representative). During the 1988 strike the College felt that nurses' complaints about dangerous working conditions were unnecessary as the hazards "come with the territory".

Government

Alberta Health (ex-officio).

This committee was to be implemented in February of 1989. With this committee's assorted bed-side nursing expertise, staff nurses can look forward to some interesting recommendations.

The government's initiatives include the appointment of a nurse to the boards of the provincial hospitals (ie: Alberta Children's Hospital,

Continued on page 8

VICE PRESIDENT'S BOARD REPORT

by David Harrigan



The Executive Board of United Nurses of Alberta met for its regular meeting January 31 - February 3, 1989. Prior to commencing regular business, the Board met for one day to examine the structure of U.N.A. and to make plans for the future. After much debate, it was decided to eliminate the position of Executive Director and

create a new position of *Director of Labour Relations*. The impact of this decision will be examined in one year and any further changes will be made at that time. Advertising for the new position has commenced and the Executive Board expects to hire for the position in April.

The following are highlights of the regular Executive Board:

- U.N.A. has received notice from the Labour Relations Board that a dues-payer has requested exemption from paying union dues because of her religious beliefs. Should the Labour Relations Board find in her favour, this dues-payer would be exempted from paying union dues to U.N.A. (but would be required to donate an equal amount of money to a charity), but U.N.A. would still be legally required to represent her. It was decided to proceed with a hearing at the Labour Relations Board.
- A review of all Professional Responsibility forms filed in the past year will be done. Nurses from across the province have been reporting problems arising from short-staffing.
- The U.N.A. Policies and Procedure Manual is to be revamped and now contains a different section for "Position Statements" and "Policies". It is hoped that this will facilitate the process of changing the various policies.
- Monies were transferred out of surplus to provide funding for one observer from each district to attend the remaining 1989 Board Meetings.
- Fifty percent of all monies from the 1988 surplus are to be transferred to the Emergency Fund.
- The Firefighters' local which supported us with a donation of \$10,000 during our strike will be assisted in their current struggles with a donation of the same amount from U.N.A..
- The Education program was examined and it was decided that all districts will be granted extra education funds for 1989.
- The Board has requested the Political Action Committee lobby for indexing of all pension plans to the cost of living.
- A donation of \$450.00 will be made to the Workers' Health Centres.
- Information relating to the provincial political parties will be sent to all Local Presidents.
- The Executive Board accepted a position statement indicating that U.N.A. is opposed to the use of "incentives" (e.g. merit pay, bonuses based on areas of practice, etc.). U.N.A. is prepared to meet with the A.H.A. in order to negotiate changes to the Collective Agreement in order to resolve the concerns of nurses.
- U.N.A. has requested that the A.A.R.N., P.N.A.A. and A.A.R.N.A. not participate in the provincial government's "Nursing Advisory Committee". The Committee was set up as a result of our strike of last year. Rather than listening to our concerns, the government has set up yet another committee, consisting of employers and professional associations, to inform them of what our concerns really are. This is clearly an attempt to appear to be doing something while actually doing nothing.

ALERT

Probationers, Take Note: "The times they are a-changin'!"

by Barbara Surdykowski

Article 11.01

"If a new employee is unsuitable in the opinion of the Employer, such employee may be terminated at any time during the probationary period without notice and without recourse to the grievance procedure."

Any Employee has the right to seek a resolution to the termination of her employment. The resolution mechanism is dependent upon whether the Employee is a unionized or non-unionized Employee. Over the past few years, where unionized Employees have attempted to resolve dismissals through the court system, the courts have clearly indicated that unionized Employees are limited (almost entirely) to the grievance procedure as the resolution mechanism.

The Union does not argue against that notion. This conclusion does however raise an interesting dilemma when it comes to probationary Employees. Article 11.01 seems to take away the

probationer's right to grieve, which, given the court's decisions, takes away this individual's only route to fight a termination. The question becomes: "Can a collective agreement limit those rights for a particular group of Employees?"

The Union takes the following position:

1. A probationary Employee has recourse to the grievance procedure on all employment matters covered by the collective agreement, including unjust dismissals;
2. Article 11.01 should be declared null and void, in part;
3. The discharge of a probationary Employee must stand the test of just cause;
4. The suitability of an Employee must be judged against a lower standard, given that the Employee is new to the worksite.

We are asking all local executives to alert their E.R.O. when a probationary Employee has been terminated. A grievance will be filed on their behalf if the local and/or grievor so wish. The language of Article 11.01 must be tested given the turn of events in the court system.

Needless to say, if it is established that Employers are accountable for their actions when it comes to the job-security of probationers, it will be easier to grieve other contract violations a probationer may suffer from—without fear of a resulting loss of employment.

Structure of the Nursing Profession in Alberta

by David Harrigan, Vice President

As was reported in the last Newsbulletin, the Executive Board of U.N.A. has been asked to investigate the advisability of separating the licensing function from the professional body. In Alberta there currently exists one body responsible for the protection of the public's interest (licensing) and for the protection of nurses' interests (professional)—the Alberta Association of Registered Nurses. In contrast to Alberta is the situation in Ontario where there exists the College of Nursing, responsible for mandatory licensing, and the Registered Nurses' Association of Ontario, which is the professional association. Membership in the R.N.A.O. is not mandatory.

U.N.A., working with the Staff Nurses' Association, plans to gather information on this topic in order to recommend to our members a course of action. Obvious advantages to the "Ontario Scenario" include monetary savings (a nurse in Ontario pays approximately \$35.00/year for her licence) as well as avoidance of conflict between the two mandates. Other less obvious advantages may exist. As well, there may exist many disadvantages of separation. At this time, not enough research has been completed to make any recommendations.

Unfortunately, there seems to be some confusion as to the intent of our actions. It should be noted that neither U.N.A. nor S.N.A. is involved in any internal investigation of the A.A.R.N. We feel it would be improper of U.N.A. to interfere with the internal business of other organizations. At the same time, many U.N.A. members have expressed dissatisfaction with not having the right to choose whether or not they will be members of another organization. Since the fact is that other options are available we have agreed to examine the structure of the nursing profession in Alberta.

Executive Officers of U.N.A., S.N.A. and the A.A.R.N. met on February 8, 1989. It was our intention to seek input from the A.A.R.N. on the advisability of separating the two functions, as well as to discuss other concerns. However, the executive of the A.A.R.N. indicated that because they regarded even the investigation of the advisability of separation as such a fundamental issue, no constructive discussion could continue until the unions agree to discontinue examination of the "Ontario Scenario" vis-a-vis Alberta.

The Executive Officers of U.N.A. regret the stance taken by the professional association especially as the parties had agreed that many areas of mutual concern do exist. In the meantime we will continue our investigation and expect to report our findings and recommendations to the Annual Meeting.

MONEY MATTER\$

by Heather Molloy
District Meetings



In 1989 monies were allotted for Part-time Paid Presidents, or their designated alternates, to attend District Meetings with Provincial funding.

The objectives of such meetings shall be:

- a) To increase communications between the Locals.
- b) To co-ordinate efforts for a common purpose.
- c) To act as a liaison between the Chartered Locals and the Provincial Body.

Observers are welcome at their District Meetings, but are not provincially funded. They may be funded locally, or may attend on a day when they are not working.

Each new Local is funded for (1) observer at District Meetings until their first Collective Agreement is obtained.

If you are wondering when your District Meetings are scheduled, you may contact any of the following District Chairpersons. They would be happy to assist you.

N.D. Susan Buck - 338-2451
N.C.D. Isabelle Burgess - 462-7961
C.D. Andy LeBlanc - 346-8309
S.C.D. Karen Craik - 236-5326
S.D. Diane Poynter - 327-3501

New Staff

In January, Dale Fior, a former South Central District Representative, joined U.N.A.'s staff as a temporary Employment Relations Officer (E.R.O.) in the Calgary Office. Dale is replacing Laurie Coates who had a baby girl at the end of December. Ex-Central District Representative Nora Spencer started as an E.R.O. in the Calgary Office in February. Nora is replacing Barb Strange and will be on staff until mid-June.

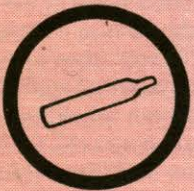
Kate Locking, Secretary-Receptionist at the Calgary office, has returned from her maternity leave. Special thanks for a job well-done to her replacement, Sharon Harding.



**Biohazardous
infectious
material**



**Corrosive
material**



Compressed gas



**Flammable and
combustible
material**



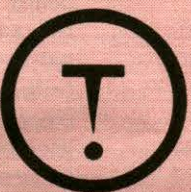
**Dangerously
reactive
material**



**Oxidizing
material**



**Materials causing
immediate and
serious toxic
effect**



**Materials causing
other toxic
effects**

WHMIS (Workplace Hazardous Materials Information System)

On March 15 these hazard symbols will begin appearing on hazardous materials as part of a new national program designed to protect the health and safety of workers. One out of every four workers in North America is exposed to one or more chemical hazards. As health care workers, nurses are exposed to a multitude of hazardous materials from acetone to ethylene oxide to mercury. WHMIS is a pan-Canadian communication system which will provide necessary information to all workers who deal with hazardous materials as part of their employment.

There are 3 key elements to the program: labelling of containers; provision of material safety data sheets (MSDS); and education of workers.

1. Labelling of Containers

Suppliers (those who manufacture, import, sell or package a controlled product) must place a label on all hazardous material containers, which clearly identifies the product, the hazard symbols, precautionary and first-aid measures to be taken, the supplier's name, and a reference to the availability of an MSDS.

Employers are responsible to ensure that all controlled products used at the workplace are legibly labelled. If a hazardous material is in a container other than its original one the employer is obliged to label the new container.

2. Material Safety Data Sheet (MSDS)

Employers are responsible for obtaining an MSDS for each hazardous material used in their workplace.

The MSDS format is not specified under WHMIS legislation. However the following components must appear on the sheet: product identification and use; hazardous ingredients; physical data; fire and explosion data; reactivity data; toxicological properties; preventative measures; and first aid measures.

The MSDSs are to be updated every three years or when further information is acquired about the hazards of that material.

3. Education of Workers

Employers are responsible for ensuring worker education includes the following information:

- i) Instruction about the content required on labels, and the purpose and significance of this information.
- ii) Instruction on the content required on the MSDS, and its purpose and significance.
- iii) Procedures for the safe handling, use, storage and disposal of the hazardous material.

This training must be provided to all workers who work with or are exposed to (or are likely to be exposed to) hazardous materials. The employer must consult with the Occupational Health & Safety Committee during the development and implementation of the education program.

Employees are required to participate in the education program and should be able to apply the information to protect their health and safety.

Fight Back!

Justice A Little Late - But Worth Waiting For

by Trudy Richardson, ERO

Reference: Alberta West Central Health Unit Collective Agreement April 1, 1985 - March 31, 1987.

FACTS

In an award handed down on April 1, 1987, the arbitrator stated that the Employer had wrongfully adjusted the anniversary dates of Employees who were on strike from April to October 1985. The award directed the Employer to put anniversary dates back to what they originally were and to make the Employees "whole". The Employer readjusted the anniversary dates but refused to recognize the Employees' right to vacation entitlement while on strike.

ARGUMENTS

The Union argued that the Employer must follow the award, make the Employees whole, and thereby grant them vacation entitlement for the six month strike.

The Employer argued that the Arbitration Board and its award had no jurisdiction over the matter of vacations because the vacation issue was not grieved, nor was it argued, at the original hearing.

DECISION

The Arbitration Board found that it did have jurisdiction. In going over his notes, the Arbitrator found that the Union had referred to vacation entitlement in the original hearing and that the grievance had asked that the Employees be made "whole in all

respects".

The Arbitrator directed that "all Employees who were affected be paid their vacation for the six months while out on strike".

COMMENTS

Many long years later we finally have this sorted out. Employees at Alberta West Central who were on strike for six months in 1985 must be paid their vacation entitlement that accrued during the strike. This award covers "all Employees who were affected" and so anyone who has since left the health unit or has since moved into an out-of-scope position is covered by this award.

'Blanket' Policy Disallowed

by Melanie Garces, EPO

Reference: Royal Alexandra Hospital Agreement 1988-90 Articles 4, 7 & 18

FACTS

The nurse involved worked 12-hour shifts at the Royal Alexandra Hospital. When the master shift rotation was posted she noted she had been assigned (with no consultation) days off in lieu of Good Friday and Victoria Day. Her nursing unit supervisor normally assigned lieu days and had told nurses to advise her if they wanted to change the dates. In this instance, the nurse requested alternate shifts off on either weekends or nights. Her supervisor refused but suggested single "stat" days in the middle of the week. The supervisor also stated that the hospital could not give weekend or night shift stats due to budgetary constraints.

ARGUMENTS

The Union argued that the hospital could not have a blanket policy of no weekend or night shift stats as it inhibited Article 18, which calls for an attempt to reach mutual agreement. The Union also pointed out that the employer should have allowed for extra staffing in order to fulfill its contractual obligations.

Counsel for the Union stated "if you have bargained to pay \$18.00/hour and only pay \$16.00 because that is all you have in the till you have violated the collective agreement."

The employer argued that the hospital's policies were impacted by financial constraints. Counsel believed that management rights override other articles in the agreement. The hospital's lawyer also pointed out that Article 18 does not give employees entitlement to any specific days or shifts off in lieu of Named Holidays.

DECISION

The Arbitration Board found in the grievor's favour. The arbitrator said that the hospital had to consider each request individually in light of specific circumstances. The arbitrator went on to say that "An unexpected shortage of money might be legitimate grounds for refusal but a budgeted shortage of funds is not."

COMMENTS

Many hospitals have similar blanket policies. Any nurses who is refused lieu days of her choice should contact her local Executive or an Employment Relations Officer.

DID YOU KNOW:

- the percentage of productive hours worked by women, worldwide = 47.
- the percentage of world's wages earned by women = 10.
- the percentage of world's property owned by women = 1.

Benefits Legislation

In 1988 the UNA Pensions Committee determined that a need-to know more about pensions and benefits existed among the membership. This article, edited from the William M. Mercer Bulletin Benefits Legislation in Canada of December 1988 is provided as a reference to current legislation in Alberta and other provinces. A new column entitled "Pensions and Benefits" will begin in the next issue of the Newsbulletin and will address, in depth, topics in pensions and benefits.

I. Hospital and Medical Care

1. Hospital Benefits

- hospital plans vary by province, but they all cover room and board to ward level, operating room and anaesthetic facilities, in-patient nursing care, drugs, laboratory and diagnostic services, and out-patient emergency services
- entry fees and/or daily ward charges for chronic care and nursing homes exist in most provinces
- all provinces cover out-of-province expenses to varying degrees

2. Medical Care, Drugs and Dental Care

Medical Care

- medicare plans essentially cover all services rendered by medical practitioners at home, office or hospital; limited coverage available for paramedic or optometric services, and prosthetic or orthopedic appliances
- charges incurred by a person temporarily outside his province of residence reimbursed to varying degrees

Drug Expenses (Out of Hospital)

- Alberta: 80% reimbursement for residents of age 65 and over

Dental Care

- specific dental and oral surgery in hospital covered in all provinces
- Alberta: limited coverage for those of age 65 and over and their dependents

Contributions

- Costs supported in some provinces by additional contributions:
Alberta: \$18 single, \$36 family per month (no cost for residents of age 65 and over)

II. Workers' Compensation

- benefits and contribution levels based on insurable earnings
- benefits payable in the event of death or disability due to occupational accidents or industrial diseases: disability benefit level is 90% of gross eligible income
- in several other provinces benefits are indexed to reflect changes in cost of living: in Alberta, periodic improvements are legislated

III. Parental Leaves (Unpaid)

1. Maternity Leave

- all provinces have provisions regarding maternity leave
- Eligibility:** employment with same employer from 20 to 52 weeks
- Duration:** 17 weeks; extensions possible when medically required (*Anticipated Change in Saskatchewan: leave extended to 26 weeks*)
- all provinces require employment conditions to resume after maternity leave
- federal government requires participation in employer-sponsored benefits to continue during maternity leave, subject to continuation of employee contributions, if any

2. Paternity Leave

- Manitoba, Québec and Saskatchewan have provisions regarding paternity leave

- Alberta has no provisions regarding paternity leave

3. Adoption Leave

- Eligibility:** no eligibility requirements
- Adopted Child:** 3 years old or less
- Recent Change in Duration:** Alberta: 8-week leave

4. Child-Care Leave

- federal jurisdiction provides for a 24-week child-care leave; may be taken by either parent, including adoptive parents
- Eligibility:** 6 months of continuous service
- participation in employer-sponsored benefits to continue during leave, subject to continuation of employee contributions, if any

IV. Human Rights

1. Discrimination in Employment

- grounds for discrimination in employment vary between provinces but main prohibitions are vis-a-vis: age (defined differently in various jurisdictions), sex (sexual orientation in Manitoba, Ontario and Québec), race or ethnic origin, religion, marital status, physical disability, mental handicap (except Alberta and Saskatchewan)
- federally: insurance and pension plans subject to statutory exceptions with respect to specific grounds to discrimination

2. Employment Equity (Affirmative Action)

- Alberta and federal governments allow for adoption of affirmative action programs
- businesses under federal jurisdiction and crown corporations with over 100 employees required to implement employment equity measures
- employers with 100 employees or more bidding on federal contracts of \$200,000 or more must certify they will implement employment equity measures

3. Pay Equity

- Manitoba, New Brunswick, Nova Scotia, Ontario, Prince Edward Island, Québec and federal: principle of equal salary for work of equal value between men and women recognized
- no recognition of pay equity in Alberta

V. Private Pension Plans

- these laws generally require that:
- members be informed of their rights and duties under the plan
- benefits accrued since qualification date vest in participant on attainment of age 45 and at least 10 years of service or participation in the plan: contributions locked in: refund of up to 25% of commuted value of pension allowed
- sufficient funds be committed to meet plan's obligations
- some jurisdictions require periodic benefit statements to active members: statements also required on termination, disability, death or retirement: varying requirements on disclosure of information and access to plan documents
- eligibility after 24 months of service; part-time employees eligible after 2 consecutive years in

each of which earnings exceed 35% of YMPE (Year's Maximum Pensionable Earnings)

- minimum interest rate on employee contributions
- employees right to transfer pension credits upon termination before eligibility for early retirement
- for benefits accrued after reform date: vesting and locking-in after 5 years of membership: employees must provide for at least 50% of the value of benefits at termination, retirement or death (federal: not applicable if plan provides indexation during deferral period): excess employee contributions may be refunded (except federal); 25% commutation disallowed; integration with OAS disallowed for benefits accrued after 1986 in Alberta: sex discrimination in benefits and/or employee contributions not prohibited in Alberta; minimum pre-retirement death benefits
- at retirement, member must elect a pension of which at least 60% continues to the surviving spouse unless both spouses agree otherwise; actuarial reductions allowed; also applies to benefits earned prior to reform date
- termination of surviving spouse's pension on remarriage prohibited
- early retirement must be allowed within 10 years from normal retirement age: pension can be reduced
- if pension payment is deferred after normal retirement age, member continues to accrue benefits, subject to plan maximum
- plan may have to split credits on marriage breakdown
- increased disclosure requirements

VI. Unemployment Insurance (UI)

- Benefits:** 60% of insurable earnings, including regularly scheduled overtime and bonuses (maximum weekly insurable earnings in 1989 - \$605; maximum benefit - \$363)
- Weekly Premium in 1989:** \$1.95 for employee and \$2.73 for employer per \$100 of weekly insurable earnings (maximum weekly contributions - employee \$11.80; employer \$16.52)
- Eligibility:** employees under age 65 working at least 15 hours a week or earning at least 20% of the maximum insurable earnings: based on number of weeks of insurable employment in the last 52 weeks (up to 104 in some instances)
- for layoff:
 - a) new entrants and re-entrants to labour force, at least 20 weeks of insurable employment required
 - b) persons who have received benefits must have 10 to 20 weeks of insurable employment according to number of benefit weeks claimed within previous year
 - c) other persons are eligible after 10 to 14 weeks of insurable employment
- Eligibility:** for pregnancy, adoption, sickness and accident, and age 65 benefits: 20 weeks of insurable employment
- Waiting Period:** benefits payable after 2 weeks of unemployment
- Benefit Duration:**
- layoff benefits are payable for up to 50 weeks depending on number of weeks of insurable employment and regional unemployment rate

- pregnancy, adoption, sickness, and accident benefits payable for up to 15 weeks total
- special payment of 3 times weekly benefits may be made at age 65
- up to 30% of benefits received repayable by claimant if net income for a taxation year exceeds 1 1/2 times maximum yearly insurable earnings

Premium Reduction:

- employers with registered disability income plans qualify for UI premium reduction: reduction is related to number of months the qualified plan was in effect during the preceding calendar year; registered plans qualifying for premium reduction must provide benefits at least as generous as UI sickness and accident benefits
- amount of reduction: 35¢/\$100 of weekly insurable earnings for most plans; cumulative sick leave plans eligible for a partial reduction of 29¢/\$100 (24¢ if credits can be used in case of pregnancy) of weekly insurable earnings if plan meets certain standards; 5/12 of reduction must be shared with employees in cash or equivalent benefits

Recent Change:

- maternity benefits available to fathers who become primary caregiver of a newborn baby in case of death or disability of the mother

VII. Canada Pension Plan (CPP)

- Year's Maximum Pensionable Earnings (YMPE) are indexed every year in accordance with a wage index: \$27,700 in 1989
- Year's Basic Exemption (YBE) is 10% of YMPE to the next lower \$100; \$2,700 in 1989
- employee contributions: 2.1% of employment earnings in excess of YBE, up to YMPE (maximum in 1989: \$525); contribution rate will increase by 0.1% per year up to a level of 2.3% in 1991; same formula for employer contributions
- pensions subject to annual cost-of-living adjustment

1. Retirement Benefits

- **Eligibility:** from age 65 (60 if not working) and contributions made for at least one year
- **Benefits:** 25% of average monthly pensionable earnings adjusted in relation to average YMPE in year of retirement and preceding 2 years; subject to certain restrictions, some months of lowest earnings may be dropped in the calculation of average pensionable earnings
- CPP maximum monthly pension payable from age 65 in 1989: \$556.25
- CPP pension reduced if taken before age 65; person must not be working when benefits commence; CPP pension is increased if starting after 65
- pensionable earnings may be split equally between parties in cases of divorce or following separation of legal or common-law spouses

2. Death Benefits

- **Eligibility:** contributions for at least 3 years and for 1/3 of the years in deceased's contributory period, or for at least 10 years
- **Lump Sum Payment:** lesser of 10% of YMPE or 6 times contributor's monthly retirement pension (maximum in 1989: \$2,770)
- **Surviving Spouse's Monthly Benefit:**
 - if spouse not entitled to retirement or disability pension in own right:
 - a) while spouse under age 65:
 - \$103.02 + 37-1/2% of contributor's retirement pension (maximum in 1989: \$311.61)
 - unless disabled or has dependent children, spouse under age 45 entitled to reduced benefit, and no benefit if under age 35; disabled children treated as dependents regardless of age
 - b) while spouse is 65 or over: 60% of contributor's retirement pension
 - if spouse entitled to retirement pension in own right, the combined maximum benefit is:
 - a) while spouse is under age 65:
 - \$103.02 + maximum retirement benefit
 - b) while spouse is 65 or over:
 - 60% of contributor's retirement pension
 - if spouse entitled to retirement pension in own right, the combined maximum benefit is:
 - a) while spouse is under age 65:
 - \$103.02 + maximum retirement benefit
 - a) while spouse is 65 or over: maximum retirement benefit
 - if spouse is also entitled to disability benefits, the combined maximum benefit is:
 - \$264.04 + maximum retirement benefit

Note: Surviving spouse's benefit ceases upon death.

Orphan's Monthly Benefit:

- \$103.02 per orphan in 1989
- payable to dependent children only
- orphan may receive \$206.04 (2x 103.02), if both parents are dead and were eligible contributors

3. Disability Benefits

- **Definition:** inability to regularly perform any substantially gainful occupation; disability must likely result in death or be of indefinite duration
- **Eligibility:** CPP contributions for at least 2 of the last 3 years of disabled's contributory period or for at least 5 of the last 10 years of disabled's contributory period, or for at least 5 years when disabled's contributory period contains fewer than 10 years or for 2 years if disabled's contributory period only contains 2 years.
- monthly benefits payable from 4th consecutive month following month of disability
- **Contributor's Monthly Benefit:** \$264.04 + 75% of contributor's retirement pension (maximum in 1989: \$681.23)
- **Children's Benefit:** identical to orphan's benefit

VIII. Old Age Security Act

- payments indexed quarterly to reflect changes in cost of living

1. Old Age Security (OAS) Pension

- from age 65, regardless of means, subject to residence requirements, full monthly pension of \$323.28 as of 1/1/89
- full pension if 40 years of residence between age 18 and date application is approved
- persons who were at least 25 years old on 7/1/77 and had resided in Canada after age 18 for any period before that date are entitled to a full pension if they satisfy pre-1977 eligibility rules
- persons not eligible for a full pension receive partial pension of 1/40 of full pension per year of residence between age 18 and date application is approved, if at least 10 years (20 years for payment outside Canada) of residence after age 18

2. Spouse's Allowance

- subject to income test and residence requirements
- payable from age 60 to 65 to eligible widows, widowers, and spouses of OAS pensioners
- as of 1/1/89, maximum monthly allowance to spouses is \$573.51 and maximum allowance to widows and widowers is \$633.17

3. Guaranteed Income Supplement (GIS)

- subject to income test and residence requirements
- recipient must be age 65 or over and in receipt of OAS pension
- maximum monthly benefit as of 1/1/89:
 - single*
 - \$384.19 (also for pensioner whose spouse is not receiving OAS or spouse's allowance)
 - married*
 - \$250.23 (for each pensioner when both are receiving OAS or when spouse is receiving spouse's allowance)
 - Alberta pays an additional supplement

IX. Tax Provisions

1. Income Tax

- **Old Age Security Act:** payments taxable but transferable tax-free to an RRSP up to age 71 (until 1990)
- **Canada Pension Plan:** payments taxable but transferable tax free to an RRSP up to age 71 (until 1990); employer contributions deductible; employee contributions subject to federal tax credit
- **Workers' Compensation:** payments essentially non-taxable; employer contributions deductible
- **Unemployment Insurance:** payments taxable; employer contributions deductible; employee contributions subject to federal sales tax credit

Recent Change:

- deductions for employee CPP and UI contributions changed to a 17% tax credit applicable against federal tax payable

Health and Dental Expenses, Benefits and Contributions:

- required employee contributions to government plans paid by an employer taxable to employees, but required employer contributions not taxable: employers may deduct their contributions
- employer contributions to private plan deductible and not taxable to employees; employee contributions to private plan treated as medical expenses by employee
- expenses reimbursed by government or private plan not taxable

Insured Salary Continuance:

- benefits paid from plan to which employer contributed taxable; employee contributions deductible from taxable benefits; employer contributions not taxable to employees
- paid under employee-pay-all plan not taxable

Group Life Insurance Policies:

- net employer contributions on total amount of group life insurance in excess of \$25,000 and on all dependent taxable income for employee: employee contributions may be allocated to employee coverage in excess of \$25,000 to reduce taxable benefits

Private Pension Programs

- tax credit of 17% (max. \$170) of eligible pension income may be claimed for a total of:
 - a) life annuity payments from Registered Pension Plans (RPP); if taxpayer under age 60, annuity payments must not have been transferred to RRSP or another RPP, whether in whole or in part, and
 - b) annuity payments out of DPSP or RRSP and taxable portion of other annuities (not claimed as interest for purpose of investment income deduction), if age 65 or older, or regardless of age if received due to spouse's death

Recent Change:

- pension income deduction of \$1,000 converted into tax credits

i) Registered Pension Plans (RPP):

- employee current service contributions (other than required contributions to defined benefit RPP) and, in some cases, past service contributions tax deductible up to annual limit of \$3,500; employer past service contributions to defined benefit RPP tax deductible without limit but must be approved by tax authorities; employer current service contributions normally limited to \$3,500 except that the total of such contributions to defined benefit RPP is tax deductible without limit subject to approval by tax authorities.
- 100% of required employee contributions to defined benefit RPP tax deductible
- additional voluntary contributions for past service prohibited

ii) Deferred Profit-Sharing Plans (DPSP):

- employer contributions tax deductible up to the lesser of 20% of remuneration and \$3,500, less employer contributions for current service under RPP; non-deductible employee contributions may be allowed
- employer contributions into DPSP on behalf of beneficiary who is significant shareholder (or related person) disallowed
- registration of a DPSP is denied if significant shareholder (or related person) is beneficiary

Anticipated Changes:

- employee contributions prohibited as of 1990
- employer contributions limited to the lesser of 18% of earnings and \$5,750 for 1990
- contributions made from 1990 on vested after 2 years of plan membership

iii) Registered Retirement Savings Plans (RRSP):

- participants in RPP or DPSP: contributions to RRSP limited to the lesser of \$3,500 and 20% of earned income, less contributions to RPP; in other cases, contributions deductible up to the lesser of \$7,500 and 20% of earned income
- funds accumulated under RRSP can be withdrawn totally or partially at any time prior to end of year in which individual attains age 71; in addition, over same period, these funds can be used to purchase life annuity or fixed-term annuity to age 90 or be transferred into a Registered Retirement Income Fund (RRIF)
- tax-free transfer of retiring allowance to RRSP limited to \$2,000 per year of service for which employee acquired vested rights under his employer's RPP or DPSP and to \$3,500 for each other year of service with the employer; limited to \$2,000 for each year of service after 1988, regardless of vested status

Anticipated Changes:

- RRSP contribution limits for 1990:
- individuals not participating in RPP or DPSP: lesser of 18% of earned income in 1989 and \$10,500
- participants in money-purchase RPP and DPSP: lesser of 18% of earned income in 1989 and \$10,500 less employer and employee contributions in RPP and employer contribution to DPSP for 1989
- participants in defined benefit RPP: lesser of 18% of earned income in 1989 and \$10,500 reduced by a "pension adjustment"
- seven-year carry-forward of unused RRSP contribution room from 1990

2. Insurance Premium Tax

- 2% of net premiums in all provinces

Letters to the Editor

Ms. Sharon E. Snell
President
Alberta Association of Registered Nurses

Ms. Snell:

I have been an active member of the A.A.R.N. since August 1977.

I must express my extreme disappointment in recent stances of the A.A.R.N.

Nursing seems to have been "in transition" forever. I am one staff nurse who is tired of constantly being asked "What is wrong?". The "wrongs" have not been made right but have increased in intensity. I am not alone. Thousands of nurses have gone on strike repeatedly to improve deplorably unsafe working conditions; we have written letters to the Hyndman Commission, letters to the editors of various papers, and have been interviewed by the media, but nothing has changed.

The *Fact Sheet Re: Proposed A.A.R.N. Fee Increases* sent to all members on November 22, 1988 was a complete and utter waste of members' funds. Quite frankly, I fail to see how the so-called "global" approach of my Professional Association is being used on behalf of the staff nurse. Please demonstrate that activities cited as "position paper/statements, briefs or dialogue" are "used in the presentation of positions at the bargaining table." My understanding is that the United Nurses of Alberta has ably represented staff nurses at the bargaining table for more than ten years, without any need for assistance from the A.A.R.N.

I do support the concept of a professional association for nurses, however, I have difficulty comprehending the A.A.R.N.'s apparent fear of separation of the licensing function. I view Ontario's separation as a loss only for the professional association in terms of funds.

Alberta nurses are in the same dire straits that Ontario nurses are facing. Do you not recognize the dangerous situations we are faced with on a day-to-day basis? The proposed fee increase added insult to injury for the staff nurse who does not see any changes in dollar value for the increase. Ms. Snell, the dichotomy of the nurse as employee and professional precludes comparison to architects and other professionals who have some degree of control over their work environment.

I suspect the A.A.R.N. has concentrated its efforts and energies on the elitist segment of its membership. Priorities of the A.A.R.N. are apparently Nursing Research, EP2000 and governmental lobbying—not the concerns of the staff nurses. Ms. Snell, you in fact do not speak for all registered nurses. You speak for the segment of the membership that supports your priorities.

The final and ultimately fatal blow came with the A.A.R.N.'s cooperation with the Government in the December 22, 1988 announcement of "Initiatives to Address Concerns in the Delivery of Health Care." If the A.A.R.N. in fact does represent the concerns of registered nurses, Ms. Snell, why establish another committee to "review nursing issues"? Have these concerns not been aired sufficiently? In fact the A.A.R.N. is accepting tokenism instead of telling the government the place to address nurses' concerns is at the bargaining table.

My professional association has not only failed to recognize my concerns as valid but now has undermined my concerns and, by way of that, me.

I have no choice but to support the request by my grassroots membership to separate the licensing function from the professional association.

I also will support the U.N.A. in its efforts to negotiate an improved deal for staff nurses at the bargaining table. The disharmonious relationship between my professional association and my Union has, I'm afraid, placed me in a position to have to choose between them. There is no doubt as to which I will choose.

Sincerely,

L. Dawn Kapler

c.c.: I. Burgess, President, U.N.A. Local #33
H. Smith, President, U.N.A.
Editor, U.N.A. Newsletter & A.A.R.N. Newsletter
Editor, Edmonton Journal & Edmonton Sun
N. Betkowski, MLA, & I. Reid, MLA
Provincial Council Members
U.N.A. Executive Board

Attn: Editor

As a union member I am writing this letter to commend Heather Smith on her perceptions about UNA and nursing.

In the internal reorganization of the union, I agree that strengthening membership involvement to ensure that Provincial decisions reflect membership needs, is a good move. One way to do this is by providing information to the members on issues which affect their social, economic and general welfare.

However I am concerned about UNA's intention to investigate the structure of the professional association and to seek alternatives.

Why are we challenging another group of nurses? I do not see this as a means of providing information. This type of activity is not only costly to UNA members (legal fees), it has serious implications.

I understand that this action is a result of objections from some nurses to the proposed fee increase by the AARN. I can appreciate the reluctance to pay more money. Nurses have a right to question and to know what they are paying for. Since all nurses are AARN members it is their *personal* responsibility to find out the facts and to become familiar with their professional association. Mechanisms are in place to challenge proposals and problems can be resolved by going through proper channels. By attending conventions, local and district meetings and by reading the AARN Newsletter, individuals will become better informed and more capable of providing their elected representatives with direction.

On the other hand; just at a time when nurses are in the forefront and have the opportunity to influence the public and government decisions on health care, we will greatly weaken our position if we have one group of nurses investigating another group of nurses. Public perception will be "Dissension in the Ranks" instead of recognizing the valuable contribution that nurses make.

To compare the Ontario fee of \$35 to the Alberta fee of \$175 also is misleading. The lower Ontario fee covers registration only, the Alberta fee covers the entire mandate of the professional association for all nurses in Alberta.

Throughout the strike, what kept many of us determined in our stance was the belief that *strength lies in unity*. The above action suggested by UNA not only promotes tension among nurses, it has a divisive affect.

Why must the union be confrontational? When members say "Go for it" I want my elected UNA leaders to keep in mind objective 2.06 of the UNA constitution which advocates "The promotion of unity within the labour movement, the nursing profession and other allied fields through cooperation with and support of other organizations."

Emily Johnson, RN

[Ed. note: The fee in Alberta is \$140 for 1989]

To whom it may concern:

I am greatly disturbed and angry over the new fall show "Nightingales". Nurses have been fighting for years to be respected as intelligent women. This "show" just reinforces the stereotypical image of a nurse. Florence Nightingale would roll over in her grave if she could see how her name is being used to portray nurses.

I just finished watching "Entertainment Tonight" in which they did a feature on the show and how it has outraged nurses across the United States. Is there anything our union could do to support our colleagues? I would appreciate any information you could offer.

Sincerely,

Cathy Perri RN
High Level, AB

ALERT

"Casuals Beware"

by Lesley Haag

Recently concerns have been raised by casuals at several hospitals who have received "guidelines" from their Employers regarding their availability for work. These guidelines often sound more like rules or requirements. One hospital stated, for example, that casuals must be available for work on: one weekend in three, three statutory holidays, and Christmas or New Year's. One set of guidelines even purports to allow casuals, upon request, a maximum of four weeks vacation, despite the fact that casuals are excluded from the vacation article (Article 30.01) because they may at *anytime* refuse offers to work. This same set of guidelines further states that casuals who are not available to work in any two consecutive months may have their employment with the hospital terminated.

Of course, all casuals know there are no such requirements in the Collective Agreement. After all, the one real advantage of being casual is that *you* decide when you will work. Your Employer may not at anytime *require* you to work and clearly you cannot be disciplined for not making yourself available as often as the hospital would like.

Your Employer may make guidelines which facilitate the contacting of casual staff. However, if your hospital has guidelines which sound more like requirements, they should be grieved as rules and regulations which are in conflict with the provisions of the Collective Agreement Article 4.01(b). Contact your E.R.O. for assistance and for answers to your questions regarding the rights and obligations of casuals.

The Public Image of Nurses

by Melanie Garces

According to a province-wide Decima survey commissioned by the Alberta Medical Association in May of 1988 Alberta nurses have narrowed the gap between physicians and nurses as to which profession perceived as being best capable of understanding the problems of the health care system. Physicians formerly had a 22% lead over nurses in public opinion but now only 4% (39% and 35% respectively) separate the two.

This increase was linked, in the communication committee's report to the AMA convention, to the nurses' strike of January and February of last year.

"Ten thousand times has the labour movement stumbled and fallen and bruised itself, and risen again; been seized by the throat and choked into insensibility, enjoined by the courts, assaulted by thugs, charged by the militia, shot down by the regulars, traduced by the press, frowned upon by public opinion, deceived by politicians, threatened by priests, repudiated by spies, deserted by cowards, betrayed by traitors, bled by leeches, and sold-out by leaders, but notwithstanding all this, and all these, it is today the most vital potential power this planet has ever known, and its historic mission of emancipating the workers of the world from the thrall-dom of the ages is as certain of ultimate of realization as the setting of the sun."

Eugene Debs, May 1904

BARGAINING

Health Unit Bargaining Completed



by Barb Surdykowski, ERO

Highlights of the various Health Unit agreements are as follows:

For: Vegreville Health Unit, Leduc-Strathcona Health Unit, Lethbridge Health Unit, Wetoka Health Unit, North-Eastern Health Unit, Big Country Health Unit
Expiry: March 31, 1990

Reorganization of the Part-time, temporary and casual article in order to clearly identify entitlements.

Call-back \$28.00

On-Call pay \$15.00

Deductions to car allowance will only occur after the 4th consecutive working day absent.

Subsistence - Breakfast \$5.00

Lunch \$6.75

Dinner \$12.50

Per Diem \$4.50

April 1, 1988 Salary

Base Rate: \$2052 - \$2559 monthly
 with DPHN: \$2223 - \$2730 monthly
 with BScN: \$2280 - \$2787 monthly

April 1, 1989 Salary

Base Rate: \$2135 - \$2664 monthly
 with DPHN: \$2306 - \$2835 monthly
 with BScN: \$2363 - \$2892 monthly

Please note that employees who terminated employment between April 1, 1988 and November 16, 1988 must apply for retroactive pay by April 1, 1989.

For: Minburn-Vermilion Health Unit, essentially the same as above. Receipts are no longer required in order to be paid subsistence.

For: Alberta West Central Health Unit

A substantially different agreement from the other 2 agreements.

Expiry: March 31, 1990

Home care and community health nurses will receive shift differential of \$1.00/hour for all hours between 1700h and 0830h.

The employer agrees to designate a qualified replacement in the event of the absence of the nursing supervisor.

Removal of written warnings from personnel file after 2 years.

\$65.00 monthly car allowance and 28¢/km after 200 km. A complete "layoff and recall" article was put into the Collective Agreement.

April 1, 1988 Salary

\$2120 - \$2867 monthly (8 increments)

April 1, 1989 Salary

\$2205 - \$2720 monthly (8 increments)

Employees with the DPHN receive an additional \$1.00/hour.

Employees with a BScN receive an additional \$1.50/hour.

The signing copies of the Collective Agreements have been sent to the locals. Printing of the pocket-sized agreements is being arranged.

Red Cross Bargaining



by Lesley Haag, ERO

The members of Local #155 have ratified a new Collective Agreement. Improvements to the Collective Agreement include: a salary increase, effective April 1 1989, equivalent to the provincial hospitals' salary rates; an increase in charge pay from .75¢ per hour to

\$1.00 per hour; and improved language in the part-time and disciplinary articles. The new Collective Agreement will expire with the Provincial Hospitals' agreement on March 31, 1990.

V.O.N. Negotiations



by Trudy Richardson, ERO

The V.O.N. bargaining began February 15, 1989 with an exchange of proposals with the Employer. U.N.A. demands include a restructuring of hours of work in order to allow nurses working in the *People in Crisis* program (e.g. services to battered women) to work one evening a week with flex hours. U.N.A. is also seeking parity with 1989 hospital nurses' salaries, shift differential of \$1.00 an hour for evening work as well as the establishment of a Health and Safety Committee.

The Employer has come to the bargaining table with a long list of cutbacks. The most odious of their proposals is a suggestion for a two-tier system of employees. Nurses presently working for V.O.N. would maintain their current wage levels for three years, would maintain vacation entitlements, and part-timers would receive full pro-rated benefits. New employees, however, would have no recognition of previous experience, reduced vacation entitlements, double the present probationary period, and reduced benefits! New part-timers and casuals would not have access to full pro-rated benefits.

U.N.A. has always said "We negotiate for improved wages and conditions, not for rollbacks and cutbacks." So this round of negotiations is starting with conflicting positions. Negotiations are scheduled for March 1, March 8 and March 13.

Kathleen McIlveen and Debbie Zembal are the V.O.N. Local's members of the negotiating committee. Trudy Richardson is the E.R.O. appointed to negotiate on behalf of U.N.A.

Labour Notes

OTHER UNIONS

Union Membership Increases

According to information recently released by Statistics Canada there was a 3.2% increase in total union membership in Canada in 1986. Women now make up 36% of total union membership, compared to only 17% in 1965.

Trade Unionism Victorious!

On January 30 the Ontario Court of Appeal unanimously overturned a lower court's decision and upheld the right of a trade union to speak out on social and political issues affecting its members.

Mervyn Lavigne, a college teacher from Northern Ontario, had objected to the Ontario Public Service Employees Union contributing a portion of its union dues to causes which Mr. Lavigne did not personally support—such as the peace movement.

The earlier decision by the Ontario Supreme Court had disallowed the use of union dues for purposes other than collective bargaining as the court determined this would violate the Charter of Rights' guarantee of freedom to associate. The Court of Appeal disagreed that the Charter would be violated because "The employee remains patently free to oppose the union and the causes which it may support".

Mr. Lavigne's court case was funded by the right-wing National Citizens' Coalition. An appeal to the Supreme Court of Canada is planned.

Pay Equity Laws Needed in Some Provinces

Credit: Vector Union Report, 1989

The Newfoundland Association of Public Employees recently won a equal pay dispute after a four-year effort to eliminate economic discrimination against women cleaners in provincial hospitals and institutions. Domestic workers represented by NAPE will receive a retroactive settlement of up to \$2,000 for the period between December 20, 1985 and March 31, 1989.

In 1985, the Waterford Hospital and Hospital Support Staff bargaining units had protested lower pay levels for women cleaners. The negotiators argued that predominantly female cleaners classified as Domestic Workers performed essentially the same service as the male cleaners classified as Utility Workers. Following several months of discussion, NAPE, the Newfoundland government and the Newfoundland Hospital and Nursing Home Association agreed to an independent study to review the classifications in dispute.

Dalton Larson, the British Columbia arbitrator appointed to conduct the review "has ruled in NAPE's favour", said the union's president Fraser March. "The provincial government has been found guilty of economic discrimination. NAPE has resolved the issue for its own membership, and now we are calling upon the provincial government to implement this settlement in all other hospitals and institutions across the province that are not represented by NAPE," March added.

Postal Union Leader Looks to the Future

Credit: Vector Union Report, 1989

Jean-Claude Parrot, president of the Canadian Union of Postal Workers, has more on his mind than the widely-reported stories of infighting between CUPW and the other major postal union, the Letter Carriers

Union of Canada. "Our members are looking forward to a future in which CUPW will continue to be a good, strong union and will continue to represent and fight for all its members", said Parrot. "This includes the 23,000 new members from LCUC and two smaller postal unions CUPW absorbed after winning the Jan. 17 merger vote ordered by the Canadian Labour Relations Board."

CUPW begins contract negotiations with Canada Post this summer. "Our priorities now are to ensure that we negotiate the best collective agreement possible and to recognize all our members' needs in those negotiations," Parrot said. He also told VUR that the union plans to fight against the alleged harassment of postal workers in the post office, promote anti-scab legislation and continue playing an important role in the Canadian labour movement. CUPW has already notified the Canadian Labour Congress, all provincial federations of labour and the appropriate district labour councils that the union's 46,000 members will affiliate and be full participants in the House of Labour.

OTHER NURSES

BCNU

When the British Columbia Nurses and the Health Labour Relations Association (HLRA) exchanged proposals in February it became obvious that the HLRA had followed the example of the Alberta Hospital Association by offering nurses a slap in the face.

The HLRA, apparently oblivious to the existing nursing shortage in B.C. where over 460 nursing positions remain unfilled each month, proposed no wage increase and several cutbacks in benefits. B.C.'s maximum general duty rate currently ranks 6th among Canadian nurses.

Here are some of HLRA's key proposals:

- A three month waiting period before new employees are entitled to medical, extended health and dental plan coverage.
- Reduced access to medical and dental coverage for nurses' dependents.
- Unilateral authority for employers to impose work schedules—including shift work.
- Greater ease for employers to change nurses' scheduled shifts—with less notice.
- Imposition of lengthy probation periods on relief and casual nurses.

• Replacement of the present sick leave with a Short Term Illness and Injury Program (STIIP). The HLRA refused to give details to BCNU but comments made indicate that this will involve a cut in present benefits. The BCNU declared that hospitals must stop trying to wish away the critical nursing shortage. In 1988, a B.C. Health Ministry study reported the province needed 2,000 more nurses. "Given that study and B.C.'s continuing dependence on out-of-province nursing recruitment—HLRA's so-called package is beyond belief" said Pat Savage, BCNU President.

The 17,000 nurses affected by this agreement have proposed a negotiating package which addresses the nursing shortage. Some of the highlights of the BCNU proposals include:

- Wage increases of 33%
- Insertion of a Professional Responsibility clause.
- Introduction of a weekend premium.
- Removal of the present cap on sick-leave days.

Continued on page 8

1989 Workshop Schedule

DATE	DISTRICT	WORKSHOP	LOCATION
Feb. 7 & 8	N.C.D.	P.R.C. II	Edmonton
Feb. 8 & 9	C.D.	P.R.C. II	Red Deer
Feb. 14 & 15	S.C.D.	P.R.C. II	Calgary
Feb. 21 & 22	S.D.	P.R.C. II	Lethbridge
March 1	N.D.	Contract Development	Fairview
March 8	N.C.D.	Contract Development	Edmonton
March 15	C.D.	Contract Development	Red Deer
March 22	S.C.D.	Contract Development	Calgary
March 29	S.D.	Contract Development	Lethbridge
April 11 & 12	N.C.D.	Grievance II	Edmonton
April 18 & 19	C.D.	Grievance II	Red Deer
April 25 & 26	S.C.D.	Grievance II	Calgary
April 26 & 27	S.D.	Grievance II	Lethbridge
May 18	N.D.	Assertiveness	Beaverlodge
May 10	N.C.D.	Assert. or Ward Rep.	Edmonton
May 16	C.D.	Assert. or Ward Rep.	Red Deer
May 24	S.C.D.	Ward Rep	Calgary
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 or Who's Who	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

CONTINUED FROM PAGE 1

INCENTIVE PROGRAMS

the Glenrose Hospital, the Foothills Hospital and the Charles Camshell Hospital). The individual would be chosen by the nurses of that institution and then appointed by the Executive Council. However the official appointment will not occur until a vacancy arises on the Board. The power of each of these boards to actually create changes in the working conditions of staff nurses remains to be seen.

The government will also provide information about, and funding for, universal safety precautions. This will include the provision of additional funding for supplies and equipment to deal with infection control. But hospital supplies and equipment are supposed to be the responsibility of a government in Canada—not a bonus or incentive for nurses.

Finally, the government will provide increased access to post-diploma baccalaureate and long-term care/critical-care programs. Questions to be asked about this initiative include: "Will nurses be guaranteed jobs if they take extra training?" And "Will they be coming back to the same working conditions?"

Encouraging nurses to work when they are ill, giving bonuses to nurses who recruit other nurses, providing extra funding for hospital supplies and establishing a Nursing Advisory Committee are not the answers to the nursing shortage. Improvements in wages, benefits and working conditions for all nurses are the answers.

Should employers sincerely desire a resolution to the concerns of nurses, U.N.A. is prepared to negotiate changes to the collective agreements in order to improve salaries and working conditions for all.

CONTINUED FROM PAGE 7

LABOUR NOTES

- Educational leave of absence of six paid days annually.
- Enshrinement of the legal right of nurses to refuse unsafe work.
- Introduction of domestic emergency leave.
- Decrease in work-week to 35 hours from 37.5.
- Improvement in benefits.
- Protection against contracting-out.

Prior to the exchange of proposals the BCNU warned the HLRA that the union was determined to fight for contract improvements that would attract new nurses and make it worthwhile for present nurses to keep on nursing.

Further talks between the BCNU and the HLRA are scheduled for early March.

New Brunswick Nurses' Union

NBNU recently reached a settlement on behalf of 4,400 hospital nurses. The previous contract had expired in June of 1988.

The new contract which will expire June 30, 1990 calls for wage increases of 10% over two years. As of March 15, 1990 the starting rate for a general duty nurse will be \$13.21 per hour with a top rate (after six years) of \$16.86 per hour. Part-time nurses will receive pro-rated benefits. Improvements were also obtained in the areas of: weekend and shift premiums; educational rewards; scheduling; and in-charge pay. The nurses are now entitled to unpaid maternity leave of one year and bereavement leave of up to seven days. 67% of nurses voting ratified the contract.

In 1981 the Department of Health established an Educational Assistance Fund (E.A.F.) for any nurse taking post-

basic training. The E.A.F., which is administered by the Union, provides money for tuition and books. \$1.7 million dollars has been handed out since 1981. The government will increase to contributions from \$275,000 in April 1989 to \$300,000 in April 1990.

S.U.N.

Hospital nurses in Saskatchewan who walked a picket line for six days in October 1988 have yet to receive their retroactive pay going back to December 1987. Employers also did not begin to use the new increment scale until February of 1989, claiming that "they couldn't get it into the system." The final signing of the Collective Agreement took place on January 6, 1989.

Ontario Nurses' Association

Ontario's nurses welcomed a recent announcement by the provincial government that will see staff nurses increasingly involved in their institution's decision-making. Staff nurses will be elected by their colleagues to an emergency planning committee. Each public hospital will establish a fiscal advisory committee which will be responsible for making recommendations to the board with respect to the operation, use and staffing of the hospital. The Minister of Health, Elinor Caplan, urged hospital administrators to "take appropriate steps to improve the quality of worklife for their nurses, as this will inevitably have a positive effect on job satisfaction and, ultimately, on the care of the hospital's patients."

Executive Board

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NORTH CENTRAL

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Work: 425-1025

Ms. Gerry Cook

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Work: 484-8811 (668)

Ms. Carmelita Soliman

Home: 487-3812

Work: 482-8086

Ms. Bev Dick

Home: 430-7093

Work: 484-8811 (671)

Ms. Valerie Holowach

Home: 998-9530

Work: 895-2248

Ms. Irene Gouin

Home: 461-5415

Work: 450-7035

CENTRAL

Mr. Andrew LeBlanc*

Home: 346-8309

Work: 343-4448

Ms. Sandie Rentz

Home: 346-4412

Work: 343-4522

SOUTH CENTRAL

Ms. Karen Craik*

Home: 236-5326

Work: 284-1141 (318)

Ms. Angela Bunting

Home: 249-9982

Work: 228-8155

Ms. Kathy James

Home: 282-6083

Work: 270-1342

Ms. Lore Shymanski

Home: 284-2907

Work: 270-1311

Ms. Donnie Meehan

Home: 295-1609

Work: 228-8153

SOUTH

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E.R.O. (for Marilyn)

Dale Fior

E.R.O. (for Laurie)

*Denotes District

Chairperson

Feeling Frustrated With The Quality Of Patient Care?

The Professional Responsibility Committee in your institution wants to hear your concerns about patient care. The Committee meets once per month (or more if professional responsibility forms are filed) to address issues raised by nurses. Article 36 of the Provincial Hospitals/RAH collective agreement gives staff nurses the right to make recommendations regarding patient care.